

CQUIN Capability Maturity Model for Differentiated HIV Treatment

Policies	National HIV treatment policies prohibit or impede differentiated treatment (DART) models	National policies do not mention DART models	National policies include DART models but do not actively promote these models by establishing coverage targets and/or recommending their use	National policies actively promote the use of less-intensive DART models for recipients of care established on treatment	National policies actively promote DART models for diverse recipient of care groups ¹
Operational Guidance	National HIV treatment guidance documents ² do not include differentiated treatment (DART) models		National HIV treatment guidance documents do include DART models but do not provide detailed and specific implementation guidance		National HIV treatment guidance documents provide detailed and specific implementation guidance for DART models
Diversity of Differentiated Treatment (DART) services	No differentiated treatment (DART) models have been implemented	DART models are available for adult recipients of care established on treatment ³ only	DART models are available for adult recipients of care who are established on treatment and 1-5 additional groups ¹	DART models are available for adult recipients of care who are established on treatment and 6-11 additional groups ¹	DART models are available for adult recipients of care who are established on treatment and ≥ 12 additional groups ¹
National DSD Scale-up Plan	No national DSD scale-up plan ⁴ is currently in place and development has not begun	A national DSD scale-up plan is in development, with discussions and meetings ongoing Or A national DSD scale-up plan is available in draft form but has not been finalized	A national DSD scale-up plan has been finalized BUT does not detail all the relevant strategic choices	A national DSD scale-up plan that includes all the relevant strategic choices has been finalized, but is not yet being actively implemented and monitored	A national DSD scale-up plan that includes all the relevant strategic choices is being actively implemented and monitored

¹ Recipient of care groups include (at minimum): children, adolescents and young people, pregnant and breast-feeding women, men, people with HIV and NCDs, people with AHD, female sex workers, men who have sex with men, people who inject drugs, transgender people, prisoners, and migrant/mobile populations.

² "Guidance documents" in this context may include national guidelines, national DSD operational manual, and/or national standard operating protocols.

³ The definition of "established on treatment" may vary slightly from country to country, but typically includes having been on ART for > 6 months, being virally suppressed, and lacking contraindications for less-intensive DART models, such as co-morbid disease, acute illness, advanced HIV disease and/or adherence challenges

⁴ DSD scale-up plans should detail the following 9 strategic choices: 1. Which DSD models are prioritized? 2. Which population groups are eligible for each DSD model? 3. Where should each model be implemented (e.g., geographic location, type of facility or community service delivery point); 4. Coverage targets; 5. Timeline for scale-up; 6. Funding source(s); 7. Community engagement and demand creation strategies; 8. Training plan; 9. Plan for updating M&E system

Coordination	<p>Coordination for national level differentiated treatment (DART) activities has not been addressed</p> <p>OR</p> <p>Coordination for national level DART activities is being planned but is not yet underway</p>	<p>DART activities fall under the scope of existing groups; progress updates are presented in standing meetings not focused on DART (e.g., care and treatment TWG)</p>	<p>DART activities are coordinated by a dedicated group (e.g., a DSD-focused sub-group of the Care and Treatment Technical Working Group)</p>	<p>In addition to meeting criteria for the yellow, a national DSD Focal Person spearheads DART planning and coordination</p>	<p>In addition to meeting criteria for the light green stage, the national DSD Focal Person is supported by MOH, PEPFAR, Global Fund or other long-term funding sources rather than Gates Foundation through ICAP/CQUIN</p>
Meaningful Community Engagement	<p>Recipients of care are not involved in planning, implementation, or evaluation of differentiated ART (DART) programs as defined in the footnotes below ^{5 6 7}</p> <p>OR</p> <p>There are insufficient data to determine the level of ROC engagement in DART</p>	<p>Recipients of care are meaningfully engaged in one of the following domains:</p> <ol style="list-style-type: none"> 1. Planning/policy 2. Implementation 3. Evaluation 	<p>Recipients of care are meaningfully engaged in two of the following domains:</p> <ol style="list-style-type: none"> 1. Planning/policy 2. Implementation 3. Evaluation 	<p>Recipients of care are involved in all three of the following domains:</p> <ol style="list-style-type: none"> 1. Planning/policy 2. Implementation 3. Evaluation 	<p>The country team has assessed CE using the <i>Community Engagement Toolkit</i> developed by the CQUIN Community Advocacy Network and scored dark green in ≥ 4 of the policy domains, ≥ 6 of the programmatic domains, and ≥ 5 of the community domains</p>
Training	<p>National training materials on differentiated treatment (DART) are not in place and are not currently in development</p>	<p>National DART training materials have not been developed, but materials originally developed by organizations piloting DSD / implementing partners with stand-alone DART projects are in use</p>	<p>National DART training materials and a dissemination plan detailing how the curricula will be implemented country-wide are currently under development</p> <p>OR</p> <p>National DART training materials and/or a</p>	<p>National DART training materials and a dissemination plan have been finalized and are in use, but the dissemination plan targets have not yet been achieved</p>	<p>National DART training materials have been developed and are in use, and the targets in the national dissemination plan have been met</p>

