



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 2d: Country Updates from Senegal & Zambia

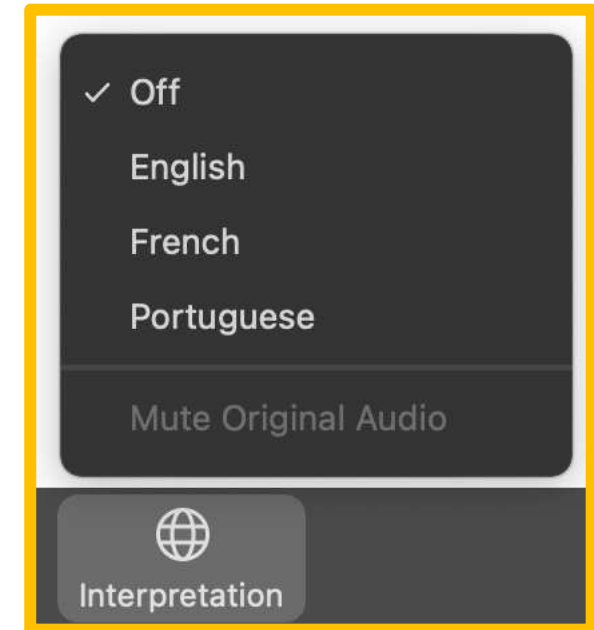
Tuesday, November 16, 2021



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.
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Plenary Moderators



Greet Vandebriel
Regional Technical Advisor
ICAP in Burundi



Michael Odo
Senior Technical Advisor
NACP/MOH, Liberia

Framing Remarks



Rudo Kuwengwa
CQUIN Regional Clinical Advisor
ICAP in Zimbabwe



Country Updates from Senegal and Zambia: Framing Remarks

Rudo Kuwengwa MB. ChB; MPH
CQUIN Regional Clinical Advisor
ICAP Zimbabwe
16 November 2021



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Outline

- Introduction
- Senegal
- Zambia
- Summary



Introduction

- The 5th annual meeting will highlight progress updates from 20 network 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) <ul style="list-style-type: none"> - Peer-led - HCW-led

DART Model Mix, continued

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

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Differentiated Service Delivery Dashboard: Draft 3.0



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 HIVART 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 HIVART 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 <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

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

www.cquin.icap.columbia.edu

↑ Domains

Fifth Annual Meeting (Virtual)

DATE: November 16 – 19, 2021

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COUNTRY PROGRESS UPDATES

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



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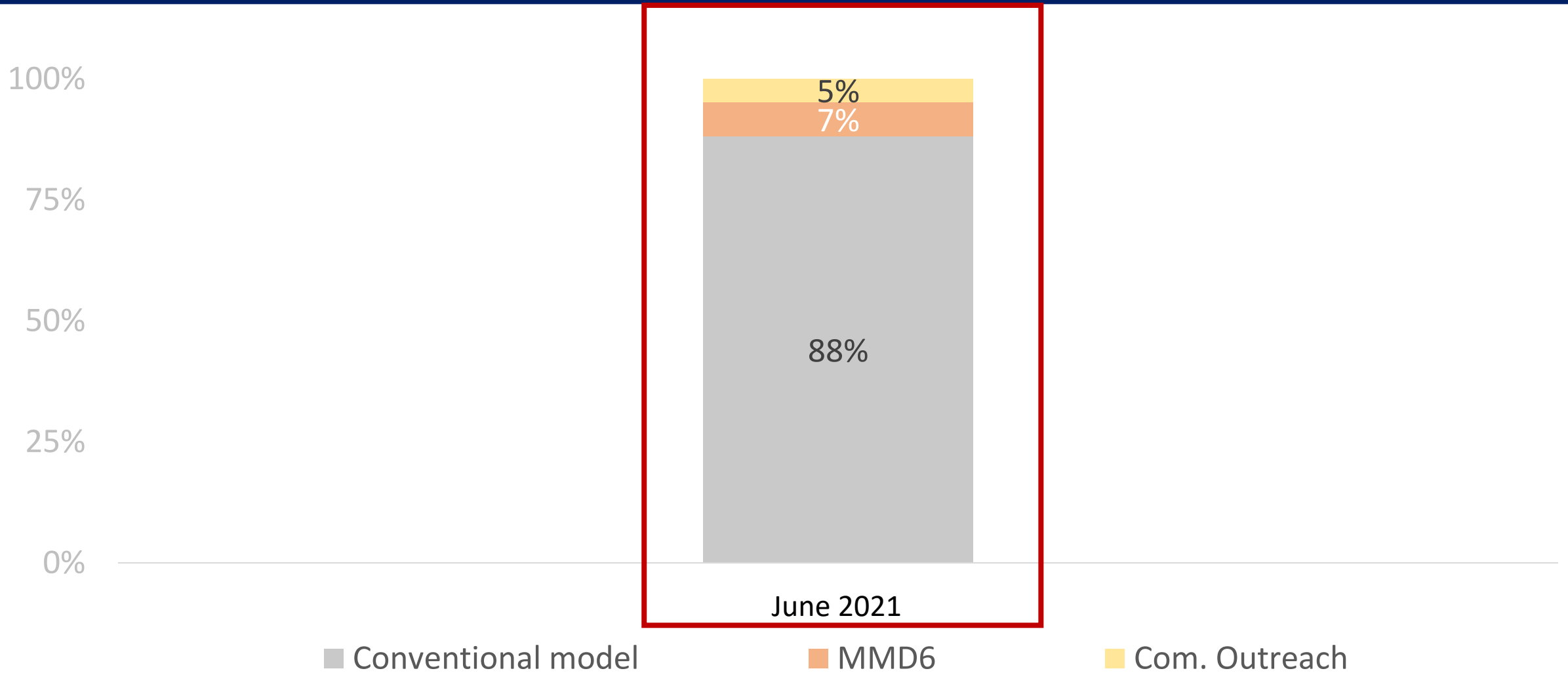




