Defining a National Minimum Package of Care

Dr. Onyekachi Ukaejiofo
Regional Advisor, Clinical and Quality Management
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Session Outline

Session moderators

- Dr. Bashorun Adebobola, NASCP Nigeria
- Dr. Killingo Bactrin, ITPC Kenya

Framing remarks:

- Dr. Onyekachi Ukaejiofo, ICAP CQUIN NG

Case Study Presentations

- Dr. Macheso Steven, MOH Malawi
- Dr. Sivile Suilanji, MOH Zambia

Panel Discussion

- Ndebugri Abdul-Malik, NAP+ Ghana
- Khonyongwa Lawrence, CSO/ Manet+ Malawi
- Mwale Estella Mbewe, NZP+ Zambia
- Yvonne Moyo, ZNNP+ Zimbabwe

Session Objectives

- Facilitate cross-country learning on how the national minimum package of care (MPC) was **adapted** post-stop Work Order (SWO), including changes to service delivery and the **decision-making processes behind** these adjustments.

- Identify challenges and innovative solutions in **defining and sustaining** MPC, including the **role of ROC** in shaping equitable adaptations, the consequences of overreliance on external funding and ad-hoc staff, and best practices for maintaining critical services.

- Outline **actionable** recommendations to build **resilient, inclusive MPC**, focusing on policy adjustments, operational improvements, and strategies for **reintegrating excluded** populations into care, ensuring **preparedness** for future disruptions.

Re-strategizing: Reassess and update strategies to align with new goals and objectives

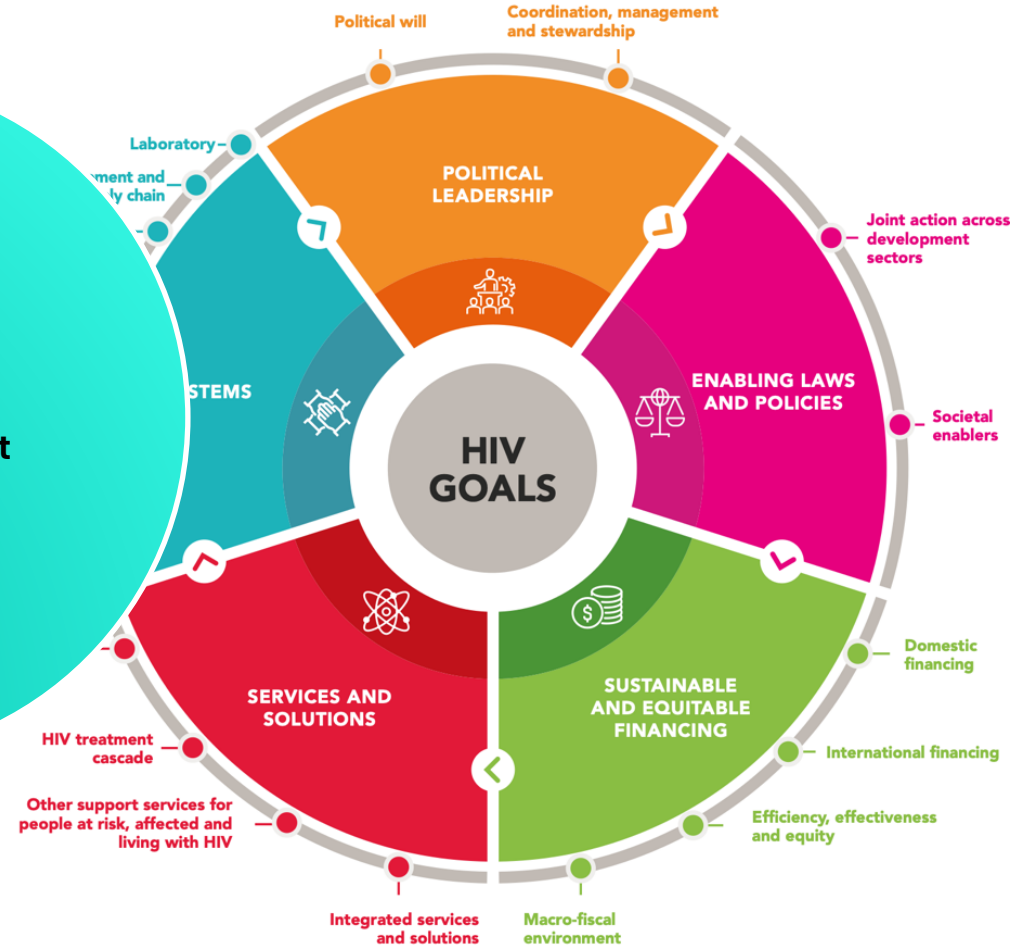
First year and beyond - Re-imagine Sustainability

Emergency Response

Immediate - what decisions have countries already made, how and with what information?

