



# Delivering Impactful and Sustainable Person-Centered Services

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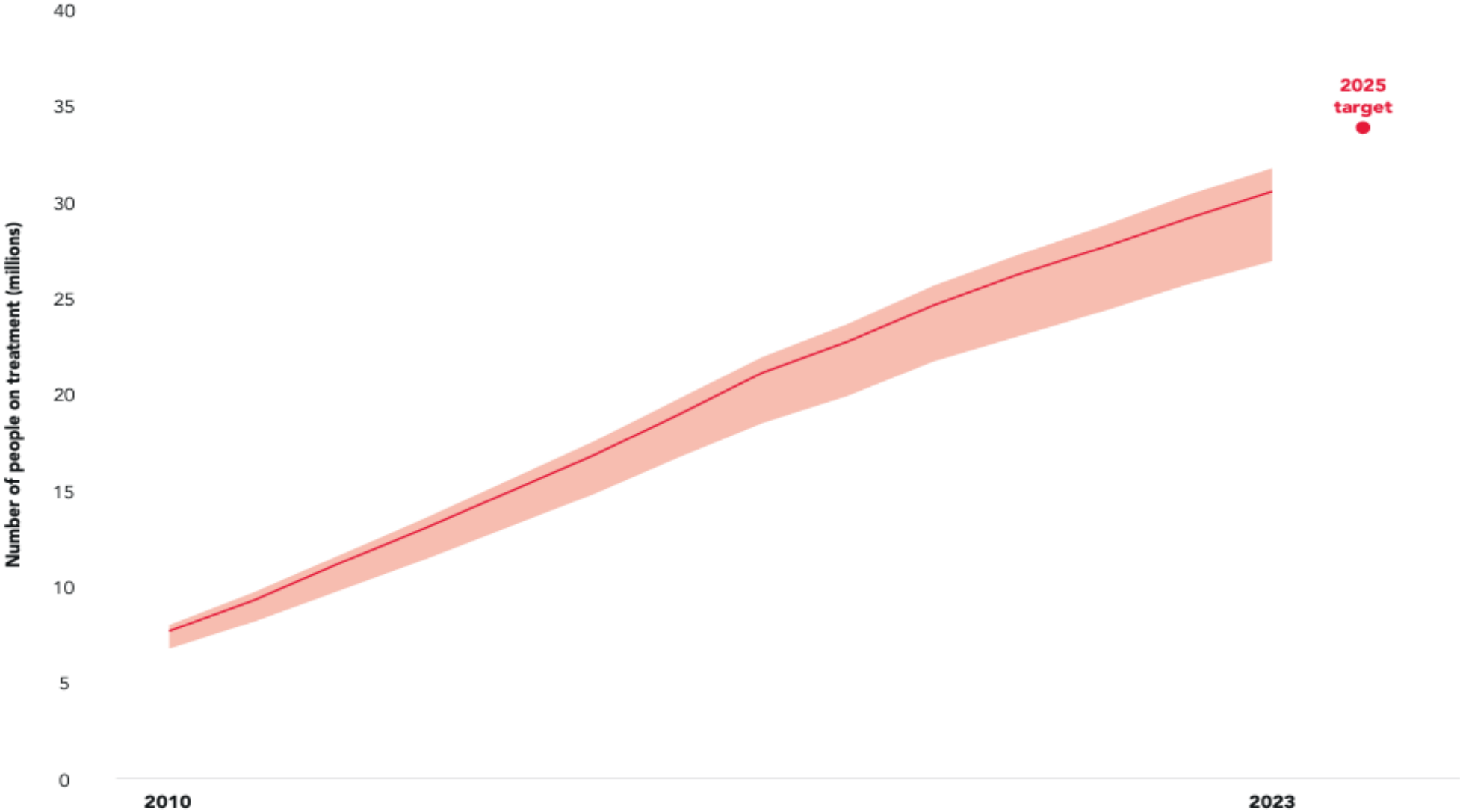
# Outline

- Status of HIV epidemic
- CQUIN Journey and Impact
- PCS and pathway to coverage and quality
- Integration defined
- Accelerate and Sustain
- Conclusions



# Status of the HIV Epidemic

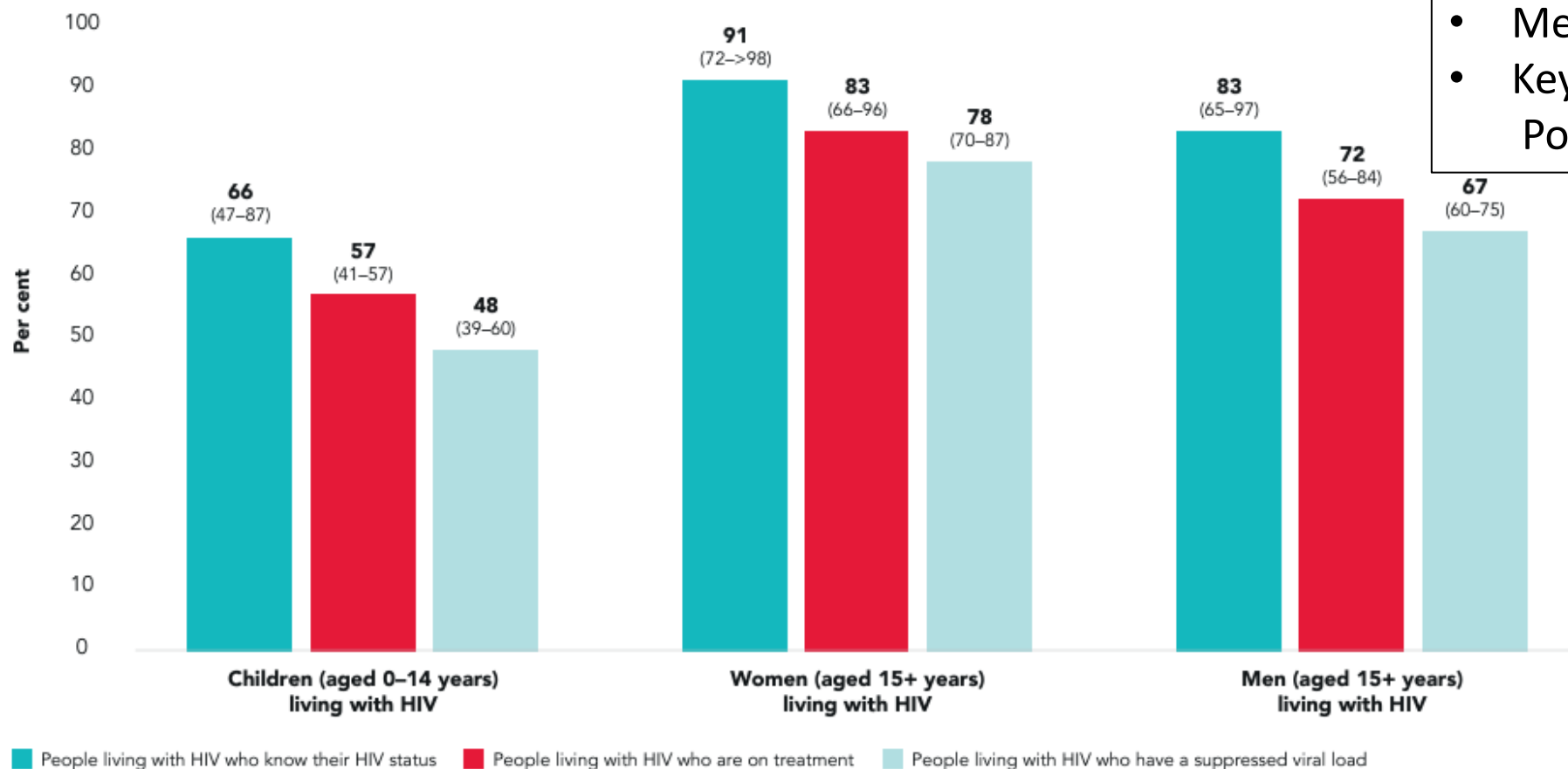
# Access to HIV treatment continues to expand



