



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

Virtual: November 16-19, 2021

## Session 9b: Key Populations 3: DSD for People who Inject Drugs

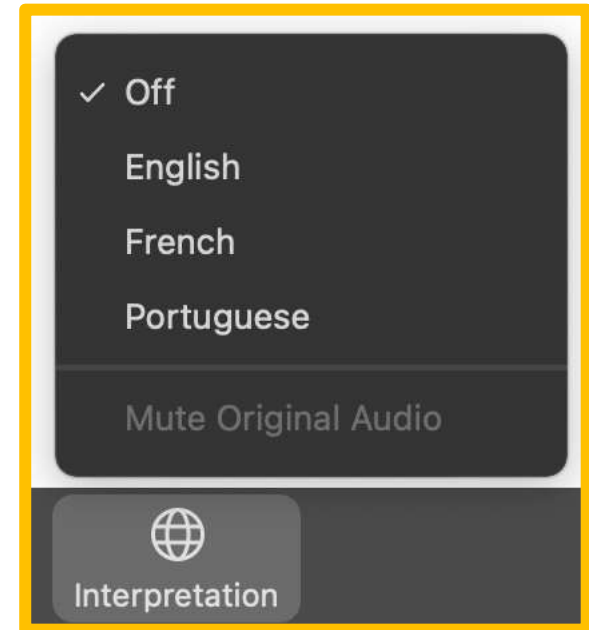
Thursday, November 18, 2021



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.
- Certifique-se de ter selecionado o idioma à sua escolha usando o menu de interpretação na parte inferior do seu ecrã



# Moderators



Nicholas Marwa Kisyeri  
DSD Advisor  
MOH Eswatini



Eva Matiko  
Clinical Services Branch Chief  
CDC Tanzania

# Panelists/Panélistes/Painelistas



Anna Deryabina  
Regional Director  
ICAP Central Asia



Henri Okiwu  
Team Lead, HIV Program YouthRISE  
Nigeria



Dimakatso Nonyane  
Clinical Associate  
University of Pretoria



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

Virtual: November 16-19, 2021

## HIV services for people who use drugs

Anna Deryabina

Director for Central Asia

18 November 2021



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# Topics covered

Global drug use

HIV and other consequences of drug use

Essential packages of services for people who use drugs

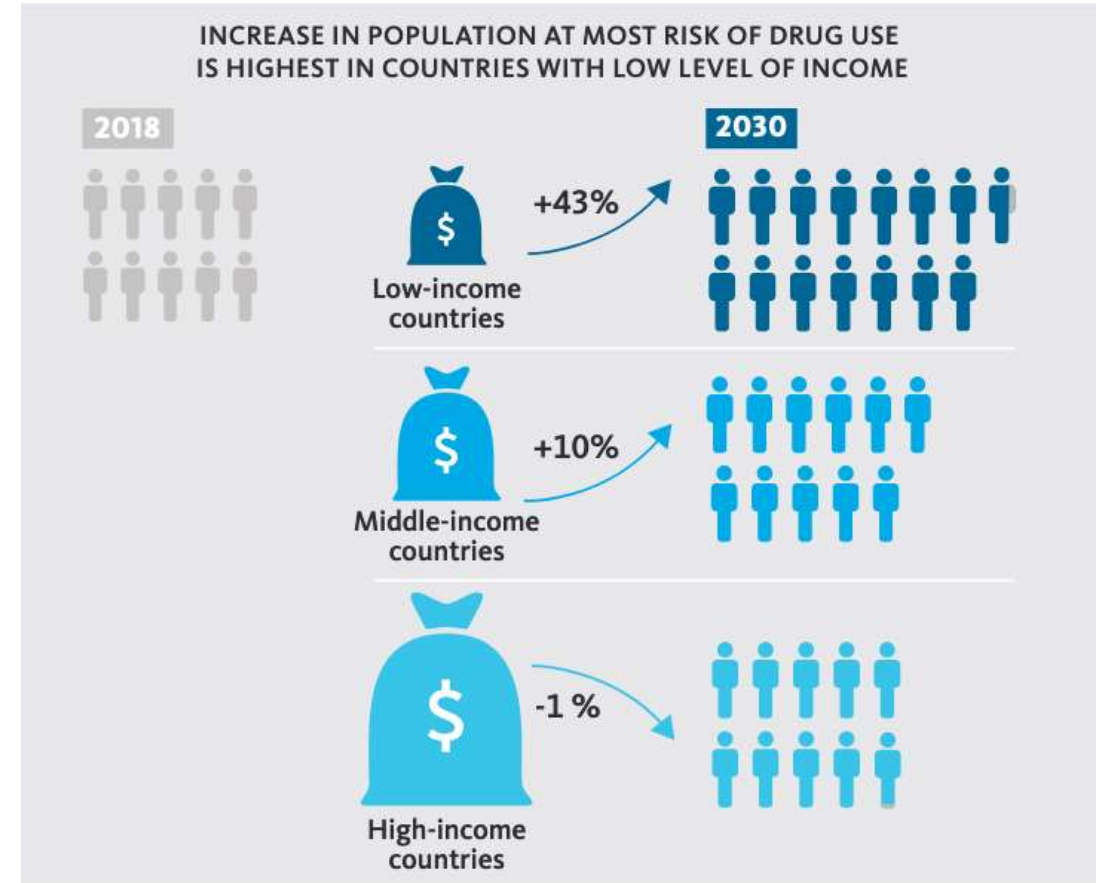
Enabling environment

Integration of services

Measuring effectiveness

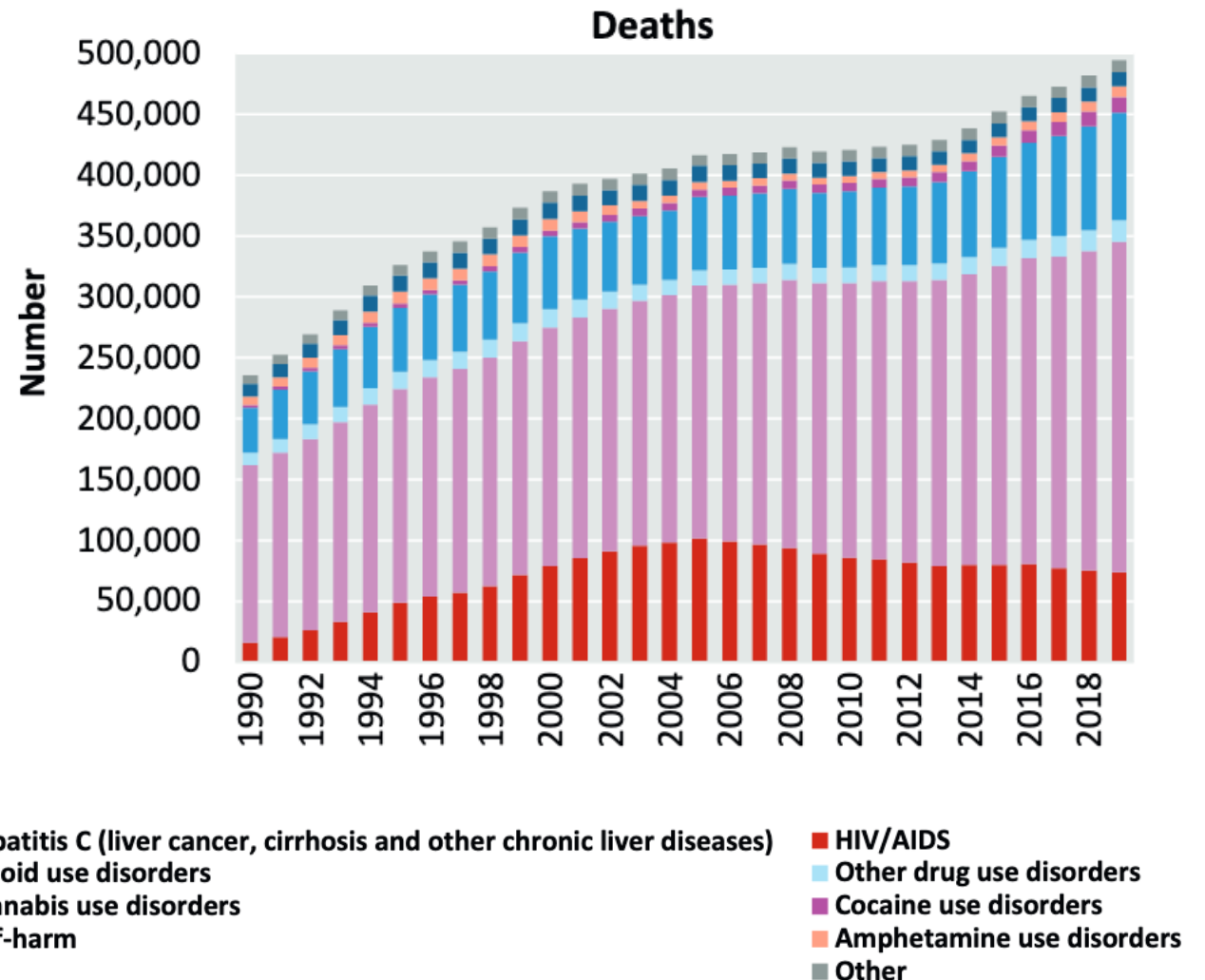
# Global drug use

- 275 million people use drugs
  - 60 million located in Africa
- 36 million people suffer from drug use disorders
- 11 million people inject drugs (PWID)



