The CQUIN Learning Network

Annual Meeting

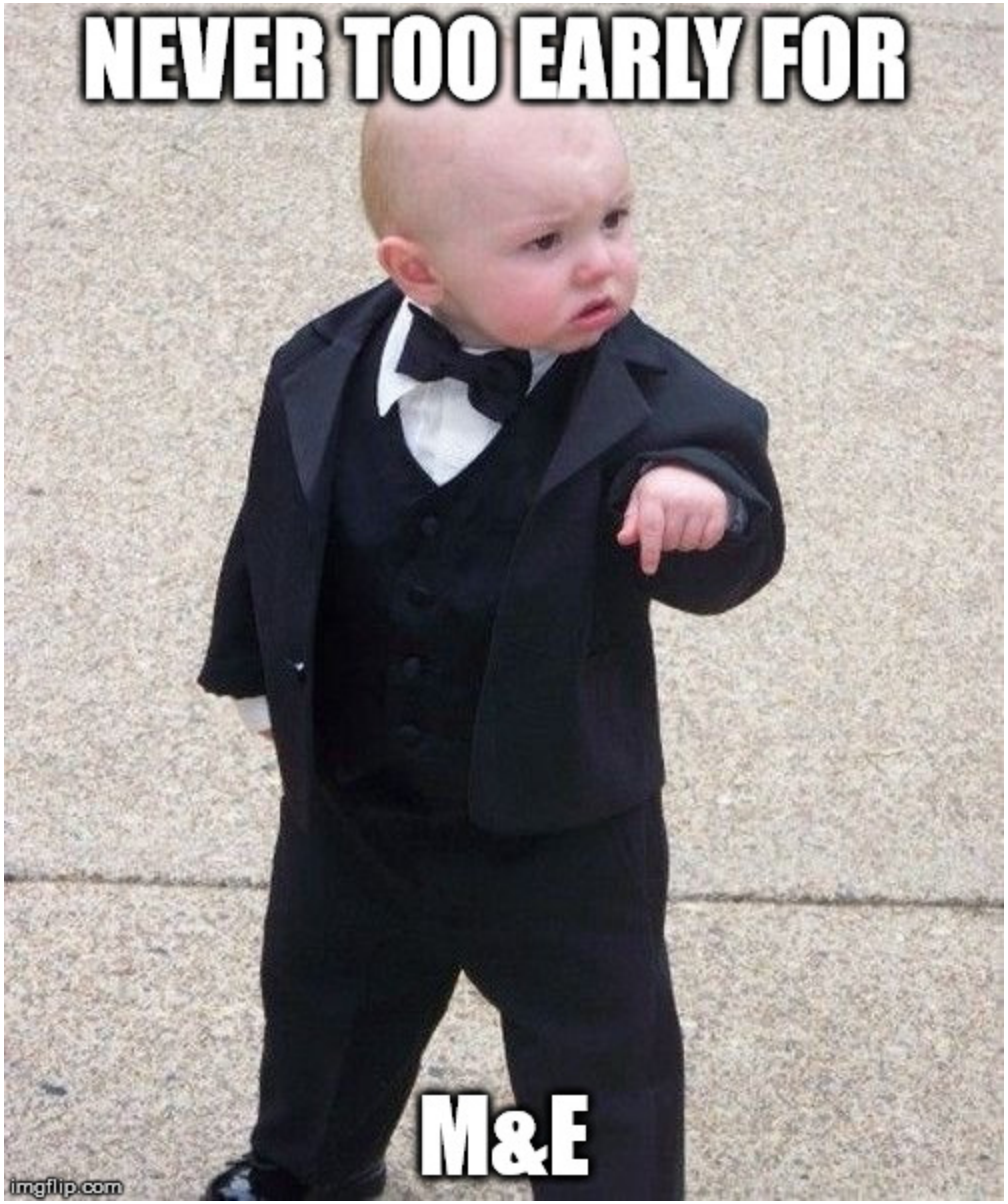
Differentiated M&E for country and program

William Reidy, PhD | Peter Ehrenkranz, MD, MPH
ICAP at Columbia University | Bill & Melinda Gates Foundation

February 13-15
Maputo, Mozambique

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

ICAP
GLOBAL. HEALTH. ACTION.
Columbia University
Mailman School of Public Health


NEVER TOO EARLY FOR
M&E
imgflip.com

Outline

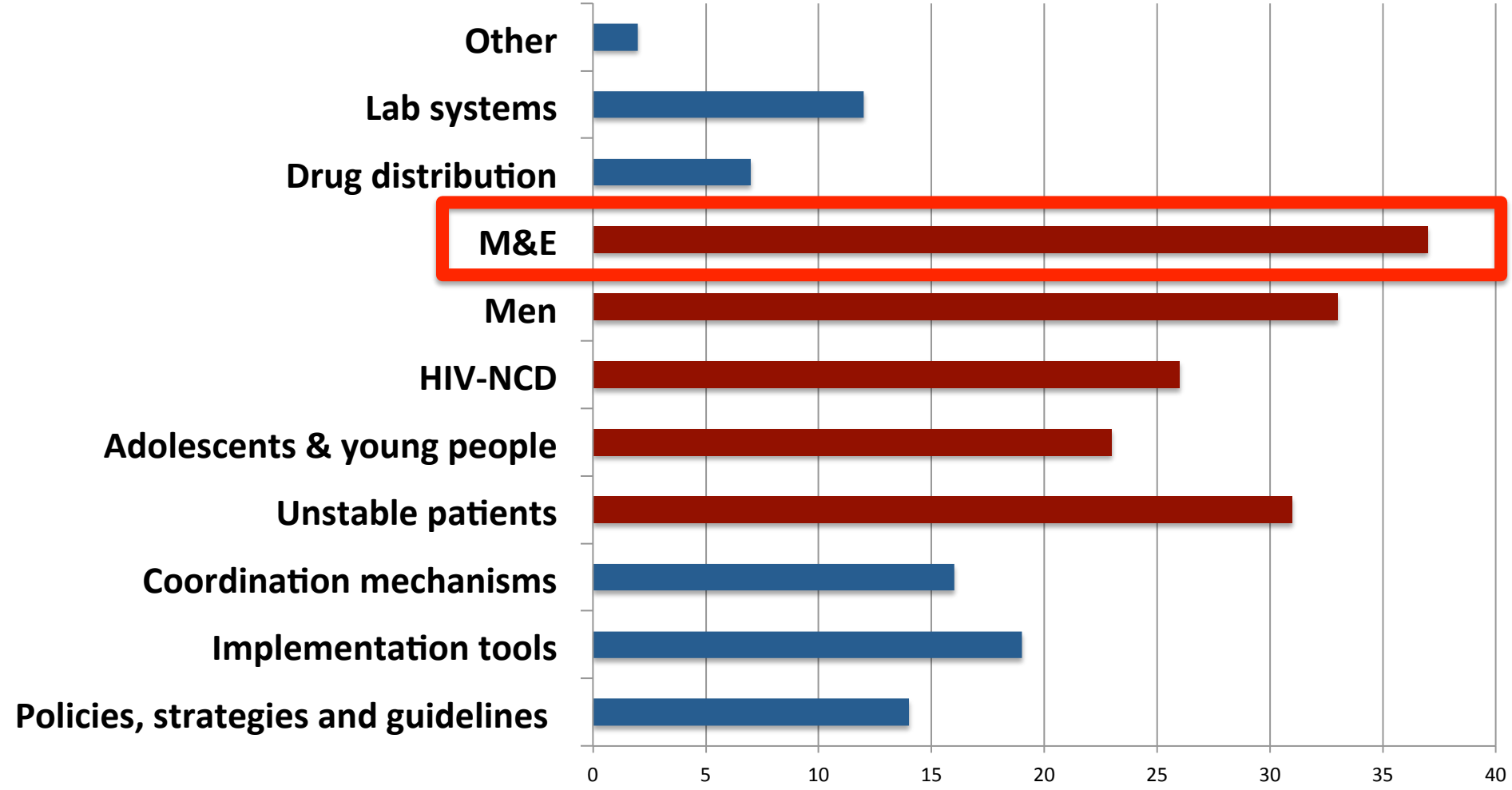
- Status of M&E of DSD
- Rationale for *differentiated* M&E
- Core components of data collection and aggregation for DSD: Program monitoring
- Measuring DSD implementation: Global indicators
- Current and future work on M&E of DSD

