

Session 2: CQUIN Keynote



CQUIN Network Meeting | June 10-12, 2025 – Johannesburg, South Africa

CQUIN 2.0 Pivot: Urgent HIV Program Adaptations to Funding Shifts for Sustained Response

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Columbia University

10 June 2025



CQUIN Network Meeting | June 10-12, 2025 – Johannesburg, South Africa

Outline

- **Meeting the moment – The CQUIN Pivot**
 - **Webinars, Communities of Practice, Country to Country Visits**
 - **Weekly situational analysis and findings**
- **Next Steps: Strategic Scenario Planning**
- **Streamlining HIV M&E Systems and Prioritizing Indicators to
Maintain Data-driven Program Adaptations**

Meeting the Moment: The CQUIN 2.0 Pivot



CQUIN

HIV Coverage, Quality,
and Impact Network

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

Global Partners:

WHO, GHSD, Global Fund, ITPC, UNAIDS

21
COUNTRIES

CONVENED BY ICAP AT
COLUMBIA UNIVERSITY

Burundi
Cameroon
Côte d'Ivoire
DRC
Eswatini
Ethiopia
Ghana

Kenya
Lesotho
Liberia
Malawi
Mozambique
Nigeria
Rwanda

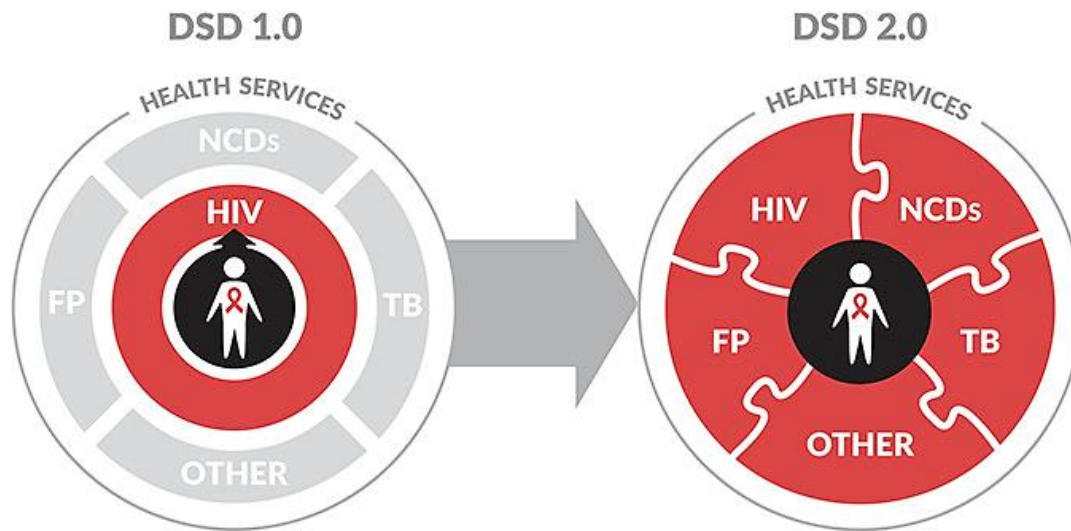
Senegal
Sierra Leone
South Africa
Tanzania
Uganda
Zambia
Zimbabwe

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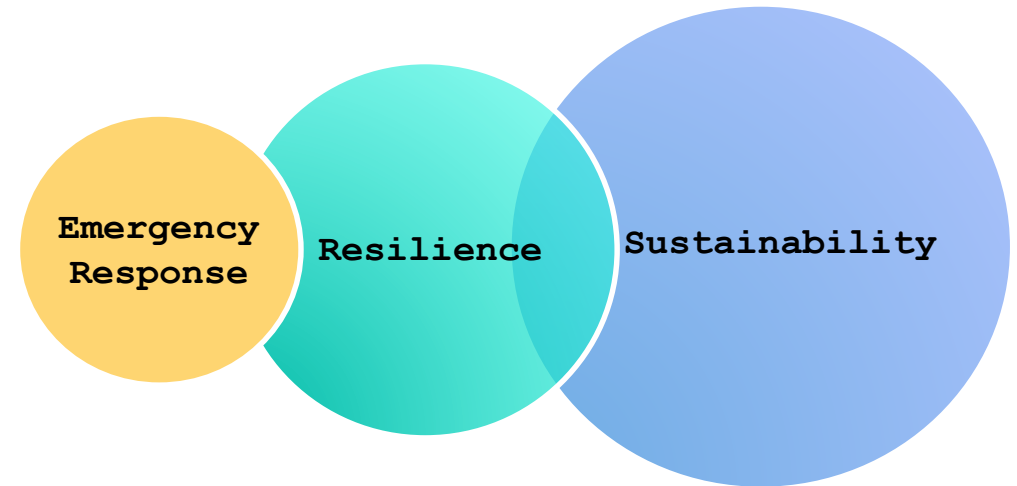


