# CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

## Session 8c: Country Updates from Cameroon and Rwanda

Thursday, November 18, 2021

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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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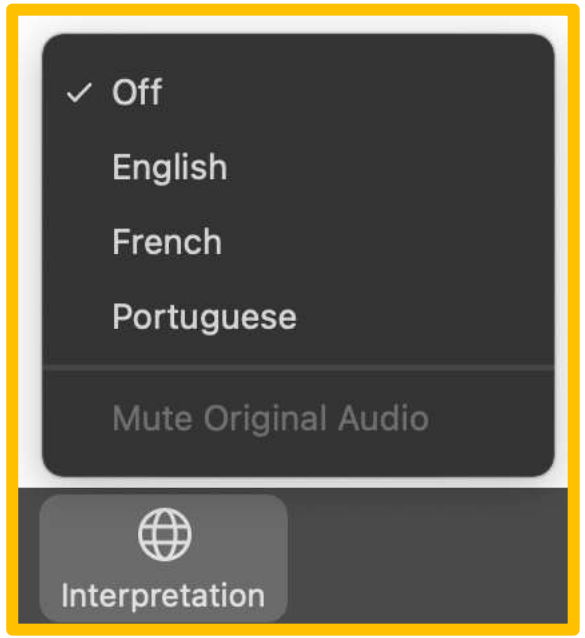

# Moderators

Tom Minor
Senior HIV/AIDS Treatment Advisor
USAID Washington

Veronicah Mugisha
Country Director
ICAP in Rwanda

# Framing Remarks

Rachel Mudekereza
CQUIN Regional Clinical Advisor
ICAP Côte d'Ivoire

# Updates from Country Updates from Cameroon and Rwanda Framing Remarks

Rachel Mudekereza; MD- MPH

ICAP Cotes d'Ivoire 18 November 2021

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# Outline

- Introduction
- Cameroon
- Rwanda
- Summary

# Introduction

- The 5th annual meeting will highlight progress update from  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<br>Appointment Spacing<br>Multi-month Scripting<br>Multi-month Dispensing | Facility-based clubs<br>Facility-based teen clubs |
| **Community-based** | Community drug distribution<br>Community ART initiation<br>Mobile outreach<br>Private pharmacies<br>Pick-up points, lockers | Community ART Groups (CAGs)<br>- Peer-led<br>- 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) |

