

# CQUIN Keynote

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(ICAP/CQUIN)

20 April 2026



Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya

# Works in Progress: Transforming the HIV Response in a Time of Change

April 20 - 22, 2026



## Outline

Pre-meeting survey findings

2025 a pivot year

Network priorities for 2026



### MEETING CONCEPT NOTE

#### Works in Progress: Transforming the HIV Response in a Time of Change

Location: Nairobi, Kenya (Movenpick Hotel)

Dates: 20-22 April 2026 (registration and opening dinner on 19 April)

**Background:** Since its launch in 2017, the [HIV Coverage, Quality, and Impact Network \(CQUIN\)](#) has advanced high-impact, innovative HIV services in its 21 member countries. Co-chaired by ICAF at Columbia University with support from the Gates Foundation and in close partnership with Ministries of Health, global stakeholders and recipients of care, CQUIN supports countries to expand the coverage, quality and impact of HIV programs.

2025 was a year of extraordinary change for the global HIV response. Cuts in official development assistance for health, the closure of USAID, and the issuance of stop-work orders disrupted HIV programs and services throughout the network. Nearly half of CQUIN member countries experienced cuts of more than 50% in health aid from the United States government and Global Fund awards to network members were reduced by an average of 11% (range 7-16%). As a result, many HIV services were disrupted, as was program monitoring and evaluation (M&E).

In response, the CQUIN network pivoted from its emphasis on differentiated service delivery to support country teams to prioritize, plan and adapt HIV programs to the current context. Strategic planning, cross-country exchange and learning, co-creation of practical tools, and targeted technical assistance are positioning member countries to optimize their HIV programs in the context of lower budgets, new donor agreements, and new partners.

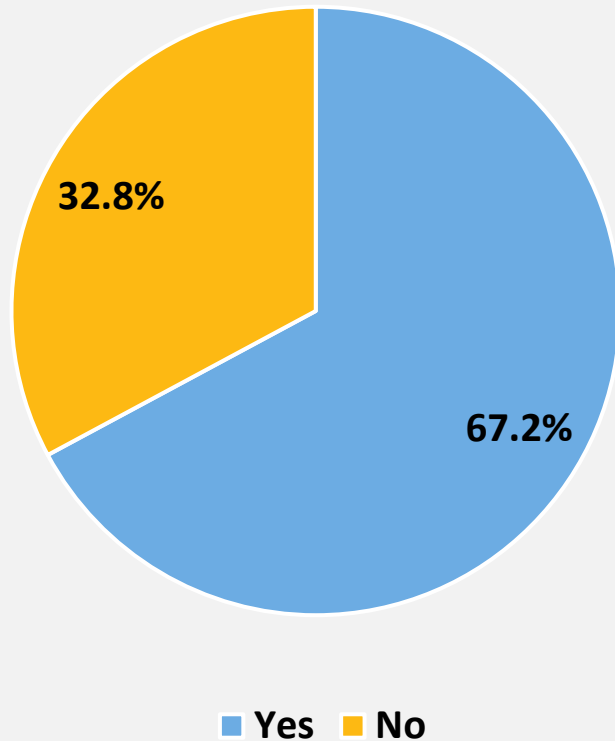
CQUIN will continue this work at a three-day in-person meeting for Ministries of Health, recipients of care and other stakeholders from April 20-22, 2026. Entitled *Works in Progress: Transforming the HIV Response in a Time of Change*, the meeting will focus on the exchange of practical lessons, tools and strategies. It will also aim to support countries in shaping their sustainability and transition planning. In response to country priorities, the four focal areas will include:

1. Integration of HIV services into routine healthcare
2. Safeguarding coverage and quality of HIV services for key populations
3. Strengthening monitoring and evaluation of advanced HIV disease services
4. Assessing and strengthening national HIV M&E systems as a pathway to sustainability

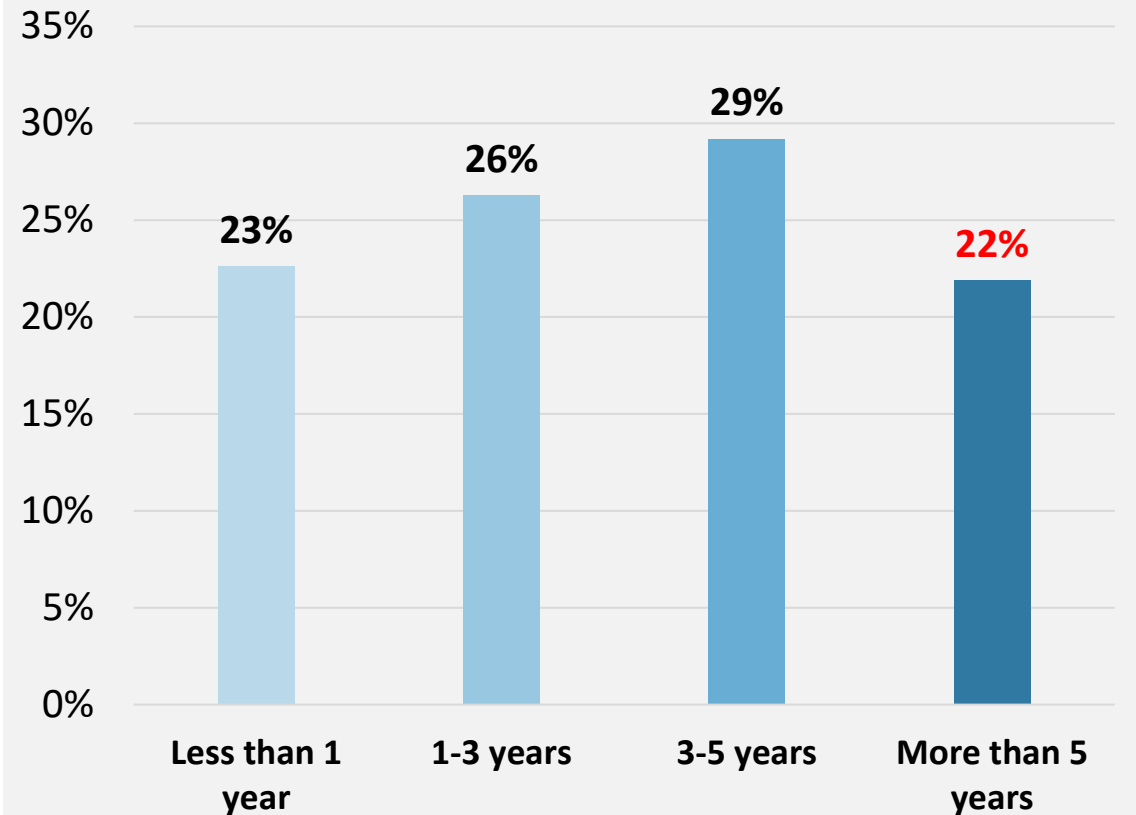


# Most respondents have attended CQUIN meetings, and **over 50%** report more than three years of involvement.

Have you been to a CQUIN multi-country meeting before? (N=137)

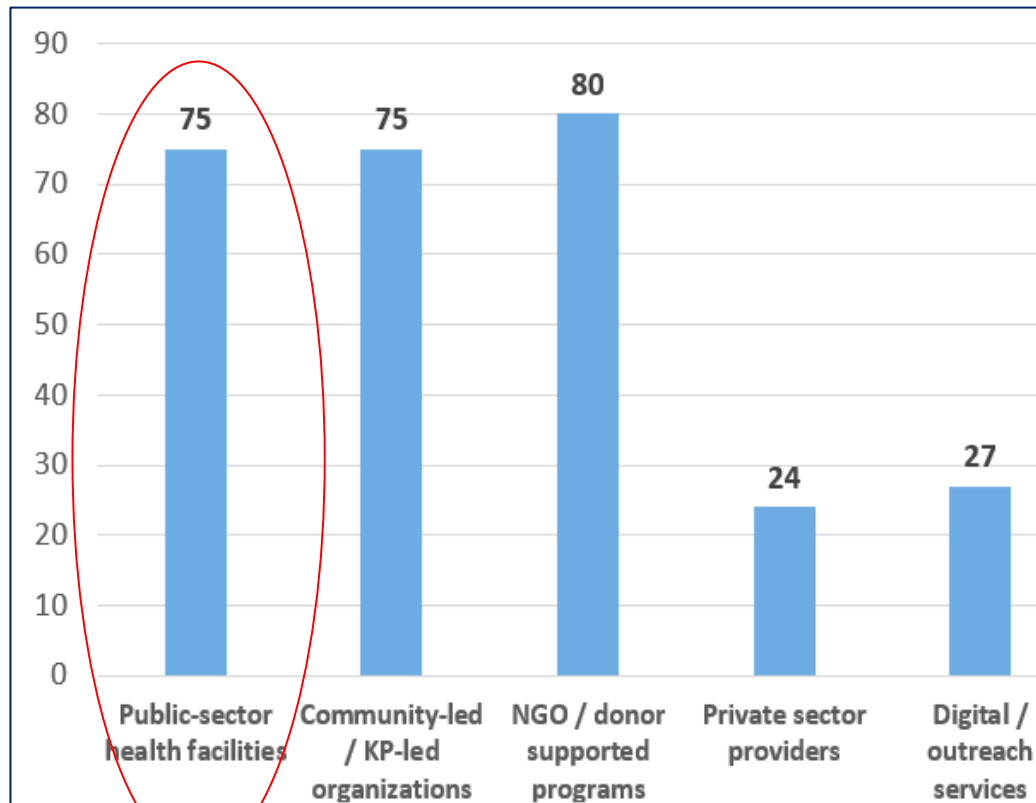


How long have you been involved with the CQUIN network? (N=137)

