

Effect of a Targeted Catalytic Strategic Initiative on the Implementation of the Advanced HIV Disease Package of Care: Case of the Global Fund DSD-SI Support to Zambia

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BACKGROUND / INTRODUCTION

Epidemic control of HIV requires the reduction of HIV related mortality as included in its definition. To this effect the WHO in 2019 released the advanced HIV disease guideline, an evidence based normative guideline to systematically provide screening, prophylaxis, antiretroviral treatment and counselling, to reduced HIV related mortalities. However, the provision of the recommended package of care is complex, multidimensional, and an inter-program task requiring a background of strong health systems. Therefore, catalytic support was awarded to Zambia by the Global Fund as a strategic initiative for advanced HIV disease implementation. We here report the effect of this support on the delivery of the Advanced HIV disease package of care in Zambia.

METHODS

We used a pre and post quasi experiment method using the CQUIN capability maturity model as a framework for the identification and monitoring of the effect of the global fund AHD-DSD SI support to Zambia. The Country to Country strategy developed by CQUIN was utilized as the strategy and ICAP Columbia gave the technical support. The Zambia national HIV program data systems including the DHIS2 and SmartCare as well as in cataloguing of document and key informants interviews provided supplemental information.

RESULTS

Using the CQUIN capability maturity model, support for **AHD monitoring and evaluation**, and **laboratory and pharmaceutical logistics management** were selected as the priorities for support. From the Country to Country visits to eSwatini and Nigeria, the following themes were identified and how to improve them including leadership and governance, operationalizing the hub and spoke model, distinguishing the in-patient and out-patient AHD, monitoring and evaluation and health products logistic management (see table 1). The instituted M&E systems are functional, the supply chain is monitoring products, trainings are done, and policy documents have been developed and distributed.

Table 1: findings from the country to country visits

Theme	Lessons from C-C visits	Outputs
Leaderships and governance	<ul style="list-style-type: none"> Develop an implementation framework Include AHD in the NSP 	AHD include in the NSP and the implementation framework has been produced.
Operationalizing the hub-spoke model	<ul style="list-style-type: none"> Use the implementing partners to include AHD in their scope of work 	<ul style="list-style-type: none"> All partners written to include AHD in the situation room analysis
Distinguishing the AHD for in-patients and out-patient	<ul style="list-style-type: none"> Dedicated implementers for in-patients and out-patients AHD services 	<ul style="list-style-type: none"> Implementing partners appointed separate in-patient and out-patient focal point persons for AHD
Monitoring and evaluation	<ul style="list-style-type: none"> Inclusion of AHD indicated in all primary data collection tools Linkage of the AHD data into the national data warehouse Use of a temporary parallel data collection tool 	<ul style="list-style-type: none"> Indicators included in all data collection tools The EMR data deposited in the NDW Partners supplied with a temporary spreadsheet to use
Health product logistics management	<ul style="list-style-type: none"> Integrated TWG for AHD logistics 	<ul style="list-style-type: none"> Logisticians and laboratorian integrated in the AHDS TWG