Re-strategizing CQUIN's Objectives

CQUIN 2.0

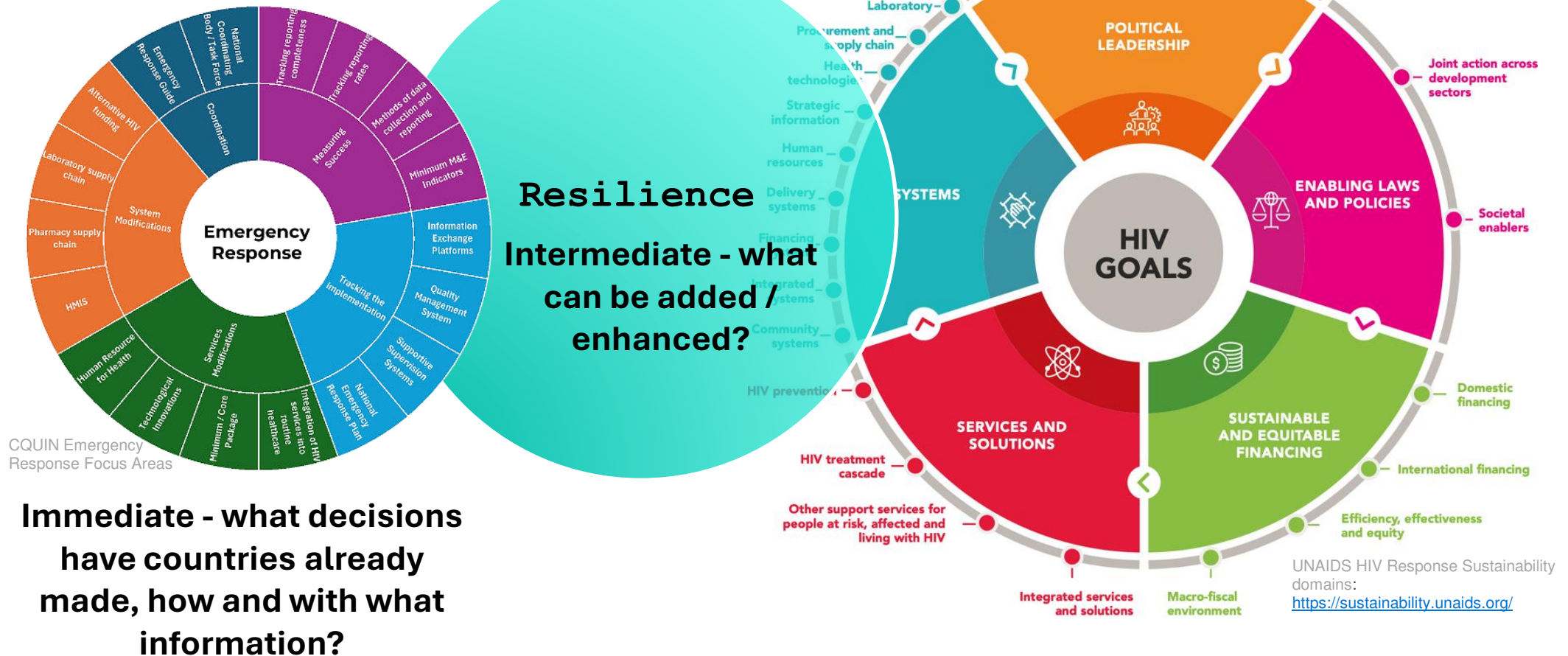


CQUIN 2.0 Pivot



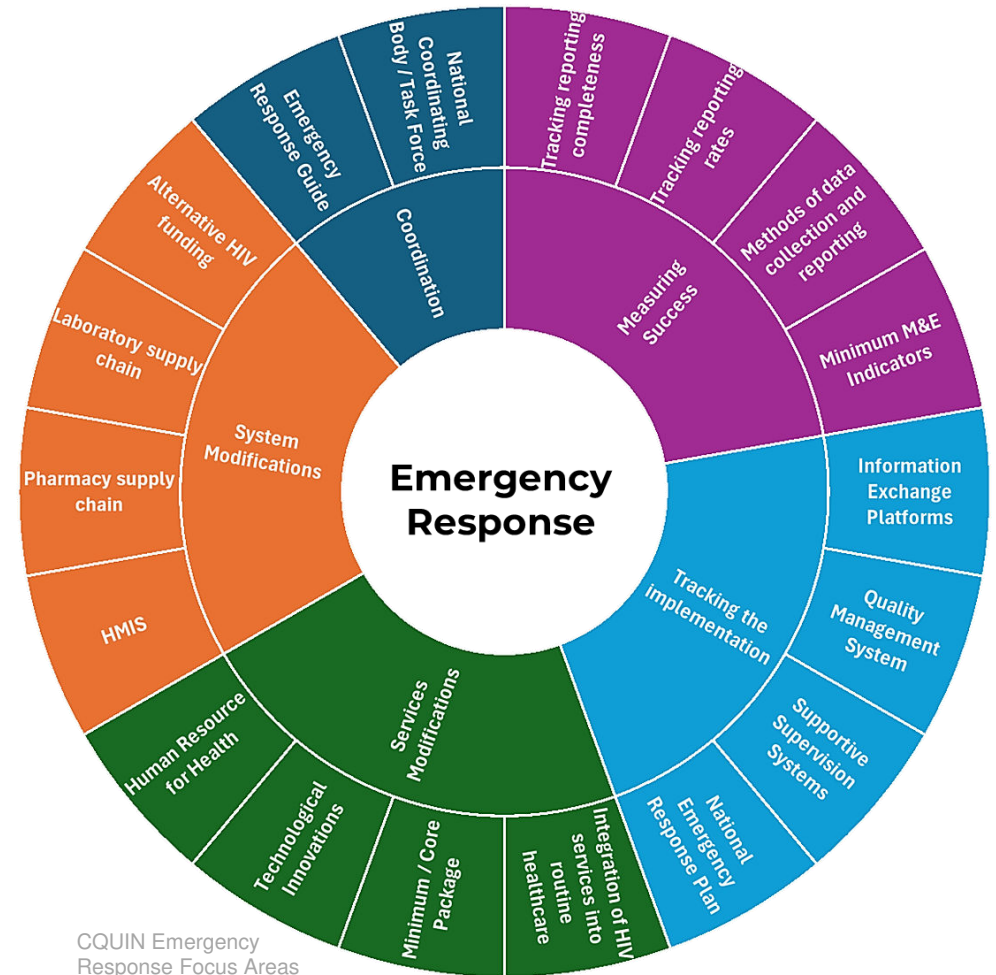
Re-strategizing to align with the CQUIN 2.0 Pivot

First year and beyond -
Re-imagine Sustainability



CQUIN's Emergency Response Focus Areas

- National **coordinating body / task force** and development of emergency response recommendations
- **Health system modifications** - alternative HIV funding, laboratory and pharmacy supply chain strengthening, and nationalizing HIV health management information systems
- **HIV services modifications** - human resource capacity, technological innovations, HIV service prioritization, and integrating HIV services into routine healthcare
- **Tracking implementation** - national emergency response plan, supportive supervision and mentorship sessions, quality management systems and information exchange platforms
- **Measuring success** – prioritized indicators and data collection, reporting and analytical systems.



