Differentiated Service Delivery Scale-up in the Democratic Republic of Congo: Implementation Status and Perspectives

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BACKGROUND

Since 2019, the Democratic Republic of Congo (DRC) has been engaged with the HIV Coverage, Quality and Impact Network (CQUIN). Based on the results of the self-assessment of the DART Capacity Maturity Model, the priority areas for the country are: improving the DSD quality at facility level, the availability of implemented DSD models data in the country's national databases, increasing coverage for facilities that report on DSD models, the implementation of Differentiated ART for PMTCT (prevention of mother-to-child transmission) and for key populations, and integrating family planning in differentiated ART. Though a DSD sub-working group exists, there is an issue with holding regular quarterly meetings. DSD is included in the integrated national HIV care guideline. Guidance documents were developed by DRC to facilitate DSD implementation, in particular operational manuals for DSD and advanced HIV disease, two collections of technical job-aids, including the generic DSD sheet and the sheet for DSD in an emergency, and slides for training on DSD. DSD quality improvement documentation is under development. Recipients of care actively participate in the coordination, planning, development of guidelines, implementation and monitoring & evaluation of DSD.

DSD IMPLEMENTATION

DRC is formally implementing six differentiated ART models. Two are more intensive, namely the conventional model and management of clients admitted/re-admitted with advanced HIV disease in specialized health facilities. The other four models are less intensive models, including the appointment-spacing with fast track, the community drug distribution post (PODI), the Adherence Club (AC) and the Community ART Group (CAG). Any client who meets the criteria of stability and is at least 2 years old, regardless of their category and status is eligible for the less-intensive models. Of more than 19,000 care facilities in the DRC, 4,134 provide ART. Only 17% of them provide less-intensive differentiated ART. The DSD coverage among the cohort of people living with HIV who are on ART in the country is 36%.

