

Evaluating the Role of Fast-Track Differentiated Service Delivery Model in Improving HIV Care and Treatment Outcomes Among People Living with HIV in Midlands and Manicaland Provinces, Zimbabwe, 2024.

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INTRODUCTION

- Differentiated service delivery (DSD) for HIV is a person-centered approach that simplifies and adapts HIV care and treatment to the needs of specific people living with and vulnerable to HIV (PLHIV).
- The Fast-track DSD model aims to reduce barriers to HIV care such as waiting times and frequent clinic visits.
- The Accelerated and Comprehensive HIV Care for Epidemic Control in Zimbabwe (ACCE) project supports the implementation of DSD models, including Fast-Track, to improve HIV care and treatment outcomes among PLHIV at selected health facilities across 9 districts in Midlands and Manicaland provinces, Zimbabwe.
- While the Fast-Track model has shown promise in reducing waiting times, its broader impact on key HIV treatment outcomes remains underexplored.
- We conducted an assessment to evaluate the role of the Fast-Track DSD model in improving HIV care and treatment outcomes among PLHIV in Midlands and Manicaland provinces.

METHODS

- A descriptive cross-sectional study was conducted using routine program data for recipients of care (RoC) across 378 Rural, Urban, and Peri-Urban health facilities of Midlands and Manicaland provinces in Zimbabwe.
- The study covered nine districts: Buhera, Chipinge, Gokwe South, Gweru, Kwekwe, Makoni, Mutare, Mutasa, and Mberengwa districts during the period October 2023 to September 2024.
- Sites in direct service deliver districts were selected.
- Routine program data was extracted from the project DHIS2 database and analyzed using Microsoft Excel to generate frequencies, proportions, and measures of central tendency to assess the outcomes of interest.
- The assessment was covered by the Medical Research Council of Zimbabwe-approved non-research determination protocol (MRCZ/E/159).

RESULTS

- About 60,501 RoC were enrolled in the Fast-Track DSD model in Midlands and Manicaland provinces of Zimbabwe.
- The Fast-Track represents 30% of all DSD models, second to the Conventional care model which accounts for 42%,
- Among the 378 health facilities, Fast-Track is the most common less intensive DSD model, at 51% (60,501/118,464) of all the less intensive DSD models.
- Results showed significant improvements in fast-track enrolment from 27% to 30%, ($p < 0.001$) between October 2023 and September 2024.
- Viral suppression rates increased from 97% to 98%, ($p < 0.001$) between October 2023 to September 2024.
- All the RoC enrolled on Fast-Track were virally suppressed.
- The overall ACCE DSD coverage for less intensive models was 58%, surpassing the Ministry of Health and Child Care's national DSD target of 55% for 2024.
- However, Chipinge (52%) and Mberengwa (54%), predominantly rural, fell short of the national target.
- The implementation of Fast-Track remains challenging in low-volume healthcare facilities with integrated departments, where clinicians provide multiple services, including ART dispensing.

