Differentiated Service Delivery Models in Zimbabwe

Transforming Community Health Systems to Improve Health Outcomes

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Background/Introduction

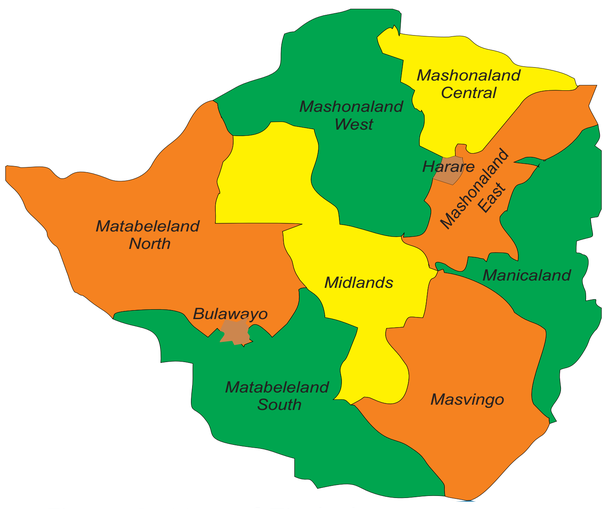

Figure 1. Map of Zimbabwe

Zimbabwe is one of the worst affected countries by the HIV epidemic in sub-Saharan Africa. Latest estimates reveal a national adult prevalence of 12.9% with 1.2 million people on Anti-Retro-viral therapy (ART) according to ZIMPHIA 2020 survey. The ZIMPHIA 2020 findings demonstrate how Zimbabwe's national HIV policies and programs have contributed to increased access to treatment and viral load suppression among adults living with HIV. In 2017 the Ministry of Health and Childcare (MOHCC) introduced differentiated service delivery (DSD) models including community ART Refill Groups (CARGs) which have contributed to improved adherence to ART helping with the decline of the prevalence rate. These DSD models have been incorporated into the Operational Service Delivery Manual (OSDM) as a guide to DSD implementation.

Innovations at the community level of the health system are needed to identify HIV-positive individuals, initiate them on treatment, and retain them in lifelong care at the scale needed to control the epidemic. Using community-level systems as the backbone of the response can relieve the burden on facilities and the health delivery system, not to mention making care more convenient and accessible for clients and their families.

Methods

MOHCC recently revised the Operational Service Delivery Manual (OSDM) which provides guidance to DSD implementation. The manual has both facility and community-based models, namely: Community ART Refill Group (CARG), Family ART Group (FAG), Club Refill, Fast Track, Outreach, Out of Facility Community ART Distribution (OFCAD), Community ART Treatment Care Facility (CATCF), HIV Testing Services (HTS), Antenatal Care Groups, 6 Months Multi Month Dispensing (6MMD). These services vary from the needs of the recipient of care (ROC) but all meeting one goal to have ART services close to the ROC.

Below are some of the duties conducted by community facilitators in different DSD models:

- The community ART facilitator delivers ART resupply to ROC in the community.
- Assist the focal person, screen eligible ROC for community-based DSD.
- Monitor CARG meetings, assist ROC with keeping appointments of ART supply.
- Ensure safe distribution of ART medication.
- Provide counselling, follow up on defaulters, conduct basic clinical observations such as blood pressure, temperature, weight and height, and conduct health promotion talks.

Results

The community health system program contributed towards improved ART adherence leading to overall improvement in viral suppression among recipients of care. The link between the community and the health facility improved through sharing of information with the Care Facilitator and the health worker. With the shortages of health workers, the DSD ART refill program has closed very important gaps. Task shifting has improved staff workload and overall working conditions.

Achievements	Challenges
• Improved Viral load bleeding coverage.	• Long turn around time for viral load test results.
• Increase in number of clients managed in DSDs.	• Delays at facility due to shortages of staff at health facility.
• All clients with Hight Viral Load received enhanced adherence counselling.	• Documentation community processes from the CARG group leader is not collected by health worker for review ART distribution processes.
• Reduction of treatment costs to the patients which facilitated retention to care.	• Community nurses do not regularly visit CARG groups.
• All clients got their refills on correct dates	

Figure 2. Program Performance: Community ART Treatment Care Facility (CATCF) and Community ART Refill Group (CARG)

In Makoni district, a pilot program of the CATCF model was conducted with 49 active CATCF cadres at 7 facilities, 6 clinics, and 1 hospital.

The results showed that stable ART ROC have no need to visit the health facility unless with other ailments. All 853 clients had undetectable viral load after 6 months.

Conclusion

DSD plays a very important role in making sure that ROC on ART in care improve ART adherence leading to better viral load outcomes. Regardless of the challenges, Zimbabwe is continuing to innovative by coming up with new DSD models for ART collection and treatment models. Some models are still at the piloting stage, and some are already being cascaded country wide.

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