Resilience

Intermediate - what can be added / enhanced?



Understanding the Emergency Response Focus Areas

Emergency Response

Now/first 90 days - what decisions have countries already made, how and with what information?

Setting The Stage: USG's Stop Work Order

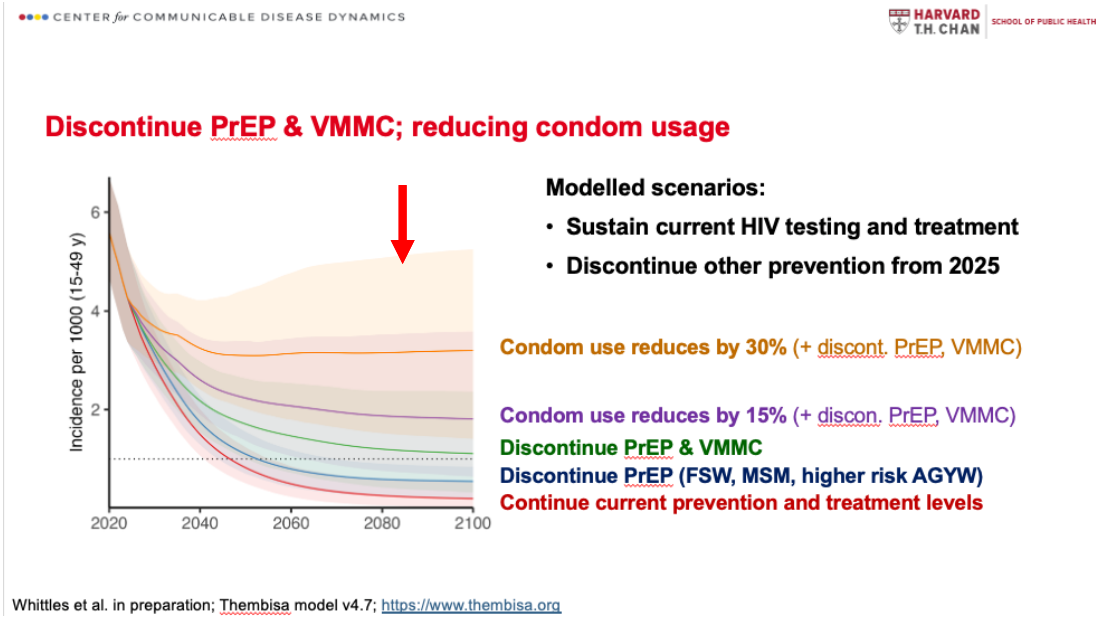
"Africa Received Billions in U.S. Aid. Now, a Single Order Threatens Decades of HIV Progress."
—The New York Times, March 2025

