

Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in Côte d'Ivoire

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BACKGROUND

In February 2017, the "Test and Treat All" initiative integrated differentiated service delivery (DSD) based on the 2015 WHO recommendations:

- ✓ Optimization of DSD and strengthening of service coverage and quality.
- ✓ Côte d'Ivoire joined the CQUIN network in 2018.
- ✓ Implementation of validated activities and developing training materials on differentiated ART (DART).

Key policy and program implementation approaches since the integration meeting in April:

- ✓ Planning and coordination of DSD activities by a Technical Working Group (TWG), expanded to other thematic areas as needed (e.g., testing, prevention of mother-to-child transmission [PMTCT]).
- ✓ Organization of TWG meetings involving various programs, validation of action plans for HIV/non-communicable disease (NCD)/family planning (FP) integration.

Existence of national quality standards for DSD:

- ✓ Review of DSD performance.
- ✓ Assessment of the quality of differentiated treatment and service delivery models.
- ✓ Data quality assessments.

The Ivorian Network of Organizations of People Living with HIV/AIDS (RIP+):

- ✓ Represents civil society in Côte d'Ivoire for all issues related to health rights and access to quality services for people living with HIV (PLHIV).
- ✓ RIP+ is a part of the task force on DSD in Côte d'Ivoire.
- ✓ Additionally, RIP+ is a member of several TWGs focused on care and support, PMTCT/orphans and vulnerable children (OVC), at the PNLS level.

DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Trend Over Time, 2022-2024

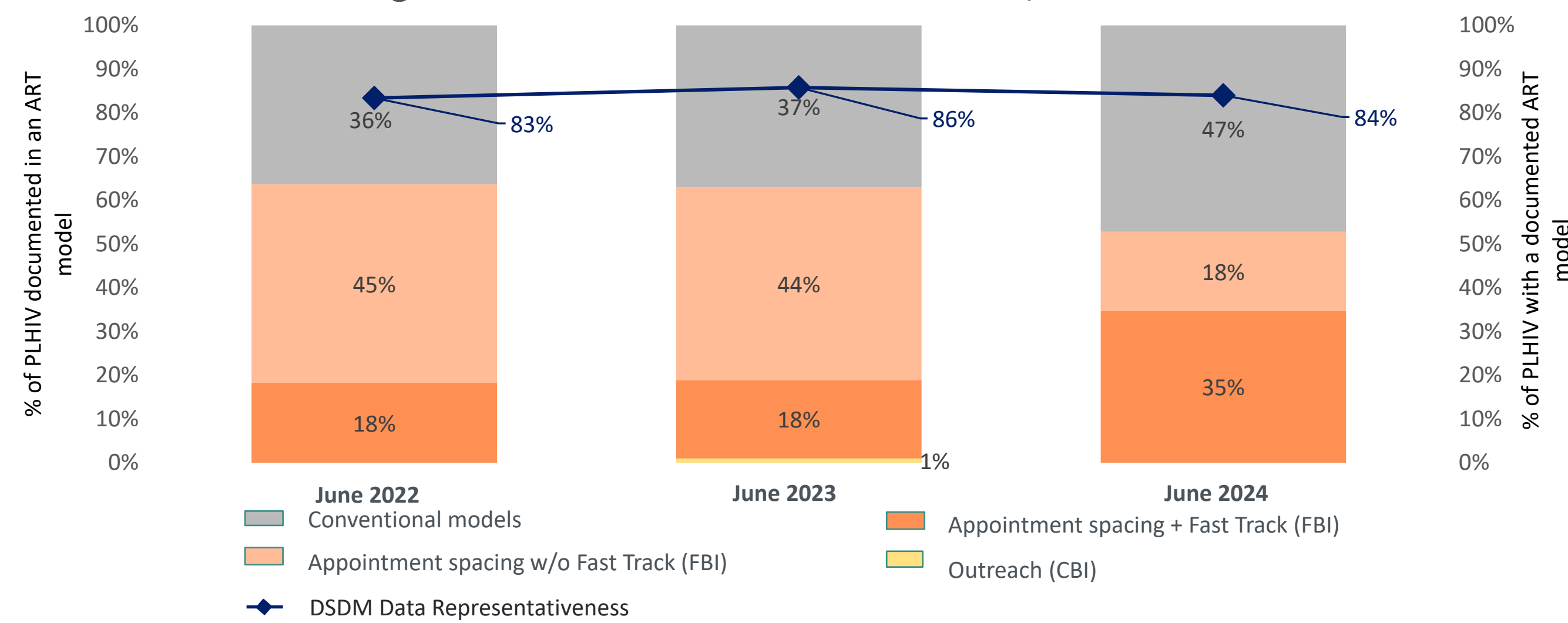
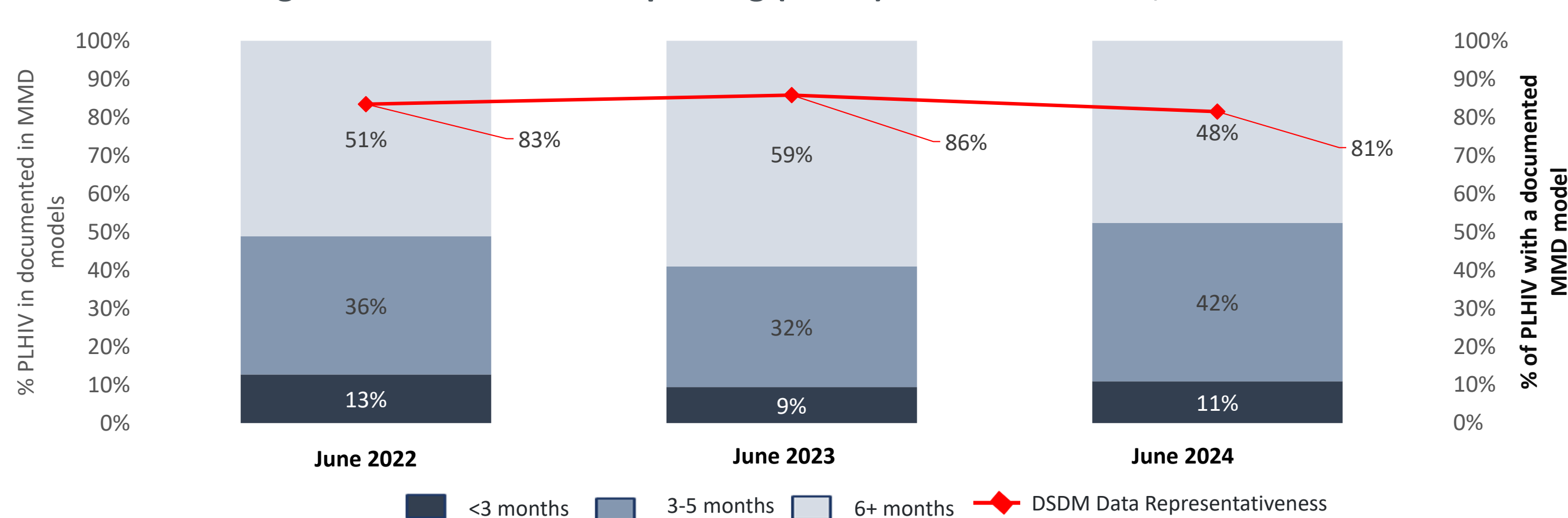


Figure 2: Multi-Month Dispensing (MMD): Trend over Time, 2022-2024



There are 2,595 ART service delivery facilities, of which:

- 22% offer less intensive DSD models, providing healthcare to 53% of individuals on ART who are enrolled in a less intensive model.
- In 2024, 47% of patients are enrolled in conventional models.

This increase is attributed to improved understanding of DSD models.

