



Taking Differentiated Service Delivery to Scale in Zambia

Authors: Muhau Mubiana¹, Mpande Mwenechanya¹, Linah Mwango², Chimuka Siyaninda³, Muya Mwansa³, Bevis Phiri⁴, Felton Mpasela⁴, Lubasi Sundano³, Sivile Suilanji³, Alex Makupe³, Priscilla Lumano Mulenga³
 Affiliations: ¹Center for infectious Disease Research in Zambia, ²Ciheb Zambia, ³Ministry of Health, ⁴Clinton Health Access Initiative



BACKGROUND

Zambia has made remarkable progress in addressing the HIV epidemic, with more than 1,190,000 people living with HIV (PLHIV) on antiretroviral therapy (ART). Preliminary ZamPHIA results show the country is approaching epidemic control: 90.1% know their HIV status, 98% are on ART and 97% are virally suppressed. However, progress towards the UNAIDS 95% treatment target is inconsistent among sub-populations and age groups with adolescent and young people aged 15-19 years being left behind (76%, 76%, 75%).

To ensure no one is left behind, Zambia continues to improve implementation strategies and interventions. Differentiated service delivery (DSD) has become a critical component for recognizing the diversity of PLHIV, adapting and simplifying HIV services to meet PLHIV needs and expectations, and reducing unnecessary burdens to the health system.

In 2017, the National DSD Taskforce, that comprises of MoH, donors, implementing partners, civil society organizations, was established with an aim of strengthening DSD monitoring and evaluation, development of DSD standards and performance review including service quality assessments.

DSD IMPLEMENTATION

The country continues to expand DSD reach to include models for ALL PLHIV. These include models for:

HIV Testing and Prevention

HIV testing service-delivery models and approaches that are adapted to address specific barriers of a sub-group of individuals to enable them to know their HIV status.