⁵ Criteria for *policy and planning*: Recipients of care are members of the national TWG on DSD (or equivalent) **and** attended $\geq 75\%$ of TWG meetings including policy validation exercises

⁶ Criteria for *implementation*: Recipients of care participate in DART-specific demand creation (e.g., as peer educators, counselors, etc.) at $\geq 50\%$ of HF providing ART **and/or** recipients of care are engaged in service provision (e.g., counseling, adherence, support, navigation, education, screening) at $\geq 50\%$ of HF providing ART

⁷ Criteria for *evaluation*: Recipients of care are meaningfully engaged in evaluation of DART models, including participation in $\geq 50\%$ of meetings on M&E of DART **and/or** $\geq 50\%$ of DART impact assessment exercises

			dissemination plan have been finalized but are not yet in use		
M&E System	<p>Elements of a national system for M&E of DART are in development but have not yet been implemented</p> <p>OR</p> <p>there is no element of a national system for M&E of DART, nor are any in development</p>	<p>The national M&E system produces summaries of ART enrollment disaggregated by frequency of multi-month dispensing for at least 75% of recipients of care on ART</p> <p>OR</p> <p>the national M&E system produces summaries of ART enrollment disaggregated by model type⁸ for at least 75% of recipients of care on ART</p>	<p>The national M&E system produces summaries of ART enrollment disaggregated by frequency of multi-month dispensing for at least 75% of recipients of care on ART</p> <p>AND</p> <p>the national M&E system produces summaries of ART enrollment disaggregated by model type for at least 75% of recipients of care on ART</p>	<p>In addition to meeting the criteria for the yellow stage, the national M&E system reports:</p> <ul style="list-style-type: none"> ○ retention and VL suppression rates for PLHIV disaggregated by frequency of multi-month dispensing and model type for at least 75% of recipients of care on ART <p>OR</p> <ul style="list-style-type: none"> ○ mean and median numbers of: a) clinic visits AND b) ART pickups per recipient of care per year for PLHIV in less-intensive vs. more-intensive DART models for at least 75% of recipients of care on ART 	<p>In addition to meeting the criteria for the light green stage, the national M&E system reports:</p> <ol style="list-style-type: none"> 1. retention and VL suppression rates disaggregated by frequency of multi-month dispensing AND model type for at least 75% of recipients of care on ART <p>AND</p> <ol style="list-style-type: none"> 2. mean and median numbers of a) clinic visits per recipient of care AND b) of ART pickups per recipient of care per year for PLHIV in less-intensive vs. more-intensive DART models for at least 75% of recipients of care on ART
Procurement and Stock Management	The country has no system to monitor on-shelf availability (OSA) levels of first line ART at the service delivery point (SDP) ⁹	The country is developing a system to monitor OSA of first line ART at the SDP but has not yet implemented	The country monitors OSA and < 50% of SDP currently ¹⁰ have adequate OSA ¹¹ of first line ART	The country monitors OSA and 50-75% of SDP currently have adequate OSA of first line ART	The country monitors OSA and more than 75% of SDP currently have adequate OSA of first line ART

⁸In this context, “model type” means a description of the specific DART model, either by name (Fast Track, Community ART Group, Teen Club, etc.) or by type (facility-based group model for people established on treatment)

⁹ In this context, “service delivery point” means the location at which recipients of care receive ART – the clinic, pharmacy, community-based pick-up-point, etc. For countries where OSA data are only reported centrally for larger sites (“hubs”) and not for smaller and community-based sites (“spokes”), it is acceptable to use OSA data from hubs for the purposes of this variable.

¹⁰ By “currently” we mean within the past six months. If multiple assessments have been conducted within that timeframe, use the most recent data.