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

# Nearly one quarter (23%) of all PWH not receiving antiretroviral therapy in 2023

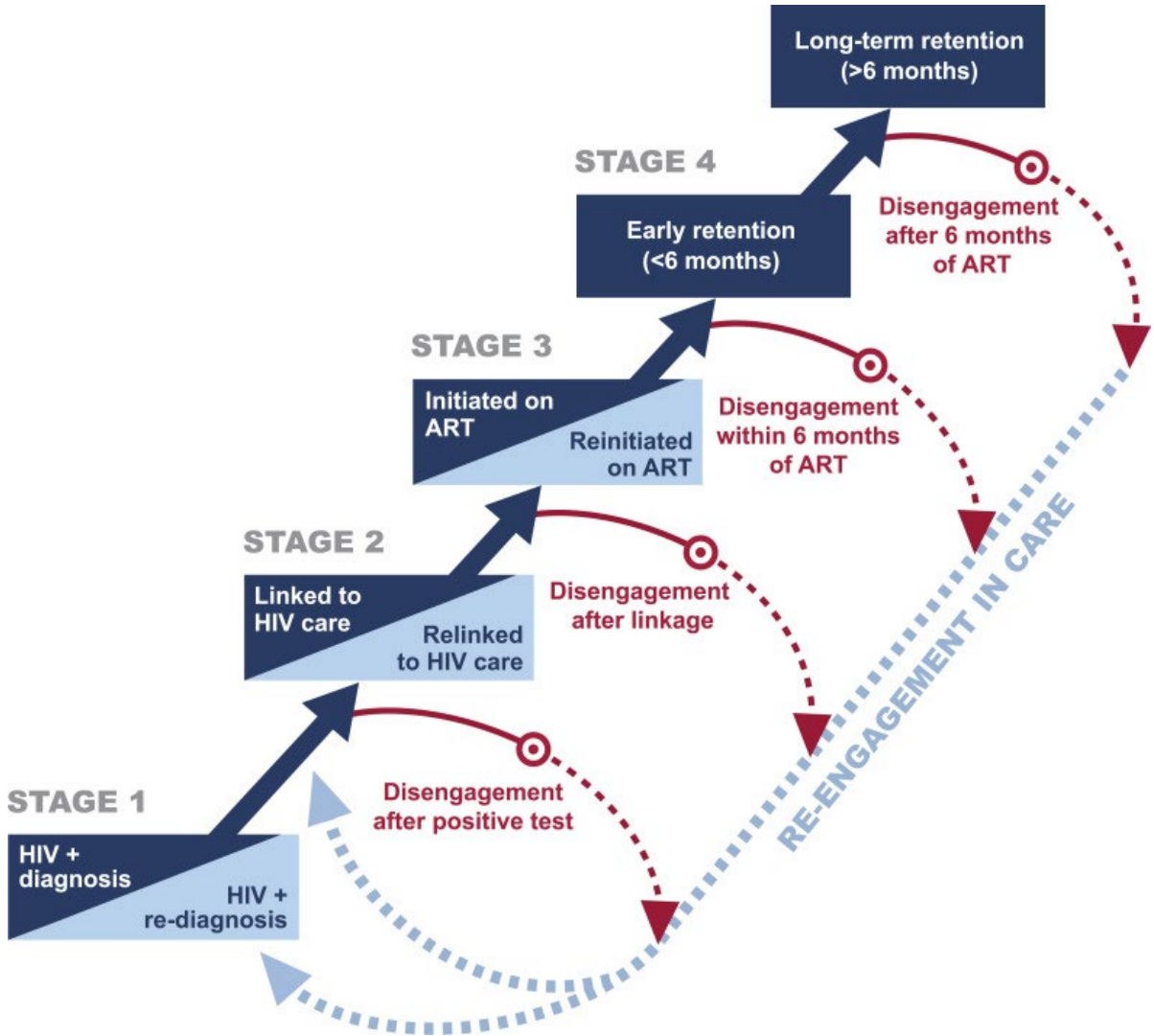
Testing and treatment cascade among children, women and men, global, 2023



- Children
- Youth
- Men
- Key & Vulnerable Populations

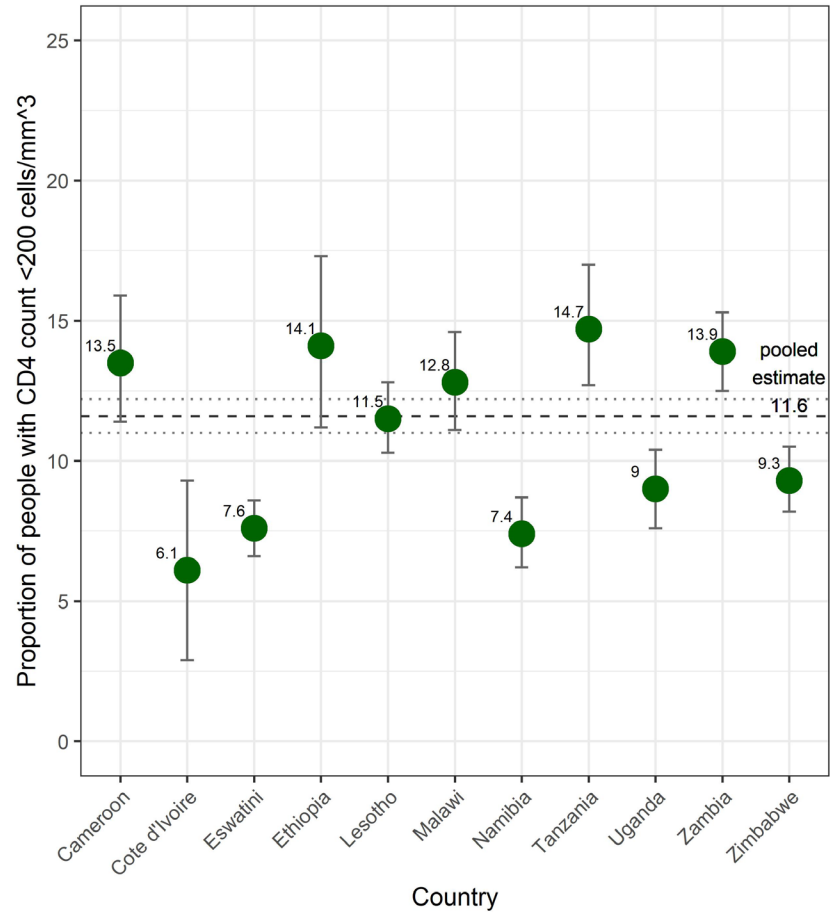
Source: Further analysis of UNAIDS epidemiological estimates, 2024.

