



Differentiated Service Delivery: Taking Innovative Delivery Models to Scale

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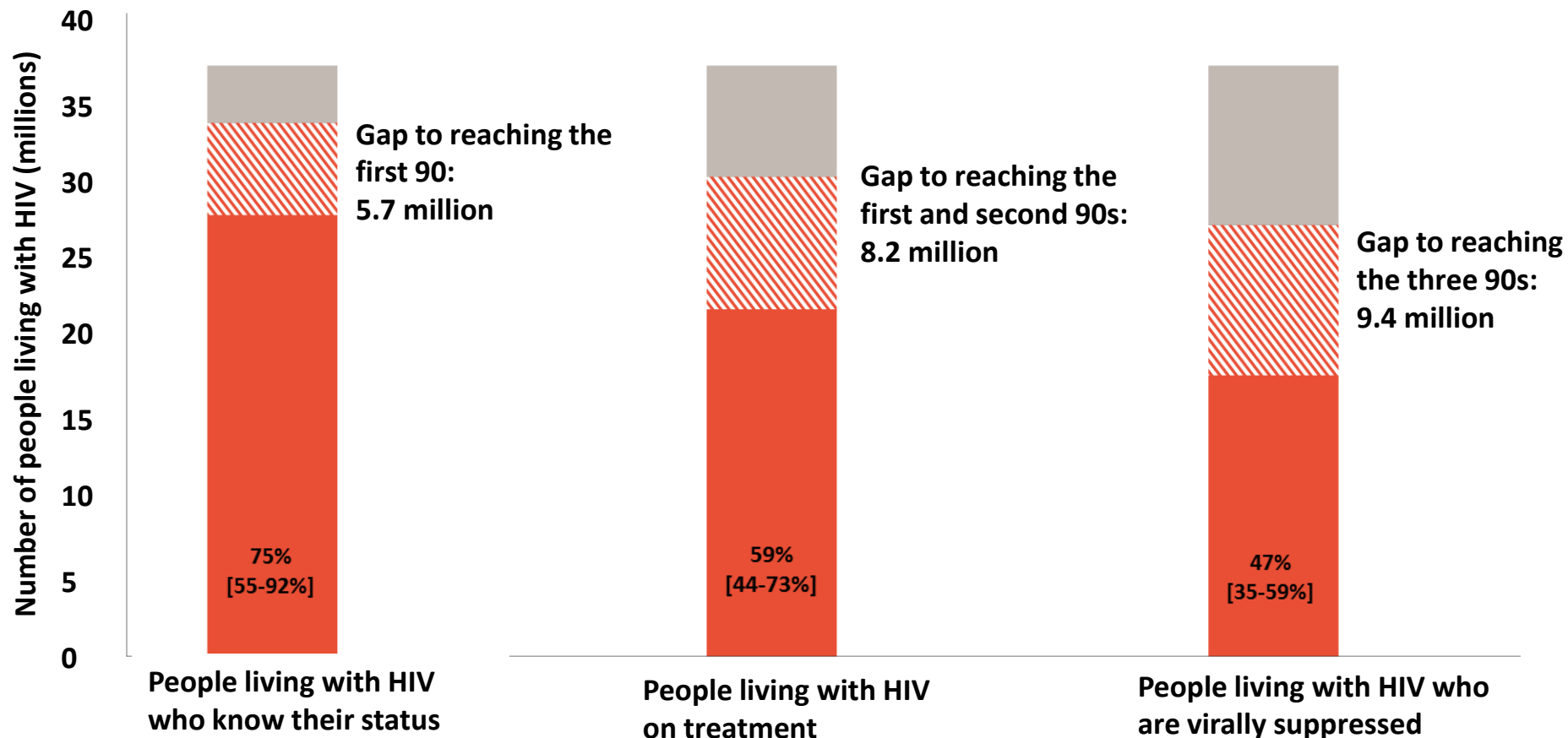
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Outline

