CQUIN 2019: Where are we now?

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Outline

- **Learning together**
- **Coverage**
- **Quality**
- **Impact**

The Learning Network

Baseline assessment visits

The CQUIN Dashboard

Communities of Practice

South to South visits

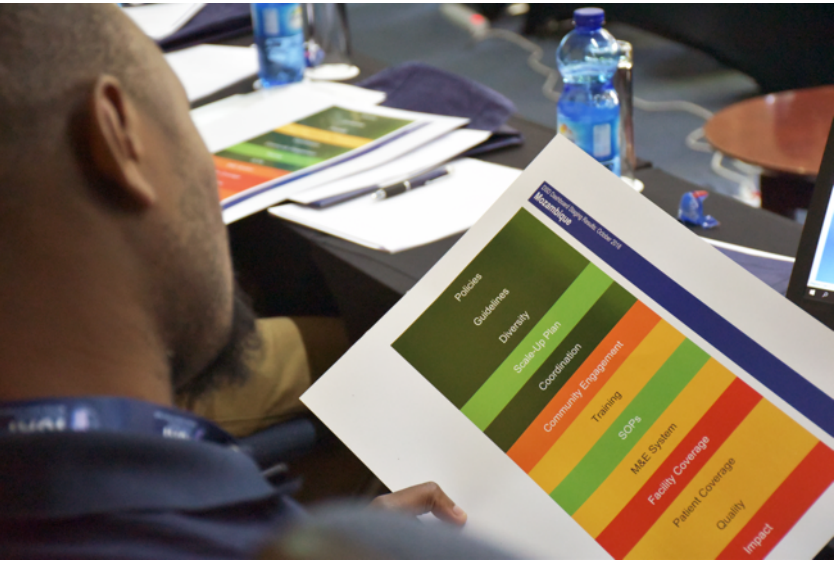
Catalytic Research Projects

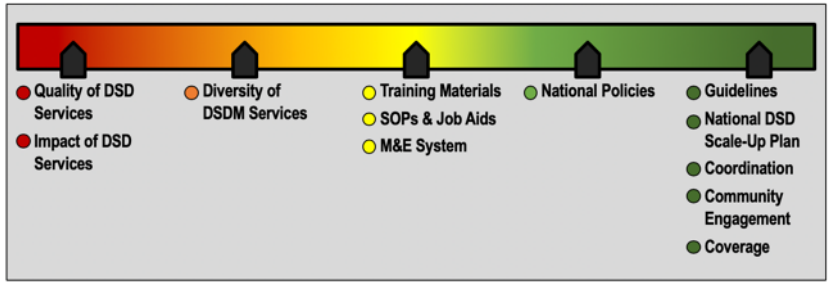
DSD Performance Reviews

TA for “differentiated M&E”

Webinars and case studies

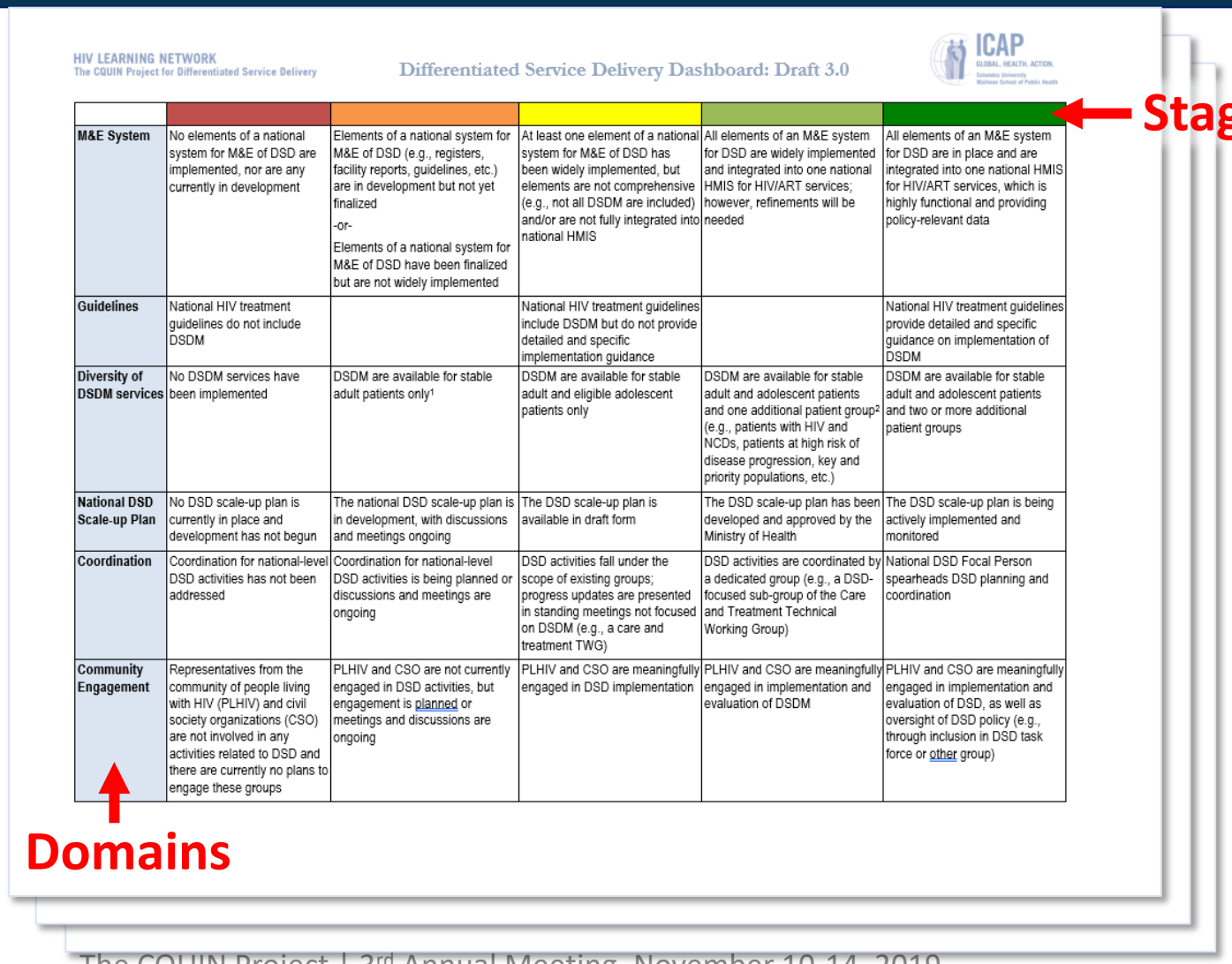
The CQUIN Dashboard





RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
Early or preliminary stages of planning and development; Useful in identifying next steps to take in the scale-up process	Work has begun and the initial efforts are ongoing; Highlights areas that can prioritized for improvement	Efforts have resulted in measurable progress, such as a draft for review or achievement of more than 25% progress to a target	Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization	Achievement of a highly-evolved implementation of the domain; Further improvements and refinements can be made as needed

CQUIN DSD Dashboard



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Differentiated Service Delivery Dashboard: Draft 3.0

