

Rwanda

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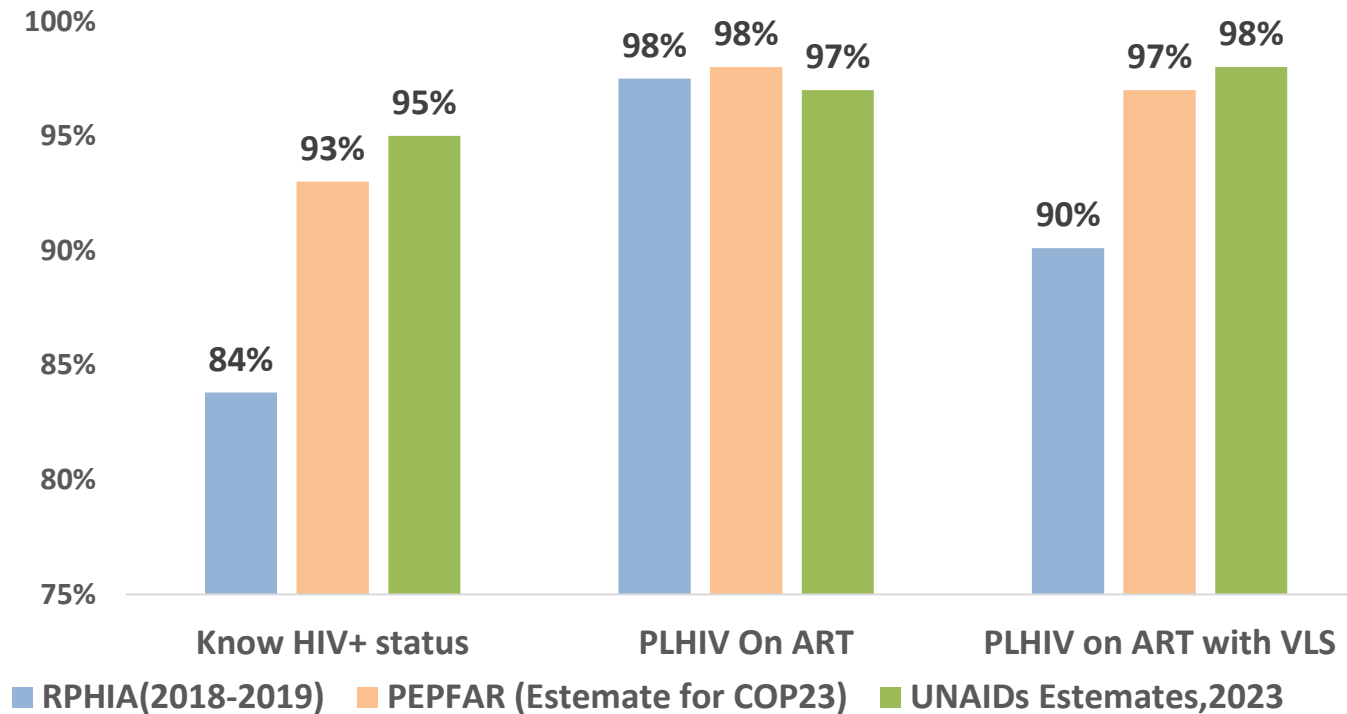


Outline

- **Where are we now?**
 - Progress towards 95:95:95 targets
 - Treatment capability maturity model self-staging results
 - DART model mix and MMD
 - AHD CMM self-staging results
 - dHTS CMM self-staging results
- **How did we get here?**
 - Country planning and coordination activities
 - Engagement with CQUIN
 - Update on CQUIN Action Plan
 - 6th annual meeting action plans
 - dHTS meeting action plans
 - Integration of HIV and Non-HIV services into DSD
 - Successes and Challenges
- **What's next?**

