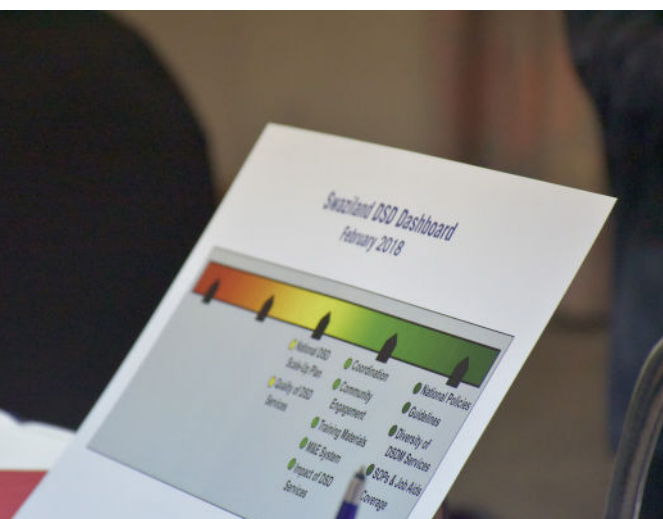


# THE CQUIN LEARNING NETWORK

## *Science & Practice of Scale-Up*

### WORKSHOP REPORT

June 27-29, 2018  
Ezulwini, Eswatini



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## Resumo Executivo

### Contexto

Em Março de 2017, o ICAP (Centro Internacional de Programas de Cuidados e Tratamento do SIDA) da Universidade de Columbia lançou a [Rede de Cobertura, Qualidade e Impacto do/sobre o HIV \(HIV Coverage, Quality, and Impact Network ou CQUIN\)](#), com o apoio da Fundação Bill e Melinda Gates. O objectivo da Rede de Aprendizagem CQUIN é melhorar a cobertura, qualidade e impacto dos serviços de HIV, através da aceleração da difusão da prestação de serviços diferenciados (PSD) na África subsariana.

Desde o lançamento da CQUIN que o ICAP tem prestado assistência aos países membros da rede, através de workshops, seminários, webinars, revistas especializadas (tipo *journal club*), e [visitas de intercâmbio sul-sul](#), para fomentar a continuação da troca de conhecimentos, partilha de experiências e criação de sinergias sobre as melhores práticas. Os países adoptaram novas políticas e ferramentas relacionadas com a PSD e pilotaram ou ampliaram novos modelos de PSD.

Na [reunião anual](#) da CQUIN, dados obtidos da Organização Mundial da Saúde (OMS), do ICAP e dos países membros da rede revelaram que os países devem esforçar-se mais por difundir modelos de PSD para os pacientes estáveis. Embora os países tenham adoptado políticas que promovem a PSD, a sua implementação e implantação têm levado mais tempo do que seria de esperar.

O workshop de difusão em eSwatini permitiu que os [países membros da CQUIN](#) se concentrassem nas lições pertinentes e nas melhores práticas aprendidas, bem como nos três facilitadores da difusão da PSD: *o envolvimento dos beneficiários dos cuidados, e das comunidades*, de forma a aumentar a procura dos serviços de PSD e o apoio aos mesmos; *a optimização dos recursos humanos*, de forma a apoiar a PSD; e *a utilização eficaz dos resultados dos testes da carga viral (CV)*, de forma a efectuar a administração dos pacientes.

### Datas e Objectivos das Reuniões

O Ministério da Saúde de eSwatini organizou o workshop de difusão da PSD da rede CQUIN, que teve lugar em eZulwini de 26 a 29 de Junho de 2018. A reunião tinha os seguintes objectivos:

- Rever os contextos e melhores práticas da difusão, incluindo as lições aprendidas nos diferentes sectores e programas de saúde
- Descrever a presente cobertura da PSD, oportunidades de melhoramento e estudos de casos, a fim de demonstrar a difusão em diferentes contextos
- Salientar os planos nacionais seleccionados para a difusão da PSD
- Explorar, de forma colaborativa, obstáculos à difusão e facilitadores da mesma, incluindo o envolvimento dos beneficiários dos cuidados e suas comunidades, a utilização eficaz da CV e a optimização dos recursos humanos
- Promover a consultoria sul-sul, no que diz respeito aos planos de difusão da PSD, incluindo a associação entre países para a viabilização de feedback e sugestões
- Desenvolver e/ou refinar roteiros específicos para cada país, no sentido de fomentar a cobertura nacional da PSD

- Identificar lacunas, desafios e oportunidades comuns para uma aprendizagem futura conjunta, co-criação de ferramentas e recursos e visitas futuras de intercâmbio sul-sul

## **Participantes da Reunião**

O workshop reuniu 115 participantes, incluindo pessoal do ICAP staff, e contou com representantes dos 10 países membros da CQUIN (Costa do Marfim, eSwatini, Etiópia, Quênia, Malawi, Moçambique, África do Sul, Uganda, Zâmbia e Zimbábue). Além disso, um representante do Ministério da Saúde da Tanzânia participou como observador. Os ministérios da saúde lideraram as diferentes equipas nacionais, as quais constavam de agências do PEPFAR e da sociedade civil, organizações representativas de pessoas a viver com HIV (PVHIV) e parceiros de implementação do PEPFAR. A reunião contou ainda com representantes da Fundação Bill e Melinda Gates, da London School of Hygiene and Tropical Medicine (LSHTM – Escola de Higiene e Medicina Tropical de Londres), da International Treatment Preparedness Coalition (ITPC – Aliança Internacional de Preparação para Tratamento), da International AIDS Society (IAS – Sociedade Internacional de Sida) e da African Society for Laboratory Medicine (ASLM – Sociedade Africana de Medicina Laboratorial).

A recepção de abertura contou com a presença de cento e dezanove participantes, incluindo dignitários do Ministério da Saúde de eSwatini, da Embaixada dos EUA e do PEPFAR-eSwatini, bem como de líderes de grupos locais de interessados.

## **Principais Questões Apresentadas/Discutidas**

Para a PSD ter possibilidade de alcançar as suas metas ambiciosas, deve fazê-lo com fidelidade e em escala. Para tal, o foco do workshop foi uma exploração das ciências e prática da difusão. O workshop viabilizou uma definição de difusão, bem como dos desafios e melhores práticas relacionados com a transição de projectos-piloto para projectos em escala ou difundidos. Um refrão muito utilizado durante os três dias foi “o pequeno é bonito, mas o grande é necessário”.

Para além deste grande mergulho na difusão do programa, o workshop explorou também três questões chave:

- 1) O envolvimento dos beneficiários dos cuidados e suas comunidades, para aumentar a procura de serviços de PSD e o apoio aos mesmos
- 2) A optimização dos recursos humanos, para apoiar a PSD
- 3) A utilização eficaz dos resultados dos testes de rotina da CV, para administração dos pacientes

O workshop teve início com os discursos programáticos feitos pela Embaixadora dos Estados Unidos em eSwatini e por Sua Excelência, a Ministra da Saúde do Reino de eSwatini. No seu discurso, a Embaixadora Lisa Peterson salientou o apoio que o PEPFAR proporciona ao Governo de eSwatini no combate ao HIV/AIDS no Reino, bem como a sua constante dedicação à PSD. A Ministra da Saúde também frisou a importância da PSD para o alcance das metas 90-90-90 da ONUSIDA, e descreveu os esforços do Ministério no sentido de difundir a PSD, expressando a sua apreciação pelos parceiros do desenvolvimento nacional, incluindo o Governo dos EUA, pelo apoio inabalável que prestam ao programa nacional de HIV. A Ministra exprimiu também os seus

agradecimentos ao ICAP, pela oportunidade de organizar o workshop em eSwatini, e pela assistência técnica e apoio que o ICAP tem prestado à difusão da PSD.

A Dra. Miriam Rabkin, directora das estratégias para sistemas de saúde do ICAP, definiu a plataforma da reunião, salientando a necessidade de fomentar a difusão da PSD, a fim de melhorar a cobertura, qualidade e impacto dos serviços de HIV, explicando, em poucas palavras, a definição da difusão, e ainda as suas experiências e enquadramentos conceptuais. A Dra. Rabkin explicou que a difusão inclui muitas vezes a expansão (ou difusão horizontal) e a institucionalização (ou difusão vertical), e apontou para as complexidades e desafios envolvidos na passagem dos projectos piloto para a escala nacional.

O Dr. Neil Spicer, do LSHTM, extraiu as lições da sua investigação no sector de Serviços de Saúde Materna, Neonatal e Pediátrica, discutindo a experiência da difusão das inovações de saúde, observando que muitas inovações *não* são efectivamente difundidas, e uma frase fornecida por uma entrevista com um informante chave tornou-se outro refrão da reunião: “o sector de desenvolvimento é um cemitério de projectos piloto.” O Dr. Spicer explicou que, para podermos difundir devidamente uma inovação, devemos sentir que a mesma é eficaz e devemos dedicar-lhe um nível modesto de recursos, e incentivar os trabalhadores de saúde, e a inovação deve ser culturalmente aceitável e adaptável. A mensagem fundamental é que a difusão é uma técnica e uma ciência influenciada por múltiplos factores humanos, para além do desenvolvimento de uma forte inovação e da evidência dos impactos da mesma. Esses factores incluem, por exemplo, bons níveis de confiança, sincronização e apoio aos decisores de política.

Dedicou-se um dia inteiro ao envolvimento dos beneficiários de cuidados, promovendo o envolvimento das suas comunidades e criando a procura de PSD. Solange Baptiste, directora executiva da ITPC, partilhou lições extraídas do trabalho da ITPC com a monitorização da comunidade de PVHIV, o qual se concentra no aumento de acesso à TAR através da advocacia regional, empregando dados obtidos em observatórios de tratamento. Ela observou que, para se efectuar um nível eficaz de difusão da PSD, é necessário que ocorra uma monitorização robusta das comunidades, um entendimento de como melhorar a qualidade, o desenvolvimento de sistemas comunitários, a viabilização de apoio à transição para serviços liderados e fornecidos pela comunidade, e o financiamento da advocacia na comunidade.

As apresentações feitas por redes de PVHIV do Quénia (ISHTAR), eSwatini (SWANNEPHA), Zimbabwe (ZNNP+), Costa do Marfim (RIP+), Malawi (MANARELA+) e da The AIDS Support Organization (TASO – Organização de Apoio ao SIDA) da Uganda, salientaram exemplos da criação da procura de serviços de HIV e do envolvimento dos beneficiários dos cuidados nas políticas, programas e entrega de serviços.

À luz da constatação de que o aumento da *cobertura* de serviços de CV nem sempre se tem traduzido em tratamentos ideais, uma das principais questões discutidas na reunião foi como melhorar a *utilização* dos resultados da CV para diferenciar os serviços de tratamento do HIV. As discussões salientaram a perda de oportunidades, obstáculos e desafios relacionados com a difusão dos serviços de CV, e a utilização dos resultados dos mesmos. Os países partilharam as suas melhores práticas e experiências, bem como o papel das reuniões de revisão da PSD (utilizando exemplos do Zimbabwe) para identificar algumas destas lacunas na qualidade. O ICAP e a equipa da Tanzânia falaram sobre a importância do mapeamento dos serviços de PSD para ajudar a acompanhar a difusão e viabilizar dados para o planeamento.

O tema final de recursos humanos foi explorado num debate em painel. Discutiui-se a importância da transferência e partilha de tarefas para otimizar os recursos humanos para difusão da PSD, e partilhou-se uma nova ferramenta para demonstrar as necessidades da força de trabalho de saúde em diversos modelos de PSD.

Para além das apresentações plenárias, discussões em painel e sessões moderadas, dedicou-se bastante tempo a sessões em grupos. Formaram-se pares de equipas nacionais durante essas sessões em grupo, para discutir os planos de difusão da PSD de cada grupo, o envolvimento das PVHIV e a criação de procura, bem como os obstáculos e facilitadores de laboratório à PSD. Houve assim oportunidade para uma partilha directa de experiências, intercâmbio das melhores práticas, identificação de desafios comuns e co-identificação de soluções.

### **Questões e Desafios Comuns e Transversais**

- A maioria dos países, embora esteja empenhada em difundir a PSD, não tem planos de difusão desenvolvidos em etapas, detalhando aquilo que é necessário difundir, como fazê-lo, quem o irá fazer, que recursos serão utilizados e onde serão obtidos, quais serão as cronologias e como monitorizar tudo.
- A cobertura da CV continua a constituir um desafio à difusão da PSD em certos países, mas mesmo os países que já difundiram os serviços de CV enfrentam desafios em termos da utilização dos resultados dos testes para orientar o tratamento.
- O envolvimento dos beneficiários dos cuidados e suas comunidades é de importância crítica para a criação de procura para a PSD e para monitorizar a qualidade dos serviços. Em certos países e em certos contextos, estas actividades são restringidas por recursos limitados.
- As reuniões periódicas de revisão podem ser extremamente úteis para monitorizar a cobertura e qualidade da PSD. Porém o financiamento é limitado e, na ausência de dados de rotina sobre a monitorização e avaliação da PSD, é necessário envidar mais esforços para recolher dados primários para tais reuniões.
- Embora os países reconheçam e apreciem a necessidade de transferir e partilhar tarefas, frequentemente o ambiente das políticas e estruturas governamentais não apoiam a utilização de fornecedores leigos.

