



# Differentiated HIV Service Delivery: Optimizing Person-centered HIV Services in Cameroon

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## BACKGROUND

Cameroon adopted the "Test and Treat" strategy in 2015. In 2018, Cameroon began piloting differentiated service delivery (DSD) at some sites.

The country joined the CQUIN network in 2020 as part of its efforts to offer client-centered services. In 2022, Cameroon established a thematic working group led by a national DSD coordinator, which aims to contribute to improved coordination, harmonization, and implementation of DSD approaches in Cameroon. Recipients of care (RoCs) are involved in the coordination, implementation, monitoring, and evaluation of DSD through the RECAP+ network.

Cameroon has developed several key documents, including a DSD operational guide, standard operating procedures, DSD training modules for RoCs and vulnerable/key populations, and national DSD quality standards (which have been available since 2022).

## DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results vs. projections

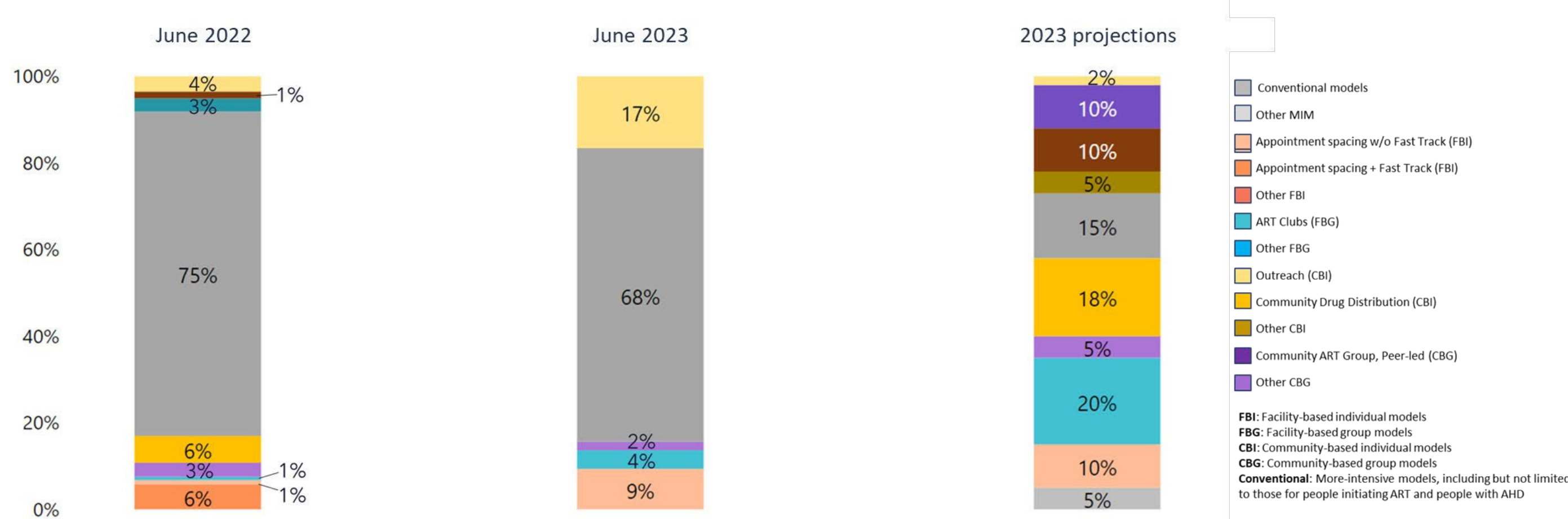
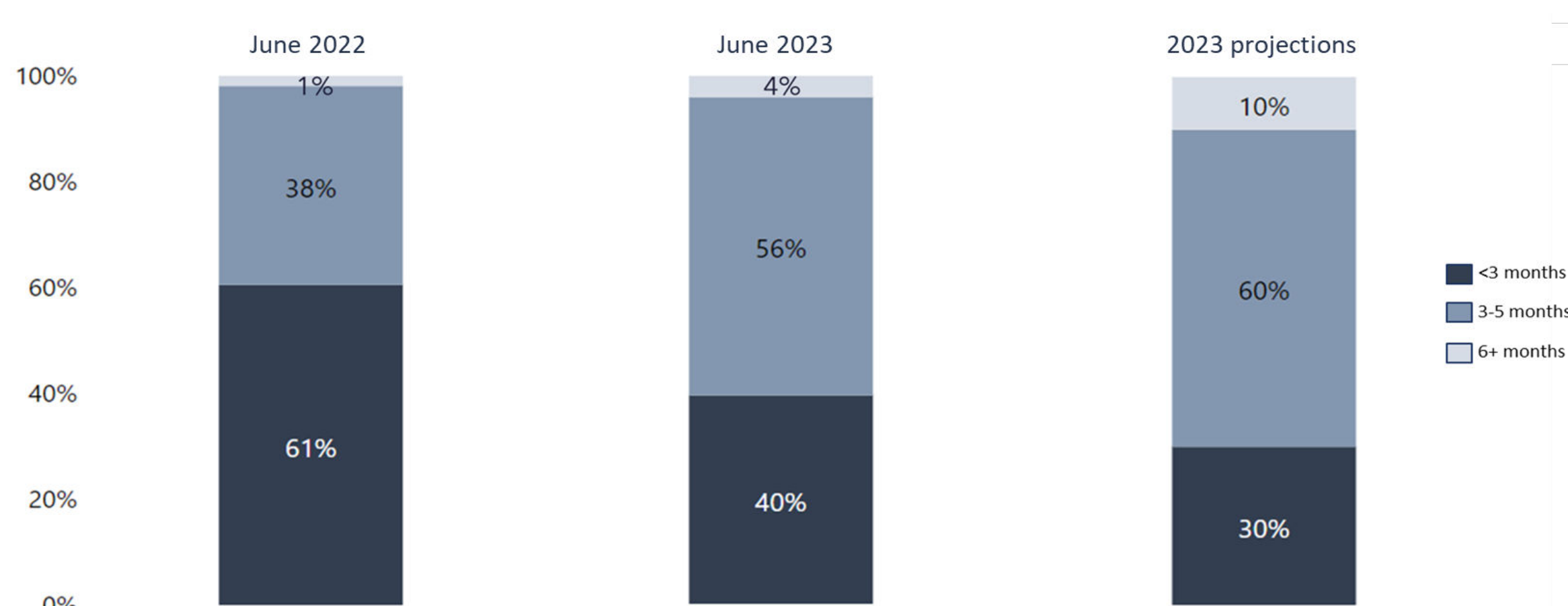


