Framing Remarks – M&E session

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CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop
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Outline

- Gaps in DSD data for decision-making

- Cyclical HIV care cascade

- Data on cyclical HIV care cascade

- Tying it all together

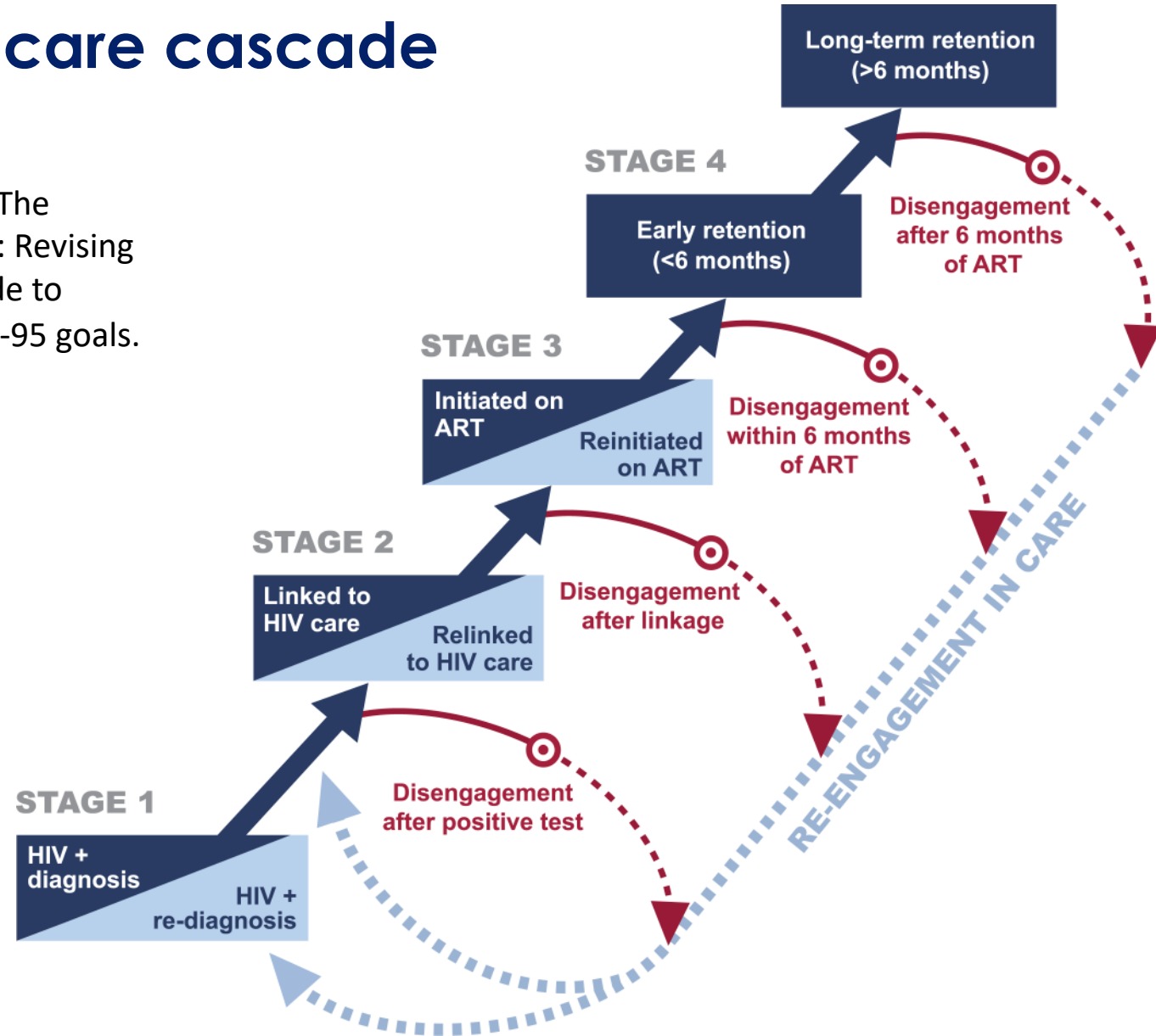# Gaps in DSD data for decision-making

1. Reliable, timely, granular data on ART model coverage

2. Key features of implementation
   - Characteristics of RoC in ART models (e.g., eligibility)
   - Other features of models: frequency of clinical visits, ART pickups, etc.
   - Coverage of TB, pregnancy/FP, ART adherence screening