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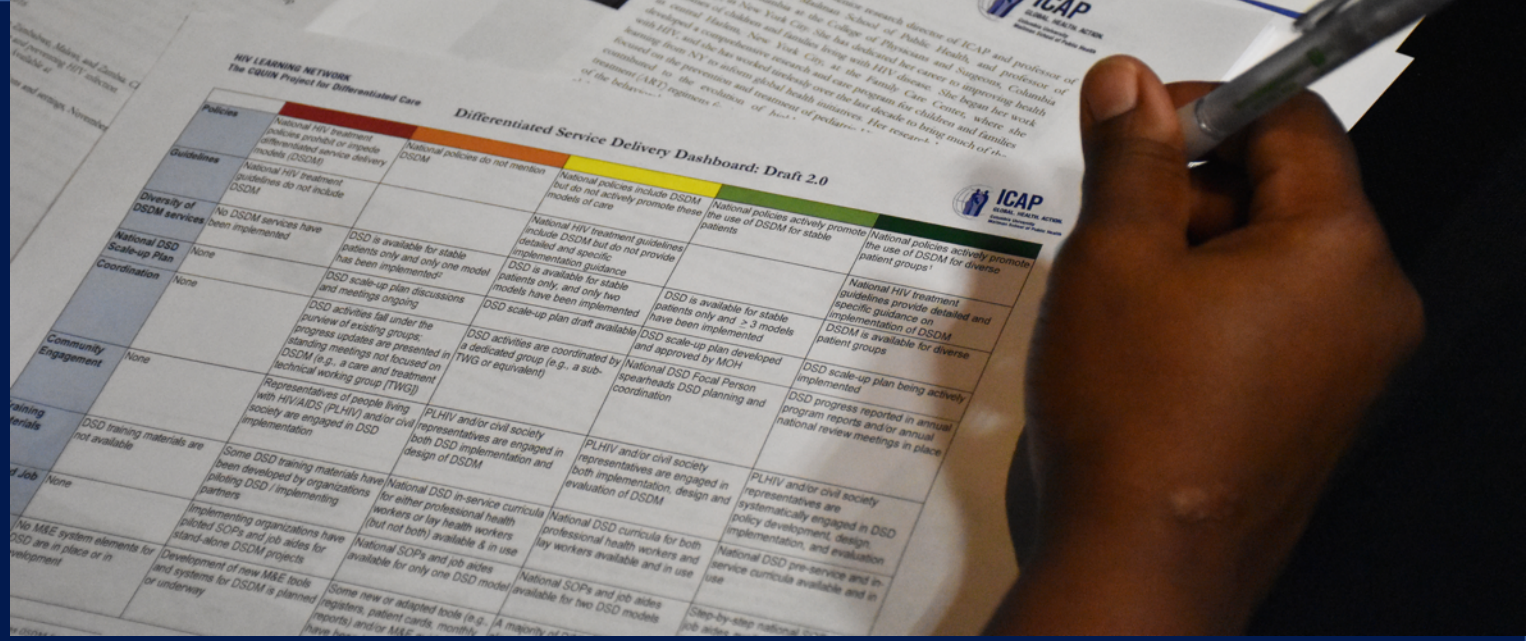
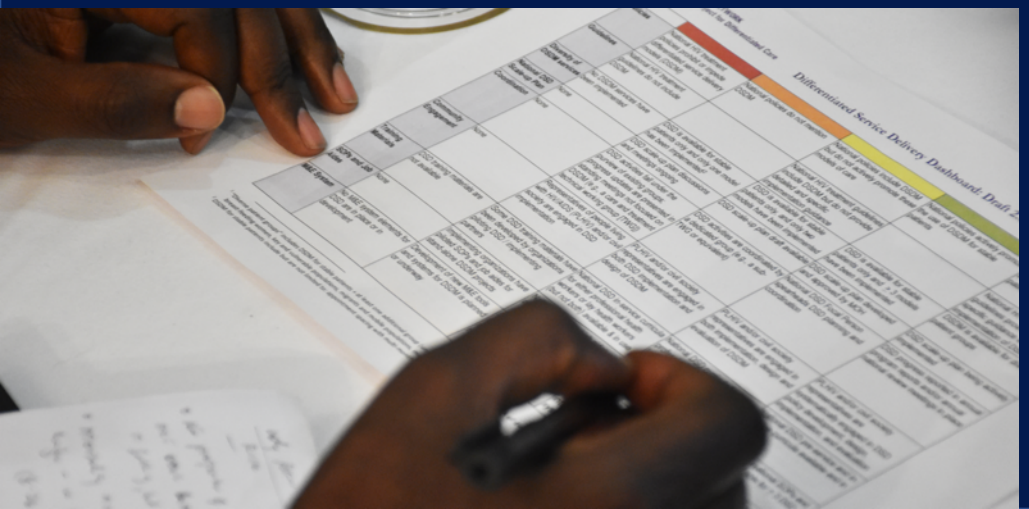
Stages

M&E System	No elements of a national system for M&E of DSD are implemented, nor are any currently in development	Elements of a national system for M&E of DSD (e.g., registers, facility reports, guidelines, etc.) are in development but not yet finalized -or- Elements of a national system for M&E of DSD have been finalized but are not widely implemented	At least one element of a national system for M&E of DSD has been widely implemented, but elements are not comprehensive (e.g., not all DSDM are included) and/or are not fully integrated into national HMIS	All elements of an M&E system for DSD are widely implemented and integrated into one national HMIS for HIV/ART services; however, refinements will be needed	All elements of an M&E system for DSD are in place and are integrated into one national HMIS for HIV/ART services, which is highly functional and providing policy-relevant data
Guidelines	National HIV treatment guidelines do not include DSDM		National HIV treatment guidelines include DSDM but do not provide detailed and specific implementation guidance		National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM
Diversity of DSDM services	No DSDM services have been implemented	DSDM are available for stable adult patients only[1]	DSDM are available for stable adult and eligible adolescent patients only	DSDM are available for stable adult and adolescent patients and one additional patient group[2] (e.g., patients with HIV and NCDs, patients at high risk of disease progression, key and priority populations, etc.)	DSDM are available for stable adult and adolescent patients and two or more additional patient groups
National DSD Scale-up Plan	No DSD scale-up plan is currently in place and development has not begun	The national DSD scale-up plan is in development, with discussions and meetings ongoing	The DSD scale-up plan is available in draft form	The DSD scale-up plan has been developed and approved by the Ministry of Health	The DSD scale-up plan is being actively implemented and monitored
Coordination	Coordination for national-level DSD activities has not been addressed	Coordination for national-level DSD activities is being planned or discussions and meetings are ongoing	DSD activities fall under the scope of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment TWG)	DSD activities are coordinated by a dedicated group (e.g., a DSD-focused sub-group of the Care and Treatment Technical Working Group)	National DSD Focal Person spearheads DSD planning and coordination
Community Engagement	Representatives from the community of people living with HIV (PLHIV) and civil society organizations (CSO) are not involved in any activities related to DSD and there are currently no plans to engage these groups	PLHIV and CSO are not currently engaged in DSD activities, but engagement is planned or meetings and discussions are ongoing	PLHIV and CSO are meaningfully engaged in DSD implementation	PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSDM	PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSD, as well as oversight of DSD policy (e.g., through inclusion in DSD task force or other group)

Domains

- 13 domains representing necessary components for implementing differentiated ART (DART) services at scale
- 5 stages of maturity represented by a color scale
- Country teams stage themselves – an internal, collaborative activity, not an external evaluation





Dashboard Completion: 2017

Dashboard Completion: 2019

CQUIN DSD Dashboard: Standard Operating Procedures for Completing Country Staging Using Qualtrics

Introduction

The CQUIN Differentiat
by Ministries of Health t
maturity model and feat
progress of scaling up D

This SOP guides users
staging and documentin
video guides available t
meeting, as well as dom
questionnaire (view the
throughout the process
procedures that may be

As a reminder, the April

Thank you!