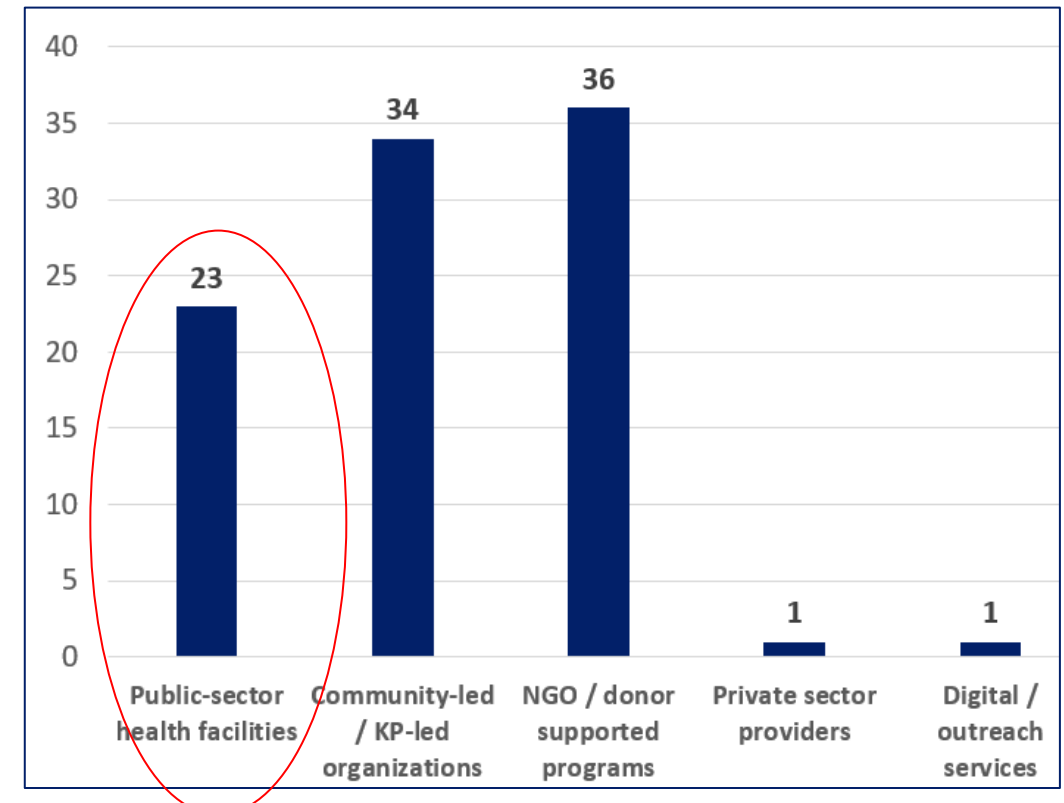


# HIV Service Delivery Platforms for KP are increasingly being delivered in **public facilities** but remain largely **donor funded**

Which service delivery platforms currently provide HIV services for KP in your country? (N=283)

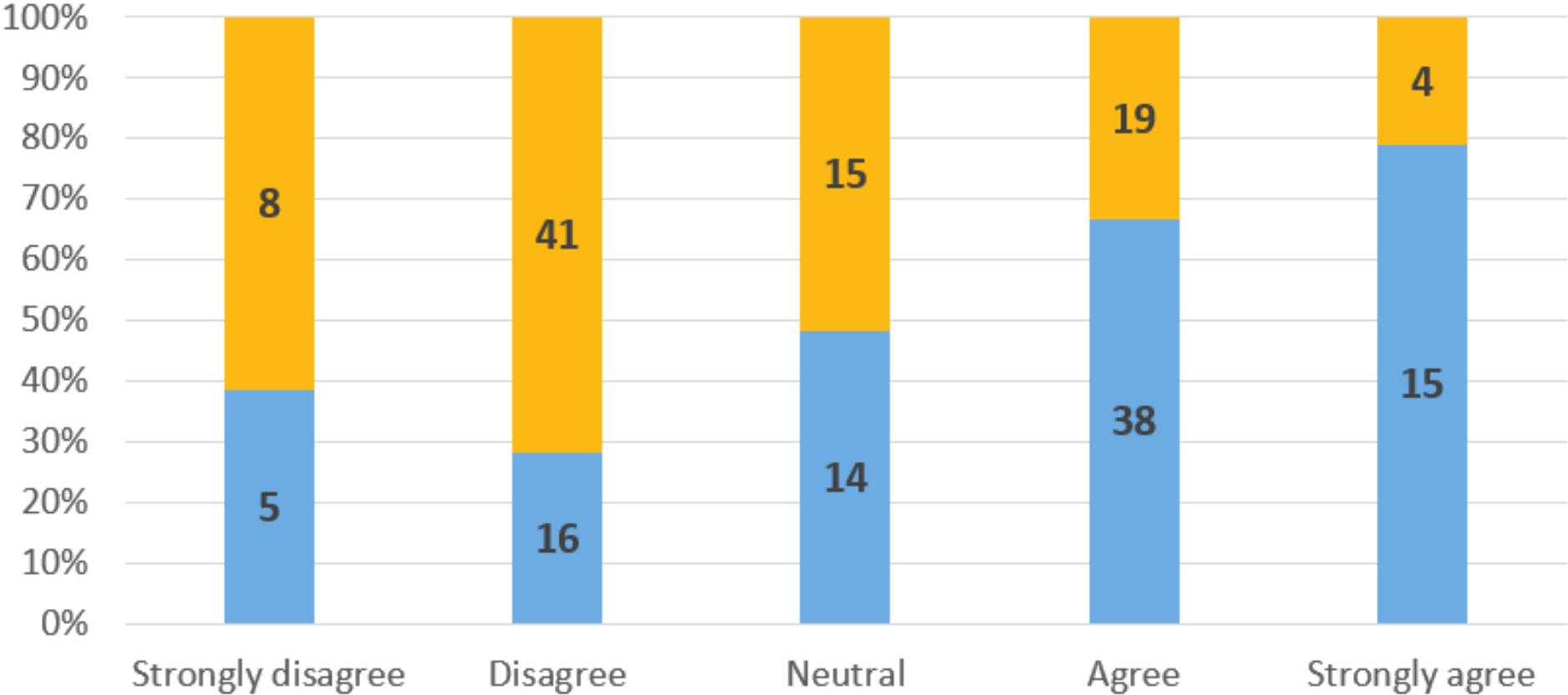


Which platform currently provides HIV services to the largest number of KP? (N=100)



Most respondents indicate that **funding changes have disrupted AHD M&E** and that **existing resources and systems are inadequate** to sustain AHD M&E within routine health systems (N=90).

- Resources and systems are sufficient to sustain AHD M&E within routine health systems.
- Recent funding changes have affected the ability to monitor and track AHD services.



# Meeting the Moment: The 2025 Pivot Year

## Section 1. The CQUIN 2025 Pivotal Year

- Snapshot of the year's strategic focus and milestones
- Key innovations and cross-country learning moments

## Section 2. The 9th Annual Meeting (Durban, Nov 2025)

- Highlights and outputs (action plans) from the CQUIN 9<sup>th</sup> Annual meeting.
- Emerging themes shaping CQUIN's 2026 agenda

## Section 3. Advancing Post-Annual Meeting Priority Activities

- Activities initiated following the CQUIN 9th Annual Meeting
- Preparing for the CQUIN Technical Meeting in April: *Works in Progress: Transforming the HIV Response in a Time of Change*



CQUIN 9th Annual Meeting

Monday, November 17, 2025



Meeting the Moment: Transforming the HIV Response in a Time of Change

Tuesday, June 10, 2025

2024	▼
2023	▼
2022	▼
2021	▼
2020	▼
2019	▼
2018	▼
2017	▼

# 2025 has been a pivotal year for the CQUIN Network

## Strategic Planning & Prioritization

- Scenario-based HIV service prioritization with **16** countries, scaled to **21**
- Standardized “Keep / Modify / Drop / N/A” framework for national service packages
- Prioritization outputs informed Global Fund GC7 reprioritization, PEPFAR bridge funding, and national guidelines

## Global Tools & Technical Support

- **5** global tools deployed (PATHS, IAS TIER, WHO/UNAIDS).
- **5** CQUIN toolkits: M&E Indicator Prioritization Tool, Service Quality Assessment, KP-Friendly Services Toolkit, M&E Vulnerabilities Assessment, and HIV Services Integration CMM.

## Country-to-Country Learning & Exchange

- **7** physical C2C visits (**Liberia/Malawi to Nigeria; Cameroon/Côte d’Ivoire to Uganda; South Africa to Zambia; Tanzania/Lesotho to Uganda**).
- **6** virtual C2C exchanges on HIV service integration and AHD.

