
Differentiated Service Delivery 2021-23

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PRESENTATION TO THE CQUIN NETWORK

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Differentiated HIV Service Delivery: Background

To improve quality of service delivery that ultimately reduces morbidity and mortality through early diagnosis, high treatment coverage, treatment retention and VLS.

- Differentiated testing drives efficiency - finding the highest number of positives with lowest number of tests; and equity - helps to identify people who do not readily access routine or standard services for multiple reasons.
- Differentiated treatment drives quality- client-centered ART services improve care for those who need it the most, respond to patient preferences, reach those outside health system.
- Impact can only be achieved with a clear focus on outcomes measures.
- DSD is only possible: with the right policies in place ,national reach and improved national disaggregated reporting.
- Covid Pandemic – urgent and greater need for service differentiation and adaptation ₂

Differentiated HIV Service Delivery: GF timelines

2017 – TA for DSD for Kenya and Uganda through Sustainability, Transition and Efficiency (STE) strategic initiative

2018 - DSD for HIV testing services for more than 20 countries

2019 – a. Board approved strategic initiative for DSD - \$15m
b. Related HIVST matching funds investment in 5 countries - \$25m

2020 – a. Operationalization of the DSD strategic initiative (10 countries)
b. Portfolio-wide service delivery adaptations to the Covid pandemic

2021 – DSD Strategic initiative implementation start

2022 – Mid-cycle evaluation and portfolio-wide replication of DSD learning in grants

2023 – End cycle evaluation

Differentiated HIV Service Delivery: Rationale, Objectives and Overview

Rationale as stated in the Board Decision

Despite significant scale-up of HIV testing and treatment, issues with service quality persist:

- Inefficient and unfocused HIV testing leaving HIV positive persons outside of care
- Late HIV diagnosis resulting in preventable morbidity and mortality
- Variable ART treatment retention with negative impact on viral load suppression

Gaps in treatment coverage vary by age, sex and geography with significant gaps among men, adolescents, children and key populations

With inconsistent uptake of WHO guidelines and innovations in service delivery (limited progress since 2016), closing coverage gaps will require targeted support to bring country-specific and client-centered interventions to scale.

GF Focal Point:

Siobhan Crowley
Obinna Onyekwena

Total Budget:

USD 15 million

New SI



Continuing SI



Link to Strategic KPIs and Programmatic Priorities

SO1: Maximize Impact against HIV, TB and malaria

SO2: Build Resilient and Sustainable Systems for Health

SO3: Promote and Protect Human Rights and Gender Equality

KPI-2: Performance against service delivery targets (i, iii, v and vi)

KPI-5: Service coverage for key populations

Objective(s)

To provide targeted HIV testing and close the treatment coverage gap among men, key populations, adolescents and children and improve viral load suppression rates.

Sub-objectives:

1. Differentiated testing strategies applied and implemented for specific populations
2. Client-centered community and facility treatment service delivery models designed and implemented at scale for the active treatment cohort, including: multi-month dispensing; community ART delivery; advanced disease care protocols; and improved and back-to-care retention strategies.

Global Level Support

Global level quality assurance, technical guidance and oversight

1. Quality assurance role for country:
 - implementation roadmap guidance
 - policy changes and updated guidance
2. Oversight role in learning and best practice exchange
3. Technical assistance optimization and alignment
4. Developing the RFP for country-level consultants
5. Optimizing data use for program improvement - data collection and analysis guidance

