The CQUIN Learning Network:
Partnering to Advance Differentiated Care
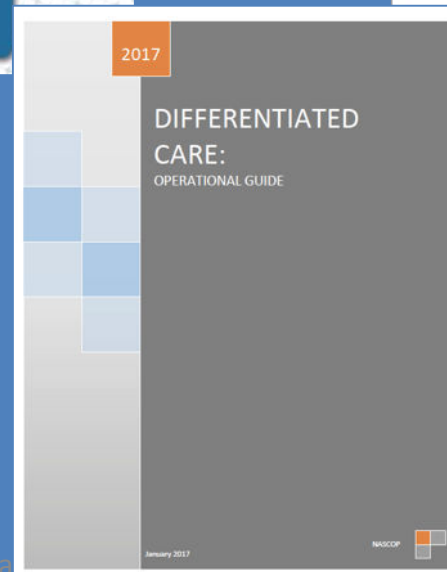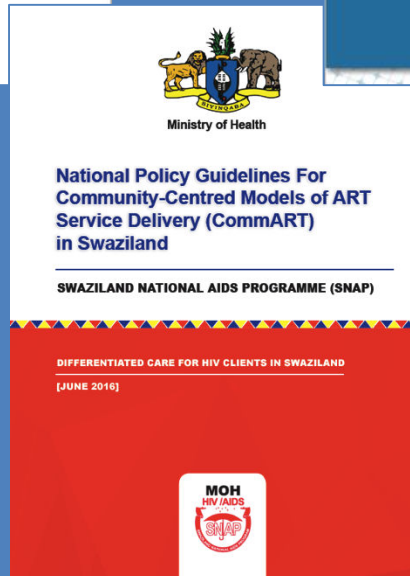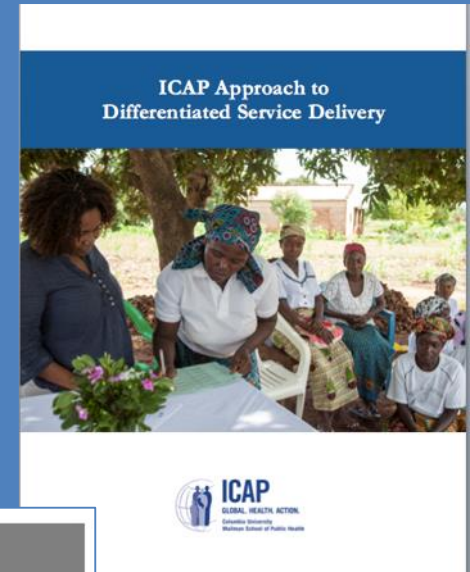
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CQUIN Project Director
July 23, 2017

