

Differentiated HIV Service Delivery: Optimising Person-Centred HIV Services in Zambia

Muhau Mubiana¹, Linah Mwango², Khozya Zyambo³, Natalie Vlahakis¹, Mwangelwa Mubiana-Mbewe¹, Memory Kachimbe¹, Chimuka Sianyinda³, Natasha Mwelwa⁴, Lubasi Sundano³, Sivile Suilanji³, Edah Lifuka⁵, Priscilla Lumano Mulenga³



1. Centre for infectious Disease Research in Zambia; 2. Ciheb Zambia; 3. Ministry of Health; 4. Clinton Health Access Initiative, 5. Department of Defense-Zambia

BACKGROUND

- Zambia launched its Differentiated Service Delivery (DSD) programme and joined the CQUIN impact network in 2017.
- Currently 95% of eligible individuals on ART have been enrolled in lessintensive DSD models, 78% of which are on 6 months dispensing, allowing for fewer facility visits.
- Non-communicable diseases (NCDs), and family planning (FP) have been integrated in ART guidelines and coordinated by a multi-sectorial team.
- Zambia has adopted national DSD quality standards, using tools such as CQUIN's Capability Maturity Model (CMM) for self-assessment to measure progress in service quality and integration.
- Policy and implementation approaches, including emphasised screening for NCD in ART, adopted the WHO 3 test algorithm.
- Zambia has involved recipients of care (RoC) in policy discussions, focusing on enhancing satisfaction through tailored service delivery models and increasing accessibility.

DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Trend Over Time, 2022-2024

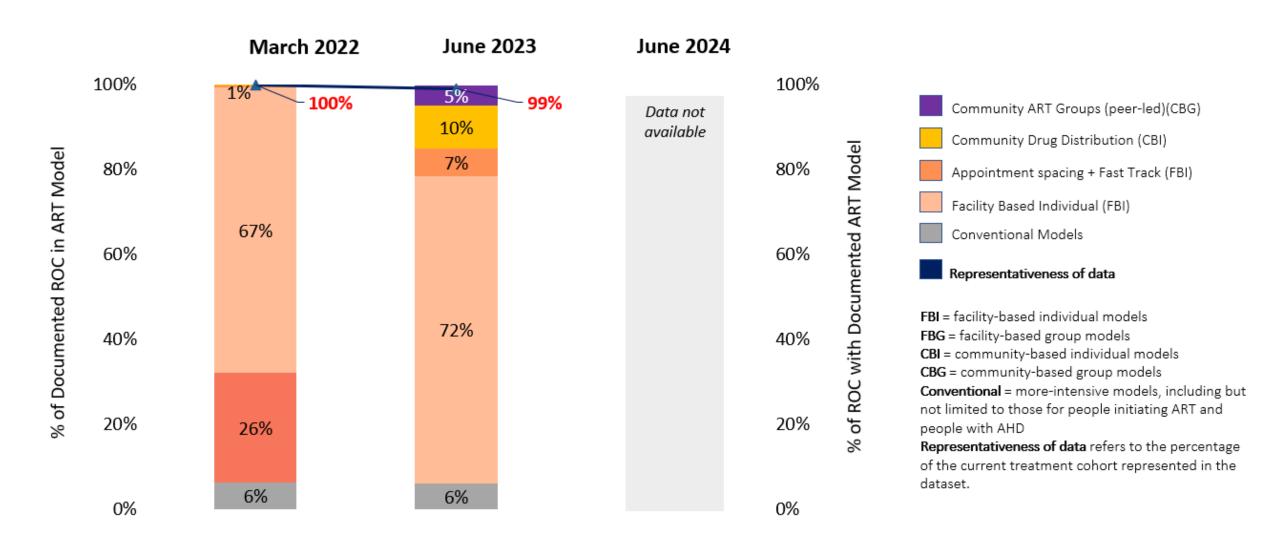
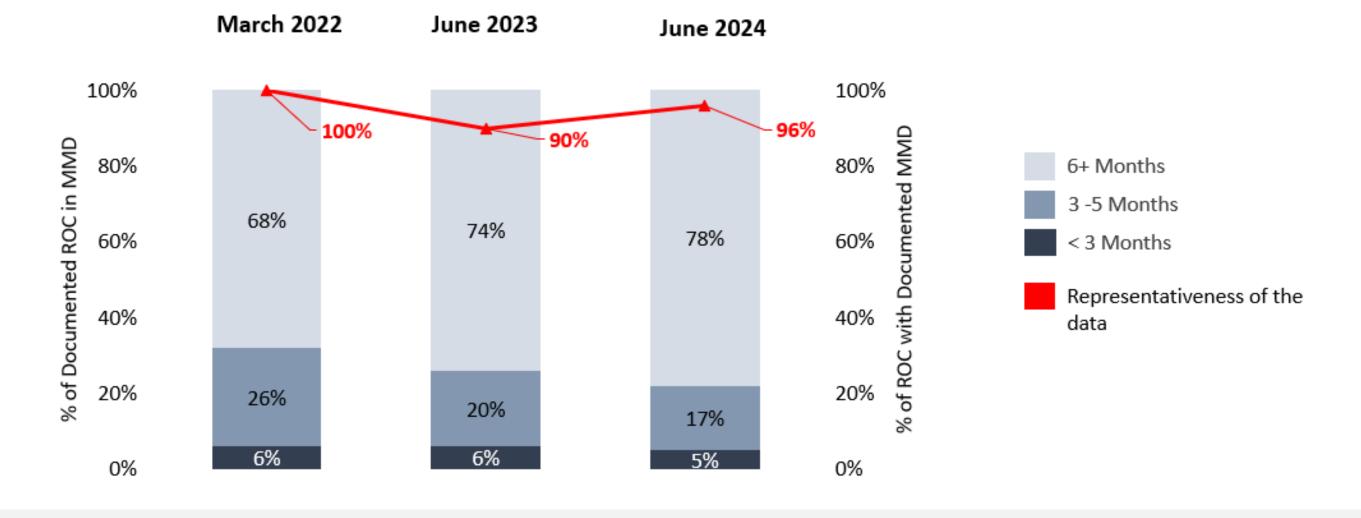