3. Engagement of RoC and routine/periodic monitoring of RoC experience

4. Improved use of electronic medical records for DSD

5. Utilization of DSD data for strengthening HIV programs

6. Assessment of outcomes within DSD context (retention, VLS)

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3. **Engagement of RoC and routine/periodic monitoring of RoC experience**

4. **Improved use of electronic medical records for DSD**

5. **Utilization of DSD data for strengthening HIV programs**

6. **Assessment of outcomes within DSD context (linkage, retention, re-engagement)**

Cyclical HIV care cascade

Source: Ehrenkranz, et al. The revolving door of HIV care: Revising the service delivery cascade to achieve the UNAIDS 95-95-95 goals. *PLOS Medicine* 2021.
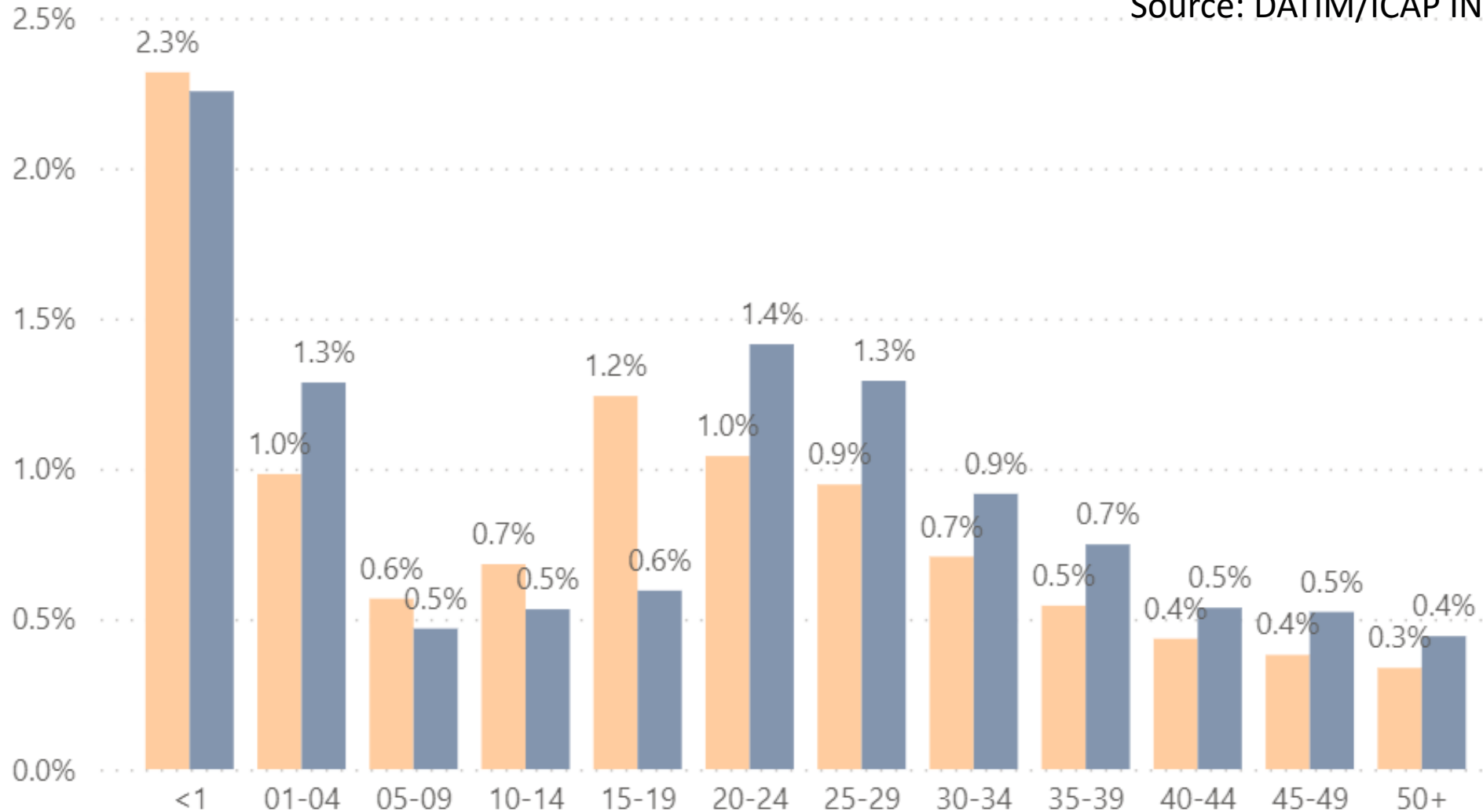
Percent of Patients on ART Who Experienced ITT within Q, by Age and Sex
Health facilities in 12 countries supported by ICAP, FY22 Q1-2

