

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

Virtual: November 16-19, 2021

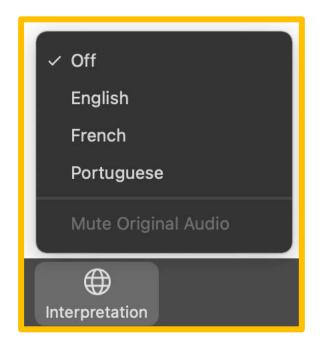
Session 2c: Country Updates from Côte d'Ivoire & Malawi

Tuesday, November 16, 2021



### 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 interpretação na parte inferior do seu ecrã



### Moderators



Karen Kelley Senior Disease Advisor/HIV Global Fund



Stephania Koblavi Country Director ICAP Côte d'Ivoire

## Framing Remarks



Franck Boraud
CQUIN Regional Clinical Advisor
ICAP Côte d'Ivoire



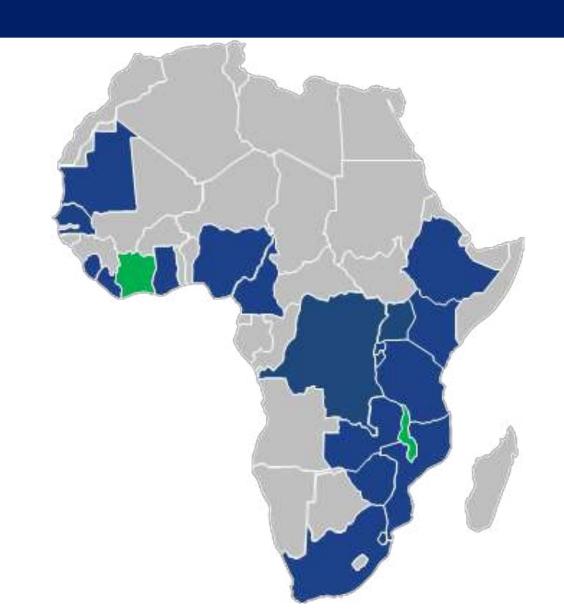
## Updates from Cote d'Ivoire and Malawi Framing Remarks

Franck Boraud; MD-MPH ICAP Cote d'Ivoire November 16, 2021



### Outline

- Introduction
- Cote d'Ivoire
- Malawi
- Summary



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

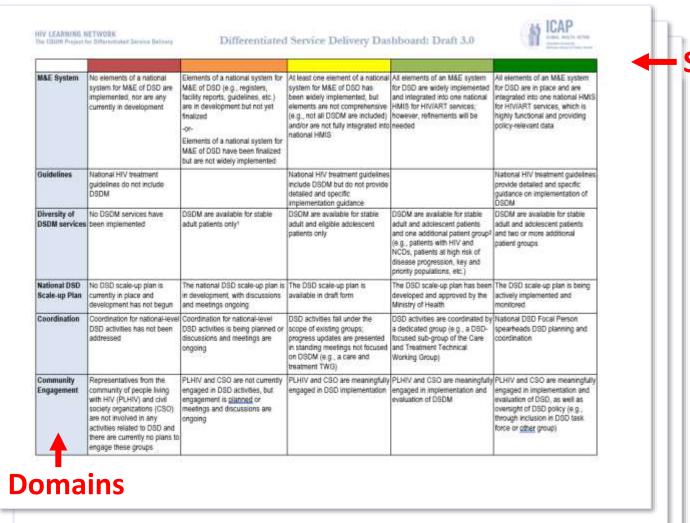
- CQUIN nomenclature includes the conventional model as a type of more-intensive model
- Less-intensive models sub-divided into categories
  - Facility-Based Individual (FBI)
  - Facility-Based Group (FBG)
  - Community-Based Individual (CBI)
  - Community-Based Group (CBG)
- All models can be further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



