

5 key words:

Johannesburg
Combination
Prevention
PEPFAR
Support

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number **GHH-1-00-07-00068-01**. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

AIDSTAR-Two Project Trip Report

1. Scope of Work: Support for the PEPFAR Combination HIV Prevention Meeting in South Africa. June 2013

Destination and Client(s)/ Partner(s)	Johannesburg, South Africa; PEPFAR Country teams from South Africa, Swaziland, Uganda, Zambia, Kenya, Botswana, Lesotho, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe
Traveler(s) Name, Role	Teri Brezner, Project Officer, AIDSTAR-Two, and Julie Dorsey, Project Specialist, AIDSTAR-Two
Date of travel on Trip	June 5-13, 2013
Purpose of trip	Travel to South Africa to provide on-site logistical support to the PEPFAR Combination HIV Prevention Meeting. PEPFAR teams from the 12 countries with highest HIV prevalence were in attendance.
Objectives/Activities/ Deliverables	AIDSTAR-Two was asked to support the logistical arrangements in the planning and executing of three-day meeting for Country Teams. Prior to the conference, AIDSTAR-Two participated in several conference planning meeting calls. On-site, this included managing participant expectations and requests, supporting the Meeting Steering Committee with any and all requests, working with the hotel and caterers to ensure a smooth conference, supporting participant needs throughout the conference, working with hotel to manage participant lodging, printing all workshop supplies, organizing and consolidating workshop presentations and distributing USBs at the end of the conference that included all conference materials shared.
Background/Context, if appropriate.	<p>AIDSTAR-Two was asked to organize and coordinate logistics of the PEPFAR Combination HIV Prevention Meeting held in Johannesburg for PEPFAR Country Teams from Southern Africa. Each country team was made up of CDC, DoD, PEPFAR, and USAID.</p> <p>The purpose of this meeting was to assist PEPFAR teams in the twelve countries with the highest HIV prevalence to maximize the impact of their HIV prevention portfolios.</p> <p>Meeting Objectives: Development of country-specific road maps to strengthen COP 14 HIV prevention portfolios in generalized epidemic countries with a focus on:</p> <ol style="list-style-type: none"> 1. Using best-available epidemiology and other data to define specific populations for HIV prevention at the national and sub-national level, 2. Building quality through standardization and quality improvement measures, 3. Creating and strengthening linkages across prevention interventions and between community and clinical platforms, 4. Measuring coverage and outcomes of prevention interventions.

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

Meeting was convened in Johannesburg, South Africa from June 11 -13

75 participants in attendance

12 Country Team's developed initial draft of their road maps

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AIDSTAR-Two Project Trip Report

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3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Compile session summaries from Planning Steering Committee	Teri Brezner	July 1, 2013
Produce final conference report	Teri Brezner	August 1, 2013

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
See participant list attached			

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Meeting Agenda		attached
Final Conference Report		attached
Participant list		attached

**Advancing Combination HIV Prevention in Generalized Epidemics
Johannesburg, June 11 - 13, 2013**

Meeting Objectives and Agenda

This meeting seeks to assist PEPFAR teams in the twelve countries with the highest HIV prevalence to maximize the impact of their HIV prevention portfolios.

Meeting Objectives

Development of country-specific road maps to strengthen COP 14 HIV prevention portfolios in generalized epidemic countries with a focus on:

1. Using best-available epidemiology and other data to define specific populations for HIV prevention at the national and sub-national level,
2. Building quality through standardization and quality improvement measures,
3. Creating and strengthening linkages across prevention interventions and between community and clinical platforms,
4. Measuring coverage and outcomes of prevention interventions.

Pre-Conference Registration: Monday June 10, 2013
Location: Hotel Lobby 3rd Floor (to the left of reception)
6pm – 8 pm

Day 1 Tuesday June 11, 2013	
Time	Session
8:00 - 8:30 AM	Registration <i>Gautrain Conference Room 2nd Floor</i>
8:30 - 9:15 AM	Welcoming Remarks Facilitator: Nina Hasen, OGAC Headquarters <i>Gautrain Conference Room, 2nd Floor</i> <ul style="list-style-type: none"> ○ Welcome to South Africa—U.S. Embassy Pretoria Representative ○ Security Briefing—Regional Security Office ○ Meeting Objectives, Participant Expectations, Agenda, Introductions—Nina Hasen, OGAC ○ Logistics Update—Teri Brezner & Julie Dorsey, AIDSTAR-Two/MSH
9:15 – 10:00 AM	PEPFAR Prevention Update —Caroline Ryan, OGAC Headquarters <i>Gautrain Conference Room, 2nd Floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion
10:00 – 10:30 AM	Coordinating with the Global Fund in HIV Prevention – Victor Bampoe, Fund Portfolio Manager, South Africa <i>Gautrain Conference Room, 2nd Floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion
10:30 – 10:50 AM	Break



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Johannesburg, June 11 - 13, 2013**

Day 1 continued Tuesday June 11, 2013	
Time	Session
10:50 – 12:30 PM	<p>Using Epidemiologic Data to Guide HIV Prevention Responses Moderator: Shanti Conly, USAID Washington <i>Gautrain Conference Room, 2nd Floor</i></p> <p>Presentations on use of national and sub-national data to appropriately target prevention programs and achieve meaningful coverage.</p> <ul style="list-style-type: none"> ○ Update on Regional Trends and Dynamics—Eleanor Gouws, UNAIDS ○ Using Community-Level Data to Inform Local Responses—Frank Tanser, Africa Center ○ Developing a Data-Driven Framework for PEPFAR/South Africa’s Prevention Portfolio—Carlos Toledo, South Africa ○ Q&A/Discussion
12:30 – 1:30 PM	<p align="center">LUNCH <i>Gautrain Conference Room, 2nd Floor</i></p>
1:30 – 2:30 PM	<p>Using Epidemiologic Data to Guide HIV Prevention Responses, contd. Moderator: Nicholas Gaffga, Lesotho <i>Gautrain Conference Room, 2nd Floor</i></p> <p>Brief Country Case Studies followed by Plenary Discussion</p> <ul style="list-style-type: none"> ○ Using Varied Data Sources to Realign Kenya’s Prevention Strategy—Winne Mutsotso, Kenya ○ Using Data to Better Target HIV Testing and Counseling—Daniel Shodell, Mozambique ○ Q&A/Discussion on successes and challenges in using data to inform programs
2:30 – 3:15 PM	<p>Ensuring Availability of Key HIV Prevention Commodities Moderator: Brad Corner, Namibia <i>Gautrain Conference Room, 2nd Floor</i></p> <p>Presentations on current supply chain challenges and mitigation efforts</p> <ul style="list-style-type: none"> ○ Supply Chain Challenges Facing Field Programs—Rebecca Copeland, Uganda ○ Central Initiatives to Mitigate Commodity Supply Problems—Nina Hasen, OGAC & Victor Bampoe, Fund Portfolio Manager, South Africa ○ Q&A/Discussion
3:15 – 3:30 PM	<p align="center">BREAK</p>
3:30 – 4:30 PM	<p>Ensuring Availability of Key HIV Prevention Commodities, contd. Facilitator/Moderator: Anne Thomas, DOD Resource Person: Maina Kiranga, Botswana & Shanti Conly, USAID Washington</p> <p>Small group discussions will focus on common bottlenecks and problems encountered in each prevention commodity area and discuss proposed solutions to those problems.</p> <ul style="list-style-type: none"> ○ Test Kits (Nina Hasen, OGAC & Peter Loeto, Botswana)



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	<ul style="list-style-type: none"> ○ Condoms (Beth Deutsch, Malawi & Brad Corner, Namibia) ○ Male Circumcision Kits (Anne Thomas, DOD & Seth Greenberg, Tanzania)
Day 1 continued Tuesday June 11, 2013	
Time	Session
4:30 – 5:00 PM	Report Back: Priority Actions to Alleviate Commodity Supply Problems Moderator: Maina Kiranga, Botswana
5:30 – 7:30 PM	RECEPTION <i>Union Station Conference Room, 3rd Floor</i>



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Johannesburg, June 11 - 13, 2013**

Day 2 Wednesday June 12, 2013	
Time	Session
8:30 - 8:45 AM	Check-in with Participants —PSC Organizing Committee Logistics Update —Teri Brezner & Julie Dorsey, AIDSTAR-Two/MSH
8:45 - 10:15 AM	Break-Out Groups: Comprehensive Packages for Priority Sub-Populations <p>Young Women and Adolescent Girls Facilitator: Wendy Benzerga, Swaziland Presenters: Nduku Kilonzo, Liverpool VCT, Kenya; Ayesha Kharsany, CAPRISA, South Africa Resource Person: Dr. Sinead Delany-Moretlwe, Wits Reproductive Health Institute Location: <i>Junction 2, 2nd Floor</i></p> <ul style="list-style-type: none"> ○ Q&A/Discussion <p>People Living with HIV Facilitator: Pam Bachanas, CDC Location: <i>Main Station 1, 3rd Floor</i></p> <ul style="list-style-type: none"> ○ Q&A/Discussion <p>Key Populations: Facilitator: Irene Benech, CDC & Margo Sloan, DOD Location: <i>Gautrain Conference Room, 2nd floor</i></p> <ul style="list-style-type: none"> ○ Q&A/Discussion
10:15 – 10:30 AM	BREAK
10:30 – 12:00 PM	Linking Services to Ensure the Continuum of Response Moderator: Faustin Matchere, Malawi Location: <i>Gautrain Conference Room, 2nd floor</i> Presentations on strengthening linkages from prevention to care and other Services and bi-directionally between community and facility <ul style="list-style-type: none"> ○ Overview—Pam Bachanas, CDC ○ Strengthening Community-Facility Linkages, especially in PMTCT—Malawi ○ Measuring Linkages to Care—Mozambique ○ National Program for Linkage to Care—Swaziland ○ Q&A/Discussion
12:00 – 1:00 PM	LUNCH <i>Gautrain Conference Room, 2nd floor</i>
1:00 – 2:00 PM	Small Group Discussions on Best Practices in Linking Services Location: <i>Gautrain Conference Room, 2nd floor</i> Participants share examples of successes and challenges in establishing and measuring linkages



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**Advancing Combination HIV Prevention in Generalized Epidemics
Johannesburg, June 11 - 13, 2013**