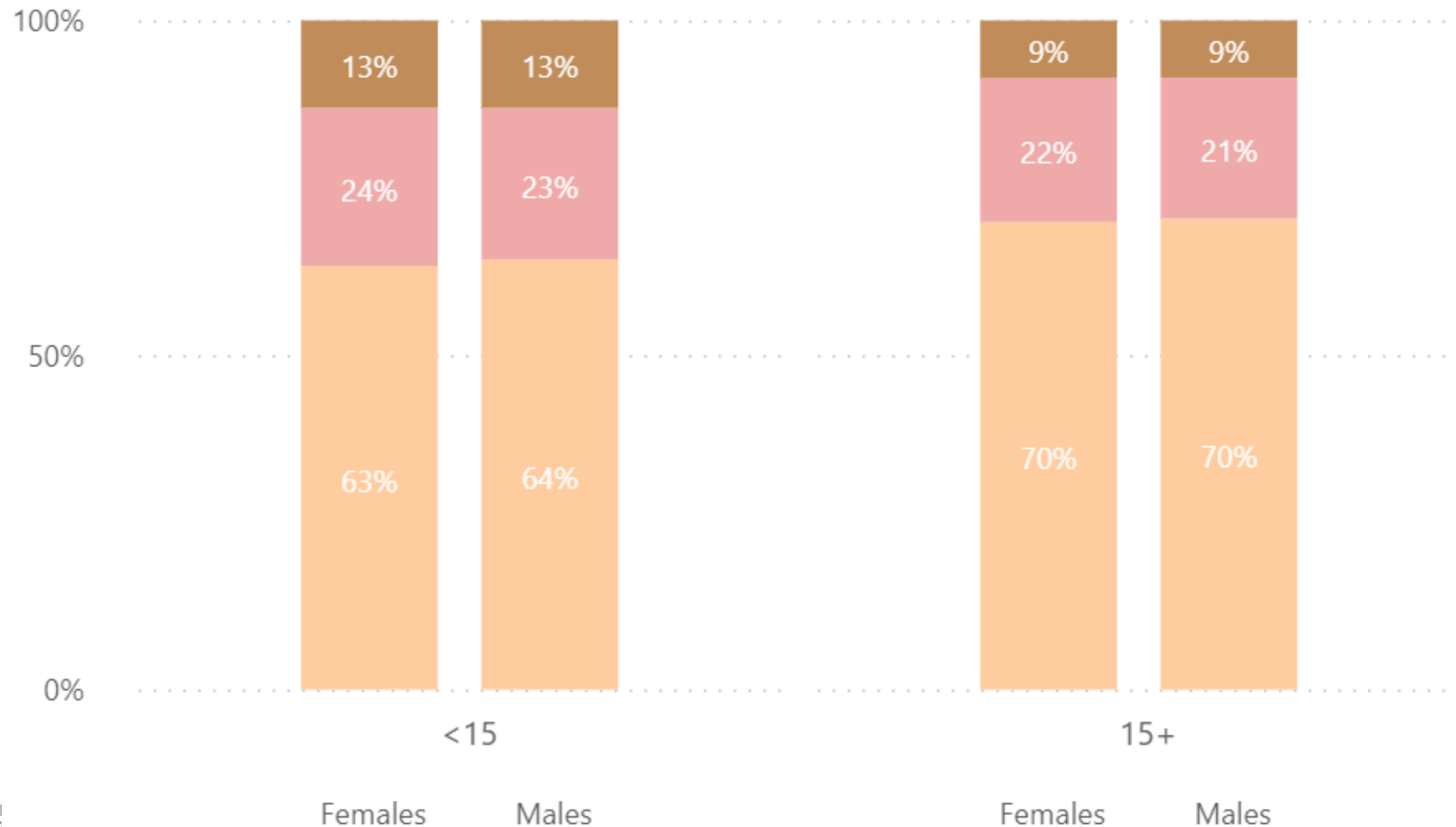

ITT=interruption in treatment
Source: DATIM/ICAP INSIGHT

Duration on ART before ITT, by age and sex