# Dis and Re-engagement from Care

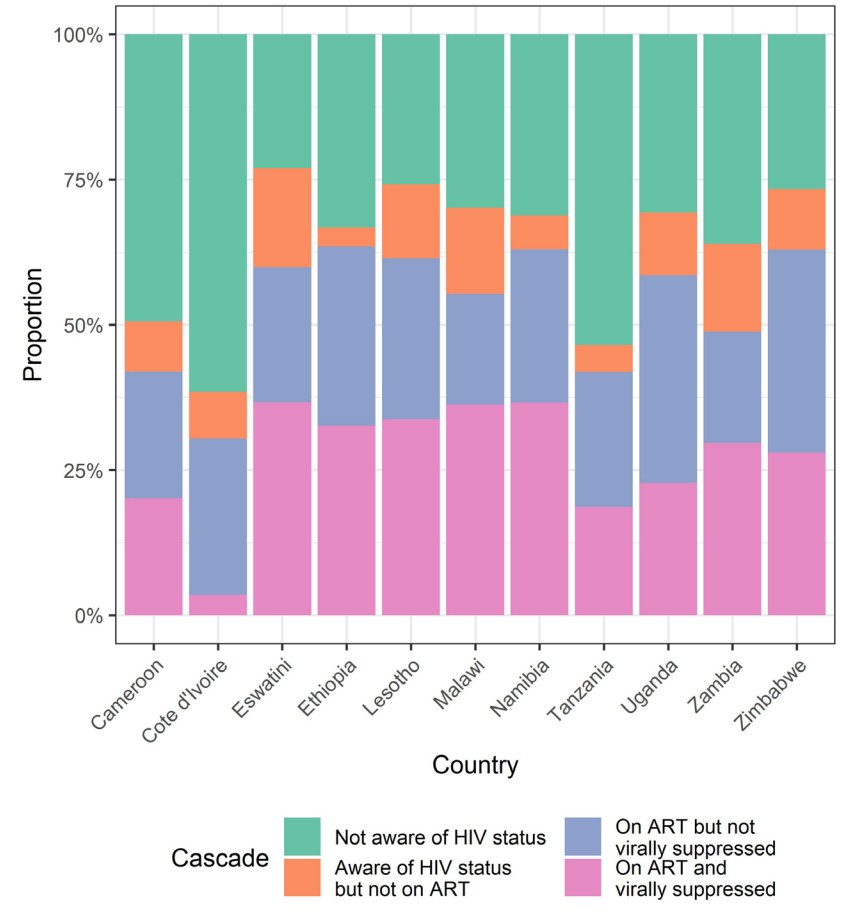


# Advanced HIV Disease (at least 1.8 million People with AHD)

**A** Proportion of people with CD4 count <200 cells/mm<sup>3</sup>

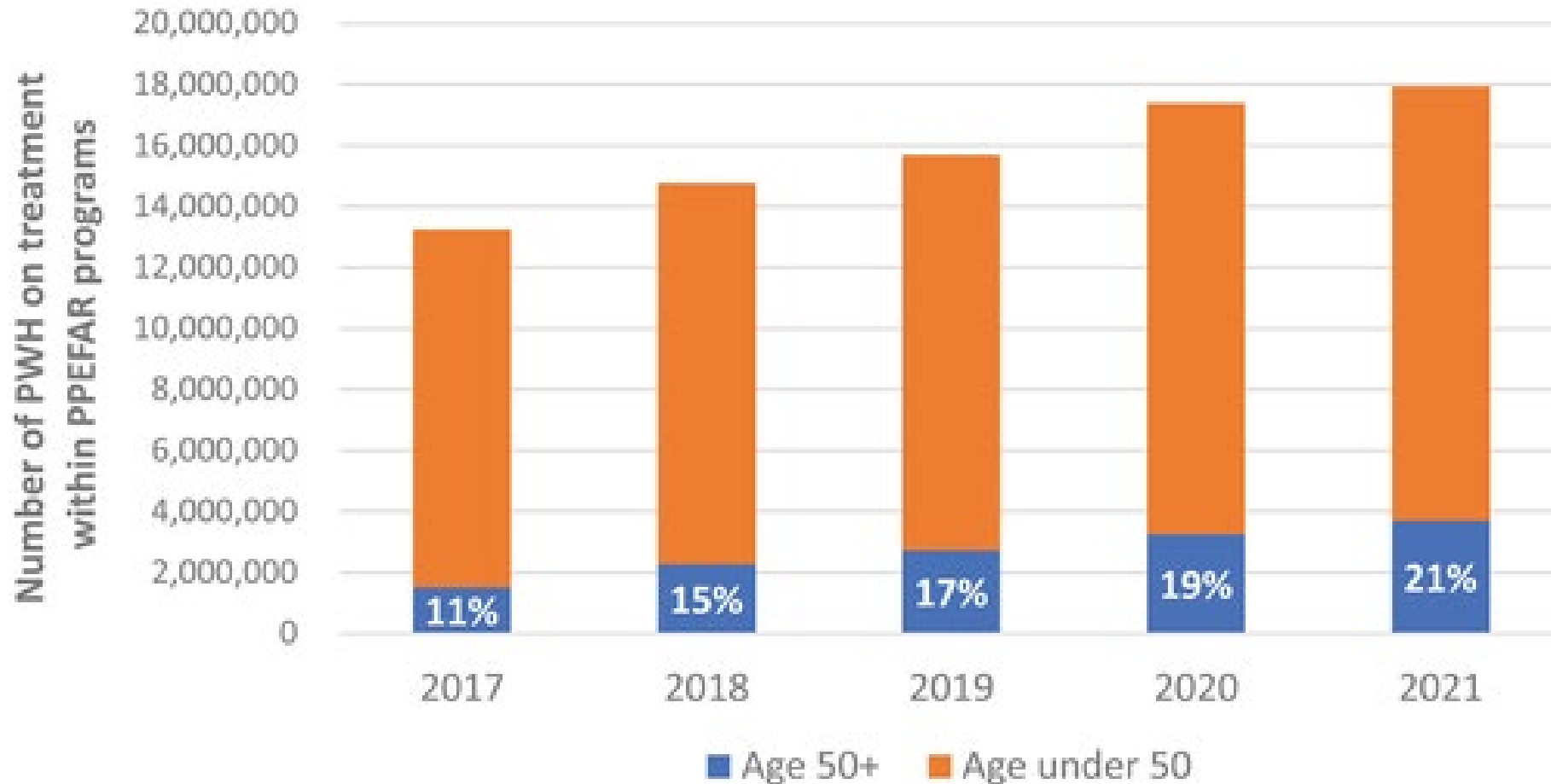


**B** Distribution of people with CD4 count <200 cells/mm<sup>3</sup>



# Growing Aging Population with HIV (8.1 million)

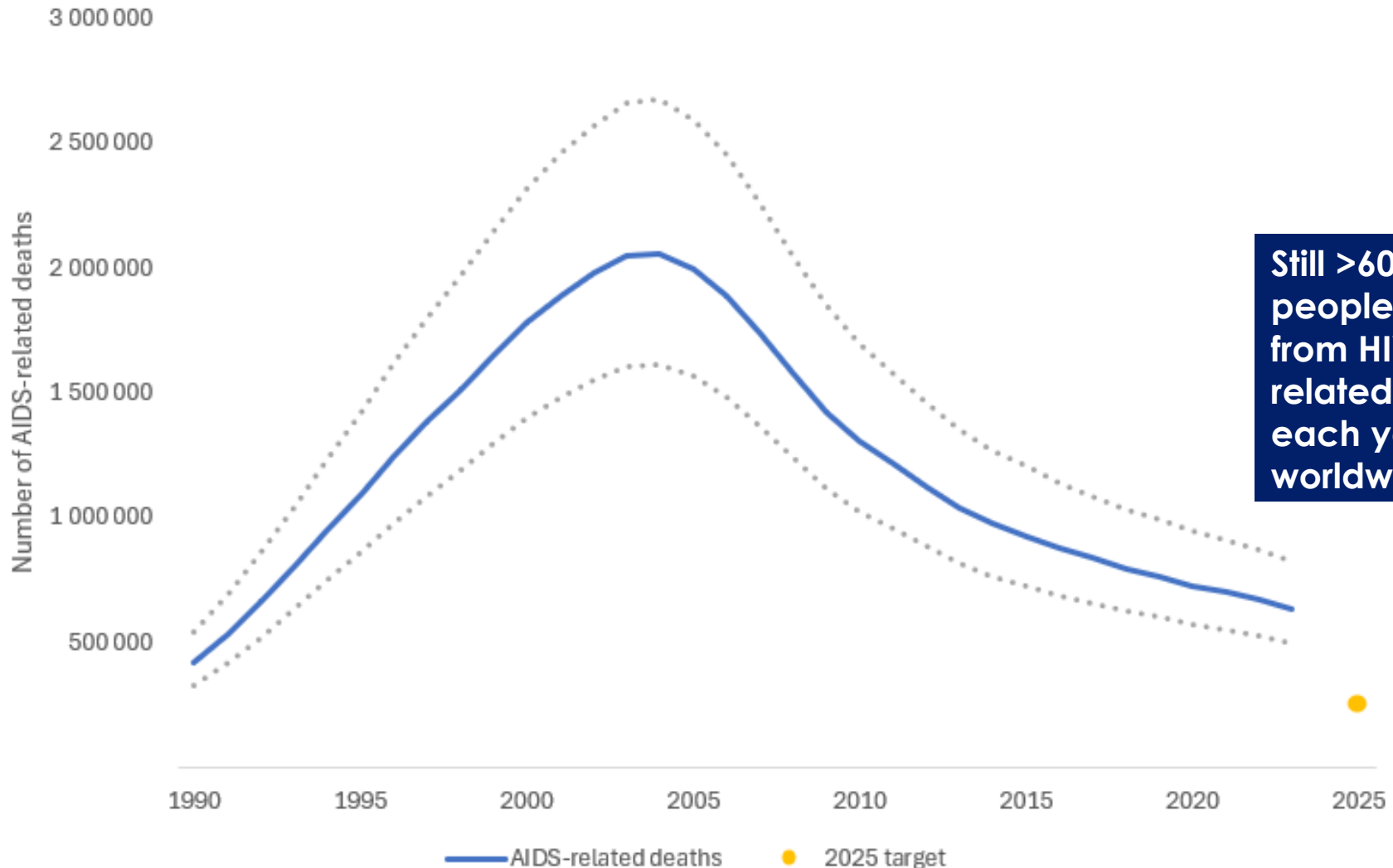
Ageing populations in the PEPFAR program, 2017-2021





# Decline in HIV-related deaths, but....

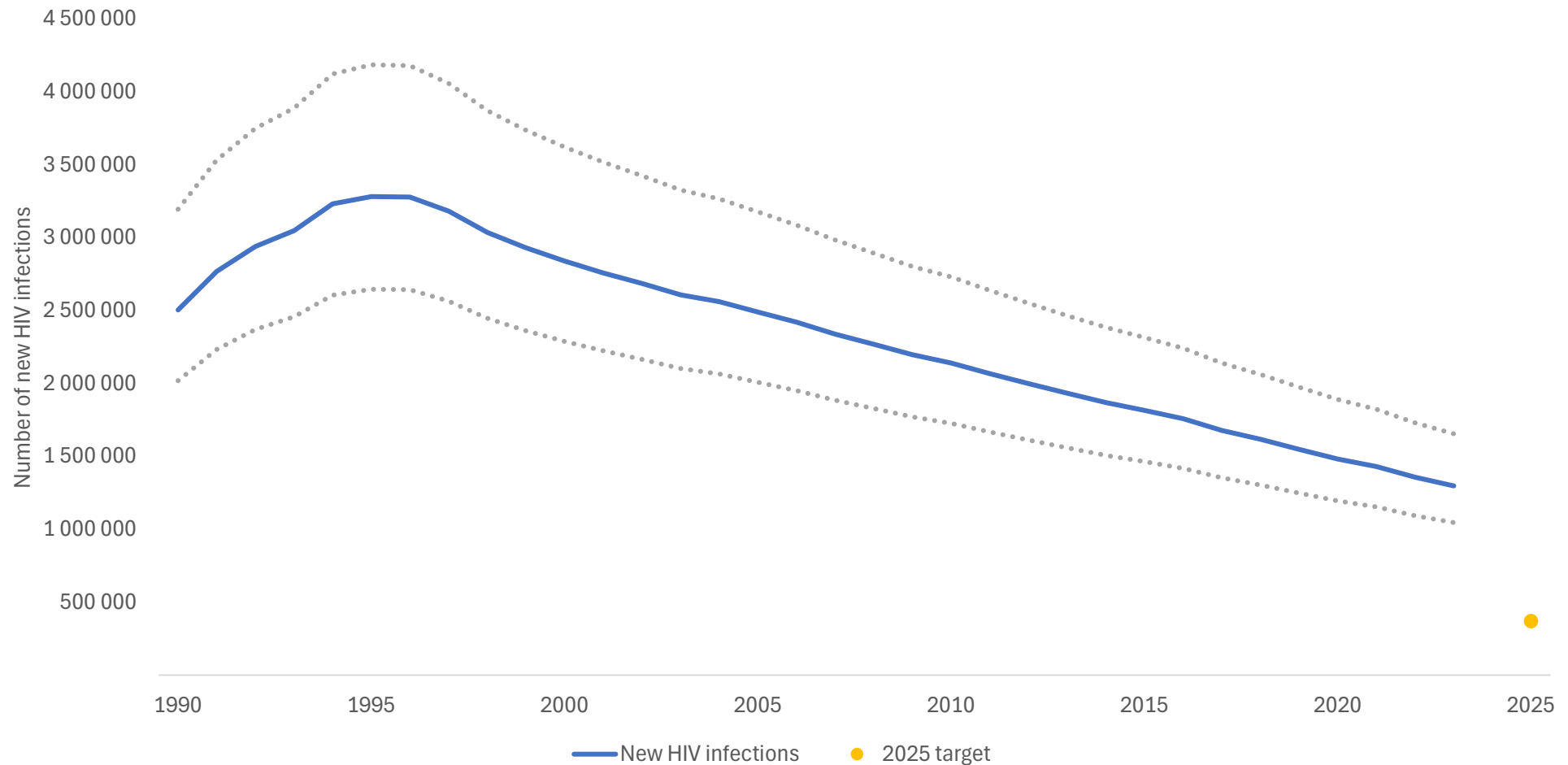
Number of AIDS-related deaths, global, 1990–2023, and 2025 target



