



Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services

Ghana's Progress in the CQUIN Network

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BACKGROUND

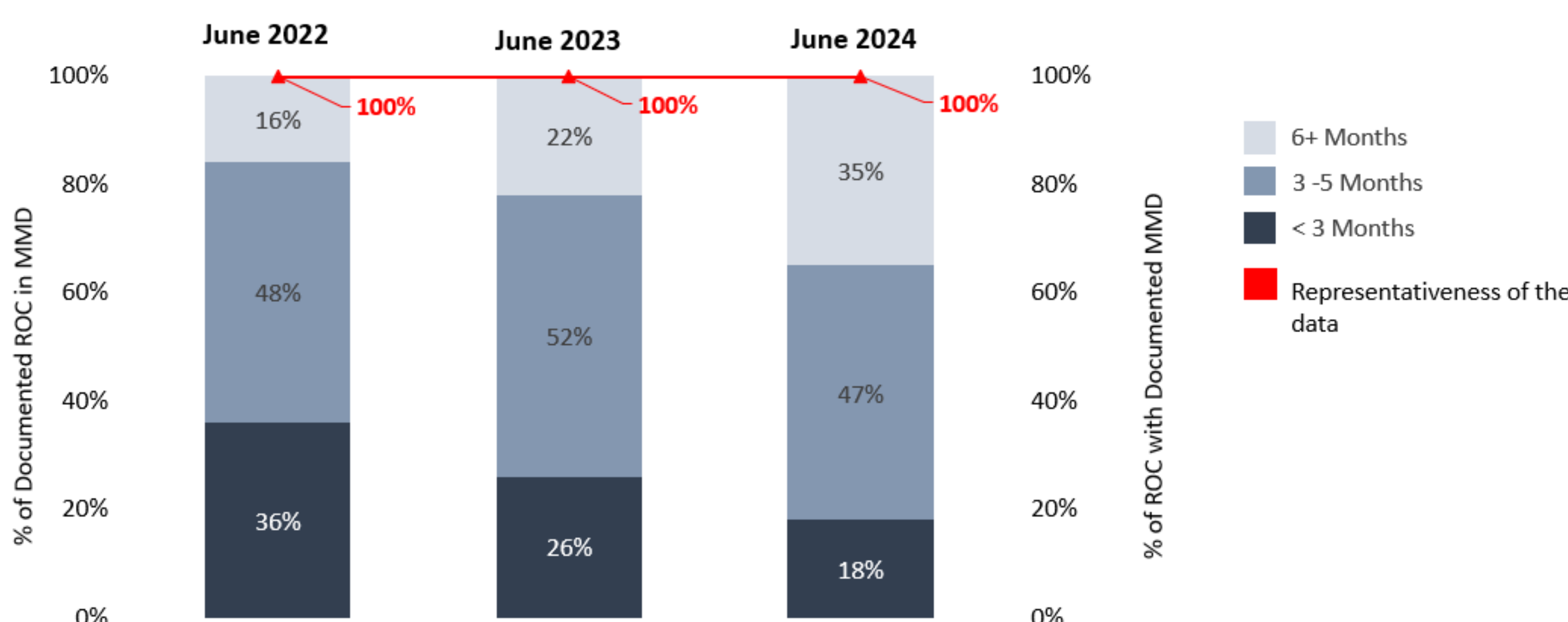
Ghana's National AIDS/STI Control Programme (NACP) adopted the 2016 WHO "treat all" recommendations, initiating antiretroviral therapy (ART) for all people living with HIV regardless of immune status or clinical stage. To enhance HIV service delivery and achieve the ambitious 90-90-90 targets, Ghana implemented Differentiated Service Delivery (DSD), guided by a comprehensive operational manual developed in 2017.

A DSD task team was established to oversee the phased national scale-up and monitor implementation progress. While the DSD-based acceleration plan resulted in significant gains, the country did not fully achieve the 90-90-90 targets by the end of 2020. In response, Ghana adopted several initiatives, including joining CQUIN, to accelerate progress toward epidemic control.

