



Differentiated Service Delivery Scale-up in Burundi: Implementation Status and Perspectives

Authors: **PNLS/IST/HV**: Dr Aimé Ndayizeye, Director; Dr Hamidou Nzomwita, Technical Director; Dr Noella Rurihose, Lead of HIV C&T Service; Dr Saidi Karemangingo, DSD Advisor
CCDP+: Hamza Burikukiye, President. **Representatives of PEPFAR IPs** (ICAP/RISE, FHI360/RAFG, PSI), and **CRB, PNUD**



BACKGROUND

Burundi joined the CQUIN network in October 2020. Its main priorities include: (i) reviewing national guidelines to take into account and adapt ART models to the needs of different population groups, including key populations (KP), pregnant and breastfeeding women, and patients with advanced HIV disease; (ii) scaling up six-month multi-month dispensation (MMD6); (iii) implementing the DSD performance review; and (iv) evaluating quality indicators in identified sites without forgetting to (v) continue implementing newly validated, less-intensive DART models. DSD is coordinated by a Technical Working Group (TWG) that is jointly led by the PNL/IST/HV and CCDP+, the national network of people living with HIV (PLHIV). Burundi has developed new DSD standard operating procedures, which were validated and signed in June 2022. Quality standards are currently being developed and some PEPFAR-supported sites have already started implementing these standards. Recipients of care actively participate in DSD coordination (with a representative serving as Deputy President of the TWG) and in the implementation of community activities in the catchment area of health facilities.

DSD IMPLEMENTATION

Less-intensive DSD models being implemented in Burundi are Community Adherence Groups (CAG), Appointment Spacing with or without Fast-Track, Outreach, and Adherence Clubs. All are eligible for these models except people not established in care and children under the age of two. Less-intensive models are offered in 207 sites (22%) of 966 sites providing ART in Burundi. At the end of September 2022, a total of 32,346 patients on ART were enrolled in a less-intensive model, which equates to 43% of the people active on ART in the country.