https://www.nytimes.com/2025/03/08/world/africa/africa-usaid-funds.html

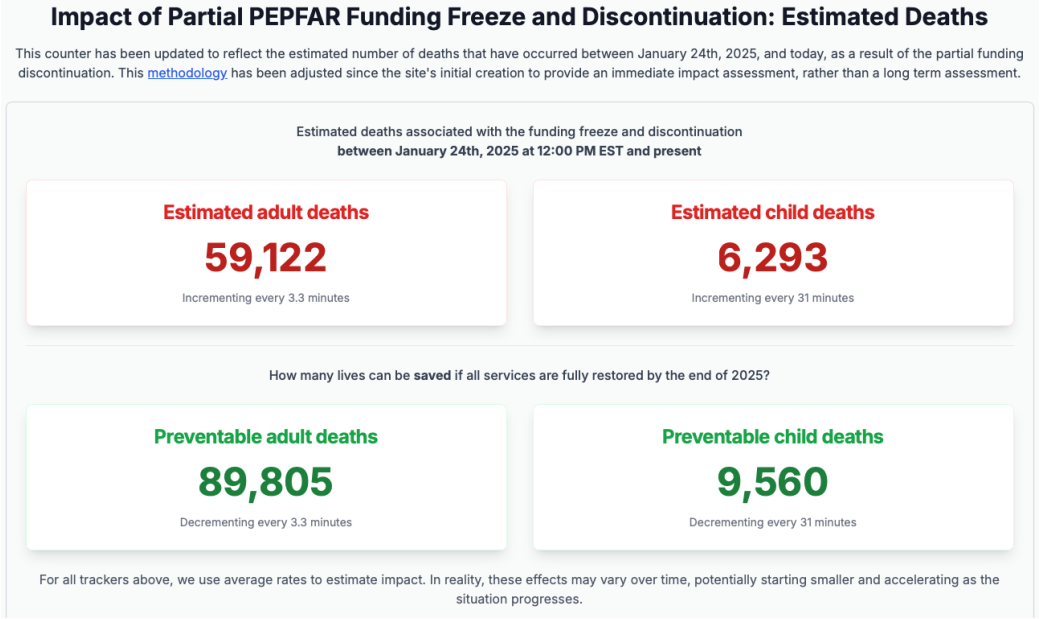
Setting the Stage: Global Projections

- **Halting PEPFAR's Support**: In 2024, UNAIDS projected that a cessation of PEPFAR's support for HIV services could result in an increase of over 400% in AIDS-related deaths over the next five years across 12 high-burden countries.
- **Halting package of care (A mathematical model):** Discontinuing interventions (prevention) has been projected to show a resurgence in HIV incidences.

