

CQUIN 2024: Achievements and a look into the Horizon

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CQUIN 8th Annual Meeting | December 9-13, 2024 – Johannesburg, South Africa

Outline

- **Introduction to the CQUIN Network**
- **CQUIN in 2024**
- **Communities of Practice**
- **Data for Decision-Making**
- **Looking Forward to 2025**

CQUIN

HIV Coverage, Quality,
and Impact Network

Convening **local health system leaders** to accelerate the **scale-up** of **high-quality, high-impact person-centered HIV** services since **2017**.

Global Partners:

*WHO, GHSD, Global Fund,
ITPC, CDC, USAID,
UNAIDS*

21
COUNTRIES

CONVENED BY ICAP AT
COLUMBIA UNIVERSITY

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

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How CQUIN Works

- ICAP Technical Assistance and thought leadership
- Advisory Group Members

Promotion of country-to-country learning, diffusion of innovation, community engagement, data for decision making, and the co-creation of practical knowledge and tools

GOAL:
Increased coverage and quality of HIV person-centered services, leading to enhanced health outcomes and programmatic efficiencies



CAPABILITY MATURITY MODELS

- Three systematic tools for countries to self-assess their national DSD programs (Treatment, AHD, Testing)
- Used to identify country strengths and gaps, and to accelerate action to address the gaps to scale up services
- Used to compare year-to-year maturity of national DSD programs over time against a consensus standard
- Used to determine network priority activities



DSD ACTION PLANS

- CQUIN country teams develop national DSD action plans that:
- Reflect national priorities
 - Align with donor-funded activities (PEPFAR, Global Fund, other)
 - Are timed to lead into the PEPFAR and Global Fund planning cycles so identified priorities can be rapidly matched with funding
 - Country teams report back on progress at the CQUIN Annual Meeting



NETWORK ACTIVITIES

- Self-staging with CQUIN capability maturity models
- In-person all-network meetings
- Country-to-country visits
- Communities of practice
- Country-specific technical assistance
- Data use for decision making
- Webinars
- WhatsApp groups
- Website
- Monthly newsletter

Ministries of Health are our primary stakeholders leading country engagement with key country stakeholders – recipients of care, PEPFAR agencies, and implementing partners

What is a capability maturity model (CMM)?

A systems strengthening approach that:

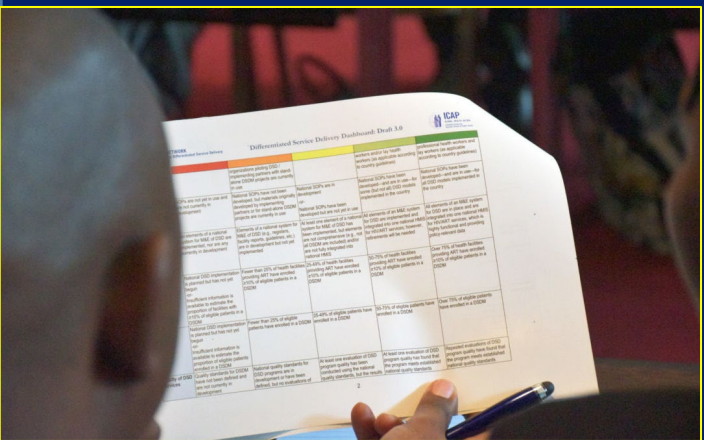
- Identifies **core functions/domains** in which capability is required to achieve organizational goals
- Describes **sequential stages of maturity** within each domain
- Sets a clear path towards achieving maturational goals
- Is **used repeatedly over time** to track change

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 be 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 **highest-impact** 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

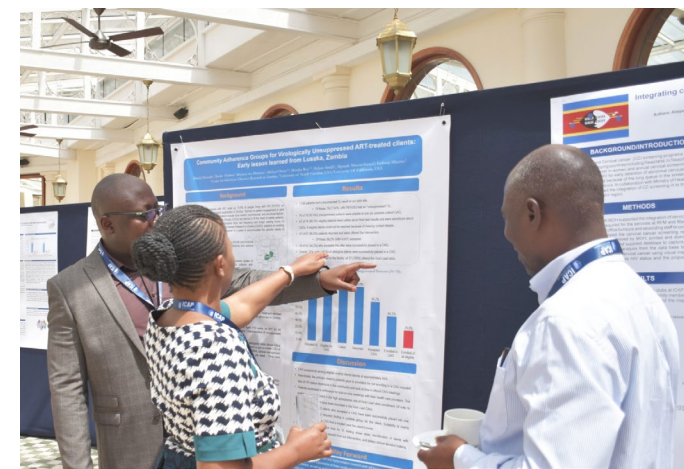
MOHs lead collaborative development with recipients of care, implementers, donors, and other stakeholders

- 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



25 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 (Elzuwini, 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 (Johannesburg, 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 (Johannesburg, 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 (Johannesburg, November 2023)

Integration of Non-HIV Into HIV Services (Nairobi, April 2024)

2nd Differentiated HTS Meeting (Durban, July 2024)

8th Annual Meeting (Johannesburg, December 2024)

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

THE HIV COVERAGE, QUALITY & IMPACT NETWORK

A platform for peer-to-peer exchange of best practices, innovations, and common challenges, to scale up sustainable quality person-centered services.



UPCOMING & RECENT EVENTS

DEC
09

CQUIN 8th Annual Meeting

Monday, December 09, 2024
Event type: Meeting

SEP
26

CQUIN HIV/NCD Community of Practice Meeting

cquin.icap.columbia.edu



English

ABOUT CQUIN ▾ LEARNING ▾ FOCUS AREAS ▾ COUNTRIES ▾ NEWS & EVENTS ▾ 🔍

THE HIV COVERAGE, QUALITY & IMPACT NETWORK

A platform for peer-to-peer exchange of best practices, innovations, and common challenges, to scale up sustainable quality person-centered services.



Monitoring & Evaluation of DSD

Quality Management

Differentiated TB/HIV Services

DSD for Advanced HIV Disease

DSD for Key and Priority Populations

Differentiated MCH Services

DSD for People with both HIV and NCDs

Differentiated HIV Testing Services

DSD for Displaced, Mobile, and Migrant

COMING & RECENT EVENTS

JIN 8th Annual Meeting

Friday, December 09, 2024
Event type: Meeting

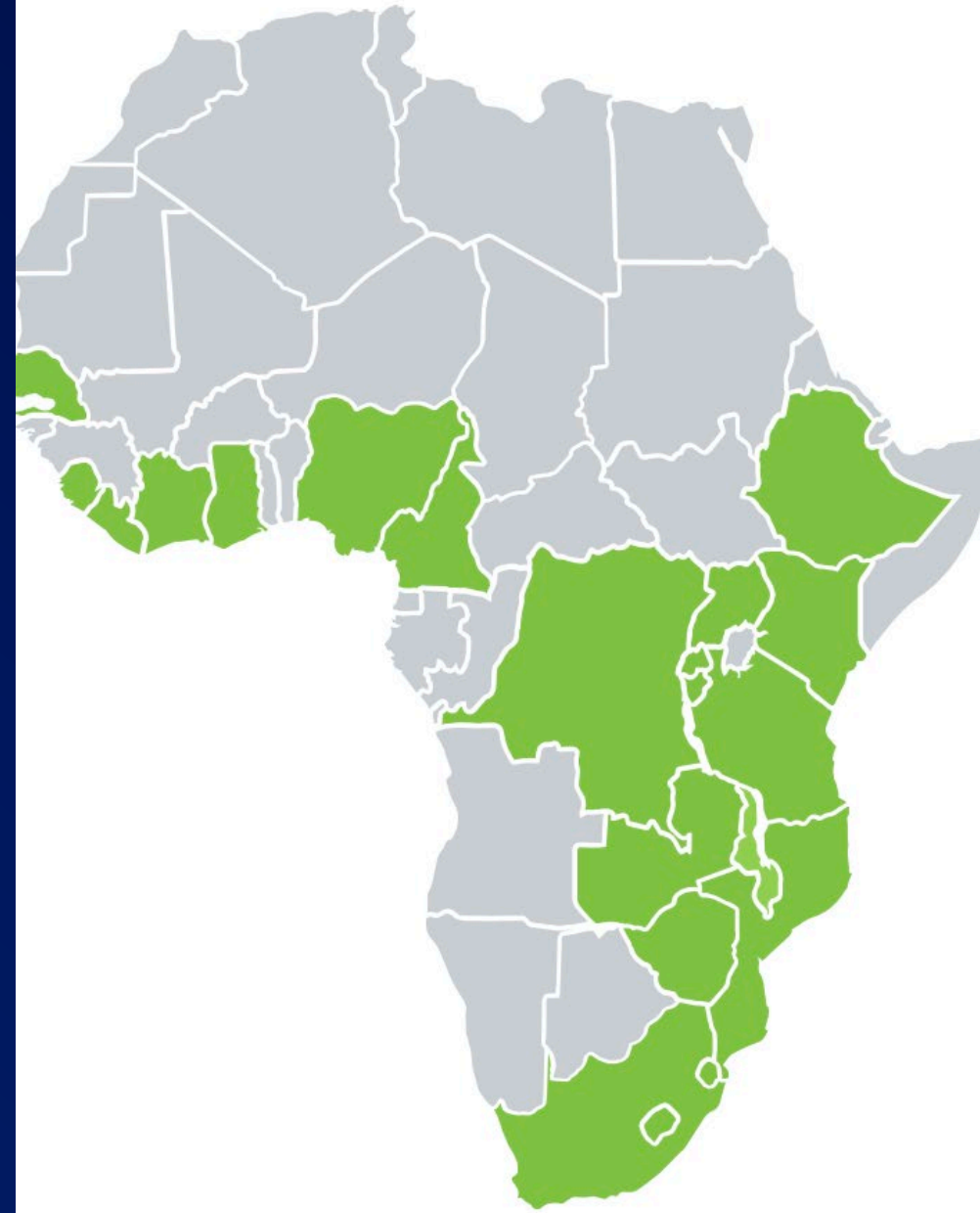
JIN HIV/NCD Community of Practice Meeting

Network Activities: Selected Countries

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

- DSD Performance Reviews
- TA from ICAP's CQUIN team

CQUIN in 2024



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

2024 by the Numbers

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

Of 325 action items derived from the 7th annual meeting, 78% (252/325) had been completed or are in progress by September 2024

Implementation Status of the 7th Annual Meeting Action Items-Jan-Sept 2024
(N=325*)

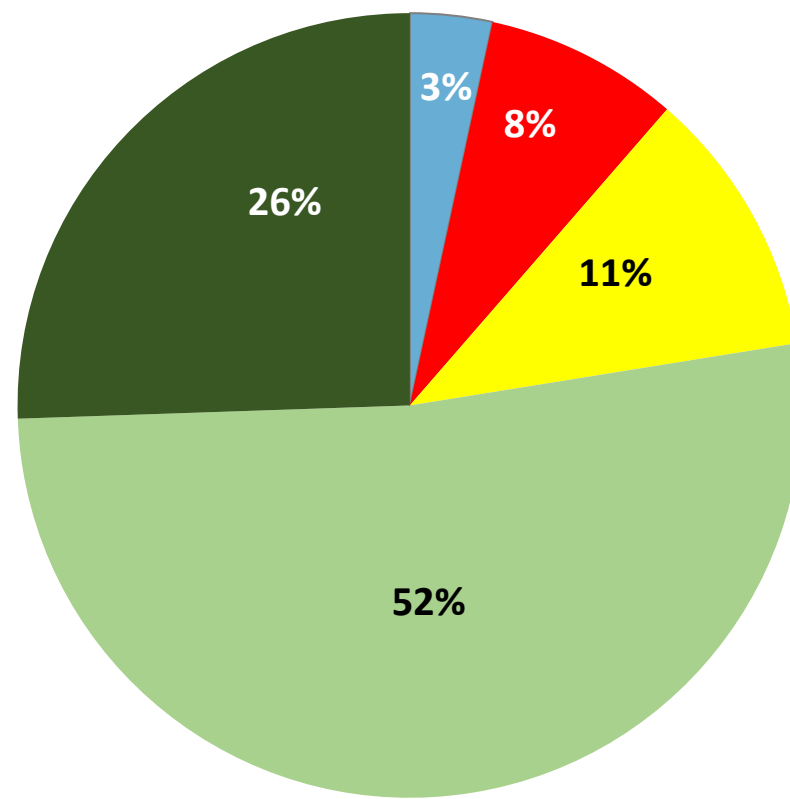
■ Dropped (n=11)

■ Not started-behind schedule (n=26)

■ Not started-on schedule (n=36)

■ In progress (n=169)

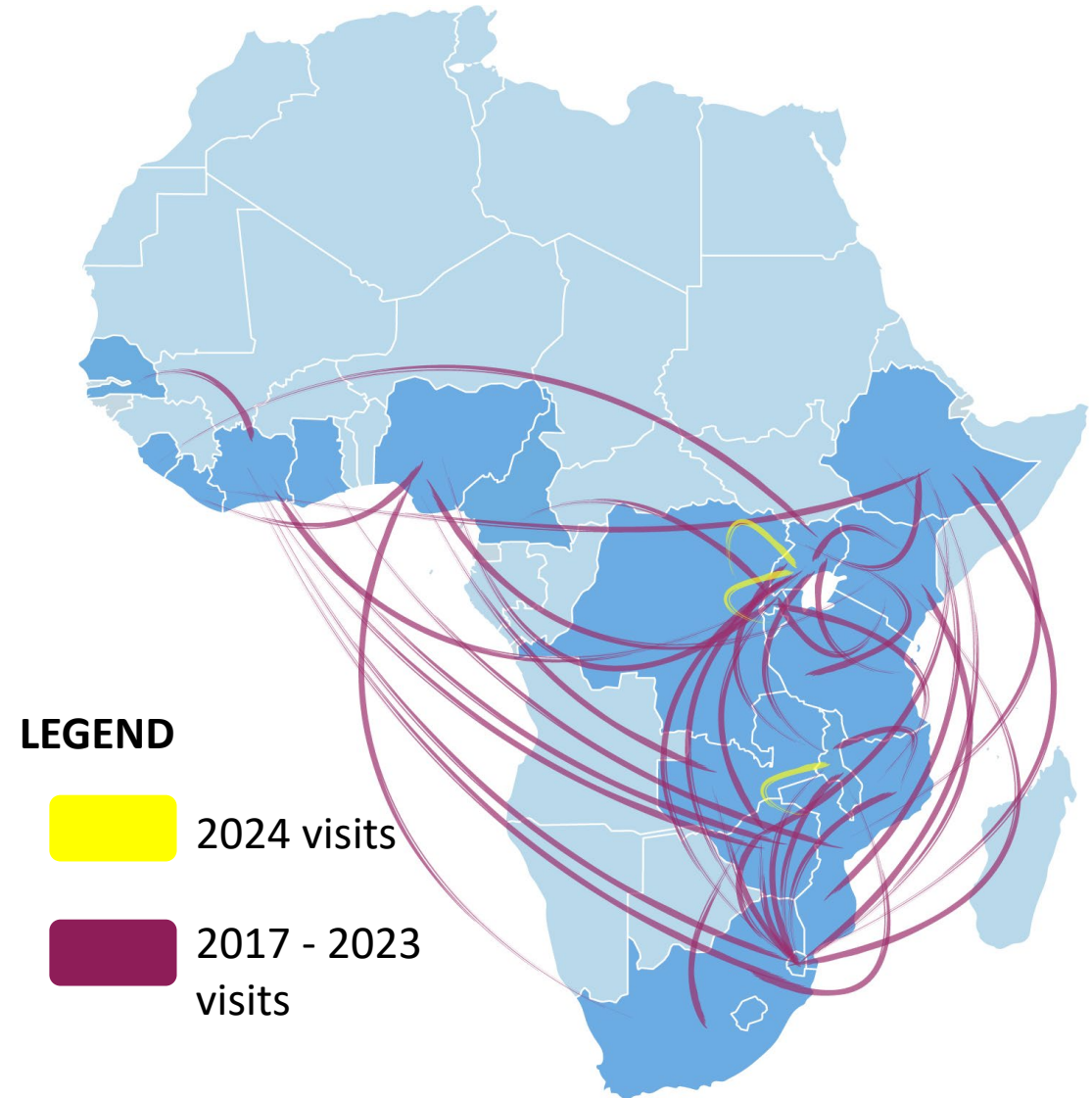
■ Completed (n=83)



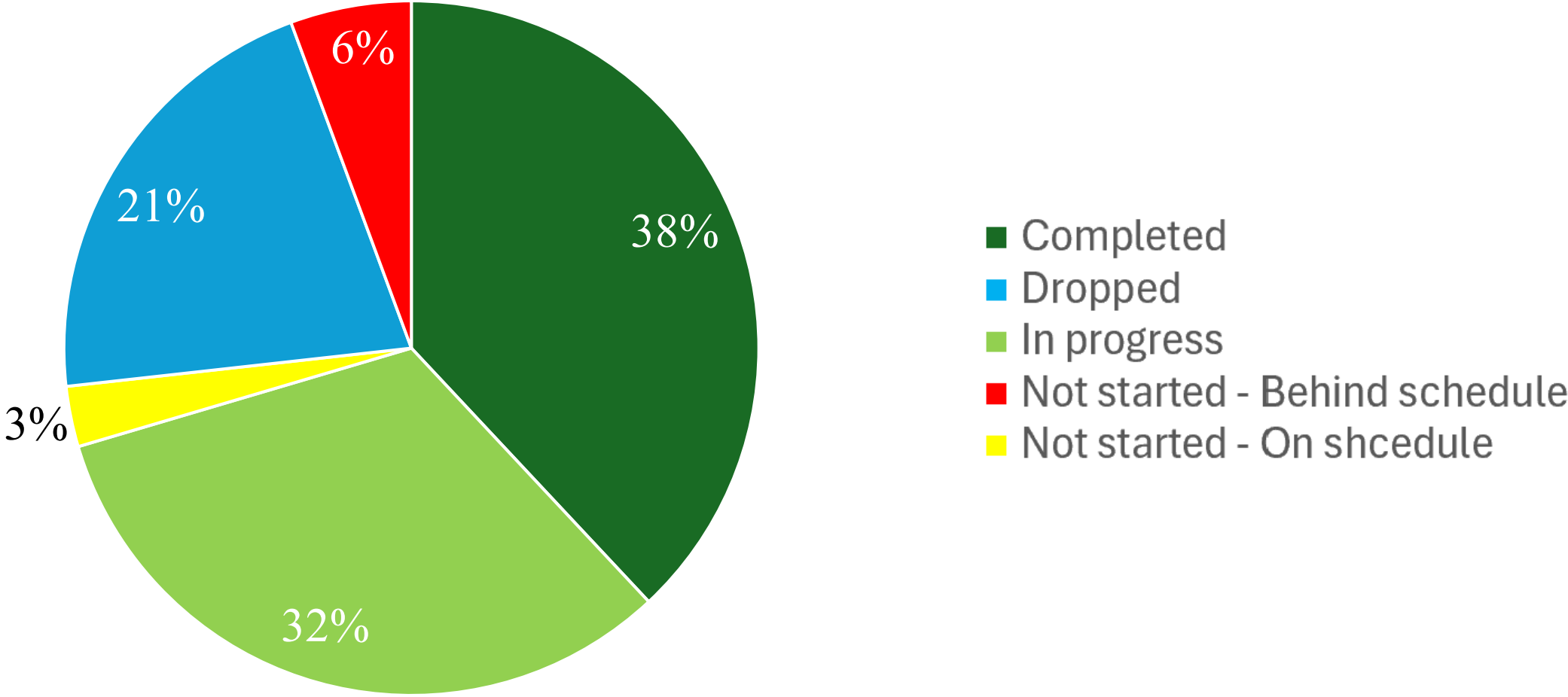
N=325 refers to action items from 20 of the 21 network countries. Zambia was yet to share updates by the reporting date*

Country-to-Country Exchange Visits in the Past Year

- **Mozambique** visited Malawi on Models of Re-engagement
- **Zimbabwe** to Malawi on Models of Re-Engagement
- **Burundi** and **DRC** to Uganda on AHD



C2C visit action plans progress update at 12 months post visit, July 2023 - June 2024



Impact of Country-to-Country Learning Exchange Visits



- Following a visit to Rwanda on FP/HIV integration, **Eswatini** developed an integration framework which includes integration data metrics for both FP and NCD. These have been added into their electronic medical record
- After **Mozambique's** visit to Malawi for re-engagement, they finalized a welcome back package, which includes a training component. A total of 684 health workers received training on this package, and an evaluation was conducted on 36 health facilities that had implemented the package for at least three months.
- After hosting two pairs of C2C on FP/HIV integration, **Rwanda** used the lessons learned to develop their M&E metrics to better measure FP/HIV integration

Tools/Resources Exchanged in 2024

- At least 31 tools/resource documents were exchanged among member countries
- Most were Guidelines and implementation toolkits
- Most of the tools were requested through the CQUIN regional team

Number of documents shared (N=31)		n	% (n/N)
	December 2023	3	10%
	January-March 2024	23	74%
	April-June 2024	5	16%
Category of documents shared			
	Data collection or reporting tools	4	13%
	Frameworks/Implementation toolkits	7	23%
	Guidelines/SOPs	16	52%
	Operational Manual/Job Aids	4	13%
Modes of sharing the documents			
	Request between countries (C2C sharing)	7	23%
	Request through CQUIN	24	77%

Country Updates at the 8th Annual Meeting

Monday, December 9	Tuesday, December 10	Wednesday, December 11	Thursday, December 12	Friday, December 13	
Registration and pre-meetings (M&E Pre-Meeting, CAN)/FGDs for Mid-Term	Daily Registration and IPC Protocols				7:30
	Session 1: Welcome / Introductions / Keynote	Session 6: Recap/Keynote	Session 11: Recap/Keynote	Session 16: Recap/Keynote	8:00
	Session 2: Moderated panel discussion: Delivering sustainable person-centered services - What will it take?	Session 7: Panel presentations: Quality Management	Session 12: Reaching Men	Session 17: Panel presentations: Integrated Service Delivery	8:30
	Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)	9:00
	Session 3: Panel Presentations: Roadmap to sustainable HIV service delivery - Country case studies	Session 8: Three parallel sessions w/3-4 country updates each	Session 13: Community of Practice Parallel Sessions: dHTS, AHD, KP	Session 18: Tools Lab	9:30
	Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)	10:00
	Session 4: Four parallel sessions w/3-4 country updates each	Session 9: Community of Practice Parallel Sessions: M&E, Quality, Community Engagement	Session 14: Thematic Breakout Sessions	Session 19: Closing Plenary	10:30
	Session 5: Poster Session (Tracks A&B)	Session 10: Single-country action planning	Session 15: Single-country action planning		11:00
	Opening Dinner + Dance	End at 3pm	End at 5pm	End at 5pm	11:30
					12N
				12:30	
				1PM	
				1:30	
				2PM	
				2:30	
				3PM	
				3:30	
				4PM	
				4:30	

CQUIN Beyond Borders

CQUIN and UNAIDS Collaboration

- ICAP provided technical assistance support to UNAIDS to extent the use of CQUIN CMMs to non-CQUIN countries.
- Supported three regional meetings
 - West and Central Africa
 - East and Southern Africa
 - Asia-Pacific
- A total of eight (8) countries (Angola, Indonesia, Madagascar, Mali, Pakistan, Philippines, South Sudan and Thailand) were supported to conduct self-assessments and to develop action plans.

