Introduction to DSD and the CQUIN Network

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Integrating non-HIV Services into HIV Programs

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www.cquin.icap.columbia.edu

Outline

- **Introduction to Differentiated Service Delivery**
- **Introduction to Learning Networks**
- **Overview of CQUIN**
- **Review of Meeting Agenda**

How can we improve outcomes?

Change the package of care (the "what")

Change the way we deliver care (the "how")

Differentiated Service Delivery is a person-centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of groups of people living with HIV while reducing unnecessary burdens on the health system
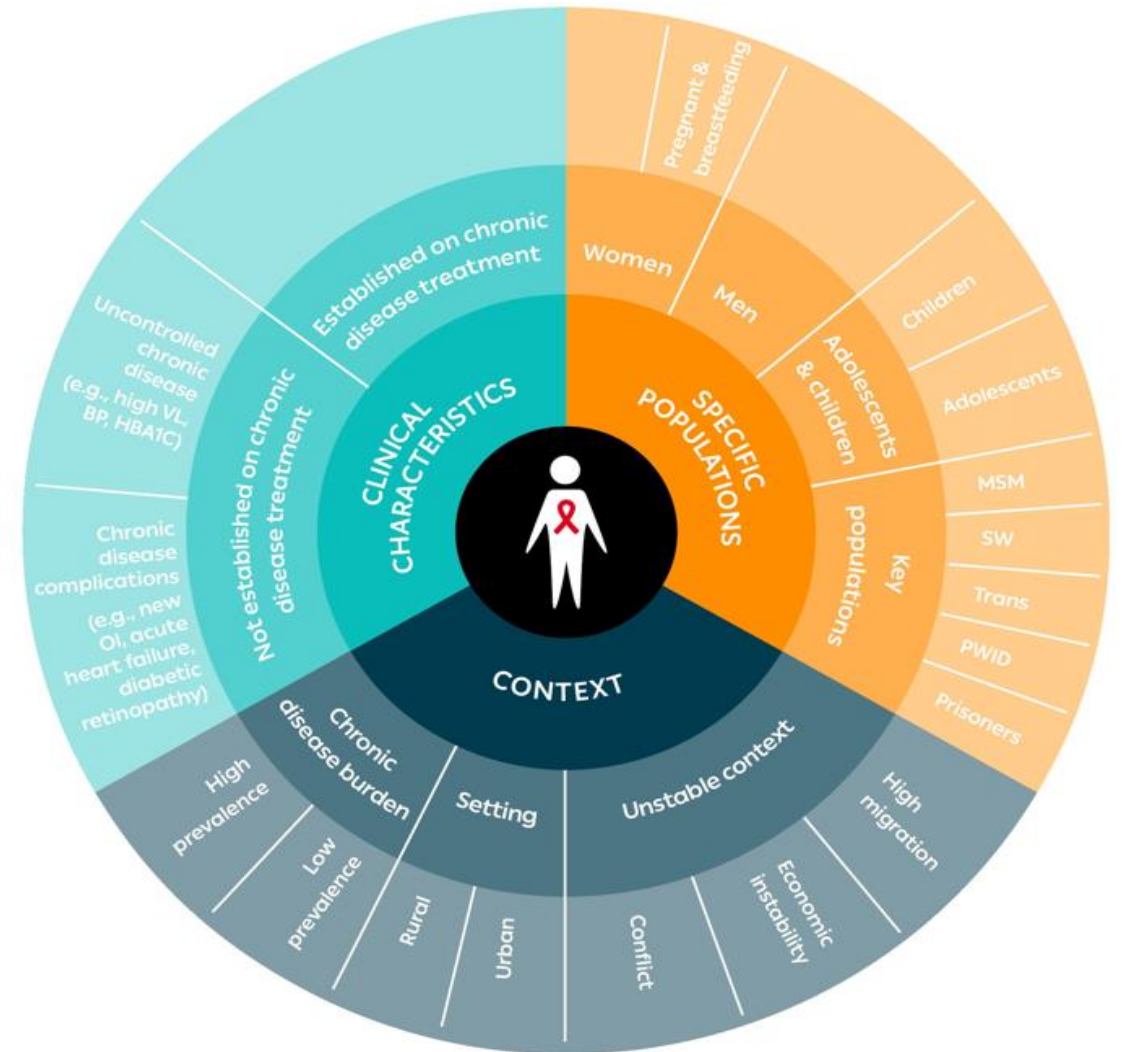
DSD is about the "how" not the "what"
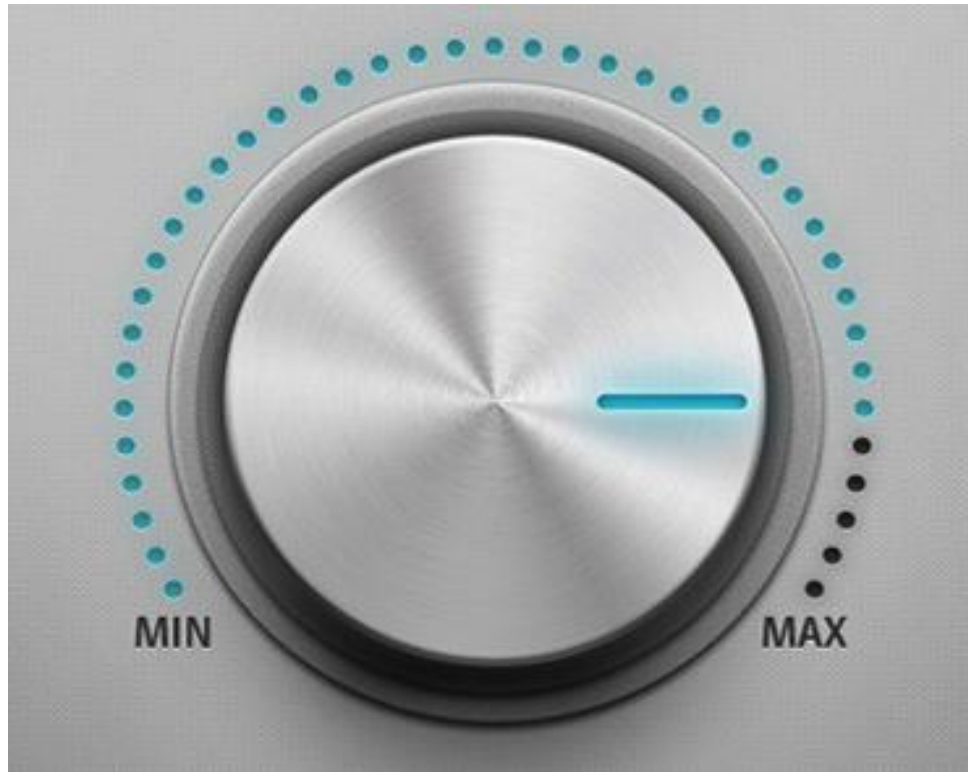
- **Service Intensity (What)**
- **Service Frequency (When)**
- **Service Location (Where)**
- **Service Provider (Who)**