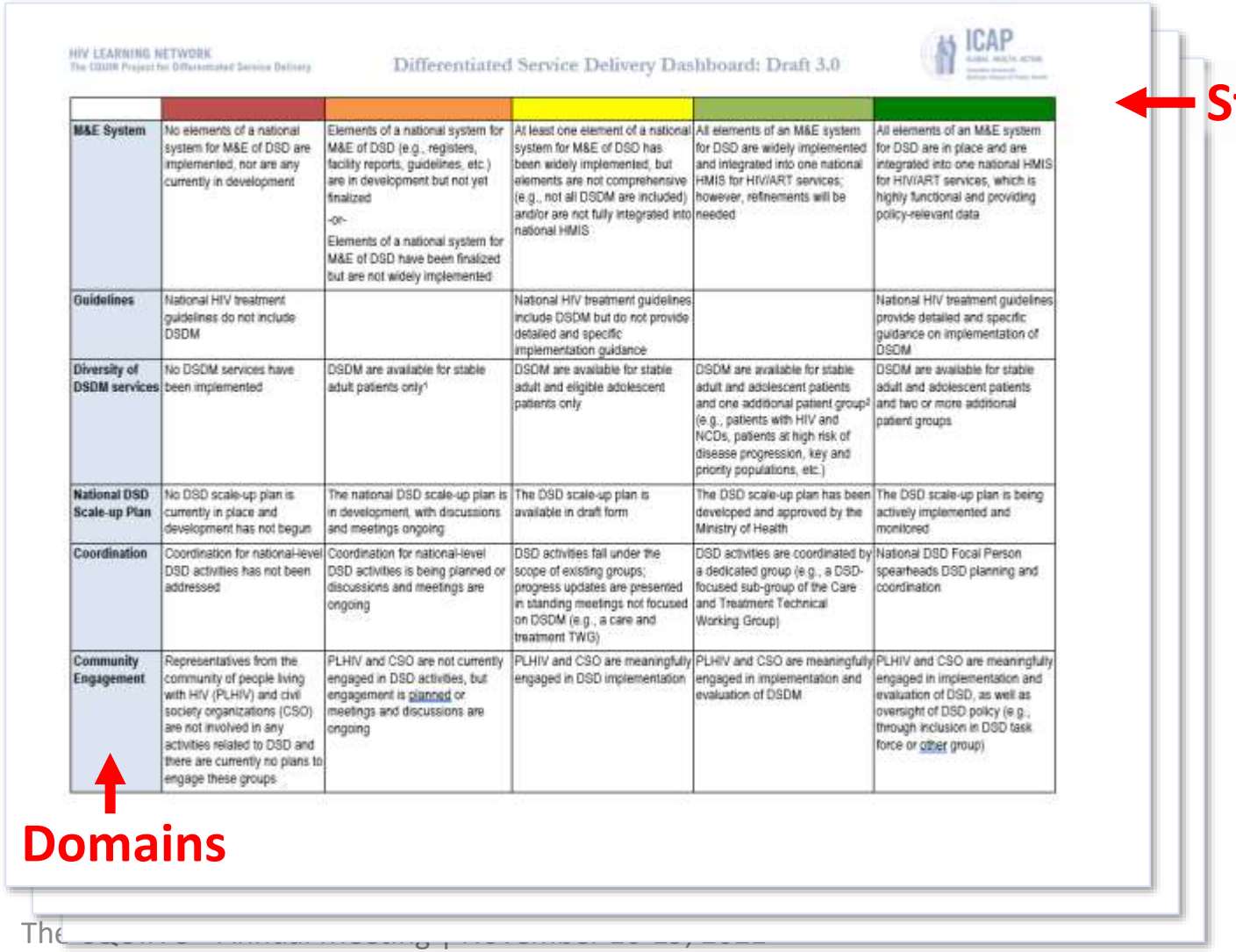
- CQUIN nomenclature includes the conventional model as a type of more-intensive model
- Less-intensive models sub-divided into categories
  - **Facility-Based Individual (FBI)**
  - **Facility-Based Group (FBG)**
  - **Community-Based Individual (CBI)**
  - **Community-Based Group (CBG)**
- All models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

ICAP

| | | | | | |
|---|---|---|---|---|---|
| **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<br>-or-<br>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) |

