CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 5a: Country Updates from Burundi and Zimbabwe

Wednesday, November 17, 2021

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Welcome/Bienvenue/Bem-vindos

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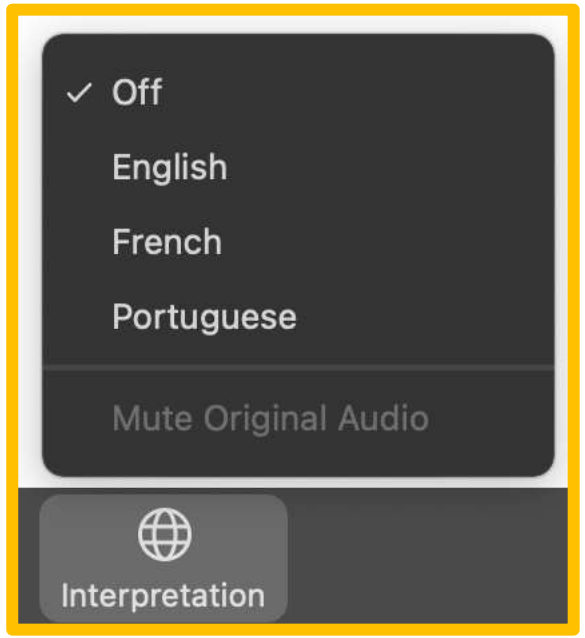

Moderators

Isaac Zulu
Medical Epidemiologist
HIV Care & Treatment Branch
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CDC Atlanta

Bonaparte Nijiranzana
Country Director
ICAP in Burundi

Framing Remarks

Rudo Kuwengwa
CQUIN Regional Clinical Advisor
ICAP in Zimbabwe

Country Updates from Burundi and Zimbabwe: Framing Remarks

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17 November 2021

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Outline

- Introduction
- Burundi
- Zimbabwe
- 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) - 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)

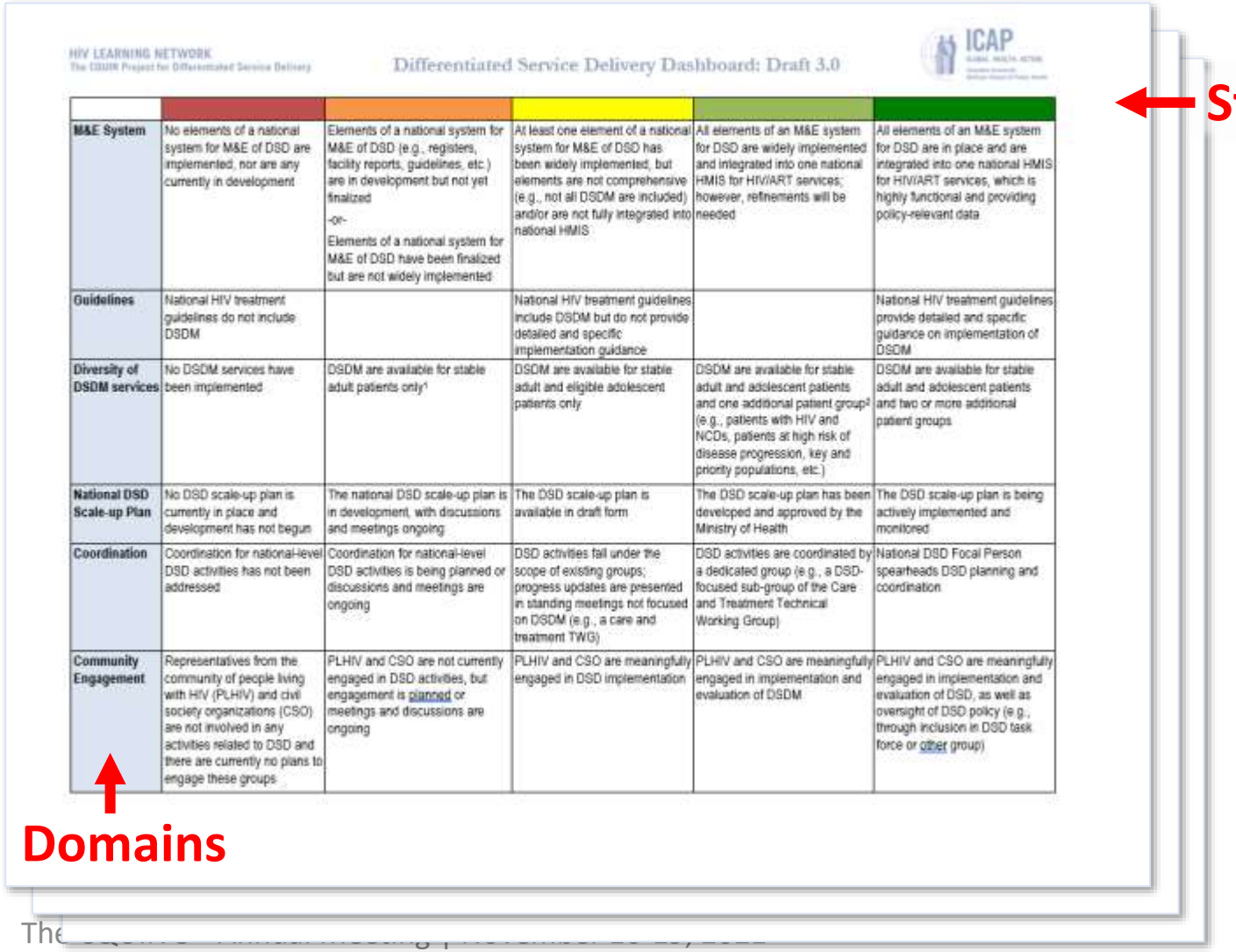
- CQUIN nomenclature includes the conventional model as a type of more-intensive model.
- Less-intensive models sub-divided into categories:
  - **Facility-Based Individual (FBI);**
  - **Facility-Based Group (FBG);**
  - **Community-Based Individual (CBI);**
  - **Community-Based Group (CBG);**
- All 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