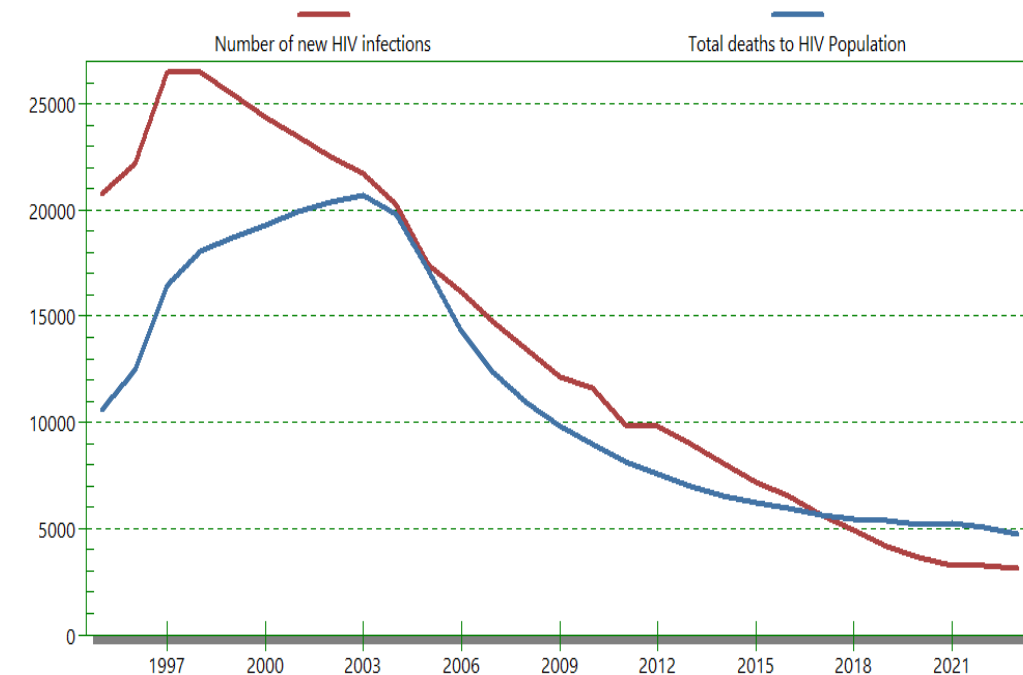
Progress towards the 95:95:95 targets

UNAIDS applauded Rwanda for having reached 95:97:98 targets.



- HIV prevalence among adults (15-64) stable at 3%
- 218,314 clients enrolled on ART with (W:63.5%, M:36.5%)
- High prevalence peaks among old age 55-59 years (W:7.4, M: 6.5%) a shift of epidemic to the elderly.
- High prevalence among KP (FSW: 35.5%, MSM: 6.5%)

Number of infections and deaths (Male+Female) - Spectrum_file_2023_Rwanda_V5_fit



- 82% Decline in new infections, 86% Decline AIDS Deaths, Epidemic control since 2022.
- However, achievement of 95-95-95 targets remain low among Adolescents and young people

CQUIN Treatment Dashboard Results: 2023

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

Most mature domains Least mature domains

- 9/19 domains were the most mature (green), with significant progress seen in training and sustaining the policies and responding to the supply chain needs for PLHIV
- The least mature domains (6 in orange or red) with most gaps observed in the integration package of other services in HIV such as NCD and minimal diversity in KP services
- The other three domains are moderately mature with improvements seen in MCH, Quality and TB/HIV

