Rwanda Country Updates

Presenter: Gisele Mujawamariya
Designation: HIV Care & Treatment Ag. Director
Rwanda Biomedical Center

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?**
	
	  • Stakeholder coordination and prioritization processes
	
	  • Engagement with CQUIN
	
	  • Update on Country Action Plans
	
	  • Update on Integrating Non-HIV and HIV Services
	
	  • Program sustainability efforts and opportunities
	
	  • Successes and Challenges
	
	• **2025 Priorities**

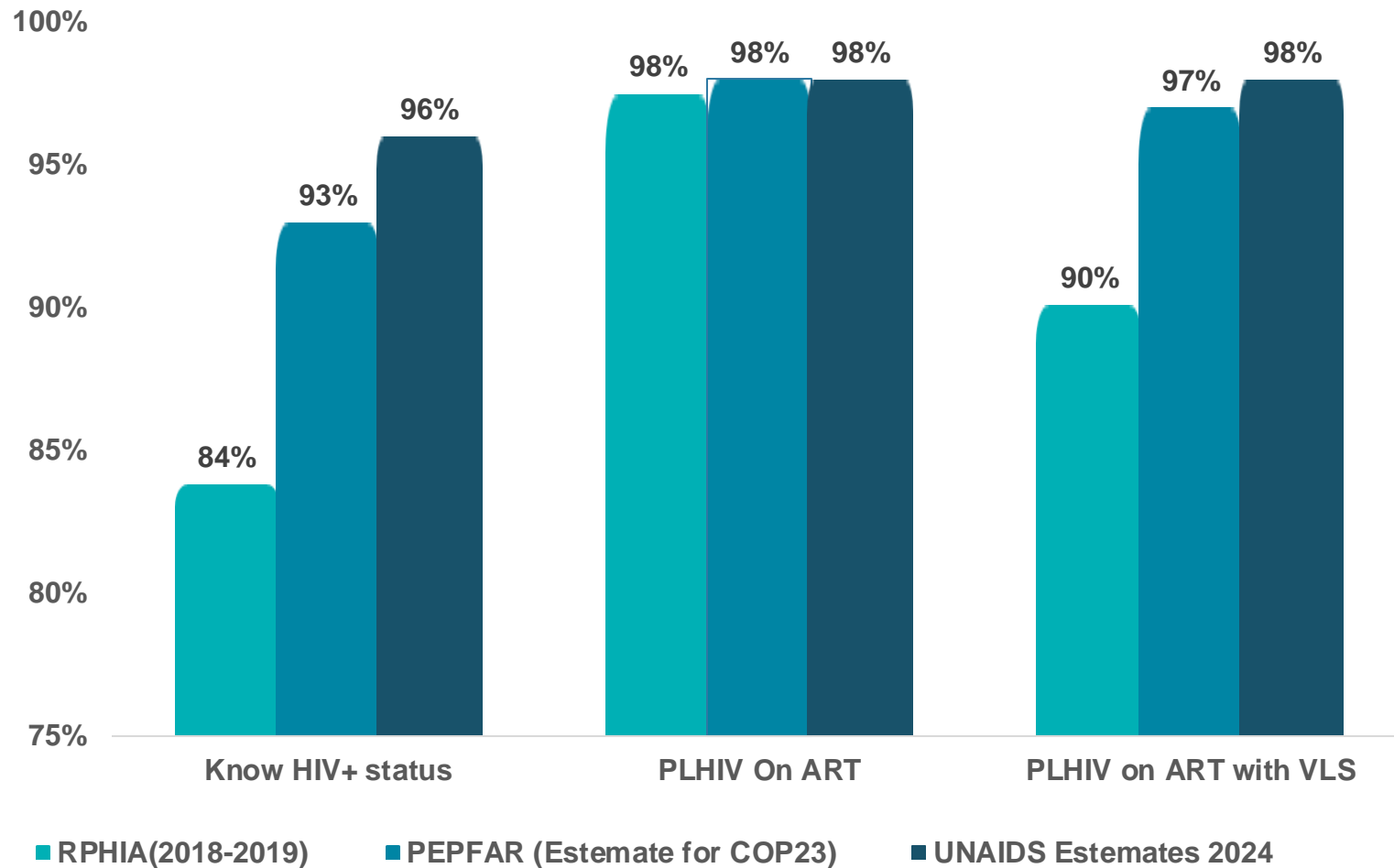icap Global Health

THE CQUIN NETWORK

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?**
  - Stakeholder coordination and prioritization processes
  - Engagement with CQUIN
  - Update on Country Action Plans
  - Update on Integrating Non-HIV and HIV Services
  - Program sustainability efforts and opportunities
  - Successes and Challenges
- **2025 Priorities**