Still >600,000 people dying from HIV-related illness each year worldwide

# Decline in new HIV infections, but....

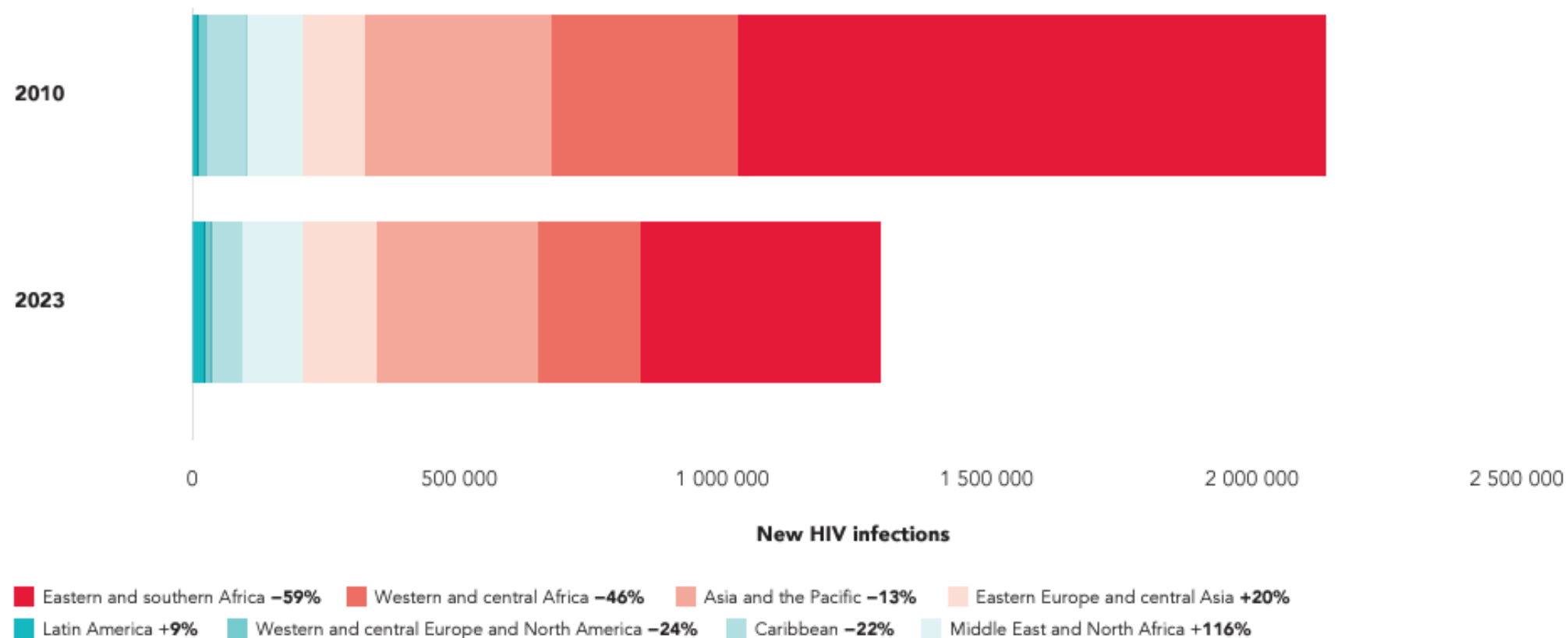
Number of new HIV infections, global, 1990–2023, and 2025 target



Source: UNAIDS 2024 epidemiological estimates

# Sub-Saharan Africa still has largest number of annual new HIV infections

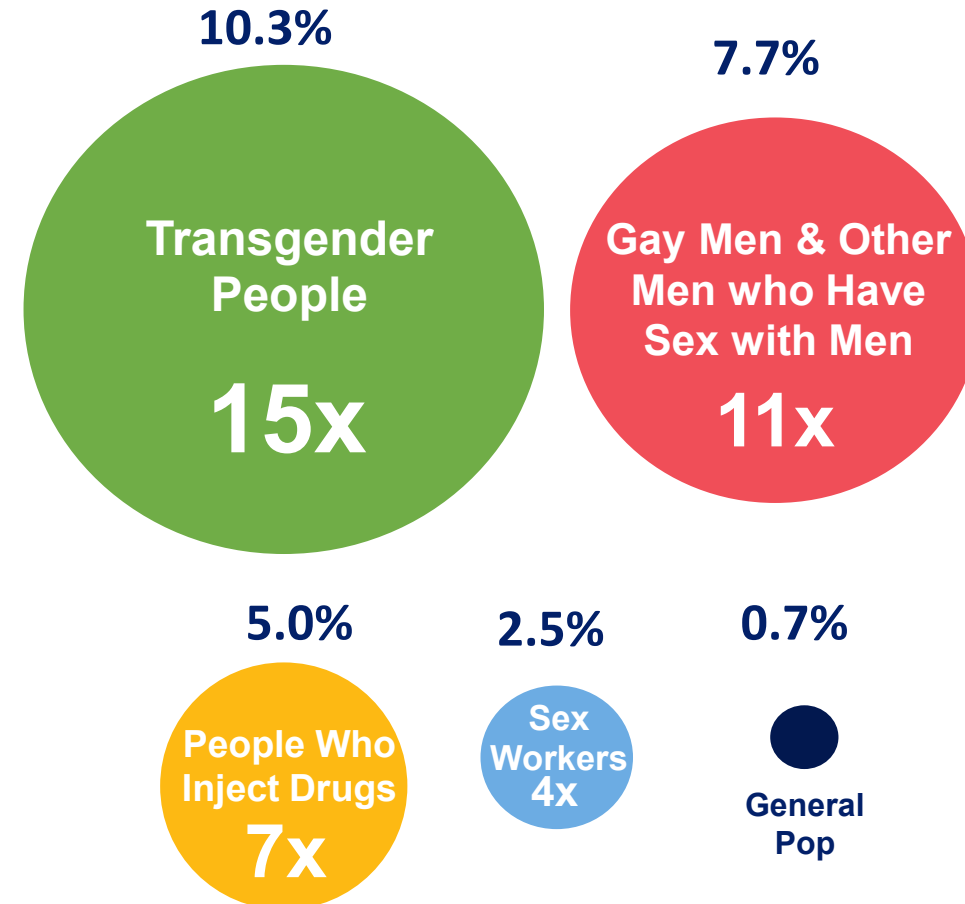
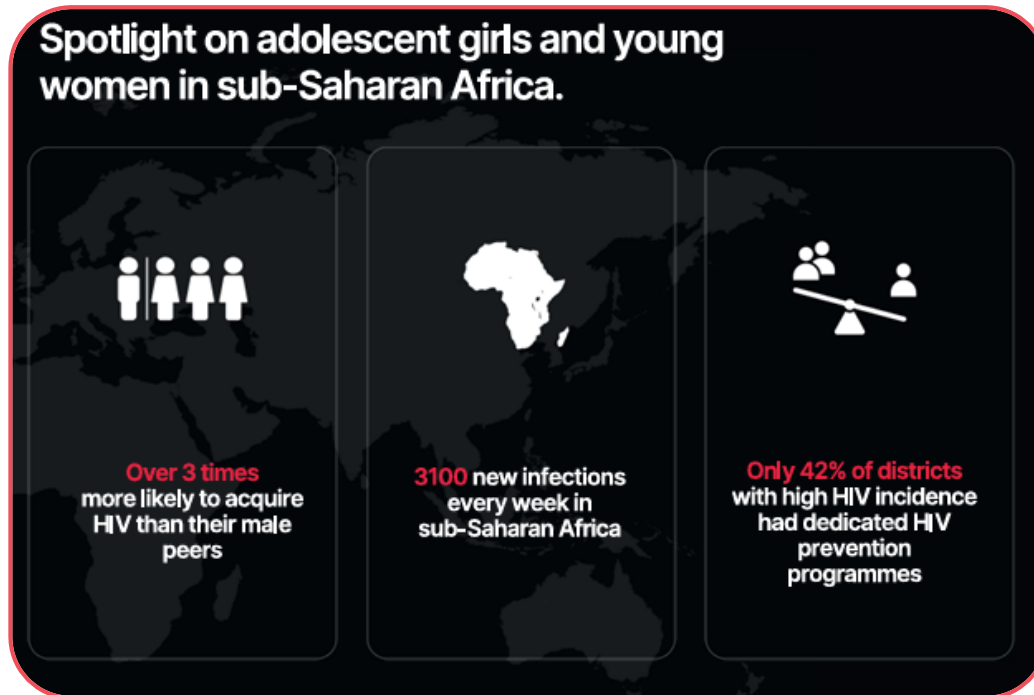
Distribution of new HIV infections and percentage change between 2010 and 2023, total population by region



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

# Bearing the Burden of New Infections

**HIV prevalence:** comparison of key populations to the general population





# Closing the Gaps through CQUIN

# 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

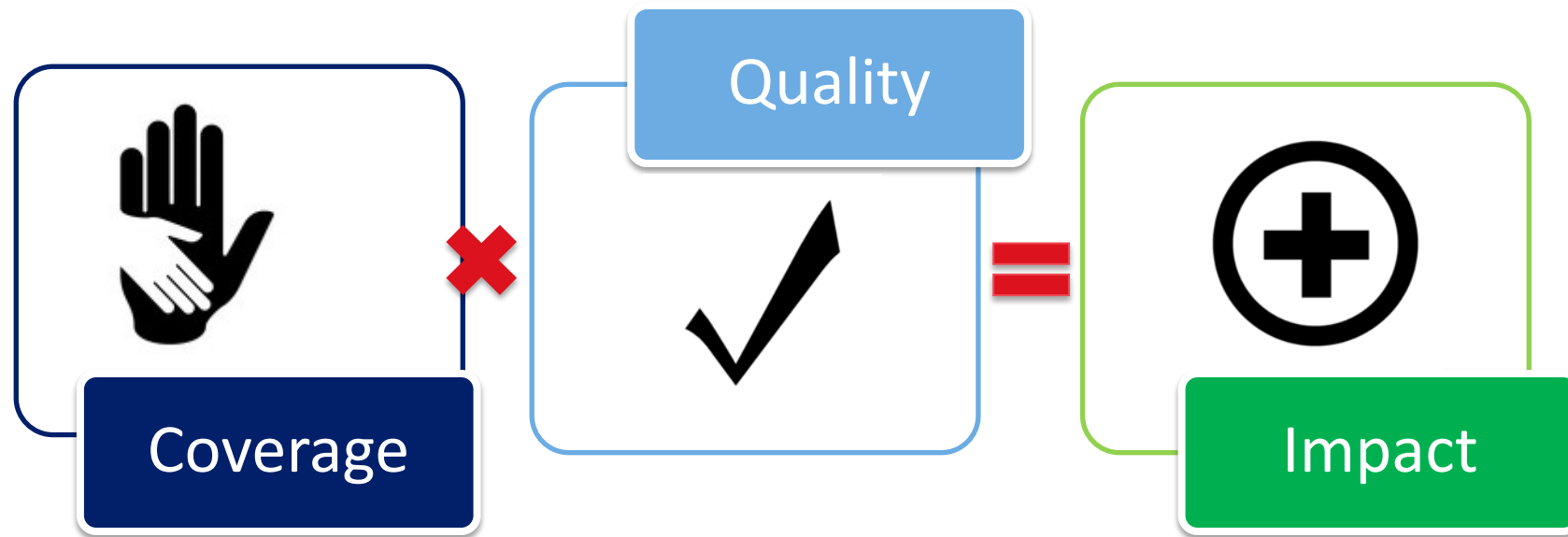
CONVENED BY ICAP AT  
COLUMBIA UNIVERSITY