Outline

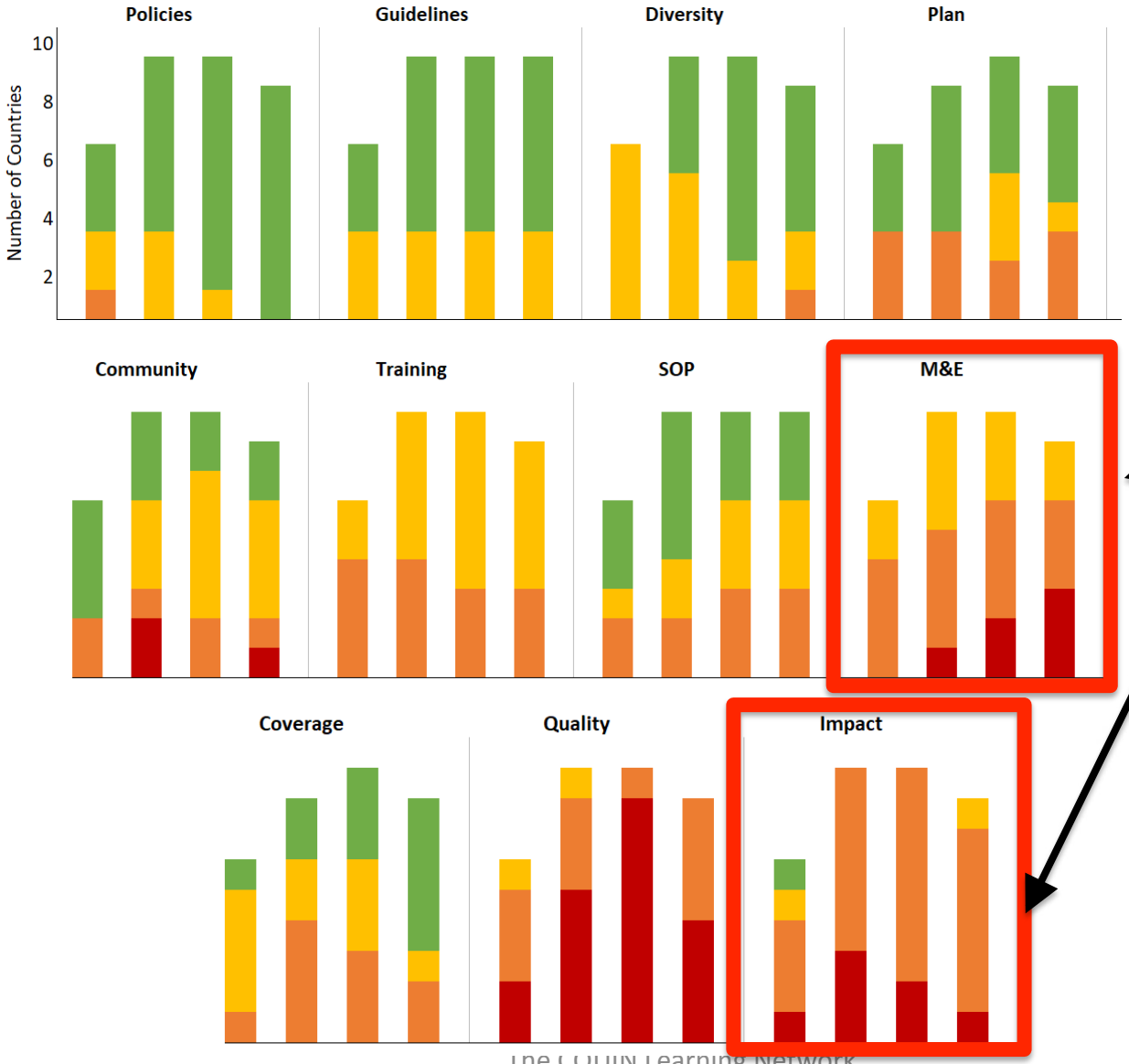
- Status of M&E of DSD
- Rationale for *differentiated M&E*
- Core components of data collection and aggregation for DSD: Program monitoring
- Measuring DSD implementation: Global Indicators
- Current and future work on M&E of DSD

Common Challenges with DSD

CQUIN meeting attendees



Status of nine CQUIN countries



M&E and **impact assessment** are lagging behind most other areas

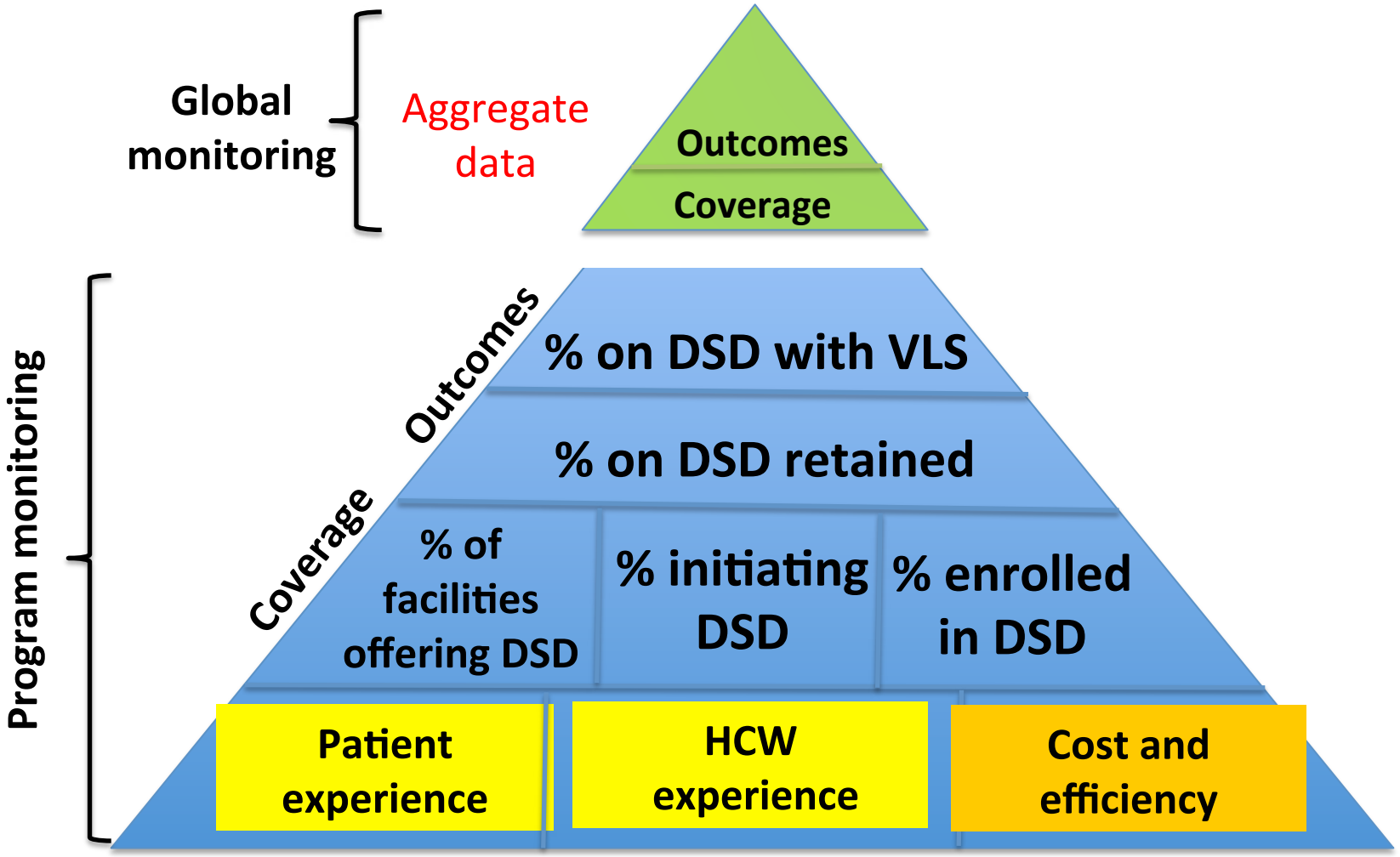
Playing catch-up

- M&E systems are playing catch-up with programs
  - Varying approaches to M&E are emerging
- Continued expansion of electronic patient-level data systems
- No widely-used set of DSD indicators
- Patient & HCW experience, cost/efficiency
- Set groundwork for research, evaluation, QI, and periodic data review using programmatic data

CQUIN M&E activities

- Country consultations in Swaziland and Uganda
- Convened *M&E community of practice* (CoP)
  - Sharing of national approaches to M&E of DSD; feedback and discussion
  - Session 11 panel presentation on M&E CoP by Dr. Clorata Gwanzura

Consensus global and program indicators (to date)



Outline

- Status of M&E of DSD
- Rationale for *differentiated M&E*
- Core components of data collection and aggregation for DSD
- Measuring DSD implementation: Global Indicators
- Current and future work on M&E of DSD


DSD M&E
LITERALLY ANYTHING ELSE
JAKE-CLARK.TUMBLR
imgflip.com

Weighing the factors – routine M&E

M&E burden

- Documentation burden
- Reporting burden
- With evolving DSD models: need to update tools and indicators