Types of differentiated models:

- **Conventional models**
- **Less intensive models, targeting stable patients**
 - ✓ Appointment spacing with accelerated ARV dispensing
 - ✓ Appointment spacing w/o accelerated ARV dispensing
 - ✓ Self-support groups for stable patients
 - ✓ Community Adherence Groups
 - ✓ Proximity-based model
- The self-support groups for stable patients in facilities, community-based ARV distribution by peers (other CBI), community ART groups, and outreach (CBI) account for less than 1% across all years and are therefore not displayed.
- The data represent 83–86% of PLHIV on antiretroviral treatment.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Engagement:

- Côte d'Ivoire is a member of 8 out of 9 communities of practice (CoP): M&E, Quality and QA, MCH, NCDs, TB/HIV, AHD, Key Populations, and Differentiated HIV Testing Services.
- Experience-sharing presented during CoP meetings has influenced national policies and practices related to DSD.
- Côte d'Ivoire participated in a country-to-country visit to Senegal in November 2022 to learn from their experience in implementing the dual Syphilis/HIV test.

Achievements:

- Development of national tools, such as operational guides and procedures for new DSD models, based on the adaptation of tools from other member countries, including the care beneficiaries' satisfaction evaluation grid (from DRC) and SOPs for key populations (from Senegal).
 - Support for scaling up DSD.
 - Support for the development of diversified DSD models to enable service access across the DSD cascade for all PLHIV.
 - Development of training modules.
 - Support for capacity building of stakeholders.
 - Development of tools for the coordination and monitoring of DSD performance.
 - Sub-regional coordination for South-South experience sharing.
- Lessons learnt:**
- Need for an evaluation model for guidelines (self-assessment).
 - Establishment of procedures (building blocks).

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM Trends (2022-2024)

Domains	2022	2023	2024
Policies	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Light Green	Light Green	Light Green
Scale Up Plan	Yellow	Orange	Dark Green
Coordination	Dark Green	Dark Green	Dark Green
Community	Dark Green	Dark Green	Dark Green
Training	Dark Green	Dark Green	Dark Green
M&E System	Red	Yellow	Yellow
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Orange	Yellow	Yellow
Client Coverage	Light Green	Light Green	Light Green
AHD	Light Green	Light Green	Light Green
Key Populations	Red	Red	Yellow
TB/HIV	Red	Red	Yellow
MCH	Red	Red	Yellow
NCD/HIV	Red	Red	Yellow
Family Planning	Red	Red	Yellow
Quality	Red	Red	Yellow
Impact	Dark Green	Dark Green	Dark Green

In 2024, the country progressed to 7 more mature domains (dark green) compared to 5 in 2023, with improvements observed in 6 domains:

- ✓ Scale-up plan
- ✓ Key populations
- ✓ Training
- ✓ Advanced HIV infection
- ✓ NCD/HIV integration
- ✓ Integration of FP into DART models

No domain experienced regression.

The update of guidelines, the strengthening of coordination, and the technical assistance provided by the CQUIN network contributed to these results.

Challenges:

- Ensuring the constant availability of AHD inputs.
- Evaluating beneficiary satisfaction.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4 : AHD CMM Results, 2024