Communities of Practice

CQUIN Communities of Practice

- 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
- 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)
- CoPs have **formal terms of reference** that describe the goals and objectives of the CoP, frequency of meetings, and responsibilities of participants. These reinforce the idea that countries are joining as teams to support their national DSD strategic plans and goals

CQUIN Communities of Practice

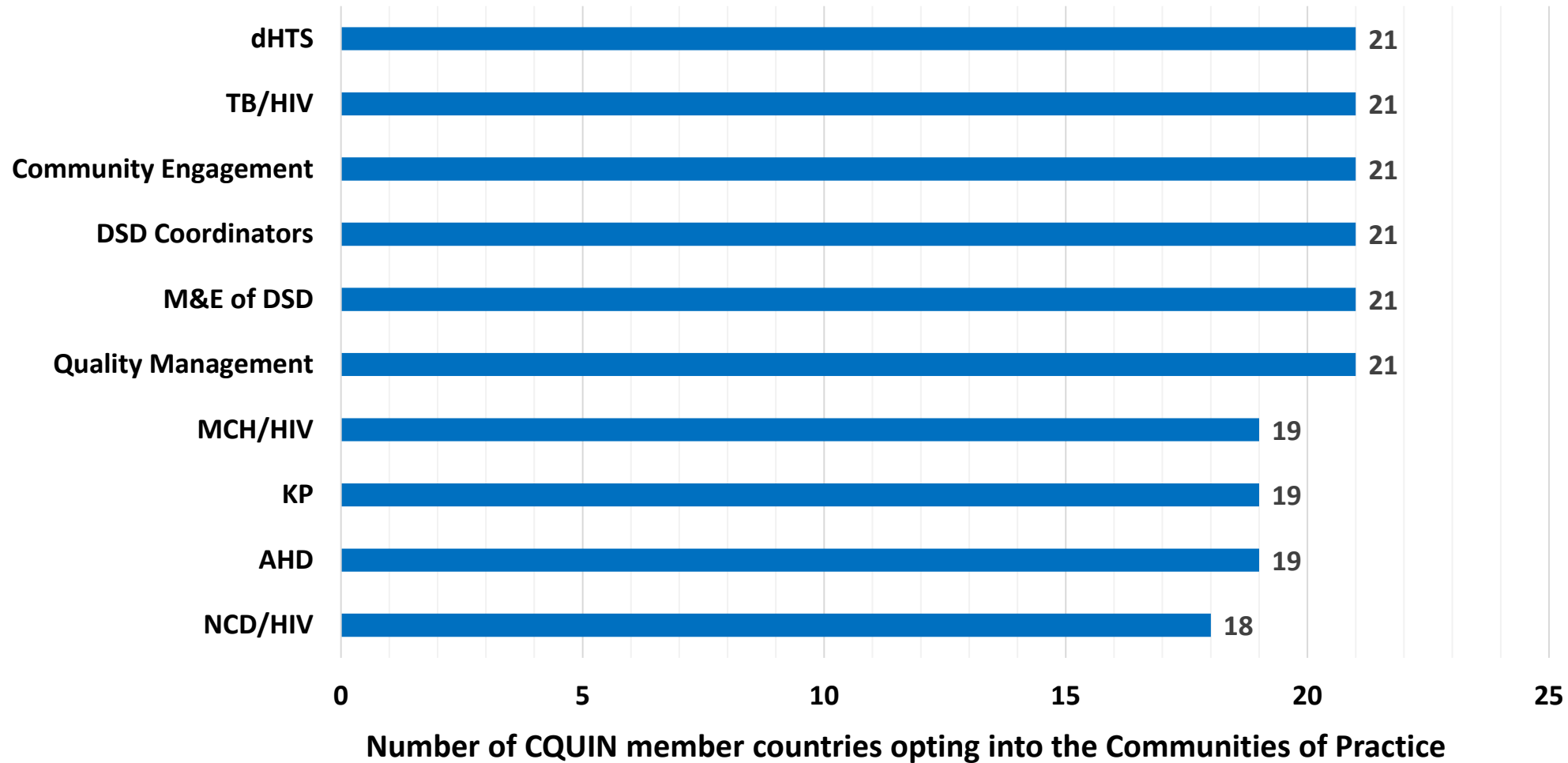
Prioritization of Communities of Practice:

- Structured feedback from CQUIN meetings (Action Planning session and post-meeting evaluation)
- Proposals from the CQUIN Advisory Group

Each CoP is backstopped by an ICAP staff

- **Technical expert(s)** facilitate agenda-setting, coordinate and plan calls, provide topical expertise
- **Strategic Information** expert to support the design and provide TA of metrics associated with the CoP
- **Operations team** supports meeting planning, scheduling, hosting and documentation

CQUIN Communities of Practice



Communities of Practice that member countries have opted into

Resources Co-Created by CQUIN Communities of Practice Since Inception

CQUIN Capability Maturity Models (CMM)

- DART CMM
- AHD CMM
- dHTS CMM
- CQUIN Subnational CMM

Quality Management:

- DSD Quality Standards Framework
- DSD Less Intensive Models Quality Assessment Tool

Monitoring & Evaluation:

- M&E Framework for monitoring Differentiated ART Services
- CQUIN DSD Performance Review Toolkit

Advanced HIV Disease:

- DSD for Adults at High Risk of HIV Disease Progression
- P@HR Screening Tool
- AHD Quality Standards and Indicators
- Development of the M&E of AHD toolkit


Community Engagement:

- Community Engagement Framework & monitoring toolkit
- Recipient of Care Satisfaction Decision Matrix and Toolkit

Key Populations:


- Ongoing development of quality standards for key population-friendly services in the public sector

Resources Co-Created by CQUIN Communities of Practice (CQUIN 2.0 Period)



CQUIN
RECIPIENT OF CARE
SATISFACTION TOOLKIT

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Indicator Tracking sheet

NAME OF DATA COLLECTOR: _____
 NAME OF ORGANIZATION: _____
 COUNTRY: _____
 EMAIL: _____
 TELEPHONE: _____
 REPORTING PERIOD: _____

M LEVEL (6 INDICATORS)

PROGRAM	INDICATOR	INDICATOR DESCRIPTION	LEVEL OF ACTIVITY FOR DATA COLLECTION	DID THIS ACTIVITY OCCUR DURING THE REPORTING PERIOD? <i>Continue filling out sheet only if you answered "Yes-data source confirmed and listed" in the drop down menu</i>	NUMERATOR: # of DSD program design mtgs where there is evidence that RoC/community members participated	DATA SOURCE(S) FOR NUMERATOR	DENOMINATOR: # of DSD program design mtgs organized by the government	DATA SOURCE(S) FOR DENOMINATOR	% RESULT (numerator divided by denominator x 100)
FW TO ENGAGE	% of meetings focused on DSD program design where RoC/community members participated	To determine the %, count the # of meetings on DSD program design where there is evidence that RoC/community members participated divided by the total # of DSD program design meetings organized by the government	National [do not include sub-national data]						#DIV/0!
FW TO ENGAGE									

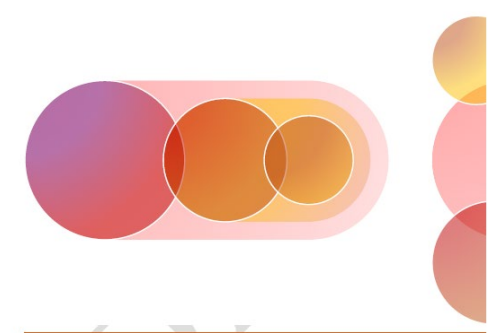


Quality Standards Framework for Advanced HIV Disease Service Delivery

1 Introduction

Given the increased need to focus on the recipients of care at substantial risk of advanced HIV disease (AHD), the *CQUIN Quality Standards Framework for Advanced HIV Disease Service Delivery* is recommended for use at all service delivery points where AHD can be identified and managed as per the guidance for each standard. As a best practice, all health facilities and community service delivery models providing HIV testing services (HTS) and antiretroviral therapy (ART) should be able to, at a minimum, endeavour to identify people with AHD and link them to appropriate AHD service delivery. In addition, a robust and well understood network of AHD service delivery points consisting of hubs and spokes (see 1.1 below) is needed at scale to realize the benefits of a significant reduction in morbidity and mortality associated with AHD. These *CQUIN Quality Standards Framework for Advanced HIV Disease Service Delivery* also lay out key quality standards at the national level in establishing the AHD hub and spoke model of care. Lastly, the training and mentorship, supply chain management system, advocacy communication and social mobilization, monitoring and evaluation quality standards address key AHD system quality standards needed to support provision of quality AHD service delivery at scale.

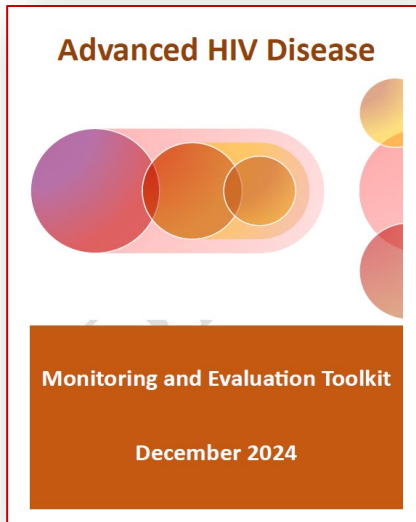
Advanced HIV Disease



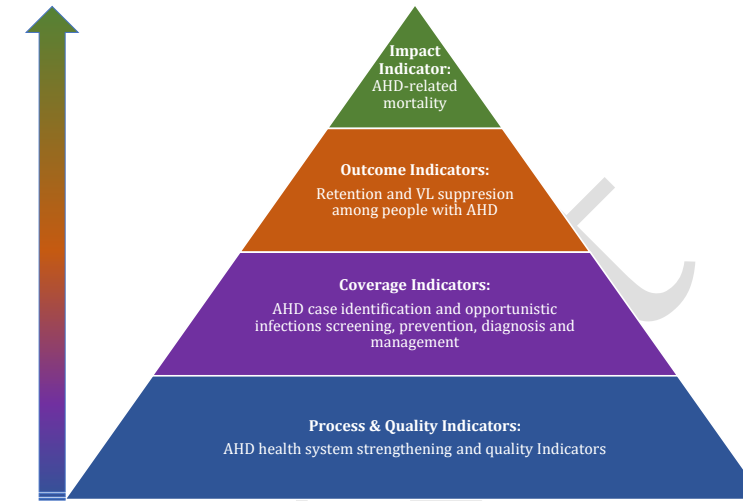
Monitoring and Evaluation Toolkit

December 2024

The AHD Monitoring & Evaluation Toolkit – Under Development



- Conceptualized following review of AHD CMM 2023 findings from all CQUIN member countries
- AHD M&E Collaborative – constituting of ICAP, CHAI and EGPAF – met regularly over the course of the year to conceptualize and develop an initial draft of the toolkit



- Provides a **structured approach to the monitoring and evaluation of AHD services**.
- Describes AHD indicators, including impact, outcome, coverage, and process indicators, which are essential for high-level reporting and program improvement.
- Encourage the review and development of primary data sources that feed into **UNAIDS Global AIDS reporting indicators/platform**.
- Aims to **standardize AHD indicators** and the **methodologies of recording and reporting** across member countries.
- Outlines **quality assessment standards** to ensure that AHD services meet high standards of care.

Agenda Sketch – Communities of Practice

	Monday, December 9	Tuesday, December 10	Wednesday, December 11	Thursday, December 12	Friday, December 13
7:30	Daily Registration and IPC Protocols				
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11:30				Tea Break (3:30 - 4pm)	
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					

Opening Dinner + Dance

End at 5pm

End at 5pm

End at 5pm

End at 12:30pm

14a. Integration - FP, HTN, TPT integration
14b. Cyclical cascade

Data for Decision-Making

Data for Decision-Making About DSD

- Since 2017, CQUIN stakeholders have characterized the limited data from implementation as a primary barrier to effective 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 2024, with all 21 countries participating
 - 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 strategies to assess person-centered HIV services coverage and quality 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
 - Data from samples of health facilities from DSD Performance Reviews

2024 CMM Results

CQUIN's Capability Maturity Model for Differentiated Treatment

- **In 2024, changes included:**
 - Integration of Family Planning domain shifted focus to from integration into *less-intensive ART models* to, more broadly, coverage of modern FP methods among WLHIV; also prioritization of a one-stop-shop model
 - M&E domain introduced new requirement—submission of data summaries with any green maturity staging

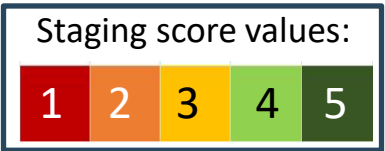
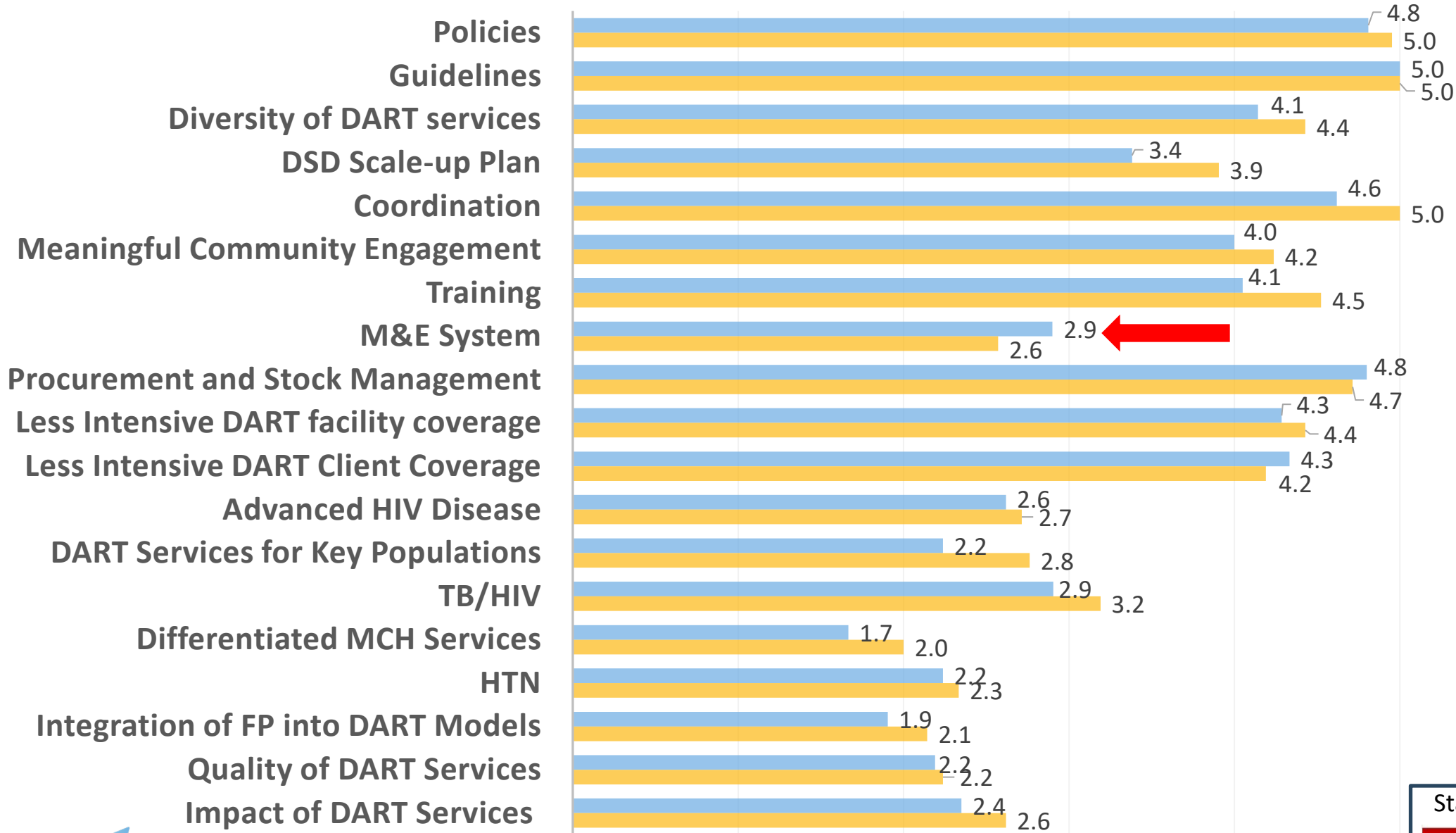
2024 differentiated ART CMM Summative Results: Data arranged by country

CQUIN member countries

	BUR	CAM	CIV	DRC	ESW	ETH	GHN	KEN	LES	LIB	MAL	MOZ	NIG	RWA	SEN	SL	SA	TZ	UG	ZAM	ZIM	
Policies	Dark Green	Dark Green	Dark Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Diversity of DART services	Light Green	Light Green	Light Green	Light Green	Dark Green	Light Green	Dark Green	Dark Green	Dark Green	Light Green	Dark Green	Dark Green	Light Green	Light Green	Light Green	Dark Green	Light Green	Light Green	Dark Green	Dark Green	Dark Green	Light Green
DSD Scale-up Plan	Yellow	Dark Green	Dark Green	Yellow	Dark Green	Yellow	Orange	Dark Green	Dark Green	Yellow	Yellow	Yellow	Dark Green	Yellow	Orange	Dark Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Coordination	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Meaningful Community Engagement	Dark Green	Dark Green	Dark Green	Light Green	Dark Green	Light Green	Light Green	Light Green	Dark Green	Light Green	Dark Green	Light Green	Dark Green	Dark Green	Yellow	Light Green	Orange	Dark Green	Light Green	Light Green	Light Green	Yellow
Training	Light Green	Light Green	Dark Green	Light Green	Dark Green	Dark Green	Light Green	Light Green	Yellow	Light Green	Light Green	Dark Green	Dark Green	Light Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Procurement and Stock Management	Dark Green	Dark Green	Dark Green	Orange	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Orange	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
M&E System	Yellow	Yellow	Yellow	Orange	Light Green	Yellow	Orange	Orange	Orange	Yellow	Orange	Yellow	Light Green	Yellow	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Less Intensive DART facility coverage	Light Green	Orange	Yellow	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Orange	Dark Green	Yellow	Dark Green	Dark Green	Dark Green	Dark Green
Less Intensive DART Client Coverage	Light Green	Yellow	Light Green	Yellow	Dark Green	Dark Green	Dark Green	Light Green	Orange	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Yellow	Light Green	Dark Green	Light Green	Dark Green	Dark Green	Yellow
Advanced HIV Disease	Orange	Yellow	Yellow	Orange	Light Green	Light Green	Orange	Orange	Orange	Orange	Light Green	Yellow	Light Green	Yellow	Red	Orange	Red	Yellow	Light Green	Light Green	Light Green	Orange
DART Services for Key Populations	Red	Orange	Yellow	Yellow	Dark Green	Yellow	Red	Dark Green	Dark Green	Orange	Yellow	Red	Yellow	Dark Green	Orange	Orange	Red	Orange	Dark Green	Orange	Orange	Orange
TB/HIV	Dark Green	Orange	Yellow	Light Green	Yellow	Yellow	Red	Light Green	Light Green	Yellow	Yellow	Yellow	Light Green	Light Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Differentiated MCH Services	Orange	Orange	Orange	Yellow	Orange	Yellow	Orange	Orange	Orange	Orange	Red	Orange	Light Green	Orange	Red	Orange	Red	Orange	Orange	Orange	Red	Orange
HTN	Red	Yellow	Orange	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Red	Red	Orange	Red	Yellow	Yellow	Yellow	Yellow	Yellow
Integration of FP into DART Models	Yellow	Orange	Orange	Orange	Orange	Light Green	Orange	Orange	Orange	Orange	Orange	Red	Orange	Orange	Red	Orange	Orange	Orange	Orange	Light Green	Orange	Orange
Quality of DART Services	Orange	Yellow	Yellow	Orange	Orange	Orange	Yellow	Orange	Red	Red	Orange	Dark Green	Orange	Orange	Red	Orange	Orange	Orange	Orange	Dark Green	Red	Orange
Impact of DART Services	Orange	Red	Light Green	Dark Green	Light Green	Light Green	Light Green	Red	Red	Light Green	Orange	Dark Green	Light Green	Red	Red	Red	Light Green	Light Green	Red	Red	Red	Red

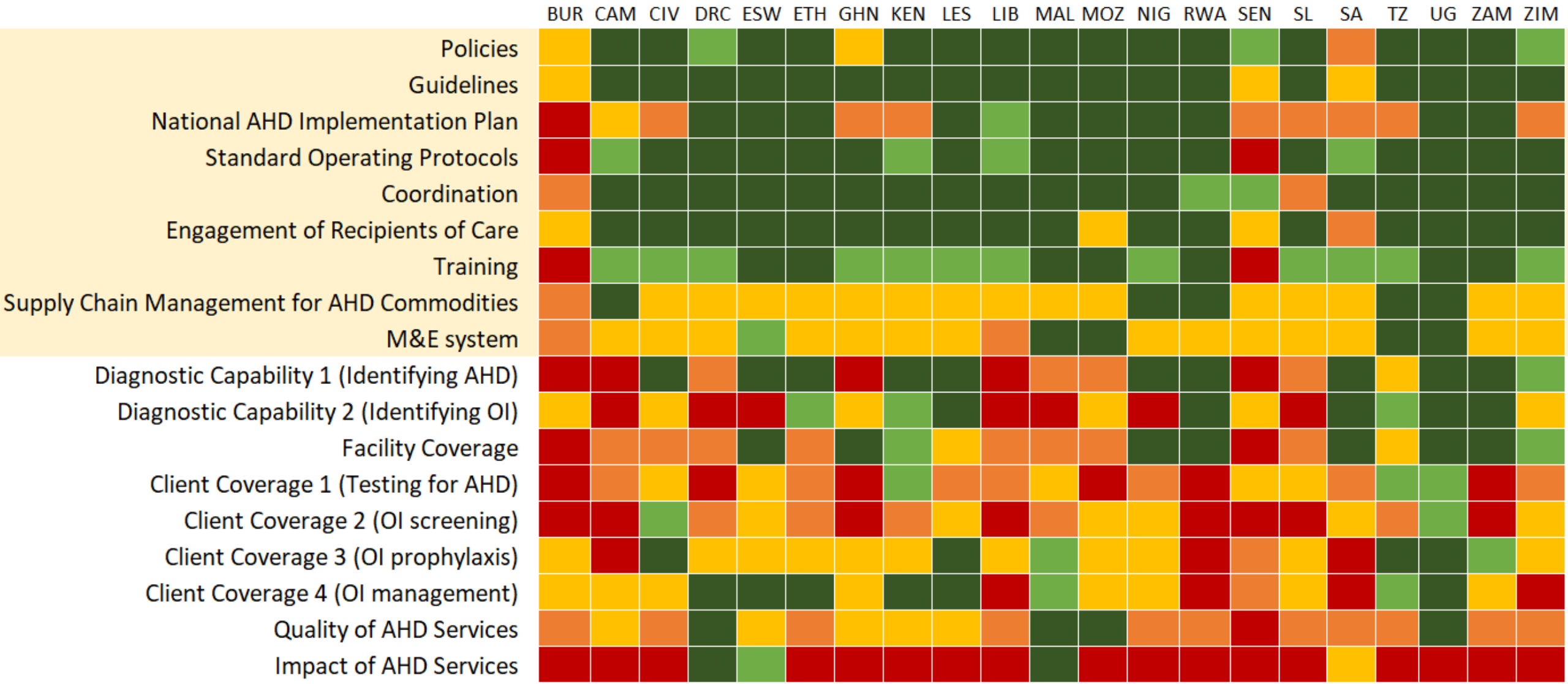


Average Domain Scores 2023-2024



2024 AHD CMM Summative Results: Data arranged by country

CQUIN member countries



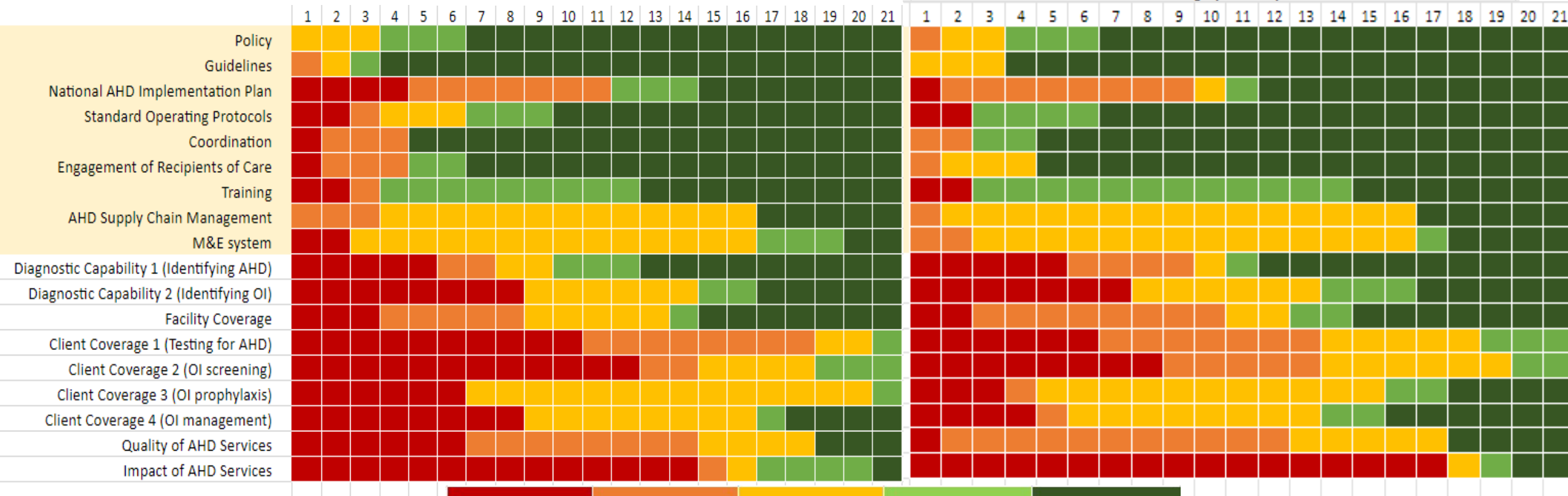
2023 and 2024 AHD CMM: Summative Results: Data stacked by stage within each domain

2023

2024

Country staging, stacked by maturity

Country staging, stacked by maturity



Columns = meaningless

Least mature

Most mature

Row = domains in the 2023-24 AHD CMM

Review of data from CQUIN member countries

1. Coverage

- ART model coverage and MMD mix

2. Quality

- Advanced HIV disease package coverage, retention, and LIM engagement

3. Outcomes

- Retention and VLS by ART model type and eligibility for LIM

Additional results in these slides posted on the meeting web site:

- *MMD versus visit/pickup frequency*
- *Fidelity to guidelines on ART model type*
- *High VL cascade performance*

