The CQUIN Learning Network:
Differentiated Care for Patients at High Risk of HIV Disease Progression

Dr. Wafaa El-Sadr
ICAP Global Director

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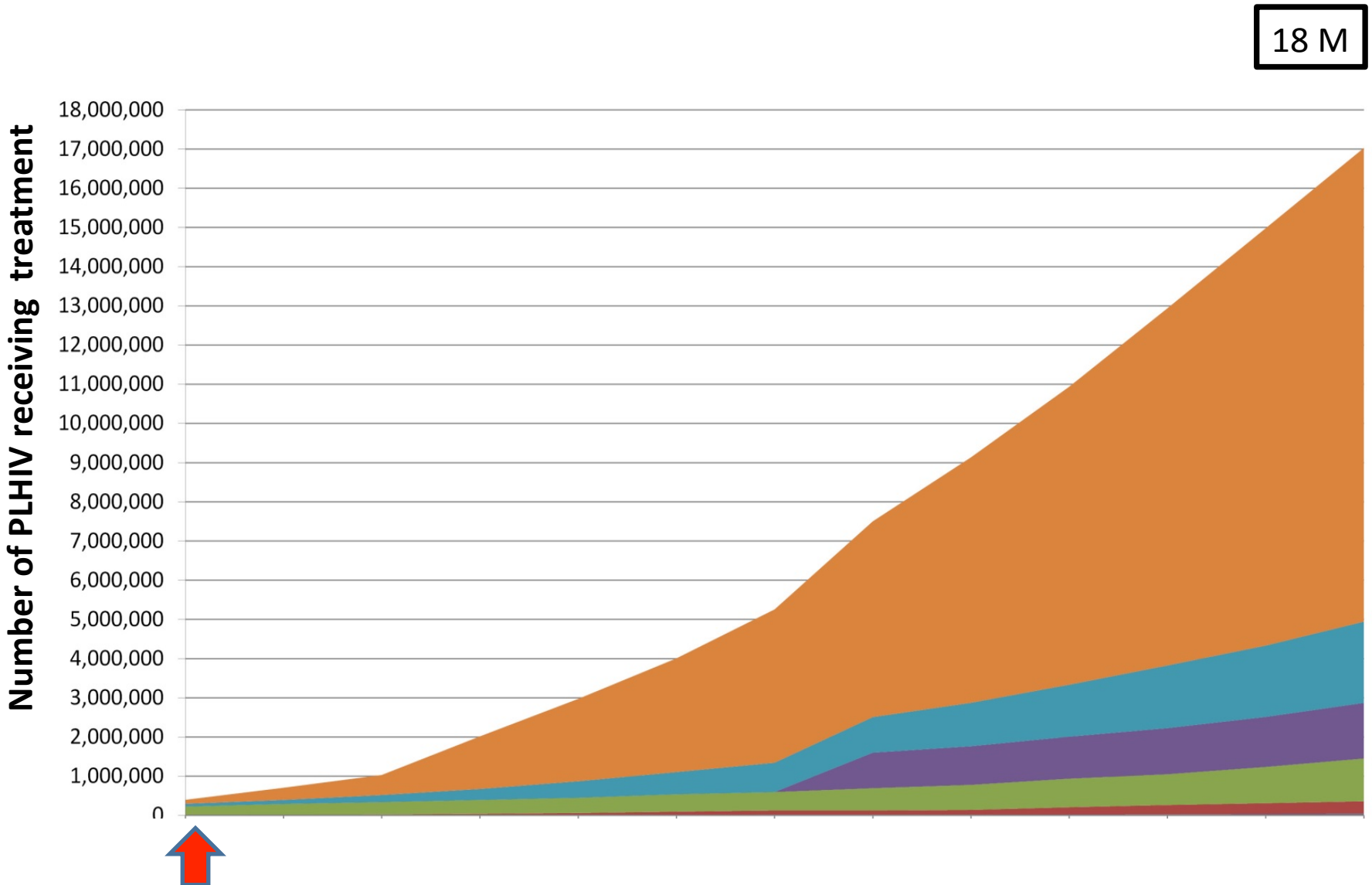
Outline of Presentation

