

# CQUIN 5<sup>th</sup> Annual Meeting

#### Virtual: November 16-19, 2021

#### Session 2a: Country Updates from Ethiopia and Kenya

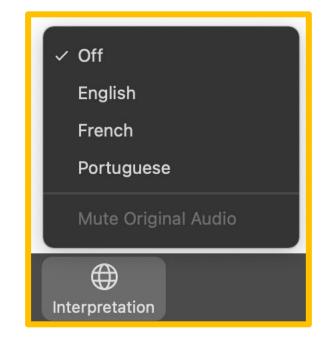
Tuesday, November 16, 2021



HIV Learning Network The CQUIN Project for Differentiated Service Delivery

### Welcome/Bienvenue/Bem-vindos

- Be sure you have selected the language of your choice using the "Interpretation" menu on the bottom of your screen.
- Assurez-vous d'avoir sélectionné la langue de votre choix à l'aide du menu <<Interprétation>> en bas de votre écran Zoom.
- Certifique-se de ter selecionado o idioma à sua escolha usando o menu de <u>interpretação</u> na parte inferior do seu ecrã



#### **Plenary Moderators**



Jirina Kafkova Differentiated Service Delivery Advisor National AIDS Control Program Ministry Of Health & Sanitation Sierra Leone



Maureen Syowai Regional Technical Advisor ICAP in Kenya

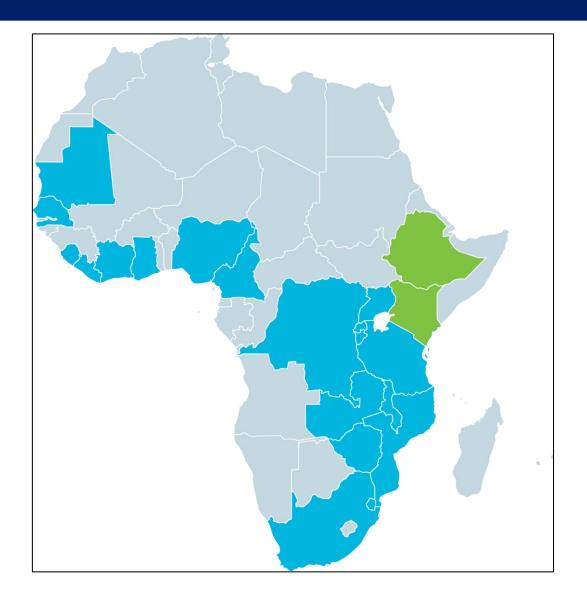
### Framing Remarks



#### Peter Preko CQUIN Project Director ICAP in Eswatini

# Outline

- Introduction
- Kenya
- Ethiopia
- Summary



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### Introduction

- The 5<sup>th</sup> annual meeting will highlight 20 member countries who are at different stages of DSD scale-up
- Duration of network countries in CQUIN ranges from 1yr to 5 years
- The different context, strengths, challenges, and resources of network countries provide the perfect environment for learning exchange
- The CQUIN Annual Meeting is an opportunity to share lessons learned and describe change over time
- Each year, country teams complete a standardized online questionnaire which informs our description of their "model mix" and contributes to the CQUIN dashboard

# DART Model Mix

- CQUIN uses a systematic approach to describe differentiated ART (DART) models
- This enables us to compare DSD across programs and countries
- We consider everyone on ART to be in a differentiated model, including those in "conventional" and more-intensive models
- We categorize less-intensive models for people doing well on ART by location (facility *vs.* community) and by individual *vs.* group design

	Individual Models	Group Models
Facility- based	Fast Track ART Refills Appointment Spacing Multi-month Scripting Multi-month Dispensing	Facility-based clubs Facility-based teen clubs
Community-based	Community drug distribution Community ART initiation Mobile outreach Private pharmacies Pick-up points, lockers	Community ART Groups (CAGs) - Peer-led - HCW-led

# DART Model Mix, continued

More-Int	ensive Models
	Conventional Model
	Other more-intensive models
Less-Inte	nsive Models
	Appointment Spacing (no fast track)
FBI	Appointment Spacing + Fast Track
	Other FBI
FBG	ART Clubs
	Facility-Based Teen Clubs
	Other FBG
	Outreach
CBI	Community Drug Distribution
	Other CBI
	Community ART Groups (peer-led)
CBG	Community ART Groups (HCW-led)
B	Family Model
	Community-Based Teen Clubs (HCW-led)

- CQUIN nomenclature includes the conventional model as a type of more-intensive model
- Less-intensive models sub-divided into categories
  - Facility-Based Individual (FBI)
  - Facility-Based Group (FBG)
  - Community-Based Individual (CBI)
  - Community-Based Group (CBG)
- All models can be further defined by quantity of ART provided (e.g., 3- or 6- month drug distribution) as applicable.

