

The CQUIN Learning Network: Partnering to Advance Differentiated Care

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Achieving 90:90:90 Targets and Beyond

- Ambitious global targets that require substantial increase in the number of people living with HIV identified, number initiated on treatment and virally suppressed
- Millions of people will need to remain on ART for life
- How do we double the number of individuals on effective treatment while maintaining millions on treatment?
 - Crowded and overwhelmed health providers
 - Burden of remaining in care for recipients of care
 - Need to address risk of adherence fatigue
- Compelling need to simplify and tailor care.

DSD TO THE RESCUE!

CQUIN – A Learning Network

- The HIV **Coverage, Quality, and Impact Network** is designed to advance differentiated service delivery (DSD)
- Funded by the Bill & Melinda Gates Foundation
- ICAP at Columbia (ICAP) is the convening organization working in partnership with:
 - ministries of health,
 - in-country program implementers and managers
 - Civil society groups.

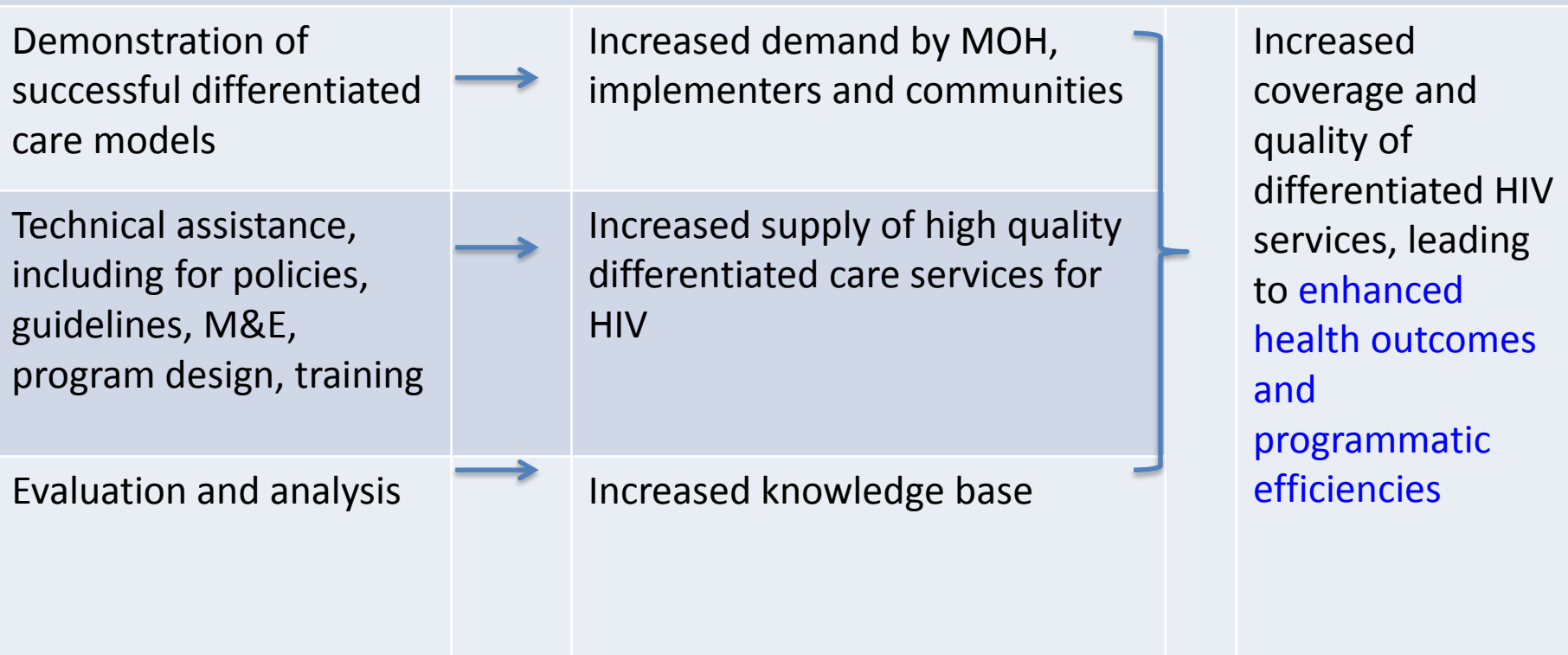
What is a Learning Network?