icap Global Health   THE CQUIN NETWORK
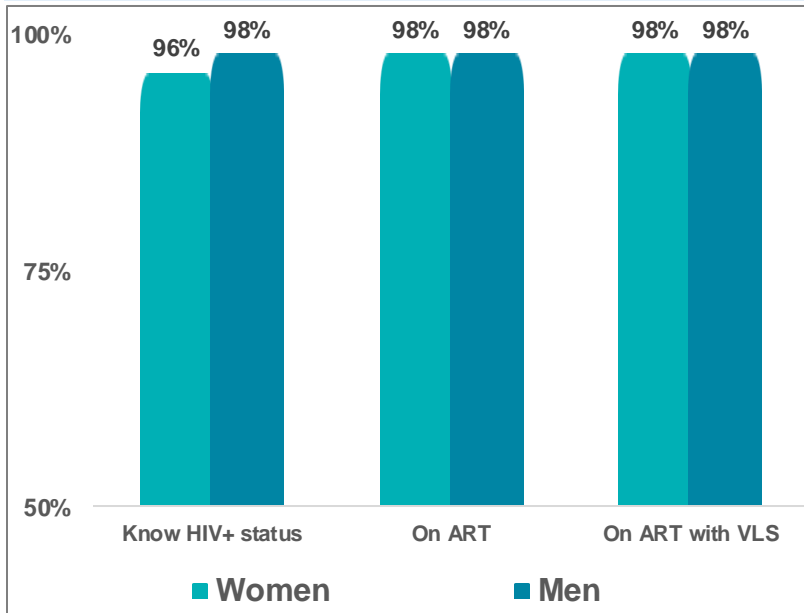
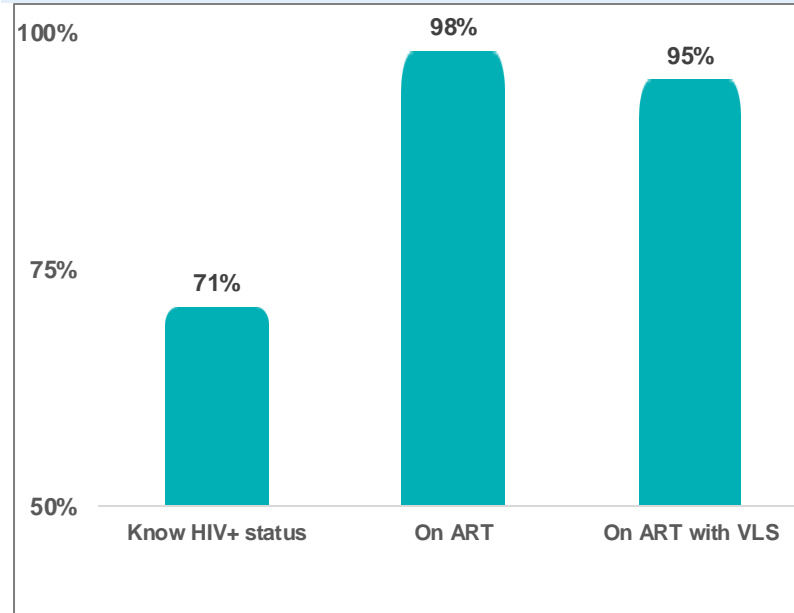# Progress Towards the 95:95:95 Targets - 1

HIV Prevalence

- Adults (15-64): 3%
- Old age (55-59): F - 7.4%
  M - 6.5%
- KP: FSW - 35.2%
  MSM - 5.8%
- 222,604 clients enrolled on ART with (F:63%, M:37%)
- Viral Load coverage:
  - ✓ Eligible between July 2023-June 2024: 215,518
  - ✓ VL done: 189,176 (88%)
  - ✓ VLS (<1000 cp/ml): 97% (source: VLSMS & LIS)

Chart categories:
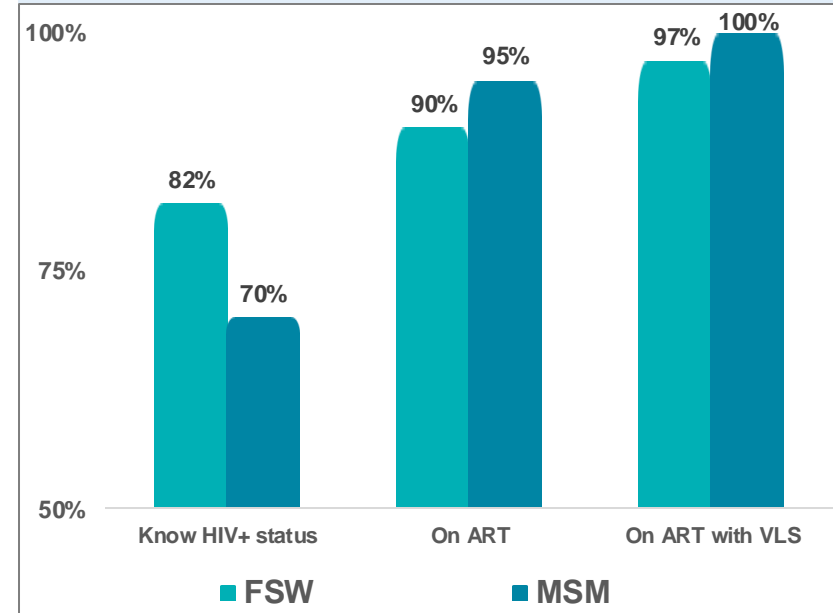- Know HIV+ status: RPHIA(2018-2019) 84%, PEPFAR (Estemate for COP23) 93%, UNAIDS Estemates 2024 96%
- PLHIV On ART: 98%, 98%, 98%
- PLHIV on ART with VLS: 90%, 97%, 98%

Legend: ■ RPHIA(2018-2019) ■ PEPFAR (Estemate for COP23) ■ UNAIDS Estemates 2024

Progress Towards the 95:95:95 Targets - 2

Adult Women vs Men ages 15+ (Source: UNAIDS estimates 2024)

