

Concept Note

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

Harare, Zimbabwe

July 17th to 19th, 2017

Background:

In March 2017, the *HIV Coverage, Quality, and Impact Network (CQUIN)* was launched in Durban, South Africa, by ICAP at Columbia University. The goal of the CQUIN network is to increase the number of people living with HIV initiating and sustaining highly effective HIV treatment with sustained viral suppression. Towards this end, ICAP aims to enable the adoption, implementation and scale-up of high quality differentiated service delivery (DSD) by supporting a network of countries at various stages of implementing differentiated care services, enabling experience sharing, cross-learning, and collaborative problem solving.

At the launch meeting, 54 people from nine countries – including Ethiopia, Kenya, Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe – convened to share experiences, progress and challenges related to DSD, and to assess the state of DSD scale-up in each country using the CQUIN dashboard. The [meeting report](#) is available online at <https://cquin.icap.columbia.edu>. Participants deliberated about priority areas for joint learning, highlighting the issue of DSD for what some national guidelines call “unstable” patients – individuals presenting with advanced immunosuppression and those with other risk factors for disease progression, such as unsuppressed viral load. As a result, one of the initial communities of practice launched within the CQUIN network will focus on patients at high risk of HIV disease progression (P@HR).

CQUIN recently developed a “call to action” [position paper](#) on differentiated care for adults at high risk of HIV disease progression. Although clinical guidelines and policies regarding optimal packages of care exist, most suggest (or imply) that these services should be delivered as per usual facility-based models. In general, these guidelines give few, if any, recommendations about differentiating care – e.g., options for varying visit frequency, service location, and/or health worker cadres. In addition, very few examples on the “how” of differentiated care for patients with advanced or unstable HIV disease exist in either the published or grey literature. Of note, the World Health Organization (WHO) will be updating its guidance on the package of care for P@HR in July 2017, making this an optimal time to discuss differentiated care models.

The Harare workshop will convene participants from CQUIN member countries to share experiences and work jointly to identify and address key gaps and opportunities related to policies, protocols, training and tools for the differentiated care of P@HR.

Workshop Goal and Objectives:

The goal of the workshop is to initiate the P@HR Community of Practice and south-to-south exchange by:

- Defining P@HR and identifying challenges and opportunities to optimize treatment outcomes
- Facilitating the exchange of knowledge and experience related to differentiated service delivery for P@HR
- Discussing barriers and gaps related to providing differentiated services to P@HR
- Identifying opportunities for joint learning and co-creation of resources and tools

Participants:

The workshop will include approximately 55-60 people, including technical experts and representatives from CQUIN member countries (Ethiopia, Kenya, Malawi, Mozambique, South Africa, Swaziland, Uganda, Zambia and Zimbabwe). Participants include staff from MOH, implementing partners, academic institutions, civil society, and USG agencies.

Agenda:

The meeting will begin the morning of Monday, July 17th and conclude at close-of-business on Wednesday, July 19th. The workshop will include a mixture of presentations and breakout group work: a detailed agenda will follow.

Deliverables:

- Prioritized list of DSD implementation approaches for P@HR
- Prioritized list of opportunities for joint learning and co-creation of resources and tools
- Meeting report