



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 8b:Country Updates from Eswatini and Sierra Leone

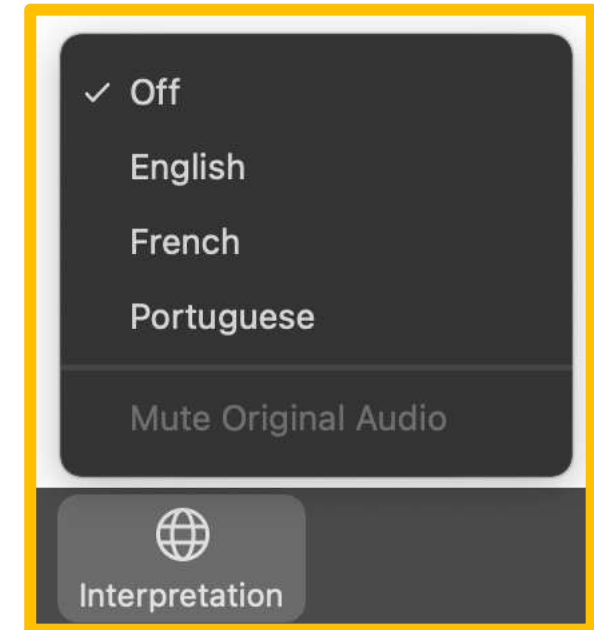
Thursday, November 18, 2021



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



Musa Manganye
DSD Coordinator
NDOH South Africa



Nomthandazo Lukhele
Programme Officer
HIV, TB and Viral Hepatitis
WHO Eswatini

Framing Remarks



Rudo Kuwengwa
CQUIN Regional Clinical Advisor
ICAP in Zimbabwe



Country Updates from Eswatini and Sierra Leone: Leone: Framing Remarks

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



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Outline

- Introduction
- Eswatini
- Sierra Leone
- 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

Home

Agenda

Plenary Sessions

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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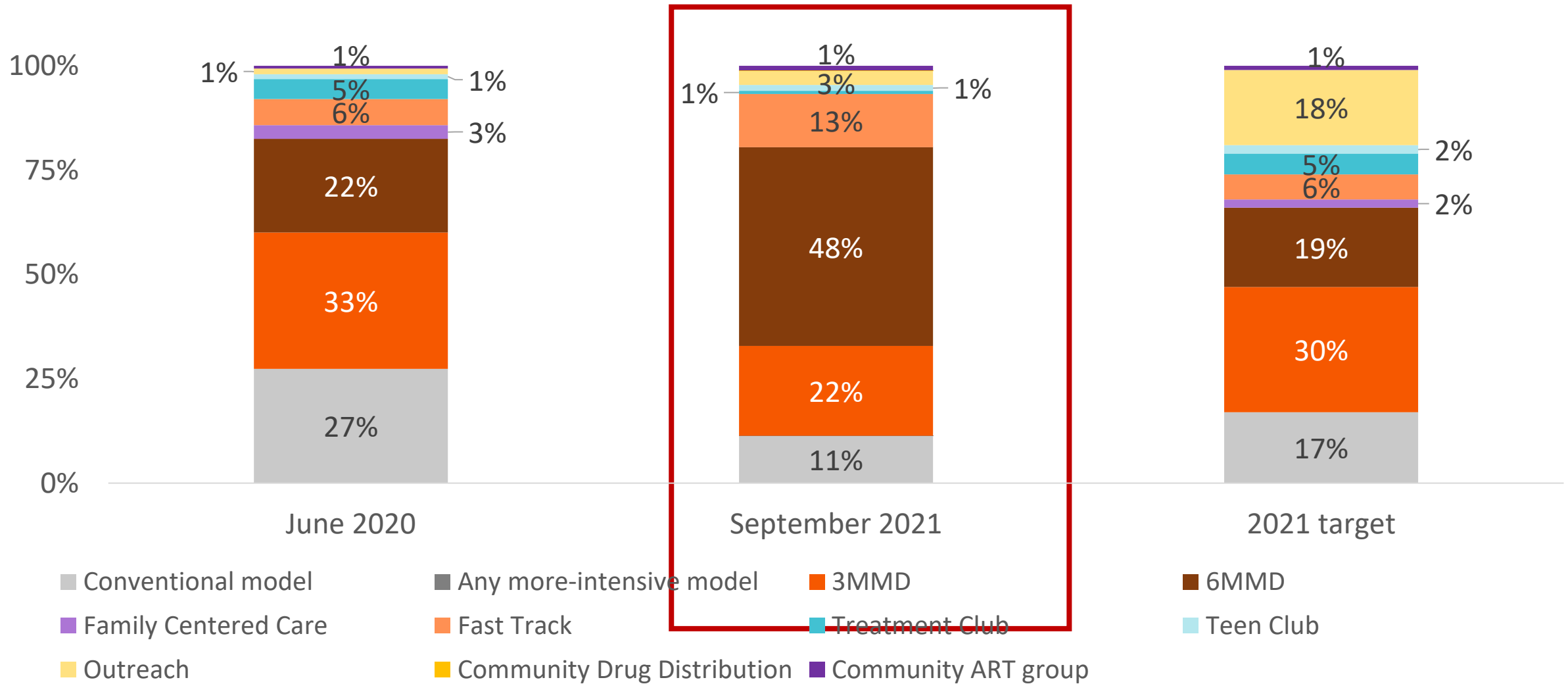




