



Building forward: Differentiated service delivery as a catalyst for sustained and integrated HIV services amid funding uncertainty

Lessons from Zambia: DSD plans and agreeing on a minimum package



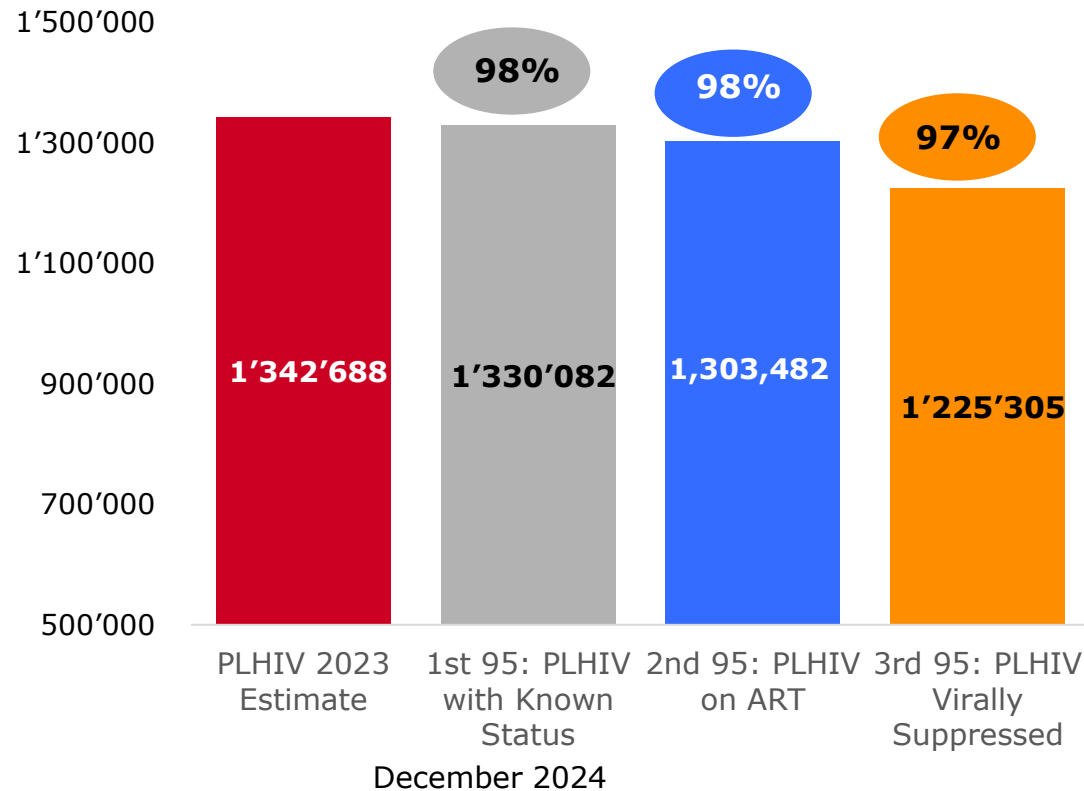
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Zambia HIV profile