- Differentiated service delivery
- The CQUIN network
- The P@HR workshop

Global Scale-up of HIV Treatment



HIV Treatment-- Global Targets By 2020

90%

of all PLWH will know their HIV status

90%

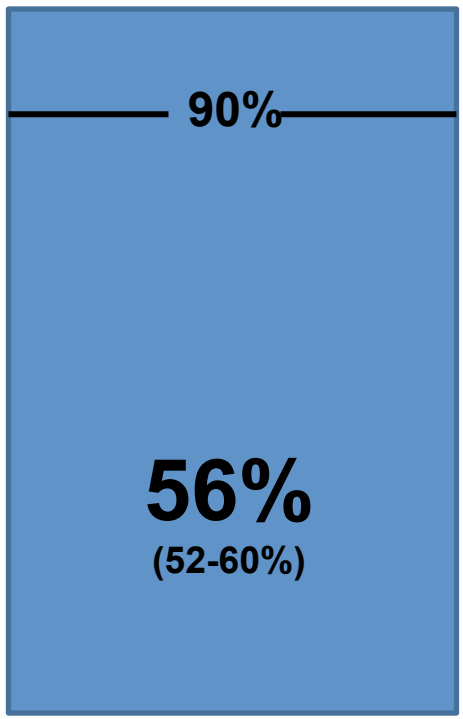
of all PLWH will receive sustained antiretroviral therapy

90%

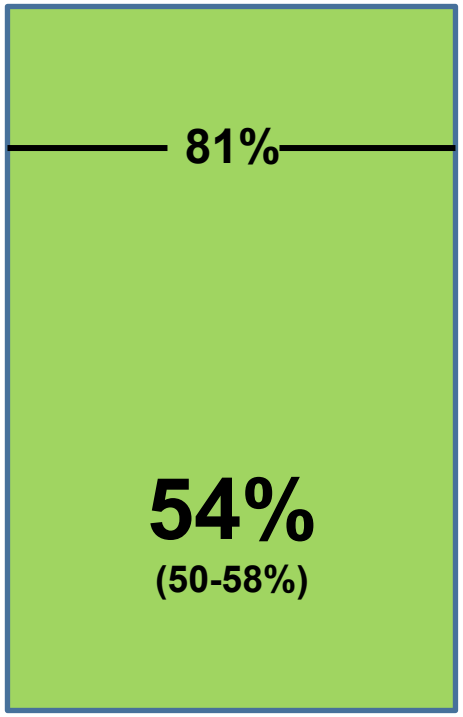
of all PLWH receiving antiretroviral therapy will have durable suppression