Day 2 continued Wednesday June 12, 2013	
Time	Session
2:00 – 3:30 PM	<p>Improving the Quality of HIV Prevention Programs Moderator: Esther Machakere, Zimbabwe</p> <p>Presentations on quality assurance and improvement in prevention programs: developing and adhering to standards and establishing a feedback loop</p> <ul style="list-style-type: none"> ○ Overview— Naomi Bock, CDC ○ Country presentations on Quality Assurance and Quality Improvement <ul style="list-style-type: none"> • Kenya – Quality Assurance for peer outreach for sex workers • Uganda – External Quality Assurance for Voluntary Male Medical Circumcision (VMMC) • Botswana – Quality Assurance for HIV Testing and Counseling
3:30 – 4:00 PM	BREAK
4:00 – 5:00 PM	<p>“Consult the Experts” on Quality Assurance and Quality Improvement:</p> <p>Small group discussions with HQ and field representatives on what more the field could do to ensure quality with sample guidelines and tools available at each round table.</p>



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**Advancing Combination HIV Prevention in Generalized Epidemics
Johannesburg, June 11 - 13, 2013**

Day 3 Thursday June 13, 2013	
Time	Session
8:30 - 8:45 AM	Check-in with Participants —PSC Representative Logistics Update —Teri Brezner & Julie Dorsey, AIDSTAR-Two/MSH <i>Gautrain Conference Room, 2nd floor</i>
8:45 - 10:10 AM	Measuring and Reporting on Coverage and Outcomes of Prevention Programs <i>Gautrain Conference Room, 2nd floor</i> Overview and update on current findings, strategies, outcomes and recommendations for improving measurement of coverage <ul style="list-style-type: none"> ○ Measuring Coverage of Prevention and other Health Programs – Anne G. Thomas, DOD
10:10 – 10:30 AM	Measuring Impact of Combination Prevention Programs <i>Gautrain Conference Room, 2nd floor</i> Update on ongoing evaluations with incidence endpoints of programs combining biomedical interventions <ul style="list-style-type: none"> ○ Evaluating Combination Prevention Programs: Intervention Packages and Evaluation Designs—Naomi Bock, CDC
10:30 – 10:45 AM	BREAK
10:45 – 12:00 PM	Monitoring, Reporting, and Evaluation of Prevention Programs <i>Gautrain Conference Room, 2nd floor</i> Resource Person: Erin Balch, USAID Washington Interactive session to discuss current PEPFAR efforts to update indicators and reporting, and program evaluation.
12:00 – 12:45 PM	LUNCH
12:45 – 2:15 PM	Country Team Planning: Breakouts to Plan COP 14 <i>Gautrain Conference Room, 2nd floor</i> Teams will be provided with a paper template to fill in and flip charts to turn the template into “posters.” Each team must propose at least one improvement to their portfolios in each of the following areas: <ul style="list-style-type: none"> ○ Using data at the sub-national level ○ Improving linkages across services ○ Improving quality ○ Measuring coverage and outcomes
2:15 – 2:45 PM	“Poster” Session on COP 14 Road Maps by Country Teams



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Johannesburg, June 11 - 13, 2013**

Day 3 continued Thursday June 13, 2013	
Time	Session
2:45 – 3:50 PM	<p>Discussion: Tying it All Together for COP 14 Moderator: Reuben Haylett, Lesotho <i>Gautrain Conference Room, 2nd floor</i></p> <p>Final observations from both field teams and HQ participants on their major take-aways from the meeting, technical assistance needs from HQ, and input to HQ deliverables such as COP 14 Guidance and Technical Considerations.</p>
3:50 – 4:00 PM	Meeting Close



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Advancing Combination HIV Prevention in Generalized Epidemics

Johannesburg, South Africa

June 11 – 13th 2013

Participant List

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ADVANCING COMBINATION HIV PREVENTION IN GENERALIZED EPIDEMICS

CONFERENCE REPORT

AUGUST 2013

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

ADVANCING COMBINATION HIV PREVENTION IN GENERALIZED EPIDEMICS CONFERENCE

Prepared and Submitted by:

Teri Brezner, Program Officer, AIDSTAR-Two (tbrezner@msh.org)

Led by Management Sciences for Health (MSH), the AIDSTAR-Two consortium brings the combined expertise, resources, and global reach of seven members to improve the organizational capacity of local implementing partners to lead, manage, and govern their organizations and produce enhanced health results.

Submitted to:

Laurel Rushton, Contract Officer's Representative for AIDSTAR-Two, USAID/Washington

Contract No.:

GHH-I-00-0700068-00

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Acronym List

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Treatment
ARVs	Antiretroviral
CBO	Community Based Organization
CDC	Centers for Disease Control
COP	Country Operationalization Plan
DICE	Drop-in Centers
DOD	Department of Defense
ESA	Eastern and Southern Africa
HIV	Human Immunodeficiency Virus
HTC	Home Testing and Counseling
HQ	Headquarters
iBBS	Integrated Bio Behavioral Survey
KAIS	Kenya AIDS Indicator Surveys
KP	Key Populations
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOT	Modes of Transmission
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
OGAC	Office of Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention
PLHIV	People Living with HIV
PMTCT	Preventing Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis

PwP	Prevention with Positives
QA	Quality Assurance
RTK	Rapid Test Kit
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
USAID	United States Agency for International Development
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

The conference on Advancing Combination HIV Prevention in Generalized Epidemics was held in Johannesburg, South Africa from 11-13 June 2013. Organized and funded by the PEPFAR Prevention Technical Working Group with support from AIDSTAR-Two, the United States Agency for International Development (USAID)-funded Central Task Order led by Management Sciences for Health (MSH), the aim of the conference was to better align prevention planning for FY14 Country Operational Plans (COP) in high HIV prevalence countries with the current strategy of bringing high impact “cornerstone” prevention interventions to scale within an overall combination approach.

The conference brought together US Government (USG) staff and representatives across sub-Saharan Africa from USAID, the Center for Disease Control (CDC), the Office of Global AIDS Coordinator (OGAC), and the Department of Defense (DOD). The 75 participants came from Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. (See **Annex 1** for the final participant list.)

Conference Goal

The goal of the work shop was to support PEPFAR teams in the twelve countries with the highest HIV prevalence to maximize the impact of their HIV prevention portfolio.

Conference Objectives

1. Using best-available epidemiology and other data to define specific populations for HIV prevention at the national and sub-national level.
2. Building quality through standardization and quality improvement measures.
3. Creating and strengthening linkages across prevention interventions and between community and clinical platforms.
4. Measuring coverage and outcomes of prevention interventions.

(See **Annex 2** for the full conference Agenda.)

Conference Outcomes

Participants gained knowledge about recent scientific evidence, policy guidance based on PEPFAR recommendations, and the implications for PEPFAR funding for combination prevention portfolios. They began to identify priority program gaps and develop country action plans to address gaps in four areas: using data at a sub-national level, improving linkages across services, improving quality, and measuring coverage and outcomes.

The majority of the participants rated their overall satisfaction with the 3 day conference as “very high” (see **Annex 3** for full conference evaluation). One participant wrote that “the meeting was very helpful and opened a lot of insights in a lot of issues, specially the linkages session.”

INTRODUCTION

PEPFAR priorities in HIV prevention have evolved significantly over the last 2 years. The Advancing Combination HIV Prevention in Generalized Epidemics conference aimed to address overarching issues of planning prevention portfolios to align with new priorities, as well as challenges PEPFAR teams are grappling with as they seek to maximize the impact of prevention activities. The meeting provided an opportunity for PEPFAR teams in high prevalence countries to:

1. Report on progress and challenges in making major “pivots” in their portfolios to respond to new USG prevention priorities.
2. Share promising strategies to enhance targeting and coverage of prevention activities.
3. Strengthen linkages between behavioral and biomedical and community and facility-based interventions in support of the continuum of response.

Over the course of three days, the objectives of the meeting were accomplished through:

- Reviewing current PEPFAR guidance on prevention and the latest evidence on prevention interventions and how this evidence can be applied to country programs.
- Presentations and discussions by country teams on the epidemic profiles in their countries, USG prevention responses, progress in reorienting portfolio towards cornerstone interventions and promising practices and challenges in implementing more strategic prevention portfolios.
- Presentations by multilateral partners on their activities in the region and joint brainstorming about opportunities for closer collaboration with USG.
- Small group work by country teams to identify key gaps in their portfolios, and to formulate recommendations for strengthening their prevention programs in COP 14.

DAY ONE: Technical Updates

Day one focused on providing technical updates on PEPFAR prevention and Global Fund prevention priorities followed by presentations and Q&A on the use of epidemiological data to guide HIV Prevention responses and ensure availability of key HIV prevention commodities.

PEPFAR Prevention Update

Dr. Caroline Ryan, Director of Technical Leadership at Office of Global AIDS Coordinator (OGAC), summarized the current status of the Global HIV epidemic, as well as the US Government’s recent PEPFAR policy statements and goals. She highlighted some key challenges:

- The need to balance ambitious policy goals with a limited budget: For example, “We’ll need to carefully manage our investments in VMMC as high budgets will not last.”
- Promote condoms: other donors are pulling out, yet we know that condoms work and that we can increase their uptake.
- Become more focused on outcomes over outputs: We’ve tested over 45 million people in 2012, but how many PLHIV did we find, and how many were linked to treatment? We need to shift our focus from volume outputs to getting people to the next level of support.
- Scaling up services works: Countries that have rapidly increased ART and other clinical services have seen reductions in incidence. Countries where scale-up lags are stalling or seeing increased incidence.



- Tailoring combination prevention: These clinical interventions work, but in order to reach and maintain the tipping point, we also need to reduce the number of new infections, not just treat existing ones. Each context will need a unique approach, one that maximizes access to clinical interventions and condoms, and creates the best possible context for HIV prevention.

Coordinating with the Global Fund in HIV Prevention

Mr Victor Bampoe, Fund Portfolio Manager, South Africa presented the updated Global Fund model.

Highlights of the new funding model

- The aim is to achieve a funding model with better alignment to other areas of work and country requirements.
- Focus is on the countries with the highest disease burden and the lowest ability to pay.
- Key words are “Simple” and “Predictable”.
- Key changes have been made to applications, approvals and management of grants.
- There is more flexibility in applications.
- There are funding incentives for well-performing programs.



Highlights of the new concept note

- Country specific, country led and country defined!
- The starting point is what is already available in the country, based on a costed national strategy. From this starting point, the note should indicate the full expression of demand, who else is doing what, and what GF is being asked to fund based on what other partners are also doing or funding.
- The USG is a big player in every country that the Global Fund works in so collaboration is key, including participation in country dialogues.
- Money is more limited, so every dollar programmed must be key to the response.

Using Epidemiological and Community Data to Inform the HIV Prevention Response

Epidemiological Data:

Overview of the HIV Epidemic in East and Southern Africa (ESA)

Dr. Eleanor Gouws, Senior Strategic Information Advisor from Joint United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome (UNAIDS), began her presentation with a profile of the HIV epidemic in the ESA region.

