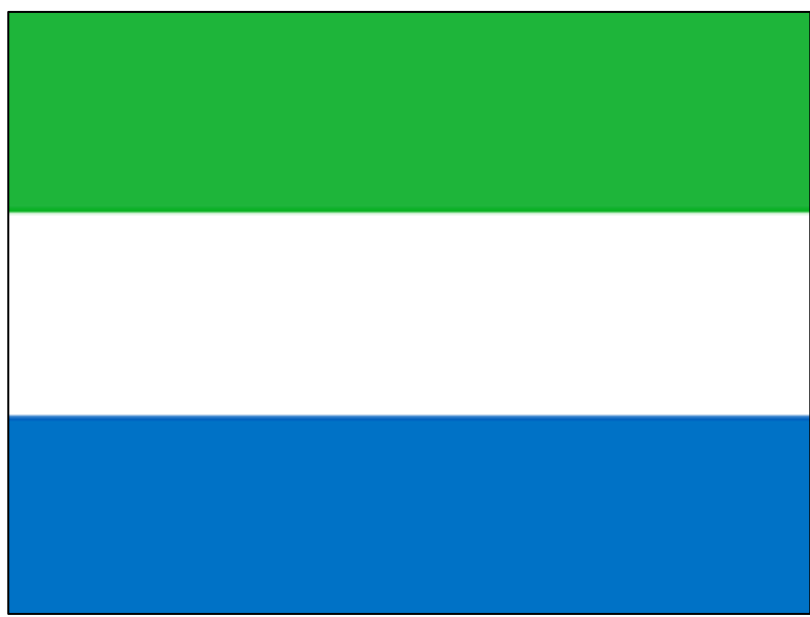


Taking Differentiated Service Delivery to Scale in Sierra Leone: A Phased Approach to Service Delivery

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BACKGROUND

HIV prevalence in Sierra Leone is approximately 1.7%. An estimated 76,408 people are living with HIV and 3,400 new infections were reported in 2021. While the Ministry of Health and Sanitation (MOHS) has made important progress in scaling up HIV services, the country remains far from the UNAIDS 95:95:95 goals. In 2021, an estimated 62% of people living with HIV knew their status, 61% were linked to treatment, and 16% were virally suppressed.

Sierra Leone became a CQUIN member country in late 2019, with active engagement from MOHS, UNAIDS, UNICEF, Global Fund, PEPFAR, the Network of HIV Positives in Sierra Leone (NETHIPS), implementing partners, and civil society. DSD activities are coordinated by a national technical working group (TWG), taskforce, and partners' forum; priorities include the rollout and scale-up of DSD to align with the current UNAIDS community-led push.

Recent achievements include updating national DSD guidelines to include comprehensive quality standards and developing national DSD standard operating procedures (SOPs) and a national DSD training curriculum. Recipients of care (RoCs) are active members of the DSD TWG and taskforce. Consultative meetings with RoCs informed guideline development and community-led monitoring is an important DSD advocacy tool.

DSD IMPLEMENTATION

648 of the 1,500 health facilities in Sierra Leone provide comprehensive ART services. Because the new national guidelines and SOPs developed in 2022 have not yet been rolled out, DSD implementation is not uniformly implemented. Some health facilities support multi-month dispensing (MMD), but key programmatic challenges to MMD expansion in 2022 included:

- Re-structuring of HIV commodity warehousing and distribution delayed supplies
- The change of Global Fund principal recipients led to administrative challenges in clearing HIV commodities at the seaport
- This artificial stock-out halted MMD

However, current commodity quantification factored MMD buffer stock and adequate projection for newly identified people living with HIV.

