

DSD 2.0: The Future is Here!

*Zimbabwe's Journey to More Inclusive
Patient – centred Care*

Dr Tsitsi Apollo

Ministry of Health and Child Care, Zimbabwe

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Outline



DSD 1.0 – Optimising
TREATMENT for PLHIV



DSD 2.0 - More Client
– Centred Service



Engagement with
CQUIN



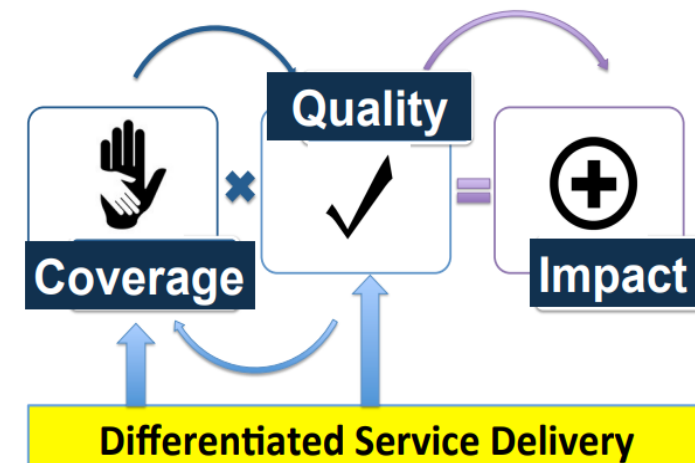
Priorities for the
future

DSD 1.0 – Optimising TREATMENT for PLHIV

- DSD 1.0 focused on the Adoption, Implementation, Scale-up and Evaluation of DSD guidance
- The initial focus was on the optimisation of **ART** delivery:
 - IAS: Differentiated Care guidance
 - CQUIN: Catalytic to address the impact challenges through the uptake and scale – up of differentiated care
 - ART was a low-hanging fruit – easier to set up systems that could be used later as DSD expanded to the rest of HIV programming
- Zimbabwe officially adopted DSD guidance in 2016
 - Included in the National Operational and Service delivery manual with step – by-step guidance on implementation



Challenges to Programs



Adapted Kruk 2013

Zimbabwe in DSD 1.0 – Adoption and Implementation

- Differentiation of ART services had been in effect in the programme prior to 2016
 - Outreach model after decentralisation of ART provision to subnational level
 - 3MMD and appointment spacing as standard of care for RoC established on ART
- Upon revision of DSD guidance and joining the network, focus and precision of implementation increased
 - DSD focal person within the national programme
 - Formation of a TWG that meets quarterly – MoHCC, implementing partners, funders, representatives of RoC
- Within 12 months
 - Targeted capacity building for HCWs conducted for 140 nurses for 105 facilities
 - DSD included in already existing national platforms
 - Annual review and planning meeting – max. participants: 150
 - Mentors technical update meetings - 120 mentors and managers reached
 - **NEW:** DSD review meetings – 1st one was conducted in 2018 with 57 HCWs from 28 health facilities