Generalizability

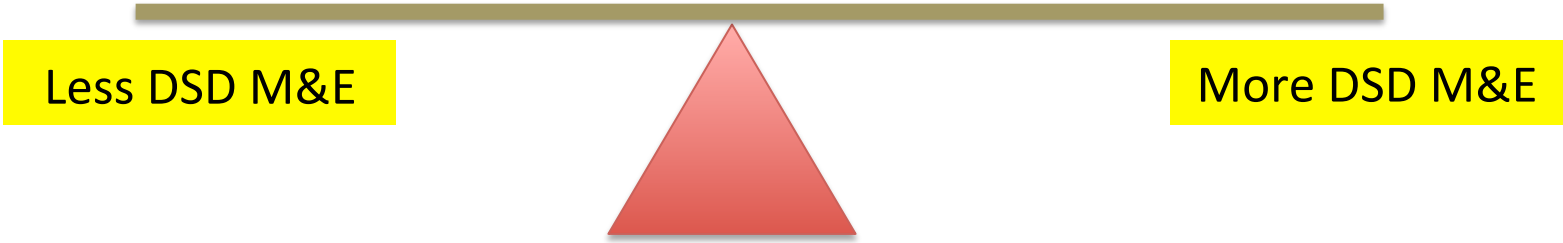
- Evolving DSD makes results difficult to compare across time
- Models implemented differently across locations

Quality

- Document routine elements of care to support clinical care
- Track fidelity and outcomes for patient safety
- Data for QI efforts

Coverage, Impact

- Directly measure scale-up, uptake, coverage by model
- Monitor performance of models for populations
- Help assess efficiency



Weighing the factors – routine M&E

M&E burden

- Documentation burden
- **Reporting burden**
- **With evolving DSD models: need to update tools and indicators**

Generalizability

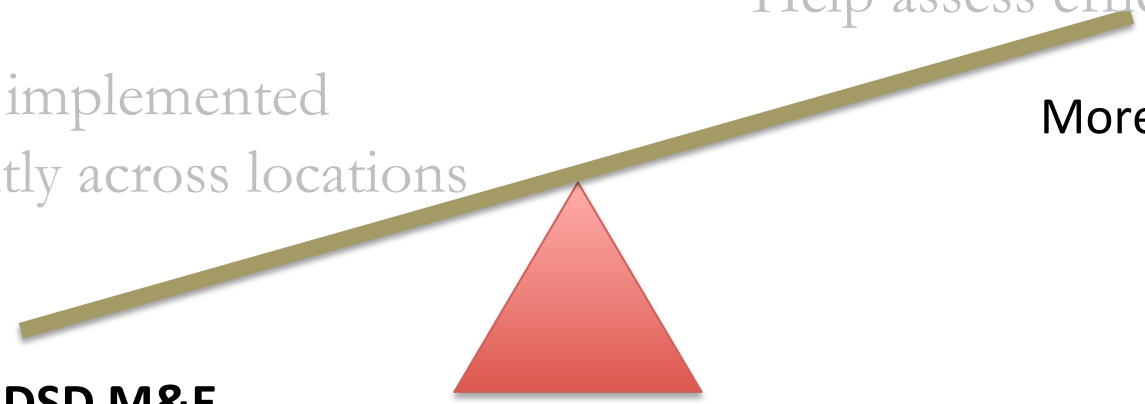
- Evolving DSD makes results difficult to compare across time
- Models implemented differently across locations

Quality

- Document routine elements of care to support clinical care
- Track fidelity and outcomes for patient safety

Coverage, Impact

- Data for QI efforts
- Directly measure scale-up, uptake, coverage by model
- Monitor performance of models for populations
- Help assess efficiency



Weighing the factors – routine M&E

M&E burden

- Documentation burden
- Reporting burden
- With evolving DSD models: need to update tools and indicators

Generalizability

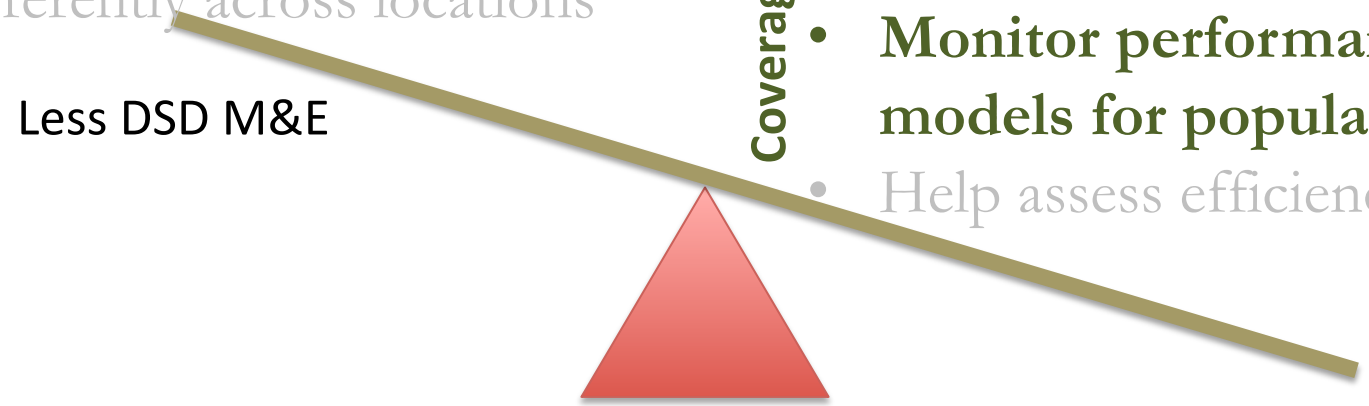
- Evolving DSD makes results difficult to compare across time
- Models implemented differently across locations

Quality

- Document routine elements of care to support clinical care
- **Track fidelity and outcomes for patient safety**

Coverage, Impact

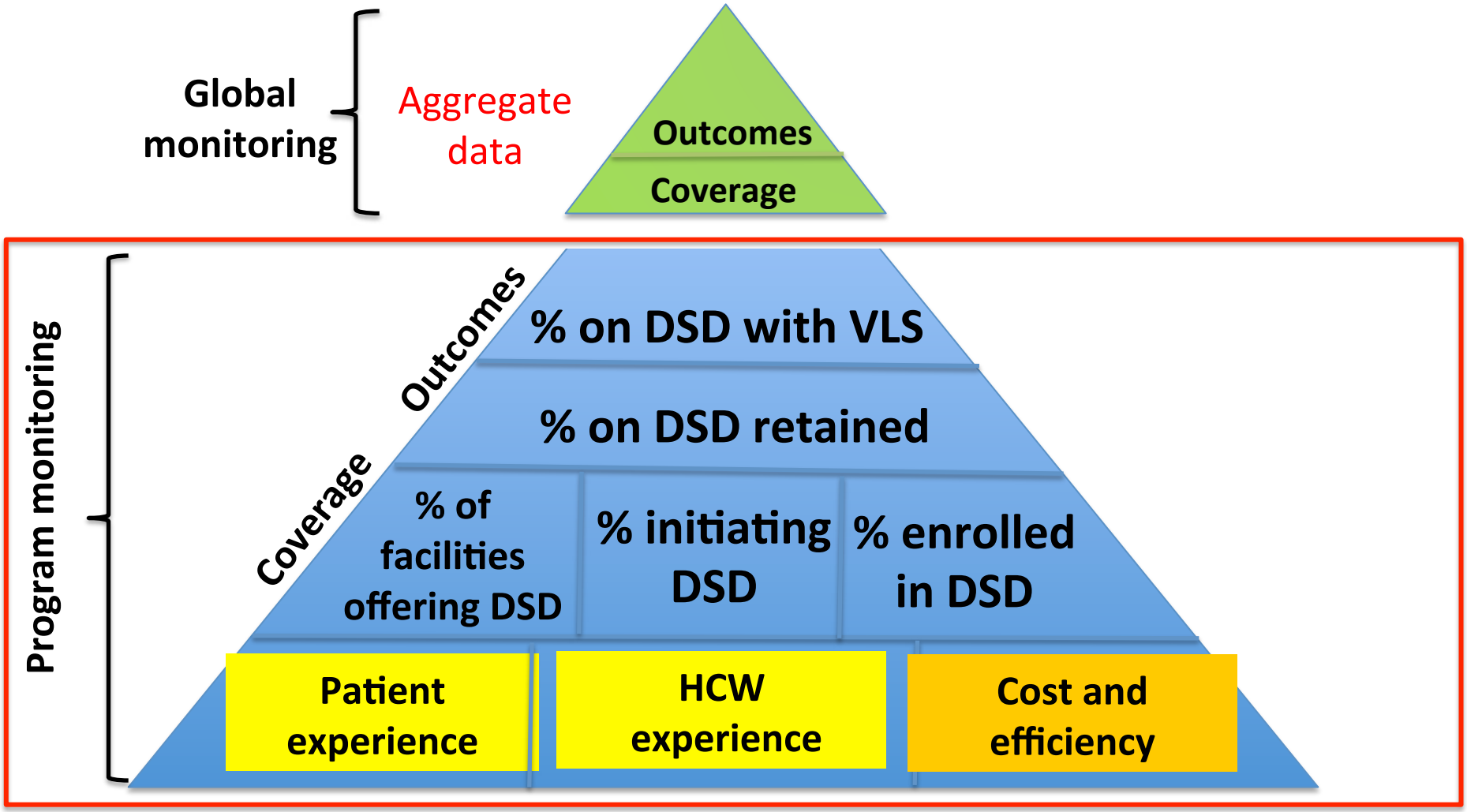
- Data for QI efforts
- **Directly measure scale-up, uptake, coverage by model**
- **Monitor performance of models for populations**
- Help assess efficiency