Figure 1: DSD Model Mix: Results vs. Targets

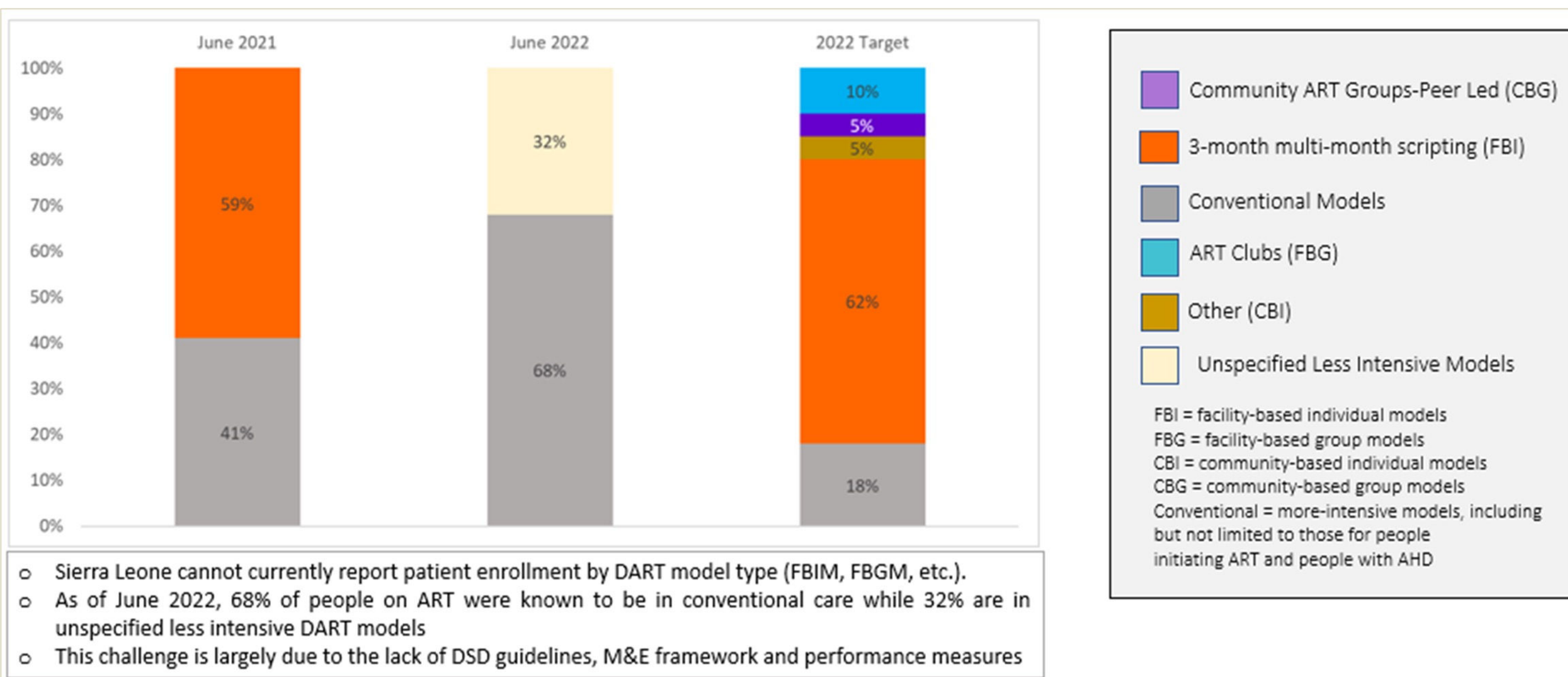
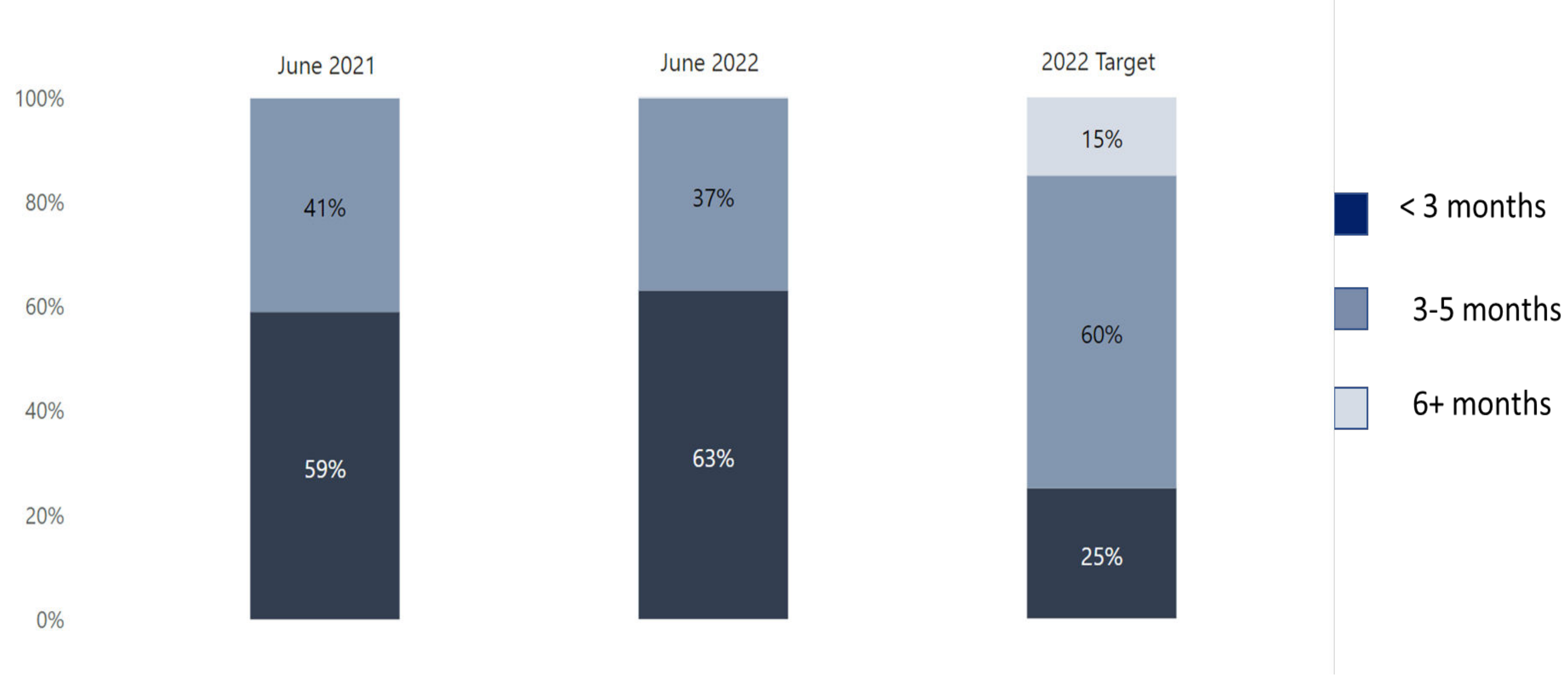


Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: DART Capability Maturity Model Dashboard Results - 2022

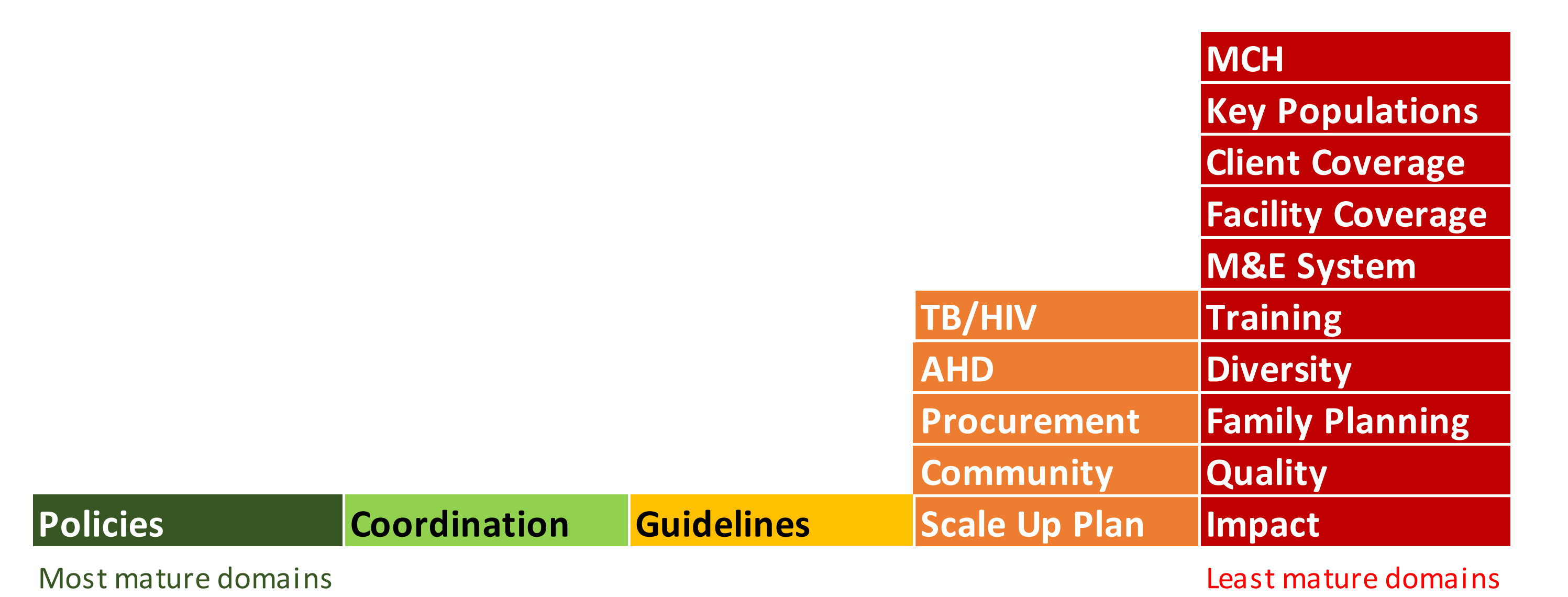
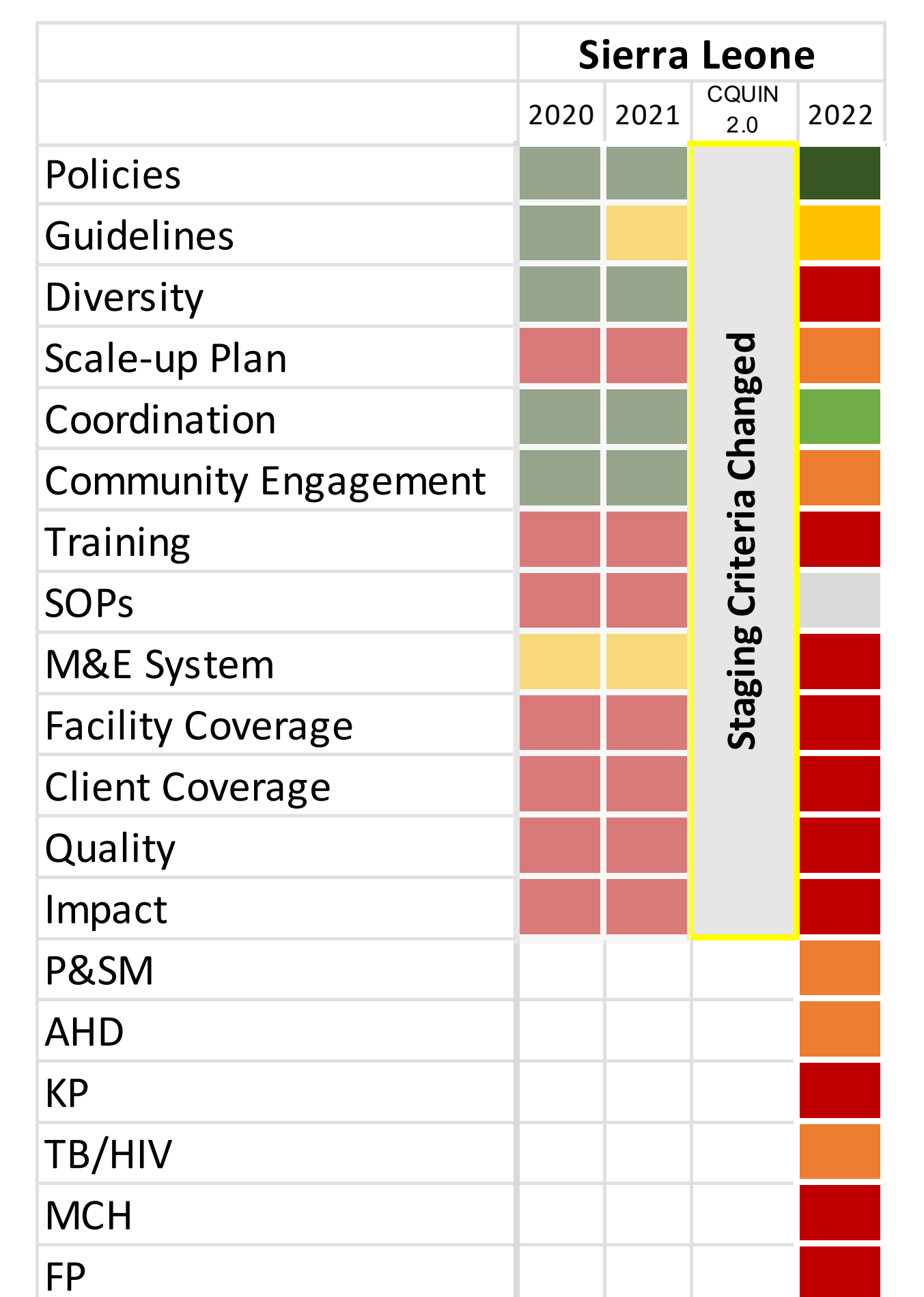