CQUIN Emergency Response Phase: Objectives

- Assess and document **country-level decision-making processes** guiding national adaptation strategies in response to ongoing HIV health system shocks.
- Facilitate **cross-country knowledge exchange** by sharing findings, best practices, and challenges, fostering collaborative learning and adaptation.
- Identify **key areas for targeted CQUIN technical support**, informed by country-level needs and evolving service gaps.

CQUIN 2.0 Activities: February-May 2025



CQUIN 2.0 Activities (February-May 2025)

Since February 2025, CQUIN has supported partner countries via:

- 1. Webinars**
- 2. Communities of Practice virtual meetings**
- 3. Country-to-country and TA visits**
- 4. Intensive situational analysis and findings**
- 5. M&E time series data collection**

1- CQUIN Webinars:

- **February 18th** (with SSLN): Sustainability, Resilience, and Emergency Response: How are African Countries Responding to Interruptions in HIV Funding?
- **March 13th**: Meeting the Moment in a Shifting HIV Response Landscape: Experiences from the CQUIN Network
- **April 29th**: Revolutionizing the HIV Response Through HIV Integration Into Standard Healthcare Systems and Services
- **May 27th** (with ITPC): How Community Engagement Can Re-Define the HIV Response During a Time of Crisis

2- CQUIN Communities of Practice Virtual Meetings

M&E Community of practice

(May 20, 2025):

Review of Select HIV Service Delivery Indicators During a Period of Financial Uncertainty



Ernest Eyeme
DRC MOH -
PrEP



Kenneth Danso
Ghana MOH -
HIV testing
services



Motshedisi Lehloma
Lesotho MOH -
ART initiation



Takura Matare
Zimbabwe
MOHCC -
Viral load testing



Marcelline Koye
Cote d'Ivoire MOH
- Vertical
transmission
prevention



dHTS / KP Community of Practice

(May 22, 2025):

Adaptations to preserve HIV testing services for the most at-risk populations amid funding cuts.



Mphotleng
Mamataha Tlhomola
National HTS
Coordinator, Lesotho



Caroline
Adonadaga
Program Officer,
National AIDS/STI
Control Program,
Ghana



Marineus
Mutongore
Founding
Chairperson, KVP
Forum, Tanzania



Lynne Wilkinson
Technical
Consultant, IAS



Busisiwe Msimanga
Technical Officer for
HIV Testing, WHO

3- Country to Country and Technical Assistance Visits

Liberia and Malawi C2C visit to Nigeria (March 2025)



Liberia and Malawi AHD C2C to Nigeria: 17-21 Mar. 2025

CQUIN/HIVE TA visit to Mozambique (May 2025)



Mozambique TA visit: 27 April – 1 May 2025

4- CQUIN Intensive Situational Analysis

Methodology

- Developed and used tools to gather information from across the network:
 - Landscape analysis** tool – baseline information
 - The **HIV Emergency Response Questionnaire**, **Emergency response tracker**, and **HIV package of care tracker** were used on a weekly basis with MOH teams across network countries
 - 16 of 21 countries provided regular updates (Feb-May 2025)
- Synthesized to identify best practices, track adaptations, assess common challenges, and define technical assistance needs

Domains	Service Delivery Area	Date of Entry: 18/02/2025	Date of Entry: 28/03/2025	
Prevention Services	HIV Testing and Counselling	Reduced frequency of testing	Ongoing as before	
	HIVST_HIV Self-Testing	Reduced distribution	Reduced distribution	Layoff of con
	Condom Services	Ongoing as before	Ongoing as before	Facility based
	PEP/PrEP	Reduced frequency of initiation	Reduced frequency of initiation	Only facility b
Treatment	ART initiation (Rapid initiation, Retesting)	Ongoing as before	Ongoing as before	Verbal report
	ART (re)initiations (including baseline investigations, TB screening, TPT, CPT)	Ongoing as before	Ongoing as before	national syst
	ART dispensing	Ongoing as before	Ongoing as before	Verbal report
	Differentiated Service Delivery (DSD) Models	Specific models of DSD services	Ongoing as before	national syst
	Tracing and return to care	Delayed tracing	Delayed tracing	Verbal report
Viral Load Services	Viral Load testing	Reduced coverage of testing	Ongoing as before	
	VL Sample transportation	Reduced frequency of transportation	Reduced frequency of transportation	Govt bikes re
EID Services	Early Infant Diagnosis	Ongoing as before	Ongoing as before	transportatio
		Reduced frequency of	Reduced frequency of	Govt bikes re
Advanced HIV Disease	EID Sa			
	AHD S			
	CD4 te			
	OI scr			
Key Population Services	HTS			
	HIVST			
	PEP/Pr			
	ART se			
	TB scr			

HIV emergency response focus areas

CQUIN liaisons will use these guiding questions which are aligned with the emergency response focus areas to foster strategic conversations with in-country counterparts. Using a technical assistance (TA) approach, these interactions aim to support member countries in effectively planning their next steps.

PHASE 1: Emergency response measures designed to stabilize HIV programs and ensure continuity of care.

A. Emergency response task force or coordinating body:

1. Does the country have a national coordinating body or task force to respond to the emergency situation? If not, go to #2	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is this an existing coordinating body (e.g., a sustainability working group) or was a new task force convened?	<input type="checkbox"/> Existing coordinating body <input type="checkbox"/> New task force or coordinating body
b. If an existing coordinating body is being used, has the mandate been adapted and what is the mandate of the new task force?	<input type="checkbox"/> Mandate of the coordinating body adapted <input type="checkbox"/> No adaptation in the mandate Details of the mandate: _____
c. Are there other coordinating bodies in-country with a similar mandate to this one?	<input type="checkbox"/> Yes (list below these bodies) <input type="checkbox"/> No Other coordinating bodies with similar mandates: _____
2. Additional information on the task force or coordinating body	

CQUIN Situational Analysis:

Results: Coordination

Convening a Task Force

- **16/21** countries launched a dedicated task force to coordinate the HIV emergency response, with **7** of these countries convening at least monthly meetings

Task Force composition

- Multisectoral composition, including government, health, civil society, international partners, and affected communities, to manage the response