Health facilities in 12 countries supported by ICAP, FY22 Q1-2
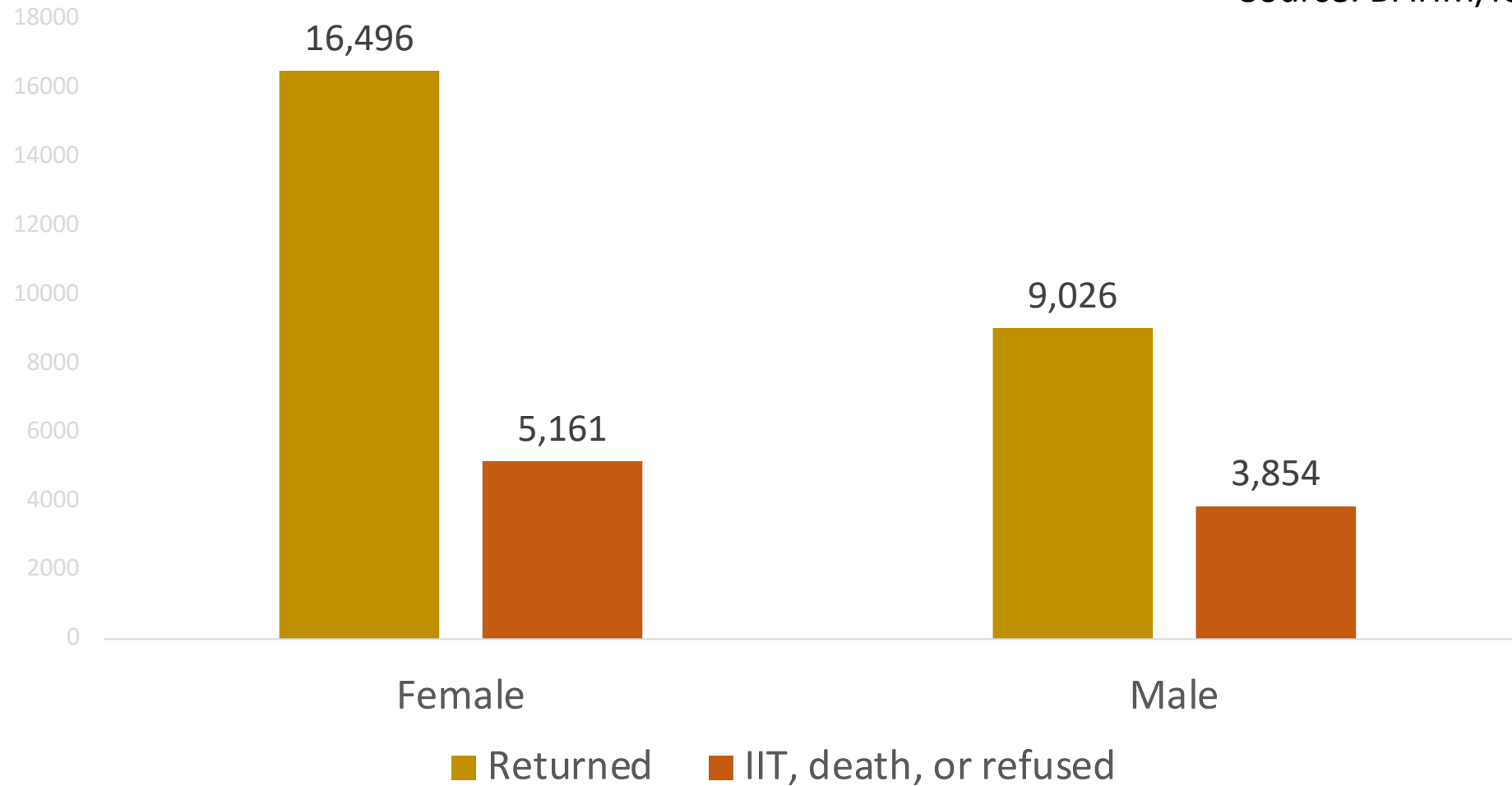
● 6+ Months ● 3-5 Months ● <3 Months