- 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



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

CQUIN: The HIV Learning Network

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



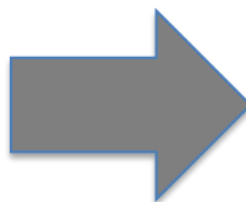
Service Location

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



Service Provider

Physician	Clinical Officer
Nurse	CHW
Pharmacist	Laboratorian
Peer	Family



90:90:90

Quality of Life

Efficiency

Equity

Epidemic Control

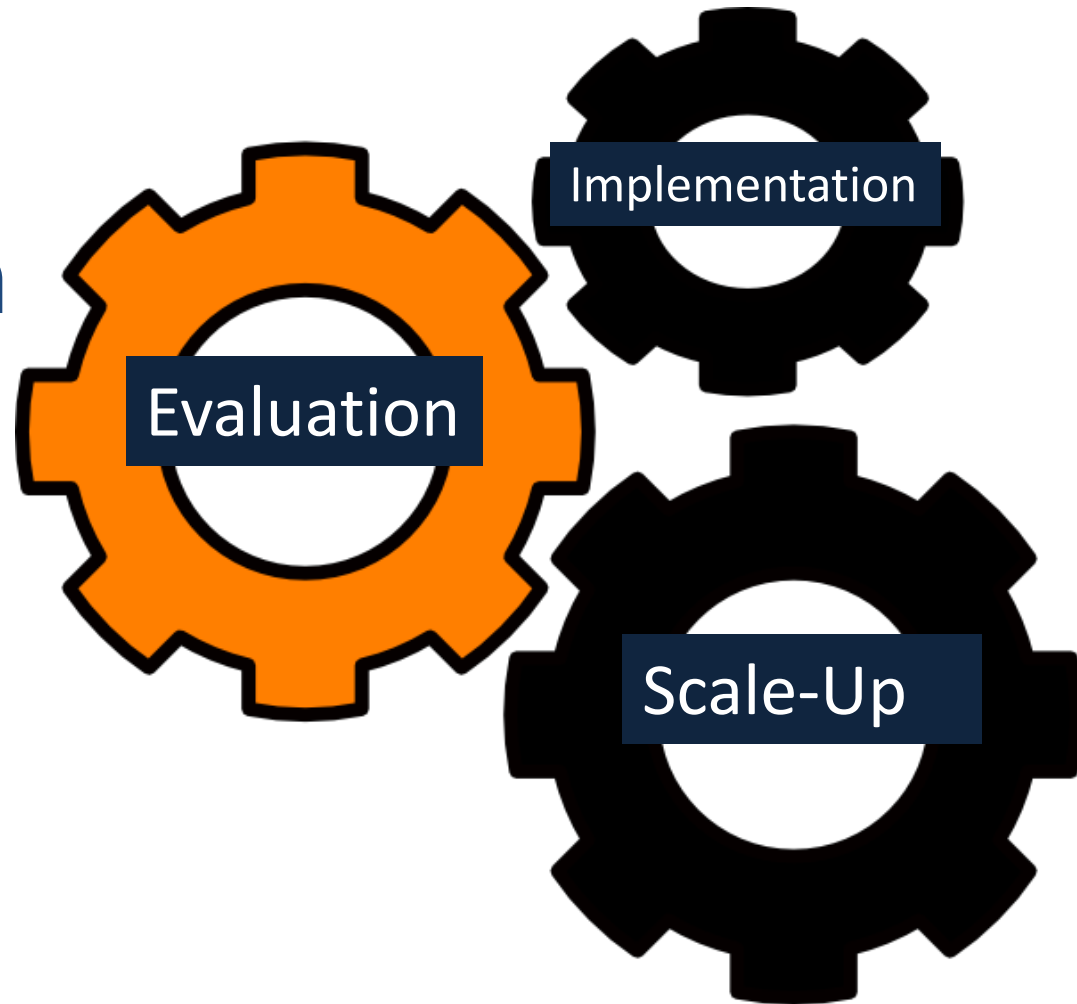
Illustrative DSD Models for “Stable” Patients

	Individual	Group
Facility-based	Fast track Appointment spacing	ART clubs Teen clubs Family pick up
Community-based	Outreach model PODI model*	Community ART Groups (CAGs)