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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)

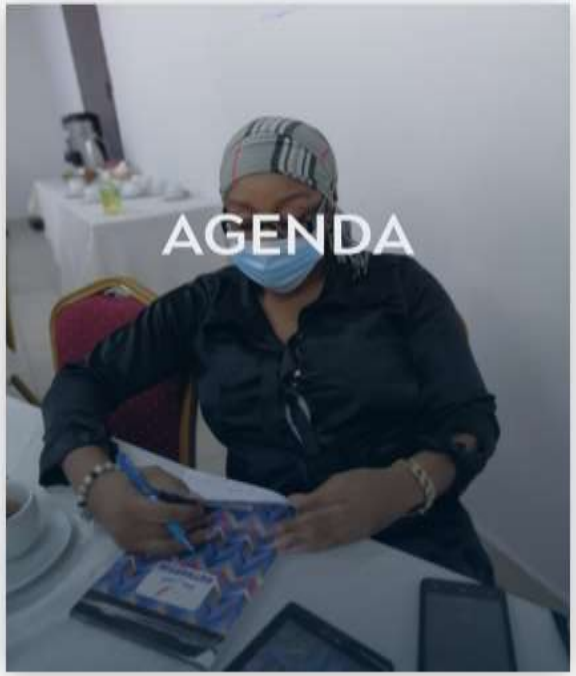
Stages

Domains

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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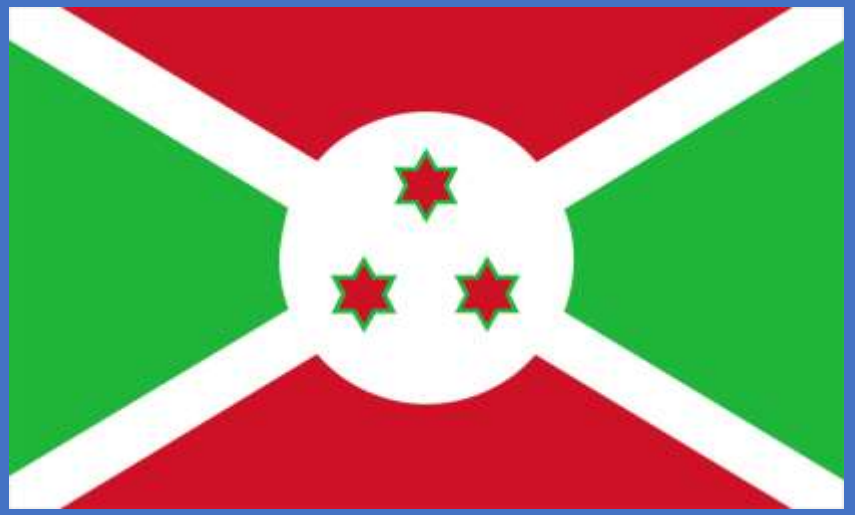
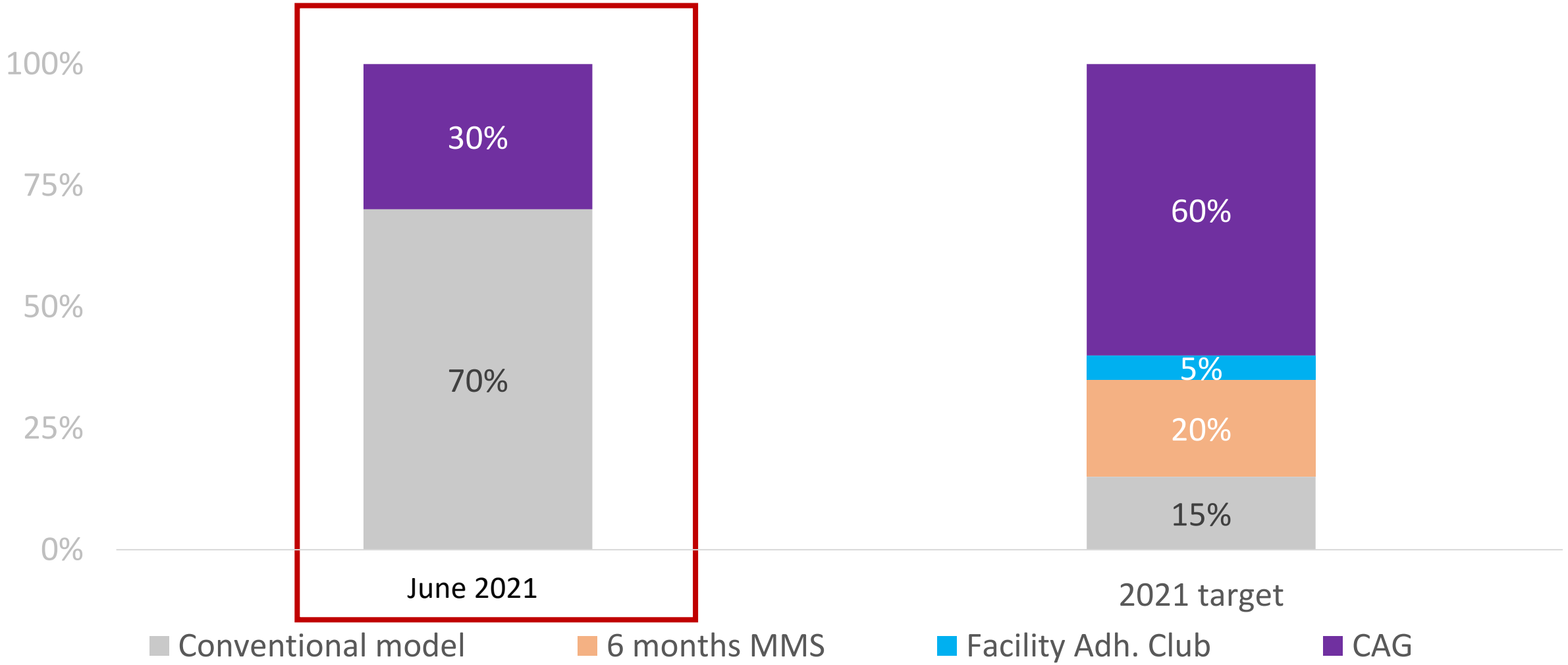