Women: Know HIV+ status 96%, On ART 98%, On ART with VLS 98%
Men: Know HIV+ status 98%, On ART 98%, On ART with VLS 98%

Children aged 0–14 (Source: UNAIDS estimates 2024)

Know HIV+ status 71%, On ART 98%, On ART with VLS 95%

FSW vs MSM (Source: FSW IBBS 2023 & MSM IBBS 2024)

FSW: Know HIV+ status 82%, On ART 90%, On ART with VLS 97%
MSM: Know HIV+ status 70%, On ART 95%, On ART with VLS 100%

- VL suppression rates exceed 95% in all the sub-populations
- The first 95 target (knowledge of HIV status) exhibits a substantial gap among KP (FSW and MSM) as well as among children aged 0-14

icap Global Health

THE CQUIN NETWORK

Rwanda Treatment CMM Results: 2024

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

Most mature   **Least mature**

- Eight domains attained the most mature [dark green] staging, with significant progress noted in sustaining DART policies and responding to the supply chain needs for RoC
- The least mature domains (2 in red and 3 in orange) had observable gaps in the integration package of services i.e. MCH/HIV, FP/HIV and NCD/HIV as well as quality of DART services and impact domains

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

TB/HIV (Yellow to Light Green):

- TPT is now integrated into less-intensive DART models, achieving >95% TPT coverage among people on ART.

Coordination (Light Green to Dark Green):

- DART coordination is led by a dedicated sub-TWG, and a DSD Focal person within the MoH.

Key Population (Orange to Dark green):

- Over 75% of the coverage targets were achieved for each group – KP surveys

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

M&E (Remains Yellow):

- The M&E system is unable to disaggregate RoC retention and VL suppression rates by DSD model mix or MMD and cannot yet calculate the mean or median clinic visits per client.
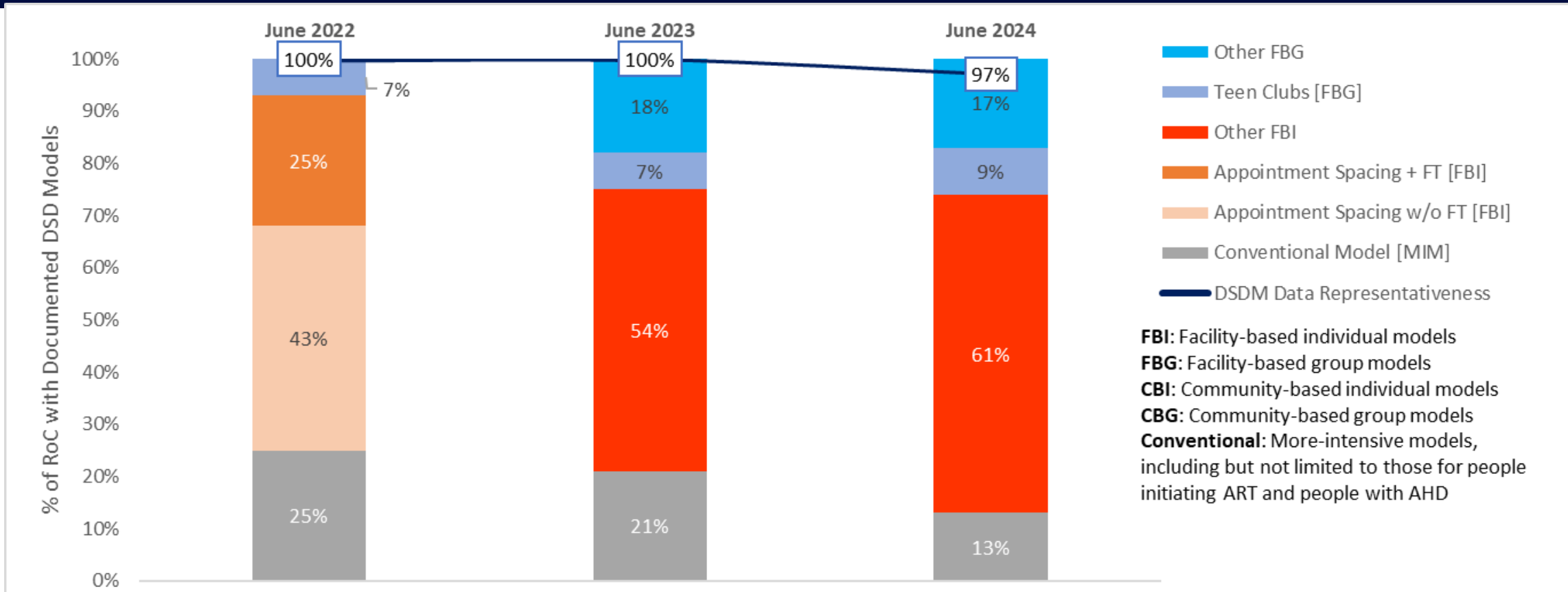
NCD/HIV (Remains Red):

- NCD/HIV integration is at the infancy stage, hence the least mature staging.