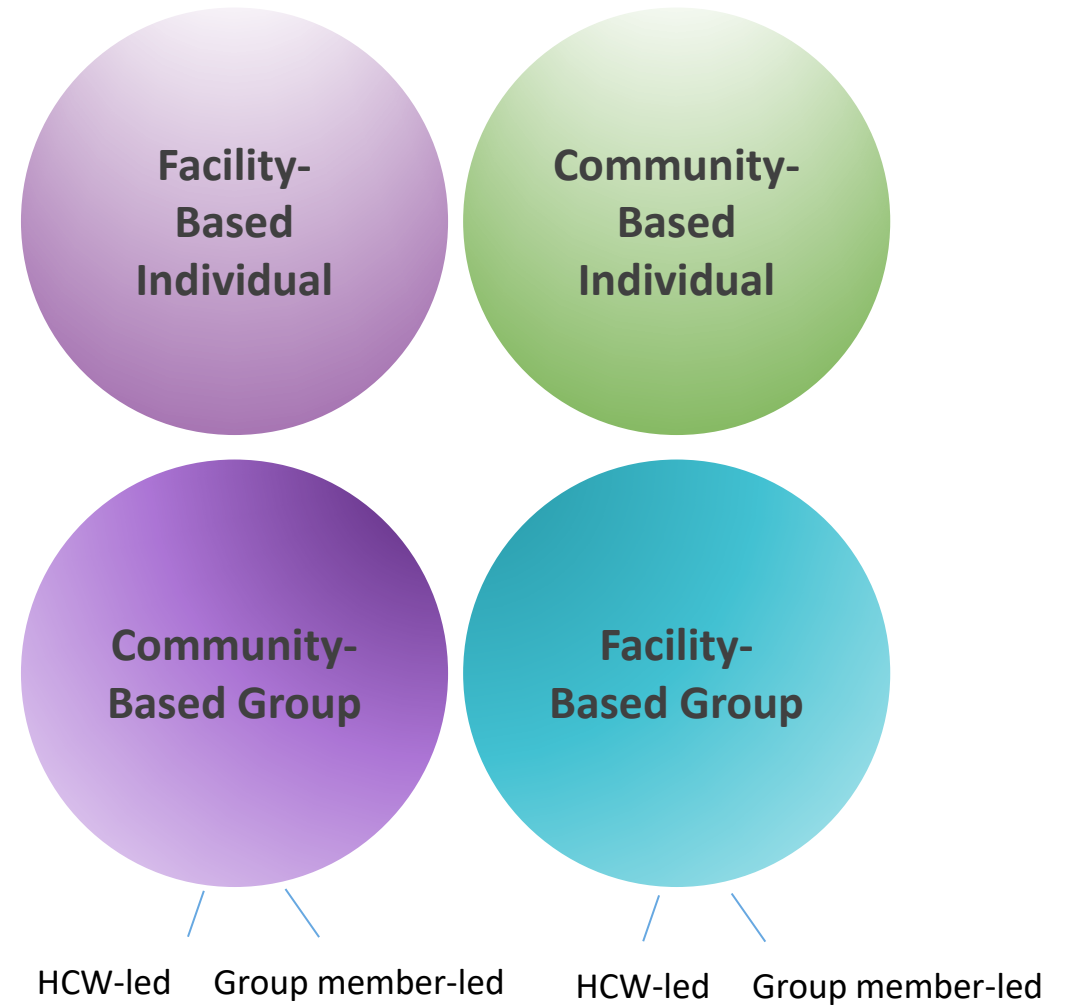
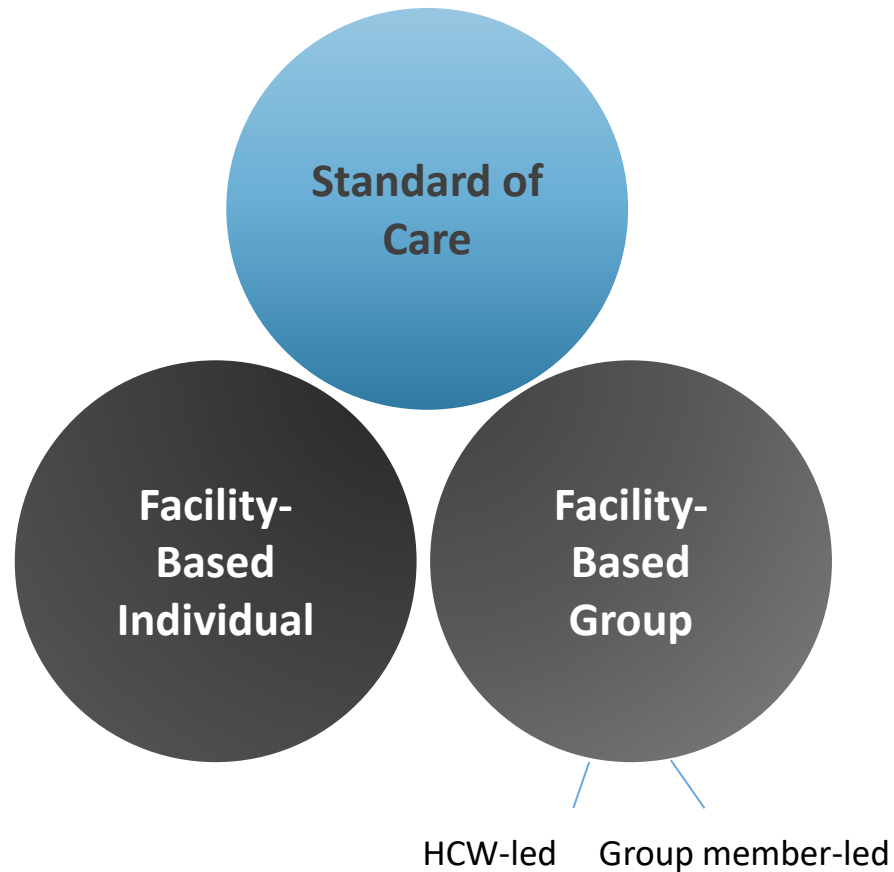
Review of data from CQUIN member countries: Differentiated ART coverage

CQUIN ART Model Nomenclature

More-Intensive Models

+

Less-Intensive Models

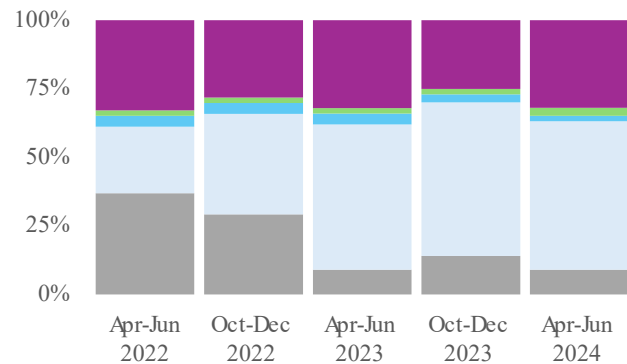


Less-Intensive ART Models: Examples

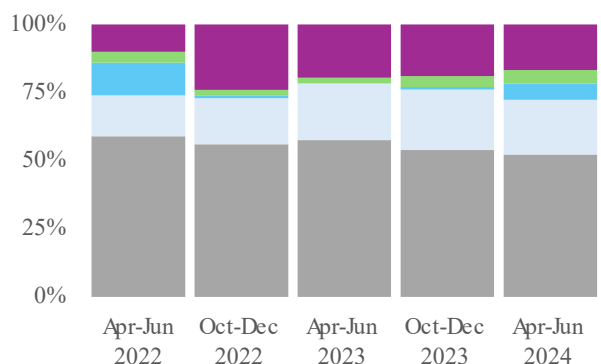


ART model mix, CQUIN countries, reported semiannually Apr-Jun 2022-2024

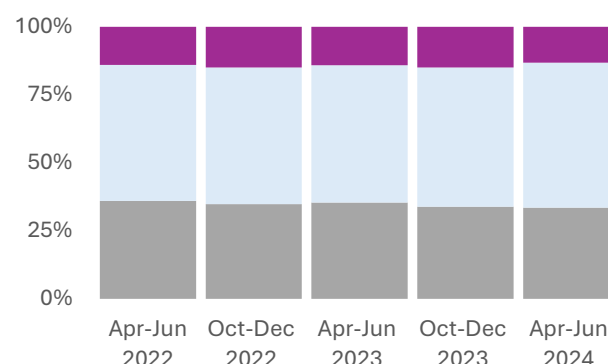
Burundi



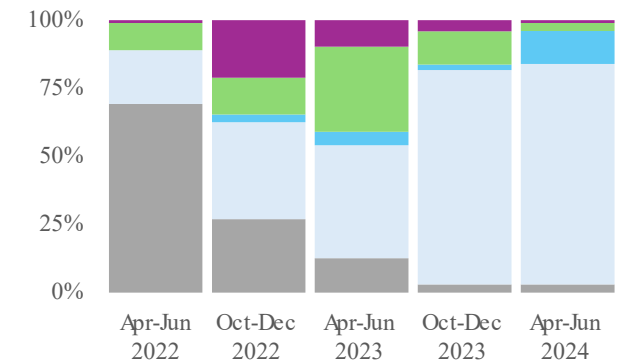
Zimbabwe



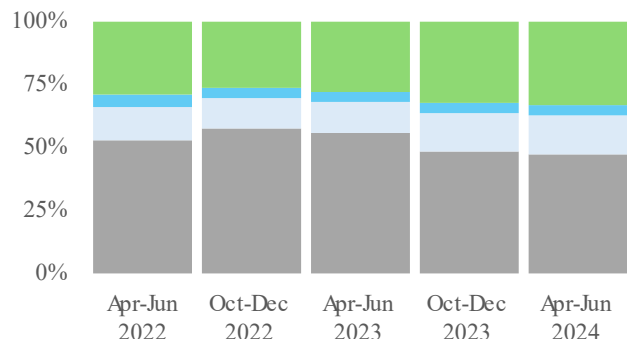
Uganda



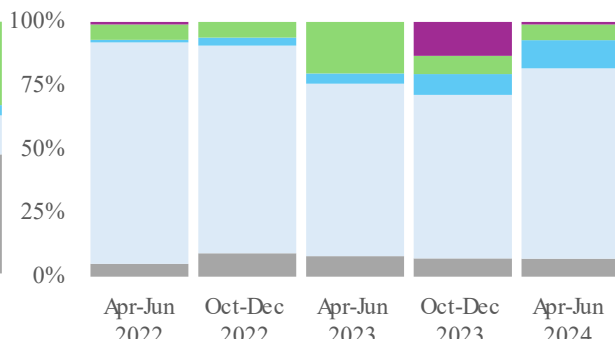
Nigeria



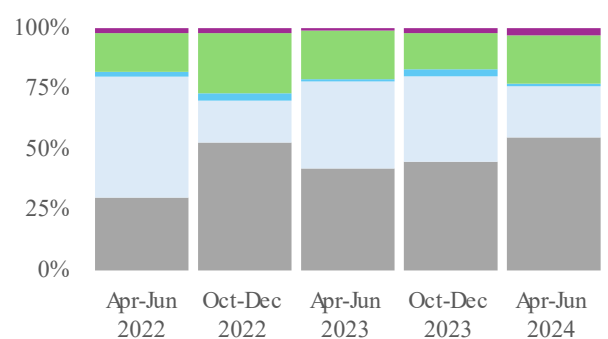
South Africa



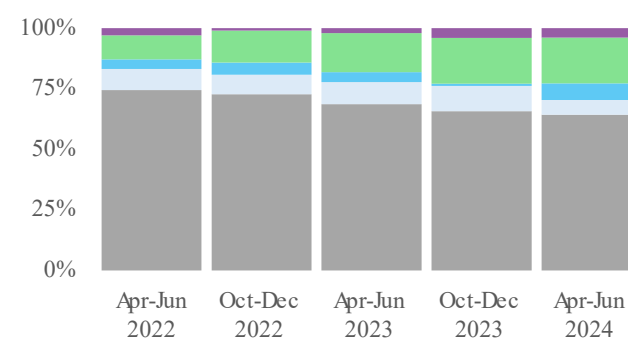
Eswatini



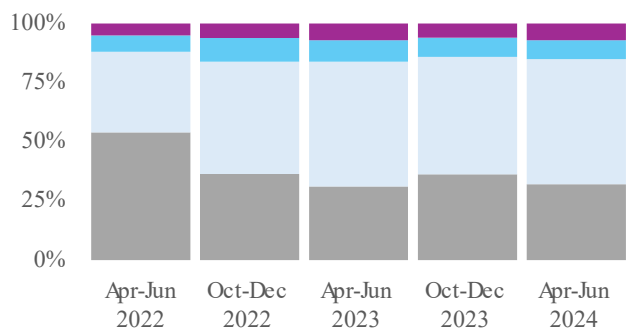
Liberia



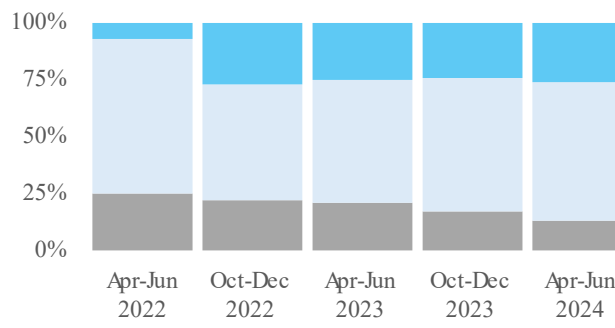
Cameroon



Kenya



Rwanda



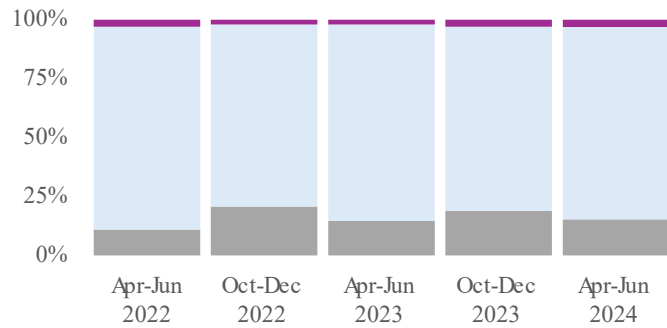
Ten countries:
Diverse ART model types, slow decline of more-intensive ART models

ART model types:

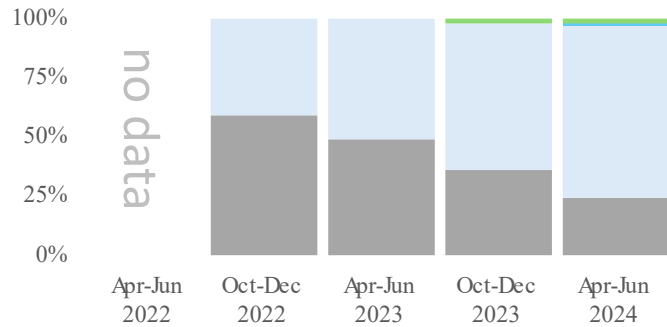
- Community Based Group
- Community Based Individual
- Facility Based Group
- Facility Based Individual
- More Intensive

ART model mix, CQUIN countries, reported semiannually Apr-Jun 2022-2024

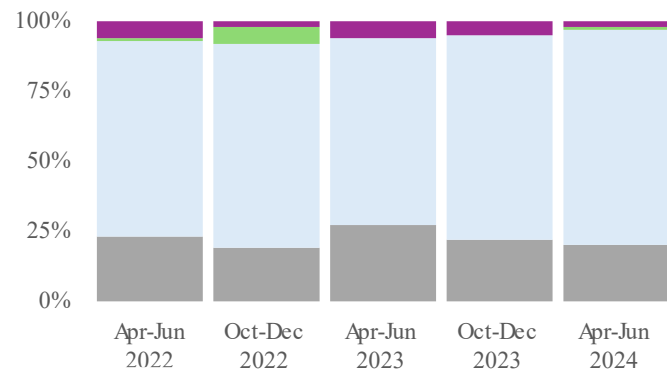
Ethiopia



Senegal



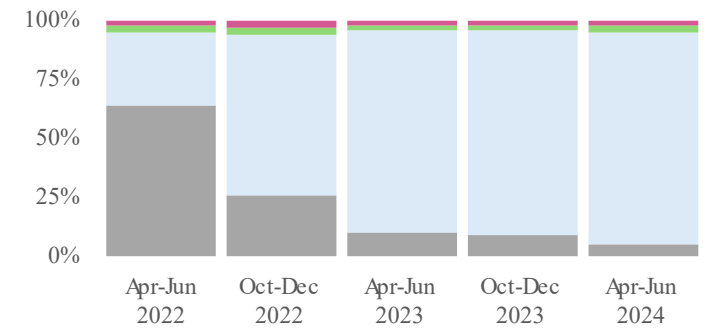
Mozambique



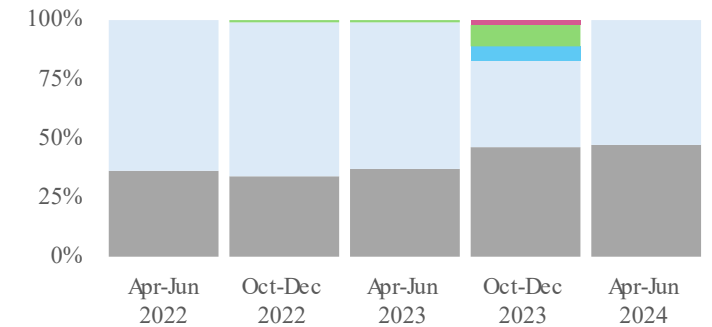
Five countries are utilizing the facility-based individual ART model almost exclusively for ROC seeking less-intensive ART services

- Community Based Group
- Community Based Individual
- Facility Based Group
- Facility Based Individual**
- More Intensive

DR Congo

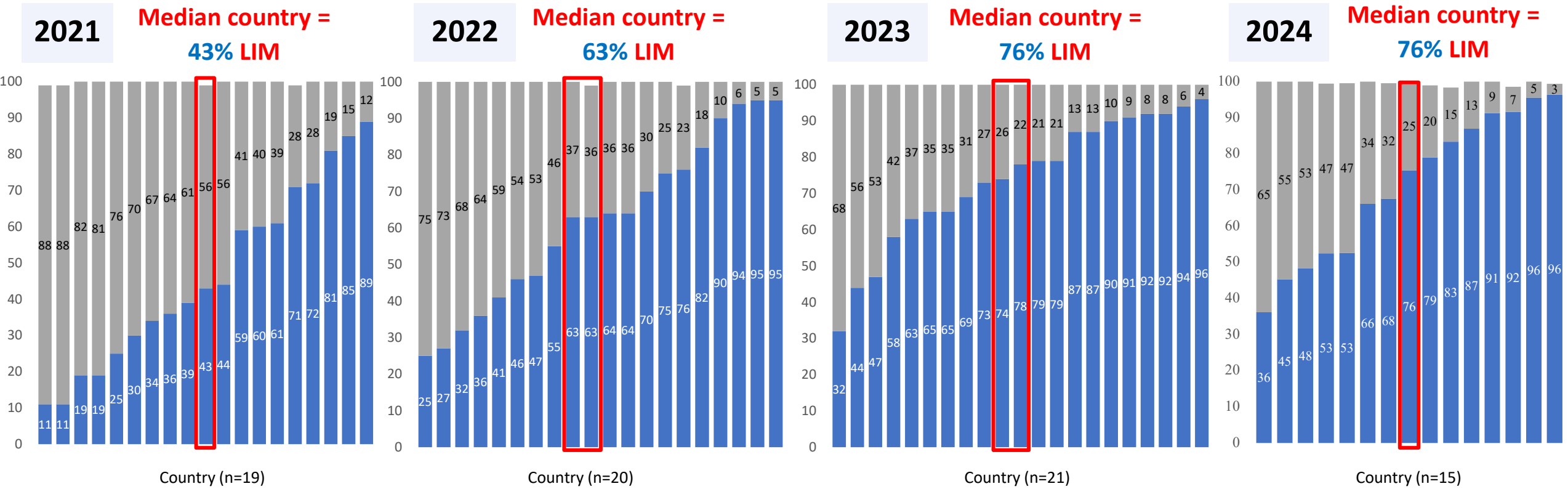


Cote d'Ivoire



The remaining *six countries* are not able to report ART model coverage: Tanzania, Sierra Leone, Malawi, Zambia, Ghana, Lesotho

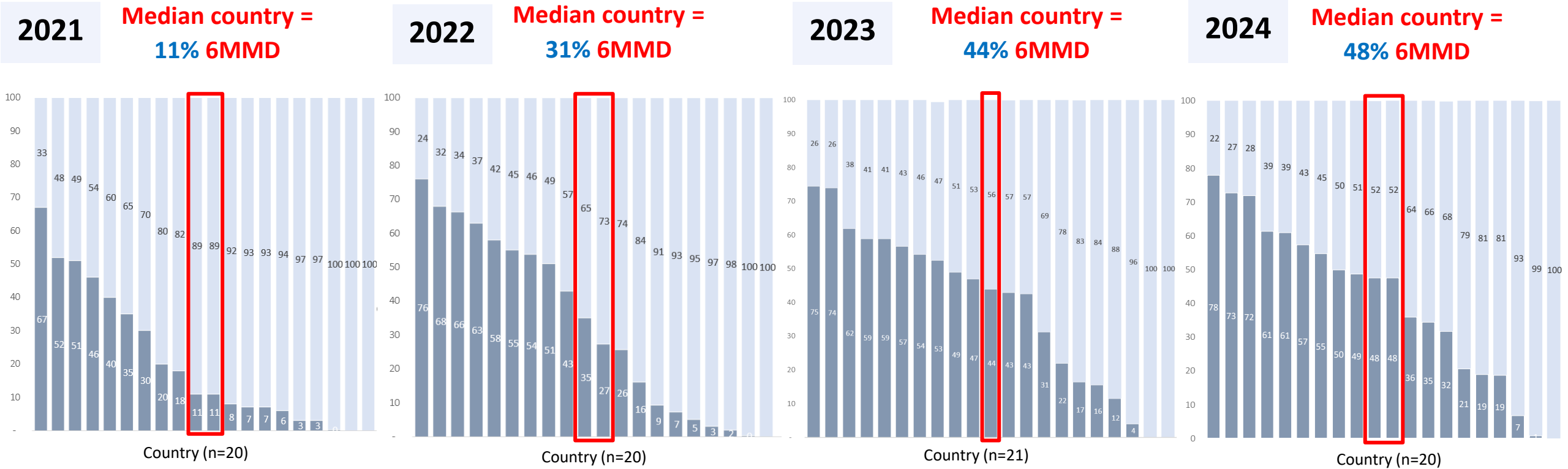
Increased coverage of less-intensive ART models (LIM), 2021-24, CQUIN member countries



Proportion of ROC receiving <3 months, 3-5 months, and 6+ months of ARVs, semiannually Jun 2022-2024



Rapid scale-up of 6MMD, 2021-24, CQUIN member countries



Review of data from CQUIN member countries: Quality and Outcomes

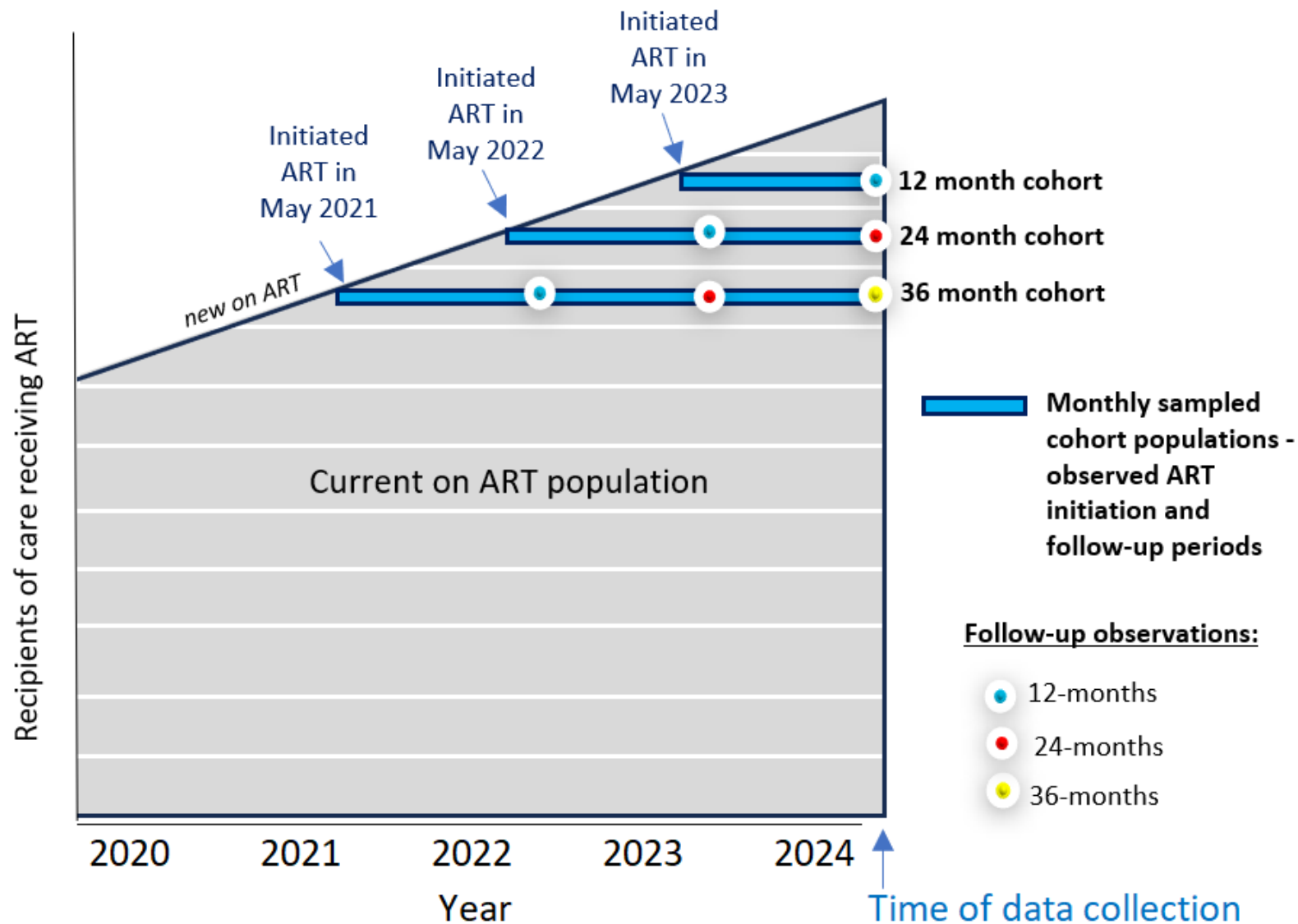
Data Source: CQUIN DSD Performance Reviews (DPRs)

