Differentiated Service Delivery: Taking Innovative Delivery Models to Scale

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Outline

• The Promise of Differentiated Service Delivery (DSD)
• Scale-up of DSD
• Monitoring DSD Coverage and Quality
• Way Forward
THE PROMISE OF DIFFERENTIATED SERVICE DELIVERY (DSD)
Much Progress Made, But More Needs to be Achieved

Gap to reaching the first 90: 5.7 million
59% [44-73%]

Gap to reaching the first and second 90s: 8.2 million
59% [44-73%]

Gap to reaching the three 90s: 9.4 million
47% [35-59%]

People living with HIV who know their status
75% [55-92%]

People living with HIV on treatment
59% [44-73%]

People living with HIV who are virally suppressed
47% [35-59%]

UNAIDS, Miles to Go, 2018
Barriers to Epidemic Control

• **Coverage**
  – Access (geographic, language, cultural competency)
  – Demand (uptake by communities and clients)

• **Quality**
  – Technical quality (safety, evidence-based)
  – Interpersonal quality (respectful care)

• **Efficiency**
  – For health system
  – For clients
Time to Deliver Differently?

What Got You Here Won’t Get You There

DSD to the rescue?
A Focus on the “How”

Service Frequency
- Monthly
- Bimonthly
- Every 6 months
- Every 12 months

Service Intensity
- ART initiation and refills
- OI prevention and treatment
- Clinical monitoring
- Laboratory monitoring
- Psychosocial support

Service Location
- Hospital (inpatient or outpatient)
- HIV clinic
- Primary care clinic
- Community
- Home

Service Provider
- Physician
- Nurse
- Pharmacist
- Peer
- Clinical Officer
- CHW
- Laboratorian
- Family

90:90:90

Quality of Life
Efficiency
Equity
Epidemic Control
## Illustrative DSD Models for “Stable” Patients

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-based</td>
<td>Fast track Appointment spacing</td>
<td>ART clubs, Teen clubs, Family pick up</td>
</tr>
<tr>
<td>Community-based</td>
<td>Outreach model PODI model*</td>
<td>Community ART Groups (CAGs)</td>
</tr>
</tbody>
</table>

* PODI: Points de Distribution Communautaires
What is Necessary to Achieve the Promise of DSD?

- Adoption
- Implementation
- Scale-up
- Evaluation
SCALE-UP OF DIFFERENTIATED SERVICE DELIVERY
Defining “scale up” - 1

“The process of reaching large numbers of a target population in a broader geographic area by institutionalizing effective programs.”

- Cash et al. From One to Many, 2011
Defining “scale up” - 2

“Deliberate efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis.”

- WHO/ExpandNet 2010
Scale-up Definitions: Commonalities

• Both definitions highlight two key dimensions:
  – Expansion (“horizontal scale-up”)
  – Institutionalization (“vertical scale-up”)

• Goal = maximum impact
  – “Small is beautiful but large is necessary” - BRAC
Horizontal versus Vertical Scale-up:

**Examples**

**Expansion**
(horizontal scale-up):
- Increasing geographic coverage
- Expanding to reach more people in existing sites/regions
- Expanding the ‘depth’ or diversity of services provided to those already enrolled

**Institutionalization**
(vertical scale-up):
- Policies, political commitment and legal frameworks
- Regulations, norms and guidelines
- Financing and budgets
- Information systems
- Standardizing training, supervision, support
Coverage without Quality will NOT achieve ultimate goals

Coverage (utilization) + Quality = Impact

Access  Acceptability  Quality  Coverage  Effectiveness
The Coverage, Quality and Impact Network (CQUIN)

- A learning network designed to *accelerate scale-up* of DSD in sub-Saharan Africa
- Overall goal is to improve the coverage, quality and impact of HIV services by *scaling up* effective DSD models nationwide
- Designed to anticipate and mitigate barriers that may limit DSD to pilot projects
- Guided by Ministries of Health / demand-driven
CQUIN Network Members

Cote d’Ivoire
Ethiopia
eSwatini
Kenya
Malawi
Mozambique
South Africa
Uganda
Zambia
Zimbabwe
CQUIN Focus Areas

• Knowledge exchange
  – Sharing information across countries as well as generating new knowledge and spreading best practices

• Joint learning
  – Solving problems together via collaboration and joint work to develop strategies, tools, and other resources

• Innovation
  – Collaboratively adapting existing knowledge and/or generating new interventions and strategies
CQUIN Activities

NETWORK ACTIVITIES

South-to-South Learning Exchanges

Catalytic Projects

Support to Ministries of Health

Virtual Learning and Communities of Practice

Meetings and Workshops
Virtual Communities of Practice

• **M&E of DSD**
  – Launched in September 2017
  – Mozambique, Swaziland, Uganda, Zimbabwe
  – Creating an M&E of DSD Framework

• **Patients at High Risk of HIV Disease Progression (P@HR)**
  – Launched in December 2017
  – Malawi, South Africa, Swaziland, Uganda, Zimbabwe
  – Creating P@HR screening tool for lay health workers