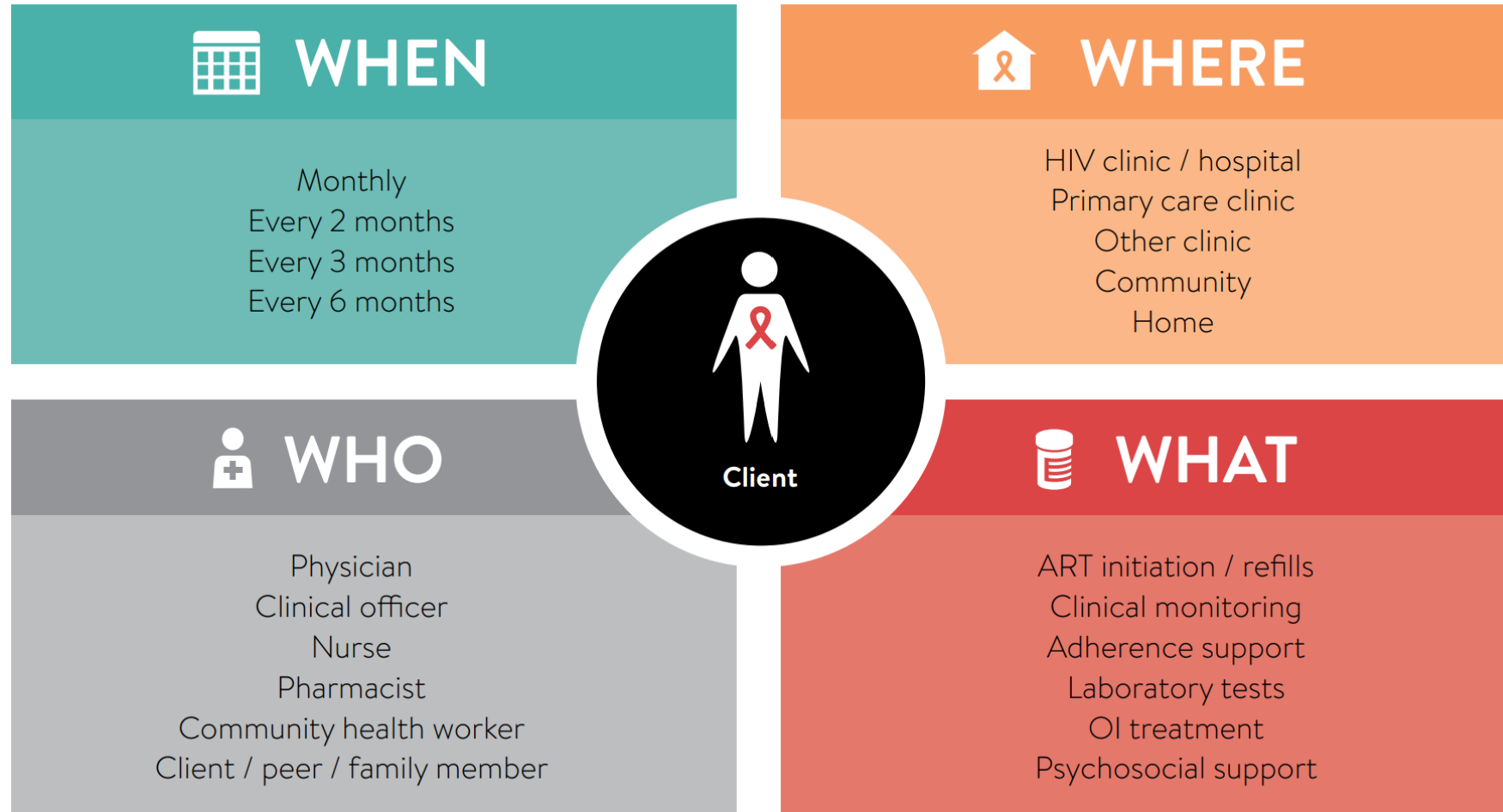# The main theme of DSD: One size does not fit ALL