Outline

- Status of M&E of DSD
- Rationale for *differentiated M&E*
- Core components of data collection and aggregation for DSD – Program monitoring
- Measuring DSD implementation: Global Indicators
- Current and future work on M&E of DSD

Consensus global and program indicators



Documenting key elements of DSD

- Eligibility for non-SOC DSD ART models
- Enrollment and engagement in a DSD ART model
    - Assignment to a specific ART group or club
- Information from community and fast-track ART pickup visits
- These can be tracked across patient visits

To capture and use this information reliably…

- Standardized, longitudinal documentation—integrated into the patient ART record for ease of use

New tool #1: Simple registers for ART groups/clubs

Clinic register for patients enrolled in CAGs (Source: MSF)

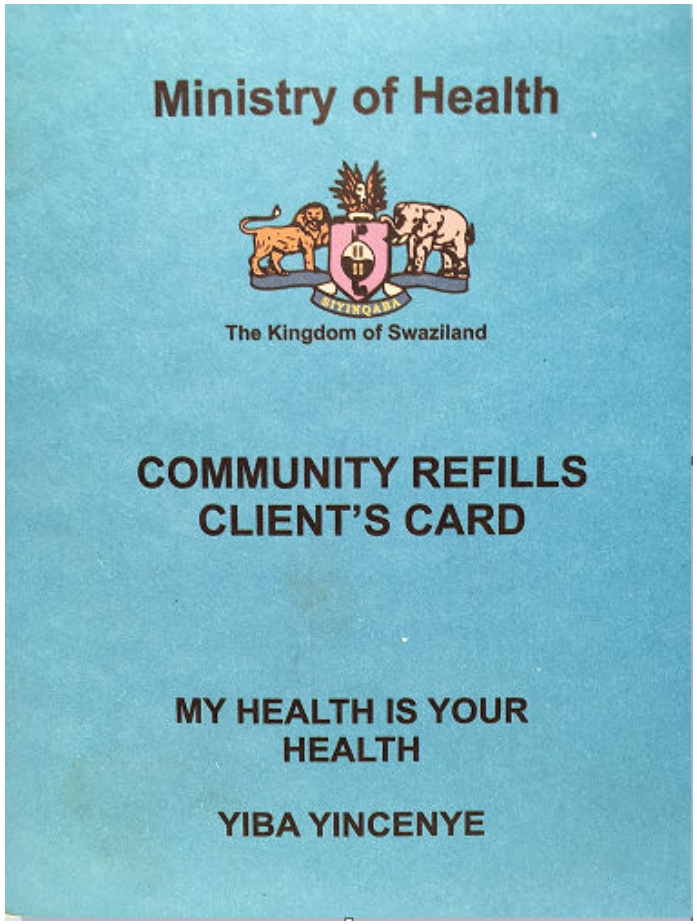
Facility name: **Focal person name:** **Meeting area:**

CAG number: **Focal person contact number:**

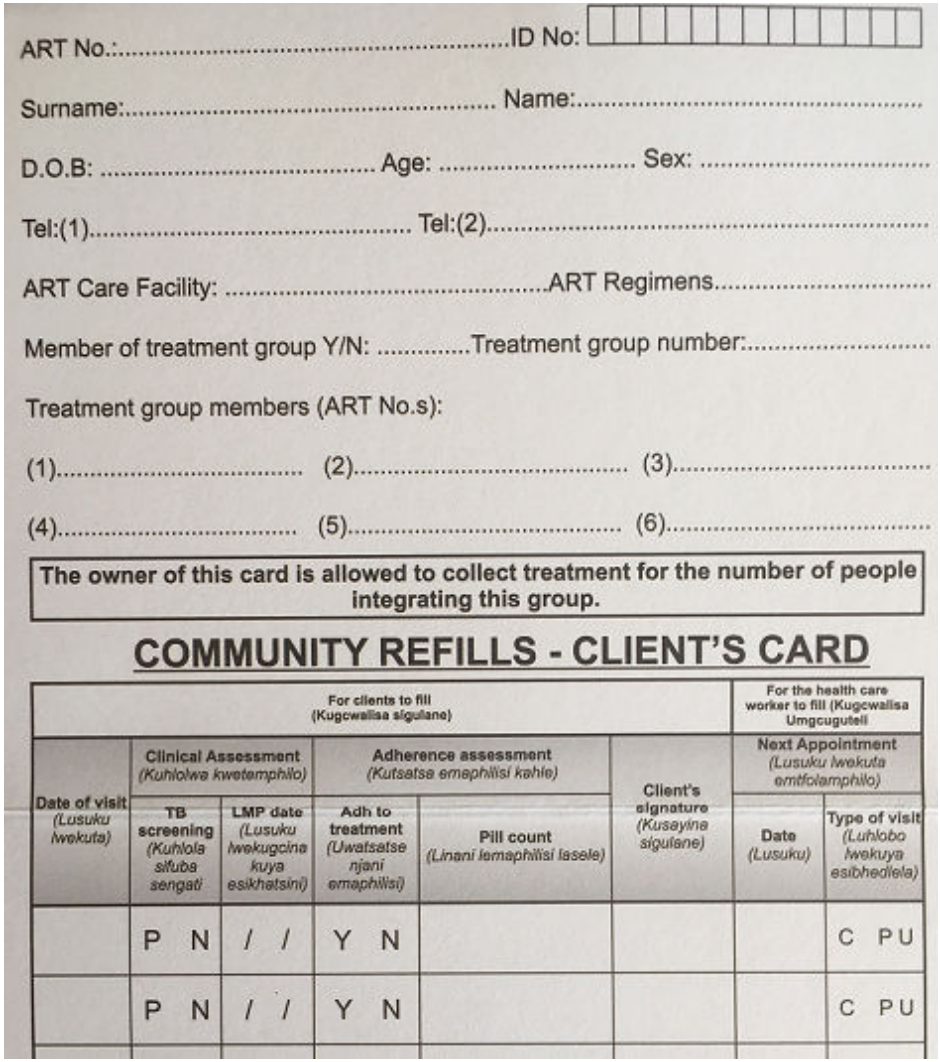
CAG member number	ART number	First name	Surname	Sex	DOB	Mobile number	Date ART initiation	Date joined CAG	Date permanently left CAG
1					../ .. /....		../ .. /....	../ .. /....	../ .. /....
2					../ .. /....		../ .. /....	../ .. /....	../ .. /....
3					../ .. /....		../ .. /....	../ .. /....	../ .. /....

**Reason for leaving CAG:* 1.TFO 2.Moved to other CAG 3.Permanently returned to Clinic Care 4.LTFU 5.Died 6.Other

New tool #2: Documentation of services in community



(Source: Swaziland MOH)



ART No.:.....ID No:

Surname:..... Name:.....

D.O.B: ..... Age: ..... Sex: .....

Tel:(1)..... Tel:(2).....

ART Care Facility: .....ART Regimens.....

Member of treatment group Y/N: .....Treatment group number:.....

Treatment group members (ART No.s):

(1)..... (2)..... (3).....

(4)..... (5)..... (6).....

The owner of this card is allowed to collect treatment for the number of people integrating this group.