UNAIDS 2014

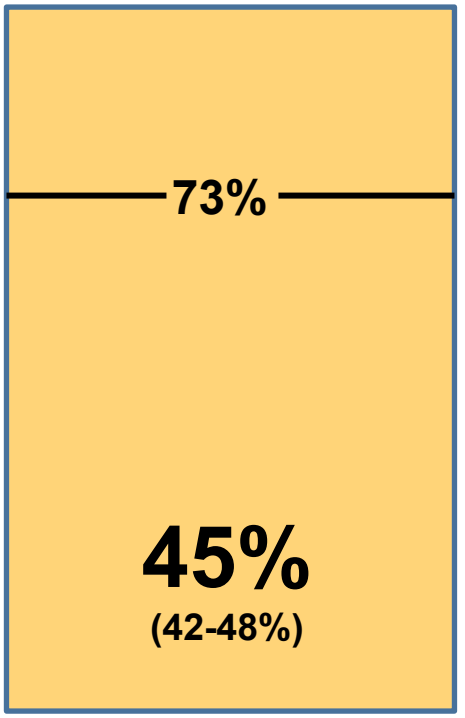
Gaps in the Continuum



Percentage of PLWH who know their HIV status



Percentage of PLWH who are on retroviral treatment



Percentage of PLWH HIV who are virally suppressed

90-90-90 progress report UNAIDS, July 2016

Barriers to Epidemic Control

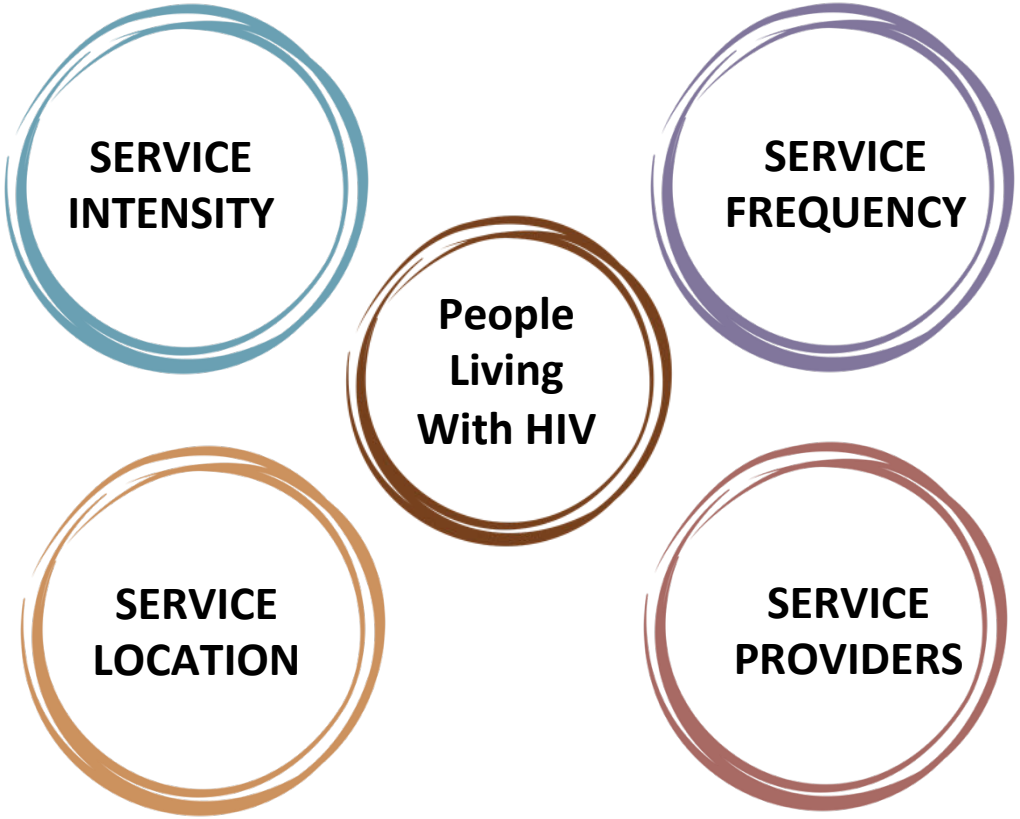
- Coverage
  - Access (geographic, language, cultural competency)
  - Demand (uptake by communities and clients)
- Quality
  - Technical quality (safety, evidence-based)
  - Interpersonal quality (respectful care)
- Efficiency
  - For health system
  - For clients

Differentiated Service Delivery to the Rescue?

In response to concerns about coverage, quality and efficiency, many global and national guidelines now recommend the use of differentiated service delivery:

> "A client-centered approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with HIV while reducing unnecessary burdens on the health system." – IAS

Putting People at the Center



WHICH?
Which clinical, laboratory and supportive services are needed?

WHEN?
How often are services provided?

WHERE?
Where are services being provided?

WHO?
Who is providing services?

Program Design "Control Knobs"

Service Frequency

Monthly
Bimonthly
Every 6 months
Every 12 months

Service Intensity

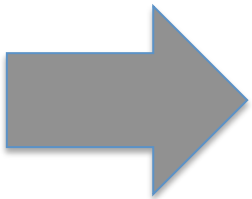
ART initiation and refills
OI prevention and treatment
Clinical monitoring
Laboratory monitoring
Psychosocial support