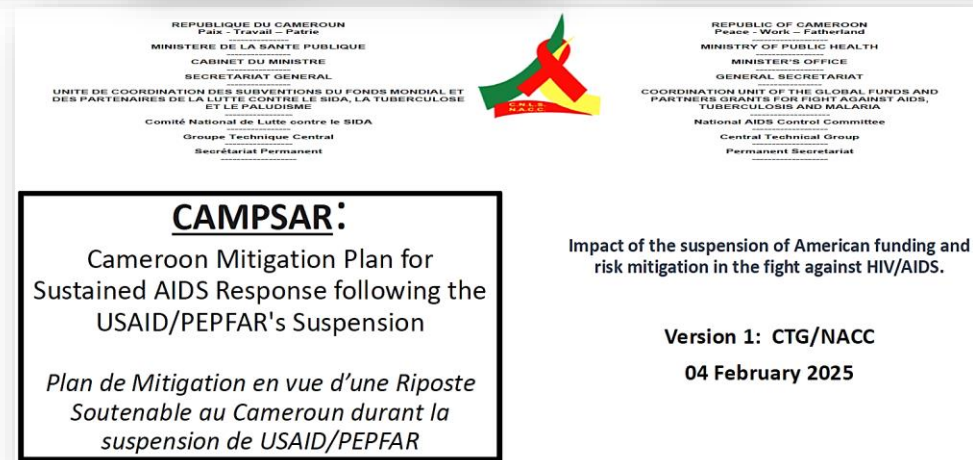
Multisectoral Stakeholders engaged across 16 countries in the network

- **Government:** Ministries (Health, Finance, Planning, Justice, Defence, etc.), national AIDS programs (CNLS, PNLs, NASCOP, NAC, NERCHA), provincial councils.
- **Health Sector:** MoH Directorates, public health programs, laboratories, Health Management Information Systems, Technical Working Groups.
- **Civil Society & Communities:** PLHIV, CSOs, gender groups, community representatives.
- **International Partners:** PEPFAR, non-PEPFAR donors, UNAIDS, WHO, UNICEF, CHAI.
- **Private Sector:** Private industry representatives.
- **Implementing Partners:** NGOs and HIV program implementers.

CQUIN Situational Analysis

Results: Emergency Phase Plans

Nine network member countries issued official statements outlining the immediate impacts with contingency plans



Sample of Official Emergency Plans Released

CQUIN Situational Analysis

Results: Domestic Funding Strategies

- **13** network countries are exploring domestic funding opportunities to ensure the long-term sustainability of their HIV response.
- **7** network countries are pursuing private sector engagement to secure local funding for HIV programs.

CQUIN Situational Analysis

Results: Human Resources for Health

Loss of healthcare workers

- An estimated 140,000 healthcare workers across 18 countries lost their positions, with actual numbers likely higher

Disrupted HIV Service Delivery

- Workforce disruptions strained particularly key population services and recipient of care follow-up and put additional pressure on HMIS systems and remaining frontline service providers

Country-Level Mitigation Efforts

- Redeployment of existing staff to stabilize service delivery (government- and Global Fund-supported staff)
- Rehiring a few affected workers in two countries to restore workforce capacity

CQUIN Situational Analysis

Results: Supply Chain Systems

- HIV supply chain systems across 16 network countries faced varied disruptions, with key challenges including:
 - Delayed forecasting, leading to supply gaps
 - Stock-out risks, with some locations holding only 3 to 6 months' supply of antiretroviral drugs
 - Disruptions in last-mile delivery and sample transportation, impacting timely access to services
- An analysis of disruption variability revealed that 7 out of 16 countries experienced minimal supply chain disruptions, largely attributable to Global Fund (GF)-led procurement efforts that are integrated with vaccination, malaria, and TB programs

CQUIN Situational Analysis

Results: HMIS Systems

System disruptions

- Of 16 countries responding to the survey, **12** countries experienced disruptions in PEPFAR-supported platforms, such as EMR and DHIS2
- **Four** countries remained ~stable due to government or GF-supported systems
- The disruptions included delayed, missing or non-submitted HIV reports; halted EMR services with limited system functionality; as well as inadequate software update support

Country-Level Mitigation Efforts

- Stopgap measures included recalling data staff, reverting to paper-based data collection, and implementing - Data Quality Assessments (DQAs)
- Despite these adjustments, substantial vulnerabilities persist, highlighting the need for long-term strategies to sustain system resilience and funding stability

CQUIN Situational Analysis

Results: Service Delivery

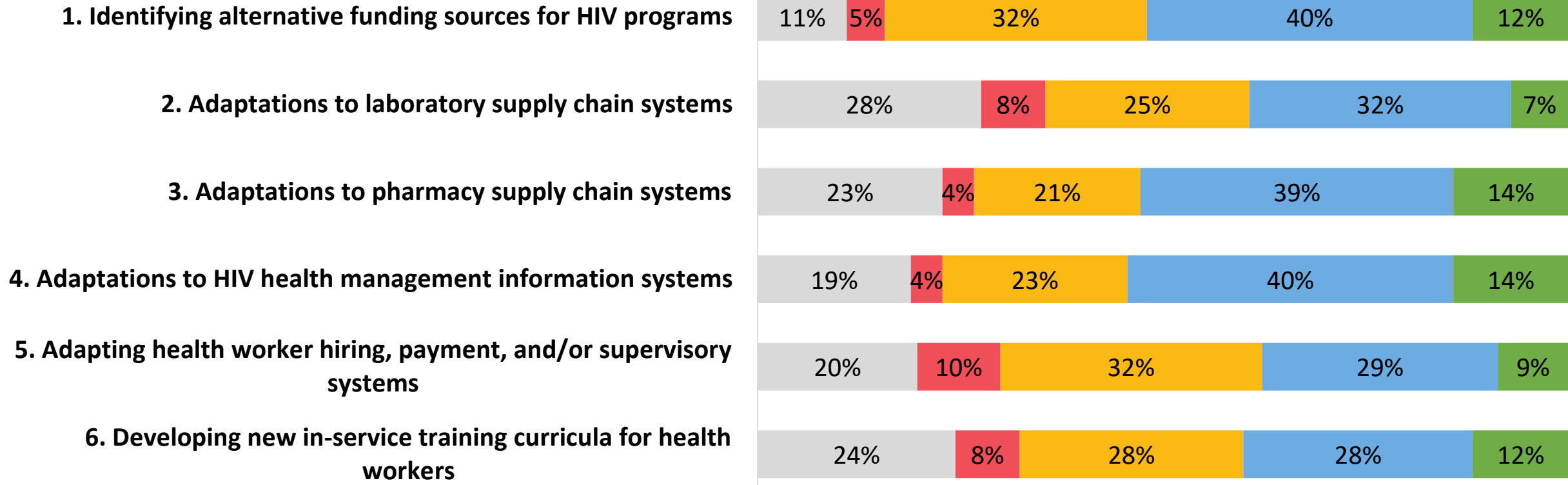
- **Key Populations (KP) and General Population Testing:** **Four** countries reported a complete halt in HIV Testing Services (HTS) for KPs, alongside a reduction in testing coverage and frequency for the general population.
- **HIVST Kits:** Distribution of HIVST kits has declined in **six** countries, with services partially halted or focused on specific groups, e.g., PBFW, often excluding KPs
- **Rapid ART initiation:** **Two** countries experienced delays in Rapid ART initiation
- **DSD MMD:** The breakdown in Last Mile Delivery (LMD) in **three** countries necessitated stable clients on less intensive DSD models to revert from 6 to 3 MMD to preserve existing stock. Two countries with adequate stock levels optimized 6 MMD.
- **Viral Load Services:** **Six** countries with reduced testing coverage or a halt in services due to: lack of testing and sample collection staff, sample logistics and supply chain disruptions, and HCWs' reducing frequency of testing