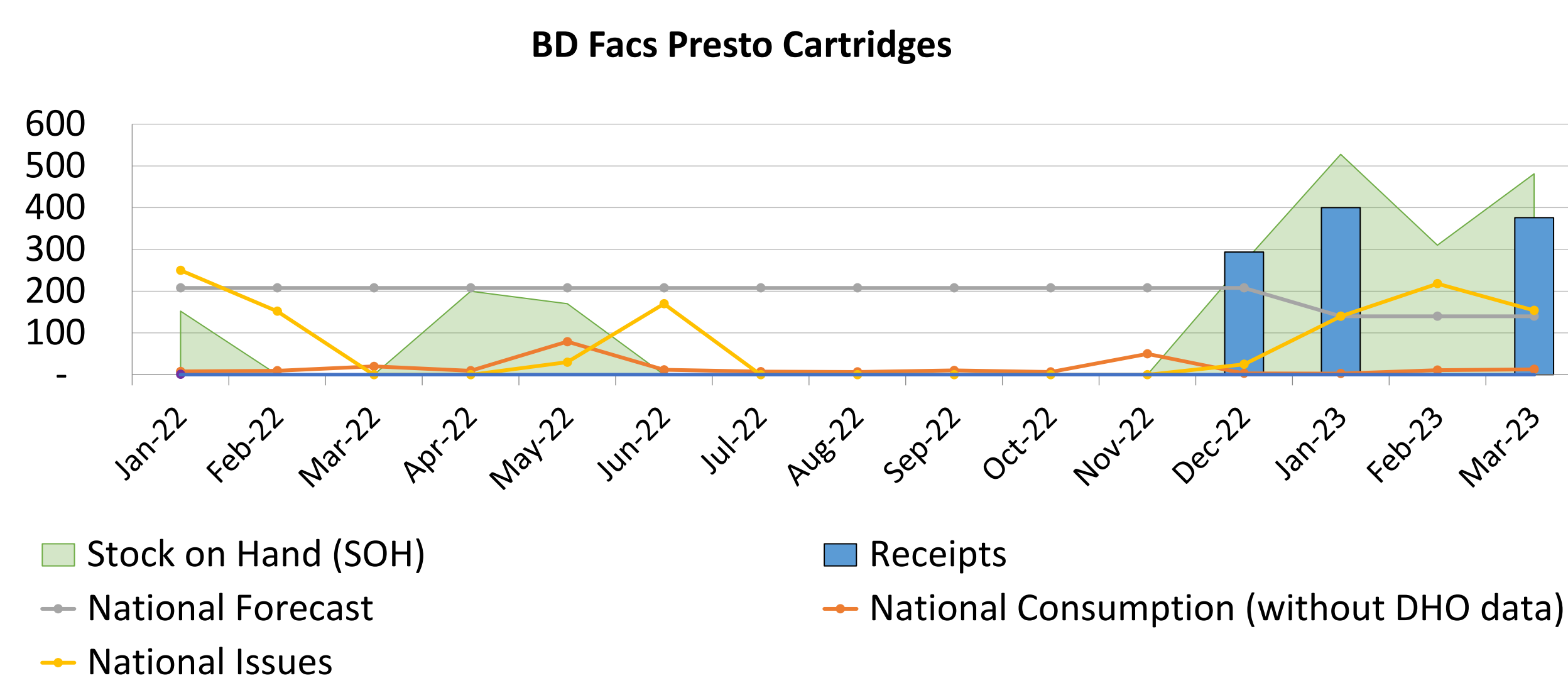
Figure 1: Improvement in the capability maturity model in Zambia

AHD DOMAINS	2021	2023
Policies	Yellow	Green
Guidelines	Green	Green
AHD Scale-up Plan	Green	Green
SOPs	Orange	Green
Coordination	Green	Green
ROC Engagement	Green	Green
Training	Green	Green
Diagnostic Capability 1 (Identifying AHD)	Orange	Green
Diagnostic Capability 2 (Identifying OI)	Green	Red
Facility Coverage	Orange	Green
Client Coverage 1 (Testing for AHD)	Red	Red
Client Coverage 2 (OI screening)	Red	Red
Client Coverage 3 (OI prophylaxis)	Red	Red
Client Coverage 4 (OI management)	Red	Red
Supply Chain	Yellow	Yellow
M&E System	Yellow	Yellow
Quality	Orange	Orange
Impact	Red	Red

Figure 2: Dashboard for AHD performance per district

SCREENING FOR AHD-TX NEW									
District	TX New reported 3 weeks ago	# with CD4 done	% with CD4 done	# with CD4 <200 (AHD)	% with AHD based on CD4	# with no CD4 but classified as AHD using WCS 3&4 (AHD)	Total # with AHD (CD4<200+ WCS 3&4)	Total # managed using the AHD Package (i.e Screening and Treatment)	% Managed for AHD
Chikankata	14	9	64%	1	11%	0	1	1	100%
Chirundu	3	3	100%	0	0%	0	0	0	100%
Choma	17	17	100%	0	0%	1	1	1	100%
Gwembe	5	2	40%	0	0%	0	0	0	100%
Itezhi tezhi	4	0	0%	0	0%	0	0	0	100%
Kalomo	7	3	43%	0	0%	0	0	0	100%
Kazungula	6	6	100%	0	0%	0	0	0	100%
Livingstone	14	8	57%	1	13%	0	1	1	100%
Mazabuka	14	14	100%	0	0%	0	0	0	100%
Monze	18	18	100%	0	0%	0	0	0	100%
Namwala	10	2	20%	0	0%	0	0	0	100%
Pemba	10	7	70%	0	0%	0	0	0	100%
Siavonga	5	5	100%	0	0%	0	0	0	100%
Sinazongwe	3	3	100%	0	0%	0	0	0	100%
Zimba	4	4	100%	0	0%	0	0	0	100%
Overall	134	101	75%	2	2%	1	3	3	100%

Figure 3: Dashboard for laboratory commodities



CONCLUSION

The catalytic Global Fund strategic initiative for Advanced HIV Disease support to Zambia improved the implementation of the package of care through health systems strengthening. The CQUIN capability maturity model is an effective framework for the implementation of catalytic projects. We further endeavor to demonstrate the improvement in recipient of care reached with the package of care.

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