Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services
Advancing Equity, Integration, and Quality for Sustainable HIV Outcomes in Malawi

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BACKGROUND

Malawi adopted the use of differentiated service delivery (DSD) in 2006 to optimize HIV care and treatment services to its recipients of care (RoC). The country joined CQUIN in 2017 which led to improvements in DSD implementation through shared learning and technical support. In 2024, Malawi conducted dHTS, AHD and DART self-staging using CQUIN's capability maturity models (CMM) which, among other tools, facilitated service integration across Ministry of Health (MOH)-supported health facilities with the supply of essential commodities for managing hypertension and other non-communicable diseases (NCD). Additionally, routine integrated mentorship and supervision visits were conducted to strengthen the integration of HIV and hypertension services. These visits focused on capacity building, ensuring that facilities effectively deliver both HIV and NCD care. This holistic approach will not only improve service delivery but also enhance health system efficiency by addressing multiple health conditions simultaneously, fostering better patient outcomes. These efforts aim to improve service delivery and strengthen facility capacity. Malawi coordinates integrated HIV, NCD, and family planning services through MOH partnerships, with policies reinforced to improve facility integration and supervision. National DSD quality standards guide the program, using service quality assessment (SQA) tools to assess service quality. Progress in community engagement and client satisfaction has led to greater community feedback inclusion and enhancing patient-centered care.

DSD IMPLEMENTATION

DSD Model Mix

Malawi has integrated all approved DSD models into its electronic medical record (EMR) system to streamline HIV care data management and reporting. Currently, DSD reporting is managed by implementing partners. The system's national roll-out is dependent on funding. A pilot in selected facilities will assess functionality and reporting efficiency. Lessons from this pilot will inform the system's nationwide implementation and refinement while ensuring alignment with DSD reporting and service delivery objectives.

Figure 1: Multi-month Dispensing (MMD): Trend Over Time, 2022-2024
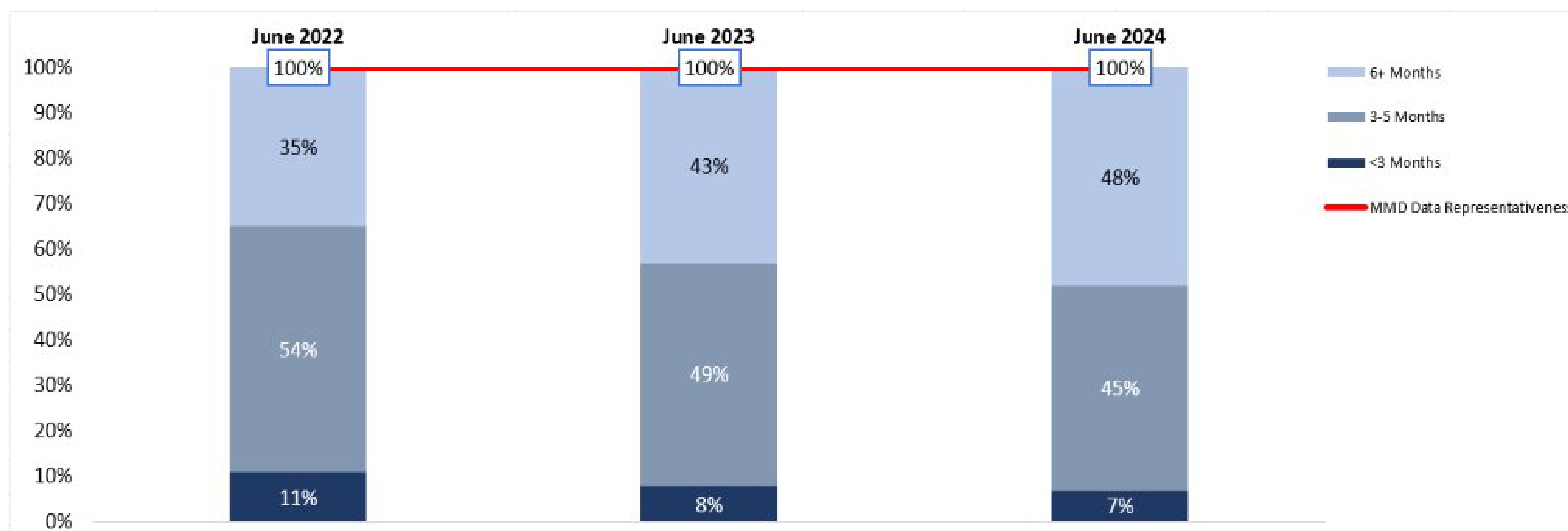
- 854 health facilities provide ART services in Malawi
- Malawi has continued to devolve RoCs to shorter spacing ART refills between FY23 and FY24
- Generally, the proportion of ROC receiving 6+MMD has increased from June 2023 to June 2024 by 5%
- MMD reporting is sourced from the EMR, covering 100% of the national treatment cohort