- Facilitates joint learning
 - Not simply exchange of information
- Co-creates resources and tools
 - Participants collaborate to develop new tools
- Catalyzes implementation, scale-up and dissemination
 - Insight from peers can help participants to avoid barriers and reinforce facilitators

CQUIN Logic Model

Focusing on the “How” of DSD

THE CQUIN FRAMEWORK



CQUIN: Approach

- 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, standard operating procedures (SOPs), curricula, research protocols)

ACHIEVEMENTS

Launch in March 2017



Network Members



Ethiopia



Kenya



Malawi



Mozambique



South Africa



Swaziland



Uganda



Zambia



Zimbabwe



Workshops and Communities of Practice

- Launch meeting held in March set the stage for selection of topics for the communities of practice
 - M&E of DSD, Adolescents, Men, P@HR, HIV/NCDs, QI
- Second workshop in July focused on patients at high risk for disease progression (P@HR)
- Virtual community of practice on the M&E of DSD
- Third workshop on DSD for adolescents living with HIV

Self-Assessment: the CQUIN dashboard

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

Differentiated Service Delivery Dashboard: Draft 2.0



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

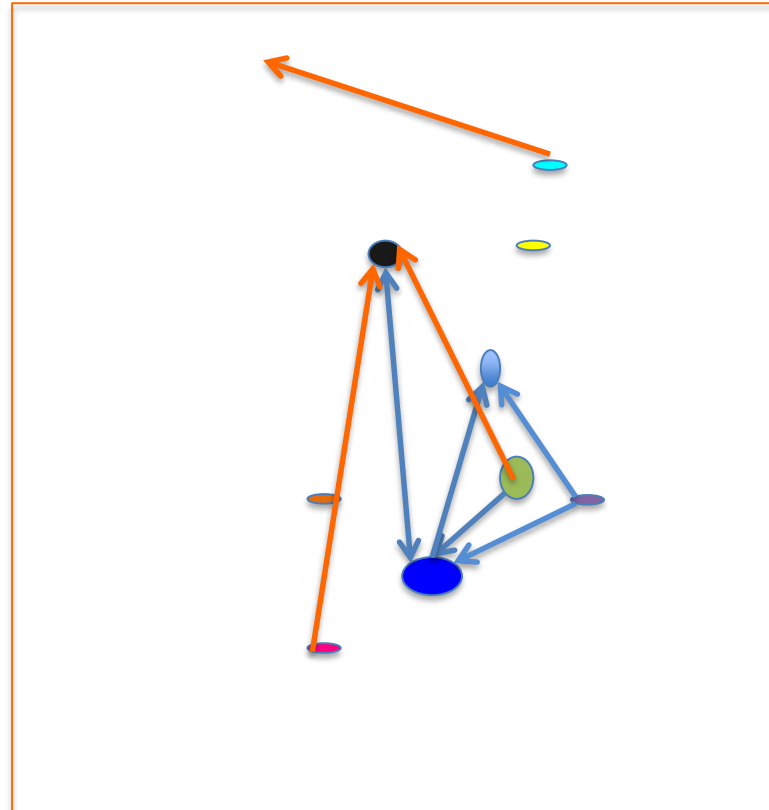
Countries DSD Baseline

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

Growing south-to-south learning exchange

Completed visits 

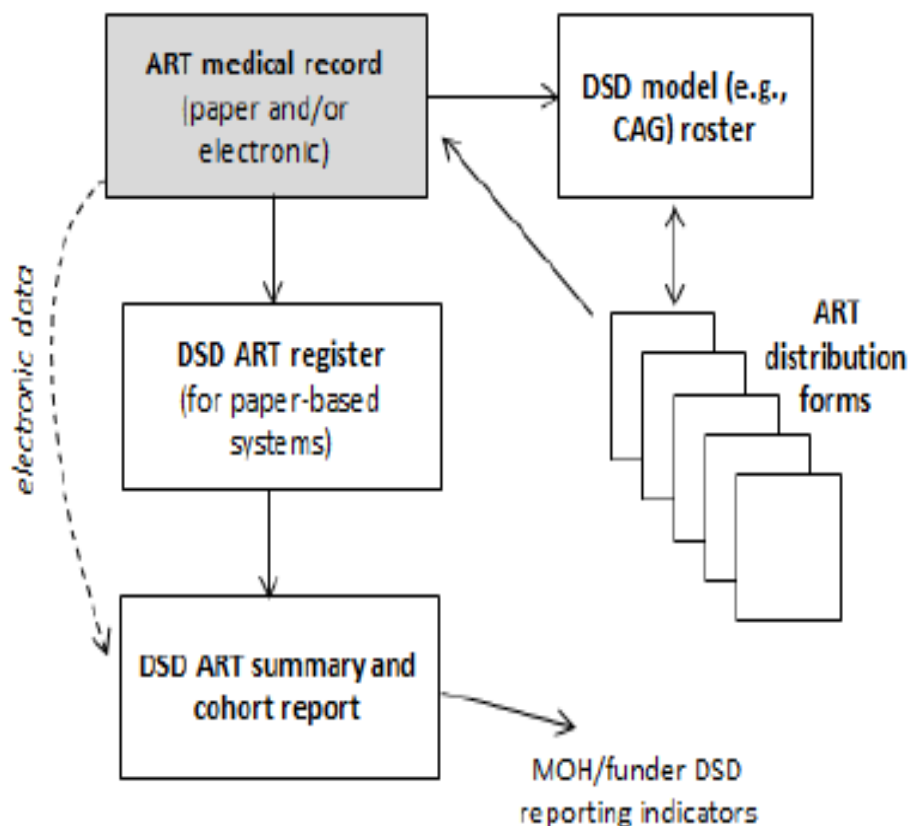
Upcoming visits 





South-to-south in action

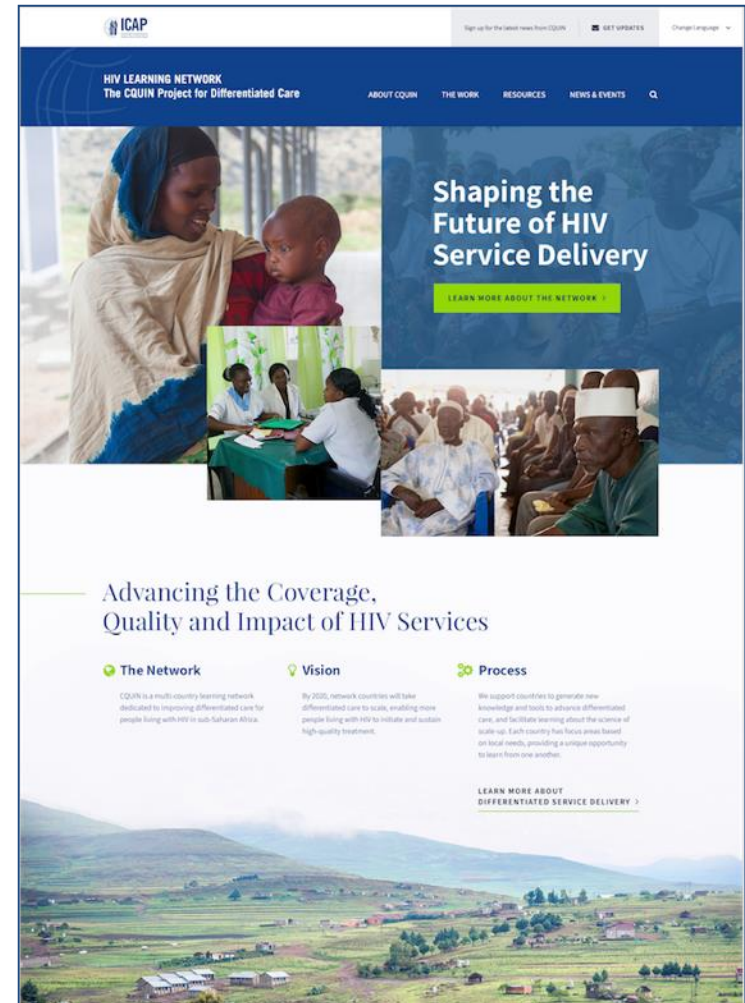
Co-creation of Tools