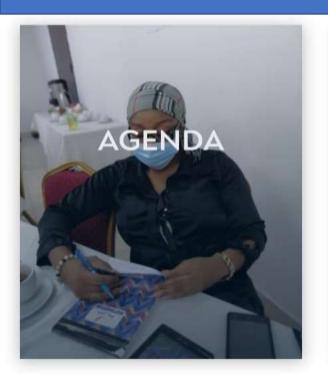
**Stages** 

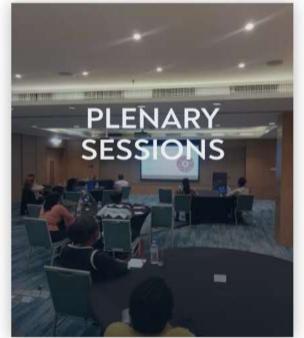
More information and dashboard variants (subnational dashboard, AHD dashboard) available on the CQUIN website:

www.cquin.icap.columbia.edu

#### **COUNTRY PROGRESS UPDATES**

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



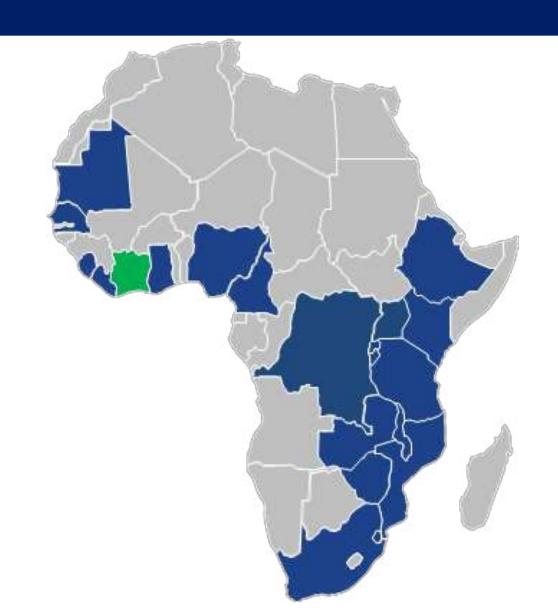






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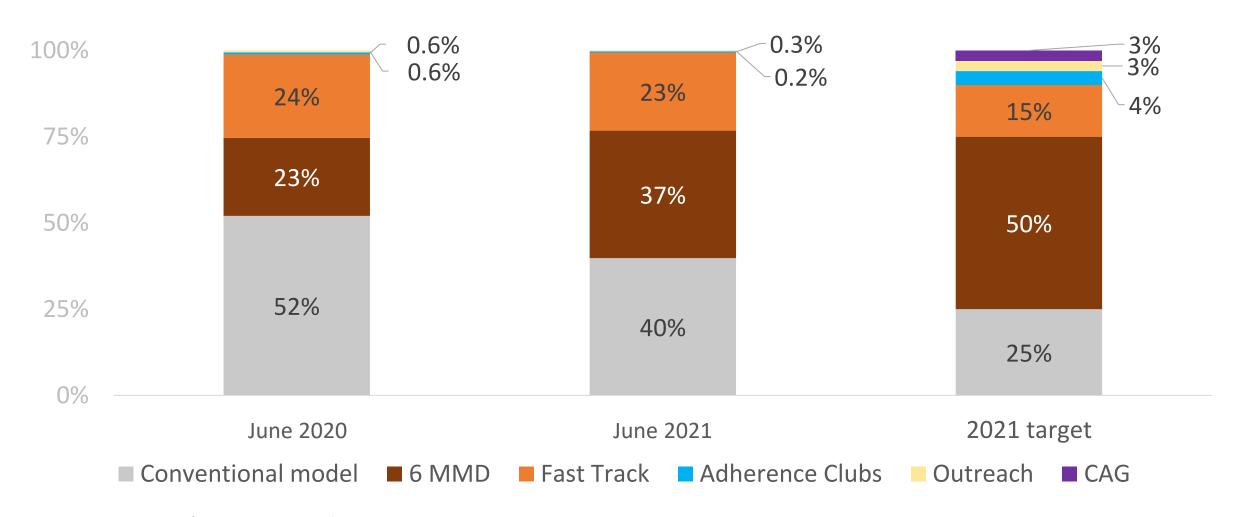