Zimbabwe joined the CQUIN learning network at launch in 2017

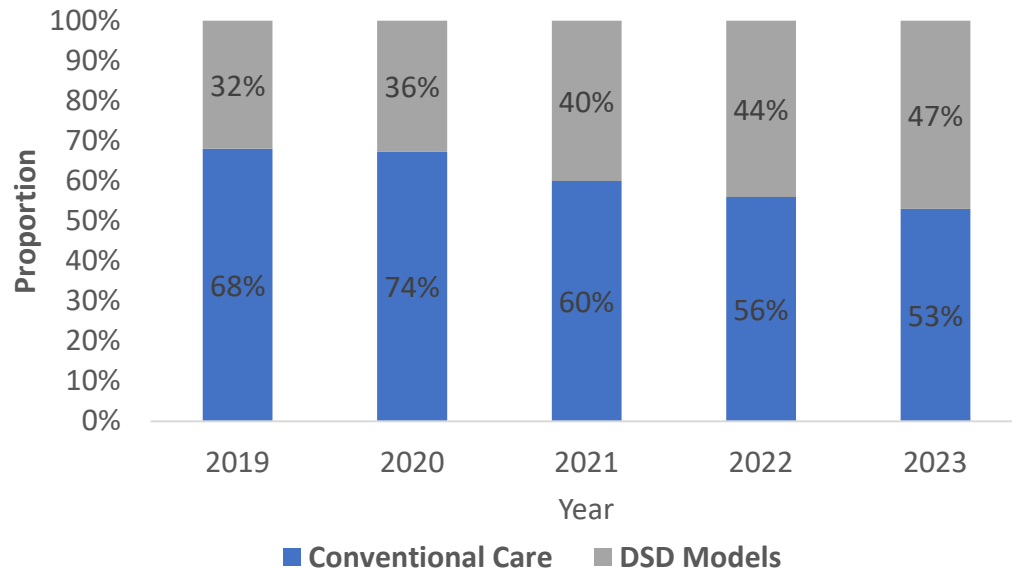
Catalytic function

- DSD coordinator post support to MoHCC
- Co-creation of the M and E framework
- Implementation progress using the CMM dashboard
- Peer to peer sharing of tools, lessons learnt and innovations

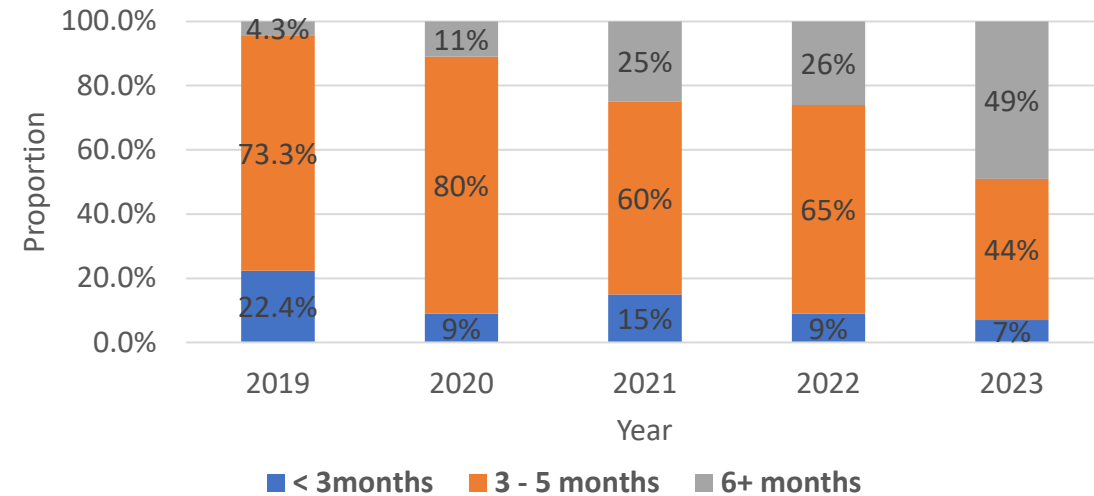
DSD 1.0 - Scale – up and Evaluation

- National M and E System adapted for DSD
 - Development, printing and distribution of a standard national DSD register in 2020
 - Update of patient level care tools (OI Care booklet, EHR, EPMS) to include DSD data points progressively between 2020 - 2023
 - Inclusion of coverage and uptake DSD indicators in the monthly reporting form, and update of the national DHIS2 system
 - Prior to adaptation, the MoHCC developed data collection tools that enabled collection of reports from partner – supported health facilities that accounted for approx. 80% of all PLHIV in care
- DSD reviews (DPRs) conducted every year since 2018
 - Increasing number of provinces, facilities and data collected
- Co-creation of tools and participation in communities of practice and webinars
 - M and E CoP, DSD Coordinators, webinars