Service Location

Hospital (inpatient or outpatient)
HIV clinic
Primary care clinic
Community
Home

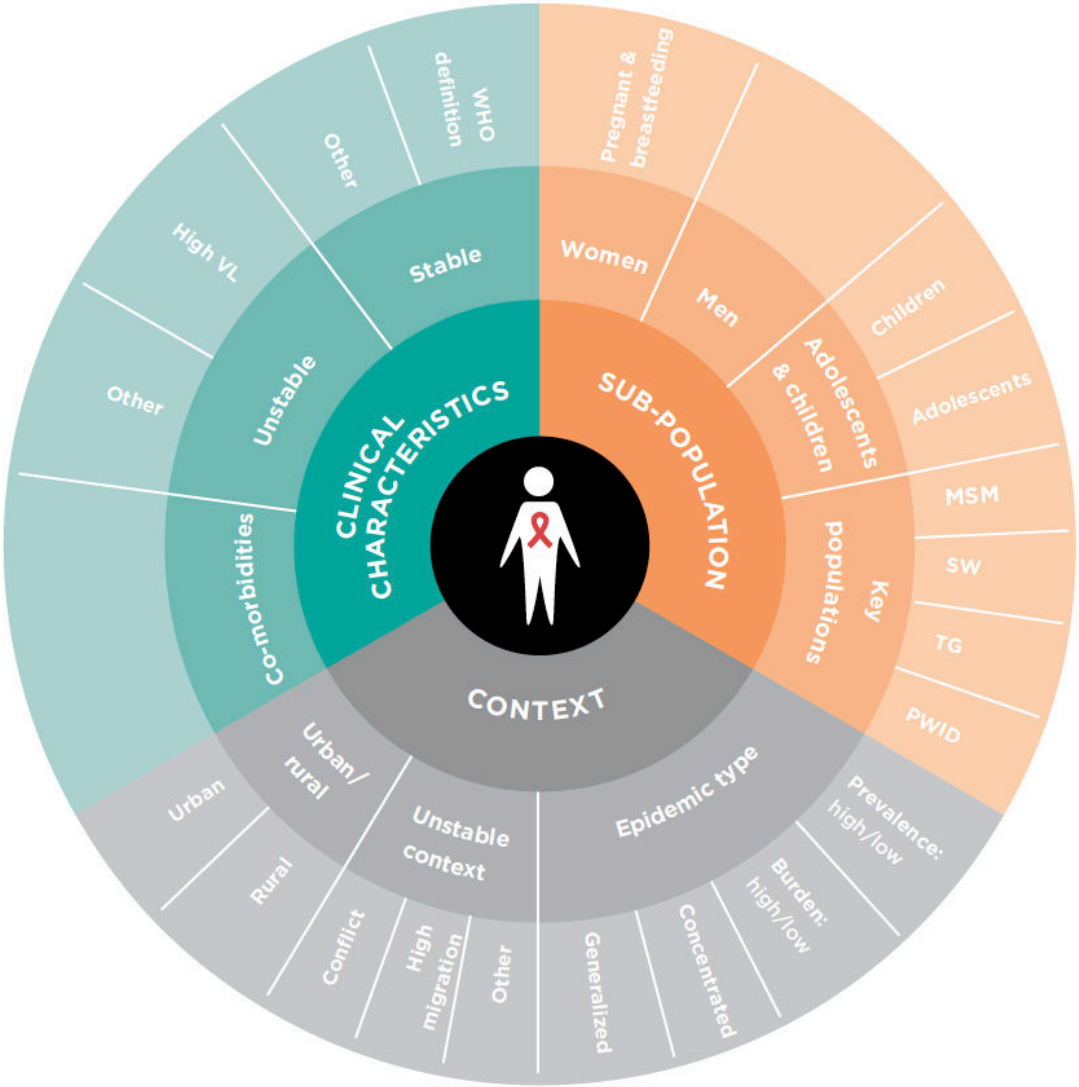
Service Provider

Physician
Nurse
Pharmacist
Peer
Clinical Officer
CHW
Laboratorian
Family



- 90:90:90
- Quality of Life
- Efficiency
- Equity
- Epidemic Control

Differentiating Services for Multiple Groups



IAS 2016

DSD for Stable Patients on ART

HEALTH CARE WORKER-MANAGED GROUPS

CLIENT-MANAGED GROUPS

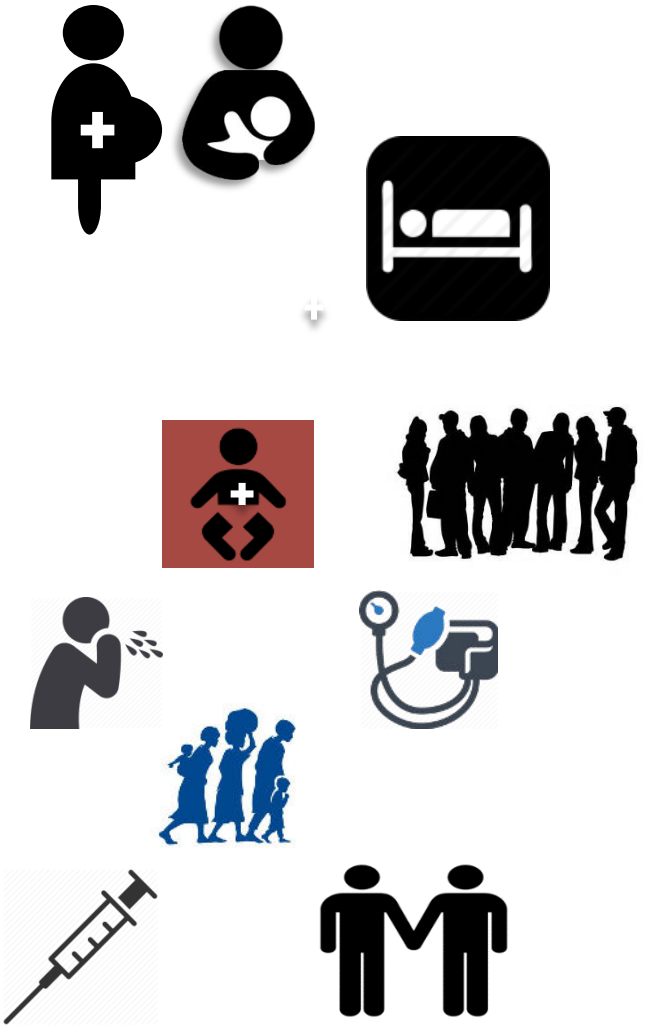
FACILITY-BASED INDIVIDUAL MODELS

OUT-OF-FACILITY INDIVIDUAL MODELS

www.differentiatedcare.org

Beyond "Stable Patients"