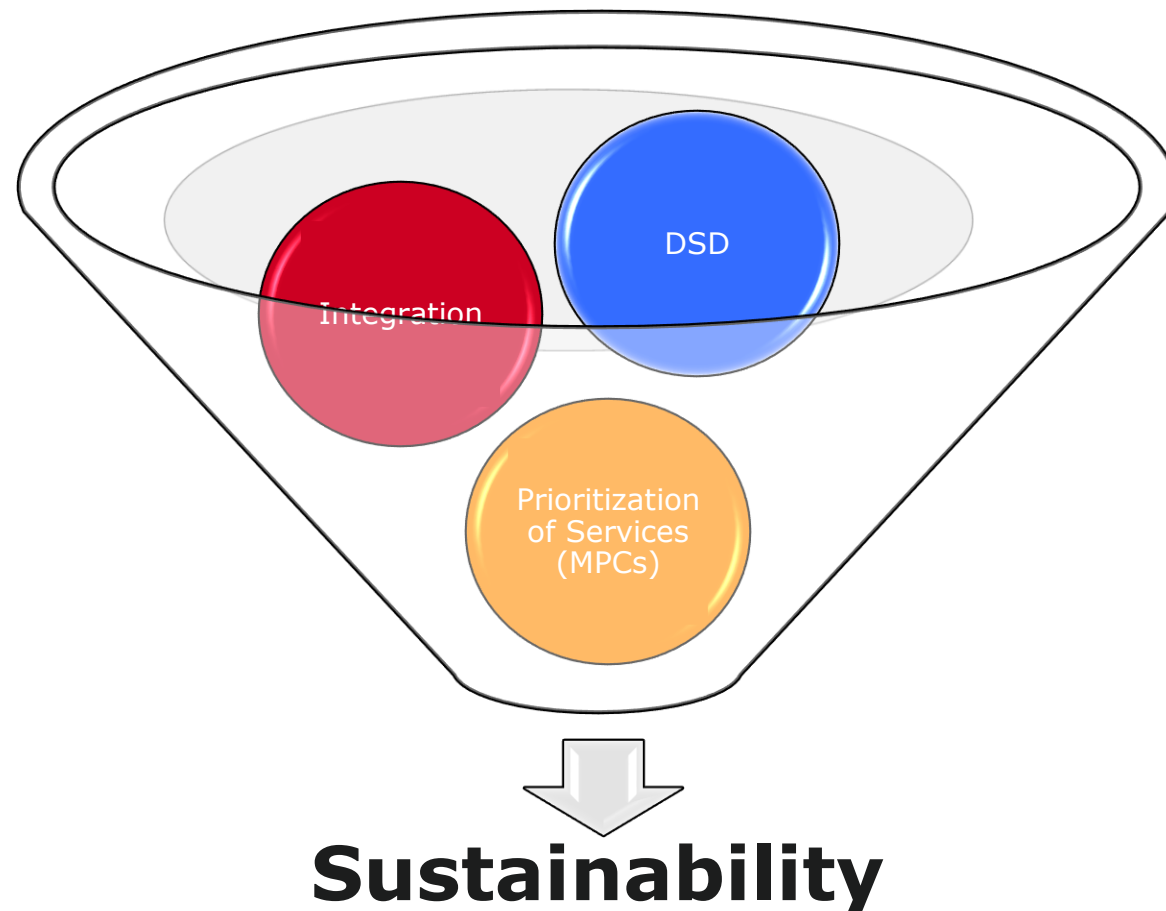
- Nationally at 98-98-97 as of Dec 2024
 - 82-88-95 among children
 - 95-92-95 among adolescent girls and young women
- Consider progress towards reducing new infections

Differentiated service delivery (DSD) and HIV service sustainability

DSD is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system.

MPCs – Minimum Package of Care

Sustainability: A country's ability to have and use, in an enabling environment, people centred systems for health and equity, empowered and capable institutions and community led organizations, and adequate, equitably distributed, resources to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, upholding the right to health for all.