- **The UN has established concrete targets for 2015; those relating to HIV prevention include:** halving sexual transmission; eliminating new child infections; putting 15 million people living with HIV (PLHIV) on treatment; and halving tuberculosis (TB) deaths among PLHIV.
- **Overall, the region has made good progress** in reducing new adult and child HIV infections and AIDS and TB/HIV deaths, and in increasing antiretroviral treatment (ART) and preventing mother to child transmission (PMTCT) coverage. However, some countries are lagging in their response.



- **Modes of transmission (MOT) analyses** in eight Eastern and Southern African (ESA) countries provide important information for targeting prevention and treatment efforts. The MOT studies show the majority of new infections occur through sexual transmission in the general population among stable couples and casual sexual partnerships. While this pattern is also true for Kenya and South Africa, in these two countries, sex work contributes a higher share of new infections.
- **Four simple steps can be used to apply investment thinking** to developing HIV responses and help align funding with the epidemic: 1) Understand, 2) Design, 3) Deliver, and 4) Sustain.
- **To reach the 2015 United Nations (UN) targets, it will be key to sustain momentum and to focus attention on countries that are lagging behind.** More work is also needed to scale up testing and treatment, especially ART coverage among children, to strengthen health systems, and to promote early initiation of ART and patient adherence. More studies are also needed to understand epidemics in the ESA region, including the role of key populations (KPs), in order to plan an effective HIV response.

Community Data:

Dr. Frank Tanser, Senior Spatial Epidemiologist from Africa Center shared selected data from population-based HIV surveillance carried out by the Africa Center for Health and Population Studies in Hlabisa, Kwazulu-Natal, South Africa.

- Since 2000, the Center has conducted continuous demographic and biological surveillance in semi-annual rounds among 90,000 persons in 11,000 geo-located households in target communities in Kwazulu-Natal.
- The area has high baseline HIV prevalence and incidence. Incidence peaks at 7.5% among women aged 24 years, and at 5.1% among males aged 29.5 years. Incidence at older ages is still significant.
- There is remarkable variation in spatial distribution of HIV infection, given the late stage and severity of the epidemic. The highest prevalence is concentrated within one mile of the national highway.
- Surveillance has been able to show population-level trends, such as an increase in life expectancy following ART availability. The data suggest that increases in HIV prevalence can be primarily attributed to expansion of ART coverage.
- Data on exposure to prevention interventions suggests that increased condom use is not associated with reduced HIV incidence. However, the risk of HIV acquisition appears to be reduced in communities with increased ART coverage. The Center is initiating a treatment as prevention trial to assess whether immediate ART initiation reduces population-level HIV incidence.
- With respect to key drivers, concurrent sexual partners do not appear associated with increased HIV incidence, but the number of lifetime partners is strongly associated with increased HIV acquisition.

The Africa Center is developing practical tools to integrate epidemiologic and service delivery data in clinic catchment areas to target interventions for maximum impact, i.e. to assess how many people the interventions are reaching in a given area, and whether interventions are reaching the right people.

Developing a Data-Driven Framework for PEPFAR/South Africa's Prevention Portfolio

Carlos Toledo, Health Scientist from the Center for Disease Control, South Africa, explained that a review in 2009 of key prevention science developments had drawn on Headquarters (HQ) experts and resulted in a draft framework.

- **South Africa has a generalized epidemic**, with significant geographic and population heterogeneity, and with epidemic drivers typical of the ESA region. PEPFAR/South Africa aims to intensify biomedical and behavioral prevention, reduce vulnerability to HIV, and strengthen and improve access to services.
- **With support from headquarters experts, PEPFAR/South Africa has developed a framework to better focus its prevention portfolio.** The framework identifies three categories of investment: 1) activities focusing on priority geographic regions where 80% of identified populations should be reached by core interventions; 2) system strengthening for selected national programs/departments; and 3) targeted projects, including programs to address highly affected populations that fall outside priority geographic areas, research and innovation programs, and strategic information programs.
- **The framework prioritizes four population groups**, including: girls and young women aged 15 to 24 years, sexually-active men aged 15 to 49, PLHIV, and migrants/mobile populations. Interventions will reflect PEPFAR guidance and include core interventions and packages tailored to these groups.
- **Guiding principles** include a focus on reducing HIV incidence and on the highest burden geographic areas; achieving sufficient coverage for impact; and maximizing synergies through improved coordination. ANC prevalence, population density and size were used to prioritize districts.
- **The team agreed that 70% of resources would be allocated to geographically targeted projects**, 20% for systems strengthening, and 10% for targeted projects. The aim is to shift the portfolio to reflect the framework over a five year period, by developing new procurements and both modifying and phasing out ongoing activities to ensure alignment with the framework.
- **It is key to move from development of prevention strategies and frameworks to implementation.** Many national governments and PEPFAR teams have developed strategies that can help focus responses, but too often these include a long menu rather than a limited set of true priorities.

Using Varied Data Sources to Realign Kenya's Prevention Strategy

Ms. Winfred Mutsotso, Technical Advisor for HIV Prevention at Centers for Disease Control, Kenya presented a brief country case study highlighting several sources for serological, behavioral, and modeling data including: 2007 and 2012 Kenya AIDS Indicator Surveys (KAIS), the 2009-2010 Integrated Bio Behavioral Survey (iBBS) among KPs, and the 2008 Modes of Transmission study.

- **Heterosexual sex within union or regular partnership accounted for the majority of new infections** according to the most recent Modes of Transmission analysis. Combined KPs (sex workers and clients, Men who have Sex with Men (MSM) and prison populations, and Injecting Drug Use) accounted for 33% of new infections.
- **Kenya developed a conceptual framework for a minimum package of services** for KPs and their partners that included both push and pull elements in the form of Drop-in Centers (DICE) and more traditional outreach services.
- **Efforts to standardize services** for Voluntary Medical Male Circumcision (VMMC) and Prevention with Positives (PwP)/Positive Health Dignity and Prevention (PHDP) included the development of

national policy guidelines, operational manuals, national Monitoring & Evaluation (M&E) tools, and Quality Assurance (QA) frameworks. Both internal and external quality assessments were crucial.

- **More targeted provision of services is needed for hard-to-reach KPs.** National cohort tracking tools were developed to track patients through the continuum of care.

Using Data to Better Target HIV Testing and Counseling

Mr. Daniel Shodell, Medical Officer from CDC, Mozambique presented the Mozambique's case study on using data to better target HIV Testing and Counseling.

- **Mozambique's historical approach of focusing Home Testing and Counseling (HTC) on gross increase of population coverage was highlighted as an issue** due to their limited health care resources and large disparities in HIV prevalence geographically with particularly high prevalence along the border areas.
- **An adjustment needs to be made in areas where HTC efforts are mismatched with epidemic trends.** In 2011 6.9% of all HIV tests done through HTC were performed in Zambezia Province – where 20% of the population is living with HIV. Alternatively in Inhambane Province which is home to only 4% of the PLHIV in Mozambique, a larger 9.6% of all HTC was performed.
- **Data quality issues also persisted in 2010 and 2011** with observed prevalence in the HTC portfolio in Maputo Province being misaligned with the population prevalence. During this same time period, the percentage testing positive dropped dramatically from 18% in 2010 to 12% in 2011. The increase back up to 16% the following year further indicated major issues with data quality. Strategic planning is now taking place at the national level to address these issues.
- **Kenya's MOH is an example of a national ministry helping to realign programs with the epidemic.** They have established technical working groups (TWGs) for each program area and have a PEPFAR member on each working group. All of the TWGs collaborated to develop the road map.
- **Next steps include** continuing to develop routine updates and establish a more durable (i.e. less complex) analytic framework, while also continuing to improve data quality and use.

Ensuring Availability of Key HIV Prevention Commodities

Rebecca Copeland, Commodities and Logistics Specialist, USAID, Nina Hasen, HIV Prevention Technical Advisor, OGAC and Victor Bampoe, Fund Portfolio Manager, South Africa made presentations on current supply chain challenges and mitigation efforts. Ms. Rebecca Copeland, Commodities and Logistics Specialist of USAID/Uganda spoke about key issues on each commodity type and how to address this in-country.

- **There are many and varied challenges to supply chain management** including multiple implementing partners with their own processes, lack of centralized price monitoring, inconsistencies between donor, agency and vendor procedures and timeframes for procurement.
- **Continued harmonization of approaches** to both monitoring and evaluation of prevention commodities as well as supply chain management can help ensure service delivery and meeting of targets by reducing stockouts.
- **Three central initiatives exist to mitigate commodity supply challenges** for ARVs, Rapid Test Kits (RTKs) and condoms but there are differences in necessary lead times for procurement and these initiatives should not displace COP allocations.
- Centrally supported activities also include building country capacity around forecasting, development of reserve supplies, assessment of supply chain management and current distribution systems.

Report Back: Priority Actions to Alleviate Commodity Supply Challenges

Small group discussions focused on common bottlenecks and problems encountered in each prevention commodity area and discussed solutions to those problems. The discussion summary is in Table 1.

Table 1. Priority Issues and Proposed Solutions in Commodity Supply

Commodity	Issue	Proposed Solution
Test Kits	Corruption - Test kits are stolen from facilities and sold corruptly. There is poor coordination amongst users and a parallel system within countries where procurement of commodities is done differently makes it hard to account.	Decentralization of services (examples of this can be found in Malawi and Mozambique)
Condoms	Government policy - requires 100% of condoms to be tested for quality – whereas others are not subject to testing.	Develop a methodology for testing – test less than 100% of condoms. A sampling methodology is needed. PEPFAR can work with state models to advocate for policy change and share best practices.
	Do not reach the end user although they reach the clinics	Expand distribution to Community Based Organizations (CBOs) and similar mechanisms to develop a pull system
	Poor government leadership	Advocate for integration of family planning and HIV condom programming
	Lack of national quantification systems results in inadequate information on forecasting and mapping to plan condom usage	Provide technical assistance (TA) to develop appropriate quantification systems and information systems
	Slow procurement processes by government mean an uneven condom supply	Involve stakeholders at every level of condom activities including planning and forecasting and distribution so as to speed up government processes
	Female Condoms - Lack of acceptability, availability, accessibility and utilization of female condoms	<p>Target high risk groups such as sex workers.</p> <p>Abandon this intervention if there continues to be no uptake</p> <p>Develop guidelines for distribution of female condoms and social marketing, develop a discourse around female condoms</p> <p>Create female condom champions</p>
Male Circumcision Kits	Inaccurate budgeting due to lack of clarity on the unit cost, can lead to requests for additional funding to meet targets	Funding must support targets

Commodity	Issue	Proposed Solution
	Governments feel burden of responsibility	Build the capacity of governments
	Need to integrate PrePex (device to achieve rapid scale-up of voluntary medical male circumcision (VMMC) in resource limited settings, prevalent in Sub-Saharan Africa)	Align test kits and condoms with Medical Male Circumcision (MMC0 work speed up costing and integrating PrePex discussions
	One inter-agency procurement agency	Collaborate and improve communication across the agencies. Streamline communications Increase transparency. Provide TA on impact modeling is needed to encourage governments to invest their own money, since some countries exclusively use donor funding

DAY TWO: Comprehensive Packages for Priority Sub-Populations

Day two focused on reviewing comprehensive packages for priority sub-populations and linking services to ensure the continuum of response. In the morning of day two, participants divided into three breakout groups for informal conversations and Q&A on the following topics; Young Women and Adolescent Girls, People Living with HIV and Key Populations. In the afternoon presentations and small group discussions focused on Linking Services to Ensure the Continuum of Response.

