

DSD: Taking Stock

A Community Perspective

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The State



The "E" in South Africa stands for Electricity.

of the World



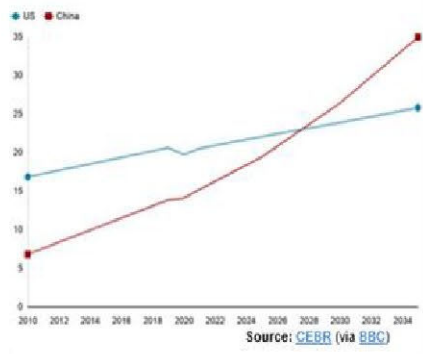
<https://www.teluguone.com/comedy/amp/content/funny-petrol-proposal-cartoons-660-25932.html>



TRENDS to 2030

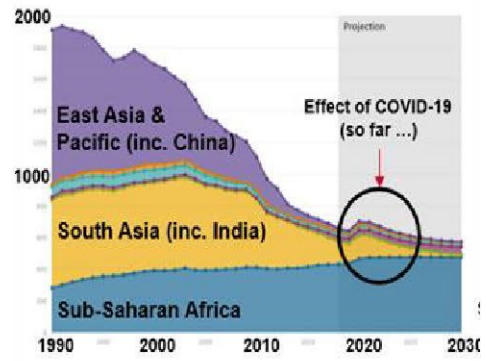
1. **Shifting global power** balance to Indo-Pacific (particularly China) and other MICs e.g. South Africa, Gulf states.

China GDP may overtake US GDP around 2030 (GDP in \$US trillions (constant prices))

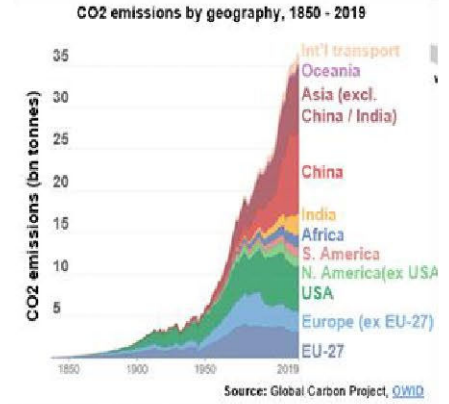


2. **Poverty** will further concentrate in fewer, more fragile states, particularly in Africa. Inequality will keep rising within many LIC / MICs.

Number of extreme poor (millions) by region, 1990 - 2030

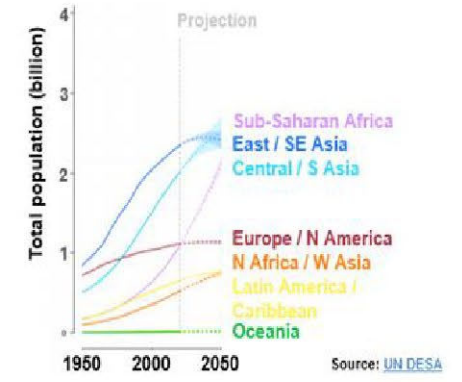


3. **Unprecedented climate impacts** already affecting every continent; will get worse to 2030 in all scenarios. **Biodiversity loss** will accelerate.



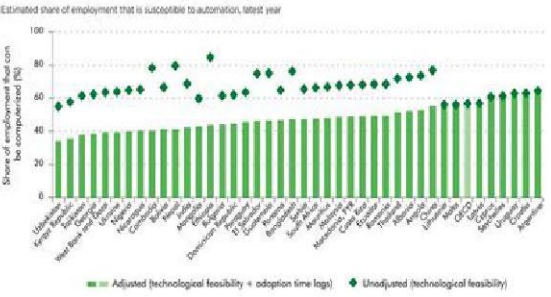
4. **Demographic change** puts pressure on public services; growth; environment; and leads to rising inequality, instability, and migration.