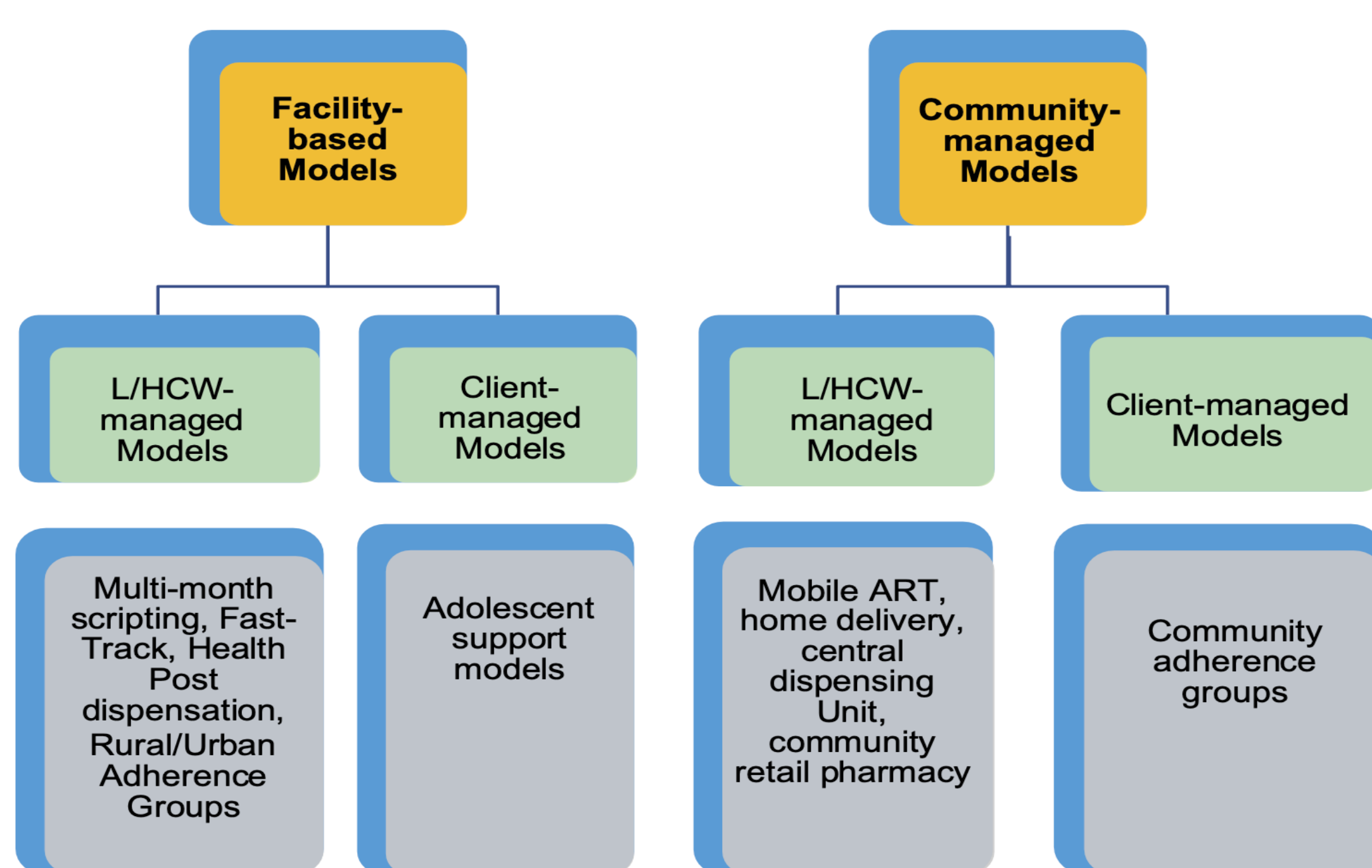
HIV Treatment and Care

DSD models aimed at optimising treatment outcomes for PLHIV already on treatment or being initiated on treatment – see Figure 1.

Services for specific sub-populations

DSD models for children and adolescents.

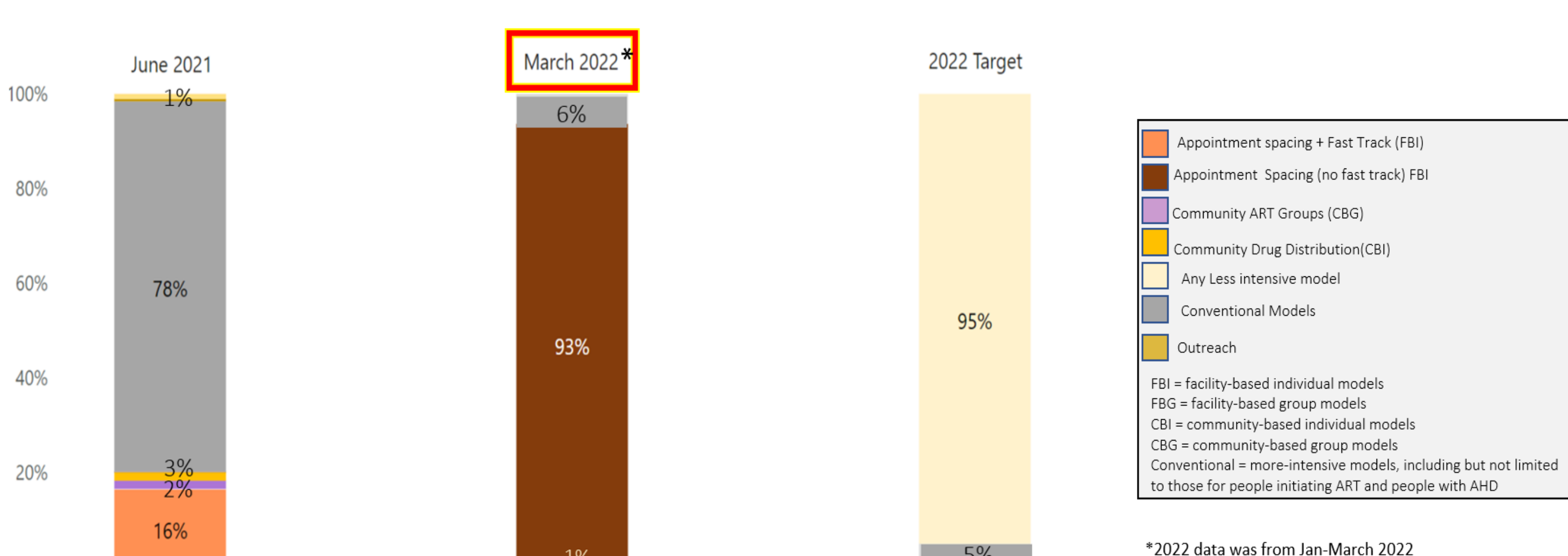
Figure 1: Approved DART Models in Zambia



At a minimum, all facilities providing ART implement less intensive (facility-managed) DSD models before considering other models. These include: Multi-Month Scripting and Dispensation (MMSD) and Fast Track.