DSD Model Mix 2019 - 2023



Multi - month Dispensing 2019 - 2023

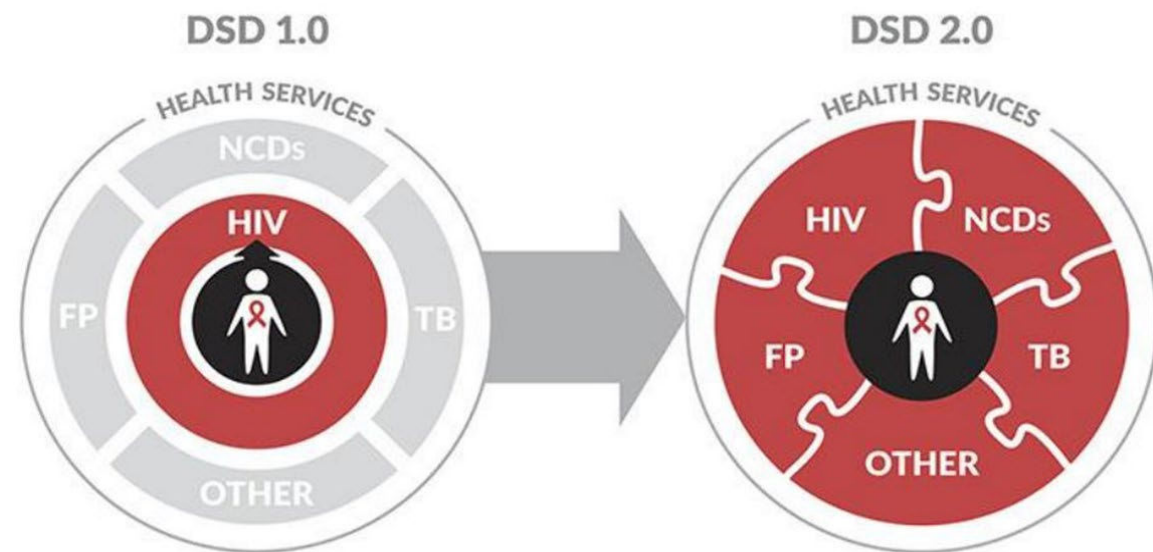


- Growth seen in DSD 1.0 related indicators
 - Increase in DSD coverage from no data in 2017 to 47% (Jun '23)
 - Increased uptake of 6MMD
 - Continued improvement of CMM domains across the years

	Zimbabwe					CQUIN 2.0	2022
	2017	2018	2019	2020	2021		
Policies	Green	Green	Green	Green	Green	Staging criteria changed	Green
Guidelines	Green	Green	Green	Green	Green		Green
Diversity	Yellow	Green	Green	Green	Green		Green
Scale-up Plan	Green	Yellow	Green	Green	Green		Yellow
Coordination	Orange	Green	Green	Green	Green		Green
Community Engagement	Green	Green	Green	Green	Green		Green
Training	Orange	Green	Green	Green	Green		Green
SOPs	Green	Green	Green	Green	Green		Green
M&E System	Orange	Orange	Yellow	Yellow	Green		Yellow
Facility Coverage	Yellow	Red	Green	Green	Green		Green
Patient Coverage	Grey	Red	Green	Green	Green		Yellow
Quality	Orange	Orange	Orange	Orange	Orange		Orange
Impact	Orange	Red	Red	Red	Red		Yellow
P&SM							Green
AHD							Yellow
KP						Red	
TB/HIV						Orange	
MCH						Orange	
FP						Orange	

DSD 2.0 - More Client – Centred Service

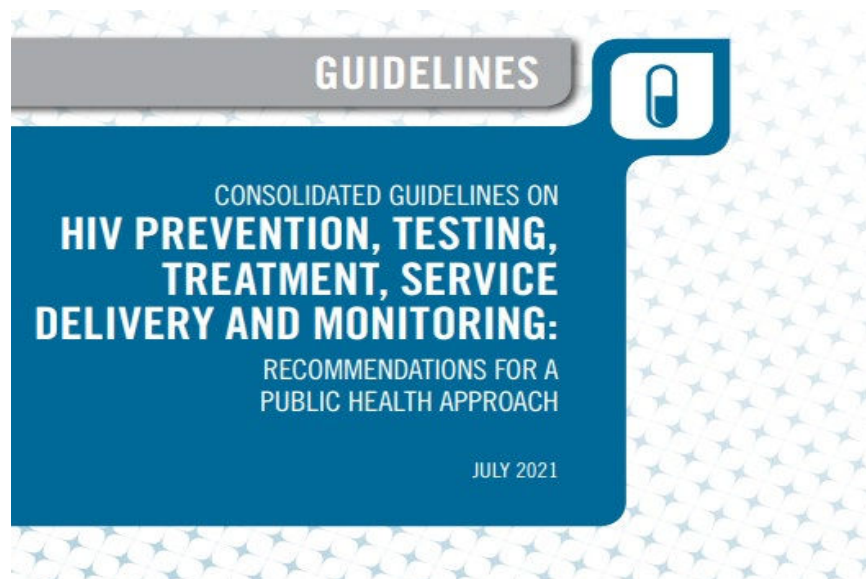
- **DSD 2.0 calls for a shift in service provision to:**
 - Making services more client-centred across the **whole cascade**: dHTS, AHD, prevention
 - Integration of non - HIV related services for more holistic care management of RoC



