



Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services

BURUNDI

Authors : Dr Aimé Ndayizeye, Dr Hamidou Nzomwita, Hamza Venant Burikukiye, Dr M. Noella Rurihose, Dr Willy Mpawenayo, Laurienne Nahimana Dr Saidi Karemangingo



BACKGROUND

- Differentiated service delivery (DSD) activities began in Burundi in 2017, and in October 2020, Burundi joined the CQUIN network.
- Priorities for 2025: Integration of non-HIV services into HIV services, as well as HIV prevention and testing.
- HIV, non-communicable disease (NCD), and family planning (FP) services are coordinated by a technical committee reporting to PNLs/IST/HV.
- A second evaluation of DSD quality indicators was conducted in November 2024.
- Community-led monitoring, supported by PEPFAR, facilitates interactions between beneficiaries and service providers.

DSD IMPLEMENTATION

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

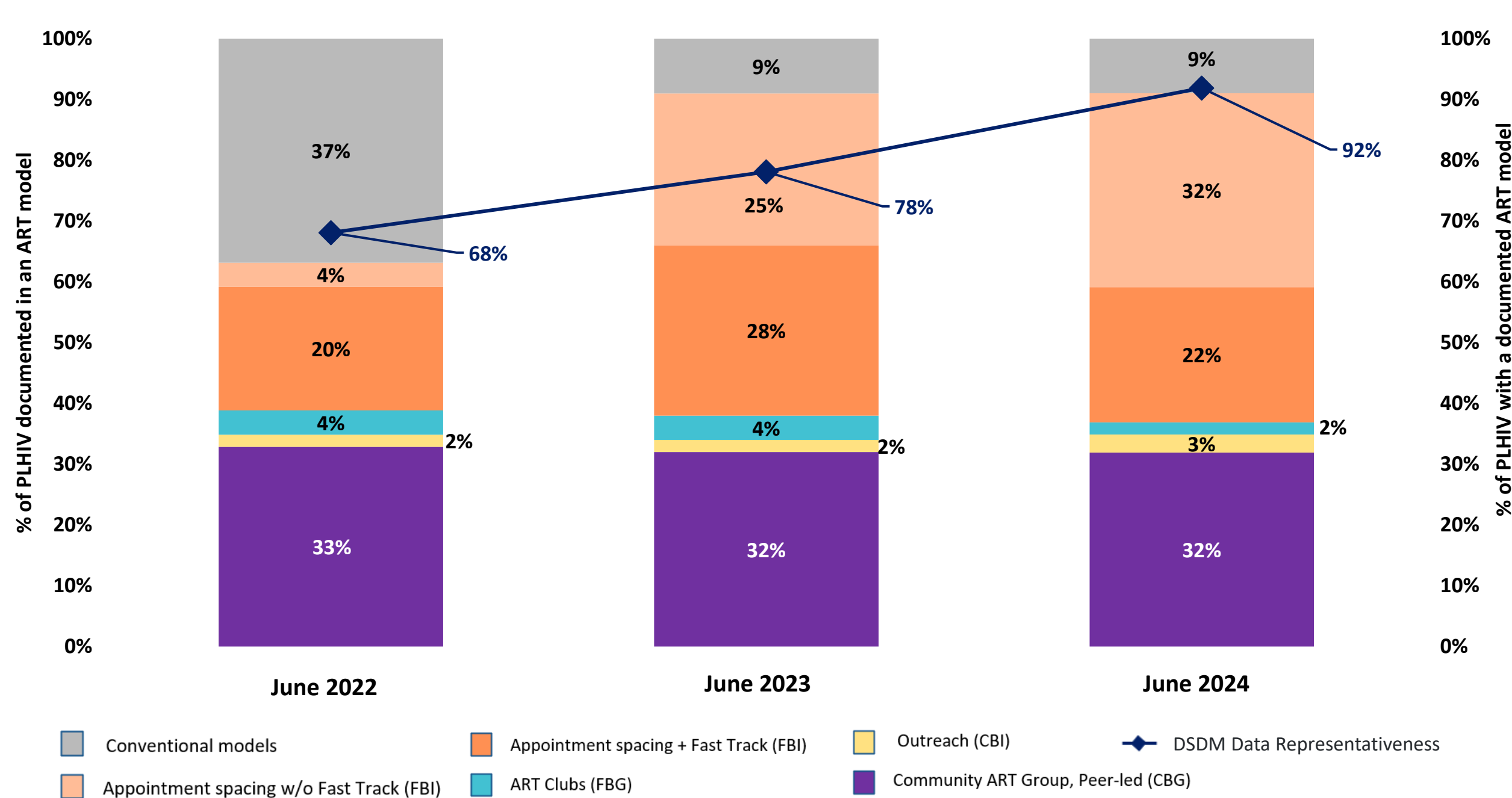
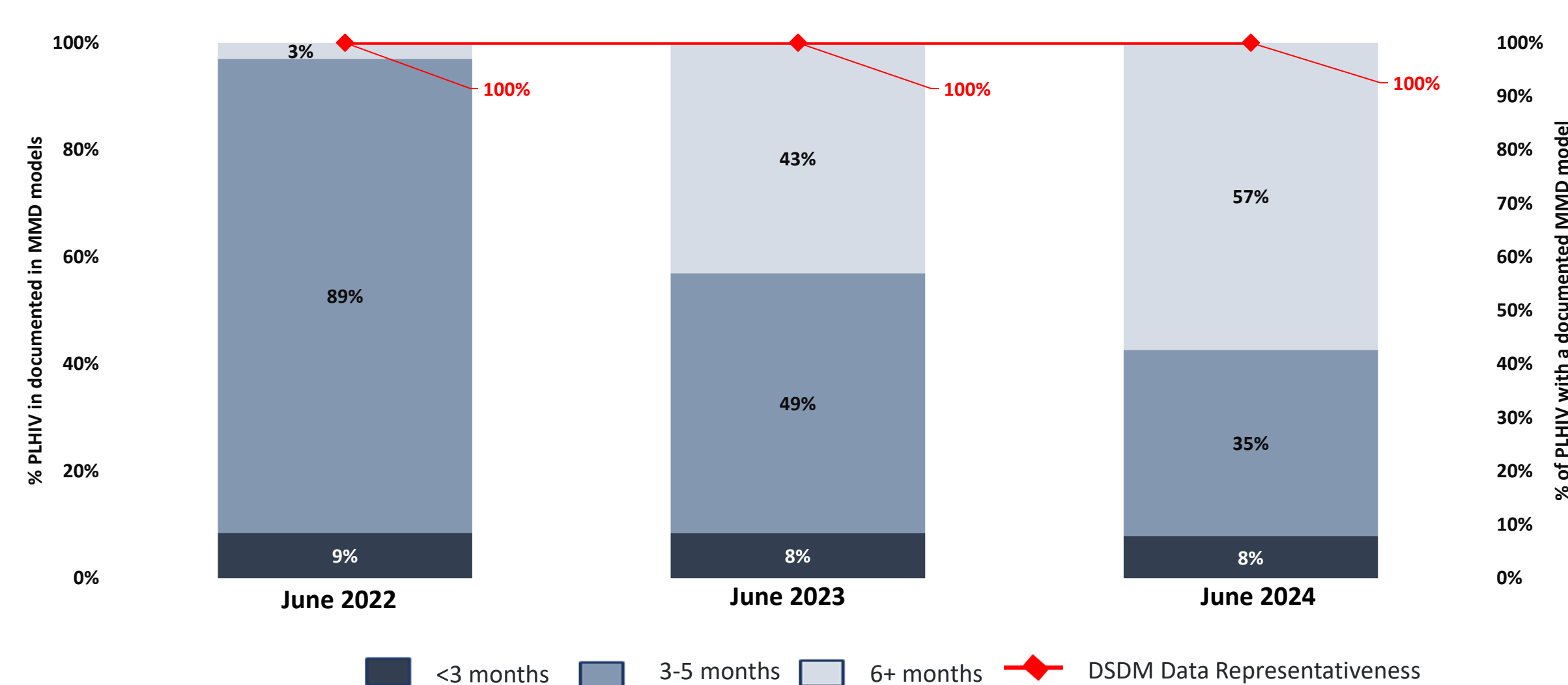


