



Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in South Africa



Fostering Meaningful Community Engagement to inform Differentiated Model of Care Scale-Up

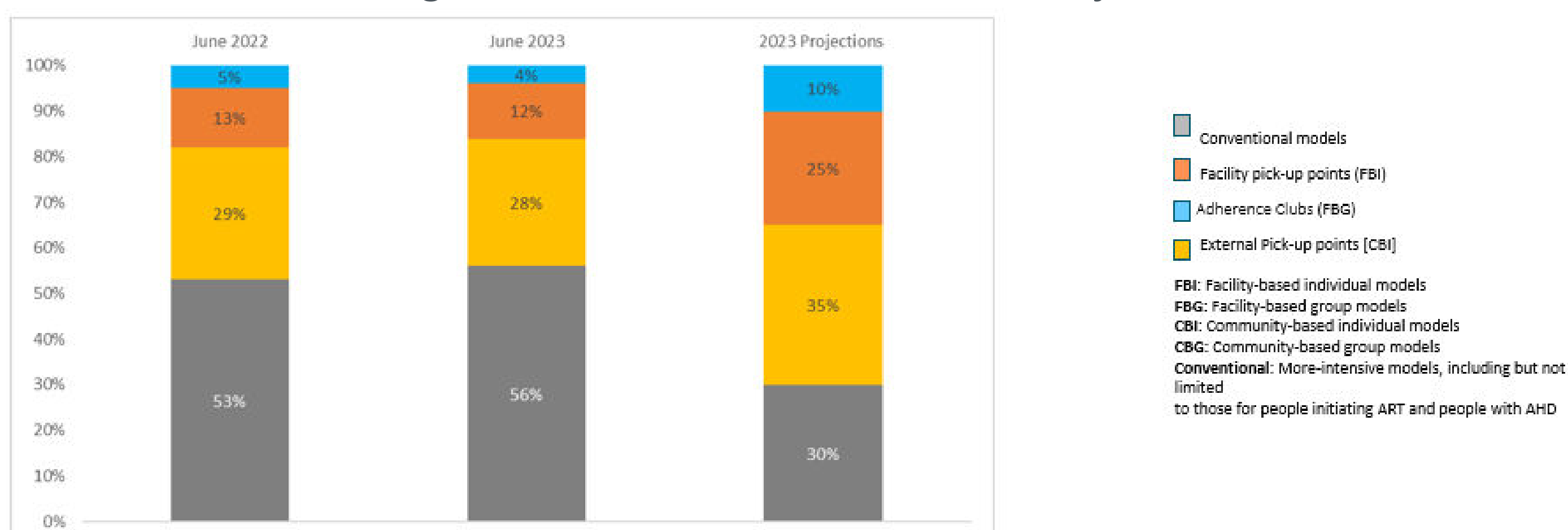
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BACKGROUND

South Africa joined the CQUIN network in 2018. Our priorities for DSD scale-up include but are not limited to: Quality Management for DSD; differentiated M&E; differentiated HIV/NCD services; DSD for advanced HIV disease (AHD); differentiated TB/HIV services; differentiated MCH services; DSD for key populations (KP); DSD for mobile, migrant and displaced populations; and differentiated HIV testing services (dHTS). In South Africa, DSD is coordinated by the National Technical Working Group, which ensures meaningful engagement of Recipients of Care through the South Africa National AIDS Council and Civil Society Forum. Existing policies that support DSD include revised 2023 ART Clinical Guidelines; revised 2023 Differentiated Model of Care Standard Operating Procedures (SOPs) in Adherence Guidelines for Chronic Diseases (HIV, TB, and NCDs) to support linkage to care, adherence, retention, and re-engagement in care; 2020 Community ART SOPs to intensify comprehensive community HIV and TB services; and the Welcome Back Strategy. We are working to adopt full DSD quality standards through the Operation Phuthuma Quality Improvement management framework.