Figure 2: Multi-month Dispensing (MMD): Results vs. projections



To date, Cameroon has validated and implemented nine DART models, including:

- More-intensive models: standard and support group for high CV and Advanced HIV Disease (AHD)
- Less-intensive models: fast-track; extended-hours; home dispensation; family model; community ART dispensation in community-based organizations; support groups; and ARV dispensation in private pharmacies (in pilot phase)

Priority groups include key and vulnerable populations. DART is offered to RoCs in 346 of the 2,909 ART facilities (11.9%). Priority groups represent 23.9% of ART patients (437,495 ART patients nationally as of June 30, 2023).

While Cameroon's 2023 target for the conventional model is 15%, in June 2023, 68% of RoCs on ART were enrolled in the convention model (a 7% decrease since June 2022). Progress can be attributed to the harmonization and dissemination of model nomenclature, as well as more appropriate enrollment of RoCs in DSD models by stakeholders involved in DSD implementation in Cameroon.

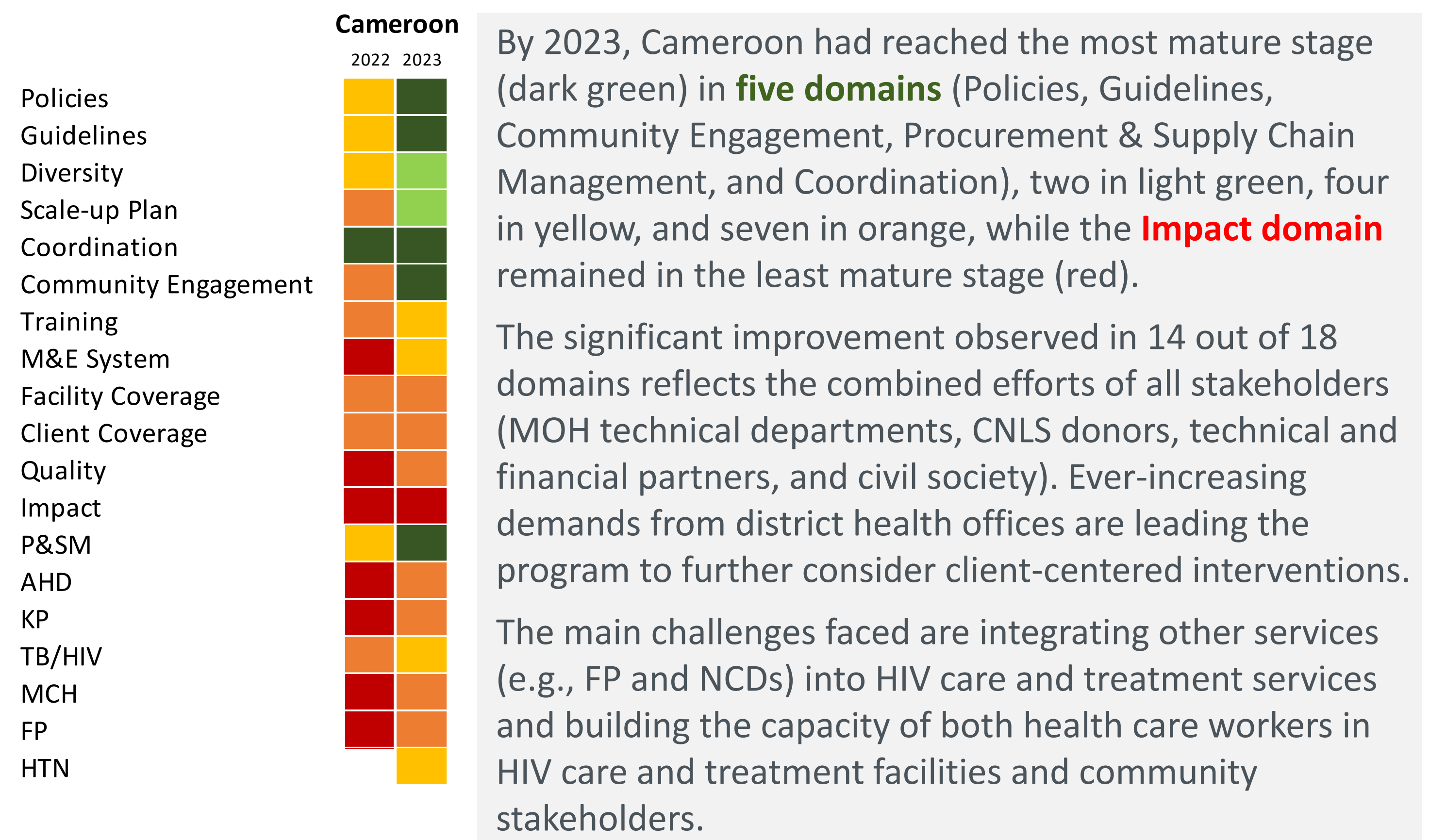
There was a significant improvement in the 3-5 month dispensing of ARVs, with an increase from 38% in 2022 to 56% in 2023 (just under the 60% target). The continuous availability of drugs at ART facilities contributed to this improvement.

## CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Cameroon has joined the following communities of practice: M&E, Quality and QI, TB/HIV, NCDs, AHD, MCH, Key Populations, and differential HTS
- Cameroon participated in a country-to-country visit to Rwanda, which focused on FP/DSD integration
- Lessons learned from 2023 CQUIN meetings include:
  - Improving access to modern contraceptive methods for women living with HIV by setting up a hospital-community flow linked to FP/HIV integration
  - Pooling resources to enable efficient demand creation activities by community stakeholders (including mobilization for HIV testing) through the involvement of healthcare providers
- Cameroon completed a CQUIN-supported DSD Performance Review

## DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART Capability Maturity Model Trends (2022-2023)



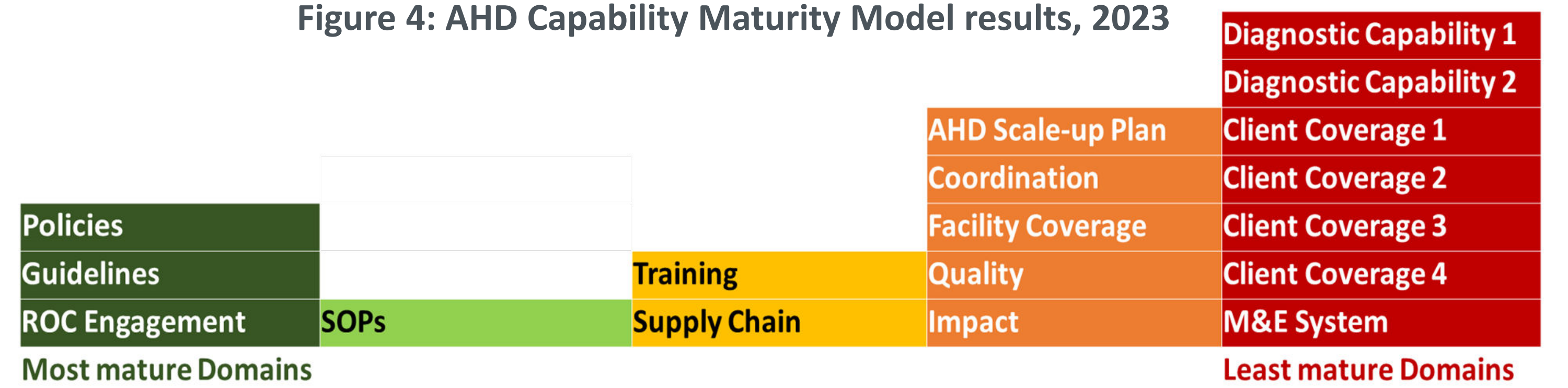
By 2023, Cameroon had reached the most mature stage (dark green) in **five domains** (Policies, Guidelines, Community Engagement, Procurement & Supply Chain Management, and Coordination), two in light green, four in yellow, and seven in orange, while the **Impact domain** remained in the least mature stage (red).

The significant improvement observed in 14 out of 18 domains reflects the combined efforts of all stakeholders (MOH technical departments, CNLS donors, technical and financial partners, and civil society). Ever-increasing demands from district health offices are leading the program to further consider client-centered interventions.

The main challenges faced are integrating other services (e.g., FP and NCDs) into HIV care and treatment services and building the capacity of both health care workers in HIV care and treatment facilities and community stakeholders.