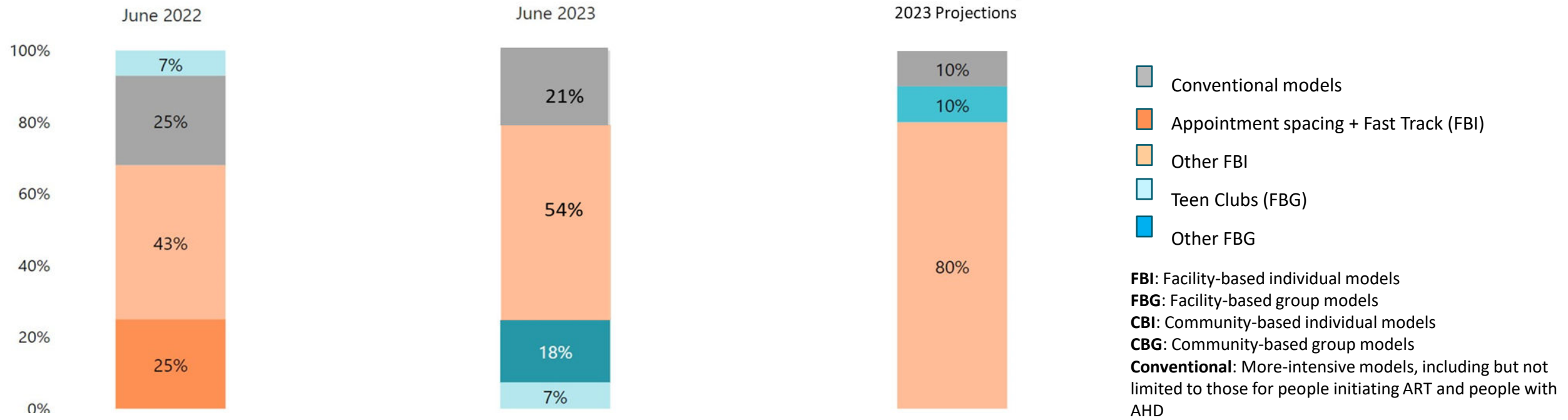
CQUIN Treatment Dashboard Results: Change Over Time

Improvements seen on the dashboard are primarily due to the action plans set over the last year to advance program domains that were least mature as well to sustaining progress despite evolving needs and diversity of ROC

- **Training:** Capacity building of HCPs to scale-up DSD models that offer friendly and high-quality services has been one of the program focus areas
- **TB/HIV:** High TPT coverage contributing to low TB cases
- **MCH:** Expanded less-intensive model to include all PBW
- **M&E:**
 - CBS enrollment at 47% contributed to the identification of new clusters/cases
 - MMD is optimally monitored, and newly updated indicators are set to monitor other integrated services (FP, NCD) and RoC movements for 2024
- **Quality:** QI initiatives progressed with additional training on QA and quality assessments in 29 facilities

	Rwanda	
	2022	2023
Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Light Green	Light Green
Scale-up Plan	Yellow	Yellow
Coordination	Light Green	Light Green
Community Engagement	Dark Green	Dark Green
Training	Yellow	Light Green
M&E System	Yellow	Yellow
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Yellow	Yellow
Impact	Red	Red
P&SM	Dark Green	Dark Green
AHD	Orange	Orange
KP	Red	Orange
TB/HIV	Dark Green	Yellow
MCH	Red	Orange
FP	Yellow	Orange
HTN		Red