Impact (Remains Red):
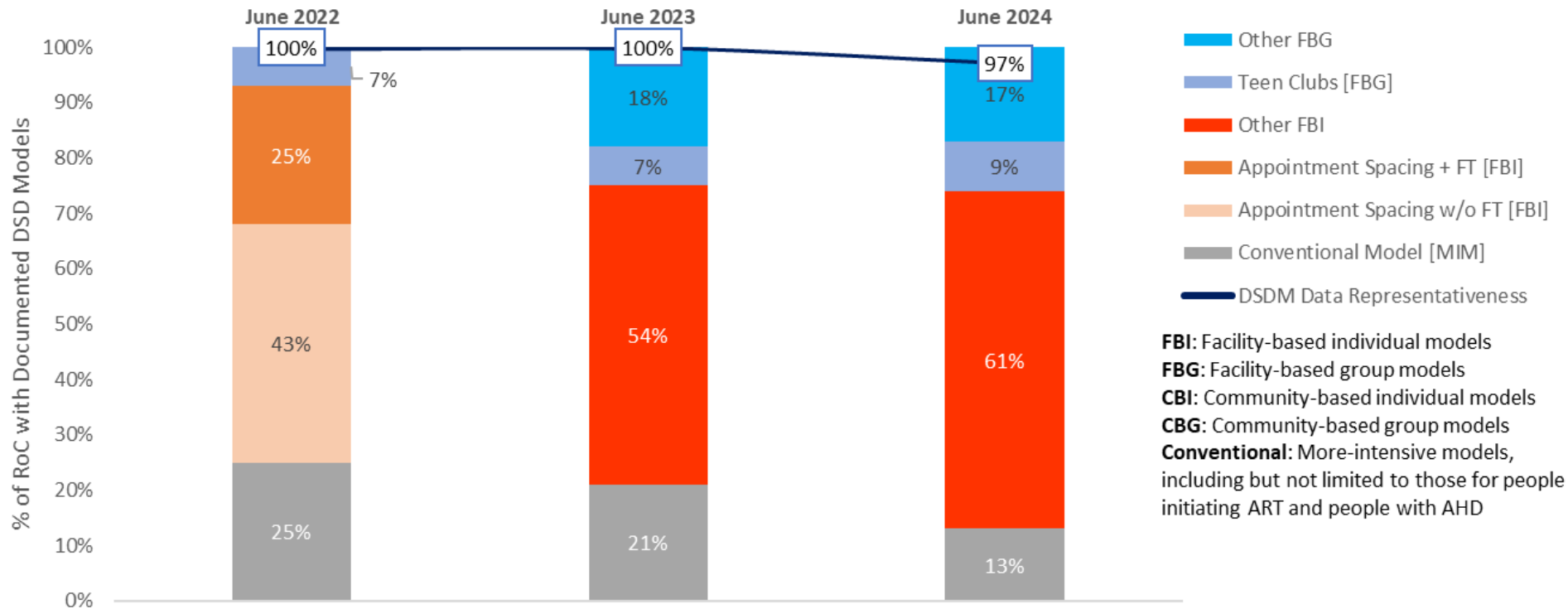
- First DPR yet to be implemented.

# Rwanda Differentiated Treatment Model Mix - 1

The 2022 HIV Guidelines outline four DSD models for RoCs. Less intensive DSDM were widely implemented in 2023-24 with an 87% coverage in June 2024, compared to 75% in June 2022

Rwanda Differentiated Treatment Model Mix - 2

- o **Conventional model:** Covering 13% of the RoC that need additional support [unstable]
- o **FBI:** Covers 61% well-established
- o **FBG:** For adolescent support (9%) and groups with shared characteristics – Key Populations (KP), pregnant and breastfeeding women, people with comorbidities (17%)
- o **CBI:** New home delivery model for the disabled, elderly, unattended children and key populations

