Leveraging CQUIN to Improve Programmatic Global Fund Grants

A CQUIN & Global Fund
Webinar
January 19, 2023
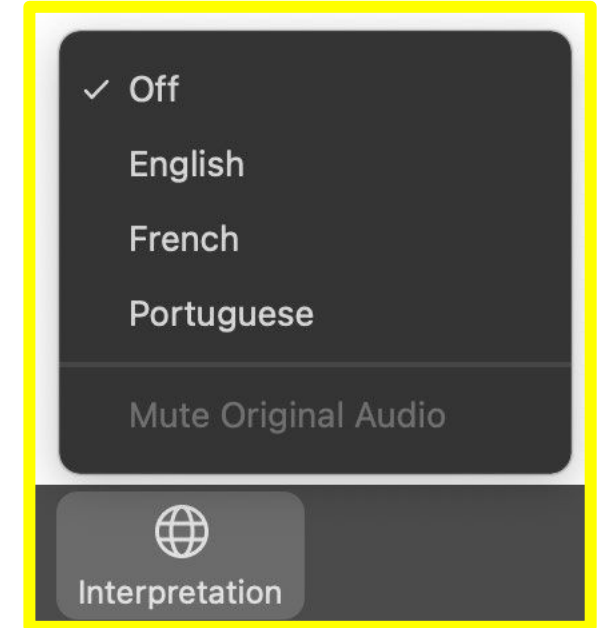
HIV Learning Network
The **CQUIN** Project for Differentiated Service Delivery

Welcome/Bienvenue

Fatima Tsiouris, ICAP/CQUIN

- 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.

Housekeeping

- 90-minute webinar with framing presentations followed by a panel discussion with Q&A

- Slides and recording will be available on the CQUIN website (www.cquin.icap.columbia.edu)

- Please type questions in the Q&A box located on the toolbar at the bottom of your screen

- If you are a French speaker, please ask your question in your language of choice and the interpreters will translate as needed

Agenda

- **Welcome and Introductions**
  - Fatima Tsiouris, Deputy Director, Human Resources for Health, ICAP at Columbia University

- **Presentations**
  - Introduction to RSSH – Olga Bornemisza, Senior RSSH Advisor
  - Global Fund HIV Longevity Technical Brief – Lee Abdelfadil, Senior HIV Advisor
  - Deep Dive: HIV and Mental Health – Erin Ferenchick, United for Global Mental Health
  - Timelines/Process for GF Submission – Olga Bornemisza, Senior RSSH Advisor, Global Fund

- **Questions & Answers**

Presenters

Olga Bornemisza
Senior RSSH Advisor
The Global Fund to Fight AIDS,
Tuberculosis, and Malaria

Lee Abdelfadil
Senior HIV AIDS Advisor
The Global Fund to Fight AIDS,
Tuberculosis, and Malaria

Erin Ferenchick
Senior Consultant
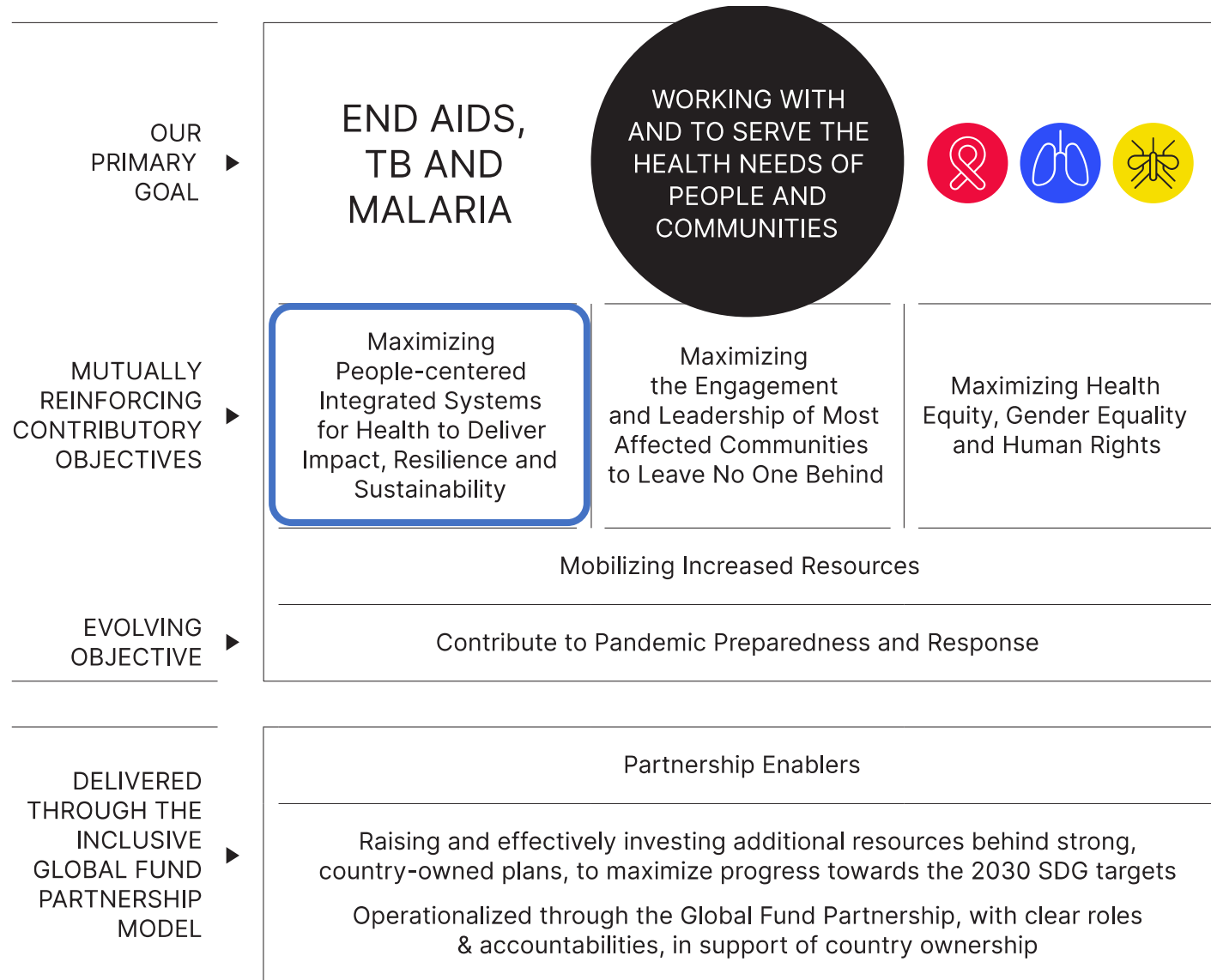United for Global Mental Health

Delivering integrated, people-centered health services

Programmatic priorities and opportunities for engagement in the 2023-2025 allocation period