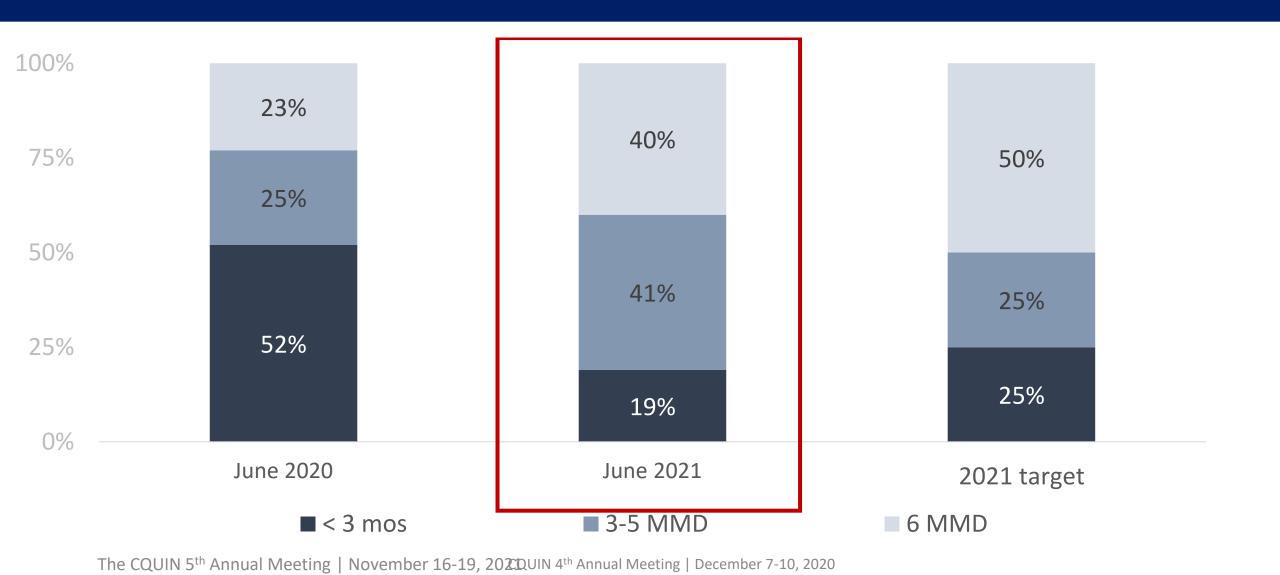
## Cote d'Ivoire - CQUIN Dashboard Changes: 2017-2021

Domain	2017	2018	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						

#### Cote d'Ivoire : Model Mix

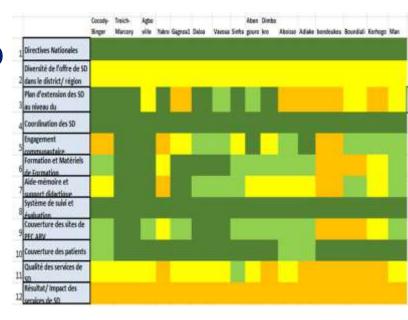


### Cote d'Ivoire: Quantity of ART Distributed - MMD



#### Cote d'Ivoire: Selected Achievements

- Enrollment of 94% of stable patients in DSD
- South-South Learning visit / CQUIN Network (AHD to Eswatini)
- Data collection for the 3 rd. DPR
  - Third Update of the sub-national dashboard (16 districts)
  - Evaluation of the quality of DSD in 40 health facilities
- Development of SOP'S Draft 0 for the AHD and other population types
- Piloting the new version of the QI PSD tool (version 6.0)
- Pilot phase of the dispensing of ARVs in private pharmacy



### Cote d'Ivoire : Selected Challenges

Diversification of DSD models to strengthen DSD coverage

Extension of the quality assessment of DSD

Assessment of the satisfaction of care recipients and the

satisfaction of health providers

### Cote d'Ivoire: Selected Goals and Targets for 2022

- Increase the proportion of patients on ART enrolled in less intensive DSD models from 79% to 90%
- Conduct the initial phase DSD Advanced HIV disease (AHD) and PSD FE/FA, Child and Adolescent.
- Have 2% of patients on ART enrolled in DSD for AHD
- Assessment of the satisfaction of care recipients and health providers
- Scaling up the distribution of ART in private pharmacies