# Introduction: DSD Program Maturity

- The **CQUIN Dashboard** is another way to systematically describe a country's differentiated treatment program
- Uses a capability maturity model
- Includes 13 domains representing necessary components for implementing differentiated ART (DART) services at scale
- Uses 5 stages of maturity represented by a color scale
- Multi-stakeholder country teams stage the country program
  an internal, consultative activity, not an external evaluation

#### The CQUIN Dashboard

**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	for DSD are widely implemented and integrated into one national HMIS for HIV/ART services; however, refinements will be	All elements of an M&E syste for DSD are in place and are integrated into one national H for HIV/ART services, which i highly functional and providin 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 guidel provide detailed and specific guidance on implementation o DSDM
Diversity of DSDM services	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
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 The DSD scale-up plan has available in draft form developed and approved by Ministry of Health		The DSD scale-up plan is bei 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 an 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 <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 meaning engaged in implementation ar evaluation of DSD, as well as oversight of DSD policy (e.g., through inclusion in DSD task force or <u>other</u> group)

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More information and dashboard variants (subnational dashboard, AHD dashboard) available on the CQUIN website:

www.cquin.icap.columbia.edu

#### Fifth Annual Meeting (Virtual)

DATE: November 16 - 19, 2021

Home Agenda

**Plenary Sessions** 

s Parallel Sessions

Country DSD Updates

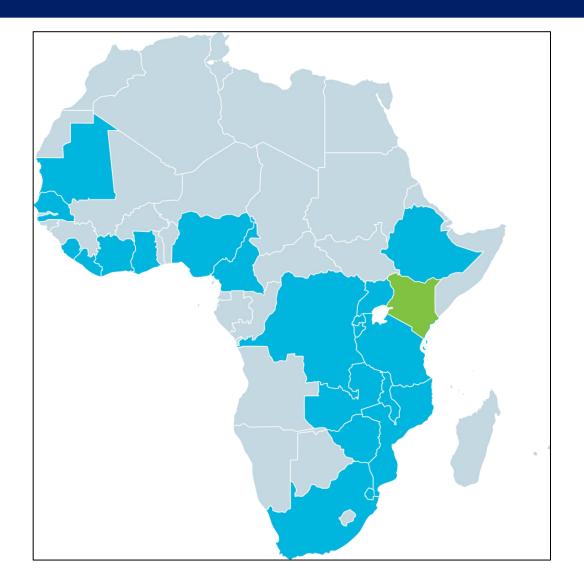
#### **COUNTRY PROGRESS UPDATES**

All country presentations are available on the CQUIN website: https://cquin.icap.columbia.edu/

