

Sustaining Gains for M&E of HIV Service Delivery during the Emergency Response Period and Beyond: A Call to Action

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Outline

- Stop Work Order and Considerations for the Future of M&E of HIV Service Delivery Programs
- Reviewing SWO Impact on Select Service Delivery Indicators
- SWO Impact on M&E Systems Components
- Next steps for the CQUIN M&E community of practice and paving the way forward

Brave New World: Facing Our New Realities

In early 2025, USG funding withdrawals impacted every element of HIV programming and service delivery, including program M&E.

CQUIN member countries reported significant interruptions in the following areas related to M&E of HIV service delivery:

- Loss of staff/data clerks interrupted data entry, reporting, aggregation and analysis
- Complete shut down and lock outs of some EMR systems
- Significant reductions in patient tracking
- Disruptions in data quality

The impact of suspensions and reductions in health official development assistance on health systems

Rapid WHO country office stock take

Sur

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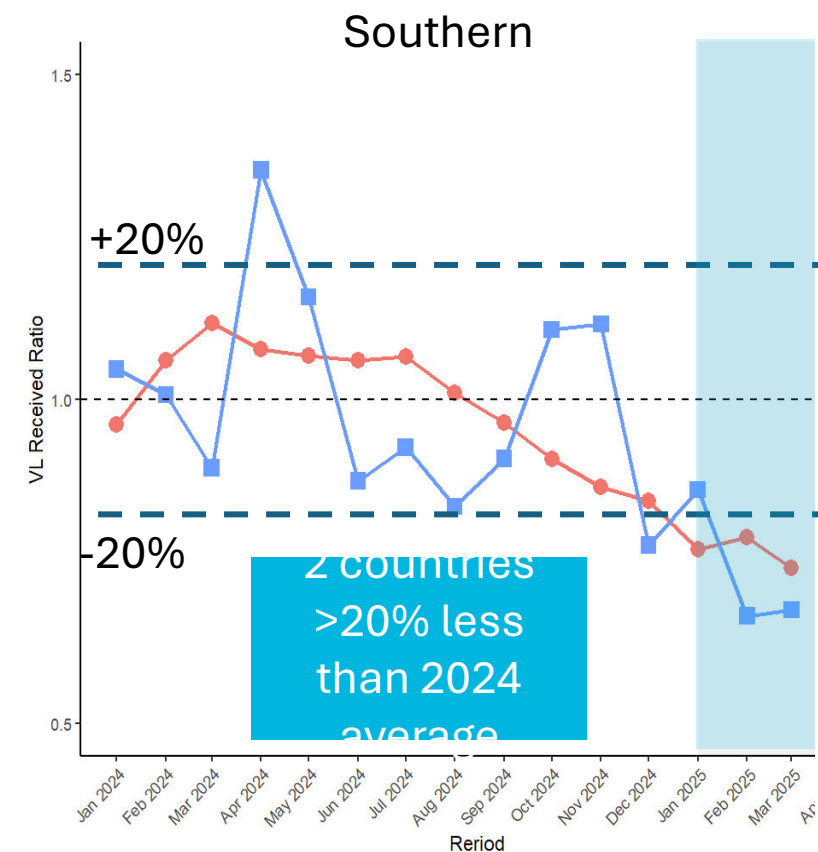
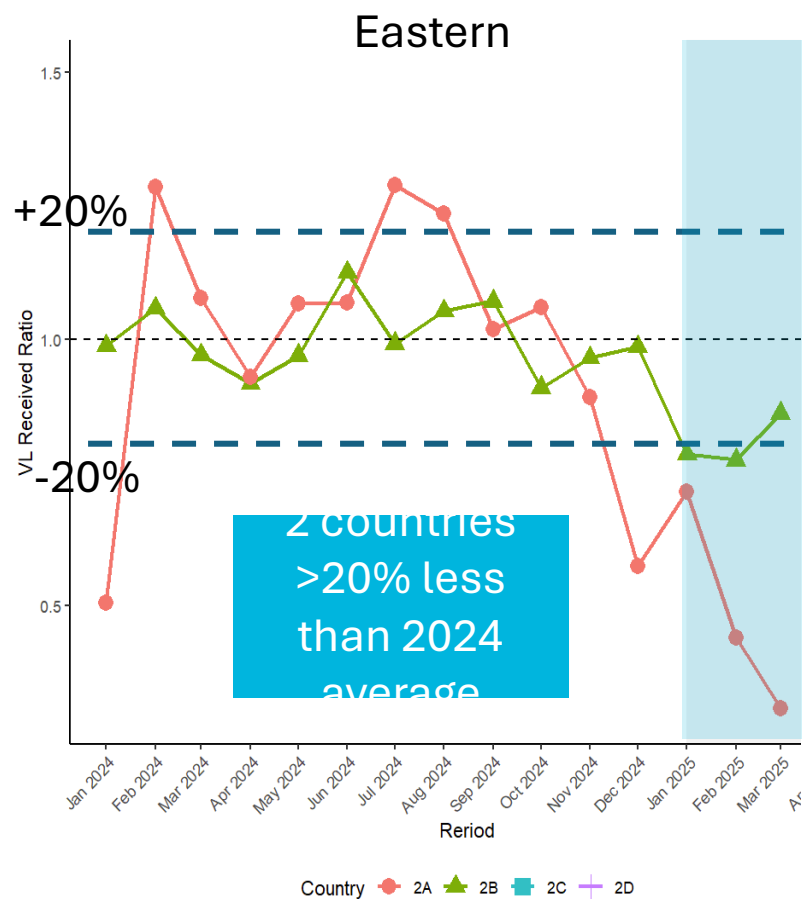
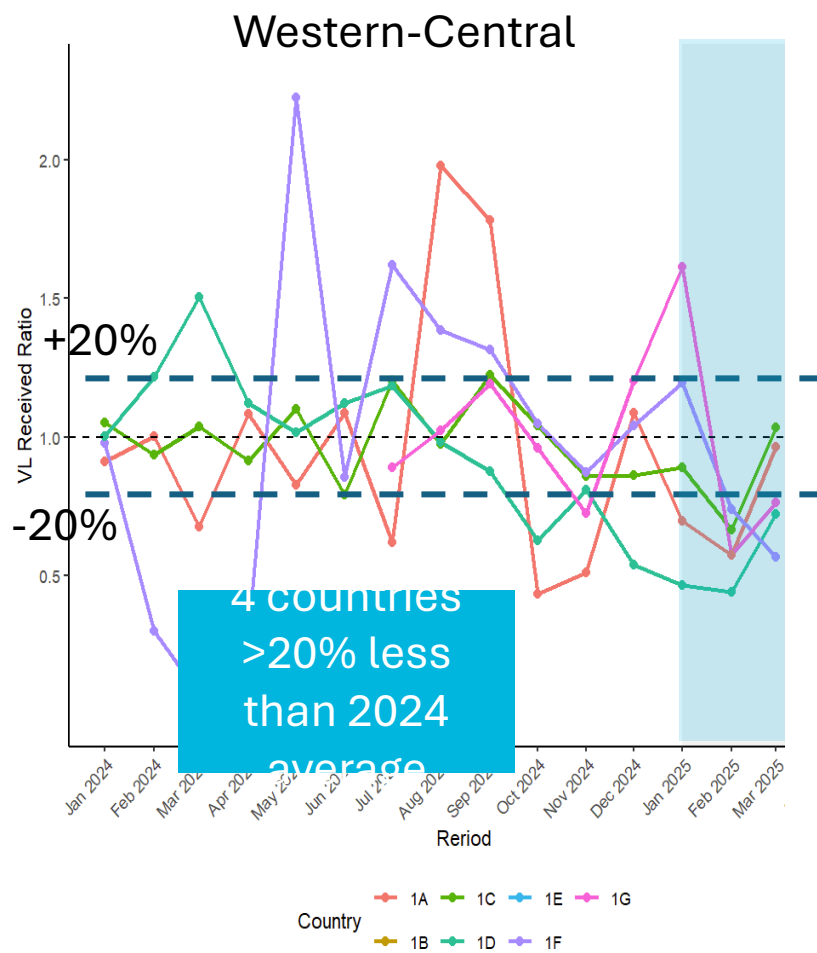
By executive order: The likely deadly consequences associated with a 90-day pause in PEPFAR funding