Break-Out Groups: Comprehensive Packages for Priority Sub-Populations

Young Women & Adolescent Girls

Nduku Kilonzo Executive Director of Liverpool VCT in Kenya and Ayesha Kharsany, Senior Scientist at CAPRISA in South Africa presented on their experience in their respective countries with Combination prevention packages for young women and adolescent girls. The major themes and lessons learned from this session were:

- PEPFAR/OGAC needs to increase attention to young women and to engage in this discussion with a focus on outcomes. There is extensive experience in different contexts, good research ongoing, and an urgency to apply existing knowledge while we learn more about how to address these issues.
- The experts were united on the importance of schooling for girls. While school safety issues must be addressed, the well-established synergies between schooling and health must be leveraged.
- There is a need to develop comprehensive packages including biomedical, behavioral and structural interventions, that link information and skills-building, services, sustainable livelihoods, and parental and community support, and that are tailored to different contexts and groups of youth.
- It is essential to address the economic drivers underlying risk behaviors, schooling conditional cash transfers and other economic interventions merit further exploration.

- Experts also emphasized the importance of access to a comprehensive range of biomedical services, and the potential promise of PrEP to help young women navigate the transition to adulthood more safely. There is a need to overcome ethical barriers to research on PrEP in young women.
- Another common theme was the importance of engaging with and leveraging platforms outside the health sector, including Orphans and Vulnerable Children (OVC) and other existing community-based structures that work with youth.

People Living with HIV

This informal discussion was moderated by Pam Bachanas, Behavioral Scientist at CDC. Countries took turns describing how prevention with PLHIV was being implemented and by whom in both clinic and community programs. Some of the key findings from the discussion included:

- Health care providers play key role in assessing and addressing key prevention needs of PLHIV during routine care visits.
- Lay counselors/peer educators also play key role in addressing prevention with PLHIV in both facility and community programs.
- Opportunities to strengthen and focus PwP efforts discussed including focusing efforts on linkage to and retention in care to strengthen prevention benefits of treatment.
- Need to expand cadre of implementers, especially beyond health care providers.
- Key challenges with the PwP indicator including poor documentation of services, difficulty aggregating services when documented to count indicator.
- Many components of PwP overlap with care; Where to place advisor?

Key Populations

The KP breakout group was facilitated by Irene Bench, Key Population Team Lead at CDC and Margo Sloan, Prevention Technical Advisor from DOD. They discussed the following topics as they relate to KPs: data use and availability, support for key populations and services, legal framework, policy and enabling environment. The following action items came out of the small group discussion:

A. Meeting Participants

- Advocacy with sympathetic members of government, potentially with media if appropriate
- Engage local champions, have community ownership
- Contact with human rights advocates to help create enabling environments

B. HQ KP Technical Working Group and technical experts

- Standardize surveillance tools, disseminate Red Book – ensure that the issue of studies vs. KP surveillance are addressed
- Link participant countries to best practices/lessons learned from longitudinal monitoring in Thailand
- Promote a culture of using data
- Share peer education quality assurance tools from Kenya and South Africa for adaptation and use in other countries
- Continue to have regional key population meetings to bring multiple programs/countries together, include government officials when appropriate
- Share costing data if it becomes available from KPIS

Linking Services to Ensure the Continuum of the Response

Three countries – Malawi, Mozambique, and Swaziland – presented on their experience with strengthening linkages from prevention to care and other services, and bi-directionally between community and facility. The presentation from Malawi highlighted program examples of specific interventions targeting linkage to care from community to facility. The presentation from Mozambique reviewed experience with a linkage to care indicator and partner efforts to track linkage and the presentation from Swaziland reviewed national SOP for improving linkage to care from HTC. Other topics addressed in this session addressed:

- Different linkages in HIV programs
- Rates of linkages from published literature
- Challenges to linking PLHIV to care, including individual, provider, facility and structural barriers
- Promising practices for improving linkages
- Current activities by WHO and PEPFAR around strengthening linkages
- M&E limitations for tracking PLHIV linked to care and need for additional indicators

Following the presentations, participants shared examples of successes and challenges in establishing and measuring linkages in their own areas of work.

Improving the Quality of HIV Prevention Programs

The three speakers provided examples of quality assurance processes for peer outreach for key populations, VMMC, and HTC. All stressed the importance of having clear definitions of quality that can be measured and improved, i.e., developing and adhering to standards and establishing a feedback loop. Multiple elements were identified for assessment in each of the three technical areas. Training, monitoring and reporting, and supervision are important in any technical area.

DAY THREE: Measuring and Reporting on Coverage Outcomes and Country Team Road Maps

On day three, the morning presentations focused on measuring and reporting on coverage outcomes of prevention programs. In the afternoon, country teams worked together to create action plans that would allow them to apply what they learned to areas of their work over the next two years, moving into COP 14. They also looked at how data can be used to do things better, and to better measure what they are doing.

Measuring and Reporting Coverage and Outcomes of Prevention Programs

Anne Thomas, Director of Epidemiology and Surveillance at the DoD HIV/AIDS Prevention Program facilitated this session to provide an overview and update on current findings, strategies, outcomes, and recommendations for improving measurement of coverage. Highlights from this session included:

- **There is a need to update ongoing evaluations with incidence endpoints combining biomedical interventions.** Suggestions to improve data coverage measurement include refining survey questionnaires or procedures and using aide memoires to improve reporting. The household survey is the bedrock to understand populations and behaviors.
- **Data limitations include:** reporting periods are not aligned, GF indicators counted contacts and not people, no one has perfect datasets so use what is available as best you can.

Indicate relative coverage. An important question is: What is your own team doing at present to measure coverage?

- **Examples from Kenya, Uganda, South Africa, Zambia and Swaziland** were provided to demonstrate the various methods for capturing numerators to calculate coverage.

Evaluating Combination Prevention Programs: Intervention Packages and Evaluation Designs

Anne Thomas, Director of Epidemiology and Surveillance at DoD, facilitated an interactive session to discuss the current PEPFAR efforts to update indicators, reporting, and program evaluation.

- **The MER 2014-2018 Overarching Goals and Guiding Principles require** partners and PEPFAR to address recommendations from the Institute of Medicine, align better with M&E efforts, show national incomes and outcomes, harmonize with international standards, and integrate more with OSG programs and partners.
- **The operational guidance will cover the whole continuum of response with** indicators for the programs provided, as well as reference sheets.
- **Countries must set national targets at a country level with partner governments and be accountable for those targets.** The most effective way to make this work is to use sub national data that will tell which are areas of highest prevalence and greatest need. The delivery package must include KPs and also behavioral components. Use community platforms to help with adherence and retention.
- **We must work with what we have and invest in research and evaluation to understand how to better achieve impact, for example with young woman and girls.** Focus on the highest risk groups with targeted packages while not discarding other interventions.
- **When measuring, look at expenditure analysis.** It is hard to get expenditure analysis for prevention programs and easier to do for facility based and other programs, so the key question is: If we have outcome indicators, what will the cost be for the outcome we are going to get? Look at the cost of investment relative to the expected outcome.
- **Demand creation is important and MMC are most focused on this.** Those working in the country must advise those who lead at HQ. There are community linkages strategies being developed at HQ now, and we need you to help strengthen the community aspect.
- **A lesson learned is to involve treasury and finance; we need to promote thinking about stakeholders, especially KPs.** If the discussions are primarily with MOH – whether its women and girls or defense – the ministries have not been part of the NAG process.
- **Allocate budget according to impact on the epidemic.** Where you have a high prevalence population you must program towards them. Set a target and describe it in the narrative. No one group is more worthy than another.
- **The COP must be more focused and targeted and motivated as to the areas of work that are being proposed and which packages will be applied.** For KPs a well-defined package is needed drawing on technical considerations that are current.
- **Know what your partners are doing and communicate these with us clearly.** We must invest in getting information in other ways beyond just data.

Country Team Planning: Breakouts to Plan COP 14

Teams were provided with a paper template to fill in and flip charts to turn the template into “posters.” Each team proposed at least one improvement to their portfolios in each of the following areas:

- Using data at the sub-national level.
- Improving linkages across services.

- Improving quality: To what extent can this be done?
- Measuring coverage and outcomes. If there are no global outcomes then are there national or sub-national outcomes to be reporting on? Specific target populations require target areas to be set.

Participants worked within their country teams to identify gaps and opportunities for strengthening their programs (see **Annex 4** for the final country road maps that were submitted). They developed preliminary plans for enhancing their combination prevention portfolios and for strengthening synergies across different program areas in COP 14 to vet with their full country teams after they return to their countries.

Conclusion and Next Steps

While the final road maps were not developed, countries such as Lesotho were inspired after this meeting that they can in fact achieve many outcomes and most participants felt that they have a clearer path to COP 14 as a result of the meeting. The PEPFAR Steering committee was very keen to have further suggestions and was committed to making COP guidance better and to make technical considerations more accessible.

Immediate next steps for Country team participants:

Sharing the information from the meeting with their country teams at home and finalizing their road maps. There is much useful information but more is needed to formulate a country road map. **COP guidance and technical terms are due for October** – TWGs comment must be done by 16 August and ideas are welcomed. Some sections are at comprehensive and others are thin.

Considerations and Next Steps for the PEPFAR Prevention Steering committee included:

- Providing more specific guidance around COP plans – there is much that is open to interpretation. PEPFAR could provide resources to develop an agreed upon comprehensive package in order to rank quantity and quality of data. A summary of key information that is accessible and also ranked in importance would be helpful to country teams.
- Consider including an addendum to technical considerations, best practice and examples included as part of the COP. This could be followed up with calls to the field – where it explains what the expectations are, otherwise it is a lot of work to go through them.
- Explore opportunities for community dialogue and knowledge sharing through the use of regular webinars or blogs dialogue on a community platform.
 - PEPFAR will work to convene a webinar discussion for field input.
- Consider an annual PEPFAR event – there was discussion about potentially hosting an event in Cape Town in October if the State Department is in agreement.