CQUIN Webinar

January 19, 2023

2023-2028 Global Fund Strategy Framework

OUR PRIMARY GOAL ▶

END AIDS, TB AND MALARIA

WORKING WITH AND TO SERVE THE HEALTH NEEDS OF PEOPLE AND COMMUNITIES

MUTUALLY REINFORCING CONTRIBUTORY OBJECTIVES ▶

Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

Maximizing Health Equity, Gender Equality and Human Rights

Mobilizing Increased Resources

EVOLVING OBJECTIVE ▶

Contribute to Pandemic Preparedness and Response

DELIVERED THROUGH THE INCLUSIVE GLOBAL FUND PARTNERSHIP MODEL ▶

Partnership Enablers

Raising and effectively investing additional resources behind strong, country-owned plans, to maximize progress towards the 2030 SDG targets

Operationalized through the Global Fund Partnership, with clear roles & accountabilities, in support of country ownership

Global Fund Strategy (2023 – 2028)
Opportunities for integrated service delivery

"Integrated, people-centered quality services (IPCQS) are not delivered only around a disease but organized in a way that considers individuals' health needs holistically, by placing people and communities at the center of services. This requires supporting and incentivizing HIV, TB and malaria service integration, as relevant, together with services to address coinfections and comorbidities of the three diseases, other adjacent health areas, such as SRH and RMNCAH services, relevant COVID-19 services, and integrated into primary care services."

HIV
Integrate services to prevent, identify, and treat advanced HIV disease, comorbidities, and coinfections. Includes HIV service integration with other diseases, and as part of services for ANC/PNC, SRH and harm reduction, with care pathways adapted for aging populations.

TB
Increased efforts to prevent TB transmission, including by addressing structural determinants, a renewed focus on **finding and treating** all people with drug-susceptible and drug-resistant TB, **service integration, differentiated and tailored service delivery models,** as well as greater **partnership** across all sectors.

Malaria
Service integration, extending and optimizing the reach and quality of public sector and community services, as well as **improving access to quality malaria diagnosis and care** in settings where large numbers of people seek services in the private sector.

Different levels of integration needed for IPCQS

National and sub-national leadership and governance:

Coordinated strategic and operational planning across various health programs

(e.g. coordinated disease NSPs and health sector strategies, evidence-based planning at sub-national level)

National health systems functions:

- Health financing systems
- Health product management systems
- Health management information systems
- Laboratory systems
- Human resources for health

Service delivery level:

Organize services at facility level around package of essential health services, plus functional referral system. (e.g. ANC/PNC, SRH-HIV, adolescent health service delivery platforms)
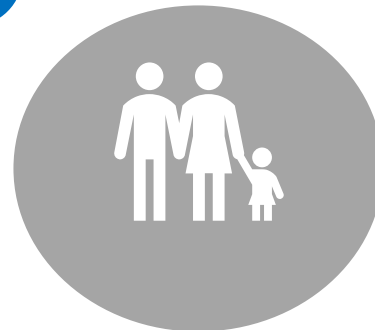
Building RSSH to support IPCQS: investment areas

1	Health Sector Planning and Governance
2	Health Financing and Financial Management Systems
3	Community Systems and Responses
4	Monitoring and Evaluation Systems

5	Human Resources for Health and Quality of Care
6	Health Product Management Systems
7	Laboratory Systems Strengthening
8	Medical Oxygen and Respiratory Care

Cross-cutting Considerations:

Private Sector Engagement	Digital Health

HIV and IPCQS
Opportunities to improve HIV outcomes

- Integrated services can be more efficient and effective, but they need to be well-designed and properly evaluated

- Countries must critically evaluate the packages of services and models of delivery that are most appropriate and feasible for integration. Integration can be bidirectional.

- Consider opportunities to leverage and/or strengthening service delivery platforms to deliver HIV prevention and treatment services, such as:
  - ✓ Sexual and reproductive health (SRH)
  - ✓ Maternal and child health services (e.g., ANC/PNC)
  - ✓ Adolescent health services
  - ✓ Primary health care

- Consider opportunities to layer in additional services to HIV service delivery platform across the cascade. **HIV Longevity Technical Brief** outlines priorities areas.

HIV Sub-Section Contents

1 HIV Information Note

2 HIV Program Essentials

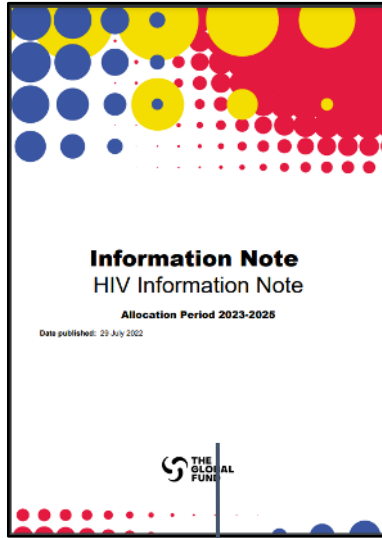**3** **Health and longevity guidance**

4 **Example: Hepatitis and EVT**

5 **Example: Cervical Cancer**

Key Changes to HIV-related materials
Updates for the 2023-2025 Allocation Period

Information Note
HIV Information Note
Allocation Period 2023-2025
Date published: 29 July 2022

Modular Framework Handbook
Date published: 29 July 2022

Essential Data Tables

- Alignment with new Global Fund Strategy, along with other global strategies and updated global guidelines
- Includes information on Program Essentials, Priority Interventions and Country examples
- [Access the HIV Information Note here.](#)

- Streamlining of HIV modules and interventions
- Updated indicators aligned with strategy and WHO/UNAIDS M&E
- [Access the Modular Framework here.](#)

- Additional baseline data (and disaggregates) which is pre-filled by Global Fund, where available.
- Program Essentials table is to be completed by applicant.

Table 1. Products and technologies for introduction and scale-up in Global Fund-supported programs

Product Area	Objective	Products
Diagnostics/ screening for HIV	Improve case finding, accelerate self-care and prevention	• HIV self-testing • Early infant diagnosis (EID), including at point of care
Diagnostics/ screening for coinfections and comorbidities	Accelerate rapid diagnosis of important coinfections and comorbidities	• Diagnostics for advanced HIV disease, especially fungal and next generation lateral flow urine lipoarabinomannan assay (LF-LAM) • Dual HIV/Syphilis rapid diagnostic tests (RDT) • Multi-disease RDTs: sexually transmitted infections (STI)/HIV/Hepatitis • Multi-disease molecular testing: TB/Hepatitis/HIV/drug resistance • Human papillomavirus (HPV) nucleic acid amplification tests (NAATs) for screening • Hepatitis C self-tests
Prevention *HIV*	Expand choice, accelerate self-care, enable people- centered services	• Pre-exposure prophylaxis (PrEP) – dapivirine vaginal ring and long-acting injectable cabotegravir • Long-acting opioid substitution therapy (OST)
Management *HIV treatment and care*	Achieve early and sustained viral suppression	• Dolutegravir-based regimens, including 10mg dolutegravir for children • Point of care (POC) technologies for viral load measurement, including early infant diagnosis (EID) • Point of care CD4 count testing (Visitect)
Prevention and management *Coinfections and comorbidities*	Optimize HIV management to reduce morbidity and mortality	• TB preventive therapy: 3HP [isoniazid (INH) and rifapentine (RPT)] • Hepatitis B and C antiviral drugs • Liposomal amphotericin B (single high dose) for Cryptococcal infection
Devices/ technology	Accelerate differentiation and digital and virtual service delivery for people-centered services	• Use of virtual interventions, including the use of both telephone and internet-based platforms to reach and engage clients in HIV testing, prevention, and treatment.
	Enhance public health surveillance and response	• Rapid survey tools • Geo-mapping (mapping using geospatial data)