World population by region, 1950 - 2050 (projected)

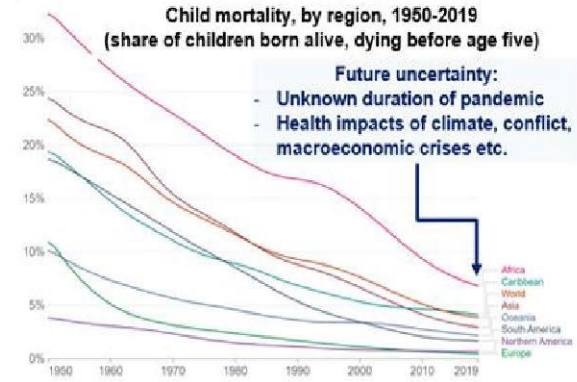


5. **Sci / tech** will bring disruption as well as opportunities - falling price of solar, mobile connections + digital finance, mRNA vaccines etc., but also geopolitical risks, disruptive tech (e.g. AI, robotics), harms from digital connectivity

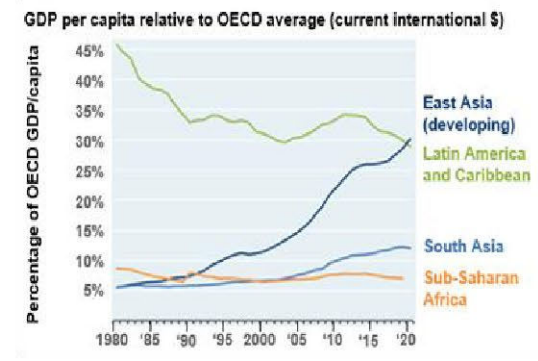
Figure 0.18 From a technological standpoint, two-thirds of all jobs are susceptible to automation in the developing world, but the effects are moderated by lower wages and slower technology adoption



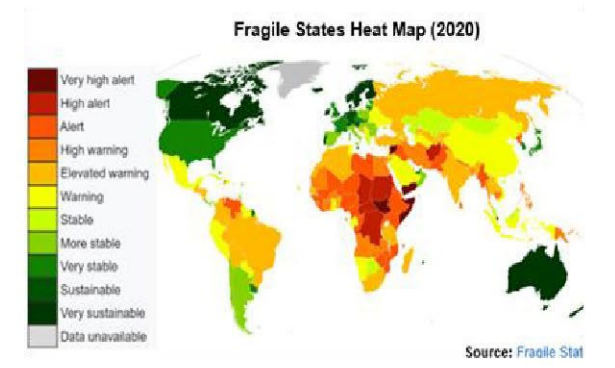
6. **Global health** trends may stall / reverse; non-communicable diseases will rise in LIC / MICs; epidemics / pandemics will become more likely; growing anti-microbial resistance.




7. **Macroeconomic uncertainty and divergence** - risks of debt distress and international trade recovery. East and (more slowly) South Asia converging to OECD incomes.



8. **Risk of increasing global vulnerability to instability.** Rising **humanitarian** needs in severity and scale, with most vulnerable (including women and girls) most at risk.



An ostrich is shown in profile, facing left, in a desert environment. The ostrich has dark feathers on its back and neck, and lighter feathers on its chest. It is standing on sandy ground with sparse, dry vegetation. In the background, another ostrich is visible, though out of focus. A white text box is overlaid on the left side of the image, containing the text "Critical to acknowledge and keep up with the changing environment".

