



# Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services

## Rwanda

Author: Division of HIV, STIs, Viral Hepatitis and OVDC,  
Rwanda Biomedical Center, Ministry of Health



Republic of Rwanda  
Ministry of Health

### BACKGROUND

Rwanda launched DSD as part of its HIV treatment strategy in response to the "Treat All" policy in 2016, which significantly increased the number of people on ART. To support and enhance the DSD approach, Rwanda joined the CQUIN network in August 2020, allowing the country to benefit from shared learning and innovation in DSD models from other network members.

In 2024, Rwanda's key priorities for scaling up DSD have included expanding eligibility criteria for less-intensive models, integrating services for populations with non-communicable diseases (NCDs), and advancing client-centered care through new home delivery models for vulnerable populations. Significant achievements this year include developing a comprehensive NCD/HIV service delivery model and scaling up the less intensive model now covering a large portion of clients on ART (87%).

### DSD IMPLEMENTATION

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

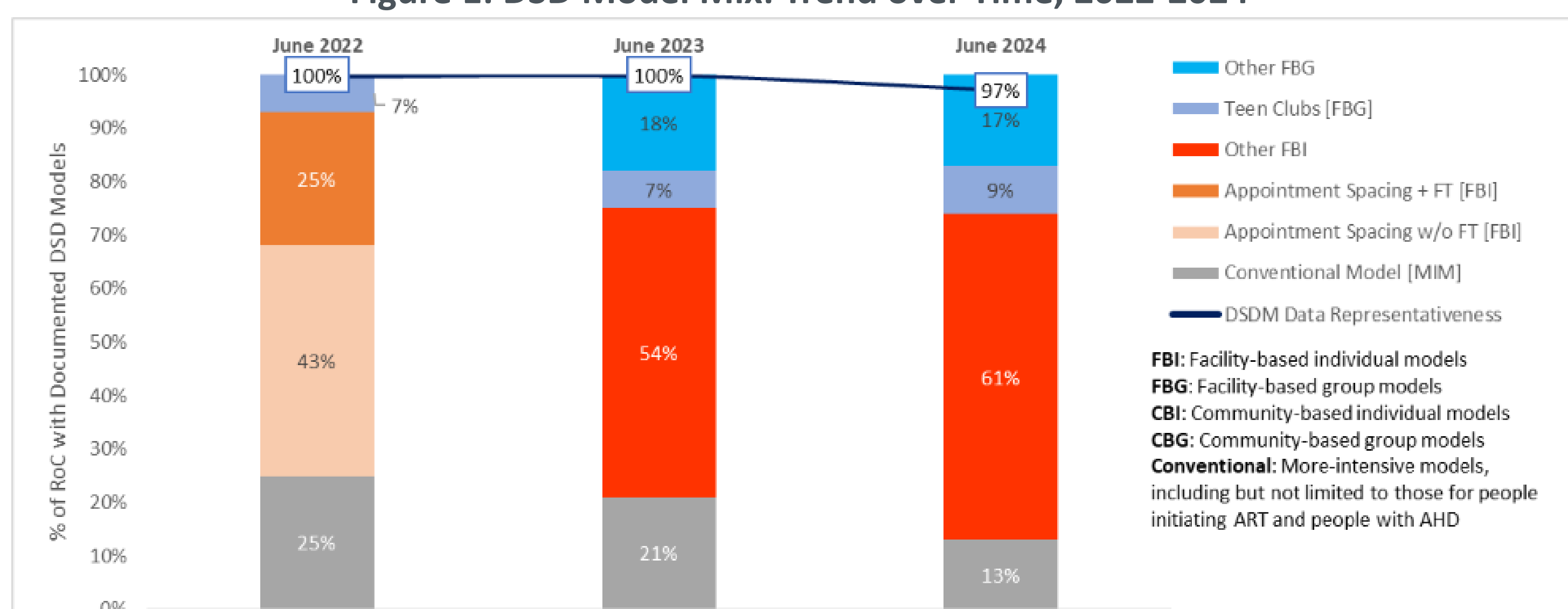
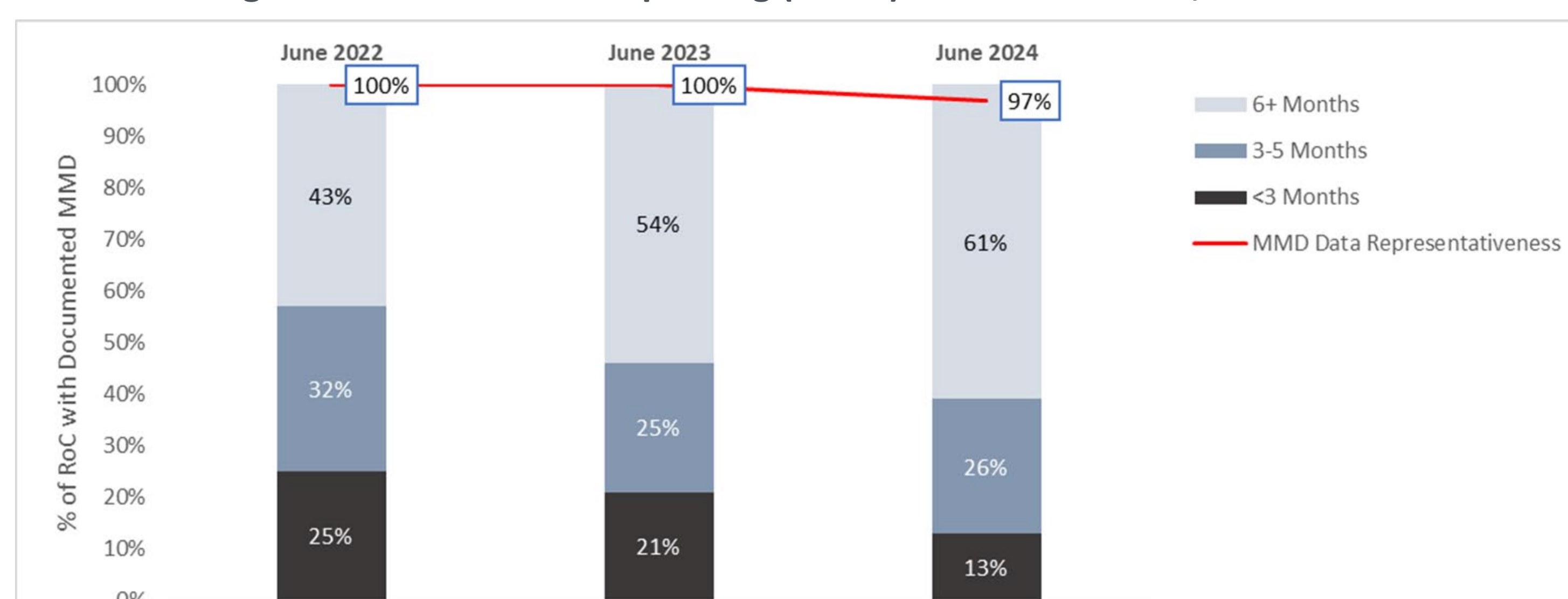


