

Health Policy Plus

Policy Approaches to Reach Epidemic Control

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County Operational Plan 2018 Requirements

In PEPFAR's 2018 Country Operational Plan Guidance for Standard Process Countries, policy is a priority area necessary to attaining epidemic control across populations of focus. Without policy, epidemic control is not possible. Alignment of interventions and country policy is required for scaling plans and ultimate transition of interventions to local government and partners.

The following is an example of how the USAID- and PEPFAR-funded Health Policy Plus (HP+) project supports countries to fulfill PEPFAR policy and legal requirements and recommendations.

Legal Environment Assessment Requirement

Country Operational Plan 2018 (COP18) guidance calls for PEPFAR teams to ensure that legal and cultural environmental assessments are conducted every three years and data are gathered to develop effective strategies to optimize patient care, improve program monitoring, and strengthen access to and quality of services provided.

The guidance further states that a need exists to address the structural and policy-level barriers that perpetuate discrimination—most often targeted at people living with HIV, key populations, and women and girls.

As highlighted in the accompanying table, countries are required to conduct legal environment assessments with the UNDP Legal Environment Assessment (LEA) tool. HP+'s HIV Policy Scan and Action Planning (HIV PSAP) tool, detailed below, also fulfills this requirement.

COP18 Policy & Legal Requirements and Recommendations	HP+ Expertise
Conducting LEA with UNDP tool as a guide to identify policy and legal barriers to essential services	✓
PrEP provision for high-risk individuals	✓
HIV self-testing policy development and approvals for HIV self-testing kit importation	✓
Tracking of Treat All national rollout and implementation of multi-month scripting	✓
Rollout of Treat All PMTCT program policy and implementation	✓
Adoption of national policies and plans for full-scale TLD scale-up as first and second line ARVs for adults and adolescents (≥ 10 years old and body weight ≥ 30 kg)	✓
Revision of national treatment guidelines to limit use of CD4 testing to those with advanced disease	✓
HRH policies including alignment with government remuneration; task-sharing policies for differentiated care	✓
Develop and implement Quality Management for Epidemic Control	✓
Stigma and discrimination policy to ensure non-discriminatory service provision	✓
Injecting drug user policy reform	✓
Policies on blood safety and injection safety	✓

HIV Policy Scan and Action Plan

The HP+ HIV PSAP uses a mix of desk review, short-term technical assistance, and in-country expertise to identify the most critical policy barrier along the cascade that would have the greatest impact on the clinical cascade if addressed promptly and directly. Depending on the scope of the HP+ HIV PSAP and participation of stakeholders, the process takes between two and six months to complete.

The HP+ HIV PSAP approach allows PEPFAR country teams to:

- Identify and prioritize HIV service gaps that prohibit countries from reaching their HIV cascade targets within the continuum of HIV prevention, care, and treatment;
- Observe the enabling environment in terms of stigma and discrimination, human rights, and legal issues;
- Analyze relevant policies and their implementation for alignment with international guidance; and
- Engage stakeholders to develop, monitor, and adapt country-specific policy, regulatory, and legal reform action plans to achieve treatment and other HIV-related outcomes.

The HP+ HIV PSAP process can be adapted to specific populations, such as key populations or children and adolescents, depending on stakeholder needs. The approach can also focus on broader, cross-cutting issues around community service organization engagement and service delivery, or other topics including stigma and discrimination, gender, and/or human rights as they relate to the continuum of HIV prevention, care, and treatment.

The HP+ HIV PSAP process also produces an action plan for ongoing policy advocacy. PSAP action plans have been developed for HIV test kit distribution to civil society organizations (Ghana), authorization of partner notification and HIV self-testing (Lesotho), and children's consent (Kenya).

Non-Discrimination Policy Requirement

HP+ works toward mainstreaming gender and sexual diversity competency into the global HIV response with training curricula for PEPFAR staff. The training builds understanding of non-discrimination policies and provides expert guidance to help program planners recognize opportunities to reduce stigma—a barrier to prevention and treatment that negatively affects gender and sexual minorities' health and lives.

In Lesotho, the HIV PSAP process prioritized policy actions to improve HIV testing yield. Partner notification was identified as the priority and an action plan was developed for incorporation into HIV Testing Service guideline revision.

HP+ Policy and Policy Implementation to Expand Access to HIV Services

HP+ technical assistance and capacity development supports initiatives to prompt decision-makers to develop and implement policy changes required for sustained epidemic control. Successful advocacy and policy efforts supported by HP+, and its predecessor the Health Policy Project (HPP), include:

Access to HIV Services

- Dakar Declarations (Mali, Togo, Burkina Faso): Ministers affirmed the need to address policy and program barriers for key populations in the ECOWAS region
- Passage of the Health Act 2017 (Kenya): The Act operationalizes and ensures constitutional provisions for health services, including HIV
- Tanzania developed national guidelines on differentiated care that could reduce total antiretroviral therapy (ART) costs by US\$258 million over five years with scale-up

Financing

- A costing study informed Mozambique's application to the Global Fund, securing an award of US\$515 million (2018-2020), which will provide resources to continue its scale-up of treatment
- The Government of Kenya increased allocation in KFY 2017/18 for antiretroviral drugs (ARVs) and test kits by US\$4 million, to a total of US\$26 million
- In Kenya, 25 counties strengthened budgeting and planning for health, including advocating for more resources at the county level. The focus counties increased allocation to health by US\$4 million for KFY 2017/18.

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