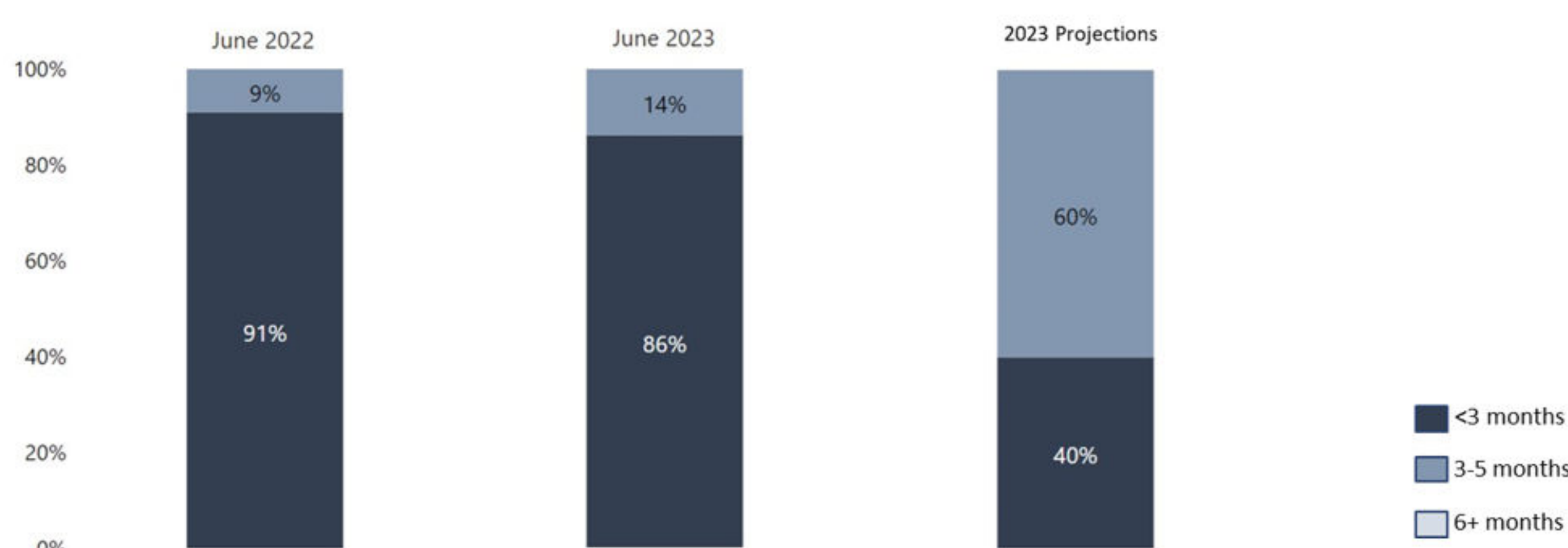
DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results vs. Projections



South Africa's more-intensive ART model is the Conventional/Standard Care model, while less-intensive models include Facility Pick-Up Points, External Pick-Up Points, and Adherence Clubs. The groups eligible for less-intensive models are adults (18 years and older) and children and adolescents (5-18 years). All 4,198 facilities providing ART in South Africa provide less-intensive DART services. 44% of people on ART are enrolled in a less-intensive model and 56% are in the more-intensive model (Fig 1). Recent DSD Performance Reviews in Mpumalanga, Eastern Cape, and KZN show significant missed opportunities for eligible clients who are not enrolled in less-intensive models. Efforts are being made to ensure that at least 70% of clients are enrolled in a less-intensive model by the end of FY23.

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



South Africa has been focused on scaling up 3MMD and, overall, the percent receiving 3-5MMD increased by 5% in 2023 (Fig 2). As of the end of Quarter 4 (FY2022/2023), data from The Central Chronic Medicines Dispensing and Distribution (CCMDD) (SyNCH) indicates that a total 800,659 people have received 3MMD across all provinces, except Western Cape, which has not begun implementing the CCMDD. The CCMDD only covers stable clients for MMD and is based on the availability of client identity documents, a passport, or asylum seeker's ID. Therefore, not all clients who receive 3MMD in facilities are being tracked, which represents a limitation of the M&E system and Tier.Net. efforts are being made to address this challenge. Of note: the revised DMOC SOPs include MMD SOPs; and 6MMD has not yet been implemented because it is dependent on confirmed operational capacity and stock availability in health facilities.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Communities of practice

- Advanced HIV disease
- DSD for key populations
- Differentiated TB/HIV
- Differentiated HIV testing services
- DSD Quality Management
- DSD for NCD/HIV Integration
- DSD for MCH

Country-to-country visits

- Nigeria - South Africa visit in February 2023 to explore Community ART Model

DSD Performance Reviews

- Completed two DPRs in Mpumalanga and Eastern Cape provinces and disseminated findings
- Planning in progress to conduct seven DPRs in the remaining provinces between October 2023 to March 2024