Figure 1: DSD Model Mix: Results *vs Targets*

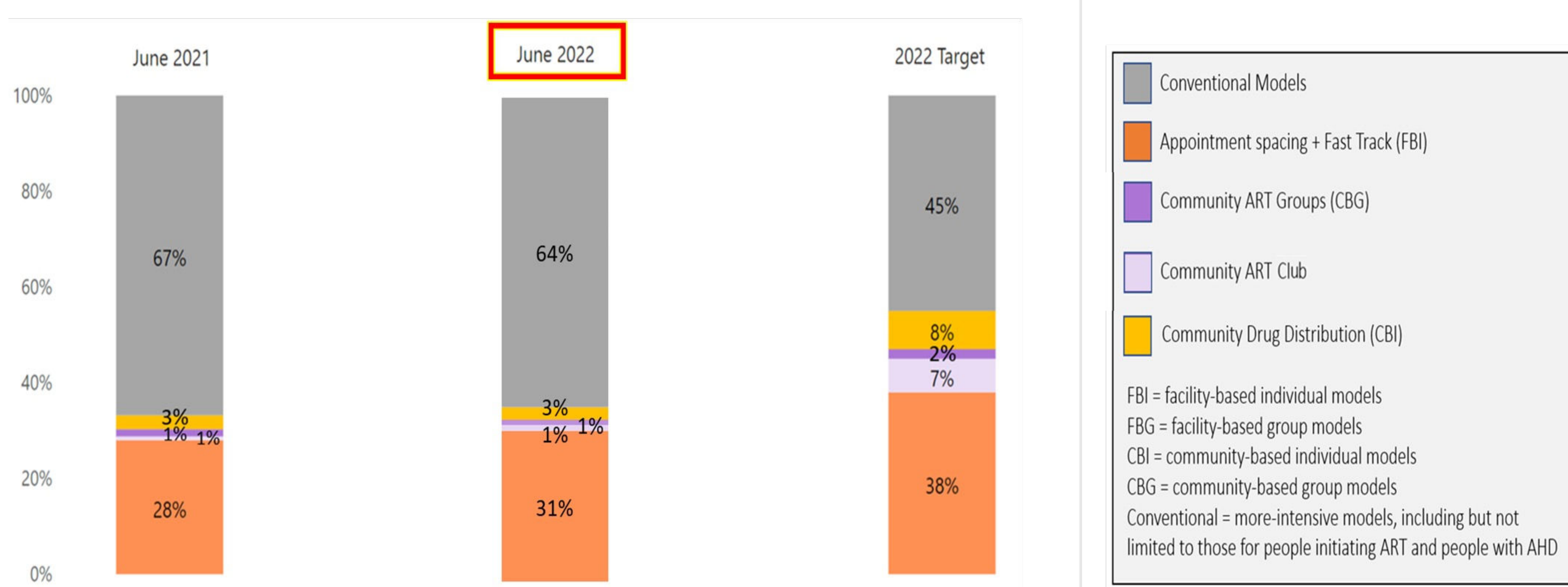
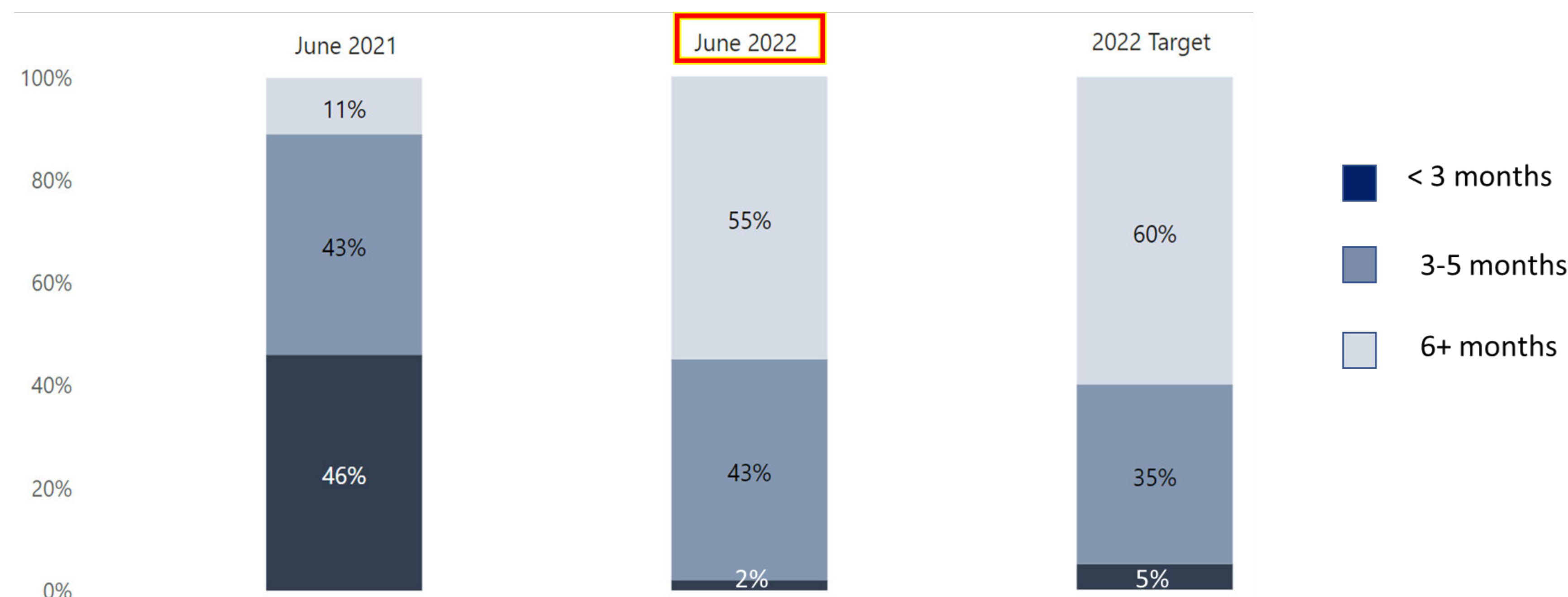