https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024

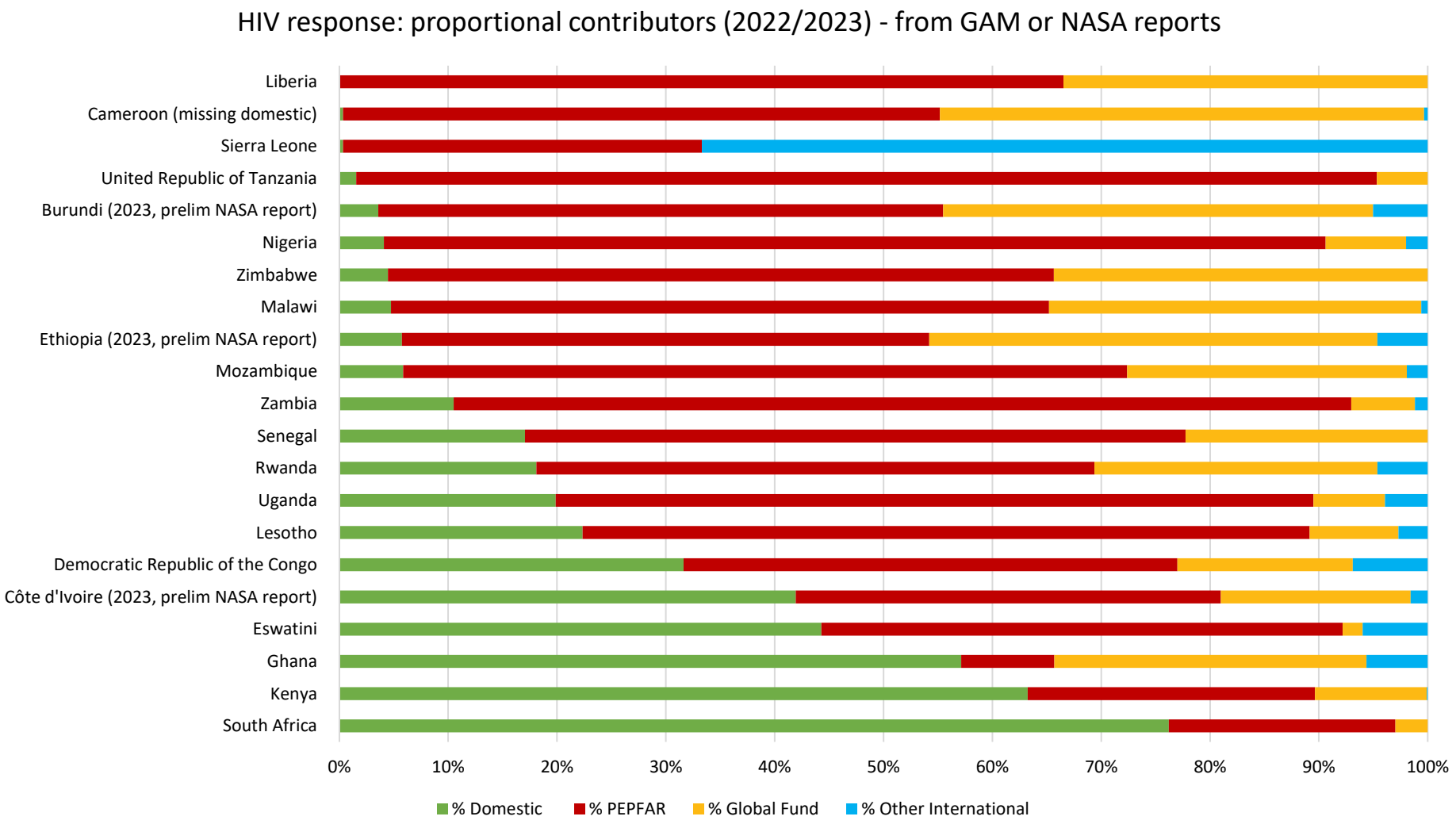


Source: Jeff Eaton, 2024



Source: https://pepfar.impactcounter.com

HIV Funding Sources – UNAIDS RAFT, 7 April 2025



Source: UNAIDS RAFT, 7 April 2025

Critical funding gaps:

- Over-reliance on external funding
- Depth of the funding gap
- Diminutive domestic contributions

Threat

- Decades of Progress at risk

Strategic path forward

- Prioritizing the Minimum Package of Care.

Impact of the SWO on Health systems and service delivery

Health Systems

HRH: The massive layoff of an estimated **140,000*** including doctors, nurses, and data clerks, has significantly disrupted HIV testing, ART, and KP services.

Supply Chain: ARV stockouts or low stock levels (3–6 months in some), delayed forecasting and last-mile delivery, and halted sample transport threatened treatment continuity.

HMIS: Data collection, reporting delays, and inaccessible EMR and central databases (DHIS2) critical for monitoring MPC implementation have been halted in 14 countries.

Service Delivery

HTS: Routine (and repeat) testing frequency and coverage reduced, with KPs excluded. HIVST kits limited to pregnant and breastfeeding women. Community and index testing severely curtailed.

ART: Two countries faced delays in ART initiation. Multi-month dispensing (MMD) reduced from 6 to 3 months in some countries to conserve ARV stocks and prevent stockouts.

Viral Load testing: Routine viral load testing suspended in some countries, restricted to suspected treatment failure cases. Community VL testing halted in others.

Tracking the impact of the SWO on service delivery: From Observation to Policy Shifts

From Observation to Policy Shifts: HTS

Domain	Service Delivery	Observations (number of countries)	Policy Shifts (number of countries)
HIV Testing and Diagnosis	Facility-based HIV testing services	Reduced frequency of testing (4); (includes HTS for KPs)	Facility-based targeted testing (1)
	Community-based HIV testing services	Reduced coverage (stoppage of community-based testing)	Community DSD models for HIV testing (1)
	HIV self-testing	Reduced distribution (6), partially stopped HIVST (3), targeted to specific groups (3)	
	HIV partner services (Index testing)	Reduced frequency of testing (3)	Facility-based index testing and partner notification (1)
	Testing for infants and children	Reduced frequency of testing (3); **EID sample transportation:** Reduced frequency, and coverage (6), and in **one** instance, complete stop of EID sample transportation.	DNA-PCR testing for HEI at 6 weeks in facilities with capacity and rapid HIV tests for HEI at 12 and 24 months in facilities without capacity (1)
	Social network–based approaches	No Information	
	Retesting pre-ART	Largely uninterrupted	

From Observation to Policy Shifts: ART, OIs, DSD, and PMTCT

Domain	Service Delivery	Observations (number of countries)	Policy Shifts (number of countries)
Antiretroviral Therapy (ART)	Rapid ART initiation	A few countries reported delayed initiations (3)	
	First-line ART (DTG-based regimens)	Countries varied their ARV dispensing to monthly, reverted to 3MM, and or scale up to 6MMD (6)	
	Viral Load Monitoring	Reduced Frequency and coverage (6), and complete stop (1) in VL testing; **VL sample transportation**- reduced frequency and coverage (7) and complete stop (1)	VLM for PBFW (Two antenatally with one 4 weeks within EDD, and at 12 weeks postnatally) (1); Routine VL testing at sites with capacity for sample collection and processing, and targeted VL sample collection at other sites (1)
	CD4 Monitoring	Countries reported reduced frequency, and coverage of testing (3), and in **one** instance, stopped CD4 monitoring.	
	Tracing and Re-engagement in Care	Delayed tracing (5), targeted at specific groups (1) and completely stopped (1)	
Prophylaxis for OIs	Co-trimoxazole Preventive Therapy (CPT)	Reduced coverage and targeted at specific population (1)	CPT to infants and PBFW only (1)
	TB screening	Reduced frequency of screening (1)	
	TB Preventive Treatment (TPT)	Reduced frequency of TPT initiations (3)	
	TB treatment	Largely uninterrupted	
DSD	Differentiated service delivery	Specific models of DSD services were provided (Facility-based DSD models: MIM, MMD, fast track) (6)	Community ART delivery models (1), Community PMTCT models (1)
PMTCT	HIV Testing Services	Largely uninterrupted	Two retests in ANC (1), one retest in PNC (1)