¹¹ In this context, “adequate levels” means levels that meet national standards. For example, this might mean that 90% of health facilities assessed had first-line ART available on the day of visit.

Less-intensive DART¹² facility coverage	National DSD implementation is planned but has not yet begun OR Insufficient information is available to estimate the proportion of facilities with ≥10% of recipients of care in a less-intensive differentiated treatment (DART) model	Fewer than 25% of health facilities providing ART have enrolled ≥10% of recipients of care in a less-intensive DART model	25-49% of health facilities providing ART have enrolled ≥10% of recipients of care in a less-intensive DART model	50-75% of health facilities providing ART have enrolled ≥10% of recipients of care in a less-intensive DART model	Over 75% of health facilities providing ART have enrolled ≥10% of recipients of care in a less-intensive DART model
Less-intensive DART recipient of care Coverage	National DSD implementation is planned but has not yet begun OR Insufficient information is available to estimate the proportion of recipients of care on ART enrolled in a less-intensive differentiated treatment (DART) model	Fewer than 25% of recipients of care on ART have enrolled in a less-intensive DART model	25-49% of recipients of care on ART have enrolled in a less-intensive DART model	50-75% of recipients of care on ART have enrolled in a less-intensive DART model	Over 75% of recipients of care on ART have enrolled in a less-intensive DART model
AHD	The national HIV treatment policy does not include a national strategy or framework for AHD identification (e.g., services to identify PLHIV with low CD4) and management AND	The national HIV treatment policy includes a national strategy or framework for AHD identification and management AND/OR the national HIV treatment guidelines define a minimum package of AHD services	The national HIV treatment policy includes a national strategy or framework for AHD identification and management AND the national HIV treatment guidelines define a minimum package of AHD services AND	The country has completed the CQUIN AHD dashboard in the past 24 months and scored dark green in at least the 7 specific domains listed in the footnote ¹⁴	The country has completed the CQUIN AHD dashboard in the past 24 months and in addition to achieving the light green stage, the country also has scored dark green in the 7 additional domains listed in the footnote ¹⁵

¹²Less-intensive DART models are those designed for people who are established on treatment and meet national eligibility criteria. They include facility-based individual models, facility-based group models, community-based individual models and community-based group models

¹⁴The seven domains required for light green status include: policy, guidelines, national AHD implementation plan, standard operating protocols, coordination, engagement of recipients of care, and training

¹⁵The seven additional domains required for dark green status are diagnostic capability 1 & 2; patient coverage 1,2,3 and 4; and supply chain management for AHD commodities

	the national HIV treatment guidelines do not define a minimum ¹³ package of AHD services		a national AHD implementation plan has been developed and is actively being implemented nationwide		
KP	<p>National HIV treatment guidelines do not define a minimum package of HIV treatment services¹⁶ tailored for each of the country's priority KP groups (e.g., MSM, SW, PWID, TG)</p> <p>AND/OR</p> <p>There are no national treatment coverage targets for KP (i.e., ART coverage targets for each priority KP group)</p>	<p>National HIV treatment guidelines define a minimum package of HIV treatment services for each priority KP group</p> <p>AND</p> <p>there are treatment coverage targets for each KP group</p> <p>BUT</p> <p>the targets are not based on recent population size estimates¹⁷</p> <p>AND/OR</p> <p>the country does not monitor progress to targets at least annually</p>	<p>National HIV treatment guidelines define a minimum package of HIV treatment services for each priority KP group</p> <p>AND</p> <p>there are treatment coverage targets for each KP group based on recent population size estimates</p> <p>AND</p> <p>The country monitors progress towards national KP treatment coverage targets at least annually</p> <p>BUT</p> <p>treatment coverage was <50% of coverage targets for at least one KP group in the past year</p>	In addition to meeting the first three criteria for the yellow stage, 50-75% of treatment coverage targets were met for every KP group in the past year	In addition to meeting criteria for the light green stage, over 75% of treatment coverage targets were met for every KP group in the past year
TB/HIV: TPT	National HIV treatment guidelines do not define a minimum	National HIV guidelines define a minimum package for TPT for people living with HIV	National HIV guidelines define a minimum package for TPT for people living with HIV	National HIV guidelines define a minimum package for TPT for people living with HIV	In addition to meeting criteria for the light green stage, the country can disaggregate its data to describe TPT coverage for:

¹³ By "minimum package" we mean the nationally agreed upon combination of screening, diagnostic and management services to support PLHIV with advanced HIV disease, adapted from existing global guidance on the AHD package of care.

