



# Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in the Democratic Republic of Congo



Authors: Patricia NYEMBO, Gaetan NSIKU, Alain TSHILUMBA, Emmanuel MULUNDA, Jean-Mathieu MBAMBI, Astrid KITOTO, Viviane NZEBA

## BACKGROUND

The Democratic Republic of Congo (DRC) adopted the PODI and TB/HIV one-stop shop as DSD models (Strategic Plan 2014-2017). Additional DSD models adopted include Facility ART club, Community ART Group, and Visit spacing with or without Fast track (DSD Models and TB/HIV One-Stop Shop Operational Manual, December 2018 Edition). In 2019, the DRC joined the CQUIN network. DSD is coordinated through the DSD Technical Group (sub-group of the HIV C&T TWG) and community stakeholders are involved in DSD planning activities, TWG meetings, and capability maturity model staging.

Key documents developed in the DRC include: Operational Manual for Self-testing and PrEP, Operational Manual for DSD Models and TB/HIV One-stop Shop, Operational Manual for Targeted Testing, TB/HIV Co-infection Management Guide, and Operational Manual for AHD. DSD quality improvement tools adapted from the CQUIN network include: quality standards for dHTS, DART quality standards, and AHD quality standards.

The DRC's DSD priorities include: HIV testing and ART initiation at the community level, drug distribution in private pharmacies, and PMTCT (FP and ART one-stop shop).

## DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results vs. projections

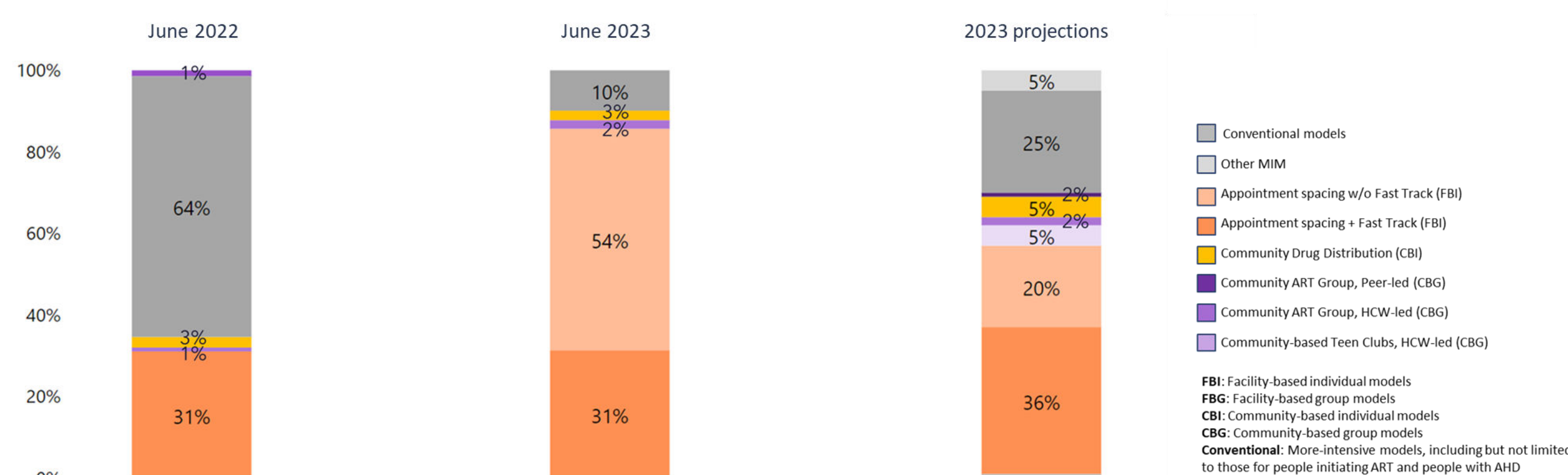
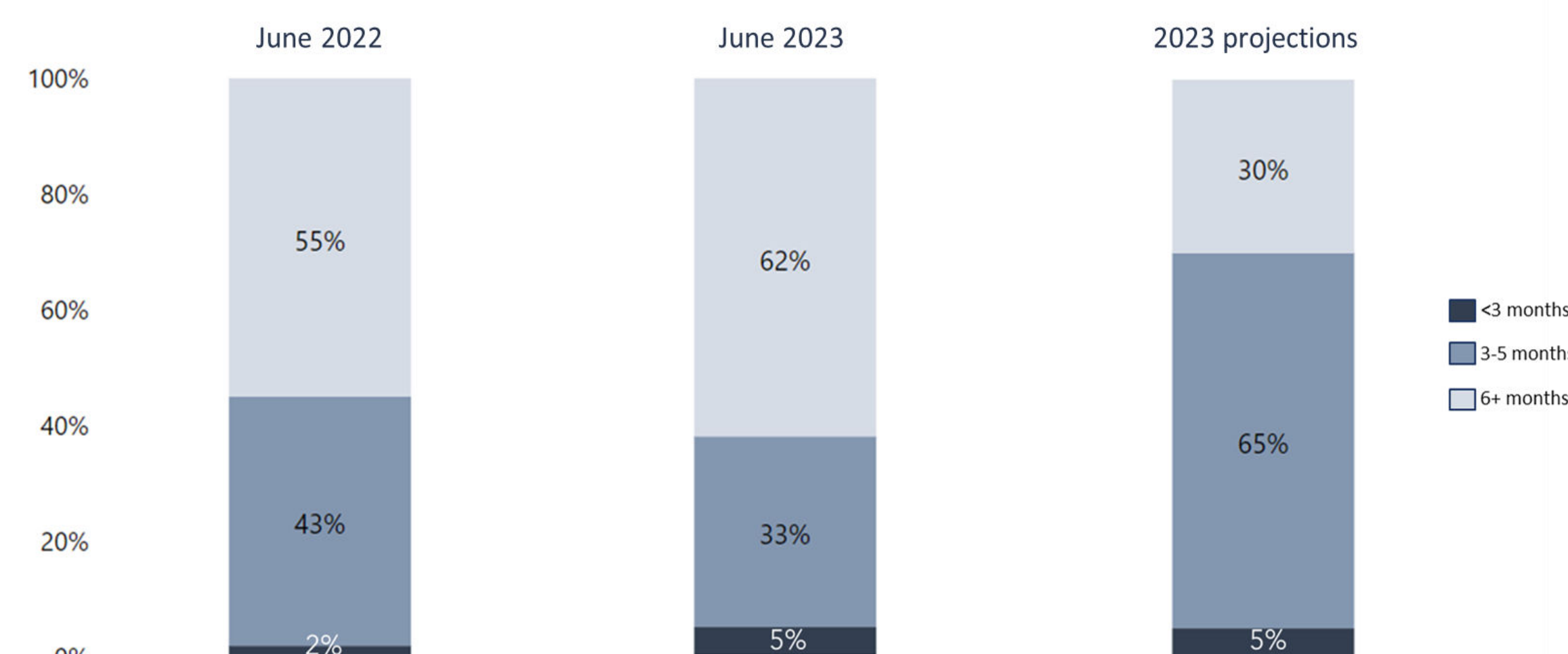


