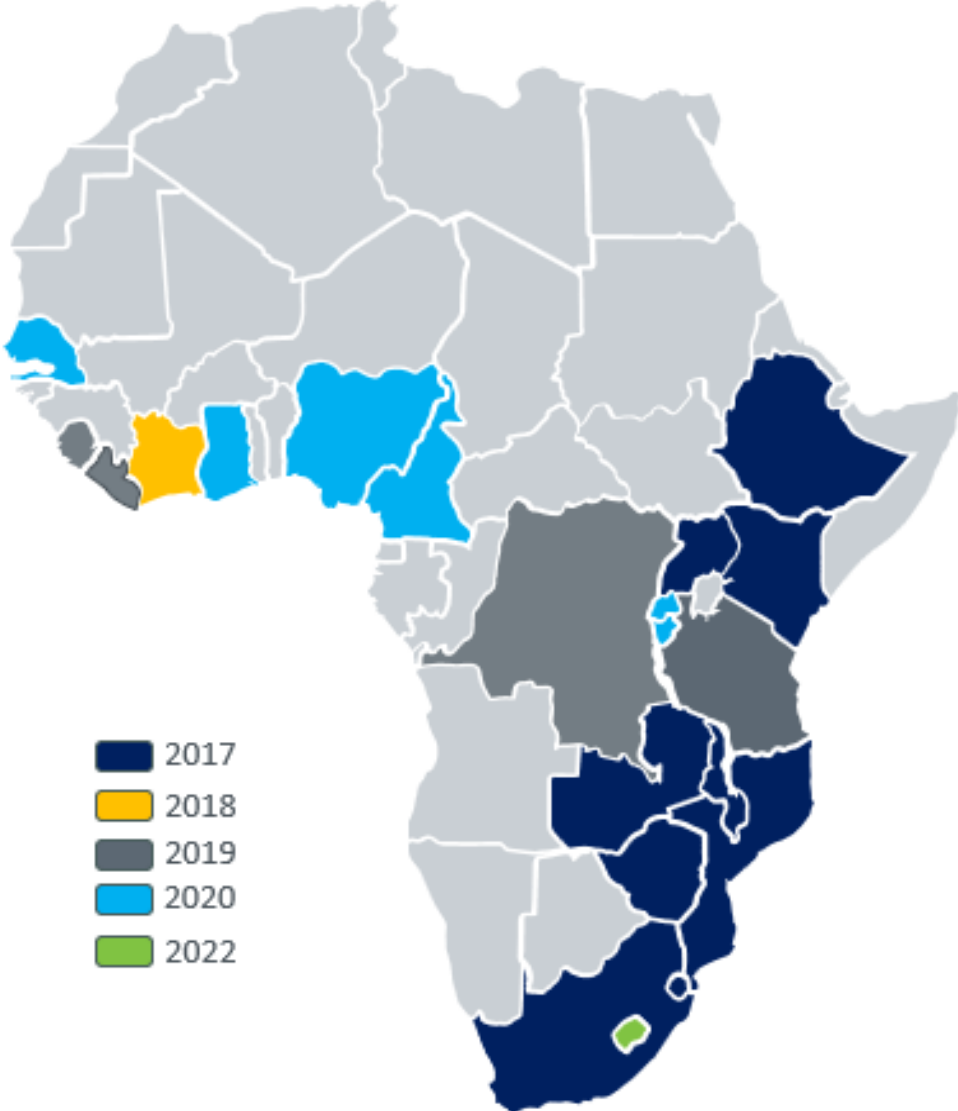# Outline

- Review of CQUIN's capability maturity models

- Additional country updates

- DSD action plans

- Learning together

Country Update Session

DRC: 2019

Senegal:2020

Rwanda2020

Legend:
- 2017
- 2018
- 2019
- 2020
- 2022

Outline

- **CQUIN's capability maturity models**
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Capability Maturity Models (CMM)

- Serve as a **common language** for the CQUIN network, enabling us to identify areas of shared challenges and potential for joint learning

- Identify **core functions/domains** in which capability is required to achieve organizational goals

- Describe **sequential stages of maturity** within each domain, setting a clear path towards achieving maturational goals

- Are **used repeatedly over time** to track change. Country teams, led by MOH, conduct structured self-assessments.