Effect of the Stop Work on HIV Services

Indicator	December 2024	January 2025	February 2025	Change between Dec-Feb	Percentage change
HIA2 Version 2023 - Reporting rate	99.06	97.1	95.24	-4	-4%
ANC_ Initiated on TPT	633	587	343	-290	-46%
Antenatal 1st Contacts	69,279	70,566	67,479	-1,800	-3%
Antenatal client tested for syphilis 1st ANC	57,901	59,551	55,442	-2,459	-4%
Antenatal screened for Hepatitis B	11,450	12,389	13,260	1,810	16%
Circumcised (New)	51,267	23,510	15,200	-36,067	-70%
HIV Positive Women receiving CTX	7,865	7,497	6,804	-1,061	-13%
HIV Testing (HTS)	471,571	440,001	306,616	-164,955	-35%
Infant Prophylaxis _Started on CTX prophylaxis within 6 weeks	1,905	1,948	1,926	21	1%
Infant Prophylaxis Started on ARV prophylaxis_ <6 weeks	2,328	2,183	2,029	-299	-13%
Initial DNA-PCR Test (Infant HIV)	6,528	6,516	5,134	-1,394	-21%
Known HIV+ at first antenatal visit	3,571	3,716	3,207	-364	-10%
On CTX/Dapsone	55,374	45,182	44,492	-10,882	-20%
PEP provided after occupational exposure	206	116	110	-96	-47%
PEP provided after sexual assault	574	526	264	-310	-54%
PEP provided other	601	592	412	-189	-31%
PrEP Initiated	19,022	11,822	6,726	-12,296	-65%
Started INH in HIV Care	17,385	16,923	13,103	-4,282	-25%
Started on ART	10,284	8,977	10,308	24	0%
Started on PrEP in ANC	3,364	3,481	2,528	-836	-25%
Testing for HIV_ EMTCT(Only) Initial test 1st ANC contact	59,287	60,571	56,638	-2,649	-4%
Treatment Current	1,313,125	1,302,401	1,259,782	-53,343	-4%

Effect of stop-work order



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Responding to funding reduction: Prioritizing clinical and service delivery

13 – 17 July • Kigali, Rwanda

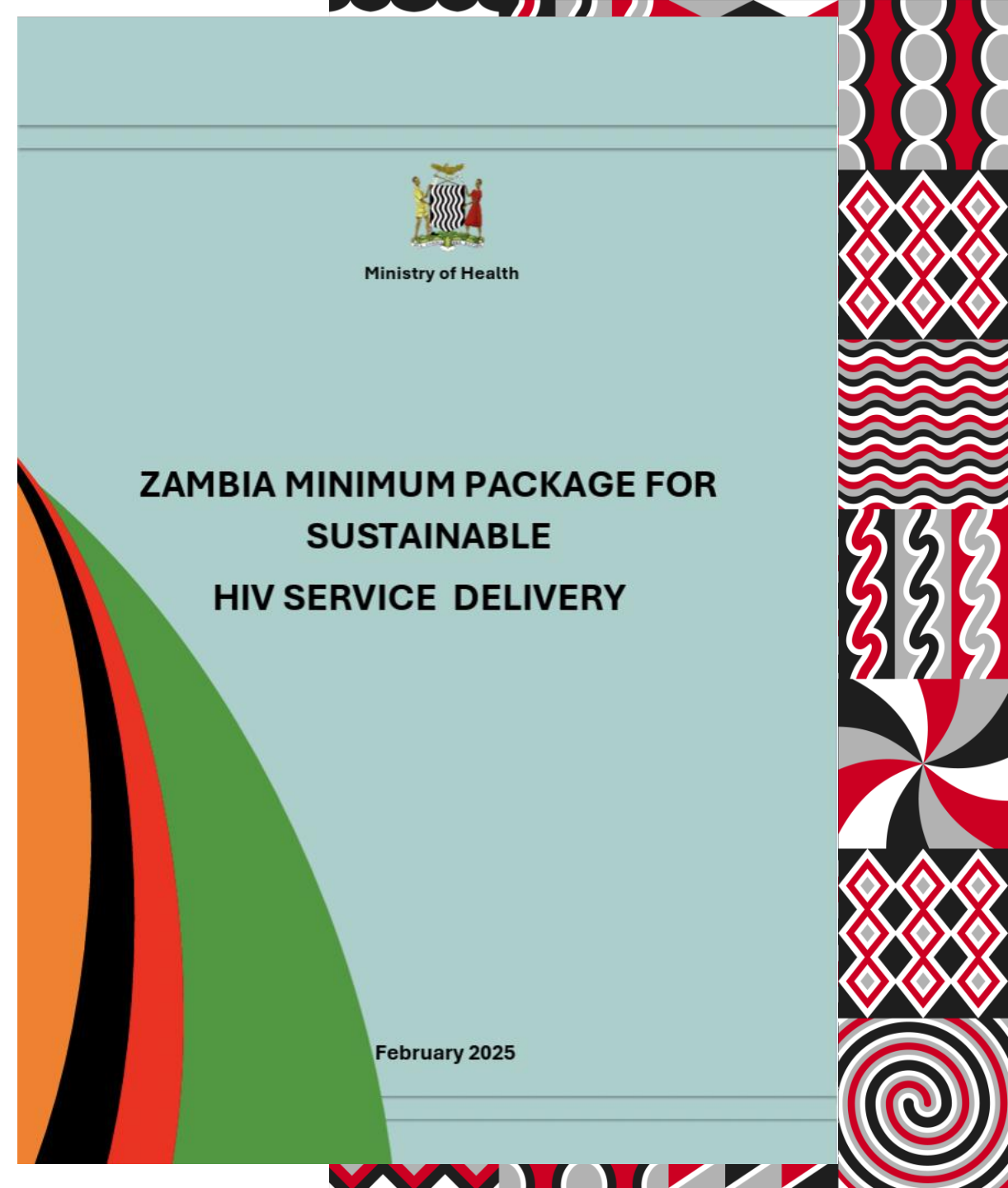
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Why the minimum package of care (MPC)?