Figure 2: Multi-Month Dispensing (MMD): Results vs. projections



In DRC, more-intensive models include the Standard Model and Advanced HIV Disease, and less-intensive models include Facility ART club, Community ART Group, and Visit spacing with or without Fast Track for stable patients. Those eligible include children 5-14, adolescents 15-19, pregnant or breastfeeding women, and patients aged 18 and over.

As of June 2023, 17% of the 4,505 ART facilities in DRC were offering less-intensive DART models and 90% of the RoCs on ART at these facilities were enrolled in less-intensive DSD models.

Areas of improvement include:

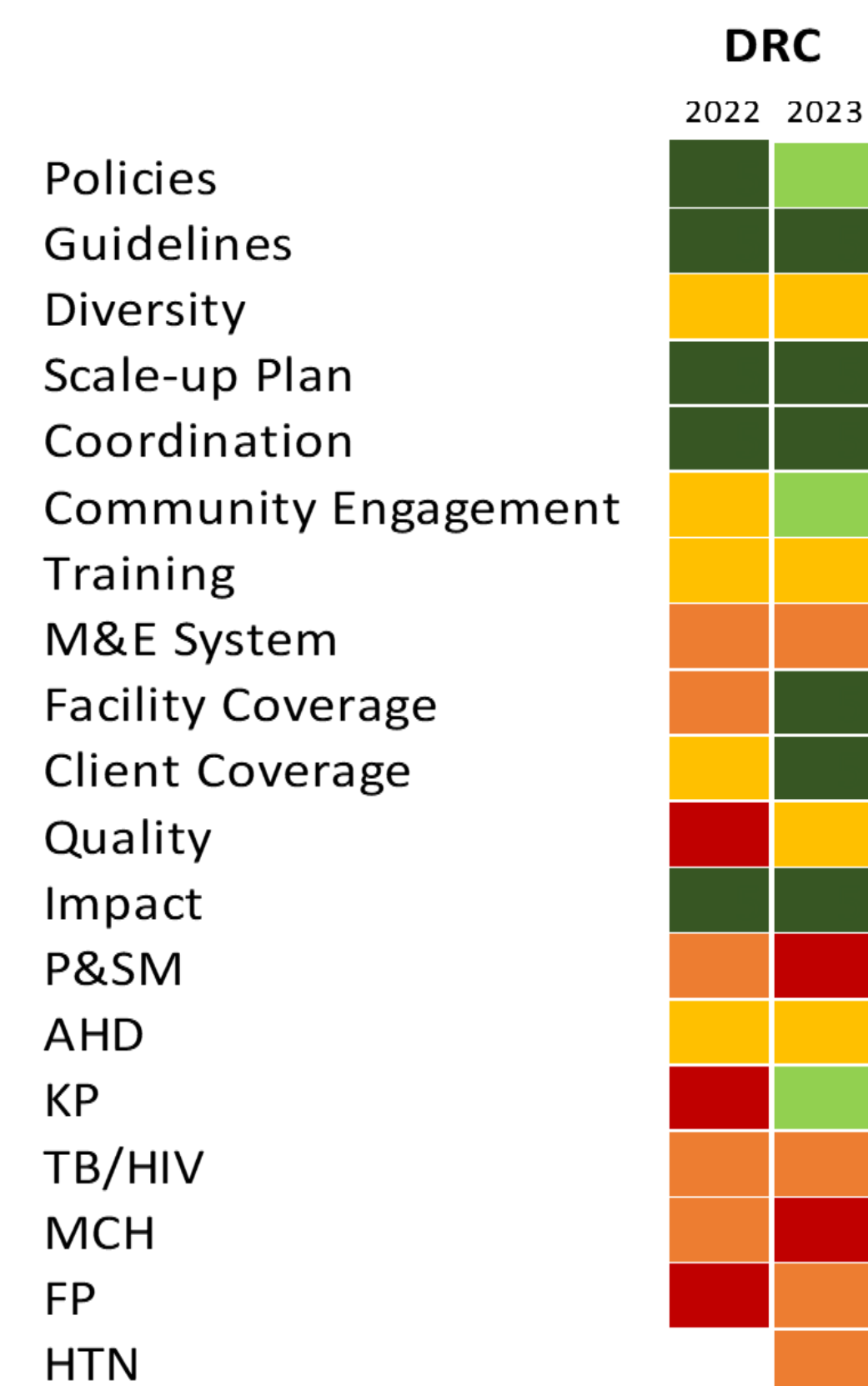
- The proportion of RoCs enrolled in the Appointment spacing model without Fast Track increased to 54%. This can be attributed to the increase in multi-month dispensing of ARVs (between June 2022 and June 2023) due to the availability of TLD boxes of 180 and 90 tablets