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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# Foundation of CQUIN



# Summary of Gaps

- PWH not on treatment
- Staying on ART
- Advanced HIV disease
- Aging and co-morbidities
- Mortality
- Key and vulnerable populations



**Person-centered services  
and Innovations**



# Impact of Person-Centered Services (PCS)

## Enhancing choice and uptake of prevention strategies

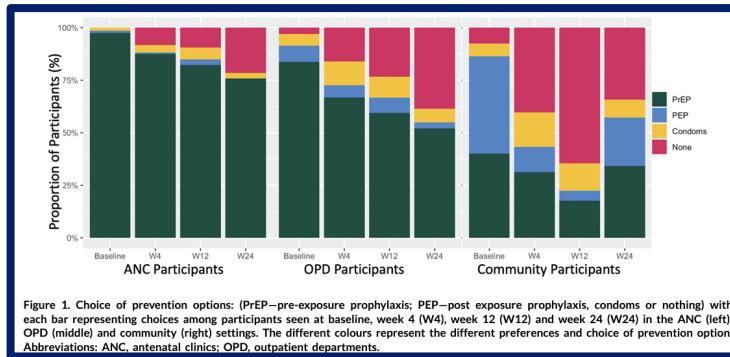
Kabami J et al. *Journal of the International AIDS Society* 2023, **26**(S1):e26121  
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.26121/full> | <https://doi.org/10.1002/jia2.26121>



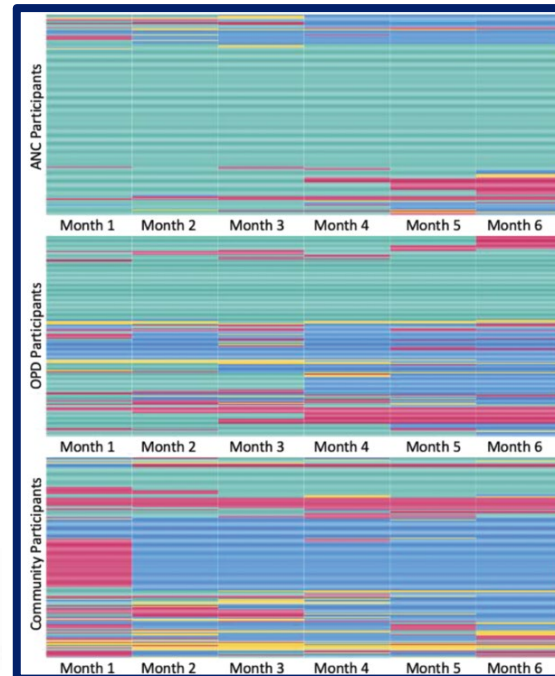
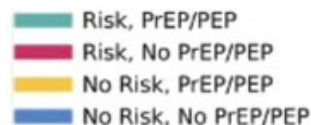
### RESEARCH ARTICLE

## Uptake of a patient-centred dynamic choice model for HIV prevention in rural Kenya and Uganda: SEARCH SAPPHIRE study

Jane Kabami<sup>1,2,§</sup>, Elijah Kakande<sup>1</sup>, Gabriel Chamie<sup>3</sup>, Laura B. Balzer<sup>4</sup>, Maya L. Petersen<sup>4</sup>, Carol S. Camlin<sup>5</sup>, Marilyn Nyabuti<sup>6</sup>, Catherine A. Koss<sup>3</sup>, Elizabeth A. Bukusi<sup>6</sup>, Moses R. Kanya<sup>2</sup>, Diane V. Havlir<sup>3</sup> and James Ayieko<sup>6</sup>



Heat maps of use of biomedical prevention by HIV risk over the 24-week follow-up period in the ANC (top), OPD (middle) and community (bottom) settings. Each row corresponds to a participant.



# Improving HIV outcomes

Karamagi Nkolo EK et al. *Journal of the International AIDS Society* 2023, **26**(S1):e26122  
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.26122/full> | <https://doi.org/10.1002/jia2.26122>



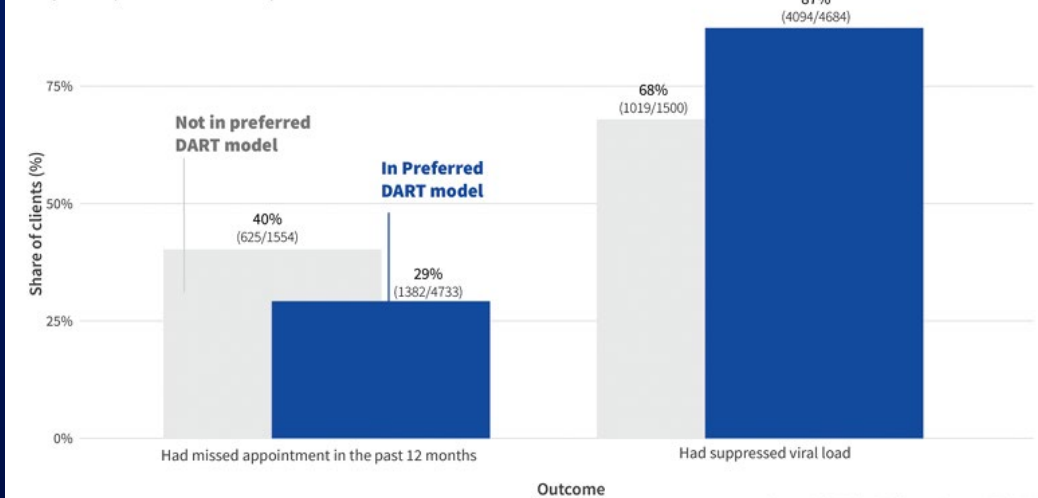
### RESEARCH ARTICLE

## Clients in Uganda accessing preferred differentiated antiretroviral therapy models achieve higher viral suppression and are less likely to miss appointments: a cross-sectional analysis

Esther K. Karamagi Nkolo<sup>1</sup>, Jessica Clinkscales Ejike<sup>2</sup>, Simon Sensalire<sup>3</sup>, Juliana Nabwire Ssali<sup>3</sup>,

### VIRAL SUPPRESSION AND MISSED APPOINTMENT OUTCOMES BY DART MODEL PREFERENCE

Grey bars represent clients not in preferred DART model



Source: DSD Patient Reference Export, 16 Feb 2022

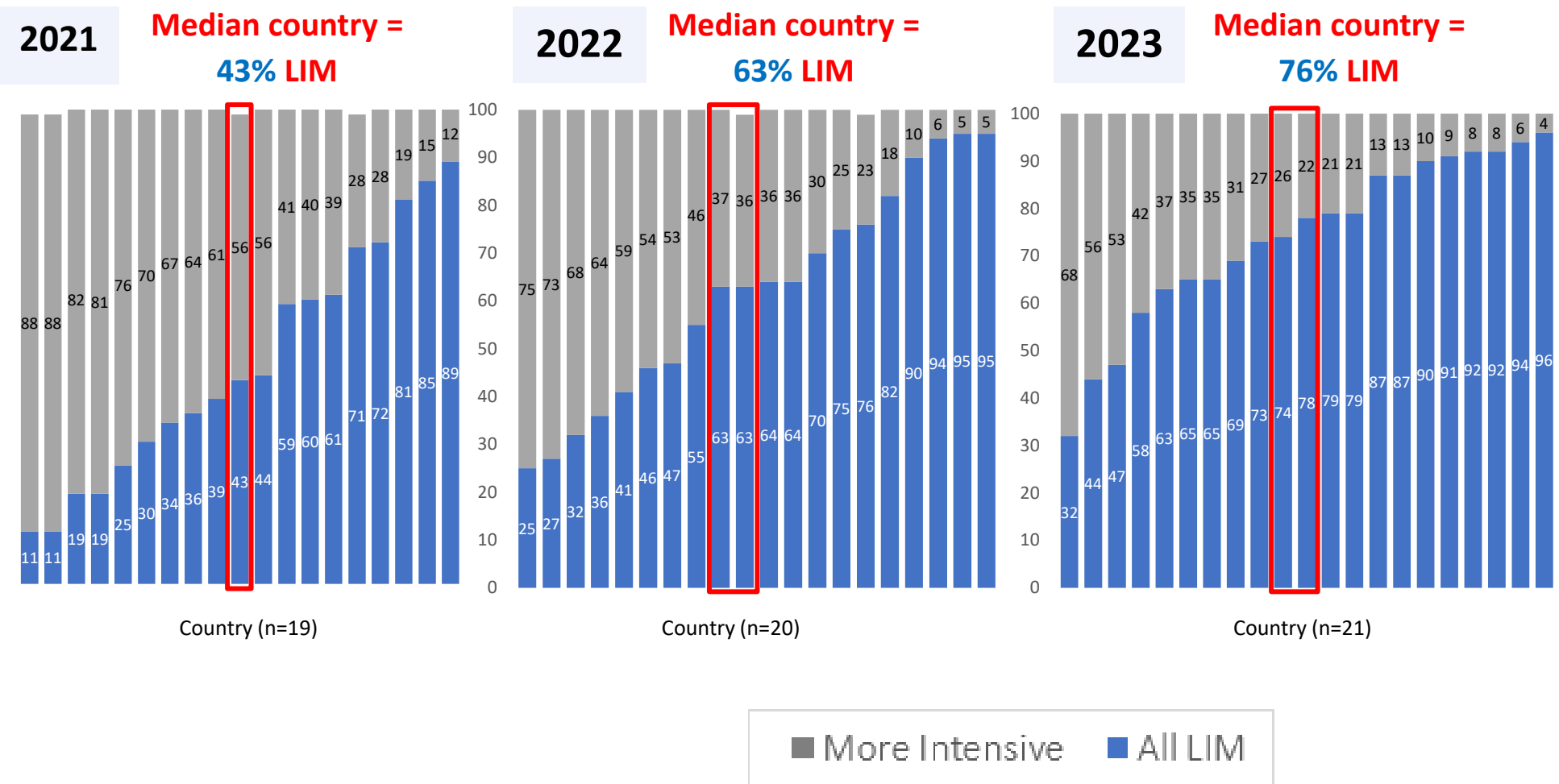
# Defining Person-centered Services (PCS)