–CQUIN Management T

Preparation for Con

1. **Review Docum**
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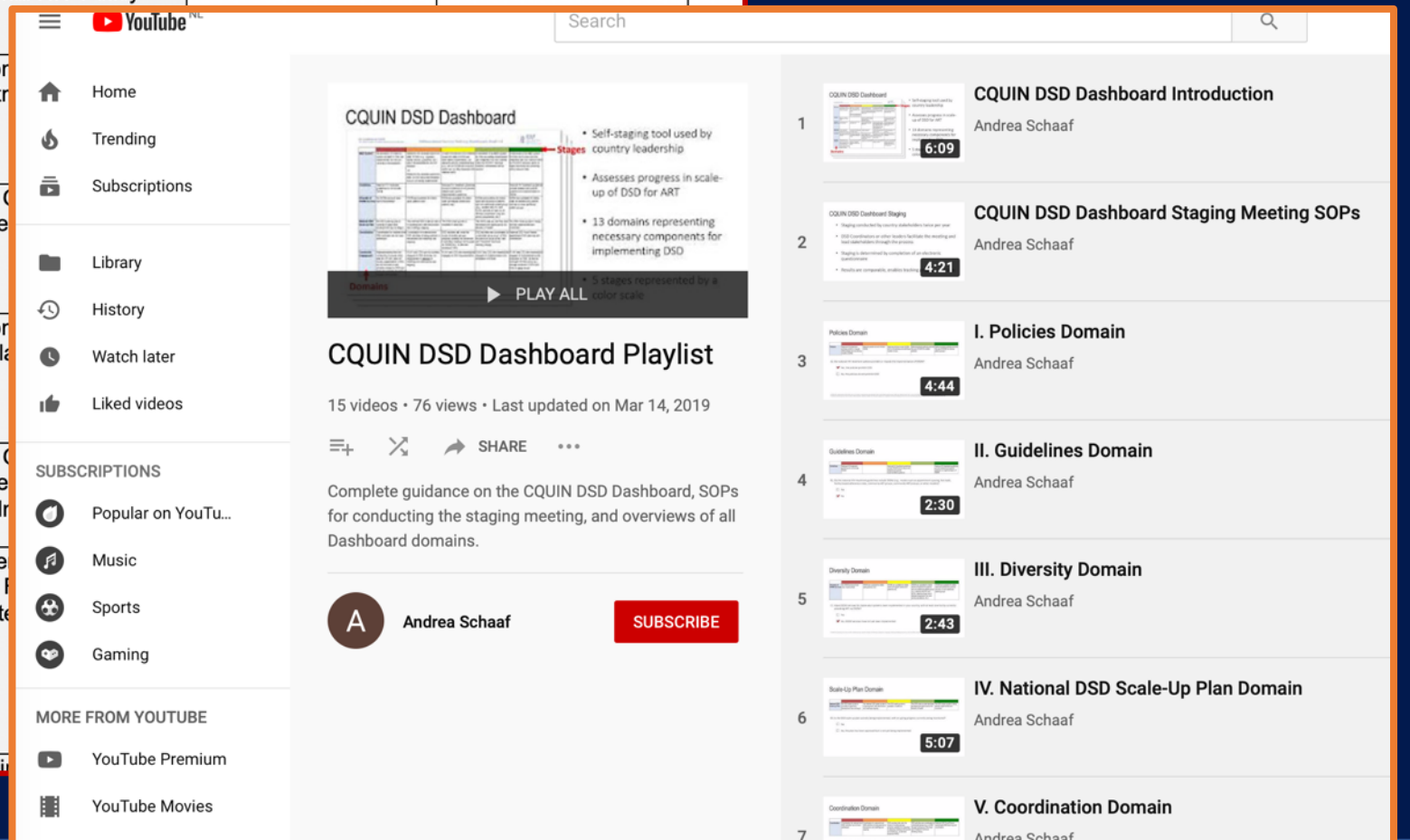
   and address an
   (als2331@cum
   a. CQUIN
   b. CQUIN
   c. CQUIN

CQUIN DSD Dashboard – Country Staging

CQUIN DSD Dashboard Staging Data Source Worksheet

Domain Name and Detailed Description	Examples of Documents or Data Sources	Name of TWG Member or Content Expert to Provide Details for Staging (if necessary)	List of Supporting Documents Needed for Staging
Policies: *The extent to which national policy promotes DSD*	National HIV Policy		
Guidelines: *The availability and specificity of national guidance on DSD implementation*	Nation Treatr		
Diversity of DSD Services: *The patient groups for whom DSD models have been specifically designed*	DSD Guide		
National DSD Scale-Up Plan: *Progress on scale-up plan development and implementation*	Nation Up Pla		
Coordination: *Leadership of DSD program design and implementation*	DSD Guide Roadr		
Community Engagement: *The extent to which representatives from the PLHIV community/CSOs are involved in decision-making for DSD*	Roste Task minute		
Training: *The type and*	Trainii		



Community Engagement			
F1	Are representatives of people living with HIV (PLHIV) and civil society meaningfully involved (i.e., are included in decision-making processes and empowered to effect change) in DSD activities at this time?	Yes No	☐ Skip to F3 ☐
F2	Is engagement of PLHIV and CSO currently planned, with meetings and discussions (e.g. defining roles, determining representatives, etc.) ongoing?	Yes No, representatives from the community of people living with HIV (PLHIV) and civil society are not currently involved in any activities related to the national DSD program	☐ Orange ☐ Red
F3	In what aspects of the DSD program are PLHIV and CSO meaningfully engaged? /	Implementation of DSDM only Implementation of DSDM and evaluation of DSD programs Implementation and evaluation, as well as oversight of DSD policy through inclusion in a DSD task force or other steering committee	☐ Yellow ☐ Light Green ☐ Dark Green

Dashboard 2018 and 2019

CQUIN Dashboard 2018

	Policies	Guidelines	Diversity	Scale-up Plan	Coordination	Community Eng	Training	SOPs	M&E System	Facility Coverag	Patient Coverag	Quality	Impact
Cote d'Ivoire													
Eswatini													
Ethiopia													
Kenya													
Malawi													
Mozambique													
South Africa													
Tanzania													
Uganda													
Zambia													
Zimbabwe													

CQUIN Dashboard 2019

	Policies	Guidelines	Diversity	Scale-up Plan	Coordination	Community Eng	Training	SOPs	M&E System	Facility Coverag	Patient Coverag	Quality	Impact
Cote d'Ivoire													
Eswatini													
Ethiopia													
Kenya													
Malawi													
Mozambique													
South Africa													
Tanzania													
Uganda													
Zambia													
Zimbabwe													

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DSD Coverage – 1

Why are we interested?

