

CQUIN 5TH ANNUAL MEETING SUMMARY REPORT

Background

During the 5th year of the HIV Coverage Quality and Impact Network ([CQUIN](#)), the COVID19 pandemic continued to limit in-person activities and required [ICAP at Columbia University](#) to convene all meetings via virtual platforms. With support from the Bill and Melinda Gates Foundation, ICAP continued to work with network countries and stakeholders, to keep the network vibrant. Two large multi-country virtual meetings, with over 400 participants each, were held in 2021 on [Differentiated Maternal and Child Health \(MCH\)](#) and [Differentiated Key Populations \(KP\)](#) services. These meetings expanded the network's technical focus and contributed to broadening the scope of in-country and global CQUIN stakeholders, as well as leading to the launch of two new communities of practice.

Based on recommendations from the 4th annual meeting, ICAP leadership had hoped to host an in-person annual meeting but the multiple COVID19 waves made it difficult to plan accordingly. Since the CQUIN annual meeting is most impactful when it precedes development of PEPFAR Country Operational Plans (COPs), the CQUIN Advisory Group recommended a virtual meeting in November 2021 instead of waiting for an in-person meeting later, to ensure the meeting would impact COP discussions and priorities in network countries. ICAP developed a robust [meeting website](#) to capture all slides and recordings.

Meeting Dates and Objectives

The CQUIN 5th annual meeting was held virtually from November 16th to 19th, 2021. The objectives of the meeting were to:

- Review member countries' progress towards scaling up high-quality DSD for people established on treatment using the CQUIN dashboard, national data, and case studies
- Facilitate exchange of knowledge, best practices, innovations, resources, and strategies for scaling up diverse DSD treatment models (DSDM)
- Identify common gaps, challenges and opportunities for future joint learning, co-creation of tools and resources and future south-to-south exchange visits
- Discuss differentiated service models, best practices, innovations, and resources specific sub-populations

Meeting Participants

Twenty of the 21 CQUIN member countries attended the 5th annual meeting; Mauritania was the only country not able to join. The meeting was attended by over 600 participants from member countries - Burundi, Cameroon, Côte d'Ivoire, DRC, Eswatini, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Uganda, Zambia and Zimbabwe – and from international participants from the USA and Europe. Country teams included representatives from ministries of health (MOH), United States Government (USG) agencies, PEPFAR implementing partners, development partners, national networks of people living with HIV and frontline healthcare workers. Participants from the international community included representatives from the Office of the U.S Global AIDS

Coordinator (OGAC), The Global Fund for Tuberculosis, AIDS and Malaria (GFTAM), U.S Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), World Health Organization (WHO), The Joint United Nations Programme on HIV and AIDS (UNAIDS), the International Treatment Preparedness Coalition (ITPC), International AIDS Society (IAS), ICAP at Columbia University and the Bill & Melinda Gates Foundation (BMGF). Other attendees were from international organizations such as the South-to-South HIV Prevention Learning Network (SSLN), the Clinton Health Access Initiative (CHAI), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and AMBIT.

One quarter of meeting participants were attending a CQUIN meeting for the first time, an indication of the continuing expansion of the network. ICAP also hosted in-person watch meetings in 17 network countries, affording country teams the opportunity to interact and discuss lessons learned and their implications for country programs, as well as to develop their country action plans and PEPFAR COP strategies.

Key Issues Presented/Discussed

The [agenda](#) for the 5th annual meeting included 11 sessions, each with multiple presentations. These included five plenary sessions, three country update parallel sessions, and three parallel sessions featuring CQUIN communities of practice (COPs): Community Engagement, M&E of DSD, Differentiated KP Services, AHD, Differentiated MCH, Quality and Quality Improvement and Differentiated TB/HIV. Country update presentations highlighted progress made towards taking DSD to scale, focusing on their dashboards, model mix, COVID-19 adaptations, status of implementation of their action plans from the 4th annual meeting, priority activities added after the CQUIN differentiated KP and MCH workshops that preceded the 5th annual meeting, and country priorities and targets for 2022.