Findings from Pre-Meeting Survey

Pre-meeting survey: Health system adaptations

Level of progress your country has made in implementing each of the following in response to HIV funding disruptions.

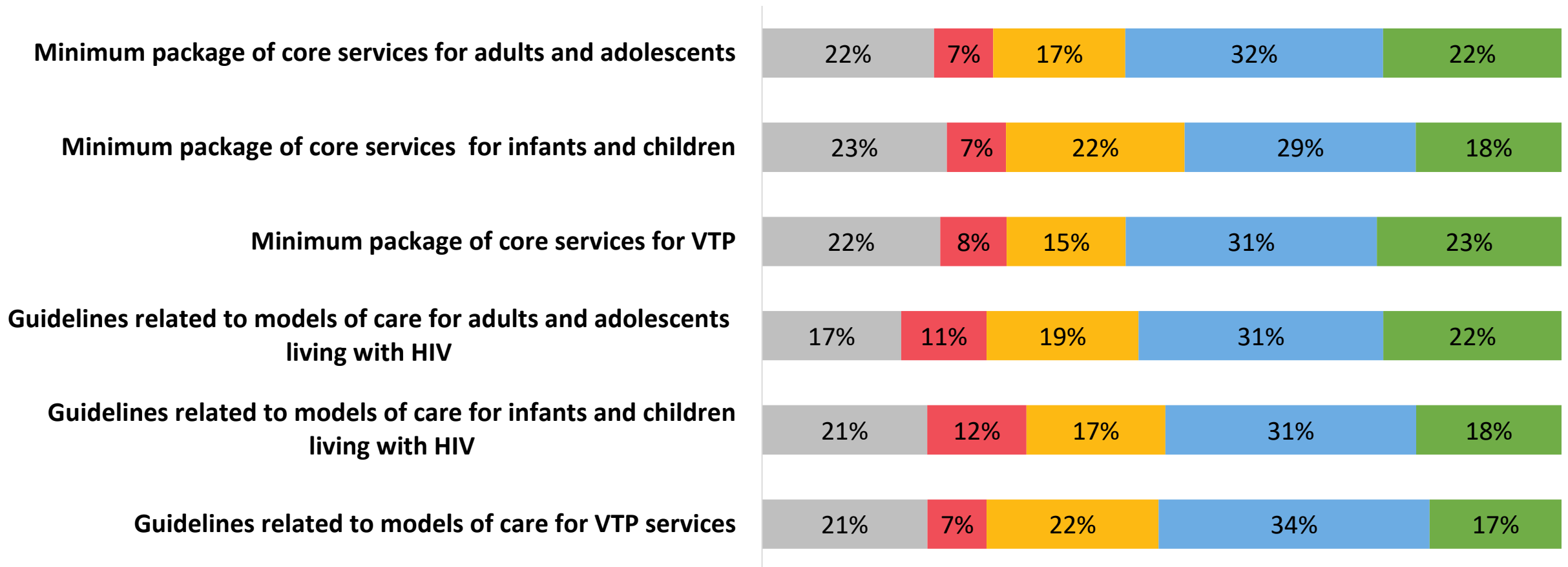
■ Don't know/not applicable ■ No progress ■ Limited progress ■ Moderate progress ■ Significant progress



Pre-meeting survey: Health services modifications

To what extent were updates/adaptations made to the following

■ Don't know/not applicable ■ No progress ■ Limited progress ■ Moderate progress ■ Significant progress