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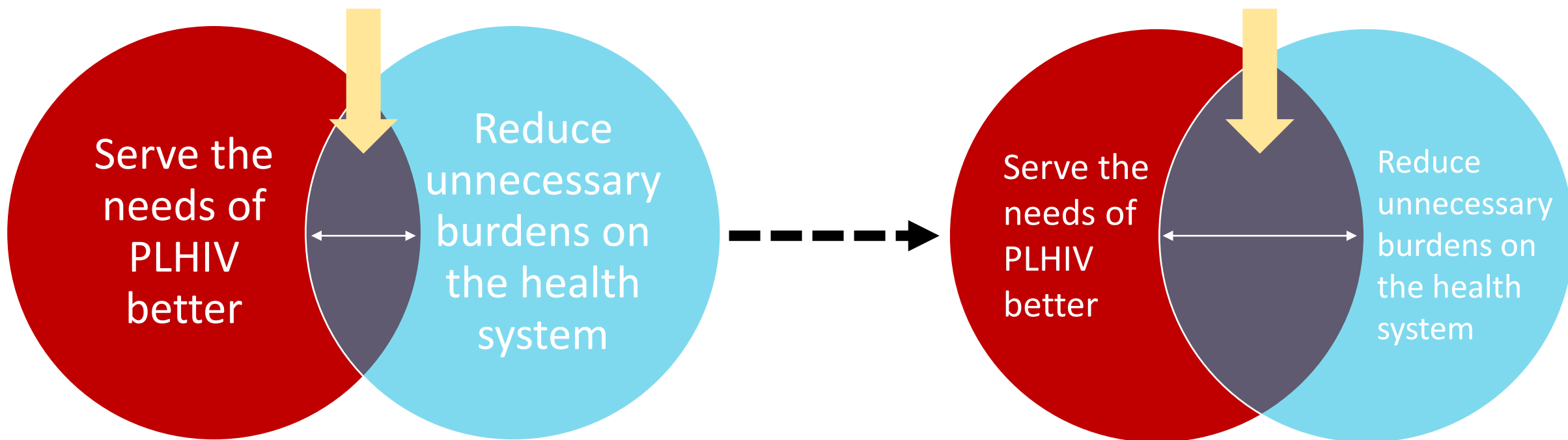
POLYCRISIS



- Not just many issues but ones that are inextricably linked
- Impossible to address a single issue without affecting another
- HIV is part of wider health goals which are interwoven with others
- DSD 2.0 must be considered within this wider context of global public goods and SDGs:
 - DSD to focus on improving key population HIV outcomes
 - DSD for NCDs
 - DSD as a means to improve primary health care
 - DSD to support a business case to build resilient health systems and contribute to smarter investments in health

DSD Defined

OVER TIME, THIS AREA OF OVERLAP SHOULD **INCREASE**



THIS AREA OF OVERLAP RELIES HEAVILY ON **EFFECTIVE COMMUNITY ENGAGEMENT**

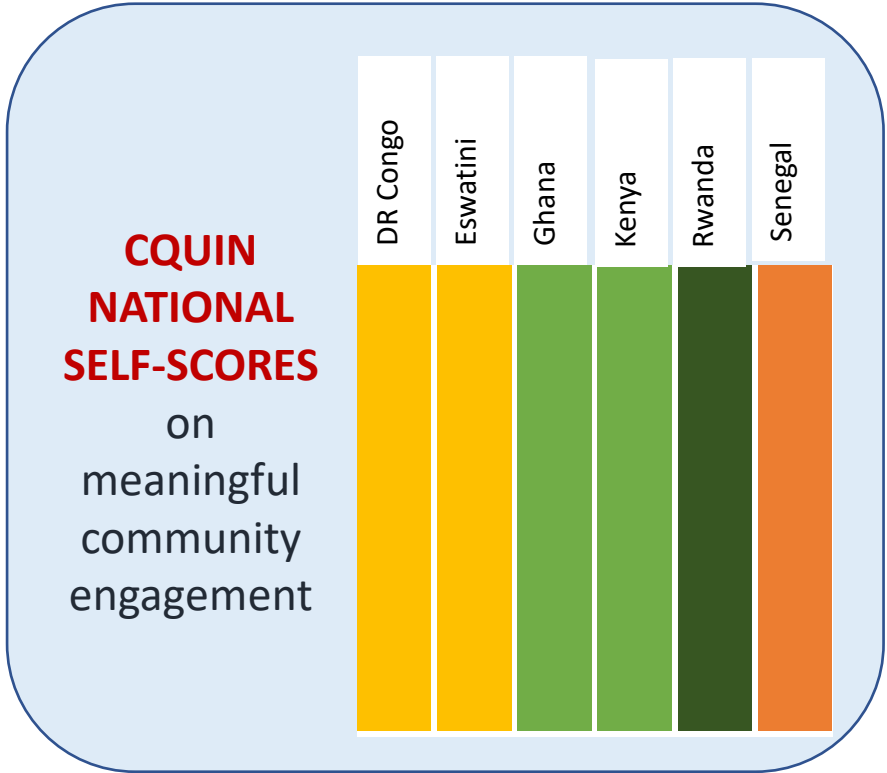
Effective community engagement in DSD is a key **rate-limiting factor** in determining positive HIV and health outcomes...