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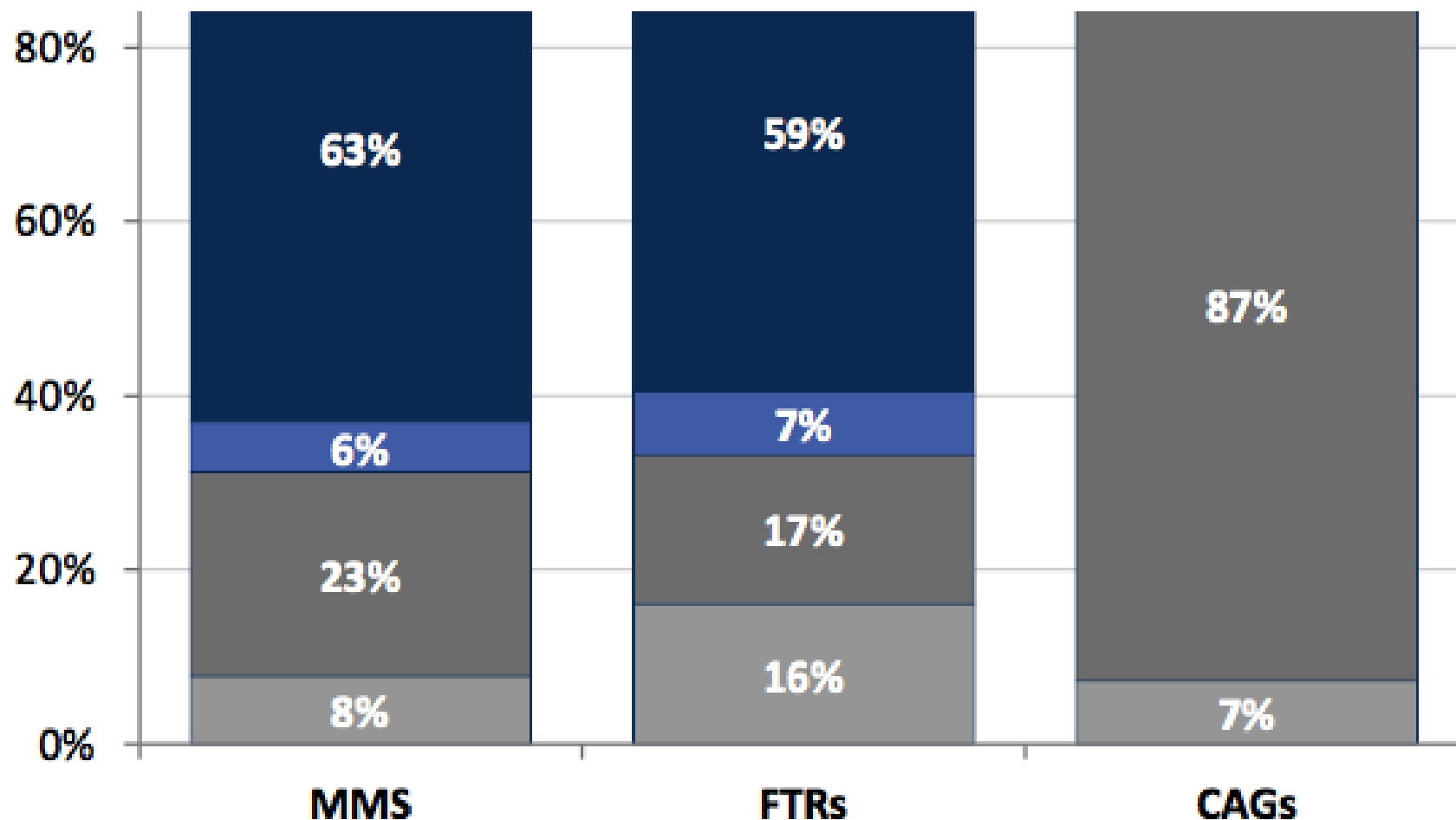
Outline

- **Background**

- CQUIN learning network

- Achievements

Differentiated Service Delivery
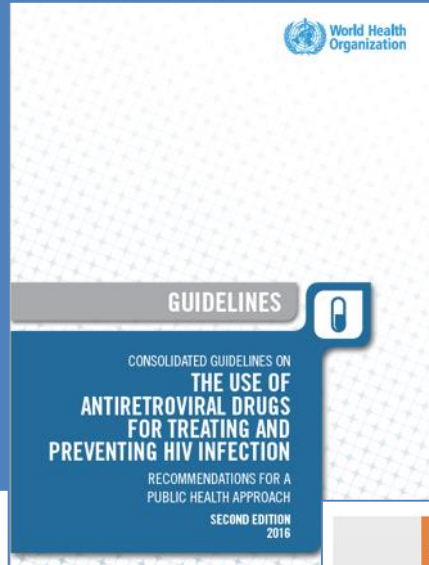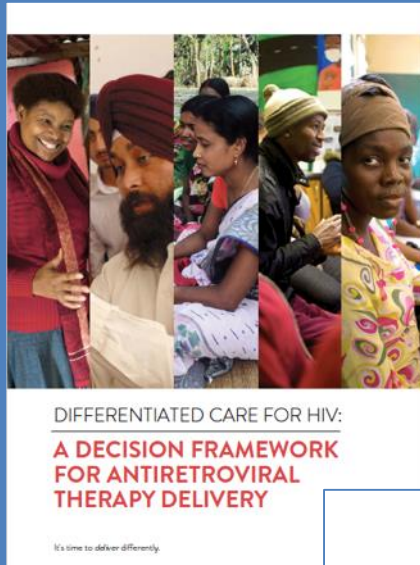
Fidelity of DSD implementation

Models of Differentiated Care in Malawi. Process Evaluation Report, 2016 - CHAI

Policy and Implementation Mismatch

	A	B	C	D	E	F
Policies						
Guidelines						
Scale-up plan						
Coordination						
Community						
Training						
SOPs/job aides						
M&E system						
Coverage						
Diversity						
Quality						

Differentiated Service Delivery

- Pilot projects showing results
- Adoption of DSDM policies in many countries, but slow progress to implementation at scale
- Adaptation of M&E systems is challenging, and there are concerns re: documenting and measuring impact
- Quality gaps exist across models
- Opportunity for cross-country learning

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What is a Learning Network?

