



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

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## BACKGROUND

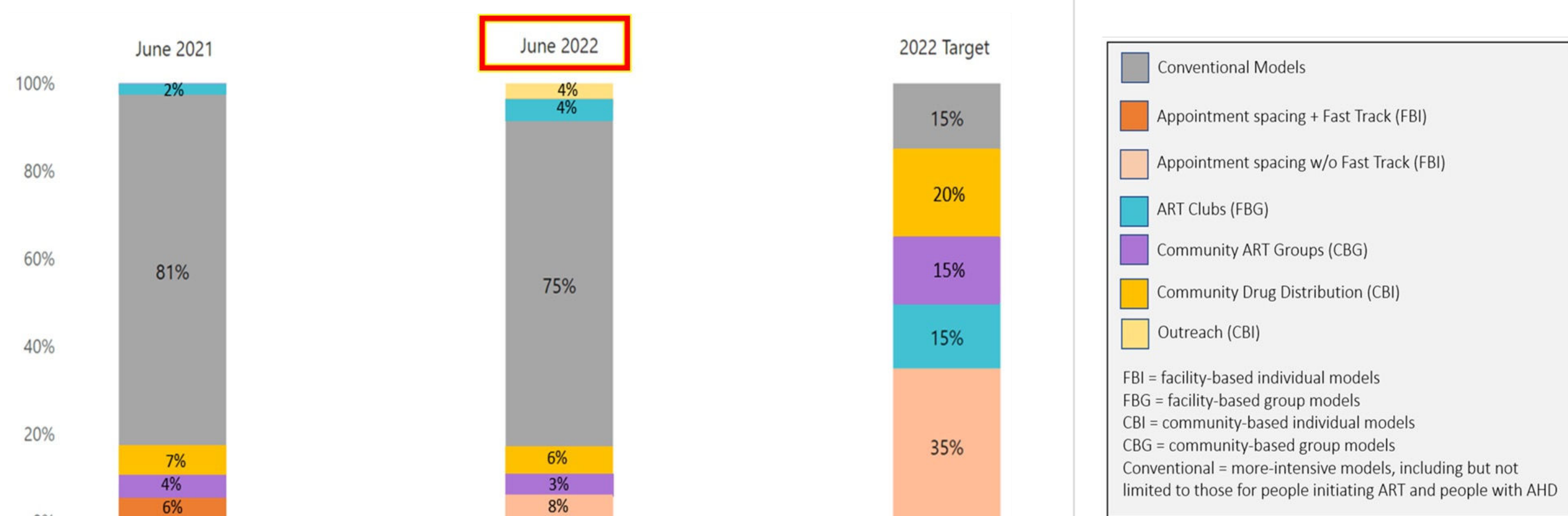
Cameroon joined the CQUIN network in 2020 as part of the Differentiated Service Delivery (DSD). Since 2018, DSD approaches have been implemented through projects in selected sites in Cameroon. Recognizing that the scale-up of DSD nationwide requires the development of a standard framework, Cameroon set up a technical working group that is led by a DSD national coordinator. The country has benefited from financial support provided by the Global Fund through the Differentiated Services Delivery Strategic Initiative (DSD-SI). This support will contribute to the development of a standard framework and other national quality standards for DSD. The World Health Organization provides technical support for this initiative, which involves all stakeholders in the fight against HIV in Cameroon (including people living with HIV through the RECAP+ network).

## DSD IMPLEMENTATION

Many DSD models are implemented in Cameroon, including more-intensive models (conventional model and Advanced HIV Disease) and less-intensive models (Appointment spacing + Fast track; Community ART distribution; Community ART Group; ART clubs). Priority groups for less-intensive models are key populations (men who have sex with men, sex workers, drug users, injecting drug users) and populations in vulnerable situations (refugees, law enforcement officers, prisoners). These priority groups are provided with differentiated ART in 308 health facilities (of 5,412 total health facilities offering ARV treatment). They represent 36% of the 351,819\* people active on ART in Cameroon (as of June 30, 2022).