- The theory of change behind DSD is that service delivery models tailored to different groups of people will increase satisfaction, quality and efficiency
- These require scale in order to maximize impact

The Science & Practice of SCALE-UP

CQUIN workshop June 2018

Horizontal scale-up (expansion)
Vertical scale-up (institutionalization)

"Small is beautiful, but large is necessary" - BRAC

"The development sector is a graveyard of pilot projects"

Defining DSD Coverage

- Geographic coverage
  - Proportion of countries providing DSD
  - Proportion of health facilities providing DSD
- Patient-level coverage (differentiated treatment)
  - Proportion of people who are eligible for DSD who are in a DART model
  - Proportion of all people on ART who are in more-intensive *vs.* less-intensive models ←
- Model mix – not traditional "coverage" but important to consider proportion of people in different models

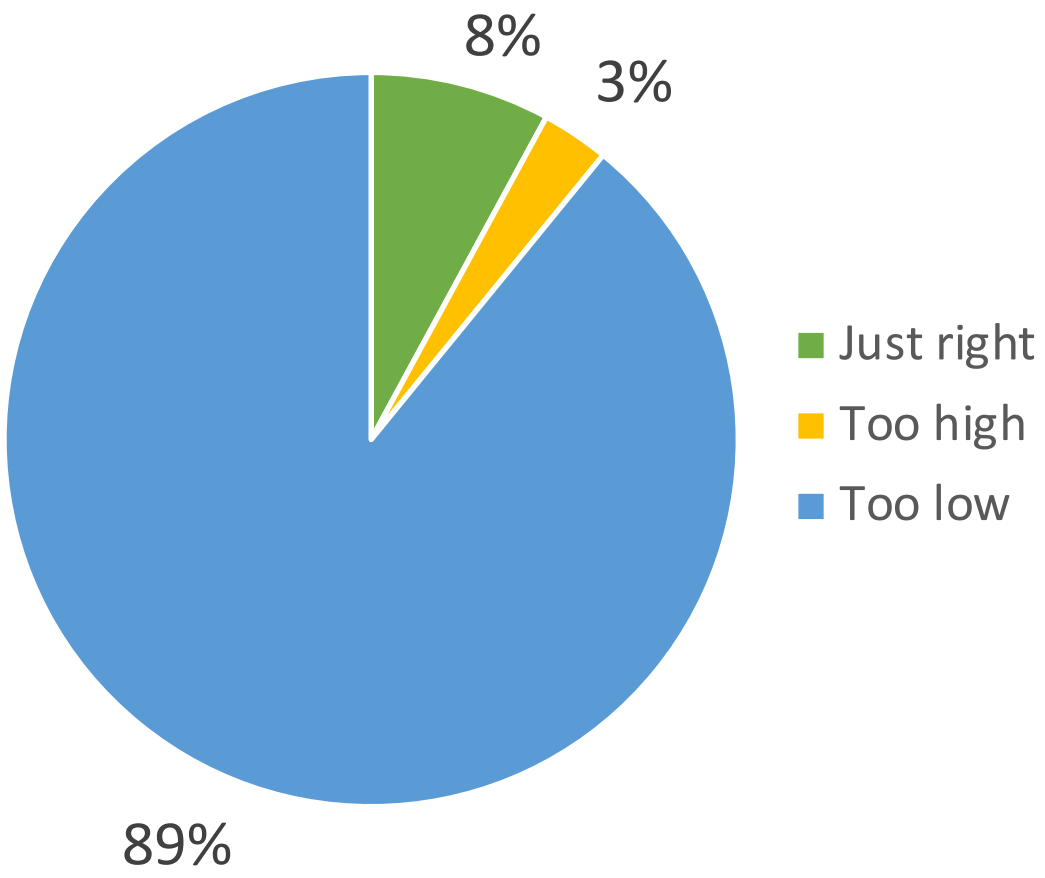
So … what do we know about DSD coverage?

- Routine program monitoring data
- PEPFAR implementing partner data (in some countries)
- *Ad hoc* data collection
- Lab and pharmacy data
- Special studies
- Coming soon … EMR data? MER data?

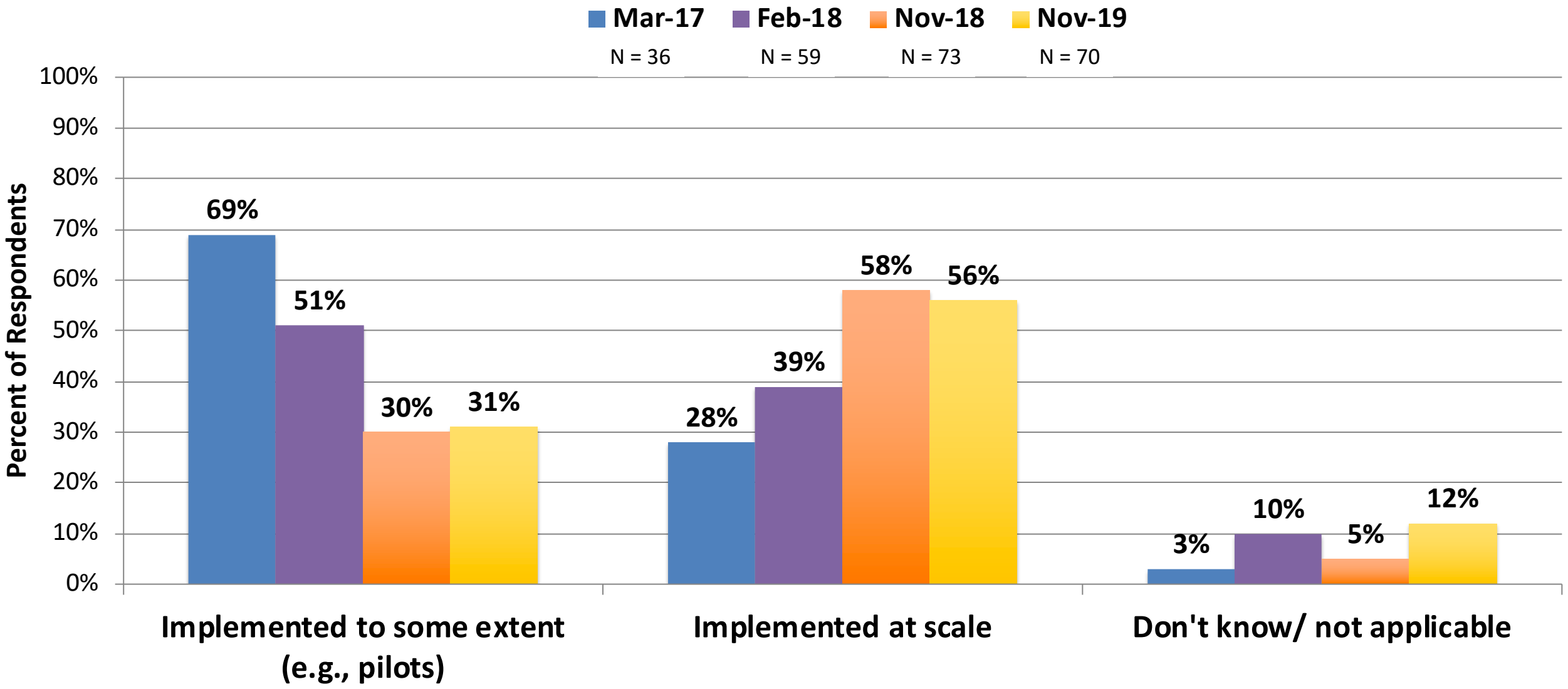
# Pre-meeting Survey
N = 79

Are less-intensive DSD models scaled up enough?