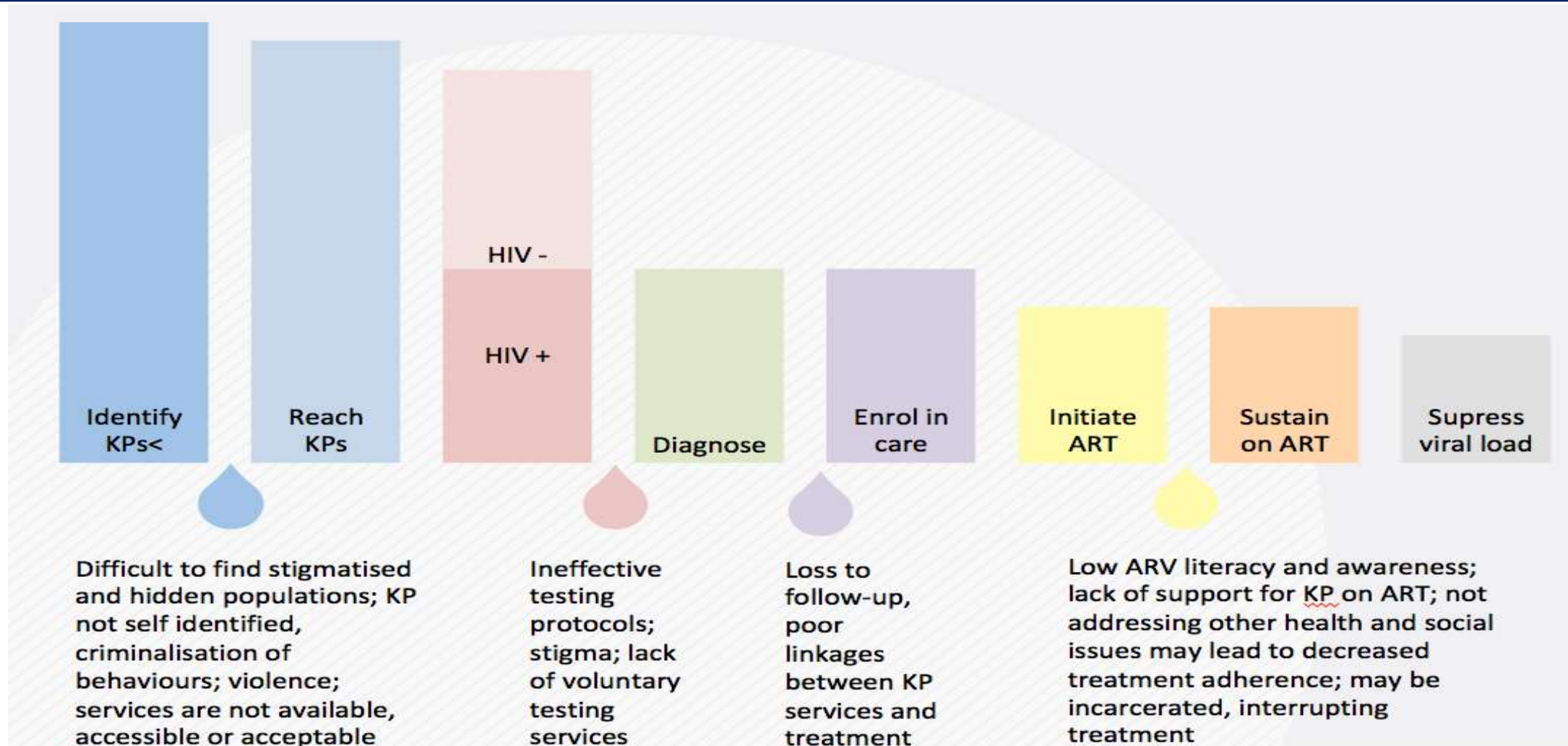
# Health consequences of drug use

- Almost 500,000 drug-use related deaths
- Injecting drug use accounted for 10% of all new adult HIV infections globally
- One in eight people who inject drugs worldwide is living with HIV





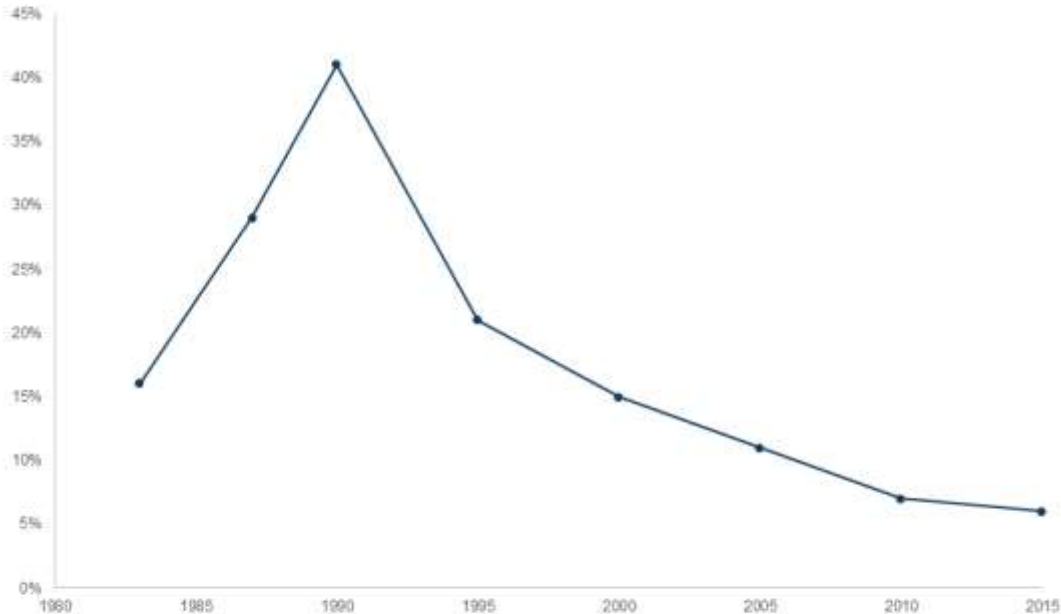
# HIV and Substance Use



# Rapid spread of HIV, frequent outbreaks

Figure 1

Share of HIV Infections Attributed to Injection Drug Use Overtime, 1980-2015

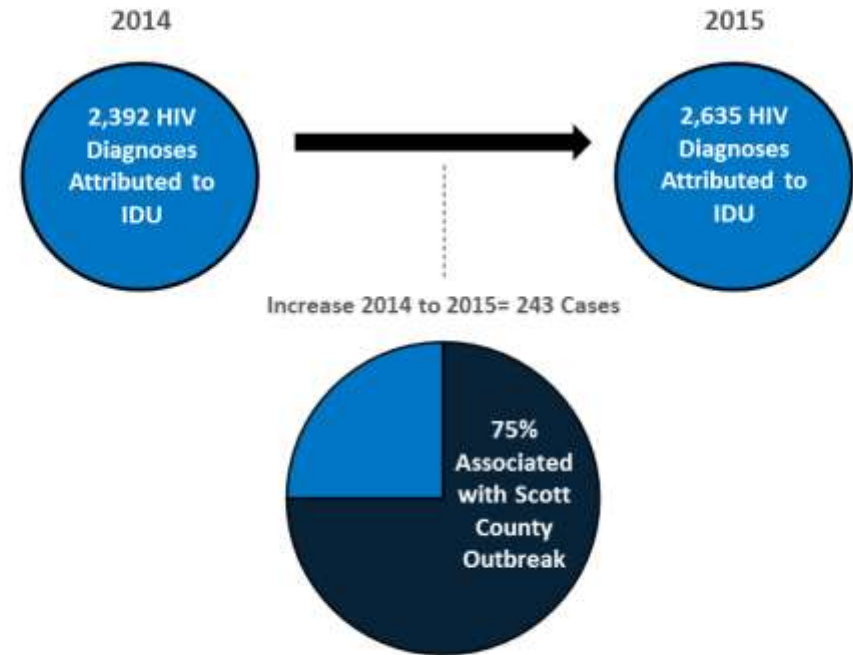


Source: Data through 2006 - CDC data request; Data from 2008-2015 - CDC Atlas.  
 Note: Methodologies used to obtain data from the two different sources may differ and may not directly compare.