Differentiated Treatment Model Mix

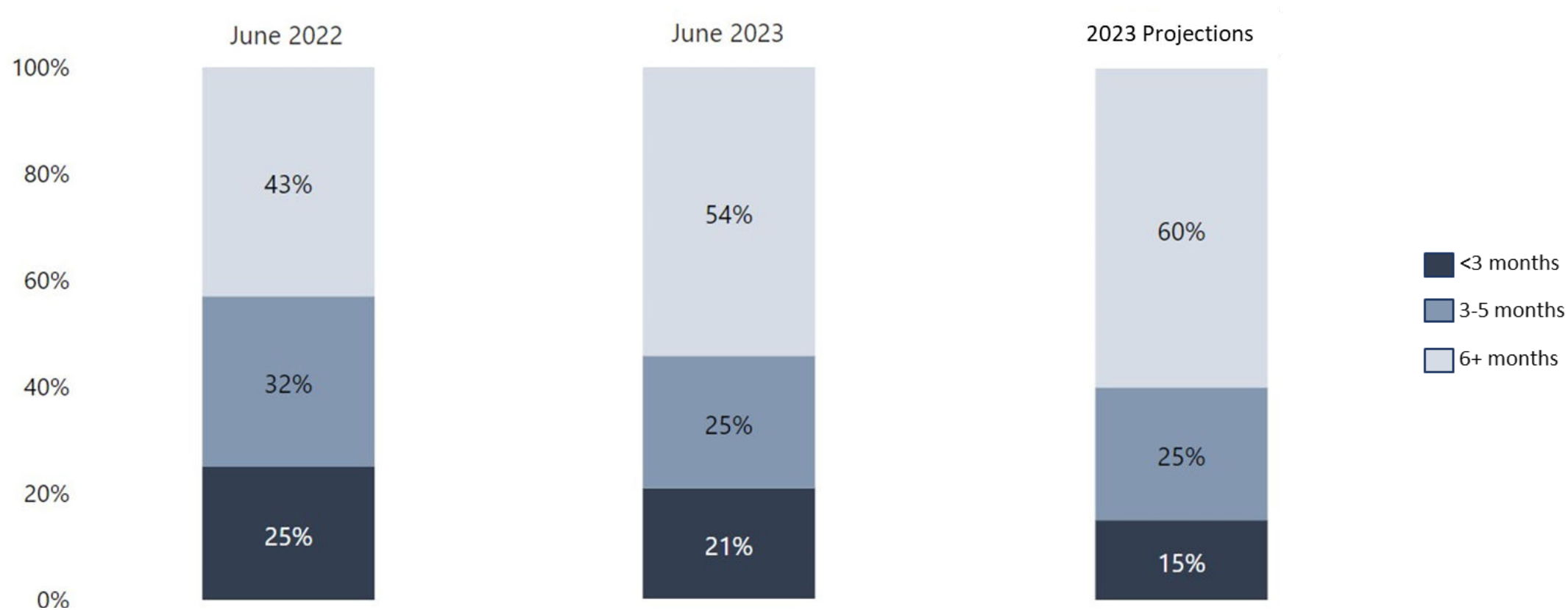


New HIV Guidelines 2022 have adopted global guidance on standard DSD nomenclature.

There are 3 DSD models that any ROC can opt-in:

- **FBI:** Tailored for all ROC on ART where 54% being ROC well-established on ART while 21% ROC are in a more intensive model (standard of care/conventional)
- **FBG:** Tailored for adolescent support groups (7%), controlled NCDs and other groups with shared characteristics account for 18%
- **CBI:** Is a new home delivery model for disabled, old age, unattended children, and established KPs

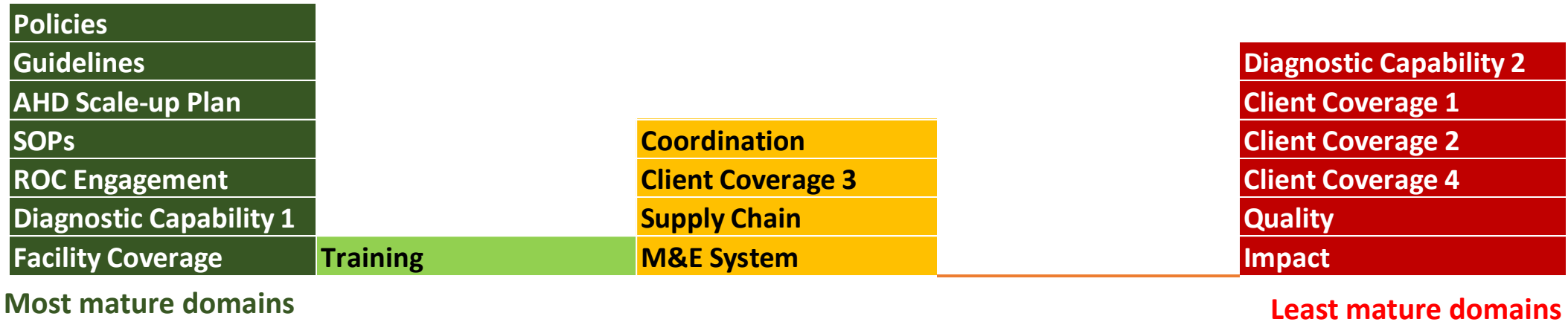
Differentiated Treatment: Multi-month Dispensing