ANNEX 1: Participant List

Advancing Combination HIV Prevention in Generalized Epidemics

Johannesburg, South Africa

June 11 – 13th 2013

Participant List

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ANNEX 2: Conference Agenda

Advancing Combination HIV Prevention in Generalized Epidemics Johannesburg, June 11 - 13, 2013

Meeting Objectives and Agenda

This meeting seeks to assist PEPFAR teams in the twelve countries with the highest HIV prevalence to maximize the impact of their HIV prevention portfolios.

Meeting Objectives

Development of country-specific road maps to strengthen COP 14 HIV prevention portfolios in generalized epidemic countries with a focus on:

1. Using best-available epidemiology and other data to define specific populations for HIV prevention at the national and sub-national level,
2. Building quality through standardization and quality improvement measures,
3. Creating and strengthening linkages across prevention interventions and between community and clinical platforms,
4. Measuring coverage and outcomes of prevention interventions.

Day 1 Tuesday June 11, 2013	
Time	Session
8:00 - 8:30 AM	Registration <i>Gautrain Conference Room 2nd Floor</i>
8:30 - 9:15 AM	Welcoming Remarks Facilitator: Nina Hasen, OGAC Headquarters <i>Gautrain Conference Room, 2nd Floor</i> <ul style="list-style-type: none"> ○ Welcome to South Africa—U.S. Embassy Pretoria Representative ○ Security Briefing—Regional Security Office ○ Meeting Objectives, Participant Expectations, Agenda, Introductions—Nina Hasen, OGAC ○ Logistics Update—Teri Brezner & Julie Dorsey, AIDSTAR-Two/MSH
9:15 – 10:00 AM	PEPFAR Prevention Update —Caroline Ryan, OGAC Headquarters <i>Gautrain Conference Room, 2nd Floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion
10:00 – 10:30 AM	Coordinating with the Global Fund in HIV Prevention – Victor Bampoe, Fund Portfolio Manager, South Africa <i>Gautrain Conference Room, 2nd Floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion
10:30 – 10:50 AM	Break

Day 1 continued
Tuesday June 11, 2013

Time	Session
10:50 – 12:30 PM	<p>Using Epidemiologic Data to Guide HIV Prevention Responses Moderator: Shanti Conly, USAID Washington <i>Gautrain Conference Room, 2nd Floor</i></p> <p>Presentations on use of national and sub-national data to appropriately target prevention programs and achieve meaningful coverage.</p> <ul style="list-style-type: none"> ○ Update on Regional Trends and Dynamics—Eleanor Gouws, UNAIDS ○ Using Community-Level Data to Inform Local Responses—Frank Tanser, Africa Center ○ Developing a Data-Driven Framework for PEPFAR/South Africa’s Prevention Portfolio—Carlos Toledo, South Africa ○ Q&A/Discussion
12:30 – 1:30 PM	<p>LUNCH <i>Gautrain Conference Room, 2nd Floor</i></p>
1:30 – 2:30 PM	<p>Using Epidemiologic Data to Guide HIV Prevention Responses, contd. Moderator: Nicholas Gaffga, Lesotho <i>Gautrain Conference Room, 2nd Floor</i></p> <p>Brief Country Case Studies followed by Plenary Discussion</p> <ul style="list-style-type: none"> ○ Using Varied Data Sources to Realign Kenya’s Prevention Strategy—Winne Mutsotso, Kenya ○ Using Data to Better Target HIV Testing and Counseling—Daniel Shodell, Mozambique ○ Q&A/Discussion on successes and challenges in using data to inform programs
2:30 – 3:15 PM	<p>Ensuring Availability of Key HIV Prevention Commodities Moderator: Brad Corner, Namibia <i>Gautrain Conference Room, 2nd Floor</i></p> <p>Presentations on current supply chain challenges and mitigation efforts</p> <ul style="list-style-type: none"> ○ Supply Chain Challenges Facing Field Programs—Rebecca Copeland, Uganda ○ Central Initiatives to Mitigate Commodity Supply Problems—Nina Hasen, OGAC & Victor Bampoe, Fund Portfolio Manager, South Africa ○ Q&A/Discussion
3:15 – 3:30 PM	<p>BREAK</p>
3:30 – 4:30 PM	<p>Ensuring Availability of Key HIV Prevention Commodities, contd. Facilitator/Moderator: Anne Thomas, DOD Resource Person: Maina Kiranga, Botswana & Shanti Conly, USAID Washington</p> <p>Small group discussions will focus on common bottlenecks and problems encountered in each prevention commodity area and discuss proposed solutions to those problems.</p> <ul style="list-style-type: none"> ○ Test Kits (Nina Hasen, OGAC & Peter Loeto, Botswana)

	<ul style="list-style-type: none"> ○ Condoms (Beth Deutsch, Malawi & Brad Corner, Namibia) ○ Male Circumcision Kits (Anne Thomas, DOD & Seth Greenberg, Tanzania)
Day 1 continued Tuesday June 11, 2013	
Time	Session
4:30 – 5:00 PM	Report Back: Priority Actions to Alleviate Commodity Supply Problems Moderator: Maina Kiranga, Botswana
5:30 – 7:30 PM	RECEPTION <i>Union Station Conference Room, 3rd Floor</i>

Day 2 Wednesday June 12, 2013	
Time	Session
8:30 - 8:45 AM	Check-in with Participants —PSC Organizing Committee Logistics Update —Teri Brezner & Julie Dorsey, AIDSTAR-Two/MSH
8:45 - 10:15 AM	Break-Out Groups: Comprehensive Packages for Priority Sub-Populations Young Women and Adolescent Girls Facilitator: Wendy Benzerga, Swaziland Presenters: Nduku Kilonzo, Liverpool VCT, Kenya; Ayesha Kharsany, CAPRISA, South Africa Resource Person: Dr. Sinead Delany-Moretlwe, Wits Reproductive Health Institute Location: <i>Junction 2, 2nd Floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion People Living with HIV Facilitator: Pam Bachanas, CDC Location: <i>Main Station 1, 3rd Floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion Key Populations: Facilitator: Irene Benech, CDC & Margo Sloan, DOD Location: <i>Gautrain Conference Room, 2nd floor</i> <ul style="list-style-type: none"> ○ Q&A/Discussion
10:15 – 10:30 AM	BREAK
10:30 – 12:00 PM	Linking Services to Ensure the Continuum of Response Moderator: Faustin Matchere, Malawi Location: <i>Gautrain Conference Room, 2nd floor</i> Presentations on strengthening linkages from prevention to care and other Services and bi-directionally between community and facility <ul style="list-style-type: none"> ○ Overview—Pam Bachanas, CDC ○ Strengthening Community-Facility Linkages, especially in PMTCT—Malawi ○ Measuring Linkages to Care—Mozambique ○ National Program for Linkage to Care—Swaziland ○ Q&A/Discussion
12:00 – 1:00 PM	LUNCH <i>Gautrain Conference Room, 2nd floor</i>
1:00 – 2:00 PM	Small Group Discussions on Best Practices in Linking Services Location: <i>Gautrain Conference Room, 2nd floor</i> Participants share examples of successes and challenges in establishing and measuring linkages

Day 2 continued
Wednesday June 12, 2013

Time	Session
2:00 – 3:30 PM	<p>Improving the Quality of HIV Prevention Programs Moderator: Esther Machakere, Zimbabwe</p> <p>Presentations on quality assurance and improvement in prevention programs: developing and adhering to standards and establishing a feedback loop</p> <ul style="list-style-type: none"> ○ Overview— Naomi Bock, CDC ○ Country presentations on Quality Assurance and Quality Improvement <ul style="list-style-type: none"> • Kenya – Quality Assurance for peer outreach for sex workers • Uganda – External Quality Assurance for Voluntary Male Medical Circumcision (VMMC) • Botswana – Quality Assurance for HIV Testing and Counseling
3:30 – 4:00 PM	BREAK
4:00 – 5:00 PM	<p>“Consult the Experts” on Quality Assurance and Quality Improvement:</p> <p>Small group discussions with HQ and field representatives on what more the field could do to ensure quality with sample guidelines and tools available at each round table.</p>

Day 3
Thursday June 13, 2013

Time	Session
8:30 - 8:45 AM	<p>Check-in with Participants—PSC Representative Logistics Update—Teri Brezner & Julie Dorsey, AIDSTAR-Two/MSH <i>Gautrain Conference Room, 2nd floor</i></p>
8:45 - 10:10 AM	<p>Measuring and Reporting on Coverage and Outcomes of Prevention Programs <i>Gautrain Conference Room, 2nd floor</i></p> <p>Overview and update on current findings, strategies, outcomes and recommendations for improving measurement of coverage</p> <ul style="list-style-type: none"> ○ Measuring Coverage of Prevention and other Health Programs – Anne G. Thomas, DOD
10:10 – 10:30 AM	<p>Measuring Impact of Combination Prevention Programs <i>Gautrain Conference Room, 2nd floor</i></p> <p>Update on ongoing evaluations with incidence endpoints of programs combining biomedical interventions</p> <ul style="list-style-type: none"> ○ Evaluating Combination Prevention Programs: Intervention Packages and Evaluation Designs—Naomi Bock, CDC
10:30 – 10:45 AM	BREAK
10:45 – 12:00 PM	<p>Monitoring, Reporting, and Evaluation of Prevention Programs <i>Gautrain Conference Room, 2nd floor</i></p> <p>Resource Person: Erin Balch, USAID Washington Interactive session to discuss current PEPFAR efforts to update indicators and reporting, and program evaluation.</p>
12:00 – 12:45 PM	LUNCH
12:45 – 2:15 PM	<p>Country Team Planning: Breakouts to Plan COP 14 <i>Gautrain Conference Room, 2nd floor</i></p> <p>Teams will be provided with a paper template to fill in and flip charts to turn the template into “posters.” Each team must propose at least one improvement to their portfolios in each of the following areas:</p> <ul style="list-style-type: none"> ○ Using data at the sub-national level ○ Improving linkages across services ○ Improving quality ○ Measuring coverage and outcomes
2:15 – 2:45 PM	“Poster” Session on COP 14 Road Maps by Country Teams

