## Outline

#### Topic

- 1 Program Quality and Efficiency (PQE) Overview
- 2 PQE in Uganda, Kenya and Ghana
- 3 Next steps

## **HIV** Information Note

15 December 2016 Geneva, Switzerland



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## **Program Quality and Efficiency Strategy - Overview**

**Improvement in Health Outcomes** 

# Improvement in Quality

#### of Healthcare Delivered

- Targeted quality improvement activities (e.g. Differentiated Care approaches) based on best practices
- Strengthened community referral systems

#### Improvement in Efficiency of Healthcare Delivered

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- Improved efficiency in the allocation of financial & human resources
- Improved implementation efficiency through improvements in technical efficiency

#### Assurance

- Continued support of collaborative data collection
- Shorter-term investments in Monitoring & Evaluation (M&E) assessments

#### Longer-term investments in data systems

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## 'What got us here... wont take us there'



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#### KPI 2 & KPI 8: HIV Targets – Ambitious targets needed for Epidemic control

HIV Key Performance Indicators	Target	Uncertainty range	Global Plan <sup>2</sup> Targets	Period / Year
KPI 2				
i. # of adults and children currently receiving ART (millions)	23	22 - 25	24	end-2022
ii. # males circumcised (millions) *	22	19 - 26	28	2017 - 2022
iii. % HIV+ pregnant women receiving ART for PMTCT *	96	90 - 100	100	end-2022
iv. % of adults and children currently receiving ART among all adults and children living with HIV $$^{\star}$$	78	73 - 83	83	end-2022
v. % of people living with HIV who know their status *±	80	70 - 90	90	end-2022
vi. % of adults and children with HIV known to be on treatment 12 months after initiation of ART $$^{\rm \pm}$$	85	80 - 90	90	end-2022
vii. % of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB $$^{\rm \pm}$$	80	70 - 90	90	end-2022
KPI 8				
% Reduction in HIV incidence in women aged 15-24 *	45	40 – 50	-	from 2015 to 2022

\* indicator to be tracked on a specified set of countries.

± target based on benchmarking

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Treatment, Care and Support	INTERVENTION HIV Care	SCOPE AND DESCRIPTION OF INTERVENTION PACKAGE Includes HIV care given prior to ART commencement, for programs that have not yet adopted "test and start treatment" as per WHO 2015 HIV treatment guidelines, such as: • Baseline clinical assessment and monitoring before treatment initiation • Treatment preparedness/education • Linkages to ART • Inpatient & Outpatient health services
Modular Framework Handbook Mandbook	Differentiated antiretroviral therapy service delivery	<ul> <li>Activities could include:</li> <li>Designing, developing, implementing (including training) DSD models (eg. dispensing practices, follow-up time intervals, monitoring practices) using ART drugs (1st, 2nd &amp; 3rd line)</li> <li>Performing cost-efficiency analysis of differentiated ART service delivery models</li> <li>Linkages and referrals to treatment, care and support</li> <li>All treatment activities should be differentiated to specific population needs as appropriate (e.g. adults, children, adolescents, key populations)</li> </ul>
	freatment monitoring- drug resistance surveillance	<ul> <li>Includes activities related to drug resistance monitoring, such as:</li> <li>Surveillance of acquired HIV drug resistance in populations receiving ART</li> <li>Laboratory functions (e.g. genotyping and shipment of specimens)</li> <li>Technical support (e.g. protocol adaptation and analysis)</li> <li>Data management (including data collection, report production, printing and distribution)</li> </ul>
	Treatment monitoring– Viral load	Includes activities related to viral load monitoring, such as: • Developing high-quality diagnostics and plans for implementation (including quality assurance) • Support to dedicated specimen referral systems, training and certification of health workers who perform the testing • Supervising and monitoring point-of-care tests for quality and reliability strategy for managing supply chain and equipment service • Data management systems for timely identification of quality issues • Regional and national data reporting
	Treatment adherence	Includes activities related to treatment adherence, such as: • Designing, developing and implementing a comprehensive treatment adherence strategy both at the programmatic/facility level and at the community level
	Prevention, diagnosis and treatment of opportunistic infections	<ul> <li>Includes activities related to the prevention, diagnosis and treatment of opportunistic infections, such as:</li> <li>Designing, developing and implementing diagnosis and treatment programs for opportunistic infections</li> <li>Vaccination, diagnosis and treatment of viral hepatitis (excluding TB)</li> </ul>
	Counseling and psycho-social support	<ul> <li>Includes activities related to counseling and psychosocial support, such as:</li> <li>Designing, developing and implementing a comprehensive support program, including psychosocial support</li> <li>Optimizing nutrition and income generation, etc.</li> </ul>





- Reaching those who still need treatment the GAPS in the cascades
- New models of testing to reach the hardest to reach groups....
- Investments in prevention new infections still too high.
- Strengthen response to address human rights and gender-based barriers.

