

CQUIN Quality and Quality Improvement for Differentiated Service Delivery Community of Practice: Terms of Reference

I) Background

As countries work to achieve HIV epidemic control, the scale-up of differentiated service delivery (DSD) is a promising approach to improving the quality and efficiency of HIV services. In response, [ICAP at Columbia University](#) leads the HIV Coverage, Quality and Impact Network ([CQUIN](#)) with the support of the Bill & Melinda Gates Foundation. CQUIN is a learning network designed to accelerate DSD scale-up by fostering joint learning, country-to-country exchange, and targeted technical assistance for its 21 member countries.¹

Since CQUIN's launch, participants have identified the quality of DSD services as a pillar of successful DSD programs. The [CQUIN Dashboard](#) includes a simple standardized metric with which to track DSD quality in network countries – most of which have documented a marked lack of data in this domain. While many network countries have quality standards for HIV treatment, very few have quality standards for *differentiated* treatment models specifically, or systematic approaches to assessing DSD quality. Early programmatic experience highlights the need for close attention to quality challenges, including imperfect use of DSD eligibility criteria; suboptimal utilization of viral load data; changes to program design that discourage enrollment; and lack of fidelity to DSD guidelines.

In response, CQUIN has developed a stream of work related to DSD quality and quality improvement (QI). In 2018, CQUIN launched a [community of practice \(CoP\)](#) focused on quality and quality improvement, engaging network participants in a series of in-person [workshops](#) and ongoing virtual collaboration. The CoP identified the need for differentiated ART (DART) quality standards, which are largely missing from national and global guidelines. Recognizing this gap, CoP members worked together to co-create a [quality standards framework](#) for less-intensive DART models designed for recipients of care who are established on treatment. Building on the quality standards framework, the CoP focused its 2020 collaboration on development of [quality indicators and a quality assessment tool](#) to enable MoH and their partners to evaluate the quality of their DART programs.

In 2021, the CoP focused on assisting countries to pilot the assessment toolkit, and to adapt it to country-specific contexts. Additionally, the development of quality standards for additional focus areas such as TB/HIV services, integration of family planning into DSD programs, and advanced HIV disease is ongoing. Additionally, the quality and QI CoP will co-facilitate development of a recipient of care satisfaction toolkit development in collaboration with the M&E and recipient of care communities of practice.

In April 2022, CQUIN held a [Quality for DSD workshop](#) aimed at building on the lessons learned since the first Quality and QI meeting in 2019. The meeting objectives were to enable country teams to adapt and institutionalize DSD quality standards, implement DSD quality indicators and assessments, and apply them to their own country context using quality improvement methods to address gaps and challenges. Member countries are now prioritizing the design and adaptation of DSD quality standards, assessment, and indicators for their own country context. During the next year, the quality and QI CoP will be assisting countries with further implementation and analysis of data generated from quality assessments and quality improvement efforts.

¹ Burundi, Cameroon, Cote d'Ivoire, DRC, Eswatini, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mauritania, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Uganda, Zambia, Zimbabwe

II) Goals and Objectives

The overall goal of the CoP is to contribute towards the scale up of high-quality DSD programs by exchanging best practices related to DSD quality management; identifying opportunities to co-create resources; and working to strengthen networks of practitioners and policy makers to promote ongoing cross-country learning. The primary objectives of the group will include:

- Identifying priority gaps and common challenges related to DSD quality management at the national level.
- Ensuring the design and implementation of quality standards and quality assessment tools for DSD models
- Contributing to the design and implementation strategies for DSD quality standards, assessment and indicators
- Facilitating the development of a recipient of care satisfaction toolkit
- Collaboratively sharing data related to quality standards, quality assessment and indicators
- Systematically implementing interventions to address the identified gaps and challenges.
- Exchanging best practices and resources for DSD quality management
- Providing ongoing feedback and technical support for QI projects related to DSD programs
- Supporting the integration of quality/QI focused activities into countries' annual CQUIN workplans
- Tracking the maturity of country DSD Quality Management programs using the CQUIN Dashboard, identifying common gaps/challenges, and using this data to prioritize CoP activities moving forward

III) Participants and Responsibilities

The CoP will include multisectoral teams from CQUIN member countries including Ministries of Health, implementing partners, representatives of recipients of care as well as ICAP and CQUIN technical experts. Members will:

- Contribute their quality management expertise and knowledge to improve the quality of DSD programs in their respective countries.
- Support the design and implementation of quality standards and quality assessments in their respective countries.
- Participate in standing CoP quarterly calls and *ad hoc* calls as needed
- Work with RoC CoP to center the voices of recipients of care in the design, implementation, and evaluation of DSD program quality
- Contribute to co-creation of resources and tools including, but not limited to, drafting and/or reviewing documents and
- Contribute to quality management-based case studies during quarterly CoP meetings and other relevant CQUIN meetings, including sharing relevant country data, expertise, lessons learned, tools and resources
- Distribute DSD and quality related resources, updates, and relevant expertise bi-directionally, acting as liaisons between the CoP and their own organizations and institutions as appropriate
- Disseminate best practices, lessons learned, and tools developed in their respective countries, and facilitate the inclusion of DSD-focused quality/QI activities into annual CQUIN workplans

In addition, CQUIN may support occasional country to country learning visits for members of the CoP and/or invite them to attend larger country to country learning visits organized for delegations from their respective countries.

IV) Timeline and Term of Membership

The term of membership will depend on recommendation and guidance from the organizations represented and on individual interest. The CoP is expected to present outputs of its work at CQUIN annual meetings, quarterly CoP meetings, and other relevant meetings.

V) Compensation

Membership in the CoP is voluntary and there will be no compensation for time spent on calls and meetings. CQUIN/ICAP will support travel costs when needed, including accommodation and per diem as appropriate.