Key meeting themes were highlighted in the opening and closing sessions. The meeting was opened by Dr. Peter Preko, CQUIN Project Director, who informed participants that despite COVID19, ICAP has worked hard with network countries and key stakeholders to sustain the CQUIN network activities; he congratulated network members for staying engaged through the virtual platforms despite the difficulties. Dr. Miriam Rabkin, CQUIN Principal Investigator, presented updates on CQUIN activities, achievements, and challenges since the 4th CQUIN annual meeting. She reviewed how CQUIN meetings and south-to-south exchange visits have resulted in identification and implementation of country priority activities towards the scale up of DSD. She also shared highlights from the report of an external evaluation conducted by Clear Outcomes which described lessons learned over the past five years of CQUIN project implementation. The report showed that; (i) 75% of the 334 survey respondents agreed or strongly agreed that participation in CQUIN improved the coverage and/or quality of DSD, (ii) 55% percent of all respondents and 65% of MOH respondents agreed or strongly agreed that CQUIN network participation was the most important contributor to DSD implementation and scale-up in their country and (ii) Most survey respondents also agreed or strongly agreed that CQUIN participation enhanced political support for DSD scale-up (76%), provided participants with practical tools and resources (92%), and improved knowledge, skills, and attitudes toward DSD (96%). Using data from network countries' DSD dashboards, Dr. Rabkin noted that although significant progress has been made by network countries in scaling up DSD, about half

of the network countries, notably those relatively new in the network, are still at the low end of maturity in the M&E, Patient Coverage, Facility Coverage, Quality and Impact Domains.

CQUIN global partners, WHO, OGAC/PEPFAR, ITPC, GFTAM, IAS and UNAIDS shared presentations that highlighted the state of DSD from their organizations' perspective. Speaking on behalf of WHO, Dr. Nathan Ford, Scientific Officer and head of WHO's Guidelines Review Committee, noted the negative impact of COVID19 on HIV service delivery and on people living with HIV, and the critical steps needed to regain momentum to end AIDS by 2030. He also highlighted key revisions to the DSD guidelines, including changes to the criteria for determining who is established on ART. Dr. Katy Godfrey, OGAC Senior Technical Advisor for Adult Care and Treatment, shared updates from PEPFAR, highlighting the progress made by PEPFAR country programs in scaling up multi-month dispensing (MMD), the benefits of MMD on clinical outcomes and the importance of separating drug delivery from clinical care.

Representing the voice of civil society and the CQUIN community engagement working group, Mrs. Solange Baptiste, Executive Director of ITPC, drew a contrast between how countries self-staged themselves on the Community Engagement domain on the CQUIN dashboard and findings from the pilot of a Community Engagement assessment tool developed jointly by ICAP and ITPC in collaboration with the CQUIN Community Engagement working group. She noted the importance of data sources when assessing how significant recipients of care are engaged in DSD, emphasizing the need for community-led monitoring of DSD. Presenting on behalf of the Global Fund, Dr. Siobhan Crowley, Head of HIV, shared important COVID19 adaptations made by the nine countries that together have half of PLHIV on treatment and received over \$3 billion of the NFM 2021-2022 Global Fund investment. The nine countries which include Nigeria, South Africa, Mozambique, Tanzania, Zambia, Uganda, Malawi, Zimbabwe and Kenya, all members of the CQUIN Learning Network, rapidly adapted HIV self-testing, out of facility ART distribution, virtual HIV support services and multi-month dispensing to keep their programs resilient through the three waves of COVID19. Dr. Anna Grimsrud, Lead Technical Adviser, IAS, acknowledged ICAP for the effectiveness of CQUIN in providing access to a robust multi-country learning network with high volume of learning exchange, facilitating great progress towards rapid scale up of mixed models of DSD by network countries, leading to increased enrolment of people in ART into models of their preference. She also shared literature in support of retention and viral load suppression benefits of early differentiation into less intensive DSD models after ART initiation to make the case that the DSD adaptations made by countries in response to COVID19 should be sustained. Presenting on behalf of UNAIDS, Dr. Ani Shakarishvili, Team Lead, Access to Treatment, Care and Integration, reminded participants that before COVID19, the world was not on track to meeting the 2025 global HIV targets, and no region met the 2020 targets of 75% decline in new infections or AIDS related death since 2010. She highlighted the importance of unpacking the inequalities in access and uptake of services across population groups and addressing them through person-centered service delivery approaches to help reach HIV epidemic control.