Next Steps: Strategic Scenario Planning



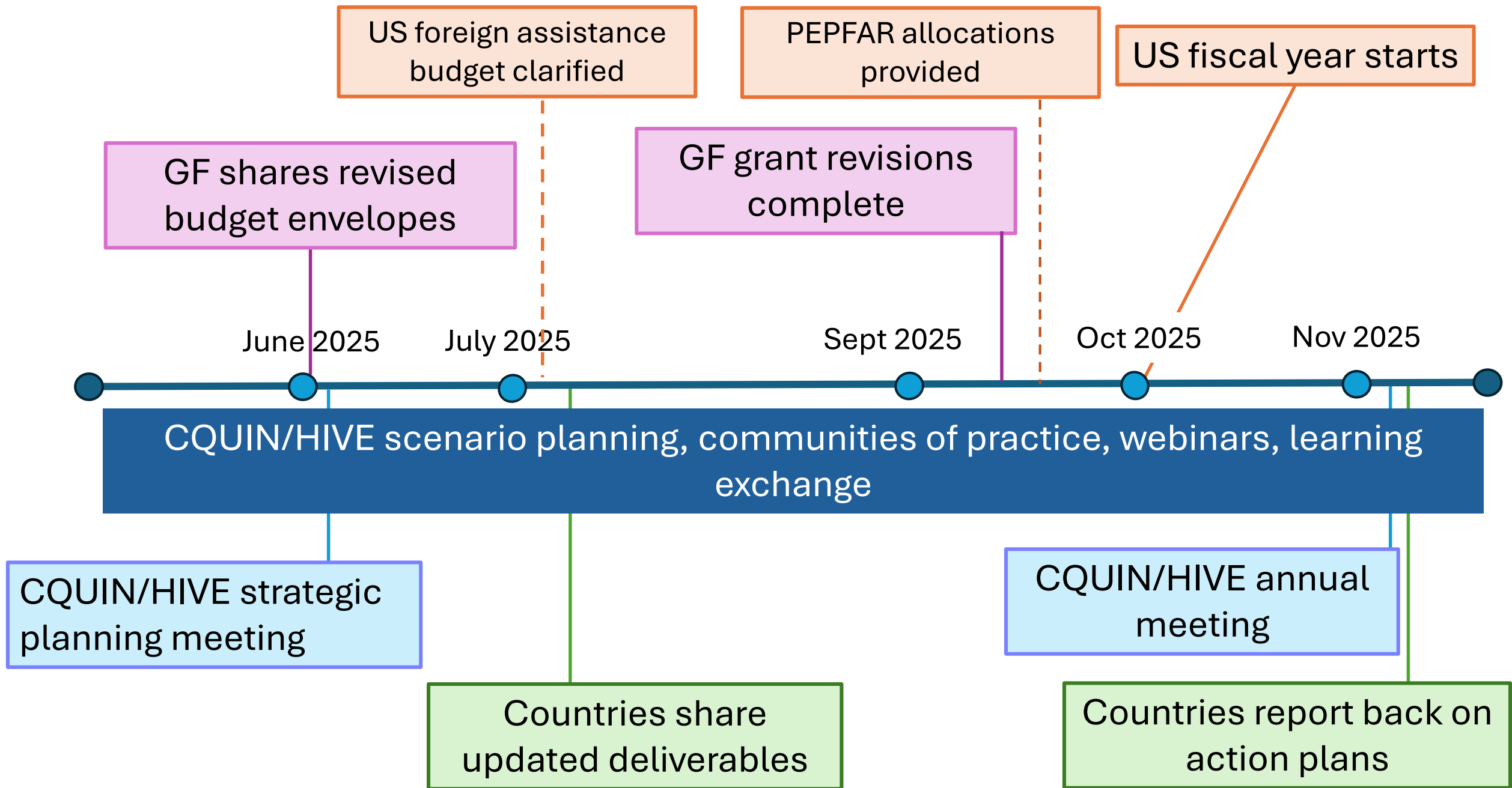
Scenario Planning – 1

Rationale:

- PEPFAR funding uncertain, with likely decline by about 50% for the next fiscal year (Oct 2025), with possible restrictions in specific services and phased out in some countries in the next 2-3 years.
- The Global Fund mid-cycle reprioritization of awards has a similarly rapid timeline; grant revisions will be completed by end-September 2025
- This means that countries face urgent and difficult decisions about streamlining systems and prioritizing HIV services *without knowledge of funding envelopes* for the coming year

Scenario Planning-2

- Scenario planning is necessary to enable rapid adjustments to HIV services and indicators, aligning with the rapidly shifting funding landscape.
- Proposed approach is to develop a prioritized package of services and indicators for each of the following funding scenarios (while considering shifts in internal / domestic funding):
 - No external funding (PEPFAR, Global Fund, other)
 - External funding at 30% of most recent budget year
 - External funding at 70% of most recent budget year



Streamlining HIV M&E Systems and Prioritizing Indicators to Maintain Data-driven Program Adaptations

Bill Reidy, PhD
CQUIN Deputy Director, SI



Outline

- M&E of HIV programs: Progress and lessons learned
- The new reality: Dramatically reduced resources
- The challenge: Redesigning and reprioritizing M&E systems
- Working together: Next steps for the CQUIN M&E community of practice

Monitoring and Evaluation of HIV Programs: Looking Back – 1

- Over the past 20 years, the global community has made important progress in M&E of HIV programs
- This strong emphasis on data was matched by substantial investments:
 - Human resources (staff, training, supervision)
 - Technology (EMR, computers, internet access, airtime)
 - Capacity building (data collection, quality assurance, reporting, analysis, use)
- More recently, the expansion of community-led monitoring (CLM) has complemented and triangulated national M&E systems

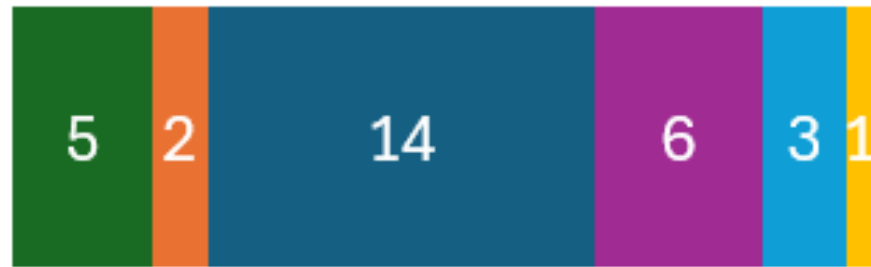
Monitoring and Evaluation of HIV Programs: Looking Back – 2

- The maturation of HIV program M&E has been associated with substantial complexity and cost, largely due to:
 - Proliferation of indicators: PEPFAR, Global Fund, UNAIDS Global AIDS Monitoring, country MOH indicators
 - Ever-increasing indicator disaggregations, understandably seeking granular data on subpopulations, services, and outcomes
 - Complex country and donor reporting requirements