Figure 2: Multi-month Dispensing (MMD): Trend Over Time, 2022-2024



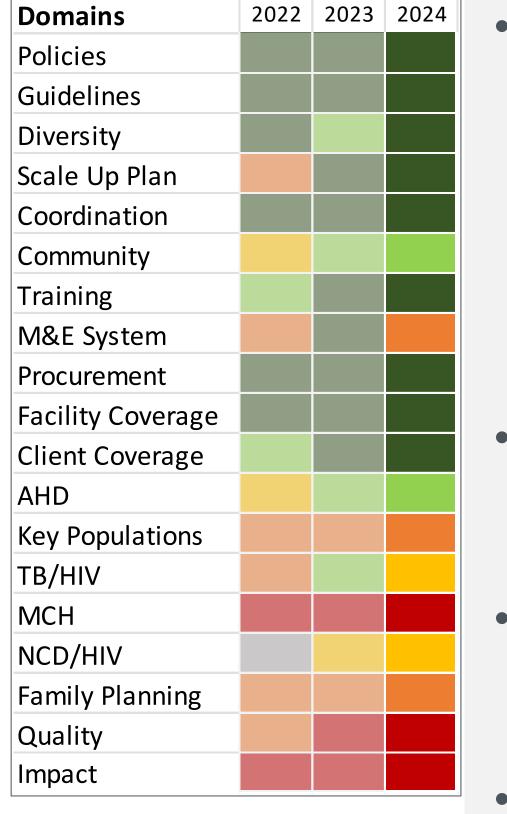
- Zambia has established 12 differentiated models of care RoC, including 9 less-intensive models and 3 high-risk (more intensive) models.
- All 2,949 health facilities providing ART services offer less-intensive DART models.
- Of the 1,263,201 individuals on ART, 95% are on multi-month dispensing (MMD): 78% received a 6-month supply in 2024, an increase from 74% in 2023.
- 17% received between 3-5 months of ART while 5% received less than 3 months of ART.
- The high MMD coverage is attributed to a robust supply chain, ensuring consistent availability of medication.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Zambia has opted into 8 CQUIN Communities of Practice (M&E; QI; AHD; HIV/TB; HIV/NCD Services; Differentiated Maternal and Child Health (MCH); DSD for KPs; DSD for Mobile, Migrant, and Displaced Populations)
- A visit to Eswatini to learn about AHD supply chain systems in February 2023 helped the country to strengthen the AHD program.
- Participation in CQUIN's Integration Meeting and dHTS Meeting has helped the country to strengthen service delivery.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM trends (2022-2024)



- Figure 3 shows the results of the country team's recent self-assessment using the CQUIN DART capability maturity model for years 2022 to 2024. In 2024, Zambia achieved the most mature stage (dark green) in 9 domains, while 3 domains remained in the least mature (red) stage.
- MCH is in red because the national guidelines currently do not recommend less intensives models to PBFW.
- For the quality domain, no SQAs have taken place and for the impact domain, no national DSD evaluation has been conducted.
- National DSD Quality standards have been developed pending national evaluation.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM results, 2024