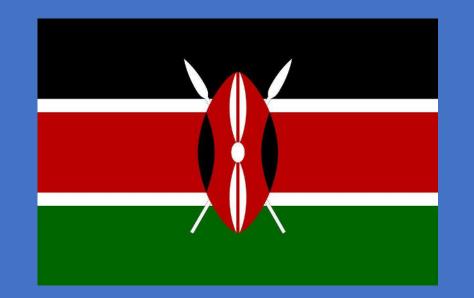


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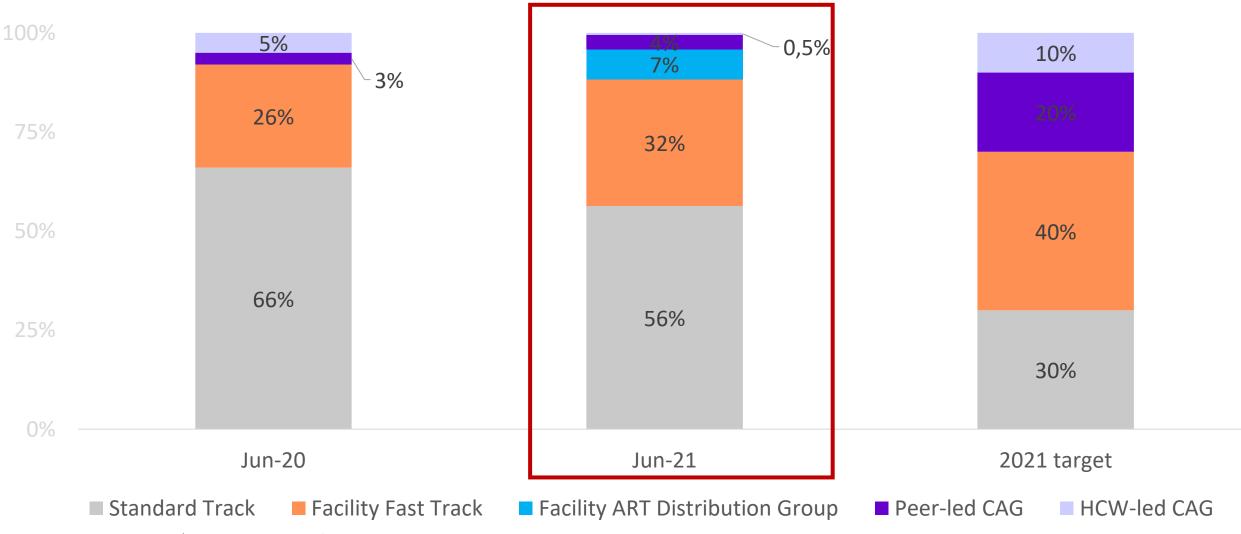
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#### Kenya - CQUIN Dashboard Changes: 2017-2021

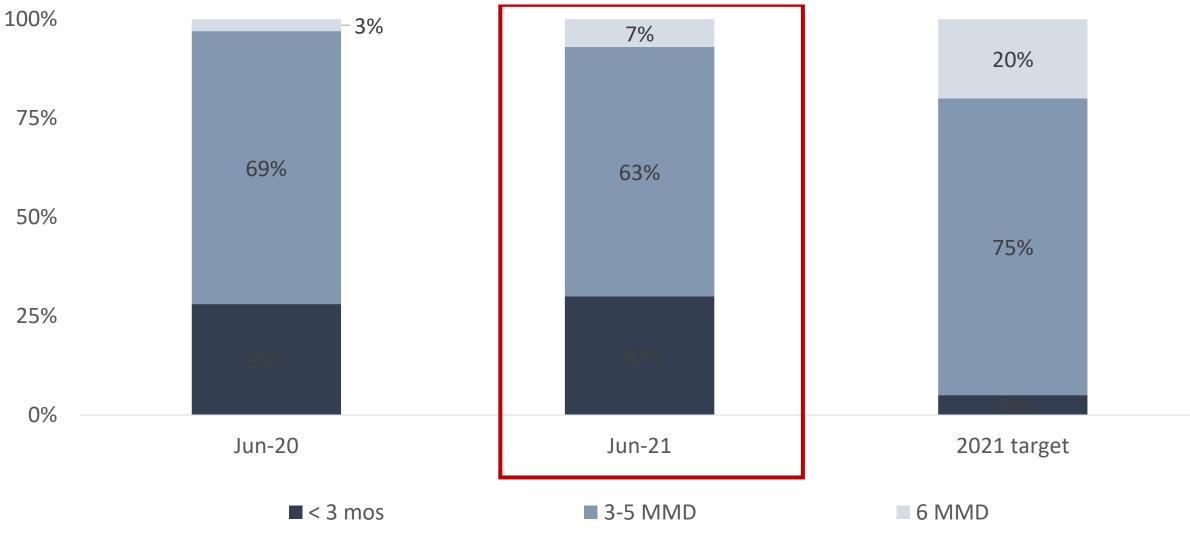
Domain	2017	2018 I	2018 II	2019	2020	2021
Policies						
Guidelines						
Diversity						
Scale-Up Plan						
Coordination						
Community Engagement						
Training						
SOPs/Job Aids						
M&E System						
Facility Coverage						
Patient Coverage*						
Quality						
Impact						

#### Kenya: Model Mix



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#### Kenya: Quantity of ART Distributed - MMD



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### Kenya: Selected Achievements

- National guidance/policy shift issued during COVID-19 ensured continuity of service for RoC
- Worked with multi-stakeholders in country to adopt the new WHO guidance for DSD into the draft revised national ART guidelines and DSD operational manual
- DSD M&E indicators have been included in the revised national M&E tools
- Inclusion of funding requests in GF funding for HCW training for DSD.
- Support from PEPFAR for DSD performance review activities
- Successful virtual south-to-south exchange with Eswatini on NCD integration