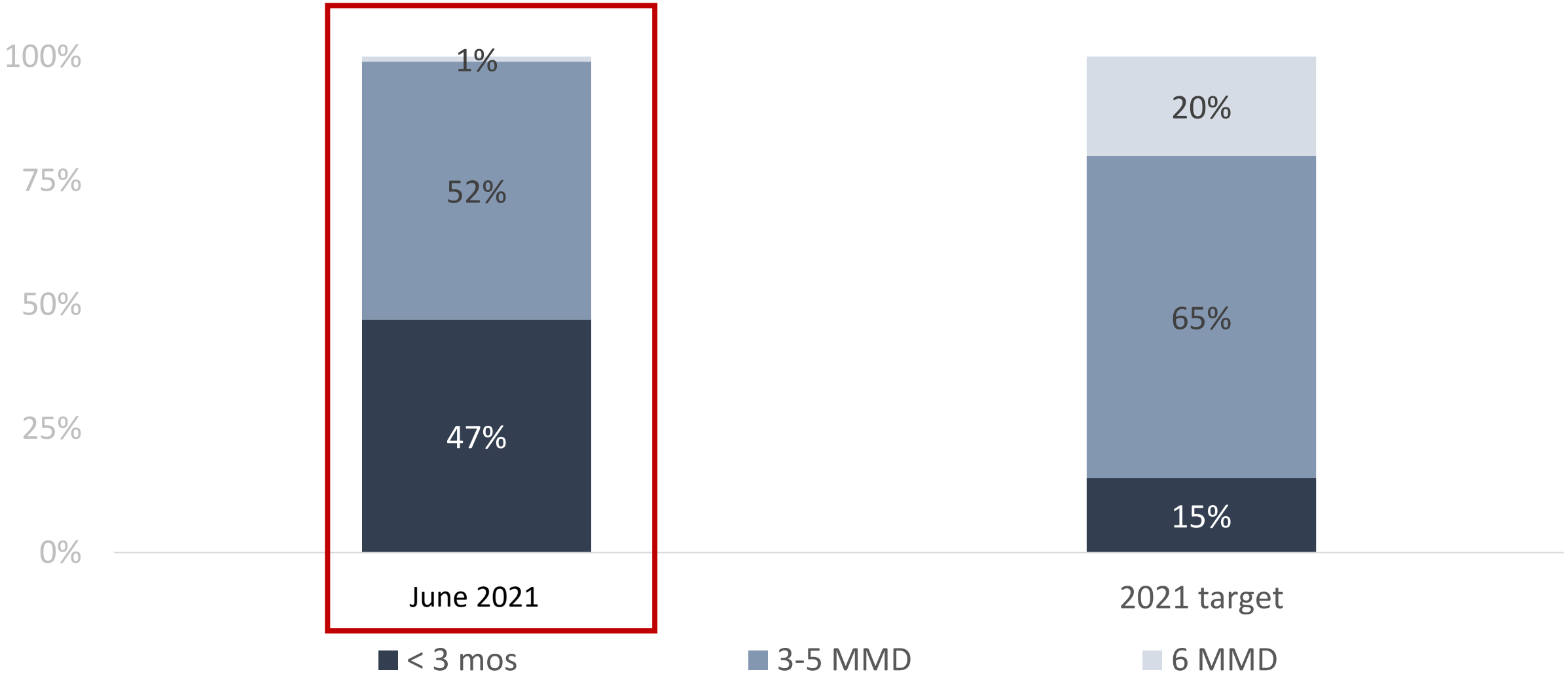
Burundi - CQUIN Dashboard Changes: 2020-2021

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						

Burundi : Model Mix



Burundi : Quantity of ART Distributed - MMD



Burundi : Selected Achievements

- Increased DSD coverage for less intense models from 17% to 33%.
- Establishment of national coordination and technical committee for DSD.
- Drafted addendum to the national HIV guidelines in line with 2021 WHO recommendations.
- Drafted policies, guidelines and tools for inclusion in the DSD implementation plan.

Burundi : Selected Challenges

- Difficulties in accelerating reforms for the DSD strategy due to the lack of national DSD reference documents.
- Delay in the establishment of national DSD coordination and validation of DSD models and tools adapted for Burundi.
- Difficulties in bringing together different partners to agree on the best strategy to adopt to scale up DSDs at the national level.
- Difficulties in adopting the name and definition of the Community ART Groups (GAC) model which was falsely called PODI in all reference documents including DSD data collection and reporting tools.
- Lack of a national assessment of provider and beneficiary satisfaction with DSD services.