## Webinars & Communities of Practice

- Hosted **7** webinars on emergency response amid financial shifts, service & M&E prioritization, community engagement (with ITPC), and HIVST expansion
- Streamlined Communities of Practice from **11** to **4** (M&E, QM, Community Engagement, Service Delivery)

## Monitoring & Evaluation Strengthening

- Supported national HMIS data reviews (2024–25) revealing decline in HTS, ART & PrEP initiations and VL testing.
- Piloted M&E National M&E System Assessments in **21** countries, identifying gaps in HRH, data quality, CLM, and HMIS resilience

## CQUIN Meetings (Johannesburg & Durban, 2025)

- Convened 21 countries, partners, and civil society at two CQUIN network meetings:
- Johannesburg (June): launched CQUIN 2.0 Pivot (Meeting the Moment)
  - Durban (Nov): technical sessions and action planning (Delivering Differently)

# CQUIN Pivot: key innovations, and cross-country learning moments



Tanzania & Lesotho visit to Uganda



South Africa visit to Zambia

## HIV service prioritization

### Integration CMM:

- Piloted in 13 countries

### Focus area surveys:

- KP, Quality, Data platforms

### Monthly webinars:

- Integration, HIV service & indicator prioritization

### C2C learning visits:

- AHD, Integration, 6MMD

## CQUIN National M&E System Assessments

# CQUIN 9<sup>th</sup> Annual Meeting



**Works in Progress: Transforming the HIV Response in a Time of Change**  
April 20-22, 2026 | Nairobi, Kenya

# Highlights and Outputs from the 9th Annual Meeting (Durban, Nov 2025)

## The learnings

Key notes, Plenaries



## The discussions

Break out sessions, Tools lab, Action Planning



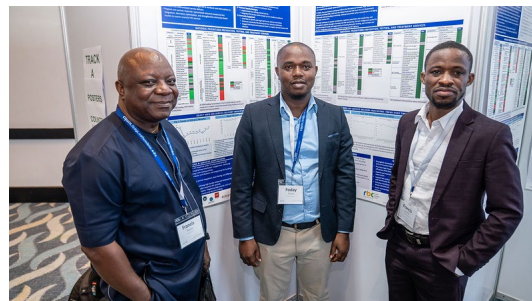
## Special moments

Peter Preko Award, Peter E farewell



## Commitments

Policies & guidelines update, M&E systems ownership



Works in Progress: Transforming the HIV Response in a Time of Change  
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# Emerging Themes Shaping CQUIN's 2026 Agenda

- **Integrated Service Delivery Models: Governance, Structured Integrated HIV Care Models, Practical Tools, Implementation and Monitoring Approaches**
- **Safeguarding Services for Key Populations and People with Advanced HIV Disease**
- **Maintaining Coverage and Quality of Person-centered HIV Care**
- **Strengthening Monitoring and Evaluation Systems and Digitalization to Drive HIV Service Improvement.**
- **Re-thinking Financing and Resource Mobilization towards Sustainability**



## Priority Activities Advanced following the CQUIN 9<sup>th</sup> Annual Meeting

# CQUIN Activities in 2026 to Address Country Priorities

- **HIV Service Integration into Routine Healthcare:** Piloted the integration CMM in 13 countries; and hosted a February webinar.
- **Safeguarding Key Population Service Delivery:** Conducted a Key Population service adaptation assessment in 21 countries and continued advancing KP Service Quality Assessment targeting 10 countries.
- **National HMIS Data:** Added AHD indicators; KP and PrEP disaggregation and supported collation of national HMIS data.
- **National M&E Systems:** Piloted and conducted the CQUIN M&E national system assessments in 21 countries; shared findings in a webinar in March.

# Priority 1: Integration of HIV Services into Routine Healthcare

## Integration of HIV Services

- **Rationale:** Significant shifts in the funding landscape and service disruptions underscore the necessity to transition from vertical HIV service delivery to integrated models delivered within routine healthcare settings, thereby ensuring sustainability and advancing progress toward HIV epidemic control.
- **Objective:** Identifying best practices, priority gaps, and challenges related to the integration of HIV services into routine healthcare through the application of the CQUIN's Integration Capability Maturity Model.

## CQUIN's Approach

**Service Delivery  
Community of Practice  
Meetings and Webinars**

**Integration Capability  
Maturity Model (CMM)  
Country-Led Self-  
Staging Exercise**

**Policy-to-practice  
translation toolkits,  
peer review, and cross-  
country sharing of  
operational guidelines  
& practices**

**Integration-focused  
learning exchange,  
country-2-country visits**

## Priority 2: Safeguarding Coverage and Quality of HIV Services for KP

### KP Focus Area

- **Rationale:** Effective KP programs are essential to epidemic control and vulnerable to funding cuts.
- **Priority 1:** Strengthening the quality of KP services delivered in the public sector to support sustainability.
- **Priority 2:** Share emerging best practices and service delivery models for KP across the network.

### CQUIN's Approach

Support use and scale-up of CQUIN's KP SQA tool

Rapid Situational Assessment of KP Services in CQUIN Countries

Supporting KP SQA data analysis and use to address gaps

Documenting and sharing emerging service delivery models for KP

# KP-Friendly Service Quality Assessment (KP-SQA)



- Designed to translate the concept of ‘KP friendly’ into practical, facility-level standards that can be measured and used to identify areas for improvement.
- Holistic approach, assessing multiple dimensions of quality, including privacy, stigma and discrimination, service package delivery, community involvement and QA/QI of KP services.

Indicators are scored as being met/partially met/not met (**green/yellow/red**), allowing for creation of scorecards to identify actionable cross-cutting gaps and specific facility-level challenges.

	Routine training on KP-friendly HIV services	Existence of confidentiality and privacy procedures	Documentation & follow-up of discrimination cases	KP participation in facility policy and advisory roles	Availability of KP-specific HIV commodities	Routine & KP-specific services free or affordable?
HF 1	Red	Green	Green	Green	Green	Red
HF 2	Yellow	Yellow	Yellow	Yellow	Green	Green
HF 3	Green	Green	Green	Green	Green	Red
HF 4	Red	Green	Yellow	Red	Green	Green
HF 5	Red	Green	Yellow	Red	Green	Green
HF 6	Yellow	Green	Green	Yellow	Yellow	Yellow



# Priority 3: Strengthening Monitoring and Evaluation of AHD

## AHD Focus Area

- **Rationale:** Despite progress in HIV testing and treatment coverage, AHD remains a persistent contributor to morbidity and mortality and monitoring of AHD through national data systems remains suboptimal.
- **Priority 1:** Improve the identification and monitoring of individuals with AHD through stronger national data systems, enabling timely, integrated interventions that reduce AIDS-related mortality
- **Priority 2:** Strengthen AHD service delivery as a critical component of broader commitment to resilient and responsive HIV programming

## CQUIN's Approach

**Collective prioritization of AHD indicators and integrating these into the national data systems.**

**Scale models of care for AHD, and integrating AHD services into routine health care within public facilities**

**Strengthen systems for tracking the coverage and quality of AHD services across the Network.**

**Exchange of best practices: Plan C2C learning visits on AHD**



# Priority 4: Assessing and strengthening national HIV M&E systems as a pathway to sustainability



# Outline

- Context
- Trends in HIV services data
- Mapping external support & gaps throughout M&E systems
- New frameworks: M&E for key populations, AHD indicators
- ‘Lite’ CQUIN data performance reviews (DPRs)
- Data systems and data use throughout this week

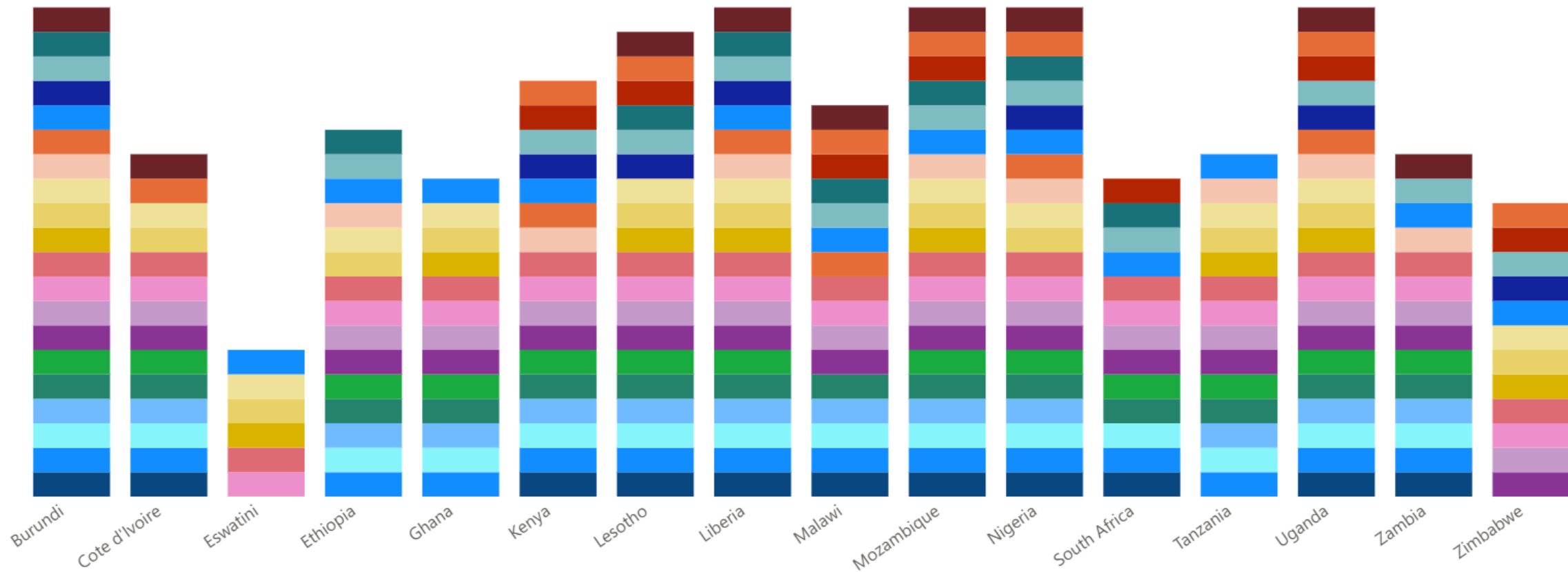
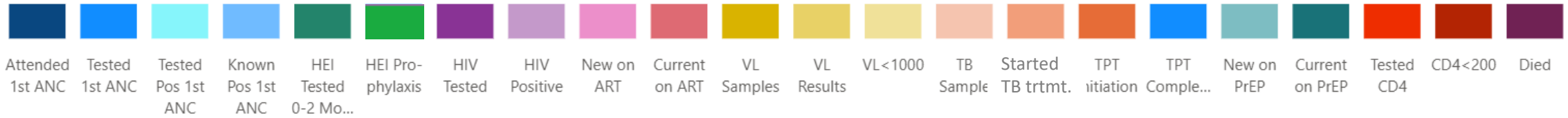
# Context