## Seven interrelated, mutually-reinforcing components of PCS



Based on review of different definitions and recommendations by key stakeholders

# CQUIN Countries have taken the coverage of less-intensive ART models (LIM) (PCS) to scale



# PCS (DSD) ART Services has enabled enhanced outcomes

Retention and viral load suppression has either **improved or non-inferior** to conventional models, while recipient of care satisfaction has significantly improved.<sup>1,2,3</sup>

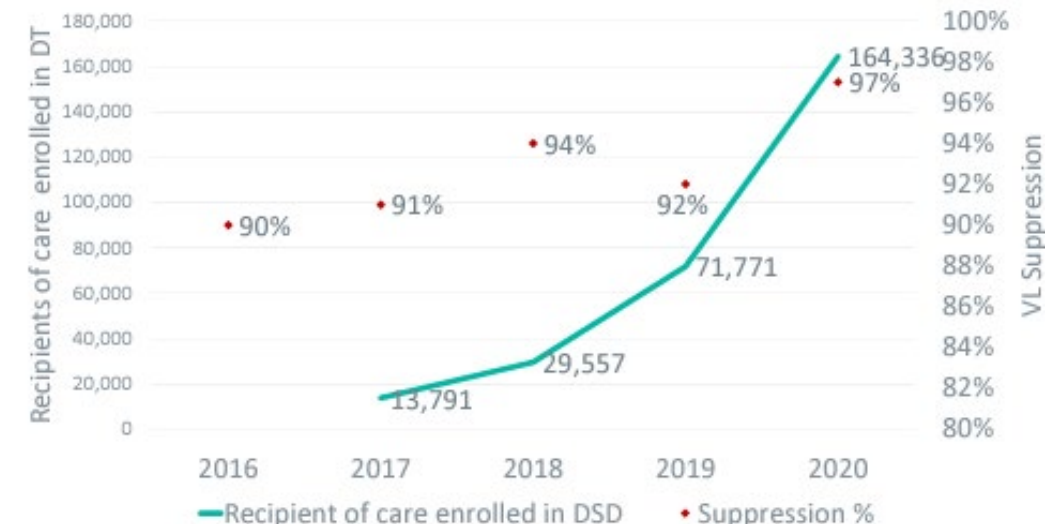
1. [https://www.heroza.org/wp-content/uploads/2020/12/Long\\_AMBIT\\_SysReview\\_JIAS\\_Dec2020.pdf](https://www.heroza.org/wp-content/uploads/2020/12/Long_AMBIT_SysReview_JIAS_Dec2020.pdf)
2. [https://programme.aids2022.org/PAGMaterial/PPT/1988\\_7158/AIDS\\_2022\\_Eswatini\\_DSD\\_scale\\_up\\_Final\\_Poster.pdf](https://programme.aids2022.org/PAGMaterial/PPT/1988_7158/AIDS_2022_Eswatini_DSD_scale_up_Final_Poster.pdf)
3. Mokhele I, Huber A, Rosen S, et al; Satisfaction with service delivery among HIV treatment clients enrolled in differentiated and conventional models of care in South Africa: a baseline survey. J Int AIDS Soc. 2024 Mar;27(3):e26233. doi: 10.1002/jia2.26233. PMID: 38528370; PMCID: PMC10963588

## Differentiated Service Delivery in Eswatini: Adaptation, Scale-up, and Monitoring

**Authors:** Nicholas Kisyeri<sup>1,2</sup>, Setsabile Gulwako<sup>1</sup>, Harrison Kamiru<sup>2</sup>, Peter Preko<sup>2</sup>, William Reidy<sup>3,4</sup>, Miriam Rabkin<sup>3,4</sup>, Advocate Dlamini<sup>1</sup>

**Affiliations:** 1. Eswatini National AIDS Program; 2. ICAP at Columbia University, Eswatini; 3. ICAP at Columbia University, New York; 4. Department of Epidemiology, Columbia University Mailman School of Public Health

Figure 2: Enrollment in DT and viral suppression rates: 2016 - 2020



# Defining Person-centered Services (PCS)

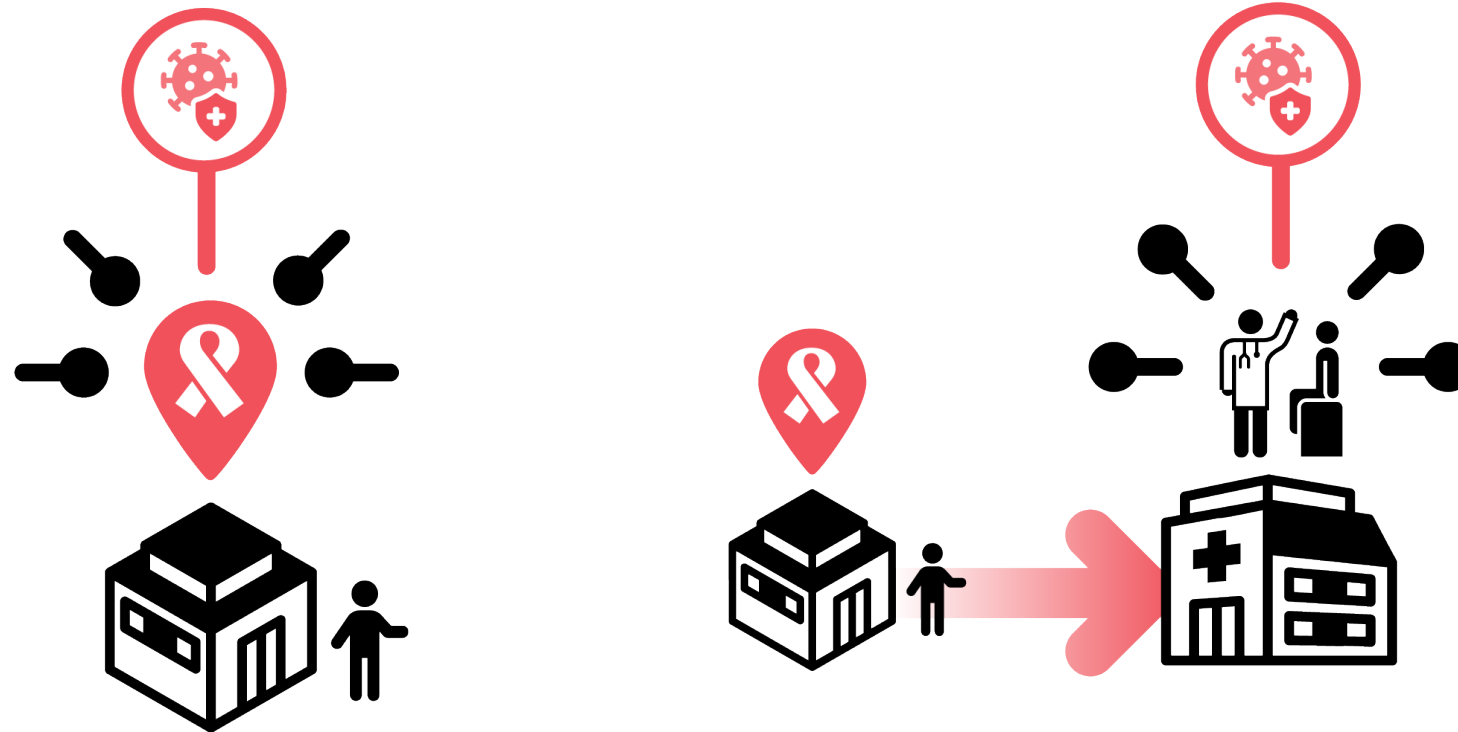
## Seven interrelated, mutually-reinforcing components of PCS



Based on review of different definitions and recommendations by key stakeholders

# Integration into Primary Care

Person-centered services



Integration of Non-HIV Services into HIV Programs (e.g. mental health, STI, FP, other NCDs)

Integration of HIV Services into Primary Care (non-HIV Programs)