Program Essentials for HIV (1 of 2)

[HIV Information Note](#) (Table 2)

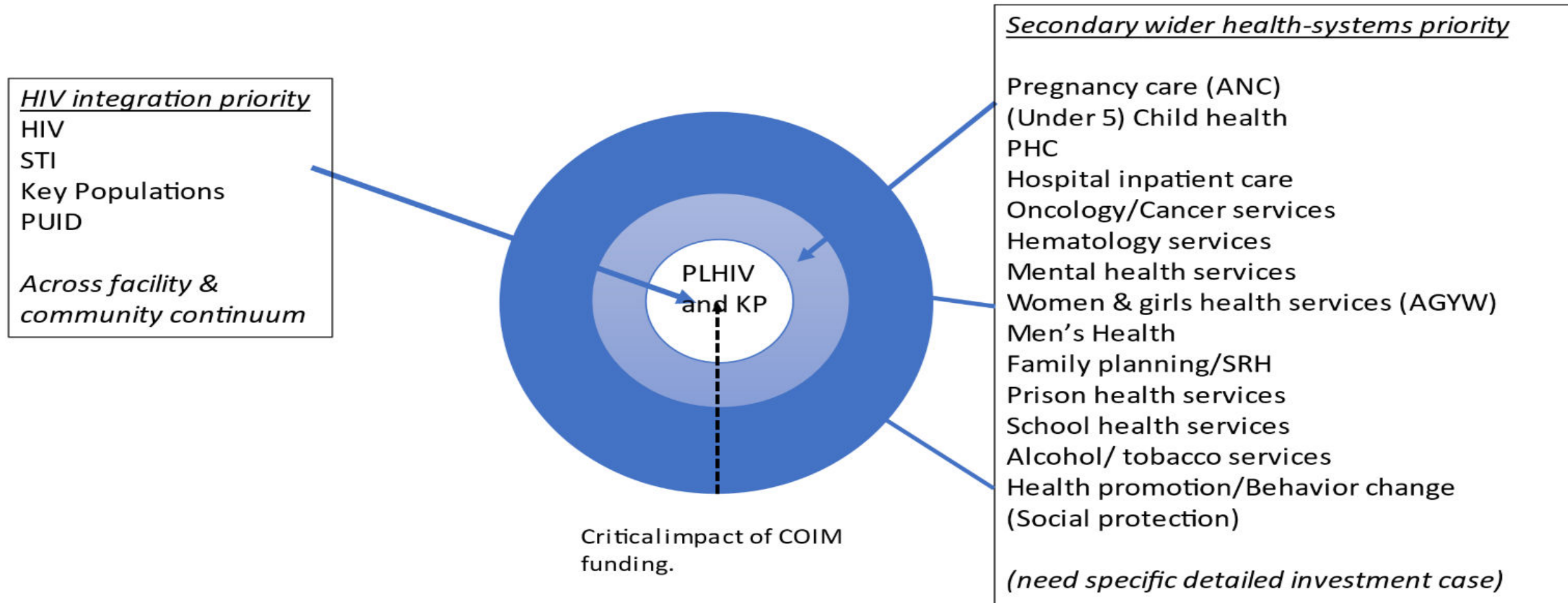|	
HIV primary prevention	1. Condoms and lubricants are available for all people at increased risk of HIV infection 2. Pre-exposure prophylaxis (PrEP) is available to all people at increased risk of HIV infection, and post-exposure prophylaxis (PEP) is available for those eligible 3. Harm reduction services are available for people who use drugs 4. Voluntary medical male circumcision (VMMC) is available for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries
HIV testing & diagnosis	5. HIV testing services include HIV self-testing, safe ethical index testing and social network-based testing 6. A three-test algorithm is followed for rapid diagnostic test-based diagnosis of HIV 7. Rapid diagnostic tests are conducted by trained and supervised lay providers in addition to health professionals
Elimination of vertical transmission	8. Antiretroviral treatment (ART) is available for pregnant and breastfeeding women living with HIV to ensure viral suppression 9. HIV testing including early infant diagnosis (EID) is available for all HIV-exposed infants
HIV treatment & care	10. Rapid ART initiation follows a confirmed HIV diagnosis for all people irrespective of age, sex or gender 11. HIV treatment uses WHO-recommended regimens 12. HIV care includes management of advanced HIV 13. Support is available to retain people across the treatment cascade including return to care 14. CD4 and viral load testing, and diagnosis of common comorbidity and coinfections are available for management of HIV

Program Essentials for HIV (2 of 2)

[HIV Information Note](#) (Table 2)

TB/HIV	15. People living with HIV with active tuberculosis (TB) are started on ART early 16. TB preventive therapy is available for all eligible people living with HIV including children and adolescents
Differentiated service delivery (DSD)	17. HIV services (prevention, testing, treatment and care) are available in health facilities, including sexual and reproductive health services, and outside health facilities including through community, outreach, pharmacy and digital platforms 18. Multi-month dispensing is available for ART and other HIV commodities
Human Rights	19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers 20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings 21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations 22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses

Service delivery platform considerations

HIV integration priority
HIV
STI
Key Populations
PUID

Across facility & community continuum

PLHIV and KP

Critical impact of COIM funding.

Secondary wider health-systems priority

Pregnancy care (ANC)
(Under 5) Child health
PHC
Hospital inpatient care
Oncology/Cancer services
Hematology services
Mental health services
Women & girls health services (AGYW)
Men's Health
Family planning/SRH
Prison health services
School health services
Alcohol/ tobacco services
Health promotion/Behavior change
(Social protection)

(need specific detailed investment case)

Health and longevity prioritization framework

A strong investment case

Proposed interventions reflect people-centered services and approaches.

Proposed interventions leverage integrated HIV service delivery platforms.

Identification of, and alignment with relevant co-financing- domestic and other funders.