- Pregnant/post-partum women
- Patients at high risk (advanced disease, unsuppressed viral load)
- Men
- Children and adolescents
- Patients with HIV and co-morbid conditions (TB, NCD)
- Migrants/mobile populations
- Key populations



Outline

- Differentiated service delivery
- The CQUIN network
- The P@HR workshop

The CQUIN Learning Network

Ethiopia

Kenya

Malawi

Mozambique

South Africa

Swaziland

Uganda

Zambia

Zimbabwe

The CQUIN Learning Network

Focus is on joint learning towards scale-up of differentiated service delivery models (DSDM) in order to improve coverage, quality and efficiency

- Knowledge exchange
- Knowledge co-creation, especially where models, tools, resources are new and/or scarce

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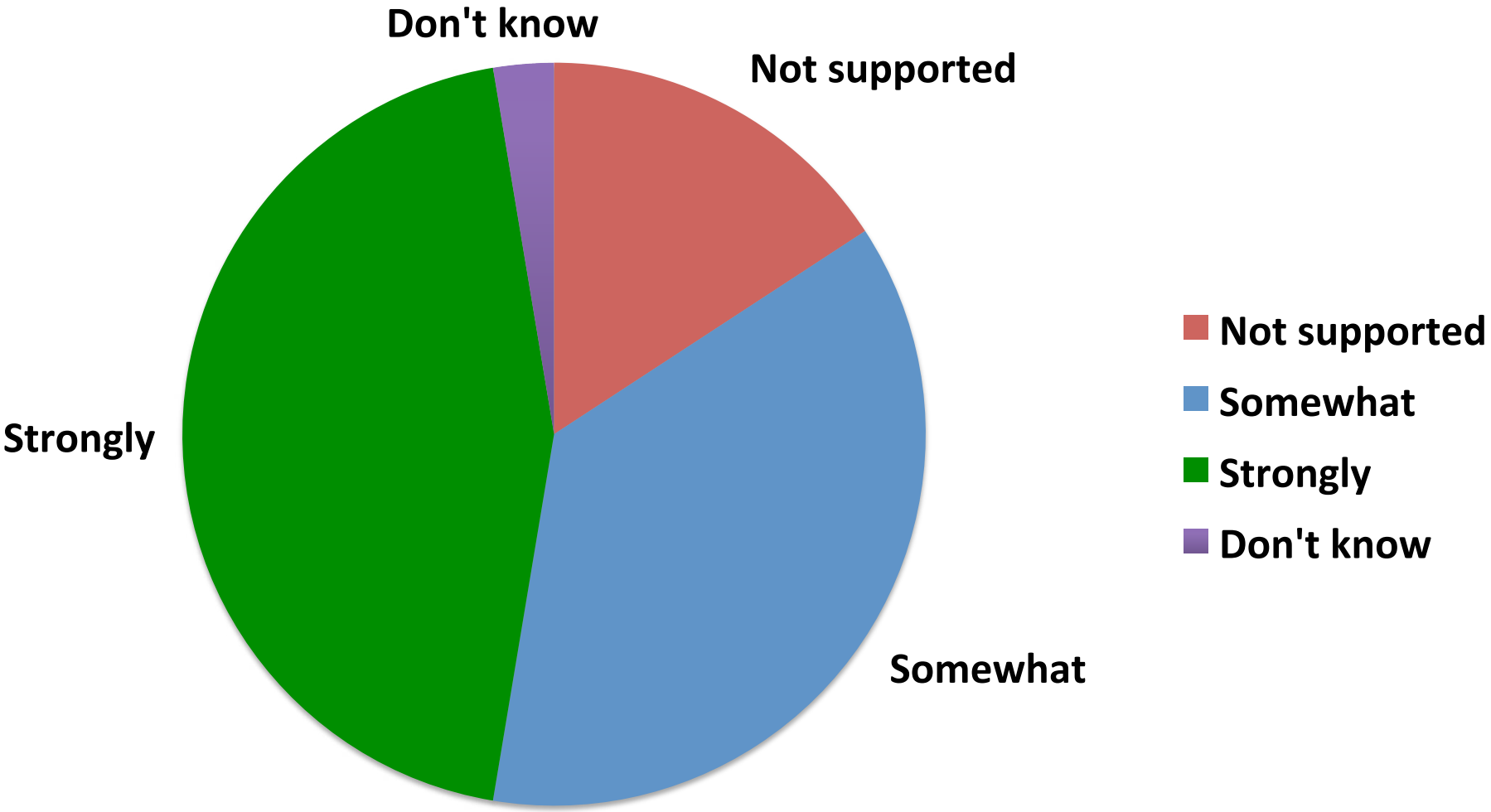
Workshop on DSDM for P@HR