* 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



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

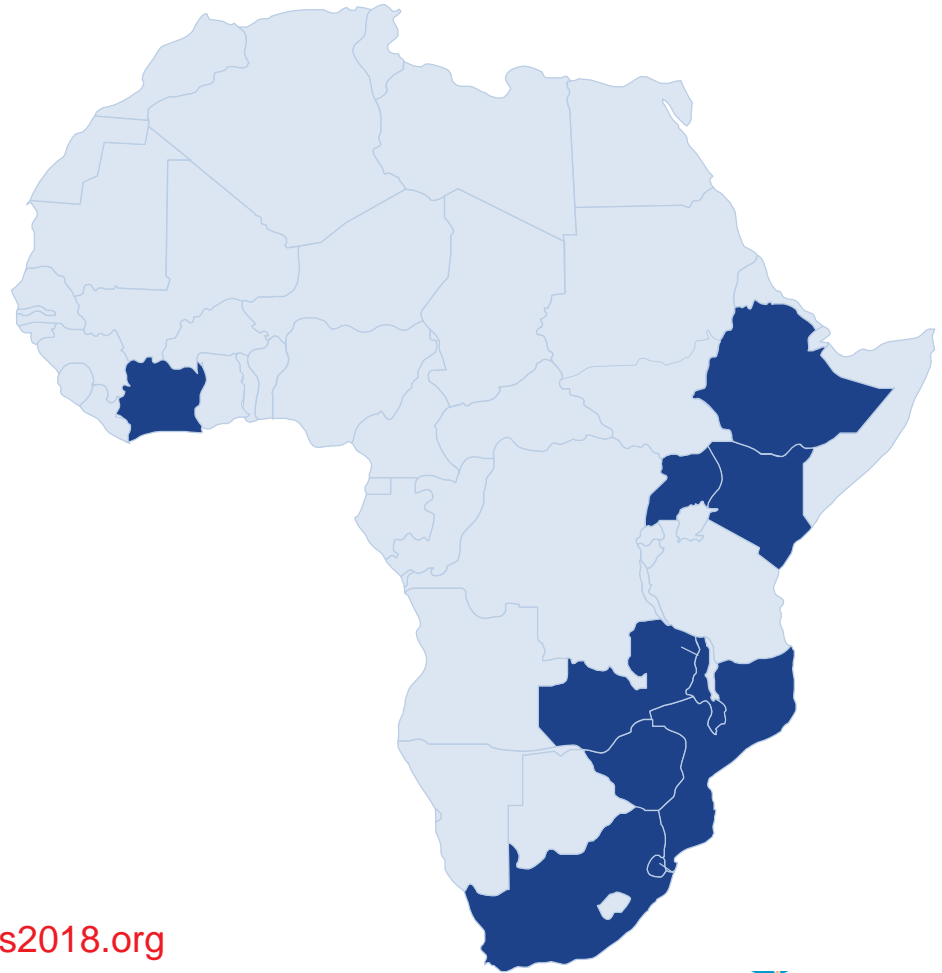
Mozambique

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

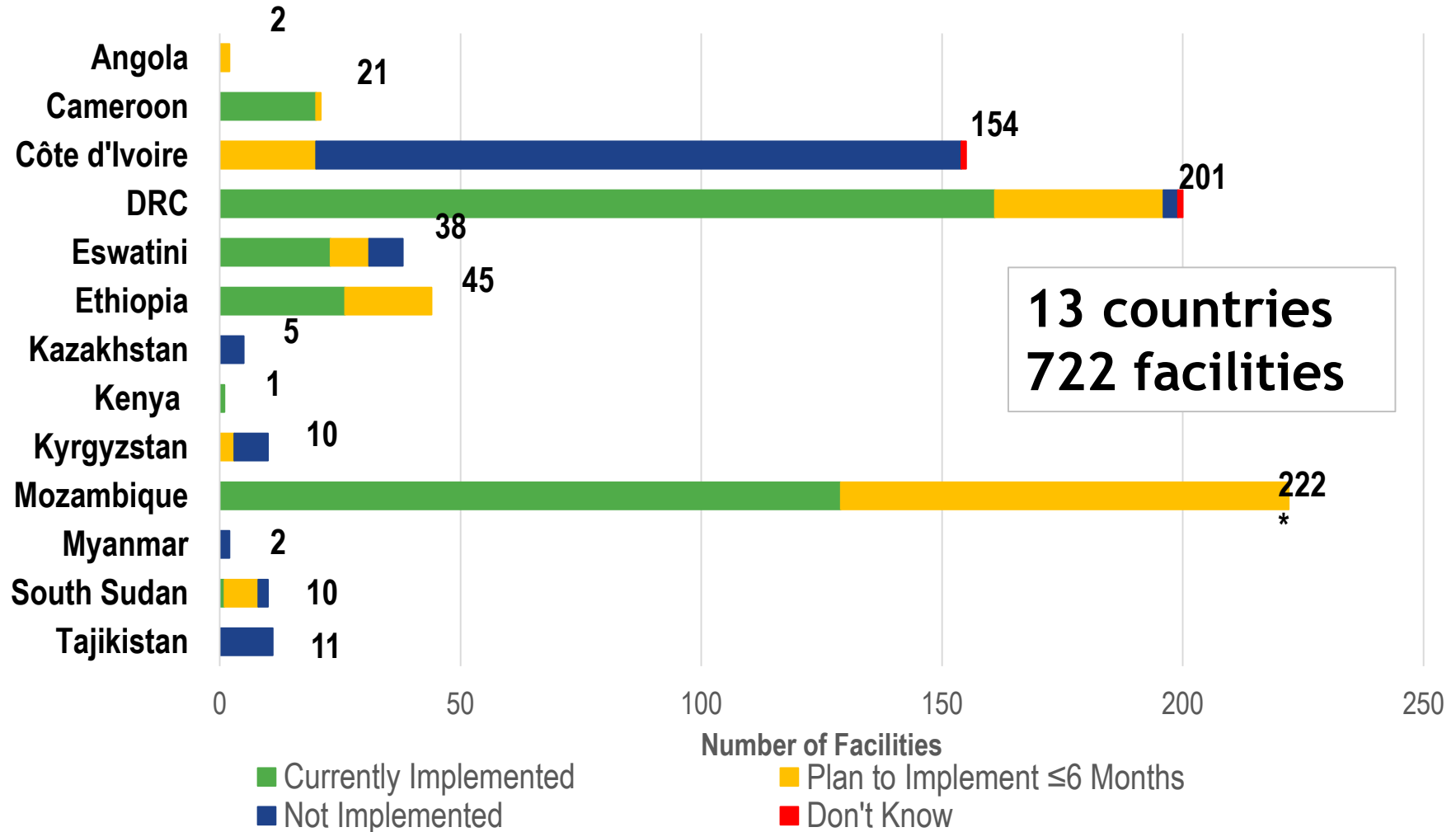
- **M&E of DSD**
 - Launched in September 2017
 - Mozambique, Swaziland, Uganda, Zimbabwe
 - Creating an M&E of DSD Framework
- **Patients at High Risk of HIV Disease Progression (P@HR)**
 - Launched in December 2017
 - Malawi, South Africa, Swaziland, Uganda, Zimbabwe
 - Creating P@HR screening tool 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