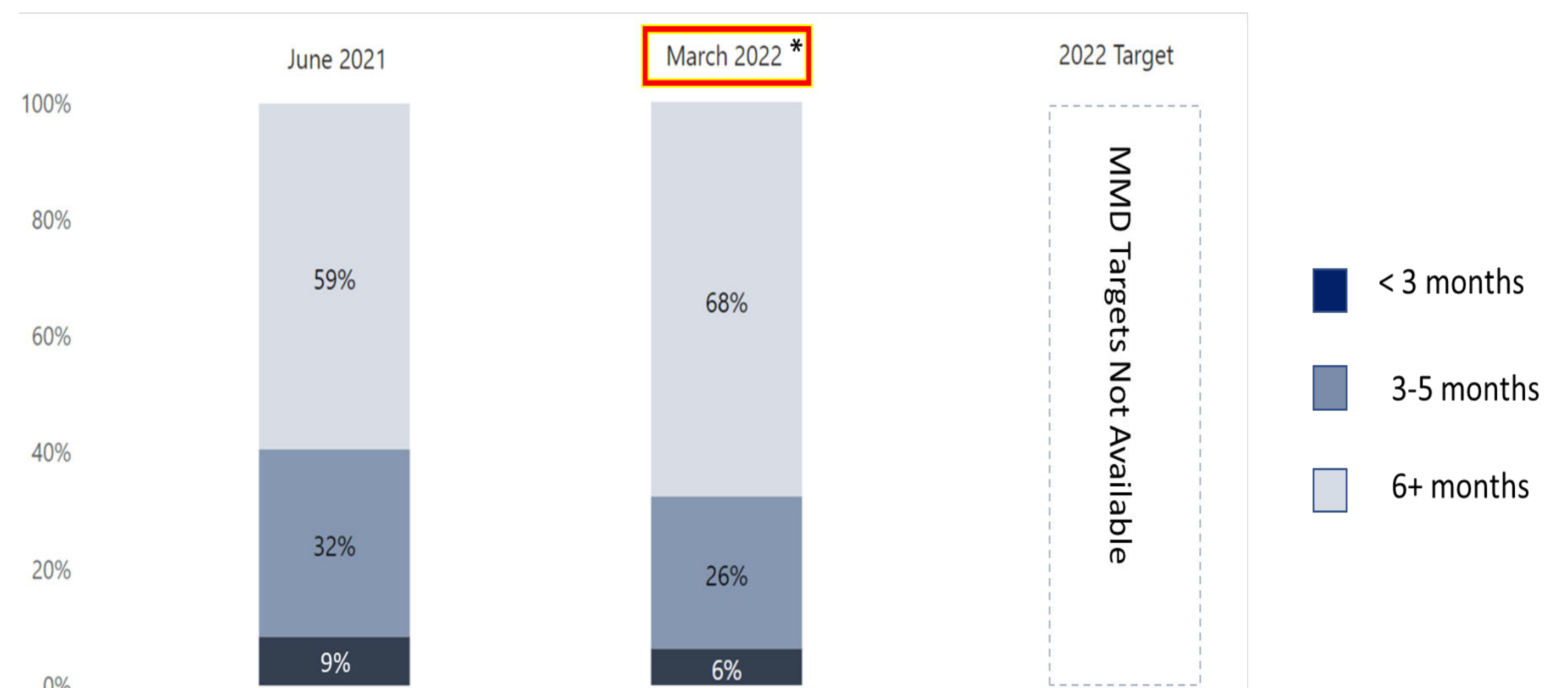
All 2,522 ART sites across the county provide less-intensive models to recipients of care established on treatment. By March 2022, 93% of PLHIV established in care were on less intensive DSD models (Figure 2)

Figure 2: DSD Model Mix: Results vs. Targets



Over 93% of PLHIV on ART receive >3 months of drug supply (Figure 3).