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CQUIN's Current Capability Maturity Models

1. **Differentiated treatment**

   - Substantially revised in 2022 to include new domains and definitions

   - In 2023, a HIV/NCD integration domain was added (focusing on hypertension) and revisions were made to the HIV/TB domain

2. **Advanced HIV disease**

   - 2023 is the first year that all 21 member countries completed the AHD CMM, although 12 countries used it in 2021/2022

3. **Differentiated testing and linkage**

   - Piloted in 2022 and scaled up to all countries in 2023
   - Reviewed at the all-network dHTS meeting in March 2023
   - Next staging will take place in the first quarter of calendar year 2024, and the next all-network dHTS meeting is planned for July 2024 (TBC)

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Each CMM has both Enabling and Outcome Domains

Differentiated Treatment CMM	AHD CMM	dHTS CMM
Enabling domains • Policies • Operational guidance • Diversity of DART services • DSD scale-up plan • Coordination • Meaningful community engagement • Training • Procurement and Stock Management • M&E	**Enabling domains** • Policies • Guidelines • AHD scale-up plan • SOPs • Coordination • Meaningful community engagement • Training • Supply Chain • M&E	**Enabling domains** • Policies/Guidelines (3 domains) • Financing • SOPs • Implementation plan • Engagement of community representatives • Engagement/oversight of private sector • Coordination • Training • M&E • Procurement and supply chain management
Outcome domains • Facility coverage • Recipient of care coverage • AHD services • KP services • TB/HIV services • Differentiated MCH services • FP/HIV integration • Quality • Impact	**Outcome domains** • Diagnostic capability (2 domains) • Facility coverage • Client coverage (4 domains) • Quality • Impact	**Outcome domains** • Population coverage • Linkage to treatment (2 domains) • Linkage to prevention • Quality (3 domains) • Impact (3 domains)

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How are CMM Results Used?

- Used by countries to internally **identify priority gaps** and to plan remedial actions

- Compared year-to-year to **track scale-up and maturity of DSD programs** over time

- Enable countries within the network to use the same terms and indicators – helps to **identify areas of shared interest and challenges**

- Promotes friendly competition and **diffusion of innovation**

- Helps ICAP to **prioritize network activities**

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Additional Country Updates

Data for Decision-Making

- Countries will highlight some of the data that network members rely on to guide DSD policies, guidelines and implementation:

    - DSD "model mix" data

    - Data on multi-month dispensing (MMD)

Integration of non-HIV services into differentiated HIV treatment models

- Countries will share progress and challenges with integrating services.

Plans and strategies

- Country planning and coordination activities

- Engagement with CQUIN

- Update on CQUIN Action Plan from 6th annual meeting
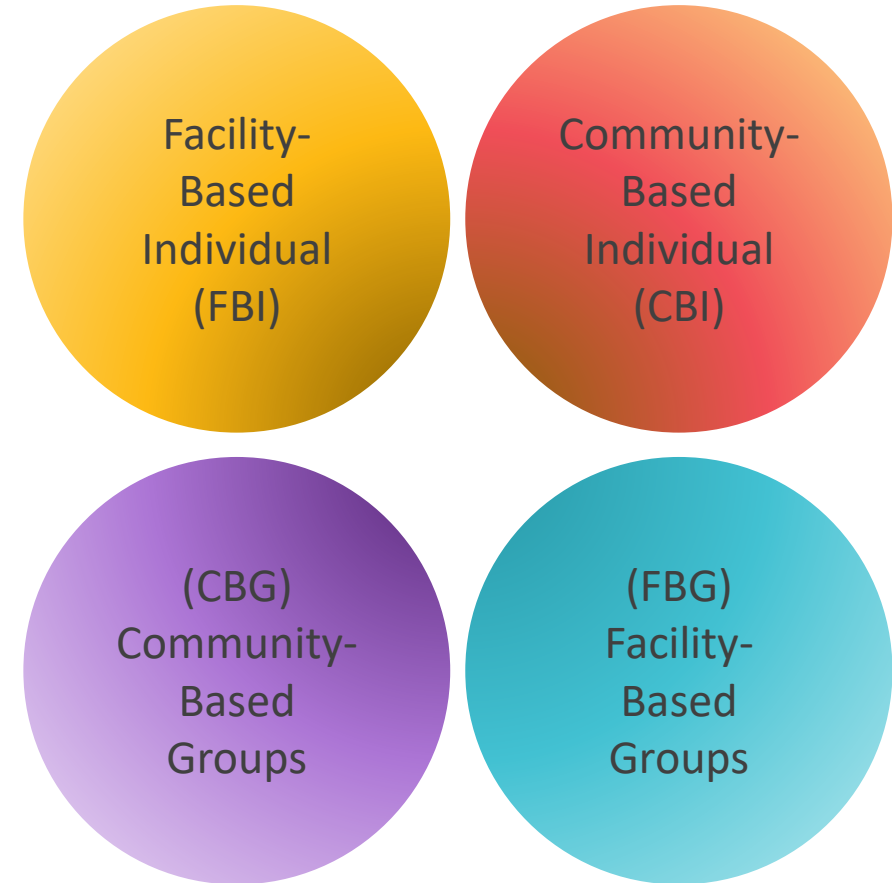
Data for Decision-Making: Model Mix

- How many treatment models a country implements or how many people should be in each model are strategic choices based on context, resources, and recipient of care preferences. However, understanding who / how many people are in each model is critical for recipient of care management, planning, and evaluation.