### **Principais Realizações**

- Os dez países submeteram planos de acção para a difusão da PSD, e cada país recebeu feedback e sugestões submetidos por colegas
- Relatório do workshop

### **Etapas Seguintes**

- A equipa da CQUIN do ICAP fará o seguinte:
  - Acompanhará, juntamente com os países, os seus correspondentes planos de acção sobre a difusão
  - Viabilizará assistência técnica, avaliações feitas por pares e feedback aos coordenadores nacionais da PSD, no contexto da comunidade de prática (CdP) dos coordenadores da PSD, que faz chamadas bimestrais
- Os países da rede farão o seguinte:

- Acompanharão os seus planos de acção
- Rastrearão dados sobre a cobertura e qualidade da PSD, apresentando-os à reunião anual da CQUIN, em Novembro de 2018



# Introdução

## Contexto

Tem-se alcançado um progresso considerável no combate ao HIV/SIDA na África subsariana, particularmente na África Oriental e Austral, onde 53 por cento da população mundial a viver com HIV reside. A mortalidade relacionada com o SIDA diminuiu 42 por cento entre 2010 e 2017, em resultado de uma rápida difusão da terapia antirretroviral (TAR) que se verificou na sub-região (ONUSIDA 2018). No mesmo período, a sub-região registou também uma diminuição de 30 por cento de novas infecções de HIV. A nível global, tem-se conseguido um progresso excepcional no alcance das metas 90-90-90 da ONUSIDA, e cerca de 75 por cento de todas as pessoas a viver com HIV (PVHIV) tinham conhecimento do seu estado em fins de 2017. Setenta e nove por cento das pessoas que têm conhecimento do seu estado estão a ser tratadas, e 81 por cento das que estão em tratamento conseguiram a supressão viral.

Apesar destas realizações, continua a verificar-se uma lacuna considerável no tratamento. Dos 36,9 milhões de PVHIV no mundo inteiro, 41 por cento ainda não iniciaram o TAR, e 53 por cento das que estão a fazer a TAR têm cargas virais não suprimidas (ONUSIDA 2018). Para se poder colmatar estas lacunas no contexto da planáltica de recursos globais, é necessário introduzir inovações tais como a prestação de serviços diferenciados (PSD) para otimizar a prestação de serviços de HIV, de forma a obter eficiências nos sistemas de saúde, ao mesmo tempo que se satisfazem as necessidades e expectativas de diferentes populações de pacientes.

Em Março de 2017, o ICAP, na Universidade de Columbia, lançou [a Rede de Cobertura, Qualidade e Impacto do/sobre o HIV \(CQUIN\)](#) com o objectivo de melhorar a cobertura, qualidade e impacto dos serviços de HIV, através da catalização da difusão da PSD. A rede recebe apoio da Fundação Bill e Melinda Gates e expandiu-se de seis países membros, em Março de 2017, para dez, em Fevereiro de 2018.

No seu primeiro ano, a CQUIN lançou diversas actividades de aprendizagem sul-sul, introduzindo o painel da CQUIN para facilitar as autoavaliações feitas pelas equipas nacionais, viabilizou assistência técnica direcionada e convocou quatro reuniões entre múltiplos países. Na Reunião Anual da CQUIN, levada a cabo em Fevereiro de 2018, um dos temas que surgiu foi a necessidade de fazer passar os modelos de PSD de projectos pilotos para a fase de difusão em escala, uma observação reforçada pela desconexão que se verifica entre os dados da Organização Mundial da Saúde (OMS), que demonstram que um número crescente de países tem estado a adoptar políticas de PSD, e o facto de que os dados de cobertura da PSD, partilhados pelos países membros da rede CQUIN, não reflectia este ambiente positivo da política.

A ciência e a prática da difusão da PSD constituíram o foco do quinto workshop da CQUIN realizado entre múltiplos países.

## Objectivos

A reunião teve os seguintes objectivos:

- Rever os contextos e melhores práticas da difusão, incluindo as lições aprendidas nos diferentes sectores e programas de saúde



- Descrever a presente cobertura da PSD, oportunidades de melhoramento e estudos de casos, a fim de demonstrar a difusão em diferentes contextos
- Salientar os planos nacionais seleccionados para a difusão da PSD
- Explorar, de forma colaborativa, obstáculos à difusão e facilitadores da mesma, incluindo o envolvimento dos beneficiários dos cuidados e suas comunidades, a utilização eficaz da CV e a optimização dos recursos humanos
- Promover a consultoria sul-sul, no que diz respeito aos planos de difusão da PSD, incluindo a associação entre países para a viabilização de feedback e sugestões
- Desenvolver e/ou refinar roteiros específicos para cada país, no sentido de fomentar a cobertura nacional da PSD
- Identificar lacunas, desafios e oportunidades comuns para uma aprendizagem futura conjunta, co-criação de ferramentas e recursos e visitas futuras de intercâmbio sul-sul

### **Ordem de Trabalhos da Reunião**

A reunião teve lugar em Ezulwini, eSwatini (antiga Suazilândia), de 26 a 29 de Junho de 2018. Foi iniciada com um jantar, na noite de 26 de Junho, seguindo-se um workshop com a duração de três dias completos. O workshop incluiu apresentações em sessões plenárias, discussões em painéis e mesas-redondas, sessões divididas em grupos nacionais aos pares, sessões de apresentação de relatórios e sessões divididas pelos países individuais, no último dia, para desenvolvimento de planos nacionais específicos.

A ordem de trabalhos integral encontra-se incluída no apêndice do relatório.

## Session 1: Welcome and Framing Remarks

### Moderator

**Dr. Ruben Sahabo**, Country Director, ICAP in Swaziland

### Presentations and Panelists

- **Dr. Rejoice Nkambule**, Deputy Director of Health Services, Eswatini MOH: Welcome Remarks
- **Dr. Peter Preko**, CQUIN Project Director: CQUIN Update
- **Dr. Miriam Rabkin**, Director for Health Systems Strategies, ICAP New York: Framing Remarks

### Summary ([View the Presentations](#))

Dr. Nkambule welcomed participants on behalf of the Eswatini Ministry of Health, and discussed Eswatini's approach to planning, implementation, and monitoring of DSD models, as well as their newly launched HIV guidelines that emphasize DSD models of delivery. She noted that these guidelines were informed by lessons learned from the CQUIN workshop on patients at high risk of HIV disease progression.

Dr. Preko provided an overview of the CQUIN strategy and the network's key focus areas: knowledge exchange, joint learning, and innovations; and discussed the network's joint-learning activities, including [south-to-south learning exchanges](#). He noted the impact that the exchanges and in-person workshops have had toward DSD scale-up.

Dr. Rabkin's framing remarks reviewed the definition of scale-up, as well as its importance to achieving the goals of DSD. She reviewed several conceptual frameworks, including those of the ExpandNet project, and emphasized that impact is dependent on both coverage and quality. "Small is beautiful, but large is necessary" she noted, stressing that the goals for DSD are very ambitious and cannot be achieved if it is limited to small pilot projects. She concluded by reviewing the workshop agenda and highlighting the ways in which scale-up would be explored over the next three days.



*Dr. Rejoice Nkambule*

## Session 2: DSD Scale-Up in 2018 – Where Are We Now?

### Moderators

- **Dr. Pido Bongomin**, Deputy Country Director, ICAP in Eswatini
- **Mrs. Mirtie Getachew**, HIV Case Team Leader, Disease Prevention & Control Directorate, FMOH Ethiopia

### Presentations and Panelists

- **Ms. Andrea Schaaf**, CQUIN SI Specialist, ICAP at Columbia: Scaling Up DSD: Results from a 13-Country Health Facility Survey
- **Dr. Mastidia Rutaihwa**, Program Officer, Adolescents, NACP Tanzania: Mapping Health Services to Design a DSD Strategy for Tanzania
- **Dr. Anna Grimsrud**, Lead Technical Advisor, IAS: IAS Decision Frameworks: Experiences and Lessons Learned
- **Dr. Tsitsi Apollo**, Deputy Director, HIV/AIDS and STIs, MoHCC Zimbabwe: Scaling up DSD in Zimbabwe: The Role of DSD Review Meetings

### Summary ([View the Presentations](#))

Ms. Andrea Schaaf began the session by presenting results from ICAP's PFaCTS survey, a site assessment on facility characteristics that complements patient-level program data. These data are unique in providing multi-country site-level data on the actual implementation of DSD services. The results showed facility-based individual models and community-based group models as having the highest uptake among facilities and clients, and that if scale-up is implemented as planned, DSD coverage will reach 75 percent of ICAP-supported health facilities in 2018. Dr. Mastidia Rutaihwa followed with a presentation demonstrating how DSD mapping informed [Tanzania's DSD guidelines](#), and the current strategies and partnerships in place for scale-up. Dr. Grimsrud discussed the experiences and lessons learned that have led to the series of [IAS decision frameworks](#), from ART delivery to differentiated ART for key populations.

Dr. Tsitsi Apollo concluded by discussing approaches and findings from recent DSD review meetings in Zimbabwe and lessons learned.

## Session 3: The Science & Practice of Scale-Up

### Moderators

- **Dr. Wafaa El-Sadr**, Global Director, ICAP at Columbia
- **Ms. Blanche Pitt**, Country Director, ICAP in South Africa

### Presentations and Panelists

- **Dr. Neil Spicer**, Assistant Professor, LSHTM: Taking Innovations to Scale – Lessons from MNCH
- **Dr. Andrew McKenzie**, Co-Lead, Governance, policy and planning, Health Partners International: A Systems-Thinking Approach to Scaling Up Adherence Clubs in Western Cape
- **Ms. Lillian Diseko**, Program Manager, HIV, AIDS and STI Cluster, NDOH South Africa: World Bank Evaluation of DSD Scale-Up in South Africa



*From right: Lillian Diseko, Andrew McKenzie, Blanche Pitt, Neil Spicer, Wafaa El-Sadr*

### Summary ([View the Presentations](#))

Dr. Neil Spicer discussed his research on the factors that facilitate and hinder the scale up of maternal and newborn health innovations, specifically *how* and *why* scale-up happens. His key message: Scale-up is a craft as well as a science, and multiple human factors influence scale-up beyond developing a strong innovation and having evidence of its impacts.

Dr. Andrew McKenzie followed by presenting on the challenges of scale-up through a systems lens, with a focus on the experience of scaling up DSD services in the Western Cape province of South Africa. He spoke about the factors

affecting scale-up and ways to provide *quality* differentiated care, noting that innovation in large, complex health systems is a continuous process that requires ongoing support and attention. Ms. Lillian Diseko concluded with lessons from South Africa, highlighting illustrative results from a World Bank Evaluation of DSD scale-up. She discussed recommendations for national adherence guidelines to improve DSD models for patients with HIV, TB, and NCDs.

## Session 6: Plenary Presentation – Fostering Engagement and Generating Demand

### Moderators

- **Ms. Barbara Mambo**, Call Center Consultant, NASCOP Kenya
- **Dr. Stanley Ngoma**, Care and Treatment Officer, MOH Malawi

### Presentations and Panelists

- **Ms. Solange Baptiste**, Executive Director, ITPC: PLHIV Community Monitoring in West Africa
- **Dr. Jean-Louis Kouo**, Senior Programme Implementation Advisor and DSD Focal, EGPAF Cote d'Ivoire
- **Dr. Irénio Gaspar**, Head of Care and Treatment, HIV and STI National Control Program, MOH Mozambique

### Summary ([View the Presentations](#))

Ms. Solange Baptiste discussed the ITPC mandate of working *with* and *for* people to ensure optimal treatment as a right for everyone living with HIV. She described the ITPC treatment observatory project, which supports national PLHIV organizations in 11 West African countries to monitor HIV service availability and quality.

Dr. Jean-Louis Kouo spoke about the importance of clear guidance and tools that integrate DSD issues, quality assessment, and collaboration between civil society and community-based organizations in Cote d'Ivoire. Dr. Irénio Gaspar spoke about the partners working to build stronger relations between health facilities and communities in Mozambique, and the need for a stronger community platform.

## Session 7: Panel Discussion – Greater Involvement of PLHIV in DSD Policy and Planning

### Moderators

- **Mr. Harry Hausler**, CEO, TB/HIV Care Association
- **Mr. Felix Mwanza**, Program Manager, TALC

### Presentations and Panelists

- **Ms. Maureen Milanga**, AIDS Law Project Fellow, Health GAP Kenya: Engaging Clients and Communities in PEPFAR Planning in Kenya
- **Ms. Albertina Nyatsi**, Director, Positive Women Together in Action: Engaging Clients and Communities in Global Fund Planning in Eswatini
- **Mr. Gavin Khumalo**, Regional Coordinator, SWANNEPHA: Engaging Clients and Communities on Community Advisory Boards for the MaxART Study in Eswatini



*Maureen Milanga and Gavin Khumalo*

## **Summary** ([View the Presentations](#))

Ms. Maureen Milanga spoke about Health GAP's Global Access focused on rebuilding and sustaining the global AIDS movement in seven African countries. She underscored the organization's commitment to empower community capacity to demand quality services and influence change, and discussed how their program planning process works.

Ms. Albertina Nyatsi spoke about civil society and PLHIV involvement in the Global Fund processes to ensure meaningful involvement in decision-making, planning, and implementation in Eswatini (Figure 4). Gavin Khumalo explained the lessons learned while establishing a community advisory board for the MaxART study in Eswatini. The advisory board not only promoted greater involvement of PLHIV in the study, it made it possible for the Ministry to quickly identify and address key gaps.



## Session 8: Panel Discussion – Demand Creation for DSD

### Moderators

- **Dr. Nicole Nguessan-Adonis**, Adult HIV Care and Treatment Advisor, ICAP Cote d'Ivoire
- **Mr. Basia Chala Feyisa**, Executive Director, NEP+ Ethiopia

### Presentations and Panelists

- **Dr. Baker Bakashaba**, Regional Project Manager – Soroti Region: TASO Uganda: Community Engagement in Demand Creation for DSD, TASO Experience
- **Ms. Amenan Agnes Kouassi**, RIP+ Côte d'Ivoire: Civil Society Engagement in Côte d'Ivoire
- **Mr. Tonderai Mwareka**, Program Manager, ZNNP+: Demand Generation for Differentiated Service Delivery
- **Mr. Jeffrey Walimbwa**, Health and Programs Coordinator, ISHTAR Kenya: Differentiated Services for MSM
- **Mr. Dennis Mseu**, MANARELA+ Malawi: Mobilizing the Faith Community to Build Demand for DSD and HIV Testing Services in Malawi

### Summary ([View the Presentations](#))

Dr. Baker Bakashaba discussed the TASO Uganda model of community engagement, which includes annual client days with health talks and community dialogues, community representation on the TASO governance board of trustees, and quarterly client-satisfaction surveys. Ms. Amenan Agnes Kouassi discussed how RIP+ works with MOH and other stakeholders in Cote d'Ivoire to lead DSD implementation. The organization provides guidance based on experiences gained from implementing and coordinating different projects at the community level.

