



# CQUIN 2021: Where are we now?

Miriam Rabkin, MD, MPH

Associate Professor of Medicine & Epidemiology  
Director for Health Systems Strategies, ICAP at Columbia  
Columbia University Mailman School of Public Health

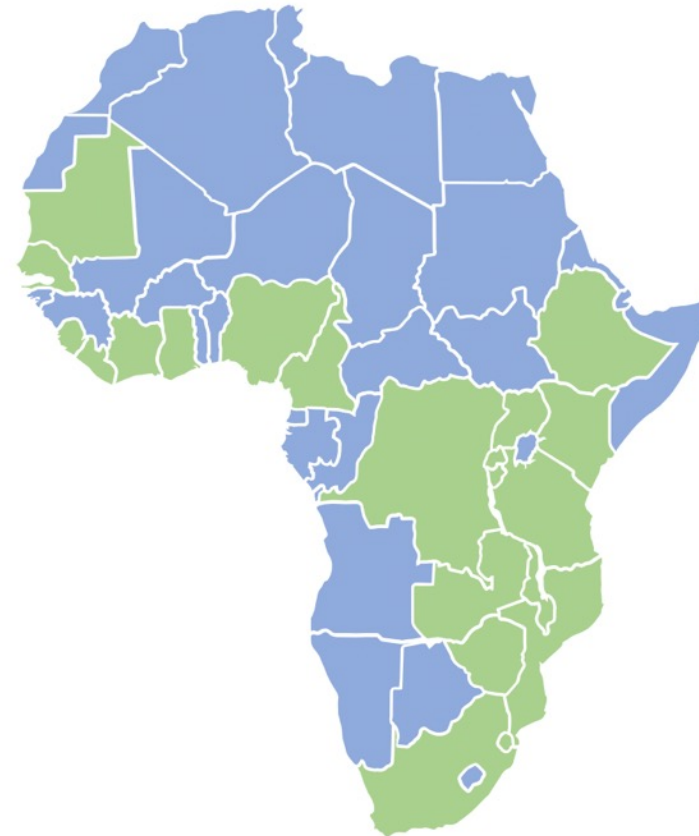
16 November 2021



**HIV LEARNING NETWORK**  
The CQUIN Project for Differentiated Service Delivery

# Outline

- CQUIN overview
- Where are we now?
- What's next?



Burundi  
Cameroon  
Cote d'Ivoire  
DRC  
Eswatini  
Ethiopia  
Ghana  
Kenya  
Liberia  
Malawi  
Mauritania  
Mozambique  
Nigeria  
Rwanda  
Senegal  
Sierra Leone  
South Africa  
Tanzania  
Uganda  
Zambia  
Zimbabwe

# What is the CQUIN Network?

- The HIV **Coverage, Quality and Impact Network** is a south-to-south learning network designed to advance differentiated service delivery to enhance recipient of care outcomes and health system efficiencies
- Funded by the Bill & Melinda Gates Foundation
- Convened/led by ICAP at Columbia University
- Supported by an Advisory Group inclusive of Ministries of Health, civil society, PEPFAR, CDC, USAID, WHO, Global Fund, UNAIDS, ITPC
- Supported by a Community Advocacy Network chaired by ITPC



# Bridging the gap between DSD policy and practice

# How Does CQUIN Work?

- Countries join at MOH level – formal letter of interest
- MOH engages a core group, including recipients of care, implementing partners, civil society, donors, academic institutions etc.
- This country team:
  - conducts baseline and periodic self-assessment using the CQUIN staging dashboard
  - develops DSD work plans, commitments and targets
  - participates in network activities via an opt-in demand-driven approach
  - exchanges knowledge and tools/resources and shares data on progress of scale up, best practices and lessons learned

# Coverage x Quality = Impact

## CQUIN THEORY OF CHANGE

Demonstration of successful differentiated service delivery models



Increased demand by MOH, implementers and communities

Implementation support, including training, TA and support for QI



Increased supply of high-quality differentiated service delivery

Robust knowledge and information exchange



Increased knowledge base

Data review, evaluation, and analysis



Increased use of data for decision making



**Increased coverage and quality of differentiated HIV services, leading to enhanced health outcomes and programmatic efficiencies**

# Learning Together: Illustrative Activities

- **South-to-south learning**
  - The CQUIN dashboard
  - Meetings and workshops
  - South-to-south visits
  - Communities of practice
  - Website, webinars, monthly newsletter
- **Focused technical assistance**
  - Seconding national DSD coordinator to MOHs
  - Support for national DSD performance reviews
  - ICAP consultation/technical assistance
  - Data for decision-making
- **Implementation research**
  - Catalytic projects



# All-network Workshops and Meetings

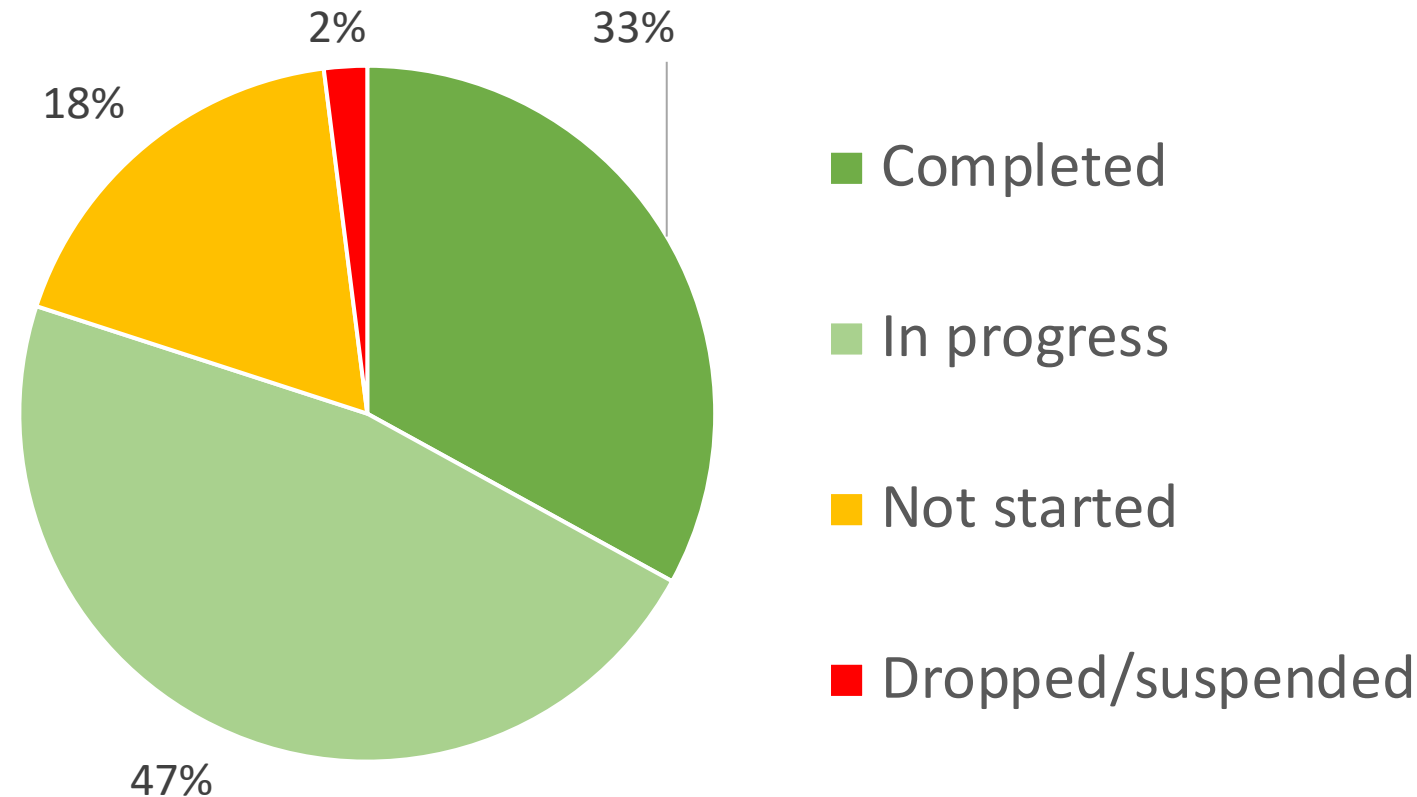
- Launch meeting (Durban, March 2017)
- DSD for advanced HIV disease (Harare, July 2017)
- DSD for adolescents (Pretoria, October 2017)
- Annual meeting (Maputo, February 2018)
- The science & practice of scale-up (Manzini, June 2018)
- QI and DSD workshop (Lilongwe, September 2018)
- Annual meeting (Addis Ababa, November 2018)
- TB/HIV and DSD meeting (Lusaka, March 2019)
- Quality, QI and DSD meeting (Nairobi, June 2019)
- Annual Meeting (Pretoria, Nov 2019)
- AHD and DSD (Virtual, July 2020)
- Annual Meeting (Virtual, December 2020)
- Differentiated MCH Services (Virtual, May 2021)
- Differentiated KP services (Virtual, August 2021)
- Annual Meeting (Virtual, November 2021)

All meeting reports are on the CQUIN website: [www.cquin.icap.columbia.edu](http://www.cquin.icap.columbia.edu)