> [J Acquir Immune Defic Syndr. 2021 Feb 1;86\(2\):147-152. doi: 10.1097/QAI.00000000000002549.](https://doi.org/10.1097/QAI.00000000000002549)

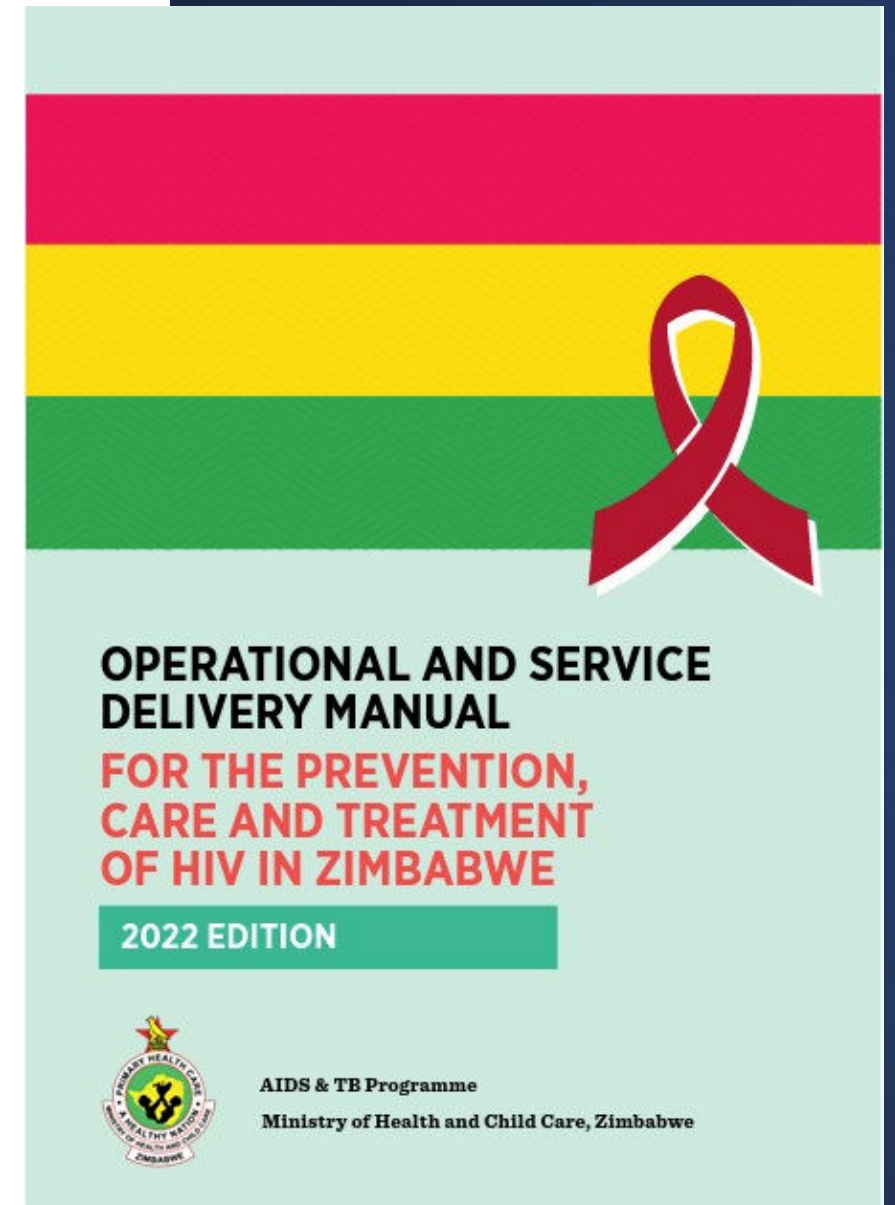
Expanding the Vision for Differentiated Service Delivery: A Call for More Inclusive and Truly Patient-Centered Care for People Living With HIV