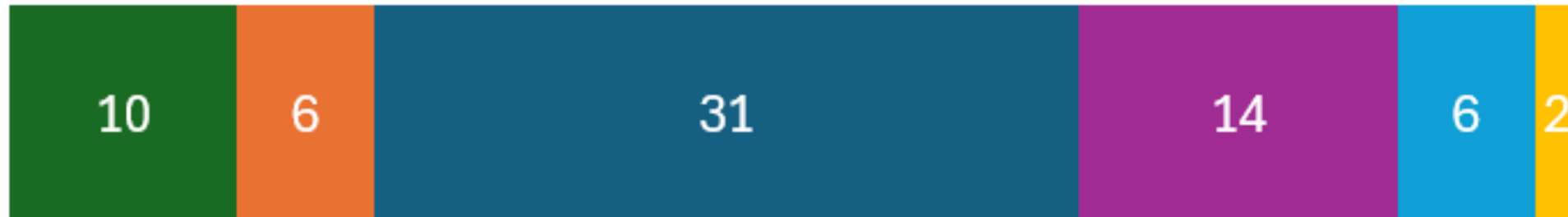
Documentation burden: HIV-related forms, registers, and reports

One CQUIN member country

Number of unique paper tools per HIV service area



National MOH tools = 31



MOH + IP tools = 69

■ Prevention ■ Testing ■ ART ■ VTP ■ TB ■ Cross-cutting

Prevention: PrEP, PEP, VMMC

Paper-based data reporting burden: Excerpt of High VL reporting table

MOH monthly report, one CQUIN country

6 indicators in this section

6 indicators in this section

		≤2 months		3-12 months		13 -24 months		25 -59 months		5-9 years		10 - 14 years		15 - 19 years		20 - 24 years		25 -29 years		30 – 34 years		35-39 years		40-44 years		45-49 years		50-54 years		55-59 years		60-64 Years		65+ Years		Total
SEX		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
D21. Number of PLHIV in care on ART who had a sample collected for Viral Load testing this month. (HIV DR/VL Register)	New																																			
	Repeats																																			
D22. Number of PLHIV in care on ART who received Viral Load test results this month. (HIV DR/VL Register)	>1,000 copies/ml																																			
	Undetectable/not detected																																			
	≤1000 copies/ml																																			
D23. Number of PLHIV in care on ART who started Enhanced Adherence Counselling this month (HIV DR/VL Register)	>1,000 copies/ml																																			
	≤1000 copies/ml																																			
D24. Number of PLHIV in care on ART who completed EAC this month (OI/ART Patient Care Booklet)																																				
D25. Number of PLHIV in care on ART who had second VL Test done this month (HIV DR/VL Register)																																				
D26. Number of PLHIV in care on ART who had second Viral Load test results. (HIV DR/VL Register)	>1,000 copies/ml	First Line																																		
		Second Line																																		
		Third Line																																		

28 data elements if reporting by sex

476 data elements if reporting by sex and age groups

(This monthly report contains 35 pages of such tables)
(More than 15,000 data elements?)

Paper-based data aggregation and entry into DHIS2:
High reporting burden, elevated by the degree of indicator disaggregations

28 data elements if reporting by sex

476 data elements if reporting by sex and age groups

(This monthly report contains 35 pages of such tables)
(More than 15,000 data elements?)

Paper-based data aggregation and entry into DHIS2:
High reporting burden, elevated by the degree of indicator disaggregations

The New Reality: Dramatically Reduced Resources

In early 2025, stop-work orders impacted every element of HIV programming, including program M&E

- Loss of staff interrupted data entry, reporting, aggregation and analysis
- MOH in several CQUIN partner countries report being locked out of their own national M&E systems



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

Rapid WHO country office stock take

Summary of results from 108 WHO country offices, 7 March–2 April 2025

DEADLY PAUSE

IMPACT OF THE PEPFAR STOP WORK ORDER

**Impact of Stop Work Orders for
PEPFAR Programs**

Assessment finding: M&E System Components Impacted by USG Stop Work Order, 13 CQUIN countries, February 2025

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

Impact:



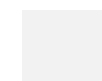
High



Partial



None



Not reported

Source: Ministries of Health (CQUIN
landscaping analysis)

Strengthening governance of HIV program data IP engagement framework - Malawi



MINISTRY OF HEALTH

IMPLEMENTING PARTNER ENGAGEMENT FRAMEWORK

February 2025

2.4. Digital health and health management information systems (HMIS)

Where partners support the development and use of health management information systems, the following principles shall apply:

- Health management information systems including the lab management information system shall be managed only by Government staff
 - Implementing partner financial resources earmarked for data systems shall be refocused to support the capacity building of identified government staff in all aspects of operating and maintaining the systems
 - Implementing partners will provide technical backstopping to the identified Government staff
- The government maintains the Malawi Health Information System (MaHIS) as its long-term vision but shall rapidly scale up cost-effective digital tools in the short term, such as the scanform, for HIV and other health services in order to maintain quality data for programme management.
- Implementation of electronic medical records systems and other digital health technologies will be led by identified Government employees and implementing partners shall provide capacity building and technical backstopping
- The Digital Health Division will assume active oversight of partner led and managed digital health solutions in liaison with Government staff managing the systems at the operational level

The Challenge: Redesigning and Reprioritizing M&E – 1

- **Documentation and reporting burden**
- **Vulnerabilities in current M&E systems for HIV**
 - Materials – forms, databases, meetings, reports
 - Staffing – data clerks, IT staff, M&E managers, health care workers (HCW)
 - Staff capacity – training and mentorship on data collection, quality, use
- **Governance** of routine program data
- **Integration of HIV services into other routine care settings**
- **Systematizing role of community** – engagement in program M&E and CLM