Burundi : Selected Goals and Targets for 2022

- To increase the proportion of ART patients enrolled in less intensive models from 33% to 65%.
- To increase the coverage of health facilities offering DSD from 19% to 35%.
- To increase the proportion of 6MMD model patients from 0.2% to 20%.
- Start DSD for patients with advanced HIV disease, TB / HIV coinfection, maternal and child health, etc. in some pilot sites
- Organize a Client satisfaction assessment.
- Organize a DSD performance review towards the end of the year.

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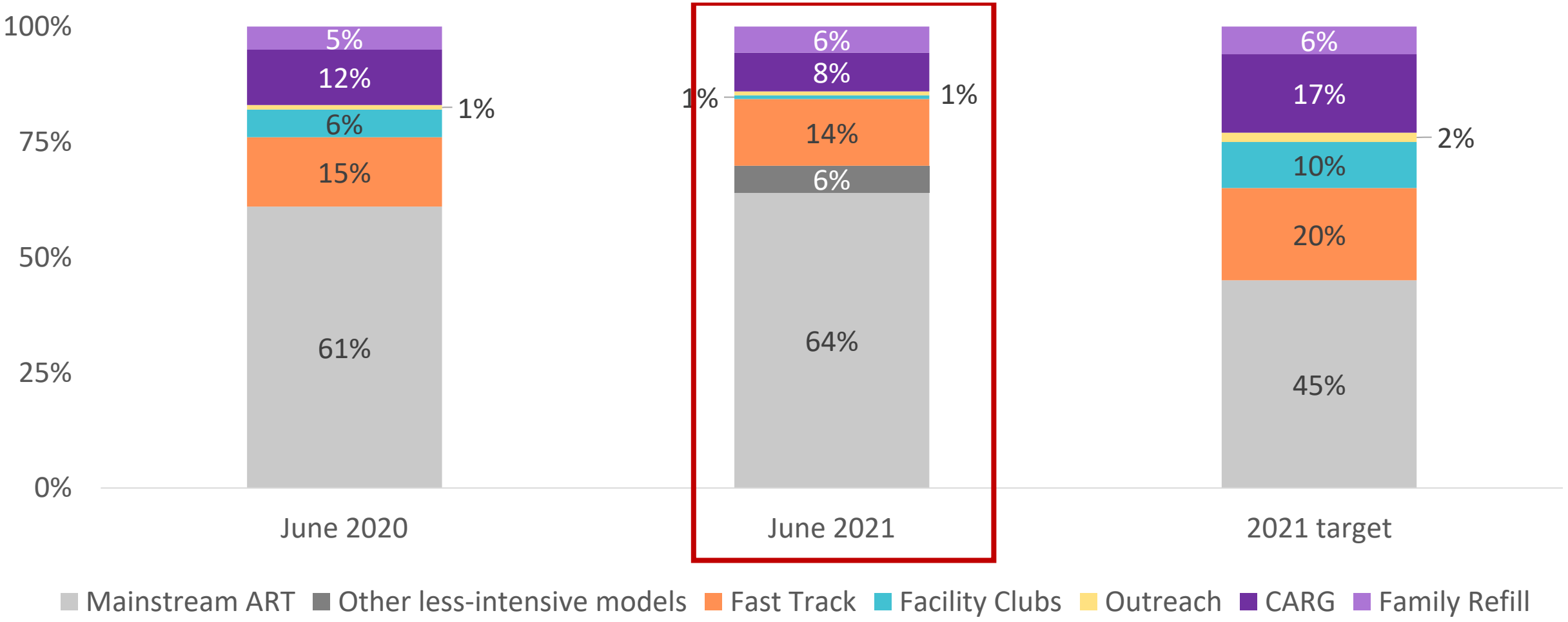
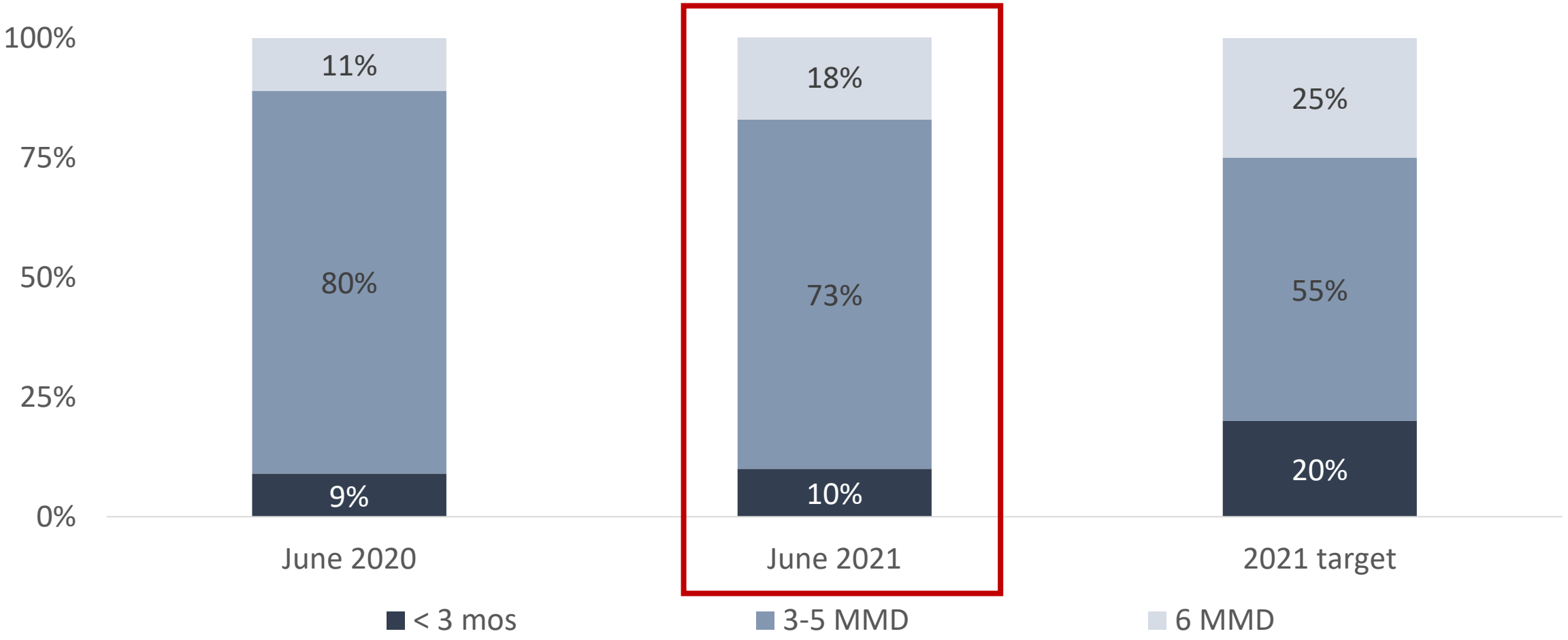
Zimbabwe - CQUIN Dashboard Changes: 2017-2021