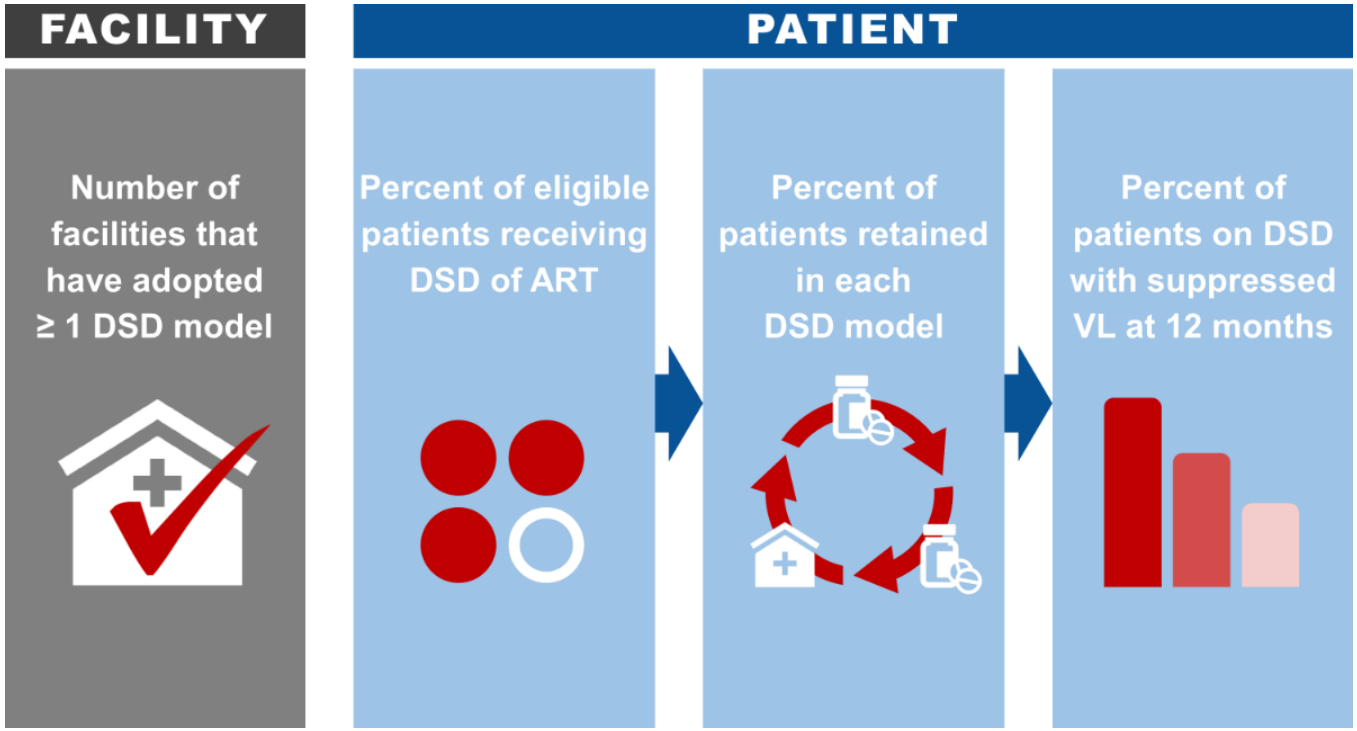
COMMUNITY REFILLS - CLIENT'S CARD

For clients to fill (Kugcwalisa sigulane)						For the health care worker to fill (Kugcwalisa Umgcuguteli	
Date of visit (Lusuku lwekuta)	Clinical Assessment (Kuhlolwa kwetemphilo)		Adherence assessment (Kutsatsa emaphilisi kahle)		Client's signature (Kusayina sigulane)	Next Appointment (Lusuku lwekuta emtfolamphilo)	
	TB screening (Kuhlola sifuba sengati)	LMP date (Lusuku lwekugcina kuya esikhatsini)	Adh to treatment (Uwatsatse njani emaphilisi)	Pill count (Linani lemaphilisi lasele)		Date (Lusuku)	Type of visit (Luhlobo lwekuya esibhedlela)
	P N	/ /	Y N				C PU
	P N	/ /	Y N				C PU

Patient-level and program-level monitoring and evaluation of differentiated service delivery for HIV: a pragmatic and parsimonious approach is needed

William J. Reidy[a,b], Miriam Rabkin[a,b], Maureen Syowai[a], Andrea Schaaf[a] and Wafaa M. El-Sadr[a,b]

AIDS 2018, **32**:399–401



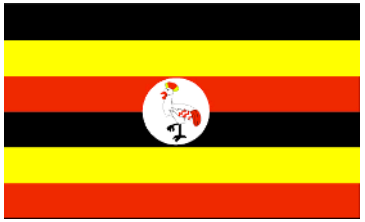
Challenge: M&E reporting for DSD

- Paper-based systems rely on ART registers for tallying indicator data for M&E reporting
- Updated ART registers with DSD information are needed
- Use of certain elements of DSD for paper-based reporting probably too burdensome:
  - ~~Use of eligibility for assessing uptake and coverage~~
  - ~~Construction of cohorts around DSD initiation date~~
- Electronic patient-level data systems are needed for robust monitoring of DSD

Focus: Electronic patient data for DSD M&E in Swaziland

- Swaziland is working towards use of *Client Management Information System* (CMIS) point-of-care EMR at facilities nationwide
- Updating ART module of CMIS with DSD eligibility, model engagement, and other key fields
- Will generate DSD model-specific cascade indicators automatically for routine reporting
- Session 11 panel presentation by Dr. Munyaradzi Pasipamire

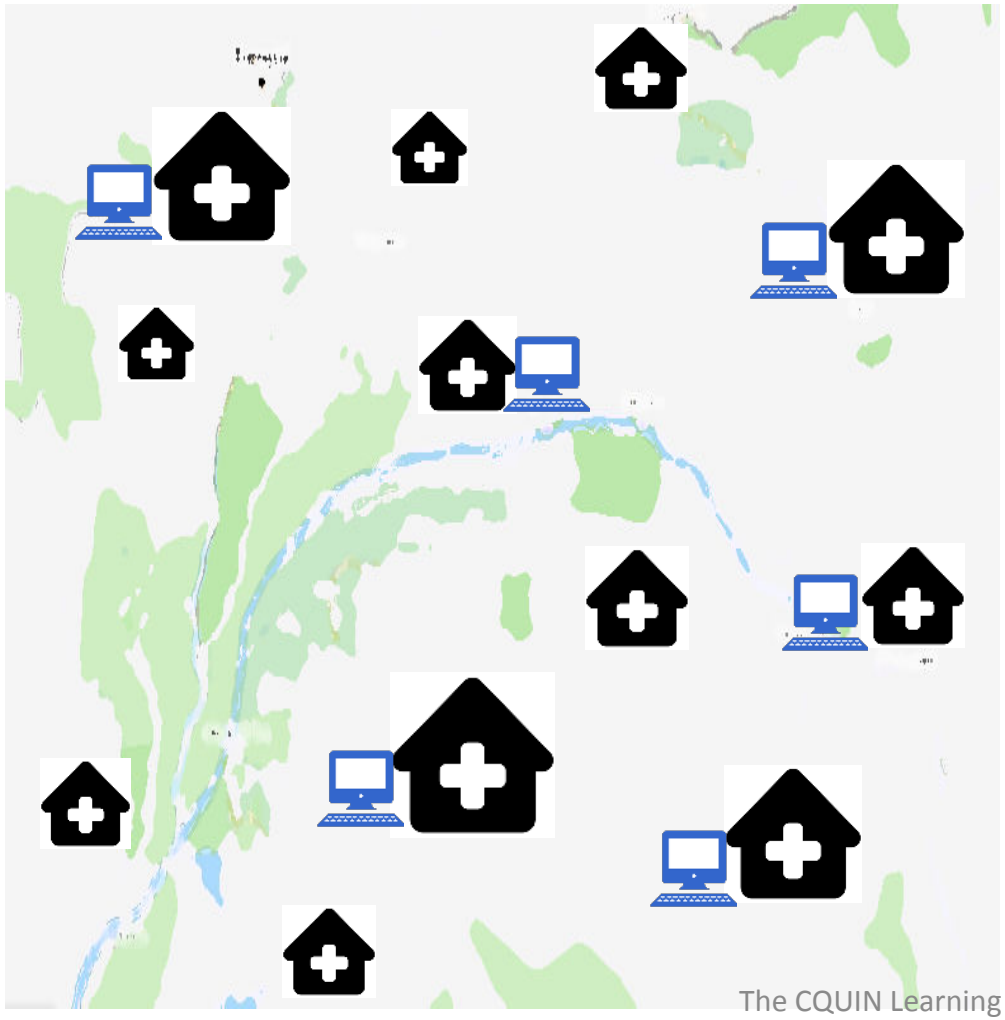
Focus: Paper systems for DSD M&E in Uganda



- Soon will be implementing updated tools incorporating DSD
- Session 11 panel presentation by Dr. Ivan Lukabwe

Hybrid approach

Programs with partial EMR coverage



=Health facility

=EMR

- Required M&E reporting feasible using paper-based tools
- Additional quarterly DSD cascade from EMR sites using standard query
- Periodic assessment of DSD cascade in sample of non-EMR facilities

Outline

- Status of M&E of DSD
- Rationale for *differentiated M&E*
- Core components of data collection and aggregation for DSD: Program indicators
- Measuring DSD implementation: Global Indicators
- Current and future work on M&E of DSD