Figure 2: Multi-month Dispensing (MMD): Results *vs.* Targets



The targets set by DRC for the different DSD models were not reached, despite remarkable progress for the model appointment-spacing + fast track. This could be explained by the low coverage of health facilities that implement, understand and report on differentiated ART, despite the organization of trainings throughout the country in 2019. The multi-monthly dispensing (MMD) data reported here relate to PEPFAR supported facilities only. The targets of the multi-monthly dispensation of ART (reduction of MMD<3 and increase of MMD 3-5) have been achieved. The availability of ART bottles of 90 and 180 tablets in addition to the follow-up and close coaching of providers are the elements that could explain this achievement. However, ART distribution for 6+ months remained slightly below the set target. This could be explained by recipients of care preferences.

DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: CQUIN Treatment Capability Maturity Model Staging Results: 2022

Policies		Diversity	M&E System	
Guidelines		Community	Procurement	
Scale Up Plan		Training	Facility Coverage	Key Populations
Coordination		Client Coverage	TB/HIV	Family Planning
Impact		AHD	MCH	Quality
Most mature domains				Least mature domains

Figure 3 shows the results of the recent self-assessment using the CQUIN DART Capability Maturity Model. In 2022, the DRC reached the most mature stage (dark green) in the domain of Policy, Guidelines, Scale-Up Plan, Coordination and Impact, while the domain of DSD quality remained at the least mature stage (red).

Figure 4 shows the progress of the DART Capability Maturity Model Staging over time, as well as the results of the revised and expanded DART Capability Maturity Model used in 2022.

Figure 4: CQUIN Treatment Capability Maturity Model Staging- Results: Change Over Time: 2020-2022

	DRC			
	2020	2021	CQUIN 2.0	2022
Policies			Staging criteria changed	
Guidelines				
Diversity				
Scale-up Plan				
Coordination				
Community Engagement				
Training				
SOPs				
M&E System				
Facility Coverage				
Client Coverage				
Quality				
Impact				
P&SM				
AHD				
KP				
TB/HIV				
MCH				
FP				

CQUIN ENGAGEMENT AND ACHIEVEMENTS

DRC is represented in all the communities of practice M&E (monitoring and evaluation), Quality and QI (Quality Improvement), AHD (Advanced HIV Disease), TB/HIV, MCH (maternal and child health), NCD (non-communicable diseases), DSD for key populations, DSD for mobile, migrant and displaced populations, and differentiated HIV Testing Services.

DRC has not yet participated in country-to-country visits. The visit planned for maternal health in Zambia was canceled, after end of the project that implemented MCH strategy in the country. However, DRC hopes to participate in 2 country-to-country visits focusing on differentiated MCH and Advanced HIV Diseases.

The last workshop on the HIV treatment cascade organized in Kigali allowed the DRC to clearly develop strategies for managing clients who interrupted the treatment. DRC has integrated two best practices implemented in South Africa and Tanzania into its new DSD strategy in the context of pandemics and emergency. These strategies are, "the three-box model", a strategy to improve early follow-up of those missing appointments and "the 4D strategy," a strategy for managing clients returning to treatment, with the 1st D standing for Deflating the clients, the 2nd standing for discussing with the client returning to treatment, the 3rd D standing for Directing (guiding) the client and the last D standing for Decorating the client returning to treatment. Following this workshop, DRC developed a collection of technical sheets designed in accordance with the service cascade diagram.

NEXT STEPS/WAY FORWARD

As part of improving the coverage and availability of the information necessary for DSD program evaluation and decision-making, DRC plans to :

- Organize a workshop to identify needs for further information to be integrated into its HIV databases
- Implement a pilot project on differentiated ART quality improvement
- Organize training at all levels of the health pyramid on the use of the self-test among the target populations
- Strengthen and scale-up family planning integration in the differentiated ART