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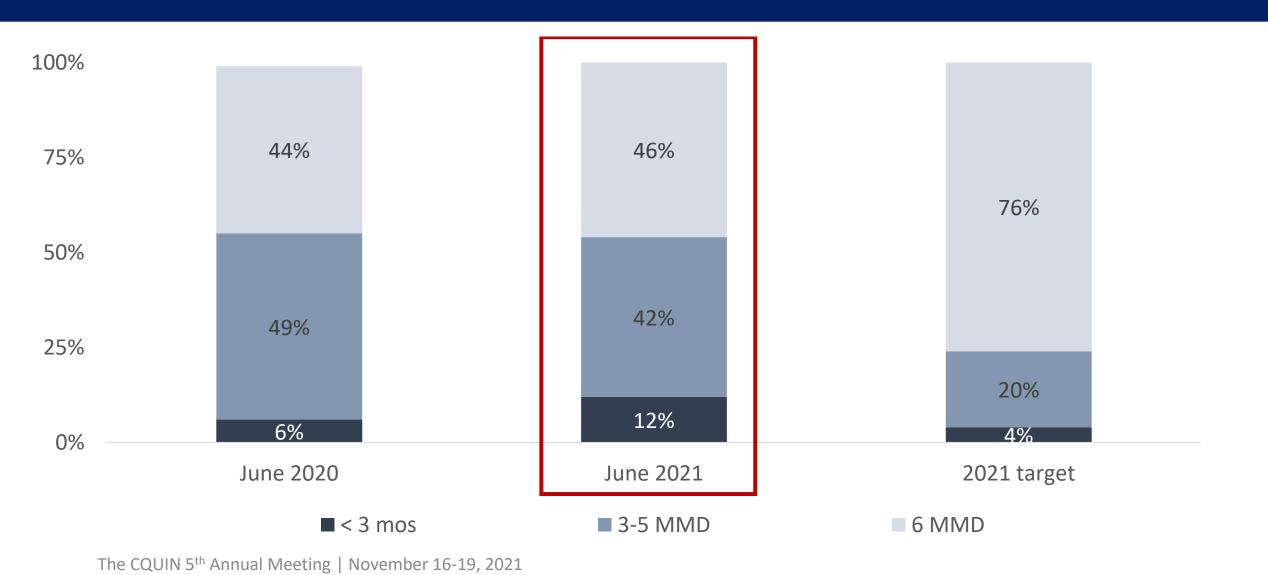
Malawi – CQUIN

Dashboard

Changes: 2017-2021

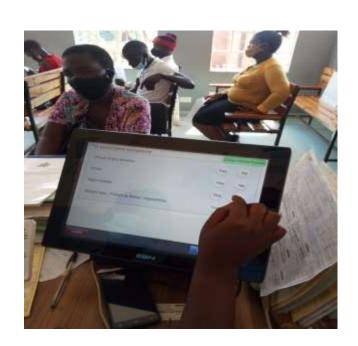
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M&E System						
Facility Coverage*						
Patient Coverage						
Quality						
Impact						

### Malawi: Quantity of ART distributed - MMD



### Malawi: Selected Achievements

- Incorporated quality improvement approach in AHD management
- Improved EMR down times
- Consistent stock availability of ARV and other commodities
- Integrate some DSD models into MCH and other programs
- Successful piloting of scan form technology in HIV Testing data capturing
- Enforcement of 6MD



## Malawi: Selected Challenges

- Low uptake of AHD commodities
- Delayed turn around time for VL sample results at some facilities
- Model mix risks patient double counting between the DSD models

## Malawi: Selected Goals and Targets for 2022

- MoH diagnostics to establish 2 molecular labs
- Electronic viral load results return initiative
- 75% of people on ART to be in less-intensive DSD treatment models
- DSD model mix to accommodate all flavors (Area still under discussion for more clarity & feasibility in the M&E system)
- Scale up additional 240 spoke sites for AHD
- Scale up POCs for HIV detection among exposed infants for MNCH services

## In Summary...

#### **Shared achievements:**

- Reinforcement of the multi-month distribution of ART
- Integration of the QI approach in DSD service evaluation or implementation

#### **Shared challenges:**

Delayed turn around time for VL sample results at some facilities

#### **Shared 2022 Goals:**

- Increase the proportion of patients on ART enrolled in less intensive DSD models Over 75 - 79%
- DSD for AHD launch (CI) or scale-up (Malawi)

#### Panelists/Panélistes/Painelistas



Bohoussou Koffi S.

DSD Coordinator

MOH Côte d'Ivoire

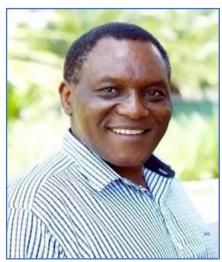


Olivier Gnaly
National Network of Positives
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Stanley Ngoma
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Focal
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Alice Maida HIV Branch Chief CDC Malawi



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

Virtual: November 16-19, 2021

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