Figure 2

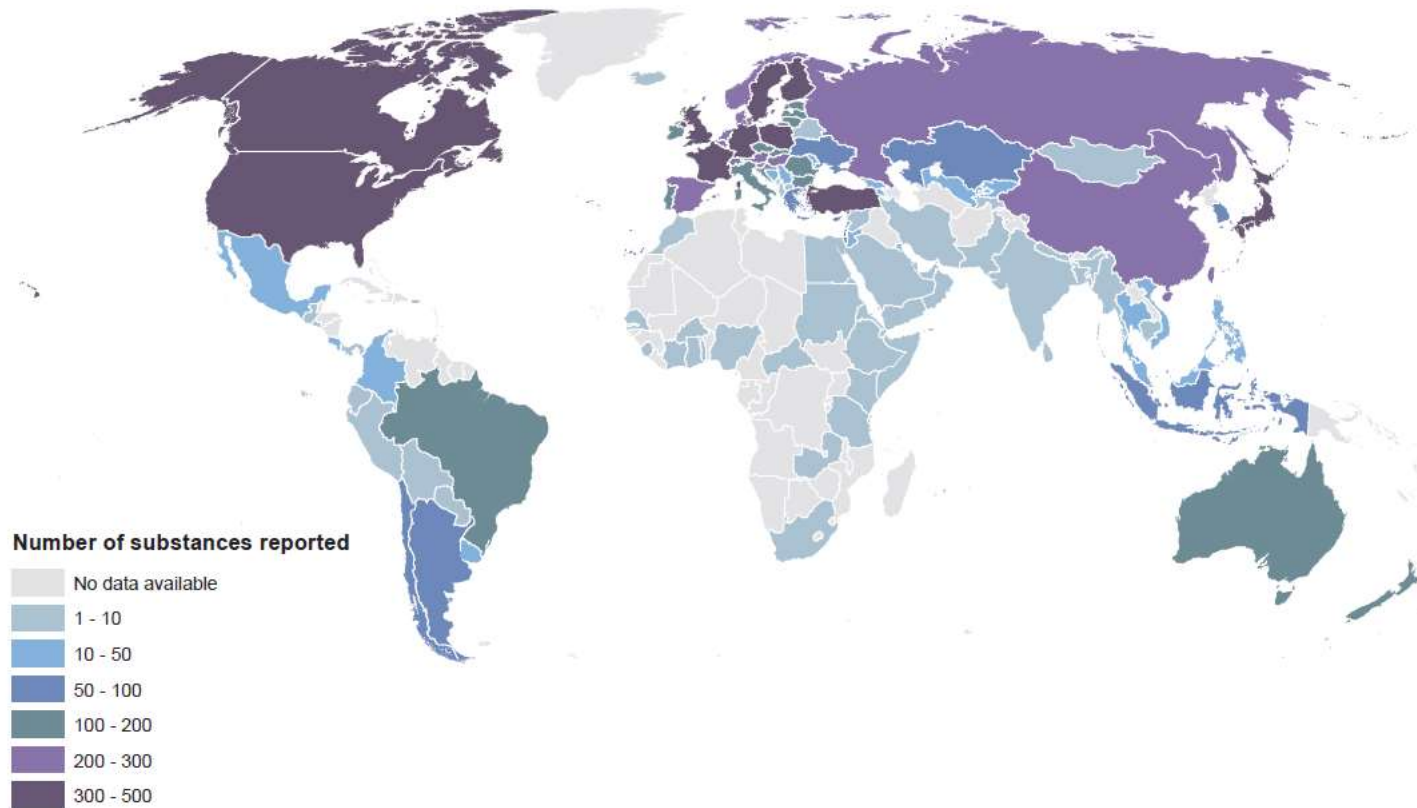
2014 & 2015 HIV Diagnoses and the Scott County, Indiana Opioid Epidemic



Source: CDC, Diagnoses of HIV Infection in the United States and Dependent Areas, 2015, Vol. 27; CDC, Diagnoses of HIV Infection in the United States and Dependent Areas, 2014, Vol. 26. Peter's et al. HIV Infection Linked to Injection Use of Oxycodone in Indiana, 2014-2015. NEJM, 375:229-239, 2016.



# Diversification of substances



- Purity and composition are often not known
- Side effects include agitation, aggression, acute psychosis

# Essential services for prevention and treatment

## For all PWIDs:

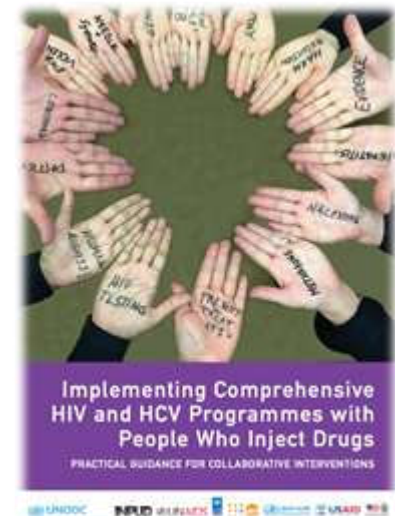
- Needle and syringe programs
- Opioid agonist maintenance therapy
- HIV testing services
- Condom and lubricant programs
- Targeted information, education and communication
- Diagnosis, prevention and treatment of TB, STIs, and viral hepatitis
- Community distribution of naloxone

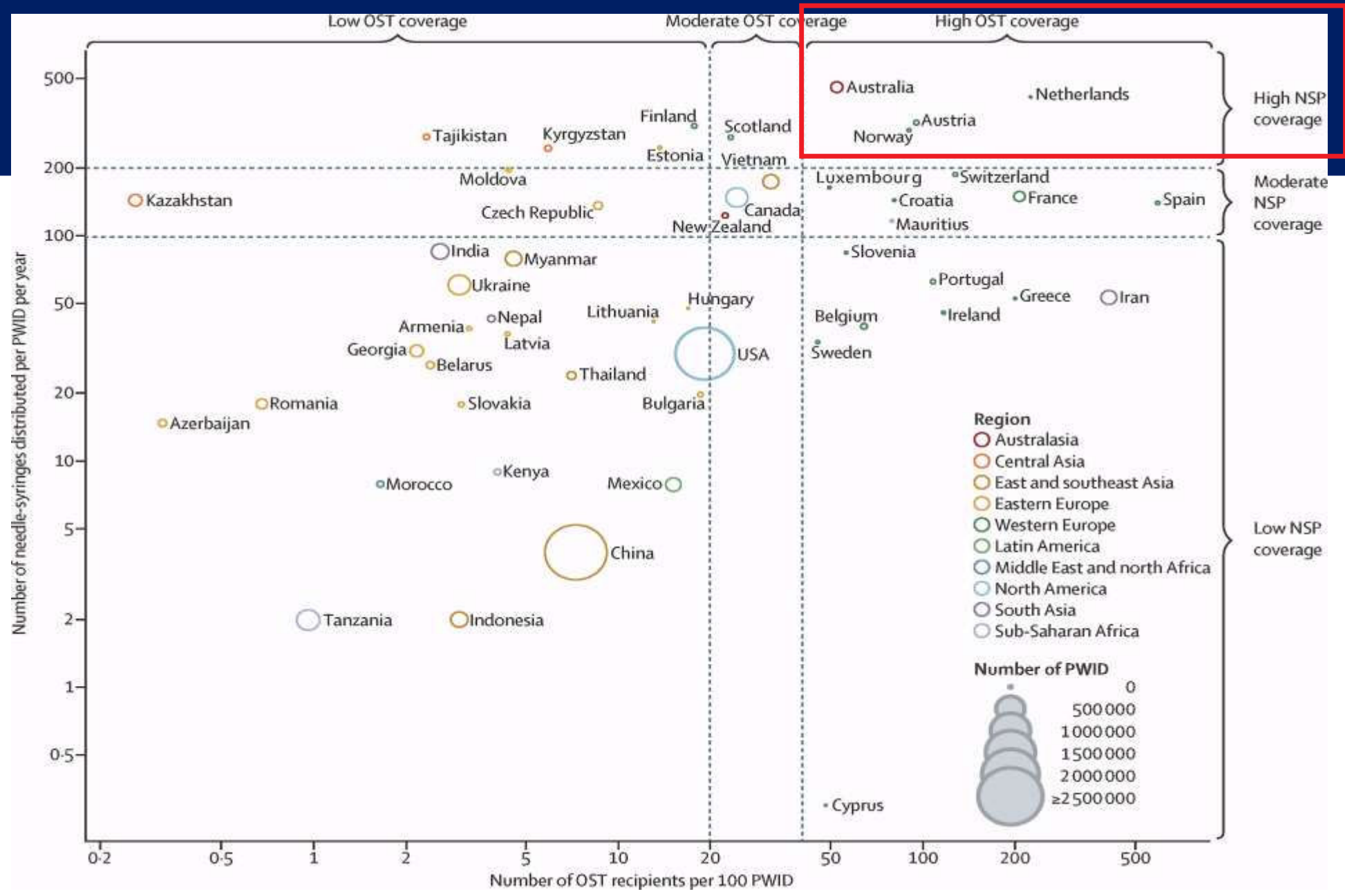
## For HIV-Negative PWIDs:

- PrEP

## For HIV-Positive PWIDs:

- Antiretroviral therapy
- Adherence support



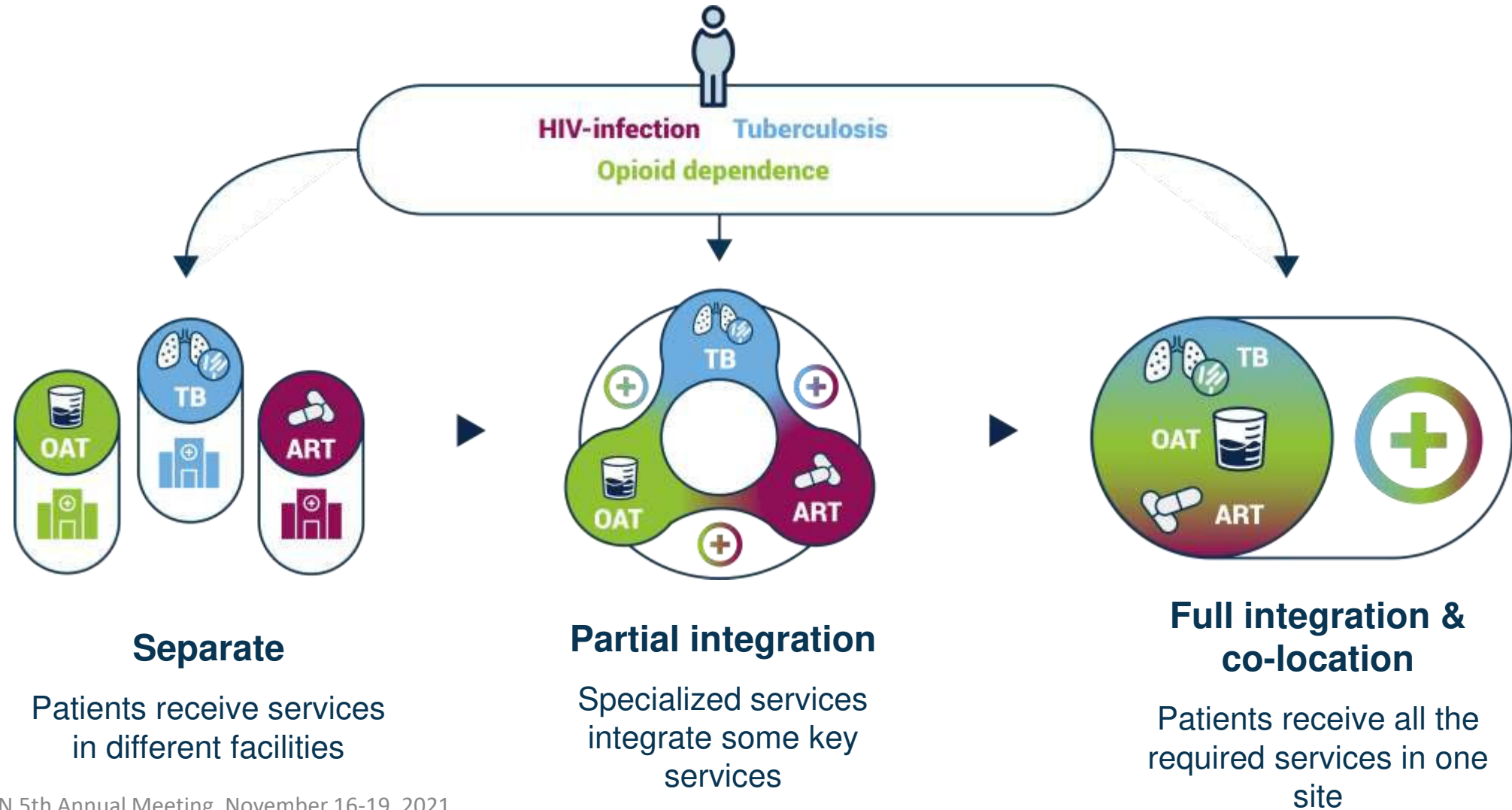




# Essential strategies for an enabling environment

- Interventions to address and reduce stigma and discrimination
- Decriminalization of drug use and drug possession for personal use
- Community engagement
- User-friendly, low-threshold, and non-judgmental services
- Gender- and age-responsible programming, family-centered approach

# Integration of Services

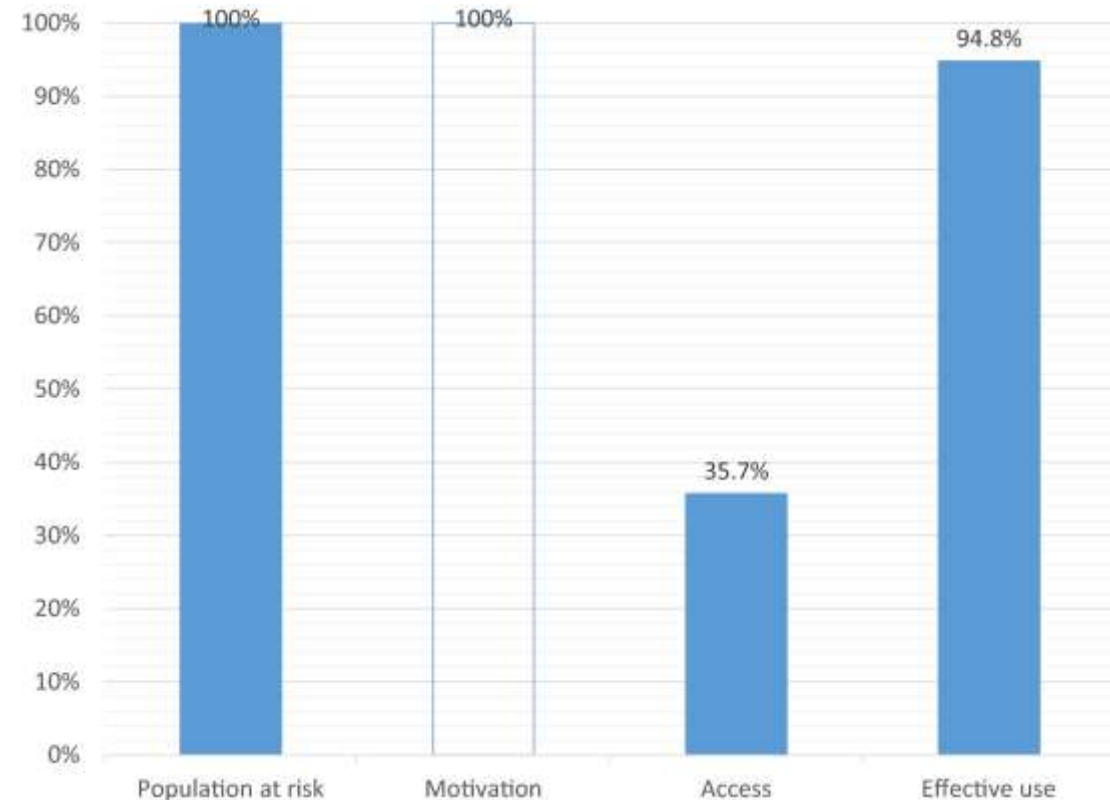


# Measuring effectiveness of HIV programs for people who use drugs

- Implementation of regular biobehavioral surveys
- Program data analysis

Population-specific HIV prevention cascades and HIV treatment cascades

Operationalizing the HIV prevention cascade for PWID using the integrated bio-behavioural survey data from Ukraine

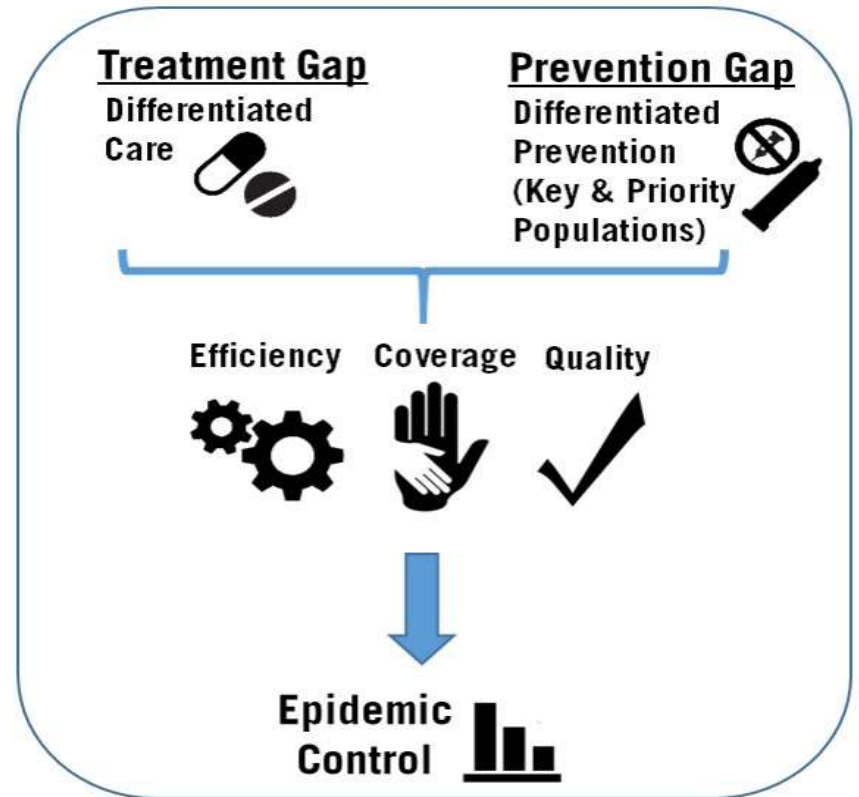


Journal of the International AIDS Society, Volume: 23, Issue: S3, First published: 30 June 2020, DOI: (10.1002/jia2.25509)