Comparing Country Self-reports to Community Scoring of Community Engagement

COMMUNITY SCORING

| AREA | INDICATORS - <small>*Numerical indicators will be scored and analysed in the interim report, after further feedback from countries</small> | COUNTRIES | | | | | |
|-----------------|---|-----------|-----------|-----------|-----------|-----------|-----------|
| | | Country 1 | Country 2 | Country 3 | Country 4 | Country 5 | Country 6 |
| POLICY LEVEL | % of TWG on DSD where RoC participated | Green | Green | Yellow | Green | Green | Yellow |
| | % of policy validation exercises where RoC participated | Green | Green | Yellow | Green | Green | Yellow |
| | % of online DSD platforms that include RoC, policy makers, program implementers and health providers | Green | Green | Yellow | Green | Green | Yellow |
| | % of monitoring and evaluation (M&E) meetings that include RoC | Green | Green | Yellow | Green | Green | Yellow |
| | % of impact assessment exercises where RoC participated | Green | Green | Yellow | Green | Green | Yellow |
| PROGRAM LEVEL | % of meetings focused on DSD program design where RoC participated | Green | Green | Yellow | Red | Green | Red |
| | % of DSD planning meetings where RoC provided recommendations on prioritization of DSD models | Green | Green | Yellow | Red | Green | Red |
| | % of DSD health facility trainings that include RoC as planners and facilitators | Green | Green | Yellow | Green | Green | Yellow |
| | % of DSD supportive supervision visits that include RoC leaders | Green | Red | Green | Red | Green | Yellow |
| | % of DSD M&E tools development meetings where RoC participated | Green | Red | Green | Red | Green | Yellow |
| | % of DSD M&E activities where RoC participated | Green | Yellow | Green | Red | Green | Yellow |
| | % of self assessments where RoC participated and led on community engagement domain | Green | Yellow | Green | Red | Green | Yellow |
| COMMUNITY LEVEL | % of thematic working groups where RoC participated | Green | Green | Yellow | Green | Green | Yellow |
| | % of DSD sensitization/demand creation activities led by or actively involving RoC | Green | Red | Green | Green | Green | Yellow |
| | % of health facilities with DSD where RoC work as service providers | Green | Green | Green | Green | Green | Yellow |
| | % of DSD facilities where community score cards and/or client satisfaction surveys are implemented | Green | Green | Green | Green | Green | Yellow |

VS



| Scoring Levels & Definitions (DSD Dashboard 3.0) | | | | |
|--|--|--|---|---|
| 0-20% | 21-40% | 41-60% | 61-80% | 81-100% |
| Representatives from the community of people living with HIV (PLHIV) and civil society organizations (CSO) are not involved in any activities related to DSD and there are currently no plans to engage these groups or the activity is not developed / planned or data source not available | PLHIV and CSO are not currently engaged in DSD activities, but engagement is planned or meetings and discussions are ongoing | PLHIV and CSO are meaningfully engaged in DSD implementation | PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSDM | PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSD, as well as oversight of DSD policy (e.g., through inclusion in DSD task force or other group) |

