



CQUIN 2023: Where are we now?

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CQUIN 7th Annual Meeting

November 13 – 17, 2023 | Johannesburg, South Africa



Outline

- Introduction to the CQUIN Network
- CQUIN in 2023
- Communities of practice
- Data for decision making
- Looking forward to 2024



What is the CQUIN network?

The HIV Coverage, Quality and Impact Network is an African learning network designed to advance HIV differentiated service delivery to enhance recipient of care outcomes and strengthen health systems

- Launched in 2017
- Funded by the Bill & Melinda Gates Foundation
- Convened/led by ICAP at Columbia University
- Supported by an Advisory Group inclusive of Ministries of Health, civil society, PEPFAR, CDC, USAID, WHO, Global Fund, UNAIDS, ITPC
- Supported by a Community Advocacy Network chaired by ITPC
- Focuses on the gap between policy and implementation at scale



CQUIN Partners

- CQUIN's strategic direction is supported by a high-level <u>Advisory</u>
 <u>Group</u> inclusive of representatives of MOH, WHO, UNAIDS, the Global Fund, PEPFAR, CDC, USAID, ITPC, people living with HIV and civil society.
- Other network partners and stakeholders include the International AIDS Society (IAS), the Clinton Health Access Initiative (CHAI), the South-to-South Learning Network, AMBIT, EGPAF, FHI360, the African Society for Laboratory Medicine (ASLM) and others.



How does CQUIN work?

- Convenes health system leaders from network countries to participate in joint learning and information exchange, with the goal of fostering the scale-up and spread of highquality, high-impact HIV services
- Countries join at MOH level. MOH engage a **core team**, including recipients of care, implementing partners, civil society, donors, academic institutions, etc.
- This country team then:
 - ✓ conducts baseline and periodic self-assessment using three CQUIN capability maturity models (testing, treatment and advanced HIV disease)
 - √ develops DSD action plans, commitments and targets
 - ✓ participates in network activities (including communities of practice) via an opt-in demanddriven approach
 - ✓ exchanges knowledge and tools/resources and shares data on progress of scale up, best practices and lessons learned



What is a capability maturity model?

A systems strengthening approach that:

- Identifies core functions/domains in which capability is required to achieve organizational goals
- Describes sequential stages of maturity within each domain
- Sets a clear path towards achieving maturational goals
- Is used repeatedly over time to track change

RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
Early or preliminary stages of planning and development; Useful in identifying next steps to take in the scale-up process	Work has begun and the initial efforts are ongoing; Highlights areas that can prioritized for improvement	Efforts have resulted in measurable progress, such as a draft for review or achievement of more than 25% progress to a target	Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization	Achievement of a highly-evolved implementation of the domain; Further improvements and refinements can be made as needed



How does CQUIN use CMM Results?

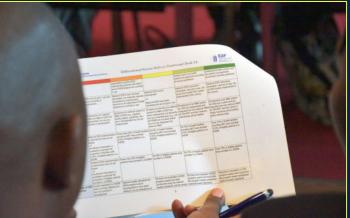
Annual systematic self-assessment of national DSD program maturity by multidisciplinary country teams, including recipients of care

- Compared year-to-year to track maturity of national DSD programs over time
- Enables network countries to use the same terms and indicators –
 helps to identify areas of shared interest and challenges
- Promotes friendly competition and diffusion of innovation
- ICAP's CQUIN team uses results to prioritize network activities
- Country teams use results to prioritize their DSD action plan activities













In CQUIN's 2021 external evaluation, MOH respondents ranked CQUIN's use of capability maturity models as one of the three highestimpact elements of the network

DSD Action Plans

Each year at the Annual Meeting, CQUIN country teams develop national DSD action plans which:

- Reflect national priorities
- Align with donor-funded activities (PEPFAR, Global Fund, other)
- Are timed to lead into the PEPFAR and Global Fund planning cycles

MOHs lead collaborative development with recipients of care, implementers, donors, and other stakeholders

- Action plans are updated throughout the year, including at every CQUIN meeting
- Teams report back on progress at the Annual Meeting



Network Activities: All Countries

CQUIN supports all network countries to participate in country-to-country learning:

- Self-staging with CQUIN capability maturity models
- Meetings and workshops
- Country-to-country visits
- Communities of practice
- Webinars
- WhatsApp groups
- Website
- Monthly newsletter







22 All-network meetings to date

Launch meeting (Durban, March 2017)

DSD for advanced HIV disease (Harare, July 2017)

DSD for adolescents (Pretoria, October 2017)

1st Annual meeting (Maputo, February 2018)

The science & practice of scale-up (Manzini, June 2018)

QI and DSD (Lilongwe, September 2018)

2nd Annual meeting (Addis Ababa, November 2018)

TB/HIV and DSD (Lusaka, March 2019)

Quality, QI and DSD (Nairobi, June 2019)

3rd Annual Meeting (Pretoria, Nov 2019)

AHD and DSD (Virtual, July 2020)

4th Annual Meeting (Virtual, December 2020)

Differentiated MCH Services (Virtual, May 2021)

Differentiated KP services (Virtual, August 2021)

5th Annual Meeting (Virtual, November 2021)

MOH Strategic Planning Meeting (Nairobi, February 2022)

Quality Management and DSD (Pretoria, April 2022)

DSD along the HIV Cascade (Kigali, August 2022)

6th Annual Meeting (Durban, December 2022)

MOH Strategic Planning Meeting (Dar Es Salaam, Feb 2023)

Differentiated HTS (Nairobi, March 2023)

7th Annual Meeting (Pretoria, November 2023)

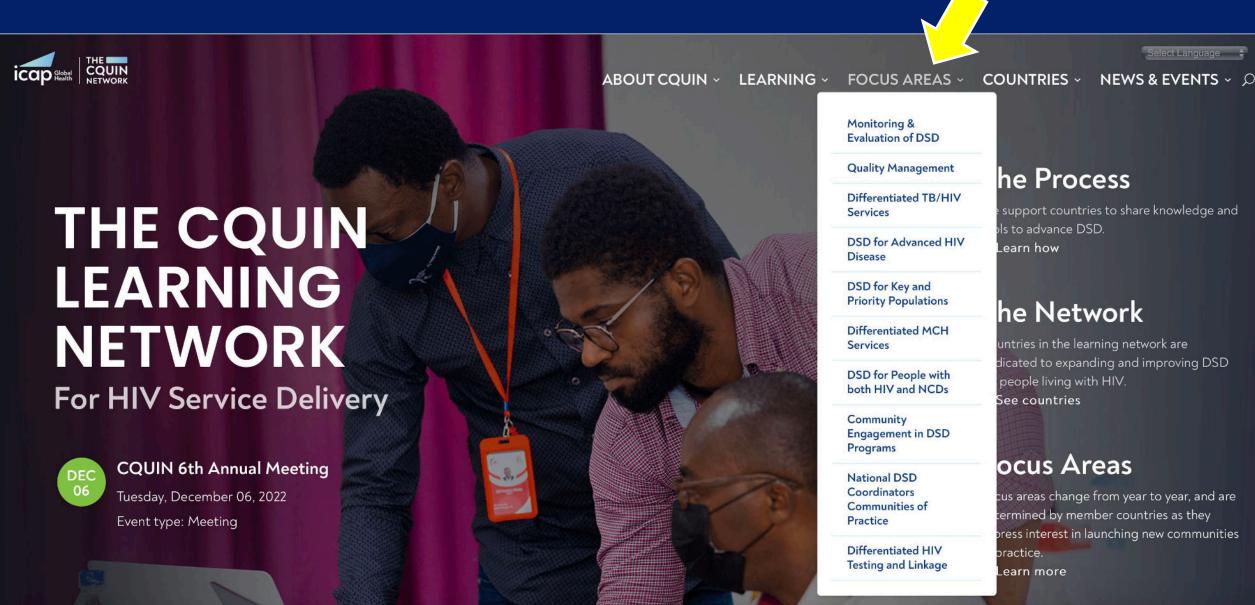
Meeting reports are on the CQUIN website: www.cquin.icap.columbia.edu



www.cquin.icap.columbia.edu



www.cquin.icap.columbia.edu



Network Activities: Selected Countries

CQUIN provides focused TA for some countries, when transition plans are in place:

- Seconding and supporting national DSD coordinators
- DSD Performance Reviews
- TA from ICAP's CQUIN team



CQUIN in 2023



21 Member Countries



- Burundi
- Cameroon
- Côte d'Ivoire
- DRC
- Eswatini
- Ethiopia
- Ghana
- Kenya
- Lesotho
- Liberia
- Malawi

- Mozambique
- Nigeria
- Rwanda
- Senegal
- Sierra Leone
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe



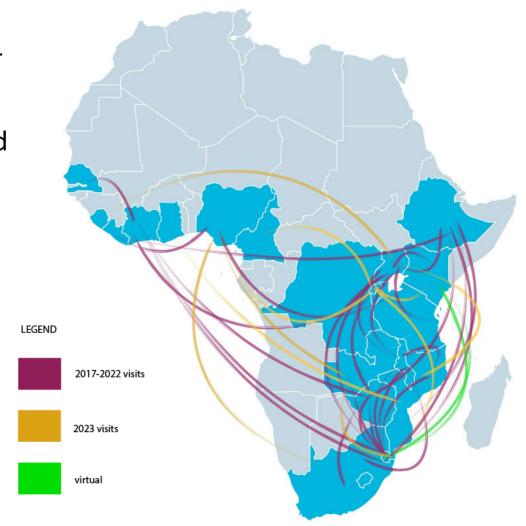
2023 by the Numbers

- 21 countries
- 7 DSD coordinators seconded to MOH
- 3 in-person multi-country meetings
- 11 countries made 8 country-to-country visits
- 22 tools and resources exchanged
- 11 active communities of practice
- 11 webinars
- 07 newsletters
- 06 countries completed DSD performance review (DPR) data collection
- 07 countries conducted DPR Dissemination meetings
- 21 countries used all three capability maturity models for self-staging



8 Country-to-Country Learning Exchange Visits in 2023

- Zambia to Eswatini on AHD
- South Africa to Nigeria on community ART models
- Sierra Leone to Uganda on community and facility DSD
- Nigeria & Eswatini to Rwanda on FP/HIV
- Uganda & Ghana to Mozambique on FP/HIV
- Nigeria to Zambia on DSD for Men
- Cameroon & Kenya to Rwanda on FP/HIV
- Mozambique to Malawi on Reengagement (November 20 -24)





Impact of country-to-country exchange visits





- Following the visit to Eswatini, Ethiopia developed AHD SOPs & manuals; and scaled up AHD services to 70 hubs and 140 spoke health centers.
- Following the visit to Tanzania, Mozambique updated its DSD manual to include KP Prevention package
- Following the visit to Nigeria, Zambia adopted
 VISITECT as a CD4 POC for identifying people with
 AHD; mapped out hub and spoke model; M&E tools
 being updated for AHD; and started a phased roll-out
 of community AHD model to address high post discharge mortality
- Following the visit to Uganda, Ghana has started a phased implementation of decentralized drug distribution (DDD) with initial pilot in 30 facilities.

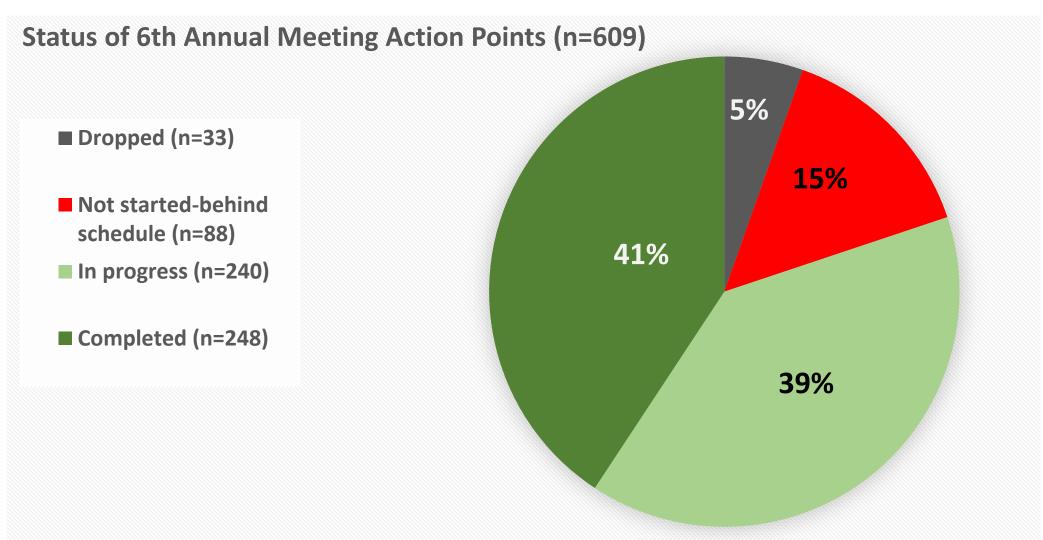


Tools/Resources Exchanged in 2023

- At least 22 tools and resources were exchanged
- Most tools were shared around CQUIN meetings (annual meeting & dHTS meetings)
- Most were frameworks and implementation toolkits

Number of documents shared (N=22)	n	%(n/N)
Number shared each quarter		
Jan-Mar 2023	6	27%
Apr-Jun 2023	10	45%
July-Sep 2023	2	2%
Oct-Dec 2023	4	4%
Category of documents shared		
Frameworks/Implementation toolkits	6	27%
Guidelines/SOPs	13	59%
Operational Manual/Job Aids	2	9%
Training resources	1	5%
Mode of sharing the documents		
Requested though CQUIN	22	100%

Of the action items that were due by September 2023, 80% (488/609) of 6th annual meeting action plans have been completed or are in progress





Country Updates at the 7th Annual Meeting

Monday, Nov 13	Tuesday, Nov 14	Wednesday, Nov 15	Thursday, Nov 16	Friday, Nov 17	
Session 1: Welcome / Introductions / Keynote	Session 5: Recap/Keynote	Session 9: Recap/Keynote	Session 14: Recap/Keynote	Session 19: Recap / Keynote	
Session 2: Moderated panel discussion: DSD - where are we now?	Session 6: Panel presentations: Quality Management	Session 10: Panel presentations: Differentiated testing services	Session 15: Panel presentations: Integrated Service Delivery	Session 20: Tools Lab #2	
Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)		
ession 3: Four parallel sessions w/3-4 country updates each	ession 7: Three parallel sessions w/3-4 country updates each	Session 11: Community of Practice Parallel Sessions: Quality, M&E, KP	Session 16: Community of Practice Parallel Sessions: NCDs (HTN), MCH (FP), TB/HIV	Tea (11-11:30am) Session 21: Country Action Plans and Way	
Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)	Forward / Closing Session	
	<u> </u>			End at 1pm	
Session 4: Tools Lab #1	Session 8: Community of Practice Parallel Sessions: AHD, dHTS, Community Engagement	Session 12: Country Breakout Sessions	Session 17: Country Breakout Sessions		
		Tea Break (3:30 - 4pm)	Tea Break (3:30 - 4pm)		
	Poster Session (Tracks A&B)	Session 13: Single-country action planning	Session 18: Single-country action planning		