- Current coverage is where it should be
- Current coverage is too high
- Current coverage is too low (too few people are in less-intensive DSD models)



To what extent is DSD implemented in your country?

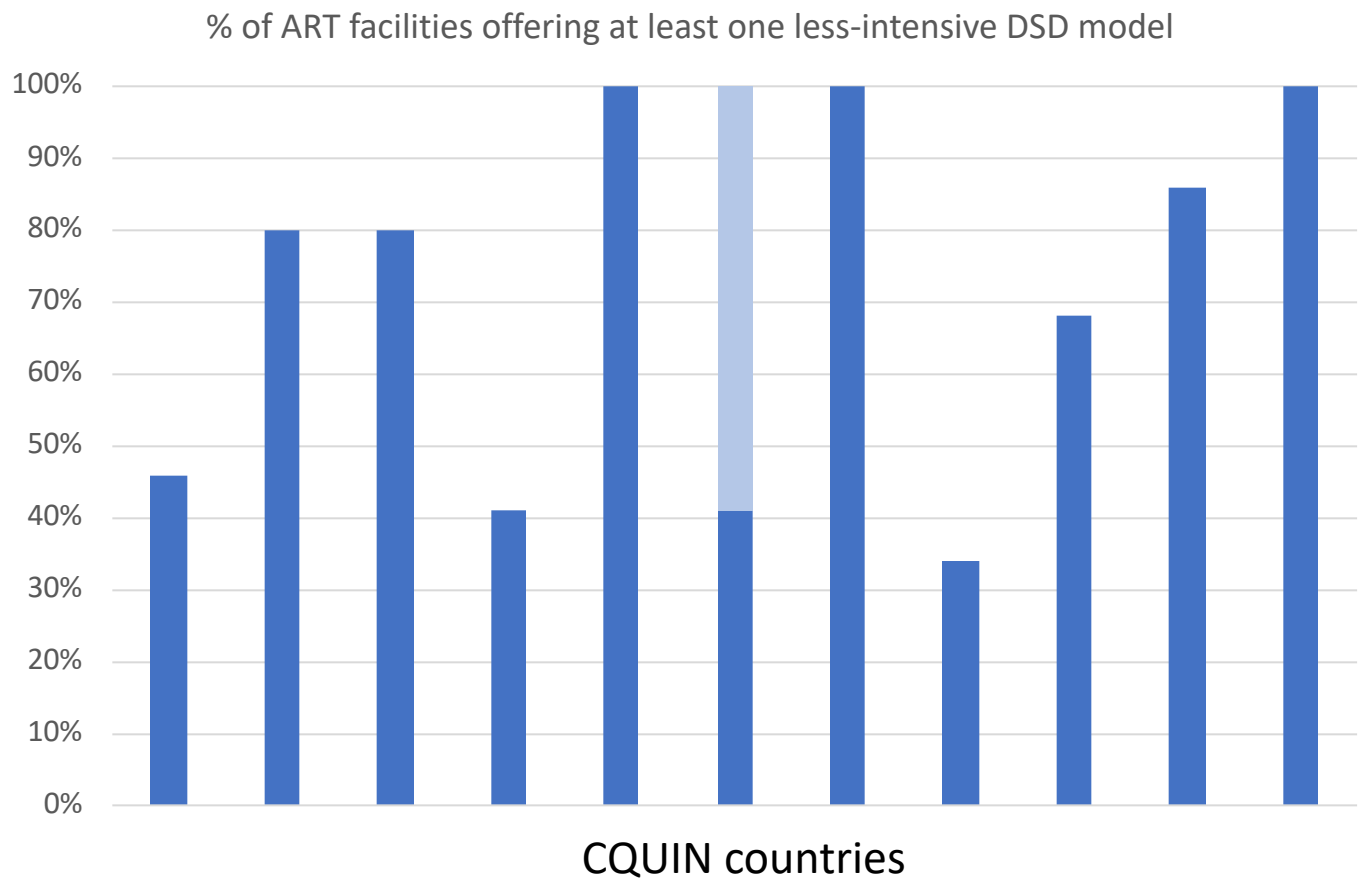


CQUIN-defined Facility-Level Coverage

RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
No DART implementation or insufficient information	Fewer than 25% of health facilities providing ART have enrolled ≥ 10% of eligible clients in less-intensive DSD models	25-49% of health facilities providing ART have enrolled ≥ 10% of eligible clients in less-intensive DSD models	50-75% of health facilities providing ART have enrolled ≥ 10% of eligible clients in less-intensive DSD models	More than 75% of health facilities providing ART have enrolled ≥ 10% of eligible clients in less-intensive DSD models

Facility-level Coverage in CQUIN countries

2018	2019
25-49%	25-49%
> 75%	> 75%
> 75%	> 75%
None or no info	25-49%
> 75%	> 75%
None or no info	25-49%
> 75%	> 75%
None or no info	25-49%
50-75%	50-75%
None or no info	> 75%
None or no info	> 75%