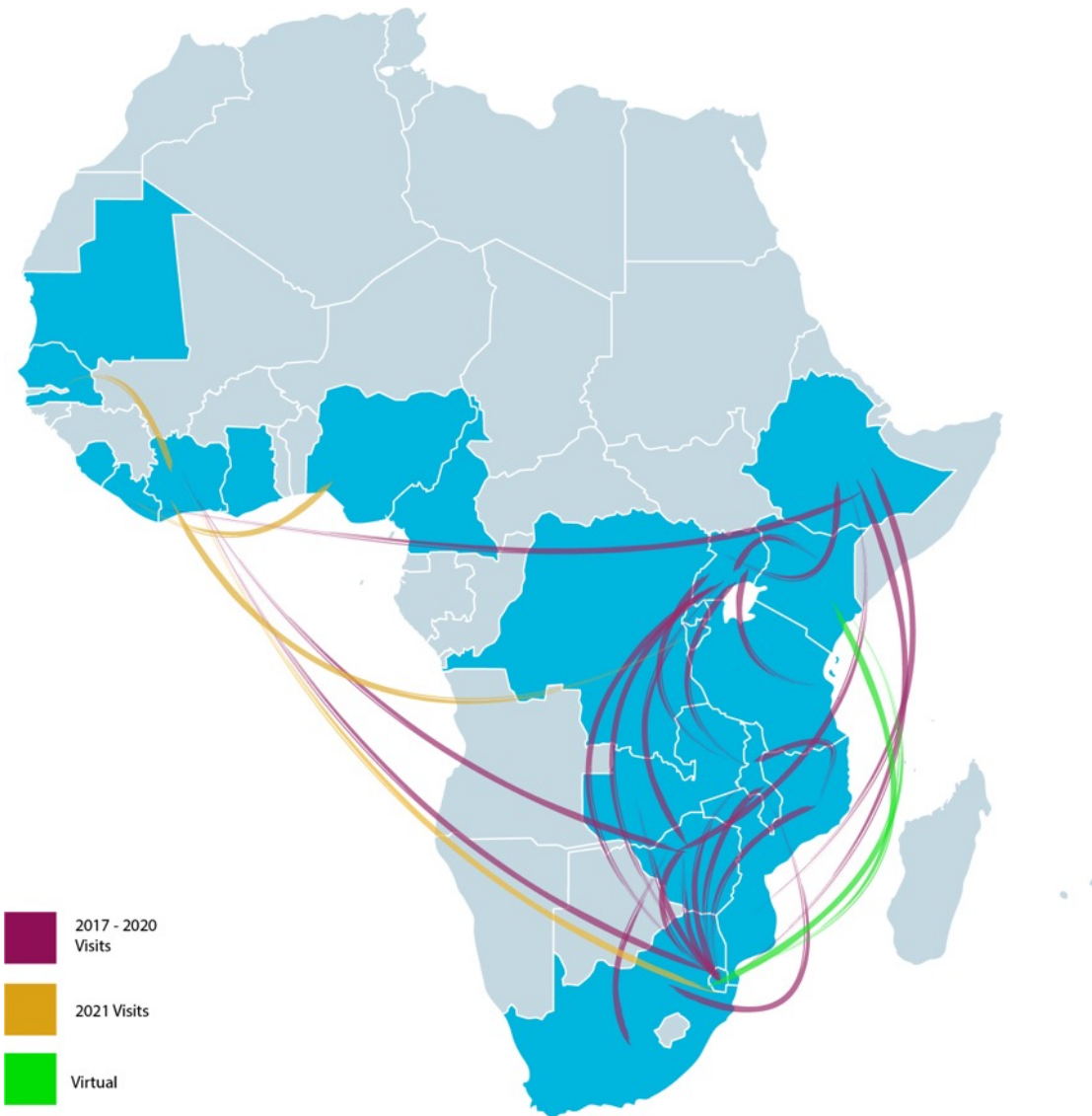


# From Workshops to Action: 5<sup>th</sup> Annual Meeting

- Last year's 4<sup>th</sup> annual meeting generated 114 action plan activities from 20 countries
- As of the 5<sup>th</sup> annual meeting, 80% have been completed or are in progress



# 26 South-to-South Visits



## 2017

- Malawi hosted Eswatini
- Eswatini hosted Zimbabwe
- Eswatini hosted Mozambique
- Malawi hosted Mozambique

## 2018

- Uganda hosted Malawi, Eswatini and Kenya
- Eswatini hosted Côte d'Ivoire, Malawi, Uganda, Zambia and Zimbabwe
- South Africa hosted Malawi and Zimbabwe

## 2019

- Uganda hosted Tanzania and Zambia
- Ethiopia hosted Eswatini and Mozambique

## 2020

- Zimbabwe hosted Côte d'Ivoire and Ethiopia
- Ethiopia hosted Liberia and Uganda

## 2021

- Senegal to Côte d'Ivoire
  - Côte d'Ivoire to Eswatini
  - Liberia to Nigeria
  - Burundi to Côte d'Ivoire
- + Virtual S2S between Kenya and Eswatini

# South-to-South visits: Impact and Influence

## Examples from 2021:

- Senegal visited Cote d'Ivoire to learn more about their model mix
  - New policies on MMD, facility and community-based models adopted
  - SOPs for model implementation developed
  - M&E tools updated
- Cote d'Ivoire visited Eswatini to learn more about their AHD model
  - New national policy on AHD
  - AHD pilot initiated at 60 health facilities with support from PEPFAR

# Communities of Practice

- Community Engagement
- Differentiated Quality & QI
- M&E of DSD
- Differentiated TB/HIV
- DSD for Advanced HIV Disease
- DSD for HIV/NCDs
- DSD Coordinators
- New: Differentiated MCH, Differentiated KP

Community Engagement Indicators

DART Quality Standards & Indicators

DSD Performance Review Toolkit

QI-for-DSD Training Curriculum

AHD Dashboard Piloted

# CQUIN Website: [www.cquin.icap.columbia.edu](http://www.cquin.icap.columbia.edu)

COVID-19 [Information and Resources](#)



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[Network Countries](#)

[South to South Learning](#)

[Network Focus Areas](#)

[News and Events](#)



## CQUIN LEARNING NETWORK

Shaping the Future  
of HIV Service Delivery



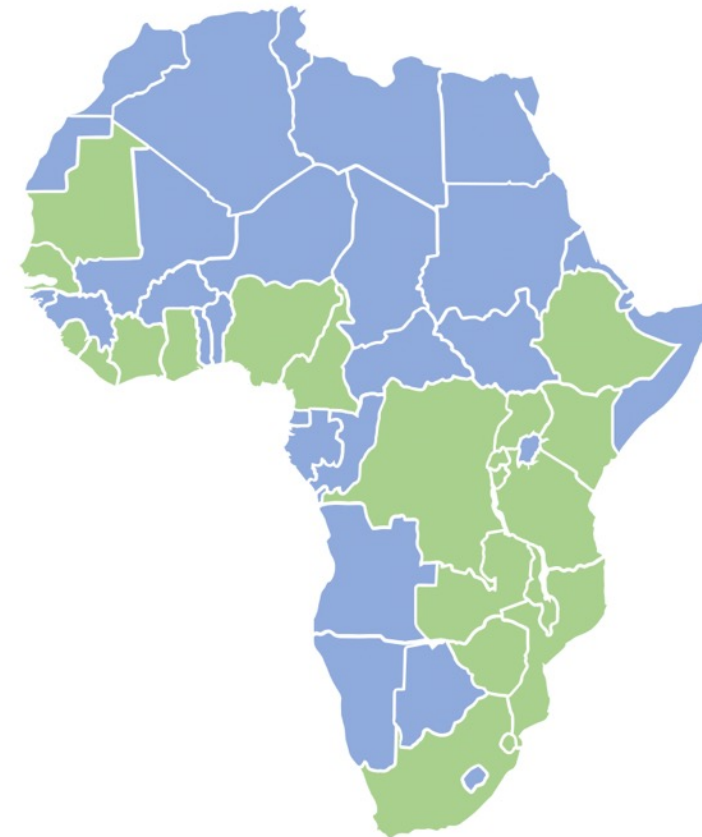
### DSD and the COVID-19 Response

Please join us for a weekly webinar on DSD and COVID-19, co-hosted by ICAP at Columbia, the DSD initiative of the International AIDS Society (IAS) and the International Treatment Preparedness Coalition (ITPC), every Tuesday in May.

[LEARN MORE](#)

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# Where are we now?