## Current HIV-related Work supported by GF Secretariat

#### Kenya

 Roll out of differentiated care approaches along the continuum of the HIV cascade

#### Senegal

- Decentralization of HIV care
- Task-shifting from hospitals to facilities to health posts

### Uganda

- Home-based testing
- Community-facility linkage
- e-MTCT
- Community ART deliver models

### Ghana

- Scale up of test and start
- Adoption of differentiated testing, task-shifting, multi-month scripting

### 🛧 Inter-agency Missions

Cote d'Ivoire, DRC, Mozambique



## Country Implementation Experiences- Implementation (technical) efficiency

Country	Example	Key Partners
Kenya	National scale up of differentiated models of care to enhance efficiency and impact	BMGF, IAS, PEPFAR, WHO, MSF, Kenya – NASCOP
Uganda	Community service delivery models to improve treatment adherence and patient retention	TASO, UNAIDS, USAID, EGPAF, Alive
Tanzania	Regional training of health workers for increased TB case detection	WHO, KNCV Foundation, MSH
Zimbabwe	Data use for Malaria Program Improvement	WHO, PMI/CDC, CHAI, National Institute of Health Research, ZimStat (National Statistics Agency)
Тодо	Integration of HIV/AIDS, TB and Malaria care packages through an ANC/PNC platform	WHO, UNICEF, GFF/WB, Agence Francaise de Development, LSTM 8

## Uganda

Total: USD \$278M; USD \$134M allocated to treatment and care, with an above allocation request of USD \$264M

#### ART Differentiated Service Delivery:

- TASO implementing 3 models for ART delivery in health facilities: facility-based, Community Drug Delivery point (CDDP), Community Client-led ART delivery (CCLAD)
- Through TASO and MoH (MoFPED PR), GF support is provided for HIV prevention interventions for KPs

#### Lessons learned:

- Strong commitment and buy-in from community health workers is needed to successfully deliver ARV treatment in communities.
- Continued engagement with community organizations will ensure scale-up of DSD for expanding access to HIV testing and treatment services, including children and adolescents.
- Community drug delivery models are effective with strong linkages to facilities, linking patients to care and other services, promoting adherence and retention.

## **Uganda: Treatment Adherence and Patient Retention**

#### **Differentiated Models of Care**

TASO models

- Community Drug Distribution Points (CDDP's)
- Community Client Led ART Delivery (CCLAD)



- Potential cost savings up to 20%
- Long term retention after 7yrs at 69%
- Loss to follow-up: 16.5% facility arm and 4.28% at CDDP
- Average adherence 96.8% for CDDP and 95.6% for facility based

#### **NEXT STEPS**

- Tailored approaches for key pops and AGYW
- Harmonized M&E framework, with efficiency analysis
- Strengthening supply chain

## Kenya

Total: USD \$296M; USD \$136M allocated to treatment and care, with an above allocation request of \$78M

#### **ART Differentiated Service Delivery:**

- Kenya launched revised national ARV guidelines and Differentiated Care Handbook in 2016.
- GF supported roll-out of DSD to support NASCOP in 7 counties
  - 3540+ service providers in all counties trained through GF support
  - Integrating at least one differentiated care approach along the cascade of HIV care (test, treat, retain)
  - Measuring impact in terms of improvement of indicators for testing, linkage to treatment, and treatment retention
  - Strengthening routine data collection for lessons learnt/documentation

#### Lessons learned:

- Strong leadership at all levels is critical for an effective roll-out of DSD.
- Accountability: Kenya put in place multi-partner and nationally-led governance structures that reviewed progress of national roll-out.
- Differentiating care is part of a larger quality agenda in Kenya in which this was coupled with increased focus on finding TB cases, as well as massive efforts to tailor and focus general population and key population (KP) prevention.