www.differentiatedcare.org

Three elements to consider in DSD

International AIDS Society

The Building Blocks of DSD

WHEN
Monthly
Every 2 months
Every 3 months
Every 6 months

WHERE
HIV clinic / hospital
Primary care clinic
Other clinic
Community
Home

Client

WHO
Physician
Clinical officer
Nurse
Pharmacist
Community health worker
Client / peer / family member

WHAT
ART initiation / refills
Clinical monitoring
Adherence support
Laboratory tests
OI treatment
Psychosocial support

International AIDS Society

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DSD Models

Facility-based individual models, such as fast-track, where individuals collect their ART refills at the health facility without queuing or seeing a clinician.

Out-of-facility individual models, where individuals collect their ART refills from mobile ART services, fixed community distribution points or community pharmacies.

Healthcare worker-managed groups in facilities or communities, such as adherence clubs. Clients booked to collect their ART at the same time as a group.

Client-managed groups, such as community ART groups (CAGs). Smaller groups of clients meet in the community, rotating to collect treatment for all group members.

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What is a Learning Network?

"One person is a thin porridge; two or three people are a lump of ugali" – Kuria tribe from Uganda and Kenya

"A single bracelet does not jingle" – Congolese

What is a Learning Network? (2)

A structure that facilitates joint learning

- Not simply exchange of information

An approach to co-creation of resources

- Participants collaborate to develop new tools

A way to catalyze scale-up and spread

- Insight from peers can help participants to avoid barriers and reinforce facilitators

Learning Network Methodology

Key elements include:

- Just-in-time access to information, best practices and peer mentoring

- Protected time and resources to co-create policies, guidelines, tools, SOPs, research protocols, and other practical catalysts of implementation scale-up

Successful Learning Networks Have:

- Focused goals aligned with policy priorities

- Experienced, championing leaders

- Participant-driven priorities

- Effective external partnerships

- A convening/coordinating organization

- Resources to support communication, collaboration, and joint work

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What is the CQUIN network?

The HIV Coverage, Quality and Impact Network is an African learning network designed to work with MOH and its stakeholders 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

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The Goal is Impact:
Enhanced Health Outcomes and Programmatic Efficiencies

Coverage **✕** Quality **=** Impact
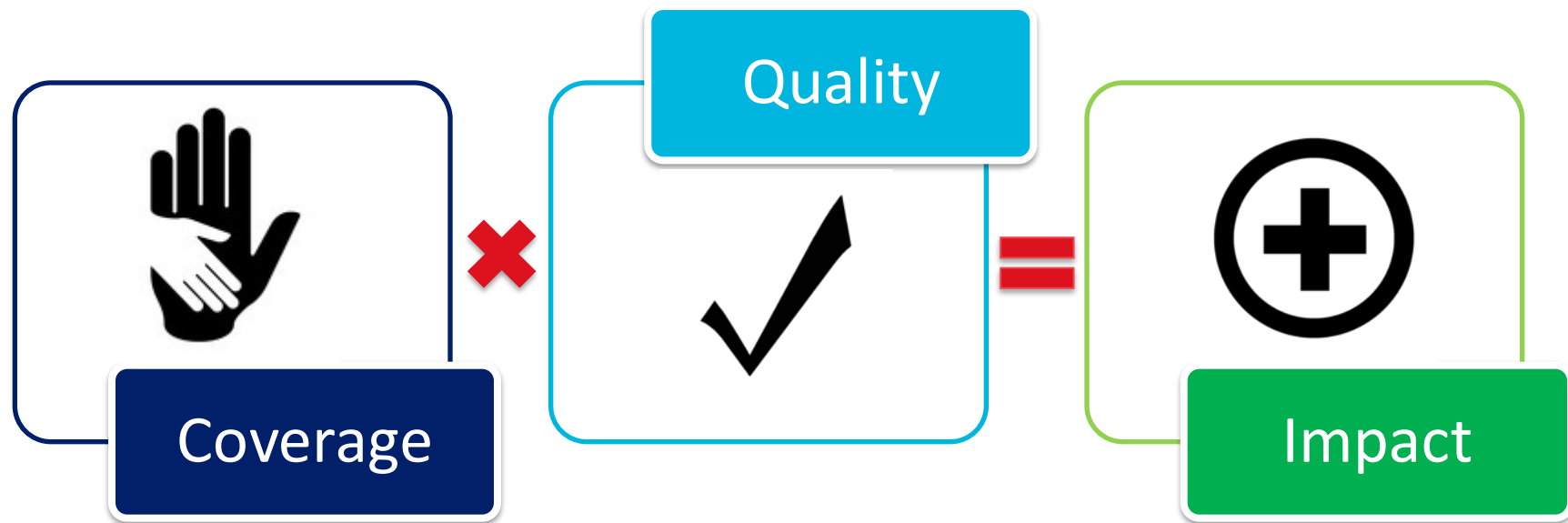
CQUIN Theory of Change