Since its launch in 2017, the network has expanded in breadth and depth

- CQUIN has grown from 6 to 21 countries
- The network has also broadened its technical focus from differentiated treatment for people doing well on ART to include DSD for advanced HIV disease, differentiated TB/HIV services, maternal/child health, key populations, people with HIV and NCDs and others
- Impact has been documented by internal metrics and external evaluations in 2019 and 2021

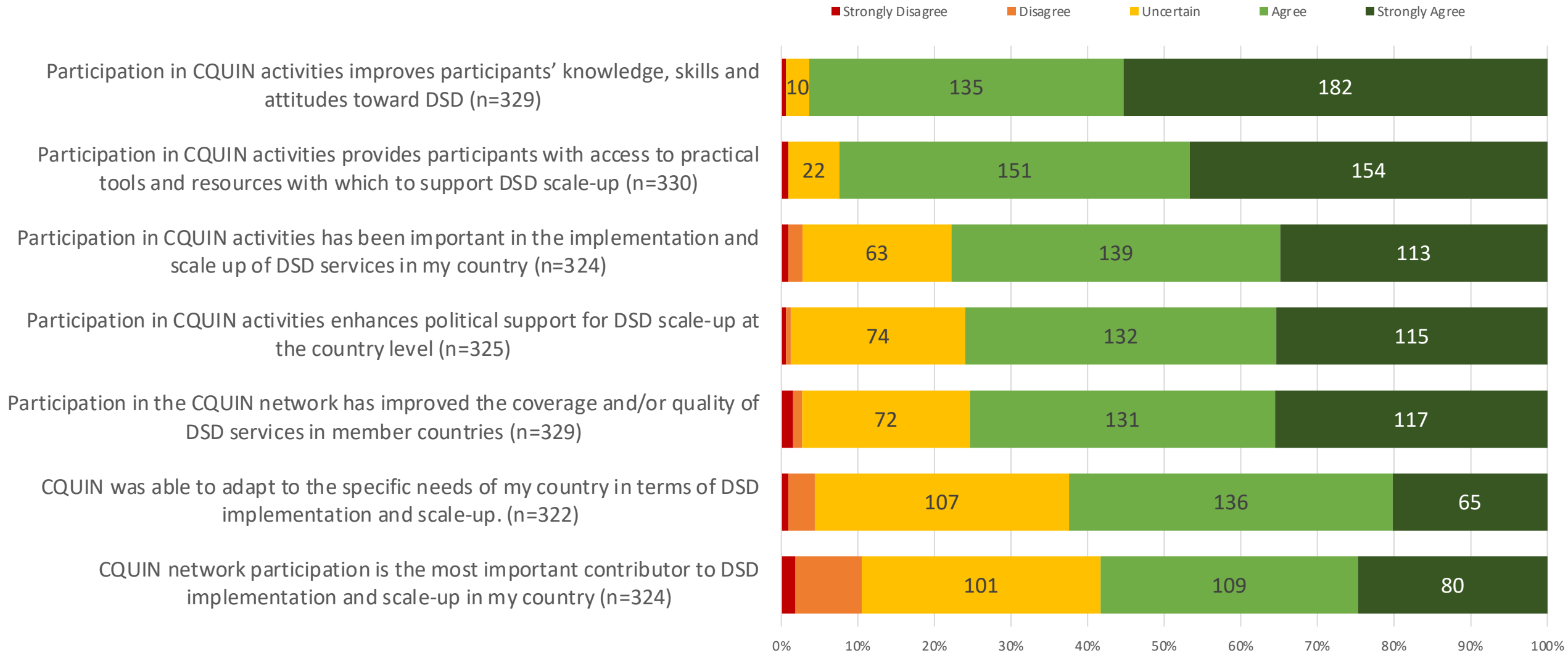
# 2021 External Evaluation

- 75% of 334 survey respondents agreed or strongly agreed that participation in CQUIN improved the coverage and/or quality of DSD.
- 55% percent of all respondents and 65% of MOH respondents agreed or strongly agreed that CQUIN network participation was *the most important* contributor to DSD implementation and scale-up in their country.
- Most survey respondents also agreed or strongly agreed that CQUIN participation enhanced political support for DSD scale-up (76%), provided participants with practical tools and resources (92%), and improved knowledge, skills, and attitudes toward DSD (96%).





# Impact of CQUIN Participation at Country Level



# The CQUIN Dashboard – 1

- Systematic self-assessment by multidisciplinary country teams, including recipients of care
- Assesses 13 domains
  - Online questionnaire with detailed SOPs
  - Ongoing dialogue w/CQUIN M&E team
- Compared year-to-year to track scale up and maturity of DSD programs over time
- Also enables countries within the network to use the same terms and indicators – helps to identify areas of shared interest and challenges

Indicator	Level	Assessment
National policies actively promote the use of DSDM for stable patients	National	National policies actively promote the use of DSDM for diverse patient groups
National HIV treatment guidelines include DSDM but do not provide implementation guidance	National	National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM
DSD is available for stable patients only and > 3 models have been implemented	National	DSDM is available for diverse patient groups
DSD scale-up plan developed and approved by MOH	National	DSD scale-up plan being actively implemented
National DSD Focal Person spearheads DSD planning and coordination	National	DSD progress reported in annual program reports and/or annual national review meetings in p...
PLHIV and/or civil society representatives are engaged in evaluation of DSDM	National	PLHIV and/or civil society representatives systematically engaged in policy development, design and implementation, and evaluation
National DSD curricula for both professional health workers and lay workers available and in use	National	National DSD pre-service service curricula available and in use
National SOPs and job aides for DSD models	National	Step-by-step national job aides available for DSD models
National DSD M&E systems in place, but they are not fully integrated into one national system for HIV/ART	National	All elements of an M&E system for DSD are in place and integrated into one national system for HIV/ART

# The CQUIN Dashboard – 2

HIV LEARNING NETWORK  
The CQUIN Project for Differentiated Service Delivery

Differentiated Service Delivery Dashboard: Draft 3.0



<b>M&amp;E System</b>	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
<b>Guidelines</b>	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
<b>Diversity of DSDM services</b>	No DSDM services have been implemented	DSDM are available for stable adult patients only <sup>1</sup>	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 <sup>2</sup> (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
<b>National DSD Scale-up Plan</b>	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
<b>Coordination</b>	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
<b>Community Engagement</b>	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 <u>planned</u> 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 <u>other</u> group)

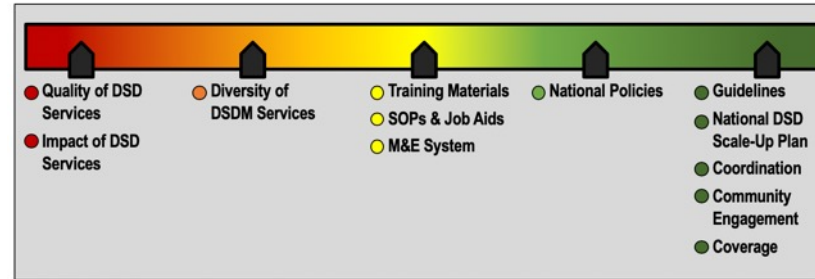
← **Stages**

- 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

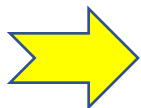


**Domains**

# The CQUIN Dashboard – 3



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



# 2021 Updates Available Now

**Fifth Annual Meeting (Virtual)**  
DATE: November 16 - 19, 2021

Home | Agenda | Plenary Sessions | Parallel Sessions | Country DSD Updates

**CQUIN's fifth annual meeting will be held** virtually from November 16 to 19, 2021. The meeting will bring together ministry of health representatives from the 21-country network, national networks of people living with HIV, and global partners to review and present data on progress made toward implementing and scaling up differentiated service delivery (DSD) over the past year. This meeting is solely by invitation and content will be made available to the public from November, 20, 2021.

**Meeting participants can type in meeting password below to access content now. Password can be found in your invitation email.**

**Resources:**  
View meeting concept note in [English](#) and [French](#)

**AGENDA**

**PLENARY SESSIONS**

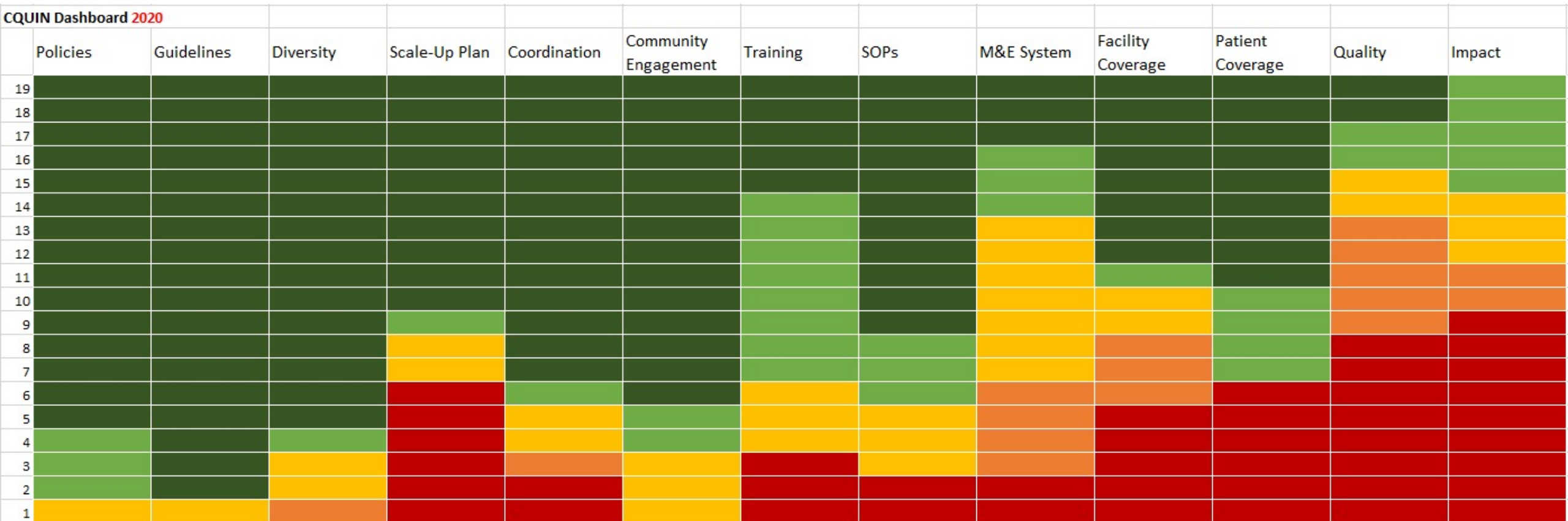
**PARALLEL SESSIONS**

**COUNTRY DSD UPDATES**

20 countries have completed dashboards for 2021 – results, slides and videos are available on the meeting website now