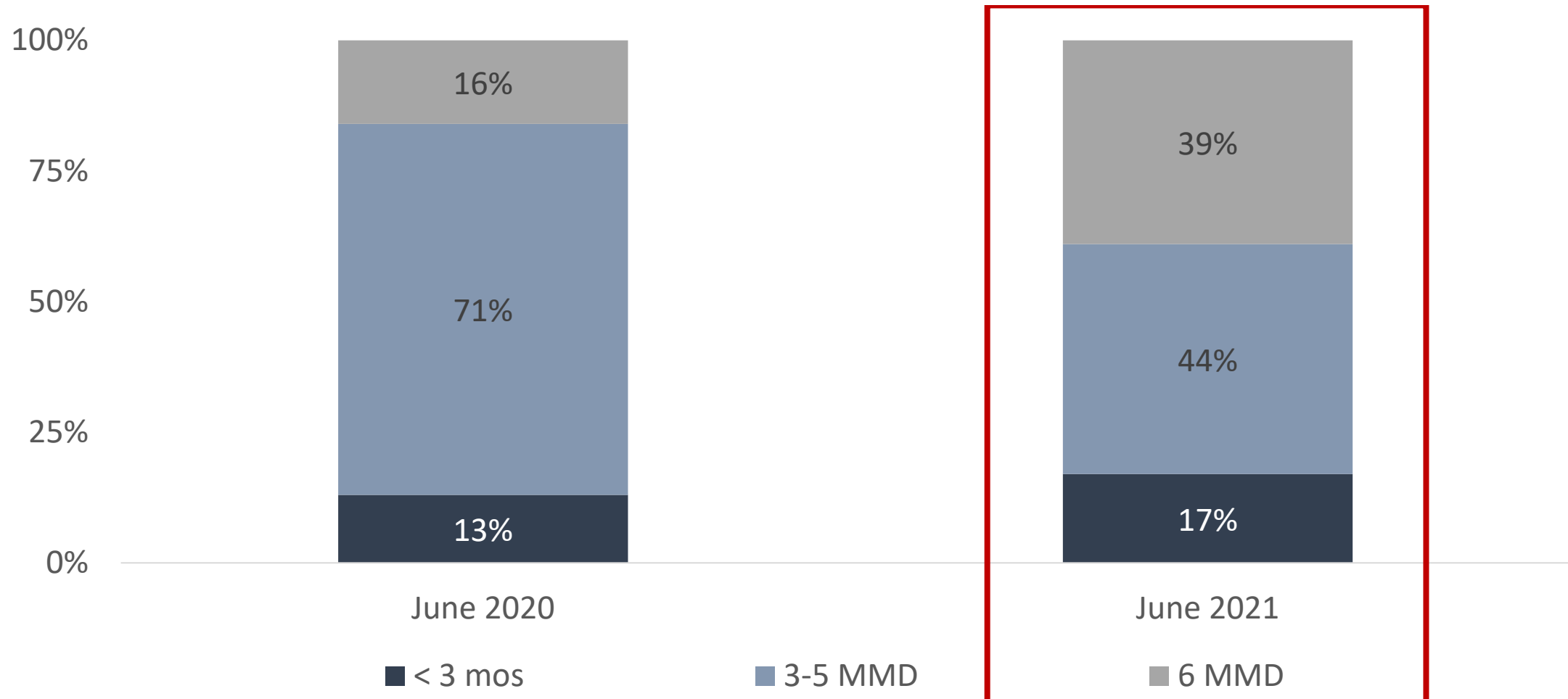
Eswatini - CQUIN Dashboard Changes: 2017-2021