Communities of Practice



Defining a Community of Practice

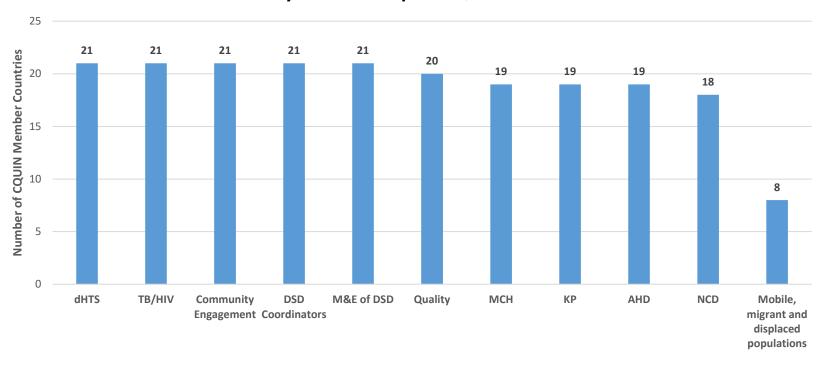
- In general, a Community of Practice (CoP) is a group of people who
 share a concern or a passion for something they do, and learn how
 to do it better as they interact regularly
- Within CQUIN, CoPs are a forum for exchange of best practices, joint learning and co-creation of tools and resources
- ICAP's CQUIN team facilitates focused, intensive, and collaborative work by CQUIN network countries



CQUIN Communities of Practice - 2023

- 1. Differentiated HTS
- 2. Differentiated TB/HIV
- 3. Community Engagement
- 4. National DSD Coordinators
- Differentiated M&E
- 6. Quality Management
- 7. Differentiated MCH
- 8. DSD for Key Populations
- 9. Advanced HIV Disease
- 10. DSD for HIV & NCDs
- 11. DSD for mobile, migrant and displaced populations

Current Country Membership to CQUIN Communities of Practice



The CQUIN Project 26

How do CQUIN CoPs work? - 1

Topics are prioritized by CQUIN member countries

- MOH representatives on Advisory Group
- Structured feedback after CQUIN meetings
- Focus areas on annual CQUIN workplans

CoPs are designed to maximize impact on national programs by contributing to DSD coverage and quality

- Countries join as MOH-led teams and MOH must commit to active participation
- Other key stakeholders include implementing partners, donors and recipients of care (national network of PLHIV)

Each CoP is backstopped by an ICAP staff

- <u>Technical expert(s)</u> facilitate agenda-setting, coordinate and plan calls, provide topical expertise
- Operations team supports meeting planning, scheduling, hosting and documentation

How do CQUIN CoPs work? - 2

Most CoPs have formal terms of reference

- Describe frequency of meetings, goals for year, responsibilities of participants
- These reinforce the idea that countries are joining as teams to support their national DSD strategic plans and goals

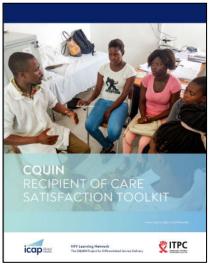
CoPs vary in size / number of countries

- Some include all countries
- Some have fewer countries

CoPs vary in meeting frequency

- Some meet quarterly
- Some meet monthly (or more) when they are working to develop specific tools / documents

CoPs can be established for a specific purpose and as such their existence time limited



			1		
Policies	The national HIV treatment policy does not include a strategy for Advanced HIV Disease (AHD) identification and management	AHD, but one is under	an AHD strategy but do	National policies include an AHD strotegy which actively promotes the implementation and mortiboring of AHD services at coals, with a focus only on aecondary and tertary levels of the health system.	an AHD strategy which actively promotes the implementation and mentoring of AHD services at scale at all levels of the health
Guidelines	The country has not defined a minimum personage of AHD pe	AHD services has been defined but her not yet been incorporated into the national HIV	National HIV treatment guidelines include AHD interesperant but flave a no detailed and disease specific operational guide, either stand alone or integrated in the DSO Operational Guide	National HIV recoment guidelines include AHD presequence in debal and there is an approved disease, specific operational guide to support implementation (either shared-where or integrated), but the operational guide is not yet in use.	National HIV treatment, guidelines incuse AND impressions and processes of the second decrease apportuned decrease appoint implementation of the being actively used to inform implementation (e.g., used in tereorigia, mentionally and by services providers,).
National AHD implementation and Scale-up plan	There is no ecoding national AHD acade-up plen, and none is currently under development.		pten has been	A national AHD acale-up plan has been developed, and is being actively implemented in some subnational units (e.g., regiona, districts)	plan has been

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Politicies and/or Guidelines ¹ : I Stortiegic model mix and decommissation and decommissation (Politician) and and accommissa- ion special deli Fischices and purchasion in an electrical publishers, and promotive artistrative mix of planting and and publishers and artistrative mix of planting and community based design modelships and approaches.	guidelines have not been updated in the past 5 years Or National dHTS policies and/or guidelines do not recommend both voluntary testing & counseling (VCT)	guidelines recommend veultrarty setting be counseling (VCT), provider initiated testing is counseling (PCT) and set of the look of look of look look of look of	Indicated and full products and full productions are designed and considerations are designed as a consistence of the consisten	(PICT) and three of the following: HIV self-testing (HIVST)	guidelines recommend voluntary testing & counseling (NCT), provider- initiated testing & counseling (PICT) and all four of the following: HIV self-testing (HVST) Index testing of biological children Index testing of partners
Policies and/or Guidelines: 2 Optimizing HIV Testing National policies and guidelines recommend accessible guidence on HIV rapid testing		National policies and/or guidelines include 2.2 of the normative guidance recommendations described below	National policies and/or guidelines include 4 of the normative guidance recommendations described below, including the use of three serial validated rapid diagnostic tests (RDTs) to confirm HIV positive status	National policies and/or guidelines include 5-6 of the normative guidance recommendations described below, including the use of three serial validated RDTs to confirm HIV positive status	National policies and/or guidelines include <u>all 7</u> of the normative guidance recommendations described below

1000	
(Quality Standards Framework for Advanced HIV Disease Service Delivery
1	Introduction
(A) for eac tes ide we nec AF qua trai	ven the increased need to focus on the recipients of care at substantial risk of advanced HIV disease HID), the CQUIN Quality Standards Framework for Advanced HIV Disease Service Delivery is recommended use at all service delivery points where AHD can be identified and managed as per the guidance for h standard. As a best practice, all health facilities and community service delivery models providing HIV ting services (HTS) and antiretroviral therapy (ART) should be able to, at a minimum, endeavour to most people with AHD and link them to appropriate AHD service delivery. In addition, a robust and Il understood network of AHD service delivery points consisting of hubs and spokes (see 1.1 below) is seled at scale to realize the benefits of a significant reduction in morbidity and mortality associated with ID. These CQUIN Quality Standards Framework for Advanced HIV Disease Service Delivery also lay out key ality standards at the national level in establishing the AHD hub and spoke model of care. Lastly, the ining and mentorship, supply chain management system, advocacy communication and social abilization, monitoring and evaluation quality standards address key AHD system quality standards

children und addition to a	than 1: All people at risk of Advanced HIV Disease (newly diagnosed initiating ART, presenting with an illness req or five diagnosed with HIV, vicensic, and returning to treatment) should be promptly* assessed for AHD using a CD- comprehensive review of the clinical history and physical examination	
Process Indi	Which of the following best describes the availability of SOPs to guide assessment of at-eisk PLHIV for AHDD. 1. The HF has written SOPs, a physical copy is switchlife on the day of the visa, and the SOPs include (s) guidance that people in all the articles (spot) shaded by a casses of or AHD diagnosis (including elements from history and physical economics), and (s) the inneframe* for AHD suscessment. 2. The HF has written SOPs that are evaluable on the day of visit, but they do not include all three elements (A, B, & C) dove. 3. Written SOPs are not available on the day of visit.	1= Dark Green 2 = Yellerw 3 = Red
1.2	Which of the following bendanthes the lift is expected to provide the bendantial of the control of the bendantial of the control of the bendantial of the control of the co	1 = Dark Gree 2 = Light Gree 3 = Yellow 4 = Orange 5 = Red