Lessons Learned from CQUIN Meetings

- Capability Maturity Models are a useful tool to determine how South Africa's systems are maturing and for informing the scale-up of DSD.
- DSD Performance Reviews are instrumental for identifying and addressing missed opportunities.
- Approaches for intensifying dHTS models and procuring commodities that are less expensive.
- Approaches for identifying gaps within different DSD models and conducting continuous modeling.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART CMM Trends (2022-2023)

	South Africa	
	2022	2023
Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Dark Green	Dark Green
Scale-up Plan	Dark Green	Dark Green
Coordination	Dark Green	Dark Green
Community Engagement	Dark Green	Dark Green
Training	Dark Green	Dark Green
M&E System	Dark Green	Dark Green
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Dark Green	Dark Green
Impact	Dark Green	Dark Green
P&SM	Dark Green	Dark Green
AHD	Dark Green	Dark Green
KP	Dark Green	Dark Green
TB/HIV	Dark Green	Dark Green
MCH	Dark Green	Dark Green
FP	Dark Green	Dark Green
HTN	Dark Green	Dark Green

Figure 3 shows the results of the country team's self-assessment using the CQUIN DART capability maturity model in 2022 and 2023. In 2023, South Africa achieved the most mature stage (dark green) in **four domains**, while **two domains** remained in the least mature (red) stage. Improvement was facilitated by South Africa's adherence and DSD-related guidance, which is now included in the 2023 ART clinical guidelines. A total of five domains regressed (Scale-up plan, Training, M&E, Community engagement, and AHD), which could be the result of newly revised ART and DMOC Guidelines, which are not fully optimized (as training is still underway). Further, the ITPC assessment has not been completed to fully inform community engagement and, with the inclusion of new DMOC indicators on NIDS 2023, more monitoring still has to be done to determine the impact of DMOC. Challenges remain with KP and MCH domains; for example, while National ART Guidelines include all populations, they are not tailored for specific KP groups; and South Africa does not currently implement the Less Intensive Model for Pregnant women (due to expectations of eight basic antenatal care sessions).

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023

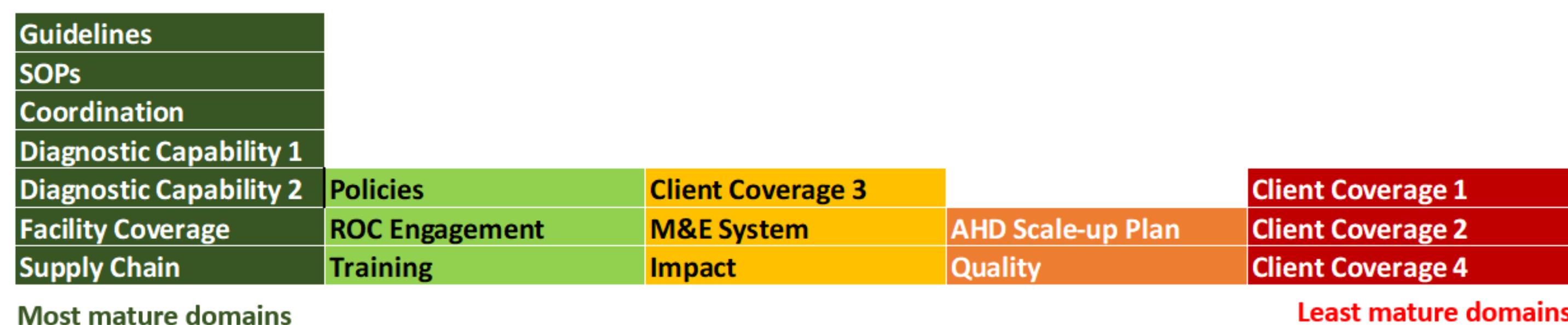


Figure 4 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. In 2023, South Africa achieved the most mature stage (dark green) in **seven domains**, while **three domains** remained in the least mature (red) stage.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023