7 Priority Areas

Advanced HIV Disease	Viral Hepatitis	Cervical Cancer
Non-Communicable Diseases associated with ageing	Mental Health	Coronavirus and other emerging pandemics

HIV Prioritized Interventions

Priority Area	**Elimination of Vertical Transmission:** HIV & Syphilis and Hepatitis (Section 3.2.4 page 31)

Interventions and approaches to prioritize

1. Integrated HIV testing and rapid ART initiation among pregnant and breastfeeding women including adolescents and key populations at facility and community service delivery points

2. Treatment continuity and retention of the mother-infant pair throughout the breastfeeding period

3. Prevention of new HIV infections among pregnant and breastfeeding women

4. Infant prophylaxis

5. Early infant diagnosis and follow-up HIV testing for infants through the breastfeeding period and linkage to paediatric HIV treatment

6. Integrated service delivery with SRH and maternal, neonatal and child health (MNCH)

Hepatitis B and C

	WHO recommendation	Eligible HIV and disease-specific RSSH	Comment
Hepatitis B and C testing and screening	All adults and adolescents living with HIV, and their partners. Focused testing in Key populations, mobile and migrant populations, and their partners. Routine testing in pregnant women for HBV (Syphilis).	**HIV, STI KP PUID platforms** – as per recommended WHO assays, and serological tests … including HCVST. **Contributing to pregnant women in eVT** and ANC platforms in line with HIV info note prioritization.	**Triple elimination** as part of a **nationally coordinated strategy**. GF will be in line with the existing/proposed GF-supported program.
Hepatitis B vaccine	Universal infant and perinatal HBV vaccination. Vaccination for ALL key populations.	**HIV, STI KP PUID platforms** including post-sexual violence CARE. Contributing to **Infant and perinatal vaccination** –a detailed strong investment case as outlined in the COIM policy and in line with EPI and MNCH services.	**Vaccines** should be introduced as part of a **coordinated national strategy** to prevent Hepatitis B and C.

Hepatitis C and B –continued

	WHO recommendation	Eligible HIV and disease-specific RSSH	Comment
Hepatitis B-pretreatment assessment and treatment	Recommended algorithm for diagnosis, treatment, and monitoring. WHO guidelines recommendation on ART regimens in coinfection scenarios.	Eligible within **HIV treatment platforms.** **Pregnant and breastfeeding** women within the context of **eVT** as per HIV info note.	Treatment should be designed and funded as part of a **coordinated national Hepatitis strategy** and program.
Hepatitis C-confirmation of viremia, assessment and treatment	Recommended algorithm for diagnosis, treatment, and monitoring.	Eligible within HIV **treatment platforms.** **PUID service platforms regardless of HIV status.**	

Cervical cancer

	WHO recommendation	Eligible HIV and disease-specific RSSH	Comment
"Screen, triage and treat approach" Screening	HPV DNA detection as the primary test with triage. Samples collected by a health-care provider or self-collected samples. regular cervical cancer. Screening at the age of 25 years among women living with HIV(5-10 years screening) 30 among general pops with caveats of women after 50 who have never been screened. (5-10 screening)	Screening within **HIV, STI , PUID and KP platforms**, for WLHIV and Key and vulnerable populations including transgender people. As per WHO guidance.	This should be funded as part of a **coordinated national cervical cancer strategy**.
HPV vaccination	Focus-girls aged 9–14 years, before becoming sexually active.	Within **HIV, STI , PUID and KP platforms** . Contribute to **vaccine investment gaps for AGYW with a clear investment case.**	HPV vaccines should be introduced as part of a coordinated national cervical cancer strategy.

Cervical cancer –continued

	WHO recommendation	Eligible HIV and disease-specific RSSH	Comment
Treatment	Treat as soon as possible within six months WHO suggests large-loop excision of the transformation zone (LLETZ) or cold knife conization (CKC); for women from the general population and women living with HIV who have histologically confirmed adenocarcinoma in situ (AIS).	Within **HIV treatment platforms**: WLHIV.	Treatment should be designed and funded as part of a coordinated **national Cervical cancer strategy.**

HIV and Mental Health: Deep Dive
Integration to improve HIV outcomes

- HIV and mental health conditions are linked in a powerful, bidirectional relationship

- Mental health and psychosocial needs of those living with or at risk of HIV must be core to any approaches to ending the epidemic

- Poor mental health may lead to negative health outcomes at each step in the HIV care continuum, from HIV diagnosis all the way to achieving viral suppression. Can interfere with HIV testing and learning one's HIV status, successfully linking to HIV care, staying in care, initiating ART, and remaining adherent to ART to achieve HIV viral suppression

  - Systematic review exploring the relationship between depression and adherence to ART found the likelihood of achieving good ART adherence was 42% lower among those with depressive symptoms compared to those without depression

- Strong evidence that providing mental health services for people living with HIV improves treatment (retention in care and ARV adherence)

- Integrating mental health into HIV prevention initiatives could also hasten the decline in new HIV infections by at least 10% and as much as 16.5%. What this means is that by 2030, over 924,000 people around the world could avoid contracting HIV.

Entry points and models for integrating HIV and mental health

Integration of mental health interventions across the HIV care continuum (WHO 2022)

- *HIV prevention*: Integrate PrEP with mental health prevention and promotion
- *HIV testing services*: Post-test counselling that includes mental health screening and referral for relevant services
- *ART initiation*: Routine screening for mental health conditions. Psychological and pharmacological interventions as needed and provision of care.
- *ART adherence and viral suppression*: Regular screening for mental health conditions at all follow up visits. Psychosocial and brief psychological interventions to support adherence and retention in care.
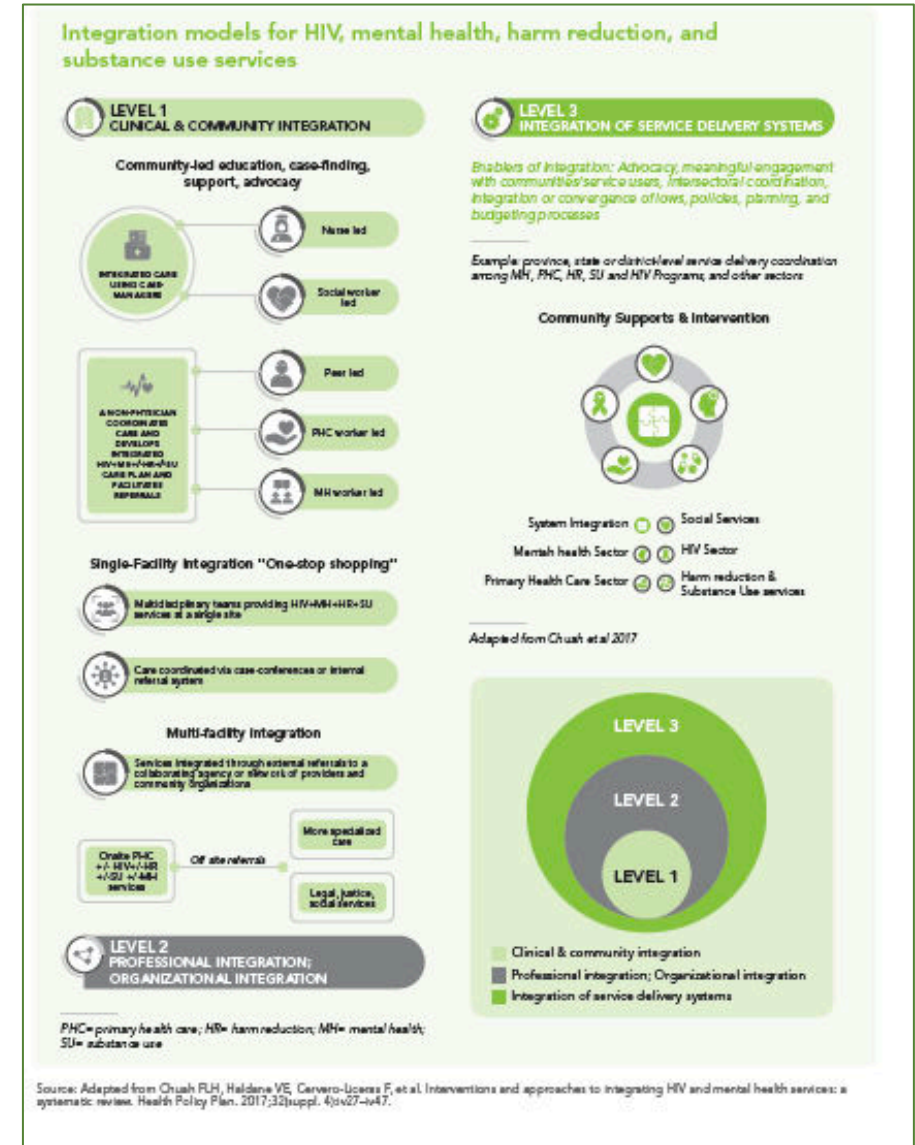
Country Examples
Improving Quality of Care and Integrated Service Delivery