Demonstration of successful differentiated service delivery models → Increased demand by MOH, implementers and communities

Implementation support, including training, TA and support for QI → Increased supply of high-quality differentiated service delivery

Robust knowledge and information exchange → Increased knowledge base

Data review, evaluation, and analysis → Increased use of data for decision making

→ **Increased coverage and quality of differentiated HIV services, leading to enhanced health outcomes and programmatic efficiencies**

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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**

CQUIN activities are designed to be sustainable

- MOH leads country participation in network activities
- CQUIN Capability Maturity Models are designed to help build the countries' health systems
- All key country stakeholders are engaged in CQUIN activities
- Country key stakeholders, led by MOH, determine country priorities based on CMM and lessons from the CQUIN learning exchange platforms
- MOH, PEPFAR IPs and GF IPs implement country priorities
- Implementation of country priority activities/action plans is supported through in-country funding mechanisms

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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 high-quality, 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 demand-driven approach

  - ✓ exchanges knowledge and tools/resources and shares data on progress of scale up, best practices and lessons learned

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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

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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

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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
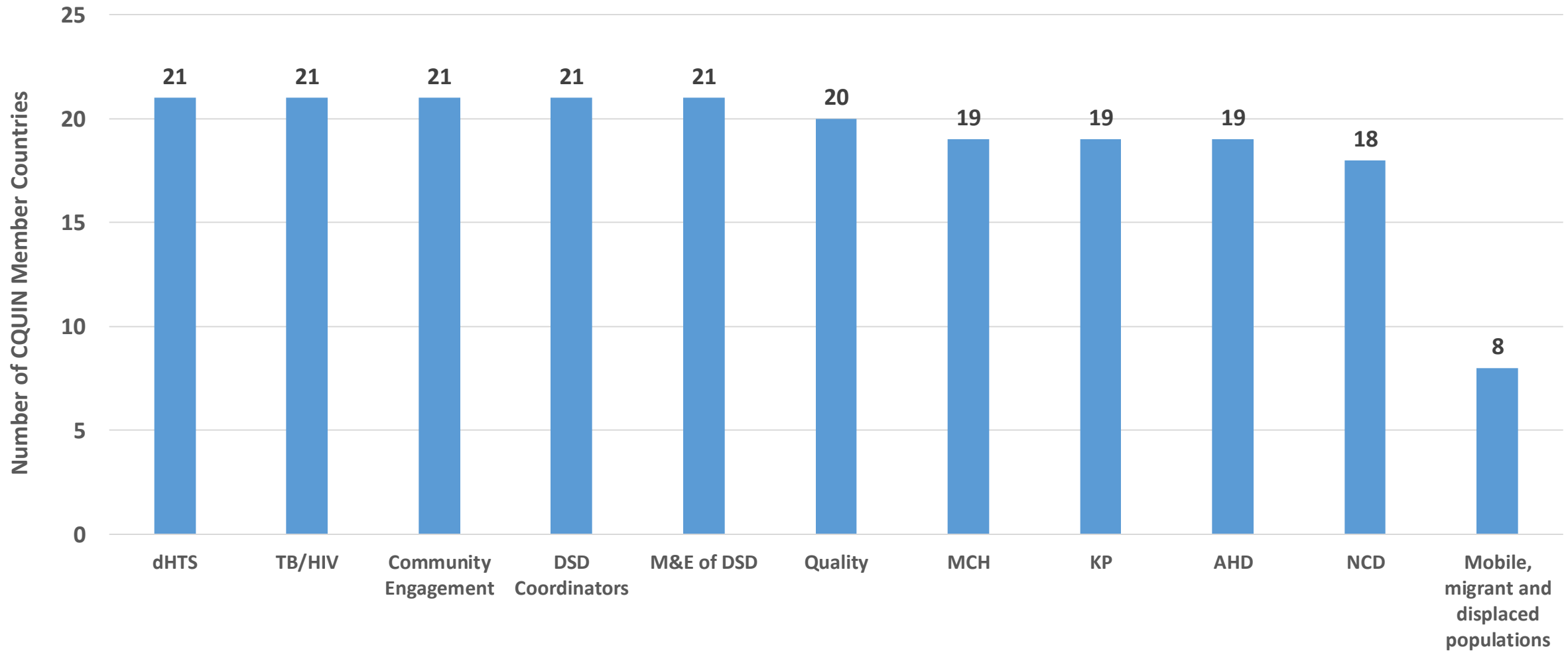- Website
- Monthly newsletter
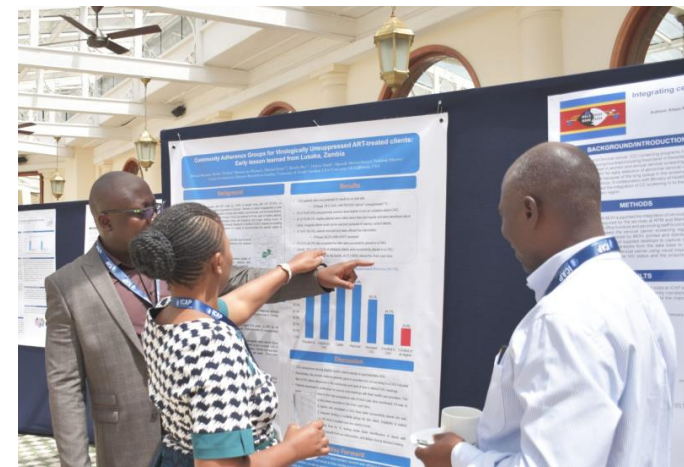
DSD Action Plans