- Harmonization of HIV services across all facilities in the country
- Formation of sustainable and cost-effective package that can be afforded by domestic resource
- Package to strengthen national and subnational Government leadership and coordination for HIV services for HIV
- Package for quality assessment for HIV service across the country





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Redefining the MPC: Coordination and community engagement

Process of developing the MPC

- The HIV roadmap sustainability technical working group spearheaded the redefining of the MPC
- Multiple engagement meetings with civil society organizations
- Iterative input from major internal and external HIV stakeholders (UN-family, PEPFAR, IPs, IAS, GF, AHF)
- Knowing your epidemic
- GRZ costed the MPC to ensure affordability

Key principles

- **Sustainability:** The document considered the sustainability of prioritized interventions
- **Cost-effectiveness:** Interventions which were considered efficacious, safe with a high return on investments where prioritized.
- **Equity:** Consider the needs of all populations, including marginalized and vulnerable groups and regions
- **Integration:** The goal of this document is to have HIV services which are integrated in the main-line health service delivery systems
- **Inclusivity:** Engage a wide range of stakeholders in the guideline development process
- **Person-centeredness:** Recommended services must be respectful, responsive and tailor-made to the different needs of individual recipient of care
- **Contextual Relevance:** Adapt the Minimum HIV service package to the local context and resource availability



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1. Minimum Package for HIV Testing Services

Recommended and prioritised HIV Testing Modalities

- Facility based Index testing and partner notification
- Facility based diagnostic testing for individuals presenting with symptoms suggestive of HIV infection or at high risk of HIV infection
- Use of HTS screening tool for adults at all clinical interaction
- Dual HIV/Syphilis testing in Antenatal Care (ANC) at booking
- PMTCT maternal HIV re-testing:
 - 2 re-test in ANC with one done three months after booking and the other one during labour and delivery.
 - 1 re-test in postnatal care (PNC) at 6 weeks during post-natal reviews or immunization clinic
- Early Infant diagnosis (EID): 6weeks_Nucleic Acid Test (NAT), 6 months_NAT, 9 months, 18 months Rapid Diagnostic Test (RDT), 24 months_RDT and NAT confirmatory tests for all positives
- Hepatitis B testing for PLHIV and all pregnant women once in each pregnancy
- Know your child status Plus (KYCS plus)
- Client-initiated counselling and testing (Voluntary Counseling & Testing)
- HIV Testing during PrEP every three monthly