Mr. Tonderai Mwareka presented on how ZNNP+ utilizes their support groups to enhance demand creation for DSD in Zimbabwe. Mr. Jeffrey Walimbwa stressed the importance of community participation, awareness, and advocacy in ensuring effective program implementation for key populations. Mr. Dennis Mseu shared the lessons learned from engaging faith and church leaders to support HIV testing and linkage to treatment, and encouraged outreach testing in places of worship to reach men and adolescents.



*Dr. Baker Bakashaba*

## Session 10: Plenary Presentation – Scaling Up Viral Load Services in Manzini

### Moderators

- **Dr. Marcelo de Freitas**, Clinical Director, ICAP Mozambique
- **Dr. Joseph Kabanda**, Technical Advisor, CDC Uganda

### Presentations and Panelists

- **Dr. Altaye Kidane**, Director of Programs, ICAP Eswatini
- **Ms. Tanya Shewchuk**, Senior Program Officer, Integrated Delivery, Bill & Melinda Gates Foundation
- **Dr. Sthembile Gombarume**, Project Management Specialist, HIV/AIDS and Differentiated Care, USAID South Africa

### Summary ([View the Presentations](#))

Dr. Altaye Kidane presented a case study demonstrating effective viral load scale-up in 43 health facilities in the Manzini District of Eswatini. Lessons learned include the need for improved identification of patients eligible for VL testing, the use of color-coding and stickers on patient files, and the implementation of designated clinic days for patients with unsuppressed viral loads.

A response and Q&A session with Ms. Tanya Shewchuk and Dr. Sthembile Gombarume followed.

## Session 11: Panel Discussion – Viral Load Utilization

### Moderators

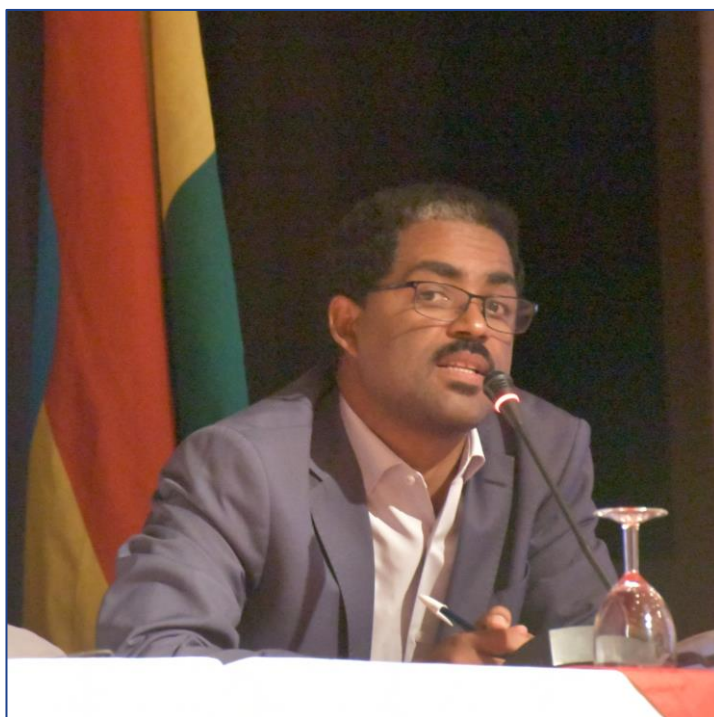
- **Dr. Charles Kiyaga**, Program Officer, ASLM
- **Dr. Miriam Rabkin**, Director for Health Systems Strategies, ICAP New York

### Presentations and Panelists

- **Mr. Getachew Kassa**, Quality Improvement Advisor, ICAP New York: Why Don't we use VL Results?
- **Dr. Lily Nyaga**, Surveillance Epidemiologist, NASCOP Kenya: A QI Collaborative to Improve VL Utilization in Western Kenya
- **Dr. Rochelle Adams**, Advanced Clinical Care Program Manager, CAPRISA: CAPRISA's VL Priority Clinics
- **Dr. Michael Odo**, Technical Advisor, HIV Care and Treatment, URC/Malawi: Improving VL Utilization in Malawi

### Summary ([View the Presentations](#))

This panel addressed the critical role of VL result utilization to optimize differentiated management of patients based on VL results. Mr. Getachew Kassa presented framing remarks, noting that a large percentage of VL test results are never used to guide management, and exploring barriers along the VL cascade. This was followed by presentations from Dr. Lily Nyaga and Dr. Michael Odo on lessons learned from QI collaboratives to improve VL utilization in Kenya and Malawi, respectively. Dr. Rochelle Adams presented CAPRISA's approach to the management of patients with high viral loads at VL priority clinics in South Africa.



*Mr. Getachew Kassa*

## Session 13: HRH

### Moderators

- **Dr. Nomthandazo Lukhele**, National ART Coordinator, MOH Eswatini
- **Dr. Tendai Nyagura**, USAID Zimbabwe

### Presentations and Panelists

- **Ms. Judy Khanyola**, Regional Nursing Advisor, ICAP Kenya: Implications of DSD for the Nursing Workforce
- **Dr. Priscilla Lumano-Mulenga**, ART Coordinator, MOH Zambia: Community HIV Providers and the Scale-Up of DSD Services
- **Dr. Josen Kiggundu**, DSD Advisor, MOH Uganda: Modeling Health Workforce Needs in the Context of DSD

### Summary ([View the Presentations](#))

Panelists discussed how to optimize human resources for health for effective DSD scale-up. Many DSD models identify nurses as the key focal persons for clinical care and support. Ms. Judy Khanyola addressed the need for countries to integrate DSD into nursing education curricula and training, and to consult nurses in the design and implementation of DSD. Dr. Priscilla Lumano-Mulenga shared the Zambia MOH experience introducing a national community-based volunteer structure to lead DSD implementation and reduce health worker burden at facilities. Dr. Josen Kiggundu shared a DSD focused health for human resources tool for facility and program managers to identify gaps in staffing, task shift critical ART tasks, and redistribute clients within DSD models.



*Dr. Nomthi Lukhele*

## Key Strategic Decisions

|   | Key Strategic Decisions   | Common Options  | Country Examples   |
|---|---|---|--|
| 1 | How will leadership and/or oversight of national DSD guidelines and implementation strategies be organized? | Sub-DSD Technical Working Group   | Uganda, Zambia and Zimbabwe each have a stand-alone sub-TWG that meets regularly for DSD planning and coordination.  |
|   |   | DSD Task Force  | Eswatini, Malawi, Mozambique and Kenya have task teams that work on specific tasks and report to a main TWG.   |
|   |   | DSD Coordinator   | Eswatini, Uganda, Zambia and Zimbabwe have dedicated DSD coordinators.   |
|   |   | DSD Technical Advisors  | Kenya, and Cote d'Ivoire have technical advisors from other organizations who support the ministry of health in developing documents, planning DSD activities, and training.   |
|   |   | MoH Officers with added DSD oversight   | South Africa, Ethiopia, Malawi and Mozambique use MoH staff that have been assigned added responsibility as DSD leads.   |
| 2 | Will the roll-out of DSD models be implemented using a phased approach?                                     | Simultaneous nation-wide implementation of diverse models                                 | Eswatini, South Africa, Zambia and Zimbabwe are scaling up multiple facility-based and community-based DART models for stable patients nationwide.   |
|   |   | Phased approach with initial prioritization by geography and/or DART model                | Cote d'Ivoire and Ethiopia are scaling up facility-based models (only) nationwide.   |
|   |   | Hybrid approach, implementing some models simultaneously nationwide and phasing in others | Kenya prioritized national roll-out of appointment spacing and fast track models, and is phasing in community-based models based on a readiness assessment tool. Malawi, Eswatini, Zimbabwe, Uganda and Kenya are implementing models for unstable patients in a phased manner, starting with referring facilities. Mozambique is scaling up appointment spacing and fast track using a global approach, but using a phased approach for community outreach and facility-based adherence clubs for adults and adolescents. |

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| 3. | How will countries determine if roll-out of DSD has been successful? What are the relevant goals and targets?                           | Development of DSD-specific coverage targets focusing on % of facilities offering DSD         | Ethiopia, Malawi, Mozambique, Eswatini, Uganda, Zambia and Zimbabwe have set national DSD coverage targets at the facility level. For example, Malawi and Uganda plan to increase coverage of DSD by 70% and 30% respectively by end of 2018. Ethiopia plans to reach 95% of health facilities by 2018.  |
|    |   | Development of DSD-specific coverage targets focusing on % of eligible patients receiving DSD | Zambia, and Uganda are among the countries with patient level coverage targets. Zambia plans to enroll 20% (34,800) of stable PLHIV in DSD community models by December 2019, while Uganda is targeting 70% of all ART patients in DSD by 2018.  |
|    |   | Use of existing programmatic targets  | Kenya and South Africa do not have DSD specific targets. They will use existing targets for testing, linkage, retention and viral suppression.   |
| 4  | In addition to the Ministry of Health (national and subnational levels), which organizations/ institutions will implement DSD roll out? | International partners  | International PEPFAR implementing partners play a critical role in DSD implementation and scale-up in all 10 countries.<br>In some countries, IPs are intensively supporting all DSD models. For example, PEPFAR IPs are leading scale up of diverse DSD models in all four regions of Eswatini. In other countries, IP support is focused on DSD for patients @ high risk of disease progression (P@HR), adolescents, key populations, and other groups with more complex needs.  |
|    |   | Domestic partners   | ISHTAR Kenya implements specific DSDMs for MSM<br>MANRELA+ in Malawi has involved faith-based leaders in DSD demand creation and implementation activities.<br>TASO in Uganda is involved in the training and capacity building of expert clients, providers, and community health workers who play a key role in DSD rollout.<br>The Global Fund is supporting national PLHIV networks (e.g. ZNNP+ in Zimbabwe and RIP+ in Cote d'Ivoire) to scale up community-based adherence groups<br>Lighthouse and CAPRISA are supporting MOH Malawi and DOH South Africa, respectively, to scale up DSD models for P@HR. |



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| 5 | What strategy will be implemented for collecting and reporting DSD relevant monitoring and evaluation (M&E) data?               | Adapt routine M&E tools to collect DSD data on all patients     | South Africa, Uganda, Kenya, Zimbabwe and Eswatini have updated paper-based DSD registers and/or are in the process of updating their Electronic Medical Records (EMRs).<br>Malawi plans to update only electronic medical records.  |
|   |   | Episodic data collection (Review Meetings)                      | Zimbabwe, Kenya and Eswatini are currently implementing (or planning) the use of annual review meetings that include site-level DSD data<br>South Africa has Quarterly Review Meetings in Districts and Provinces where DSD data and program performance are assessed.   |
| 6 | When/how often will data on DSD be collected and reported?  | Scheduled periodic reporting (e.g., annual, quarterly, monthly) | Mozambique, Kenya, and Zimbabwe hold Annual National Review Meetings at which DSD data is reviewed.<br>Eswatini, Zimbabwe and other countries produce annual program reports that will incorporate DSD data.<br>Eswatini has semi-annual review meetings at which DSD data will be reported.<br>Ethiopia has a paper-based register on which appointment spacing data is collected by the Regional Health Bureau monthly and shared with MoH.<br>South Africa collects Quarterly Provincial data on DSD and program performance. |
|   |   | <i>Ad hoc</i> Requests  | Cote d'Ivoire, Zambia and Malawi compile DSD data for CQUIN Meetings.<br>IPs in Uganda and Kenya compile DSD data when requested by MOH and/or PEPFAR  |
| 7 | How will recipients of care (people living with HIV/AIDS) be involved in planning, implementing and/or evaluating DSD services? | Participation in DSD TWG or Task Team                           | South Africa includes both PLHIVs and specifically youth living with HIV in their DSD TWGs.<br>Eswatini, Kenya, Uganda, Malawi, Zimbabwe, and Zambia all include PLHIVs in their DSD TWGs where DSD planning, coordination and program evaluation are discussed  |
|   |   | Demand Creation and Patient Education                           | Eswatini and Malawi use PLHIV networks to support demand creation, and to develop IEC material.<br><br>Uganda engages PLHIV to conduct treatment literacy campaigns and community health talks   |



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|   |   | Service Delivery  | Eswatini, Ethiopia, Uganda and Zambia use expert clients and/or peer educators to deliver diverse DSD related services, including adherence monitoring and patient tracking.  |
|   |   | M&E   | PLHIV in Cote d'Ivoire monitor DSD service availability in the context of ITPC's Community Observatory project  |
| 8 | How will countries support and monitor DSD quality? | Via routine national quality assurance assessment                           | In Eswatini, the national quality management program and the DSD task team have developed DSD Quality Standards which will be added to the national HIV service assessment tool to monitor DSD service quality  |
|   |   | Stand-alone quality assurance (QA) and/or quality improvement (QI) projects | In Zambia and Kenya, IPs providing HIV services engage in different QI projects<br>Cote d'Ivoire engages PLHIV via the coordination of an early "early warning system" for ART stock outs.<br>Zimbabwe has integrated DSD quality review into national quality assurance meeting. |
|   |   | Standing National Quality Assurance Meetings and DSD review meetings        | Kenya, Eswatini and Zimbabwe have review meetings at which data on DSD implementation fidelity will be monitored.   |

## Closing Remarks and Way Forward

**Dr. Peter Ehrenkranz**

*Senior Program Officer, the Bill & Melinda Gates Foundation*

Dr. Peter Ehrenkranz summarized the key theme of the meeting: exploring ways in which to move beyond pilot programs to achieve broad coverage with high-quality DSD services. Country teams have already exchanged multiple ideas and best practices, and CQUIN will continue to foster south-to-south exchange via ongoing meetings, south-to-south visits, virtual communities of practice and ongoing webinars, newsletters, and journal club sessions.