Figure 2: Multi-Month Dispensing (MMD): Trend over Time, 2022-2024



In addition to the intensive (standard) model for unstable PLHIV, five models are implemented in Burundi for stable PLHIV on ART.

- A little over 50% of health facilities reported data on less intensive models, primarily from larger sites.
- Nearly 90% of PLHIV in Burundi are managed through less intensive DSD models.
- Approximately two-thirds of PLHIV follow the 6 multi-month dispensing model.
- Around 32% of PLHIV are enrolled in the community group model, while the individual model with six-month appointment spacing is gaining popularity.
- Visit spacing with fast-track services is appreciated by those who prefer visiting a health facility at least once every three months.
- Adherence clubs and outreach models remain the least utilized.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Burundi actively participates in all CQUIN communities of practice.
- The country shared a case study on integrating FP services into non-HIV services and an HIV self-testing tool as part of the Tools Lab.
- Burundi currently uses CMM self-assessments at the district level to identify and address gaps.
- Burundi hosted a delegation from Senegal to exchange knowledge on Sidainfo and biometric identification from September 23 to 27, 2024.
- Burundi visited Uganda to learn about the implementation of advanced HIV disease management from November 25 to 29, 2025.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM Trends (2022-2024)

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

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

In 2024, Burundi reached the most mature stage (dark green) in six domains, while two domains remained at the least mature stage (red).

National guidelines remain limited for key populations, and strategies for integrating NCDs are still in their infancy.