Differentiated ART delivery has broad support from stakeholders

World Health Organization

NACP

PEPFAR

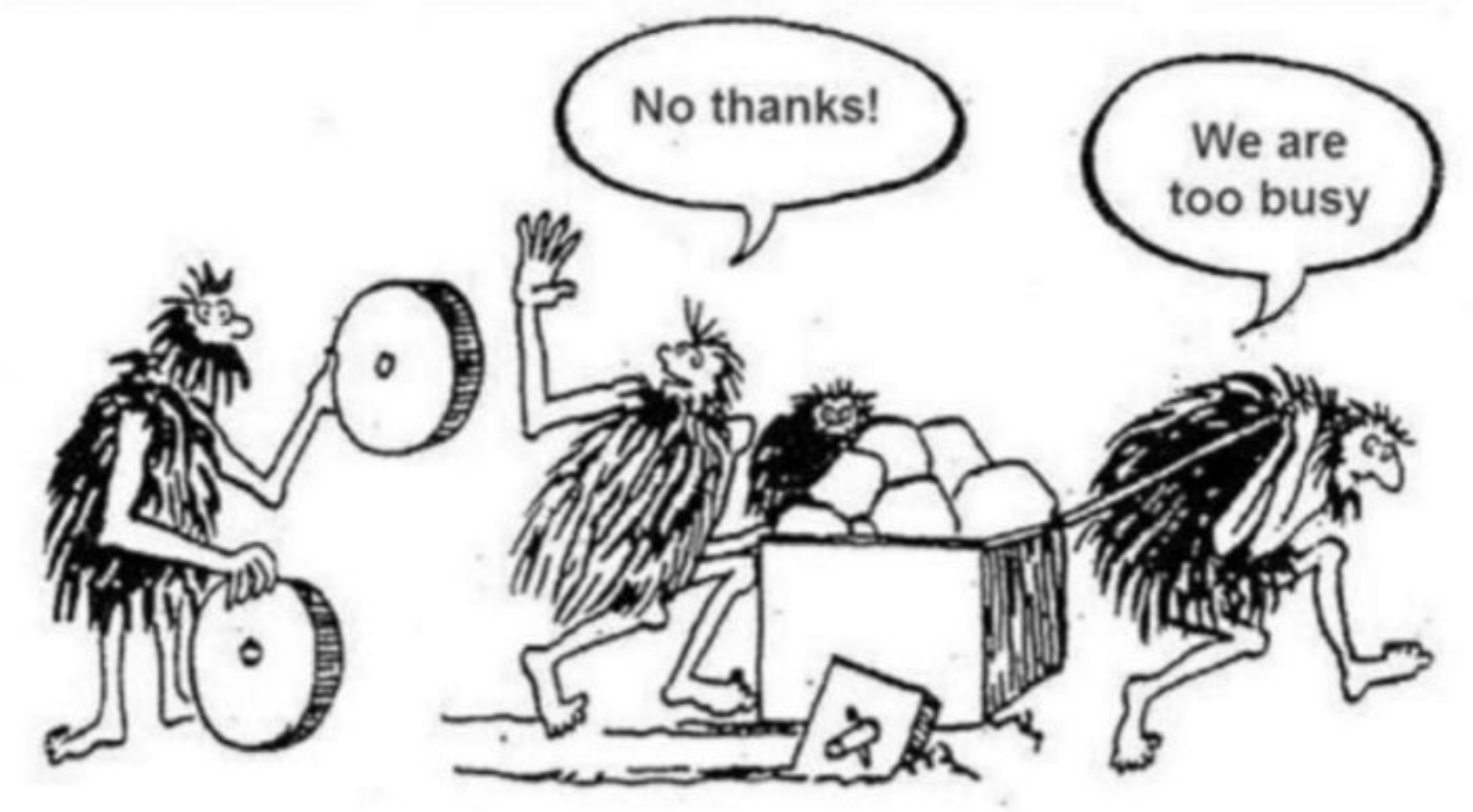
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

A core purpose of any M&E effort is to test stakeholders' shared hypothesis:

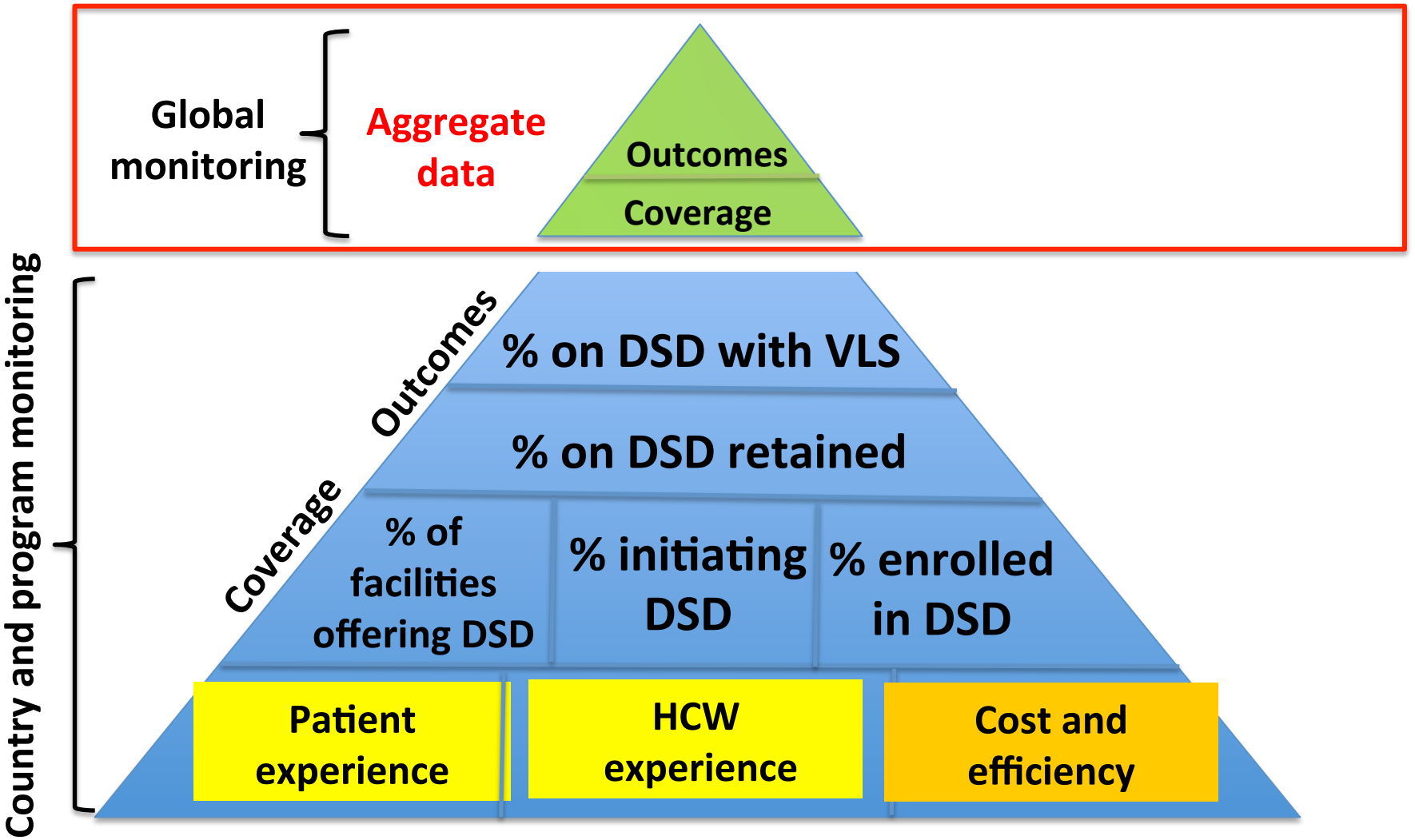
- Scale up of differentiated ART delivery models will lead to:
  - improved clinical outcomes of VL suppression and retention,
  - improved patient and HCW experiences, and
  - reduced costs for patients and providers

First principles:

Any innovation– including its M&E-- is most likely to be adopted *and sustained* if it makes HCWs' jobs easier or more gratifying.