- One of a series of workshops aligned with CQUIN 'communities of practice' (COP)
- COP topics selected by participants in CQUIN launch meeting in March 2017
  - Stable patients (focus on M&E and QI)
  - Patients at high risk for disease progression (P@HR)
  - Adolescents
  - Men
  - HIV & NCDs

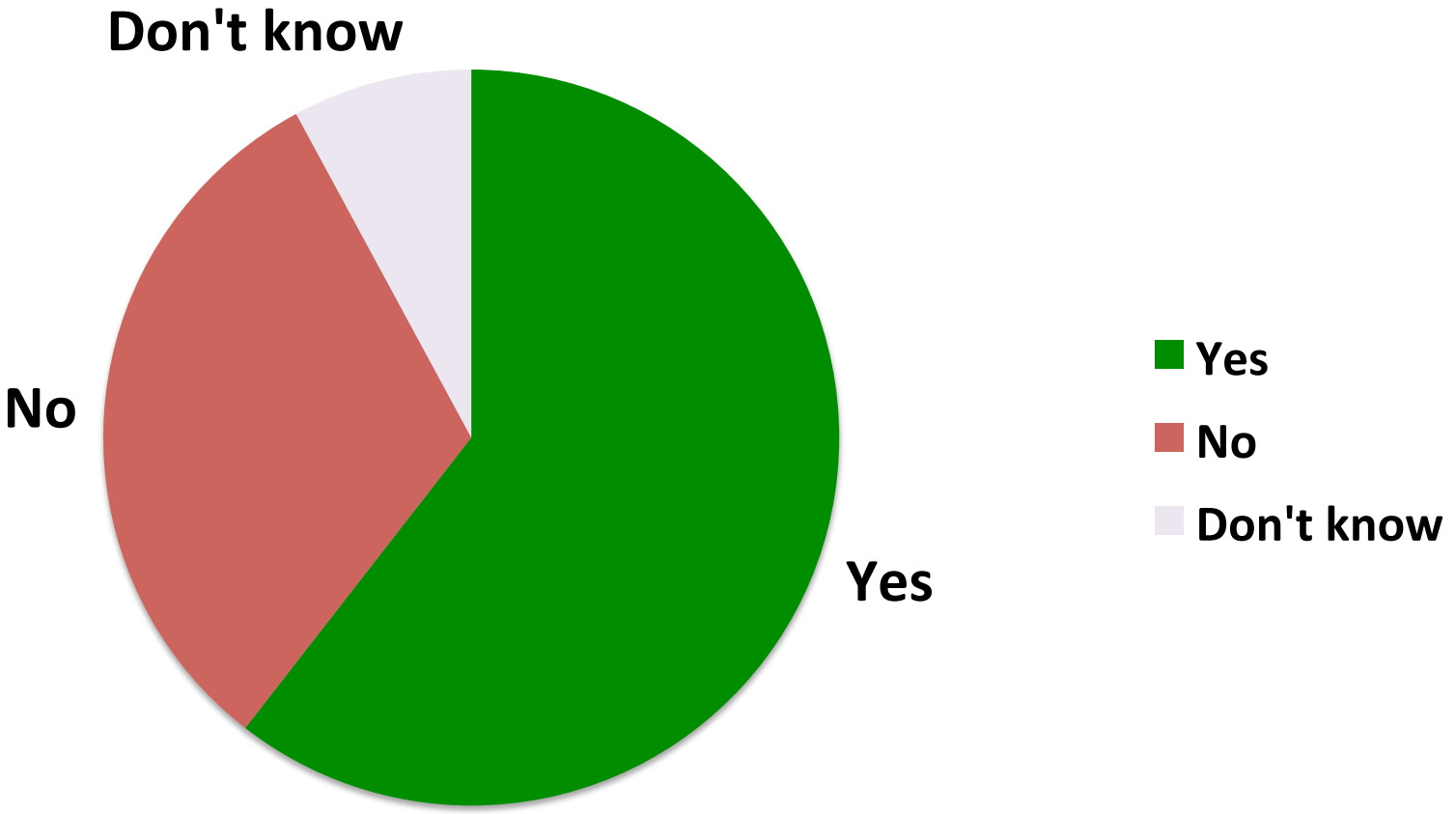
Agenda Overview

- Plenary presentations
  - Patients at high risk: state of the art
  - CQUIN network, communities of practice
  - Client/community perspectives
  - HIV/TB
- Panels
  - National guidelines and best practices
  - Innovations and Experience
  - Perspectives from frontline providers and clients
- Breakout groups
  - Knowledge exchange and knowledge co-creation

To what extent is differentiated care for P@HR supported at the policy level in your country?