| LEGEND | | | | | |
|---|--|--|--|---|---------|
| Meaningful Community Engagement | 0-20% | 21-40% | 41-60% | 61-80% | 81-100% |
| Recipients of care are not involved in planning, implementation, or evaluation of differentiated ART (DART) programs as defined in the footnotes below ⁵⁻⁸⁷ OR There are insufficient data to determine the level of ROC engagement in DART | Recipients of care are meaningfully engaged in one of the following domains: 1. Planning/policy 2. Implementation 3. Evaluation | Recipients of care are meaningfully engaged in two of the following domains: 1. Planning/policy 2. Implementation 3. Evaluation | Recipients of care are involved in all three of the following domains: 1. Planning/policy 2. Implementation 3. Evaluation | The country team has assessed CE using the Community Engagement Toolkit developed by the CQUIN Community Advocacy Network and scored dark green in ≥ 4 of the policy domains, ≥ 6 of the programmatic domains, and ≥ 5 of the community domains | |

Comparing Country Self-reports to Community Scoring of Community Engagement

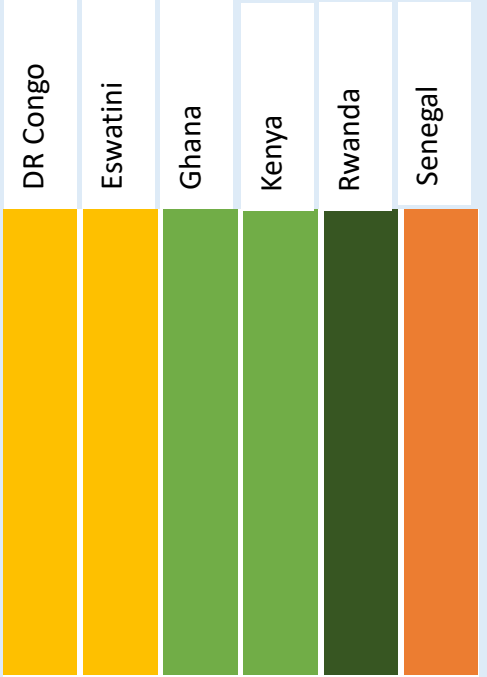
COMMUNITY SCORING

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TRIANGULATION IS KEY



CQUIN NATIONAL SELF-SCORES
on meaningful community engagement



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| LEGEND | | | | |
|---|--|--|--|---|
| Meaningful Community Engagement | Low (Yellow) | Medium (Green) | High (Dark Green) | Medium-High (Orange) |
| Recipients of care are not involved in planning, implementation, or evaluation of differentiated ART (DART) programs as defined in the footnotes below 5-87 OR There are insufficient data to determine the level of ROC engagement in DART | Recipients of care are meaningfully engaged in one of the following domains: 1. Planning/policy 2. Implementation 3. Evaluation | Recipients of care are meaningfully engaged in two of the following domains: 1. Planning/policy 2. Implementation 3. Evaluation | Recipients of care are involved in all three of the following domains: 1. Planning/policy 2. Implementation 3. Evaluation | The country team has assessed CE using the Community Engagement Toolkit developed by the CQUIN Community Advocacy Network and scored dark green in ≥ 4 of the policy domains, ≥ 6 of the programmatic domains, and ≥ 5 of the community domains |

Why is CE not
happening at the scale
we need?

Barriers to Effective Community Engagement in DSD

- External funding dependence:
 - **How do we incentivize governments to pay for community accountability innovations?**
 - *The framing of community engagement is not solution-oriented enough*
 - *CLM when applied to DSD can help alleviate this*
- Human resources problem:
 - **How can we address the declining and inadequate funding for human resources for health?**
 - *Addressing inefficiencies through better management can contribute to relieving this constraint*
 - *DSD should models should improve efficiency within the health system*
- No funding for communities to do the work after “meetings”:
 - **CE without funding is unrealistic**
 - *Community engagement requires funding to effect change*
 - *The final phase of all CLM models is advocacy*

BEFORE COVID-19



DURING COVID-19



BEFORE COVID-19



Treatment Failure Starts HERE

Challenge: **Management**



How are we to
address
efficiencies within
the health system
if we ignore
management?

Thank you!