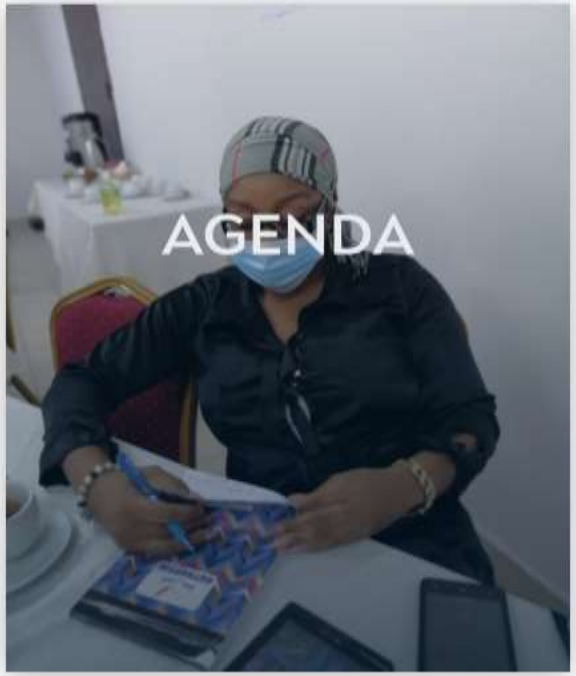
Stages

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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