Khai Hoan Tram , Jirair Ratevosian, Chris Beyrer

First published: 25 February 2025 | <https://doi.org/10.1002/jia2.26431> | Citations: 8



Deviation from 2024 monthly average number of viral load results received, Jan 2024-Mar 2025 – 15 CQUIN countries

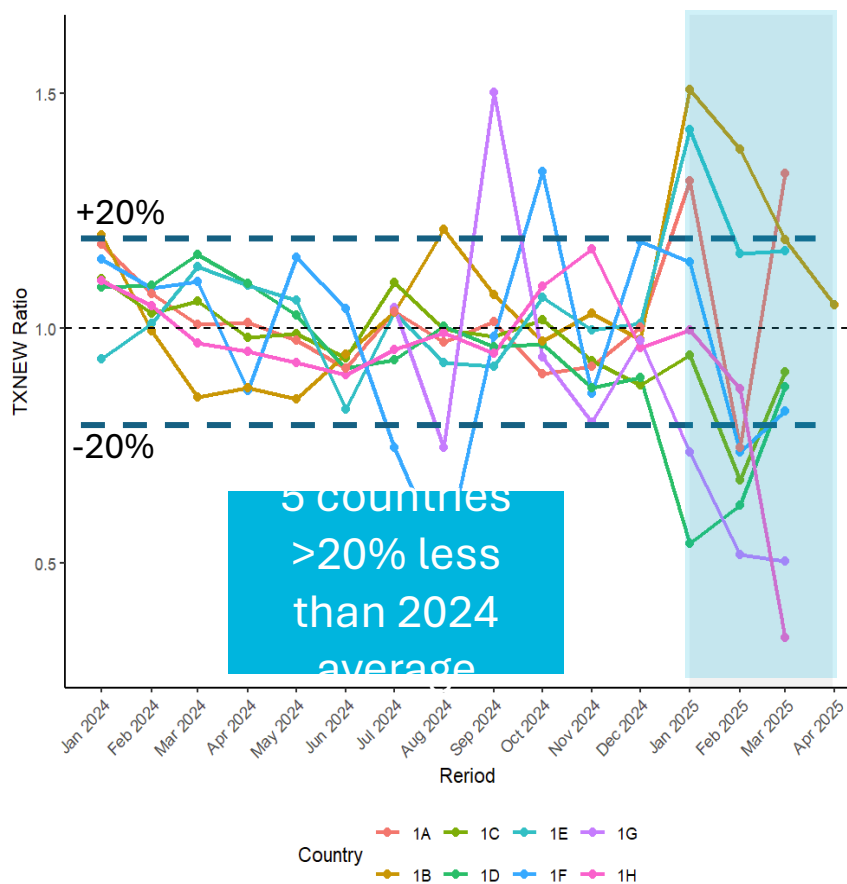


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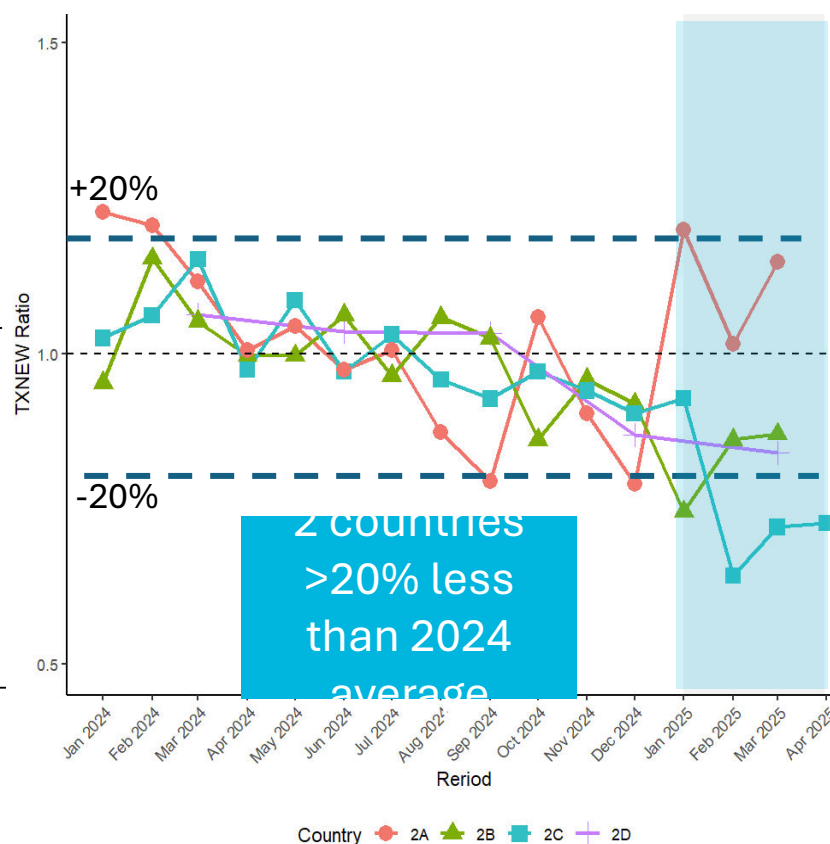
- Value of <1.0 = below 2024 average
- Blue shaded area = 2025 months