# APPENDICES

## Agenda

### Tuesday 25 June: Opening Reception

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#### Opening and Introduction

*Ms. Rejoice Nkambule, Deputy Director of Health Services, Ministry of Health, Eswatini*

#### Welcome Address

*Dr. Ruben Sababo, ICAP Eswatini Country Director*

#### Framing Remarks

*Dr. Peter Ebrenkranz, Senior Program Officer for HIV Treatment, Bill & Melinda Gates Foundation*

#### Address from Civil Society

*Mr. Gavin Khumalo, Swaziland National Network of People Living with HIV/AIDS (SWANNEPA)*

#### Address by PEPFAR/USG

*United States Ambassador Lisa Peterson*

#### Address by Guest of Honor

*The Honorable Minister of Health, Senator Sibongile Simelane*

### Wednesday 26 June

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#### Session 1: Welcome and Framing Remarks

*Moderator: Ruben Sababo (ICAP Eswatini)*

- Rejoice Nkambule, (MOH Eswatini): Welcome remarks
- Miriam Rabkin (ICAP New York): Framing remarks
- Peter Preko (ICAP/CQUIN): Update on the CQUIN network

#### Session 2: DSD Scale-up in 2018 | Where are we now?

*Co-Moderators: Pido Bongomin (ICAP Eswatini) & Mirtie Getachew (FMOH Ethiopia)*

- Andrea Schaaf (ICAP): Scaling up DSD: Results from a 13-country health facility survey
- Mastidia Rutaiwa (NACP Tanzania): Mapping health services to design a DSD strategy for Tanzania
- Anna Grimsrud (IAS): IAS Decision Frameworks: experiences and lessons learned

- Tsitsi Apollo (MoHCC Zimbabwe): Scaling up DSD in Zimbabwe: the role of DSD review meetings

### **Session 3: The Science & Practice of Scale-Up**

*Co-Moderators: Wafaa El-Sadr (ICAP NY) & Blanche Pitt (ICAP South Africa)*

- Neil Spicer (LSHTM): Taking innovations to scale – lessons from MNCH
- Andrew McKenzie: A systems thinking approach to scaling up adherence clubs in Western Cape
- Lillian Diseko (NDOH South Africa): World Bank Evaluation of DSD scale-up in South Africa

### **Session 4: Moderated Discussion with National DSD Coordinators**

*Co-Moderators: Maureen Syowai (ICAP Kenya) & Peter Ehrenkranz (Gates Foundation)*

- Zimbabwe (Dr. Clorata Gwanzura)
- Swaziland (Dr. Herve Kambale)
- Uganda (Dr. Josen Kiggundu)
- Zambia (Dr. Sombo Fwoloshi)

### **Session 5: Breakout #1 | Optimizing National DSD Scale-up Plans**

*Co-Moderators: Siphwe Shongwe (ICAP Eswatini) & Gerald Zomba (USAID Malawi)*

### **Breakout #1 | Report Back**

*Co-Moderators: Siphwe Shongwe (ICAP Eswatini) & Gerald Zomba (USAID Malawi)*

## **Thursday 28 June**

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### **Welcome and Recap of Day 1**

### **Session 6: Plenary Presentation | Fostering Engagement and Generating Demand**

*Co-Moderators: Barbara Mambo (NASCOP Kenya) & Stanley N'goma (MOH Malawi)*

- Presentation: Solange Baptiste (ITPC) – Supporting Community Observatories in West Africa
- Respondents: Irénio Gaspar (MOH Mozambique), Jean-Louis Kouo (EGPAF CI)

### **Session 7: Panel Discussion | Greater Involvement of PLHIV in DSD Policy and Planning**

*Co-Moderators: Harry Hausler (TB/HIV Care) & Felix Mwanza (TALC)*

- Maureen Milanga (HealthGAP Kenya): Engaging clients and communities in PEPFAR planning in Kenya
- Albertina Nyatsi (Positive Women Together in Action): Engaging clients and communities in Global Fund planning in Swaziland
- Gavin Khumalo (SWANNEPHA): Engaging clients and communities on community advisory boards for the MaxART study in Eswatini

## **Session 8: Panel Discussion | Demand Creation for DSD**

*Co-Moderators: Nicole Nguessan-Adonis (ICAP Cote d'Ivoire) & Basia Chala Feyisa (NEP+)*

- Baker Bakashaba (TASO Uganda)
- Amenan Agnes Kouassi (RIP+ Côte d'Ivoire)
- Tonderai Mwareka (ZNNP+ Zimbabwe)
- Jeffrey Walimbwa (ISHTAR Kenya)
- Dennis Mseu (MANARELA+ Malawi)

## **Session 9: Breakout #2 | PLHIV Engagement & Demand Creation**

*Co-Moderators: Cesar Mufanequico (PLASOC) & Bibole Ngalamulume-Roberts (ICAP NY)*

### **Breakout #2 | Report Back**

*Co-Moderators: Cesar Mufanequico (PLASOC) & Bibole Ngalamulume-Roberts (ICAP NY)*

## **Friday 29 June**

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### **Welcome and Recap of Day 2**

## **Session 10: Plenary Presentation | Scaling Up Viral Load Services in Manzini**

*Co-Moderators: Marcelo de Freitas (ICAP Mozambique) & Joseph Kabanda (CDC Uganda)*

- Presentation: Altaye Kidane (ICAP Swaziland)
- Respondents: Tanya Shewchuk (Gates Foundation) & Sthembile Gombarume (USAID South Africa)

## **Session 11: Panel Discussion | Viral Load Utilization**

*Co-Moderators: Charles Kiyaga (ALSM) & Miriam Rabkin (ICAP New York)*

- Getachew Kassa (ICAP New York): Why don't we use VL results?
- Lily Nyaga, (NASCOP Kenya): A QI collaborative to improve VL utilization in Western Kenya
- Rochelle Adams (CAPRISA): CAPRISA's VL Priority Clinics
- Michael Odo (URC/Malawi): Improving VL utilization in Malawi

## **Session 12: Breakout #3 – Laboratory Barriers & Facilitators**

*Co-Moderators: Keith Mwebo (CDC Zambia) & Alemtsehay Abebe (MOH Ethiopia)*

### **Breakout #3 | Report Back**

*Co-Moderators: Keith Mwebo (CDC Zambia) & Alemtsehay Abebe (MOH Ethiopia)*

## **Session 13: HRH**

*Co-Moderators: Nomthandazo Lukhele (MOH Eswatini) & Tendai Nyagura (USAID Zimbabwe)*

- Judy Khanyola (ICAP Kenya): Implications of DSD for the nursing workforce
- Priscilla Lumano-Mulenga (MOH Zambia): Community HIV providers and the scale up of DSD services

- Josen Kiggundu (MOH Uganda): Modeling health workforce needs in the context of DSD

#### **Session 14: Breakout #4 | Country Workplan Updates**

*Co-Moderators: Peter Preko (ICAP/CQUIN) & Alice Maida (CDC Malawi)*

#### **Closing Remarks and Way Forward**

*Dr. Peter Ehbrenkranz, Senior Program Officer for HIV Treatment, Bill & Melinda Gates Foundation*

## Participants



**Rochelle Adams** is a Senior Research Clinician at CAPRISA in the HIV & TB Treatment program. She is currently the Program Manager for the Advanced Clinical Care (ACC) program in KwaZulu-Natal which is establishing and improving health systems for the identification, referral and appropriate management of patients with complex TB and HIV. She has experience in managing people living with HIV in both the government and non-governmental sector and has vast experience in training programs for healthcare workers. She has previously been the director of an HIV NGO and is currently working towards her Master of Public Health.

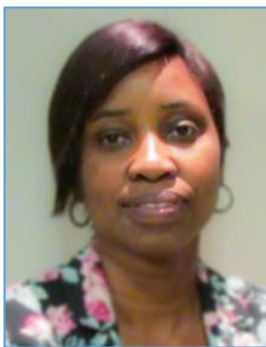


**Trip Allport** is a Director of the Africa Resource Centre, which is a Supply Chain Centre of excellence and partnership broker that provides independent strategic advice to help countries meet their public health goals. ARC brokers partnerships across sectors to build the capacity of Ministries of Health in Africa to strengthen supply chains and improve availability of medicines and health commodities. Trip is the lead for the Africa Resource Centre's Southern Africa & Support Centre. Trip is also the Delivery Lead for Project Last Mile, a partnership between USAID, The Gates Foundation, The Global Fund and the Coca-Cola Company, which is a leading example of how private sector engagement can improve availability leveraging the expertise of the Coca-Cola system across Africa.



**Agnès Amenan Kouassi** is a PMTCT/Gender Program Manager at the Ivorian network of People Living with HIV (*Réseau Ivoirien des organisations de Personnes vivant avec le VIH-sida, RIP+*). She began her career in 1998 as the Executive Director for the first NGO for women living with HIV in Côte d'Ivoire. Throughout her twenty years as a community activist, she has supported several projects, including the psychological support for workers with HIV, strengthening ARV supply chain and an HIV prevention for project for key and vulnerable populations migrating through the Abidjan-Lagos corridor. She holds certifications in Sustainable Development and Environmental Management and Human Rights: Gender and Women's Protection.





**Tsitsi Apollo** is Deputy Director for HIV/AIDS and STIs at the Zimbabwe Ministry of Health and Child Care. She is a medical doctor and public health specialist who has been practicing in Zimbabwe's public health system for over 18 years. Dr. Apollo is an active member of the Zimbabwe National Medicines Therapeutics Advisory and Policy Committee, and participated in the 2013 and 2015 World Health Organization Guidelines Development Group for Consolidated ARV Guidelines. She plays an Advisory role to the WHO Director General as a member of the Strategic and Technical Advisory Committee for HIV/AIDS and Hepatitis. Dr. Apollo is also a member of the CQUIN Advisory Group.



**Tsegaye Asres Argaw** is the Director for Regional Program Support and In-Service Training at ICAP Ethiopia. Mr. Tsegaye has led strategic planning and expansion of HIV/AIDS programs and other and health system strengthening interventions in Ethiopia and South Sudan. He has keen interests in community involvement, monitoring & evaluation, and stakeholder partnerships. Mr. Tsegaye has co-authored papers and lectures in public health at Jimma University.



**Baker Bakashaba** is the Regional Project Manager, Soroti Region, for the AIDS Support Organization (TASO) in Uganda. For seven years, Dr. Bakashaba has managed HIV/AIDS programs at TASO, focusing on design and implementation of facility- and community-based, client-centered projects and health systems strengthening. He has contributed to the design of community ART models, such as community drug distribution points (CDDP) and community-client-led ART delivery (CCLAD), as well as other national-level differentiated service delivery models. He is currently the regional project manager for the Accelerating HIV Epidemic Control in Soroti Region project – a regional project funded by the President's Emergency Plan for AIDS Relief (PEPFAR) via CDC. Dr. Bakashaba received his Bachelor of Medicine & Surgery Degree from Makerere University in Uganda, and is currently pursuing his Master of Science in Project Management at the University of Salford, UK. Dr. Bakashaba is a member of the CQUIN Advisory Group.



**Hudson Balidawa** is a Public Health and M&E expert with vast experience in design, monitoring and research for public health programs in resource-limited settings. He is a pediatrician who has worked in design and implementation of public health interventions for maternal and child health for the last 15 years. He has supported scale up of the public health approach to ART management in Uganda, Namibia, Zimbabwe and Nigeria, using the adapted WHO IMAI, IMPAC and IMCI guidelines. He is an Honorary Senior

Quality Improvement Advisor for URC and has supported HIV care quality initiatives that have spread to other health services programs. He worked with the Global Fund consulting teams on Program Quality Assessment (PQA) to develop the Toolkit for Health Facilities Differentiated Care for HIV and Tuberculosis. He currently monitors Global Fund funded interventions for HIV and TB, and heads the National Technical Working Group for Differentiated Service Delivery Models (DSDM) in Uganda.



**Zwashe Bangani** is a Public Health Specialist-HRH at the U.S. Centers for Disease Control and Prevention (CDC) in Zimbabwe. She works in the HIV Services Branch, focusing on improving linkage, retention and adherence for ART patients. She has worked extensively in matters involving human rights and health. She holds a Master of Science Degree in Sociology and Social Anthropology from the University of Zimbabwe and a Bachelor of Science Special Honors in Monitoring and Evaluation from Lupane State University, Zimbabwe.



**Solange Baptiste** has worked with ITPC since 2008, when she was hired to manage a small grant-making program called the HIV Collaborative Fund. Over the past seven years, Solange has played several roles, including Program Manager and Director of Global Programs and Advocacy, in which she provided technical expertise and support in monitoring and evaluation, treatment access knowledge building, health financing, accountability projects, global advocacy and small grants. Previously Solange worked at John Snow Inc. in Boston, Massachusetts mainly on USAID-funded health and development projects across Africa and Asia. Solange is constantly inspired by the power of communities across the world to mobilize and improve their own lives. As an activist, she is compelled to act against injustice, and believes in the power of education and the importance of evidence-informed advocacy to bring about change. Solange has a Master's degree in Population and International Health from the Harvard School of Public Health and a Bachelor's of Science in Biology, from Tuskegee University. She has worked in Pakistan, Ukraine, Tanzania, South Africa, and Trinidad.