• **DSD Coordinators**
  – Launched February 2018
  – Comprised of DSD focal points from CQUIN countries
  – Bi-monthly calls and frequent communication via What’sApp
Catalytic Projects

- Zimbabwe: Male engagement in DSD
- Kenya: Adolescent preferences for DSDM
- eSwatini: DSD for HIV and hypertension
- Ethiopia: Patient/HCW response to appointment spacing
- Cross-cutting: Review and modeling of costing data
MONITORING IMPLEMENTATION AND SCALE-UP OF DIFFERENTIATED SERVICE DELIVERY
Mapping DSD Implementation at ICAP-Supported Facilities - P-FACTS

13 countries
722 facilities

- **Angola**
  - Currently Implemented: 2
  - Plan to Implement ≤6 Months: 21
  - Not Implemented: 0
  - Don't Know: 0

- **Cameroon**
  - Currently Implemented: 3
  - Plan to Implement ≤6 Months: 45
  - Not Implemented: 0
  - Don't Know: 0

- **Côte d'Ivoire**
  - Currently Implemented: 1
  - Plan to Implement ≤6 Months: 38
  - Not Implemented: 0
  - Don't Know: 0

- **DRC**
  - Currently Implemented: 5
  - Plan to Implement ≤6 Months: 9
  - Not Implemented: 0
  - Don't Know: 0

- **Eswatini**
  - Currently Implemented: 5
  - Plan to Implement ≤6 Months: 10
  - Not Implemented: 0
  - Don't Know: 0

- **Ethiopia**
  - Currently Implemented: 2
  - Plan to Implement ≤6 Months: 15
  - Not Implemented: 0
  - Don't Know: 0

- **Kazakhstan**
  - Currently Implemented: 1
  - Plan to Implement ≤6 Months: 10
  - Not Implemented: 0
  - Don't Know: 0

- **Kenya**
  - Currently Implemented: 1
  - Plan to Implement ≤6 Months: 10
  - Not Implemented: 0
  - Don't Know: 0

- **Kyrgyzstan**
  - Currently Implemented: 11
  - Plan to Implement ≤6 Months: 10
  - Not Implemented: 0
  - Don't Know: 0

- **Mozambique**
  - Currently Implemented: 222
  - Plan to Implement ≤6 Months: 0
  - Not Implemented: 0
  - Don't Know: 0

- **Myanmar**
  - Currently Implemented: 0
  - Plan to Implement ≤6 Months: 0
  - Not Implemented: 10
  - Don't Know: 0

- **South Sudan**
  - Currently Implemented: 10
  - Plan to Implement ≤6 Months: 0
  - Not Implemented: 0
  - Don't Know: 0

- **Tajikistan**
  - Currently Implemented: 11
  - Plan to Implement ≤6 Months: 0
  - Not Implemented: 0
  - Don't Know: 0

*One ART site excluded due to incomplete survey*
Timeline of DSD Scale-Up by Facility Location

- Implemented >1 Year Ago
- Implemented Within 1 Year
- Plan to Implement ≤6 Months

**Total**  
n=545

- Urban  
n=215
- Semi-Urban  
n=85
- Rural  
n=245

- **Implemented >1 Year Ago**
  - Total: 187 (34%)
  - Urban: 61 (28%)
  - Semi-Urban: 28 (19%)
  - Rural: 98 (40%)

- **Implemented Within 1 Year**
  - Total: 162 (30%)
  - Urban: 78 (36%)
  - Semi-Urban: 41 (48%)
  - Rural: 79 (32%)

- **Plan to Implement ≤6 Months**
  - Total: 196 (36%)
  - Urban: 76 (35%)
  - Semi-Urban: 41 (48%)
  - Rural: 79 (32%)
Number of DSD Models Implemented at Health Facilities

- Total: 249 (69%) One DSD Model, 89 (25%) Two DSD Models, 22 (6%) Three or More DSD Models
- Urban: 114 (75%) One DSD Model, 31 (20%) Two DSD Models, 7 (5%) Three or More DSD Models
- Semi-Urban: 40 (69%) One DSD Model, 13 (22%) Two DSD Models, 5 (9%) Three or More DSD Models
- Rural: 95 (63%) One DSD Model, 45 (30%) Two DSD Models, 10 (7%) Three or More DSD Models