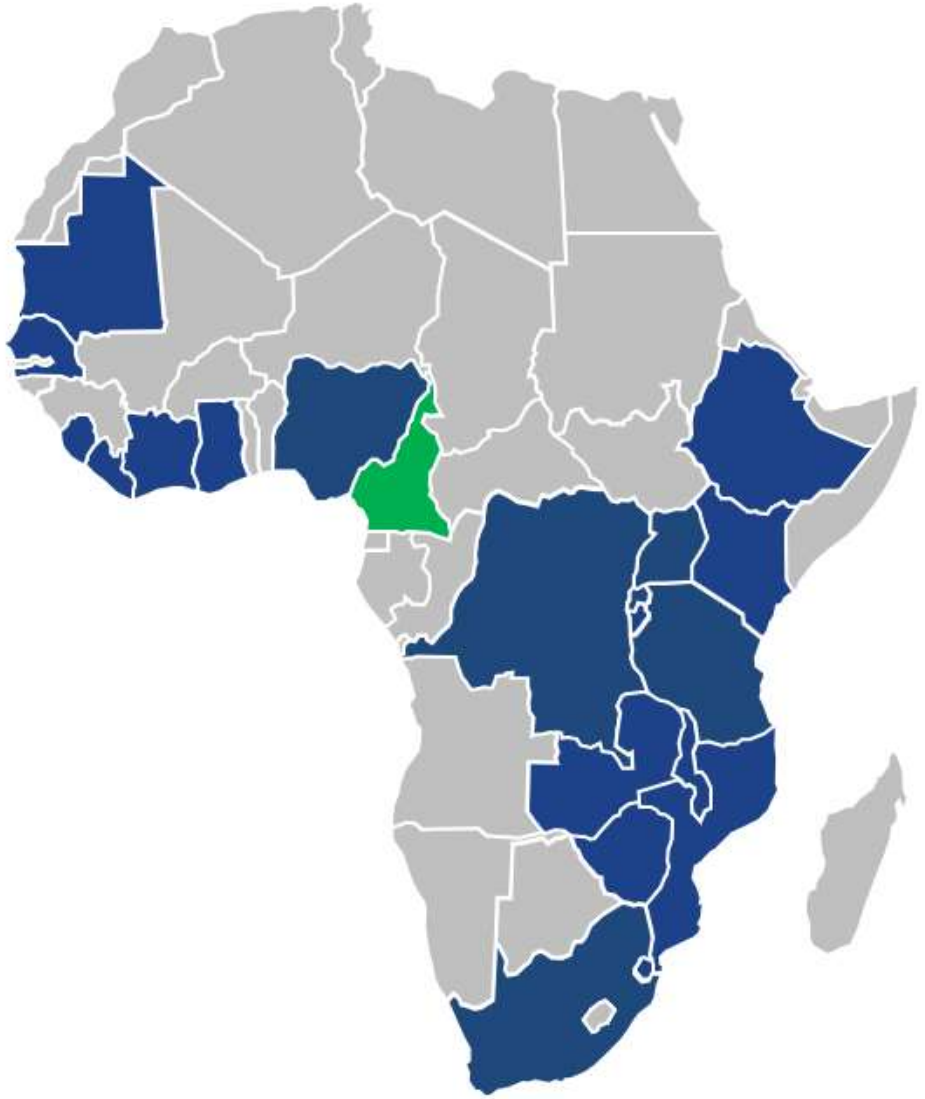
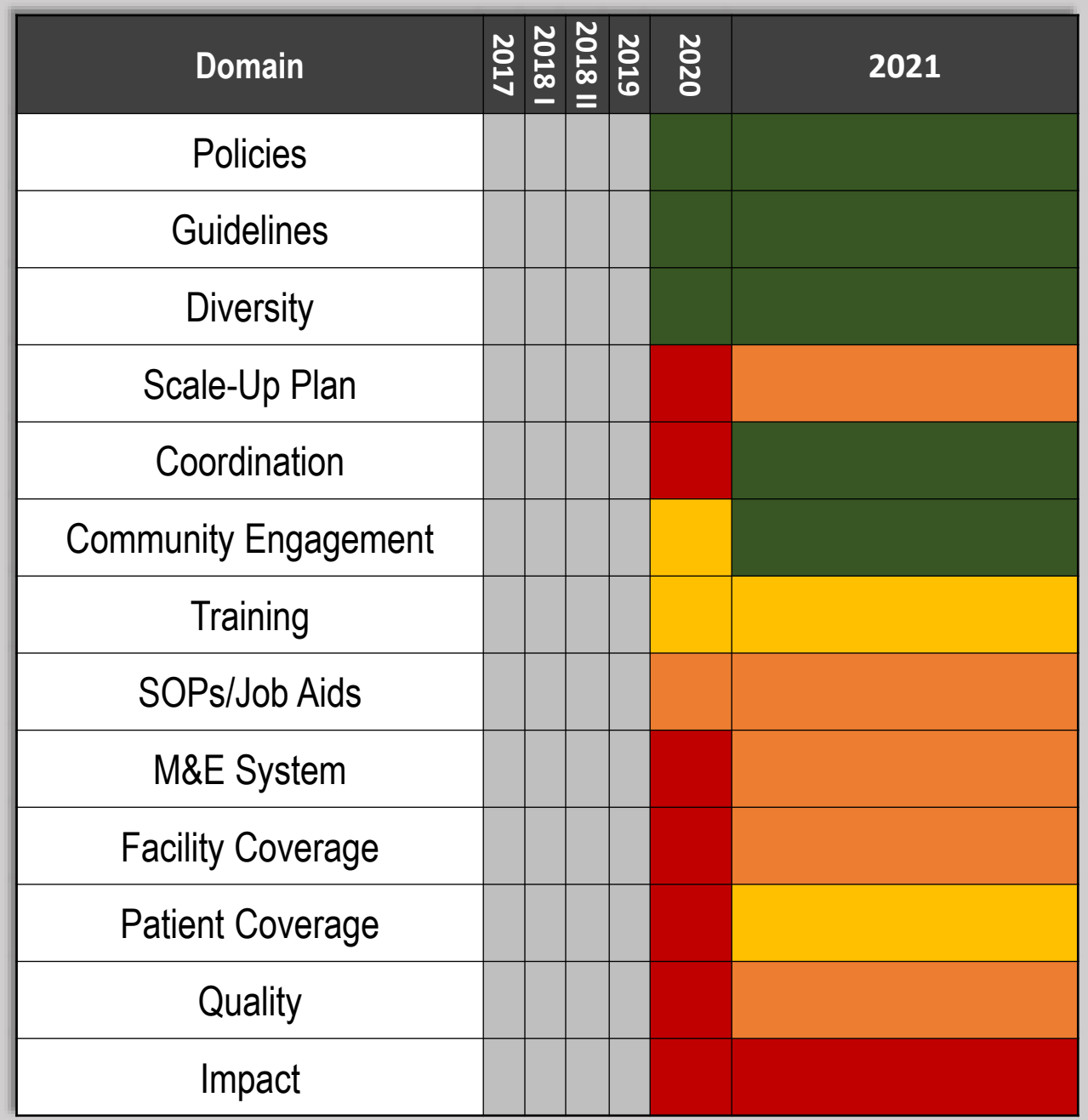
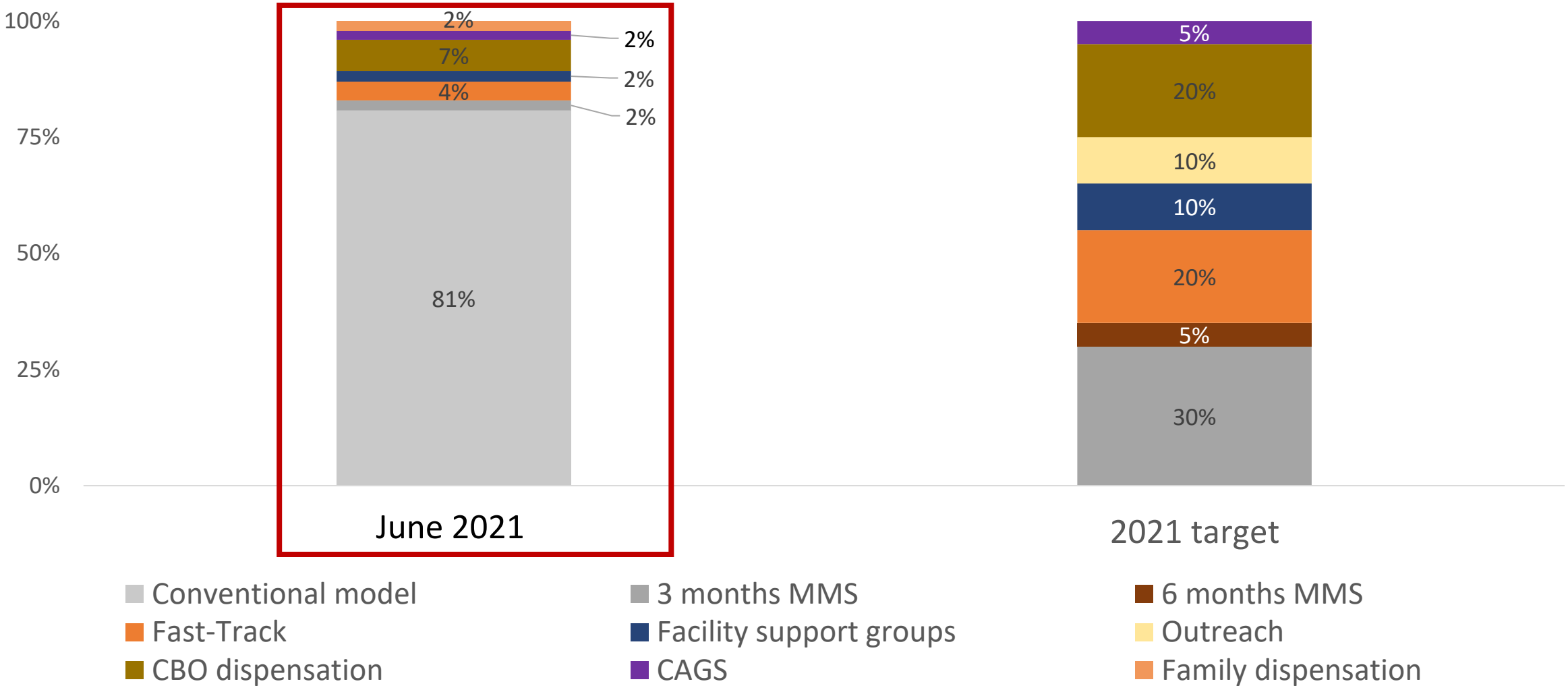