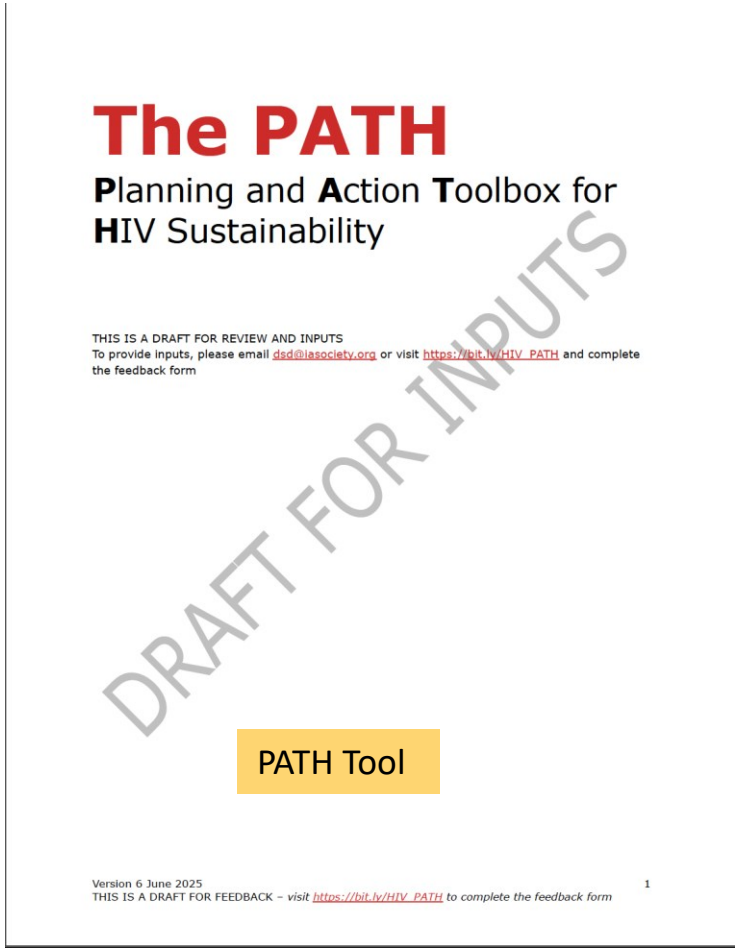
Adapting Care: Guidance for the Minimum Package of Care

Re-defining the Minimum Package of Care

Guidance for re-defining the minimum package of care

- As the HIV response evolves, countries **must** redefine their minimum package of care, strategically protecting or scaling back services to match existing funding realities.
- Countries are encouraged to conduct systematic, context-specific prioritization.
- Several resources are available to guide countries in redefining their Minimum Package of Care.
    - **The WHO operational guidance**:
        - This document outlines six key criteria to consider when prioritizing the HIV service package.
        - It proposes a three-tier approach that clearly defines the essential services to maintain, along with the aim of achieving a core and extended package where feasible. The specifics of each tier depend on the context and available resources.
    - **The IAS TIER and PATH tools**:
        - This is a granular tool for prioritizing HIV service packages across the HIV continuum.
        - It is based on the epidemiological context and progress towards the 95-95-95 targets.
        - It can also aid budgeting exercises by estimating resource needs for each tier, assisting programs in planning for phased service expansion as funding permits. Critical to the scenario planning.