# Conclusion

- HIV epidemic control requires achieving high coverage for prevention and treatment among people who use drugs
- Effective HIV programming includes implementation of integrated strategies including biomedical, behavioral and structural interventions
- Differentiated service delivery models for both prevention and management of HIV help to improve outcomes and make services more accessible
- Active community engagement is critical to accessing and engaging these populations
- Zero tolerance for stigma and discrimination is critical to confronting the threat of HIV among people who use drugs



*El Sadr et al PLoS Med 2017*

**Thank you!**



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

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## YOUTHRISE NIGERIA: APPROACH TO PROVIDING HIV SERVICES FOR PWUD/PWID

Henry Okiwu

YouthRISE Nigeria

18 November 2021



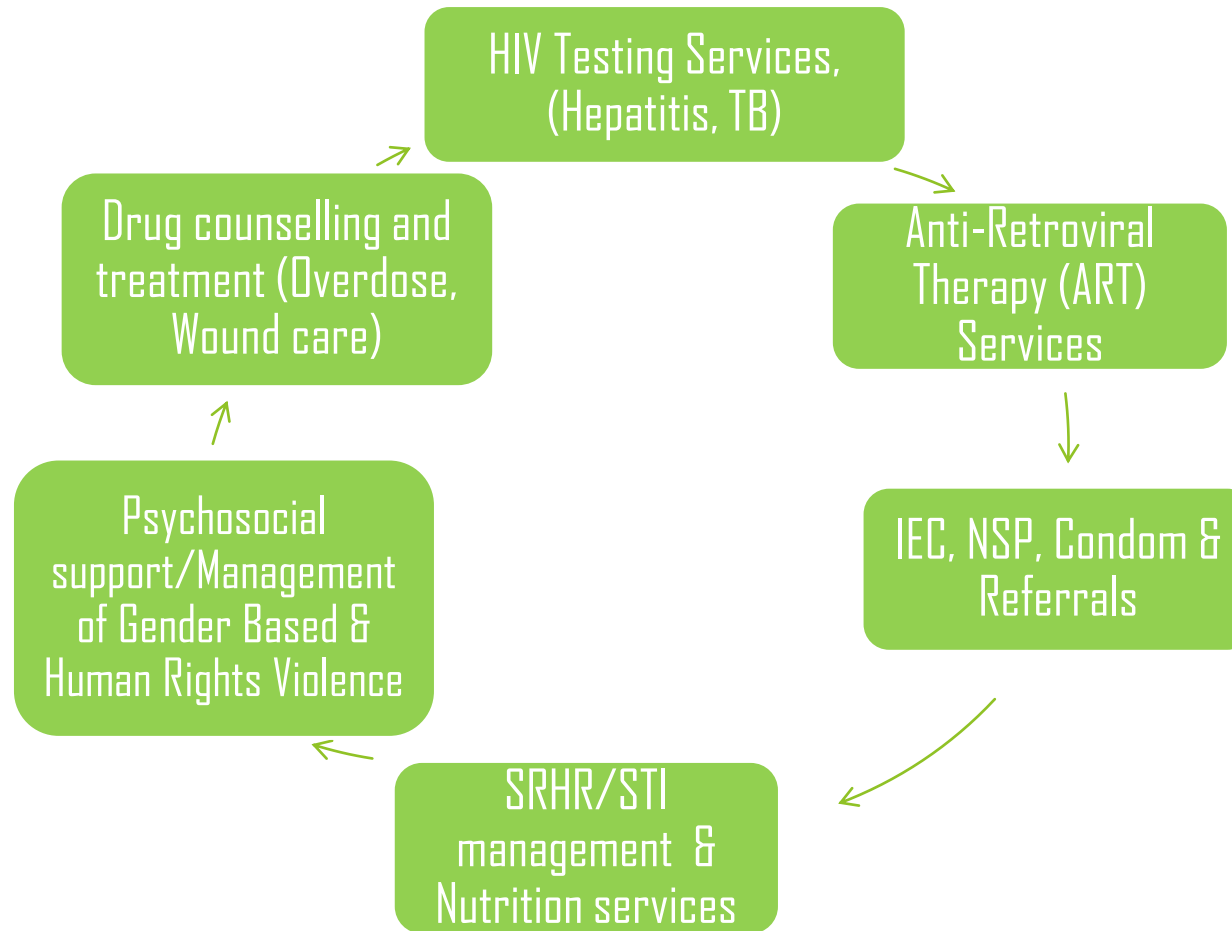
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## Youth Initiative for Drug Research, Information, Support and Education for reducing drug related harms

- Policy & service based non-governmental organisation that has been at the forefront of expanding access to HIV prevention, treatment and care to people who inject drugs in Nigeria through policy advocacy and program development and implementation
- First NGO to organise a national consultative forum on the need for comprehensive response to HIV and AIDS among People Who Use Drugs in Nigeria in August 2010
- The organization is youth-led policy & service-based and primarily works with people who use drugs (both injecting and non-injecting drug use) and have reached more than 6,500 PWIDs in 4 years
- We empower them through community engagement for drug & HIV prevention, treatment, care, and support
- Thematic focus: health, policy (drug), youth empowerment & research/ documentation

# Key Services Provided



# Our Model

## Differentiated service delivery-

- Our strategy is client-centred taking into cognizance the peculiarities of PWIDs
- We simplify and adapt our services to reflect the preferences and expectations of our clients in the following ways:

### A) Prevention Strategy:

- Peer-led gender sensitive cohort strategy

### B) Enrolment Strategy:

- Assisted referrals/voluntary enrolment
- Mobile enrolment

### C) Treatment Retention Strategy:

- Home-based care
- Mobile refill
- Support group

### D) Establishment of female only drop in center



# Differentiated Service Delivery

## Definition

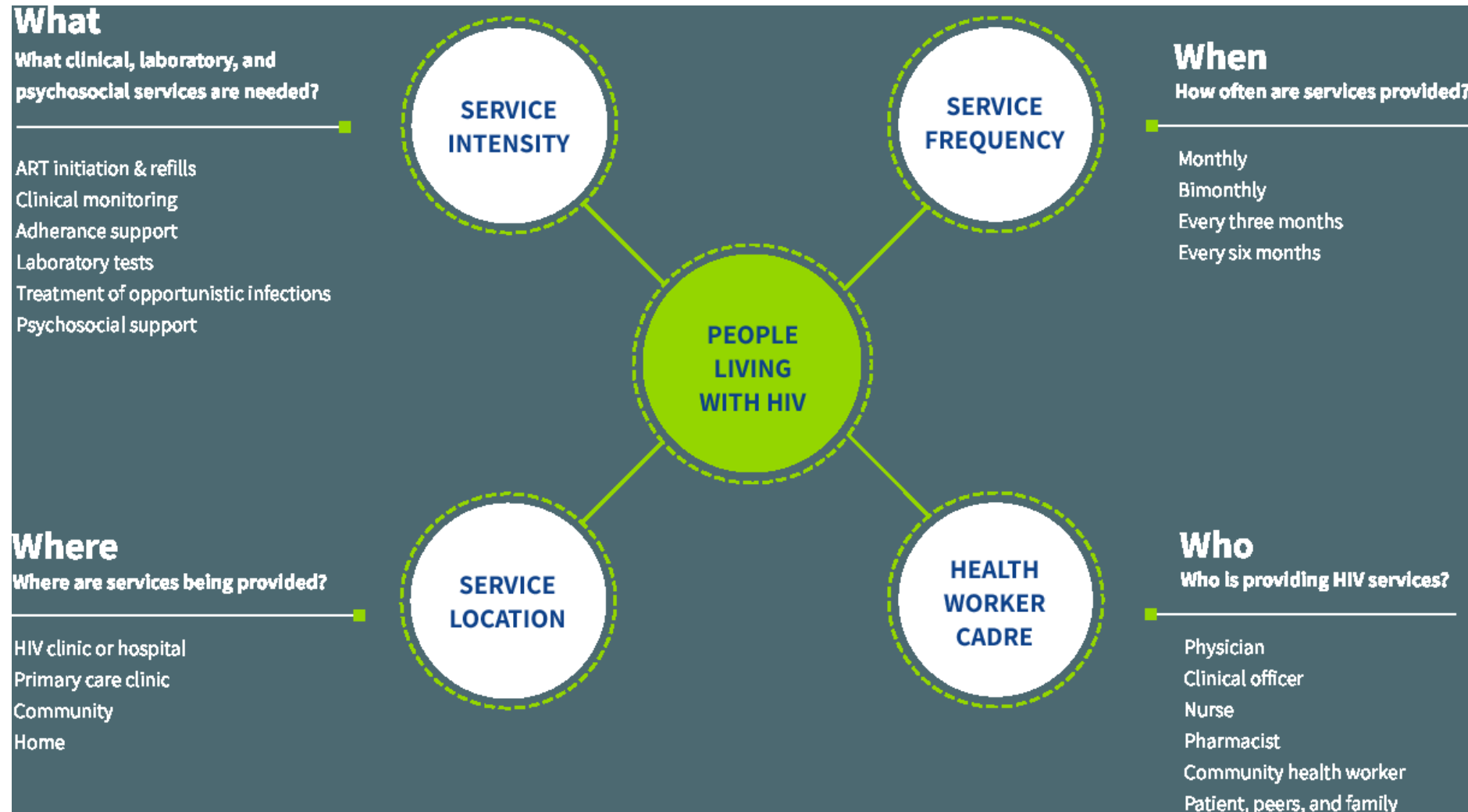
- ▶ **Differentiated service delivery (DSD)** has been defined as “a client-centred approach that simplifies and adapts **HIV services** across the cascade, in ways that both serve the needs of PWID/PLHIV better and reduce unnecessary burdens on the health system”.

