Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services
Tailored Care Approaches for Enhanced HIV Service Delivery in Malawi

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BACKGROUND

In 2006, Malawi adopted and incorporated the use of differentiated service delivery (DSD) models into its national HIV program as a means of tailoring HIV services to diverse populations living with HIV. Since joining the CQUIN learning network in 2017, Malawi has significantly expanded the implementation of DSD services, facilitated by strong leadership, a national technical working group comprising civil society organizations representing recipients of care (RoCs), and the supervision of a national DSD coordinator. A subgroup committee has been established with a clear terms of reference to foster coordination and facilitate discussions. This committee reports progress to the national HIV care and treatment technical working group. A DSD operational manual has been developed that encompasses all models currently in use in Malawi, as well as national quality standards for less-intensive models.

DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results *vs. Projections*
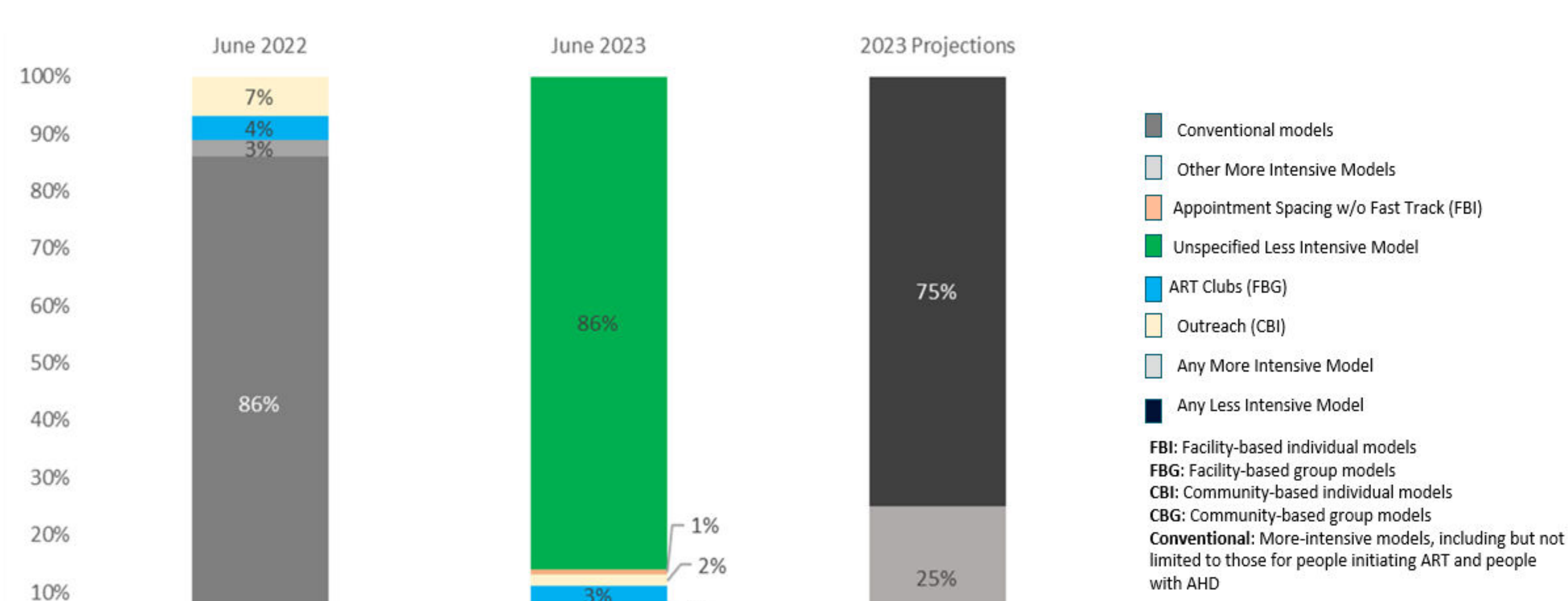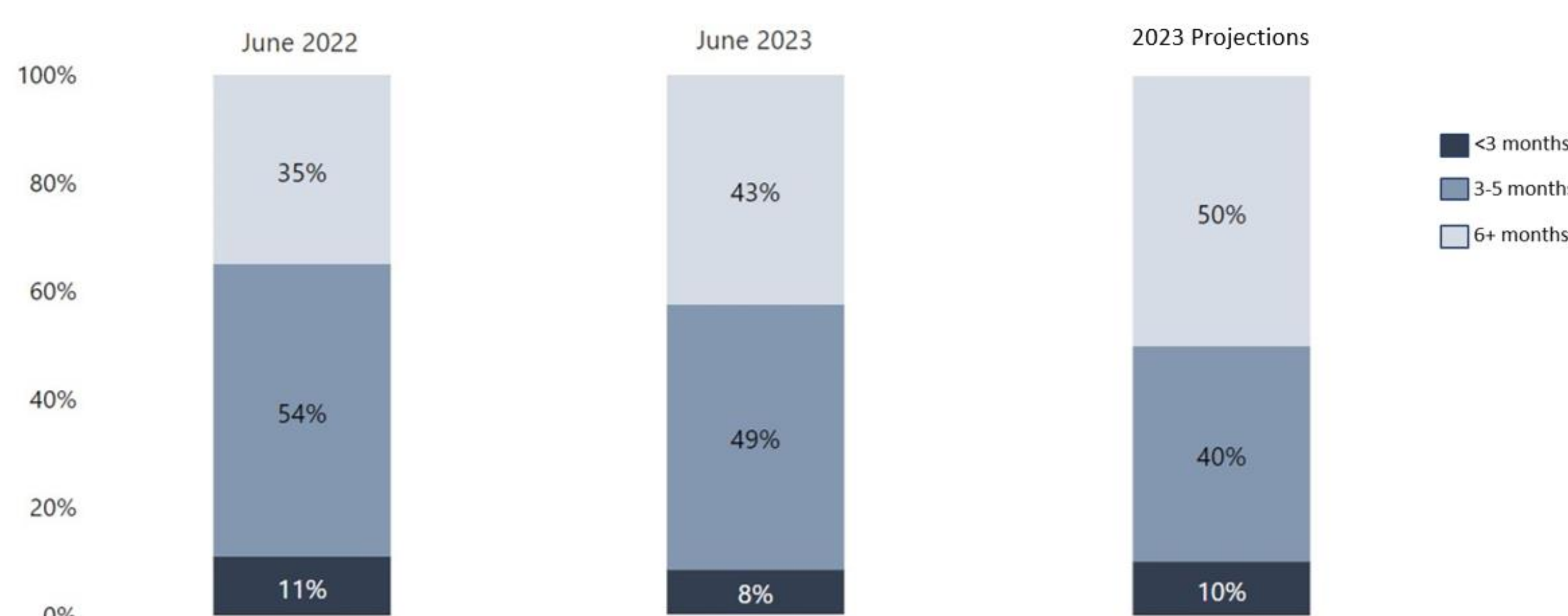