- ✓ Designed to fill the gaps in country M&E of person-centered services ([toolkit](#) on CQUIN web site).
- ✓ MOH-led, with technical assistance from ICAP
- ✓ Typically utilizes existing data in facility-held records
- ✓ Focuses on a meaningful, purposive sample of facilities
 - ✓ ROC within facilities systematically sampled via cohorts (next slide)
- ✓ Data is analyzed and shared in dissemination meetings
- ✓ Stakeholders develop action plans based on results
- ✓ Process repeated and adapted based on needs

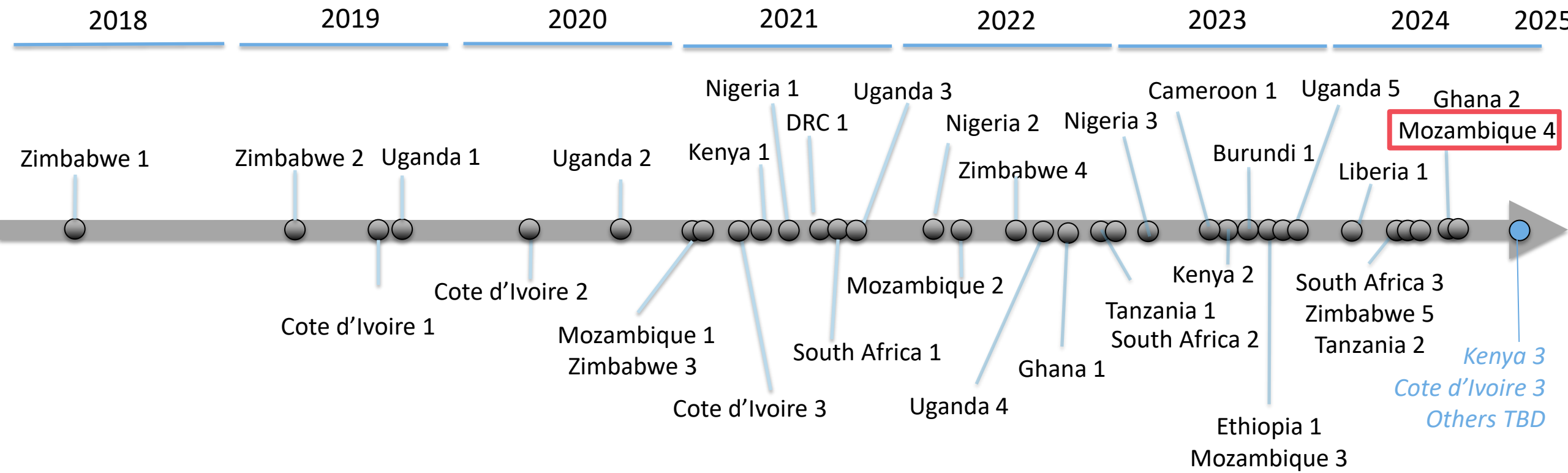


Illustrative example of 3 DPR cohorts with data collection in May-July 2024

- Example of a DPR assessing three cohorts of RoC who initiated ART in specific months and years: May 2021, May 2022 and May 2023, all observed through May-July 2024
- *Assumptions for purpose of illustration: no attrition and continuous use of ART since initiation*

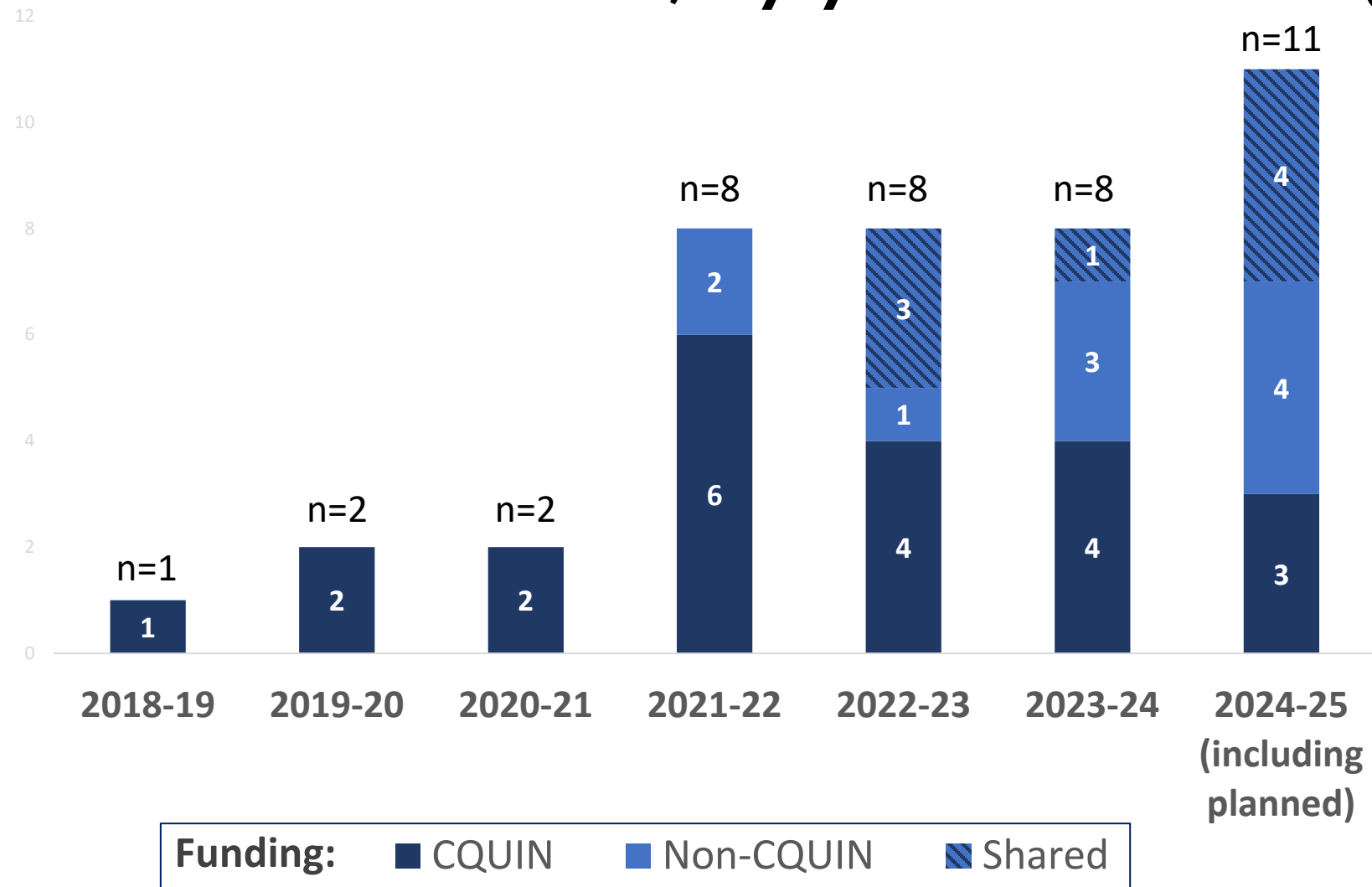


Timeline of DSD performance reviews (2018-2024)



Grey: Data collection and dissemination meetings completed
 Blue: Data Collection ongoing or planned (2025)

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

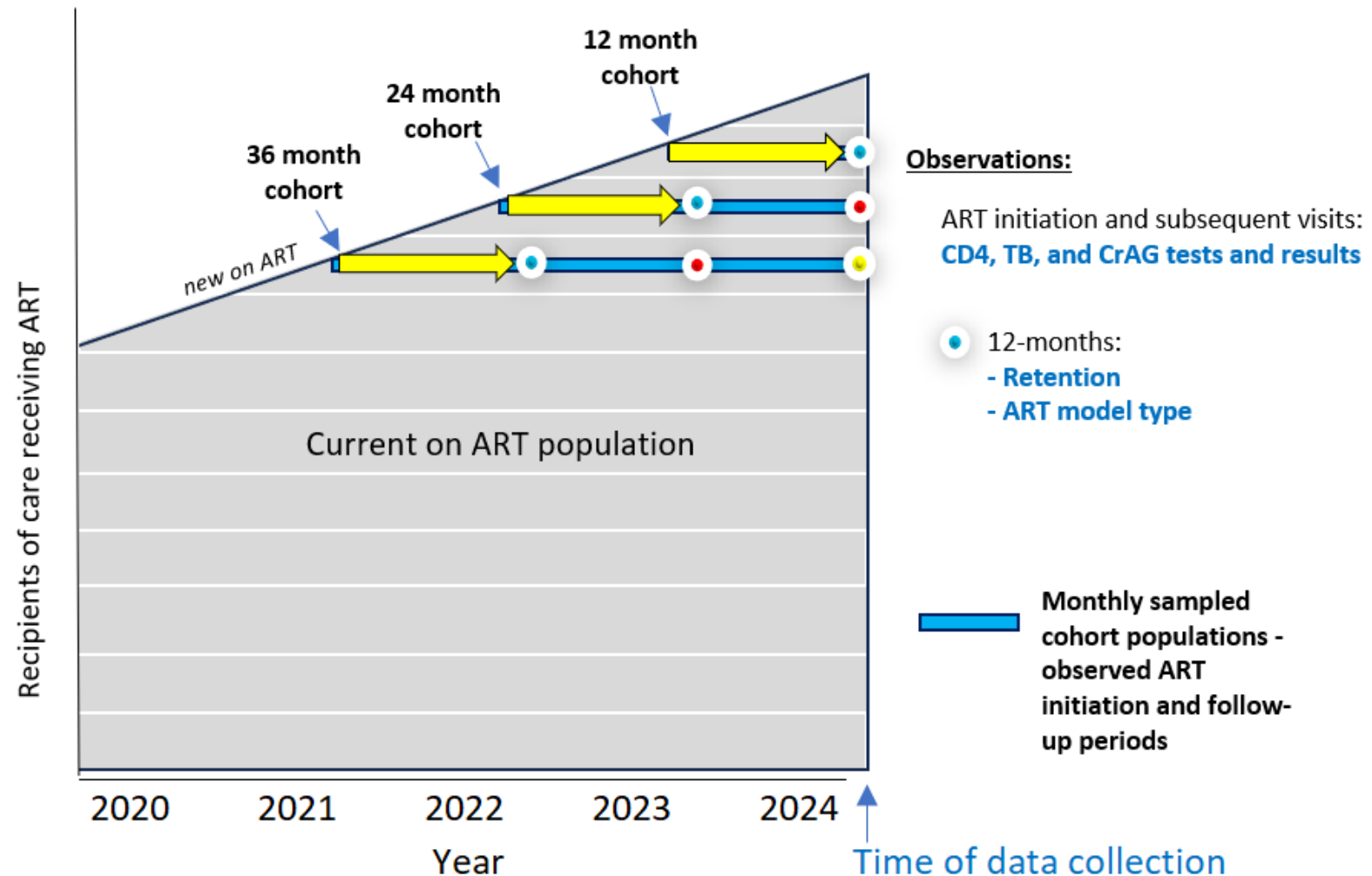


- Country implementation of DPRs expanded quickly in 2021-22
- Countries are increasingly identifying non-CQUIN funding for DPRs
- **Expected full or majority of funding for 8 of 11 DPRs planned for 2024-25 is via Global Fund or PEPFAR**

Quality and outcomes: AHD package implementation analysis

Objectives and approach

- Assess implementation coverage and outcomes of the AHD care cascade at ART initiation and subsequent 12 months across six countries conducting DPRs in 2023-24
- Specifically, assess diagnostic testing and results, treatment, retention on ART, and engagement in less-intensive ART models (LIM) during the first 12 months after ART initiation



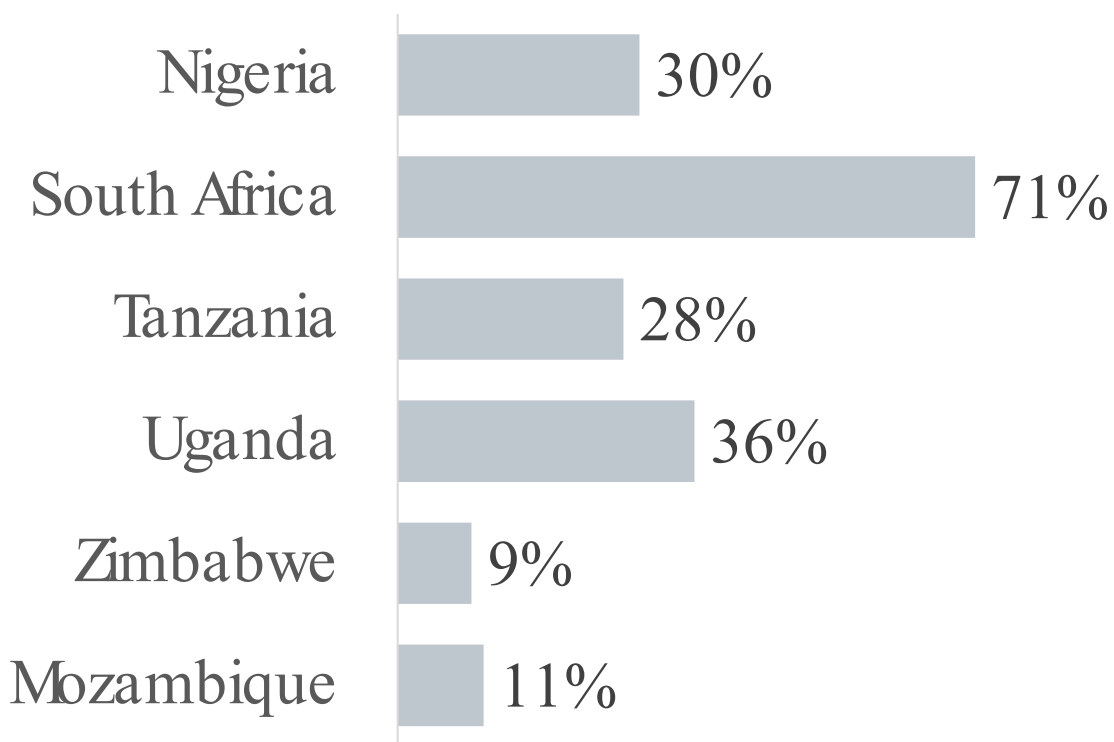
DPR populations included in AHD analysis

Country	Year of data collection	Subnational units included (provinces/regions/states)	No. health facilities sampled	No. ROC included in analysis	CD4 data	TB and CM data	12-mo outcomes
Nigeria	2023	Anambra, Kaduna, Lagos, Taraba	147	8,457	X	X	X
South Africa	2024	Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, Free State, North West, Limpopo, Northern Cape, Western Cape	92	4,243	X	X	X
Tanzania	2024	Njombe, Mbeya, Mwanza	72	3,974	X	X	X
Uganda	2023	Kabale, Kayunga, Mbale	53	1,005	X	X	X
Zimbabwe	2024	Mashonaland East, Matebeland North, Midlands, Masvingo	155	4,636	X	X	
Mozambique	2024	Cabo Delgado, Gaza, Inhambane, Manica, Maputo Cidade, Maputo, Nampula, Niassa, Sofala, Tete, Zambezia	69	62,291	X		
			588	84,606			

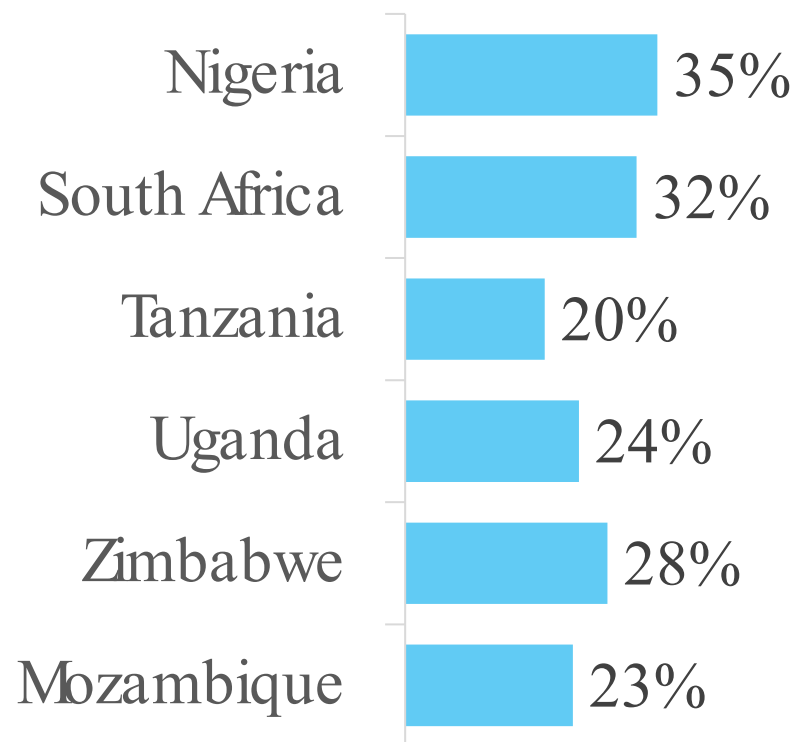
ROC: recipients of care

Overall CD4 testing coverage and CD4<200 frequency

Percent of ROC tested for CD4 at ART initiation

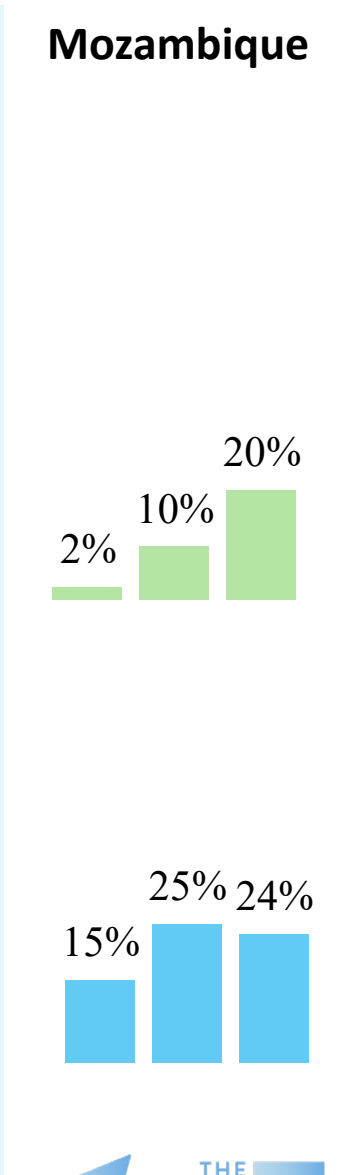
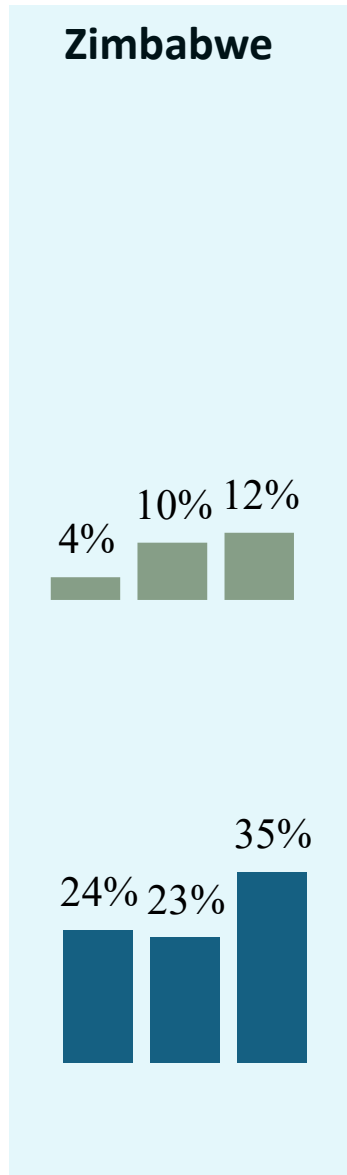
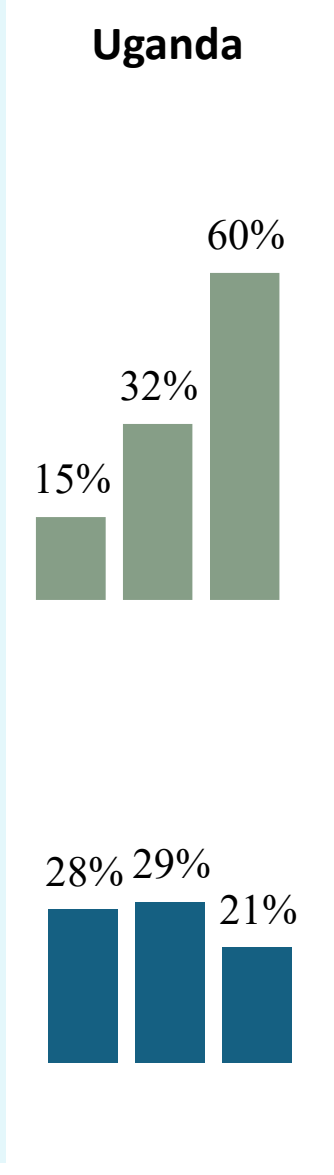
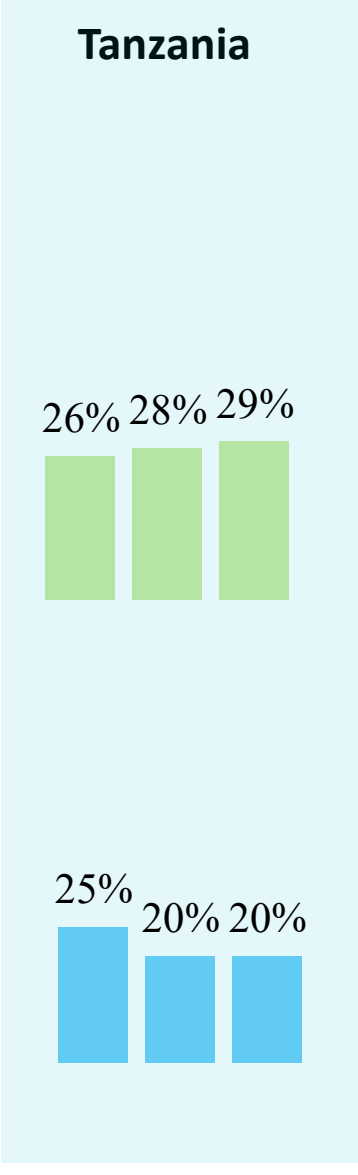
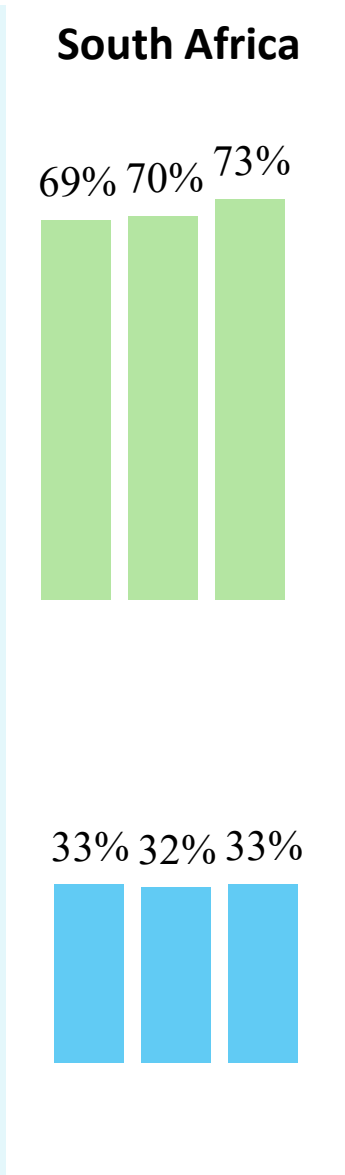
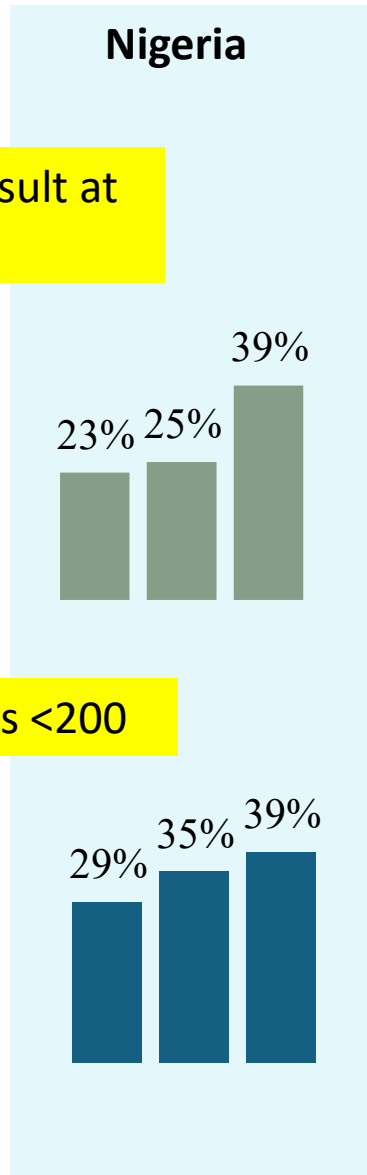