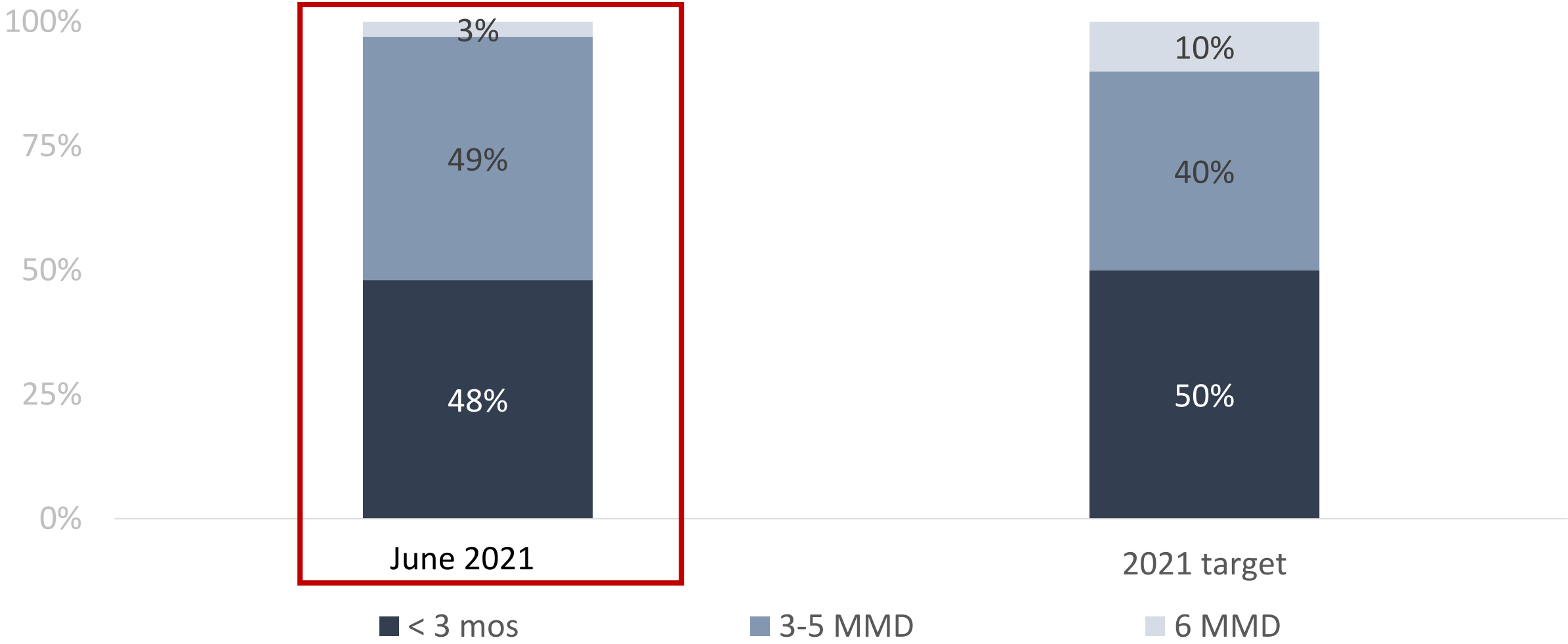
# Cameroon - CQUIN Dashboard Staging



# Cameroon: Model Mix



# Cameroon: quantity of ART distributed - MMD



# Cameroon: Selected Achievements

- National Coordination of DSD involving all stakeholders.
- Improved community engagement
- Defined standards of Quality for DSD