**Florabela Bata** is the Adult Care and Treatment Advisor at CCS-Mozambique (in Health Center Collaboration). Prior to joining CCS, she spent four years as the Clinical Director of a rural Hospital, in Mozambique, facilitating the implementation of identification and early ART initiation for HIV patients. She also served as a Director of a Health District Service in Tete City from 2010-2013. From 2013-2016, she worked in the National STI-HIV Control Program in the Ministry of Health, as a Care and Treatment Manager.



**Edward Bitarakwate** has more than 20 years of experience in HIV/AIDS programs in Uganda, through leading large donor-funded projects, and direct patient care. Currently, Dr. Bitarakwate serves as Country Director for the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Uganda program, where he works on the USAID RHITES-SW project, leading the expansion of program implementation, as well as research for HIV prevention and treatment. Prior to joining EGPAF, Dr. Bitarakwate practiced clinical and community medicine, with a focus on pediatrics. He holds a Bachelor's degree in Medicine and Surgery (MBCbB) from Mbarara University, a Master's degree in Pediatrics and Child Health (MMed) from Makerere University, and a Masters of Public Health (MPH) from the University of California, Berkeley.



**Koffi Simplicie Bohoussou** is an assistant in the Care and Treatment Department of the National AIDS Program (Programme Nationale de Lutte Contre le VIH-PNLS). He coordinates all interventions and stakeholders working in Pediatric HIV Care and Treatment. He also ensures the integration and scale up of Pediatric HIV Care and Treatment interventions at all levels of the health system and in all sectors (public, private and community) according to national guidelines. Before his current position, Dr. Bohoussou was a medical doctor at the General Hospital of Tabou in the Sanitary District of Tabou. During this period, he was in charge of the Pediatric Department of Tabou General Hospital where he provided pediatric HIV care. He holds a Ph.D. in Human Medicine and a Master's degree in Business Administration (MBA) with additional focus in Health Services Management and Management of Health Programs.



**Pido Bongomin** is a medical doctor and the current Deputy Country Director for Programs at ICAP Swaziland. He was trained in medicine at Makerere University and previously served as the Uganda Country Director at the Institute of Human Virology for the University of Maryland.



**Tony Boova** is Director for Alliance Development at Beckman Coulter, a Danaher company. Tony launched and leads the Beckman Coulter CARES Initiative established for partnerships and alliances around common interests such as health system strengthening and capacity building for diagnostics, advocacy and community involvement. Tony represents Beckman Coulter within the global community, liaising with partners such as health policy organizations, funding agencies, implementing partners, Ministry of

Health and other NGO organizations. Tony has over 20 years commercial leadership experience in life sciences and diagnostics. He is pursuing an MPH at University of Liverpool, earned a Certificate in Global Health from the Dornsife School of Public Health and has a Bachelor of Science in Management from Sigmund Weiss School of Business at Susquehanna University.



**Franck Euloge Boraud**, is HIV Clinical team leader at ICAP Cote d'Ivoire. Prior to joining ICAP, Dr. Boraud was a physician in the District Hospital of Agnibilekrou and the Health District focal point for malaria, pediatric HIV, quality improvement and nutrition. During this period, he supervised district health providers implementing health services including HIV activities, malaria, and nutrition. He has over 12 years' experience in medicine and public health and holds MD and MPH degrees.



**Bayisa Chala** is the Executive Director of NEP+, Ethiopia. He has worked in HIV for over twenty years in various capacities, including as a project coordinator, program officer, and executive director. Mr. Chala holds an MSc in International Trade and Finance from Addis Ababa University.



**Stella Stephen Chale** is the Interim Country Representative for the International Training and Education Center for Health (I-TECH) in Tanzania. In this capacity she oversees I-TECH's program in Tanzania, while also functioning as the Clinical Programs Director. Before taking up this leadership position, she worked with the department of Internal Medicine at Muhimbili National Hospital, Tanzania for more than two decades and was a lecturer at the Department of Internal Medicine of the Muhimbili University College of Health Sciences and an active member of the HIV Vaccine Research Group. She has previously held positions with the Tanzania Country office of World Health Organization and the National AIDS Control Program (NACP) of the Ministry of Health and Social Welfare.





**Steven Chambers** is the Senior Monitoring and Evaluation (M&E) Technical Advisor at the Swaziland Ministry of Health. Mr. Chambers has a BSc. (Comp-Sci & Maths) and MSc (Leadership & Change Management), and has worked on information systems, data management and data visualization since 2003. In 2016, Mr. Chambers re-joined the Swaziland MoH and the National AIDS Programme (SNAP). In this role, he works closely with the M&E Unit in the MoH, providing direct technical expertise and support in the strengthening and implementation of a robust M&E system for HIV Treatment, Care support. He supports HMIS in the extraction of data from the RxPMIS/APMR, CMIS and any other electronic patient management systems.



**Brian Chirombo** is the HIV/AIDS and Hepatitis Team Lead at the World Health Organization in South Africa. Dr. Chirombo has over 15 years professional experience in HIV/AIDS, reproductive health and research at country, regional and international levels. His experience also includes supporting national and UN Joint Country Teams on HIV prevention, care and treatment programming, including on policies, strategies and plans, and also resource mobilization. He has experience in conducting and teaching epidemiological and operations research.



**Alzira Pereira Dos Santos De Louvado** is a public health specialist and a Senior Site Coordinator at the U.S. Embassy for CDC in Mozambique. She began her career at CDC in 2015, supporting HIV treatment programs and SIMS. Prior to joining CDC, she worked at the district level, and specifically as Medica Chefe at health sites. She previously served as the *Oficial Tecnico Nacional para Saude Publica* at FHI-Mozambique, managing TB and Public Health programs in Sofala, Manica, and Tete provinces. Dr. Louvado also served as the Senior Advisor for Care and Treatment in Mozambique managing programs in Sofala, Manica and Tete.



**Lillian Diseko** is a Program Manager in the HIV, AIDS and STI Cluster at the National Department of Health, South Africa. She worked for 10 years as a professional nurse/ midwife and HIV coordinator in Johannesburg before joining the Gauteng provincial office as a TB/HIV integration manager. She provides provinces with logistical and technical support to efficiently implement the National Strategic plan and other relevant policies aimed at improving the delivery of quality public sector HIV and TB services. Her passion is to improve the quality of life and health outcomes for persons living with HIV and TB. She has a Degree in Nursing Sciences (UNISA), post-graduate diplomas in Community Health Nursing (Wits Tech) and Health Management (UCT) as well as a Certificate in Project Management from UNISA Business School.

Not Pictured

**Muhle Dlamini** is a Program Manager for the Ministry of Health, Swaziland.



**Nonhlanhla Dlamini** is an HIV/AIDS Officer for the Hhohho Region of Swaziland at the Swaziland National AIDS Program/Ministry of Health.



**Peter Ehrenkranz** is Senior Program Officer for HIV Treatment at the Bill & Melinda Gates Foundation. From 2010 to 2015, Dr. Ehrenkranz worked in Swaziland with CDC, first as the PEPFAR Care and Treatment Lead, and later as the Country Director. Prior to that, he spent two years in Liberia with a joint appointment as the senior advisor to the National AIDS Control Program and the medical director for CHAI-Liberia. He earned an undergraduate degree in history from Yale, medical and public health degrees from Emory, and trained in internal medicine and completed the Robert Wood Johnson Clinical Scholars Program at the University of Pennsylvania.



**Wafaa El-Sadr** is the Director of ICAP, University Professor of Epidemiology and Medicine and Mathilde Krim-amfAR Professor of Global Health at Columbia University, and leads the Global Health Initiative at Columbia's Mailman School of Public Health. Dr. El-Sadr's interests include: HIV/AIDS, tuberculosis maternal/child health, capacity building and health systems strengthening. She has led research studies focusing on HIV prevention and management and currently co-leads the NIH-funded HIV Prevention Trials Network (HPTN). Through ICAP, the center she established 15 years ago at Columbia University, she has led efforts that enabled the establishment of large-scale programs in 24 countries in Africa and Asia that link research, education, training and practice with a focus on HIV, other public health threats and health system strengthening.

Through ICAP's work, more than two million people have received access to HIV programs around the world. This was accomplished in partnership with ministries of health, academic institutions, non-governmental and community-based organizations. ICAP has championed the integration of research into programs and investment in health system strengthening and quality improvement. Dr. El-Sadr received her medical degree from Cairo University in Egypt, a master's in public health from Columbia School of Public Health and a master's in public administration from Harvard University's Kennedy School of Government. Her scholarly work

has appeared in leading scientific journals. She was named a MacArthur Fellow in 2008 and is a member of the National Academy of Medicine.



**Marcelo A. Freitas** is the Clinical Director at ICAP Mozambique. He is a Brazilian medical doctor and Public Health Specialist, and holds a Masters in Infectious Diseases. He spent ten years at the Ministry of Health in Brazil working on HIV/AIDS Programmes as the HIV Care and Treatment Coordinator, and more recently as Deputy Director.



**Sombo Fwoloshi** is an Infectious Disease physician in the department of internal medicine at University Teaching Hospital in Zambia. She is currently involved in clinical care of patients, running HIV/AIDS clinics, and complicated HIV care. She has an interest in neglected tropical diseases and has recently been active in the outbreak response in Zambia. As part of the infectious diseases team, she participates in infection prevention and antibiotic stewardship programmes and serves on the National epidemic preparedness committees on various diseases including Viral haemorrhagic fevers, cholera and meningitis. She is a part of the national DSD task force.



**Nompilo Gwebu-Gama** is the National Expert Client Coordinator at Swaziland's National AIDS Program (SNAP) under the Ministry of Health and is the liaising officer with networks of people living with HIV in upscaling Differentiated Service Delivery. Nompilo has over 10 years working experience in adherence and psychosocial support for people living with HIV and currently serves as the vice chair of the HealthPlus 4 men board.



**Irénio Gaspar** is a Medical doctor, qualified at Eduardo Mondlane University and currently working as the STD and HIV/AIDS Programme Supervisor at the Maputo City Branch/Directorate of Mozambique's Ministry of Health since 2015. Due to the nature of his work, as well as the country's high HIV prevalence, he works mostly with the general population, with special focus on high-risk groups: the LGBT community, prisoners and sex workers.





**Mirtie Getachew** holds an MPH degree and is currently an HIV Team Lead at the Federal Ministry of Health of Ethiopia. She has more than ten years of clinical and programmatic experience in HIV and currently works in the Disease Prevention and Control Directorate as the HIV/AIDS Program Coordinator. She was previously a Global Fund M&E officer and IGAD regional HIV/AIDS prevention partnership program coordinator for five years at Amhara Regional State HAPCO.



**Anna Grimsrud** is the Lead Technical Advisor for the International AIDS Society (IAS). Dr. Grimsrud focuses on supporting the implementation of differentiated models of antiretroviral therapy delivery in sub-Saharan Africa. She holds a Master of Public Health and PhD from the University of Cape Town, and has been involved in research with IeDEA-Southern Africa Collaboration, the Desmond Tutu HIV Foundation and Médecins Sans Frontières.



**Jonathan Grund** is the Senior Advisor for Program Quality and Improvement at CDC South Africa, and is the Quality Improvement Team Lead. He oversees CDC South Africa's QI work and partner management efforts. Previously, he worked at CDC Atlanta in DGHT's HIV Prevention Branch since 2009, and he has spent the last 12 years working in global health. He has expertise in operational research, program management, and developing, implementing, and evaluating public health programs in global settings.



**Sthembile Gombarume** is a Project Development Specialist – Care & Support at USAID, South Africa. She has 18 years' experience in managing HIV and AIDS Programs in the Southern African region and has worked in Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe supporting community development. She has worked for regional and international NGOs, including FHI 360, Save the Children UK, World ORT International Cooperation and the Southern African AIDS Trust in various capacities, namely program management, capacity building, and monitoring and evaluation. Sthembile holds a Master's Degree in Development Studies from the University of the Free State, a Master's Degree in Business Administration from Nottingham Business School, and a BSc. (Honours) from the University of Zimbabwe.



**Clorata Gwanzura**, is the Differentiated Care Medical Officer: HIV Care and Treatment at the Ministry of Health and Child Care (MoHCC) Zimbabwe. With support from the CQUIN project, she supports differentiated care projects in the AIDS and TB Unit, focusing on the scale-up of DSD models nationwide. She has 5 years' experience working at various levels in the Zimbabwe Ministry of Health, implementing and managing health programs including HIV programming. Her interests include health systems strengthening and program management. Clorata is a medical doctor and holds an MPH.



**Harry Hausler** is a family physician, HIV clinician and preventive medicine specialist with 25 years of international public health experience implementing and evaluating integrated TB and HIV programmes. He has a MPH from Johns Hopkins University and a PhD from the London School of Hygiene and Tropical Medicine. He worked in the Global TB Programme of the WHO in Geneva in 1995 and was the National TB/HIV Technical Advisor in the South African Department of Health from 1996 to 2003. He is an Extraordinary Professor at the School of Public Health of University of the Western Cape and the CEO of TB HIV Care.

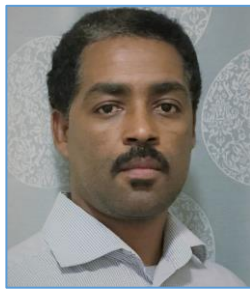
He is the Principal Investigator of a cooperative agreement with the Centers for Disease Control and Prevention (CDC) called 'Programmatic Implementation and Technical Assistance for HIV/AIDS and TB Prevention, Care, and Treatment Services throughout the Health System in South Africa under PEPFAR' (2016-2021). He is the Chair of the TB Prevention Working Group of the National TB Think Tank and is a member of the Western Cape Civil Society Forum, HAST Policy Review Committee and Provincial Council on AIDS.