- **Robust but elaborate M&E infrastructure, complemented by surveys and surveillance, has helped countries achieve historic successes in fighting HIV**
  - Important gaps remain though – e.g., data quality, data for key populations and for routine monitoring of AHD, utilizing CLM
- **Future support for M&E, and reporting requirements, from USG and Global Fund are not well understood**
- **Donor funding disruptions, cuts, and uncertainties add urgency to challenges**
  - Funding support was woven throughout M&E system
  - Current system involves substantial documentation and reporting burdens for staff
  - Many difficulties in scaling-up a point of care EMR nationally
  - Maintaining adequate HIV M&E with integration of services
  - Understanding impact of cuts on services & outcomes, and reporting

# National HMIS data reported by CQUIN countries

## Data through December 2025 shared by 16/21 countries

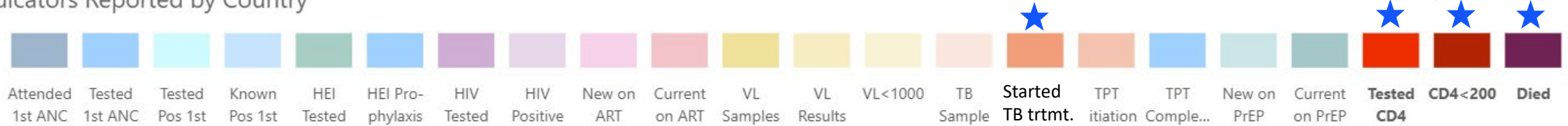
Indicators Reported by Country



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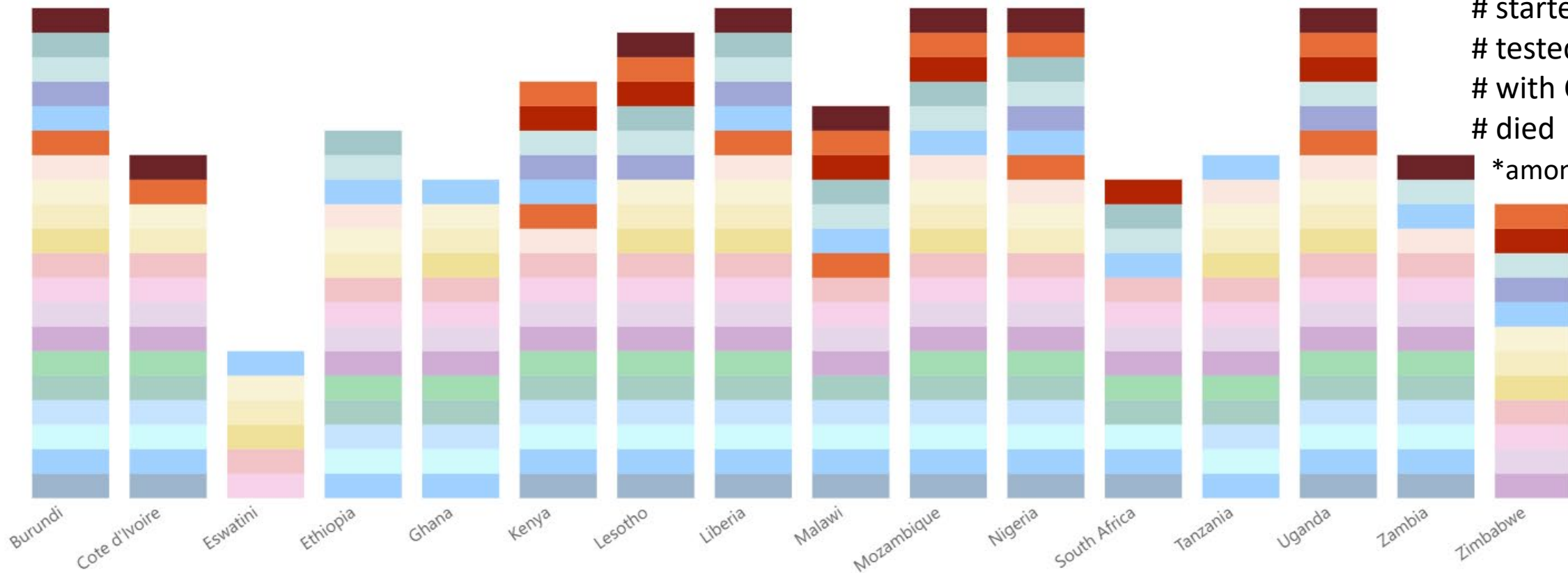
Indicators Reported by Country



★ New AHD indicators

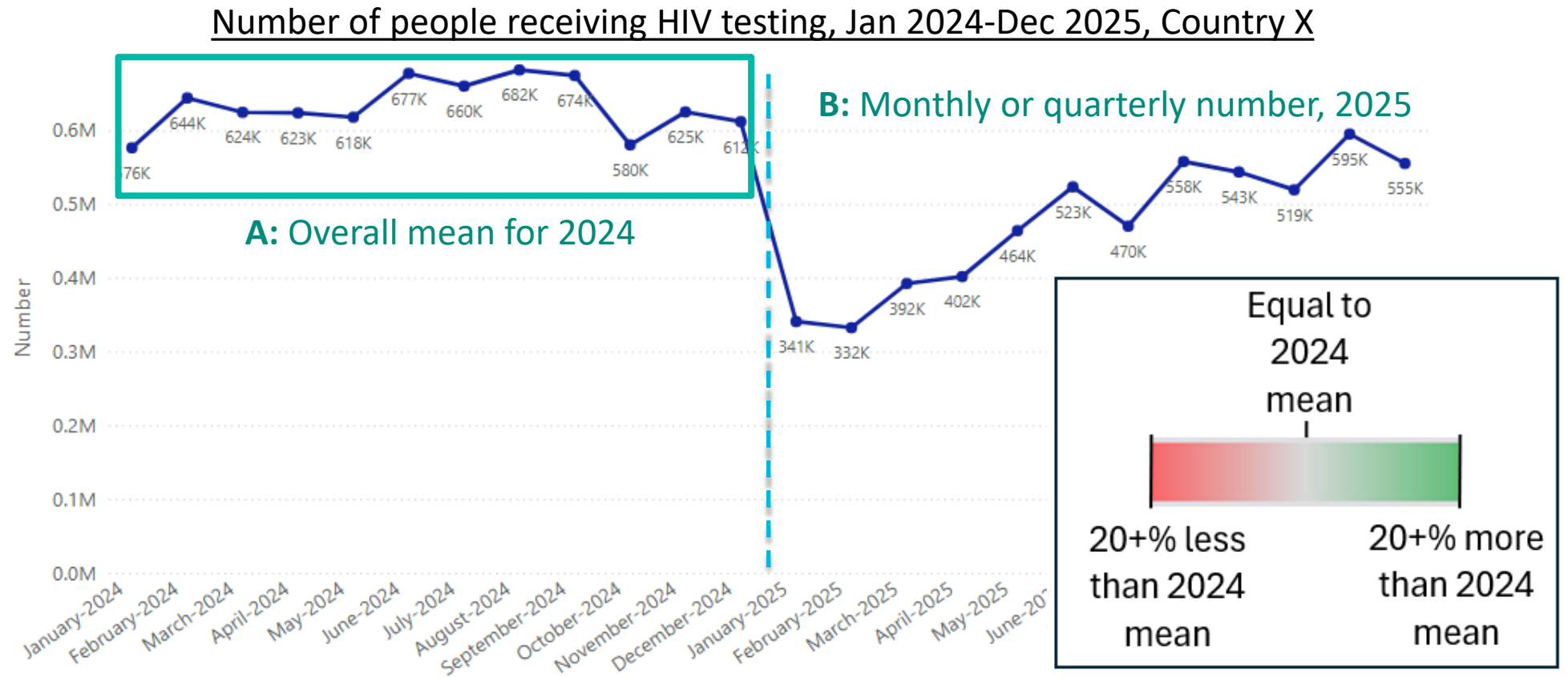
- # started TB tx
- # tested for CD4\*
- # with CD4<200\*
- # died

\*among new on ART



# Trends in key HIV services – CQUIN countries

- Assessed available data for each indicator from Jan 2024-Dec 2025
- Compared monthly results for 2025 versus overall 2024 monthly mean value