West and Central Africa
Improving Quality of Care

Support for evidence-based approaches to improve quality of HIV, TB and malaria services in five countries

- Human Resources for Health (HRH) planning, including health labor market assessments and workload planning.
- Improved quality of care through integrated supportive supervision, collaborative improvement, training, web-based supervision checklists and supervision of supervisors.
- Strengthened leadership and management at national, regional, and district levels.

Results: Improved health provider performance in delivering high quality, people-centred services at facility and community levels.

Zimbabwe
Integrating Mental Health

Support focused on integrating mental health into the HIV/TB services and the COVID-19 response.

- Trained and supervised health professionals on mental health.
- Supported community health workers to screen people who may be experiencing metal health problems.
- Strengthened peer psychosocial support for young people.
- Included mental health services and psychosocial counselling as part of the minimum comprehensive HIV prevention package for men having sex with men.
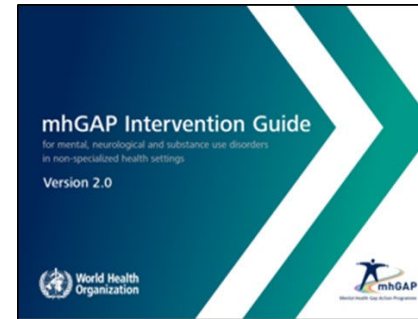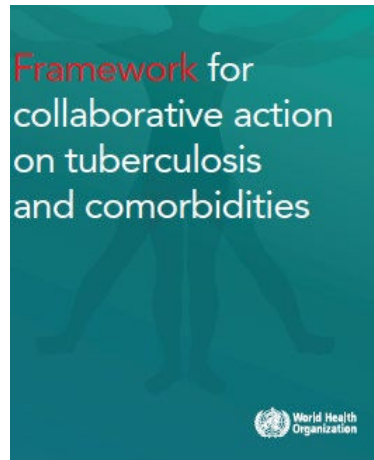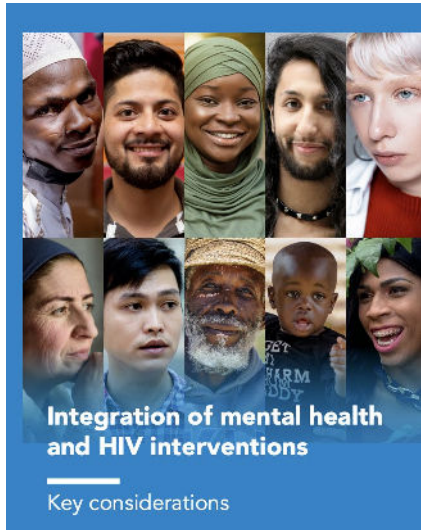
Results: Improved adherence to HIV/TB treatments and expanded access to mental health care for people living with HIV/TB.

Technical Toolbox: supporting the integration of mental health services into HIV and TB programs
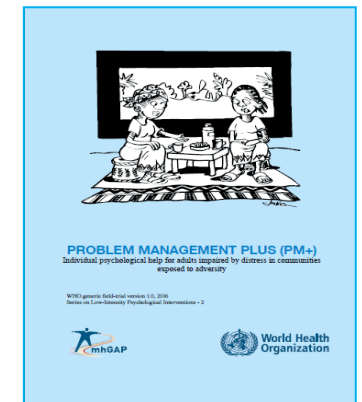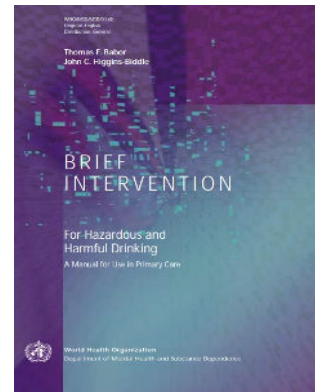
[United for Global Mental Health](#) developed a toolbox to support national-level stakeholders to engage in the Global Fund country dialogue and position mental health as core to improving HIV and TB program effectiveness.

- **Target users:** CCMs, National Disease Programs, PRs/SRs and other key stakeholders
- **Contents:**
  - Factsheet on the relationship between HIV/TB and mental health
  - Annotated bibliography summarizing the existing normative guidance
  - Compendium of case studies which demonstrate *how* to integrate mental health into HIV/TB programs and its *impact* on health outcomes
  - List of available technical assistance/support for national partners wanting to integrate mental health into HIV/TB programs *[under development]*
- Toolbox available at this [link](#). Live resource that will expand as more resources are developed and made available in Q1 2023.