- The 2022-23 country action plans were set to fully scale up 6MMD and expand ROC eligibility for less-intensive DART services.
- The strategies put in place and interventions supported by PEPFAR and GF helped achieve the set targets i.e. the 85% set target for ROC enrolled in less-intensive ART services was nearly met at 79% as of June 2023

Note: 6MMD has progressively increased from 1% in 2021 to 54% as of the end of July 2023

CQUIN AHD Dashboard Results 2023



- Despite the AHD staging for Rwanda being the first of its kind, Rwanda scored 7 domains as mature and 6 least mature domains particularly due to lack of evidence (data) to support a more mature staging
- Rwanda aims to form an AHD Sub-Committee to coordinate AHD service delivery in-country – to support supply chain management, implementation, and resource mobilization for training HCP, as well as development of M&E systems for AHD
- The AHD package has been reviewed and incorporated in the new ART guidelines
- Secured funds for capacity building of HCP for the next fiscal year
- Ongoing EAPoC VL study to inform on point-of-care VL testing in Rwanda

CQUIN Testing & Linkage Dashboard – 2023

Policy: Optimizing HIV Testing	Policy: Strategic Model Mix			
Policy: Linkage	SOPs			
Financing and Resource Allocation	Implementation and Scale-Up Plan			
Coordination	Meaningful CE			
Procurement & Supply Chain Management	Linkage to Tx: Timely Linkage		M&E	Private Sector Engagement/Oversight
Population Coverage	EQA/IQC		Linkage to Prevention and Other Services	Impact: Knowledge of HIV Status
Linkage Tx: Confirm/Verification Testing	Proficiency Testing	dHTS Training	Clinical Services	Impact: Linkage to Treatment
				Impact: Linkage to Prevention

Most mature domains Least mature domains

The dHTS staging scored 7 mature domains (dark green) and 4 least mature domains (red), there are ongoing action items towards maturity of testing and prevention services such as:

- Scale-up of CBS, digitalized system for longitudinal follow-up of PLHIV (with index testing and partner notification services)
- Linkage to prevention services: Expansion of PrEP, social network testing strategies underway, developments of M&E tools to monitor linkage to testing and prevention services