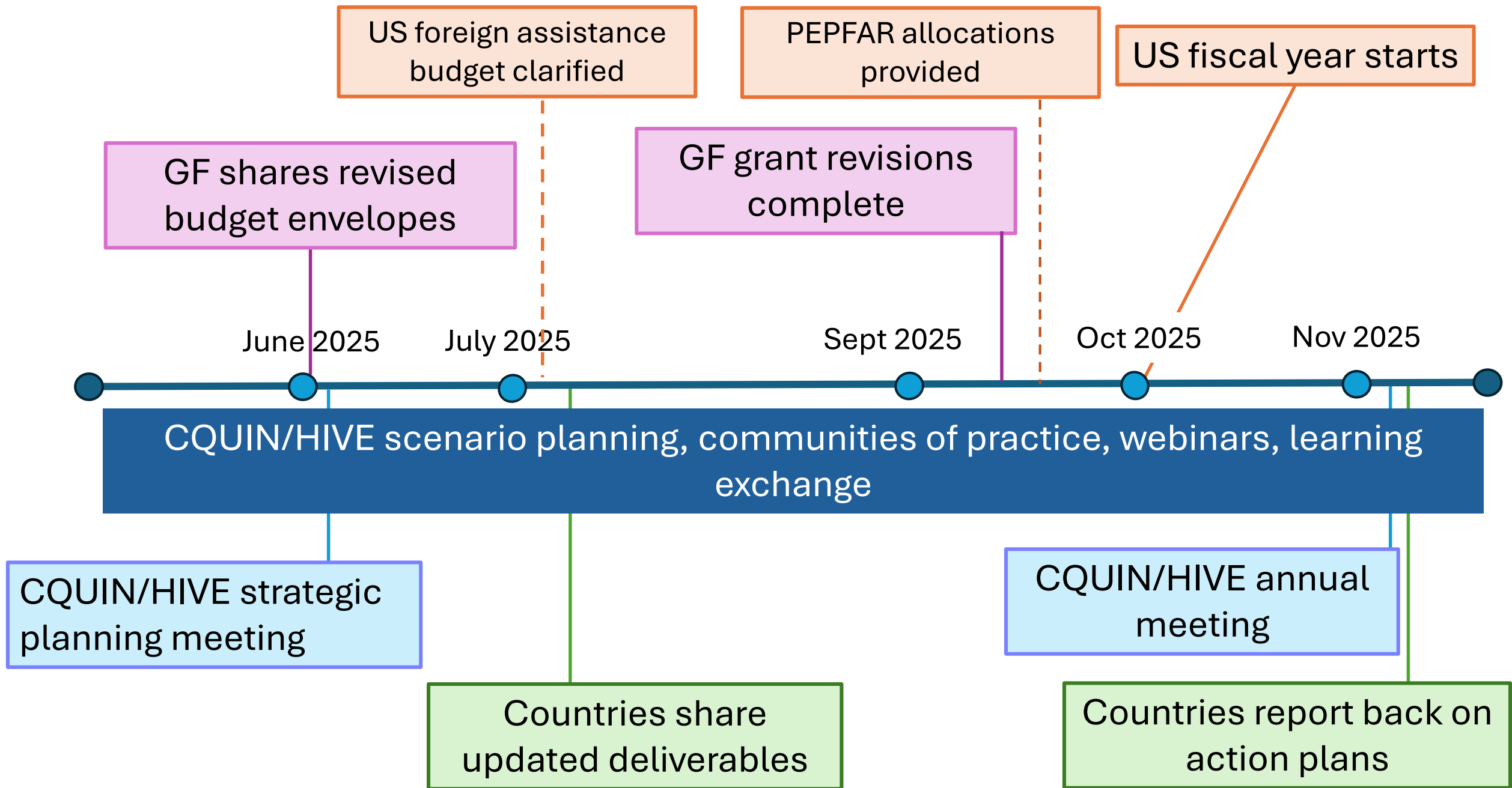
The Challenge: Redesigning and Reprioritizing M&E – 2

How can each country achieve the best outcomes with the resources available?

- What M&E components can be sustained to support prioritized HIV services?
- Accelerate EMR development or maintain paper-based M&E?
- Partner with communities to expand CLM
- **Prioritize and streamline indicators to reduce reporting burden (and cost)**






Scenario planning is needed, given so many unknowns re: funding

- What will M&E systems look like, and what kinds of data can be documented and reported?






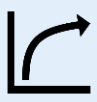

Prioritizing HIV indicators: Considerations

VALUE OF INFORMATION

-  Clinically significant*
-  Impacts epidemiology of HIV (population-level)
-  Provides critical early warning signal
-  Enables managers to address important gaps
-  Provides relevant evidence for community and researchers

*and included in the national package of HIV services

CONTEXTUAL FACTORS

-  Disease burden, morbidity, mortality
-  Resources needed to document, report, and use data
-  Resources available to document, report, and use data
-  Capacity of program/stakeholders to use data for action
-  Confidentiality and security of information, and risks of breach

CQUIN illustrative prioritization of HIV reporting indicators – Higher priority

Indicators, by sex and age group and pregnant/breastfeeding status (where applicable):	
VTP	No. pregnant women attending first ANC visit during the month No. pregnant women attending first ANC visit tested for HIV during the month No. pregnant women attending first ANC visit tested HIV positive during the month No. pregnant women attending first ANC visit during the month already known to be HIV-positive No. HIV-exposed infants receiving a first virological HIV test within two months of age Final HIV status of infants at 18 months or cessation of BF
HTS	No. people tested for HIV and received the result during the month No. people tested HIV positive and received the result during the month
ART	No. people who initiated ART during the month No. people currently on ART (Active on ART) by the end of the month *disaggregated by MMD (3, 3-6, 6+mo) No. people on ART who experienced interruption in treatment this month No. people on ART who died this month
VL	No. VL results received during the month No. VL results <1000 copies/ml received during the month
TB	No. people newly enrolled on ART who were diagnosed with active TB No. people newly enrolled on ART who screened negative and initiated TPT
Prevention	No. people initiating PrEP during the month No. people receiving PrEP during the month (includes those initiating or continuing or resuming PrEP) No. people received post-exposure prophylaxis this month

CQUIN illustrative prioritization of HIV reporting indicators – Lower priority

Indicators, by sex and age group and pregnant/breastfeeding status (where applicable):	
VTP	No. HIV-exposed infants who were started on ARV prophylaxis at birth
HTS	No. people tested for HIV and received the result during the month, disaggregated by modality
	No. people tested HIV positive and received the result during the month, disaggregated by modality
ART	No. people who initiated ART during the month, disaggregated by CD4 +/- 200 cells/μL
TB	No. people newly enrolled on ART who screened negative and completed TPT
Prevention	No. people received condoms this month (disaggregated by HIV status)

Working Together: Next Steps

- CQUIN M&E community of practice will continue to meet regularly to share and discuss plans, experiences, tools, etc.
- ICAP CQUIN team is available to support countries
- The CQUIN Community Advocacy Network (CAN) and in-country recipient of care representatives can ensure ROC engagement and collaboration on ways to leverage CLM

Thank You!