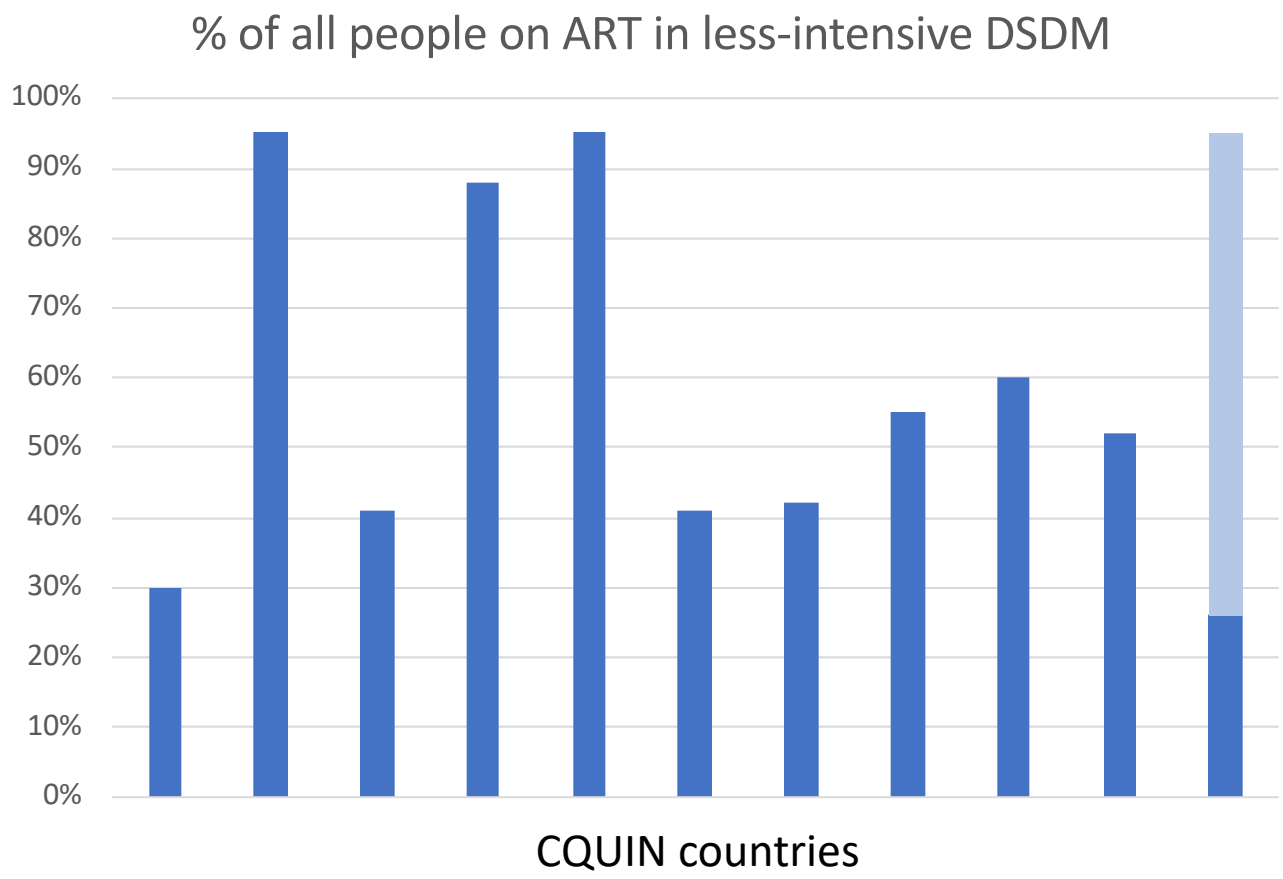


CQUIN-defined Individual-Level Coverage

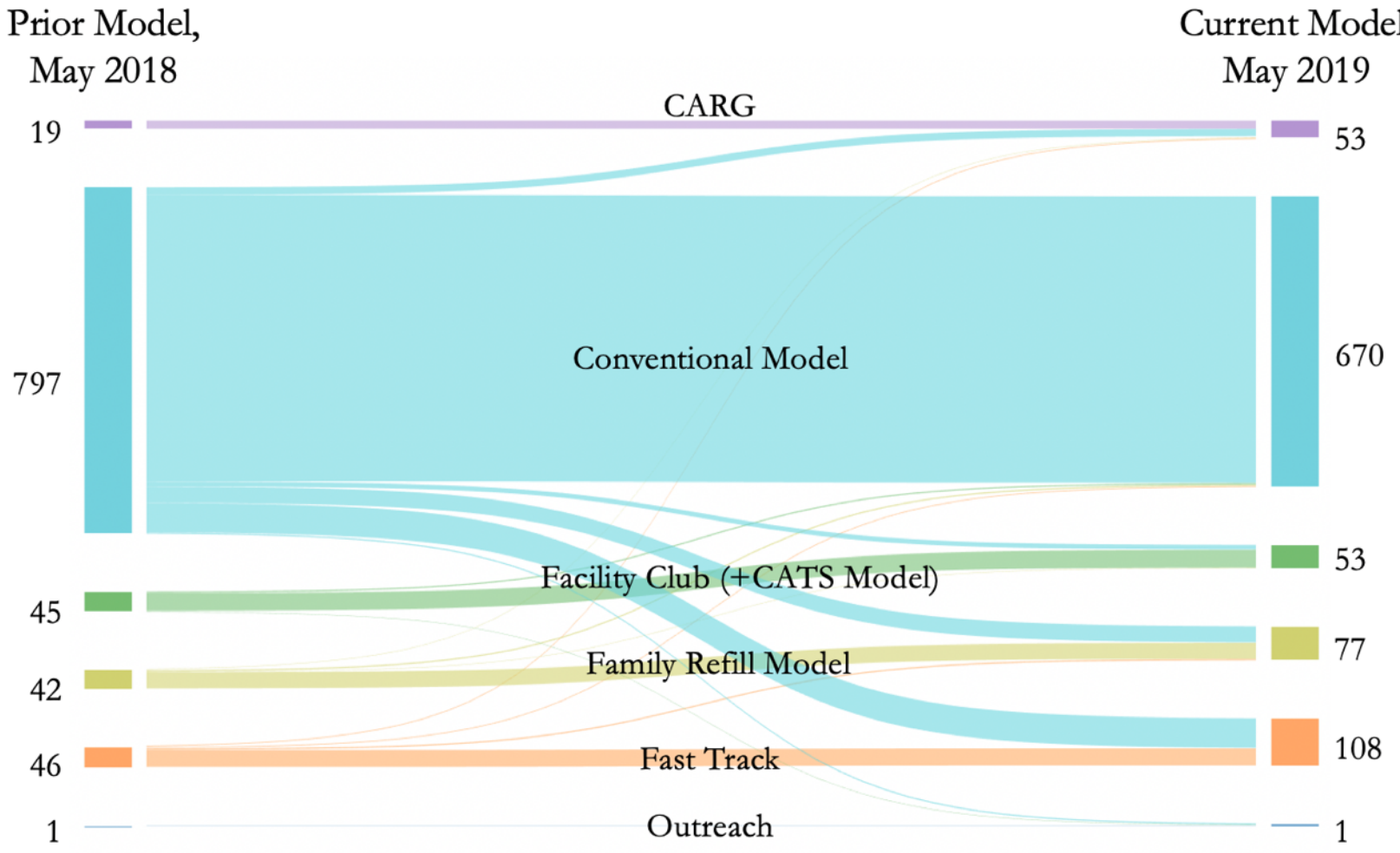
RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
No DART implementation or insufficient information	Fewer than 25% of eligible people on ART have enrolled in less-intensive DSD models	25-49% of eligible people on ART have enrolled in less-intensive DSD models	50-75% of eligible people on ART have enrolled in less-intensive DSD models	More than 75% of eligible people on ART have enrolled in less-intensive DSD models