## AHD CAPABILITY MATURITY MODEL SELF-STAGING

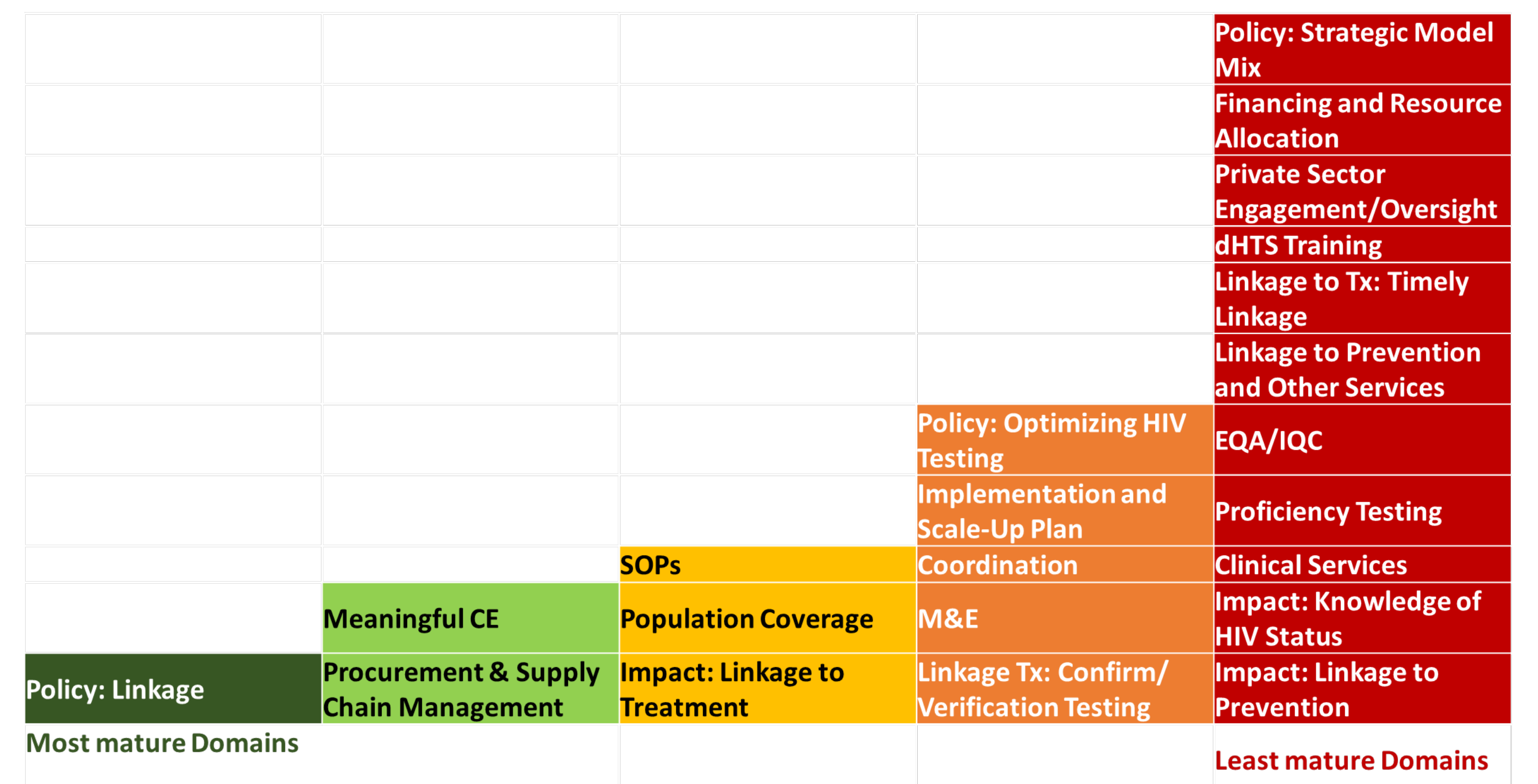
Figure 4: AHD Capability Maturity Model results, 2023



The results of the Cameroon's recent self-staging using the CQUIN AHD capability maturity model show that Cameroon has reached the most mature stage (dark green) in **three domains**, while **seven domains** are at the least mature stage (red). During the GC7 funding application process, Cameroon took advantage of the opportunity to acquire diagnostic tests (including CD4 tests) for AHD to improve the country's AHD diagnostic capacity. Monitoring and evaluation tools for AHD have been developed and their dissemination is underway.

## dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model results, 2023



The results of Cameroon's recent self-staging using the CQUIN dHTS capability maturity model show that Cameroon has reached the most mature stage (dark green) in **one domain** and light green in two domains, while **10 domains** are at the least mature stage (red).

## NEXT STEPS / WAY FORWARD

Priority next steps for Cameroon include:

- Building the capacity of providers in HIV care and treatment facilities, as well as community stakeholders
- Including DSD indicators in the national DHIS2
- Accelerating FP/HIV and NCD/HIV integration
- Strengthening AHD-related data collection

### Acronyms:

DLMEP: Department for the fight against disease, epidemics and pandemics (Direction de la lutte contre la maladie les épidémies et les pandémies)  
RECAP+: Cameroon Network of Associations of People Living with HIV