"One person is a thin porridge; two or three people are a lump of ugali"

– Kuria

"Walking in two is medicine"

- Mozambique

What is a Learning Network?

- A structure that facilitates joint learning
  - Not simply exchange of information

- An approach to co-creation of resources
  - Participants collaborate to develop new tools

- A way to catalyze scale-up and spread
  - Insight from peers can help participants to avoid barriers and reinforce facilitators

Successful Learning Networks Have:

- Focused goals aligned with policy priorities

- Experienced, championing leaders

- Participant-driven priorities

- Effective external partnerships

- A convening/coordinating organization

- Resources to support communication, collaboration, and joint work

Althauser et al., Shiffman et al.

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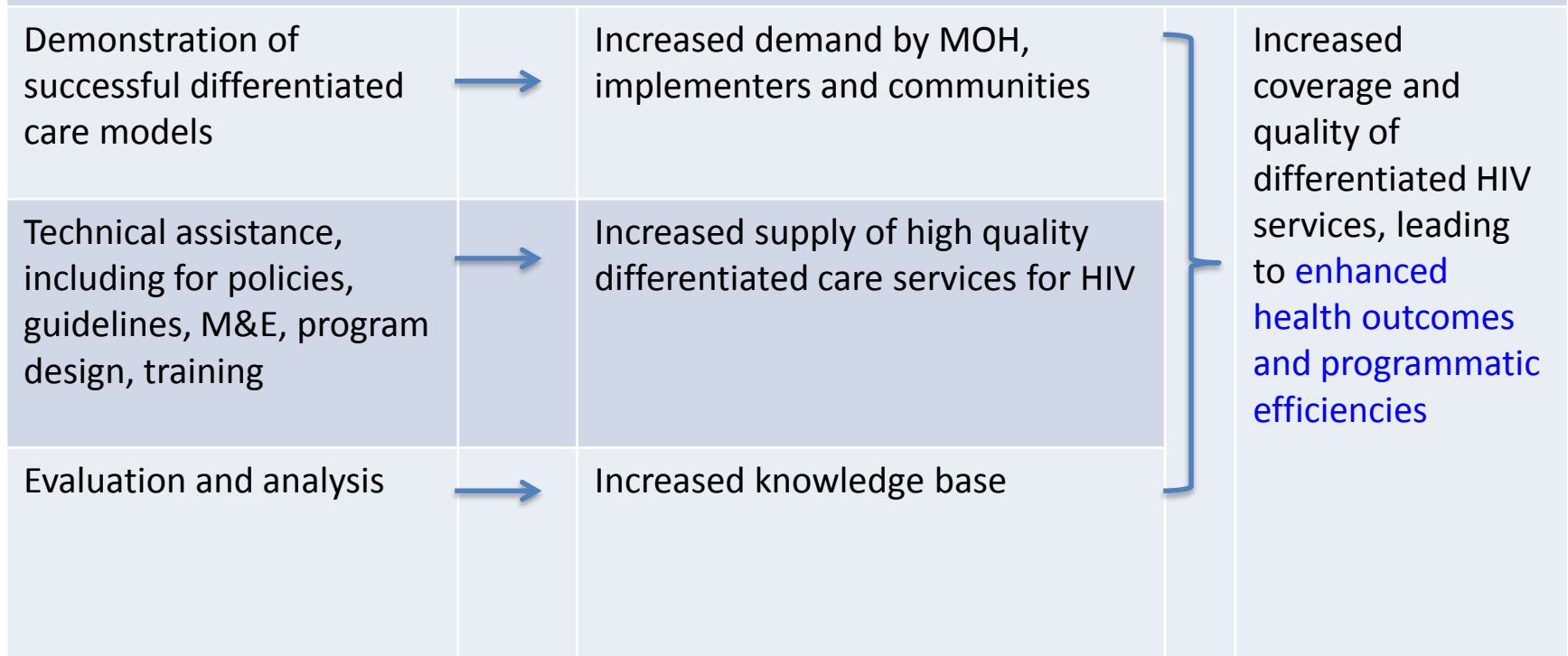Mailman School of Public Health

CQUIN Learning Network

- The HIV <u>C</u>overage, <u>Qu</u>ality, and <u>I</u>mpact <u>N</u>etwork is designed to advance the implementation of DSD by fostering joint learning and co-creation of knowledge and resources

- Funded by the Bill & Melinda Gates Foundation

- Convened by ICAP at Columbia (ICAP)

