



Session 13c: Supporting High-Quality and Sustainable Key Population Services

CQUIN Key Population Community of Practice Parallel Session

Thursday, December 12th, 2024

10:30 AM – 12:30 PM



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

Session Outline

Moderators: Kerry Mangold, SSLN & Jeffrey Walimbwa, ISHTAR Kenya

- **Community of Practice (CoP) updates and session introduction** - Cassia Wells, ICAP South Africa
- **Presentations:**
 - Barriers to Accessing HIV Services at Public Facilities: Sex Workers' Community Perspectives and Priorities - Grace Nyarath, African Sex Workers Alliance (ASWA), Kenya
 - Lessons From Community-Led Monitoring on Service Gaps for Key Populations in South Africa - Simphiwe Xaba, Ritshidze South Africa - Recording by Ndivhuwo Rambau
 - Supporting High-Quality Services at Scale for Female Sex Workers in Ethiopia - Tamrat Assefa, ICAP Ethiopia
 - Supporting High-Quality and Sustainable Key Population Services in Eswatini - Sindy Matse, MOH Eswatini
- **Panel discussion and Q&A**
 - Additional panelist: Christelle Kaze, USAID Burundi

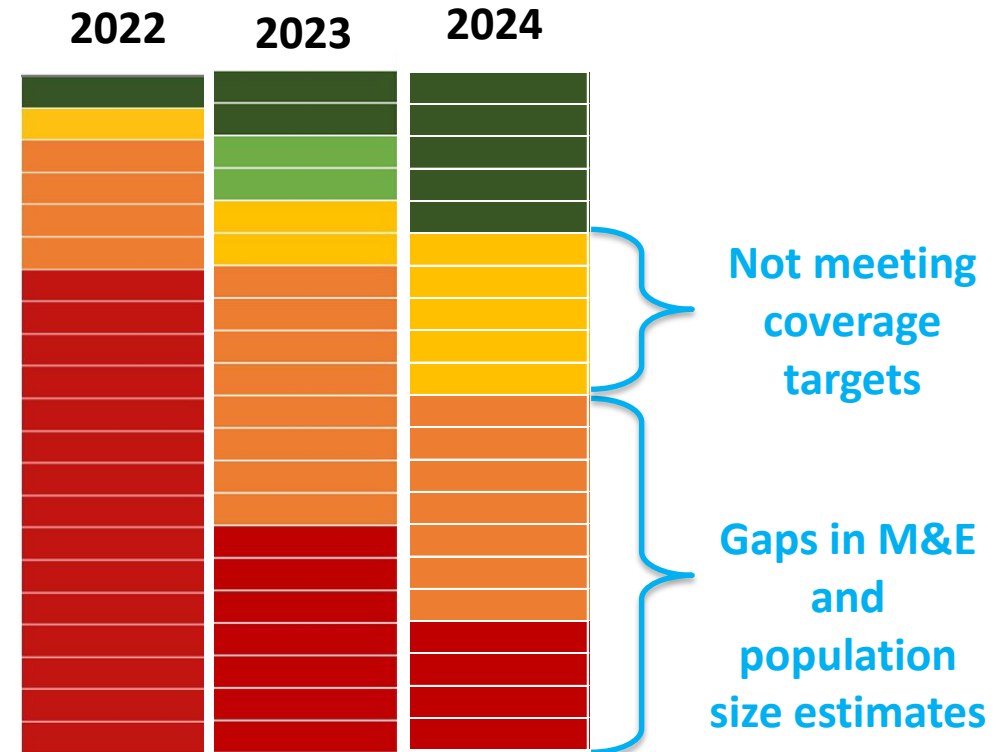
CQUIN's Key Populations CoP Overview

- Currently, 19 member countries have opted in to the DSD for Key Populations CoP.
- Continue to hold quarterly meetings, with a focus on HIV care & treatment services and MOH-led key population service delivery models.
- In 2024, there has been greater collaboration with other CQUIN CoPs
 - Joint call with dHTS CoP on social network testing
 - Collaborating with Quality Management (QM) and M&E CoPs to develop *Quality Standards for Key Population Friendly Services*
- Continued emphasis on improving **COVERAGE** and **QUALITY** of key population services as core **CQUIN** objectives.

COVERAGE: Key Population Domain on Treatment CMM

Key population domain scores depend on:

- Defined package of services for each group in treatment guidelines (the 'WHAT')
- Treatment coverage targets based on recent population size estimates
- Monitoring progress to target for key population groups at least annually
- Doing well on meeting targets



In 2025, the Key Population CoP with strengthen collaboration with the M&E CoP on the topic of M&E of key population services.

QUALITY: Co-Creation of a KP-Friendly Service Quality Toolkit

1

In 2023 the KP CoP identified the need to better define & implement high quality 'KP friendly' services at MOH health facilities.