Rwanda Differentiated Treatment: Multi-month Dispensing
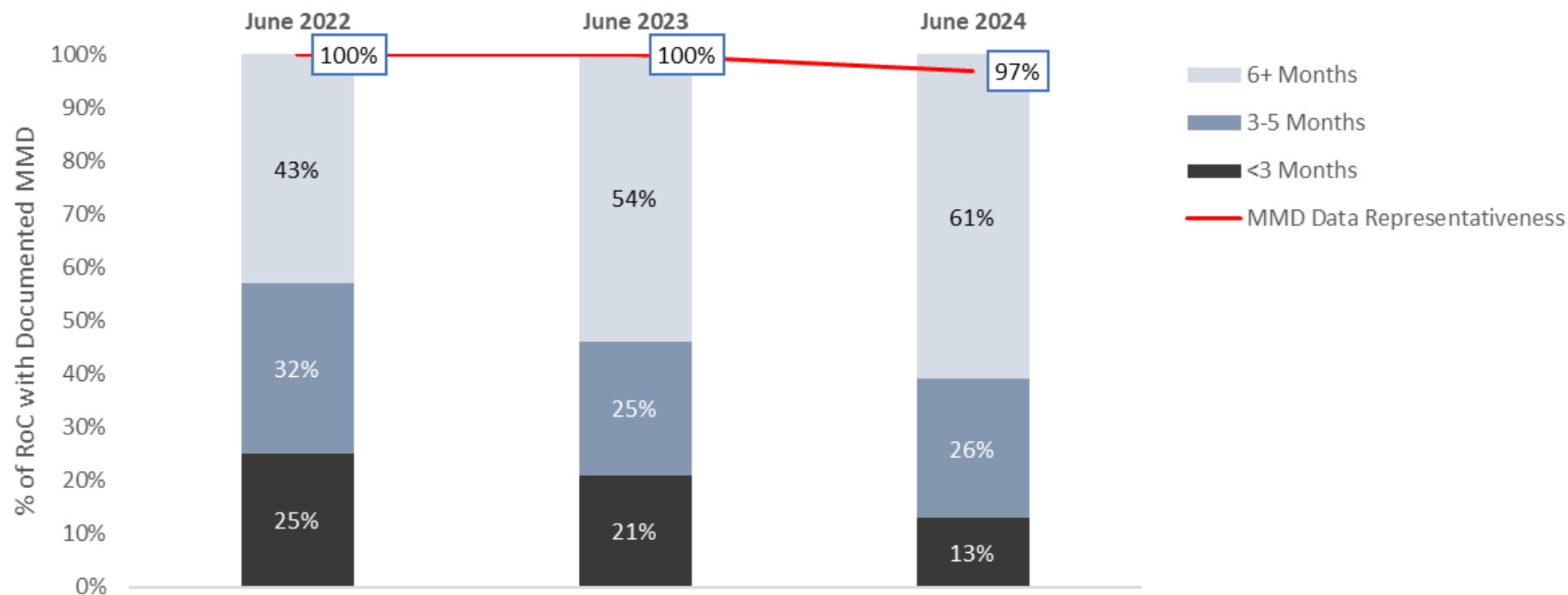
- 6+MMD has progressively increased from 43% in June 2022 to 61% as at the end of June 2024
- Key factors leading to increased 6+MMD coverage:
  - Strong and uninterrupted supply chain – TLD
  - Capacity building – extensive training programs and targeted mentorships in low-performing HF

Rwanda AHD CMM Results 2024

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

Most mature   **Least mature**
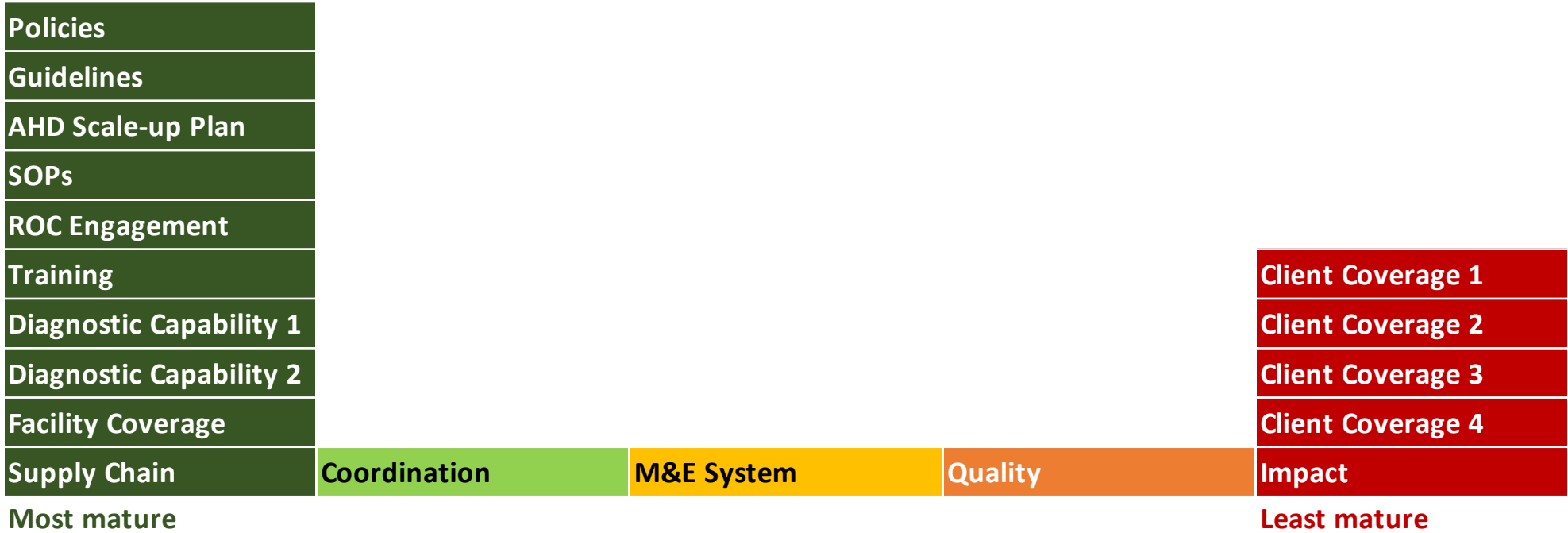
- **Most mature:** 10 domains (Policies, SOPs, Facility Coverage, etc.)
- Advanced: 1 domain (Coordination)
- Developing: 1 domain (M&E System)
- Emerging: 1 domain (Quality)
- **Least mature:** 5 domains (Client Coverage 1 to 4 and impact)

icap Global Health   CQUIN NETWORK

Rwanda AHD CMM Results – Trend over Time (2023-2024)

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

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

Diagnostic Capability 2 (Red to Dark Green):

- The inclusion of TB-LAM testing has expanded access, enabling the availability of the complete "minimum package" of diagnostic tests at over 75% of health facilities, either on-site or via referral.