Individual-level Coverage in CQUIN Countries

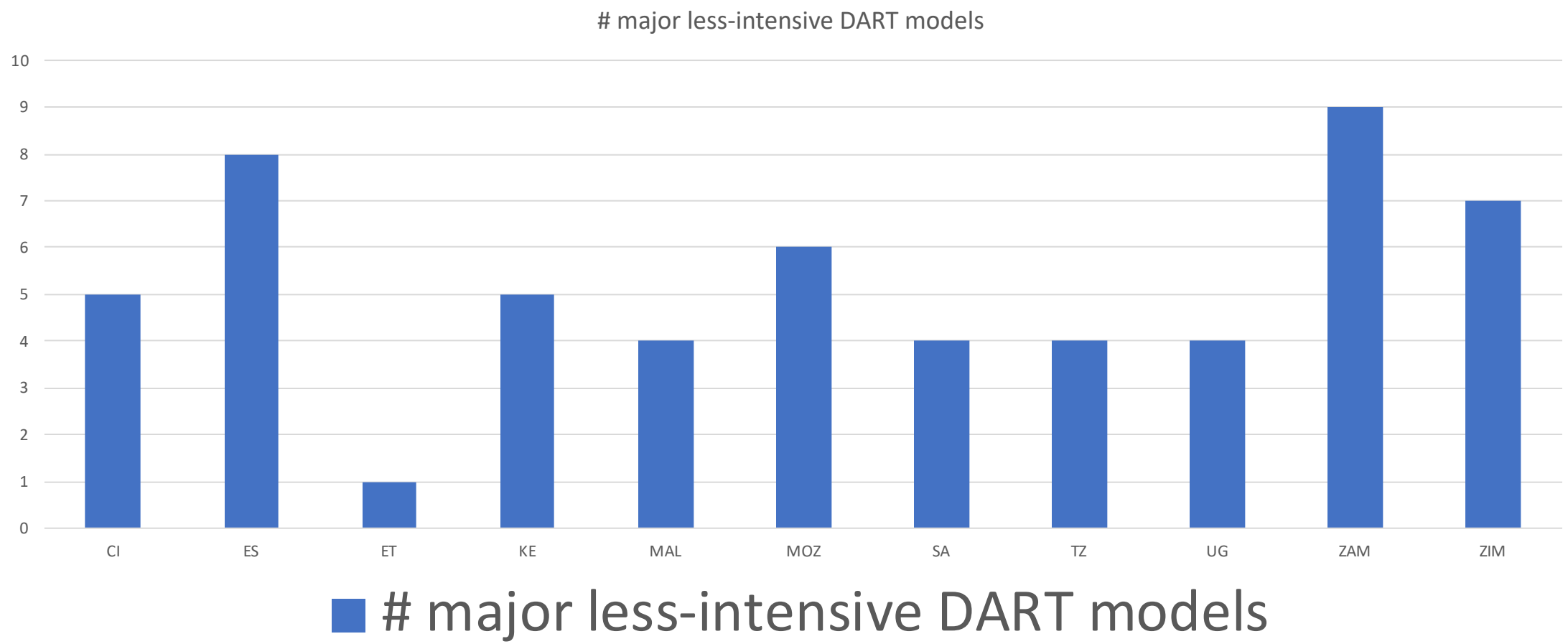
2018	2019
< 25%	> 75%
< 25%	25-49%
50-75%	50-75%
None or no info	> 75%
> 75%	> 75%
25-49%	25-49%
50-75%	25-49%
None or no info	50-75%
50-75%	50-75%
None or no info	50-75%
None or no info	> 75%



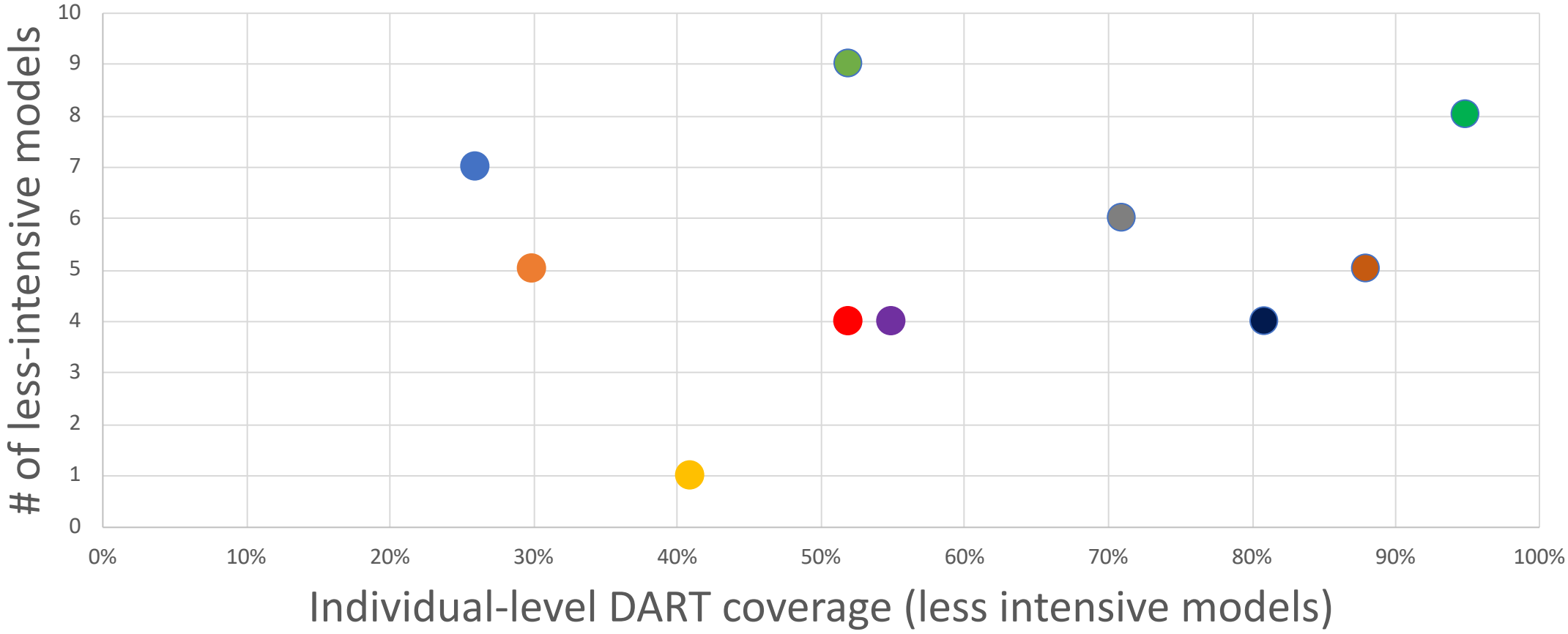
Dynamic Switching Between Models



Model Mix: What's the Right Number of Models?



Correlation between # of models and coverage?



MER 2.4 to the rescue?

SC_ARVDISP

Description:	The number of adult and pediatric ARV bottles (units) dispensed by ARV drug category at the end of the reporting period	
Numerator:	Number of ARV bottles (units) dispensed within the r… category	Number of bottles of ARVs by category
Denominator:	N/A	
Indicator changes (MER 2.0 v2.3 to v2.4):	New indicat…	
Reporting level:	Facility	
Reporting frequency:	Semi-Annu…	
How to use:	This indicat… from a facili… maintenanc… optimal reg… monitor cov… implementi… action to inv… the WHO S…	

TX_CURR

Description:	Number of adults and children currently receiving antiretroviral therapy (ART)	
Numerator:	Number of adults and children currently receiving antiretroviral therapy (ART)	Count the number of adults and children who are currently receiving ART.
Denominator:	N/A	
Indicator changes (MER 2.0 v2.3 to v2.4):	• New disaggregation to collect the quantity of ARVs dispensed to each patient was added to monitor uptake of multi-month dispending (MMD).	
Reporting level:	ARV Dispensing Quantity by Coarse Age/Sex [Required]	• <3 months of ARVs (not MMD) dispensed to patient by: <15 F/M, 15+ F/M, Unknown Age F/M • 3-5 months of ARVs dispensed to patient by: <15 F/M, 15+ F/M, Unknown Age F/M • 6 or more months of ARVs dispensed to patient by: <15 F/M, 15+ F/M, Unknown Age F/M
Reporting frequency:		

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Quality & QI Community of Practice

- The CoP discovered that no country in CQUIN had quality standards specific to less-intensive DART models
- Worked to collaboratively develop DSD-specific standards ← session 8
- Each country developed an action plan for adopting quality standards, QA indicators and QI projects