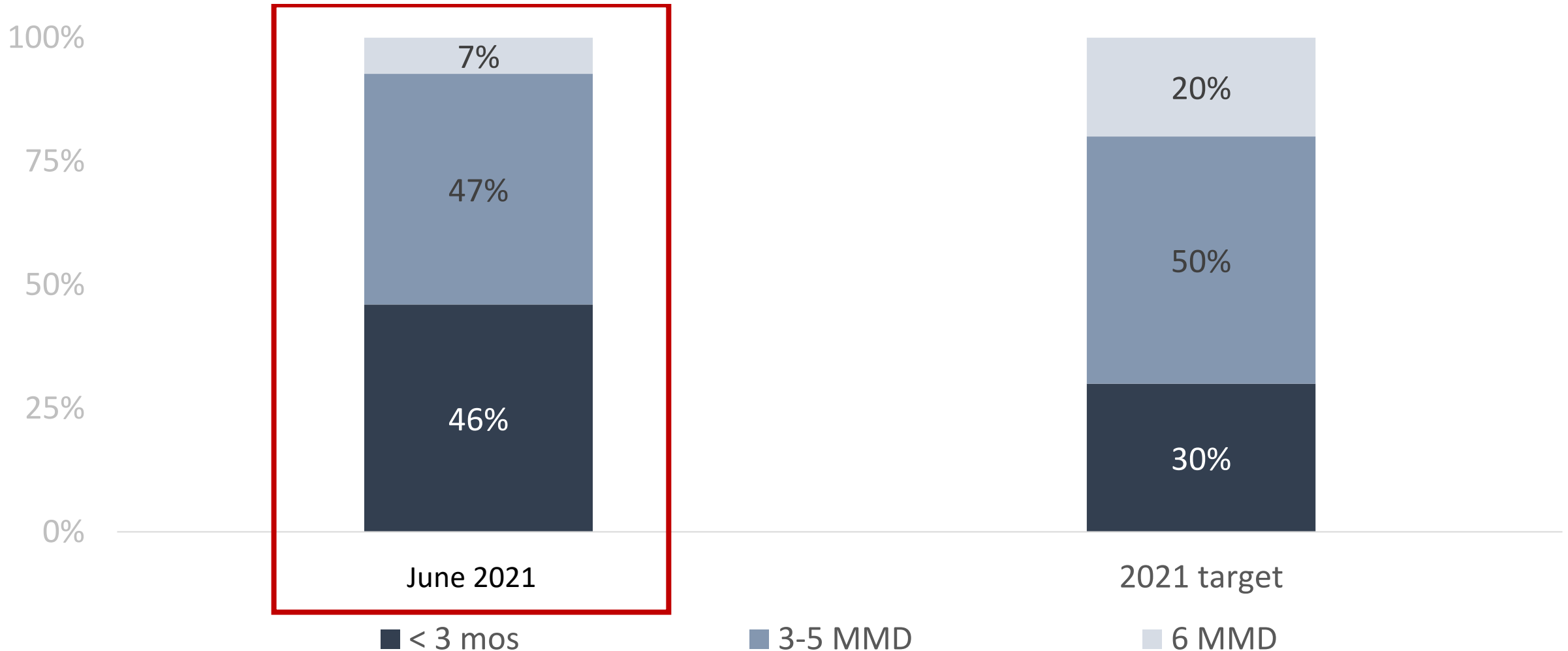
Senegal - CQUIN Dashboard Changes: 2020-2021

