

EXPLANATORY NOTES ON PROMISING AND BEST PRACTICES

What is the AWARE-HIV/AIDS project?

AWARE HIV/AIDS project is a regional project that covers 18 countries namely the ECOWAS countries plus Cameroon, Chad and Mauritania. It is a response to the collaboration between USAID and the above mentioned countries through its West Africa Regional Program: WARP.

The AWARE HIV/AIDS project is consecutive to the FHA project in order to respond to the needs identified during the situation analysis at the end of this project. AWARE is an English acronym which means “Action for West Africa Region”. It is a consortium of 8 non governmental organizations and institutions classified in two levels. The key partners which are: Family Health International (FHI), Population Service International (PSI), The Futures Group International (TFG) and the associate partners which are: BASP’96, Care and Health Program (CHP), JHPIEGO, University of Quebec (CHA), University of Sherbrooke (CHU) . The area of intervention covers STI and HIV/AIDS.

What can be considered as a best practice?

Further to the consensus workshop held in Dakar, all the delegates from National AIDS Control Councils or Programmes from the sub region agreed on a generic consensual definition of a best and promising practice as « *an experience, initiative or programme having proved effective and contributive response, and that can serve as an inspiring model to other actors* ».

The following 8 criteria were selected for a best and promising practice:

- Be useful, practical (answer a need)
- Be effective and relevant
- Be innovative
- Be ethically acceptable
- Bear fruit in reasonable time
- Be sustainable (correspond to sustainability factors)
- Be cost-effective
- Be actually owned by its initiators as a best and promising practice

How does an experience become a best practice?

To become a best and promising practice, the experience, initiative or programme must be in accordance with the criteria specified on the abstract form which will be submitted when AWARE HIV/AIDS will invite bids.

The form must be filled in and returned to AWARE HIV/AIDS at the indicated address. Then, it will be sort out for the first time by AWAWARE HIV/AIDS and distributed to the task forces members: Behavioral Change Communication, Voluntary Counseling and Testing, Mother to Child Transmission, Care and Treatment, Sexually Transmitted Infections.

During the review, each task force member will give a score to each criterion according to the information on the abstract. Scores will then be sent back to AWARE for analysis. After this step, the task force will hold a meeting to deliberate.

With a score between 60 and 79 out of 100, a practice will be considered as a promising practice if the abstract is ethically acceptable. With a score between 80 and 100 out of 100, a practice will be considered as a best one if the abstract is ethically acceptable. If the abstract is not ethically acceptable although the score is superior or equal to 60, the practice will not be accepted as a best and promising one. Nevertheless, it could be so after the revision of the ethical aspect by its initiators. The best and promising practices will then be fully documented with the support of AWARE HIV/AIDS if necessary, be disseminated within the region and be included in the best and promising practices inventory.

What does each selection criterion mean?

The criteria for assessing whether an approach, strategy or programme must be considered as a Best Practice in the context of HIV/AIDS are as follows:

Usefulness and Relevance

Relevance is about how closely a practice is focused on the HIV/AIDS response in the context of the society in which it is implemented. As well as needs and conditions directly related to HIV/AIDS, it usually includes factors such as cultural traditions, political system or economic organization – insofar as they affect vulnerability, risk behaviours, or the successful implementation of a response. For example, take a programme which invests heavily in voluntary counselling and testing (VCT) services for pregnant women. Such a programme is extremely relevant for an area where prevalence is high in the general population. It is less relevant for a different area where the prevalence is low, and largely confined to gay men. In such an area, scarce VCT resources would be better if targeted at gay men. Another example might be a sexual health education curriculum for high-school students, which aims both to inform them and improve their decision-making and negotiation skills. Even if HIV-specific information is only a small part of the curriculum, this intervention may be highly relevant to the local HIV situation. The curriculum may be less relevant in an area where most young people drop out of the education system before reaching secondary school. Useful questions that might be asked include:

- Does this practice contribute to the long-range goals of the HIV/AIDS response? For instance, does it reduce the impact of HIV/AIDS on infected individuals and their families or friends or on society in general? Does it improve or expand existing care and support activities?

- Does this effort contribute to slowing or stopping the epidemic in the target population in which it was undertaken?
- Is the effort appropriately tuned to national and local priorities for HIV/AIDS?
- Were local culture and traditions taken into consideration in defining the response?

Effectiveness

Effectiveness is an activity's overall success in producing its desired outcomes and reaching its overall objectives. In the context of the HIV/AIDS epidemic, the objectives and outcomes should relate directly or indirectly to HIV/AIDS. In order to decide whether something was effective, one needs to know what these objectives and outcomes were, what changed during the time the activity was going on, and why the change occurred. For example, imagine a project which has the overall objective of lowering HIV infection rates among sex workers. It aims to do this through two main activities: opening user-friendly clinics that are accessible and affordable to sex workers, and distributing condoms to all sex workers in that area. Such a project could be judged effective on the level of its immediate objectives if (a) the planned clinics were opened (b) they were frequented by sex workers (c) a significant number of condoms were distributed (d) the condoms were being used correctly by prostitutes. It would be judged effective in producing its desired outcomes if, after a period of time, there were a measurable decline in HIV infection rates among sex workers. In order to assess whether a practice was effective, some useful questions that might be asked include:

- Is there a clear chain of cause and effect that can be seen between activities and results? Can this be sketched, and can any quantitative measurements be made of the results?
- How complete was the coverage? What percentage of the target population was reached by these efforts?
- Is there a measurable change in the situation over time, or one that has been reported by people in interviews?
- What are the outcomes (medium term results) of the practice? Is there increased awareness? Increased skills? Reduction of risk behaviour?
- What was the overall impact (long term results) of the intervention (changes in health status, reduction of HIV/AIDS/STD morbidity and mortality)? How well have the results met the overall objectives?