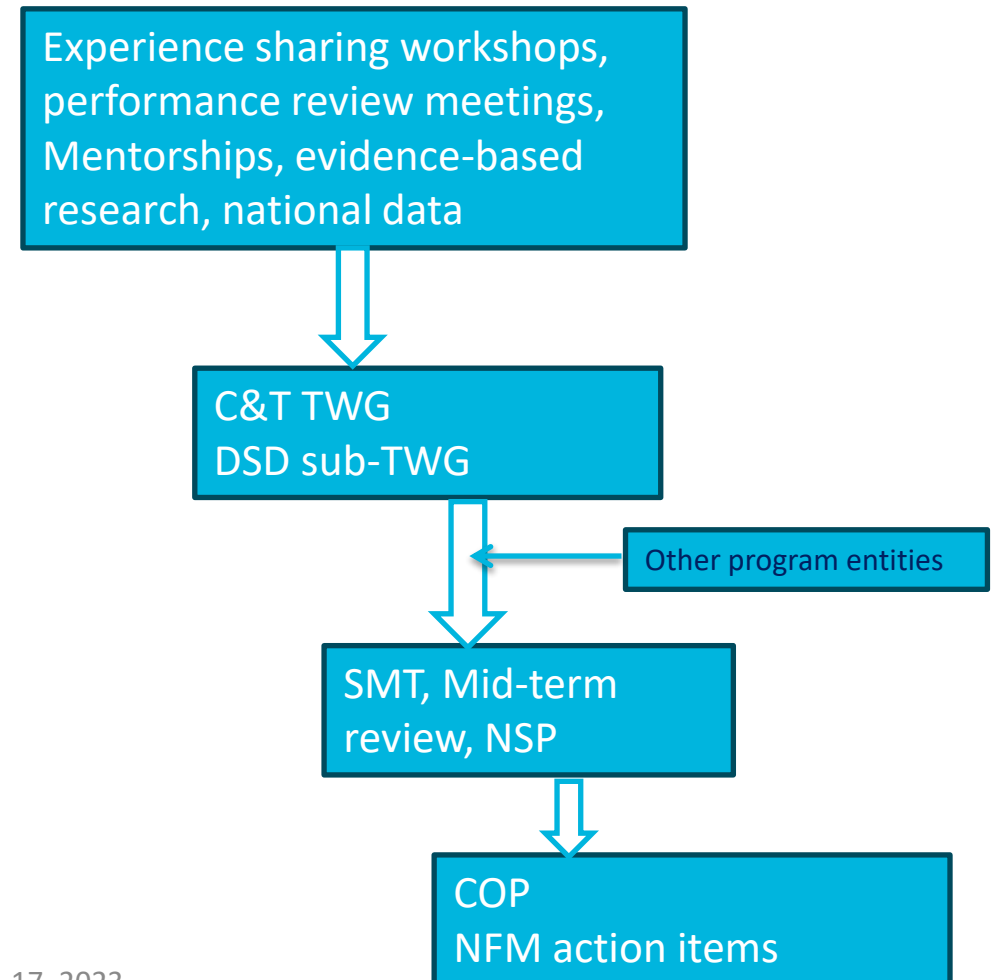
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Country Level Planning and Coordination

- The C&T TWG plans and coordinates DSD activities.
 - ✓ **The C&T TWG has held five sub-TWGs on DSD**
 - ✓ ROC organizations represented: **RRP+, RNGOF, Representatives of CSOs, Faith-based organizations**
- In CQUIN 2022-23 planned activities included or confirmed for funding:
 - ✓ **PEPFAR:** performance review meetings, rapid assessment among PLHIV/AHD, ToT on the management of NCDs/HIV (double burden of disease), Training on CALHIV care models, interventions around MMD and supply chain management
 - ✓ **Global Fund:** TWG meetings, scale-up of adolescent-friendly services, clinical mentorships, experience sharing, integrated service delivery and quality management.

Processes for prioritizing these action plans to get donor buy-in for funding prioritization through COP22 and GF:



Engagement with CQUIN



C3C exchange on Enhanced FP/HIV integration; DG of RBC kickoff meeting with Kenya, Cameroun alongside CQUIN liaison

DSD-related activities supported by CQUIN:

- CQUIN supported Rwanda to host 2 pairs of enhanced country-to-country visits on FP/HIV integration in August (Eswatini, Nigeria) and October (Cameroun, Kenya)
 - ✓ The C3C supported Rwanda and other countries to set action plans to advance the MCH domain, particularly interventions to increase FP uptake among WLHIV, and the M&E system to support set targets and monitor the progress.