Figure 1 : DSD Model Mix: Results vs Targets

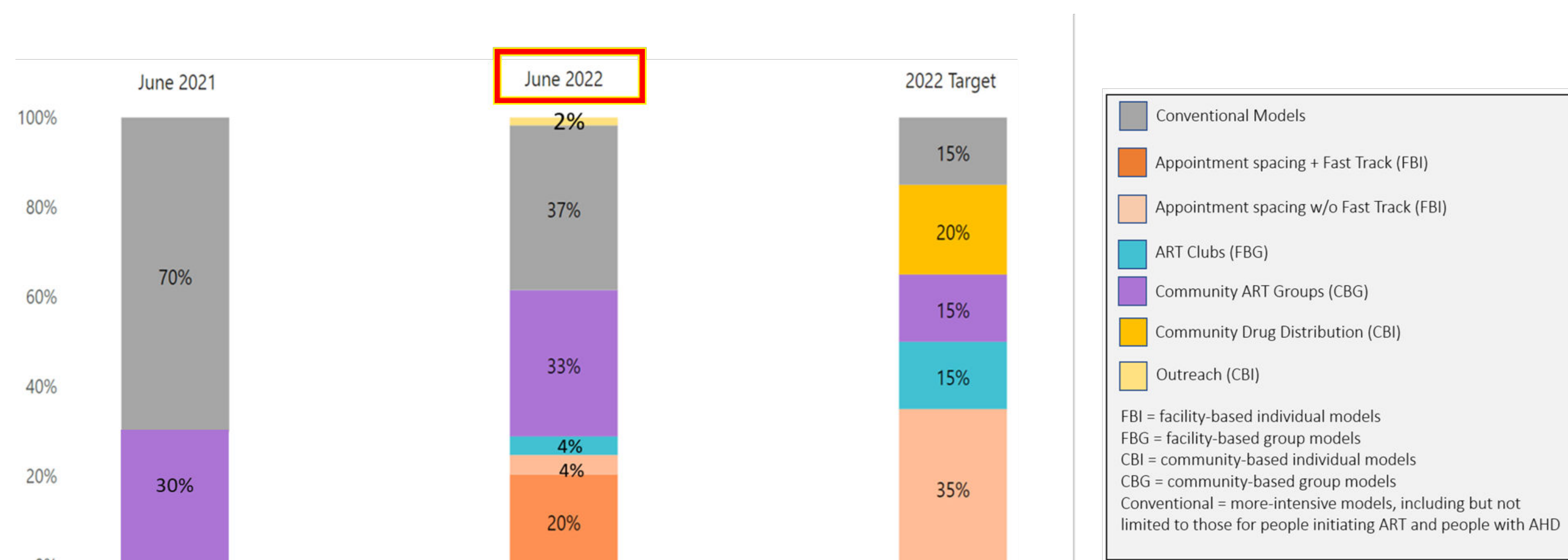
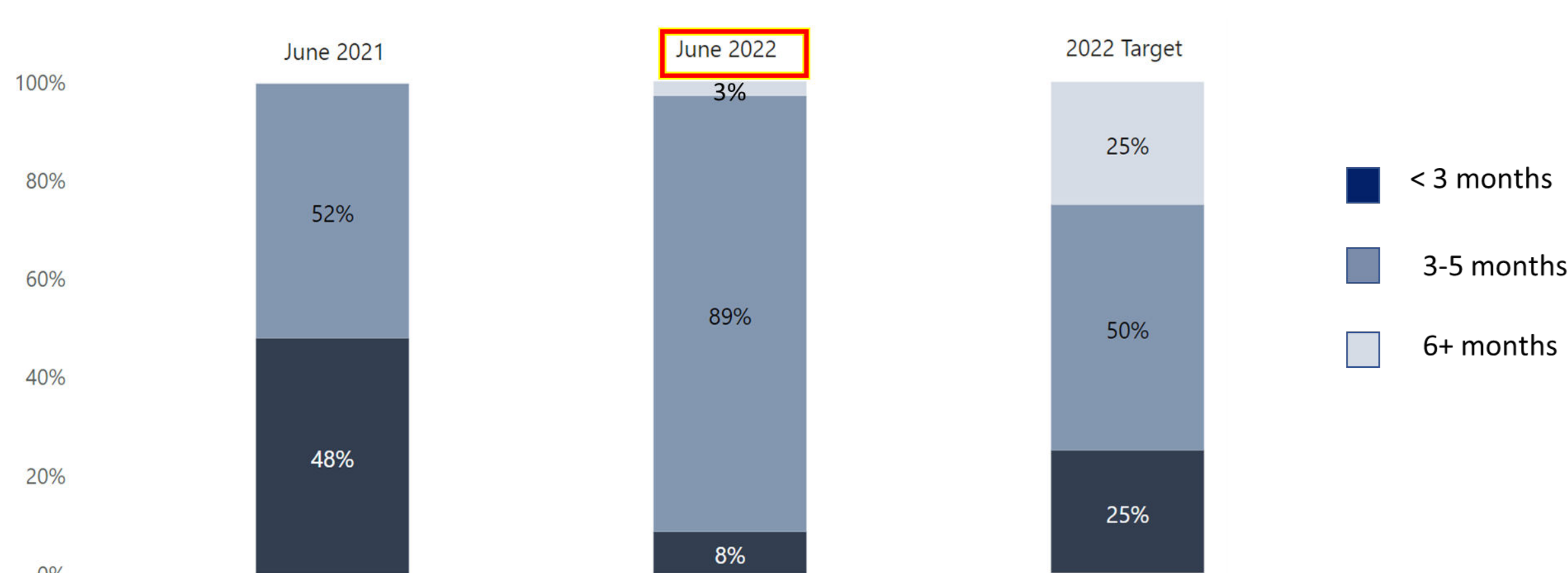


Figure 2 : Multi-month Dispensing (MMD): Results vs. Targets



The targets set for 2022 have been partially achieved. The directive on COVID-19, which authorized dispensing three months of ART to everyone, continues to be applied for people newly enrolled on ART and those not yet established in care, which explains the overachievement of the target for 3-5 months MMD. A note authorizing ART sites to start MMD6 was signed by the Director General of Health on October 7, 2022 but has not yet had the expected effect (apart from six sites selected for the MMD6 project, other sites have not yet started dispensing six months of ARVs to people on ART).

DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3 : CQUIN Treatment Capability Maturity Model Staging Results - 2022

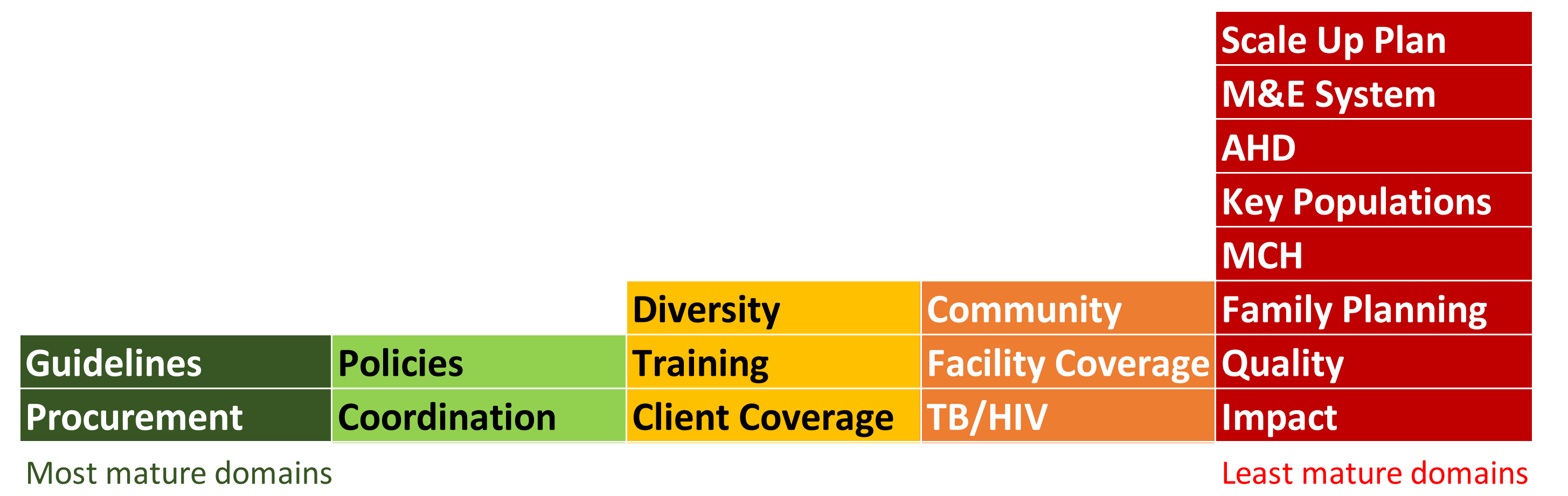
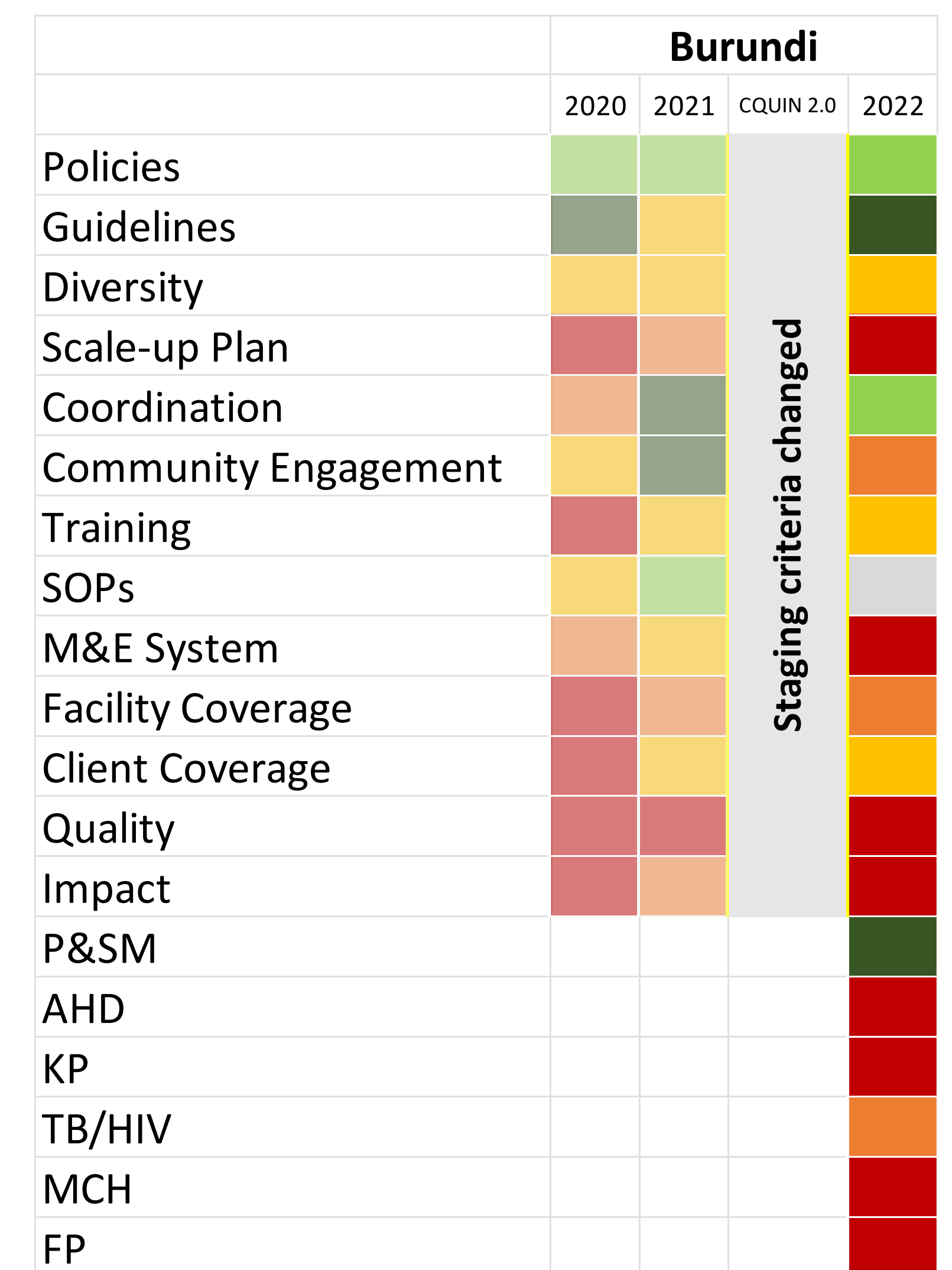