Innovative

An innovative practice is the one which enriches or revolutionizes the existing practice or a similar practice already implemented. How do you find your project/experience ethical?

- In what way your project/experience enriches/adds a value to the existing one?
- Is your approach new compared to the existing one?
- Does your approach partly or fully revolutionize the existing one?
- Does your approach inspire a new way of implementing activities fieldworks?
- Is your approach incentive to grade/scale crossing?

Ethical soundness

An ethical practice is one that follows or does not break principles of social and professional conduct. Important principles in HIV/AIDS work include compassion, solidarity,

responsibility, and tolerance. Practices should support equity and distributive justice. This means (a) the burdens and benefits of the practice should be distributed equally among the population, (b) that no group or individual should be discriminated against, and (c) that any results/benefits should be made available as equitably and as quickly as possible. As well, practices should ensure respect for persons, informed consent, confidentiality, empowerment (of individuals and groups), and community participation in planning and implementation. Finally, as in the Hippocratic oath, practices should promote well-being and should cause no harm.

Useful questions that might be asked include:

- Are there safeguards for confidentiality of patient information?
- Was the participation of all individuals voluntary? And was each individual given full information about the objectives and implications of the intervention before they agreed to participate?
- Are treatment and care carried out according to established medical ethics?
- For research involving human subjects, has the activity been approved by scientific and ethical review committees at the national, local or institutional levels?
- Are human rights respected, particularly if the activity targets especially vulnerable groups such as injecting drug users, sex workers and men who have sex with men?
- Is there action planned, such as counselling, in the event that harm ensues? Have there been examples of harm, and if so how were they dealt with?
- Have equity issues such as fair and equitable treatment or access been discussed and planned for?
- Was there a process of community consultation and consensus building?
- Will adequate and relevant information about the project and its results be given to the community?
- Were the activities undertaken within the capacities of the participants or implementing organization?

Efficiency and Cost-Effectiveness

Efficiency's basic meaning is "the capacity to produce desired results with a minimum expenditure of energy, time, or resources". An example might be comparison of two treatments for an opportunistic disease. If clinical trials show that both are equally effective in treating symptoms, then choosing between the two may focus on efficiency measures such as how much money each treatment cost, how much staff time they each take to give to patients, whether they require special storage arrangements and so on. Again, context is important. After comparing costs and results, the efficiency of some practices under consideration may not be high, but they may be the only practices that work under the circumstances. However useful, other activities may not produce a substantial enough benefit to justify the costs, in money or other resources.

Useful questions that might be asked include:

- Were resources used in a timely and effective manner? Consider all different kinds of resources used: human, material, financial, etc.
- Were proper administrative controls maintained over resources? Were records consistent and clearly kept, and was the information useful to the running of the activity?

- Were actions by partners and collaborators planned? Were these plans adhered to and coordinated?
- Did the activity include a monitoring or evaluation component? What indicators were used? What were the results of the evaluation?
- Was a cost-benefit analysis done? Were verifiable measures used such as "money spent per treatment" or "staff person-hours required for each consultation?"
- Did the activity exhibit flexibility to adapt to changing circumstances?

Sustainability

Sustainability is the ability of a programme or project to continue, and to continue being effective, over the medium to long term. Applying this criterion means considering factors such as whether alliances have been built with relevant power structures or authorities, whether local skills were developed, and if the activity has been integrated into existing activities that have proven longevity. In particular, it asks whether an activity will continue to be effective if it loses all or some external funding. Imagine a home care programme in a poor rural community that trains local people as health care attendants and provides them with bicycles to make home visits. Although this may be less efficient in terms of numbers of patients visited per day than if the programme had a car and was staffed by professionals from elsewhere, it is probably more sustainable in the medium term. This is especially true if gasoline is expensive and auto parts hard to obtain should the car break down. In the long term, the fact that capacity has been built locally is also an indicator of sustainability.

Useful questions that might be asked include:

- Are the results of the activity (for example, behaviour change) permanent or temporary? How might they be affected (strengthened or weakened) by a changing environment?
- Is the activity totally dependent on its original funding sources, or on outside funding? To what extent is it financially self-sustaining, with community or other support?
- To what degree was there commitment of local resources (including volunteer labour, donations of cash or materials, etc.)? Is it increasing or decreasing over time?
- Does the activity build or enhance capacity (know-how, skills) of individuals and/or institutions? How are these capacities maintained and expanded?
- Is there a feeling of local ownership of the intervention (i.e. pride and self-esteem derived from the success of the project or identification with its objectives?)
- Were links with local and national systems established or strengthened? How does the activity plan to maintain these links?
- Is the programme or project flexible enough to maintain its effectiveness in response to the changing needs of the HIV/AIDS epidemic?

Considered as PBP by initiators

The practice must first be considered by initiators. Those initiators must have abilities (resources, qualifications, availability...) in order to contribute to replication and dissemination process of this practice:

- Can my experience be publicly diffused?
- Can I describe my experience in details that the other can adopt it?
- Have I time to contribute to my experience's documentation for its dissemination?

- Am I able to provide technical assistance, by my own means or with support from other partner, for my experience replication to other sites?
- Do my partners agree on the diffusion of my experience? Do they agree to commit themselves in the process of documentation of my experience?

Conclusion

Based on these explanations provided for each selection criteria, task force members will score submitted experiences. Each experience will be scored based on each criterion and as described in the best practice selection guide.