Day 3 continued
Thursday June 13, 2013

Time	Session
2:45 – 3:50 PM	<p>Discussion: Tying it All Together for COP 14 Moderator: Reuben Haylett, Lesotho <i>Gautrain Conference Room, 2nd floor</i></p> <p>Final observations from both field teams and HQ participants on their major take-aways from the meeting, technical assistance needs from HQ, and input to HQ deliverables such as COP 14 Guidance and Technical Considerations.</p>
3:50 – 4:00 PM	Meeting Close

ANNEX 3: Conference Evaluation

Advancing Combination HIV Prevention in Generalized Epidemics

Johannesburg, South Africa

June 11 – 13th, 2013



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



USAID
FROM THE AMERICAN PEOPLE



AIDSTAR-Two
capacity for impact



CDC
Centers for Disease Control and Prevention



Participant Evaluation Results

Overall Analysis:

75 people participated in the 3-day meeting as follows:

Country Teams	Participant Number
Botswana	2
Kenya	5
Lesotho	5
Malawi	5
Mozambique	5
Namibia	4
South Africa	15
Swaziland	5
Tanzania	2
Uganda	4
Zambia	3
Zimbabwe	2
HQ	13
Speakers	5
TOTAL	75

**see Annex 1 for final participant list*

43 evaluations were submitted; 55% of evaluations rated an overall satisfaction as very high

Top 3 highest rated sessions in terms of quality and usefulness:

1. Tuesday Plenary – Using Epidemiologic Data to Guide HIV Prevention Responses (**67%**)
2. Tuesday plenary – PEPFAR Prevention Update (**65%**)
3. Thursday Break out Groups – Country Team Planning Session (**42%**)

Lowest rated 3 sessions in terms of quality and usefulness:

1. Wednesday Plenary – Improving the Quality of HIV Prevention Programs (**12%**)
2. Tuesday Small Groups – Ensuring Availability of Key HIV Prevention Commodities (**14%**)
3. Country Team Report Out Presentations (**19%**)

The quality and usefulness of each session were rated as follows:

1. Tuesday plenary – PEPFAR Prevention Update
 - Very High: 65%
 - Somewhat High: 33%
 - Somewhat Low: 0%
 - Very Low: 0%
 - No response: 2%

2. Tuesday plenary – Coordinating with the Global Fund in HIV Prevention
 - Very High: 26%
 - Somewhat High: 51%
 - Somewhat Low: 16%
 - Very Low: 5%
 - No response: 2%

3. Tuesday plenary – Using Epidemiologic Data to Guide HIV Prevention Responses
 - Very High: 67%
 - Somewhat High: 26%
 - Somewhat Low: 5%
 - Very Low: 0%
 - No response: 2%

4. Tuesday plenary – Using Epidemiologic Data to Guide HIV Prevention Responses 2
 - Very High: 56%
 - Somewhat High: 37%
 - Somewhat Low: 5%
 - Very Low: 0%
 - No response: 2%

5. Tuesday Small Groups – Ensuring Availability of Key HIV Prevention Commodities
 - Very High: 14%
 - Somewhat High: 60%
 - Somewhat Low: 19%
 - Very Low: 2%
 - No response: 5%

6. Tuesday Small Groups - Ensuring Availability of Key HIV Prevention Commodities 2

- Very High: 21%
- Somewhat High: 47%
- Somewhat Low: 26%
- Very Low: 2%
- No response: 5%

7a. Wednesday Break-Out Groups - Young Women and Adolescent Girls

- Very High: 36%
- Somewhat High: 7%
- Somewhat Low: 2%
- Very Low: 0%
- No response: 55%

7b. Wednesday Break-Out Groups - People Living with HIV

- Very High: 21%
- Somewhat High: 14%
- Somewhat Low: 2%
- Very Low: 0%
- No response: 63%

7c. Wednesday Break-Out Groups - Key Populations

- Very High: 19%
- Somewhat High: 14%
- Somewhat Low: 7%
- Very Low: 0%
- No response: 60%

8. Wednesday Plenary - Linking Services to Ensure the Continuum of Response

- Very High: 28%
- Somewhat High: 60%
- Somewhat Low: 5%
- Very Low: 0%
- No response: 7%

9. Wednesday Small Group Discussions - Best Practices in Linking Services

- Very High: 23%

- Somewhat High: 44%
- Somewhat Low: 28%
- Very Low: 2%
- No response: 2%

10. Wednesday Plenary - Improving the Quality of HIV Prevention Programs

- Very High: 12%
- Somewhat High: 35%
- Somewhat Low: 16%
- Very Low: 0%
- No response: 37%

11. Wednesday Small Group Discussions - "Consult the Experts" on QA and QI

- Very High: 21%
- Somewhat High: 33%
- Somewhat Low: 26%
- Very Low: 7%
- No response: 14%

12. Thursday Plenary - Measuring and Reporting on Coverage, and Outcomes of Prevention Programs

- Very High: 21%
- Somewhat High: 58%
- Somewhat Low: 16%
- Very Low: 0%
- No response: 5%

13. Thursday Plenary - Measuring Impact of Combination Prevention Programs

- Very High: 28%
- Somewhat High: 60%
- Somewhat Low: 9%
- Very Low: 0%
- No response: 2%

14. Thursday Plenary – Monitoring Reporting and Evaluation of Prevention Programs

- Very High: 28%
- Somewhat High: 60%

- Somewhat Low: 7%
- Very Low: 0%
- No response: 5%

15. Thursday Break out Groups - Country Team Planning Session

- Very High: 42%
- Somewhat High: 44%
- Somewhat Low: 12%
- Very Low: 2%
- No response: 0%

16. Country Team Report Out presentations

- Very High: 19%
- Somewhat High: 26%
- Somewhat Low: 9%
- Very Low: 9%
- No response: 37%

17. Networking opportunities

- Very High: 58%
- Somewhat High: 33%
- Somewhat Low: 2%
- Very Low: 0%
- No response: 7%

Comments:

- Improving linkages across services guidance needed
- The session flow seemed a bit disjointed. The lack of an evidence-based package of interventions was striking and ironic, considering the title of this meeting
- Key populations, linkages, and combination prevention discussions highly useful
- There was no definition of minimum package for combination prevention. No concrete resolutions were made at the meeting, however there were good discussions at the meeting
- The meeting was very helpful and opened a lot of insights in a lot of issues, specially the linkages session.

Participant **satisfaction** with the organization of the meeting was ranked as follows:

18. Organization of the Meeting
 - Very High: 67%
 - Somewhat High: 28%
 - Somewhat Low: 5%
 - Very Low: 0%
 - No response: 0%

19. Meeting Facilitation
 - Very High: 58%
 - Somewhat High: 37%
 - Somewhat Low: 5%
 - Very Low: 0%
 - No response: 0%

20. Conference space (general session and breakout rooms)
 - Very High: 63%
 - Somewhat High: 35%
 - Somewhat Low: 2%
 - Very Low: 0%
 - No response: 0%

21. Participant Package and Meeting materials
 - Very High: 42%
 - Somewhat High: 37%
 - Somewhat Low: 16%
 - Very Low: 5%
 - No response: 0%

22. Conference food
 - Very High: 47%
 - Somewhat High: 30%
 - Somewhat Low: 16%
 - Very Low: 5%

- No response: 2%

Comments:

- Reference resources on a flash would have been a good addition, given the title of the meeting.
- Would have been better to have quiet break out rooms
- Well organized and time efficient

*Participants rated their **agreement** with the following statements as follows:*

23. Was conducted in a manner that is consistent with the principles of country ownership and leadership.

- Strongly Agree: 26%
- Agree: 51%
- Disagree: 7%
- Strongly Disagree: 9%
- No response: 7%

24. Produced a useful action plan and/or possible approach for COP 14 planning.

- Strongly Agree: 19%
- Agree: 56%
- Disagree: 19%
- Strongly Disagree: 2%
- No response: 4%

25. Provided information and resources that will support my taking a stronger leadership role in Combination Prevention strategies.

- Strongly Agree: 40%
- Agree: 40%
- Disagree: 13%
- Strongly Disagree: 2%
- No response: 7%

26. Provided information and ideas that I will share with my colleagues back home.

- Strongly Agree: 50%
- Agree: 43%

- Disagree: 0%
- Strongly Disagree: 5%
- No response: 5%

27. Will help me face the challenges in my job with renewed enthusiasm.

- Strongly Agree: 30%
- Agree: 54%
- Disagree: 7%
- Strongly Disagree: 2%
- No response: 7%

28. Did you feel the length of this meeting was too long, just about right, too short?

- Too long: 9%
- Just about right: 89%
- Too short: 0%
- No response: 2%

29. What one or two "take aways" from the meeting will have the greatest positive impact on your continued work in Combination HIV prevention?

- Linkages (most commonly referenced take away)
- Measuring Coverage to achieve impact (second most common reference)
- adolescents girls + key populations (several citations for this as take away)
- Identification and correct estimation of target population
- how to look at combination prevention
- Low-cost, systems changes involvement of community leadership administrative structures can have a massive response for the \$ invested
- The approaches using geographical location of comprehensive prevention services specially the model in SA was great
- See use of data in other countries
- Referral and linkage model shown by different countries
- Quality monitoring and improvement of combination prevention
- Need to utilize program data better and institutionalize its' use
- Better understanding of how satisfaction should be really targeted
- Combination prevention = all biomedical
- Tanser presentation was excellent!

- I hope it will strengthen strategy as we think about combination prevention for Malawi
- Work with the government to better recognize combination HIV prevention and quality of care services
- The importance of quality

30. We welcome any comments you wish to share about this Meeting (e.g., workshops, keynote presenters, topics, themes, locations, etc.). Please include suggestions for how we might improve the next Meeting.

- Get MOH staff involved to help shape ideas about country ownership
- Plenary presentations should be focused and clear
- The meeting was very well organized
- The workshop provided an important forum to network and to exchange technical experiences
- Provide early agenda to allow collection required improvement required including data
- Make sure these meetings happen as frequent as possible
- QA/QI breakout was not successful as the activity was unclear
- Presentation on how countries have used routine program or portfolio data would be enormously helpful
- Generally well planned workshop with good country presentation
- Consider having MOH prevention lead for each country attend such a meeting. This will foster ownership and makes it easy for PEPFAR team to share and agree with MOH
- It could be good if the workshop had focused on combination prevention
- Some US-based participants were on their email and not participating in small group discussions
- Very pleased to see the topic of commodities included

ANNEX 4: Country Team Road Map

Completed Country Roadmaps are included for the following countries:

- Zambia
- Tanzania
- Swaziland
- Namibia
- Uganda
- Kenya
- Zambia
- Zimbabwe
- Malawi

Zambia Road Map to Strengthen COP 14 HIV Prevention Portfolio

INTRODUCTION

PEPFAR/Zambia prevention programs support Zambia's goal to reduce the rate of annual new HIV infections by 50 percent, i.e., 82,000 in 2009 to 40,000 by 2015; and to reduce the number infants born to HIV positive mothers who are infected to less than 5 percent by 2015. To achieve this result, the Government of Zambia and PEPFAR have been prioritizing and implementing evidence based prevention interventions through a combination prevention strategy.