Engagement with CQUIN

Communities of practice

- ✓ Rwanda participated in 6 COP: TPT, MCH, NCD, Quality management, AHD
- ✓ Shared lessons and insights on FP/HIV, NCD/HIV integration and Quality management CoP
- ✓ Scale-up of Mentor-mother model to improve PMTCT services (adopted the M2M model-SA)

DSD Performance Reviews:

- ✓ Conducted bi-annual performance review meetings to improve HIV service delivery
 - March 2023: 13 Districts-All HIV healthcare providers
 - August 2023: All 47 District hospitals (Director of Facilities and nursing)



Training on mentor-mother model; scale-up meeting with 29 high volume PMTCT health facilities

Engagement with CQUIN

Community Engagements:

- ✓ Ongoing DSD CE monitoring tool 2.0, to assess community engagement at policy, program and community levels considering 3 key stages of the project design, implementation, and M&E for 2022-23 interventions.
- ✓ Adopted the CQUIN RoC satisfaction tool and administered it in 182 health facilities.

Quality assessment exercises:

- ✓ Trained 29 HFs on DSD Quality assessment and application of QI methods to established QI projects

Resources or tools from other CQUIN network countries:

- ✓ Situation Analysis for Integration of hypertension into DSD for ART and
- ✓ The facility assessment tool for clinical readiness in the management of hypertension (*Resolve to save lives*)



Trained HIV provider explaining her QI project on DSD, July 2023

Update on Country Action Plan from the 6th Annual Meeting (2022)

Activities that have been successfully completed include:

- ✓ Completed the new HIV prevention and treatment guidelines for 2022
- ✓ Facilitated the annual performance review meeting convening 13 District hospitals and their respective health centers to assess the status of service delivery.
- ✓ Carried out an assessment of gaps in Linkage, continuum of care and VLS among adolescents and young adults to draw recommendations to improve adherence, retention to care and better treatment outcomes.
- ✓ Scale-up of Mentor-mother model in 34 pilot facilities for enhanced baby-mother pairing services to improve linkage to PMTCT services and demand creation among WLHIV and their Children.
- ✓ Scale-up of TPT in additional 4 districts; currently 30/30 districts (584 HFs) offer TPT. TPT coverage stands at 88.7% (193,724/218,000) with 95% completion rates.
- ✓ Consultative meeting to review the feasibility of NCD/HIV integration in pilot facilities. As a result, a consensus on the model of integration and timelines was reached. Consequently, the team reviewed baseline assessment tools and conducted them in 117 health facilities.
- ✓ Developed algorithms for HTN screening, diagnosis and management among PLHIV.

Update on Country Action Plan from the 6th Annual Meeting (2022)

- **Activities that are still underway include:**
 - ✓ Training of HCWs on New HIV prevention and treatment Guidelines 2022
 - ✓ Successfully integrated community/home ART delivery among approaches to improve access to ART services for vulnerable populations such as neglected children, old age >65 years, disabled, palliative care clients and well-established KP groups (HIV guidelines 2022)
- **Activities that were dropped include:**
 - ✓ Community and pharmacy dispensing models have not progressed due to a lack of feasibility and acceptability studies.
- **Activities added after country action plans:**

After C3C visit on FP/HIV integration;

 - ✓ Update M&E tools to support monitoring of FP among WLHIV
 - ✓ Longitudinal tracking of WLHIV to support target setting and increase coverage of FP among WLHIV

Integration of HIV and Non-HIV services into DSD

- **Integration policy(ies) adopted this year or working on?**
 - ✓ The NSP 2023-27: an integrated approach to the management of comorbidities particularly NCDs, cervical ca, Hep, and SRH
- **Activities are being implemented to scale up the integration of FP and NCDs into DSD models?**
 - ✓ Consultative meeting to review the feasibility of NCD/HIV integration in pilot facilities. Consensus on the model of integration and timelines was reached and the sub-TWG reviewed and approved tools for baseline situation analysis.
 - ✓ Advance the MCH domain, particularly interventions to increase FP uptake among WLHIV, and the M&E system to support set targets and monitor the progress.
- **Major barriers in the country against the scale-up of integrated services?**
 - ✓ High out-of-pocket costs – to strengthen drug refills the national health insurance does not support MMD for NCD drugs
 - ✓ Monitoring and evaluation of other service integration in HIV
 - ✓ Overburdened healthcare workers who are often pulled into other tasks