Peter Ehrenkranz ¹, Anna Grimsrud ², Charles B Holmes ³, Peter Preko ⁴, Miriam Rabkin ⁴



Zimbabwe – DSD 2.0

- The country improved in DSD **coverage** significantly and thus focus also needed to shift to **quality** service provision and making health services more client – centered.
- Revision of OSDM conducted in 2022 with additional guidance:
 - dHTS and Prevention
 - expansion of DSD models for different sub-populations
 - scale up of 6MMD guidance
 - integration of management of NCDs (HPT, DM), cervical cancer, mental health



Strides have been made in strengthening DSD 2.0 implementation

- Service Integration is coordinated by a medical officer within the HIV program:
 - A TWG exists with stakeholders from reproductive health, mental health and NCDs departments
 - The TWG worked on new guidance with stakeholders and reached consensus on some interventions
 - Engagement of the private sector to promote integrated services for PLHIV seen within their sector
- Evidence generated from operational research have informed policy and guidelines:
 - A “Stepped care pathway” for the management of common mental health conditions for adolescents – evidence from implementing guidance in OSDM 2016
- More than USD300,000 from the Global Fund GC7 application for 2024 – 2026 earmarked for:
 - Cervical Cancer screening equipment, NCDs medicines, capacity building of HCWs

CQUIN Engagement

Adoption of the newer CMM dashboards for DSD 2.0 i.e. dHTS Staging, AHD staging and Community Engagement Staging

Participation in Additional CoPs i.e. TB/HIV CoP, Migrant Populations CoP, AHD, NCDs, dHTS

Engagement with CQUIN DSD 1.0 DSD 2.0

- **Communities of Practice**

- TB/HIV, DSD Coordinators, QI for DSD, M and E, MCH, KP, AHD, NCD, dHTS, Mobile and displaced populations

- **Country-to-country visits, Resources or tools from other CQUIN network countries**

- Eswatini, South Africa, Malawi

- **DSD Performance Reviews**

- Conducted from 2018 – 2022 except for 2020 (COVID) increasing number of provinces, districts and facilities
- Resources availed for initial meetings

- **CQUIN-supported catalytic studies**

- Men in CARGs
- Acceptability of TPT provision within CARGs
- Optimizing Differentiated HIV Treatment Models in Urban Zimbabwe: Assessing Patient Preferences Using a Discrete Choice Experiment
- 3HP in Fast Track

- **Peer learning workshops and meetings**

- Annual Meetings, KPs, Strategic Planning, TB/HIV integration, FP integration meetings

Participation in the CQUIN Learning Network led to significant programme growth

- **Acceleration of translation of DSD policy into practice**
 - Increasing of DSD Coverage
 - Objective and consistent monitoring of programme maturity
- **Evidence generation to support policy change**
 - Feasibility and acceptability of TPT within DSD models - CARGs and Fast Track
- **Catalytic development of tools and M & E system**
 - M and E adaptation after the co-creation of M & E framework for selection of DSD indicators
 - DSD Review allowed for data triangulation and integrity of DSD data being reported
- **Proof of concepts enabled mobilization of support for DSD in the country**
 - DSD coordinator's post support - transferred to PEPFAR Support
 - DSD Review Meetings - support transferred to IPs and the Global Fund
 - TWG meetings - support transferred to in-country IPs and MoHCC

Priorities for the future

- Sustainability of HIV programmes
 - Strengthening public-private partnerships for HIV
 - Scaling up quality improvement and quality assurance initiatives within HIV service provision
- Introduction and implementation of the “Status Neutral” as an avenue for enhancing services for clients who test HIV negative
- Strengthening AHD diagnosis and management
- Strengthening service integration in the management of HIV with TB, NCDs (Diabetes, hypertension, cancers), mental health and viral hepatitis

Acknowledgements

- MoHCC – programme managers, implementers (HCWs)
- PEPFAR and non – PEPFAR partners
- Global Fund
- CDC
- USAID
- National AIDS Council
- Representatives of PLHIV
- CSOs and Recipients of Care

Thank you!