**Joseph Kabanda** is an HIV Care and Support Specialist at CDC Uganda where he provides technical assistance to MoH, implementing partners and health facilities, including the development of guidelines for the differentiated service delivery models (DSDM) for Uganda. Dr. Kabanda received his medical degree from Makerere University College of Health Sciences and a Master of Science in Public Health degree at Makerere University. His current work includes providing support and input for implementation manuals, job aids and SOPs for implementation of DSDMs in Uganda.



**Hervé Nzereka Kambale** is a Differentiated Care Advisor, seconded to the Swaziland National AIDS Programme (SNAP) with support from CQUIN. He is dedicated to scaling up DSD in Swaziland, with a special interest in DSD for patients at high risk of disease progression. Dr. Kambale has 8 years' experience in HIV clinical and program management, as well as five years' of clinical experience in general medicine. His major contributions include health education and capacity building, mentoring and supervision, and effective collaboration with the Ministry of Health and other non-governments agencies in the following fields: Palliative Care, Cancer Management, PMTCT, HIV/AIDS, Maternal and Child Care. Dr. Kambale graduated with an Mphil, in HIV/AIDS Management from Stellenbosch University in 2013, and an MBChB from the Catholic University of Bukavu in 2005. He has previously worked in Rwanda, DR Congo, Botswana, and Swaziland.



**Getachew (Gech) Kassa** is a public health professional with an educational background in Tropical & Infectious Diseases (MSc) and a Master of Public Health (MPH). He has over 15 years of experience in the design and management of healthcare programs, lecturing in universities, research projects, and surveillance at national and regional levels in Africa. He has extensive experience in laboratory system strengthening, Quality Management, coordinating international training, managing HIV projects and Infection Prevention & Control (IPC) programs. He has been with ICAP since 2012, and is currently the QI advisor and IPC project lead at ICAP Columbia University in New York.



**Judy N. Khanyola** is a Kenyan Registered Community Health Nurse/Midwife and the Africa Regional Nursing Advisor for ICAP at Columbia University. She is a member of the National Nurses Association of Kenya and the East, Central and Southern College of Nurses, where she serves on the Education and Scientific Committee. She is also a board member of AFREhealth, the African Forum for Research and Education in Health. Ms. Khanyola has previously taught at the University of Manchester, Mildmay Uganda and the Kenya Medical Training College. She previously worked as a staff nurse at the Aga Khan University Teaching Hospital in Nairobi, as a Senior Training Manager for Mildmay in Kampala, Uganda, as a consultant curriculum specialist for paediatric HIV in Kigali, Rwanda and palliative care in Gaborone, Botswana. She holds an MSc. in advancing healthcare practice from the University of Manchester, UK.



**Sabelo Khoza** is the Lumbombo Regional AIDS Coordinator for the Swaziland National AIDS Program.

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**Gavin Khumalo** is a community activist at the Swaziland Network for People Living with HIV (SWANNEPA).



Altaye Kidane has over 25 years of experience in HIV/TB programs. In his current position as technical director for TB/HIV care and treatment project in Swaziland, Dr. Kidane supports ICAP's technical assistance to Strengthening Local Capacity to Deliver Sustainable Quality Assured Universal Coverage of Clinical HIV/TB Services in Manzini Region, and provides Central Level Technical Assistance to the National Tuberculosis Control Program (NTCP) in the Kingdom of Swaziland under the President's Emergency Plan for AIDS Relief (PEPFAR).

Dr. Kidane has worked in the implementation of TB/ HIV programs in Zambia, Tanzania, Ethiopia, Lesotho, and Swaziland. He holds a medical degree and certificate of specialty in Internal medicine from Addis Ababa University Ethiopia, an MSc in Infectious Diseases Immunology from University of London and a diploma in Tropical Medicine and Hygiene from the Royal College of Physicians of London.



**Josen Kiggundu** is the National Technical Advisor for DSD at the Ministry of Health AIDS Control Program in Uganda. Dr. Kiggundu is a public health professional with training and practical experience in managing health programs within the Public Sector and Non-Government Organization (NGO) setting, including district-led health services, Maternal and Child Health programs and comprehensive HIV/AIDS programs.

He worked with Baylor College of Medicine Children's Foundation in Uganda as an acting program manager, Care and Treatment Coordinator and Regional Coordinator from 2014 - 2017. He was a Program Officer with Protecting Families Against HIV/AIDS (PREFA) from February 2012 to March 2014, a District Health Officer and Medical officer with Manafwa District Local Government between August 2007 and February 2012. He holds a Master of public health (Uganda Christian University), a post-



graduate diploma in Project Planning and Management (Uganda Management Institute) and a Bachelor of Medicine and Bachelor of Surgery (Makerere University).



**Betty Nsangi Kintu** is the Team Leader, TB and HIV services at URC for the USAID Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) Project. She is responsible for providing high-level strategic leadership for design, implementation, M&E and documentation of/for the HIV and TB components of the RHITES-EC program. Previously, Betty served as the Executive Director of Reach Out Mbuya, a faith-based community-based NGO providing HIV care services. She is an active member of the national pediatric TB committee and was involved in the revision of the national TB/HIV guidelines as well as drafting the national Childhood TB management guidelines and training curriculum. She previously worked with Baylor College of Medicine Children's Foundation Uganda. Betty holds a Bachelor of Medicine and Bachelor of Surgery from Mbarara University, and an MPH and PhD in Epidemiology from the University of Texas Health School of Public at Houston, Texas.



**Nicholas Kisyeri** is a medical doctor with more than 15 years of experience in clinical care, including HIV/AIDS and TB prevention, care and treatment, and more than 10 years of experience in training and supervising clinical teams in Tanzania, Namibia, Lesotho and Swaziland. Apart from his medical degree (MB; ChB), he has a Master's Degree in Infectious Diseases (London), Master of Science in Community Health and Health Management in Developing Countries (Heidelberg) and a diploma in HIV Management (College of Medicine of South Africa). Nicholas was previously a clinical advisor at ICAP Swaziland; he currently supports the Swaziland National AIDS program (SNAP) as a technical advisor in TB/HIV collaborative services. Before joining ICAP in Swaziland, Nicholas worked for PSI Swaziland as a Clinical Director and was responsible for scaling up the male circumcision program.



**Charles Kiyaga** is the Program Manager for the new Laboratory Systems Strengthening Community of Practice (LabCoP) project at the African Society of Laboratory Medicine (ASLM). He has a MSc. in Biomedical Science from Makerere University and a Master of Philosophy in Medical Science from Cambridge University, UK. He also has a Diploma in Health Management from Galilee Management Institute in Israel. Mr. Kiyaga previously worked at the Central Public Health Laboratories at the Ugandan Ministry of Health. He initiated and ran the Early Infant Diagnosis (EID) Program, the Sample Transport System and the Viral Load (VL) Program, all of which received the African Society of Laboratory Medicine's Best Practice Awards in 2012, 2014 and 2016.

Not Pictured

**Zana Daniel Koné** is an assistant in the Care and Treatment Department of the National AIDS Program (*Programme Nationale de Lutte Contre le VIH-PNLS*) and in charge of care and treatment of adults living with HIV (PLHIV). He's been with the National AIDS Program since January 2017. His mission is to ensure the integration and scale up of adult HIV care and treatment interventions at all levels of the health system and in all sectors (public, private and community) according to the national guidelines.

Prior to joining the National AIDS Program, he practiced as a medical doctor at the Urban Health Center of Grand Morié (June 2017-September 2008) and then as Chief Medical Officer from September 2008 to December 2016 at the Rubino Urban Health Center in the department of Agboville at which the purpose of my mission was to coordinate and implement the minimum package of interventions according to the national guidelines, including HIV activities (management of adult and pediatric HIV and PMTCT).

He also worked in the private sector, including the National Police Hospital and the Saint Therese Health Center of the Enfant Jésus in Koumassi where he was responsible for the care of PLHIV from 2004 to 2007. Mr. Koné holds a State Doctorate in Medicine degree obtained in 2004 and completed a training in DSPMS (Advanced Diploma in Development and Health Management) at the CAMPC in Abidjan.



**Alphonse Kouakou** is the Chief of Party of Private Sector Health Project (PSHP-Ivory Coast) focused on establishing public-private partnerships and integrating the private sector into the national fight against HIV/AIDS and Family Planning. He has a *Doctorat d'Etat en Medecine* from Abidjan University and is pursuing an MBA in Project Management. He is an obstetrician/gynecologist with more than 15 years of experience as a clinician practicing in the private health sector and a project manager overseeing HIV/AIDS, family planning/reproductive health and MCH activities. He previously worked for Population Services International and helped establish the first public-private platform for the distribution of condoms and other contraceptives in Ivory Coast. In 2012, he joined the Strengthening Health Outcomes through the Private Sector project as the Chief of Party, designing and implementing the country's first HIV/AIDS services network through the private health sector.



**Jean-Louis Kouo** is a Senior Technical Advisor for program implementation at EGPAF Côte d'Ivoire (Project Djasso: prevention and care and treatment). He currently supervises technical outposts ensuring that services and care provided to PLHIVs are consistent with guidelines and strategies. Dr. Kouo is a

Pediatric and Public Health specialist and was previously Chief Medical Officer, with a keen interest in pediatric HIV. In this capacity, he coordinated the technical support to the Health District management team and health facilities to implement prevention and treatment activities.



**Nomthandazo G. Lukhele** is the National ART Coordinator at the Swaziland Ministry of Health. Dr. Lukehele coordinates HIV care and treatment services in Swaziland, and has extensive hands-on experience in the delivery of HIV care and treatment services at both clinical and programme level. She holds a Bachelor of Medicine and Surgery Degree (MBCB) from Witwatersrand University, South Africa (2006) and a Bachelor of Science Degree from the University of Swaziland (2000). She is currently studying for a Master of Public Health degree at Witwatersrand University, majoring in Health systems strengthening. Dr. Lukhele is also on the CQUIN Advisory Group.



**Alice Maida** joined CDC Malawi in 2011 as a Medical Program Specialist. She currently serves as the HIV Prevention, Care and Treatment Team Lead in the Health Services Branch. She provides technical assistance to CDC implementing partners supporting the scale up of HIV prevention, treatment and care activities, including TB/HIV programs. And differentiated service delivery models. She serves as the Project Officer for cooperative agreements with the Lighthouse Trust and Elizabeth Glaser Paediatric AIDS Foundation. She previously provided technical support for health systems strengthening activities. She serves as the CDC co-chair for the interagency PEPFAR Treatment and Care Technical Working Group in Malawi.



**Priscilla Lumano-Mulenga** is an Infectious Disease Specialist who is currently working as Technical Advisor to the HIV Unit at the Ministry of Health, Zambia. She has been involved with the National Anti-Retroviral (ARV) Program since its inception in 2002. In 2005 she joined the Centre for Infectious Disease Research in Zambia (CIDRZ), where she held various positions including that of Head – Quality Assurance/Quality Control (QA/QI) before moving to the Elizabeth Glaser Paediatrics AIDS Foundation (EGPAF) as the Technical Director.





**Moyahabo Mabitsi** is the Executive Manager, Public Health for Anova in South Africa. During her 7 years at Anova, she led implementation of TB/HIV/PMTCT policies/guidelines at PHC level including the rollout of NIMART. In her roles as TB Technical Advisor and manager of Anova's Johannesburg District PEPFAR programme, she provided capacity building for DoH clinicians and facilitated the provision of TA to sub-district and District level DoH management. She holds an MBChB from the University of Pretoria, Diplomas in HIV Management and Tropical Medicine, and is currently working towards her MSc.



**Hélder Macul** is the Quality Improvement Focal Person at the Mozambican MOH HIV Control Program. Dr. Macul began his career as a clinician in Inhambane Province where he was responsible for TB and HIV programs. He later served as Provincial HIV Officer in Inhambane Province, coordinating implementation of MOH strategies for STIs and HIV/AIDS. His current role focuses on improving the clinical care offered to people living with HIV, including implementation of DSDM. He studied General Medicine at Eduardo Mondlane University.

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**Barbara Mambo** is a medical doctor and a Call Center Consultant at NASCOP Kenya.

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**Bongani Masango** is the Manzini Region AIDS Coordinator for MoH/Swaziland National AIDS Program.



**Victoria Masuku** is a URC Senior Advisor for community grants and partnerships. She is a Public Health specialist with 27 years' experience in clinical and community health care settings and currently oversees DSD implementation in collaboration with community-based organizations. She participates in various technical working groups and has supported development of key national guiding documents. Mrs. Masuku recently participated in the development of the Swaziland National Differentiated Care Guidelines and Standard Operating Procedure Manual and supports capacity building for health care facilities and community partners to implement these ART service delivery models.



**Lawrence Mbae** has 12 years' experience in health care systems management having worked across the public (MOH) and private for- and not-for-profit sectors. He has robust experience in HIV programming, quality improvement and service integration. Dr. Mbae is currently the Technical Advisor - Differentiated Service Delivery (DSD) at ICAP Kenya. He previously worked for FHI

(Goldstar) and PSI and, consulted on quality improvement for Aga Khan University and JHPIEGO.



**Andrew McKenzie** is the technical lead for Governance, Policy and Planning in Health Partners International, a DAI Global Health company. Dr. McKenzie is a health manager with 35 years of experience in Africa. He has an excellent understanding of managing health systems and services, health sector reform and district development in sub-Saharan Africa. Qualifications include a medical degree, a masters in public health and a post-graduate diploma in adult education. In 2016, he evaluated the HIV Adherence Clubs in Cape Town metro for the Gates Foundation and the Stop Stock Out project in South Africa for MSF.



**Trudy Mhlanga** is a Zimbabwean physician with five years' experience in the field of health management. She is currently a Technical Advisor for the Organization of Public Health Interventions and Development (OPHID). She is currently supporting DSD roll out at health facilities in Zimbabwe. She has trained health care workers on the MoHCC Operational and Service Delivery Manual, including differentiated models of care.