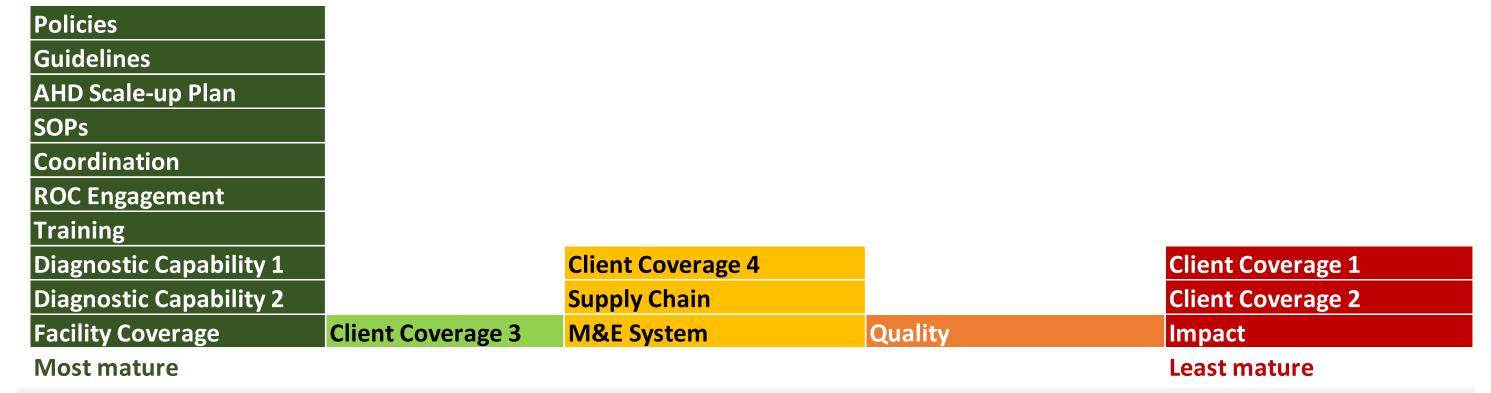


Figure 4 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. In 2024, Zambia achieved the most mature stage (dark green) in 10 domains, while 3 domains remained in the least mature (red) stage.

dhts capability maturity model self-staging

Figure 5: dHTS CMM results, 2024

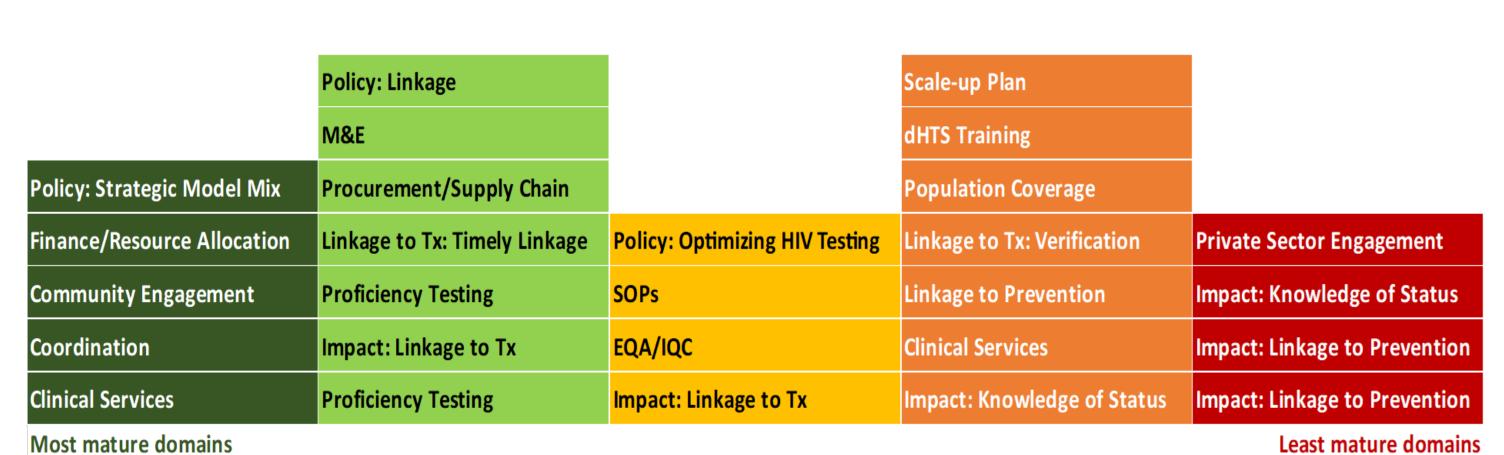


Figure 5 shows the results of the country team's recent self-assessment using the CQUIN dHTS capability maturity model. In 2024, Zambia achieved the most mature stage (dark green) in 5 domains, while 4 domains remained in the least mature (red) stage.

NEXT STEPS / WAY FORWARD

- Expanding the health workforce, enhancing data systems, and ensuring quality management to support integrated and person-centred health services
- Enhancing digital health systems like SmartCare for comprehensive monitoring, reporting, and data-driven decision-making will improve service coordination and accountability.
- Multi-sectoral coordination mechanisms involving collaboration among different ministries, non-governmental organisations, and communitybased organisations.
- Integrating health services, re-engaging individuals in care, improving service quality, assessing client satisfaction, and actively engaging communities to ensure responsive and culturally appropriate healthcare.