Percent of CD4 tests <200 at ART initiation

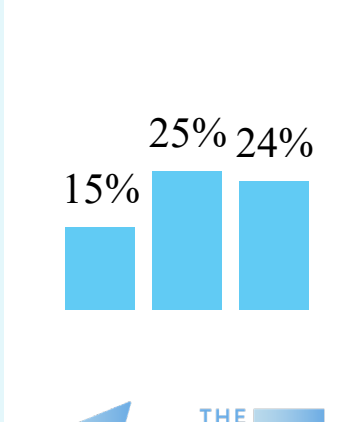
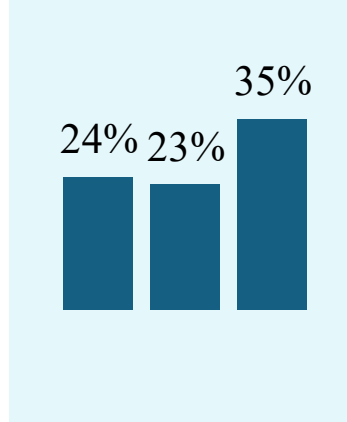
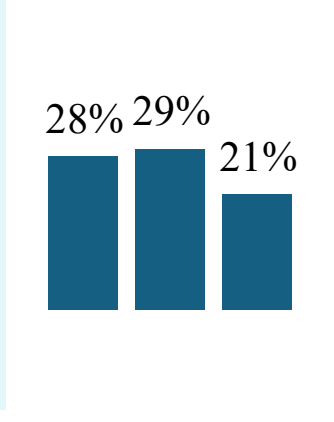
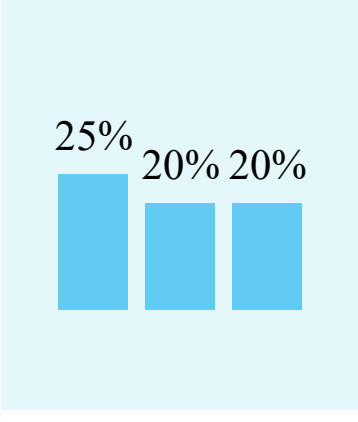
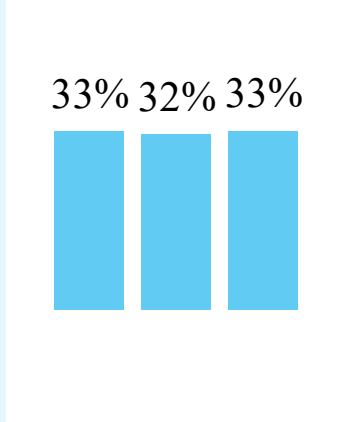
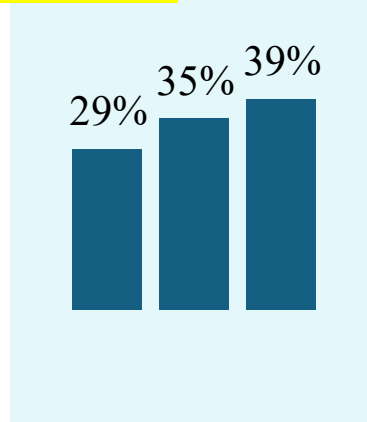


CD4 testing coverage and percent of CD4<200, by year, 2020-23

% with a CD4 result at ART initiation



% of CD4 results <200



AHD package of care cascade: TB & CM testing, positivity, and TB treatment

	Nigeria n (%)	South Africa n (%)	Tanzania n (%)	Uganda n (%)	Zimbabwe n (%)
CD4<200	886	975	215	89	119
Tested for TB by TB-LAM (% of CD4<200)	576 (65%)	33 (3%)	4 (2%)	54 (61%)	45 (38%)
Positive for TB by TB-LAM (% of TB-LAM)	95 (16%)	16 (48%)	0 (0%)	9 (17%)	10 (22%)
Tested for TB by Xpert (% of CD4<200)	74 (8%)	272 (28%)	21 (10%)	15 (17%)	36 (30%)
Positive for TB by Xpert (% of Xpert)	50 (68%)	77 (28%)	5 (24%)	4 (27%)	10 (28%)
Tested for TB by TB-LAM or Xpert (% of CD4<200)	576 (65%)	282 (29%)	22 (10%)	58 (65%)	61 (51%)
Pos. for TB by TB-LAM or Xpert (% with LAM or Xpert)	95 (16%)	82 (29%)	5 (23%)	11 (19%)	16 (26%)
Started TB treatment (% of LAM and/or Xpert pos.)	50 (53%)	74 (90%)	1 (20%)	14 (127%)	14 (88%)
Completed TB treatment (% of started)	35 (70%)	74 (100%)	1 (100%)	14 (100%)	7 (50%)
Tested for CM by serum CrAg (% of CD4<200)	493 (56%)	348 (36%)	34 (16%)	34 (38%)	36 (30%)
Positive for CM by serum CrAg (% of serum CrAg)	17 (3%)	12 (3%)	4 (12%)	7 (21%)	2 (6%)

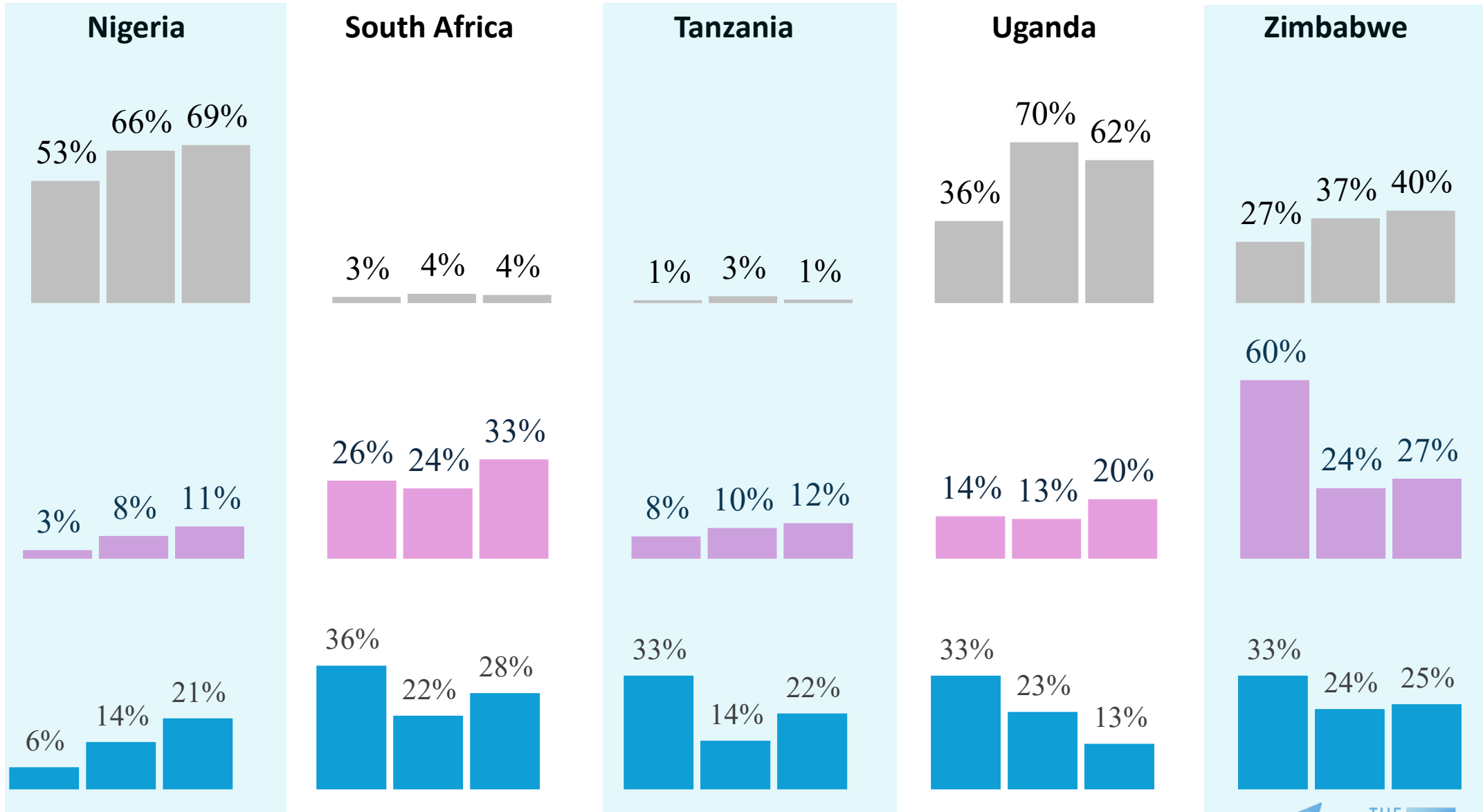
Notes Data on treatment for CM was not collected; CrAg: ' CM:

TB-LAM and Xpert testing coverage and positivity, by year, 2020-23

% of ROC with CD4<200 with TB-LAM results

% of ROC with CD4<200 with Xpert TB results

% of ROC positive by TB-LAM or Xpert (among ROC tested via either/both)



Retention in care 12 months after ART initiation, by CD4 at initiation

Country	CD4 at ART initiation	ART status @ 12 mos. after ART initiation		p (<200 vs.200+)
		Active n (%)	Dead/LTFU/ stopped n (%)	
Nigeria	CD4 <200	705 (85%)	120 (15%)	<0.001
	CD4 200+	1403 (91%)	133 (9%)	
Tanzania	CD4 <200	180 (90%)	21 (10%)	0.33
	CD4 200+	719 (92%)	65 (8%)	
Uganda	CD4 <200	58 (89%)	7 (11%)	0.83
	CD4 200+	203 (88%)	29 (13%)	
South Africa	CD4 <200	750 (79%)	194 (21%)	0.47
	CD4 200+	1527 (78%)	426 (22%)	

LTFU: Lost to follow-up; p: p-value

Note: ROC with documented transfer-out excluded here

ART model type -12 months after ART initiation, by CD4 at initiation

Country	CD4 at ART initiation	ART model @ 12 mos. after ART initiation		p (<200 vs.200+)
		Less-intensive n (%)	More-intensive n (%)	
Nigeria	CD4 <200	383 (57%)	289 (43%)	0.18
	CD4 200+	809 (60%)	539 (40%)	
Tanzania	CD4 <200	127 (71%)	53 (29%)	0.53
	CD4 200+	489 (68%)	230 (32%)	
Uganda	CD4 <200	30 (57%)	23 (43%)	0.44
	CD4 200+	90 (50%)	90 (50%)	
South Africa	CD4 <200	193 (26%)	541 (74%)	0.63
	CD4 200+	398 (27%)	1062 (73%)	

p: p-value; LIM: less-intensive ART model; MIM: more-intensive ART model

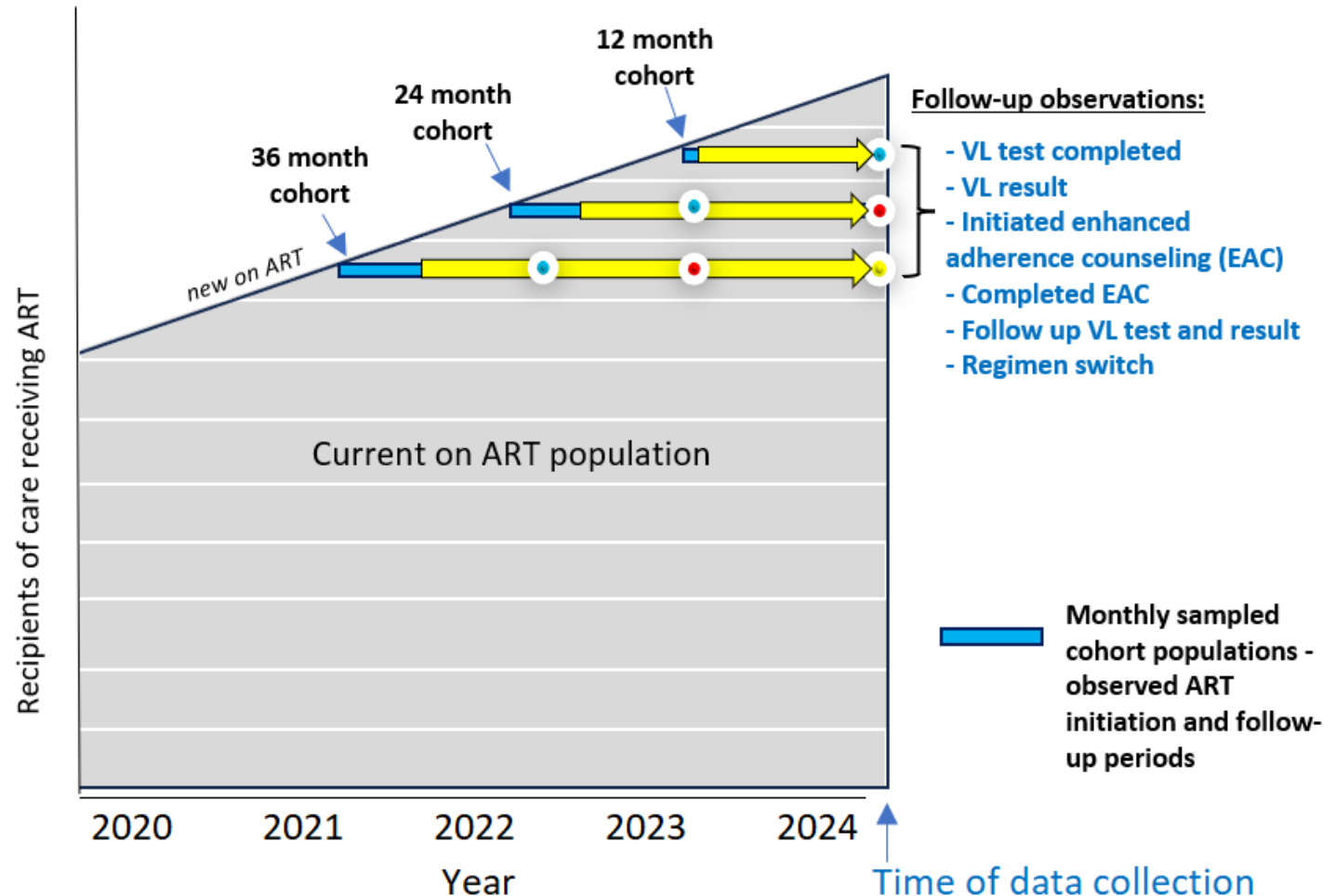
Note: Limited to ROC active on ART 12 months after initiation

Next steps in AHD analysis

- Assess longer-term retention, VL results, and ART model among these ROC
- AHD package elements in years 2 and 3 following ART initiation
 - Frequency of AHD package elements
 - Incident AHD cases and subsequent outcomes

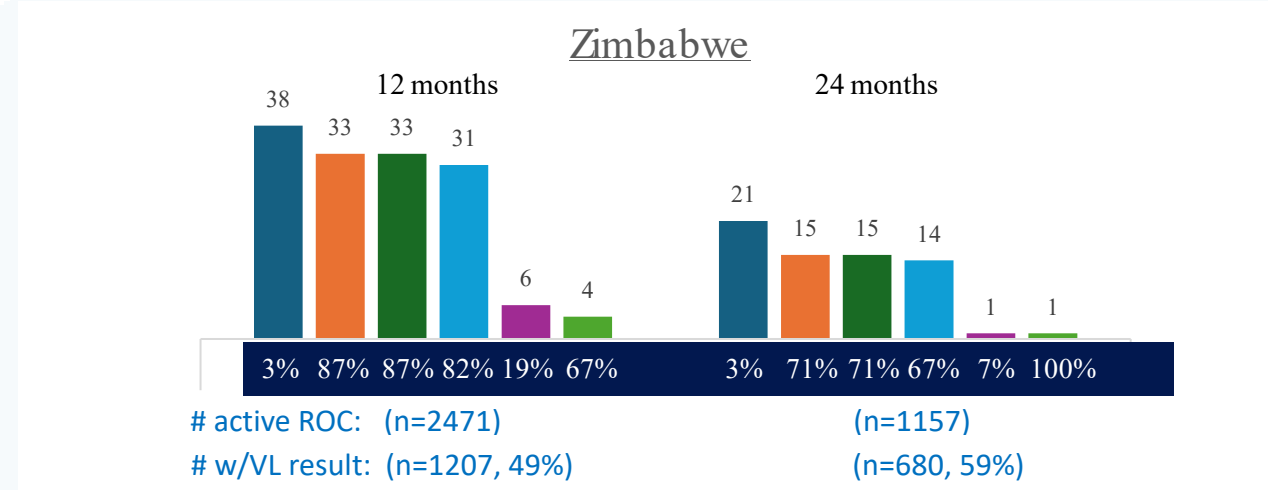
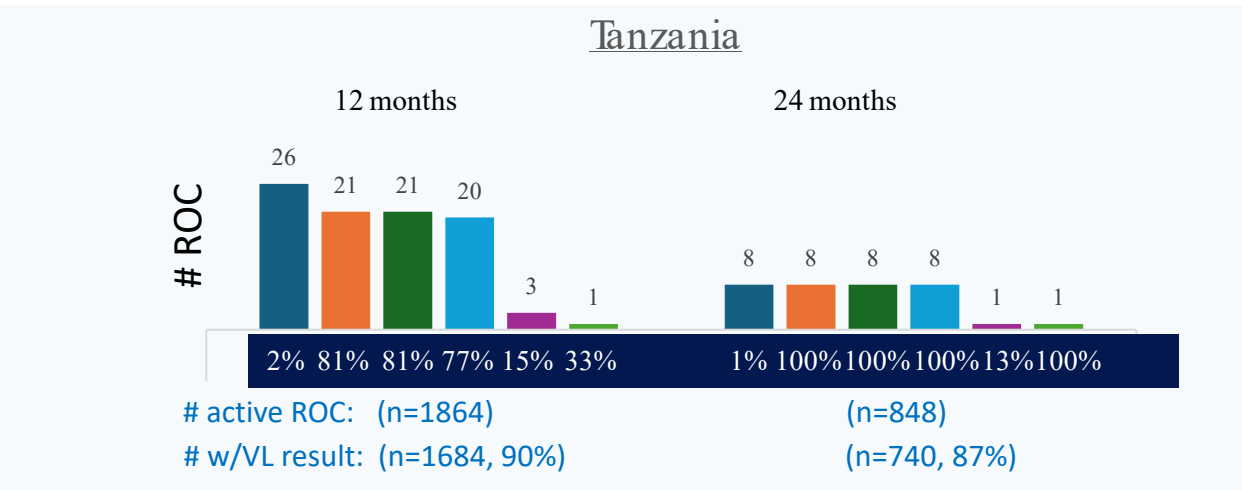
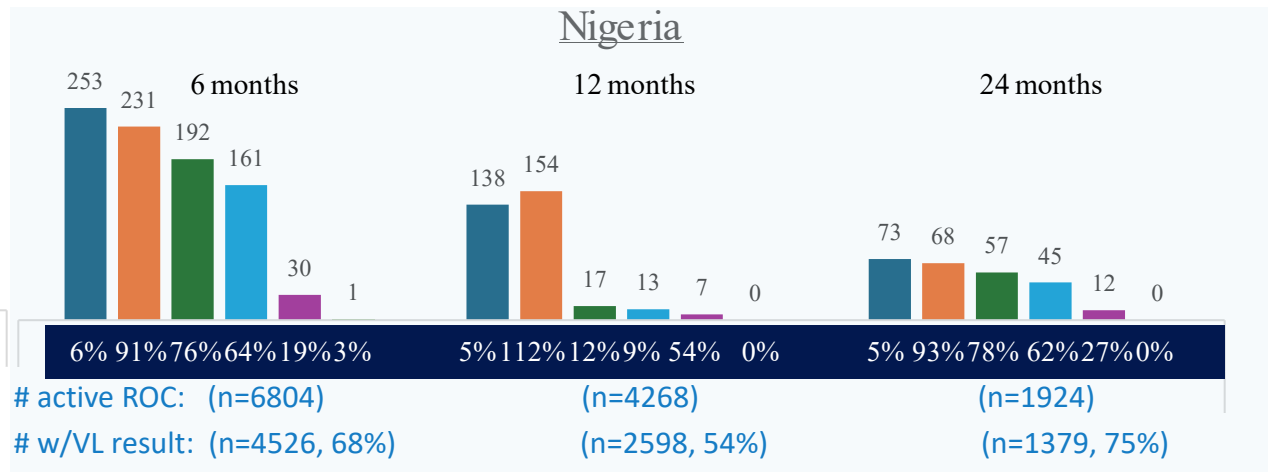
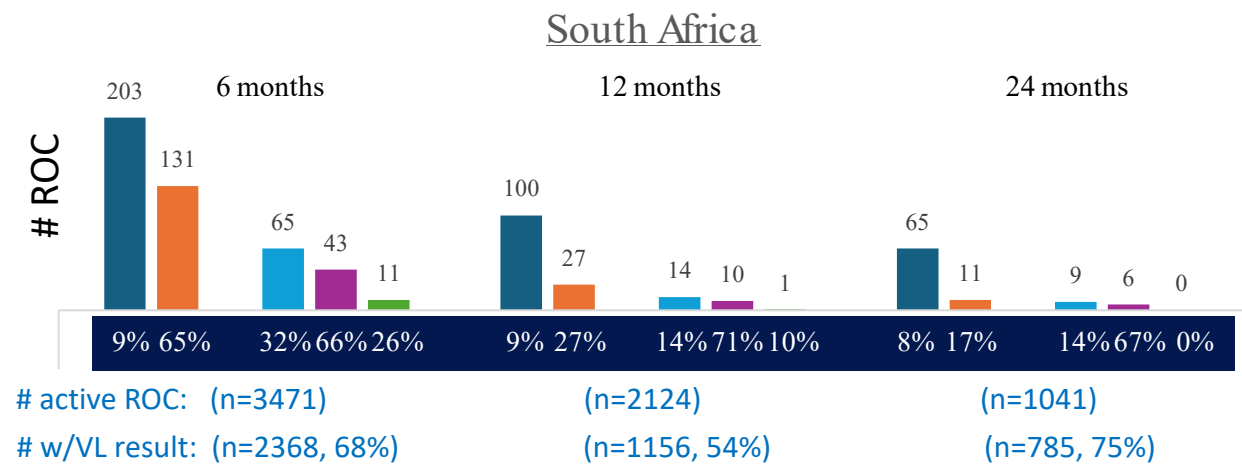
Quality and outcomes: High viral load cascade analysis

- Most programs cannot routinely assess the cascade of expected services following a high viral load result
- Countries have begun to capture some of this information in DPRs
- We summarized basic elements of this cascade from 4 countries
- The data includes episodes of high VL from first 3 years of ART



Preliminary analysis: High VL cascade results, by timeframe following ART initiation

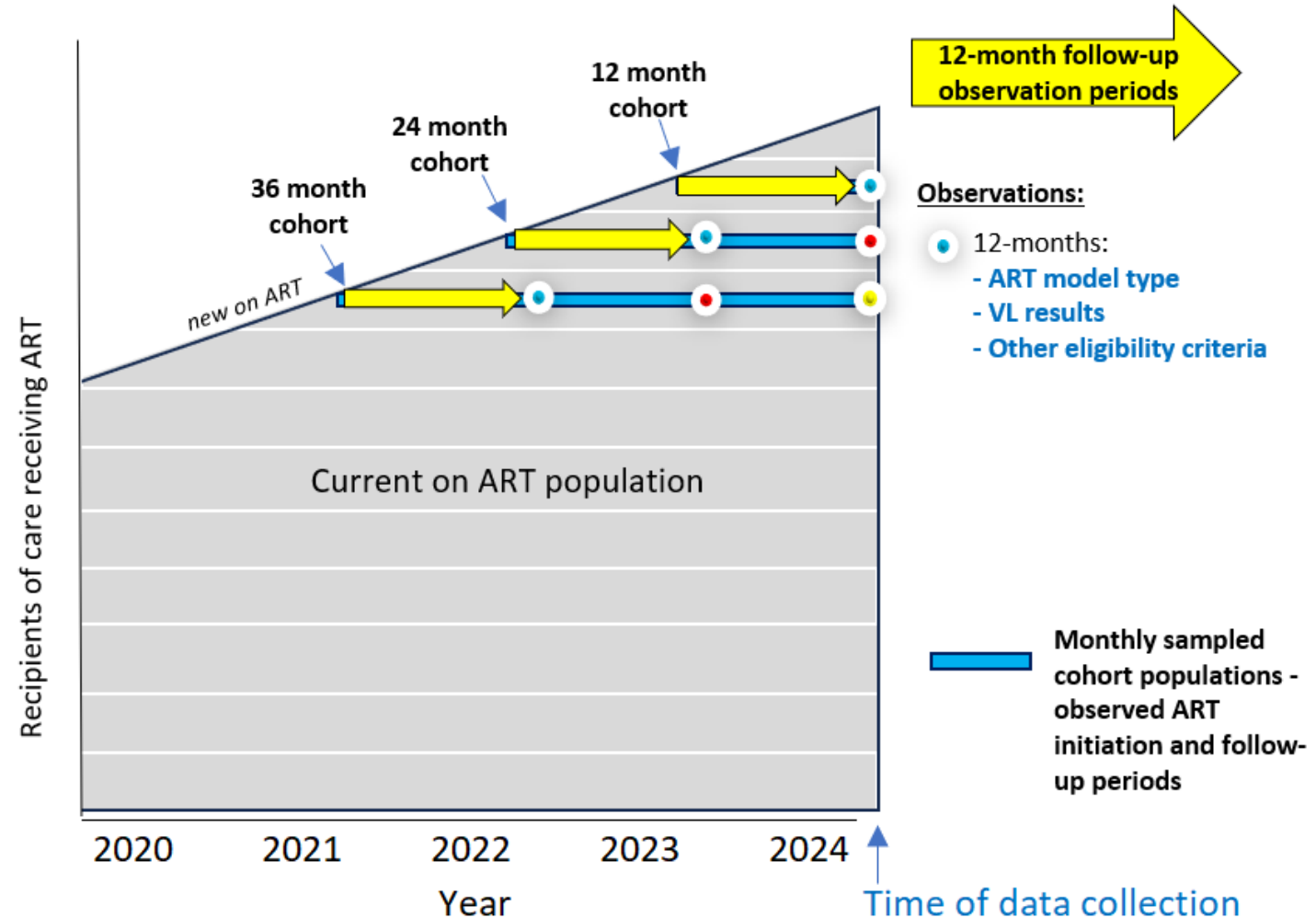
■ VL >1,000
 ■ Received EAC
 ■ Completed EAC
 ■ Repeat VL test
 ■ VL>1,000 at repeat test
 ■ Regimen switch
 (% of ROC w/VL) (% of ROC with VL>1000) (% of ROC with VL>1000) (% of ROC with VL>1000) (% of ROC with VL>1000) (% of ROC w/ VL>1000 at repeat t.)



