



Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services

Cameroon



Authors: Joseph FOKAM 1, Yakoubou LIMAN 1, Carmen BABODO 1, Désiré MVILONGO 1, Serge BILLONG 2.
1. Comité National de Lutte contre le Sida (CNLS), 2. Direction de lutte contre les Maladies Epidémiques et Pandémie (DLMEP), MOH

BACKGROUND

Cameroon joined the CQUIN network in 2020 as part of an initiative to promote client-centered services. Since 2018, differentiated service delivery (DSD) approaches have been implemented in various regions through specific projects. To scale up these approaches nationwide, it was necessary to develop a normative framework.

To this end, the country established a technical working group bringing together all stakeholders in the fight against HIV in Cameroon, including people living with HIV through the RECAP+ network.

Scaling up DSD models requires strengthened coordination of activities at the political, strategic, and operational levels across all stages of the HIV cascade. Additionally, several partners, such as the Global Fund, PEPFAR, WHO, and CQUIN, have committed to supporting the country in this effort.

DSD IMPLEMENTATION

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

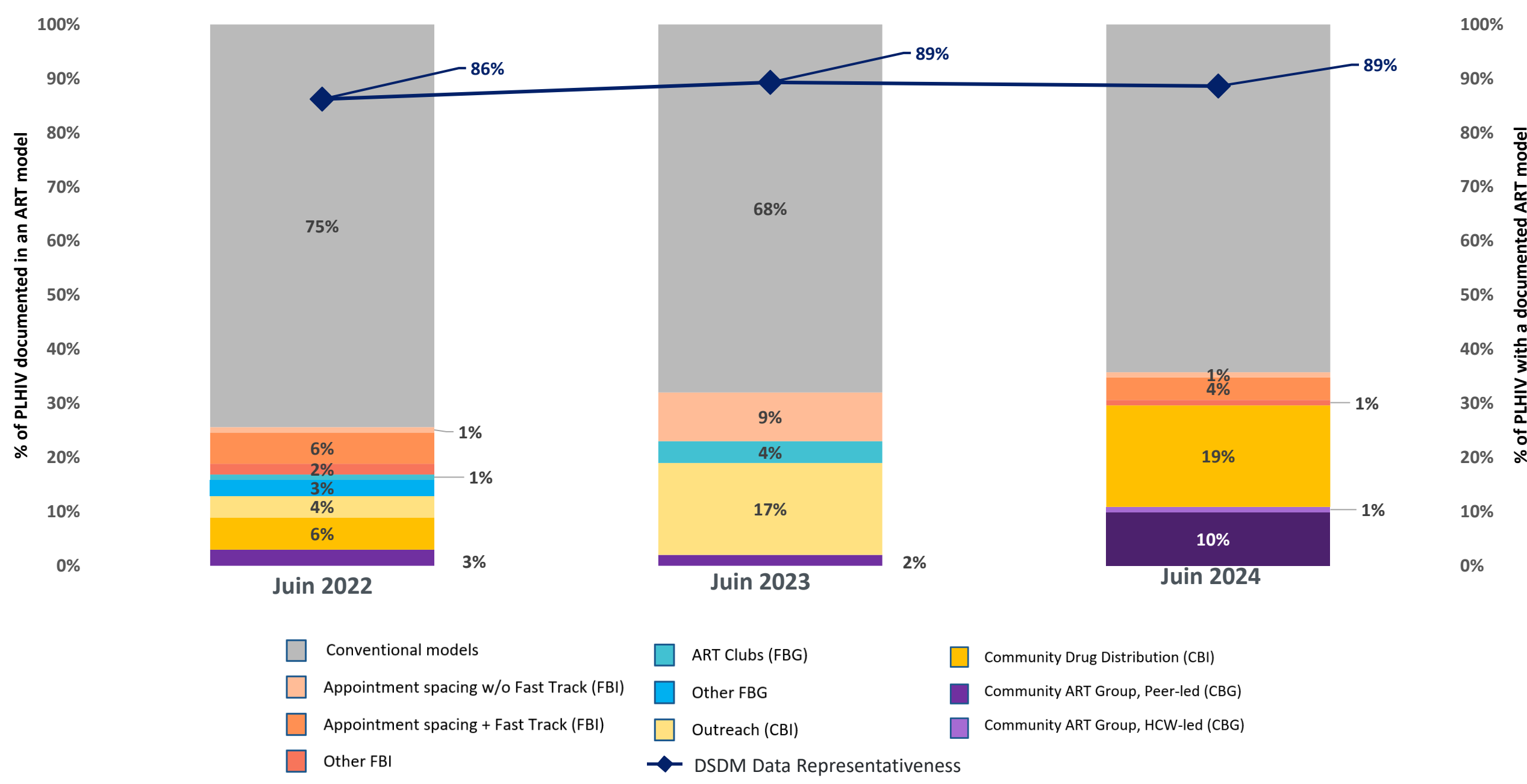
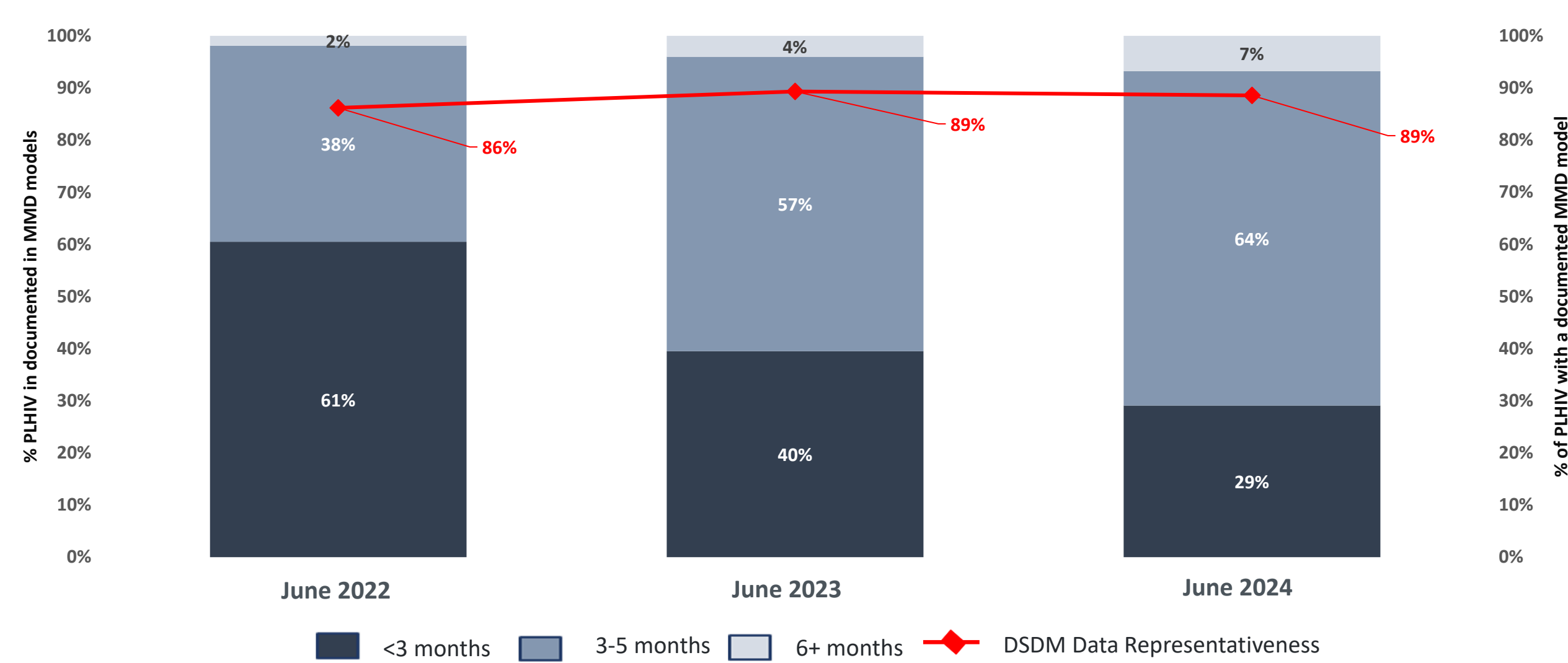