Consensus among donors and global agencies to minimize M+E requirements



From donor/global level: new M&E requirements are minimal

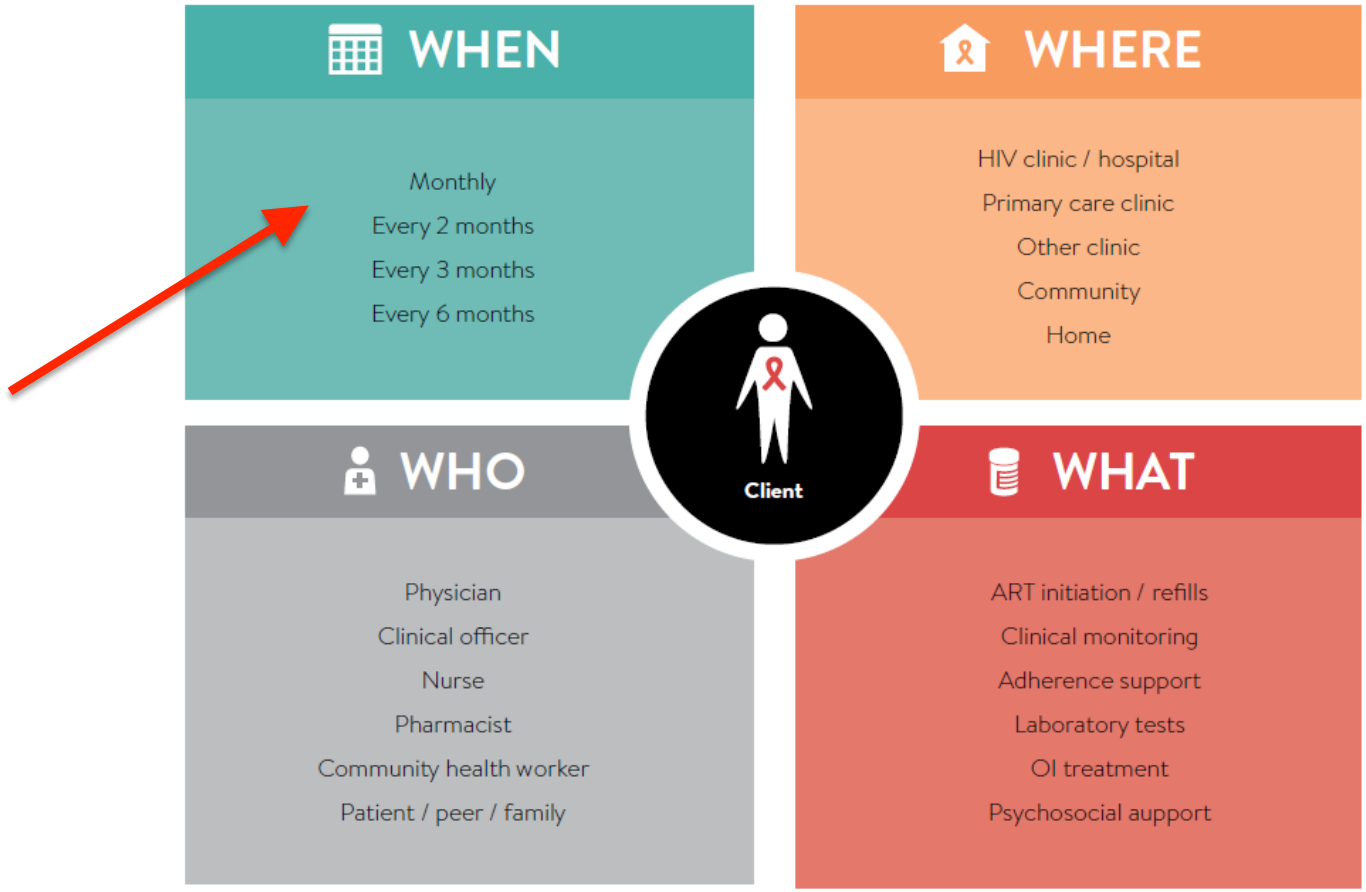
- WHO indicators of retention and viral suppression remain the key clinical outcomes of HIV treatment
- To assess extent of scale up of differentiated ART models, and test our hypothesis, propose two new indicators to be aggregated routinely:*

(1) Number of clinical visits performed/individual PLHIV currently on treatment/12 month period

(2) Number of visits at which medication pickup occurs/ individual PLHIV currently on treatment /12 month period

** JIAS, in press.*

Reasoning behind these proposed indicators (1 of 2)



- Separating out the (1) refill and (2) clinical visits and decreasing their frequency are the most basic levers of differentiated ART delivery

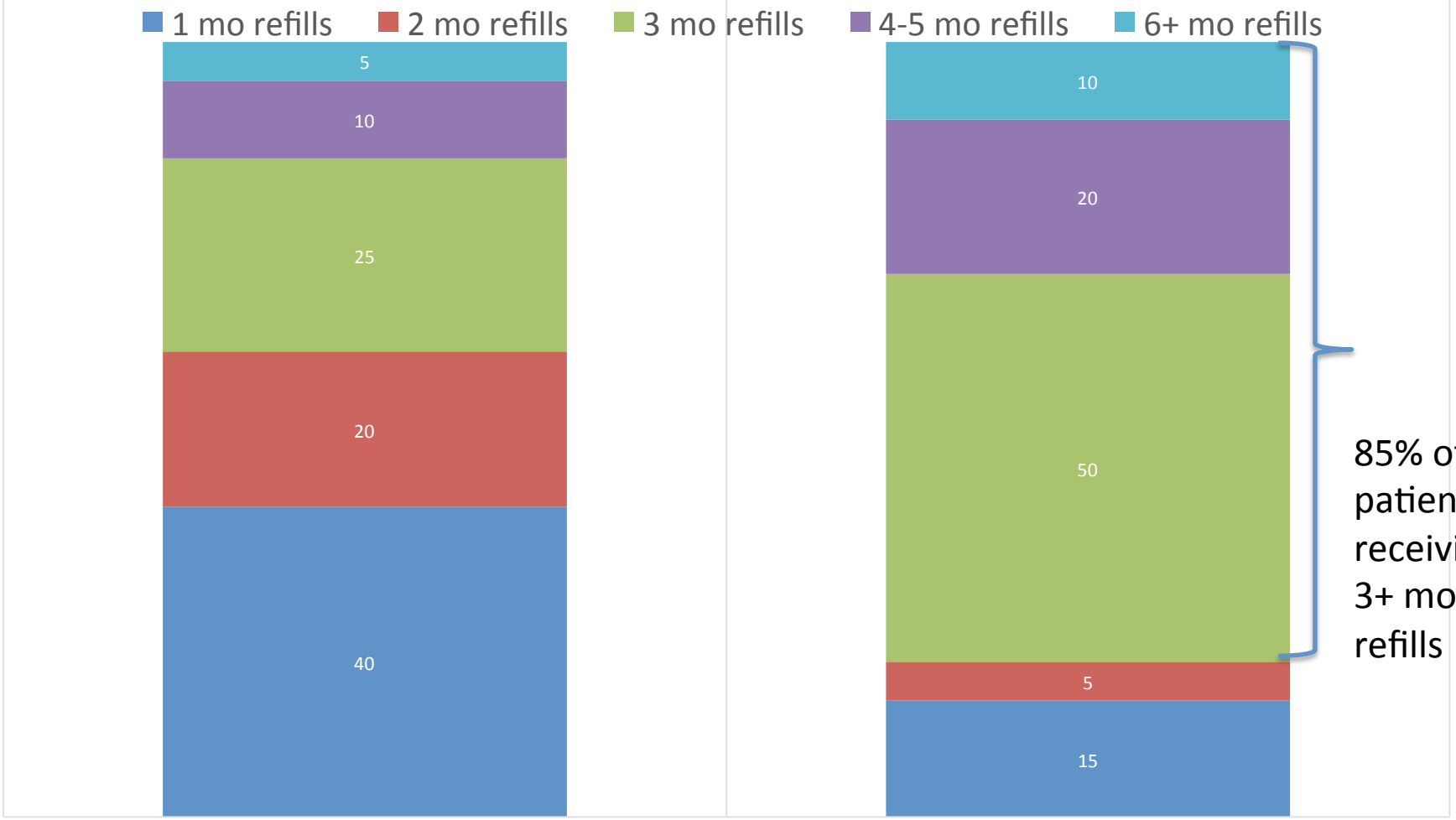
Reasoning behind these proposed indicators (2 of 2)

1. Minimal changes to existing records (paper or electronic)
2. Embrace variability of implementation and M+E of different differentiated ART delivery models in different settings
3. Can be used for target setting and then monitoring of pace of and impact of scale up of differentiated ART models