DSD tailors HIV services to diverse groups of people living with HIV while maintaining the principles of the public health approach.

## Why DSD?

- ▶ **Changing global guidelines and ambitious treatment targets** have markedly increased the number of people eligible for ART. At the same time, global funding for HIV has plateaued and many countries are being asked to do more with less when it comes to HIV programming.
- ▶ A second challenge is that **growing numbers of people on ART have led to overcrowding** at health facilities.
- ▶ **Gaps in program quality**—such as suboptimal retention rates—threaten both individual outcomes and public health goals.

# How it works





# Approaches to DSD

## General

- ▶ Adherence Clubs
- ▶ Community ART Groups
- ▶ Multi-month scripting
- ▶ Support group
- ▶ Immediate ART Initiation
- ▶ Quick pick-up spots (closer to homes)
- ▶ Patient based interventions (appointment reminders & case managers)

## YouthRISE Approach

- ▶ Support group meetings
- ▶ Mobile ART refills
- ▶ Mobile ART initiation/enrolment
- ▶ Mobile sample collection- 90%
- ▶ Mobile HIV testing community outreaches

# Outcomes

- ▶ Improved community engagement and/or supplement community support services
- ▶ Peer navigation helped increase linkage
- ▶ Onsite ART initiation increased and improved linkage
- ▶ Increased convenience
- ▶ Improved motivation for treatment adherence
- ▶ Increased confidentiality
- ▶ DSD costs more for providers and & larger savings is accrued for the clients. However, positive results are yielded.

# YouthRISE Role in Facilitating National Harm Reduction Program

- ▶ Concept note development & harmonization processes: Our initial concept note was integrated into the national concept note (2019)
- ▶ Provision of programmatic evidence as frontline organization working with PWIDs which serves as baseline for planning, decision making, policy engagement and program development (2014+)
- ▶ Supported the development of Key Population guidelines (2019)
- ▶ Conducted Injecting Site Assessment with technical support from Frontline AIDS
- ▶ Capacity building for workforce and participation in International Harm Reduction Academy and training of media for public sensitization and reporting alongside FMOH (2019)
- ▶ Supported and actively participated in Technical Working Group (2019)
- ▶ Supported national study tour to Kenya (2019)
- ▶ Supported the Federal Ministry of Health in harm reduction guidelines development and Nation Drug Control Masterplan, drug offenders sentencing guidelines (2019-2020)
- ▶ Provided technical support for NSP Manual development and facilitated the delivery of special issues on gender, sexual and reproductive health and rights of young women who use drugs in Nigeria (2019-2020)
- ▶ Conducted NSP pilot in FCT (Dec 2020-Sept 2021)
- ▶ Participated in national methadone feasibility study and guidelines development (2020/2021)

## Role Continued...

- ▶ Capacity building of stakeholders and Community Based Organizations (CBOs) on NSP implementation (religious leaders, media, police & other local stakeholders)
- ▶ Trained FCT health workers on delivery of youth-friendly delivery services to PWUD
- ▶ Consultation with bunk owners and gatekeepers in drug user community in intervention states
- ▶ Supported state entry in Global Fund sites - Oyo, Gombe and Abia states respectively
- ▶ Peer-led routine distribution of clean needles, syringes & medication by our outreach staff due to spike in injecting drug use & HIV treatment retention during COVID-19 lockdown
- ▶ Organized meeting with NACA, UNFPA and FMoWA to address GBV in informal sector (FWUD partners, IPV & violence perpetrated by larger society)
- ▶ Conducted dialogue meeting on effective drug control with high ranking officers of the Nigeria Police Force and parliamentary roundtable
- ▶ Strategic engagement with national, regional networks and the AU on the actualization of evidence-based drug policy and harm reduction, response within AU member states at its health ministers conference (2019)
- ▶ Promotion of Anti-Stigma Campaign - *WE ARE PEOPLE*, with the endorsement of NOA and *Support Don't Punish* Campaign to change public perception on drug use and PWUDs
- ▶ Conducted prison assessment and cannabis study. Also, led other CSOs action to halt passage of punitive bills against drug offenders at the parliament.

## Overview OF YouthRISE Nigeria NSP Operational Study

The national Technical Working Group on Harm Reduction in November 2020 gave approval for a NSP pilot study by YouthRISE Nigeria as part of efforts to garner evidence for scale up of NSP programs in Nigeria.

YouthRISE Nigeria conducted NSP pilot operational research among PWUD in FCT and environ in partnership with FCT Agency for the Control of AIDS (FACA). The study seeks to assess the injecting and behavioural risk practices among PWID.

Uses a cohort approach, delivering behavioural and biomedical interventions to 300 PWID selected through a cluster method across study locations for a period of 9 months (Dec 2020-Sept 2021).

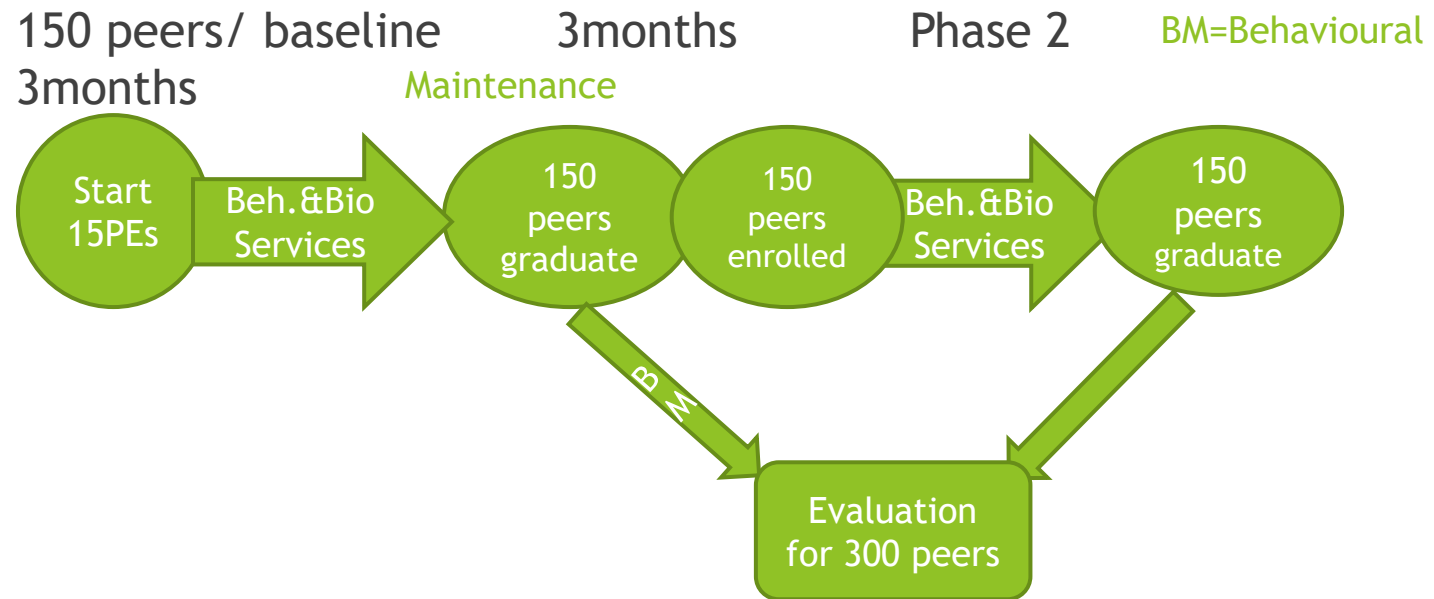
Outreaches and fixed site (OSS) were approached and deployed in delivery of the pilot activities with the use of a DSD model. Other state stakeholders include FASCP, FCT-NDLEA, NPF, HALG and CHAI.