Country Level Support

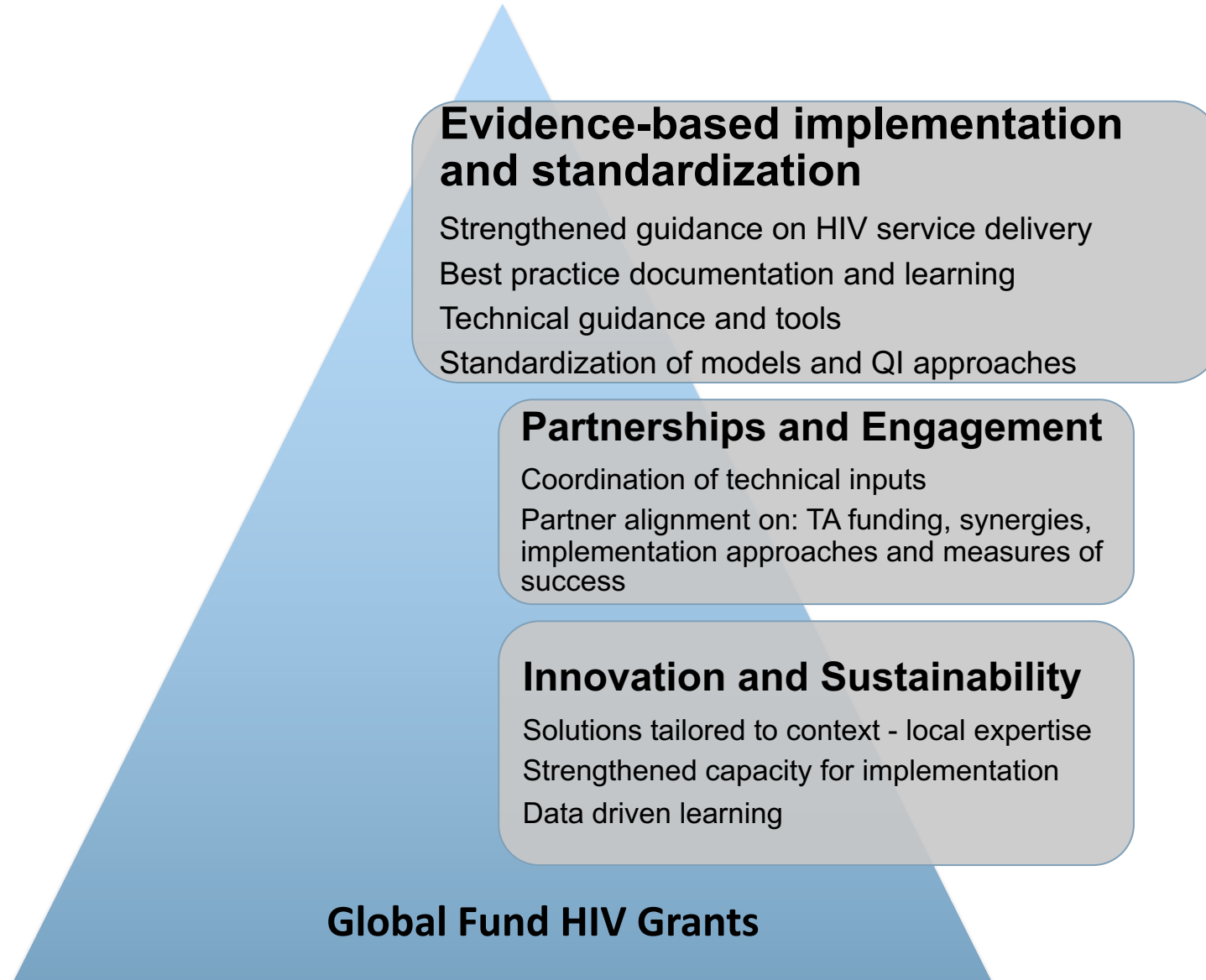
On-going, iterative technical support for service delivery innovations

1. Differentiated testing: Support countries to introduce HTS modalities with known effectiveness for the target populations identified (HIVST, partner and SN approaches)
2. Catalyzing accelerated scale-up of facility and community based differentiated ART models (MMD, FTA, Adherence clubs).
3. Developing systematic approaches to identification and tracing of those who are lost-to-follow-up; facilitate re-engagement in care within facility and community models.
4. Consistent implementation Advanced HIV Disease care protocols (development, training and implementation)
5. Support program data collection and use aligned with new WHO HIV indicator guidance.