2

The KP, QM & M&E CoPs collaborated to develop quality standards & an assessment tool, leveraging guidance from international stakeholders.

3

Champions from the CoPs led a multistage review process, incorporating extensive feedback from diverse stakeholders.

4

Adaptation and is piloting underway in two countries.
We are actively seeking additional countries interested in pilot testing this tool!

Quality Standards for KP-Friendly Services

- Designed as a **practical resource** for HIV programs to improve suboptimal care for KP based on principles of health equity, medical ethics and the human right to healthcare.
- Focus on improving HIV-related services at **health facilities in the public sector** – responding to lack of consensus on what makes a facility ‘KP friendly’ and perceived gaps in service quality for KP attending government-run facilities.
- Intended as just **one component of a broader effort** to improve KP services. Cannot be applied in isolation and designed to complement existing above-site efforts.
- National and sub-national programs are essential for creating the conditions needed for these standards to be implemented effectively at the health facility level. These standards **assume that certain underlying principles are accepted, and supportive policies and systems are already in place**.

Who should use these standards? Assumptions & Prerequisites

1. **Clinical quality standards apply to all** RoC, including KP groups.
2. **Service packages are defined at the national level** for each KP group, in line with international recommendations.
3. **Health equity approach to service delivery** that aims to address unfair and avoidable health disparities. Additional resources may be required to achieve KP-friendly services, but they are justified within a health equity framework.
4. **Meaningful engagement of community** in the design, delivery, and evaluation of HIV-related services, including the adaptation and use of these standards.
5. **Protection of confidentiality and privacy:** To deliver effective and differentiated clinical care for KPs, healthcare providers need to identify KP attending public HFs and data needs to be disaggregated by KP group. However, any disclosure of KP status must be voluntary, confidential and noncoercive, and programs must take a 'do no harm' approach, only collecting such data if confidentiality and strict data security are ensured.

Structure: 26 Standard Statements Across 6 Dimensions of Quality

EQUITABLE

All key population groups can obtain high quality HIV health services available in the public sector.

ACCEPTABLE

Key population groups *are willing* to obtain the HIV health services that are available.

EFFECTIVE

The right HIV health services are *provided in the right way* to make a positive impact on health outcomes.

ACCESSIBLE

All key population groups *are able* to obtain the HIV health services that are available.

APPROPRIATE

The *right HIV health services* are provided to key populations, based on their needs.

ACCOUNTABLE

Key populations are *empowered and equipped* to advocate for quality HIV services.

Quality Assessment Tool

- For each standard statement, we have suggested way(s) to measure/assesses at the HF level (~50 indicators).
- The majority are process indicators and Y/N answers.
- Designed to be contextualized and adapted to local contexts

Example:

| | | |
|---|---|---|
| Quality Standard 10: Labeling, organization, flow and structural layout of points of service delivery ensure privacy, confidentiality, and promote safety. | | |
| Process Indicators | | |
| 10.1 | <p>Are private consultation rooms available and used for sensitive discussions and examinations?</p> <p><i>If private consultation rooms are available and are used for sensitive discussions and examinations, score = Y.</i></p> <p><i>If no private spaces are available, score = N.</i></p> <p><i>Partial: There is a private room available but, it is not always available for private consultations.</i></p> <p><i>Data source = Physical inspection</i></p> | <p>Y P N</p> <p>Yes = Green</p> <p>Partial = Yellow</p> <p>No = Red</p> |

Multiple Approaches Remain Important

- The standards set a high bar, but the goal is to raise the floor of services available to *all* KP groups.
- One of many necessary differentiated service models.
- Improving public sector experiences for KP is important to:
 - Affirm the right to healthcare for all and MOHs' responsibility to serve all their constituents
 - Increasing choice for KP on where to receive services
 - Improving access to comprehensive clinical services (e.g., AHD, NCD services)
 - Ultimately improve sustainable coverage of services, as donor-dependent services often time-bound and limited in geography



Photo: UNAIDS

Today's Session

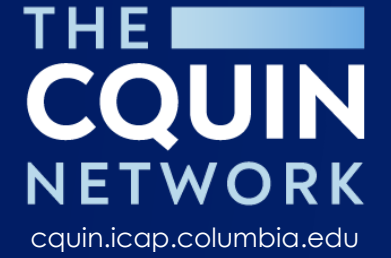
Intend to explore how high-quality KP services can be provided using a sustainable, person-centered approach and highlight the important role of MOHs in improving coverage and quality of KP services.

Presentations

- Community perspective - Grace Nyarath, ASWA Kenya
- Lessons from CLM for advocacy - Ndivhuwo Rambau, Ritshidze South Africa (recording)
- Case study from Ethiopia - Tamrat Assefa, ICAP Ethiopia
- Case study from Eswatini - Sindy Matse, MOH Eswatini

Discussion and Q&A:

- Donor perspective: Christelle Kaze, USAID Burundi



Thank You!