# Cameroon : Selected Challenges

- DSD models Implementation not standardized in all regions
- Issues with supply chain of ARV commodities, affecting MMD
- DATA availability at non-supported sites

# Cameroon : Selected Goals and Targets for 2022

- Increase proportion of people in less-intensive differentiated treatment models to 50%
- Development of Operational Guide, Development of DSD data collection tools and integration into national M&E system
- Expand differentiated treatment model mix to include AHD, MCH, Mobile and migrant population

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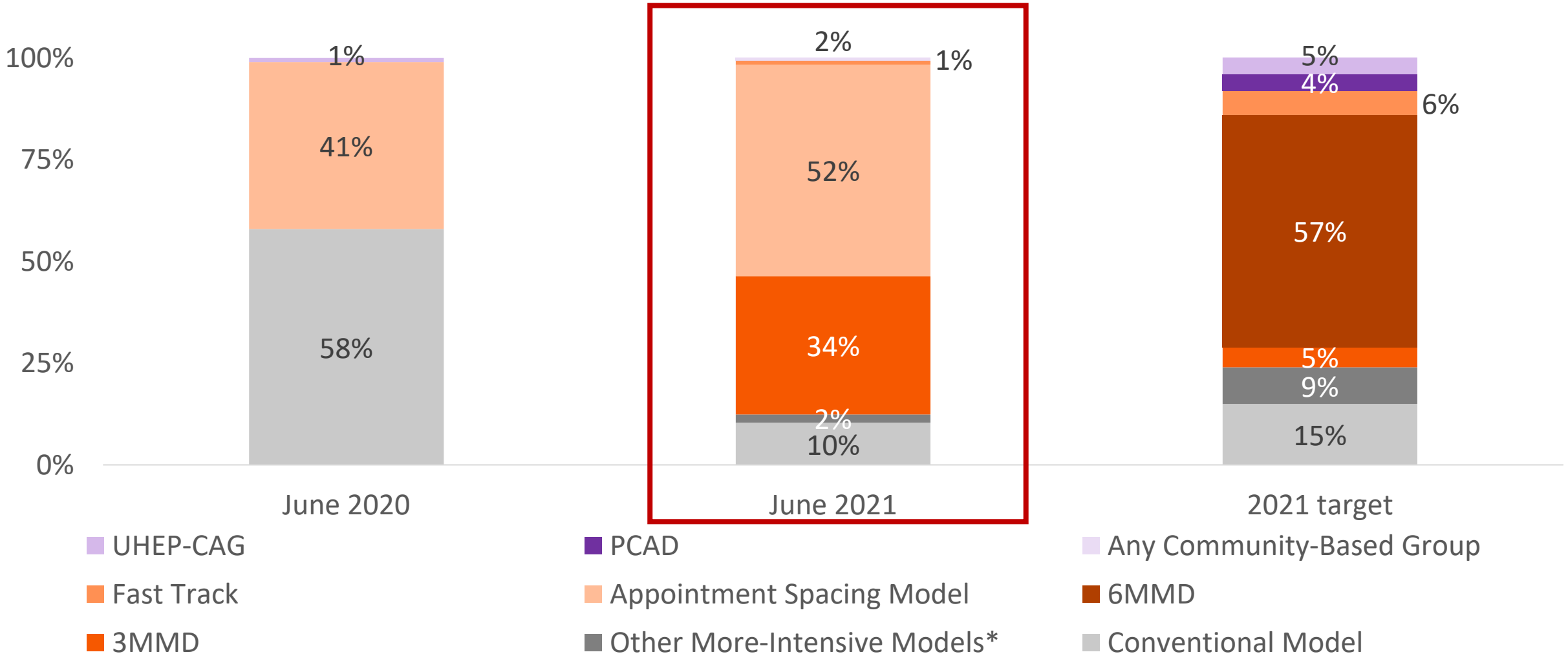
# Rwanda - CQUIN Dashboard Staging