Figure 2: Multi-month Dispensing (MMD): Trend over Time, 2022-2024



- The less-intensive models in Rwanda are FBI and FBG
- More-intensive models are conventional/standard model
- 589 health facilities provide ART
- 100% of HF provide less-intensive DART models with 87% of people on ART enrolled in less-intensive DSD models as of the end of June 2024
- Over the past 2 years, 6+MMD was scaled-up from 43% to 61%
- 3-5MMD coverage was 26% as at end of June 2024 for clients established on ART, including pregnant and breastfeeding women
- RoC offered <3MMD are 13%, compared to 25% in June 2022

### CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Rwanda actively participates in several CQUIN COPs, including TB/HIV, MCH, NCD, Quality Management, and AHD. These have significantly impacted the country's DSD policies and practices.
- These engagements have promoted the integration of HIV care with TB prevention, maternal and child health services, and NCD management, leading to a more comprehensive and patient-centered approach to HIV care.
- In 2023, Rwanda hosted two country-to-country visits focused on FP/HIV integration, supported by CQUIN. These strengthened the integration of FP into HIV services in country.
- Achievements from these collaborations include expanding less-intensive DSD models and developing comprehensive NCD/HIV integration models, all of which have contributed to more accessible and sustainable HIV care.

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

Figure 3 shows the results of the country team's recent self-assessment using the CQUIN DART capability maturity model for years 2022, 2023 and 2024. In 2024, Rwanda achieved the most mature stage (dark green) in 8 domains, while 2 domains remained in the least mature (red) stage.

Observed improvements are driven by strengthened coordination and the successful integration of TB/TPT within less-intensive models, achieving over 98% coverage. The main challenge remains in the delayed implementation of the NCD/HIV integration model, and the absence of DSD performance reviews restricts impact measurement, underscoring the need for continued focus on data system upgrades and comprehensive care models.

### AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM Results, 2024

Policies	Dark Green
Guidelines	Dark Green
AHD Scale-up Plan	Dark Green
SOPs	Dark Green
ROC Engagement	Dark Green
Training	Dark Green
Diagnostic Capability 1	Dark Green
Diagnostic Capability 2	Dark Green
Facility Coverage	Dark Green
Supply Chain	Dark Green
Coordination	Light Green
M&E System	Yellow
Quality	Yellow
Impact	Red

Client Coverage 1	Red
Client Coverage 2	Red
Client Coverage 3	Red
Client Coverage 4	Red

Figure 4 shows the results of the country recent self-assessment using the CQUIN AHD capability maturity model. In 2024, Rwanda reached the most mature stage (dark green) in 10 domains, while 5 domains remained in the least mature stage (red).

The inclusion of TB-LAM in routine diagnostic tests has enhanced Rwanda's diagnostic capabilities. However, there is a continued need for the availability of disaggregated data to gain clearer insights into the coverage of AHD.

### dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM Results, 2024

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

Figure 5 shows the results of the country recent self-assessment using the CQUIN dHTS capability maturity model. In 2024, Rwanda achieved the most mature staging (dark green) in 10 domains, while two domains remained in the least mature (red) staging. These highlight critical challenges with private sector engagement as well as impact for linkage to prevention.

### NEXT STEPS/WAY FORWARD

- The enabling domains across the three CMMs that attained the most maturation were dHTS, DART, and AHD.
- However, private sector engagement in dHTS remains weak, marked in red staging, indicating a priority area for improvement.
- To strengthen the overall HIV program, private sector engagement, client coverage in AHD, and impact domains across all three programs are essential focus areas.
- Plans to comprehensively address outcome domains include developing a unified M&E framework with indicators for service linkage and client coverage, alongside integrating HIV services with broader health systems.
- To support person-centered services, Rwanda is working on integrating services, re-engaging clients, enhancing quality and client satisfaction and increasing community engagement. This holistic approach will help ensure services are accessible, meet client needs, and are effectively linked to other health programs.