Domain	2017	2018 I	2018 II	2019	2020	2021
Policies					Yellow	Dark Green
Guidelines					Dark Green	Dark Green
Diversity					Dark Green	Dark Green
Scale-up plan					Red	Yellow
Coordination					Red	Dark Green
Community engagement					Yellow	Yellow
Training					Red	Yellow
SOPs / Job aids					Red	Yellow
M&E system					Red	Orange
Facility coverage					Red	Orange
Patient coverage					Red	Orange
Quality					Red	Red
Impact					Red	Red

Senegal: Model Mix



Senegal: Quantity of ART Distributed – MMD



Senegal: Selected Achievements

- Appointment of the national DSD coordinator.
- Effective and active participation of key populations and other stakeholders in the DSD for KP workshop.
- Formalization of DSD through a circular note and drafting of normative guidance.
- Adaptation of the 2021 WHO recommendations.
- Development of DSD operational guide ~ ongoing.
- Review of HIV program tools ~ ongoing,
 - Validation of collection and reporting tools.

Senegal: Selected Challenges

- Functionality of the technical steering committee.
- Funding of KP and MNCH action plans.
- Supervision of the operational level in the implementation according to standards and protocols ~ implementation went ahead of normative guidance.
- Community level DSD data not reported to national level.
- Operationalization of the HIV Tracker ~ training of end user still pending.

Senegal: Selected Goals and Targets for 2022

- 75% of people on ART will be in less intensive DSD treatment models;
- Integration of tuberculosis and HIV services in less intensive models (one-stop-shop for TB/HIV);
- Implementation of the DSD for pregnant and lactating women;
- Scale up of 6 MMD with availability of stocks and packaging of 90/120.

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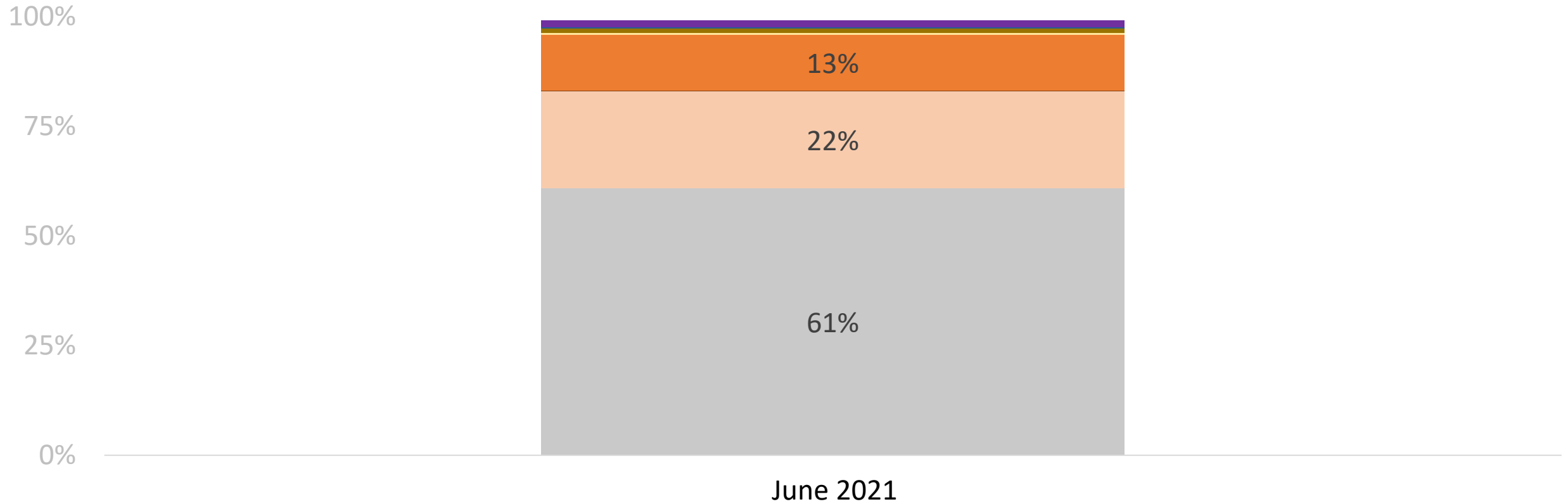


Zambia - CQUIN Dashboard Changes: 2017-2021

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

*Reflects overall coverage during 2017-18(I)