Data Element	Instructions/Responses
Type of visit	<input type="checkbox"/> Clinic visit <input type="checkbox"/> Fast-track ART <input type="checkbox"/> Facility-based adherence club <input type="checkbox"/> Comm. ART distribution point <input type="checkbox"/> Peer-led comm. ART group <input type="checkbox"/> Patient-led comm. ART group
For clinic visits only:	
Patient stable?	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable If unstable, how?: _____
Patient eligible for fast-track, adherence club, or ART group?	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible If ineligible, why?: <input type="checkbox"/> Unstable <input type="checkbox"/> Other: _____
DSD service model assigned	<input type="checkbox"/> HIV clinic-based ART <input type="checkbox"/> Fast-track ART <input type="checkbox"/> Facility-based adherence club <input type="checkbox"/> Comm. ART distribution point <input type="checkbox"/> Peer-led comm. ART group <input type="checkbox"/> Patient-led comm. ART group
Group ID	ID number assigned by facility to club or group, for patients assigned to an FBC, PEER, or PAT
For non-Clinic visits only:	
ART pickup date	Date ART was received by the patient or, for groups, picked up by a group member
ART supply provided	Document the supply of ART provided (e.g., 1 month)
Comments	May note TB symptoms or diagnosis, pregnancy, adherence problems, or health problems requiring HIV clinic follow-up

Website and Online Resources

- Website: cquin.icap.columbia.edu
 - News
 - Resources
 - Works-in-progress
- On-line journal club
- Monthly newsletter