DSD Implementation Successes in 2023

- ✓ **NSP adopted global guidance on DSD priorities,**
 - Funds for future DSD interventions (ranging from other service integration, DSD model-mix expansion, QI for DART, AHD..) have allocated funds.
- ✓ **Strengthened supply chain to sustain evolving DART models;**
 - currently 79% of ROC are in less-intensive models against the 80% set target.
- ✓ **Scaled-up case-based surveillance (CBS) and expanded eligibility criteria**
 - clients enrolled in CBS have doubled to (47%) 91805 indexes by June 2023(through expansion of eligibility criteria from new cases to old cases, contributing to identifying new clusters of recent infections.
- ✓ **DSD for PrEP, expanded PrEP eligibility criteria and improved its accessibility among high-risk populations;**
 - FSW, MSM, HIV sero-discordant couples, sexual partners of index clients, AGYW. Consequently, PrEP beneficiaries have increased by 10789 as of June 2023.
- ✓ **Developed framework for mentor-mother model**
 - Trained 34 PMTCT providers on MM model to enhance service delivery among baby-mother pairs.
- ✓ **Expanded TPT eligibility to all PLHIV and completed scale-up plan to other 4 districts.**
 - All 30/30 districts (584 HFs) in Rwanda offer TPT. TPT Coverage: 88.7% (193,724) with a high completion rate of 95% as of June 2021.

Challenges in DSD Implementation

- Disruption of EID supplies, the program encountered shortages in EID testing-delayed shipments. However, adequate stocks of EID have been secured in the incoming pipeline.
- Lack of effective robust M&E systems, limited interoperability to inform RoC movements and DSD model choices.
- High turn over of healthcare providers, and with increasing workload associated due to ever-evolving DSD models and other service integration demands.

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DSD priorities for 2024

The *most important* DSD-related goals and/or projections in your country's plans for 2024?

- Reinforce linkage and re-engagement to prevention and treatment services, particularly in priority populations (children, adolescents, AGYW, and KP).
- Integration of other services in DSD delivery models to comprehensively manage NCD particularly HTN and improve access to SRH services-FP and TPT/HIV.
- Enhance DSD models to meet the needs of specific populations, CALHIV, KP, emerging SN; mining and PWD.
- Address inequities and disparities in access to HIV services among children, adolescents and young adults by using approaches such as index case testing, family testing and identifying missed opportunities to facilitate linkage to care and treatment.
- Enhance AHD service delivery– support implementation, resource mobilization for training HCP, supply chain management as well as the developments in M&E systems for AHD.

What do you want to learn from other countries in the CQUIN network in the coming year?

- M&E for DSD; d HTS: Monitoring of Linkage to HIV preventive services
- Developing Scale-up plans for AHD

Acknowledgements

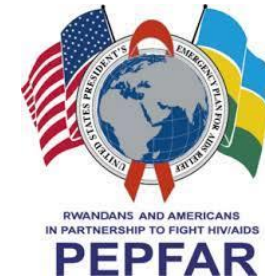
- Rwanda Biomedical Centre, Ministry of Health
- Rwanda Network of People Living with HIV (RRP+)
- CSOs in HIV response
- ICAP @Columbia University/The CQUIN project
- Centre for Disease Control, CDC-Rwanda
- PEPFAR
- Global fund
- World Health Organization
- International AIDS Society (IAS)
- ITPC



Republic of Rwanda
Ministry of Health

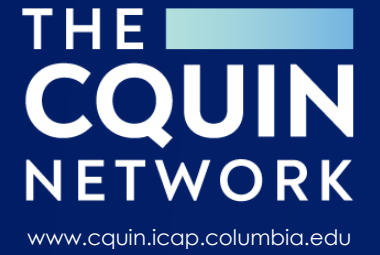


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Thank you!