CQUIN Logic Model
Focusing on the "How" of Differentiated Care

THE CQUIN FRAMEWORK		
Demonstration of successful differentiated care models →	Increased demand by MOH, implementers and communities	Increased coverage and quality of differentiated HIV services, leading to enhanced health outcomes and programmatic efficiencies
Technical assistance, including for policies, guidelines, M&E, program design, training →	Increased supply of high quality differentiated care services for HIV	
Evaluation and analysis →	Increased knowledge base	

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General Functions of CQUIN Network

- Knowledge exchange
  - Sharing information across countries as well as generating new knowledge and spreading practices

- Joint network learning
  - Solving problems together via collaboration and joint work to develop strategies, tools, and other resources

- Innovation
  - Collaboratively adapting existing knowledge and/or generating new interventions and strategies

Specific CQUIN Approach

- Identify barriers at country and cross-country levels that stand in the way of adoption, implementation and scale-up of differentiated service delivery (DSD)

- Pursue initial portfolio of projects, single or multi-country, selected to be catalytic and to:

  - motivate adoption and expansion of DSD in a country
  - spark cross-country learning

- Focus on knowledge sharing, problem solving and co-creation of resources (tools, protocols, SOPs, curricula, research protocols)

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Where Are We Now?

- Network launched in March 2017
- Nine countries engaged to date
- Website and online learning platform are live
- Launch meeting in Durban identified priority areas for joint learning and technical assistance
- Implementation support, technical assistance, south-to-south learning visits and catalytic research projects are underway

Network Members

Ethiopia

Kenya

Malawi

Mozambique

South Africa

Swaziland

Uganda

Zambia

Zimbabwe

Knowledge Exchange

- Website: cquin.icap.columbia.edu

- Webinars

- On-line journal club

- Multi-country workshops

- South-to-south visits

- Communities of practice

- Annual meetings

Support for National Programs

- Seconding DSD coordinators to MOH in selected countries

- Support for national DSD review meetings

- Development of DSD staging dashboard

- Consultations re: M&E of differentiated care

The CQUIN Staging Dashboard

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

Differentiated Service Delivery Dashboard: Draft 2.0

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Policies	National HIV treatment policies prohibit or impede differentiated service delivery models (DSDM)	National policies do not mention DSDM	National policies include DSDM but do not actively promote these models of care	National policies actively promote the use of DSDM for stable patients	National policies actively promote the use of DSDM for diverse patient groups[1]
Guidelines	National HIV treatment guidelines do not include DSDM		National HIV treatment guidelines include DSDM but do not provide detailed and specific implementation guidance		National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM
Diversity of DSDM services	No DSDM services have been implemented	DSD is available for stable patients only and only one model has been implemented[2]	DSD is available for stable patients only, and only two models have been implemented	DSD is available for stable patients only and ≥ 3 models have been implemented	DSDM is available for diverse patient groups
National DSD Scale-up Plan	None	DSD scale-up plan discussions and meetings ongoing	DSD scale-up plan draft available	DSD scale-up plan developed and approved by MOH	DSD scale-up plan being actively implemented
Coordination	None	DSD activities fall under the purview of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment technical working group [TWG])	DSD activities are coordinated by a dedicated group (e.g., a sub-TWG or equivalent)	National DSD Focal Person spearheads DSD planning and coordination	DSD progress reported in annual program reports and/or annual national review meetings in place
Community Engagement	None	Representatives of people living with HIV/AIDS (PLHIV) and/or civil society are engaged in DSD implementation	PLHIV and/or civil society representatives are engaged in both DSD implementation and design of DSDM	PLHIV and/or civil society representatives are engaged in both implementation, design and evaluation of DSDM	PLHIV and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation

Communities of Practice

Initial areas prioritized by member countries:

- Differentiated M&E
- Individuals at high risk of disease progression
- Adolescents and young people
- Men
- Individuals with both HIV and NCDs
- Quality improvement for DSD

Catalytic Projects

- Study of male engagement in CARGs (Zimbabwe)

- Study of adolescent preferences for DSDM (Kenya)

- Pilot of BP self-monitoring for individuals with both HIV and HTN (Swaziland)

- Review of DSDM costing data

- Support for QI capacity building

Conclusion

Together, with the support of the CQUIN network, each country can ensure Coverage of Quality Differentiated Care Services to have maximum Impact in achieving the 90:90:90 targets

THANK YOU!!!

"A clever bird builds its nest with the other bird's feathers" - Zimbabwe