Global guidance available on integrating mental health services

Integration of mental health and HIV interventions — Key considerations

Framework for collaborative action on tuberculosis and comorbidities

mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings — Version 2.0

QualityRights — Understanding human rights
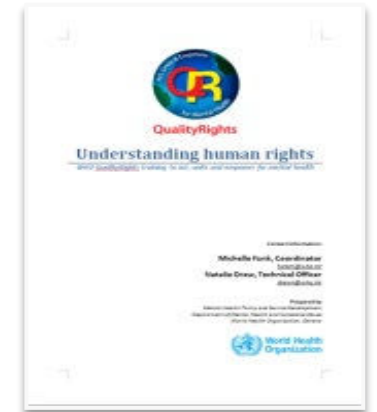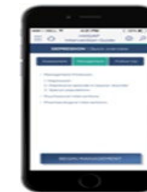
WHO Operational Handbook on the management of mental disorders in tuberculosis programmes to be available in Q1 2023

substance use — Community management of opioid overdose

BRIEF INTERVENTION — For Hazardous and Harmful Drinking — A Manual for Use in Primary Care

THINKING HEALTHY — A manual for psychosocial management of perinatal depression

PROBLEM MANAGEMENT PLUS (PM+) — Individual psychological help for adults impaired by distress in communities exposed to adversity

Country Dialogue Across the Funding Cycle

CCMs expected to lead/coordinate country dialogue across the funding cycle.
But successful country dialogue requires **active engagement from key stakeholders**: gov'ts, communities, partners, country teams, PRs etc.

CCM Development of Funding Request
- Prioritization of Request
- Selection of Principal Recipient

CCM Oversight of grant-making

CCM Oversight of program implementation
- Mid-term Reviews
- Addressing Bottlenecks
- Reprogramming Exercises

NATIONAL STRATEGIES

TECHNICAL COOPERATION AND REPROGRAMMING AS NEEDED

EVALUATION AND REVIEW

APPLICATION PROCESS

FUNDING REQUEST

REVIEW

GRANT-MAKING

APPROVAL

GRANT IMPLEMENTATION

COUNTRY DIALOGUE

APPLICATION PROCESS: 6-9 MONTHS

GRANT IMPLEMENTATION 3 YEARS

The Global Fund
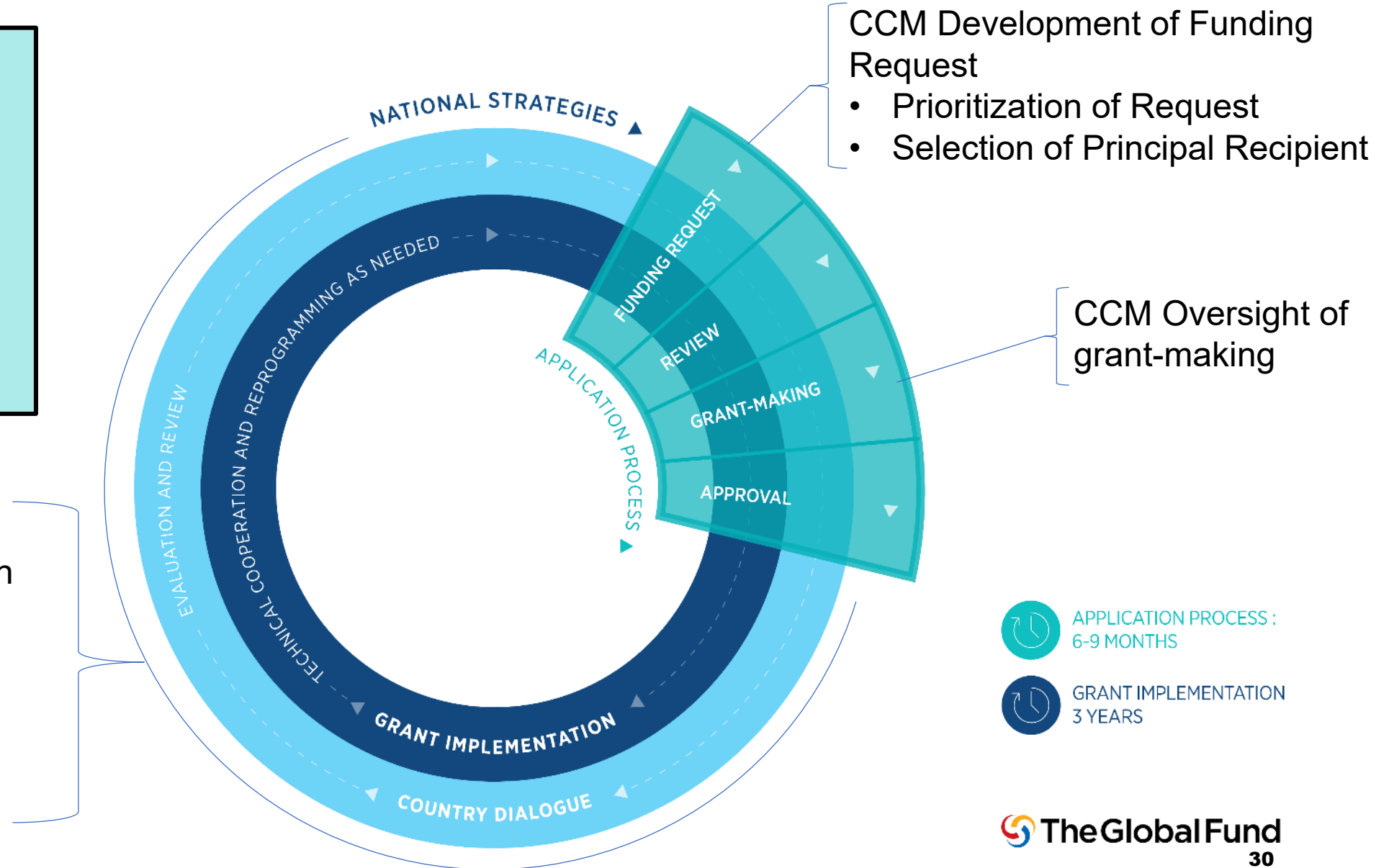
Submission Dates for 2023

The expected submission window deadlines and subsequent Technical Review Panel meeti
are listed below. Additional windows will be shared here, once finalized.

Window	Applicant Submission Deadline	TRP Meeting
1	20 March 2023	April–May 2023
2	29 May 2023	July 2023
3	21 August 2023	September–October 2023

Timing of specific country submissions: Extrapolate from the 2020-2022 Funding Request Tracker until new tracker is posted (early 2023). Download in **English**

Guiding questions to consider during the design process

1	What are the RSSH prioritizes and gaps stemming from the national health sector strategy, national strategic plan for the three diseases and other sub-sectoral strategies?

2	What are the RSSH priorities for community-based and community-led service delivery and support systems?

3	What are the key RSSH risks to HIV, TB and malaria program delivery, including their quality and sustainability? How will the identified RSSH priorities address them?

4	**What are the missed opportunities for integration, including at service delivery level, that may delivery gains in equity, efficiency and impact for HIV, TB and malaria programs? What are the potential barriers to and risks of integration?**

5	What interventions for the identified RSSH priorities are covered by other sources and what gaps need to be covered by Global Fund funding?

6	Are the investments in the RSSH priorities more focused on health systems support (i.e., mostly short-term funding of inputs) or on health systems strengthening (i.e., activities that last beyond the funding cycle)?

7	What are the lessons learned from TRP recommendations and/or implementation challenges from the previous RSSH investments?