- **Supply Chain (Yellow to Dark Green):** Significant strengthening of the supply chain and procurement processes has reduced stockouts over the past year, improving overall commodity security.

- **Client Coverage Domains (Remains Red):** Persistent challenge due to the lack of disaggregated data, preventing accurate estimation of client coverage for AHD management.

dHTS CMM Results – 2023 vs 2024

Domains	2023	2024
Policy: Strategic Model Mix		
Policy: Optimizing HIV Testing		
Policy: Linkage		
Finance/Resource Allocation		
SOPs		
Scale-up Plan		
Community Engagement		
Private Sector Engagement		
Coordination		
dHTS Training		
M&E		
Procurement/Supply Chain		
Population Coverage		
Linkage to Tx: Timely Linkage		
Linkage to Tx: Verification		
Linkage to Prevention		
EQA/IQC		
Proficiency Testing		
Clinical Services		
Impact: Knowledge of Status		
Impact: Linkage to Tx		
Impact: Linkage to Prevention		

- dHTS improvements have been documented with improved targeted testing attributed to:
  - Scaled-up partner notification services
  - Increased PrEP uptake and coverage of 4th proficiency testing
  - Improved M&E of prevention services among high-risk populations and increased training through tele-mentorship
- Regressed domains include:
  - EQA/QC – Due to a high failure QC rate (<75%) in comparison to the previous year
  - Optimizing HTS – Due to delayed implementation of 3 serial validated rapid diagnostic tests for HIV+ confirmatory diagnosis
- Other existing gaps include non-specific standard timelines for linkage to HIV prevention services

Rwanda

dHTS	
Domains	**2024**
Policy: Strategic Model Mix	🟩
Policy: Optimizing HIV Testing	🟧
Policy: Linkage	🟩
Finance/Resource Allocation	🟩
SOPs	🟩
Scale-up Plan	🟩
Community Engagement	🟩
Private Sector Engagement	🟥
Coordination	🟩
dHTS Training	🟩
M&E	🟩
Procurement/Supply Chain	🟩
Population Coverage	🟩
Linkage to Tx: Timely Linkage	🟩
Linkage to Tx: Verification	🟩
Linkage to Prevention	🟧
EQA/IQC	🟧
Proficiency Testing	🟧
Clinical Services	🟩
Impact: Knowledge of Status	🟧
Impact: Linkage to Tx	🟧
Impact: Linkage to Prevention	🟥

DART	
Domains	**2024**
Policies	🟩
Guidelines	🟩
Diversity	🟩
Scale Up Plan	🟧
Coordination	🟩
Community	🟩
Training	🟩
M&E System	🟧
Procurement	🟩
Facility Coverage	🟩
Client Coverage	🟩
AHD	🟧
Key Populations	🟩
TB/HIV	🟩
MCH	🟧
NCD/HIV	🟥
Family Planning	🟧
Quality	🟧
Impact	🟥

AHD	
Domains	**2024**
Policies	🟩
Guidelines	🟩
AHD Scale-up Plan	🟩
SOPs	🟩
Coordination	🟩
ROC Engagement	🟩
Training	🟩
Supply Chain	🟩
M&E System	🟧
Diagnostic Capability 1	🟩
Diagnostic Capability 2	🟩
Facility Coverage	🟩
Client Coverage 1	🟥
Client Coverage 2	🟥
Client Coverage 3	🟥
Client Coverage 4	🟥
Quality	🟧
Impact	🟥

Overview of HIV Program 2024 CMM Results

Enabling Domains Analysis:

- Across the dHTS, DART and AHD CMMs, maturation is well demonstrated with the enabling domains (dark/light green)

- Coordination mechanisms are well established (dark green) in dHTS and DART

- Private sector engagement had low maturation (red in dHTS)

icap Global Health   THE CQUIN NETWORK

Rwanda

dHTS	
Domains	**2024**
Policy: Strategic Model Mix	🟩
Policy: Optimizing HIV Testing	🟧
Policy: Linkage	🟩
Finance/Resource Allocation	🟩
SOPs	🟩
Scale-up Plan	🟩
Community Engagement	🟩
Private Sector Engagement	🟥
Coordination	🟩
dHTS Training	🟩
M&E	🟩
Procurement/Supply Chain	🟩
Population Coverage	🟩
Linkage to Tx: Timely Linkage	🟩
Linkage to Tx: Verification	🟩
Linkage to Prevention	🟧
EQA/IQC	🟧
Proficiency Testing	🟧
Clinical Services	🟩
Impact: Knowledge of Status	🟧
Impact: Linkage to Tx	🟧
Impact: Linkage to Prevention	🟥

DART	
Domains	**2024**
Policies	🟩
Guidelines	🟩
Diversity	🟩
Scale Up Plan	🟧
Coordination	🟩
Community	🟩
Training	🟩
M&E System	🟧
Procurement	🟩
Facility Coverage	🟩
Client Coverage	🟩
AHD	🟧
Key Populations	🟩
TB/HIV	🟩
MCH	🟧
NCD/HIV	🟥
Family Planning	🟧
Quality	🟧
Impact	🟥