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						

Zimbabwe : Model Mix



Zimbabwe: Quantity of ART distributed - MMD



Zimbabwe : Selected Achievements

- National M and E System adapted for DSD.
- Sustained implementation of outreach services for HIV/ART in urban areas.
- Increase in 6-MMD implementation.
- Strengthening of the dissemination and use of the Kuthabila Call Centre for RoC.

Zimbabwe : Selected Challenges

- Scale up of 6 MMD led to the reduction of the number of RoCs in the other less intense DSD models.
- Several downtime issues affecting Kuthabila call center platform.

Zimbabwe : Selected Goals and Targets for 2022

- 55% of people on ART will be in less-intensive DSD treatment models.
- Conducting a nationally representative DSD Quality and Impact Assessment / DSD Program Review.
- Strengthen male involvement in HIV care through the pilot of the young mentor dad project and adopt lessons leant for scale up.
- Scale up young mentor mothers' initiative and Mbereko groups for DSD for MNCH.
- Continued integration of TB/HIV services into less-intensive models.

In Summary…

- Zimbabwe more matured country with scale implementation, guidelines, and M&E system in place now prioritizing population diversity and improving quality.
- Burundi is a newer less mature country working towards standardizing normative guidelines and scaling up coverage.

Shared 2022 Goals:

- Increase coverage of people in less-intensive differentiated treatment models
- Increased priority for DSD for advanced HIV disease, TB / HIV coinfection, maternal and child health

Panelists/Panélistes/Painelistas

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Virtual: November 16-19, 2021

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

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