[www.cquin.icap.columbia.edu](http://www.cquin.icap.columbia.edu)

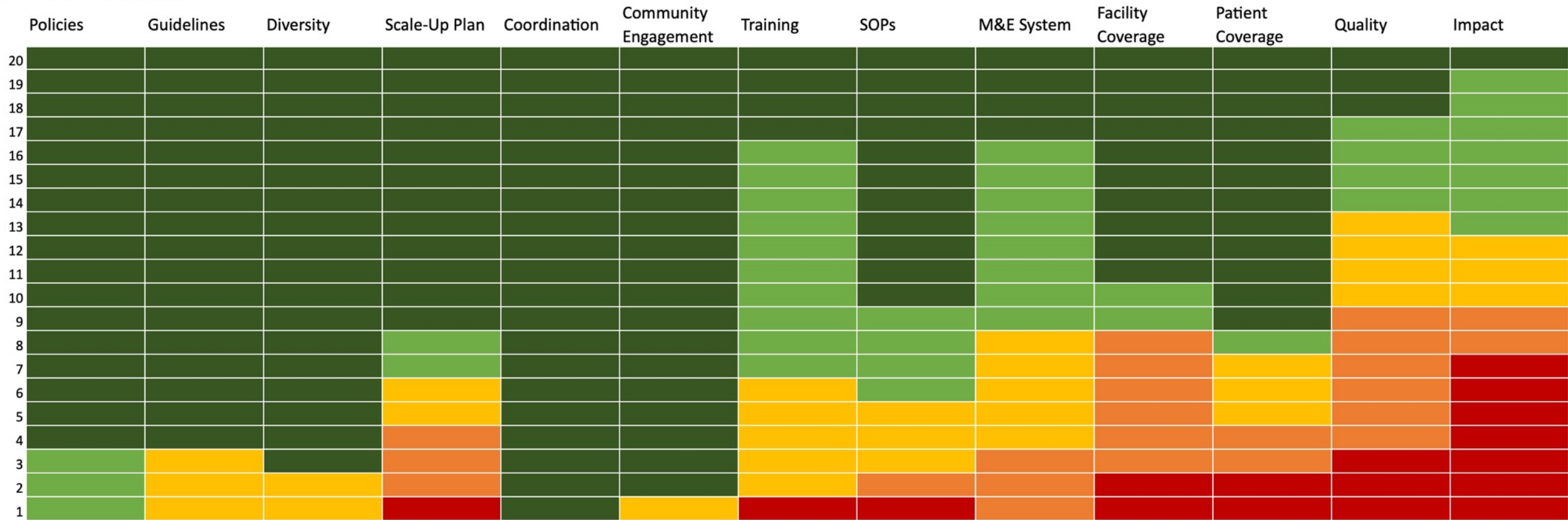
# 2020 Aggregate Dashboard: By Domain (19 countries)



Columns = stacked from green to red

# 2021 Aggregate Dashboard: By Domain (20 countries)

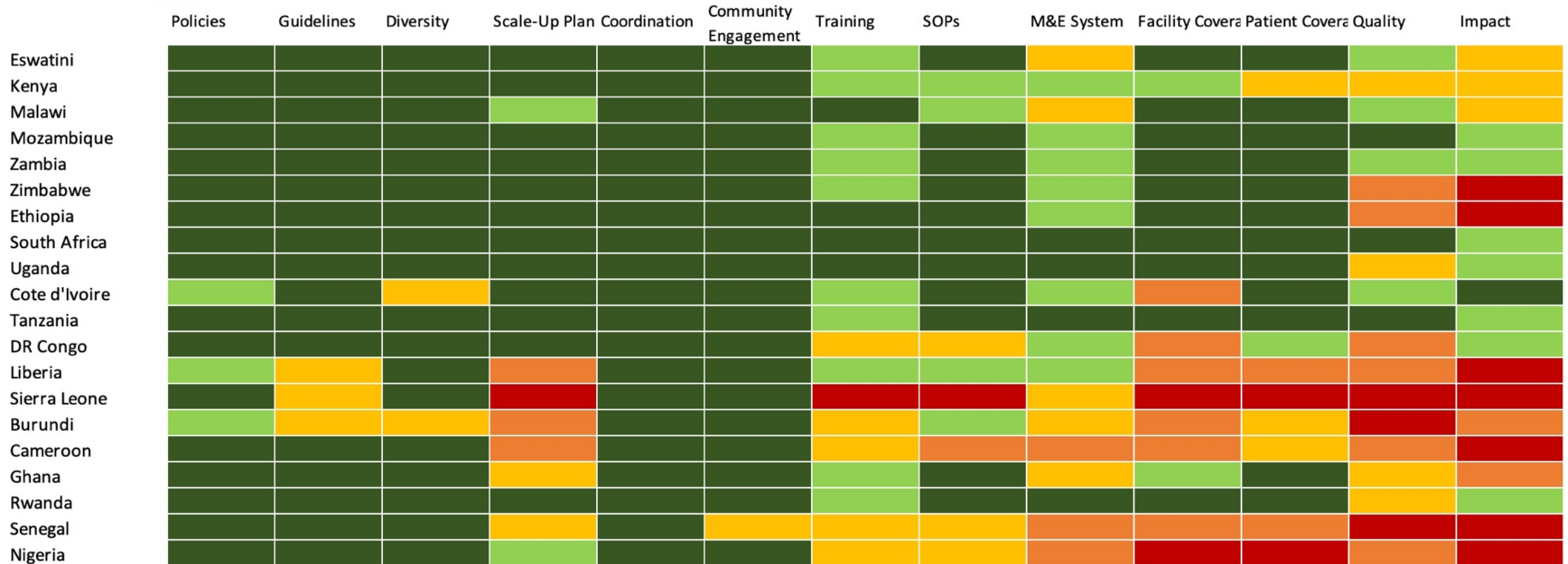
## CQUIN Dashboard 2021



Columns = stacked from green to red

# 2021 Aggregate Dashboard: By Country (ordered by years in CQUIN)

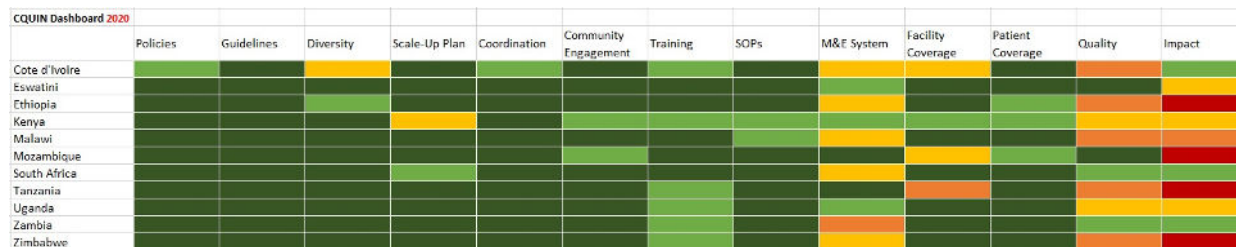
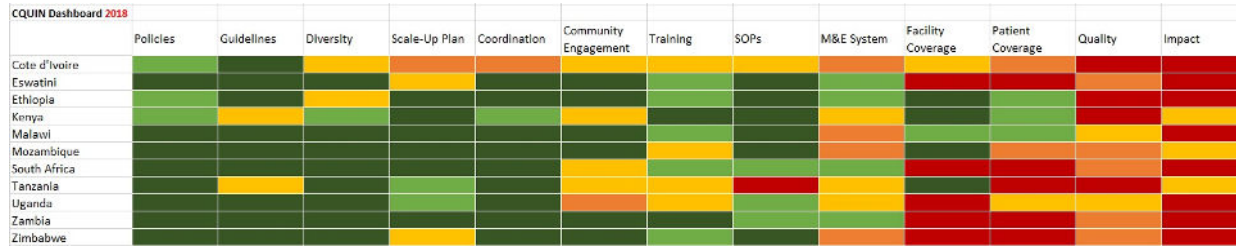
CQUIN Dashboard 2021