AHD	
Domains	**2024**
Policies	🟩
Guidelines	🟩
AHD Scale-up Plan	🟩
SOPs	🟩
Coordination	🟩
ROC Engagement	🟩
Training	🟩
Supply Chain	🟩
M&E System	🟧
Diagnostic Capability 1	🟩
Diagnostic Capability 2	🟩
Facility Coverage	🟩
Client Coverage 1	🟥
Client Coverage 2	🟥
Client Coverage 3	🟥
Client Coverage 4	🟥
Quality	🟧
Impact	🟥

Overview of HIV Program 2024 CMM Results - 2

Priority Areas for Strengthening:

- Private Sector Engagement (red staging in dHTS)
- Client Coverage (red staging in AHD)
- Impact domains (orange/red staging across all three CMMs)
- M&E Systems (yellow in DART and AHD)
- Integration with other health programs (MCH, NCD/HIV and FP)

icap Global Health   THE CQUIN NETWORK

Rwanda

dHTS	
Domains	**2024**
Policy: Strategic Model Mix	🟩
Policy: Optimizing HIV Testing	🟧
Policy: Linkage	🟩
Finance/Resource Allocation	🟩
SOPs	🟩
Scale-up Plan	🟩
Community Engagement	🟩
Private Sector Engagement	🟥
Coordination	🟩
dHTS Training	🟩
M&E	🟩
Procurement/Supply Chain	🟩
Population Coverage	🟩
Linkage to Tx: Timely Linkage	🟩
Linkage to Tx: Verification	🟩
Linkage to Prevention	🟧
EQA/IQC	🟧
Proficiency Testing	🟧
Clinical Services	🟩
Impact: Knowledge of Status	🟧
Impact: Linkage to Tx	🟧
Impact: Linkage to Prevention	🟥

DART	
Domains	**2024**
Policies	🟩
Guidelines	🟩
Diversity	🟩
Scale Up Plan	🟧
Coordination	🟩
Community	🟩
Training	🟩
M&E System	🟧
Procurement	🟩
Facility Coverage	🟩
Client Coverage	🟩
AHD	🟧
Key Populations	🟩
TB/HIV	🟩
MCH	🟧
NCD/HIV	🟥
Family Planning	🟧
Quality	🟧
Impact	🟥

AHD	
Domains	**2024**
Policies	🟩
Guidelines	🟩
AHD Scale-up Plan	🟩
SOPs	🟩
Coordination	🟩
ROC Engagement	🟩
Training	🟩
Supply Chain	🟩
M&E System	🟧
Diagnostic Capability 1	🟩
Diagnostic Capability 2	🟩
Facility Coverage	🟩
Client Coverage 1	🟥
Client Coverage 2	🟥
Client Coverage 3	🟥
Client Coverage 4	🟥
Quality	🟧
Impact	🟥

Overview of HIV Program 2024 CMM Results - 3

Plans for Integrated Outcome Improvement:

- Have a unified M&E framework that captures key DSD indicators e.g. linkage to services and client coverage
- Foster effective engagement and oversight of private sector dHTS
- Conduct a DPR to help improve staging with the impact domain

icap Global Health   THE CQUIN NETWORK

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?**
  - Stakeholder coordination and prioritization processes
  - Engagement with CQUIN
  - Update on Country Action Plans
  - Update on Integrating Non-HIV and HIV Services
  - Program sustainability efforts and opportunities
  - Successes and Challenges
- **2025 Priorities**

icap Global Health   THE CQUIN NETWORK

Stakeholder Coordination and Prioritization Processes

Coordination of DSD Activities by C&T TWG

- The C&T TWG is responsible for planning and coordinating DSD activities.
- Three sub-TWGs on DSD have been conducted by the care and treatment TWG to enhance focus and implementation.

ROC participants include:

- RRP+ (Rwanda Network of People Living with HIV), RNGOF (Rwanda NGOs Forum on HIV/AIDS), and Faith-Based Organizations

Stakeholder Coordination and Prioritization Processes -2

CQUIN Planned Activities (2024-2025) by Funding Support:

- **PEPFAR-Supported Activities:** Performance review meetings; Rapid assessment among PLHIV presenting with AHD; NCD integration model development and piloting; and support e-learning and tele-mentorship scale-up.

- **GF-supported Activities:** TWG meetings; scale-up of adolescent-friendly services; clinical mentorship programs; experience-sharing sessions; integrated service delivery and quality management

Engagement with CQUIN

- **Participated in 3 COPs:**
  - MCH CoP meeting
  - AHD CoP meeting
  - HIV/NCD Integration CoP meeting
- **Impacts on Country Program:**
  - Earned best practices in strengthening FP integration of HIV services.
  - Improved policy and practical frameworks for addressing advanced HIV disease (Supply chain, M&E)
  - Enabling in development of comprehensive models for managing the dual burden of HIV and NCDs

Update on Country Action Plans from 2023/2024 Meetings

Activities that have been completed include:

- TWG meetings to review progress, address challenges, and coordinate AHD activities across health facilities

- Targeted training on PMTCT and AGYW minimum package of services to improve differentiated service delivery focusing on sites with new and untrained staff including youth peer educators in youth-friendly centers

- Establishing a core team to advance AHD interventions, share progress updates, and provide guidance in DSD meetings

- Procured TB-LAM commodities, and trained HCPs from 46 hospitals to increase access to 2-3 "minimum package" diagnostic tests at >75% of all health facilities (on-site or by referral)