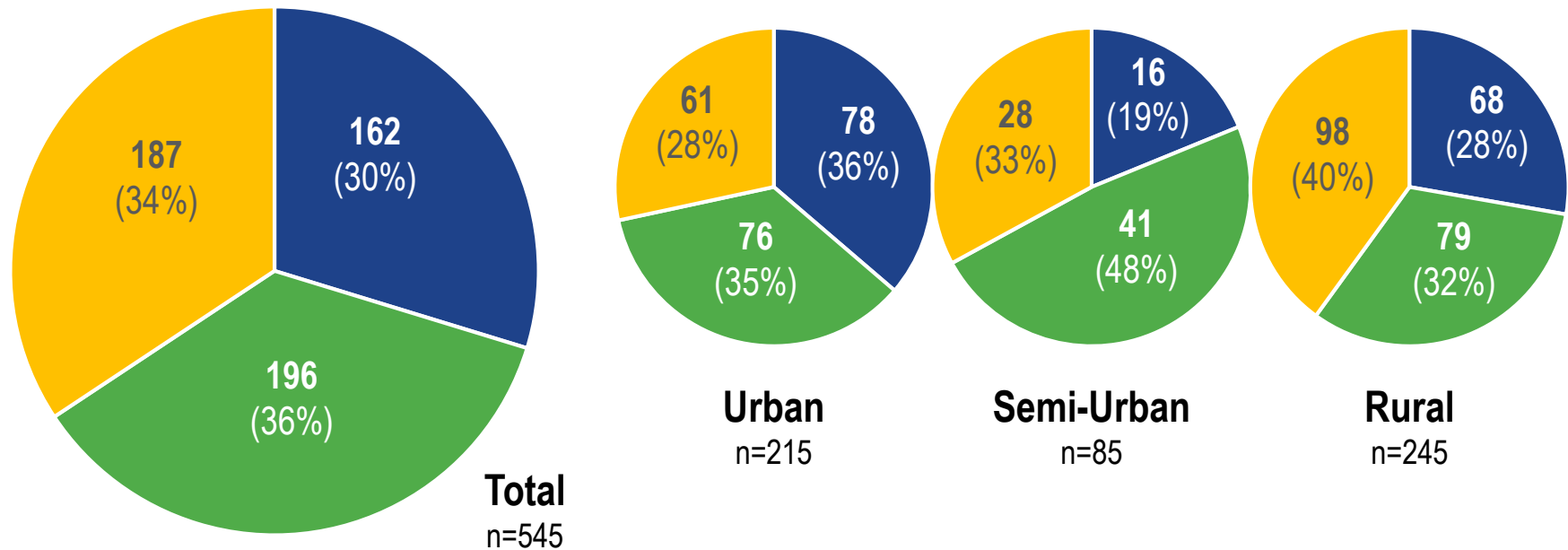
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- Zimbabwe: Male engagement in DSD
 - Kenya: Adolescent preferences for DSDM
 - eSwatini: DSD for HIV and hypertension
 - Ethiopia: Patient/HCW response to appointment spacing
 - Cross-cutting: Review and modeling of costing data