Achievements of CQUIN Communities of Practice in 2023

Selected examples:

- CQUIN Recipient of Care Satisfaction
 Toolkit
- dHTS Capability Maturity Model
- AHD Capability Maturity Model
- AHD Quality Standards and Indicators
- Revised the Community engagement framework and assessment tool

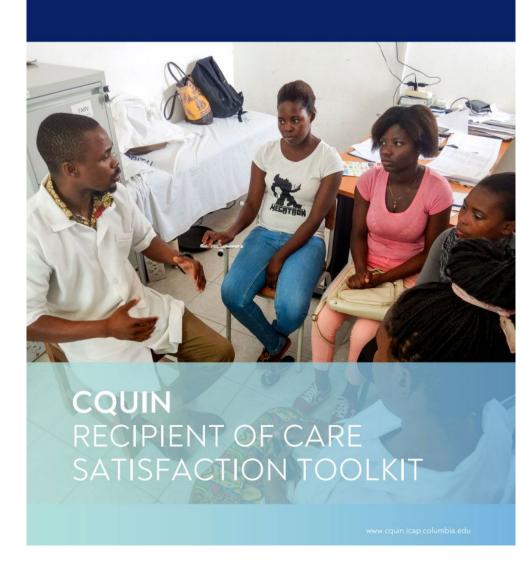
Ongoing / Planned co-creation of resources:

- KP Quality Standards and Indicators
- TPT Quality Standards and Indicators



The CQUIN Recipient of Care Satisfaction tool kit

- In response to increasing requests from recipients of care, donors, MoH leaders, and other stakeholders, three of CQUIN's communities of practice (Quality Management, Community Engagement and Differentiated M&E), partnered with CQUIN's Community Advocacy Network to jointly identify resources and best practices related to recipient of care satisfaction (RCS).
- This collaborative process led to the development of an RCS toolkit which highlights key decisions related to RCS assessment and improvement and includes case study examples and resources for illustrative tools and methods.
- The RCS toolkit is designed to be a dynamic resource that evolves and expands over time.
- Please see the webinar recording here:
 https://cquin.icap.columbia.edu/event/centering-recipients-of-care/
- The RCS toolkit is available here: https://cquin.icap.columbia.edu/cquin-resources/





Agenda Sketch

	Sunday, Nov 12	Monday Nov 12	Tuesday New 14	Wadnesday Ney 15	Thursday, Nov 16	Friday Nov 17	
7:30	Sunday, NOV 12	Monday, Nov 13	Tuesday, Nov 14	Wednesday, Nov 15	Thursday, NOV 16	Friday, Nov 17	7:30
7:30				Daily Registration and COVID Protocols			
8:00		Session 1: Welcome / Introductions /	Session 5: Recap/Keynote	Session 9: Recap/Keynote	Session 14: Recap/Keynote	Session 19: Recap / Keynote	8:00
8:30		Keynote	Consider C. Bornel annual triangle Consider	Consider 40: Bornel assessment times	Consider 45: Board associations between		8:30
9:00		Session 2: Moderated panel discussion: DSD -	Session 6: Panel presentations: Quality	Session 10: Panel presentations:	Session 15: Panel presentations: Integrated		9:00
9:30		where are we now?	Management	Differentiated testing services	Service Delivery	Session 20: Tools Lab #2	9:30
10:00		Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)		10:00
10:30							10:30
11:00		Session 3: Four parallel sessions w/3-4	Session 7: Three parallel sessions w/3-4	Session 11: Community of Practice Parallel	Session 16: Community of Practice Parallel	Tea (11-11:30am)	11:00
11:30		country updates each	n country updates each	Sessions: Quality, M&E, KP	Sessions: Quality, M&E, KP Sessions: NCDs (HTN), MCH (FP), TB/HIV		11:30
12N	Registration and			<u> </u>		Session 21: Country Action Plans and Way	12N
12:30	pre-meetings					Forward / Closing Session	12:30
1PM		Lunch (12:30-2pm)	:30-2pm) Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)		1PM
1:30						End at 1pm	1:30
2PM							2PM
2:30		Session 8: Community of Practice Parallel	Session 12: Country Breakout Sessions	Session 17: Country Breakout Sessions		2:30	
3PM		Session 4: Tools Lab #1	Sessions: AHD, dHTS, Community Engagement				3PM
3:30				Tea Break (3:30 - 4pm)	Tea Break (3:30 - 4pm)		3:30
4PM							4PM
4:30			Poster Session (Tracks A&B)	Session 13: Single-country action planning	Session 18: Single-country action planning		4:30
		Opening Dinner	End at 5pm	End at 5pm	End at 5pm		

Nine community of practice parallel sessions at this year's annual meeting



Data for Decision-Making



Data for Decision-Making about DSD

- Since 2017, CQUIN stakeholders have characterized the lack of data about DSD implementation as a primary barrier to the scale-up of high-quality differentiated HIV services
 - The Differentiated M&E community of practice was one of the first CQUIN CoPs
 - Still very active in 2023, with 21 participating countries
 - ICAP's CQUIN team also provides TA to selected MOH to improve routine DSD-related data collection and data use
- In addition, CQUIN uses two key strategies to assess DSD scale-up at the country and network levels: Capability Maturity Models and assessment of data from implementation, including:
 - M&E data on ART model mix and MMD
 - Samples of RoC-level data from DSD Performance Reviews



CQUIN's Capability Maturity Model for Differentiated Treatment

Initially developed in 2017; minor updates over the years

- As noted earlier, describes increasingly mature stages within each domain
- Provides a common language for network partners to discuss DSD scale-up

Substantive revision in 2022 to align with the new CQUIN 2.0 award

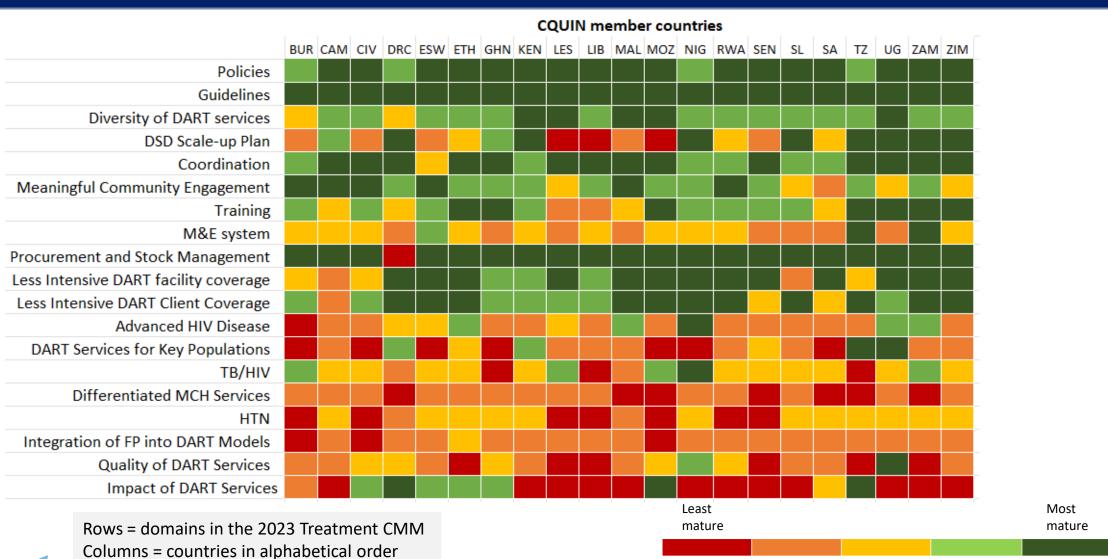
- Staging = more rigorous, to reflect changing ambitions of network countries
- Domains = more diverse, to reflect the shift towards "DSD 2.0" and the importance of DSD for specific populations (KP, PBFW) and clinical contexts (AHD, MCH, FP, TB/HIV)