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

Eswatini: Model Mix



Eswatini: Quantity of ART Distributed - MMD



Eswatini: Selected Achievements

- Rapid scale up of 3 - 6MMD.
- Scale up of community health commodity distribution to improve retention in care:
 - Integrated model of care;
 - HCF added different curative and HIV related services based on client specific needs, and availability of the commodities;
 - Include some lab services such as VL tests.
- DSD SOPs integrated in national TPT SOPs and TPT refills are aligned to ART refills in facilities.
- Implementation of HIV/NCDs models including the Quality Improvement pilot in 15 facilities with Global fund funding.

Eswatini: Selected Challenges

- Unrest in the country prevents implementation of some activities and disturbs client flow.
- Monitoring and evaluation to be fully integrated in the national reporting system (CMIS):
 - Data challenges - baseline and more data to monitor the intervention (specific for MNCH).
- MMD excluded patients on adult formulations of PIs (LPV/r 200/25mg, ATV/r 300mg) due to stock challenges.
- Laboratory challenges - Suboptimal coverage by NSTS, Long turn around times for VL results.
- How to transition expensive CCD model adopted and supported by partners during COVID-19 to MOH.

Eswatini: Selected Goals and Targets for 2022

- 90% of people on ART will be in less-intensive DSD treatment models by September 2022.
- Scale up of DSD models for HIV/NCDs integration to more health facilities ~ 15 facilities doing QIC in HIV/NCD integration.
- To conduct a study to assess retention and VL suppression among clients in DSD vs those who are not – In planning.
- Work with the National TB/HIV team and integrate TB/HIV services in DSD.
- To improve domain scores on dashboard to dark green by September 2022 ~ Training, M&E, Quality and Impact domains.