n=360
DSD Program Monitoring

Global monitoring

Aggregate data

Outcomes

Coverage

% on DSD with VLS

% on DSD retained

% of facilities offering DSD

% initiating DSD

% enrolled in DSD

Patient experience

HCW experience

Cost and efficiency

Program monitoring

Outcomes

Coverage
# Differentiated Service Delivery Dashboard: Draft 2.0

<table>
<thead>
<tr>
<th>Policies</th>
<th>Guidelines</th>
<th>Diversity of DSDM services</th>
<th>National DSD Scale-up Plan</th>
<th>Coordination</th>
<th>Community Engagement</th>
<th>Training Materials</th>
<th>SOPs and Job Aides</th>
<th>M&amp;E System</th>
</tr>
</thead>
<tbody>
<tr>
<td>National HIV treatment policies prohibit or impede differentiated service delivery models (DSDM)</td>
<td>National HIV treatment guidelines do not include DSDM</td>
<td>No DSDM services have been implemented</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>DSD training materials are not available</td>
<td>None</td>
<td>No M&amp;E system elements for DSD are in place or in development</td>
</tr>
<tr>
<td>National policies do not mention DSDM</td>
<td>National policies include DSDM but do not actively promote these models of care</td>
<td>DSD is available for stable patients only and only one model has been implemented</td>
<td>DSD scale-up plan discussions and meetings ongoing</td>
<td>DSD activities fall under the purview of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment technical working group [TWG])</td>
<td>Representatives of people living with HIV/AIDS (PLHIV) and/or civil society are engaged in DSD implementation</td>
<td>Some DSD training materials have been developed by organizations piloting DSD / implementing partners</td>
<td>Implementing organizations have piloted SOPs and job aides for stand-alone DSDM projects</td>
<td>Development of new M&amp;E tools and systems for DSD is planned or underway</td>
</tr>
<tr>
<td>National policies actively promote the use of DSDM for stable patients</td>
<td>National policies actively promote the use of DSDM for diverse patient groups¹</td>
<td>DSD is available for stable patients only and only two models have been implemented</td>
<td>DSD scale-up plan draft available</td>
<td>DSD activities are coordinated by a dedicated group (e.g., a sub-TWG or equivalent)</td>
<td>PLHIV and/or civil society representatives are engaged in both DSD implementation and design of DSDM</td>
<td>National DSD in-service curricula for either professional health workers or lay health workers (but not both) available &amp; in use</td>
<td>National SOPs and job aides available for only one DSD model</td>
<td>Some new or adapted tools (e.g., registers, patient cards, monthly reports) and/or M&amp;E guidelines have been implemented</td>
</tr>
<tr>
<td>National policies actively promote the use of DSDM for diverse patient groups¹</td>
<td>National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM</td>
<td>DSD is available for stable patients only and ≥ 3 models have been implemented</td>
<td>DSD scale-up plan developed and approved by MOH</td>
<td>National DSD Focal Person spearheads DSD planning and coordination</td>
<td>PLHIV and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation</td>
<td>National DSD curricula for both professional health workers and lay workers available and in use</td>
<td>National SOPs and job aides available for two DSD models</td>
<td>A majority of DSDM M&amp;E elements are in place, but they are not comprehensive or fully integrated into routine M&amp;E</td>
</tr>
<tr>
<td>National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM</td>
<td>National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM</td>
<td>DSD is available for diverse patient groups</td>
<td>DSD scale-up plan being actively implemented</td>
<td>DSD progress reported in annual program reports and/or annual national review meetings in place</td>
<td>PLHIV and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation</td>
<td>National DSD curricula for both professional health workers and lay workers available and in use</td>
<td>Step-by-step national SOPs and job aides available for ≥ 3 DSD models</td>
<td>All elements of an M&amp;E system for DSD are in place and integrated into one national M&amp;E system for HIV/ART services</td>
</tr>
</tbody>
</table>
Staging by CQUIN Country Teams
WAY FORWARD
DSD: Beyond “stable” patients

• DSD models for patients at high risk of disease progression (P@HR)
• Adolescents and young people
• Men
• Key populations
• Migrant and mobile populations
• Older individuals with HIV
• PLHIV with TB or NCDs
• Differentiated testing / differentiated prevention
Differentiated Care for Adults at High Risk of HIV Disease Progression

A Call to Action

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

ICAP
GLOBAL HEALTH ACTION
Columbia University
Mailman School of Public Health
Service Delivery Modalities for Key Populations

- **Drop-in Centers (DICs):** combination of services and safe space for KPs

- **Outreach Clinics**
  - Hybrid: facilities where service provision largely depend on other stakeholders (public and private) health facilities
  - Static: LINKAGES-supported clinics which provide services to KPs
DSD for Prevention

El-Sadr, Harripersaud, Rabkin PLoS Med 2017
Conclusions

• DSD models offer promise of enhancing quality of services, relieving overburdened health services and achieving efficiencies
• Garnering these benefits is dependent on increasing coverage and quality of DSD
• Scale-up of DSD models requires a systematic approach
• Learning networks like CQUIN aim at joint learning and sharing while deepening commitment and motivation
• Further work is needed to identify, implement and scale-up tailored DSD models with rigorous evaluation of their effectiveness
CQUIN Satellite on Monday, July 23, 5-7 PM

MOSA58 Differentiated service delivery 2018: Innovations, best practices, and lessons learned

TITLE
Differentiated service delivery 2018: Innovations, best practices, and lessons learned

CODE
MOSA58

SESSION TYPE
Non-Commercial Satellite

VENUE
Emerald Room

DATE TIME
Monday 23 July, 17:00 - 19:00
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CQUIN website: https://cquin.icap.columbia.edu