In 2023, changes included

- Addition of a NCD domain focused on hypertension
- Changes/update to TPT domain

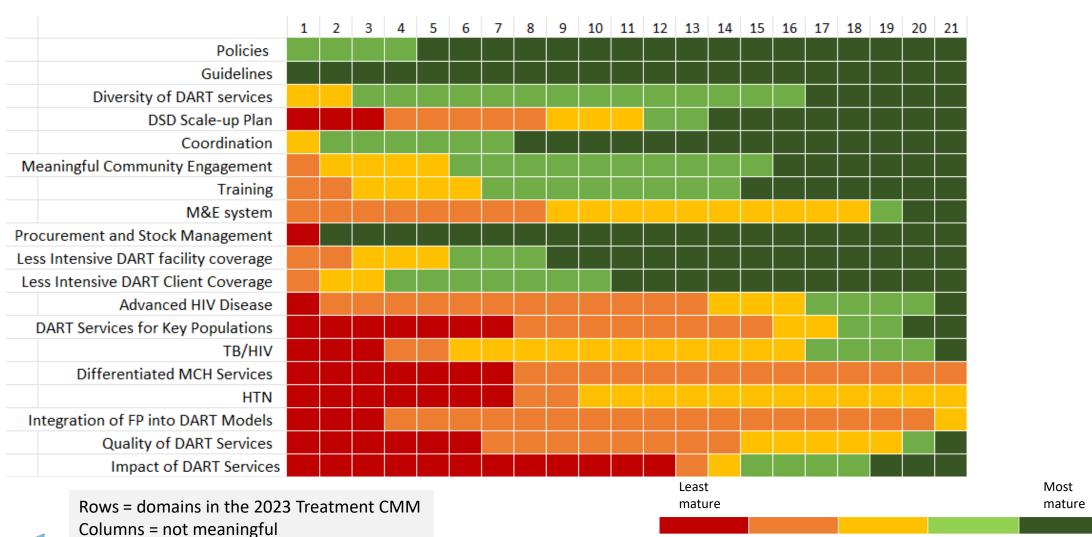


2023 treatment capability maturity model (CMM) results by country





2023 CMM Results: Data sorted by maturity with each stage

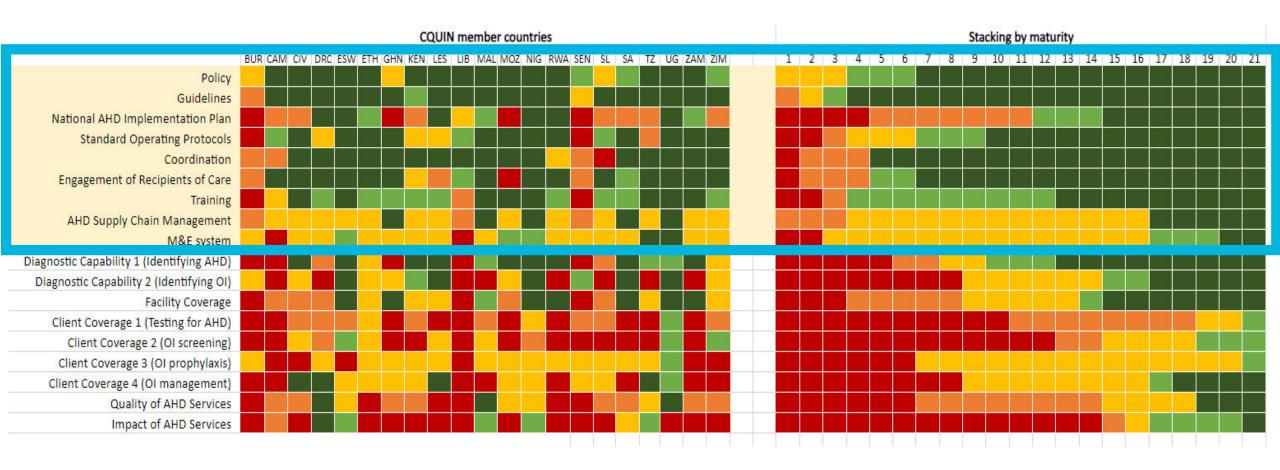


CQUIN's CMM for Differentiated Treatment: Key Takeaways

- Aggregate improvement in all domains, from 2022 to 2023 (across all countries when combined)
- However, country improvement must be analyzed by domain over time as there is variety between countries
- Domains where countries scored the highest levels of maturity in 2023 were: Policies,
 Guidelines, and Procurement and Stock Management and Coordination
- Domains in which countries staged the lowest levels of maturity were: AHD, services for KPs,
 TB/HIV, MCH, FP integration, quality and impact.



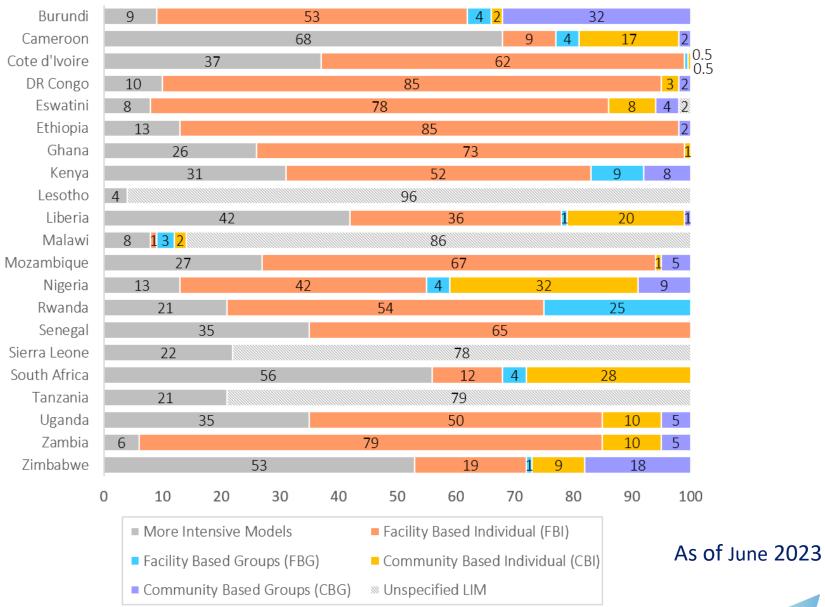
AHD CMM Results 2023 (N=21)



The highlighted rows represent the 9 enabling domains – these are more mature than the outcomes domains