Countries (10)

Cameroun, Cote D'Ivoire, Guinea, Ghana, Indonesia, Mozambique, Nigeria, Philippines, Tanzania, Zambia

Catalytic Effect



Final list of 10 Countries



1. **Mozambique, Nigeria, Zambia and Tanzania:** will receive TA for the full duration of the SI
2. **Cameroon, Côte d'Ivoire, Ghana, Guinea, Indonesia and Philippines:** Funding for full duration contingent on performance (annual assessments against milestones). Funding ceilings to be determined based on country workplans

Core Activities

Objective 1: National policy, plans and implementation

- Support for adoption and implementation of WHO service delivery guidelines for HIV testing and treatment
- Specialized technical support for design of country-specific service delivery models

Objective 2: Scale up of DSD models

- Support to country-specific technical guidance for DSD areas, protocols, SOPs, job aides, IEC materials and tools (assessment, learning etc)
- Support to data collection, synthesis, review and use; and analysis/dissemination tools

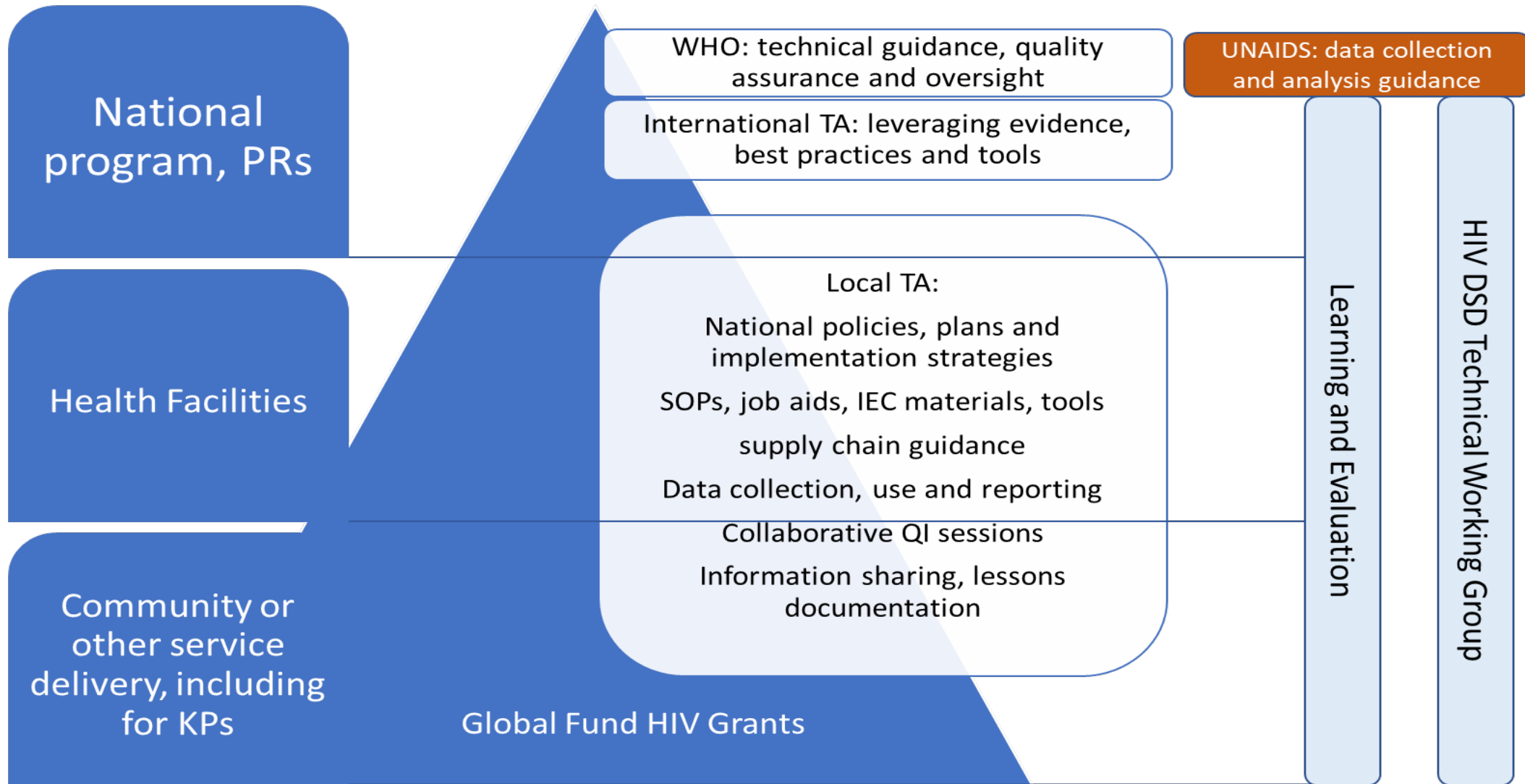
Objective 3: Strengthening health worker capacity for DSD