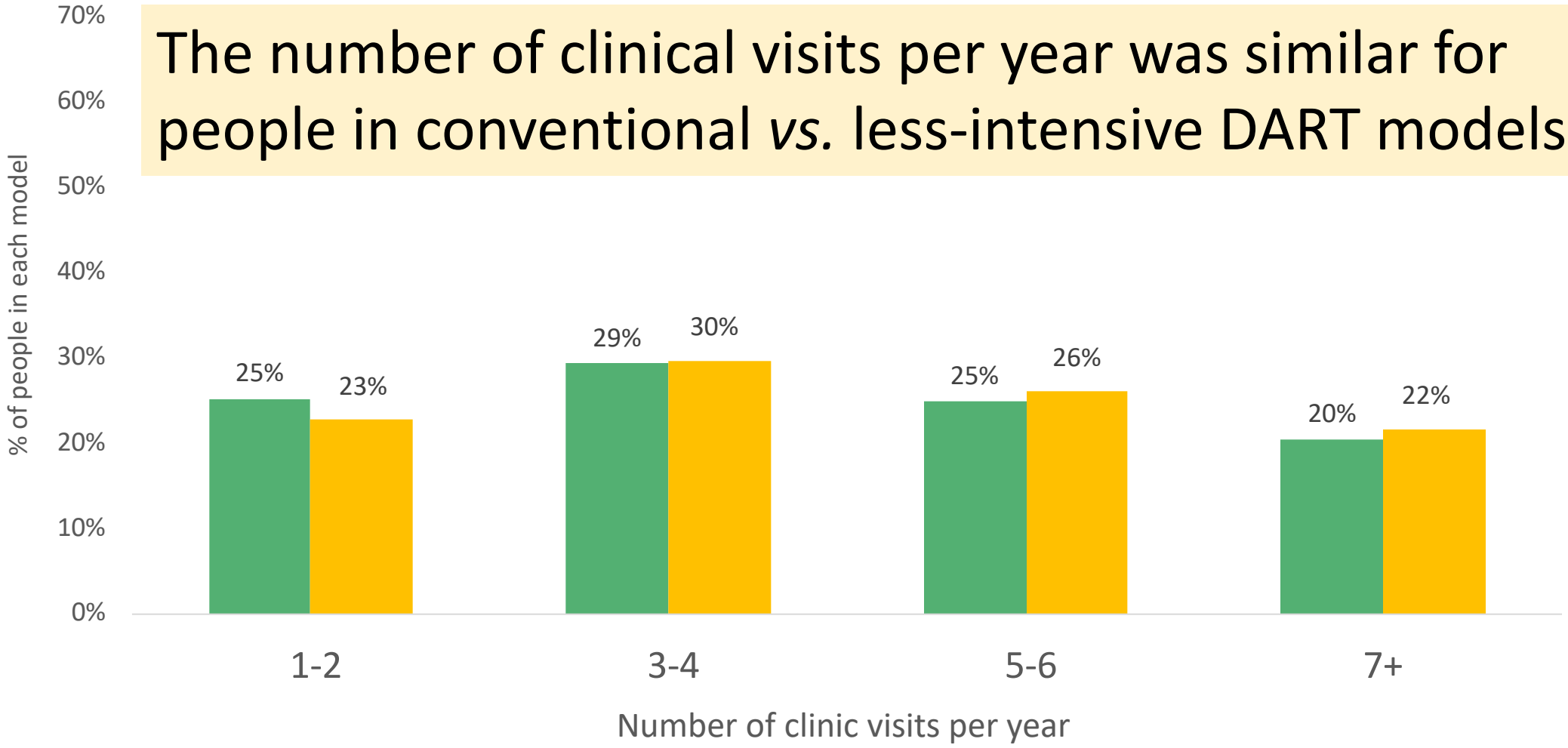
What do we Know About Fidelity?

- Multiple studies/evaluations point to challenges with implementation of DART eligibility criteria
- To what extent are DART models delivered with fidelity – *e.g.*, as described in guidelines and policies?
- An example of an intervention being delivered without fidelity = healthcare workers assigning people on ART to CAGs rather than facilitating self-forming groups

Clinical Visit Frequency: DSD *vs.* Conventional Model

DSD Performance Review & Experience Sharing Meeting June 2019

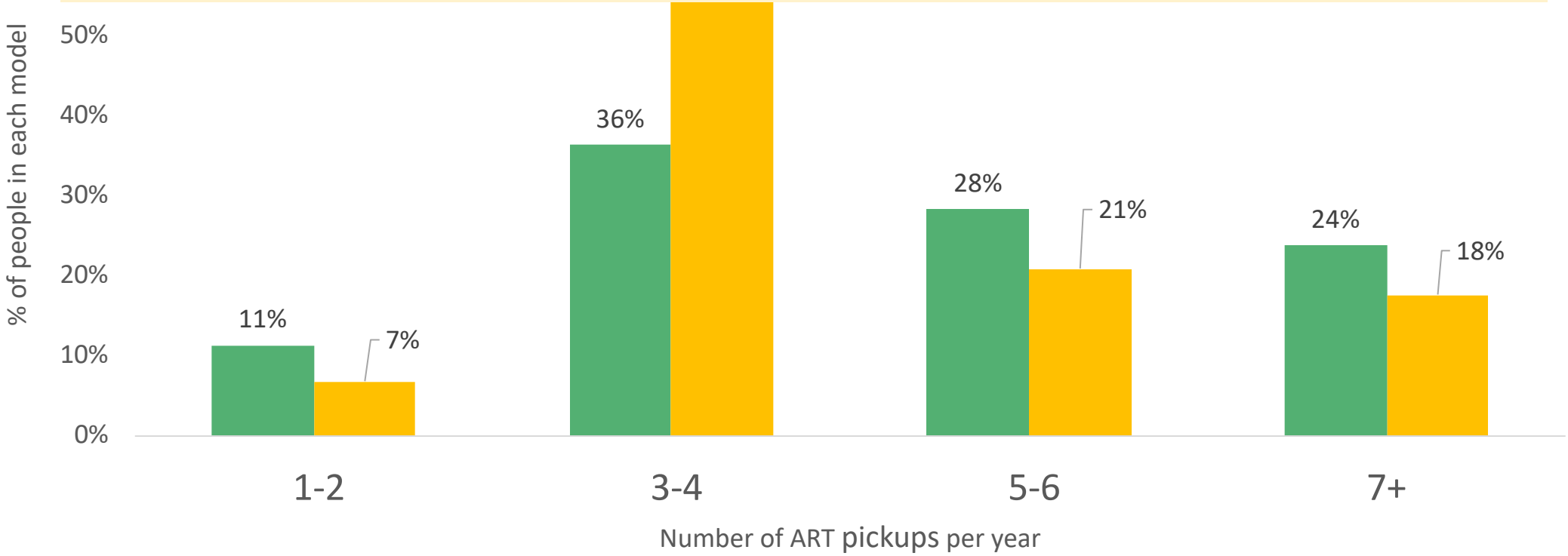
The number of clinical visits per year was similar for people in conventional *vs.* less-intensive DART models



ART Pick Up Frequency: DSD *vs.* Conventional Model

June 2019

A larger proportion of people in the conventional model made 5+ ART pickups per year



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Impact

Emerging data on:

- Recipient of care satisfaction
- Health care worker satisfaction
- Efficiency / cost
- Retention / viral suppression
- Integration of TB/HIV services, family planning, NCD screening and management and more…

Sessions 9 & 14

Posters

Acknowledgments

- The Bill & Melinda Gates Foundation
- CQUIN network countries
- ICAP colleagues