In order to strengthen the Zambia COP 14 prevention portfolio, the interagency team will focus on mapping coverage of current programs and services over the next 6 months. Understanding coverage will give us the opportunity to strategically plan combination prevention activities for those who are at the highest risk of acquiring HIV. Emphasis will be put on these activities to ensure that they provide quality programs with support systems in place for routinely monitoring. We will use the Monitoring, Reporting and Evaluation of Prevention Programs operational guide when it is released in order to help us define and guide our programs to report quality data.

ROAD MAP

In FY 2014, the Government of Zambia (GRZ) and PEPFAR Zambia are focusing on scaling-up effective strategies for HIV prevention including voluntary medical male circumcision (VMMC), implementing option B+ in prevention of mother to child transmission (PMTCT), and HIV testing and counseling (HTC) with a focus on couples. Specific interventions will target key populations such as those within prisons, while integration and stronger linkages between services and program areas will be a major theme throughout the program.

- 1. The PEPFAR/Zambia VMMC program supports the country's goal of circumcising 2 million males between the ages 15-49 by the end of 2015.** The program provides a comprehensive package of VMMC services comprising HTC, screening for sexually transmitted diseases, VMMC surgery, and post-surgical review and counseling.
- 2. The PMTCT program continues to have high antenatal care (ANC) coverage rates and HIV testing rates in ANC settings.** PEPFAR/Zambia supports 80% of the PMTCT sites in the country and plans to re-align its program with the MOH's current priorities in order to attain the goal of elimination of mother to child transmission of HIV and increase HIV free child survival by 2015. Under COP13, the PMTCT program will support the MOH in building capacity as the country moves towards implementation of the WHO Option B+. Emphasis will be placed on building evidence of approaches suitable for implementation in the Zambian setting; with the goal of filling the gaps in defining community level program models, developing operational guidance and monitoring & evaluation systems for standardized implementation.
 - In addition, increasing coverage and capacity for couples HTC with the need to treat positive discordant partners, necessitates the need to expand antiretroviral treatment (ART) services tailored for ANC. Retention along the PMTCT cascade will also be prioritized to minimize the missed opportunities in the provision of PMTCT services. A

study carried out in Zambia in late 2012 early 2013 will reveal the key missed opportunities in current PMTCT giving Zambia an opportunity to plan with key evidence driving the program.

- ❑ In FY14, the program will strengthen linkages and services in early infant diagnosis and follow up of HIV exposed children at both community and facility levels; and towards improving program monitoring and evaluation systems. PEPFAR/Zambia will leverage this same maternal newborn child health (MNCH) platform to integrate and strengthen Syphilis screening using rapid tests. The packaging of PMTCT within a comprehensive model for saving mothers giving life (SMGL), piloted in four districts in FY 2012, will be expanded with an emphasis on the high HIV prevalence areas.

3. PEPFAR/Zambia will continue to intensify HTC.

- ❑ To strengthen community based and clinical prevention platforms the USG will train community-based lay counselors to support health care providers in HTC and referrals, and address poor follow through of referrals to ensure an effective continuum of care. USG partners will pilot the collection of blood specimens for CD4 testing through mobile facilities, and address issues of access by patients to HIV clinical services.
- ❑ Couples HTC will be a priority and will also serve as a key intervention in increasing access to early initiation of ART and reaching more men with treatment. Special attention will be paid to monitoring the quality of services and ensuring that persons receiving HTC services are linked to and enrolled in other HIV prevention, care and treatment services. An Action Plan to Improve the Quality of HIV Counseling and Testing Service in Zambia has been devised and will be presented to the HTC Technical Working Group that includes the MOH and key stakeholders in August.

The Action Plan calls for:

- a revision of 2007 HTC guidelines and indicators,
- a workshop on HTC data quality and data use,
- implementation of a Daily Activity Register for HIV tests at HTC sites,
- implementation of a national HIV proficiency test program performance review
- development of quality assurance requirements for community based HTC and
- new systems for the logistics management of HIV test kits.

- ### 4. Populations with the highest disease burden and communities characterized by highly mobile populations and other vulnerable populations, including sex workers and prisoners will be targeted with all prevention programs.
- A PEPFAR funded most at risk population survey is taking place over the next 4 months in Zambia. This survey will provide evidence-based data and network analysis of sex-workers that will assist in COP 14 planning. Activities will also focus on integrating gender based violence and alcohol mitigation strategies among these populations, and strengthening the integration of prevention activities at both community and facility level.

- ❑ Zambia continues to work towards a survey of men who have sex with men. This has been a challenge as there has not been government support for the survey. However, the team will use data from the sex worker survey for public health programs that may influence the ability to find policy champions, undertake further work with key populations, to inform policy discussions and to contribute to work with civil society and journalists.
- ❑ PEPFAR/Zambia continues to procure male and female condoms in Zambia for supply through the public and private sectors. The program will also continue to promote correct and consistent condom use through interpersonal communication and mass media; socially market condoms through commercial outlets; and support logistics of condom supply.

CONCLUSION

Across all of these programs is the need to link HIV positive individuals to care and treatment programs and those who are HIV negative to prevention services focusing on risk reduction. We look forward to utilizing the PEPFAR Linkage and Retention strategy that is being developed by the HTC TWG at headquarters. In the meantime developing SOPs around the roles and responsibilities of health facilities, their staff and community health workers to assist with patient linkage, retention and follow up in HIV care will be discussed and suggested at the TWG level. Standardized effective referral systems and facility-based interventions to retain patients in treatment programs will be determined with senior clinic staff and key stakeholders in order to give a framework for all programs to work under ensuring that community-based activities are anchored on local health facilities for improved access to continuum of care; and that there is a strong local synergy between health facility staff and community health workers.

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: Tanzania

Country Team Participants: Seth Greenberg and Rachel Weber

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Using data at the sub-national level	Improve and institutionalize utilization of existing data (THMIS, SAPR/APR, evaluations, routine data)	Work with PEPFAR Coordination Office to make leadership of this process a priority for the SI Liaison position; work with agency leadership to promote and instill ongoing culture of data use	PEPFAR Coordination Office, Agency leadership, PEPFAR SI and Program staff	Improved use of data for targeting and program decision making; ultimately doing more with less by using data to do better targeting	PEPFAR Coordination Office	One year	Commitment is in time and will	Reprioritization and value of data utilization culture change

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: Tanzania

Country Team Participants: Seth Greenberg and Rachel Weber

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Improving linkages across services	Improve linkage and/or retention by testing new, promising models with feasible scale-up	Evaluation of promising and innovative linkage and/or retention models (goal: one per agency)	USG agencies and implementing partners	Informative evaluation results and improved linkage and retention over time	USG team	Fund in COP 14; 2-3 concept notes within a year	\$500,000-\$1,000,000 per agency	Research expertise; innovation and outside the box thinking; commitment from ITTs and selected implementing partners

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: Tanzania

Country Team Participants: Seth Greenberg and Rachel Weber

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Improving quality	Gauge client experience in services) and the impact of client experience on outcomes of interest (HTC, enrollment in care, retention, adherence)	Assess client experience (quantitatively and qualitatively and explore associations between experience and enrollment in care, retention in care, adherence to ART, etc.)	Teams involved in providing these services, facilitating linkages, and providing general support psychosocial support and outreach	Data available and used for program improvement	Prime- Care and Treatment Team with support from Prevention and Community teams	COP 14	TBD	ITT discusses partner and commits money (likely C&T ITT lead)

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: Tanzania

Country Team Participants: Seth Greenberg and Rachel Weber

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Measuring coverage and outcomes	Generate more useful mapping tools to better understand resource allocation for PEPFAR/Tanzania, Global Fund, and other sources (i.e. availability of combination packages)	Identify mechanism, partner, and funds to do this work for Tanzania in order to inform more strategic use of resources	USG, Government of Tanzania, implementing partners	Better targeted, strategic programming (recognizing the heterogeneity of the epidemic and more vulnerable groups)	USG for providing funds and selecting partners; implementing partner(s) for developing tools	One year	TBD	Money, good data, capable partners

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: Swaziland

Country Team Participants: Mandana Askarinasab, Mduduzi Dlamini, Wendy Benzerga, Munamoto Mirira, Peter Preko

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Measuring prevention coverage outcomes	The BSS+ 2014 is finalized by 2014 or Integration of comprehensive prevention coverage indicators in SHIMS II	Explore opportunities and identify the best approach, discuss funding for these activities			Mandana and SI team with senior management support			

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Determine coverage of prevention services (and alignment of coverage with demographics and epidemiologic data) including MC, HTC, PMTCT, ART, Condom distribution by Inkundla for 2013 by mid of 2014 – Support the use of the coverage information by National (MOH and NERCHA,	This will be done primarily through GIS mapping – and will help us understand current coverage of core interventions for Combination prevention – where gaps are and how well aligned our coverage is with the epidemic and priority populations. We will disaggregate by sex and age. The new five year GOKS HIV Framework will set targets and	Meeting with NERCHA to determine interest and what has already been done in this area. Subsequent steps will include: through NERCHA, establishing a core team to begin aggregating information and existing GIS, possible TA from USAID GIS team, mapping, and support data use			Patrick Dlamini			

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Regional, Inkundla, and Cheifdoms structures to inform improved implementation of combination prevention.	with Futures institute we will also model incidence reduction – the coverage maps will also assist in assuring that we have an optimal coverage of Combination prevention to reach the targets and achieve the desired reduction in incidence. The mapping will be done over time as well and may eventually also include other packages of interventions (eg.							

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	OVC/vulnerable young women etc) once defined. We will also work to strengthen the capacity of national and lower level decision-makers to use this information to continuously improve implementation and coordination of the response.							