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

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Current CQUIN Communities of Practice

Bar chart titled "Number of CQUIN Member Countries":

Community of Practice	Number of CQUIN Member Countries
dHTS	21
TB/HIV	21
Community Engagement	21
DSD Coordinators	21
M&E of DSD	21
Quality	20
MCH	19
KP	19
AHD	19
NCD	18
Mobile, migrant and displaced populations	8

Country-to-Country Learning Exchange Visits

- **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 integration

- **Nigeria to Zambia** on DSD for Men

- **Cameroon & Kenya** to Rwanda on FP/HIV integration

- **Mozambique** to Malawi on Re-engagement (November 20 -24)
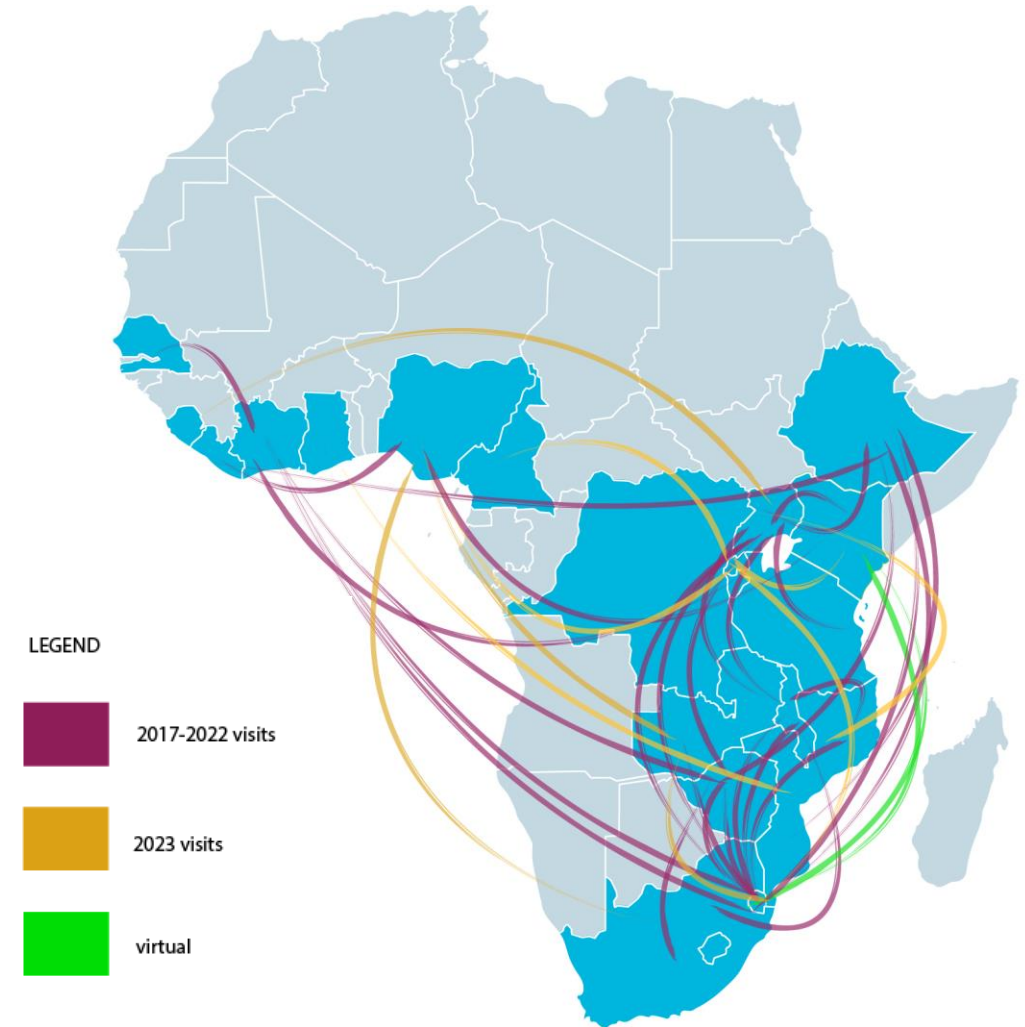
LEGEND