8	How well have the results of previous RSSH investments been monitored and evaluated? What positive results have been achieved and how can these be consolidated?

Key Resources: Global Fund Funding Requests
Updates for the 2023-2025 Allocation Period
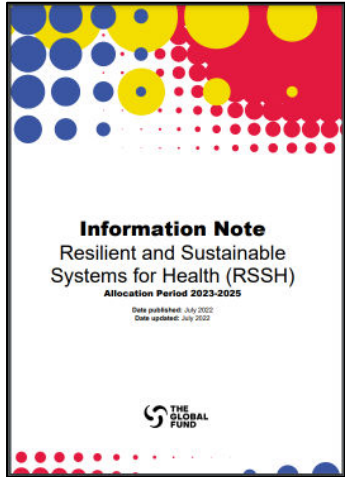
Global Fund Information Notes

Provide guidance to applicants preparing funding requests for HIV, TB, malaria and RSSH

Include language on IPCQS
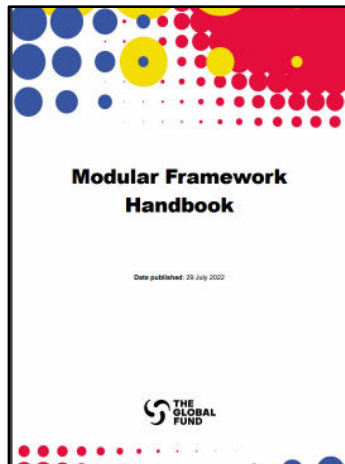
Modular Framework

The Modular Framework is aligned with the revised Global Fund Information Notes

Additional Resources

1. Global Fund Strategy (2023-2028) (**link**)

With an emphasis on priorities for integrated people centered care.

2. Technical Briefs (**link**)

3. Country allocations (**link**)

4. CCM Registry (**link**)

Translations are in process for all Global Fund materials.

Key Resources: Global Fund Application Process

Applicant Handbook
2023-2025 Allocation Period
October 2022 Edition
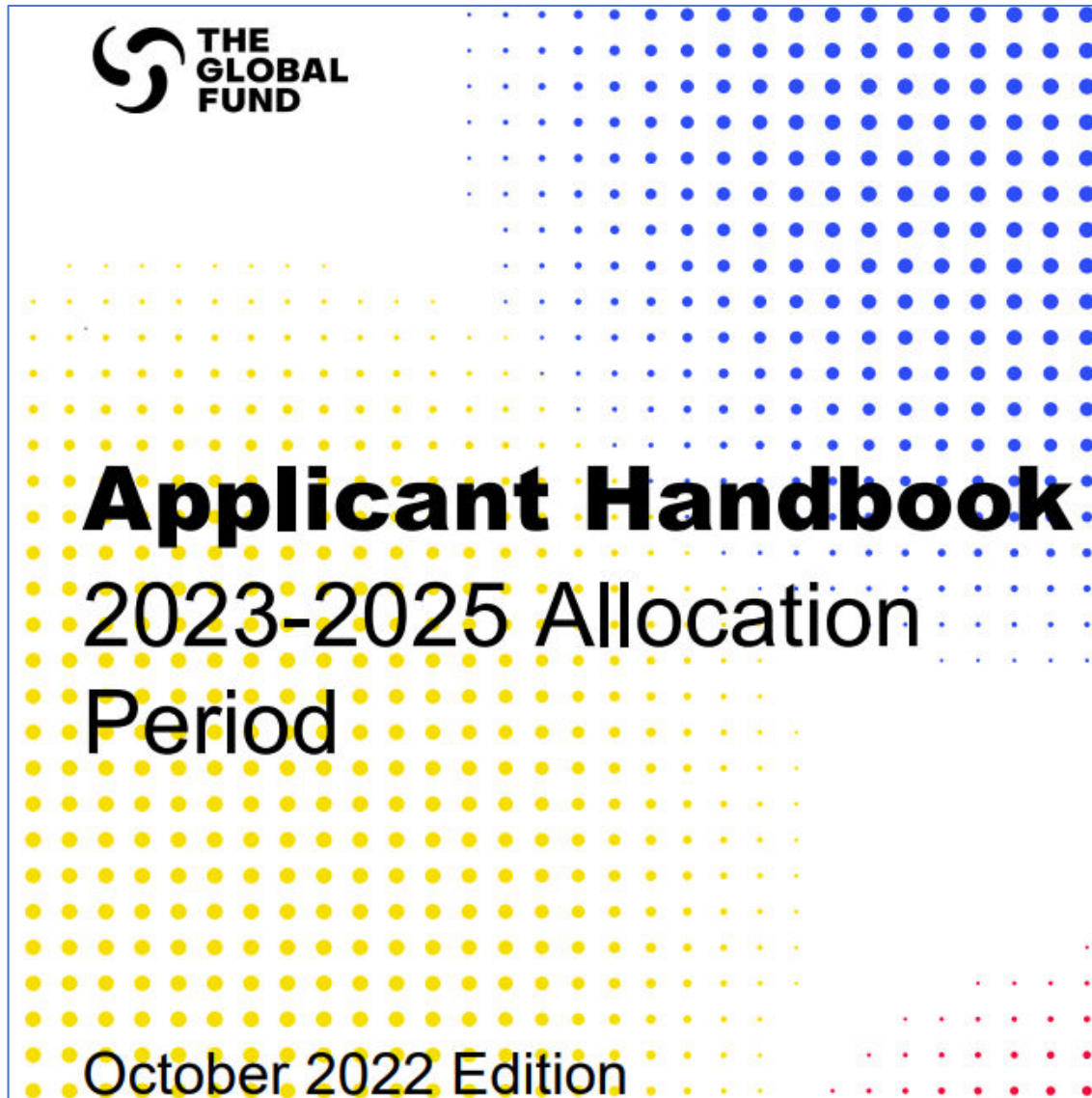
Read the applicant handbook as a starting point:
https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf

And read the FAQ
https://www.theglobalfund.org/media/12199/core_2023-2025cycle_faq_en.pdf