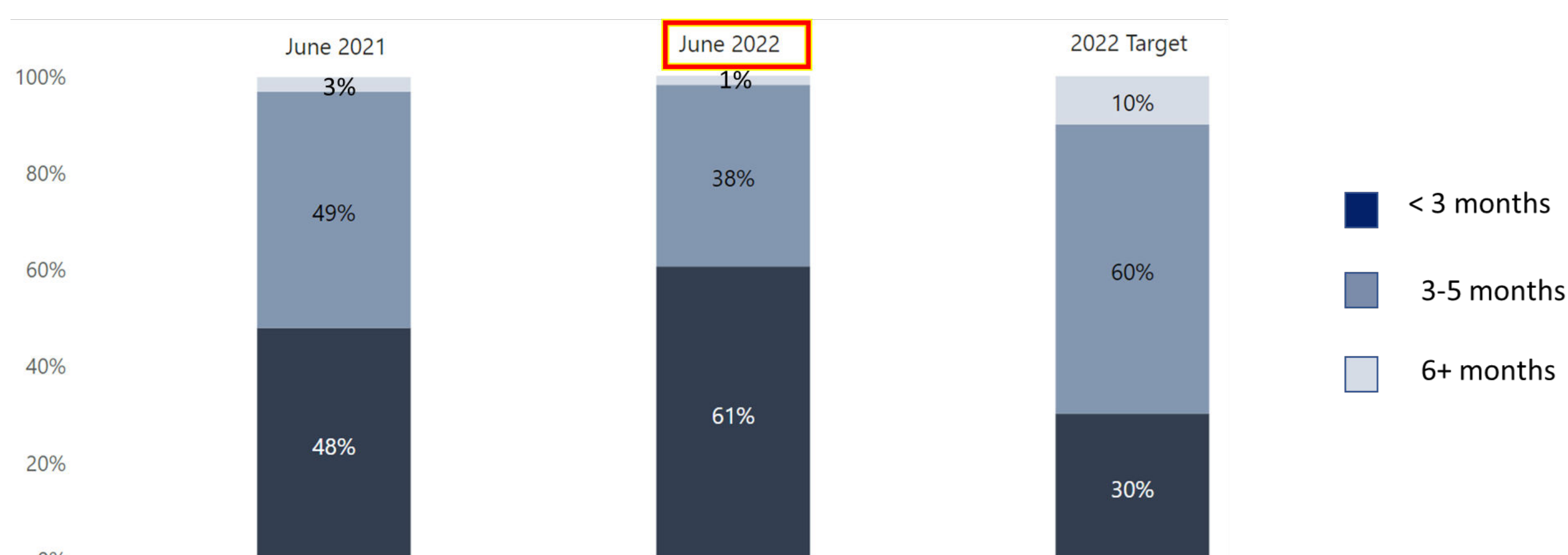
\*Data on people active on ART are from PEPFAR-supported health facilities.

Figure 1 : DSD Model Mix: Results vs Targets



The 2022 target set by the country is to reduce the proportion of ART patients enrolled in the conventional model to 15%. As of June 30, 2022, the country achieved 75% enrolled in the conventional model, a decrease of 6% compared to June 2021. The harmonization and dissemination of DSD model nomenclature are the main reasons for this progress.

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



The proportion of people receiving less than three months ARV dispensation has increased as of June 2022 (61%) compared to June 2021 (48%), although the country's 2022 target is 30%. Discontinued availability of drug stocks in ART health facilities contributed to this increase.

## DART CAPABILITY MATURITY MODEL SELF-STAGING

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

	Scale Up Plan	M&E System
	Community	AHD
	Training	Key Populations
Policies	Facility Coverage	MCH
Guidelines	Client Coverage	Family Planning
Diversity	TB/HIV	Quality
Procurement		Impact

### Coordination

Most mature domains

Figure 3 shows the results of the recent self-assessment using the CQUIN DART Capability Maturity Model.

In 2022, Cameroon reached the most mature stage (dark green) in the domain of Coordination, while the domains of M&E System, Quality, and Impact remained in the least mature stage (red).

Figure 4 shows the progress of the DART Dashboard over time, as well as the results of the revised and expanded DART Capability Maturity Model used in 2022.

**M&E System:** Elements of a national DART M&E system are under development but have not yet been implemented.

**Quality of DSD:** A normative document defining national quality standards for HIV services (including DSD) was developed after the self-assessment. An update of service quality improvement tools is in progress and DSD quality assessments are planned for 2023.

## CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Cameroon signed up for the following communities of practice: M&E; Quality and Quality Improvement (QI), TB/HIV, Non-Communicable Diseases, Advanced HIV Disease (AHD), and Maternal and Child Health.
- A key lesson learned from the April 2022 DSD quality assurance meeting in Johannesburg related to quality assessment using the CQUIN 6.0 quality toolbox according to different domains (eligibility for DSD models, biological monitoring, and clinical assessment).
- Lessons learned from the meeting on the clinical cascade held in August 2022 in Kigali was adoption of electronic systems to support monitoring of patients with AHD, strengthening involvement of civil society in the return of PLHIV to care, and the implementation of a Unique Identifier (UID) system for people on ART.
- A key CQUIN-supported achievement was the DSD performance review conducted by Cameroon.

## NEXT STEPS/WAY FORWARD

In 2023, Cameroon aims to develop national DSD guidelines and a DSD scale-up plan, add DSD indicators to the national DHIS2, implement QA/QI of DSD in 50 high-volume sites, and implement the HIV/Syphilis Duotest.