2017-2022 visits

2023 visits

virtual

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CQUIN's scope was expanded in 2022

- CQUIN focus expanded to differentiated testing and the integration of non-HIV services into DSD models (DSD 2.0)

- This is our first all-country workshop on integration

- Conducted three country-to-country exchange visits on integration in 2023 involving 8 countries

- Had webinars and communities of practice meetings

- Conducted a survey and KII to understand the state of integration in network countries

Integration Meeting Agenda Sketch

	Monday April 15	Tuesday April 16	Wednesday April 17	Thursday April 18	
7:30		Daily Registration (7:30-8am)			7:30
8:00		Session 1: Welcome & Framing Remarks	Session 6: Keynote	Session 11: Keynote	8:00
8:30		Session 2: Panel: FP/HIV Integration - progress, challenges, and opportunities	Session 7: Panel: HTN/HIV integration- progress, challenges, and opportunities	Session 12: Panel: Strategic Planning - standards, indicators and target-setting for integrated service delivery	8:30
9:00					9:00
9:30	Registration and pre-meetings				9:30
10:00		Tea (10-10:30)	Tea (10-10:30)	Tea (10-10:30)	10:00
10:30		Session 3: Panel: FP/HIV case studies	Session 8: Panel: HTN/HIV case studies	Session 13: Single-country action planning	10:30
11:00					11:00
11:30					11:30
12N					12N
12:30		Lunch (12:30 - 2pm)	Lunch (12:30 - 2pm)	Lunch (12:30 - 2pm)	12:30
1PM					1PM
1:30					1:30
2PM		Session 4: Tools Lab	Session 9: Breakout sessions (FP and HTN)	Session 14: Closing session	2PM
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3PM					3PM
3:30		TEA (3.30-4.00)	TEA (3.30-4.00)		3:30
4PM		Session 5: Poster Session	Session 10: Report-back from breakout sessions		4PM
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	Opening Dinner				

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Pre- and post-meeting in-country stakeholder meetings

- Action plan templates were shared in advance of the meeting
- Countries were encouraged to have in-country pre-meetings to discuss specific assignments and develop a draft action plan
- Draft action plans will be finalized on day 3 of the meeting
- Countries are encouraged to conduct in-country post-meetings to validate the final draft action plans with key stakeholders

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Thank you!