Deviation from 2024 monthly average number initiating ART, Jan 2024-Apr 2025 – 15 CQUIN countries, by region

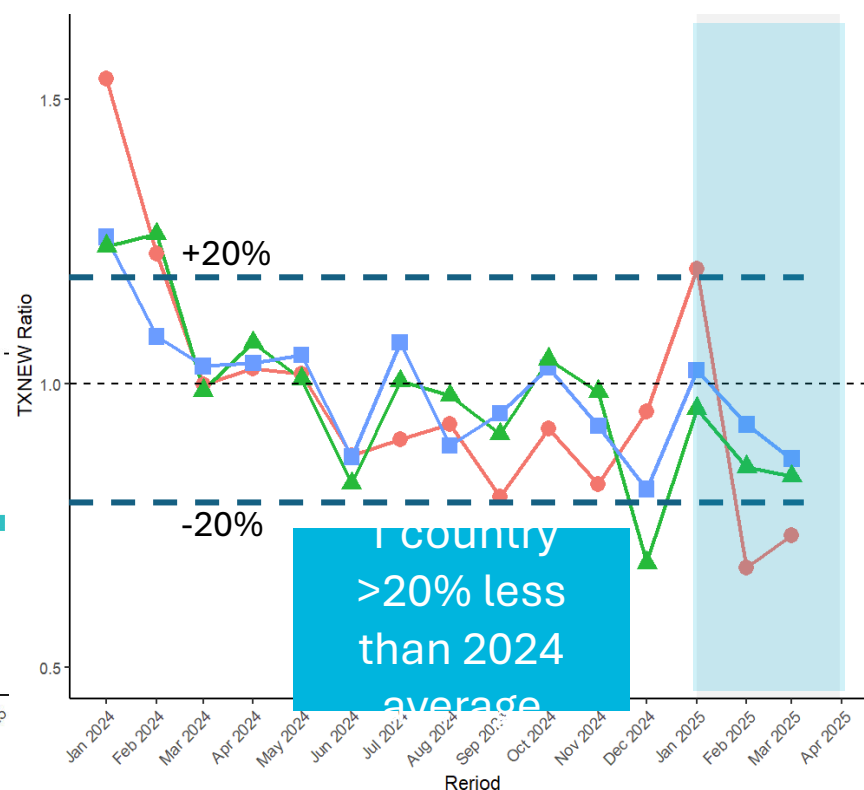
Western-Central



Eastern



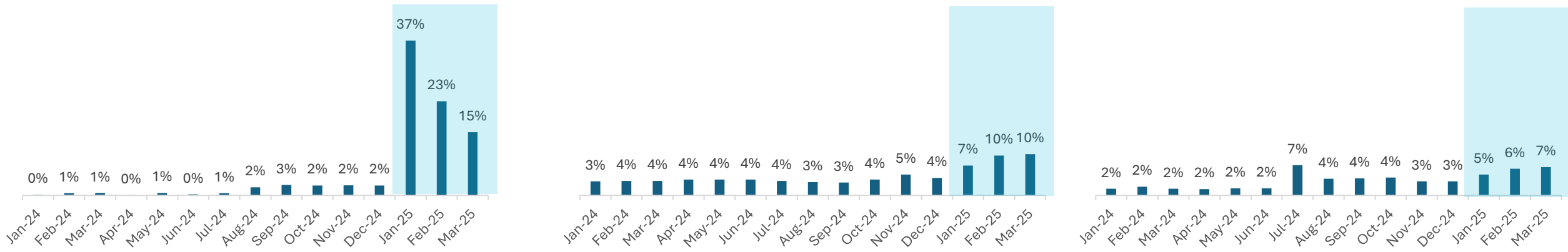
Southern



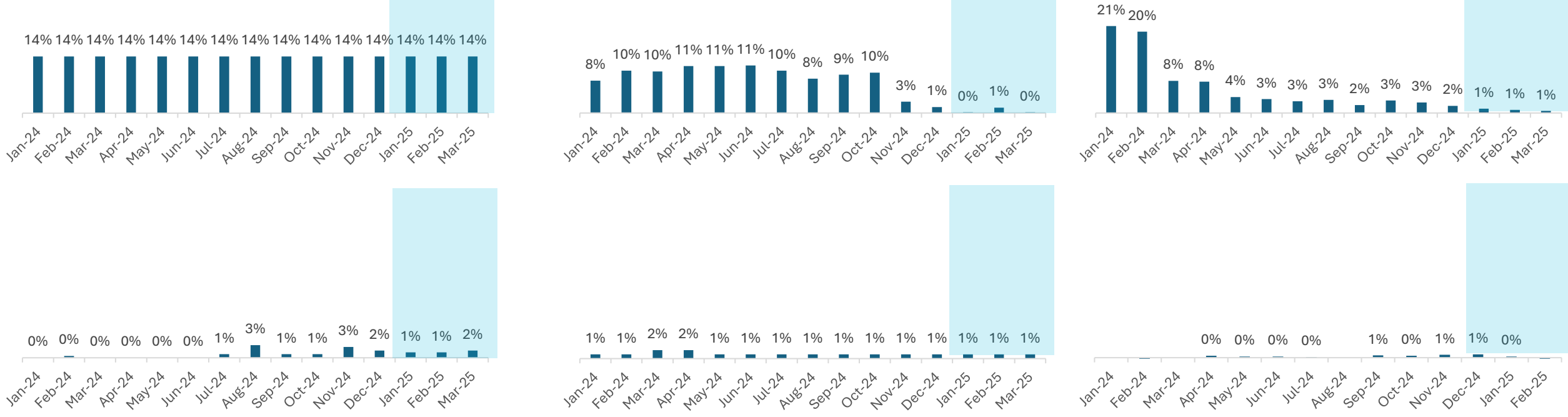
Notes:

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- Blue shaded area = 2025 months

Percent of Health Facilities not reporting to national HMIS/DHIS2 database, Jan 2024-Mar 2025, 9 CQUIN countries



Increases in non-reporting in 2025 appear limited to a few countries



M&E System Components: Change Over Time SWO (Feb 2025)-May 2025: 9 CQUIN countries

		A		B		C		D		E		F		G		H		I	
Domain	Functionality	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25	Feb-25	May-25
Data collection	M&E Tools Availability	Partial	None	Partial	None	None	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial
	Data Quality and Completeness	Partial	None	High	None	High	High	High	Partial	High	Partial	High	High	Partial	Partial	High	High	Partial	High
	Community Based Monitoring	High	Partial	Partial	None	High	Partial	High	Partial	High	Partial	High	Partial	High	Partial	High	Partial	Partial	Partial