DSD coordination occurs at both national and sub-national levels. The Programme's DSD Coordinator, supported by the HIV Technical Working Group and the DSD task team, oversees national implementation, while Regional HIV Coordinators manage sub-national activities. Recipients of care play a critical role in DSD, contributing to demand creation, serving as expert clients, offering adherence and psychosocial support, and participating in service quality monitoring through the DSD task team.

DSD IMPLEMENTATION

Figure 1: Multi-Month Dispensing (MMD): Trend Over Time, 2022-2024



Differentiated ART services are offered in 76% of 733 ART sites in the country, and 78% of clients on treatment are receiving ART via a less-intensive model. DSD eligibility follows WHO recommendations. Eligible clients currently receive mainly facility-based individual care, which involves appointment spacing and fast-track refills. Due to improvements in access to the comprehensive package of differentiated care, the proportion of clients receiving less than 3 months of ARVs has reduced by half from 36% in 2022 to 18% in 2024 (Figure 1).

CQUIN ENGAGEMENT AND ACHIEVEMENTS

CQUIN Intervention	Output	Lessons Learned/Effects On DSD Implementation
Communities of Practice	M&E AHD MCH KP Quality/QI TB/HIV HIV/NCD HTS	<ul style="list-style-type: none"> DSD-friendly data collection tools Plans to review and revise policies
Country-to-Country visits	Family planning (FP) & HIV integration learning exchange visit to Mozambique	Commenced integration of FP into HIV care
DSD performance review	1. Conducted baseline DPR 2. Data collection for the second DPR completed	Gaps in viral load coverage and suppressions. Undocumented BP measurements. Regional and facility-specific QI projects ongoing
dHTS Service Quality Assessment	Assessment conducted in 185 facilities	Need for continuous mentorship and SOPs following dHTS orientation
AHD Service Quality Assessment	Assessment conducted in 198 facilities	RDTs for AHD procured. Awaiting HCW capacity building to deploy.
Other CQUIN-supported activities	1. CMM staging meetings (Testing, Treatment, AHD) 2. Meetings (dHTS, Integration)	<ul style="list-style-type: none"> Need to work on key domains Gaps being used for resource mobilization Commenced pilot of integration packs (FP/NCD)

DART CAPABILITY MATURITY MODEL 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	Orange	Orange	Orange
Coordination	Dark Green	Dark Green	Dark Green
Community	Light Green	Light Green	Light Green
Training	Light Green	Light Green	Light Green
M&E System	Orange	Orange	Orange
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Light Green	Light Green	Light Green
Client Coverage	Light Green	Light Green	Light Green
AHD	Orange	Orange	Orange
Key Populations	Red	Red	Red
TB/HIV	Red	Red	Red
MCH	Orange	Orange	Orange
NCD/HIV	Yellow	Yellow	Yellow
Family Planning	Orange	Orange	Orange
Quality	Orange	Orange	Orange
Impact	Light Green	Light Green	Light Green

Figure 2: DART CMM trends (2022-2024)

Figure 2 shows the results of the country's self-assessment using the CQUIN DART capability maturity model for years 2022, 2023 and 2024. In 2024, Ghana achieved the most mature stage (dark green) in eight domains, while two domains remained in the least mature (red) stage.

The improvements in diversity, facility coverage and client coverage domains are because of the support received from the CQUIN network and the country's drive towards continuous quality improvement. Relevant policy revisions are being undertaken to improve the scoring for the KP and TB/HIV domains.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: AHD CMM results, 2024