Figure 3: Multi-month Dispensing (MMD): Results vs. Targets



DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: DART Capability Maturity Model Dashboard Results 2022

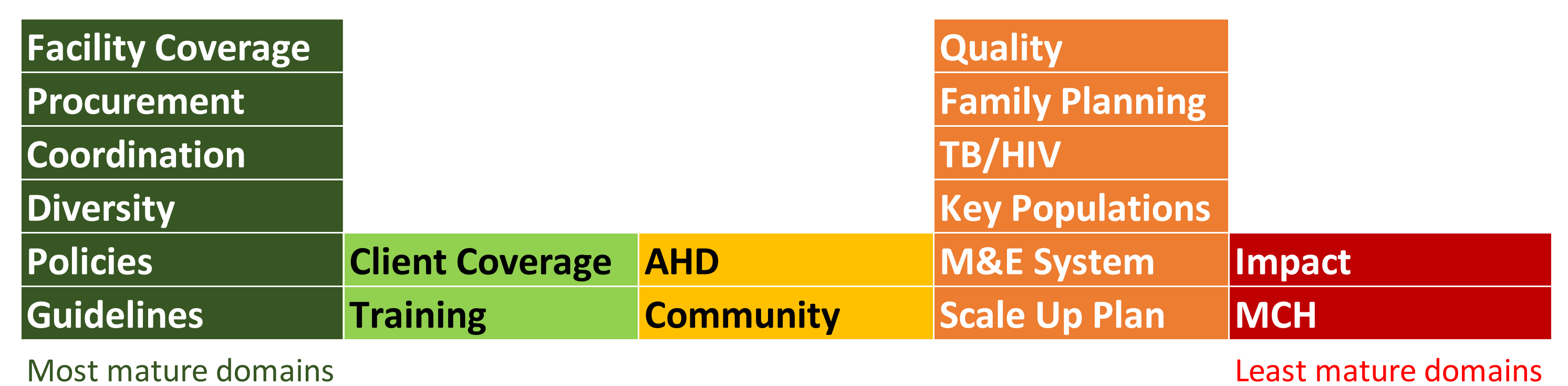


Figure 4 shows the results of the Zambia country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Zambia has made significant progress with the most mature stage attained (dark green) in 6 domains. While efforts are being made in DART implementation, 8 domains are still least matured, 6 orange and 2 red.

Figure 5: DART CMM Dashboard 2018–2022

Domain	Zambia					
	2018	2019	2020	2021	CQUIN 2.0	2022
Policies	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Diversity	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Scale-up Plan	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Coordination	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Community Engagement	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Training	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
SOPs	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
M&E System	Orange	Orange	Orange	Orange	Orange	Orange
Facility Coverage	Orange	Orange	Orange	Orange	Orange	Orange
Client Coverage	Orange	Orange	Orange	Orange	Orange	Orange
Quality	Orange	Orange	Orange	Orange	Orange	Orange
Impact	Red	Red	Red	Red	Red	Red
P&SM	Red	Red	Red	Red	Red	Red
AHD	Red	Red	Red	Red	Red	Red
KP	Red	Red	Red	Red	Red	Red
TB/HIV	Red	Red	Red	Red	Red	Red
MCH	Red	Red	Red	Red	Red	Red
FP	Red	Red	Red	Red	Red	Red

Figure 5 describes DART dashboard progress over time, and results of the revised and expanded DART capability maturity model used in 2022.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Zambia MoH led the engagement with various stakeholders and participated in the CQUIN Learning Network activities to scale-up DSD implementation in the country through:

- Country-to-country-visits:
 - A visit to Nigeria to learn about AHD monitoring and evaluation systems
 - A visit to Tanzania to learn about DSD models for KPs
- Community of practice meetings
- Using various DSD resources shared at meetings and CQUIN website

NEXT STEPS/WAY FORWARD

- Evaluation of DSD models
- Conduct service quality assessment (SQA) exercises
- Strengthen monitoring and evaluation
- Support implementation of DSD HIV models that integrate other services such as NCDs, FP, TB/HIV
- Finalize Scale-Up Plan