### Kenya: Selected Challenges

- Recent national stock level challenges for availability of key ART commodities e.g., TLD affected scale up of MMD
- Erratic supply chain for Viral Load Reagents impaired assessment of RoC for stability and transition to less intensive DSD models

## Kenya: Selected Goals and Targets for 2022

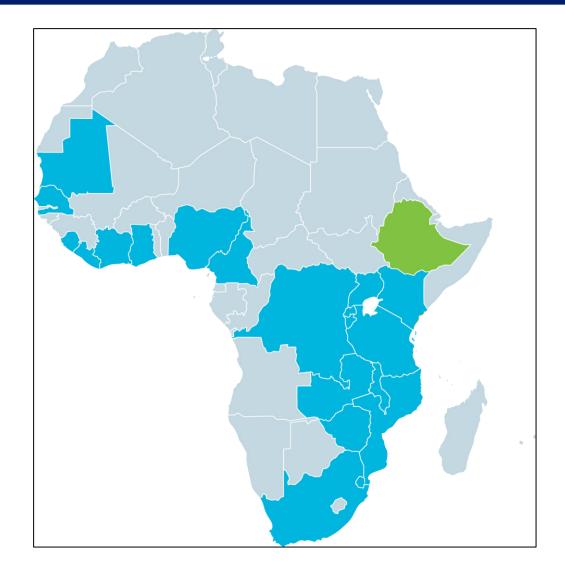
- Increase proportion of people in less-intensive differentiated treatment models to 60%
- Expand differentiated treatment model mix to include community pharmacy refills and models for children and adolescents

#### • Expansion of 3-6 MMD

- Inclusion of BP screening in less-intensive DSD models couple of pilots already ongoing
- Capacity building of HCWs, integration of oral FP into less-intensive DSD models
- Scale up community led monitoring, harm and stigma reduction interventions
- Nation wide DSD performance review in all the 47 Counties

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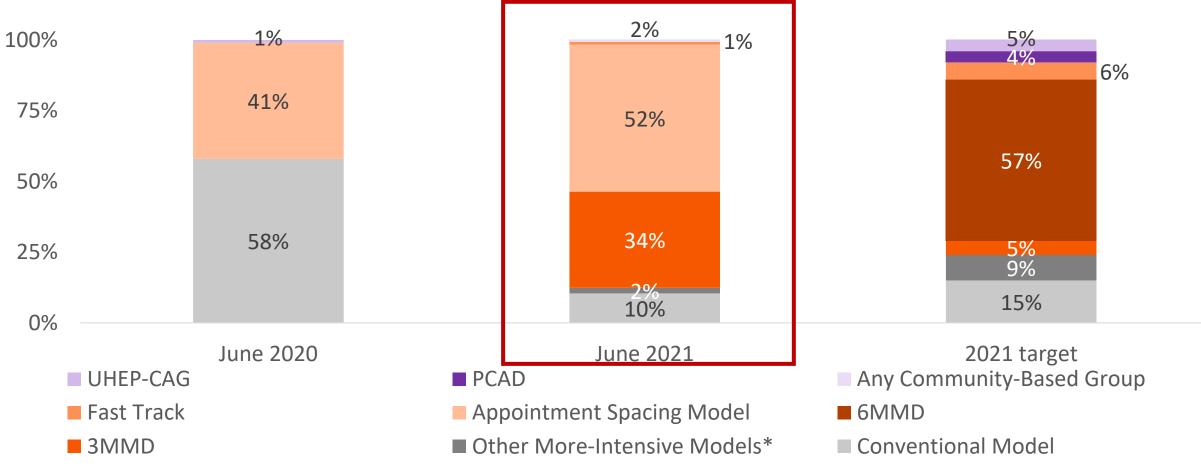
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#### Ethiopia - CQUIN Dashboard Changes: 2017-2021