Figure 3 shows the results of the national team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Burundi has reached the most mature stage (dark green) in the areas of guidelines and procurement/supply chain, while the areas of scaling up, M&E, late-stage HIV disease, DSD for key population, maternal and child health, and quality and impact remain at the least mature stage (red).

Figure 4 displays the progress of the DART dashboard over time, in addition to the results of the revised and expanded DART capability maturity model used in 2022. The main findings: Although implementation has begun (delays in finalizing POS), the impact is not yet significant; however, it could quickly change as some areas mature. Some areas have not yet begun, and others require revised guidelines and POS to be put in place.

Figure 4 : CQUIN Treatment Capability Maturity Model Staging Results: 2020-2022



CQUIN ENGAGEMENT AND ACHIEVEMENTS

Burundi has participated in four communities of practice: Maternal and Child Health (MCH), TB/HIV, KP, and M&E. The Burundi team participated in a country-to-country visit to Uganda in July 2022, which enabled the team to learn about the private pharmacy model as an ART distribution point, the involvement of PLHIV as experts, and a specific DSD model for KP. Burundi is in the process of using lessons learned from this visit to see how it can improve the role of expert PLHIV and implement KP-specific models to improve the quality of services offered to these populations. If Burundi decides it would like to pilot the private pharmacy model, the committee will first have to provide the necessary authorization.

NEXT STEPS/WAY FORWARD

Burundi will continue strengthening the scale-up of DART models already being implemented by using new funding from the Global Fund via PNL/IST/HV and CRB. Burundi also plans to update its guidelines to allow for the implementation of more-intensive models and those for specific populations. Additional priorities include:

- Scaling up MMD6, especially with note 633/953/DGSSLS/2022 from the Ministry of Public Health, which allows dispensation of six months of ARVs throughout Burundi
- Improving the quality of DSD services through the establishment of a framework of quality indicators
- Implementation of a DSD performance review
- Assessing recipient of care satisfaction