MONITORING IMPLEMENTATION AND SCALE-UP OF DIFFERENTIATED SERVICE DELIVERY

Mapping DSD Implementation at ICAP-Supported Facilities - P-FACTS

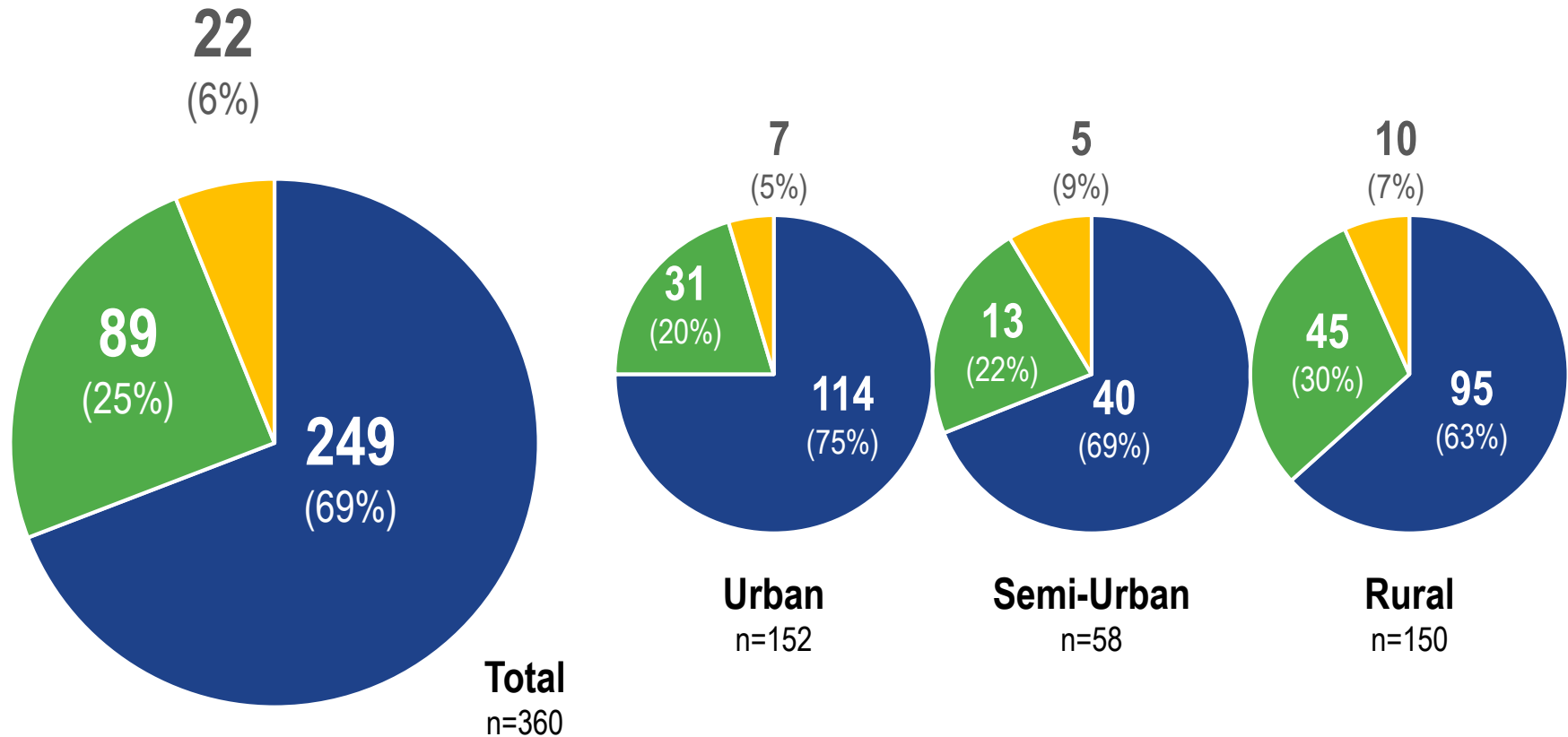


Timeline of DSD Scale-Up by Facility Location



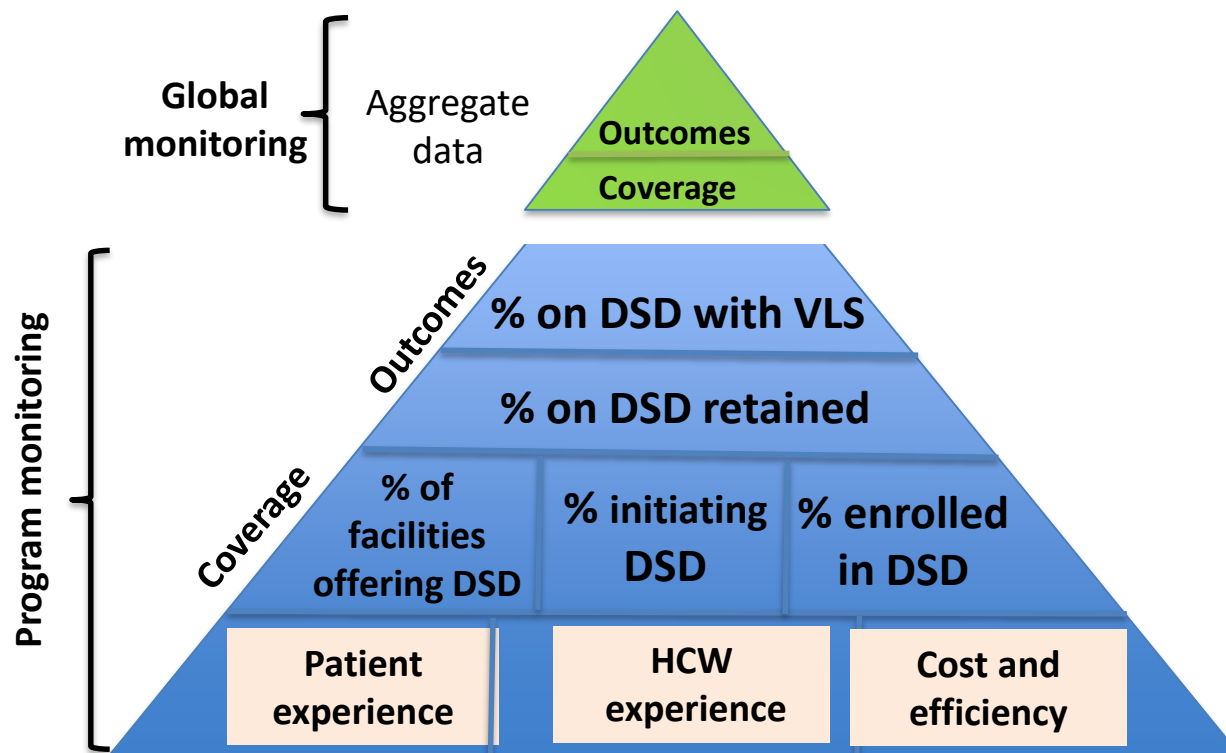
■ Implemented >1 Year Ago ■ Implemented Within 1 Year
■ Plan to Implement ≤6 Months

