



# Taking Differentiated Service Delivery to Scale in Malawi: DSD, a Catalyst for HIV Epidemic Control in Malawi

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## BACKGROUND

Malawi adopted the use of DSD models of care in 2006 as part of the national strategy to build a strong national HIV program around the needs of the country's diverse population of people living with HIV. Malawi joined the CQUIN network in 2017 and has since scaled up differentiated service delivery (DSD) through strong governance, a national technical working group made up of civil society organizations representing recipients of care, and the oversight of a national DSD coordinator. The program has a subgroup committee that provides a platform for coordination and discussions, which get reported to the national HIV care and treatment technical working group. A DSD operational manual has been developed, which packages all DSD models being implemented in Malawi including quality standards for DSD.

## DSD IMPLEMENTATION PRIORITY ACTIVITIES (JAN-DEC 2023)

Activity	Q1	Q2	Q3	Q4
1. Finalization of DSD standard operating procedures	█			
2. Integration of NCDs into less-intensive DSD models		█		
3. Scale-up of differentiated HIV prevention and treatment services for key populations			█	
4. Strengthening of the M&E system through incorporation of DSD models into national EMR module				█

In Malawi, there are **921,383** PLHIV retained in care at **794** health facilities. Each of these recipients of care (RoC) is in at least one DSD model (either more- or less-intensive). Using the current patient categorization, newly initiated RoC, children 0-4 years of age, those in the Integrated HIV Care Clinic, RoC with high viral load (VL), and people with advanced HIV disease are in more-intensive DSD models of care and comprise **7% (70,304)** of RoC. **92% (851,079)** of RoC are in less-intensive models, which include Drop-in Centers for Key Populations, Provider Led Outreach Clinics, Teen clubs, and Family Clinics (among others).

Figure 1: Progress Toward 95:95:95 HIV Treatment Targets

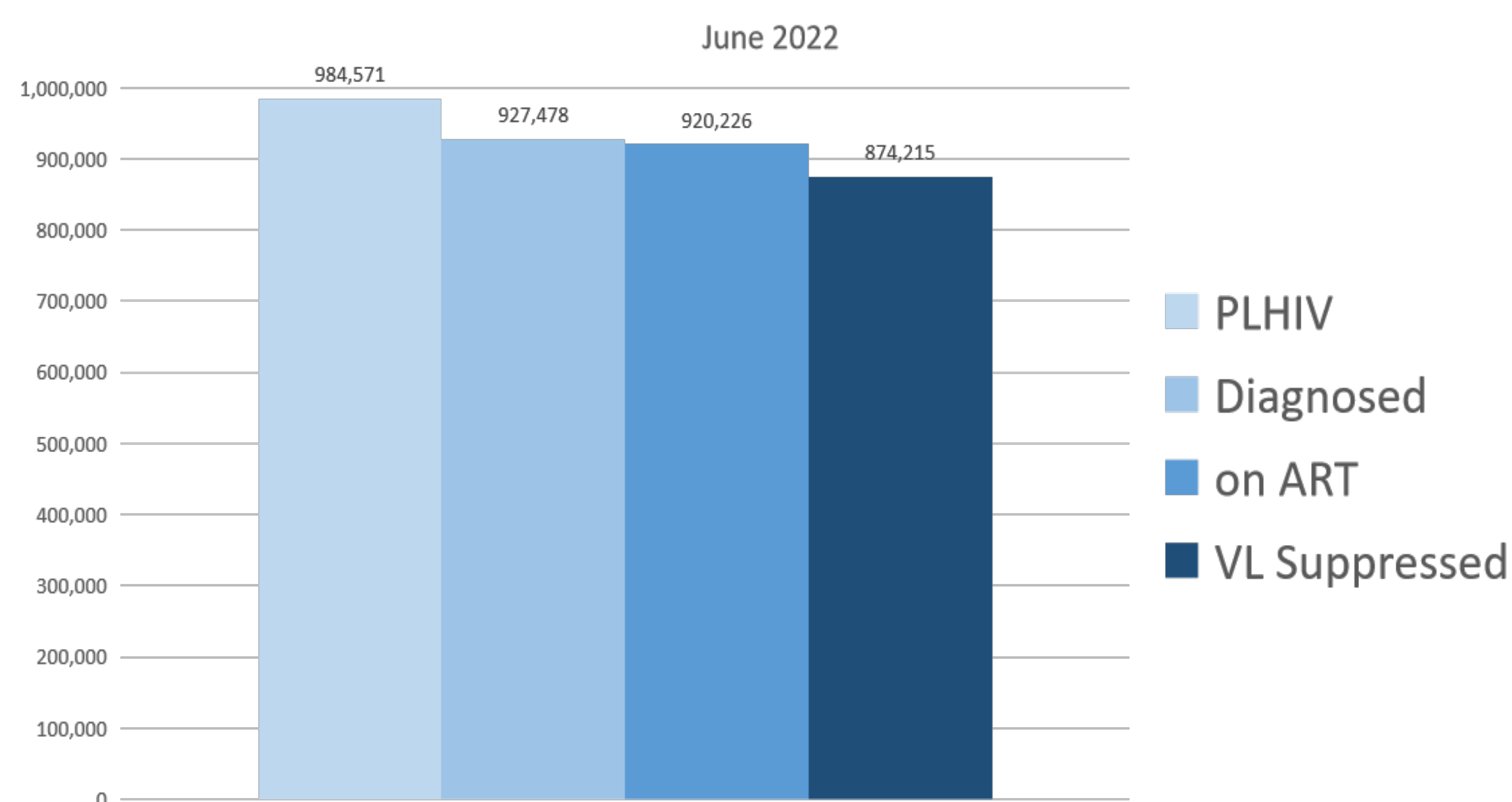
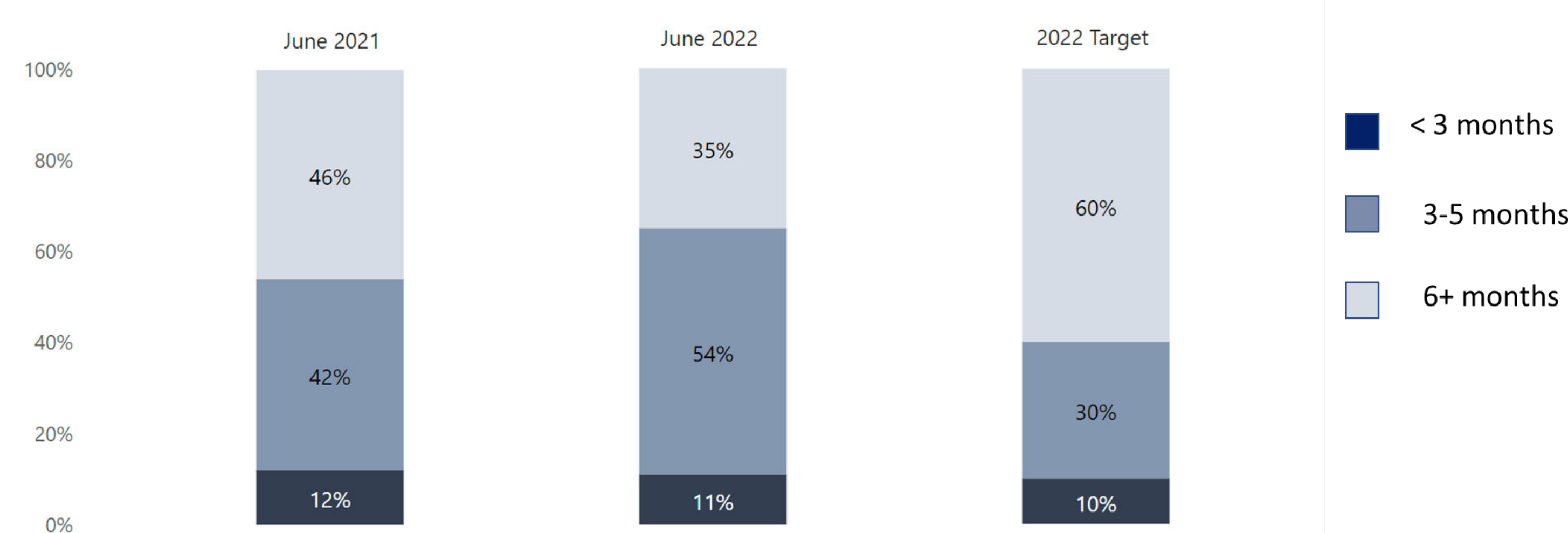