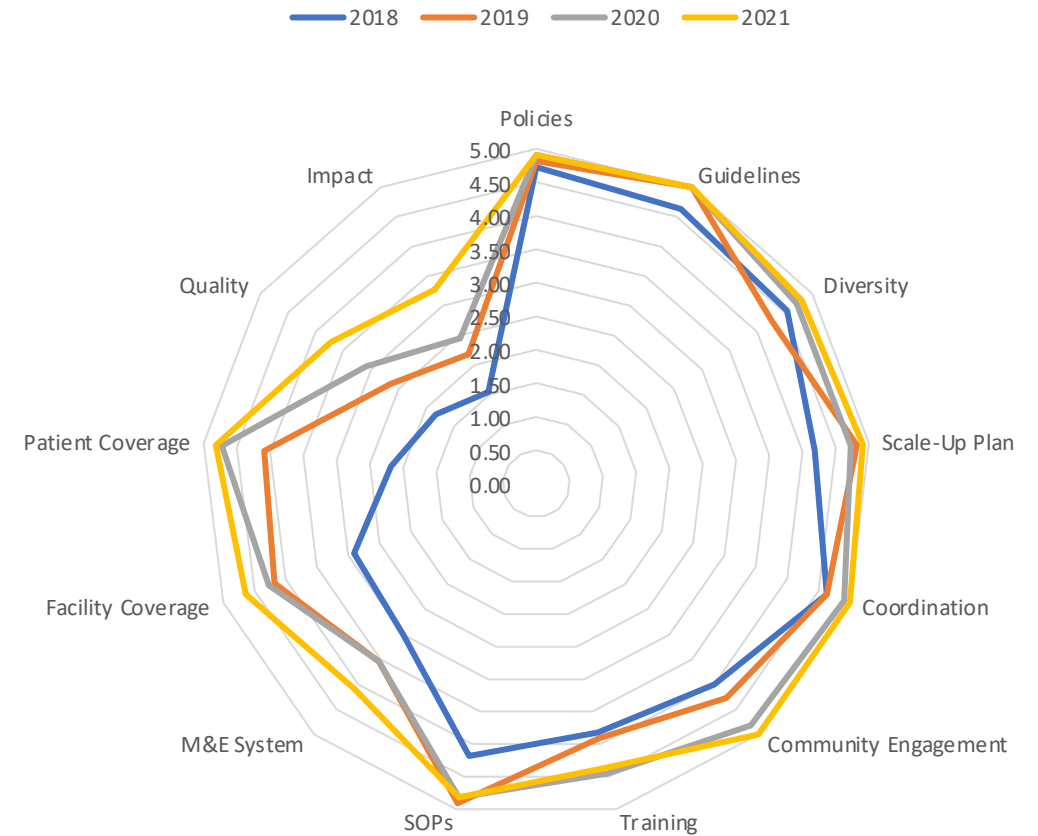
Rows = individual countries in order from longest time in CQUIN (top) to shortest time in CQUIN (bottom)



# 11 Country Dashboards: 2018 – 2021

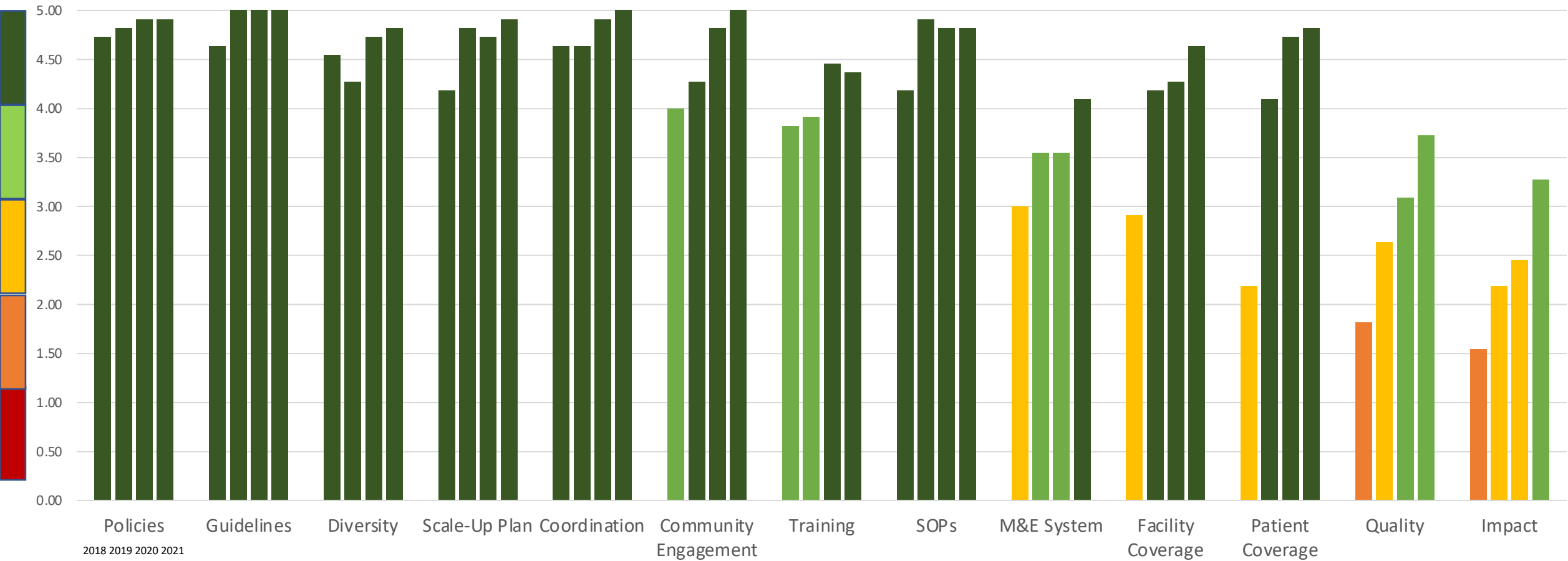


Mean Maturity Score for 11 Countries



# Aggregate maturity score 2018-2021

Average maturity score for 11 countries 2018 - 2021

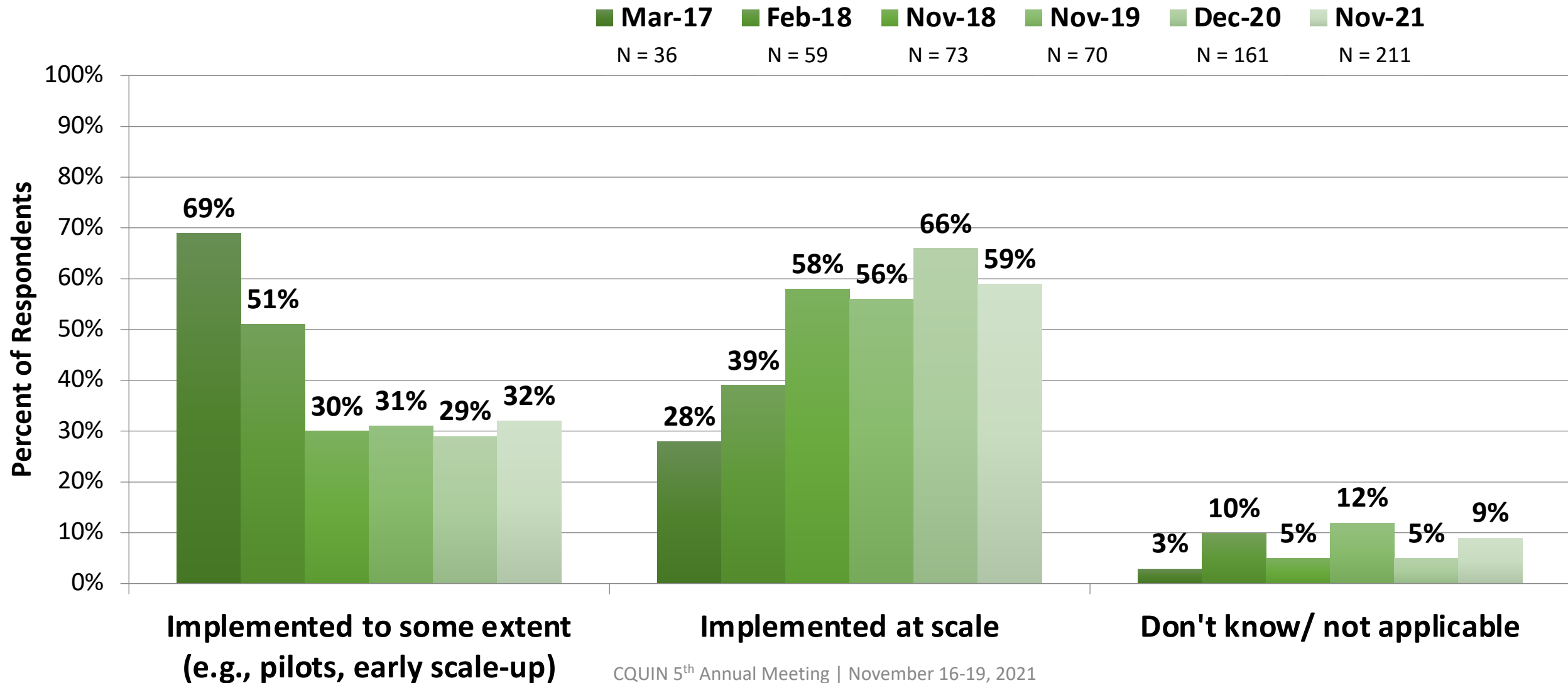


# Aggregate Data: Observations Across Domains

- National DSD programs continue to mature over time, with ongoing shift towards dark green on the dashboard
- Longer membership in CQUIN tends to be associated with more mature programs – more green domains on the dashboard – with a few exceptions
- Quality and impact continue to be the least mature domains, often due to lack of data
- The next few slides have a slightly deeper dive into the domains of **coverage, quality, and impact**