Figure 3 shows the results of the Sierra Leone country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Sierra Leone achieved the most mature stage (dark green) in one domain, while 10 domains were in the least mature (red) stage.

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

Figure 4: DART Dashboard 2020 – 2022



CQUIN ENGAGEMENT AND ACHIEVEMENTS

Joining the CQUIN network catalyzed important changes in Sierra Leone's approach to DSD. CQUIN seconds a National DSD Coordinator to MOHS, enhancing national coordination, energizing the DSD TWG, and enabling ongoing exchange with CQUIN network countries. In addition, ICAP's CQUIN team has provided technical assistance to MOHS in the domains of differentiated M&E, development of operational guidance, and establishment of quality standards for DSD. Sierra Leone also adapted Eswatini's patient/ROC hand card to improve clinical management.

The Sierra Leone team participates in multiple CQUIN communities of practice, including for Key Populations, Quality Management, AHD, MCH, RoC, TB/HIV, and M&E. Sierra Leone's best practices and lessons learned have also been exchanged with network countries, including NETHIPS' experience with community-led monitoring.

The evolution of DSD in Sierra Leone is driving strong partnerships and collaboration in the national HIV program, including for resource mobilization.

NEXT STEPS/WAY FORWARD

2022 saw important progress in enablers of DSD, including the completion of national DSD policies, guidance documents, SOPs, and training materials. Although ART stock management and low viral load testing coverage have been important barriers to the scale-up of DSD, MOHS is optimistic that key issues will improve. Priorities for 2023 include working with partners through the DSD TWG to:

- Print and disseminate the new DSD guidelines
- Develop the capacity of national master trainers
- Facilitate regional and district training
- Accelerate implementation and scale-up of DSD across the 16 districts
- Align with UNAIDS community-driven response by systematically and increasingly supporting community-led DART