DSD Models for HIV Testing

- Higher learning institution HTS
- Community Health Post HTS

HIV Testing Modalities which may be considered but not a priority

- Provider-initiated testing for all populations at all facility entry points
- Community follow up of contacts of index cases
- Self-testing services in specific circumstances e.g specific populations, hotspots, self-test as A1 testing for screening etc.
- Peer based HTS approaches

HIV Testing Modalities which are not recommended

- Birth dose EID testing
- Recency testing
- Generalised non-targeted community testing

Required Tools

- National testing algorithm
- HIV Self Test Distribution Register
- HIV and Syphilis Test Kits¹
- Index and Partner Notification Register
- SOPs (Finger prick testing, Sample collection and handling, Zambia National HIV Testing Algorithm, Pre-Test, Post Test, Disclosure and EID)
- Community HIV testing checklist
- Partner Notification Guidelines
- Know Your Child Status Plus Register
- KYCS+ Guidelines
- HTS Registers
- Timer
- HIV testing Tool kit¹
- Cooler box
- Sharp box
- Transport
- Identification cards
- Tester certificate
- HIV screening tool (15+)
- Known HIV-positive screening tools
- DSD Guidelines
- KYCS+ Package
- Training of tasters
- EQA support

Summary of Zambia MPC

3. Minimum Package for Prevention of mother-to-child/vertical transmission (PMTCT/VT)

Recommended and prioritised PMTCT Services

- PMTCT outreach services for combination HIV prevention (PrEP, condoms, PEP, patient education, risk reduction messages) targeting AGYW, pregnant and breastfeeding women
- Dual HIV/Syphilis plus viral Hepatitis Testing, in PBFW and girls of childbearing age and their sexual partners
- PMTCT maternal HIV re-testing:
 - 2 re-test in ANC with one done three months after booking and the other one during labour and delivery.
 - 1 re-test in postnatal care (PNC) at 6 weeks during post-natal reviews or immunization clinic
- Mother Infant Pair tracking through Mentor Mothers or SMAGs
- Early Infant diagnosis (EID): 6weeks_Nucleic Acid Test (NAT), 6months_NAT, 9months_NAT, 18months rapid diagnostic test (RDT), 24months_RDT and NAT confirmatory test for all positives.
- SRH linkage and integration of STI screening, assessment for family planning (FP) services among PBFW
- ARV prophylaxis for HEI with AZT+3TC+NVP
- Co-trimoxazole Infant prophylaxis from 6weeks
- Co-trimoxazole for PBFW living with HIV
- Proactive appointment and tracking systems for PBFW
- Viral load monitoring for PBFW (2 antenatally with one 4weeks within EDD and at 12 weeks postnatally then as per general population)
- HBV vaccination
- Facility based Index testing and partner notification
- KYCHS+
- Care and Treatment - HIV/Syphilis/viral Hepatitis
- Routine antenatal care as per national guidelines
- Rapid ART initiation and continuity of treatment
- Mother-baby tracking

Required Tools

- Registers
- Smart care
- National guidelines
- SOPs
- Antenatal cards
- Under five card
- PrEP Register
- PEP Register
- Baby Mother Pair Register
- EID requisition form
- HIV Self test Distribution Register
- Index Testing and Partner Notification Register
- KYCHS+ Register
- Family Planning Register
- Vaccination Register

PMTCT services which may be considered but not a priority

- Self-testing for partners of PBFW
- Community index testing for partners of PBFW

PMTCT Services which are not recommended

- At birth testing for EID
- Three monthly viral load testing for PBFW

2. Minimum Package for HIV Prevention Services

Recommended and prioritised HIV Prevention Services

Biomedical

- Injectable PrEP
- Oral PrEP
- PEP for both occupational and non-occupational exposures
- Condom Provision
- STI screening
- HIV testing and treatment (TasP, U=U) promotion

Behavioural

- Demand creation for HIV prevention services must be integrate into mainstay health promotion activities and combined with other health promotion services
- Social Behavioral Change Communication (SBCC) Health education must be integrate into mainstay health promotion programming and activities and should not be a stand-alone program