**Alemtsehay Abebe Wolde Micheal** is the Senior HIV Program Officer at Ethiopia Federal Ministry of Health (FMoH). She is a nurse with a MPH and has over fourteen years of experience in HIV/AIDS programs. She is currently the HIV Care & Treatment Focal for differentiated service delivery and provides technical and managerial oversight to program activities at the national, regional, and site-levels. Mrs. Abebe is an active member of the Ethiopia Public Health Association.



**Maureen Milanga** has a background in law and human rights, and contributes to Health GAP's advocacy coalitions working for universal access to HIV treatment. She has a wealth of experience on movement building and has collaborated with communities of PLHIV, adolescents and young people, sex workers, gay men, men having sex with men, transgender and drug user community organizations to enhance health rights and access to services for communities.

She has campaigned to win increased access to ART, improve outdated HIV treatment policies and mobilize civil society to demand game-changing new generic AIDS drugs faster. She partnered with other Kenyan organizations to gather recommendations from people living with HIV to create the

"PLHIV Manifesto" – a document she used to urge presidential candidates in Kenya to roll out AIDS treatment and healthcare for all Kenyans.

She works to increase civil society involvement to more effectively make demands of the Government of Kenya, PEPFAR, and the Global Fund, and as one of the co-chairs for Kenya's latest Global Fund grant, she was able to work with organisations to win key recommendation for PLHIV and key populations. She was an AVAC 2013 Fellow working with AIDS Law Project and Health GAP and was listed in POZ 100 magazine as one of the most effective AIDS activist of 2014.



**Tafara Moga** is a public health practitioner with over ten years' experience in managing and implementing public health services and HIV/AIDS programs in Zimbabwe. He served as a Medical Officer with the Ministry of Health and Child Care in Zimbabwe for six years and has considerable experience in program planning, implementation and management within HIV programming in Zimbabwe. He contributed to the capacity building of health workers for HIV management in Zimbabwe through in-service training and clinical mentorship. He is currently the Senior Technical Advisor, Integrated HIV Services, with FHI360 Zimbabwe under the USAID-funded Zimbabwe HIV Care and Treatment (ZHCT) project. Through community based approaches, the ZHCT project has been a trendsetter in community index testing and sexual network testing in Zimbabwe and is supporting the MoHCC in scaling-up differentiated models of care for PLHIV.

Not Pictured

**Tsehpo Molapo** is the Deputy Director of Monitoring and Evaluation at the National Department of Health, South Africa.



**Crispin Moyo** is the EQUIP Country Director for Zambia Right to Care. He was previously at the Ministry of Health, where he served as Clinical Care Specialist and National Coordinator for ART. He holds a MPH from Vanderbilt University School of Medicine and a Post Graduate Diploma in HIV Medicine from the University of Zambia. Dr. Moyo has served as a physician and a public health practitioner for nearly 10 years. He was Principal Investigator in the Zambia Population Based HIV Impact Assessment (ZAMPHIA), National ART Program Outcome and Impact Evaluation (NAPOIE) and the Multi Country Analysis of Treatment Costs for HIV/AIDS (MATCH).



**Mpande Mukumbwa-Mwenechanya** is a Technical Advisor at the Center for Infectious Disease Research in Zambia (CIDRZ). She has over five years of experience in clinical pharmacy, including in managing large-scale surveys and healthcare facility audits, health promotion, design and delivery of training materials, implementation, and monitoring and evaluation. She currently leads a mixed methods study on ART pick-up and retention monitoring funded by the Gates Foundation. The study seeks to determine the best strategies to implement decentralized community group-led HIV services and assesses various domains of healthcare facility management to determine how, for example, clinic patient flow and supply chain management impact retention and viral load suppression.

She holds a Doctorate Degree in Clinical Pharmacy from the University of Zambia and is currently pursuing a Masters in Epidemiology at the London School of Hygiene and Tropical Medicine. She is a part time lecturer at the University of Zambia School of Medicine for undergraduate Pharmacy students.

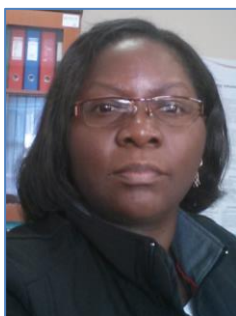


**Dennis Mseu** has twelve years of experience managing development and advocacy projects. He coordinates advocacy initiatives in Malawi with the Malawi Network of Religious Leaders Living With or Personally Affected by HIV/AIDS (MANERELA+), which is currently implementing various advocacy initiatives for DSD, Routine Viral Load scaling-up, Women's Empowerment, LGBTI, Universal Health Coverage, and Sexual and Reproductive Health and Rights. Before joining MANERELA+, Mr. Mseu held positions with World Vision, the Creative Centre for Community Mobilization, the Ntcheu District Health Office, Malawi Blood Transfusion Service and the Ministry of Gender and Community Services.





**Nobuhle Happiness Mthethwa** is the National Pediatric HIV Care and Support Advisor for the Swaziland National AIDS Program.



**Lydia Mpango** is a Senior Clinical Services Advisor: Care and Treatment for the AIDSFree Project in Swaziland, providing technical assistance to the Swaziland National AIDS Program/MoH Swaziland to improve Pediatric and Adult care and treatment access and psychosocial support. She also provides support in the planning, coordination, implementation, and quality improvement of comprehensive HIV/TB/PMTCT activities at Regional (Hhohho) and facility level. Lydia has a special interest in implementation of differentiated HIV service delivery and improving long-term health outcomes of children, adolescents and their families.

Not Pictured

**Strydom Mpandza** is the Shiselweni Regional AIDS Coordinator for MoH/Swaziland National AIDS Program.



**César Mufanequico** is the Coordinator for the *Movimentio papra acesso ao tratamento* (MATRAM) in Mozambique. Mr. Mufanequico has a background in health studies, HIV and policy and has over twenty years of experience in HIV policy at the domestic and international level. He served on the boards of ITPC (International Treatment Preparedness Coalition) and PATAM (Pan African Treatment Access Movement), and he was involved in the 2001 Abuja Declaration for health financing. He has contributed to the design of HIV treatment literacy manuals on HIV and developing national task shifting guidelines.



**Felix Mwanza** is the National Director of the Treatment Advocacy and Literacy Campaign (TALC), a leading civil society organization in Social Mobilisation in Zambia that promotes equitable access to HIV medication for people living with HIV. He is an international HIV and AIDS activist and has vast experience in mobilizing resources for program implementation at national and international levels. He holds a Diploma in Computer Science and a BA in Social Work and previously worked as an Information Technology (IT) Specialist.



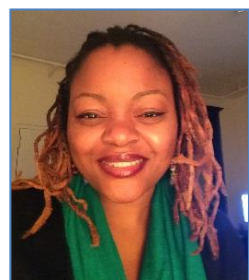
**Tonderai Mwareka** is a Social Scientist who has supported HIV/AIDS programming since 2003. Mr. Mwareka has experience in program design, implementation, management, M&E, research and resource mobilization. He is currently the Programme Officer with Zimbabwe National Network of People Living with HIV (ZNNP+) and responsible for coordinating and representing the interests of PLHIV throughout Zimbabwe. Mr. Mwareka's DSD work includes working with PLHIV and ZNNP+ Provincial Coordinators to roll out models of care such as Family Centered care, Diary Spacing, fast-track and facility adherence clubs. In 2018, he will be leading research on community monitoring/surveillance on enablers and barriers to differentiation of service. Mr. Mwareka has a BSc. in Psychology from the University of Zimbabwe and is currently pursuing a Masters in Child Rights and Childhood Studies at Africa University.



**Keith Mwebo** is a Public Health Specialist in PMTCT/ART at CDC Zambia. He works with implementing partners to support adult HIV treatment, including DSD; is lead activity manager for two CDC-funded treatment partners; and is a member of the DSD committee. He spent 6 weeks as experiential attachment at TASO Uganda to implement DSD (Community Drug Distribution).



**Ernest Mwila** is a Zambian trained medical doctor, MSc, MBChB, BSC, and has nine years of service in rural public health service of Zambia. Ernest is currently the ART/TB director on the USAID DISCOVER – Health project. He has previously supported the HIV/AIDS project at Churches Health Association of Zambia (CHAZ) and as a Medical Officer in Charge in a first level hospital. Prior to joining CHAZ, he was a district medical officer.



**Bibole Ngalamulume** is a Senior Project Officer at ICAP New York. She specializes in project management and serves as the primary project interface between ICAP's field operations in selected countries and the organization's technical, grants management and administrative support platform in New York. She provides broad managerial support to the development, implementation, and evaluation of diverse health projects in Sub-Saharan Africa. Prior to her current role, Ngalamulume spent two years as Program Quality Manager at Catholic Relief Services. During this time, she provided technical and operational support to the health program portfolio in eastern DR Congo. She has a MPH and over 15 years of experience in public health disease intervention program development, implementation, monitoring, and reporting and documenting best practices in developing countries.



**Nicole Nguessan** has been an Adult Care and Treatment Advisor at ICAP Cote d'Ivoire since 2013, where she coordinates implementation of HIV services at ICAP-supported -sites. Prior to her current role, Nicole spent seven years as a Project Manager at Acondavs Côte d'Ivoire, providing managerial and technical support to the development, implementation, and evaluation of HIV prevention, care and treatment activities. She has a Doctorat d'Etat en Medecine from Abidjan University and over 13 years of experience in public health disease intervention program development, implementation, monitoring, and reporting to HIV programs in Cote d'Ivoire.



**Stanley N'goma** is a Care and Treatment Officer at MoH Malawi where he is the focal person for Differentiated Service Delivery, Clinical Mentorship, Training and Skills Development and Coordination. Mr. N'goma holds a Bachelor's Degree in International Obstetrics and leadership from the University of Warwick. He also has a Diploma in Clinical Medicine from the Malawi College of Health Sciences and he is registered with the Medical Council of Malawi.



**Rejoice Nkambule** is the Deputy Director of Health services – Public Health for the Ministry of Health in the Kingdom of Eswatini. Ms. Nkambule oversees over 18 primary health care programs, providing technical leadership, guidance and advice on their special needs. In her role, a major focus has been on the strengthening and integration of strategic public health programs in both primary health care and hospital services. This is particularly a pivotal position as the country is engaged in the scale up of a comprehensive and integrated HIV/SRH and TB services that started in the last decade which saw the country partnering with a number international organizations that provide support to the government's efforts and their coordination falls within Ms Nkambule's portfolio. She further provides strategic advice to the office of the Minister for Health on Preventive health care services.

Ms Nkambule has provided consultancy services both at national and international levels in the areas of program development and evaluation, capacity development and training. She has also conducted and participated in a number of national and collaborative research activities that have been used in the strengthening of the national public health programs such as Prevention of Mother to Child Transmission, ART, HIV testing and Counseling and Male Circumcision programs.



Ms. Nkambule served as a principal investigator on the Swaziland HIV Incidence Measurement Survey, also known as SHIMS. This a ground-breaking study that assessed rates of new HIV infections in the Kingdom of Eswatini in a household –based nationally representative sample of men and women, before and after accelerated scale up of HIV combination prevention programs. She also serves on the HIV Prevention Trial Network (HPTN) Scientific Advisory Group.



**Lilly Nyagah** is a Medical Doctor with a postgraduate degree in Applied Epidemiology. She works at the National AIDS & STI Control Programme (NASCOP) at the Kenya Ministry of Health where she heads the Surveillance sub-branch in the Strategic Information Unit. She has spearheaded several HIV surveillance initiatives including Pilot of Case Based Surveillance and eventual roll out plans at national scale including development of National Case Based Surveillance Strategy guidelines, implementation of Longitudinal Care and treatment Surveillance activities and planning and implementation for nationwide population based surveys including KENPHIA and the IBBS.



**Tendai Nyagura** has worked with USAID/ Zimbabwe since 2015 as a Public Health Specialist (HIV Care and Treatment). Previously, she worked in the Ministry of Health in various portfolios including; District Medical Officer, Provincial Epidemiology and Disease Control Officer and Medical Officer for ART within the AIDS & TB Unit. Tendai is a qualified medical doctor with a MPH from the University of Zimbabwe. She is an active member of the Zimbabwe Public Health Physicians Association. She has interests in epidemiology and enjoys teaching public health topics.



**Albertina Zodwa Nyatsi** works for Positive Women Together in Action, an organisation for women living with HIV in Swaziland. She was one of the first women to publicly disclose her HIV status in Swaziland and has transformed a support group into a national organization for women living with HIV. She represents the TB community in the Swaziland CCM. She has a degree in Health Management and was a former primary school teacher.



**Chidzewe Nzou** is a Programme Manager for the HIV Care and Treatment programme at the Zimbabwe Association of Church related Hospitals (ZACH). Dr. Nzou has over twenty years of experience in public health programming with an emphasis in HIV. Before joining ZACH in 2012, he worked for 14 years in a diverse range of organizations, including the private sector; University of Zimbabwe, non-profits and the Ministry of Health and Child Care.

He is a Medical Doctor and holds the Doctor of Medicine and master's in clinical Epidemiology degrees.



**Michael Odey Odo** is a HIV/AIDS expert and Public Health Physician with sixteen years of health management experience. He is a medical graduate of the University of Calabar- Nigeria and a Public Health graduate from the University of Liverpool, UK. Dr. Odo is the former Technical team lead in HIV/AIDS and TB under the \$450 million USAID country-wide GHAIN project and the \$350 million follow-on SIDHAS project in Nigeria. He served as the FHI360/TBCARE1 Nigeria Team leader implementing community TB/HIV Care and treatment, as well as programmatic management of drug resistant TB in facility and community. Dr. Odo is currently the Technical Advisor for HIV Care and Treatment for the Department of HIV/AIDS, Ministry of Health in the Republic of Malawi.