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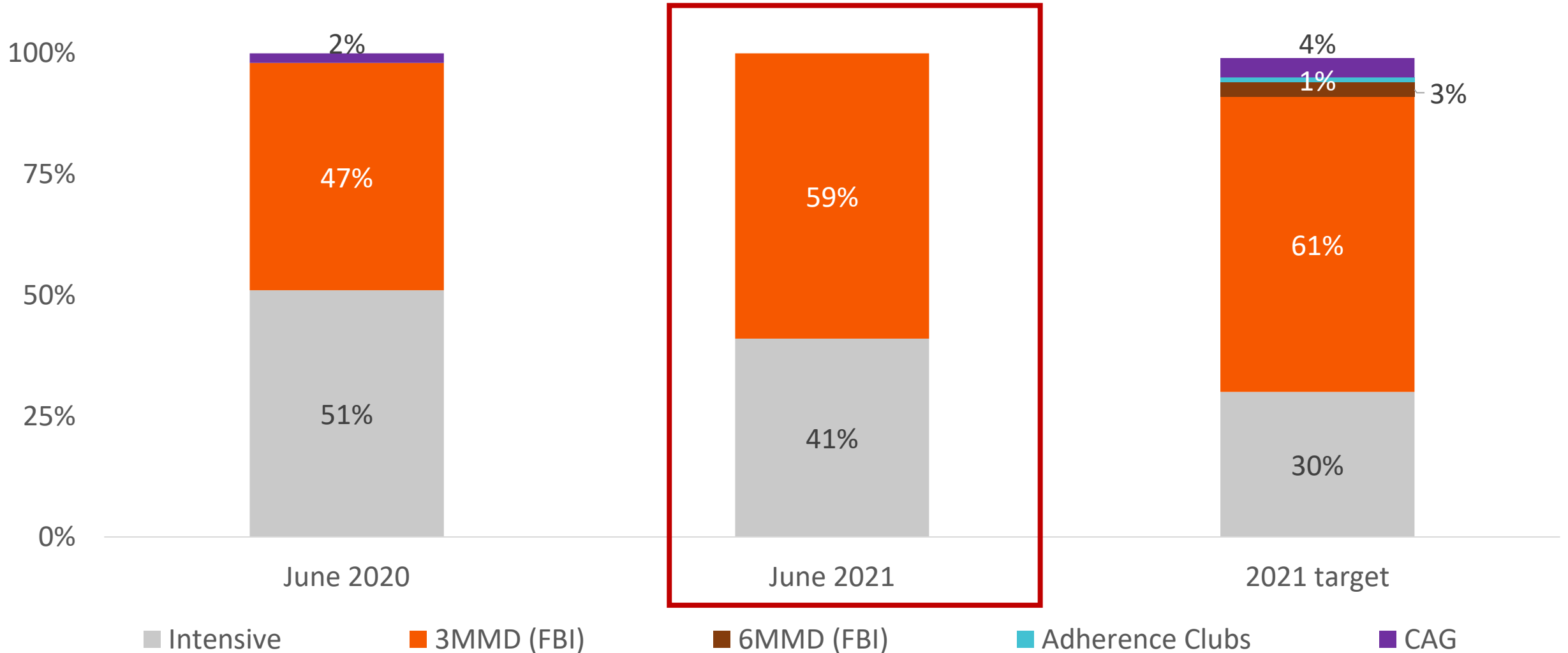