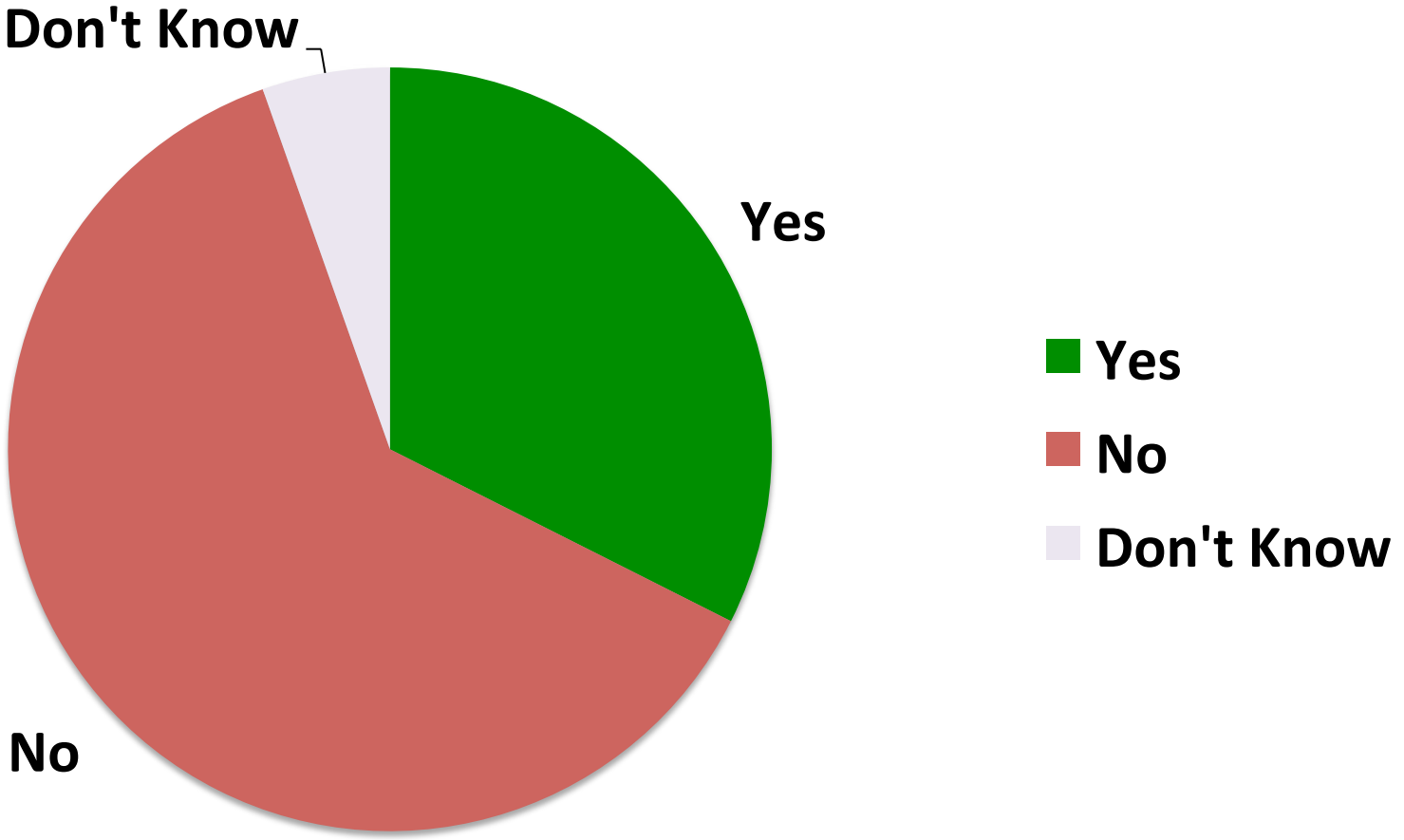
Do HIV treatment guidelines in your countries address differentiated care for P@HR?