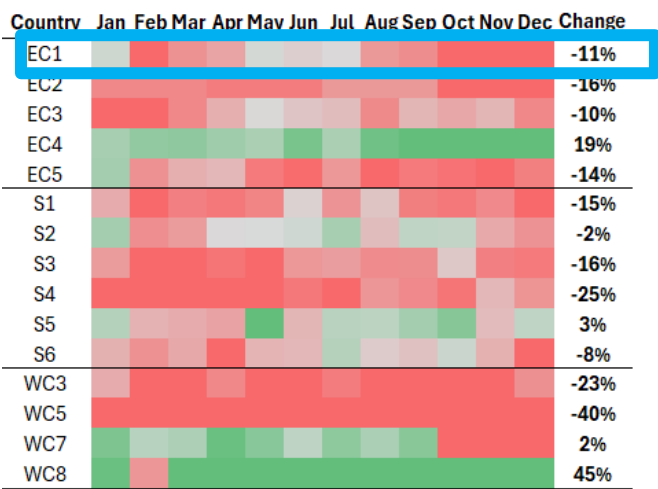
% change in # new on ART versus 2024 mean

The HIV Network for Coverage, Quality, and Sustainable Impact

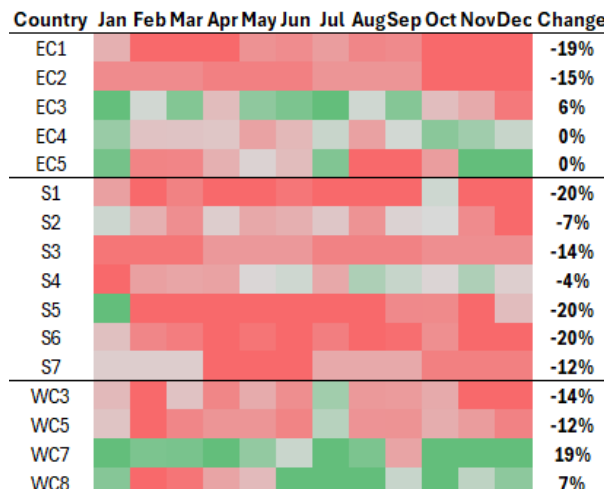
# Percent change in HIV services: 2025 vs. overall 2024 monthly means, by country

= (monthly #) / (overall mean monthly #, 2024)

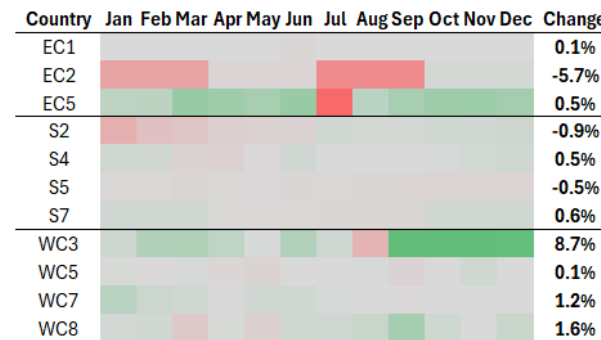
## # receiving HIV testing



## # new on ART

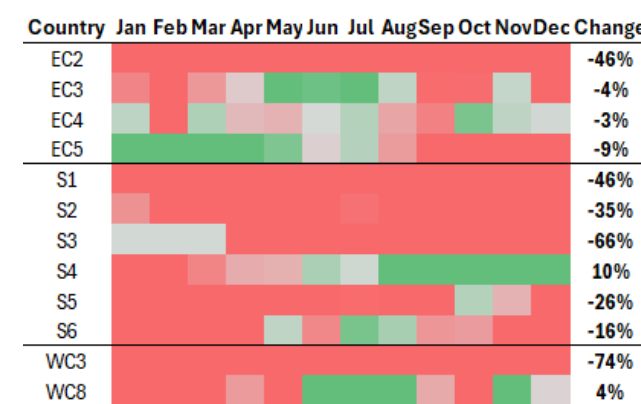


## % with VL <1000\*

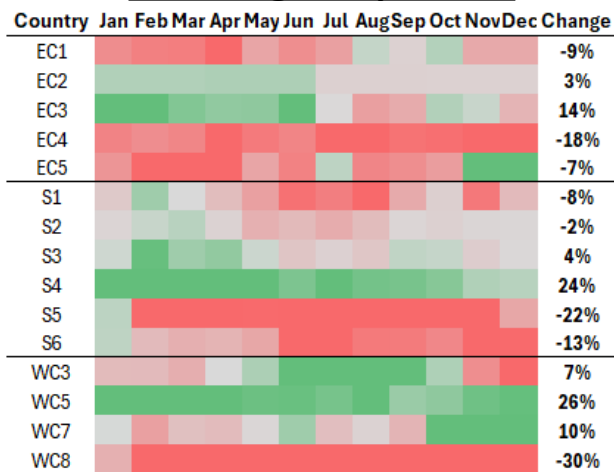


\*Among people on ART with VL results

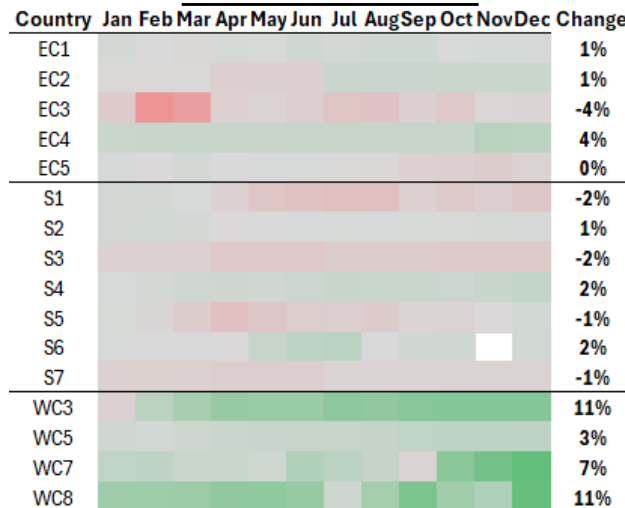
## # new on PrEP



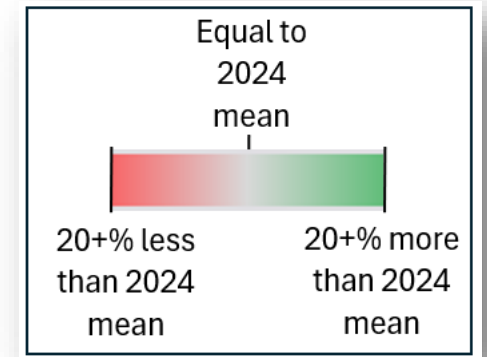
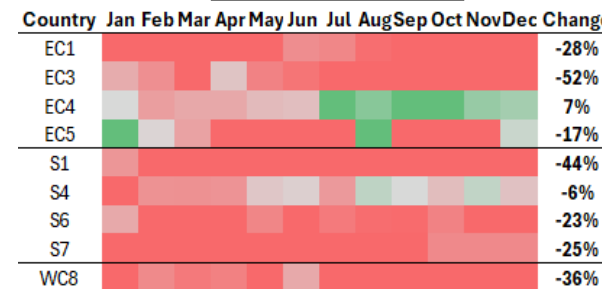
## % testing HIV-positive



## # current on ART



## # initiated TPT

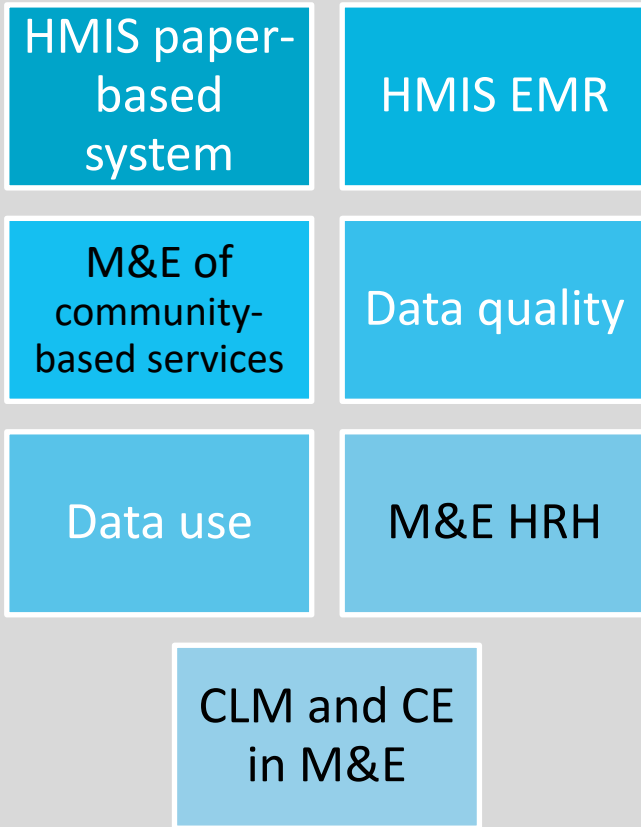


Sustained reductions in volume of HTS, and ART, PrEP, and TPT initiations in many countries