	Retention Monitoring and Follow Up	High	Partial	Partial	None	High	Partial	High	Partial	High	Partial	High	Partial	High	Partial	High	High	Partial	Partial
	Commodity Tracking Systems	Partial	Partial	Partial	None	None	None	High	Partial	High	Partial	Partial	Partial	High	High	Partial	Partial	Partial	Partial
Databases, reporting, and use	HMIS reporting	High	Partial	Partial	Partial	Partial	None	High	Partial	High	Partial	Partial	Partial	High	Partial	Partial	High	Partial	Partial
	EMR Functionality	High	High	High	None	Partial	Partial	High	Partial	High	Partial	Partial	Partial	High	Partial	High	Not reported	Partial	Partial
	Data Dissemination and Data Use	High	Partial	Partial	None	High	Partial	High	Partial	High	Partial	High	Partial	High	Partial	High	High	Partial	Partial
HRH capacity	M&E HRH Capacity	High	Partial	High	None	Partial	Partial	High	Partial	High	Partial	High	Partial	High	Partial	High	High	High	Partial
	Supervision and Mentorship for HRH	Partial	Partial	High	None	High	None	High	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	High	Partial	Partial
	Capacity Building for M&E Staff	Partial	Partial	Partial	None	Partial	Partial	High	Partial	High	Partial	High	Partial	High	Partial	High	Partial	Partial	Partial