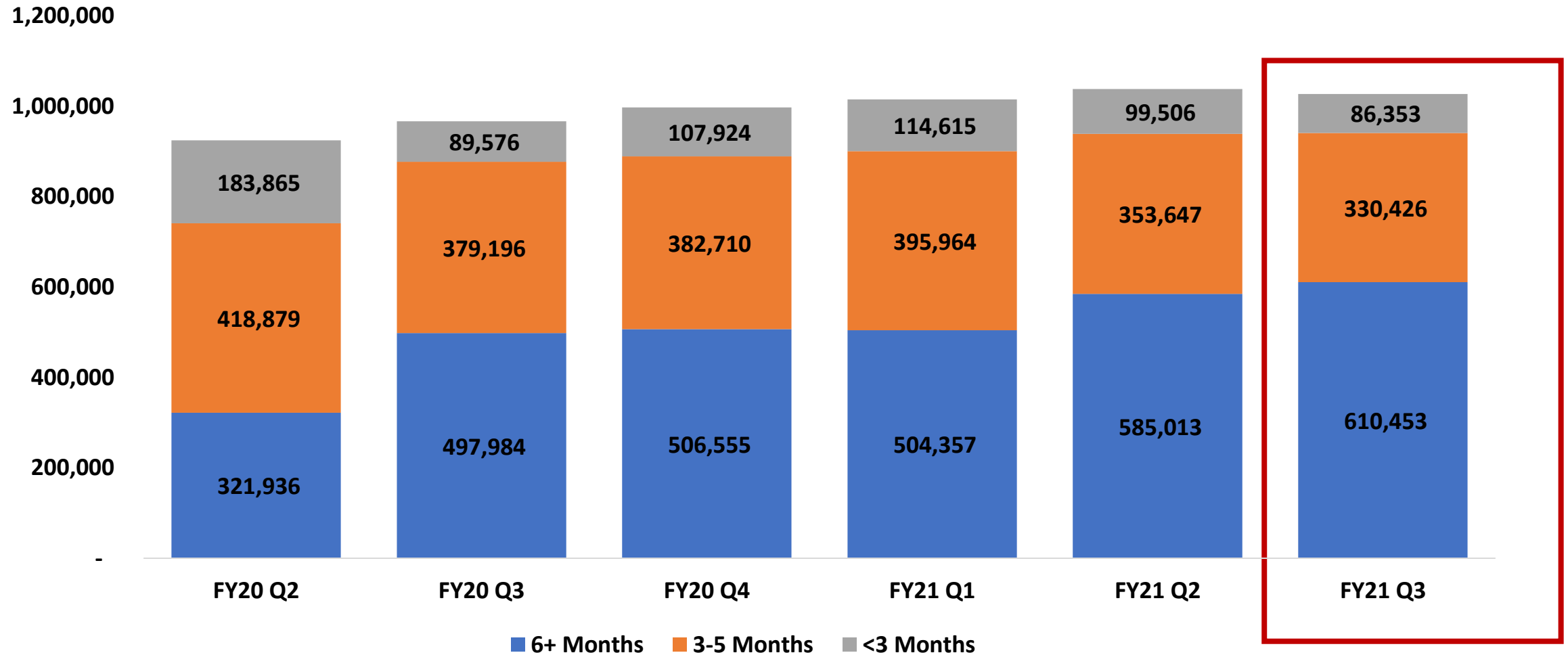
Zambia: Model Mix



- Mainstream ART
- Fast Track
- Central Dispensing Unit
- Urban Adherence Group

- Multi-Month Scripting and Dispensation
- Home ART delivery
- Community Adherence Grps.
- Other models

Zambia: Quantity of ART distributed – MMD



Zambia: Selected Achievements

- Operationalization of the DSD M&E Framework into the national system.
- Consistent virtual monthly DSD Task Force meetings.
- On-going DSD trainings across the country.
- Scale up of pediatric MMD, especially 3MMD.
- Integrating TPT into Differentiated Service Delivery ~ Fast Track pilot model adopted for scaleup in 5 high volume facilities in the country.

Zambia: Selected Challenges

- DSD national data only accessible at central level by the MoH Information, Communication, Technology (ICT) unit

Panelists/Panélistes/Painelistas



Bineta Ndiaye
Doctor in-charge
Management Office of the
AIDS & STI Control Program
MOH Senegal



Soukeye Ndiaye
Executive Director
National Network of Positives
Senegal



Jules Bagendabanga
Project Director, EpiC
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Khozya Zyambo
Pediatric HIV Chief
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Felix Mwanza
Executive Director
Treatment Advocacy & Literacy
Campaign, Zambia



Keith Mweebo
DSD Team Lead
CDC, Zambia



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

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



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