### Methodology

- 15 trained peer educators recruited 150 PWID through their peer network in the cohort.
- The peer educators and counsellor testers, working under supervision of the ORW/study team, ensured provision of behavioural interventions and HIV/viral hepatitis and ancillary services to peers for a period of 3months, which marks the end of a phase or cycle.
- This cycle is repeated for another 3 months while behavioural maintenance is provided to peers that graduated in the first cycle.
- Baseline assessment and final evaluation were conducted and report will be disseminated.



# Strategy



# Snapshot of Implemented Activities & Update

## Services

- ▶ Delivery of peer-led -gender responsive preventive health education using peer manual
- ▶ Screening & testing services: HIV, Hepatitis B & C, STI and tuberculosis
- ▶ Distribution of clean needle/ injecting paraphernalia and retrieval of used equipment from study participants in cohorts
- ▶ Condom education and distribution
- ▶ Brief drug (treatment) intervention
  - ▶ Overdose and COVID-19 preventive education
- ▶ Provision of wound care and related services
- ▶ Provision of psychosocial and mental health support services
- ▶ GBV intervention
- ▶ Provision of SRH services to female drug users
- ▶ Referrals: ANC, PMTCT, drug treatment

# Snapshot of Implemented Activities & Update

## Activity Update

- ▶ Mapping & characterization of hotspots
- ▶ Injecting site assessment (Nov 2020-Jan 2021)
- ▶ Advocacy & dialogue with bunk owners (Sept 2020-2021)
- ▶ Community mobilization (Nov 2020)
- ▶ Recruitment & step down training for outreach staff: 15PEs, 3CT and ORWs (Dec 2020)
- ▶ Adaptation/development of tools (Nov/Dec 2020)
- ▶ Convened stakeholders meeting (Jan 2020)
- ▶ Protocol adaption and submission (Jan-Feb 2020)
- ▶ Refresher training for counselor testers (Dec 2020)
- ▶ State entry activities (Dec 2020-Jan 2021)
- ▶ Procurement of Naloxone (Jun-Jul 2021)
- ▶ Roll out NSP pilot, behavioural & biomedical intervention and referrals (April 2021 & after)
- ▶ Periodical monitoring & ISS by state team
- ▶ Evaluation and reporting (Oct 2020)



# Outcomes

- ▶ Acceptance of clean needles and syringes
- ▶ Reduction in drug related harm (frequency of drug use) and improved retention in HIV treatment
- ▶ Enhanced capacity of study beneficiaries
- ▶ Improved health seeking behavior and quality of life
- ▶ Increase in return rate of used injecting products
- ▶ Improved sanitation condition of injecting sites and bunk



# Best Practices

- Female-led peer education cohort
- Mobile ARV refills (multi-scripting, & dispensing through community structures)
- Mobile enrolment (ART initiation)
- Mobile viral load sample collection
- Mobile outreaches
- Home based care
- Assisted referral to other services for continuum of care such ANC, post-abortion care etc...
- Differentiated care delivered through PWID specific One-Stop-Shop and Drop-in Centre for integrated care
- Client-led adherence/support group and drug anonymous club
- Integration of HIV/SRHR & substance use management
- Community engagement
- Sustained advocacy (police, Primary Health Care Dev. Board-PHCDB)

## Some Achievements (2020-2021 Sept)

- ▶ Reached 2802 PWID with HIV services (screened for TB & STI) and about 200 ART enrolment
- ▶ 190 provided with STI treatment especially FWPUD
- ▶ 170 reached with PrEP services
- ▶ Over 400 PWID-PLHIV in care at One-Stop-Shop
- ▶ 130 provided with brief drug intervention for dependence
- ▶ 160 female PWUD provided with SRH services
- ▶ Over 800 reached with drug overdose & COVID-19 interventions
- ▶ 980 palliatives /nutritional packs distributed
- ▶ 96% ART enrolment rate
- ▶ 94% viral suppression
- ▶ 88% treatment retention rate

# Challenges

- ▶ Criminalization of drug use in Nigeria (punitive laws)
- ▶ Societal stigma faced by PWUD
- ▶ Increased cases of GBV (IPV) and rights violations, especially during COVID-19 related lock down
- ▶ Raid at intervention sites & arbitrary arrest of PWUD by law enforcement agents
- ▶ Poor health seeking behavior of PWUD (poor health outcomes due to drug use)
- ▶ Limited access to economic opportunities

# Recommendations

- ▶ Scale up NSP program & finalize/pilot MAT program
- ▶ Removal of legal barriers: punitive drug laws that criminalize people who use drugs restrict access to provision and uptake of comprehensive HIV services for PWIDs
- ▶ Address societal stigma and discrimination against young people living with HIV and those who use drugs. This should also focus on those who work in healthcare settings.
- ▶ Meaningful engagement of law enforcement officers to create enabling environment

THANK YOU

Keep Up With Our Work

✓ [www.youthriseng.org](http://www.youthriseng.org)



✓ @youthRISE\_NG



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

Virtual: November 16-19, 2021

Community Oriented Substance Use Programme  
(COSUP)

Dimakatso Nonyane

University of Pretoria, South Africa

18 November 2021



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery

**COSUP**





# COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME





# **COSUP**

**ESTABLISHED IN 2016 IN  
COLLABORATION WITH CITY OF  
TSHWANE AND UNIVERSITY OF  
PRETORIA.**

**HELPS PEOPLE, FAMILIES AND  
COMMUNITIES UNDERSTAND AND  
MANAGE SUBSTANCE USE AND  
RELATED RISKS.**

**COPC  
APPROACH**

**HARM  
REDUCTION**

# WHAT DRIVES US

## COMMUNITY-ORIENTED PRIMARY CARE



- **Active partnership between health care providers and health care users.**
- **Designed to begin with individuals and families in their homes and their communities.**
- **Create opportunities to improve health, contain illness and disease**



# Harm Reduction

**Set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.**

**Movement for social justice built on a belief in, and respect for, the rights of people who use drugs.**



**Community Health  
Workers**

**Peer Educators**

**Social Workers**

**Clinical  
Associates**

**Medical  
Doctors**

**Referral Organization/  
Institutions**

**TEAM**

# **COSUP SITE**

**16 SITES IN  
TSHWANE**

## **HEALTHCARE FACILITIES**

**1 in hospital setting  
4 in community clinic  
setting**

## **COMMUNITY BASED**

**11  
local non-profit  
organizations &  
churches**

# SERVICE PROTOCOL

STAGE	ACTIONS
<b>Recruitment</b>	<ul style="list-style-type: none"><li>• <b>Referral or walks in</b></li></ul>
<b>Screening</b>	<ul style="list-style-type: none"><li>• Health screening (e.g. COVID)</li><li>• Peer/CHW outlines COSUP and activities.</li><li>• Peer/CHW administers <b>ASSIST 3.0</b>.</li></ul>
<b>Baseline assessment</b>	<ul style="list-style-type: none"><li>• First contact with social worker</li><li>• Social worker refers to Clinical Associate (Clin A)</li><li>• Clin A conducts <b>baseline medical assessment (incl performing or referring for investigations where needed)</b></li><li>• Family/Support structures are involved where possible</li><li>• Social worker and Clin A <b>discuss management options with client</b><ul style="list-style-type: none"><li>• <b>NSP</b></li><li>• <b>OST</b></li><li>• <b>Psychosocial interventions</b></li></ul></li><li>• Doctor assesses eligibility for OST or if there are any other medical concerns.</li><li>• Questions are answered, consent and treatment contracts are signed</li><li>• The doctor will prescribe the appropriate dose.</li></ul>

# **MEDICAL CONSULTATION & MANAGEMENT**

## **Includes**

- ▶ **Clinical examination.**
- ▶ **Health promotion.**
- ▶ **Health screening HTS, TB & COVID-19.**

## **Special focus**

- ▶ **Wound care**
- ▶ **Mental health screening**
- ▶ **Referrals were necessary**
- ▶ **Emergency equipment including NALOXONE.**