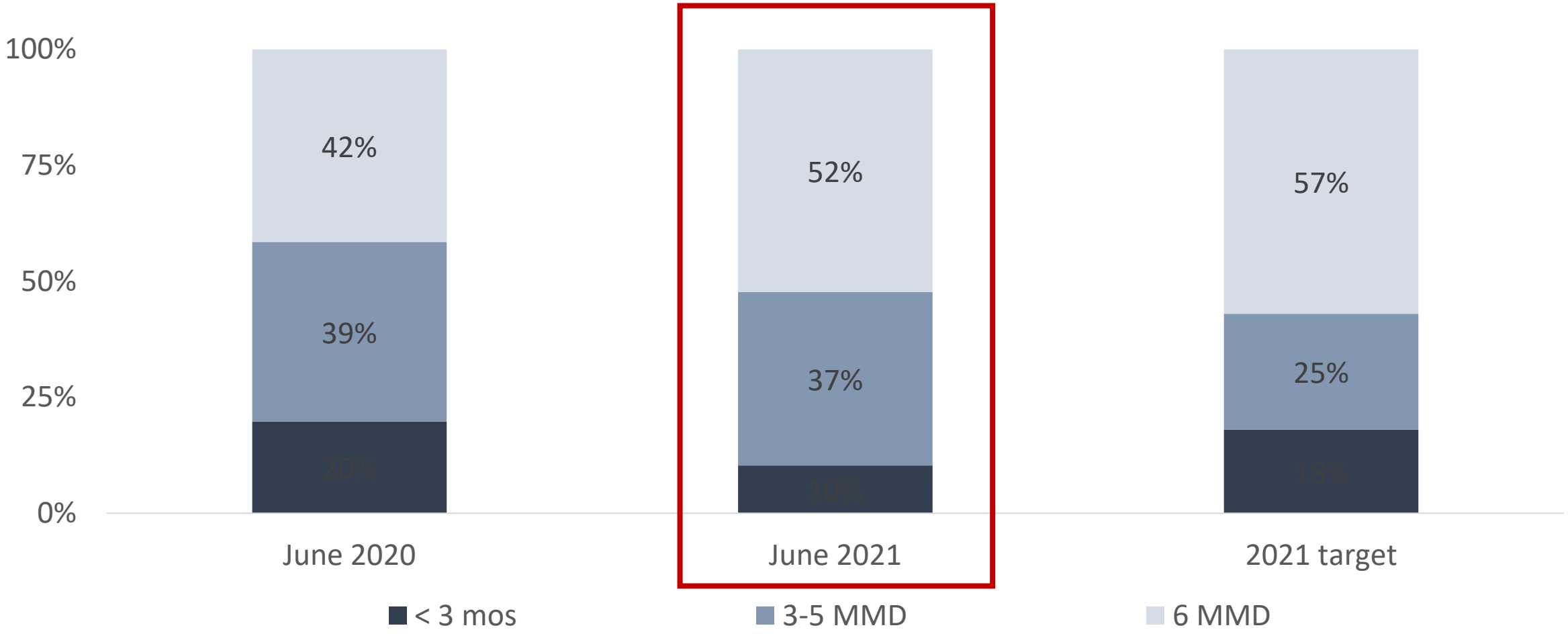
| Domain | 2017 | 2018 I | 2018 II | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|
| Policies | | | | | | |
| Guidelines | | | | | | |
| Diversity | | | | | | |
| Scale-Up Plan | | | | | | |
| Coordination | | | | | | |
| Community Engagement | | | | | | |
| Training | | | | | | |
| SOPs/Job Aids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

*Reflects overall coverage during 2017-18(I)

# Rwanda : Model Mix



# Rwanda : Quantity of ART distributed - MMD



# Rwanda : 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

# Rwanda : 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

# Rwanda : 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

# In Summary…

## Shared achievements:

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

## Shared challenges:

## 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

Bouba Haman Joelle N.
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Edith Temgoua
TB/HIV Technical expert
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Pauline Mountom
AFASO Cameroon

Magdalene Mayer
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CDC Cameroon

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Executive Secretary
RPP+ Rwanda

Andrew Gasozi Ntwali
Community Support Advisor
UNAIDS Rwanda

# CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 9 Parallel Sessions starts at 10am EST/3pm West Africa/4pm Geneva/5pm Pretoria/6pm Nairobi

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