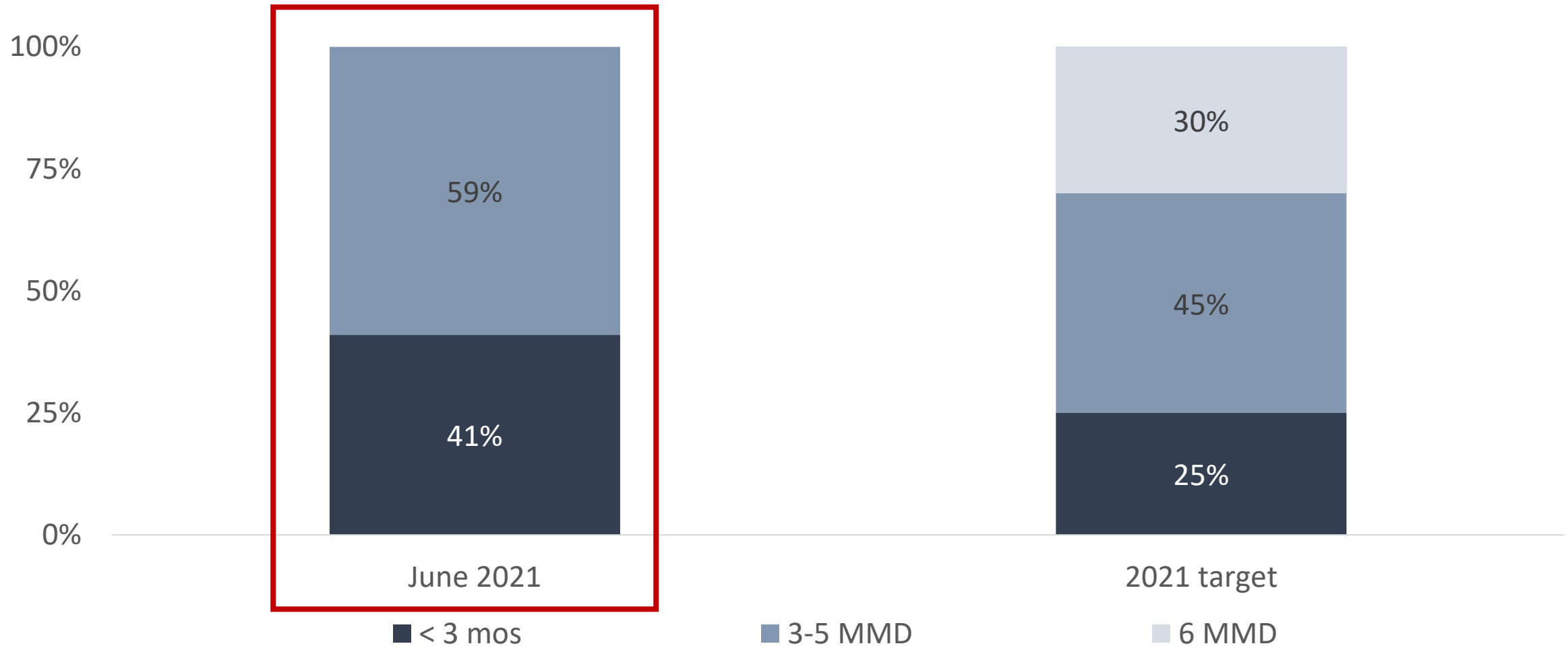
Sierra Leone - CQUIN
 Dashboard
 Changes: 2019-2021

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

Sierra Leone : Model Mix



Sierra Leone: Quantity of ART distributed - MMD



Sierra Leone : Selected Achievements

- Development of SOPs for MMD indicators (SOP for M&E).
- Reactivation of DSD TWG.
- Establishment of DSD Taskforce,
- Additional funding for DSD activities (C19 GF grant).

Sierra Leone : Selected Challenges

- Shortage of staff.
- Data on community DSD models (CAG/Happy Kids SGs).
- Challenges with VL monitoring due to funding challenges.

Sierra Leone : Selected Goals and Targets for 2022

- 82% of people on ART will be in less-intensive DSD treatment models.
- Plans for model mix – implement 6MMD, make less-intensive models more inclusive.
- Plans for AHD services – develop AHD guidelines (C19 grant), establish AHD committees in district hospitals.
- Update, finalize, and validate the DSD *Operational Guide* and SOPs.
- TB/HIV service integration factored in facility based less-intensive models.

In Summary...

Shared achievements:

- Included DSD activities within Global Fund funding.

Shared challenges:

- Viral load monitoring.

Shared 2022 Goals:

- Increase coverage of people in less-intensive differentiated treatment models.
- Plans to integrate TB/HIV services into less-intensive models.

Panelists/Panélistes/Painelistas



Advocate Dlamini
National ART
Coordinator
MOH Eswatini



Sikhhathele Mazibuko
Senior Clinical Advisor
CDC Eswatini



Lindiwe Simelane
Regional Coordinator
Eswatini National Network
of Positives



Jirina Kafkova
DSD Coordinator
MOH, Sierra Leone



Idrissa Songo
Executive Director
NETHIPS, Sierra Leone



Alren Vandy
Technical Officer
Reproductive Health
WHO, Sierra Leone



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 9 starts at 10:00am EST/4:00pm West
Africa/4:00pm Geneva/5:00pm Pretoria/6:00pm Nairobi



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