- **Challenge**: Countries do not use standardized model names

- To address this**, CQUIN developed standardized nomenclature**
    - Countries share their full list of treatment models
    - These are categorized systematically and color-coded by model type
    - Each country uses its own names for models
    - The standardized nomenclature and color-coding helps to compare across countries

CQUIN Differentiated Treatment Model Nomenclature

More-Intensive Models

Less-Intensive Models
For people established on treatment

Standard of Care
(Conventional, Undifferentiated, Mainstream)

Facility-Based Individual

Facility-Based Group

Facility-Based Individual (FBI)

Community-Based Individual (CBI)

(CBG) Community-Based Groups

(FBG) Facility-Based Groups

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Model Mix Updates

- CQUIN model mix nomenclature helps to compare DART approaches across countries that often use different names for DART models
    - For example: CAGs, CARGs, CCLADs, CATS all fall under "community-based group" models
- Model mix data also helps countries to plan for DART implementation
    - Anticipating the changes in model mix as different approaches are introduced and taken to scale helps to plan training, stock management, and M&E
- CQUIN also supports countries to report model mix data using WHO DSD nomenclature

Data for Decision-Making: Multi-month dispensing

- CQUIN views MMD as an *enabler* of differentiated treatment, not a model itself, as knowing dispensing frequency does not by itself provide information on location (facility, community) or by individual *vs.* group design.

- However, MMD data can be a useful proxy in some countries for determining whether someone is in a less-intensive *vs.* more intensive model
  - If you are receiving 6MMD, you are likely to be established on treatment and in a less-intensive model

- MMD data are also more accessible than model mix data in many countries, given their inclusion in PEPFAR MER indicators

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DSD Action Plans

- CQUIN member country teams develop DSD action plans at CQUIN meetings

  - They often include ideas/innovations shared by other countries

  - They may focus on gaps identified in their CMM dashboard results

  - May also include requests for country-to-country visits and/or technical assistance

- These are synthesized into a single annual action plan at the Annual Meeting

  - Teams report back on activities and progress made

- Action plans reflect country priorities - they are national plans, not "CQUIN plans"

- Timing of annual meeting enables practical discussions about priorities and funding

  - PEPFAR FY24 country operational plans

  - Global Fund NFM4 funding round

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Learning Together

Annual country updates provide a rich source of information and knowledge exchange:

- Longer versions of the presentations are on the meeting website

- Teams will also present country update posters, which is another opportunity for questions and discussion.
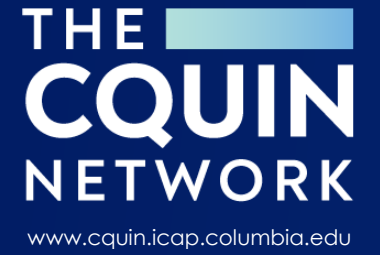 - Posters will be at Pavilion (5th Floor)

Session Agenda

Co-moderators:

- Patrice Ladji, MOH Cote d'Ivoire
- Caroline Stamakis, CDC Rwanda

Panelists/presenters:

- Rachel Mudekereza, ICAP/CQUIN
- Kouro Bousso, MOH Senegal
- Soukeye Ndiaye, RNP+ Senegal
- Patricia Nyembo, MOH DRC
- Ange Mavula, UCOP+ DRC
- Brian Kwizera, MOH Rwanda Hey Cortana
- Deo Mutambuka, RRP+ Rwanda

Timing	Speaker/moderator	Topic
0-15 min	• Patrice Ladji, MOH Cote d'Ivoire • Caroline Stamakis, CDC Rwanda	Introductions, housekeeping, settling in
15-30 min	Rachel Mudekereza	ICAP framing remarks
30-45 min	Patricia Nyembo	RD Congo Country Update
45-60 min	Kouro Bousso	Senegal Country Update
60-75 min	Brian Kwizera	Rwanda Country Update
75-120 min	All	Discussion and Q&A

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Thank you!