## **Kenya: Differentiated Models of Care**



#### **Differentiated Models of Care**

#### **Results:**

- Increased adherence and retention
- Better CD4 count evolution
- LTFU reduced by 28%
- Reduced waiting time for patients, congestion, and workload for staff
- Increase service delivery effectiveness
- 7-10% increase in new cases detected
- Increase reach to 1<sup>st</sup> time testers
- Reduction of stigma



Adoption of Differentiated Models of Care in National Guidelines

- Facilities required to adopt guidelines including differentiated approaches along HIV cascade
- Potential implications for cost-efficiencies and quality of services delivered



#### Scale-up of Differentiated Models of Care

#### Current work:

- Implementation of differentiated approaches and Quality
   Improvement teams, including ToTs
- Change in cost-efficiency
- Strengthening data and documentation



## PQE for DSD Implementation: Guiding Principles in Kenya

#### **Ensure Sustainability Starting from Day 1**

- Build on Existing Infrastructure
  - National Level
  - · HIV ICC and KCM will provide oversight/accountability
  - DC TWG will provide technical direction
  - County Level
  - County TWG will provide oversight at county implementation.
- Build capacity of existing staff

#### Allow science to guide efforts

- Scientific method- hypothesis driven, results repeatable/scalable
- Be data driven

## Ghana

Total: USD \$78M; USD \$45M allocated to treatment and care, with an above allocation request of USD \$17M

#### **ART Differentiated Service Delivery:**

- Rolling out DSD for ART delivery with focus on **key populations**, **children & adolescents**, and **adults** in 10 facilities (2017-2018), 20 (2019-2020)
- Developed 90-90-90 scale-up plan and focused national guidelines on task-shifting, updated treatment and testing guidelines
- Two-pronged approach employed to implementing DSD in highest volume sites, while developing operational policies at the national level.
- In-depth assessment of service delivery models across the cascade conducted through EQUIPP (co-funded by Global Fund and PEPFAR)
- WHO supporting the development of operational guidance and tools on DSD including testing and services to prioritized populations. Lessons learned:
- Partner collaboration to achieve a programmatic approach to roll-out DSD with clear prioritization on highest volume sites/highest burden areas
- Attention to prioritized groups (integration of TB and SRH services, service models for AGYW & key populations at facility and community levels).

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## **Next Steps**

#### Implementation stage

- > Scale up ARV treatment and DSD models
- > Further investigate opportunities in pilot countries and others
  - Key population prevention efficiency & effectiveness analyses in Ghana
  - Community Drug Distribution Point (CDDP), Community client-led ART delivery (CCLAD)
  - > AGYW
- > Regional experience and model sharing

#### **Standardized Implementation tools**

- > E.g. DSD Operational Guide, Data collection tools
- > Learning Sessions (Quality Improvement)
- > Costing analysis

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## Annex

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## Programmatic assurance along HIV testing, care and treatment cascade\*

Level of assurance	Assurance measures/data sources	HIV testing (1 <sup>st</sup> 90)			ART (2 <sup>nd</sup> 90)		ART outcome (3 <sup>rd</sup> 90)	
		Differentiated models of testing	Testing Yield	Referral to care and prevention services	Linkage to ART	ART initiation	Adherence and retention	Viral suppression
Facility level								
	Program and data quality facility assessment	# tested and received results; Referrals if positive	Not calculated	TB status & prophylaxis	Confirmation of HIV+ status, baseline CD4 & VL	# on ART & ART regime	Sampled patients at 6 months	viral load at 6/12/24 months for sampled patients
District level	Data quality audits and reviews				Pre-ART register	<ul><li>ART tally sheet</li><li>ART register</li></ul>	Patient card	
	Programmatic Spot Check	Community HIV testing services; among Key populations	х					
	Special studies and thematic reviews	Key populations including service models	Can be assessed		ART cohort analysis	ART cohort analysis	ART cohort analysis	ART cohort analysis
National level	Case-based surveillance & patient monitoring		Can be calculated with denominator	Individual level data at facilities	Individual level data at facilities	Individual level data at facilities	Individual level data at facilities	Individual level data at facilities
	Surveys		х	х	х	х	х	х
	Cascade analysis		х	х	х	Х	Х	х
	Evaluations	Х	Х	Х	Х	Х	Х	Х

\*Disaggregated, if data allow, for key populations, pregnant women and HIV exposed infants, adolescents (girls and young women.)

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## 7 Areas for potential programmatic improvement

Design service delivery models to match patient needs and preferences and costs Differentiated screening and testing strategies

Differentiated treatment and care models

Differentiated drug dispensing models

Focus of diff. care toolkit

#### Efficiently manage facilities

 Ensure motivation and presence of health workers



Reinforcement of management skills of site leadership for innovative practices and better management

#### Utilize data for decision making

- Leverage data to drive facilitylevel decisions
- Leverage peer pressure and input

Patient-centered quality improvement by monitoring indicators which matter to patients

Knowledge sharing networks for facilities to share workarounds and best practices

## **Differentiated Treatment and Care Approaches**





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## Potential impact of differentiated models of care is significant

#### Examples of 3 differentiated service delivery approaches



Note: Site level efficiencies estimated based on literature and field visits; impact calculation based on top 10-15 countries accounting for 60-65% of disease burden, 55% of active HIV grants and 35% of active HIV grants and 326% of active HIV gr