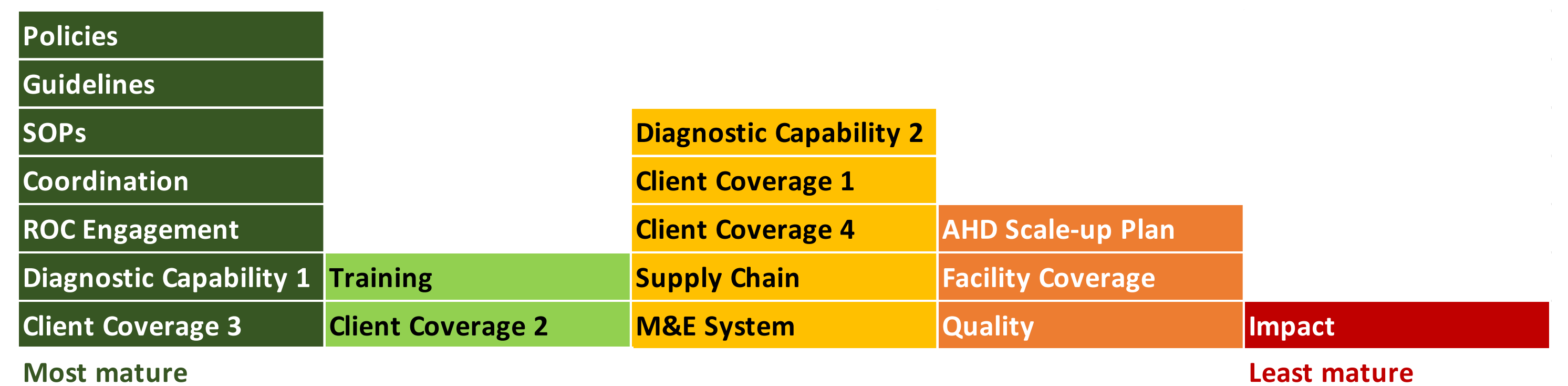


Figure 4 shows the results of the recent self-assessment by the country team using the CQUIN AHD capacity maturity model. In 2024, Côte d'Ivoire reached the most mature stage (dark green) in seven domains, while one domain remained at the least mature stage (red).

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5 : dHTS CMM Results, 2024

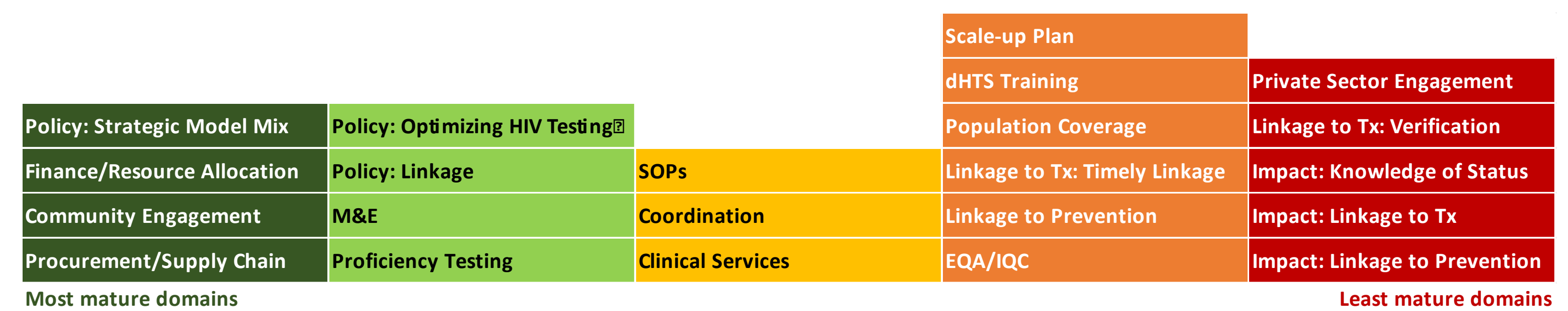


Figure 5 shows the results of the recent self-assessment by the national team using the CQUIN dHTS capacity maturity model. In 2024, Côte d'Ivoire reached the most mature stage (dark green) in four domains, while five domains remained at the least mature stage (red).

NEXT STEPS / WAY FORWARD

Satisfactory progress in DSD implementation has been made in our country.

However, certain priorities need to be considered for:

- **Differentiated testing:** Training in dHTS, scale-up plan, private sector engagement, population coverage, Impact: awareness of HIV status, linkage to treatment, linkage to prevention, timely linkage to treatment (verification and referral), linkage to prevention, quality control and quality improvement (CQE/CQI)
- **DART:** maternal and child health (MCH), integration of NCD/HIV services, integration of FP/HIV services
- **AHD:** scale-up plan for AHD, facility coverage, quality and impact

Plans to ensure that outcome domains are addressed in an integrated manner are currently being implemented. They address specific components of person-centered services, such as: integration, re-engagement in care, service quality, client satisfaction, community engagement.



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