GBV/IPV

- GBV/IPV screening, and treatment or referral services

Vaccination

- HPV vaccination for Adolescents

HIV harm reduction services

- Medication assisted treatment (MAT)

Required Tools

- Condom distribution register
- HTS register (facility and community)
- Prep/PEP registers
- GBV/IPV register
- IEC materials
- SBC tool kit
- Public address system
- SOPs
- Guidelines

HIV prevention services which may be considered but not a priority

- Referral to socio-economic empowerment activities including social cash transfer, keeping girls in school and others for vulnerable populations must be done with other responsible line ministries
- Community HIV response addressing stigma and discrimination (community led service delivery, community lead monitoring and community advocacy) could be considered, preferably integrated into other established community systems and like Ministries
- Stand alone or parallel VMMC services. VMMC services will be incorporated into routine surgical services
- Dapivirine vaginal ring (DVR)

HIV Preventions Services which are not recommended

- Costly stand-alone community activities like DREAMS/DREAMs-like services, rented wellness centers and others

4. Minimum Package for HIV Treatment and Care Services

Recommended and prioritised HIV Treatment Services

Paediatric, Adolescents and Adults

- Rapid and same day ART initiation for first and second line care
- Intense case-management support in the first 6 months
- Opportunistic infections (OI) screening, prophylaxis and management
- Retention (including disclosure support; transition support; peer support groups, peer pairing, proactive appointment system and same-day tracking for those with missed appointments)
- Viral load monitoring
- Treatment Literacy including adherence support

Differentiated Service Delivery (DSD)

- Multi-month dispensation (MMD)
- Fast track
- Scholar models
- Weekend services (men, adolescents)
- Community ART delivery models
- DSDs for unstable recipient of care
- Family Centred Approach for CLHIV and their families
- Teen Clubs and Adolescent Friendly Spaces

Integration of NCD and Mental Health

- Screening and/or referral for hypertension, Diabetes Mellitus, Obesity, Renal disease
- Screen and/or refer for cervical cancer screening
- Screening and referral for common mental health disorders

TB Prevention Therapy (TPT) and Intensified Case Finding (ICF)

- Screen, diagnose and treat TB
- Provision of one off TPT to all eligible (old and new) recipient of care (RoC)
- Administrative controls for infection prevention

Advanced HIV Disease (AHD)

- Screen and identify RoC with AHD using WHO Clinical Stage (WCS) and when available CD4
- OI screening with LF-LAM and CrAg
- Treat with Anti Tuberculous Therapy (ATT)
- TB Preventive Treatment (TPT)
- Referral where service is not available
- Linkage to ART for treatment naive or Clients returning to treatment

Sexual Transmitted Infections and Sexual Reproductive Health

- Screen, diagnose and treat STIs
- Risk reduction counseling including condom distribution
- Family Planning (mixed method) counselling and service provision
- Pregnancy screening and linkage to Antenatal Care (ANC)/Postnatal Care (PNC)

Required Tools

- SOPs – including ZCGs, Caregiver Support Manual, Comprehensive Manual for Prevention and Treatment of HIV among Adolescents
- IEC materials, appropriate registers and data capturing tools
- DSD guidelines
- Community HIV treatment literacy manual
- ART Forms
- Zambia Standard Treatment Guidelines (STG)
- Patient Health Questionnaire-9 and Generalized Anxiety Disorder Assessment-7
- Primary Mental Healthcare Package
- TPT Guidelines
- TB guidelines
- AHD Guidelines
- NCD guidelines
- FP guidelines
- ANC guidelines
- STI guidelines
- STI Register

HIV treatment services which are NOT recommended

- Co-trimoxazole prophylaxis outside children and pregnant and breastfeeding women
- Repeat TPT for individuals who have received TPT before
- Baseline viral load testing
- HIVDR after first line treatment failure only