**Velephi Okello** holds a Degree in Medicine from Mbarara University in Uganda and a MPH from Harvard University. She is currently the Deputy Director of Health Services in charge of clinical services at the Swaziland Ministry of Health. Before this, Dr. Okello worked at the Swaziland National AIDS Programme for nine years, where she was in charge of the HIV Care and Treatment Programme. During her nine years in the HIV/AIDS field, she spearheaded policy changes to ensure access to quality ARV medicines for people living with HIV (PLHIV) in Swaziland.



**Ola Oladoyinbo** is a public health consultant with the Aurum Institute's international global division. Dr. Ola is a Medical Practitioner and Public Health Specialist with more than 15 years' experience in public and private health care sectors. Prior to joining Aurum, Dr. Ola served as the Senior Technical Care and Treatment Advisor/Acting Team Lead for USAID-SA Care and Treatment portfolio. In this role, he managed USAID-South Africa's comprehensive HIV/TB clinical services. Dr. Ola previously held positions at the Centers for Disease and Prevention (South Africa)- as the HIV/AIDS Lead and at University Research Cooperation (URC) as a senior HIV/TB clinician. His research interests include Advanced Clinical Care for adults and children with advanced and/or complex HIV infection.



**Tondoh Olivier N'guetta-kan** is a Health System Strengthening Advisor at USAID Cote d'Ivoire. He is the Agreement Officer Representative for PSHP (Private Sector Health Project) implemented by Abt Associates. The project provides HIV services in the private for-profit sector in Côte d'Ivoire. Prior to his current position, Dr. Olivier was a physician in the Regional Hospital of Abengourou for 8 years and Health District Director of Daloa for 4 years in the Ministry of Health. He holds Medical Doctor and MPH degrees.



**Blanche Pitt** is the ICAP Country Director in South Africa. Ms. Pitt holds a graduate degree in health education and health promotion and is a public health specialist with over 25 years' experience in both government and NGO health sectors. Ms. Pitt was formerly the Regional Project Director for PHIA where she provided high-level strategic guidance and oversight to the national PHIA surveys to ensure their timely and high quality implementation. She previously served as Country Director for ICAP in Lesotho, and at the African Medical and Research Foundation in both South Africa and Tanzania, and from 1998-2001 she served as the Director of Health Promotion within the National Department of Health in South Africa.



**Peter Preko** is the Project Director for ICAP's CQUIN Learning Network. Dr. Preko started his career in HIV work as the CEO and co-founder of AIDS ALLY, a local NGO that provided care and treatment in Ghana before national HIV treatment programs started in Africa. Prior to his current role, he was with I-TECH – University of Washington, seconded to the Malawi Ministry of Health as the Senior HIV Care and Treatment Advisor. Dr. Preko worked with CDC Swaziland from 2011 to 2016 as the PEPFAR Swaziland Care and Treatment Lead. Before joining CDC, he was the Senior Care and Treatment Specialist at ICAP in Swaziland. In Ghana, before moving to Swaziland, Dr. Preko was the Senior Program Manager (HIV/AIDS) at AED-SHARP and Engender Health respectively. Dr. Preko obtained a BSc in Human Biology and medical degrees from the Kwame Nkrumah University of Science and Technology and an MPH from the London School of Hygiene and Tropical Medicine.



**Miriam Rabkin** is the principle investigator for the CQUIN project at ICAP. She has worked in the field of HIV/AIDS for 20 years, focusing on strengthening health systems to improve the delivery of prevention, care and treatment services for underserved populations. Dr. Rabkin is an associate professor in epidemiology and medicine at the Mailman School of Public Health, and director for health systems strategies at ICAP. At ICAP, she focuses on strengthening health systems, improving access to HIV services in resource-limited

settings, and the design, delivery, and evaluation of chronic care programs for HIV and non-communicable diseases. Dr. Rabkin's current research focuses on implementation science, and on ways to leverage the successes and lessons of HIV scale-up to strengthen broader health systems, to enhance the quality of programs for HIV, maternal/child health, non-communicable diseases, and infection prevention and control (IPC) in sub-Saharan Africa, and to improve refugee health services in Turkey, Jordan, and Lebanon.

Not Pictured

**Angela Ramadhani** is the Program Manager at the Ministry of Health and Social Welfare and National AIDS Control Program in Tanzania.



**Phillip de Bathe Roberts** is the CCMDD Project Lead at Last Mile in South Africa. He has served in various management roles for over 30 years in the private sector and non-profits. Mr. Roberts holds an executive MBA from the University of Cape Town.



**Mastidia Rutaihwa** is the Pediatrics and Adolescent Program Officer at National AIDS Control Program (NACP) under the Ministry of Health, Tanzania. At NACP, Dr. Mastidia is a focal point for the implementation of policies, guidelines and standards for comprehensive HIV and AIDS services for pediatrics and adolescents and DSD models. Dr. Mastidia leads the mapping process and the development of guidelines, operational manuals and job aides for the rollout of national DSDMs. She has over five years' experience in a and worked as a research scientist and principal investigator in clinical trials at Ifakara Health Institute-ihl, which is affiliated with the Swiss TPH in Basel Switzerland. She was formerly a District Chief Medical Officer and holds a masters in Internal Medicine from Muhimbili University and Allied Sciences.



**Ruben Sahabo** has been the country director for ICAP in Swaziland since 2011. Previously, he was the ICAP country director in Rwanda, where he led the rapid expansion of care and treatment activities, overseeing technical and financial assistance to over 50 urban and rural clinics that enrolled over 50,000 patients enrolled in HIV care and treatment. He also supported the start-up of ICAP's programs in Cote d'Ivoire in 2008 and the Democratic Republic of Congo in 2010. Dr. Sahabo has managed numerous program evaluations and research studies in Rwanda and Swaziland.





Not Pictured

**Andrea Schaaf** is a Strategic Information Specialist at ICAP in New York, where she supports CQUIN's portfolio of "differentiated" M&E activities. In addition to coordinating a facility level survey of DSD scale-up in 11 countries, Andrea works with the CQUIN M&E team to provide technical assistance on M&E of DSD to ministries of health, and to backstop provincial DSD review meetings. Andrea joined the CQUIN project following her graduation from the MPH program at the Mailman School of Public Health at Columbia, where she worked with ICAP supporting the evaluation of Lesotho's Accelerating Children's HIV Care and Treatment (ACT) Initiative and the ICAP Informatics Center.

**Alan Schooley** is a physician trained in pediatrics at Boston Children's Hospital. He spent two years providing primary care to families in Lexington, Massachusetts before moving to the Desert Southwest in New Mexico working with the Indian Health Service (IHS). While working for the IHS, he was the Chair of Pediatrics and Vice-Chief of Staff and provided a range of care including primary, emergency and critical care and developed community programs to support improvements in health on the Navajo Reservation. In 2011, he joined UCLA and Partners in Hope to support one of the first HIV Care and Treatment grants in Malawi.

Dr. Schooley is the Clinical Director for Programs at Partners in Hope and is an Assistant Professor in the Infectious Diseases Division at UCLA's David Geffen School of Medicine. He oversees the Hilton Early Childhood Development grant at Partners in Hope and HIV programs in eight districts in Malawi. He is the program lead for diagnostics including TB and viral load programs. Currently, he is leading the development of Malawi's 3<sup>rd</sup> Line ART Program including developing genotyping capacity within Malawi.



**Tanya Shewchuck** is a Senior Program Officer, Integrated Delivery at the Bill and Melinda Gates Foundation. Prior to joining the foundation, she was one of the Project Directors for ACTwatch. Before that, Tanya was responsible for Somalia's Global Fund Malaria Control Program (2005-2009) through UNICEF, and managed the transition to artemisinin-based combination therapy and rapid diagnostic testing services amongst other control interventions by collaborating with a variety of governments, research bodies and non-governmental organizations.

From 1997 to 2003, she worked for MSF in various capacities including as country director in emergency and post-conflict settings such as DRC and South Sudan providing primary health care, HIV care and emergency health services. Over the course of her career, she has also provided consultant support to projects and

organizations mainly in East Africa including Oxfam and VSF. She holds a joint MSc from the London School of Economics and the London School of Hygiene and Tropical Medicine.



**Siphiwe Mabaka Shongwe** is the CQUIN Clinical Advisor based in Swaziland. She has a Master's degree in international public health from the University of New South Wales, Australia and a nursing degree and midwifery certificate from the University of Swaziland. She has worked in different non-governmental organizations and also for the Ministry of Health, providing clinical services including HIV prevention and treatment and comprehensive sexuality education, as well as working in public health research. She worked for the MOH at the Mbabane public health unit as a nurse and midwife, since 2009, then joined the World Bank as a project officer for the Maternal, Neonatal and Child Health project in 2012. She joined World Vision Swaziland as a TB/HIV project coordinator in 2015 before she joining ICAP Swaziland as a research advisor.



**Maureen Simwenda** is the Director of Clinical Services on the USAID funded *Supporting An AIDS Free Era* (SAFE) project being implemented by John Snow Inc (JSI) in Zambia. She leads the clinical team on the project and is passionate and excited about the introduction of DSD in Zambia. She graduated with a Bachelor's Degree in Medicine and General Surgery from the University of Zambia in 2006. She also specialized and graduated with a Master's Degree in Pediatrics and Child Health from the same university.

Prior to joining JSI, she worked for the Ministry of Health as a medical officer and pediatrician and was involved in the prevention, care and treatment program as well as clinical research. She also worked for the Elizabeth Glaser Pediatric AIDS Foundation where she served in different positions including Research Advisor, Clinical Advisor and Country Program Manager.



**Cleopatra Sokhela** is Head of Strategic Information, University of Witwatersrand: Wits Reproductive Health and HIV Institute (Wits RHI). Cleopatra has 16 years of combined experience in the health care sector and HIV/TB programmes, serving in various capacities within Government, the Private sector and NGOs in South Africa. Currently, Cleo leads the Strategic Information, Decanting and Pharmaceutical team under the Wits RHI Health Systems Strengthening (HSS) project. The HSS project is funded by USAID PEPFAR and aims to improve HIV/TB outcomes in South Africa with the objective of achieving the UNAIDS 90-90-90 policy goals. The HSS project has been implemented over the past five years in two USAID PEPFAR priority districts: Sub-District F in Johannesburg Health District and Dr Kenneth Kaunda district in the North West province. Cleo has contributed to streamlining of the

HSS project's primary interventions which include the provision of technical and direct service support as well as capacity building to the Department of Health (DOH) at province, district and facility level. Most recently, Cleo has been part of the CQUIN P@HR community of practice team that developed the CQUIN P@HR CoP Tool ,and supports the National Department of Health Care and Treatment programme.



**Neil Spicer** is an assistant professor in global health policy at the London School of Hygiene & Tropical Medicine (LSHTM) and is the Course Director of the MSc. programme *Health Policy Planning and Financing* jointly run by LSHTM and the London School of Economics. Neil leads the qualitative component of the Bill & Melinda Gates Foundation-funded IDEAS (Informed Decisions for Actions) study on maternal and newborn health innovations. His work focuses on understanding barriers and enablers to scale-up of maternal and newborn health programmes in northeast Nigeria, Uttar Pradesh in India and Ethiopia.

Previously, Neil has conducted studies on the country effects of global health initiatives for HIV/AIDS, focusing on issues of scale-up, access to services among marginalised populations, aid coordination and human resources. His work has also included external M&E of the International Health Partnership *Plus* and evaluations of major UK health and social policy initiatives. Neil has a PhD in geography from the University of Glasgow, UK.



**Maureen Syowai** is a HIV Care and Treatment Advisor at ICAP Kenya, where she supports the OPTIMIZE project, a consortium using innovation and partnership to accelerate the introduction of better, less expensive antiretroviral treatment (ART) regimens for HIV patients in low- and middle-income countries. Dr. Syowai is a physician and public health specialist. In her previous role at ICAP, she worked to support the Kenyan Ministry of Health National AIDS Control Program to design, implement, and monitor DSD for HIV in Kenya. Within CQUIN, Dr. Syowai leads south-to-south learning and knowledge exchange focused on the implementation of differentiated care programs.



**Jeffery Walimbwa** is the Program Manager at ISHTAR-MSM Kenya a community-based organization that advances the sexual health rights of men who have sex with men. ISHTAR MSM aims to reduce stigma and discrimination for MSM by advocating for their rights to access health care, including STI/HIV and AIDS-related care and treatment. ISHTAR-MSM is a member group of The Gay & Lesbian Coalition of Kenya (GALCK). As Program Manager, Mr. Walimbwa has taken part in various activities on advocacy, policy and strategy formulation, and analysis. He is experienced in



evidence-based HIV and sexual health programming and has sat on a variety of technical working groups at the national level. He has a keen interest in community research and is a Co-Chair of the G10, a research agency at the Gay and Lesbian Coalition of Kenya.



**Gerald Zomba** joined USAID Malawi in 2016 as a Pediatric HIV Specialist after he worked briefly with ActionAid Malawi as an HIV Technical and Advocacy Coordinator for the TB/HIV Global Fund Project. He is a member of USAID Malawi's HIV Treatment and Care Team responsible for the pediatric and adolescent portfolio. His professional career started in 2003 as an ART Clinician for Médecins Sans Frontières (MSF) in the Chiradzulu HIV Project. Two years later, he was appointed as a Tuberculosis Program Manager, a position he held for 5 years. In July 2011, he joined the Department of HIV and AIDS for Malawi MOH to do a 2-year HIV Fellowship Program jointly offered by CDC, I-TECH Malawi and MOH. Upon completion, he was offered a position of HIV Program Officer. He left the Department of HIV and AIDS in March 2016 for ActionAid Malawi. He holds a Master of Public Health (Malawi), Bachelor of Science (Namibia) and Clinical Medicine Diploma (Malawi).

# HIV LEARNING NETWORK

## The CQUIN Project for Differentiated Service Delivery



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