Number of DSD Models Implemented at Health Facilities



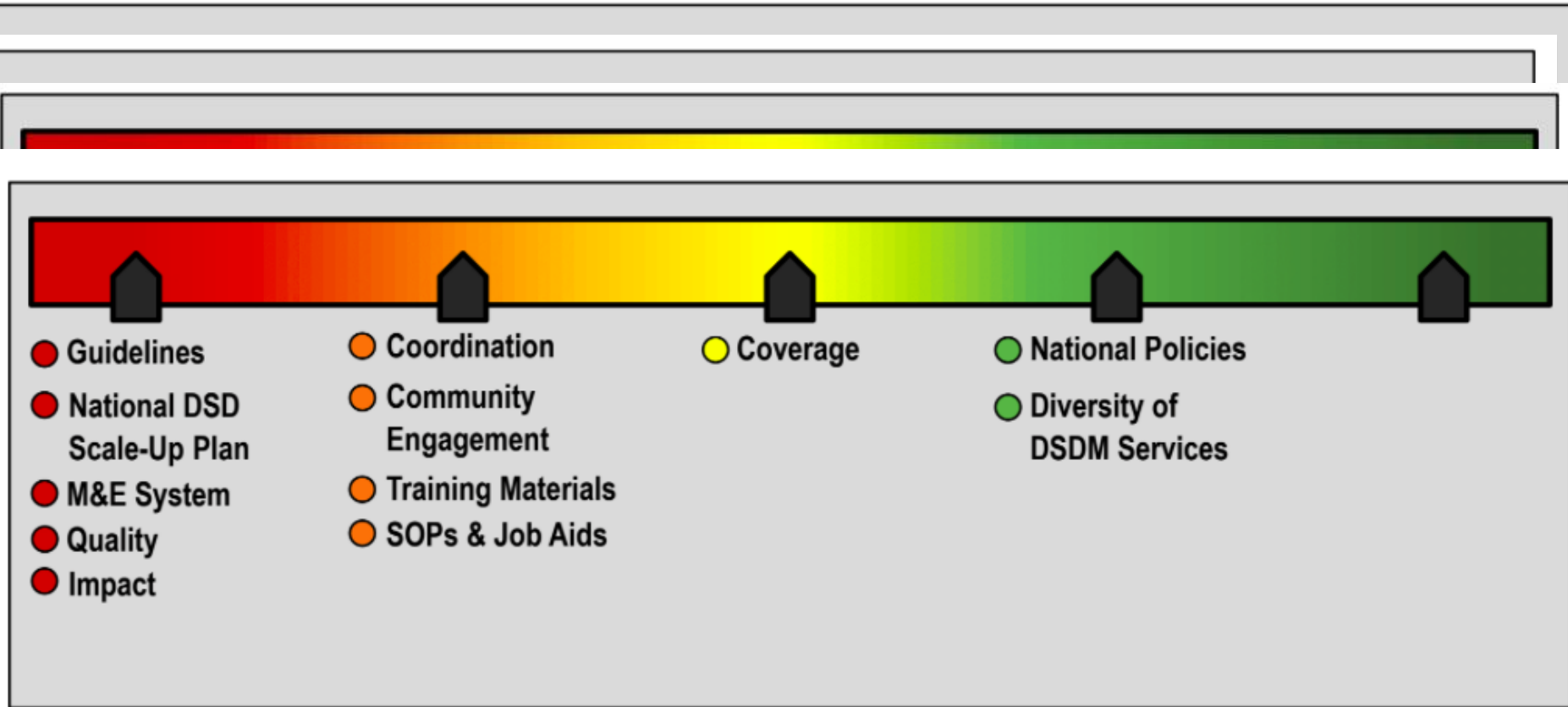
■ One DSD Model ■ Two DSD Models ■ Three or More DSD Models

DSD Program Monitoring



Policies	National HIV treatment policies prohibit or impede differentiated service delivery models (DSDM)	National policies do not mention DSDM	National policies include DSDM but do not actively promote these models of care	National policies actively promote the use of DSDM for stable patients	National policies actively promote the use of DSDM for diverse patient groups ¹
Guidelines	National HIV treatment guidelines do not include DSDM		National HIV treatment guidelines include DSDM but do not provide detailed and specific implementation guidance		National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM
Diversity of DSDM services	No DSDM services have been implemented	DSD is available for stable patients only and only one model has been implemented ²	DSD is available for stable patients only, and only two models have been implemented	DSD is available for stable patients only and ≥ 3 models have been implemented	DSDM is available for diverse patient groups
National DSD Scale-up Plan	None	DSD scale-up plan discussions and meetings ongoing	DSD scale-up plan draft available	DSD scale-up plan developed and approved by MOH	DSD scale-up plan being actively implemented
Coordination	None	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])	DSD activities are coordinated by a dedicated group (e.g., a sub-TWG or equivalent)	National DSD Focal Person spearheads DSD planning and coordination	DSD progress reported in annual program reports and/or annual national review meetings in place
Community Engagement	None	Representatives of people living with HIV/AIDS (PLHIV) and/or civil society are engaged in DSD implementation	PLHIV and/or civil society representatives are engaged in both DSD implementation and design of DSDM	PLHIV and/or civil society representatives are engaged in both implementation, design and evaluation of DSDM	PLHIV and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation
Training Materials	DSD training materials are not available	Some DSD training materials have been developed by organizations piloting DSD / implementing partners	National DSD in-service curricula for either professional health workers or lay health workers (but not both) available & in use	National DSD curricula for both professional health workers and lay workers available and in use	National DSD pre-service and in-service curricula available and in use
SOPs and Job Aides	None	Implementing organizations have piloted SOPs and job aides for stand-alone DSDM projects	National SOPs and job aides available for only one DSD model	National SOPs and job aides available for two DSD models	Step-by-step national SOPs and job aides available for ≥ 3 DSD models
M&E System	No M&E system elements for DSD are in place or in development	Development of new M&E tools and systems for DSDM is planned or underway	Some new or adapted tools (e.g., registers, patient cards, monthly reports) and/or M&E guidelines have been implemented	A majority of DSDM M&E elements are in place, but they are not comprehensive or fully integrated into routine M&E	All elements of an M&E system for DSD are in place and integrated into one national M&E system for HIV /ART services