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Linkages across services and between community and services	Operational Comprehensive Management Information System (CMIS) by end of 2014 in pilot facilities of the MOH, including HUI, necessary modifications of facility level patient flow (including introduction of mainstreamed patient registry, patient card/passport and patient file), IT infrastructure and networking. This will facilitate	Team meeting on draft operational plan of the MOH			Mandana, Peter, Wendy and Munamoto			

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	<p>linking clients in one service to another (eg pregnant woman with TB) and will also help assure that people are not lost to follow-up.</p> <p>Define Key prevention services and create effective linkages to those services For example link young vulnerable HIV negative women into RH services, and other social/economic</p>							

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	empowerment services. Young men must be linked to VMMC, as well as condoms, and other prevention services Reinforce linkages from community to services and vice versa – first we need to better understand where the linkages actually work and why. Empowering communities to remove the social, cultural, gender barriers to services. Using							

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	and reinforcing existing							

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Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Improving quality	Assess the quality of HIV prevention communication activities – including SBCC and condom and service utilization promotion. This will include developing a better understanding of who is doing what with whom where, and how with what dose? The primary focus will be at community level, however we will also assess quality of mass, mid, small and social	First Step: HQ TDY support for the assessment (Shanti Conly and Kim Ahanda) Complete the assessment – feedback to partners Develop a SBCC and prevention program quality monitoring plan			<ul style="list-style-type: none"> Wendy 			

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	media, and we may gather some information about quality of prevention communication at clinic level. We will also consider which target populations we are reaching and where are gaps. Specifically, vulnerable young women – including OVC heads of household, and young men and boys) (this will link with the component 1. data use and							

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	coverage). We expect to have a report with recommendations by end of 2013. Implement and monitor improved quality HIV communication efforts							

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: Namibia

Country Team Participants: Brad Corner, Eddington Dzinotyweyie, Isabel Moroff, Sircca Vatuva

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
•Sub-national level identified: health districts	<ul style="list-style-type: none"> •Ensure data organization •Data needed on national prevention activities •Up to now 'historical planning', lack of sufficient quality data for planning •District base data analysis needed 	<ul style="list-style-type: none"> •Map programs per district and data availability (GRN to take the lead) •Propose and support the above action to the Prevention TAC •Regional and district stakeholder preparation meetings, including civil society, USG, GRN •Discuss methodology and framework (maybe rapid assessment) 		District-led process of prevention service mapping, data availability and data quality led by GRN	Brad	TBD	TBD	TBD

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Country Team Participants: Brad Corner, Eddington Dzinotyweyie, Isabel Moroff, Sircca Vatuva

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Improving linkages across services	<ul style="list-style-type: none"> •Discussion need: where is the border to care and retention (from prevention side the linkage is done as soon as the person is enrolled into care) •Responsibilities of prevention and care need to be spelled out •Hot to overcome the gap/divide between community-based interventions and clinical care? Referral •'linkage coordinator' needed •Unique identifier •Record of testing and care needed within 3 months 	<ul style="list-style-type: none"> • Strategy forum and programmatic discussions with prevention, HSS and Care and Treatment needed • Need to review and understand what is happening • National definition of linkage and referral, retention, adherence (get confused) • Come up with clear strategies of linking to care and use people on the ground (e.g. accompany people to care) • Pre-testing referral on regular basis • Change monitoring systems: measure linkage (completed referral, whether positive or negative) 		Clear definition of linkage/referral by GRN, understanding stakeholder and partner responsibilities in continuum, process to measure linkage	Edington	TBD	TBD	TBD

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		<ul style="list-style-type: none"> • Develop a national level document for clarity • Training for HCT community and HCW who are the primary contact for the client • Point of Care testing problematic: who will follow-up? 						

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Improving quality	<ul style="list-style-type: none"> •More QA standard process needed across partners •C-Change: attempt to define quality, but not all stakeholders took part in this (e.g. DAPP) •Quality indicator needed for each intervention, how to measure if quality is improving or not •Quality cuts across several clinical areas •2 sides: monitoring the QA process, monitoring quality •Quality of services/proficiency (e.g. counseling) is hard to collect and GRN is not really collecting this information 	<ul style="list-style-type: none"> •Bring in external TA •More discussion around this area needed •How to put these into activities •Involve regions 		Common quality process, standards and common minimum elements, consider how to measure across GRN and CSO service delivery	TBD	TBD	TBD	TBD

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Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Measuring coverage and outcomes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: UGANDA

Country Team Participants:

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Using data at the sub-national level	Using the district based population estimates to computed district need/burden for disease and use this as a basis for setting program targets.	Institutionalizing the process in Uganda	Ministry of health, USG NGO and USG implementing partners	Districts utilizing this approach for planning	Strategic Information TWG to take the lead M&E TWG	6 months	TBD	-
Improving linkages across services	The need and importance for a comprehensive linkage and achievement of continuum of response has been understood at all levels. Gap Definition of what a successful linkage is There is need for a common	Definition of what a successful linkage is Define roles and outcome of linkage	Ministry of health, USG NGO and USG implementing partners, CBOs and FBOs	Indicators d to measure successful linkage within and between programs developed Redefined and defined roles of the linkage facilitators developed and implemented	HSS and SI TWG	6 months	TBD Training Harmonization workshop Dissemination and orientation	Linkage strategy from HQ

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Country: UGANDA

Country Team Participants:

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	understanding about the roles and outcome of the linkage facilitators There is need therefore to come-up with an indicator to measure successful linkage							

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Country: UGANDA

Country Team Participants:

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Improving quality	No SOPs/guidelines for peer education Lack of a harmonized curriculum and tools on how to measure quality standards	Liaise with Uganda Aids Commission at MOH to take the lead in developing and implementation of quality improvement guidelines/SOP	MOH Uganda AIDS commission USG Ministry of Gender and Social Devt NGOs	Developed standards Use of standards in implementation Harmonized curriculum	MOH Prevention TWG	1 year	TBD	Technical assistance from other countries who have achieved this
Measuring coverage and outcomes	No clear definition of denominators Difficulty in estimation of services provided to MARPS due to low numbers of MARPS friendly clinics	Measure condom coverage in Uganda Social marketing groups whould work in collaborations with other stakeholders to expand their services and increase availability of	Ministry of Health National drug authority National Medical stores Medical access USG Social marketing institutions(Uganda cares, PACE, Marie	NDA clears minimum of 10m condoms a month Number of condom distributed by IP	Prevention TWG SI TWG	1 year	TBD	

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Country Team Participants:

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		condoms Establish MARPS friendly clinics Increase number of condom outlets especially in hot spots Push for a discussion with ministry of health condom coordination unit with a national drug authority to increase availability and accessibility	stopes)					

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: KENYA

Country Team Participants: Emma Mwamburi; Nicholas Kweyu; Boniface Ochanda; Salome Okutoyi Gitari; Winfred Mutsotso

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Using data at the sub-national level	Improve data utilization at regional level	Establish regional M&E TWGs	Gok, PEPFAR IPs, County health committees and services providers	Regional M&E TWG established	SI ITT with support from Prevention ITT	6 months	TBD	TBD

Country Action Plan- Combination HIV Prevention Meeting – June 2013

Country: KENYA

Country Team Participants: Emma Mwamburi; Nicholas Kweyu; Boniface Ochanda; Salome Okutoyi Gitari; Winfred Mutsotso

Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Improving linkages across services	Standardized national package of services for comprehensive HIV services targeting different population groups (key populations) already developed, and national guidelines already developed. However, review of existing program data show lack of integration of these services at service delivery points; and reporting tools do not track access and linkage across the continuum	<ul style="list-style-type: none"> Roll out of national guidelines on HIV services for key populations (at sub-national or county levels). Implementation of revised M/E tools at National and County (sub-national levels) to track delivery of services within continuum of care framework Quarterly review of service uptake to evaluate status of service coverage (analysis at national level and sub-national levels) 	Gok, all Implementing Partners, PEPFAR ITT (Prevention, SI); other funding and Technical Agencies; Services providers	<ul style="list-style-type: none"> National guidelines for KPs rolled out at sub-national levels (targeting county health teams) National KP cohort tracking tools developed and rolled out Quarterly review reports generated and disseminated 	National TWG PEPFAR Prevention ITT PEPFAR SI ITT	6 months	TBD	TBD

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	of care.							

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Improving quality	Improve documentation of effective referrals and linkages to inform program quality	Develop an M&E tool that unique identifies and track KP clients along the continuum of prevention n care and treatment	Gok, PEPFAR IPs, and services providers	Cohort register developed	SI ITT with support from Prevention ITT	6 months	TBD	TBD

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Area of Improvement	Priority Gap or Opportunity #1	Actions to Address the Gap (Specify Steps) Note: Be sure to consider relevant policy issues and implications.	Relevant Stakeholders	Indicator of Success	Person Responsible	Timeframe	Cost estimate* (May require further consultation)	Resources Needed (National/Donor/Technical/Financial)
Measuring coverage and outcomes	Improve on hot spot mapping and size estimation methodologies to provide more accurate denominators	Standardize hot spot mapping and estimation methodology at the national level	Gok, PEPFAR IPs, and services providers	National guideline developed	SI ITT with support from Prevention ITT	1 year	TBD	TBD

ZAMBIA

1. Share district epi profile with USG SI TWG to analyze data and better understand current prevention gaps, plus more analysis across cascade
2. Create functional linkages across services by standardizing referral systems at all levels
3. Improve quality in HTC particularly in home-based testing (CHWS)
4. Understand coverage of current services by participating in GIS training with feedback to IPS

ZIMBABWE

1. Using data at sub-national level

- **Priority gap** – unknown size of key population
- **Action** – research to estimated size
- **Stakeholders** – MOHCW, CDC, UNAIDS, NAC, Civil Society
- **Indicator of success** – new estimated released
- **Time frame** – start Sept 2013

2. Improving Linkages

- **Priority gap** – link HIV positive men identified through VMMC to care
- **Action** – stakeholders meeting to look at referral system and standardize
- **Stakeholders** – MOH (ART Cord) et al
- **Success Indicator** - % of HIV positive men assessed for eligibility
- **Time frame** – 3 months

3. Improving Quality

- **Gap** – No standardized QA/QI for VMMC
- **Action** – National stakeholders meeting to standardize QI/QA (roles + responsibilities tools, process)
- **Stakeholders** – MOHCW, PMD, IPS, USG.
- **Indicator** – QA report submitted to national routinely
- **Timeframe** – 3/12 (this is part of a bigger QI/QA process)

4. Measuring Coverage and outcomes

- **Gap** – mapping of HIV prevention services
- **Action** – Bring to attention of SI folks
- **Stakeholders** – MOH CW, NAL USG, UNAIDS, Civil Society
- **Indicator** – national map
- **Timeframe** – 8/12

MALAWI

1. Promote the routine use of data at district level to inform programs

- Actions – Ips to work with districts
- SH – DHO/DHMT, district partners, DHMISO
- Indicators – Evidence is tailored to district level response to program data

2. No working national referral system for HTC to care

- Action – assess status and pilot systems ; stakeholders meetings
- SH – HTC, ART, PMTCT, TWGS
- Indicators – linkages assigned to DHMT member; known % of HTC attendants attending ART clinics