No clear change in # current on ART or % with VL>1000

# CQUIN National M&E System Assessment pilot: Mapping external support and gaps across M&E systems

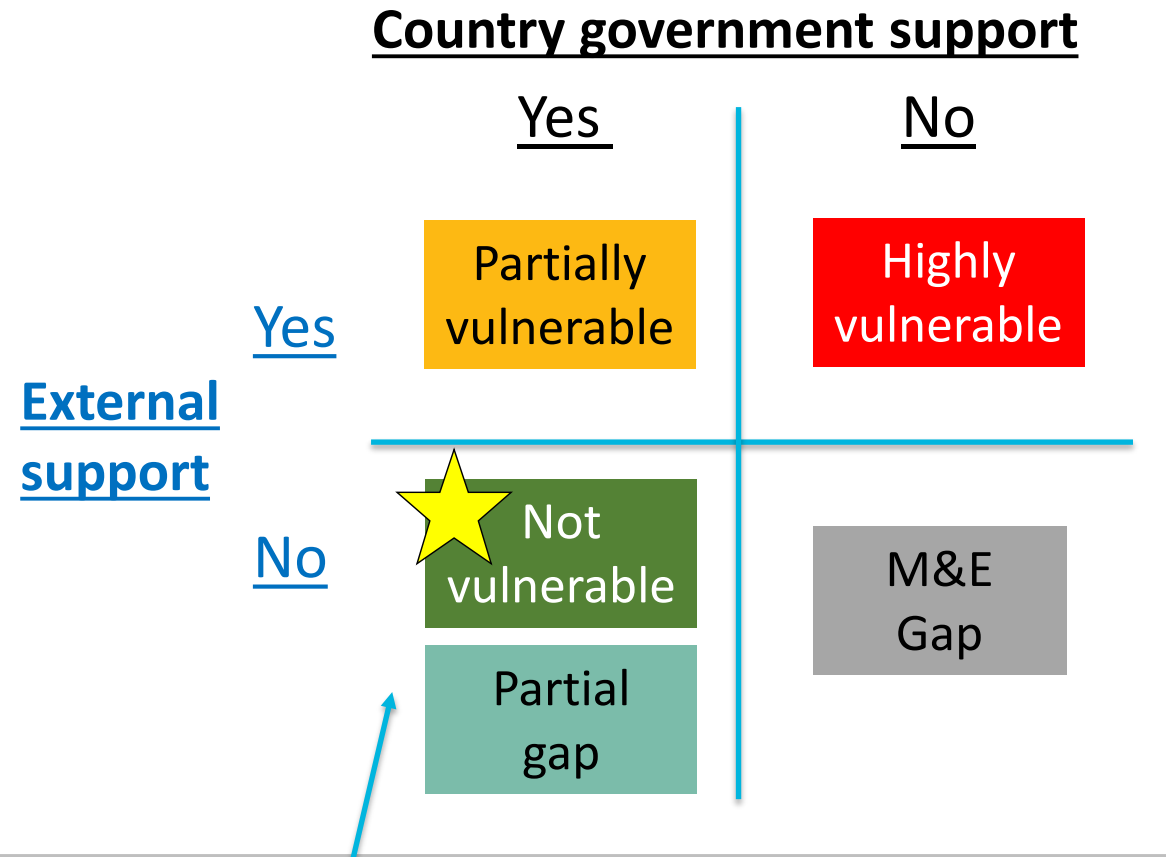
## 7 M&E domains



**199 M&E functions assessed**

The HIV Learning Network for Differentiated Service Delivery

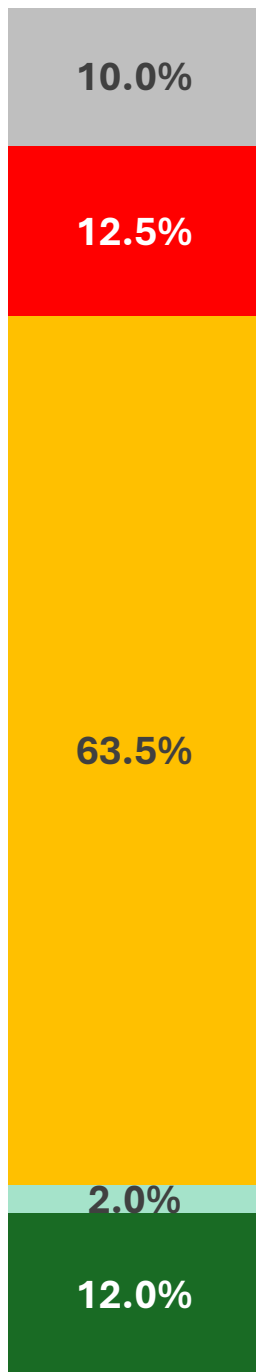
## Scoring of M&E functions:



*Not vulnerable* if fully implemented  
*Partial gap* if not fully implemented

# External support woven throughout M&E Systems

## 21 CQUIN countries (n=4,022 M&E function scores)

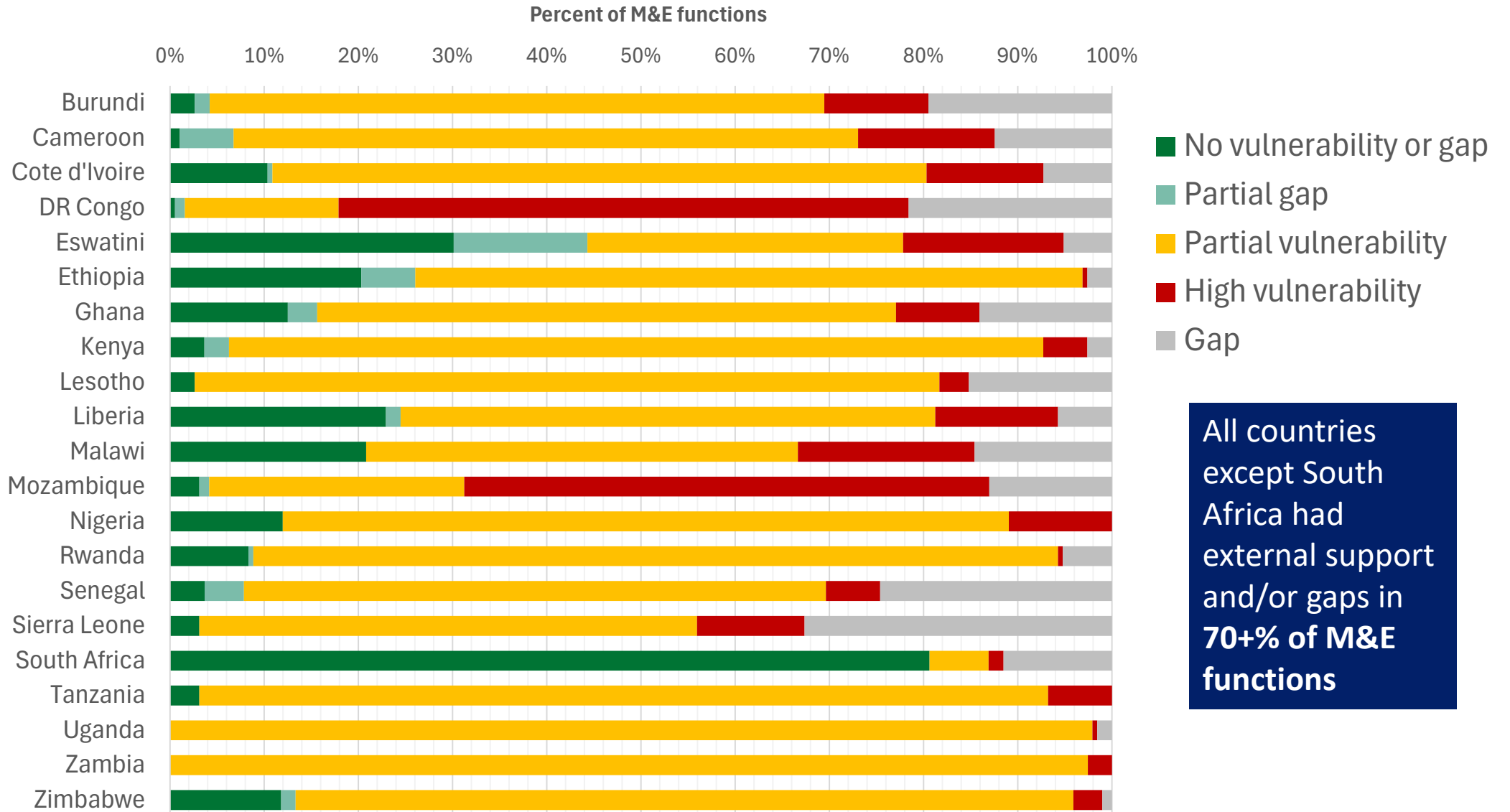


Results from the CQUIN M&E National M&E System Assessment:

- **12%** of M&E functions were **implemented fully and without external support** (green section of bar).
- **12%** of M&E functions were **either *partially* implemented** (light green) **or were *not* being implemented** (grey) **and not externally supported**
- **76%** of M&E functions were **partially** (gold) **or fully** (red) **supported by external donors**