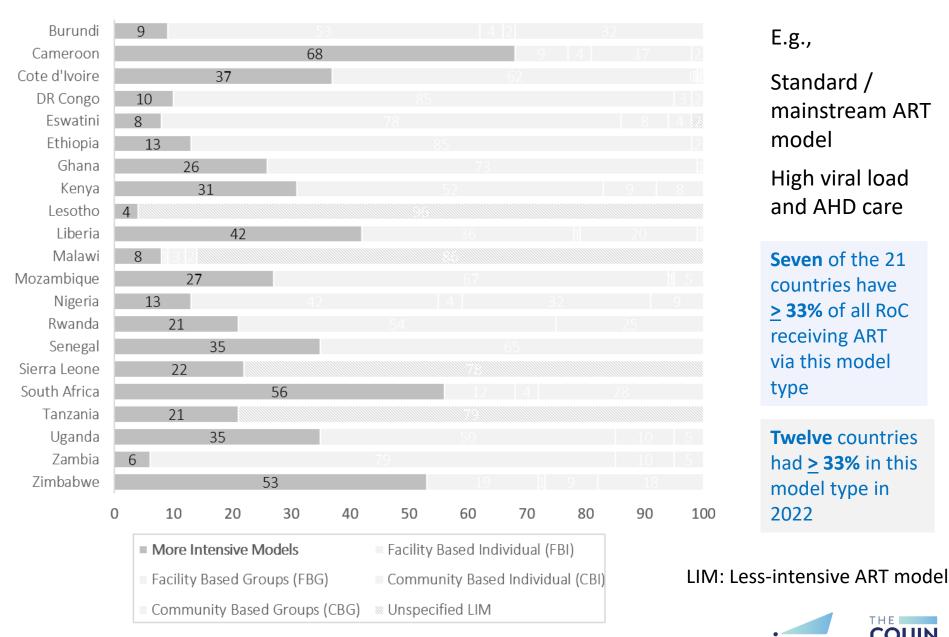


ART model type mix by country, 2023





Percent of RoC in more-intensive ART models, 2023



E.g.,

model

Standard /

mainstream ART

High viral load

and AHD care

Seven of the 21

countries have

receiving ART

via this model

Twelve countries

had > **33%** in this

model type in

type

2022

> **33**% of all RoC

Percent of RoC in facility-based individual LIM, 2023



E.g.,:

Appointment spacing (MMD)

Fast-track

Twelve of the 21 countries have ≥ 50% of all RoC receiving ART via this model type

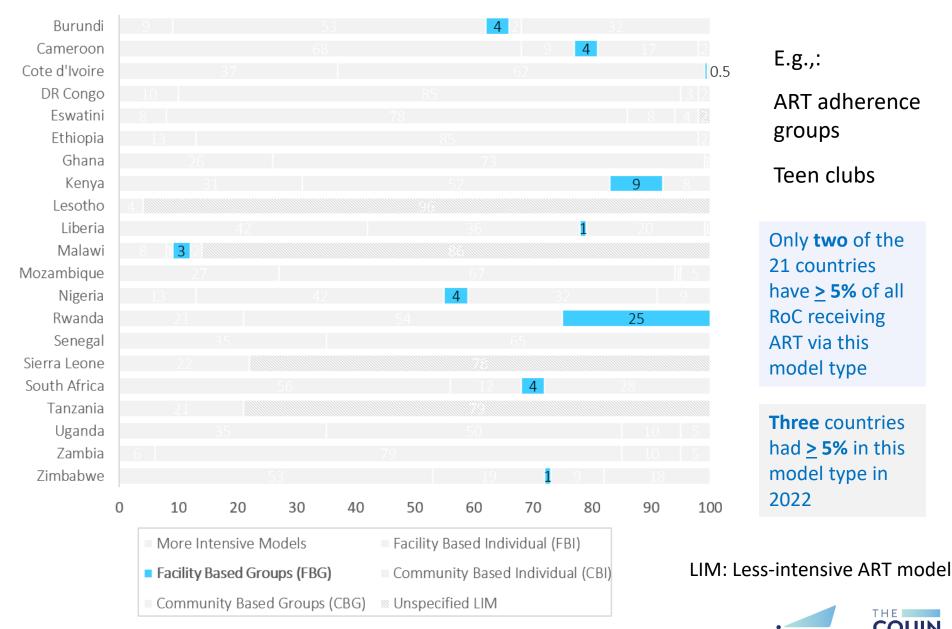
Eight countries had ≥ **50%** in this model type in 2022

LIM: Less-intensive ART model

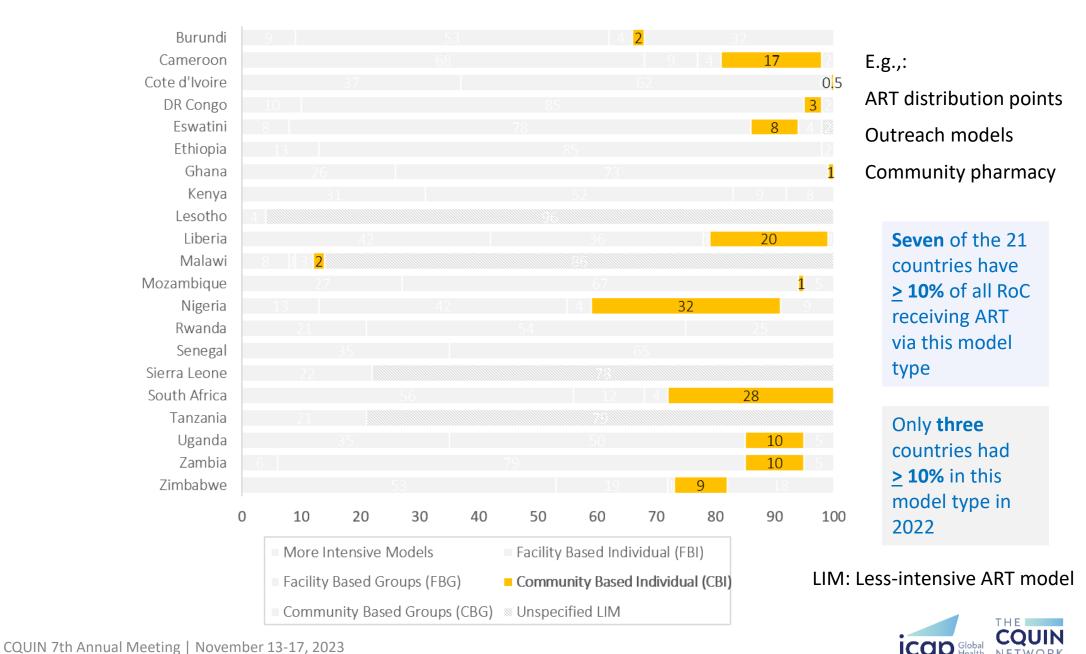
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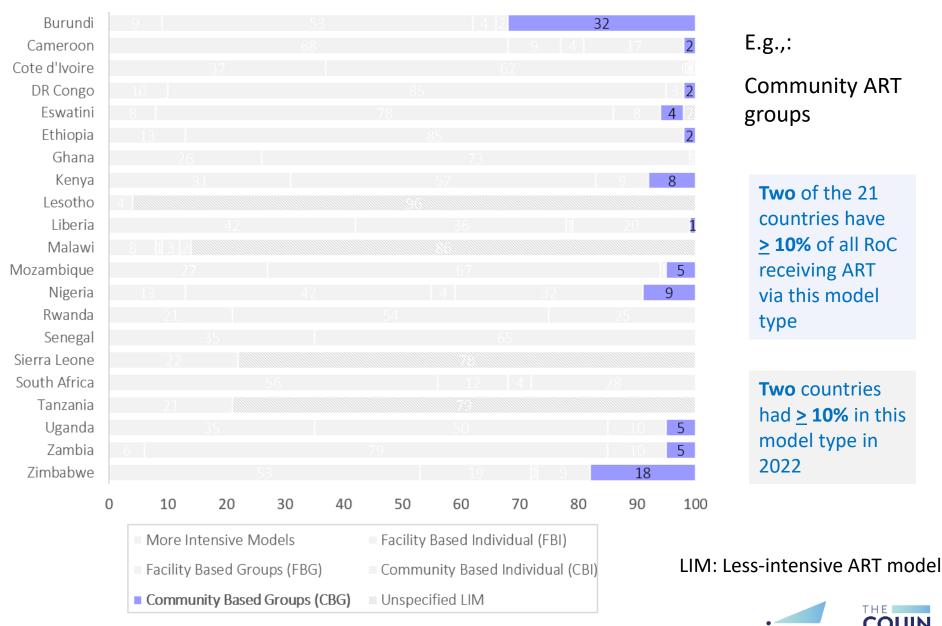
Percent of RoC in facility-based group LIM, 2023