Quality: Engagement in ART model types vs. eligibility for model type

Objectives and approach

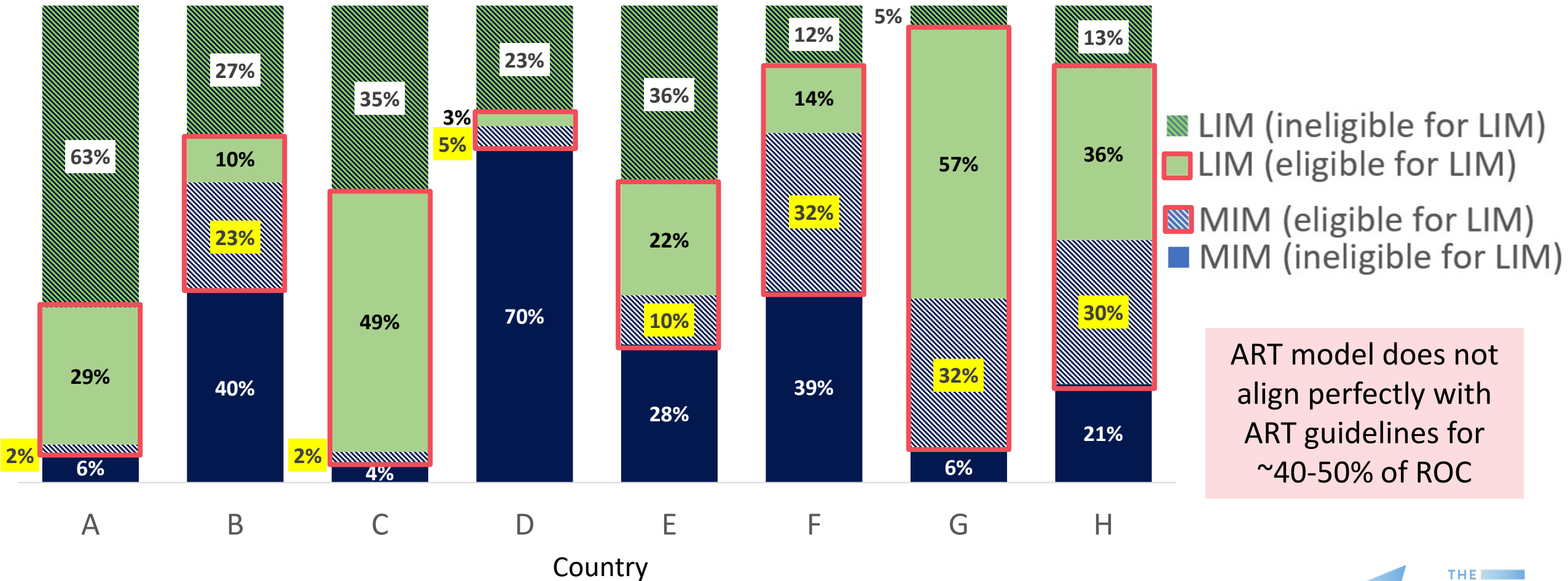
- Most national ART guidelines include eligibility criteria for enrollment in less-intensive ART models (LIM), e.g.,
 - 6 or 12 months on ART
 - Suppressed VL
 - No opportunistic infections
- We summarized the proportions of ROC enrolled in LIM and MIM at 12 months after ART initiation, further broken out by ROC eligibility for LIM
 - Assess fidelity to ART guidelines
- Analyzed data from 8 country DPRs



Engagement in ART model types vs. eligibility for model type

MIM=More-intensive ART model, LIM=Less-intensive ART model

ART model type and eligibility, 12 mos after ART initiation - 8 country DPRs



ART model does not align perfectly with ART guidelines for ~40-50% of ROC

Quality and outcomes: Retention and VLS by ART model type and eligibility

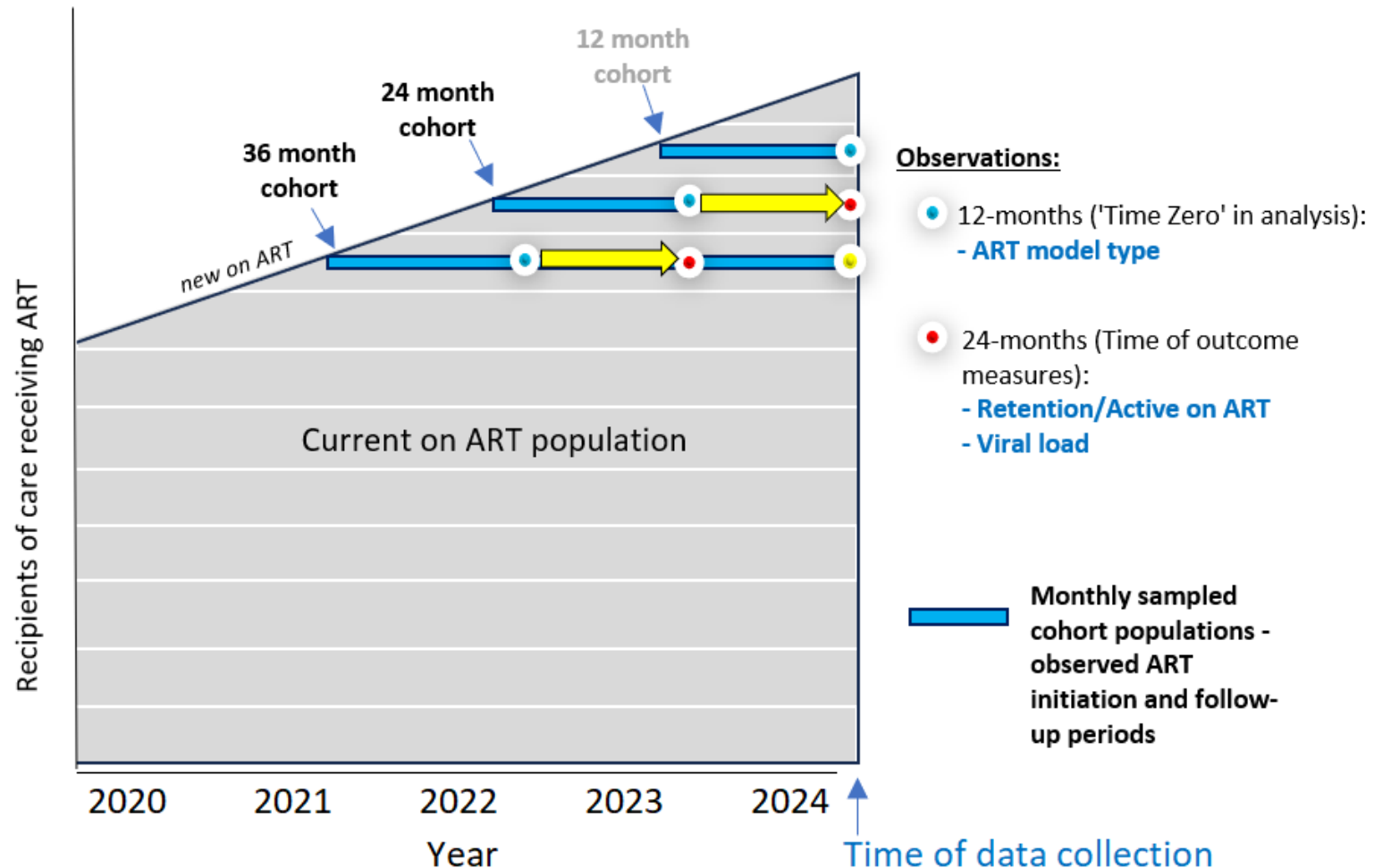
- Global stakeholders want to understand the performance and appropriateness of the various ART models (MIM and LIM)
 - This includes the appropriateness of LIM for ROC not meeting traditional eligibility requirements per guidelines
- Retention and VLS outcomes among ROC enrolled in specific ART model types are not well-documented in many countries
 - How these outcomes *vary by eligibility status* is even less well-understood
- Analyses of DPR data have shown substantial numbers of ROC enrolled in LIM without evidence of eligibility
- We examined DPR data from 8 countries to assess retention and VL outcomes by model type and eligibility for LIM per guidelines

Analysis of retention and VLS by ART model type and eligibility

Objectives and approach

- Since most guidelines permit enrollment in LIM by **12 months after ART initiation**, we defined this as 'time zero' in the analysis.
- Only ROC retained and active on ART at 12 months were included
- ART model was captured from 12 month visit
- Retention and VL test outcomes were captured from subsequent 12 month period (between 12 and 24 months after ART initiation)

LIM: Less-intensive ART models

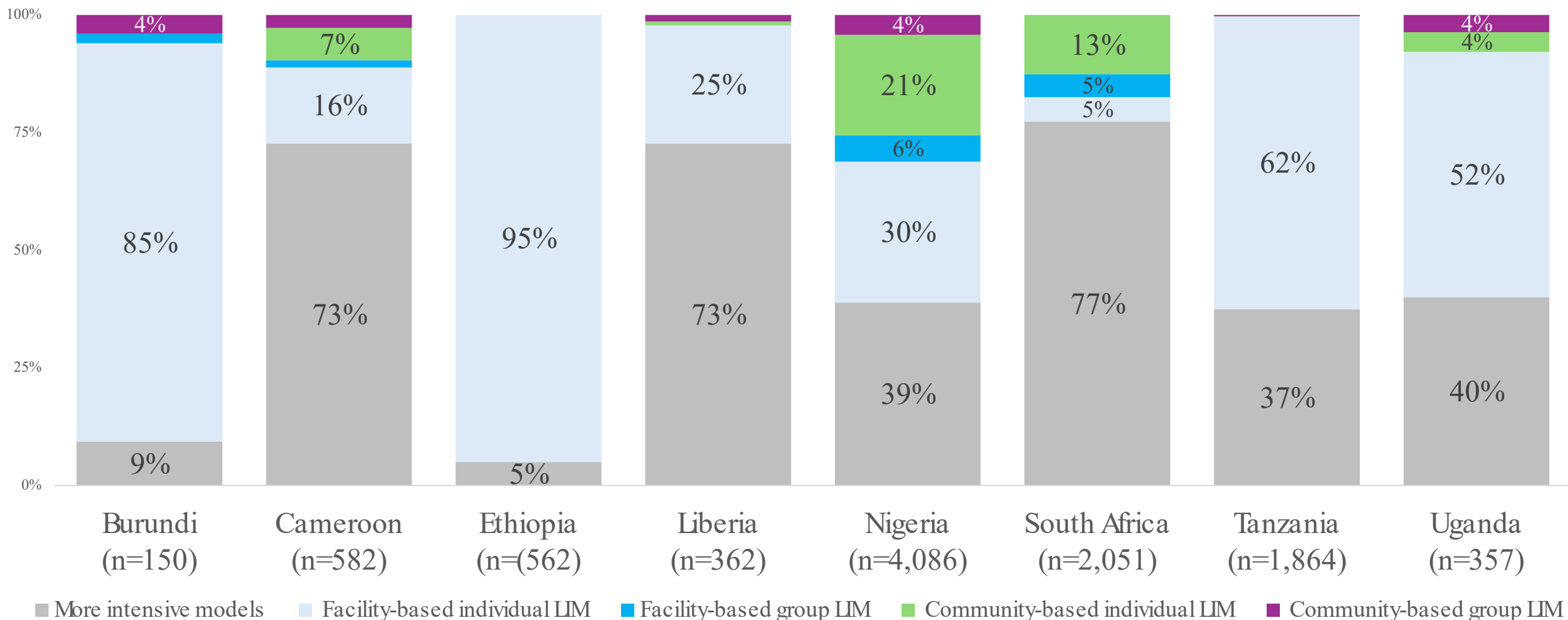


DPR populations included in analysis of retention/VLS

Includes 24- and 36-month cohort members active @ 12 months after ART initiation

Country	Subnational units included (provinces/regions/states/districts)	No. health facilities sampled	No. ROC included in analysis
Burundi	Bubanza, Bujumbura, Bujumbura Mairie, Bururi, Cankuzo, Cibitoke, Gitega, Karusi, Kirundo, Makamba	25	150
Cameroon	Centre, Nord, Littoral, Sud-Ouest	14	582
Ethiopia	Oromiya, Addis Ababa, Amhara, Gambella	24	562
Liberia	Somalia Drive, Bushrod, Central Monrovia, Commonwealth, Careysburg, Todee (Districts)	16	362
Nigeria	Anambra, Kaduna, Lagos, Taraba	147	4,086
South Africa	Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, Free State, North West, Limpopo, Northern Cape, Western Cape	92	2,051
Tanzania	Njombe, Mbeya, Mwanza	72	1,864
Uganda	Kabale, Kayunga, Mbale	53	357
	Total	588	10,014

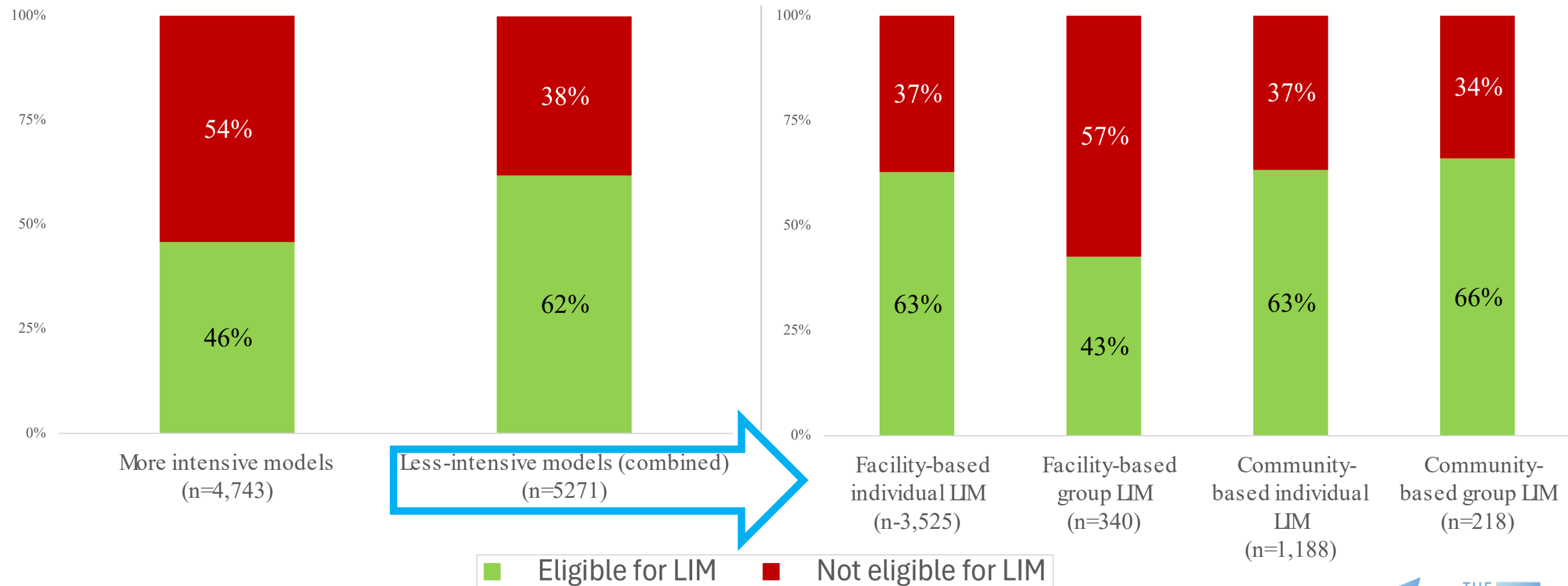
ART model distribution at 12 month after ART initiation



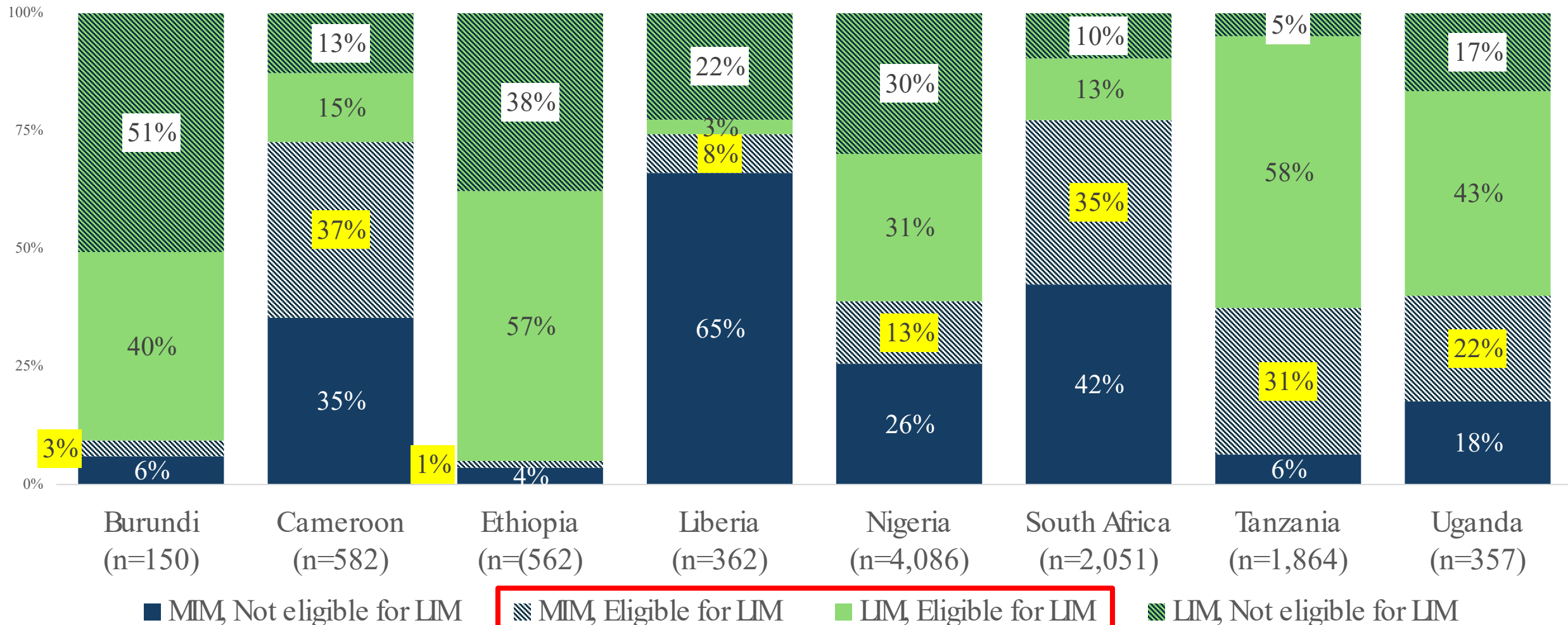
Eligibility for LIM, by model type – All countries combined

% of ROC eligible for less-intensive ART models

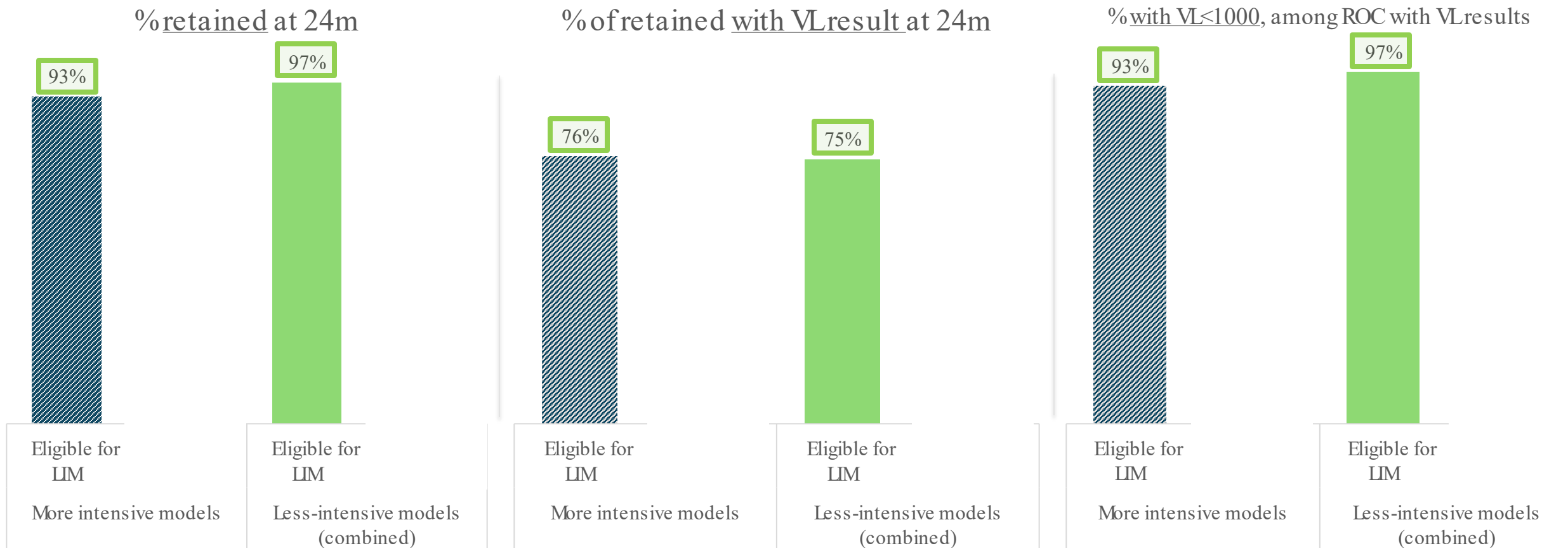
% of ROC eligible for less-intensive ART models