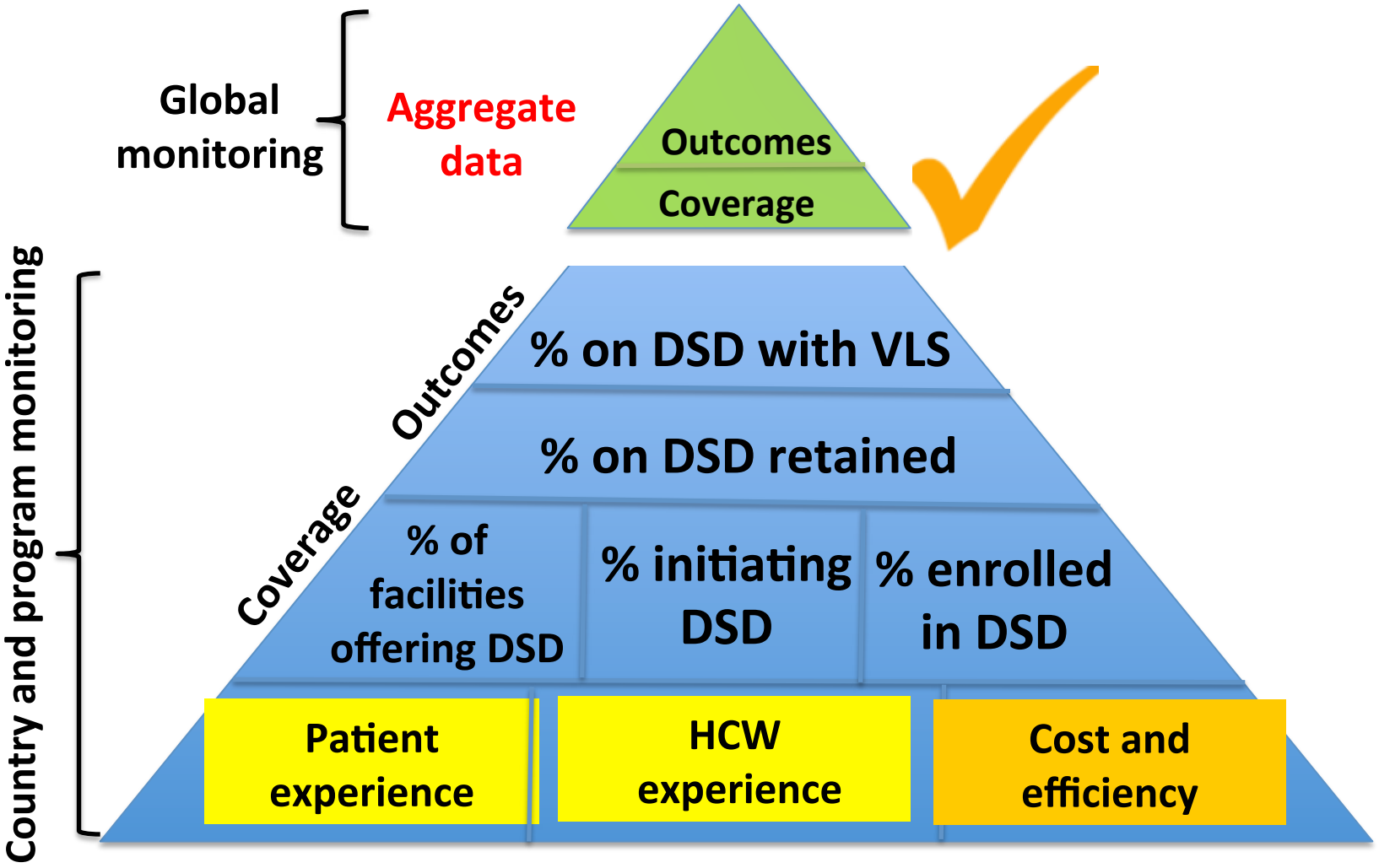
Target setting should be based on national guidelines

- Ex. target for Country B focused on visit spacing:
  - 80% of PLHIV, regardless of viral load or clinical status, should have a combined clinical/refill visit not more than every three months

VISIT AND REFILL FREQUENCY IN COUNTRY B



Consensus among donors and international agencies to minimize M+E requirements



Final thoughts about indicators

- Scaling up differentiated ART delivery models is expected to be an important lever for achieving 90-90-90 objectives.
- Need to test the hypothesis that scale up of differentiated ART models will lead to:
  - improved clinical outcomes of VL suppression and retention,
  - improved patient and HCW experiences, and
  - reduced costs for patients and providers
- Propose four global priority indicators that are aggregates of routine data and will enable "apples to apples" comparisons
- Propose that countries then utilize other guidance and own context to determine additional changes to routine data systems and need for special studies

Outline

- Status of M&E of DSD
- Rationale for *differentiated M&E*
- Core components of data collection and aggregation for DSD
- Measuring DSD implementation: Global Indicators
- Current and future work on M&E of DSD

Can patient & HCW experience be assessed routinely?

- Patient satisfaction, and time and cost burden
  - Exit surveys, QI – ideally implemented by MOH
- HCW satisfaction, and time and cost burden
  - Surveys, observations, time-motion studies
  - Some elements may be implemented by MOH
- **Priority: Identify methodologies for sharing**

Optimizing use of data within countries

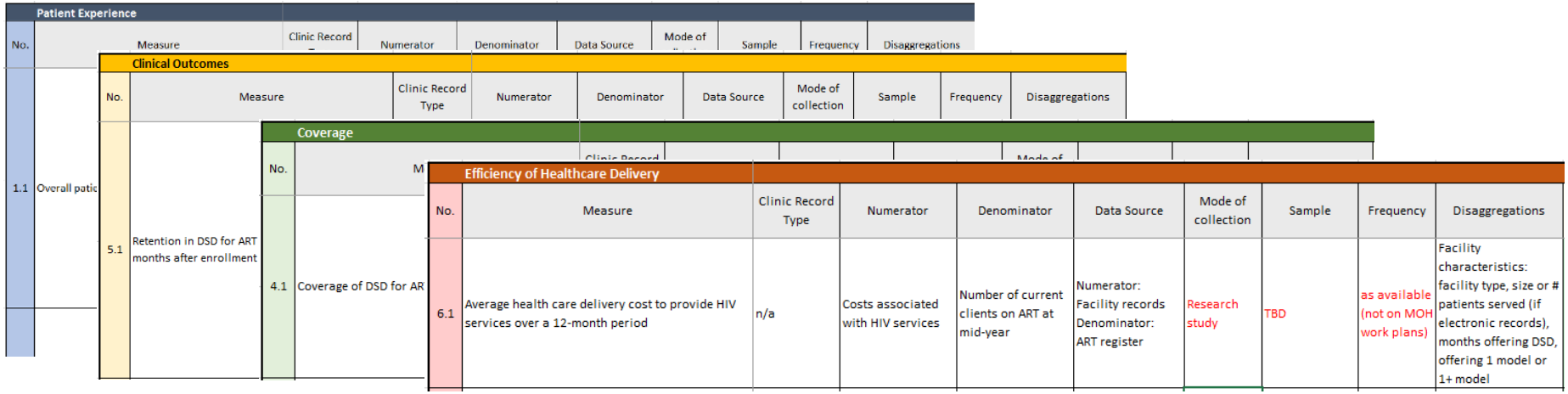
- Introduce or update routine DSD M&E indicators
- Periodic indicators
  - Enhanced program monitoring indicators (e.g., CDC)
  - Patient & HCW experience
  - Facility surveys like ICAP's PFaCTS
- Use available electronic patient-level data
- Incorporate DSD into annual ART data review meetings

Develop harmonized DSD indicators

- Existing indicators that have been implemented by countries, and proposed by others do not align
  - Differing areas of focus in proposed indicators
- Varying resource availability in countries (paper, electronic data) inform country indicators
- Goal: Menu of indicators, with guidance on operationalizing

M&E Framework for DSD ART

- An effort by M&E CoP to develop a standardized, operationalized set of DSD indicators



Patient Experience

No.	Measure	Clinic Record	Numerator	Denominator	Data Source	Mode of	Sample	Frequency	Disaggregations
1.1	Overall patic								

Clinical Outcomes

No.	Measure	Clinic Record Type	Numerator	Denominator	Data Source	Mode of collection	Sample	Frequency	Disaggregations
5.1	Retention in DSD for ART months after enrollment								

Coverage

No.	M	Clinic Record				Mode of			
4.1	Coverage of DSD for AR								

Efficiency of Healthcare Delivery

No.	Measure	Clinic Record Type	Numerator	Denominator	Data Source	Mode of collection	Sample	Frequency	Disaggregations
6.1	Average health care delivery cost to provide HIV services over a 12-month period	n/a	Costs associated with HIV services	Number of current clients on ART at mid-year	Numerator: Facility records Denominator: ART register	Research study	TBD	as available (not on MOH work plans)	Facility characteristics: facility type, size or # patients served (if electronic records), months offering DSD, offering 1 model or 1+ model

- Informed by CoP country implementation and other proposed indicators
- **Break-out session at 11:00 – for your review and input**

CQUIN: Current and future M&E work

- Finalize M&E Framework and disseminate
- Learn and share via *M&E Community of Practice*
- Support countries with M&E TA
  - M&E strategies
  - DSD data review meetings
  - Develop methods for non-routine data assessment: patient and HCW experience, facility surveys

Summary

- M&E for DSD is still a work-in-progress
- Programs, priorities, and resources should inform DSD M&E
- Work is needed on non-routine monitoring of patient & HCW experience, and on optimizing data use
- Opportunity to develop harmonized indicators
- High level of interest and energy is evident

Acknowledgements

- CQUIN M&E Community of Practice members
- ICAP colleagues
- Swaziland Ministry of Health
- Bill & Melinda Gates Foundation
- Co-authors on the forthcoming commentary on M&E of Differentiated ART Delivery in JIAS