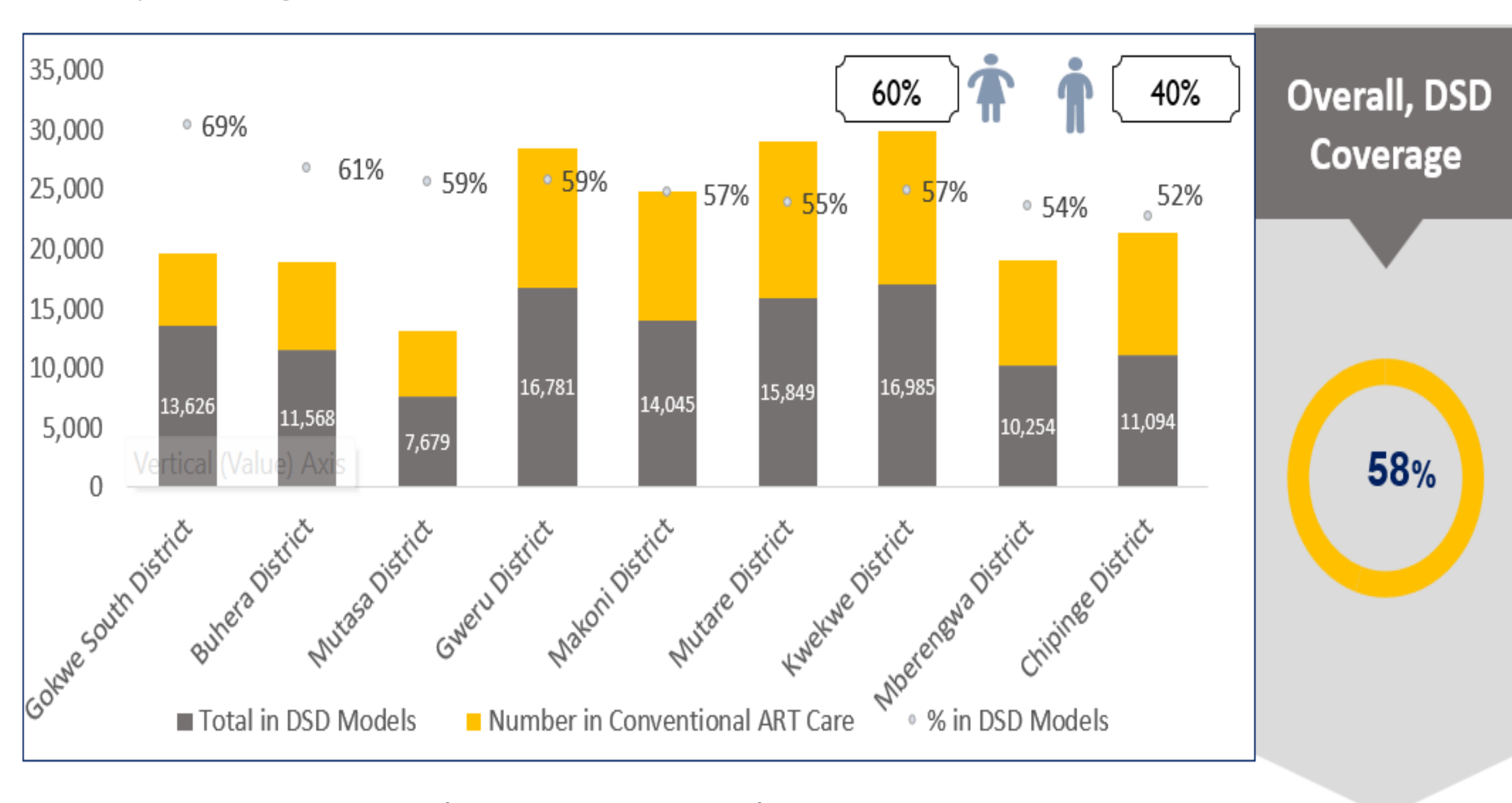


Figure 1: DSD Coverage by District, September 2024

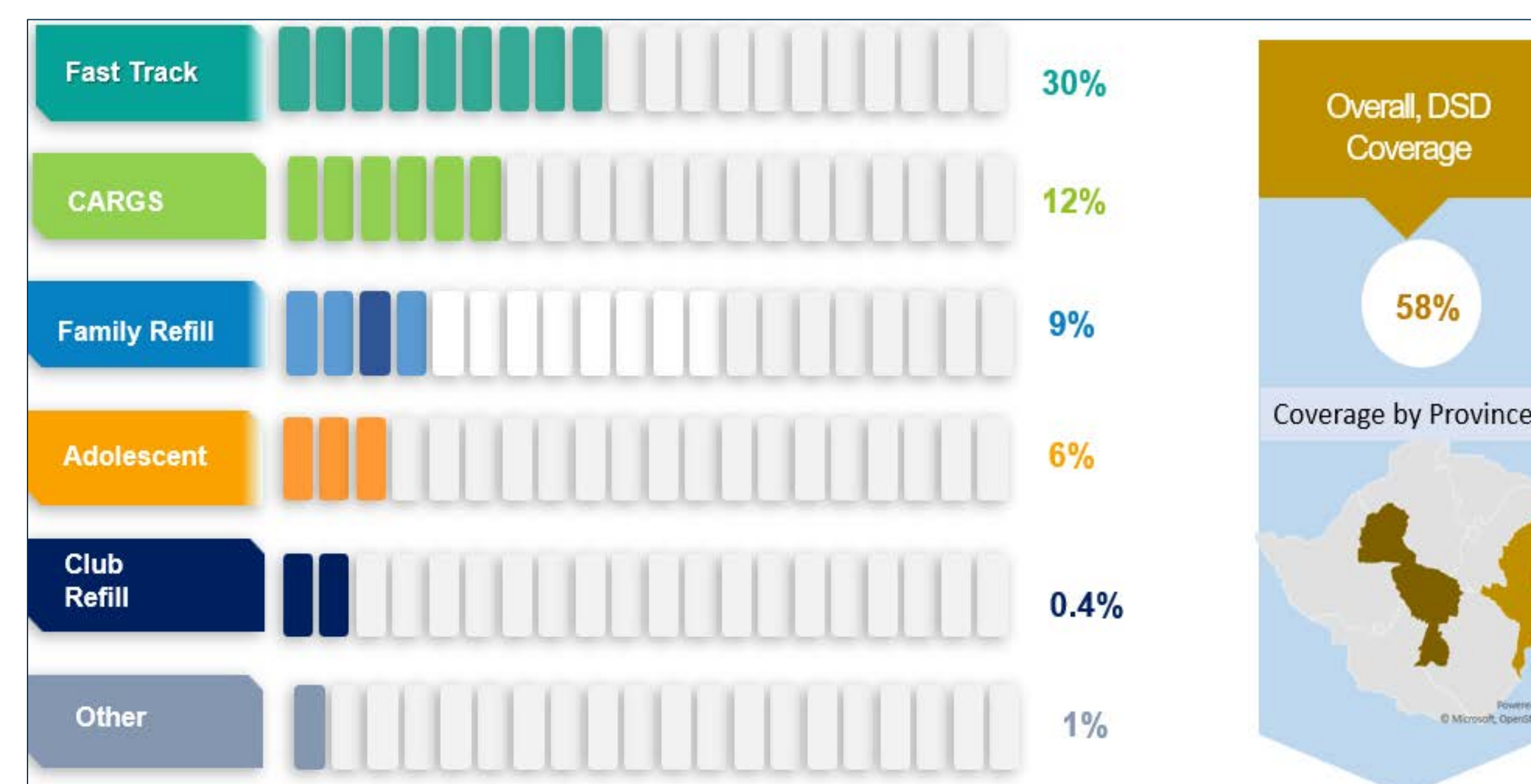


Figure 2: DSD Coverage in Manicaland and Midlands Provinces, September 2024

DISCUSSION

- The findings highlight the potential of Fast-Track in streamlining HIV care and improving viral suppression rates.
- Also, they underscore the need for targeted interventions to address implementation challenges faced by low-volume facilities.
- Task-shifting, streamlined processes, and enhanced healthcare worker training can improve uptake in clinical settings where healthcare workers perform multiple tasks.
- Fast track demand remains very high compared to other less intensive models. Poor client literacy and knowledge gaps among service providers need to be addressed to ensure the scale-up of other less intensive models according to the local context.

References :

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CONCLUSION & RECOMMENDATIONS

- The Fast-Track DSD model is a valuable strategy for improving HIV treatment outcomes in Zimbabwe.
- However, context-specific implementation guidelines, training, and support are crucial for successful scale-up.
- Ongoing monitoring and evaluation should be used to inform optimal service delivery strategies and public health response.
- We recommend scale-up of Fast-Track in facilities where the model is suitable and can be implemented with fidelity.
- There is a need for development context-specific implementation guidelines which include geographic location, socio-economic factors, and volume of health facility.
- Strategies should be put in place that enhance continuous healthcare worker training and support.

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