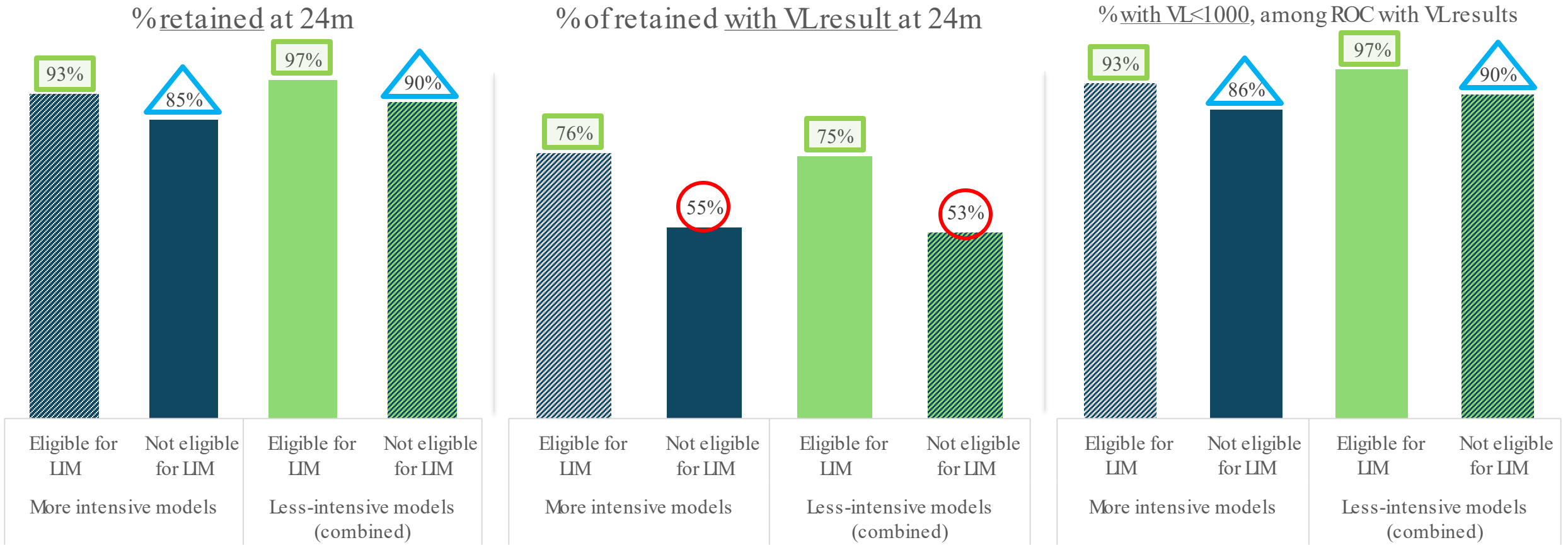
Engagement in ART model types vs. eligibility for model type



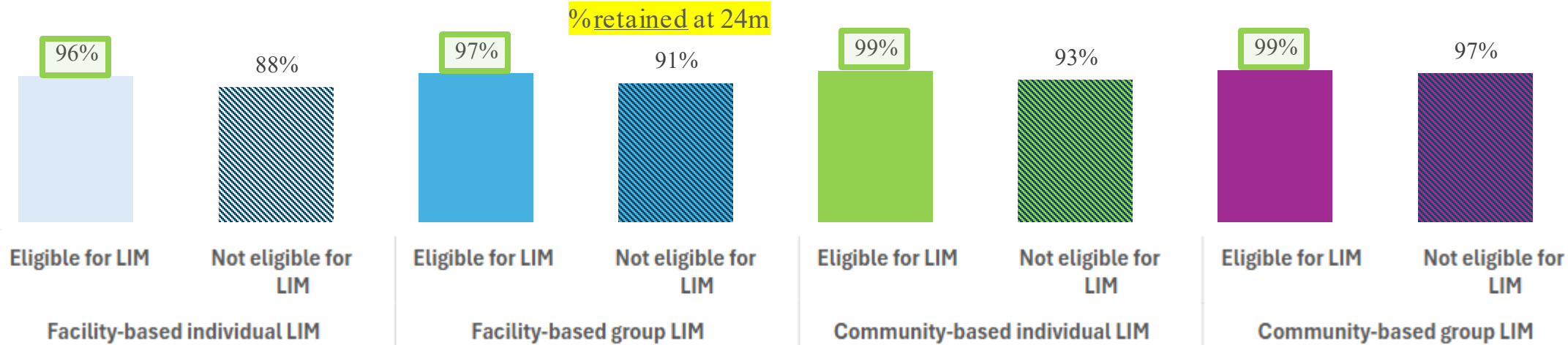
Retention, VL testing, and VLS by model type and eligibility – All countries combined



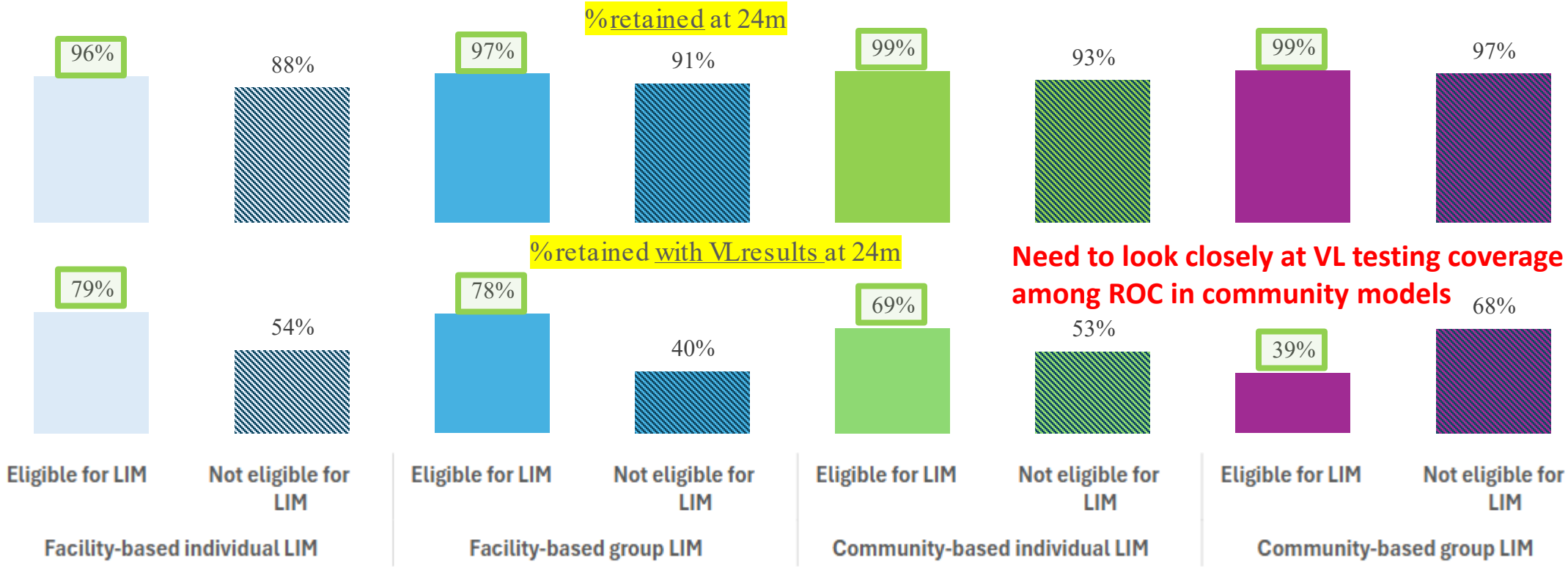
Retention, VL testing, and VLS by model type and eligibility – All countries combined



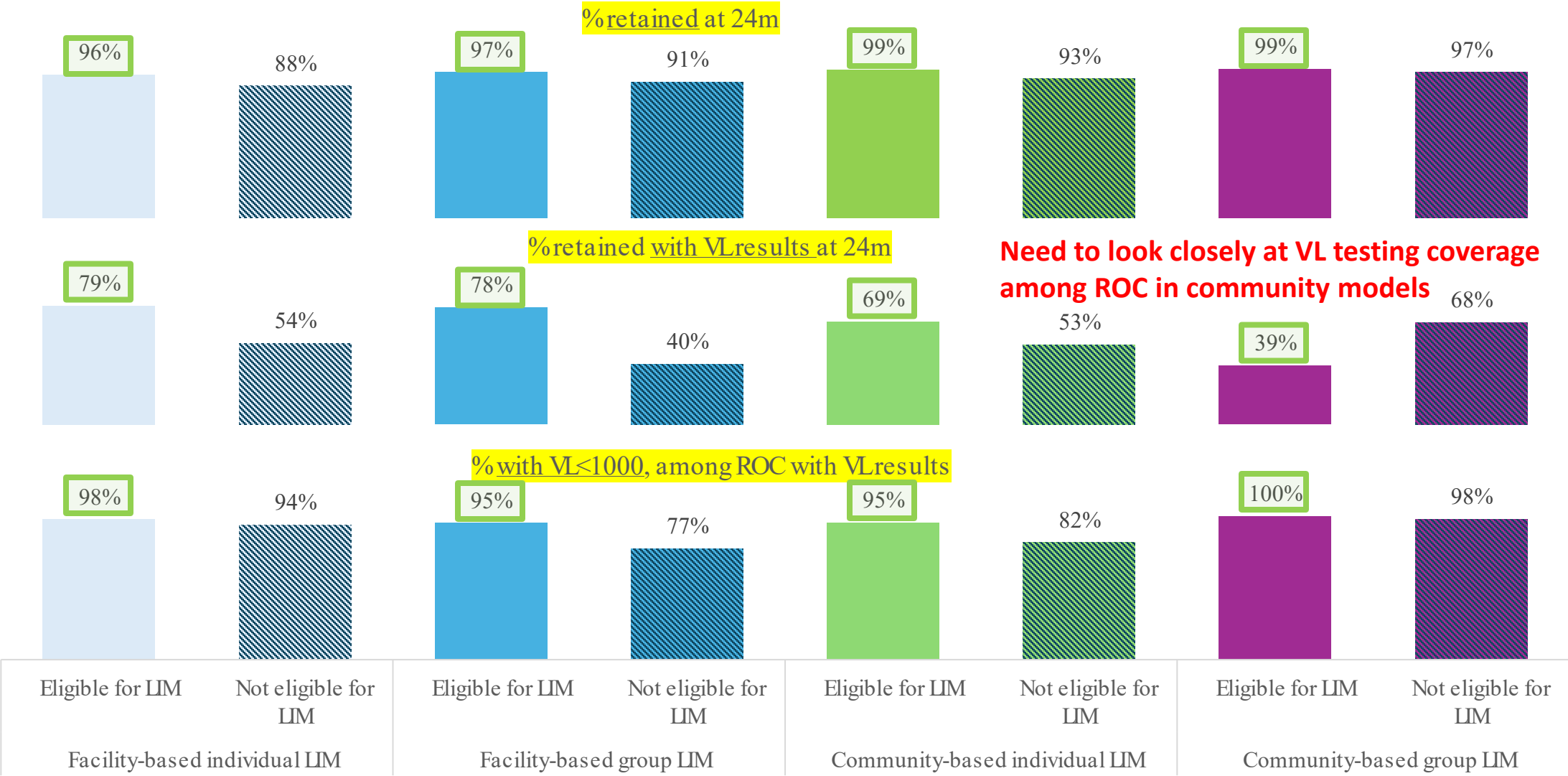
Retention, VL testing, and VLS by LIM model type and eligibility – All countries combined



Retention, VL testing, and VLS by LIM model type and eligibility – All countries combined



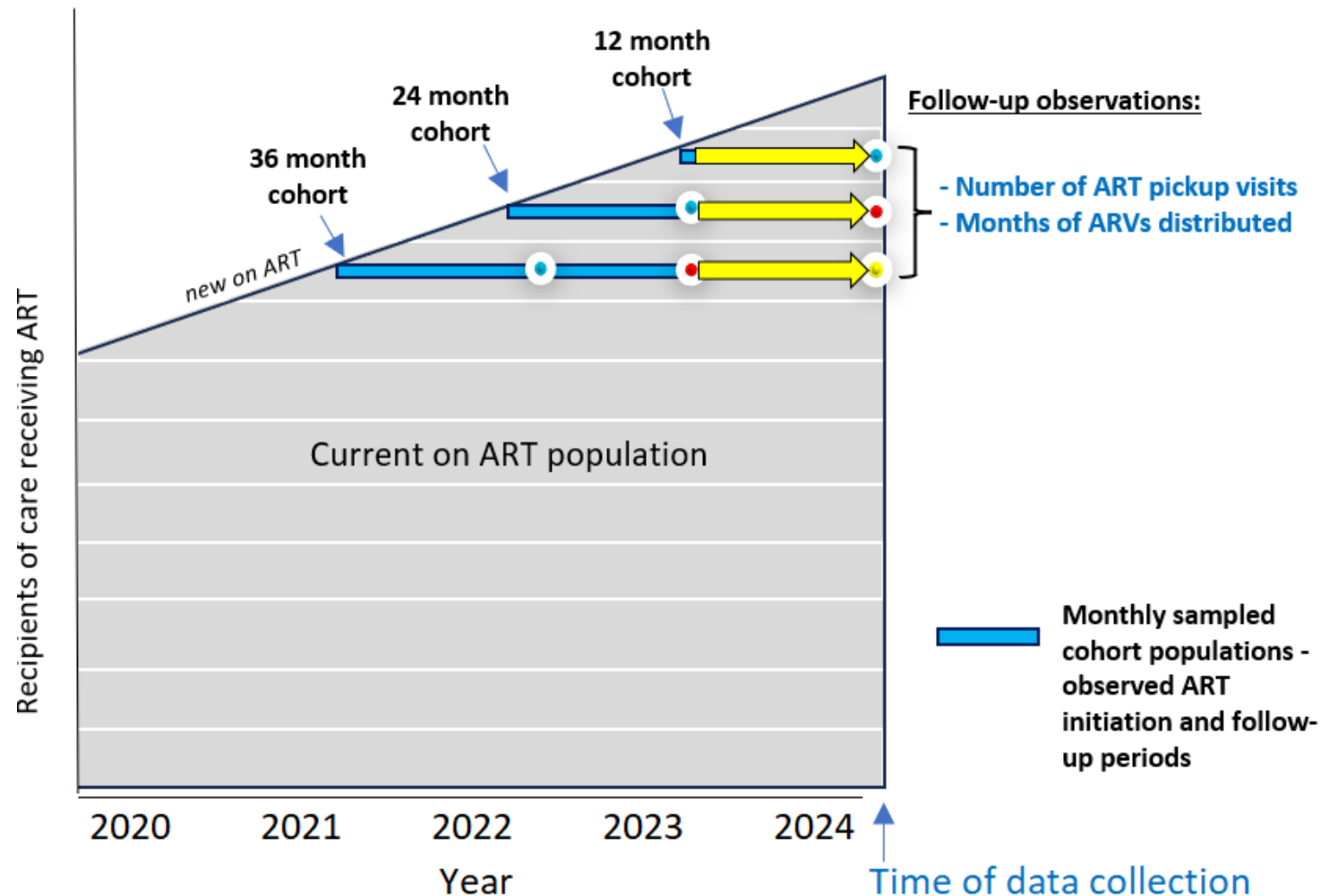
Retention, VL testing, and VLS by LIM model type and eligibility – All countries combined



Quality: Annual number of ART pickup visits vs. MMD reported

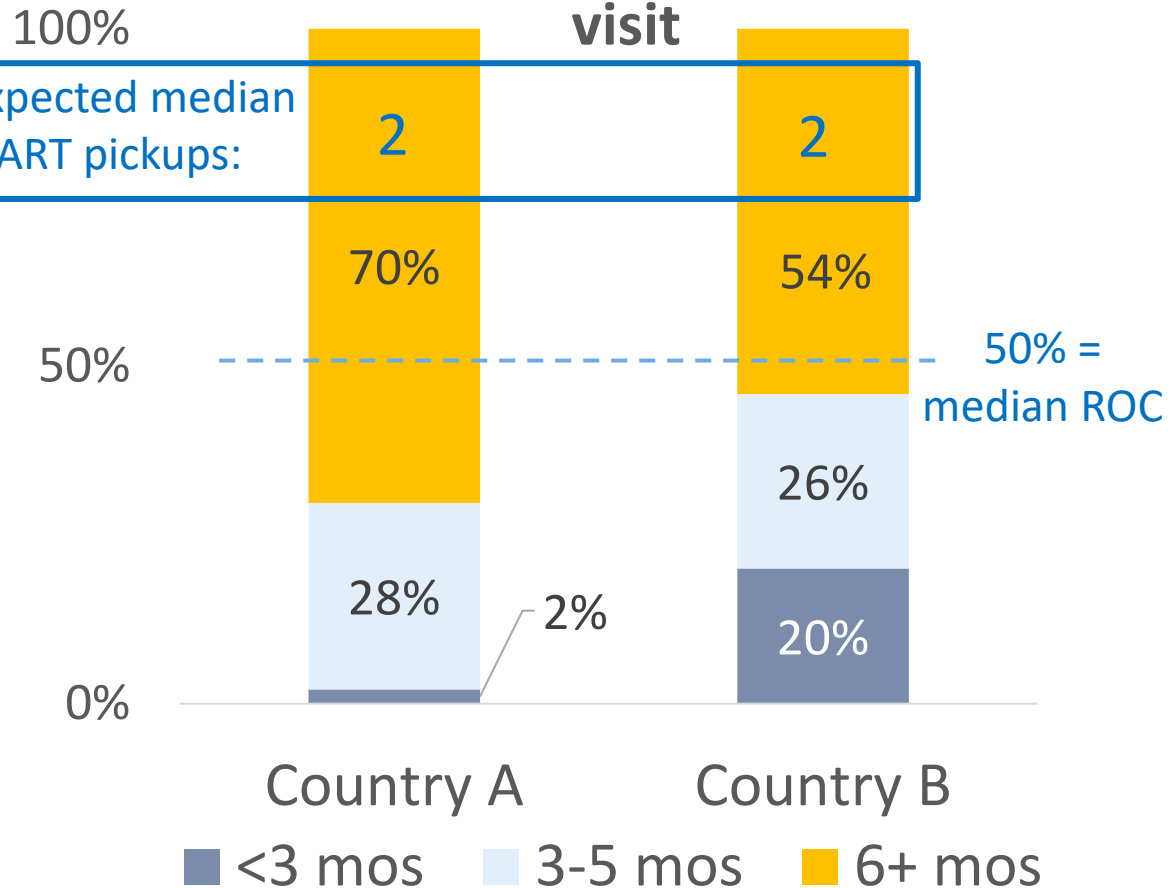
Objectives and approach

- Countries have reported large increases in 3-5 and 6 MMD over recent years
 - Some anecdotal accounts of barriers to MMD implementation however
- DPRs routinely attempt to capture the *annual number of ART pickup visits* in addition to the quantity of ARVs dispensed at last visit
 - Historically, challenges capturing # ART pickups accurately; some recent improvements however
- We summarized median annual # ART pickups from 6 DPRs, along with **MMD data from DPRs** (2 countries) and **national MMD data reported to CQUIN** (6 countries) to assess concordance



ARV quantity dispensed versus annual # of ART pickups recorded

DPR: Mos. of ARVs distributed at last visit



DPR: # ART pickups, past year

	Country A	Country B
Median (observed)	4	3

Country	DPR: # ART pickups, past year (median)	Expected median annual # ART pickups, MOH MMD data
A	4	2
B	3	2
C	4	2-4
D	5	2-4
E	8	2-4
F	3	2-4

Takeaways from DPR analyses: Coverage, quality, and impact

- Gaps in implementation of the AHD package of care – CD4, TB-LAM, Xpert, CrAG

Data points to a high burden of AHD, but comparable retention and LIM

- Better outcomes (retention, VLS) among ROC eligible for LIM; even better if actually enrolled in LIM
 - Also somewhat better outcomes among non-eligible ROC who were enrolled in a LIM
 - However, sub-optimal VL testing coverage, especially among ROC in community models (as well as ROC not eligible for LIM)
 - Lower VL suppression among non-eligible ROC in facility group and community-based individual models

Final thoughts on strategic information

- Continue to articulate data needs for assessing aspects of person-centered services (PCS) beyond ART model types
 - Constellation of data sources may be available
- Assess quality across the iterations of person-centered services
 - **No** to *one-size-fits-all*; **Yes** to *quality for all*
- Explore measures of equity in HIV response: coverage, quality, and outcomes
 - Basic dimensions: (location) x (age) x (sex) x (key populations status)
 - Can we achieve epidemic control or sustainability without equity?
 - Do we *know what we don't know* with respect to equity?

CQUIN in 2025

Expand focus to person-centered services



What else is on the horizon?

1. Service Integration:

- Integration readiness assessment tool
- Develop and roll out an Integration CMM

2. Quality Improvement:

- Jointly develop a standardized and harmonized Service Quality Assessment tool

3. Sub-national Level Focus on Data for Decision Making

- Work with MOH and PEPFAR to expand the scope of DPRs
- Integrate recipient of care and HCW satisfaction assessments into DPRs

4. Reaching Men:

- Enhance efforts to address gaps in DSD services for men
- Selected communities of practice to focus on topics around reach men'

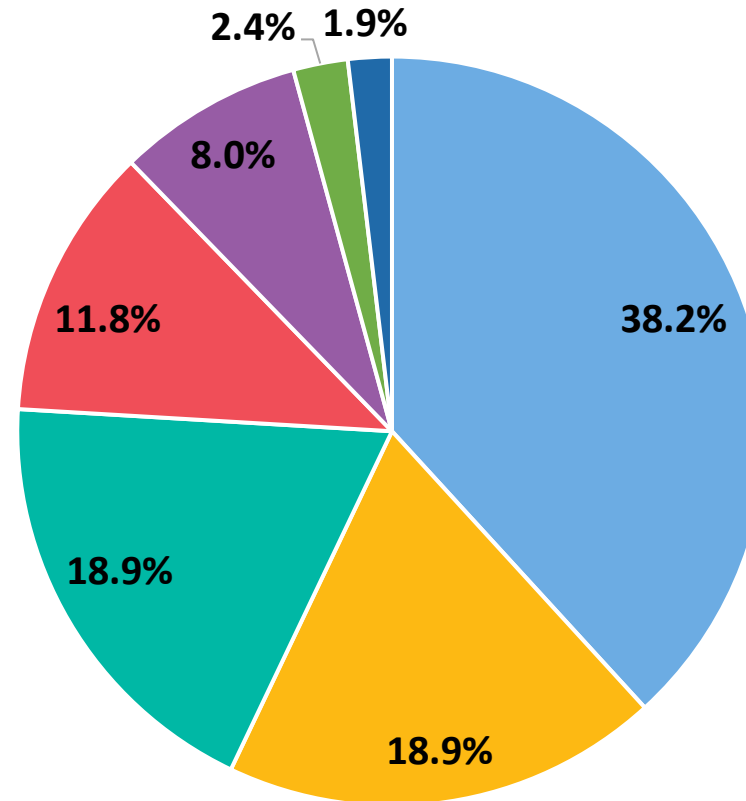


Pre-Meeting Survey Findings

Distribution of respondents by institution (n=212)

82% Response rate

Other:
ICAP (3)
UN (3)
BMGF (2)
ClearUp Consulting (2)
Technical partner (1)
National AIDS Control Program (1)
Jhpeigo (1)
Palindrome Data (1)
Consulting/research partner (1)
NGO (1)