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Participation in Communities of Practice (CoPs) has improved integration of HIV/NCD services, enhanced quality assurance via SQA tools, and bolstered community engagement. These CoPs have enforced knowledge exchange and tailored person-centered models, ensuring effective and sustainable HIV care through capacity building, innovation, and collaborative efforts with other countries within CQUIN.
Malawi has not had an opportunity to be hosted for a country-to-country visit (C2C) for skills/knowledge exchange in the last 4 years, but has hosted several countries, including Mozambique [November 2023] and Zimbabwe [November 2024] on re-engagement to care. Lessons learned from CQUIN has enhanced DSD implementation and community engagement. Integration of non-HIV services, training and M&E has greatly contributed to improved quality in service delivery. Key achievements include the development of the DSD operational manual which focuses on client-centered approaches. Best practices include using SQA tools to evaluate and improve services to ensure efficient and high-quality service delivery.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 2: DART CMM Trends (2022-2024)

Figure 2 shows the results of the country's self-assessment using the CQUIN DART capability maturity model for the years 2022, 2023 and 2024. In 2024, Malawi achieved the most mature staging (dark green) in 10 domains, while four domains scored orange, with the impact domain being the least mature (red).

Enablers to this achievement include:

- HIV/NCD service integration which translated to a substantial improvement between 2023 and 2024
- Funding availability supplemented with ongoing health care worker capacity building in DSD
- Robust policy documents supportive of the HIV program's key objective to deepen quality and coverage

AHD CAPABILITY MATURITY MODEL SELF-STAGING
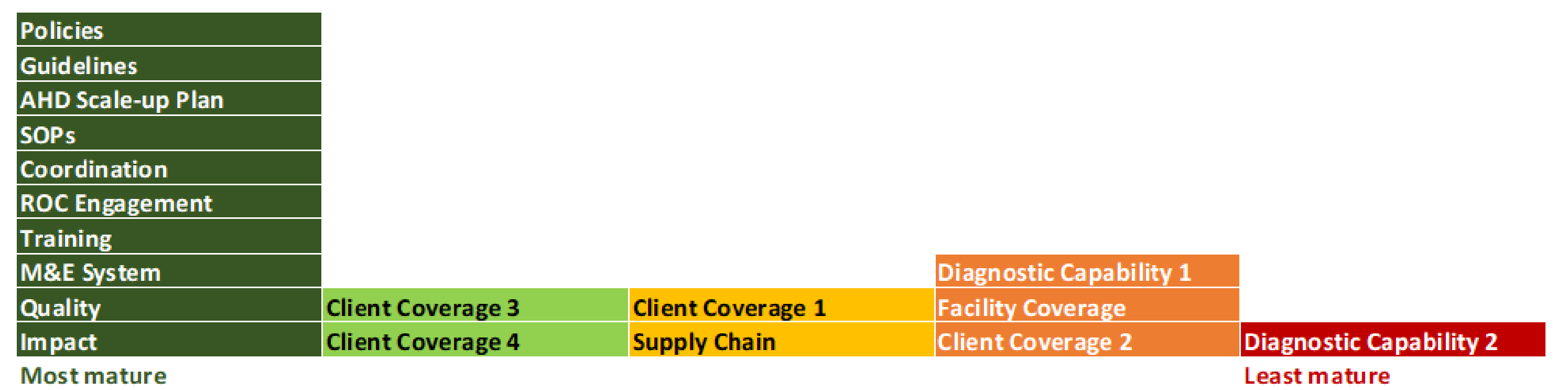
Figure 3: AHD CMM Results, 2024

Figure 3 shows the results of the country's recent self-assessment using the CQUIN AHD capability maturity model. In 2024, Malawi achieved the most mature stage (dark and light green) in 12-domains, while one domain remained in the least mature (red) staging.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