Resources to guide Prioritization



PATH Tool

Summary (2)

World Health Organization

Tier 1	Tier 2	Tier 3
Prevention of mother-to-child transmission of HIV, hepatitis B and syphilis	Vaccination for HBV	
HIV Post-exposure prophylaxis (PEP)	HIV Pre-exposure prophylaxis (PrEP)	
Blood product safety and health care infection control	Prevention and Harm reduction services for people who use drugs	
Provision of condoms and lubricants	Voluntary Medical Male Circumcision (VMMC)	
Facility-based testing for syphilis	Differentiated HIV Testing Services (HTS)	
Community-based testing for HIV, viral hepatitis, and syphilis	Differentiated testing for viral hepatitis	
Routine ART for ALL Adults and adolescents	Management of Mpox (essential for outbreak control)	
Routine ART for Children	Viral hepatitis treatment and monitoring	
Routine screening for people living with HIV initiating (and re-initiating) ART	Prevention and continuation care of common comorbidities in HIV infection	
Advanced HIV disease (AHD) management	Mental health support for HIV treatment and care	
TB-HIV coinfection screening, diagnosis, treatment and prevention		
ART treatment (viral load) monitoring		
Multi-month dispensing (MMD) 3- to 6-month ART refills and less-intensive DSD models		
Syndromic management of STIs (genital discharge; ulcer disease)		
Cervical cancer screening		
Adherence for HIV treatment and care		
Tracing and Re-engagement support		

WHO three-tier approach

THIS IS A DRAFT FOR CONSIDERATION AND INPUTS

HIV programme area	Component	Intervention	SCENARIO 1 A high-burde Limited, poss	SCENARIO 2 A high-burde Adolescent g	SCENARIO 3 A high-burde Clinically uns	SCENARIO 4 A low-burden Clinically uns
TESTING	Blood products	Mandatory screening all blood products	Minimum	Minimum	Minimum	Minimum
	Facility-based	All HIV symptomatic all facility entry points	Minimum	Minimum	Minimum	Minimum
		Ante-natal first visit/ first test	Minimum	Minimum	Minimum	Minimum
		Ante-natal additional test in third trimester/delivery	Optimal	Optimal	Minimum	Optimal
		Post-natal testing for HIV negative breastfeeding women all: 6-monthly until 6-weeks post cessation	Optimal	Standard	Minimum	Optimal
		HIV exposed infants at 6 weeks and, if breastfeeding, at 6/9- & 18-month EPI visit	Minimum	Minimum	Minimum	Minimum
		HIV exposed infants additional birth testing	Standard	Standard	Standard	Optimal
		TB clients (newly diagnosed)	Minimum	Minimum	Minimum	Minimum
		TB clients (presumptive TB)	Optimal	Optimal	Standard	Standard
		STI clients (new STI)	Minimum	Minimum	Minimum	Minimum
		Hepatitis B or C (newly diagnosed)	Minimum	Minimum	Minimum	Minimum
		Inpatient (new admission)	Minimum	Minimum	Minimum	Standard
		Children in malnutrition clinics	Optimal	Standard	Minimum	Optimal
		Children in immunization services after positive screening for possible exposure + missed 18 month testing	Optimal	Standard	Standard	Optimal
		Family planning clients (at FP initiation)	Standard	Minimum	Minimum	Optimal
		Family planning clients for those under 25 years (annual)	Optimal	Minimum	Minimum	Optimal
		Family planning clients for all (every second year/self-reported change in partnership)	Optimal	Standard	Standard	Optimal
		Family planning clients for all (annual)	Optimal	Optimal	Standard	Optimal
		Self-initiated VCT/HIVST collection available (limit to annual/specific risk exposure)	Minimum	Minimum	Minimum	Standard
		VCT/HIVST collection available (any frequency)	Optimal	Optimal	Optimal	Optimal
		PrEP users: 1 month after oral PrEP (re)initiation, then 6-monthly	Minimum	Minimum	Minimum	Minimum
		PrEP users: 1 month after oral PrEP (re)initiation, then 3-monthly	Optimal	Optimal	Optimal	Optimal
		VMMC clients	Optimal	Optimal	Minimum	Optimal

TIER Tool

https://www.differentiatedservicedelivery.org/resources/the-path-planning-and-action-toolbox-for-hiv-sustainability/