■ Ministry of Health

■ US Government

■ Implementing Partner

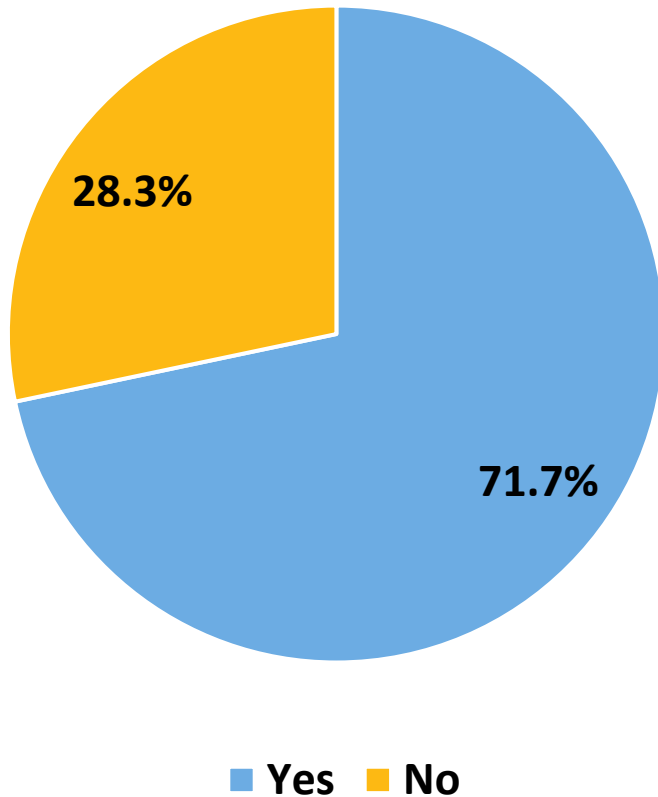
■ Civil Society

■ Other

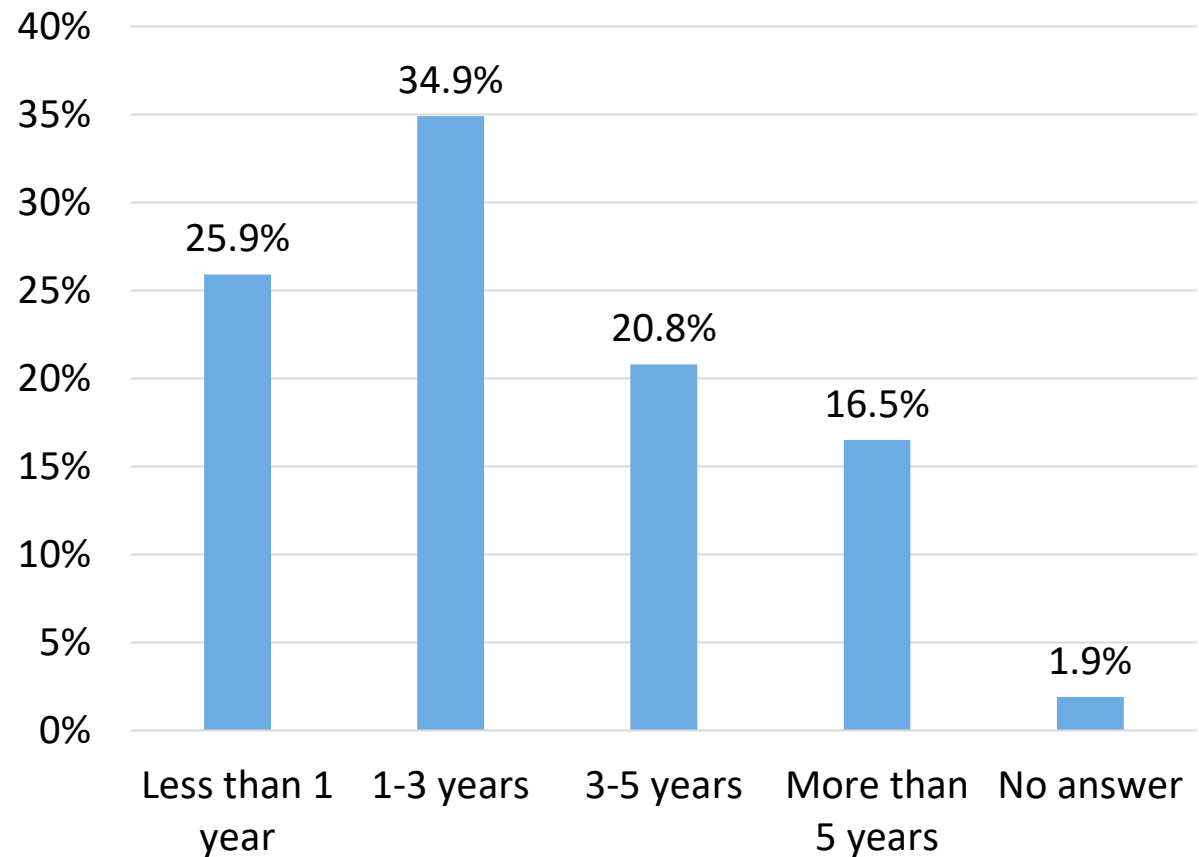
■ Academic Partner

About 30% attending a CQUIN meeting for the first time (N=212)

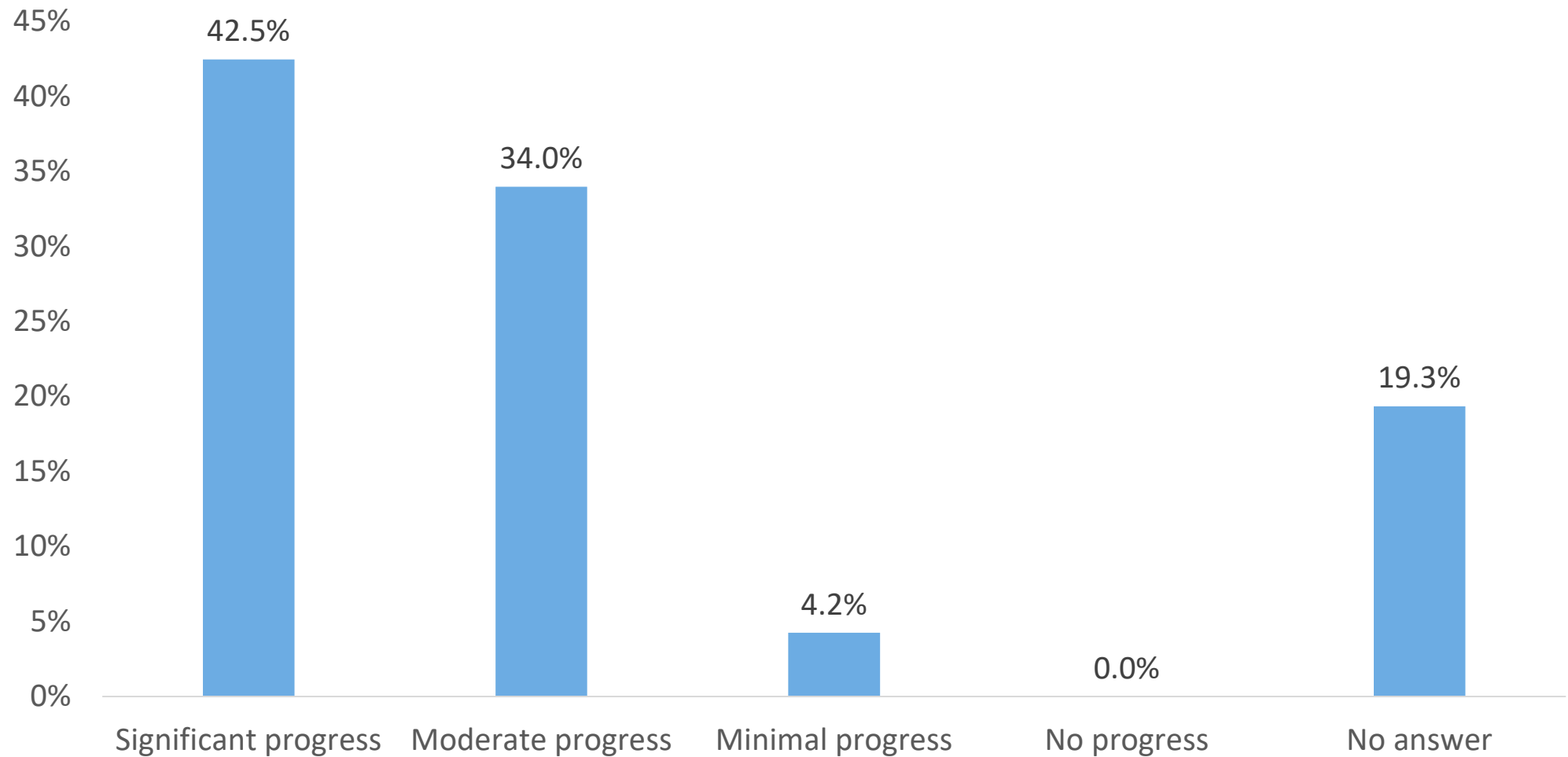
Have you been to a CQUIN multi-country meeting before?



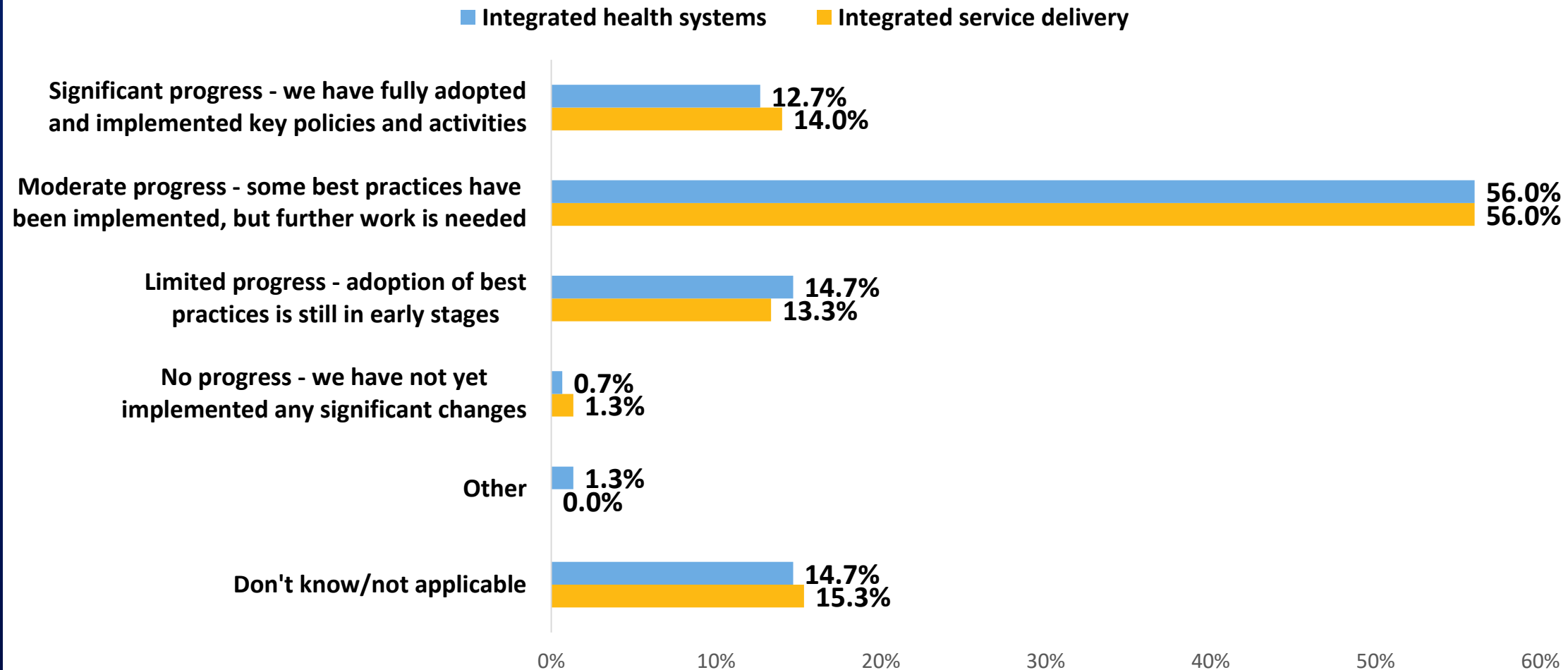
How long have you been involved with the CQUIN network?



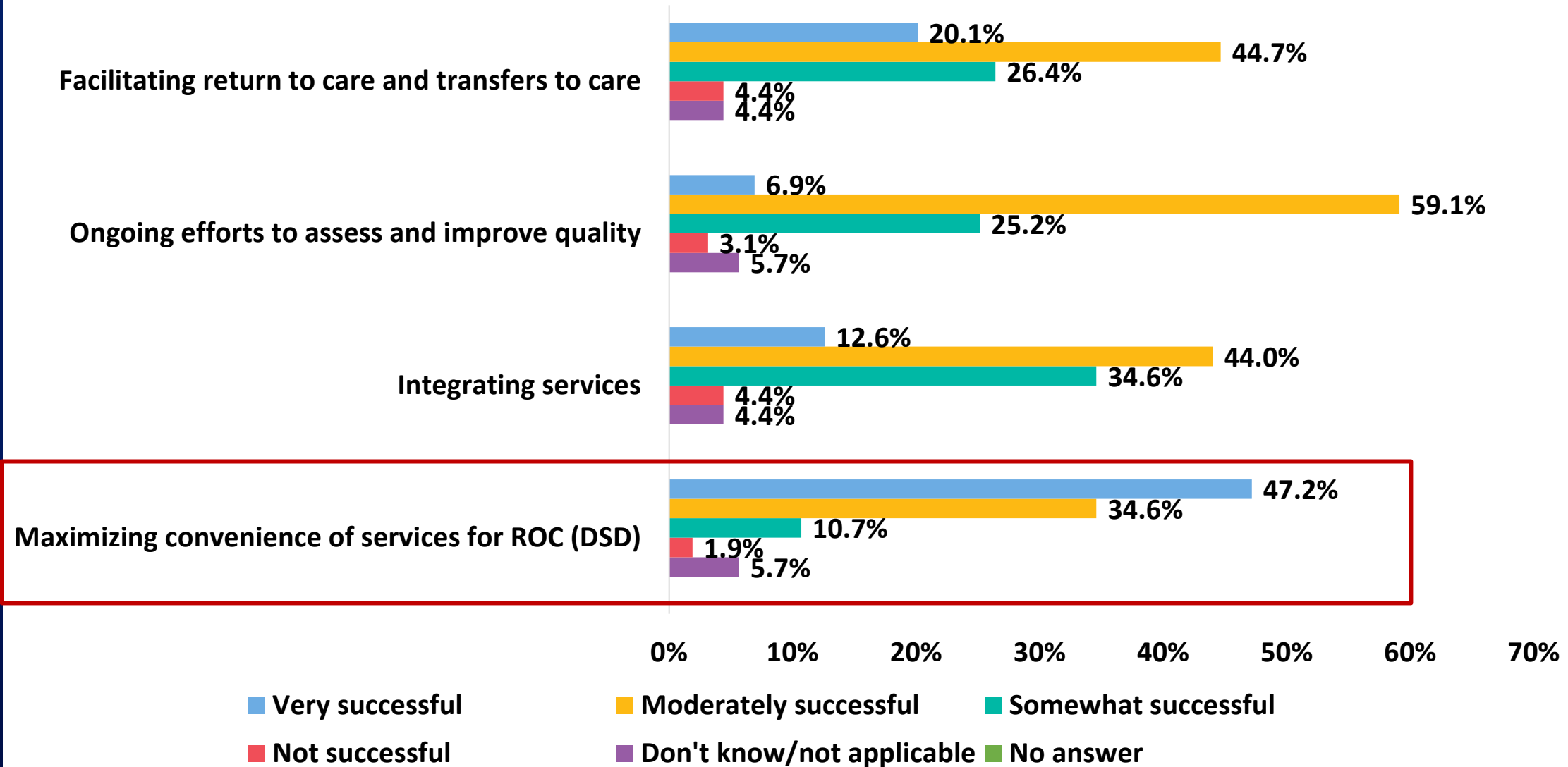
How would you rate your country's progress in scaling up DSD services since the last CQUIN annual meeting? (N=212)



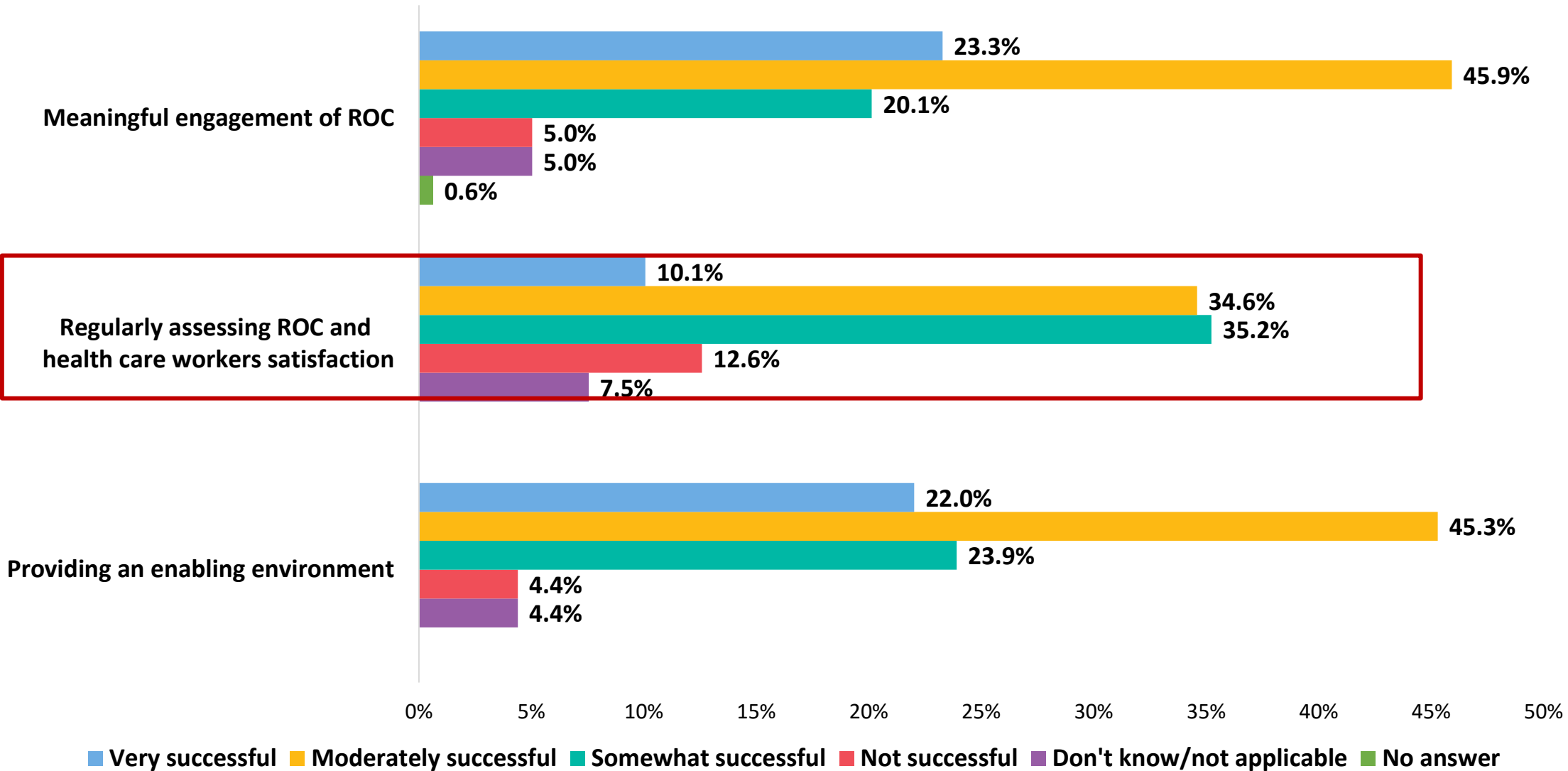
Characterization of country progress in integrating services and health systems since the CQUIN Integration Meeting in April 2024, ...(N=150)



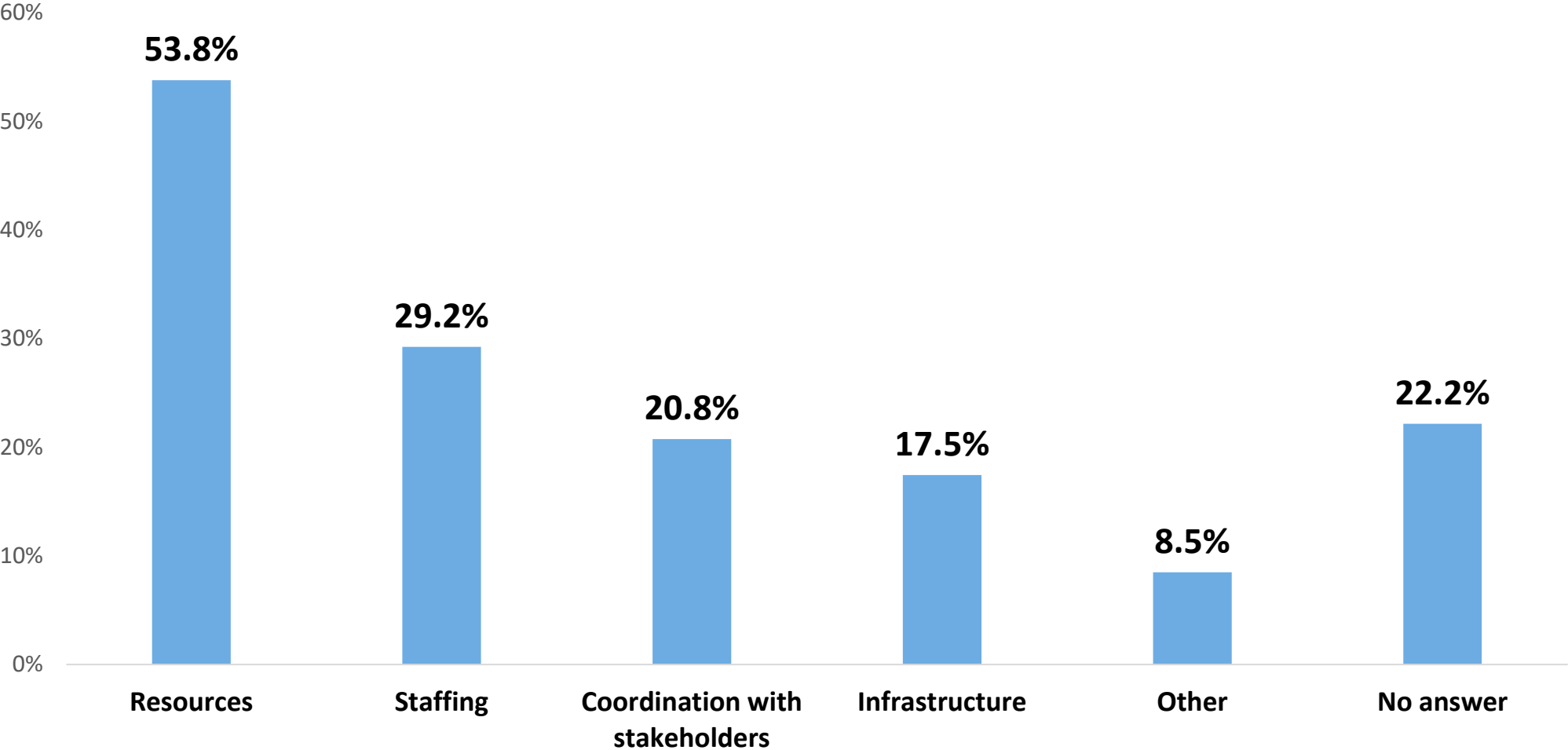
Considering the different components of person-centered services, indicate how successful your country has been in delivering each component (N = 159)



Considering the different components of person-centered services, indicate how successful your country has been in delivering each component of person-centered services (N = 159)



What specific challenges have you encountered in scaling up DSD in your country? (more than one response)



Meeting Objectives and Agenda

- Review member countries' progress in scaling up high-quality differentiated services for testing, treatment and AHD
- Facilitate country plans for integrating concepts of sustainability into HIV service programming
- Facilitate the exchange of knowledge, best practices, innovations, resources, and strategies for scaling up person-centered services.
- Highlight the achievements and future plans of the CQUIN communities of practice
- Support the development of country-specific action plans and projections for 2025
- Identify common gaps, challenges, and opportunities for future joint learning and the co-creation of tools and resources

Tuesday, December 10	Wednesday, December 11	Thursday, December 12	Friday, December 13
Daily Registration and IPC Protocols			
Session 1: Welcome / Introductions / Keynote	Session 6: Recap/Keynote	Session 11: Recap/Keynote	Session 16: Recap/Keynote
Session 2: Moderated panel discussion: Delivering sustainable person-centered services - What will it take?	Session 7: Panel presentations: Quality Management	Session 12: Reaching Men	Session 17: Panel presentations: Integrated Service Delivery
Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)
Session 3: Panel Presentations: Roadmap to sustainable HIV service delivery - Country case studies	Session 8: Three parallel sessions w/3-4 country updates each	Session 13: Community of Practice Parallel Sessions: dHTS, AHD, KP	Session 18: Tools Lab
Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)	Lunch (12:30-2pm)
Session 4: Four parallel sessions w/3-4 country updates each	Session 9: Community of Practice Parallel Sessions: M&E, Quality, Community Engagement	Session 14: Thematic Breakout Sessions	Session 19: Closing Plenary
Session 5: Poster Session (Tracks A&B)	Session 10: Single-country action planning	Session 15: Single-country action planning	
<small>End at 5pm</small>	<small>End at 5pm</small>	<small>End at 5pm</small>	<small>End at 12:30pm</small>

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



Meeting Menu

HOME

AGENDA

POSTERS

Delivering Impactful and Sustainable Person-Centered HIV Services

December 09 - 13, 2024 | Johannesburg, South Africa

From December 9–13, 2024, CQUIN will convene all 21 countries in the CQUIN network to share implementation progress, performance updates, innovations, impact, and challenges of person-centered services, including quality and integration, advanced HIV disease, and differentiated HIV testing services. Select countries will share country plans for sustainable HIV service delivery. Countries will also collaboratively plan a portfolio of 2025 priority activities and action plans that reflect the future of person-centered services, enhancing the quality, coverage, and impact of HIV service delivery. A key focus will be on strategies to sustain these efforts.

Downloads:

Concept Note (English)



Concept Note (French)




Meeting Participant List



CNN

BREAKING NEWS.....

HIV Impact Network for Vertical transmission Elimination (HIVE)



icap Global Health

PATA
PATA
PATA

The Paediatric-Adolescent Treatment Africa (PATA)

Three HIVE countries—Nigeria (17%), South Africa (17%) and Mozambique (16%)—account for nearly half of all children living with HIV in the 12 Global Alliance countries in 2023.

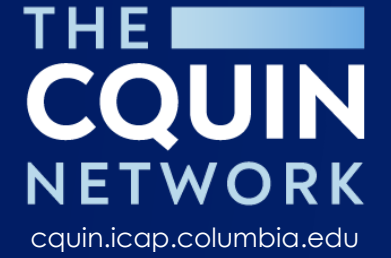
HIVE Cluster Meeting | December 24, 2023 | Johannesburg, South Africa



CNN **BREAKING NEWS**
CQUIN DELIVERS A BABY

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, USAID and DoD
- 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!