In 2025, we aim to improve these areas that remain less mature.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4 : AHD CMM Results, 2024

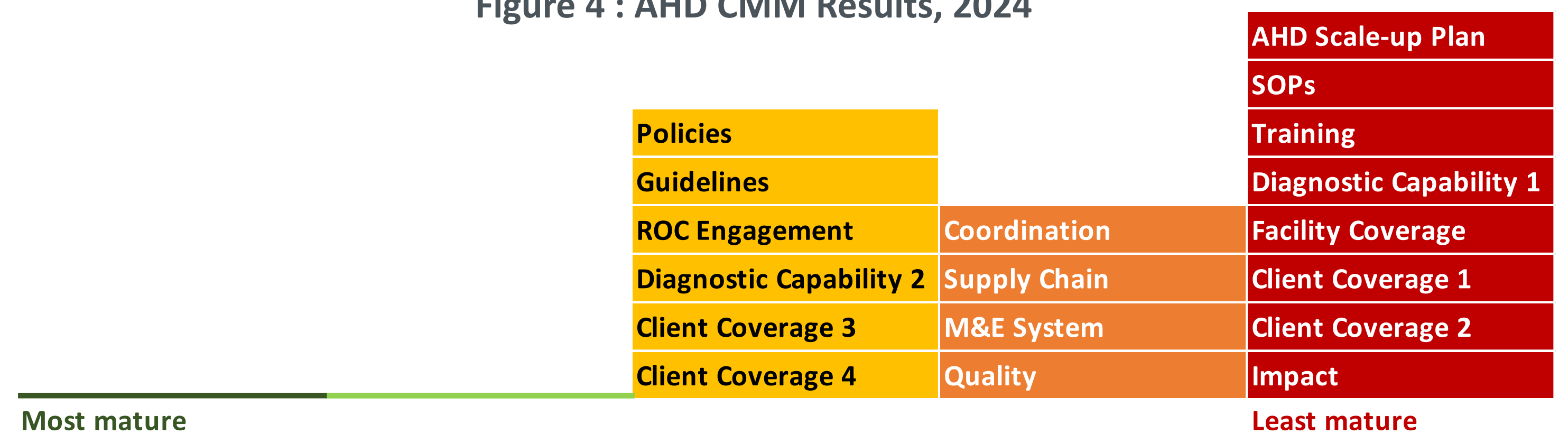


Figure 4 shows the results of the recent self-assessment by the country team using the CQUIN advanced HIV disease (AHD) capacity maturity model. In 2024, Burundi did not reach the most mature stage (dark green) in any domain, while eight domains remained at the least mature stage (red).

For AHD, a prevalence study on advanced HIV disease was prioritized and conducted between July and September 2024.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5 : dHTS CMM Results, 2024

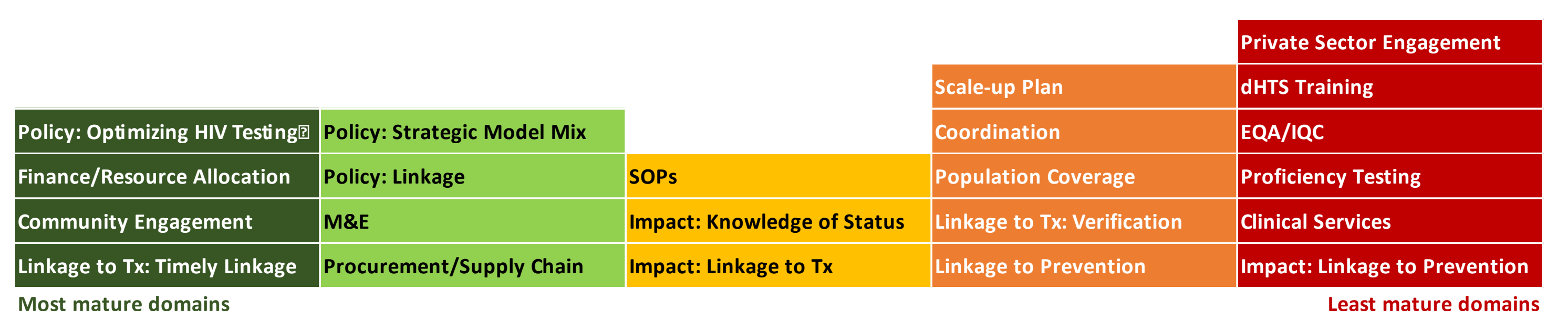


Figure 5 shows the results of the recent self-assessment by the national team using the CQUIN dHTS capacity maturity model. In 2024, Burundi reached the most mature stage (dark green) in four domains, while six domains remained at the least mature stage (red). Prevention and testing strategies were integrated into national guidelines in 2024. By 2025, we hope to see the first results from the implementation of these new strategies.

NEXT STEPS / WAY FORWARD

- More and more domains are reaching maturity, particularly SOPs and policies, except for AHD. However, much remains to be done in the implementation domains. An analysis is planned during the development workshop to prioritize these activities for 2025.
- Outcome domains such as site coverage, quality, and impact must be prioritized to ensure that the entire health system of the HIV program is strengthened or reaches maturity.
- Development of an integrated plan for prioritizing activities in 2025 across the three aspects (dHTS, DART, AHD).
- Enhance the implementation of non-HIV service integration.
- Implement new prevention and testing approaches introduced in the updated national guidelines in 2024.
- Introduce tailored care models for men living with HIV.
- Launch AHD activities following the experience-sharing visit to Uganda from November 25–29, 2024.