Other useful information to understand the GF application process here
https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/
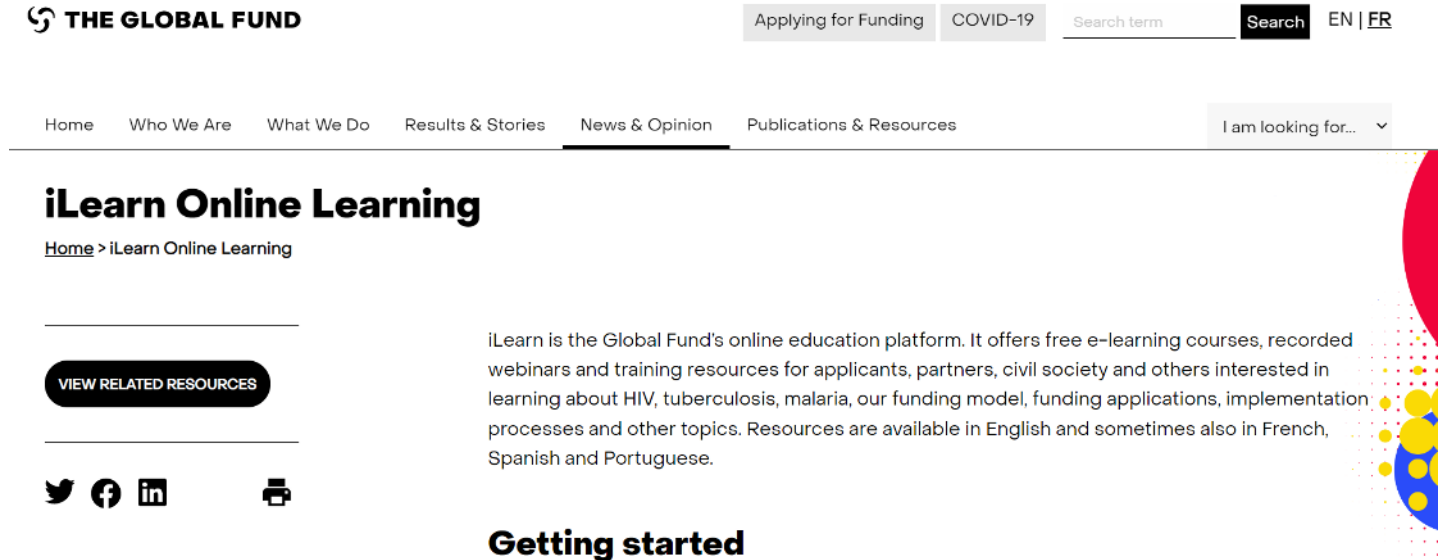
Key Resources: E-learnings
Register on iLearn

E-learning courses are available on:

- ✓ Country Coordinating Mechanism orientation
- ✓ Country Coordinating Mechanism Code of Conduct training
- ✓ Disease and health systems
- ✓ Fighting wrongdoing for better grant impact
- ✓ Guidelines for Grant Budgeting

More e-learnings and recorded webinar sessions on the 2023-2025 allocation cycle will be published in early 2023, including on mental health and hiv/tb

https://www.theglobalfund.org/en/ilearn/

Key Resources: Webinars

|	
Applying for Funding in 2023-2025: Detailed overview (grabación **en español**)	22 September
Applying for Funding in 2023-2025: What has changed (grabación **en español**)	23 September
Country Dialogue Expectations: Including Program Split (grabación **en español**)	5 October
High-Impact & Core Portfolios: Applying with the Full Review and Program Continuation Application Approaches* (grabación **en español** | a gravação **em portugues**)	25 October
Focused Portfolios: Applying with the Tailored for Focused and Transition Application Approaches* (grabación **en español**)	2 November
Applying with the Tailored for National Strategic Plans Application Approach* (grabación **en español**)	9 November
Updates to Information Notes – including Program Essentials and Critical Approaches (grabación **en español** | a gravação em portugues)	24 November
Sustainability, Transition and Co-Financing, and Innovative Financing (grabación **en español** | a gravação **em portugues**)	30 November
Allocations: Overall Outcome (grabación en español)	20 December
Matching Funds (grabación en español)	**9 January**
The Performance Framework and Detailed Budget Annexes	**30 January**

Steps to watch webinars on iLearn

- To watch the webinars and the accompanying slides in question, along with other previous sessions, please head to the iLearn platform.

- From there, you can log in under "Other Users", or create an account, it's quite quick. Then log in and click on "2023-2025 Webinars & eLearnings" (here).

- On the right hand side is the Webinars section with the link to register for future webinars, and links to previous webinars and the slides.

Questions for Discussion

- How do members of the CQUIN learning network see the opportunities presented?
- How can you contribute to the investment case at the country level? Are there useful case studies or good practice to share?
- How do you see yourselves engaging in the country dialogue discussions with the CCM? Are there good examples where COP members have successfully engaged with CCMs?
- Welcome comments from Dr. Baker Bakashaba from TASO Uganda on engaging with the CCM to develop Global Fund proposals.

Thank you
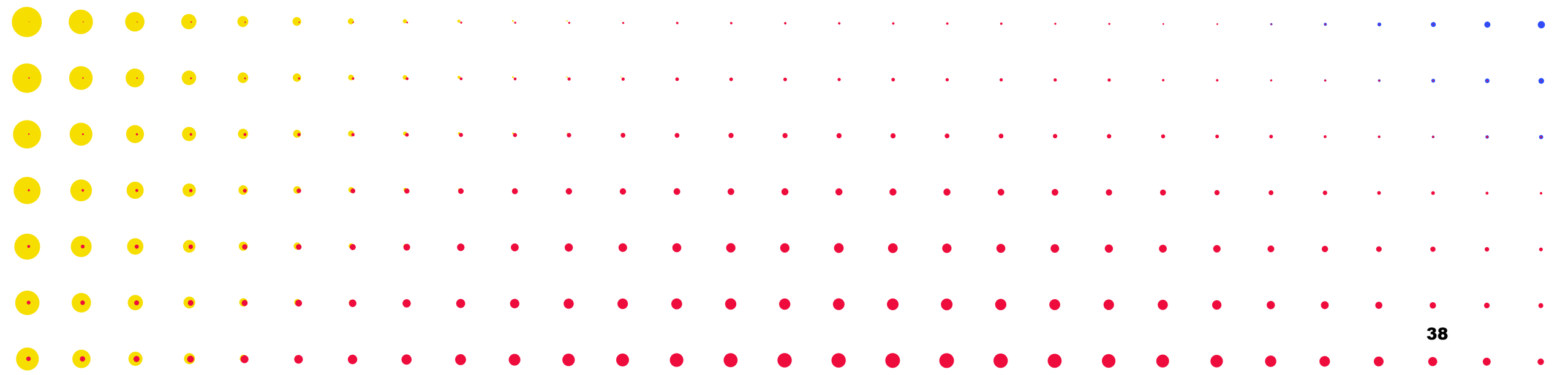
Panel Discussion

Olga Bornemisza
Senior RSSH Advisor
The Global Fund to Fight AIDS,
Tuberculosis, and Malaria

Lee Abdelfadil
Senior HIV AIDS Advisor
The Global Fund to Fight AIDS,
Tuberculosis,
and Malaria

Erin Ferenchick
Senior Consultant
United for Global Mental Health

Baker Bakashaba
Regional Project Manager-
Soroti
The AIDS Support
Organization (TASO)
Uganda

Slides and recordings from today's session will be posted on the CQUIN website:
https://cquin.icap.columbia.edu/

Join us on February 14th for the next CQUIN webinar:
Centering recipients of care: Assessing and Improving Satisfaction with DSD Programs

HIV Learning Network
The **CQUIN** Project for Differentiated Service Delivery

icap Global Health