# Two Types of Integration

## Integration

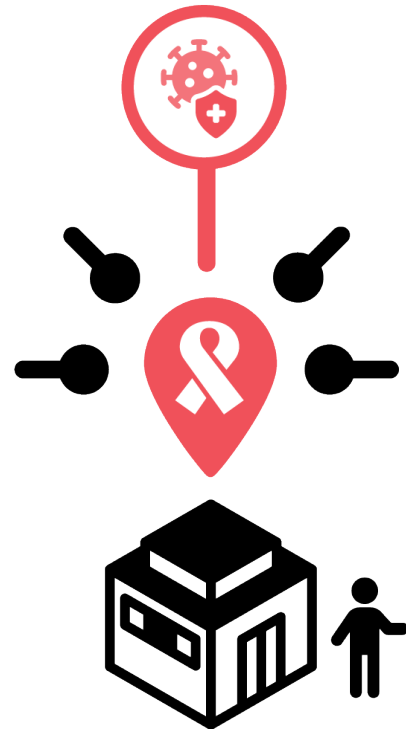
- **Level of integration:**
  - **Systems:** Integration at the health system level  
For example: policies, financing, training, service delivery, procurement, M&E
  - **Services:** Integration at the point of service  
For example: co-location, co-scheduling, coordinated medication dispensing
- **Direction of integration:**
  - Integration of **non-HIV services (e.g. FP, NCD, TB)** into **HIV programs**
  - Integration of **HIV services (e.g., testing, care and prevention)** into **non-HIV services**

## CQUIN's Current Approach to Integration

- **Level of integration:**
  - CQUIN focuses on integration at **both systems and services**
- **Direction of integration:**
  - Current focus is primarily on the **integration of non-HIV services into HIV programs**
  - Three of CQUIN's communities of practice have been working on **FP/HIV, NCD/HIV and TB/HIV integration**

# Integration for Advancing PCS (and quality)

Person-centered services



Integration of Non-HIV Services into  
HIV Programs (e.g. mental health, STI, FP,  
other NCDs)

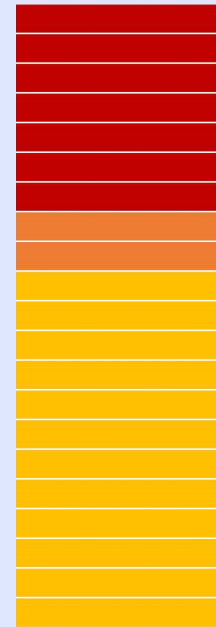


# Integrated Models of Care

**CQUIN NCD/HIV Survey, March 2021  
(14 out of 21 countries)**



**Status of HTN/HIV integration policy, national M&E systems, coverage and integration into differentiated treatment models (21 Countries) 2023**

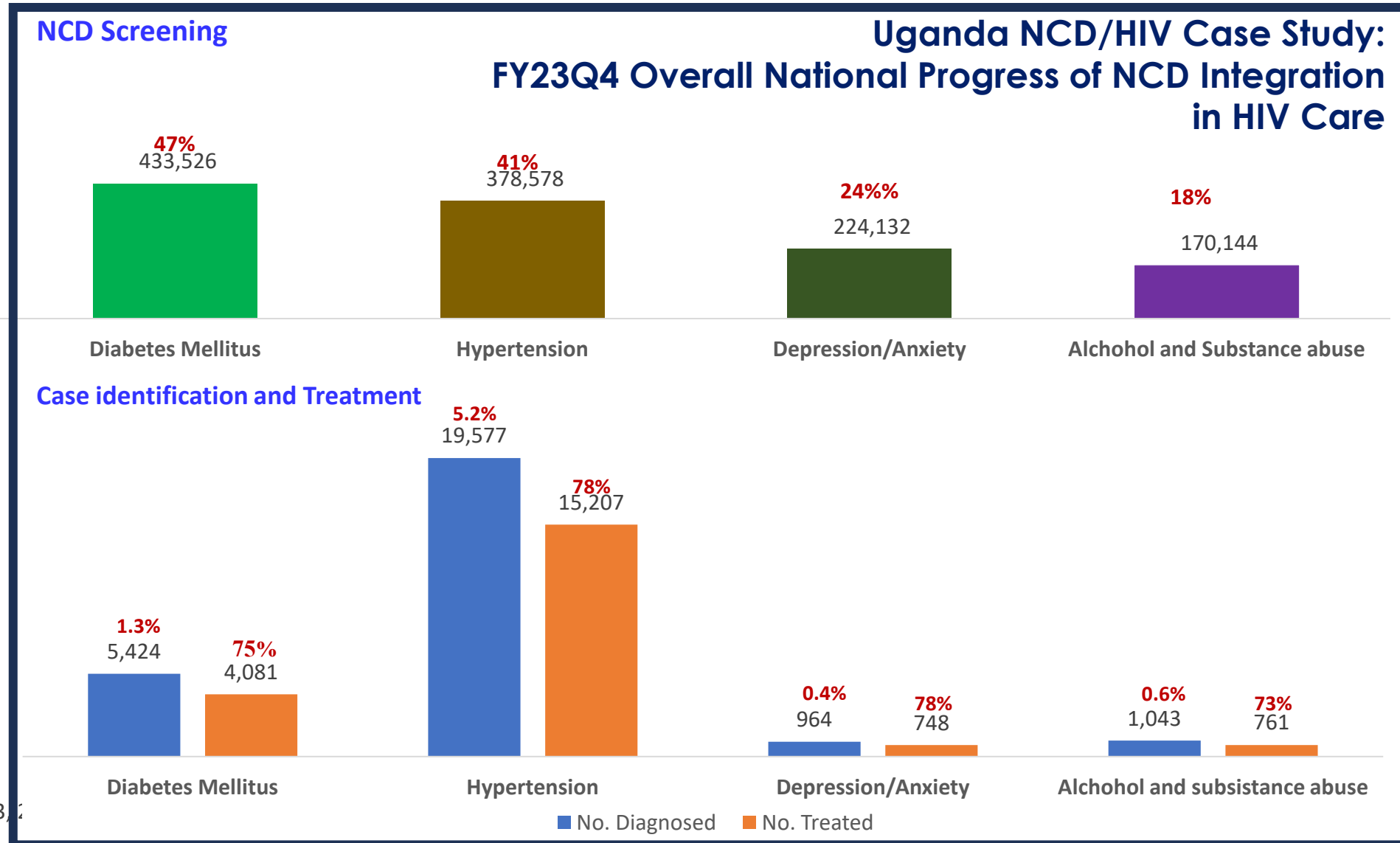
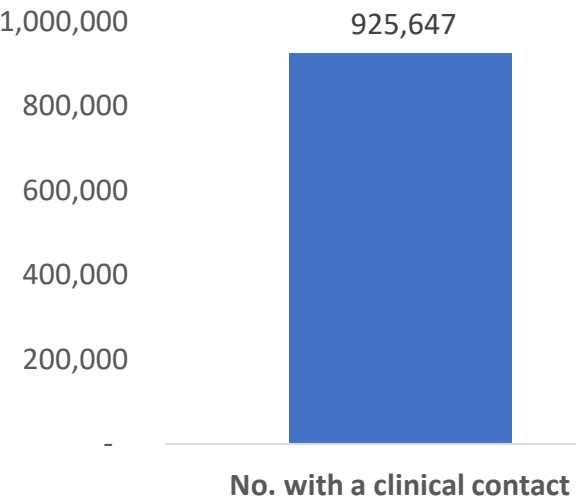


14/21 (50%) of CQUIN member countries have policies and/or guidelines recommending HIV/HTN integration

- **NCD/HIV Community of Practice Objective:** To support countries to move from pilot NCD/HIV programs to implementation at scale
- 16 CQUIN member countries currently engaged
- CQUIN support includes:
  - Developing and tracking country action plans
  - Integration webinars series
  - Country-to-country exchanges
  - Community of practice meetings
  - CQUIN all network meeting on HTN/HIV integration
- Partners include ministries of health, recipients of care, donors, implementing partners and other stakeholders

- About half (7/14) of the member countries had policies and guidelines supporting NCD/HIV integration
- About half of the countries had initiated training and implementation of NCD/HIV integration

# Screening, Diagnosis and Management



- DM and HTN screening at **47%** and **41%** respectively
- HTN prevalence: 5%
- Treatment offered to those with HTN **~75%**