- Support to collaborative quality improvement
- Support to documentation of best practices

Objective 4: Learning and Evaluation

- Specialized technical support to baseline assessment, mid-cycle and final evaluation of DSD SI and HIVST matching funds
- Support to documentation of lessons learned for replication or adoption in wider GF HIV portfolio

Implementation Arrangements



Country Workplan Examples

Country	Prioritization	TA Plan
Country A (year 1)	<p>MSM, TG, PWID, young KPs</p> <hr/> <p>HTS - Community-based testing, HIVST, Partner and social network testing ART - MMD, Dispensing Decentralization, AHD, One-Stop-Shop integrated service delivery</p>	<p>International and local TA</p> <ul style="list-style-type: none"> ▪ DSD (HTS and ART) - manual of procedures and training package ▪ Data for DSD and PSE
Country B	<p>PLHIV with AHD, KPs, Pregnant women</p> <hr/> <p>HTS - Community , index-testing, self-testing ART - MMD, Client-managed groups, retention in care packages, integrated TB/HIV</p>	<p>International TA for</p> <ul style="list-style-type: none"> ▪ DSD (HTS) - children, private providers ▪ DSD (ART) - Linkage and retention <p>National DSD coordinator (local)</p>
Country C (\$Xm complementary funds from allocation)	<p>KPs, men and children</p> <hr/> <p>HTS- HIVST, PITC, Community testing, ART - community ARV refills. Online approaches, facility managed DSD models</p>	<p>International and local TA</p> <ul style="list-style-type: none"> ▪ DSD model refinement ▪ SOPs, job aides and tools ▪ QI support ▪ Online training approaches <p>Local M&E Specialist TA</p> <ul style="list-style-type: none"> ▪ CHCW capacity building ▪ Tools for cascade analysis

Country	Prioritization	TA Plan
Country D	<p>Men</p> <hr/> <p>Community approaches for men, Community QI</p>	<p>International TA</p> <ul style="list-style-type: none"> ▪ DSD adaptation for community programming ▪ QI support <p>Local TA</p> <ul style="list-style-type: none"> ▪ District and regional trainings package and support ▪ QI support
Country E	<p>MSM; FSW, PWID, Spouses of HIV-positive pregnant women in ANC</p> <hr/> <p>KP testing approaches and linkage to ART, index partner testing, HIVST, AHD</p>	<p>International TA</p> <ul style="list-style-type: none"> ▪ Review of HTS strategies and algorithms ▪ Support index partner testing for HIV-positive preg. women <p>International TA</p> <ul style="list-style-type: none"> ▪ Linkage to ART in community settings <p>Local TA?</p>

DSD SI Synergies

Country	Prioritization
HIV self-testing matching funds	DSD TA support, learning and evaluation for HIVST countries – Zambia, Mozambique, Tanzania and Cameroun
TPT SI	TPT included in dART models e.g. Zambia, Mozambique
Condom programming SI	Joint TA planning for high risk men – Zambia, Mozambique Diff testing and targeted condom prog for male partners of AGYW - Zambia Alignment of support for last mile distribution - Mozambique
Lab SI	Utilization of and/or linkage to lab expertise for TA e.g. Zambia demand for lab improvements for AHD
PSM SI	PSM SI support and alignment for supply chain guidance for DSD models e.g. Ghana
SDI – QI SI	QI PDSA cycle concept basis of QI support TA provider for QI support collaboration with SDI-QI TA providers Alignment of TA support for overlap country – Nigeria
Menstar	Learning exchange on approaches for reaching men (HIVST, last mile supply chain – Zambia, Mozambique)
CLM SI	Community-led monitoring assessment and support – Zambia