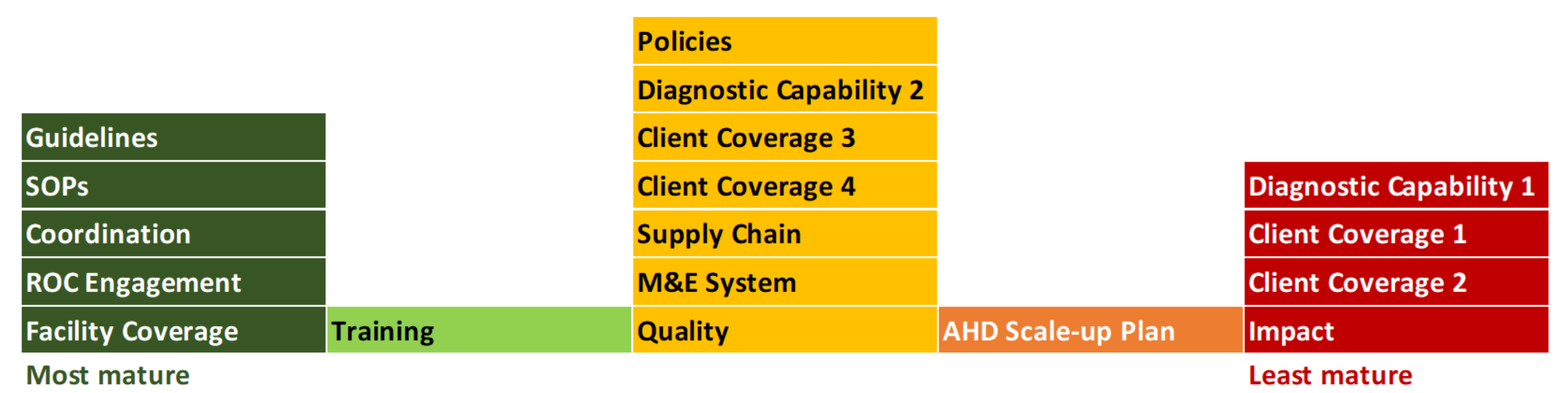


Figure 3 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. In 2024, Ghana achieved the most mature stage (dark green) in five domains, while four domains remained in the least mature (red) stage. There was improvement in the AHD scale-up plan.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: dHTS CMM results, 2024

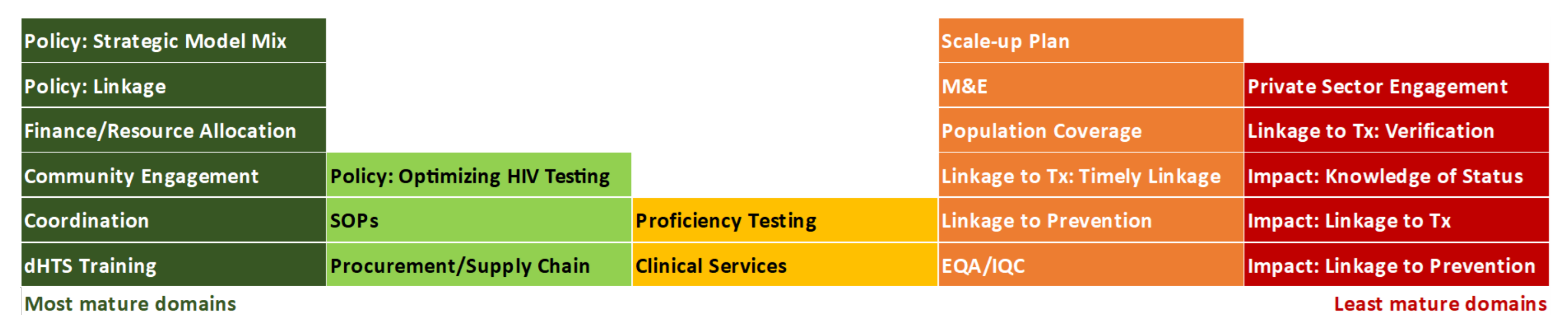


Figure 4: shows the results of the country's 2024 self-assessment using the CQUIN dHTS capability maturity model. In 2024, Ghana achieved the most mature stage (dark green) in six domains, while five domains remained in the least mature (red) stage.

NEXT STEPS / WAY FORWARD

- To roll out new DSD-friendly M&E tools
- Mobilize additional resources to support DSD initiatives
- To learn how to programmatically integrate key non-HIV services into HIV care
- To make significant strides on the three CQUIN CMM dashboards
- To improve supportive supervision for DSD using the Service Quality Assessment tool
- To play an active role as a CQUIN member country and contribute to the growth of the network
- To host Ethiopia for C2C visit on DSD Quality Management