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DSD in the MPC

- DSD models have been shown to reduce pressure on health systems thus allowing resources to be used for other needs
- Some DSD models (multi-month dispensing, Fast Track etc.) require less resources hence appropriate with reduced funding
- Some DSDs are more effective to reach specific populations to close epidemiologic gaps
- DSDs and person-centeredness
- Some DSDs require most resources
- Opportunities for integration through DSDs

Minimum Package for HIV Community Services

All HIV related community services must be integrated into routine national community health systems and should NOT be siloed or be implemented as parallel programs. The following community-based HIV services should be provided in a cost effective and sustainable manner

- Community DSD models for HIV testing
- Community PMTCT models
- Community DSD models for HIV prevention
- Community DSD models for HIV treatment and care including community ART delivery models
- Community HIV services models for prevention and treatment targeted at high-risk groups
- Community based health education and health promotion
- Community led advocacy, literacy, stigma reductions and service feedback activities



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Priortization of DSDs in the MPC

	Recommended and prioritised	Recommended but not prioritised	Not recommended
Less-intensive DSD models:			
Minimum of 3MMD for all, unless clinically unwell (including re-engaging clients) with 6MMD preferred for those established on ART (for all over 5-years of age)	Yes		
2 Annual quality clinical review if established on ART and virally suppressed with longest scripting period allowed 6-months	Yes		
12 monthly MMDS			Yes
Individual DSD models based at facility sustained (fast track, model, scholar model, after hours model)	Yes		
Individual DSD models for key populations not based at facility sustained (wellness centres, safe spaces etc)		Yes	
Group DSD models for Paeds and AYP not based at facility sustained (Adherence groups)		Yes	
Facility Group DSD models for Paeds and AYP (Adolescent Spaces)	Yes		
Community Group DSD models managed by clients sustained (CAGs)	Yes		
Group DSD models for adolescents managed by healthcare workers sustained	Yes		
Individual DSD models for general population not based at facility sustained (Community ART distribution, community ART pickup points)		Yes	
Community health post-model (Cycle of Hope Model, Discover health health Posts models)	Yes		
Facility Group DSD models managed by healthcare workers sustained	Yes		
DSDs for Advanced HIV Disease			
Viraemia clinics (EAC)	Yes		
Community based DSDs for AHD		Yes	
ATC centres of excellences	Yes		
DSDs for Preventions			
Community DSD models for Prevention for AGYW (DREAMS)	Yes		
	Yes		Yes



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Considerations for DSD services in the MPC

WHAT

HIV Prevention and testing

DSD models are challenging to continue in the MPCs

WHERE

Community DSD Services

are challenging and will continue to require additional support

WHO

Community Health Worker led DSDs will continue to require additional support and are challenging to continue

WHEN

DSDs at initiation are at risk of being dropped in the MPCs yet they are critical

Prioritising
DSD
Models



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Implementing MPCs through integrating HIV into PHC

- HIV services as part of comprehensive **essential** services to achieve UHC
- Integrated chronic disease models are (ICDM) **person-centered** attending to specific needs of individuals
- An essential package of HIV care (MPCs) may be easy to integrate in ICDM
- ICDM may strengthen overall health systems using **less resources (HRH)**

Challenges of integration

- Few best practices of Integrated DSDs models
- Need to guarantee **quality and efficacy** of HIV services
- ICDM and levels of health care requiring specialist care
- Change management

In conclusion



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Person-centeredness should still be a prioritized in discussions on reprioritisation and sustainability

HIV programmes still have unreached gaps, which can only be closed by innovative approaches

DSD models can be resource sparing thus useful for sustainability



Acknowledgements

- Dr Khozya Zyambo
- Dr Chimika Phiri
- Mr. Davies Kampamba
- Dr Priscilla Mulenga
- Prof Lloyd Mulenga
- Eswatini National ICDM Framework
- WHO: Sustaining HIV, viral hepatitis and STI priority services in a changing funding landscape: An operational guidance
- IAS TIER tool



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Thank you