Figure 2: Multi-Month Dispensing (MMD): Results vs. Targets



Targets for 3-5MMD and 6+MMD were not on track by June 2022 due to issues aligning the patient appointment schedule with the VL schedule, which was affected by DBS stock-outs (Oct 2021-Jan 2022) and VL reagent stock-outs (Dec 2021-Feb 2022 and April-May 2022). These issues were largely due to flight unavailability. The Ministry of Health issued a circular to health facilities that provided guidance on prioritizing VL testing for specific populations, such as children, pregnant women, breastfeeding women, and people with high VL. In addition, there has been a shift of some patients from more-intensive to less-intensive models.

## DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: DART Capability Maturity Model Dashboard Results 2022

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

Figure 3 shows the results of the Malawi country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Malawi achieved the most mature stage (dark green) in five domains, while six domains were in the least mature (red) stage.

Figure 4: DART Dashboard 2017 – 2022

Domain	Malawi						
	2017	2018	2019	2020	2021	CQUIN 2.0	2022
Policies	█	█	█	█	█	█	█
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	█	█	█	█	█	█	█

Figure 4 describes DART dashboard progress over time and results of the revised and expanded DART capability maturity model used in 2022.

## CQUIN ENGAGEMENT AND ACHIEVEMENTS

Malawi has participated in a number of CQUIN communities of practices, including M&E, Quality Management, Differentiated Maternal and Child Health, Differentiated TB/HIV Services, and Differentiated HIV/NCD Services. While Malawi did not participate in country-to-country learning visits during the past year, there have been numerous lessons learned from CQUIN meetings, including:

- Packaging all DSD models into a single document (DSD operational manual) that provides guidance on DSD implementation
- Scaling up a patient-centered approach is likely to result in improved quality of care.
- Engagement of stakeholders and agencies in DSD is key to successful, nationwide DSD implementation.

Innovations and best practices learned from other countries have been adapted to our country context and, with support from stakeholders, have been swiftly implemented along the HIV treatment cascade (including linkage, retention, and re-engagement after treatment interruption). Other CQUIN member countries have also adopted some of Malawi's tools, including the ARV Master Cards for Adults and Pediatric Formulation.

## NEXT STEPS/WAY FORWARD

1. Finalize and disseminate the DSD operational manual and SOPs
2. Create all defined DSD modules in the national EMR module systems for national data reporting of model mix
3. Establish reporting systems for the national DSD program to ease data extraction required for reporting
4. Strategize on how to improve the least mature domains in the DART dashboard
5. Sustain the gains made in the most mature domains
6. Innovate new DSD models for clinically unstable RoC
7. Maximize the potential of DSD to catalyze HIV epidemic control in Malawi
8. Innovate less resource-intensive DSD models that will help the HIV program sustain gains made in Malawi post-donor support