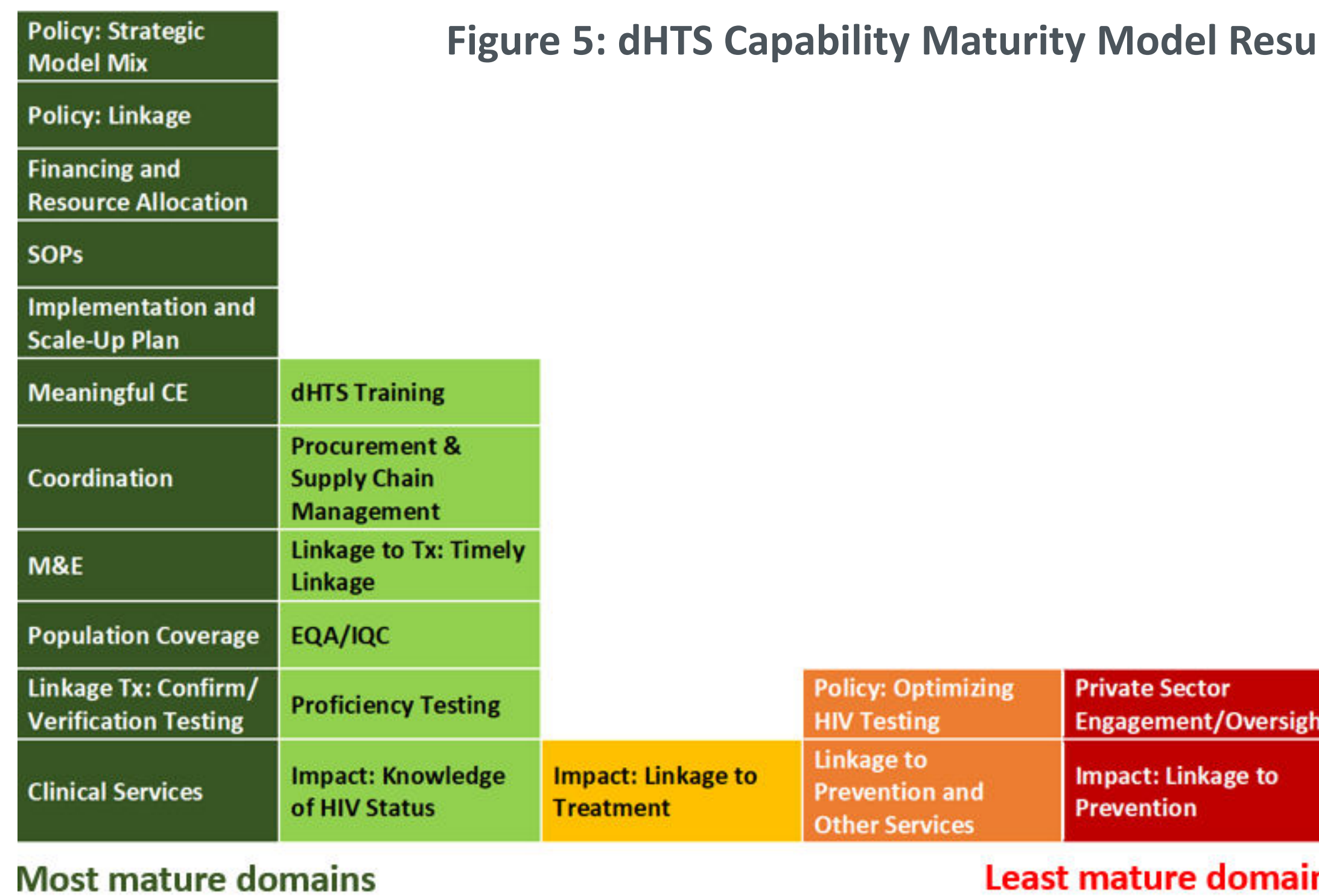


Figure 5 shows the results of the country team's recent self-assessment using the CQUIN dHTS capability maturity model. In 2023, South Africa achieved the most mature stage (dark green) in **11 domains**, while **two domains** remained in the least mature (red) stage.

NEXT STEPS / WAY FORWARD

- Pursue priority activities to improve dHTS and address the 1st 95% gap (increased case finding) and implement status neutral approach
- Pursue priority activities to improve differentiated linkage to prevention, treatment, and care and address the 2nd 95% (optimized ART initiation and adherence)
- Pursue priority activities to improve/address gaps in retention
- Pursue priority activities to improve re-engagement and address the 3rd 95%
- Adapt quality standards and assessment tool for DSD
- Explore Electronic Medical Records / Unique ID
- Develop and implement package of interventions for DSD for KP
- Integrate DSD models to assess cost-utility, efficiency, and effectiveness
- DSD for pregnant women and their babies and FP integration in DPRs
- Integrated DSD models for HIV, TB (TPT included), STIs, and FP, including integration of NCDs in DPRs