¹⁶ By "minimum package" we mean the nationally agreed upon combination of screening, diagnostic and management services to support KP with HIV, adapted from existing global guidance on the package of care for each KP group.

¹⁷ Population size estimates include bio-behavioral surveys (BBS) and modeling studies. Recent is defined as a population size estimate conducted with the last 4 years.

	<p>package¹⁸ of TPT services for people living with HIV</p> <p>AND/OR</p> <p>TPT is not integrated within less-intensive differentiated treatment (DART) models¹⁹</p>	<p>TPT is integrated within less-intensive DART models</p>	<p>TPT is integrated within less-intensive DART models</p> <p>AND</p> <p>the country has data from the past year to describe overall TPT coverage amongst people on ART</p> <p>AND</p> <p>Overall TPT coverage among people on ART is < 90%</p>	<p>TPT is integrated within less-intensive DART models</p> <p>AND</p> <p>the country has data from the past year to describe overall TPT coverage amongst people on ART</p> <p>AND</p> <p>Overall TPT coverage among people on ART is $\geq 90\%$</p>	<p>1. People enrolled in more-intensive DART models²⁰</p> <p>2. People enrolled in less-intensive DART models²¹</p> <p>AND</p> <p>TPT coverage disaggregated for people enrolled in both less-intensive and more-intensive DART models is > 90%</p>
Differentiated MCH Services	<p>National ART treatment policies do not consider pregnant and breastfeeding women (PBFW) and their infants to be eligible for less-intensive DART models</p>	<p>National ART treatment policies do consider both PBFW and their infants to be eligible for less-intensive DART models</p> <p>BUT</p> <p>there are no national DART coverage targets</p> <p>OR</p> <p>there are targets, but no data with which to assess progress towards targets in the past year</p>	<p>National ART treatment policies do consider PBFW and their infants to be eligible for less-intensive DART models</p> <p>AND there are national DART coverage targets for both (a) pregnant women and (b) breastfeeding women and their infants</p> <p>AND the country has achieved < 50% of its national DART targets for one or both groups in the past year</p>	<p>National ART treatment policies do consider PBFW and their infants to be eligible for less-intensive DART models</p> <p>AND there are national DART coverage targets for both (a) pregnant women and (b) breastfeeding women and their infants</p> <p>AND the country has achieved 50-75% of its national DART targets for both groups in the past year</p>	<p>In addition to meeting criteria for the light green stage, the country has achieved more than 75% of its national DART targets for both groups in the past year</p>

¹⁸In this context, a “minimum package” of TPT services for PLHIV would include: (1) eligibility criteria for TPT; (2) TPT regimen and dosing guidance; (3) recommendations for adherence monitoring and support; and (4) recommendations for side effect/adverse event monitoring and support

¹⁹In this context, TPT integration into less-intensive DART models means that people enrolled in less-intensive models can receive TPT within their existing models. National guidelines / operational manuals describe how TPT eligibility is assessed for people in less-intensive models, how and where eligible clients receive medication, clinical monitoring, and adherence assessment/support, and how TPT initiation and completion are documented.

²⁰ In this context, “more-intensive DSD models” means models for people initiating ART and models for people on ART who need more intensive clinical, laboratory and/or psychosocial services, including those with advanced HIV disease, multi-morbidity, adherence challenges, etc.

²¹ In this context, “less-intensive DSD models” means models specifically designed for people established on ART, including facility- and community-based models, group and individual models, and healthcare worker led and peer-led models