## Coverage:

# To what extent is DSD implemented in your country?



# Registration survey: Main Barriers to Scaling up DSD (n=211)

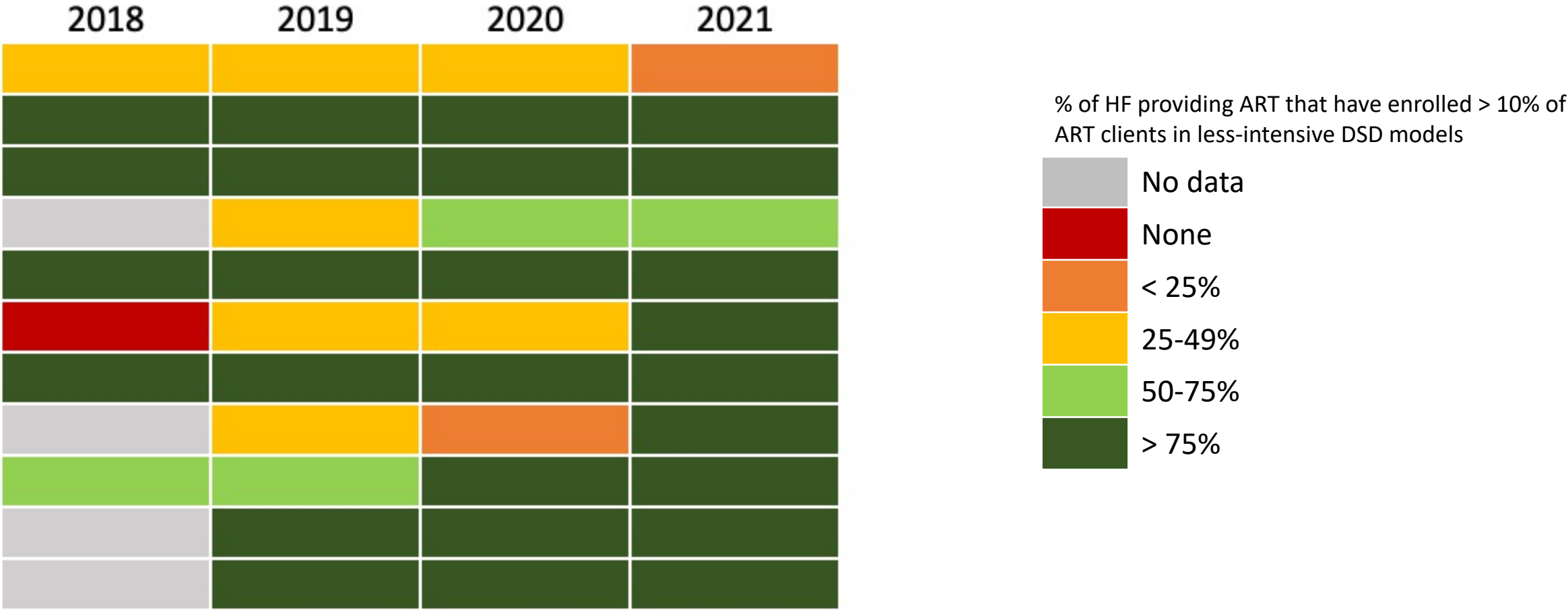


Dashboard data:

# Defining Facility-Level Coverage

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

# Facility-level coverage: 11 countries (2018-2021)

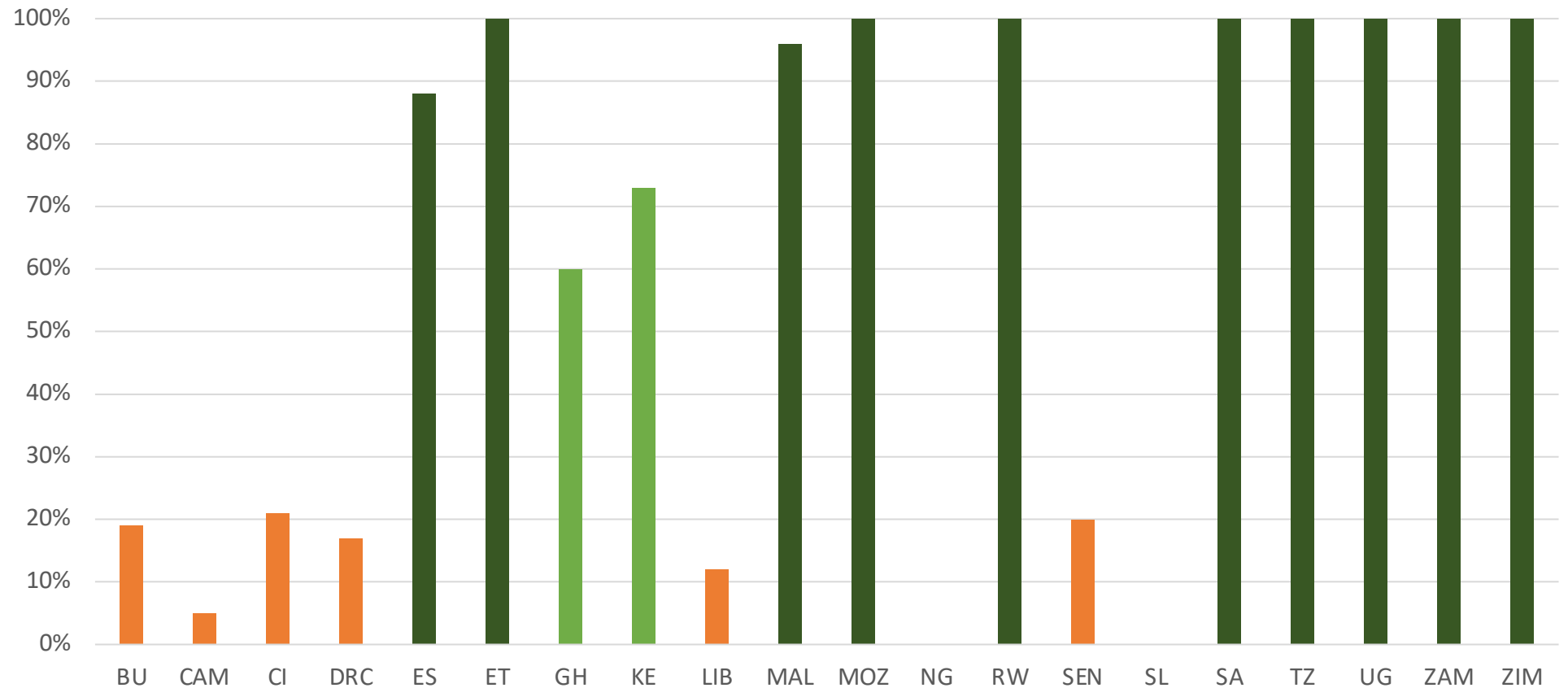


# Facility-level coverage: 20 countries (2021)

## Facility Coverage



% of HF with at least 10% of eligible clients enrolled in a less-intensive model



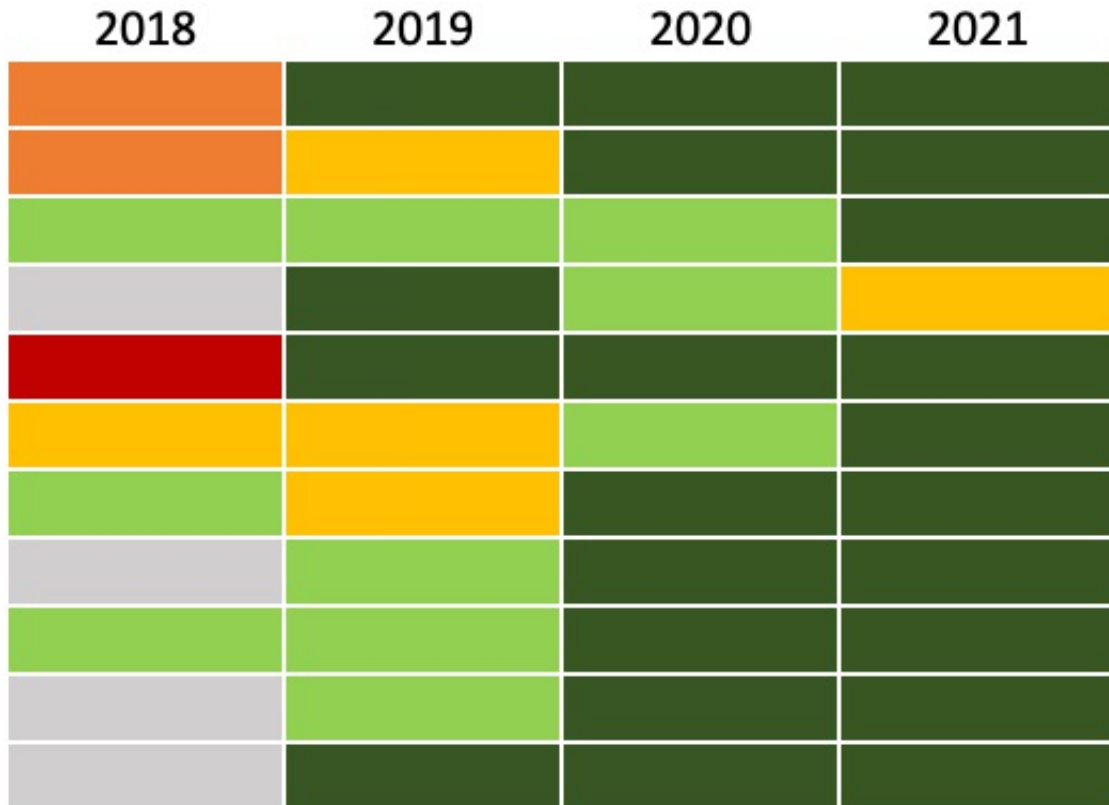


Dashboard data:

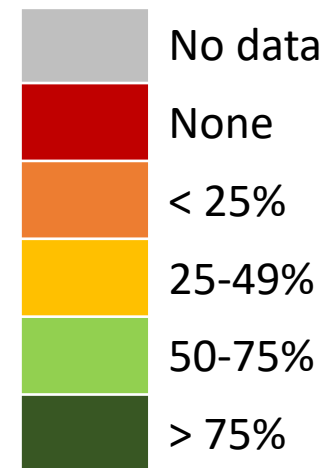
# Defining Individual-Level Coverage

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

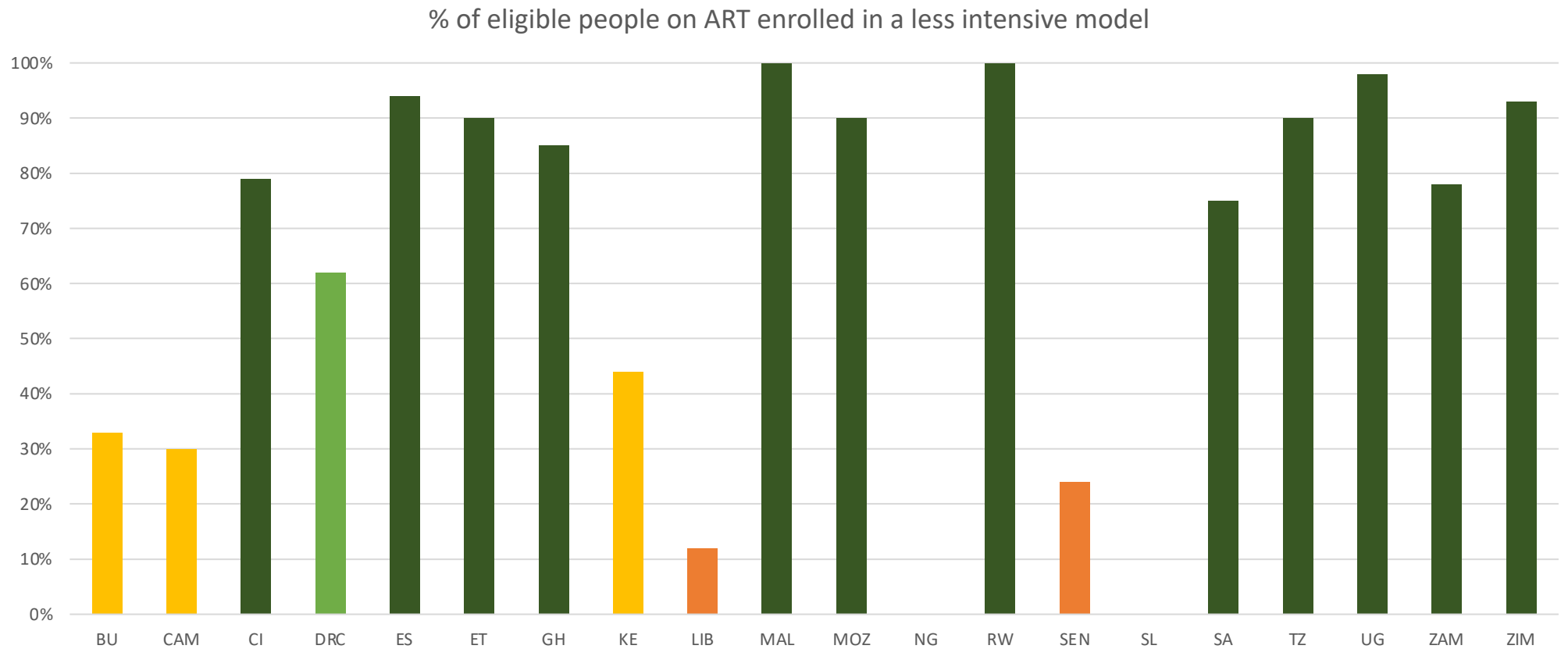
# Individual-level Coverage: 11 countries (2018-2021)



% of eligible people on ART that have enrolled in less-intensive DSD models

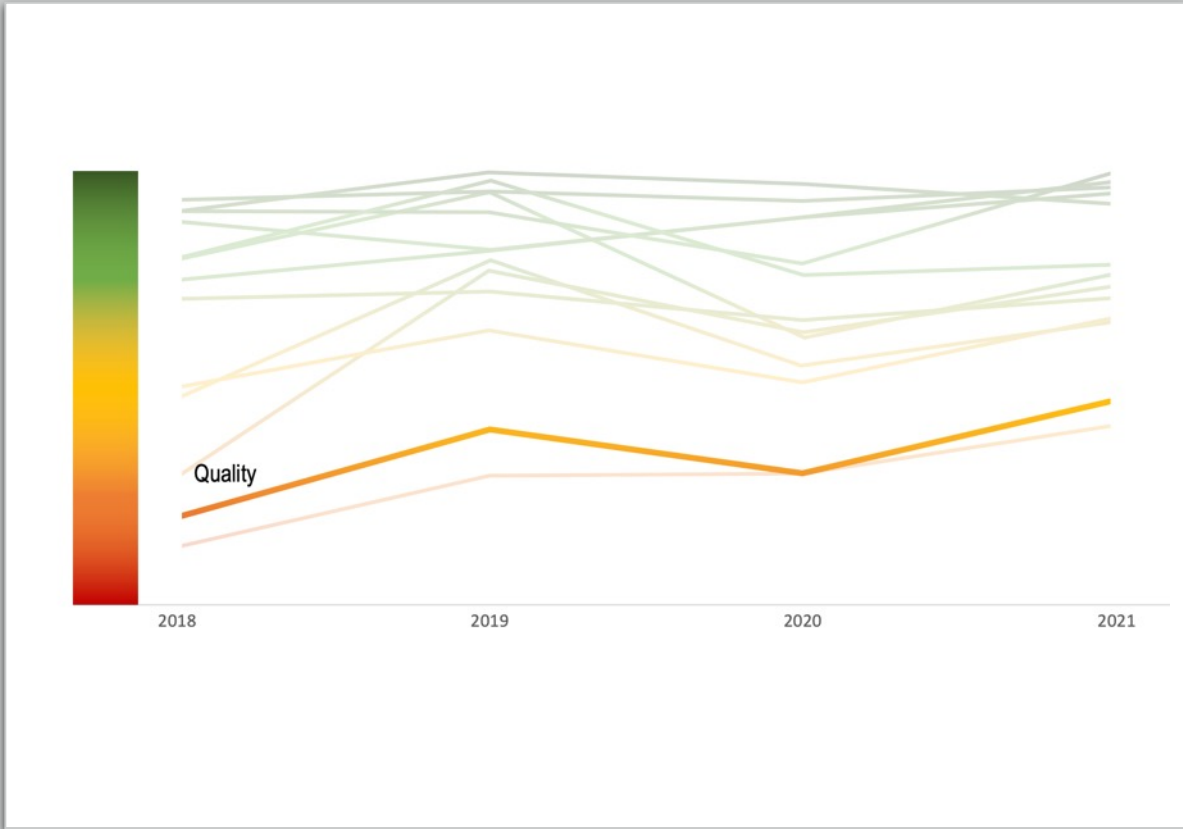
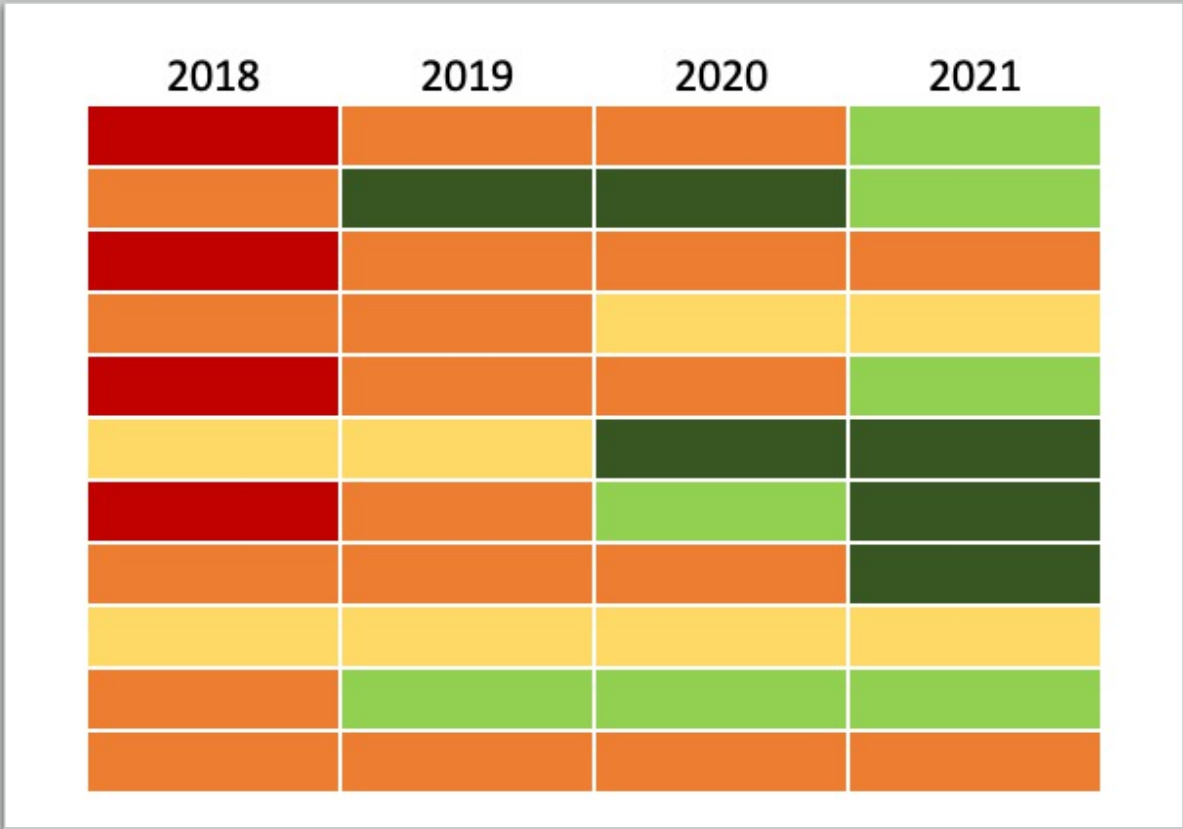