Source: Ministries of Health

Impact:  High  Partial  None
 Not reported

Putting it all together: Mapping gaps and needs in M&E systems

Illustrative country

		Forms/ tools	HCW	Data clerks	Trans- mission of data	Sub- national MoH	National MoH
Data collection	M&E Tools Availability						
	Data Completeness and Quality						
	Community Based Monitoring						
	Retention Monitoring and Follow Up						
	Commodity Tracking Systems						
Databases, reporting, and use	HMIS reporting						
	EMR Functionality*						
	Data Dissemination and Data Use						
HRH capacity	M&E HRH Capacity						
	Supervision and Mentorship for HRH						
	Capacity Building for M&E Staff						

*Also fits under Data collection for e-first EMRs

All shaded boxes = Supported by PEPFAR

Darker blue = Arguably key in determining *amount* of information feasibly documented and reported (e.g., number of indicators)

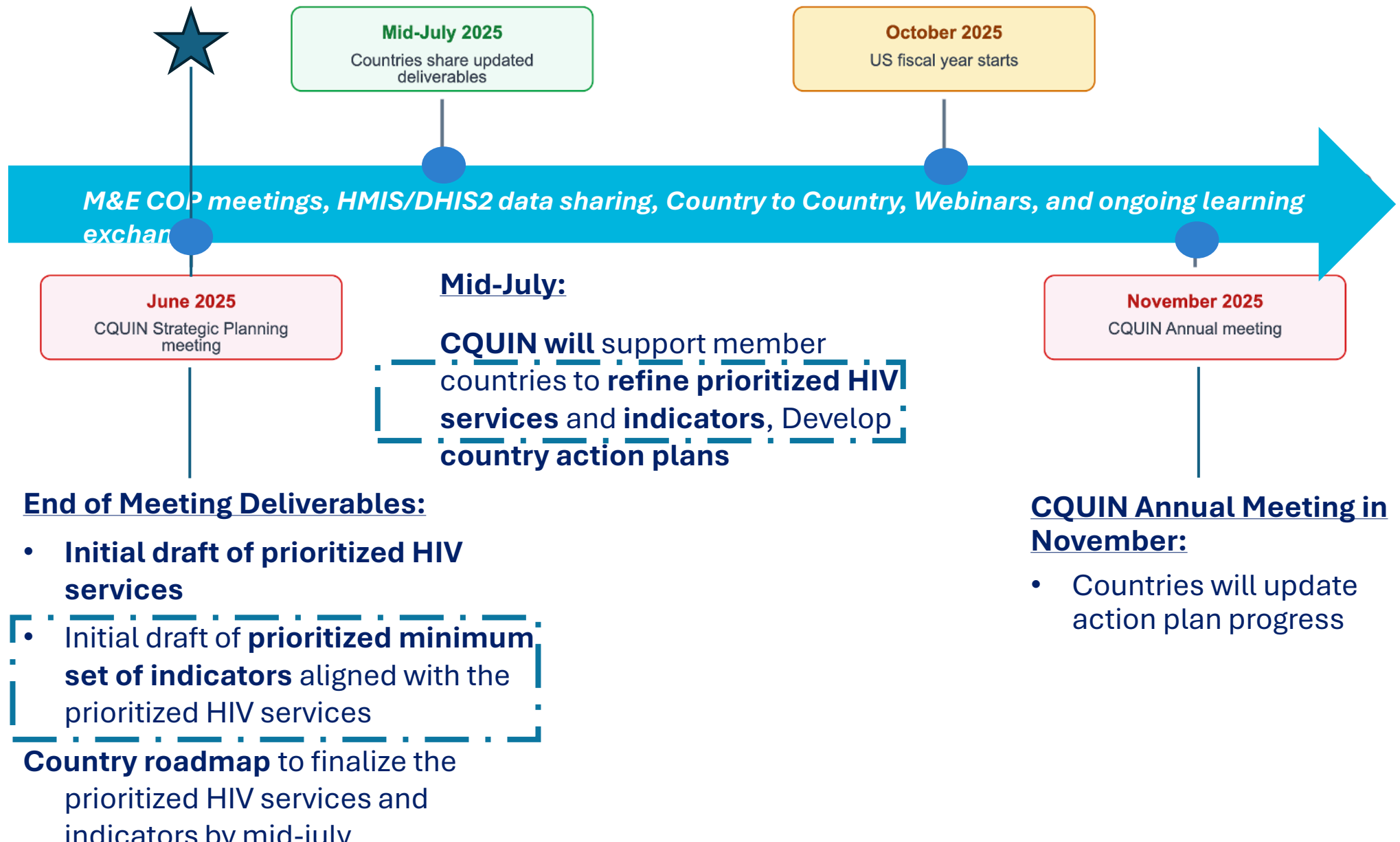
Next Steps and Way Forward- 1

- **First step- Acknowledging new realities:** Although USG funds have returned in some capacity and many previously disrupted programs are now continuing, the question is how long?
- **Scenario Planning for Funding Reductions:** Outlining potential levels of funding loss and their respective impact on data systems, staffing, and reporting, including contingency measures for maintaining minimum data flow and program oversight.
- **Prioritization of Service Delivery Indicators:** Taking steps to identify a lean set of essential indicators for national reporting (e.g., TX_CURR, PMTCT_STAT, VL coverage).
- **Review/Rationalize tools and reporting platforms to avoid duplication and non-essential tools**