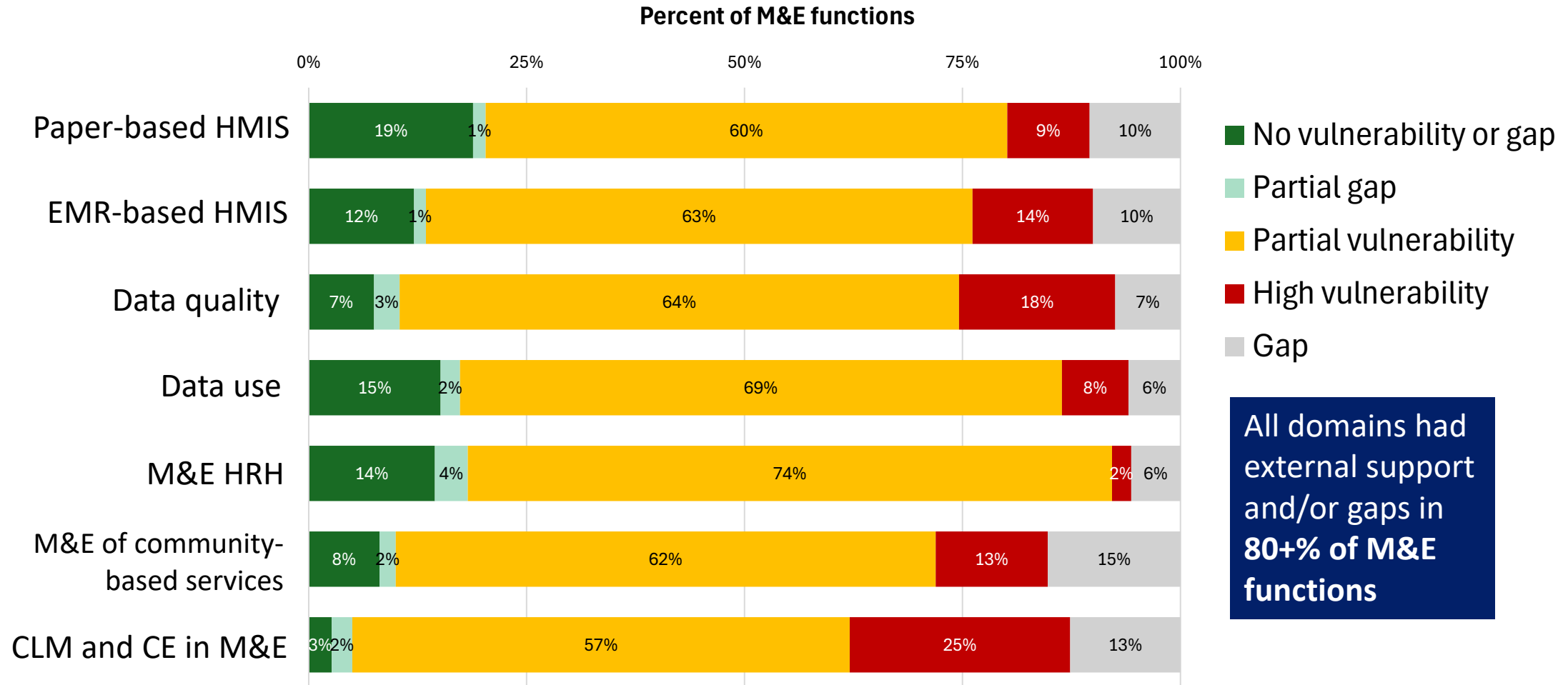
<u>Category</u>	<u>Description</u>
Not vulnerable	Fully funded by government, no external support
Partial M&E gap	Partially funded by government, no external support
Partially vulnerable	Some external support, some government support
Highly vulnerable	Full external support
M&E gap	Not funded or supported by government or external partner

# Overall M&E function scores distribution, 21 CQUIN countries



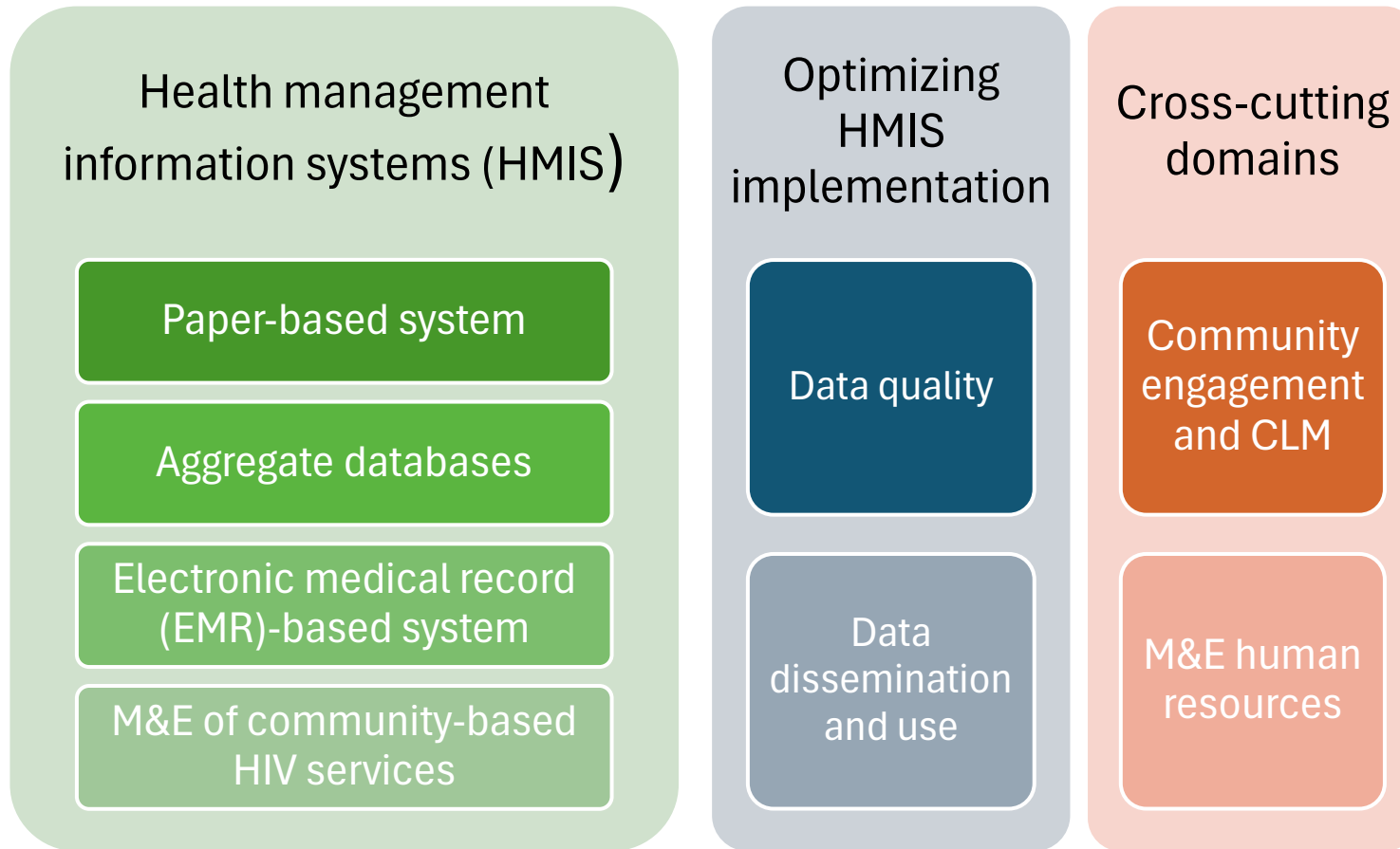
All countries except South Africa had external support and/or gaps in 70+% of M&E functions

# Distribution of M&E assessment scores by domain, 21 countries



# Updated CQUIN National M&E System Assessment

## 8 domains assessed\*:



\*Aggregate databases M&E functions were previously included within the *Paper-based system* domain

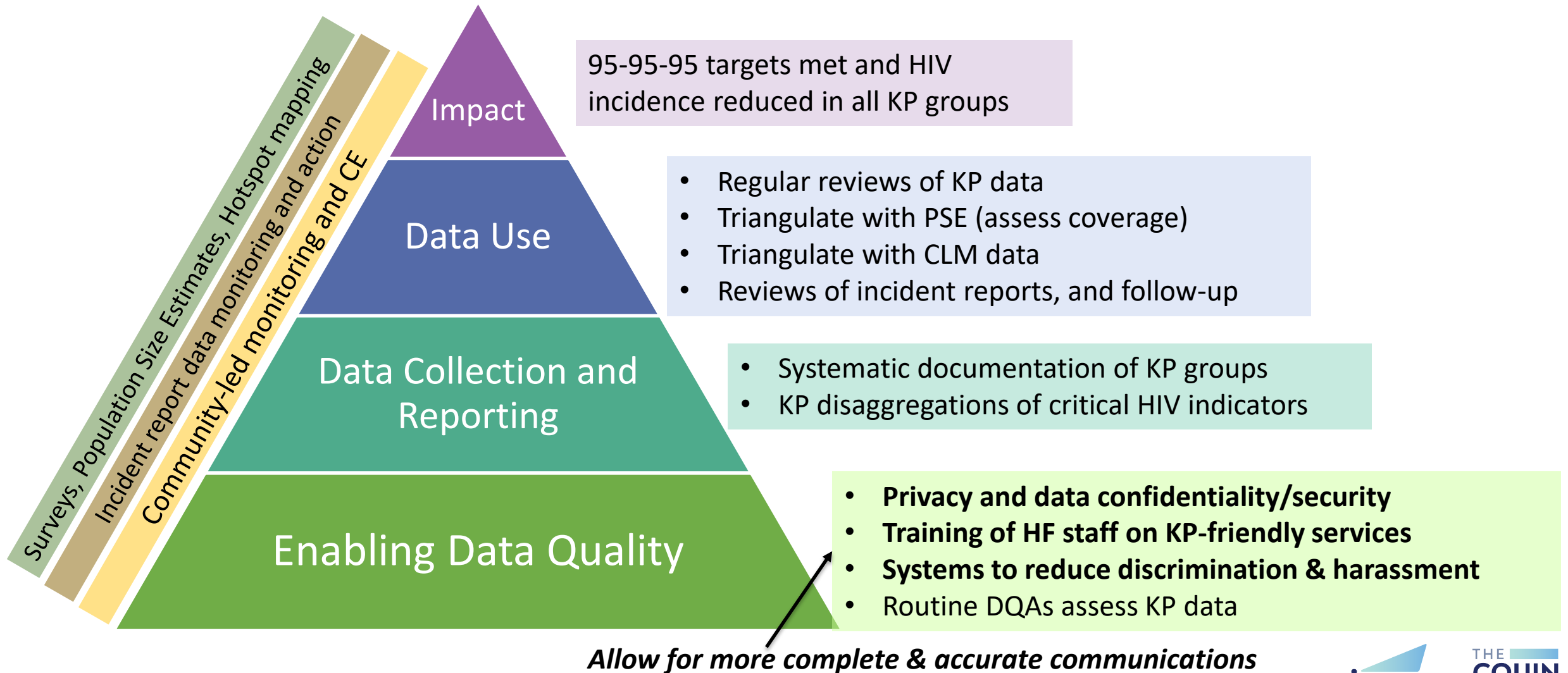
- Incorporates feedback from country pilots
- **Puts government M&E components at the center**
  - Better captures coverage of government and external supported M&E
- Split one domain into two, and some updates to M&E functions assessed
- **CQUIN will support countries to complete updated scoring in 2026**