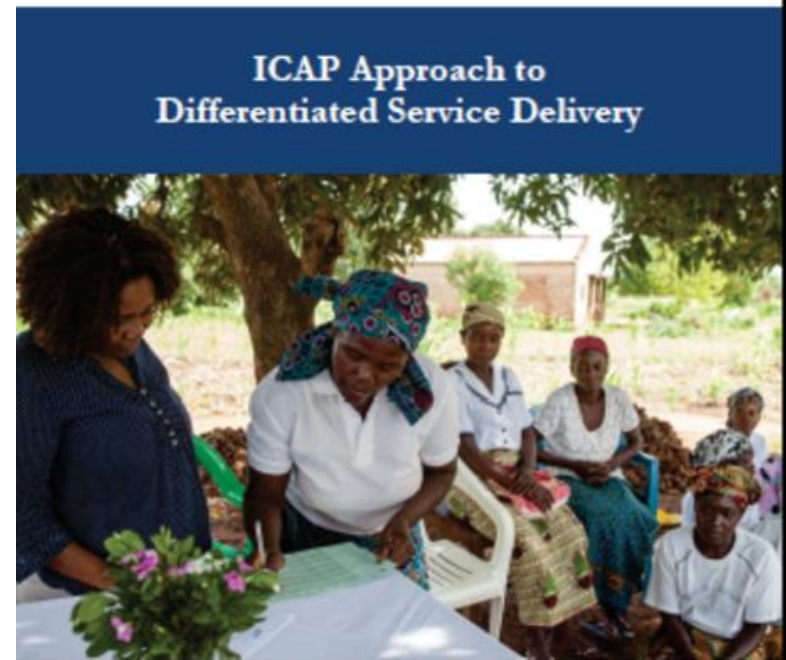


Webinars, Journal Clubs and Publications



Differentiated Service Delivery: Selected Highlights from IAS 2017

Miriam Rabkin, MD, MPH
Peter Preko, MBChB, MPH
Laura Block, MSc.



Knowledge Generation

- Formative study in Kenya to understand the service delivery preferences of ALHIV
- Swaziland
 - BP self-monitoring study
- Study in Zimbabwe to understand how to engage men in DSD



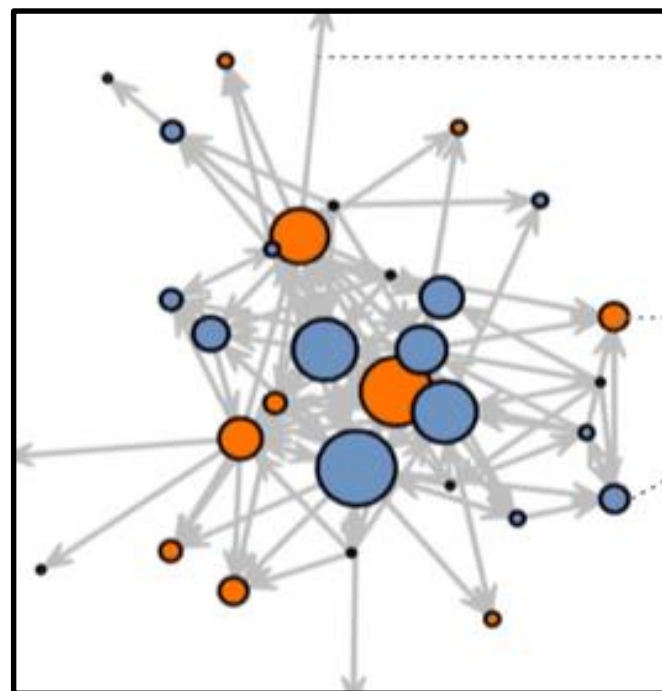
Country level TA

- Support for national programs through:
 - Seconding DSD coordinators to MOH in Zimbabwe and Swaziland
 - Negotiated for DSD focal persons for Kenya and Zambia
 - Development of staging dashboard
 - Consultations re: M&E of DSD
 - DSD QI Projects in Zambia and Malawi
- M&E of DSD technical assistance
 - Swaziland & Zimbabwe



Expected Outcomes of CQUIN Network

- Access to robust multi-country learning network
 - High volume of knowledge exchange
- Rapid scale up of mixed models of DSD by MOHs within countries
- Increased enrollment of patients into models of preference
- CQUIN-supported countries achieving universal ART coverage
- Improved health and health system outcomes



Source:
http://www.path.org/publications/files/DHS_analysis_africa_rpt



“With CQUIN, we have access to guidance and support from partners. We are able to learn from other countries’ successes and challenges; it’s been a very useful platform for us.”

-Dr. Irenio Gaspar, Care and Treatment Chief, MOH Mozambique

*“A clever bird builds its nest with the other birds’
feathers” – Zimbabwe*

“A single bracelet does not jingle” – Congolese

Thank you