HIV/NCD integration	<p>National policies and/or guidelines do not explicitly support provision of non-communicable disease (NCD) services to people on ART by including all of the following for hypertension (HTN) at a minimum:</p> <ol style="list-style-type: none"> 1. Defining a minimum package of HTN screening, diagnosis, and treatment services that should be integrated into HIV treatment models. 2. Including people in less-intensive DART models in plans for HIV/HTN services. 3. Providing guidance regarding <i>where</i> HTN services should be provided for people on ART (e.g., at the point of HIV treatment or elsewhere). 4. Providing guidance regarding <i>who</i> should provide HTN services for people on ART (e.g., the HIV service provider or other). <p>Providing guidance regarding <i>when</i> HTN</p>	<p>National policies and/or guidelines do support provision of NCD services for people on ART, and include all of the following for HTN at a minimum:</p> <ol style="list-style-type: none"> 1. Definition of a minimum package of HTN screening, diagnosis, and treatment services that should be provided to people on ART. 2. Inclusion of people in less-intensive DART models in plans for HIV/HTN integration. 3. Guidance regarding <i>where</i> HTN services should be provided to people on ART (e.g., at the point of HIV treatment or elsewhere). 4. Guidance regarding <i>who</i> should provide HTN services to people on ART (e.g., the HIV service provider or other). 5. Guidance regarding <i>when</i> HTN and HIV appointments, lab testing, and drug pick-ups should be scheduled. 	<p>In addition to meeting the criteria for the orange stage:</p> <p>National policies and/or guidelines support integration of HIV and NCD services by recommending all of the following for people established on ART (“stable clients”) for HTN at a minimum:</p> <ol style="list-style-type: none"> 1. Routine HTN and HIV treatment services are co-located. 2. Routine HTN and HIV treatment services are co-scheduled (e.g., provided at the same visit) 3. HTN and HIV medication refills are coordinated to maximize client convenience and minimize visits to health facilities / pharmacies. 	<p>In addition to meeting the criteria for the yellow stage:</p> <p>National M&E systems can report the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum:</p> <p>AND</p> <p>There are national coverage targets for the proportion of people with HIV and HTN enrolled in DART who receive integrated services.</p> <p>AND</p> <p>The country has data from the past 12 months on the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum</p> <p>AND</p> <p>Coverage has reached $\geq 50\% < 75\%$ of national targets.</p>	<p>In addition to meeting the criteria for the light green stage:</p> <p>The country has data from the past 12 months on the proportion of people in less-intensive DART models who receive the minimum package of services for hypertension (HTN) at a minimum:</p> <p>AND</p> <p>Coverage has reached $\geq 75\%$ of national targets.</p>

	and HIV appointments, lab testing, and drug pick-ups should be scheduled.				
Integration of Family Planning into DART models	National policies do not support integration of family planning (FP) services into less-intensive DART models	National policies do support integration of FP services into less-intensive DART models BUT there are no national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services OR there are targets, but no data with which to assess progress towards targets in the past year	National policies do support integration of FP services into less-intensive DART models AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services AND the country has achieved < 50% of its national targets in the past year	National policies do support integration of FP services into less-intensive DART models AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services AND the country has achieved 50-75% of its national targets in the past year	National policies do support integration of FP services into less-intensive DART models AND there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services AND the country has achieved over 75% of its national targets in the past year
Quality of Differentiated Treatment (DART) services	Neither national quality standards nor a services quality assessment (SQA) tool for differentiated treatment (DART) model have been developed and neither is currently in development.	National quality standards and a SQA tool for DART models have been developed but no evaluations of quality using the standards have been completed in the past year OR the SQA tool has been used in the past year but fewer than 50% of facilities assessed met or exceeded national standards	The SQA tool has been used to conduct at least one evaluation of DART quality in the past year, and at least 50-75% of facilities assessed met or exceeded national quality standards	The SQA tool has been used to conduct at least one evaluation of DART quality in the past year, and more than 75% of facilities assessed met or exceeded national quality standards	The SQA tool has been used to conduct at least one evaluation of DART quality using a <i>nationally representative sample</i> in the past year, and more than 75% of facilities assessed met or exceeded national quality standards

	[note: the CQUIN SQA toolkit is described here and the framework is here]				
Impact of Differentiated Treatment (DART) Services	No evaluations of national DART models using a nationally representative sample have been conducted in the past 2 years and no evidence of impact is available at this time	National DART models have been evaluated in the past 2 years using a nationally representative sample, using either process (e.g., recipient of care and/or provider satisfaction, wait times, retention in care, etc.) or outcome (e.g., viral suppression, morbidity, mortality, efficiency, etc.) indicators, but no evidence of impact is available	At least one evaluation of national DART models using a nationally representative sample has been conducted in the past 2 years, with evidence indicating impact in either process or outcome indicators	At least one evaluation of national DART models using a nationally representative sample has been conducted in the past 2 years, with evidence indicating impact in both process and outcome indicators	Repeated evaluations of DART models using a nationally representative sample have been conducted in the past 2 years, with evidence indicating ongoing impact in both process and outcome indicators