- RoCs enrolled in the conventional model decreased to 10%.
- There was a slight increase in the percentage enrolled in community group models—from 1% to 2%—in line with the 2023 target

## CQUIN ENGAGEMENT AND ACHIEVEMENTS

- DRC has joined all 11 communities of practice. A focal point has been appointed to each and key stakeholders will also identify representatives to participate
- The DRC has used CQUIN tools to assess the maturity and quality of DSD services in the country
- CQUIN supported the DRC in organizing two self-assessment meetings (on differentiated ART and AHD)

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

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

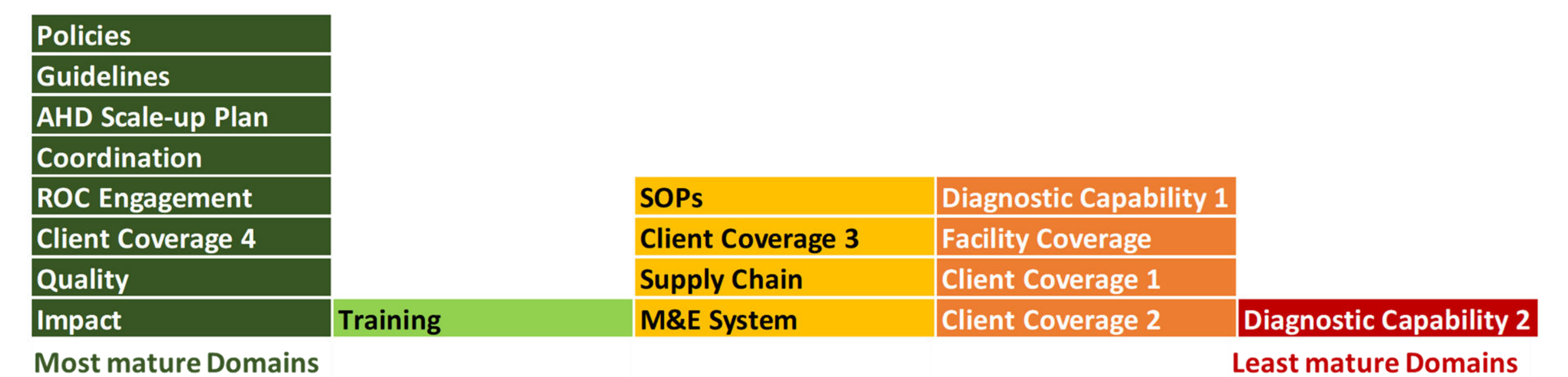


The DRC has made significant improvements in several areas:

- Community Engagement:**
  - Community participation and involvement in the development of guidelines and the implementation of community-based approaches
  - Integration of DSD into the TB/HIV Care Quality Observatory, led by the community
- Client Coverage:** 85% of PLHIV are in visit-spacing models (exceeding the 2023 target), which is linked to the availability of TLD boxes of 90 and 180 tablets, good immunological responses to TLD, and the scale-up of community-based approaches
- KP:** Significant achievement of coverage targets for all categories of KP (between 50% and 65%) due to the scale-up of dHTS approaches, including mapping of KP, index-testing, and self-testing
- FP:** Availability of guidelines; training of providers in 5/26 provinces; integration of FP in some ART sites

## AHD CAPABILITY MATURITY MODEL SELF-STAGING

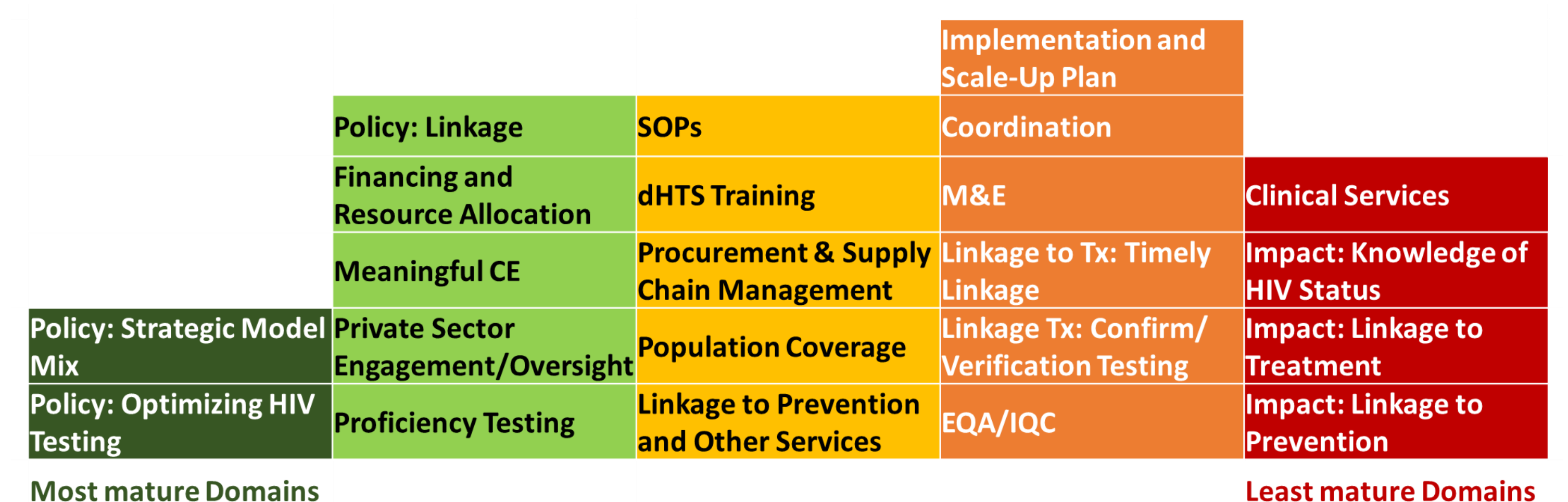
Figure 4: AHD Capability Maturity Model CMM results, 2023



By 2023, the DRC had reached the most mature stage (dark green) in **eight domains** of the AHD CMM, while **one domain** remained at the least mature stage (red).

## dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023



By 2023, the DRC has reached the most mature stage (dark green) in **two domains** of the dHTS CMM, while **four domains** are at the least mature stage (red).

## NEXT STEPS / WAY FORWARD

Key priorities for 2024 include:

- Update the DSD scale-up plan
- Update the AHD operational manual and SOPs
- Update the targeted HIV testing operational manual and SOPs
- Extend AHD coverage using the hub approach
- Extend FP/ART One-Stop Shop coverage
- Organize a second DSD Performance review with a co-shared funding from partners
- Define a conceptual framework and strengthen joint activities for service integration (FP, HTN, diabetes)

Priority areas of desired support from the CQUIN network includes:

- C2C visit on AHD, dHTS, and linkage for key populations
- Webinars on best practices for DSD, HTS, and linkage