# Accelerating and Sustaining the Gains

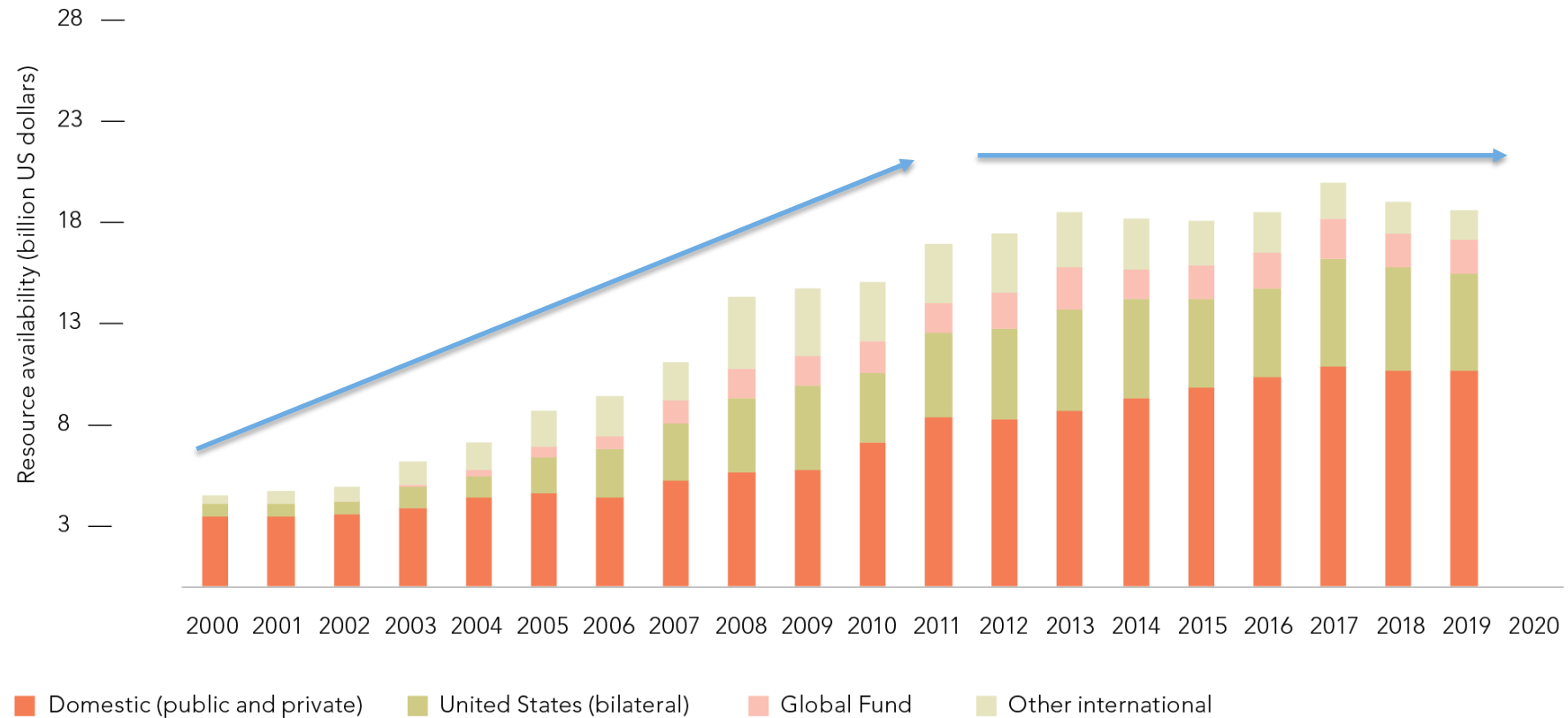
# Sustainability Defined

*“A country’s ability to have and use, in an **enabling environment**, people centred systems for health and equity, empowered and capable institutions and community led organizations, and adequate, equitably distributed, resources to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, **upholding the right to health for all**”.*

Source: UNAIDS HIV Response Sustainability Primer (2024)

# Funding and Resource Investments

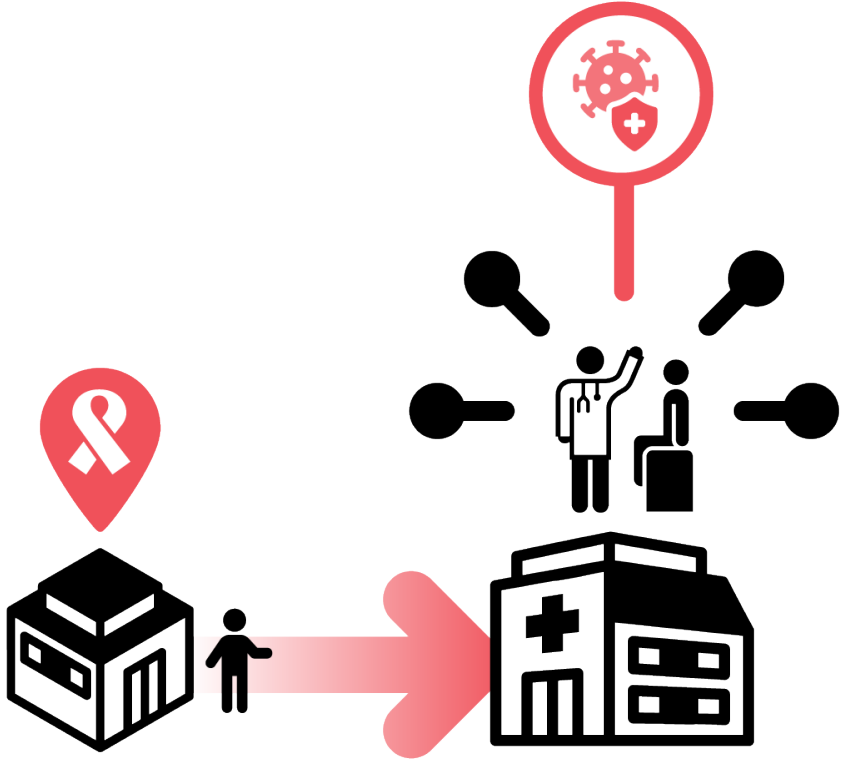
## Resource availability and key funding sources for HIV in low- and middle-income countries, 2000–2019



**Source:** UNAIDS financial estimates, July 2020 (see <http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

**Note:** Constant 2016 US dollars.

# Sustainability and HIV Integration into Primary Care

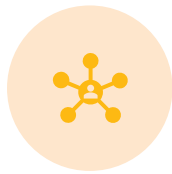


Integration of HIV Services into Primary Care (non-HIV Programs)

# Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens



# Essential Elements for Successful HIV services



Simplified person-centered services



Appetite for and rapid adoption of innovations



Community leadership and engagement

Can HIV Transform Primary Care?



Skilled workforce



Attention to social determinants of health



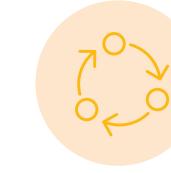
Tackling stigma and discrimination



Sustainable supply chains



Cross-sectoral guidance



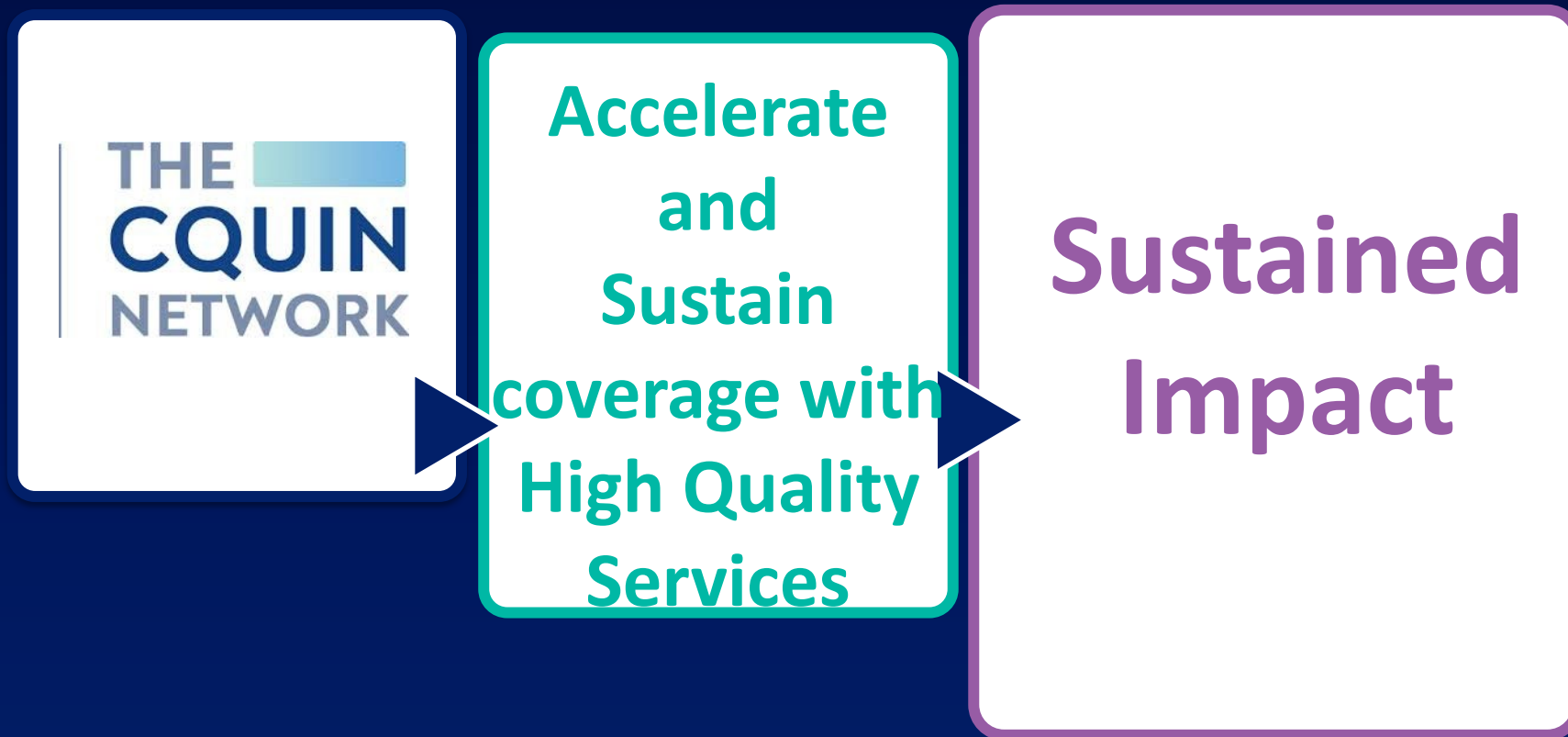
Continuity care

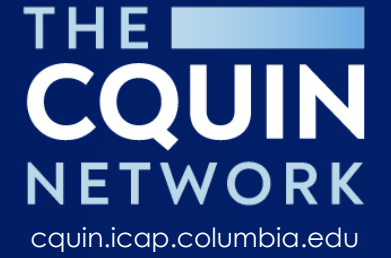




# Conclusions

- Person-centered services are at the core of CQUIN, offering a pathway to enhanced coverage and quality, both essential to achieving desired impact
- Gaps remain in the global HIV response, compelling the need to accelerate further the scale-up of person-centered services, innovation and community leadership and engagement
- Integration of non-HIV services into HIV care is a key element of PCS as pursued currently by CQUIN
- Sustaining the response/results is an urgent imperative due to plateau of funding, with integration of HIV programs into primary care offered as a potential pathway to achieve this
- Yet, primary care services must be transformed to enable HIV comprehensive services to be delivered in such contexts






# Thank You!





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