# Developing a KP M&E conceptual framework

- Key populations are disproportionately impacted by HIV, and play an important role in national HIV epidemics
- There are large gaps in M&E of services for KP in public sector
- Competent M&E of services for KP requires more than just updating tools
- Build on the CQUIN KP-friendly Service Quality Assessment and the National M&E Assessment to conceptualize an enabling framework for effective KP M&E

# An enabling framework for M&E of services for key populations

## Harmonized with CQUIN KP Service Quality Assessment



# Developing an Updated AHD M&E Framework

Indicator No.	AHD Integrated Service Package	Indicator
1	<b>AHD Screening and identification</b>	No. of PLHIV newly initiating ART
2		No. of PLHIV returning to care after treatment interruption [>3 months]
3		No. of PLHIV on ART with virologic failure [latest VL >=1000 c/ml]
4		No. of PLHIV newly initiating ART screened for AHD using CD4
5		No. of PLHIV returning to care after treatment interruption [>3 months] screened for AHD using CD4
6		No. of PLHIV on ART with treatment failure [latest VL ≥1000 c/mL] screened for AHD using CD4
7		No. of children under 5
8		Total No. of PLHIV on ART with AHD
9	<b>TB Screening, Prevention, Diagnosis and Treatment</b>	No. of people with AHD screened for TB
10		No of people with AHD screened negative for TB
11		No. of people with AHD screened negative for TB and initiated on TPT
12		No. of PLHIV on ART who have completed TPT
13		No. of people with AHD screened positive for TB [Presumptive TB]
14		No. of people with AHD and with Presumptive TB investigated for TB disease
15		No. of people with AHD and with Presumptive TB diagnosed with TB disease
16		No. of people on ART started on TB treatment
17	No. of people on ART who completed TB treatment	
18	<b>CM Screening, Prevention, Diagnosis and Treatment</b>	No. of people with AHD aged ≥10 years eligible for CM screening using CrAg testing
19		No. of people with AHD tested for cryptococcal infection
20		No. of people with AHD tested positive for cryptococcal infection [CI]
21		No. of people with AHD with CI who received treatment
22		No. of people with CI started on optimal treatment for CI
23		No. of people with AHD tested negative for CI
24		No. of people initiated on pre-emptive fluconazole therapy
25	<b>AHD-Related Mortality</b>	No. of PLHIV on ART who died during the reporting period

- Will be discussed tomorrow in AHD session 9
- May be an ideal illustration of the process of prioritizing M&E elements
  - ✓ Critical life-saving services
  - ✓ High documentation and reporting burden

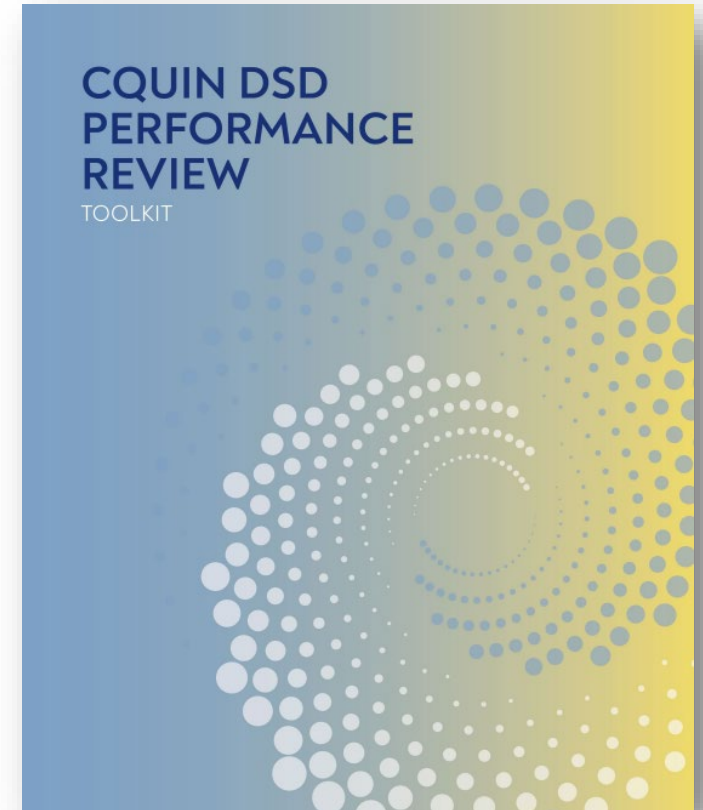
# CQUIN Data Performance Reviews (DPRs) Re-launch

CQUIN-supported, MOH-led activities that access priority data unavailable through routine M&E

- Data abstraction + key informant interviews from purposive samples of HF
- Results are shared and discussed in national/subnational dissemination meetings to advocate for change and action

**CQUIN is considering support for small-scale DPRs in several countries to target the most critical information gaps**

- E.g., Integration, AHD and high VL cascades, KP services
- Programmatic areas showing most significant declines
- **Interested countries should discuss ideas with CQUIN SI Advisors**



# The conversation on M&E will continue throughout the week...

- **KP session today** will lay groundwork for understanding M&E needs
- **Tomorrow M&E keynote** by MOH MZ will provide critical insights from a country program in flux
- **M&E-focused plenary session tomorrow** will include 3 countries presenting on adaptations including shifts to EMRs, streamlining M&E, and integration KP M&E in nation HMIS
- **AHD session tomorrow** is focused on AHD M&E – a great example of challenges in streamlining HIV M&E
- The **tools lab** includes important presentations on M&E innovations
- For those staying for **HIVE**, an M&E session will focus on M&E of PrEP services for PBFW

Monday April 20	Tuesday April 21	Wednesday April 22
<b>Daily Registration</b>		
<p>Session 1 (30 min): <b>Welcome / Introductions</b> Cabinet Secretary Welcome Remarks and CQUIN Member country rapid introductions</p>	<p>Session 7 (30 min): <b>Recap/Keynote - HMIS: Looking Back, Moving Forward</b> Reflecting on past shortfalls to accelerate adaptation toward government-owned M&amp;E systems</p>	<p>Session 12 (30 min): <b>Recap/Keynote - Responsive HIV Services for Key Populations</b> Adaptive, inclusive, and practical pathways in the context of reduced funding</p>
<p>Session 2 (30 min): <b>CQUIN Keynote</b> Inspirational keynote with framing reflections</p> <p>Session 3 (1 hour): <b>Situational updates (WHO, GHSD, UNAIDS, IAS, ITPC)</b> Lightning presentations followed by panel deliberations</p>	<p>Session 8 (90 minutes): <b>Navigating the new M&amp;E environment: Vulnerability to Readiness</b> Exploring persisting vulnerabilities in national M&amp;E systems and forging pathways to sustainability</p>	<p>Session 13 (90 min): <b>Open Tools and Resources Marketplace</b> Interactive marketplace walk-throughs &amp; demos</p>
Tea Break (10-10:30am)	Tea Break (10-10:30am)	Tea Break (10-10:30am)
<p>Session 4 (2 hours) <b>Key Populations</b> Steps towards sustainable KP service delivery</p>	<p>Session 9 (2 hours) <b>Advanced HIV Disease</b> Understanding the current AHD monitoring landscape and tabletop deep dives on practical approaches to improve monitoring</p>	<p>Session 14(2 hours): <b>Reshaping the Future of HIV Programming</b> Visionary plenary discussions and deliberations</p>
Lunch (12:30-2pm)	Lunch (12:30-2pm)	<p>Session 15 (90 min): <b>Closing Plenary</b> Collective Commitments &amp; Next Steps</p>
<p>Session 5 (2 hours): <b>Integration - CMM results and country updates</b> Review of CMM pilot results, case studies and guided roundtable dialogue</p>	<p>Session 10 (2 hours): <b>Country Breakout Sessions</b> Engaging exchange of practical approaches to service integration, AHD and KP service delivery and M&amp;E systems redesign</p>	Lunch (1:30-2:30 pm)
<p>Session 6 (1 hour): <b>Single-country action planning</b> Country teams working session</p>	<p>Session 11 (1 hour): <b>Single-country action planning</b> Country teams working session</p>	<b>End at 1:30pm (followed by lunch)</b>



# Thank You!