Figure 2: Multi-month Dispensing (MMD): Results *vs. Projections*

In Malawi, there are 937,994 people on ART and all 837 ART facilities in the country implement and report on DART. It should be noted that DSD data are managed at the IP level and the national EMR is currently being revised to capture model mix data (completion is expected by mid-2024).

As of June 2023, DSD model mix data show that 8% of RoCs are enrolled in more-intensive DART models, including Intensive HIV Care Clinic (IHCC) and AHD. 92% of RoCs are in less-intensive DART models, including: Teen Clubs, Mobile Outreach Clinics, and appointment spacing without Fast-Track. Given the limitations of relying solely on IPs to provide DSD model mix data, 86% of RoCs are enrolled in an unspecified, less-intensive model.

MMD reporting is from the EMR sites, which serve 99% of the national ART cohort. Target achievement between FY22 and FY23 was due to adequate stocks, which made less frequent drug refills possible.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Malawi is an active participant in numerous CQUIN communities of practice, including M&E, QI, MCH, KP, TB/HIV, and HIV/NCD. While Malawi did not engage in any country-to-country learning visits during the past year, valuable insights were drawn from CQUIN meetings, including the expansion of a patient-centered approach, which can lead to increased quality of care. Further, the active involvement of stakeholders and agencies is pivotal for successful nationwide DSD rollout. Drawing on innovative practices from other nations, these concepts have been tailored to fit Malawi's unique context and, with support from stakeholders, these practices have been swiftly integrated into the HIV treatment process (from linkage to care, retention, and re-engagement after treatment interruptions). Malawi has also adopted quality standard tools and shared valuable tools with other CQUIN member countries, including HIV Treatment guidelines and 4-D strategy engagement for Rx Interrupters.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART Capability Maturity Model Trends (2022-2023)

Figure 3 shows the results of Malawi's self-assessment using the CQUIN DART capability maturity model in 2022 and 2023. In 2023, Malawi achieved the most mature stage (dark green) in **eight domains** (up from five domains in 2022). **Two domains** remained in the least mature (red) stage.

Progress was made possible through the availability of guiding tools for HIV implementation and a strong supply chain system that supports commodity and stock availability in Malawi.

Regression in some domains, such as KP, is due to data unavailability in the national EMR. M&E remains a challenge and this limitation substantially affects the staging of other domains, including MCH and Impact domains.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023

Figure 4 shows the results of Malawi's recent self-assessment using the CQUIN AHD capability maturity model. In 2023, Malawi achieved the most mature stage (dark green) in **eight domains**, while **two domains** remained in the least mature (red) stage. Four domains were in light green, three domains were in yellow, and one domain was in orange.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023

Figure 5 shows the results of Malawi's recent self-assessment using the CQUIN dHTS capability maturity model. In 2023, Malawi achieved the most mature staging (dark and light green) in 16 out of 22 domains (73%), with **four domains** being in the least mature staging (red).

NEXT STEPS / WAY FORWARD

1. Develop new approaches to improve the least mature domains identified in the DART, dHTS, and AHD capability maturity models
2. Focus on less-resource-intensive DSD models that can help the HIV program sustain gains made long-term
3. Finalize the integration of DSD models in the EMR
4. Sustain the gains made in the most mature domains