Prioritizing HIV Services: Scenario Planning – 1

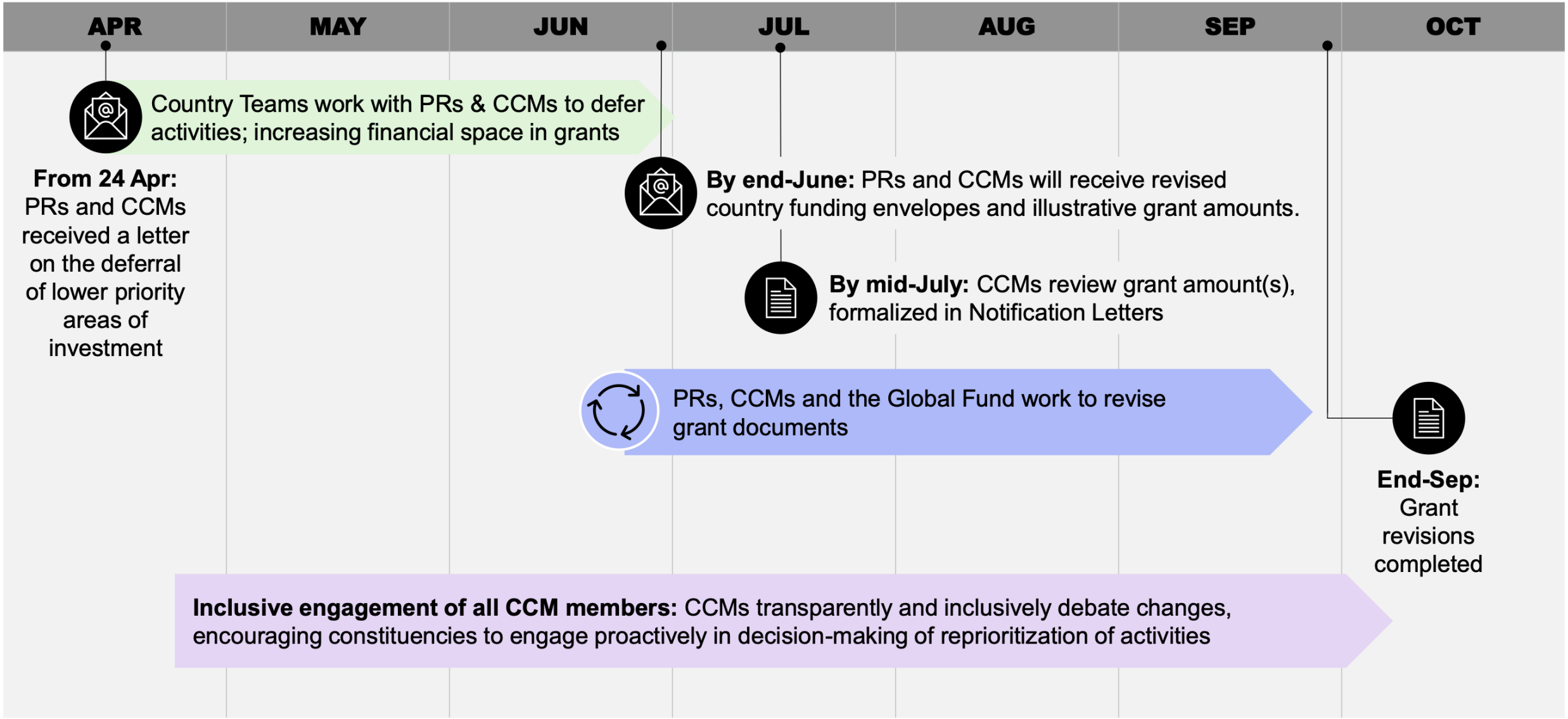
Rationale:

- PEPFAR funding will likely decline by ~ **30% to 70%** after September 2025 and may be phased out entirely in some countries in the next 2-3 years.
- The Global Fund mid-cycle reprioritization of GC7 awards has a similarly rapid timeline; grant revisions will be completed by end-September 2025
- This means that countries face rapid and difficult decisions about what HIV services they can afford to provide *without knowing* their exact funding envelopes for the coming year.

Prioritizing HIV Services: Scenario Planning – 2

- Scenario planning will enable rapid adjustments to HIV service delivery, aligning with the rapidly shifting funding landscape.
- One approach is to develop a minimum package for each of the following scenarios:
    - No external funding (PEPFAR, Global Fund)
    - External funding at 30% of most recent budget year
    - External funding at 70% of most recent budget year

Illustrative timeline for GC7 mid-cycle grant revisions



From Crisis to Clarity: Prioritizing Non-Negotiables in the Minimum Package of Care.

What must stay?

- What are the minimum life-saving and impactful interventions that must remain in the MPC?
- How do we prioritize interventions to maintain epidemic control, even when resources are constrained?

What's just enough?

- At what time points and frequencies should viral load and other critical tests (e.g., EID, CD4) be performed?
- Can the frequency of VL testing be safely reduced? If so, what are the potential consequences for adherence, viral suppression, and program outcomes?
- Which testing frequencies (e.g., HTS, VL, EID) are truly minimum and life-saving, balancing epidemic control with resource realities?

Who is covered?