Source: DATIM/ICAP INSIGHT

Number of ROC lost to care and returned to treatment, by age and sex
Health facilities in 12 countries supported by ICAP, FY22 Q1-2
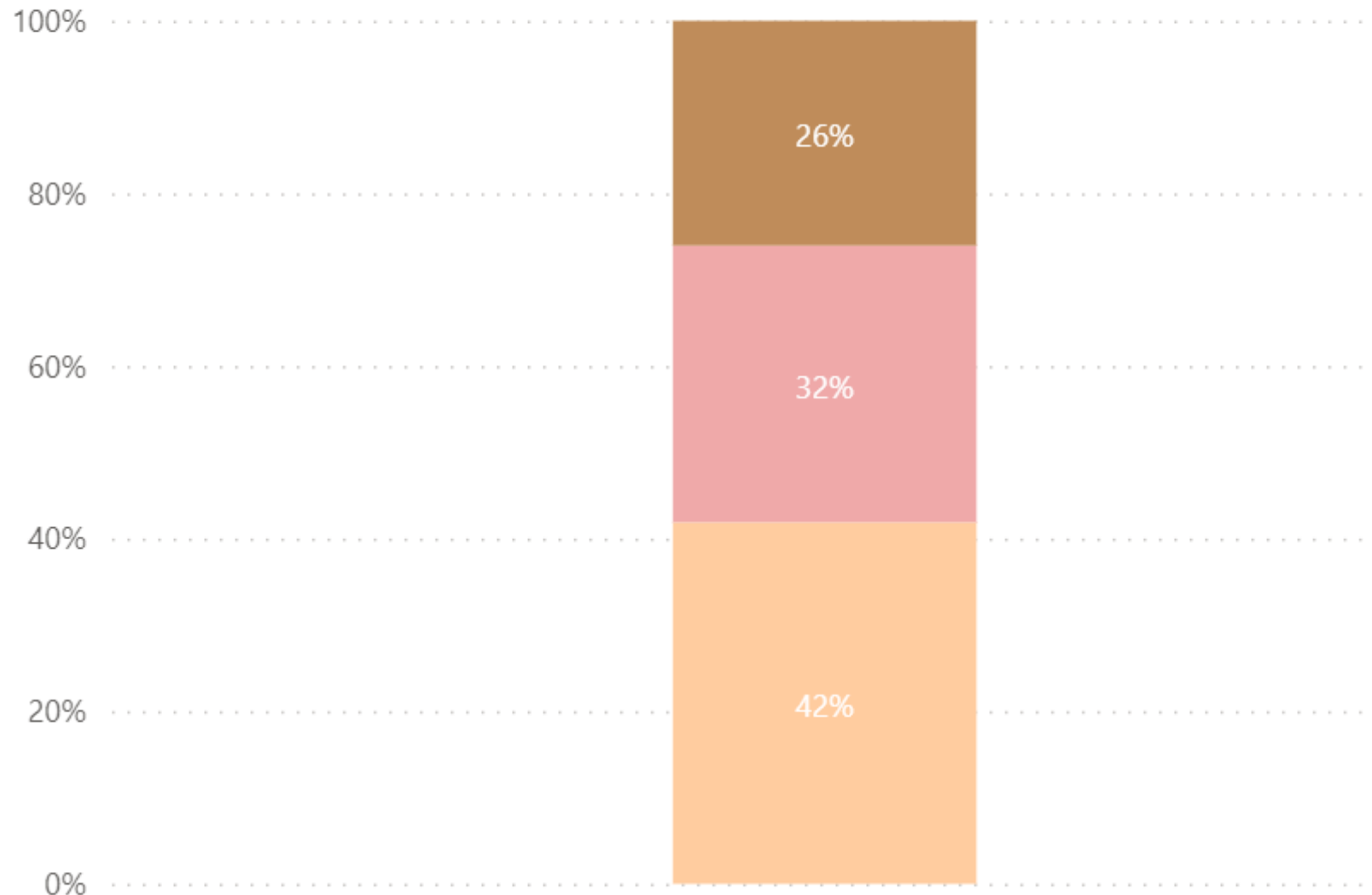
Source: DATIM/ICAP INSIGHT

Legend: **Returned** | **IIT, death, or refused**

- Female: Returned 16,496; IIT, death, or refused 5,161
- Male: Returned 9,026; IIT, death, or refused 3,854

icap Global Health

Duration of interruption before returning to treatment
Health facilities in 12 countries supported by ICAP, FY22 Q1-2