Figure 2: Multi-Month Dispensing (MMD): Trend over Time, 2022-2024



- DSD models available are divided into four types: individual facility-based, group facility-based, individual community-based, and group community-based.
- Currently, people living with HIV (PLHIV) benefit from a differentiated ART model (DART) in 346 health facilities, representing 12% of the 2,870 sites offering ART services.
- Approximately 89% of patients are included in data concerning model composition and multi-month dispensing (MMD).
- The conventional model remains the most commonly used nationwide, accounting for 65% of cases. Conversely, spaced appointments without fast-track services and community ART groups led by healthcare professionals are the least frequently used (only 1%).
- In the first half of 2024, 72.4% of patients benefited from MMD. Comparing data from June 2022 to June 2024 reveals a significant decrease in the proportion of patients receiving 2 MMD, accompanied by an increase in those receiving 3-5 MMD and more than 6 MMD.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

The country has joined the following communities of practice: Monitoring and Evaluation (M&E), Quality and Quality Assurance (QA), Tuberculosis (TB), Non-Communicable Diseases (NCDs), Advanced HIV Disease (AHD), Maternal and Child Health (MCH), Key Populations, and Differentiated Testing.

As part of cross-country exchange visits, we conducted a learning mission on the integration of Family Planning (FP) and Differentiated Service Delivery (DSD) in Rwanda.

Key lessons from CQUIN meetings include:

- The integration of FP/HIV and NCD/HIV services with the effective engagement of community stakeholders.
- The need to develop quality improvement projects for DSD.
- The evaluation of DSD performance, which is supported by CQUIN in the country.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM Trends (2022-2024)

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

Figure 3 shows the results of the recent self-assessment using the CQUIN DART capacity maturity model for the years 2022, 2023, and 2024.

- In 2024, Cameroon reached the most mature stage (dark green) in six domains, while one domain remained at the least mature stage (red).
- This improvement reflects the combined efforts of all stakeholders.
- Six domains remained constant: key populations, health facility coverage, M&E, NCDs, MCH, FP, and the impact of differentiated services.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM Results, 2024

Policies	Most mature	Diagnostic Capability 1
Guidelines	Most mature	Diagnostic Capability 2
Coordination	Most mature	Client Coverage 2
ROC Engagement	SOPs	Client Coverage 3
Supply Chain	Training	Impact
AHD Scale-up Plan	Client Coverage 4	Least mature
M&E System	Facility Coverage	Least mature
Quality	Client Coverage 1	Least mature

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

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM Results, 2024

Policy: Strategic Model Mix	Most mature domains	dHTS Training	Least mature domains
Policy: Optimizing HIV Testing	Most mature domains	M&E	Least mature domains
Finance/Resource Allocation	Most mature domains	Population Coverage	Least mature domains
Scale-up Plan	Policy: Linkage	Linkage to Tx: Timely Linkage	Least mature domains
Community Engagement	Procurement/Supply Chain	Linkage to Tx: Verification	Least mature domains
SOPs	Coordination	Linkage to Prevention	Least mature domains
Proficiency Testing	Impact: Linkage to Tx	EQA/IQC	Least mature domains
Private Sector Engagement	Impact: Knowledge of Status	Clinical Services	Least mature domains
Impact: Linkage to Prevention	Impact: Linkage to Prevention	Private Sector Engagement	Least mature domains

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

NEXT STEPS / WAY FORWARD

The most mature domains are those related to the normative framework (coordination, policies, guidelines, scale-up plan, and community engagement). Domains linked to monitoring and evaluation, diagnostic capacity, and client coverage should be prioritized to ensure that the entire health system supporting the HIV program is strengthened or reaches maturity.

In 2025, the country aims to:

- Intensify promotion of the one-stop-shop approach and coordinated referrals in health facilities and the community to integrate FP/HIV and NCD/HIV services.
- Expand quality assessments of DSD to additional sites.
- Implement the triple elimination plan for HIV, syphilis, and hepatitis B.
- Strengthen data collection on AHD.