- How do current testing and treatment schedules address or neglect select populations (e.g., children, adolescents, PBFW, KPs)?
- How can we ensure essential services continue for all populations (children, adolescents, adults, pregnant and breastfeeding women, key populations) without compromising equity?

Integration and adaptation for sustainability

- Are routine and targeted testing efforts sufficiently integrated into primary care?
- Should any services, such as HIVST, community VL testing, be scaled back, scaled up, or shifted?

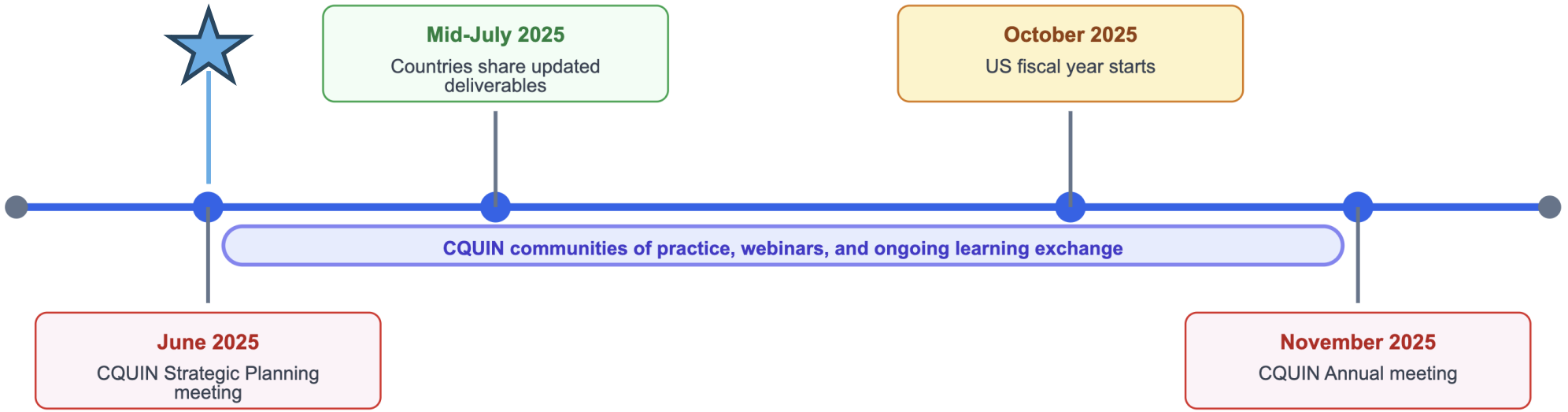
What justifies change?

- Have we defined a clear rationale for coverage decisions (who is in, who is not, where are they)?
- What data or evidence do we need to support any proposed changes (e.g. modelling, rapid assessments)?

Operationalizing Minimum Package of Care redefinition: Key considerations

- **Monitoring and Evaluation**
  - How will we measure the **quality**, **impact,** and **coverage** of a revised MPC?
  - What key indicators are critical for performance tracking?
  - Are data systems (EMRs, DHIS2, and related M&E platforms) ready to track the revised MPC?
- **Service & System Integration**
  - How can we better **integrate** MPC components across services and within the broader health system to enhance efficiency and access?
  - What structural or policy barriers hinder the integration of HIV services into routine and chronic care?
- **Community engagement & Community-led monitoring**
  - How will communities be **meaningfully engaged** in defining, monitoring, and improving the MPC?
  - What **role should CLM** play in shaping and overseeing adaptations to the MPC?
  - What is the role of the community in sustainability and integration efforts?
- **Cost effectiveness**
  - How do we ensure cost-effectiveness while maintaining high-impact interventions within the revised MPC?
  - How can differentiated service delivery (DSD) models or task shifting reduce costs without compromising quality?
  - How can we develop delivery models that are less HRH-intensive (e.g. m-health)?
- **Policy & Guideline**
  - What policy **adjustments** and guideline updates are necessary to support national MPC redefinition and implementation?
  - What mechanisms exist to fast-track policy revisions and ensure **implementation at all levels** (national to facility)?

Next Steps



End of Meeting Deliverables:

- Initial draft of prioritized HIV services
- Initial draft of minimum set of indicators aligned with the prioritized HIV services

Country roadmap to finalize **the prioritized HIV services and indicators by mid-july**

Mid-July: CQUIN will support member countries to:

- Refine prioritized HIV services and indicators
- Develop country action plans

CQUIN Annual Meeting in November:

Countries will update **action plan progress**

Country Experiences: Malawi and Zambia Case Studies

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Thank You!