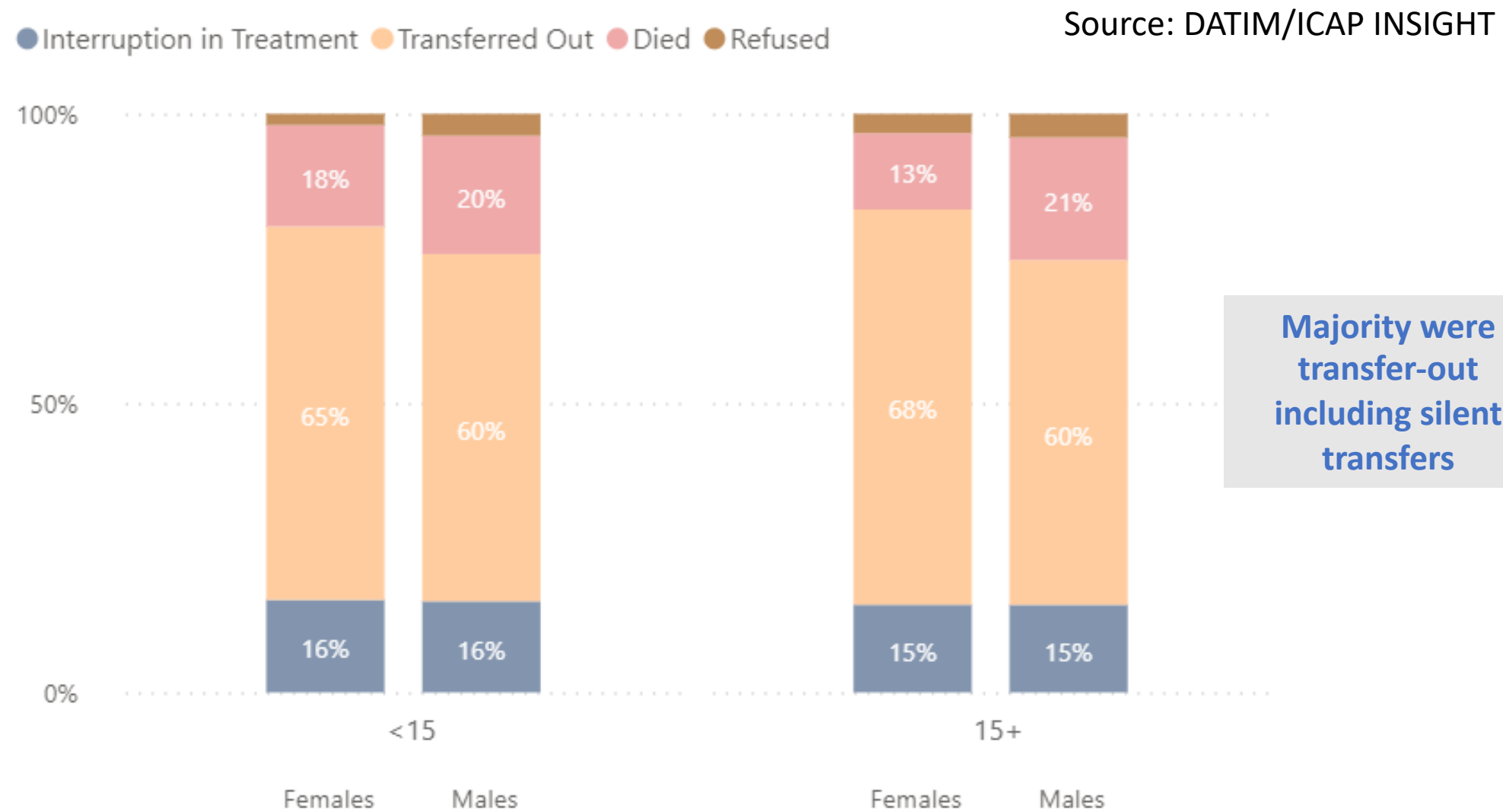# Reasons for mortality or loss, by age and sex
Health facilities in 12 countries supported by ICAP, FY22 Q1-2

Source: DATIM/ICAP INSIGHT

Majority were transfer-out including silent transfers

Tying it all together….

Presentations in this session will focus on a variety of areas:

1) **Expanding and better integrating M&E conducted by RoC/PLHIV networks – to support improved linkage, continuation on ART, and return to treatment**
2) **Improving retention by identifying opportunities for health facility staff to rapidly identify and contact patients who interrupted treatment**
3) **Implementing mHealth tools to collect and manage RoC data in community-based ART models to better identify ART continuation and interruption**
4) **Incorporating national unique identifier with EMR roll-out to better track RoC across health facilities and eliminate silent transfers**

Thank you!