- Developed the integration NCD/HIV model and related SOP and tools focusing on hypertension, diabetes and cervical cancer

- Integrated training of trainers on new changes in guidelines including AHD management and CQI

Update on Country Action Plans from 2023/2024 Meetings - 2

Activities that are still ongoing include:

- Rapid assessment of shared characteristics among PLHIV presenting with AHD to support re-engagement in care and address gaps in screening, pre-emptive therapy, and management of major opportunistic infections

- Integration of a new CBS 2.0 paper-based tool that captures integrated services in the digital platform to draw analysis and dashboard visualization

- Revision of existing SQA tools and developing a harmonized DSD SQA tool for dHTS, DART and AHD

- Conduct an evaluation on DSD implementation. Protocol is underway

Update on Integrating Non-HIV and HIV Services - 1

- **Defining integration:**
  - Service delivery model that fosters a person-centeredand holistic approach to patient care
  - Provision of multiple services in a one-stop-shop center (HIV clinic) to streamline care and improve patient convenience
- **Establishing a coordinating mechanism**
  - C&T TWG: A sub-TWG coordinates and plans integration activities to ensure cohesive service delivery
  - DSD Focal Point: Actively participates as a member of the TWG; thus contributing to integration efforts
  - University Teaching Hospital of Kigali (CHUK), RBC and Stakeholders: Collaborated to develop the NCD/HIV integration model which is set to be piloted in year 2025

Update on Integrating Non-HIV and HIV Services - 2

Community Engagement:

- Various community representatives are active members of the TWG.
- Community members actively contributed to developing the integration model.
- CLM tools were designed to capture data on non-HIV services (e.g., TB, HTN, FP) supporting a comprehensive view of integrated service delivery.

Program Sustainability Efforts and Opportunities – 1

Sustainability of DSD activities

- DSD activities initiated by CQUIN that have been adopted by in-country funding mechanisms
  - COP24-25: Development of National Quality standards and biannual facility assessments
  - DSD position transitioned from CQUIN to the National HIV program under the C&T unit
- Adaptations/modifications made to enable sustainability
  - Country contextualization of DSD models and quality standards. Rwanda has achieved most coverage goals; the primary focus is to ensure high-quality service delivery

Program Sustainability Efforts and Opportunities - 2

- **Other plans to ensure country DSD programs are sustained**
  - o Leveraged the well-established CBS platforms to monitor DSD models; CBS files have been revised to factor in DSD
- **National sustainability roadmap**
  - o Extent to which DSD is factored into the ongoing national sustainability planning in the country
    - ➢ The UNAIDS sustainability roadmap exercise is currently ongoing, and DSD is factored in, particularly for programs for key and priority populations
  - o Extent to which integrated service delivery is factored into the country's ongoing sustainability planning
    - ➢ Integrated services for HTN, DM and mental health/HIV are among the key priority services with allocated funds under CoAG

DSD Implementation Successes in 2024

Expanded DSD Models

- Implemented revised DSD models with expanded eligibility criteria, increasing the number of Recipients of Care receiving care in less intensive models to 87%

NCD/HIV Comprehensive Model Development

- Developed a comprehensive NCD/HIV model along with related SOPs, M&E tools and training materials—set to be piloted soon

Enhanced Screening for TB

- Integrated TB-LAM testing in routine screening for PLHIV with AHD

icap Global Health   THE CQUIN NETWORK

Challenges in DSD Implementation in 2024

- **Funding constraints:** Reduced funding limits the implementation of certain activities

- **Staffing shortages:** Insufficient staffing restricts efforts to fully integrate additional services within HIV clinics, impacting the one-stop model approach

- **Inconsistent program strategies:** Mismatched program strategies hinder seamless integration across services

- **Gaps with the M&E system:**
  - Limited interoperability affects real-time reporting and increases duplication.
  - Some DSD indicators are missing from current M&E tools and systems, impacting comprehensive monitoring.

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?**
  - Stakeholder coordination and prioritization processes
  - Engagement with CQUIN
  - Update on Country Action Plans
  - Update on Integrating Non-HIV and HIV Services
  - Program sustainability efforts and opportunities
  - Successes and Challenges
- **2025 Priorities**

icap Global Health   THE CQUIN NETWORK

DSD Priorities for 2025

DSD-related goals and/or projections in your country's plans for 2025:

- o NCD/HIV model implementation and plan for scale-up

- o Expanding community-based DSD models to facilitate easier access to care for aged and disabled people and well-established community KP groups

- o Scale-up of adolescent models to support ART coverage, retention in care, and VLS among CALHIV.

- o Foster capacity building through e-learning and tele-mentorship to ensure sustainability

- o Enhancing M&E system – facilitate reporting and data availability.

- o Conduct a DSD impact assessment [DPR]

DSD Priorities for 2025 –2

To learn from other countries in the CQUIN network in the coming year:

- o Exploring successfully NCD/HIV integration implemented in other countries
- o Developing and using strong M&E frameworks to track the impact of DSD strategies on health outcomes

Acknowledgements

o Centre for Disease Control - Rwanda

o PEPFAR

o Global Fund

o Rwanda Network of People Living with HIV
   (RRP+)

o CSOs in the HIV response

o ICAP at Columbia University/CQUIN

o World Health Organization (WHO)

o International AIDS Society (IAS)

o ITPC