# Individual-level Coverage: 20 countries (2021)



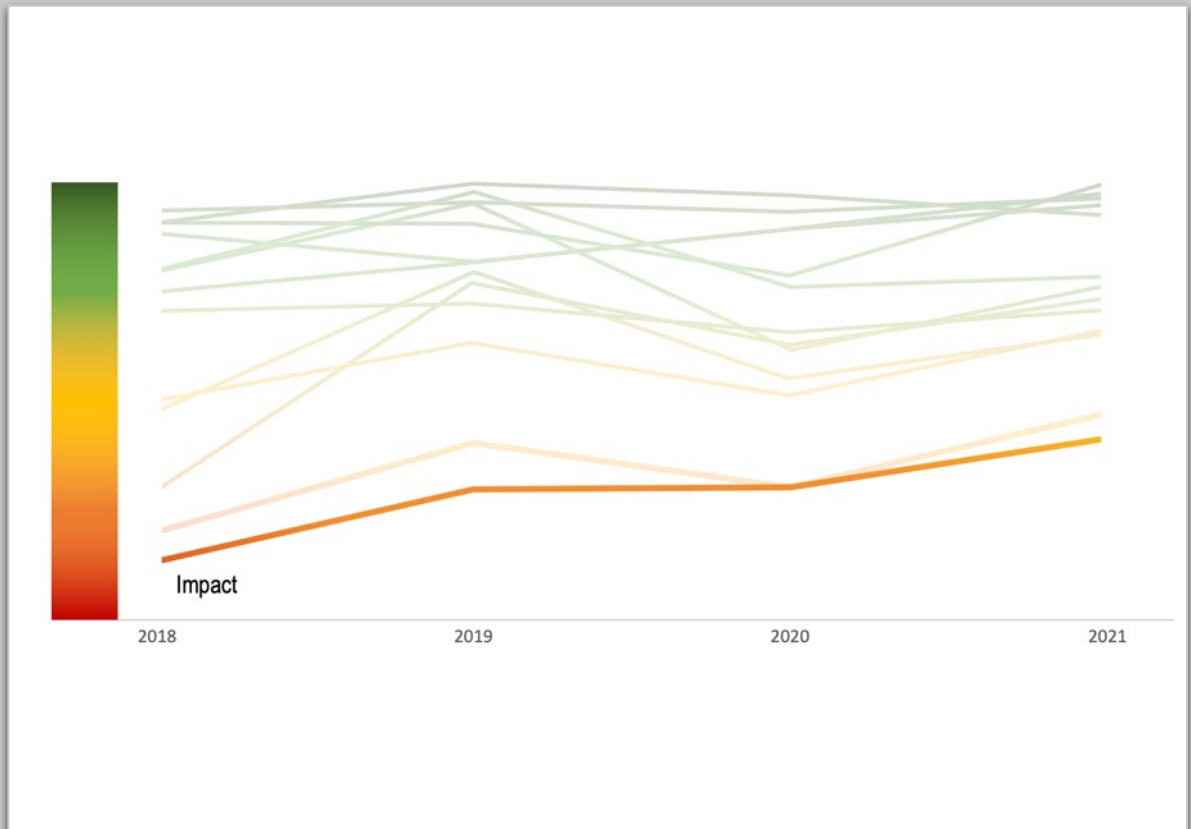
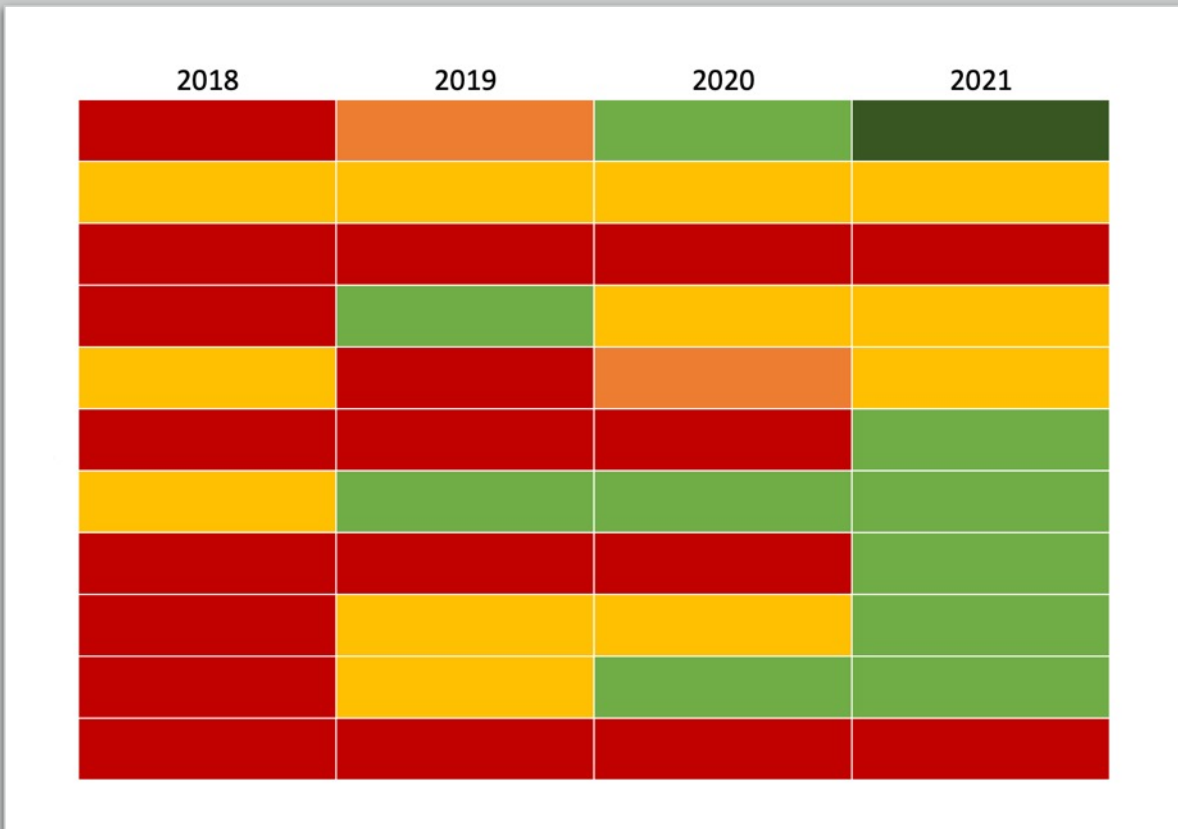
# DSD Program Quality

Change in Quality Domain 2018 – 2021: 11 countries



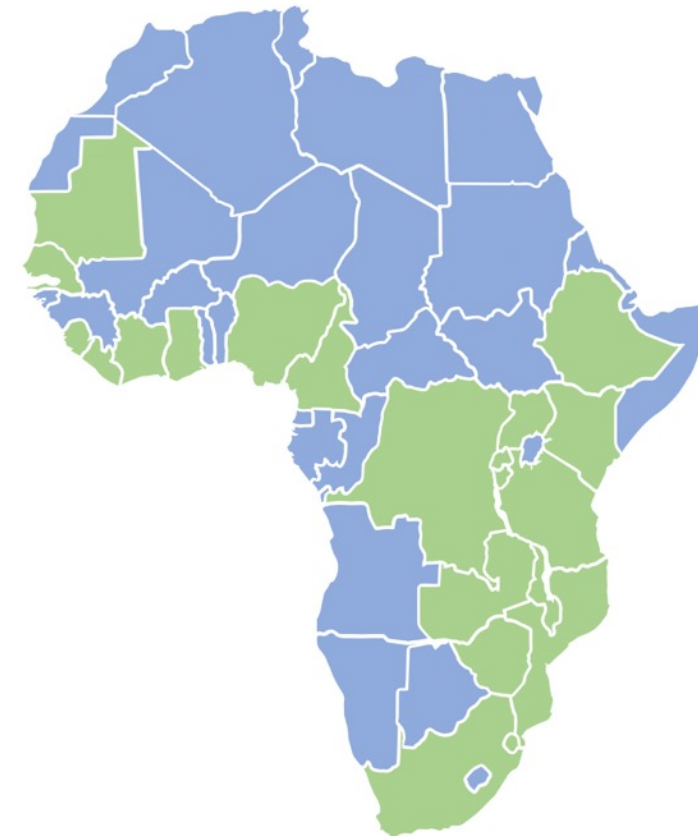
# DSD Program Impact

Change in Impact Domain 2018 – 2021: 11 countries



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Zimbabwe

# CQUIN in 2022

- Network size:
  - No major change, perhaps 1-2 more countries
- Network focus:
  - Ongoing support for differentiated treatment
    - Close attention to data for decision-making and DSD quality
    - Expanded work on DSD for key populations
    - DSD 2.0 – integration of family planning, TB/HIV, and NCD services into DSD models
  - A newer focus on differentiated testing, linkage and early retention



# Acknowledgements

- Ministries of Health, networks of people living with HIV, communities, donors, implementers, academics and other key stakeholders in CQUIN countries
- The International Treatment Preparedness Coalition
- The International AIDS Society
- The World Health Organization, UNAIDS, Global Fund
- PEPFAR, CDC and USAID
- The Bill & Melinda Gates Foundation
- The CQUIN team and ICAP leadership and staff around the world