In his closing remarks, Dr. Peter Ehrenkranz, Deputy Director, HIV Testing and Treatment, BMGF, reiterated some of the key concepts highlighted over the course of the meeting. He emphasized that it is important not to lose the useful DSD adaptations initiated in response to COVID 19 such as, earlier eligibility for less intensive models, coordination with treatment for

tuberculosis and non-communicable diseases, use of digital tools for follow up of people on treatment in place of in-person appointments, and the need for true engagement with the communities in programming and monitoring. Finally, he emphasized the importance of data for decision making, and using that data to improve quality of service delivery. Speaking on behalf of ministries of health, Dr. Zusikwa Pinini, Chief Director, HIV/AIDS and STIs, National Department of Health, South Africa, pointed to the progress made by countries in scaling up DSD with reference to the CQUIN DSD Dashboard, the need for funding for DSD, low community-led monitoring and the importance of data use for decision making. She called on network countries to strengthen and harmonize national M&E systems, to scale up Advanced HIV Disease (AHD) implementation and to leverage the DSD Performance Reviews to improve data use for decision making. She concluded by charging her MOH colleagues to make efforts to implement the action plans they have developed in the meeting. Ms. Lilian Mworeko, Executive Director, International Community of Women Living with HIV in East Africa, expressed appreciation of the community of people living with HIV on the broadening of DSD to include other sub-populations like key populations, maternal and child health, and increasing interest in advanced HIV disease and non-communicable diseases. She commended CQUIN for the partnership and strong engagement with recipients of care in all CQUIN activities and encouraged network countries to take lessons from that. Looking forward, she encouraged donors to improve funding support to people living with HIV networks and to also ensure recipients of care are given responsibilities to lead some of the activities in the countries' action plans.

Common Cross-cutting Issues/Challenges

- There was significant scale up of 3-6 MMD across many countries spurred by the need to keep people on treatment during COVID19 while keeping them protected from infection
- Countries continue to make progress in DSD scale-up as documented on their DSD dashboards, including expansion of DSD model mix with the adoption and scale of new community-based models
- The main challenges in scaling up of DSD remain M&E, DSD Coverage, Quality and Impact, even though a good number of countries have made progress in these domains
- There are growing country commitments to improve community engagement and calls from key stakeholders for donor funding towards community engagement and networks of people living with HIV associations to ensure they have the resources needed to meaningfully participate in DSD programming and monitoring.
- There is also a growing interest in service integration and expansion of DSD to key populations, pregnant and breastfeeding women, and children.

Key Outputs

- 20 countries submitted an updated country DSD dashboard, and eight countries submitted AHD dashboards.

- All 20 countries submitted country updates towards DSD scale up as well as recorded presentations which are available on the CQUIN website. Countries also discussed these updates, challenges, and way forward during the meeting.
- 20 countries provided progress update on implementation of the action plans developed at the 4th annual meeting
- All 20 countries that participated in the meeting developed an action plan setting priority interventions and targets to help scale up DSD in 2022.

Feedback

The meeting received very high rating from participants. 99% of participants who responded to the post meeting survey indicated they found the meeting very useful; 100% thought the meeting met its objectives; and 98% strongly agreed or agreed that the topics covered at the meeting were applicable to their country's efforts to scale up DSD. A few people had network connectivity issues which affected their experience with the virtual meeting. Compared with the 4th annual meeting feedback, more people recommended for CQUIN meetings to return to the in-person format.