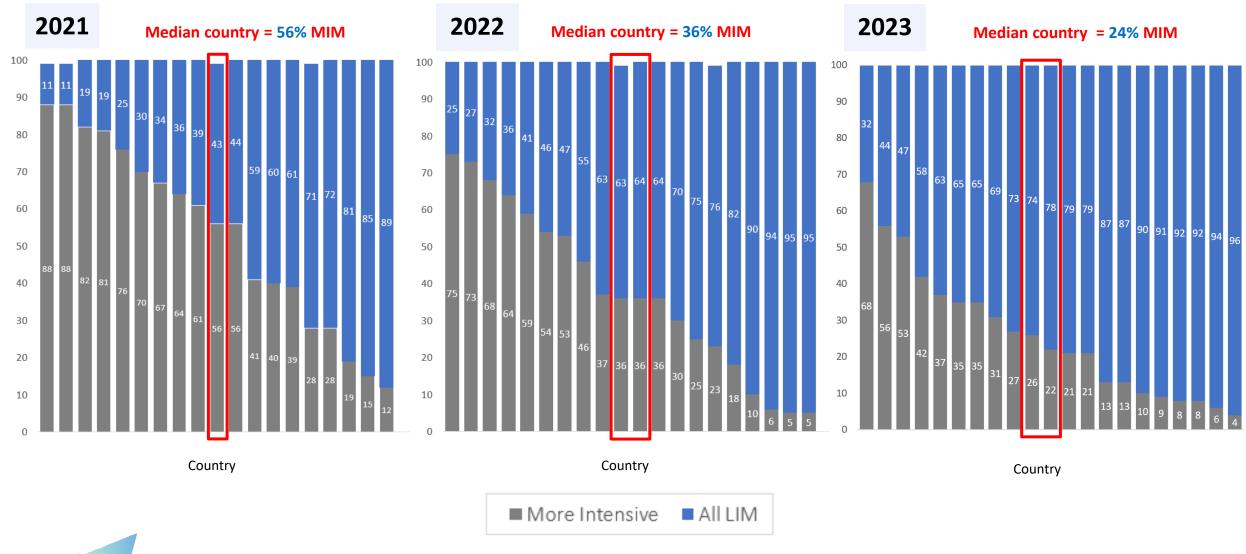
Percent of RoC in community-based individual LIM, 2023



Percent of RoC in community-based group LIM, 2023

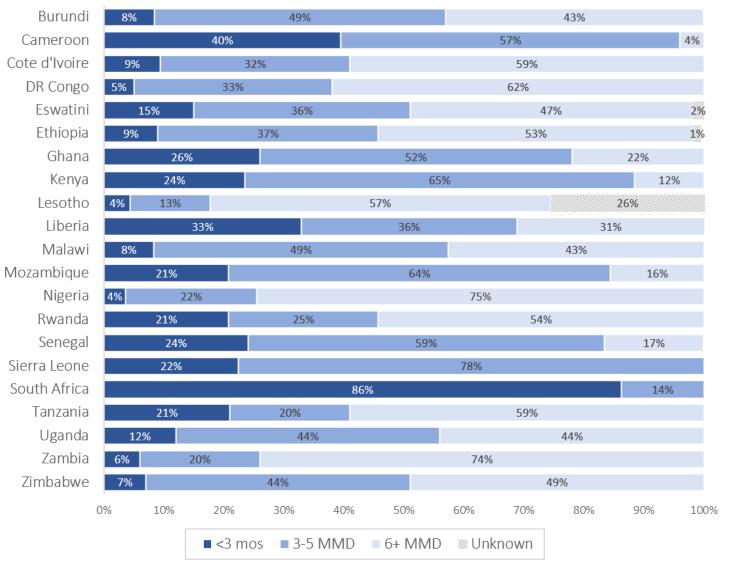


Model mix, more-intensive (MIM) vs. less-intensive (LIM) models, 2021-23





Proportion of RoC on ART receiving <3 mos, 3-5 mos, and 6+ mos of ART, 2023

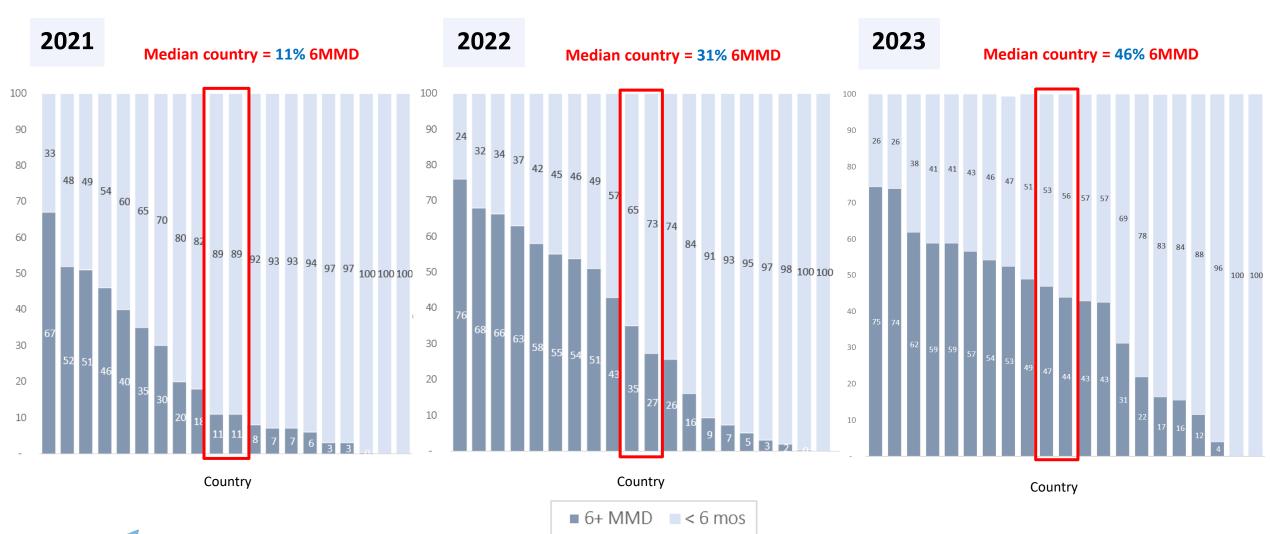


Four countries
have ≥ 25% of all
RoC receiving <3
mos of ART

Eight countries had \geq **25%** receiving <3 mos of ART in 2022

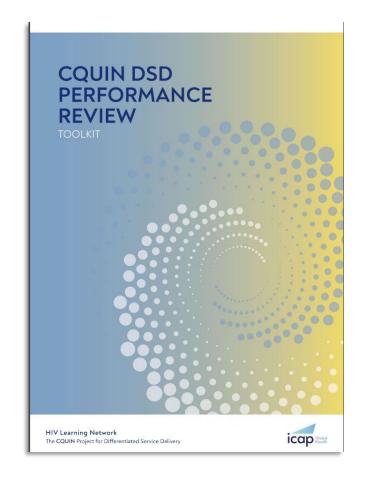


6MMD vs. < 6 MMD, 2021-23, CQUIN member countries



CQUIN DSD Performance Reviews (DPRs)