Next Steps and Way Forward- 2

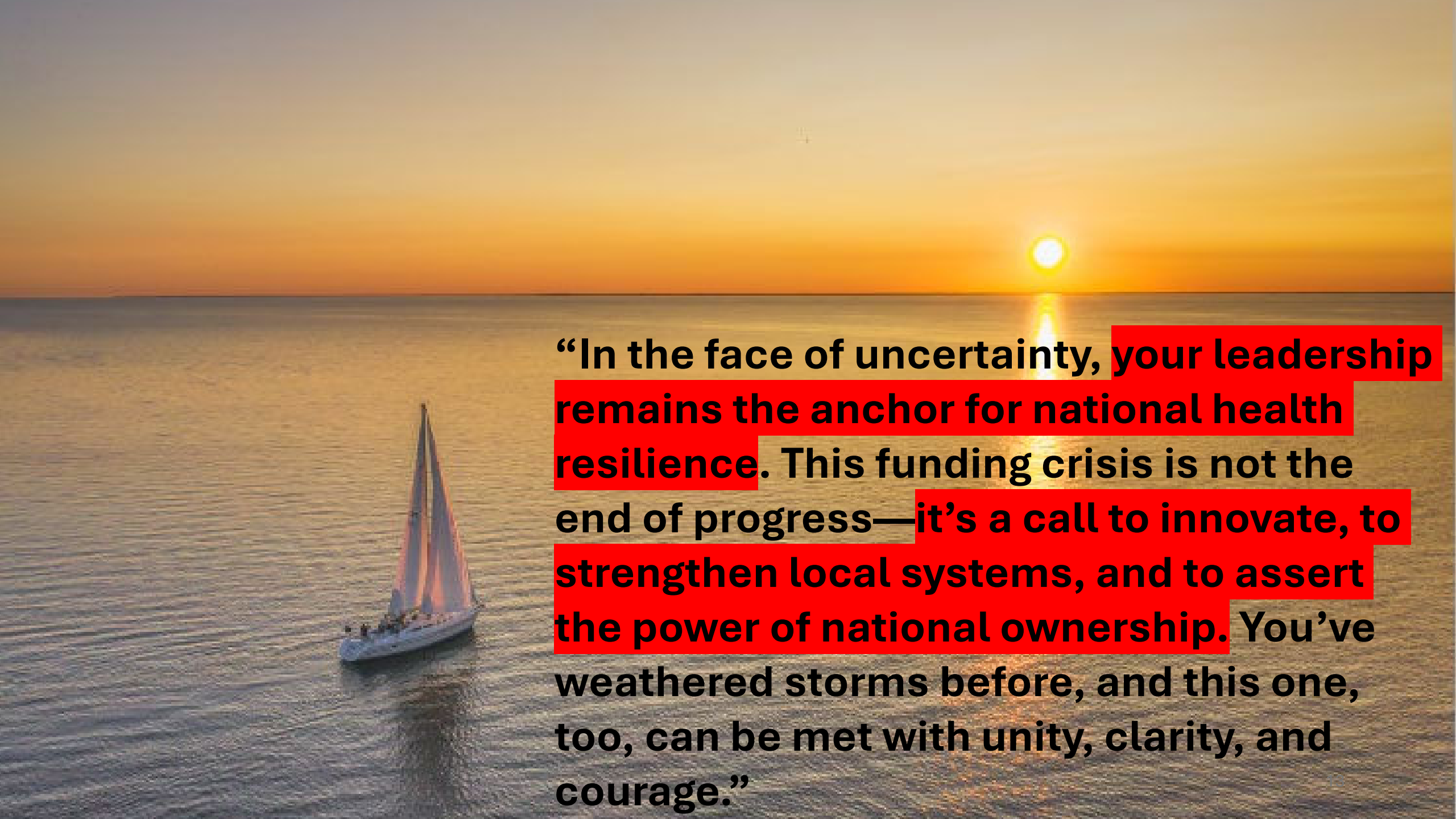
- **Strengthening Data Use at Subnational Level:** Building local capacity to interpret and act on data with fewer resources (simplified dashboards, etc).
- **Digitize and integrate where feasible** (eg harmonizing EMR with DHIS2)
- **Safeguarding Data Quality Amid Disruptions:** implementing low cost QA strategies; prioritization of high burden/sentinel sites etc.
- **Investing in Human Resources and Mentorship Continuity**
- **Community Engagement & Monitoring:** Now more than ever, Community-Led Monitoring (CLM) and community engagement in M&E plays a critical role in identifying service gaps. Supporting and institutionalizing CLM as a key accountability tool is critical to identifying and addressing rights violations and ensuring that health systems remain responsive to the needs of those most at risk.

Next Steps for CQUIN SI, June-December 2025



CQUIN M&E COP

- M&E COP should meet regularly to allow countries to share experiences, strategies, tools that support streamlining and strengthening M&E systems to adapt to uncertain funding circumstances:
 - Ongoing HMIS/DHIS2 priority indicator: data requests and triangulation of impact
 - New integrated or streamlined tools for documentation or reporting of services
 - Experiences or plans for integration of HIV M&E systems into MOH-wide M&E
 - Approaches to help ensure MOH ownership of, and access to, data
 - Activities utilizing routine data to fill gaps previously addressed by population-based methods (surveys, BBS, surveillance)
 - Use of CLM to complement MOH M&E data
 - Strengthening M&E of HIV services for key populations in public sector
 - And more...
- ICAP-CQUIN SI Advisors will stay in touch with MOH counterparts.....

A sailboat with white sails is sailing on a calm ocean under a sunset sky. The sun is a bright yellow circle on the horizon, casting a long, shimmering reflection on the water. The sky transitions from a pale yellow near the horizon to a soft orange and then to a light blue at the top. The water is a deep blue-grey, with gentle ripples and a small wake behind the sailboat.

“In the face of uncertainty, your leadership remains the anchor for national health resilience. This funding crisis is not the end of progress—it’s a call to innovate, to strengthen local systems, and to assert the power of national ownership. You’ve weathered storms before, and this one, too, can be met with unity, clarity, and courage.”

Thank You!



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