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

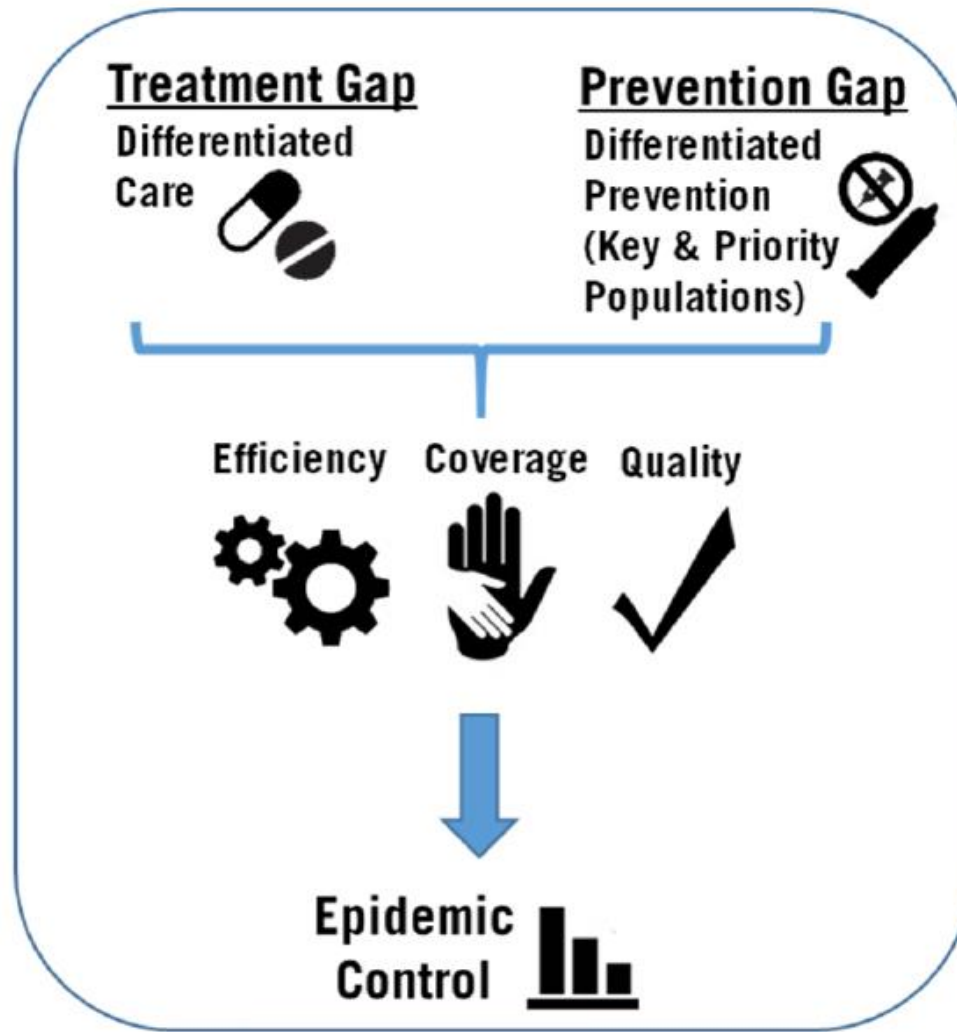


Service Delivery Modalities for Key Populations

- **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



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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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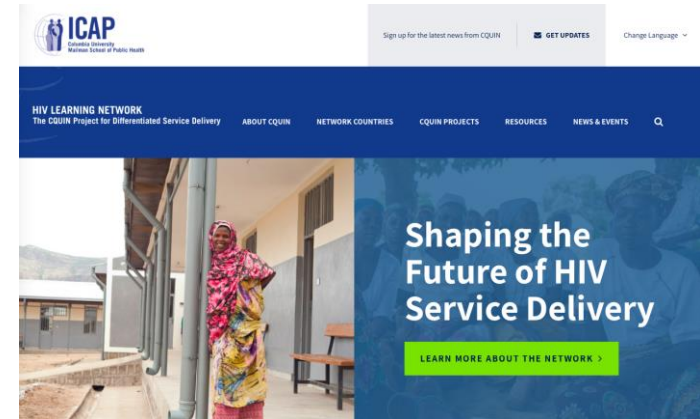
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CQUIN website:
<https://cquin.icap.columbia.edu>



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