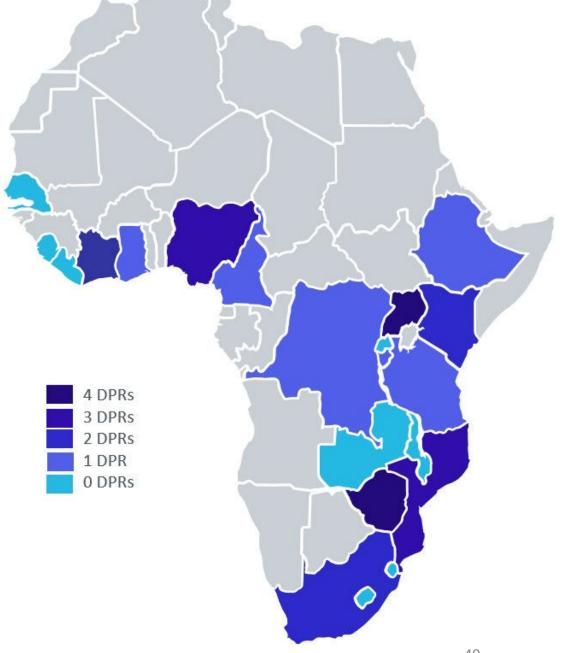
- ✓ Designed to fill the gaps in country M&E of DSD
- ✓ MOH-led, with technical assistance from ICAP
- ✓ Typically utilizes existing data in facility-held records
- ✓ Focuses on a meaningful sample of facilities
- ✓ Data is analyzed and shared in dissemination meetings
- ✓ Stakeholders develop action plans based on results
- ✓ Process repeated and adapted based on needs





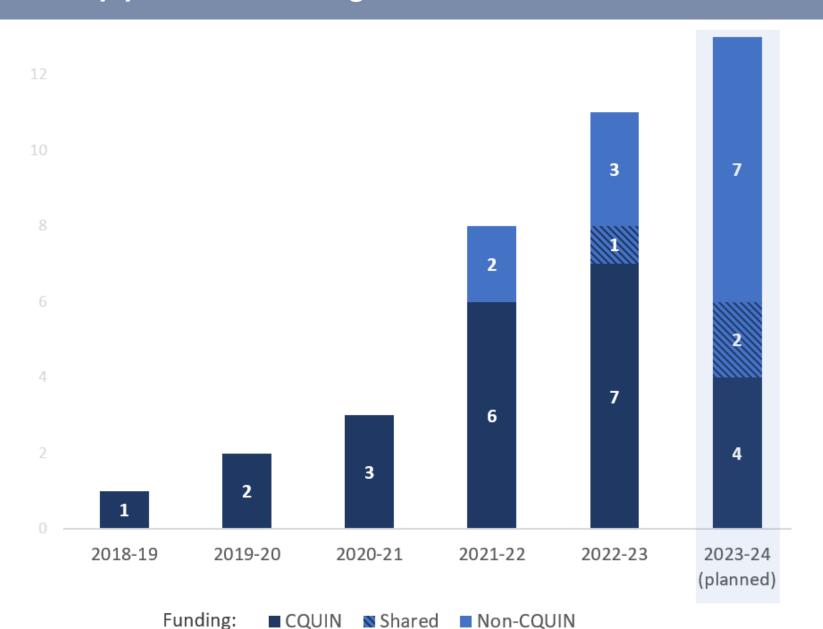
DPRs conducted to-date

- Since 2018, 27 DPRs have been conducted across 13 CQUIN member countries
- Two countries (Uganda and Zimbabwe) have each conducted 4 rounds of DPRs
- Cote d'Ivoire, Mozambique, and Nigeria have each done 3 DPRs
- Eight member countries have not implemented a DPR as of 2023





Number of countries conducting DSD performance reviews, by year and funding source



- Country implementation of DPRs expanded quickly in 2021-22
- Eleven countries conducted
 DPRs between June 2022
 and July 2023
- Countries are increasingly identifying non-CQUIN funding for DPRs
- Expected funding for the majority of 13 DPRs planned for 2023-24 is via Global Fund or PEPFAR

More-intensive ART services

Expanding scope and impact of DPRs under DSD 2.0 (2022-23)

Original DSD M&E Framework indicators (all 11 countries):

- 1) ART model types and model switch across time
- 2) Appropriateness of model engagement vs. eligibility per guidelines
- 3) Retention and VLS over time, in some cases by model type (LIM/MIM)
- 4) Numbers of annual clinical visits and ART pickups, by model type
- 5) Recipient of care and/or HCW experience (3 countries)

High viral load cascade

(7 countries)

Advanced HIV disease

(5 countries)

TB preventative treatment

(7 countries)

TB cascade

(4 countries)

Family planning

(4 countries)

Integrated

services

Hypertension

(3 countries)

Diabetes

(2 countries)

Cervical cancer

(2 countries)



Key take-home messages

- Increasing utilization of DPRs among network countries
- DPR activities increasingly transitioning to alternative funding sources (GF, PEPFAR), reflecting their importance to national programs
- Increasing use of DPRs to assess more-intensive services and integrated services
- Countries using DPRs to assess RoC and HCW experiences
- More frequent use of DPR results for advocacy and prioritizing



CQUIN in 2024



CQUIN in 2024

MEETINGS:

- Integration Meeting: 15-19 April, Nairobi, Kenya
- Differentiated Testing & Linkage meeting: TBD, Durban South Africa
- CQUIN 8th Annual Meeting: TBD December, South Africa
- We look forward to country action plans and country priorities



All meeting content – agenda, slides, videos, posters, tools, resources and more – is on the meeting website



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Meeting Menu

HOME

CQUIN 7th Annual Meeting | Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services

November 13 - 17, 2023 | Johannesburg, South Africa

CQUIN's 7th Annual Meeting will bring together approximately 250 people from all CQUIN network countries, the CQUIN Advisory Group, and other global stakeholders. Country teams will include ministries of health, national networks of people living with HIV, donors, development partners, implementing partners, civil society, and academic institutions.

Key objectives will include reviewing member-country progress towards scaling up high-quality differentiated treatment using the updated CQUIN treatment dashboard, national data, and case studies to collaboratively plan a portfolio of 2024 activities and action plans that reflect the future of DSD and enhance the quality and coverage of HIV service delivery.

The meeting will also showcase the expanded portfolio of CQUIN activities, including its new streams of work supporting differentiated testing and linkage and integration of non-HIV services into DSD treatment models.

More content coming soon.

Downloads:

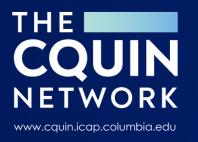
Concept Note (English) 🗐

Acknowledgements

- Ministries of Health, recipients of care, communities, donors, implementers, academics and other key stakeholders in CQUIN countries
- The World Health Organization, UNAIDS, Global Fund
- PEPFAR, CDC and USAID
- The International Treatment Preparedness Coalition
- The International AIDS Society
- The Clinton Health Access Initiative
- The South-to-South Learning Network
- The CQUIN team and ICAP leadership and staff around the world
- The Bill & Melinda Gates Foundation







Thank you!