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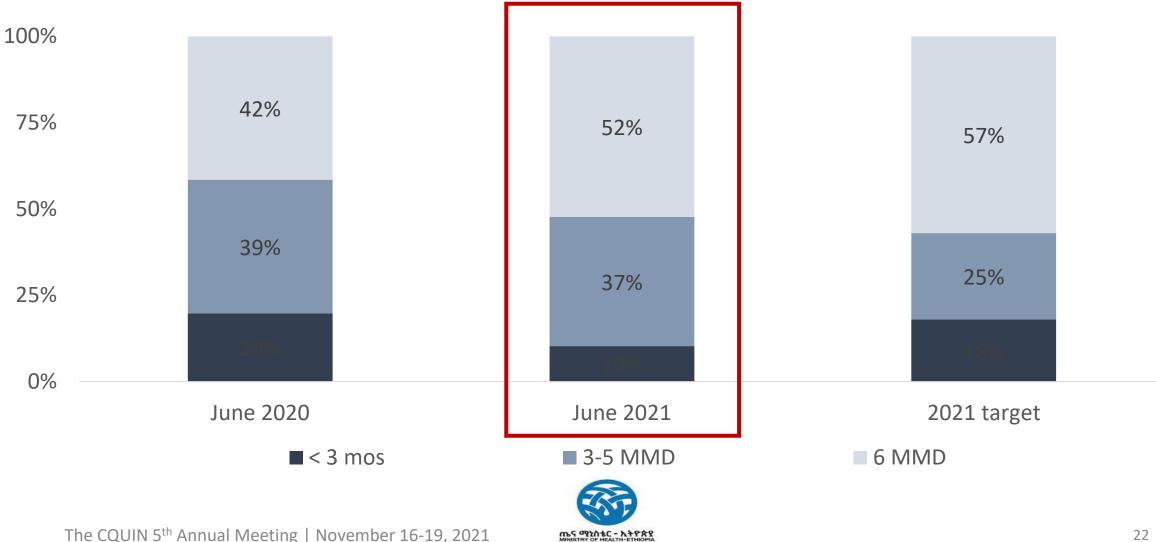
#### Ethiopia: Model Mix



\*In addition to the Conventional Model, other more-intensive models make up <1% each of 2021 enrollment and include: Model for KP (FSW), DSD for Adolescents, and DSD for MCH

**EXAMPLE 108751** 

#### Ethiopia: Quantity of ART distributed - MMD



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### Ethiopia: Selected Achievements

- DSD scaled up to more health facilities
- Improvement in diversity of differentiated treatment models
  - Added more community-based models, including peer-led models
  - 3MMD, Adolescent DSD, key populations (KP) friendly service, DSD for maternal and child-care (MCH)
- Improved dashboard domain results in M&E and Patient Coverage
- Close follow up of service continuity during COVID-19
- Endorsement of concept note for AHD & Adolescent DSD models.
- Conducted DSD-specific joint supportive supervision & review meeting

### Ethiopia: Selected Challenges

- Inability to conduct ASM evaluation due to lack of funding
- Supplies for AHD (CD4, CrAg, fluconazole) need to be secured
- Incompleteness of reports through national M&E systems using parallel data collection for new models
- Data tracking problem with 3MMD for pregnant and breastfeeding women

#### Ethiopia: Selected Goals and Targets for 2022

- Increase the percentage of established people in less-intensive differentiated treatment models to 90%
- Expand existing models: Community based ART Refill model (HEP\_CAG, PCAD), AHD, Adolescent DSD model and KP friendly services.
- Expand and strengthen point of care (POC) early infant diagnosis testing.
- Expand and strengthen POC Viral load testing



#### Shared achievements:

- Updating guidelines in improve differentiated treatment services
- Expanded MMD during COVID-19 to ensure continuity of care

#### Shared challenges:

• Inadequate supply of some selected ART commodities

#### Shared 2022 Goals:

- Increase coverage of people in less-intensive differentiated treatment models
- Expand diversity of models to increase access to different populations

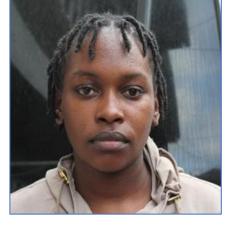
#### Panelists/Panélistes/Painelistas





Zerihun Hika Senior HIV Program Advisor Ministry of Health Ethiopia Bayisa Chala Executive Manager National Network of Positives Ethiopia Solomon Ahmed Technical Officer HIV Treatment Branch Centers for Disease Control Ethiopia

Violet Oramisi Unit Head, Strategic Information, Research & Implementation NASCOP Ministry of Health Kenya



Cindy Amaiza National Coordinator The Organization of Young People Living with HIV in Kenya(Y+ Kenya)



Kenneth Masamaro Technical Advisor, Care and Treatment Lead Centers for Disease Control Kenya



## CQUIN 5<sup>th</sup> Annual Meeting

Virtual: November 16-19, 2021

#### Session 3 starts at 10:00am EST/3:00pm West Africa/4:00pm Geneva/5:00pm Pretoria/6:00pm Nairobi



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