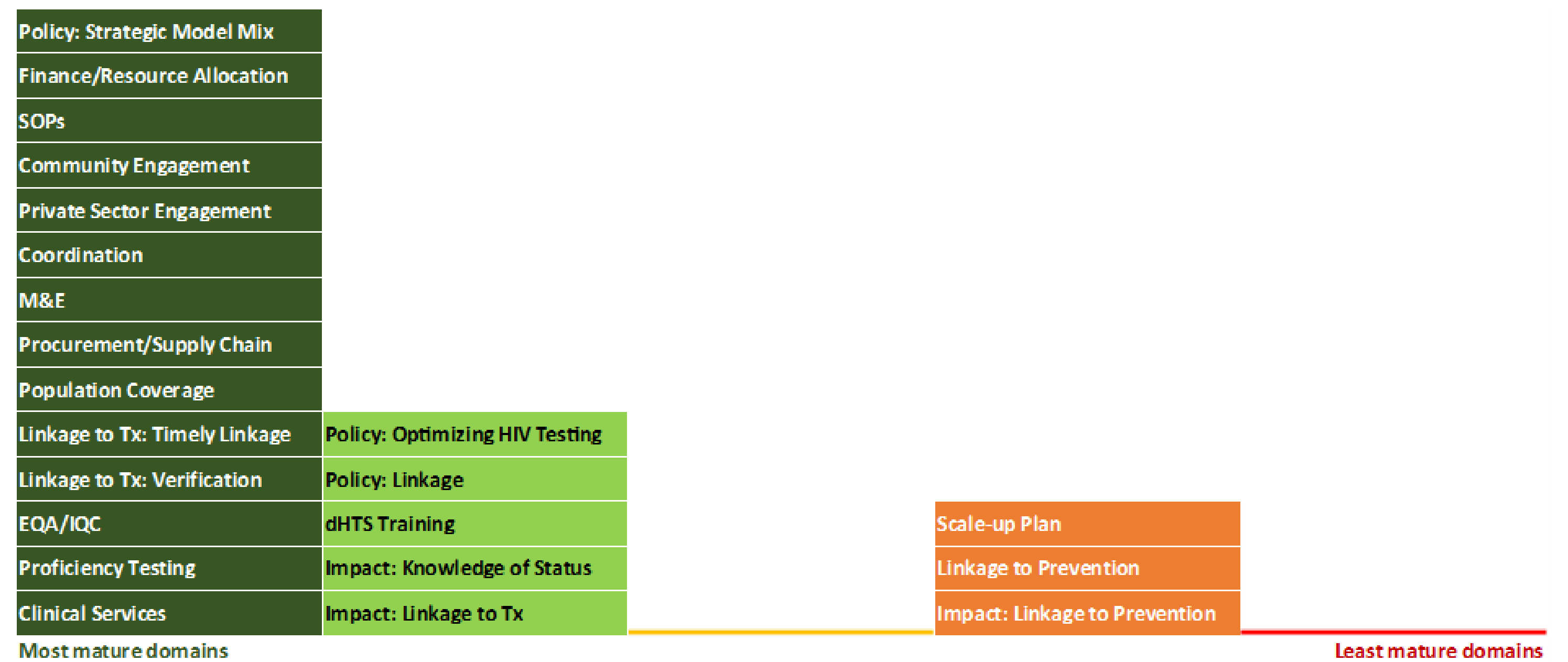**Figure 4: dHTS CMM Results, 2024**

Figure 4 shows the results of the country's recent self-assessment using the CQUIN dHTS capability maturity model. In 2024, Malawi achieved the most mature staging (dark green) in 14 domains, while 3 domains scored orange with none in the least mature (red) staging.

NEXT STEPS / WAY FORWARD

- Strengthen the existing structures to support HIV program's enabling domains, e.g., policies, SOPs, and community engagement, as we move towards sustainability
- Integrate HIV prevention with treatment, enhance awareness and scale-up of PrEP and other preventive measures targeting individuals at high risk of HIV infection
- Develop comprehensive, well-supported scale-up plans across dHTS, DART and AHD programs
- Enhance coordination between HIV/NCD/RHD departments by aligning resources more effectively and prioritizing strategic model mix policies and programs to ensure that all outcome domains are addressed collectively
- Link HIV services with other health services by strengthening tracking systems to ensure RoC who experience interruptions in treatment are promptly reengaged in care
- Capacitate health care workers to enhance quality and RoC satisfaction with HIV services