# NEEDLE EXCHANGE PROGRAMME

## Service

- ▶ **Peer educators implement & provide service**
- ▶ **Low threshold**

## Includes

- ▶ **Provide sterile injecting equipment.**
- ▶ **Use all available opportunities to identify & discuss individual risks**
- ▶ **Safe disposal of injecting equipment.**
- ▶ **Overdose management**
- ▶ **Other support and care service**



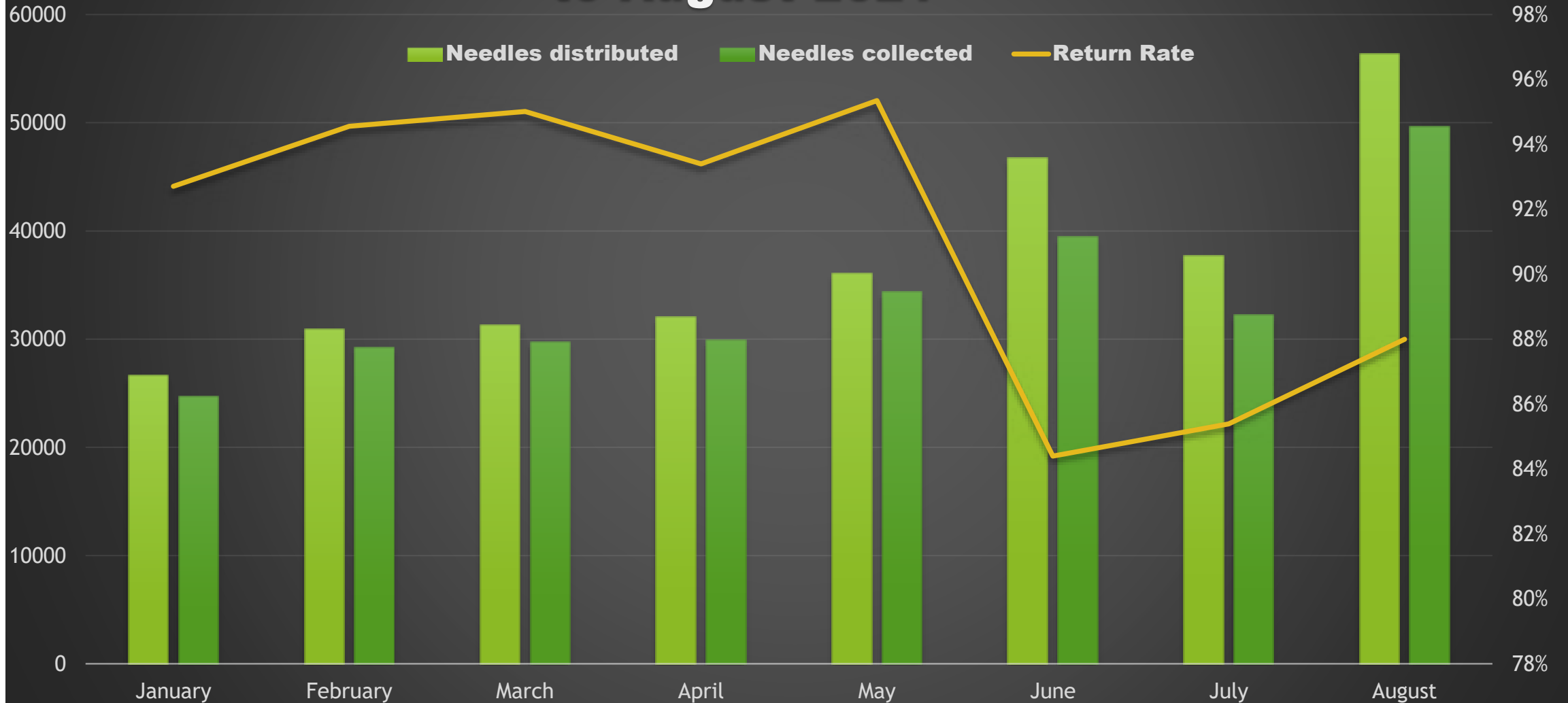
# NEEDLE EXCHANGE PROGRAMME

## **Mode of service delivery**

- **Fixed site**
- **Outreach NSP: Peer & CHW go to “Hotspots”**

# NEEDLE EXCHANGE PROGRAMME

## NSP distribution, collection and return rate Jan to August 2021



# OPIOID SUBSTITUTION THERAPY

STAGE	ACTIONS
<b>Obtaining approval for OST</b>	Motivation forms completed <b>OST readiness completed</b> <b>Motivation</b> , OST readiness and prescription sent to COSUP approved clinician to approve motivation Prescription sent to pharmacy → medication delivered to site
<b>Initiation</b>	Evaluation for signs of intoxication or withdrawal. (COW scale) <b>First dose</b> given depending on presenting clinical picture
<b>Dose adjustment</b>	The Clin A will provide daily observed doses, and in consultation with the doctor <b>dosages will be adjusted</b> as per the SAAMS guidelines <b>over the next 14 days</b> . Should the clients be experiencing discomfort, withdrawal symptoms or appear intoxicated, they will be discussed with the doctor who may authorise a change in dose. <b>Clients follow up daily or as often as possible</b> during the initiation phase. Any concerns to be discussed with the site doctor.

# OPIOID SUBSTITUTION THERAPY

STAGE	ACTIONS
<b>Maintenance</b>	<p>Reached stable dose.</p> <p>Careful consideration needs to be made when deciding to provide take-home dosages</p> <p>Receive daily observed doses for at <b>least 2 weeks</b> as far as possible.</p> <p>Take home dosing:</p> <ul style="list-style-type: none"><li>• <b>Stable dose for at least 2 weeks (preferably 1 month)</b></li><li>• Take home doses → <b>for 7 days</b></li><li>• <b>Maximum take home supply is 14 days</b> (only in cases where a person is <b>traveling or cannot collect medication for valid reasons</b>).</li><li>• Other exceptions discussed with the clinical head and chief pharmacist at COSUP.</li><li>• Must come in person each week to collect or must send a responsible person to collect on their behalf <b>AFTER</b> arranging with Clin A</li><li>• Encouraged to attend group and individual sessions with the social worker regularly</li></ul>

# OPIOID SUBSTITUTION THERAPY

STAGE	ACTIONS
<b>Monitoring visits</b>	Client <b>Functioning Questionnaire</b> Quality of life, infectious disease and participation in psychosocial interventions assessment. ASSIST 3.0 to be done <b>every 3 months</b>

# OPIOID SUBSTITUTION THERAPY

KPI	Description	Aug '21
Number of service users on Opioid Substitution Therapy	COSUP-funded currently on OST	742
Percentage of service users retained on OST	Programme funded clients	68%

# HIV & TB TESTING AND REFERRALS

KPI	Description	Monthly Target	Aug '21
Percentage of OST clients who know their HIV status	Percentage of OST clients who know HIV status*	95%	73%
Percentage of PWUD who tested positive that started ART	Percentage of OST clients on ART	95%	89%
TB screening	Number of TB screen test performed	-	332
*TB positive screens	Number of positive TB screens		4
*TB positive screens referred for workup	Number (%) of referrals for TB workup.	-	4 (100%)

# **HIV TESTING AND REFERRALS**

## **Referrals**

- ▶ **Site within health facilities**
- ▶ **In community-based site referred to local clinics**

## **Limitation to ART initiation**

- ▶ **Access to laboratory services**
- ▶ **Medication storage on site**
- ▶ **Dispensing license**

## **Mitigate limitation**

- ▶ **Maintaining good stakeholder relationship**
- ▶ **Buddy system**



# **HIV TESTING AND REFERRALS**

## **Next step**

- ▶ **Focus on NSP clients**
- ▶ **Capacitate & accredit peer educators on HTS**
- ▶ **HIV campaigns and events with food & entertainment incentives**
- ▶ **In the process of implementing initiation of ART at all COSUP sites**

# PSYCHOSOCIAL SERVICES

## **Include**

- ▶ **Individual Counselling Sessions**
- ▶ **Family Counselling Sessions**
- ▶ **Client Support Groups**
- ▶ **Community Support Groups**
- ▶ **Skills development**

# TRAINING & AWARENESS



- ▶ More than a 1000 students get exposed to COSUP annually
- ▶ Medical, OT and physiotherapy students
- ▶ Family medicine registrars rotate at the sites during COPC rotation
- ▶ Local health care facilities
- ▶ Community facilities
- ▶ Non-profit Organizations

**THANK YOU**

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# Panel Discussion



**Michael Wilson**  
Director and Co-founder of Advance  
Access & Delivery Global South  
Africa



**Happy Hassan**  
Director  
Tanzania Network for People who Use  
Drugs



**Stella Talisuna Alamo**  
HIV Prevention Chief  
CDC Uganda



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

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Session 10 starts tomorrow Friday 19 November at 7am EST/12N West Africa/1pm Geneva/2pm Pretoria/3pm Nairobi



HIV Learning Network  
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