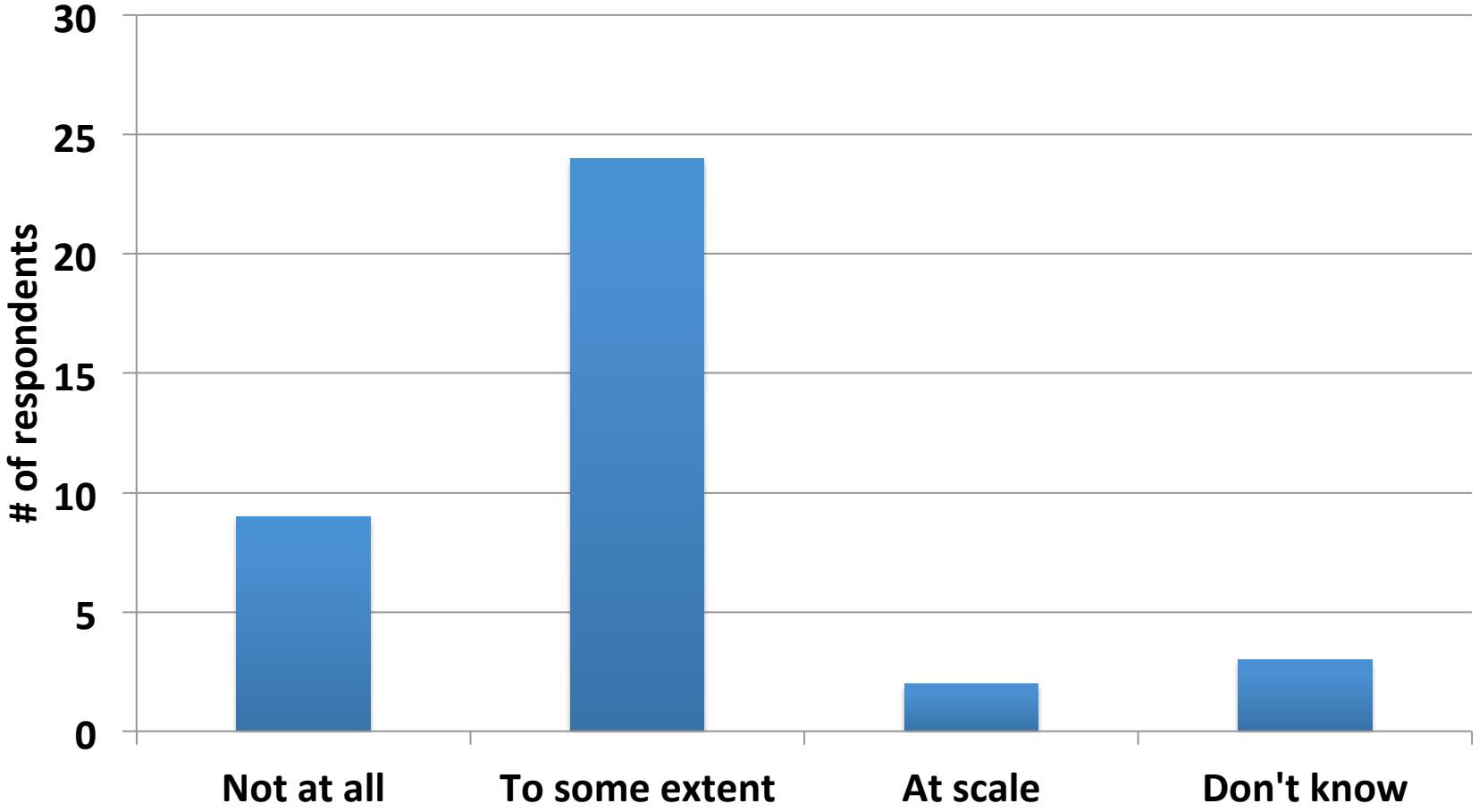
Are you aware of any pilot projects for DSDM of P@HR?

- Resistance clinic for patients with high VL
- Specific clinic days and support groups for patients whose treatment is failing
- Special registers to monitor patients with non-suppressed VL
- Special packages of care: ALUP from Lighthouse Malawi, SIPOC Kenya, advanced clinical care package
- Home-based treatment and ART delivery for very ill patients
- National clinical support center as a resource for clinicians less experienced with managing P@HR

Are you aware of any training curricula in your country for DSDM of P@HR?



To what extent is DSD for P@HR implemented in your country?



What are the most significant barriers to DSDM for P@HR in your country?

- Absence of guidelines and SOPs
- Failure to identify patients at high risk
- Lack of on-site and point-of-care labs
- A focus on the stable patient, as opposed to patient-centered care
- "Pilots, pilots and more pilots"
- Busy clinics, staff shortages
- Cost of labs and OI treatment
- Medication stock outs, especially 2nd line ART
- Lack of health worker buy-in for the concept

What would you like to learn from other countries about DSDM for P@HR?

- How to optimize community-facility linkages
- How to identify and "flag" P@HR especially at busy clinics
- Experience with patients transitioning between high-risk and low-risk models
- Whether they have specific protocols to share
- Outcomes data – does this improve care and outcomes?
- Implementation and scale-up experience
- M&E systems and tools

Workshop Goal and Objectives

Goal: To initiate the P@HR Community of Practice and south-to-south exchange

Objectives:

- To define P@HR and identify challenges and opportunities to optimize treatment outcomes
- To facilitate the exchange of knowledge and experience related to differentiated service delivery for P@HR
- To discuss barriers and gaps related to providing differentiated services to P@HR
- To identify opportunities for joint learning and co-creation of resources and tools

Thank you

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