PEPFAR Prevention Evaluations

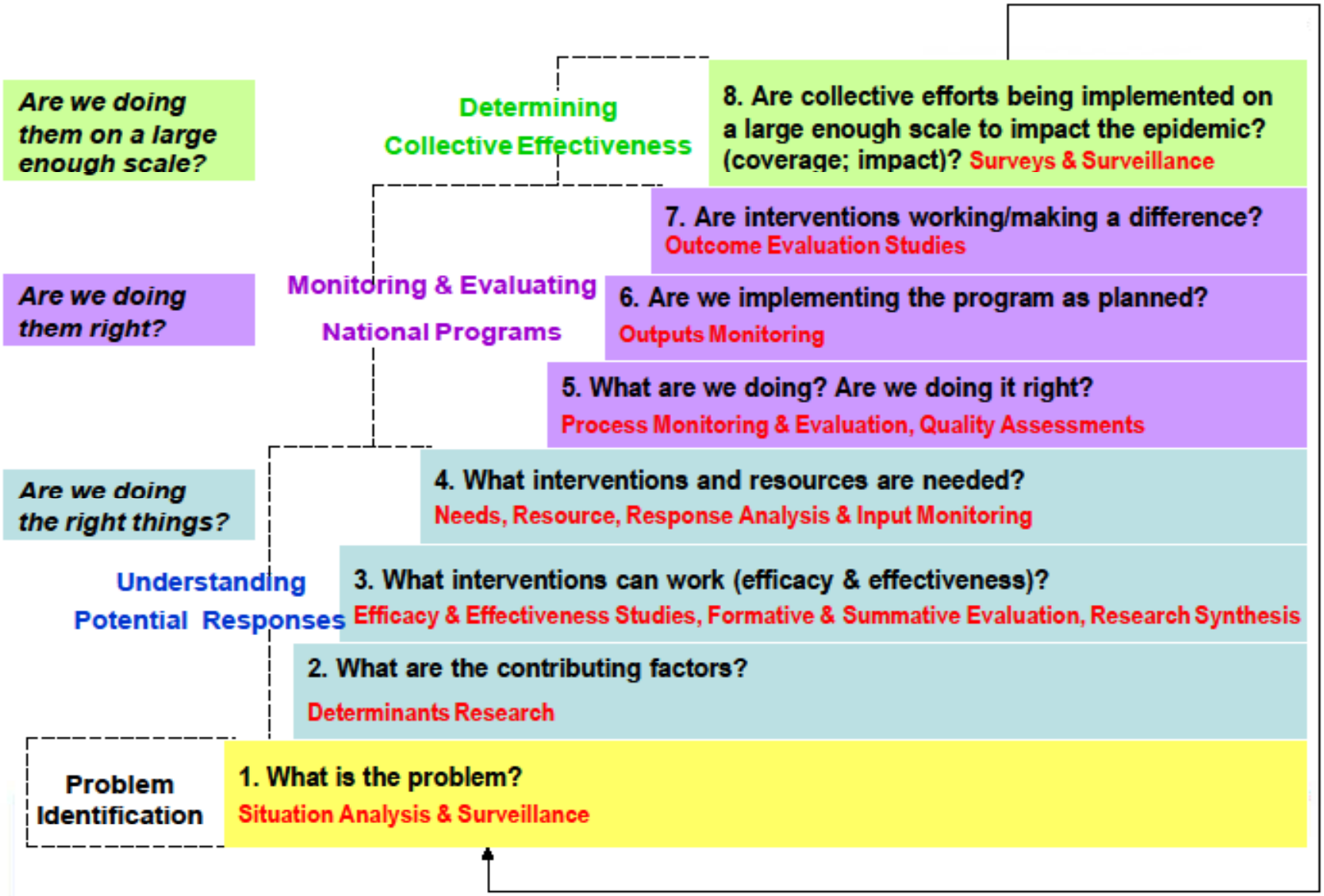
Scientific Advisory Board Meeting

January 6 - 7, 2011

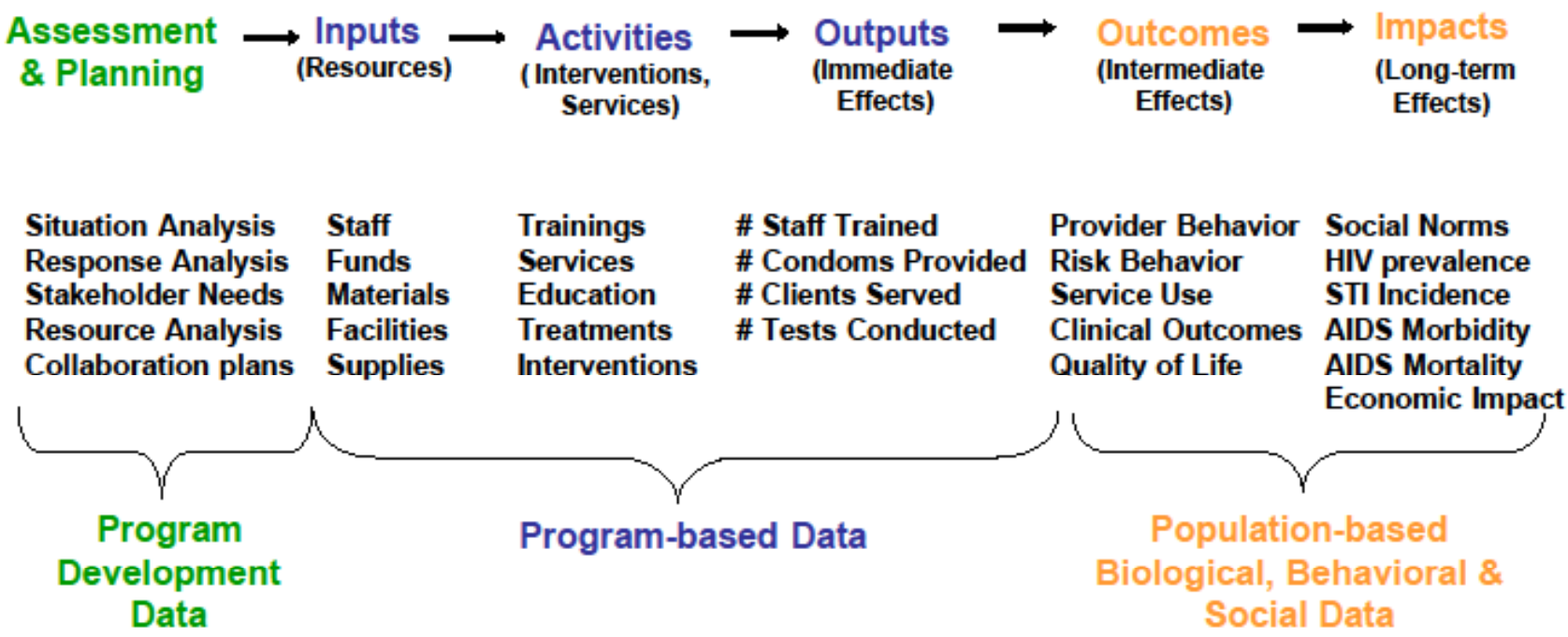
Overview

- Prevention evaluations in PEPFAR I
- PEPFAR II priorities and evaluations
- Status update on prevention evaluations
- Prevention PHE technical oversight issues
- Strengths and challenges
- Reflections from the field

A Public Health Questions Approach to M&E



Generic M&E Framework



In addition to monitoring these data types, select programs conduct process & outcome evaluations

Prevention evaluations in PEPFAR I

- **Targeted evaluations (prior to 2008)**
  - Identified best practices/promising models
  - Improved projects including midcourse corrections
  - Assessed program model outcomes/goals
  - Minimal headquarters oversight

  Example: Horizons (150+ OR studies in 26 countries)

- **Public Health Evaluations (2007-2010)**
  - More rigorous design, systematic sampling, comparison group
  - Shift in focus from individual to community/population, and from local to global
  - Cover implementation issues, outcome studies and impact evaluations
  - Also include evaluations of PEPFAR Special Initiatives

Evaluation Activities

Routine program monitoring
Rapid assessments
Formative research
Qualitative studies
Project Evaluations
Costing Studies
Public Health Evaluations
Special Initiatives
Modeling
Product Development Research (vaccines, microbicides)

PEPFAR PHE Teams Supporting Prevention

Sexual Transmission Team

- General Population and Youth
- MARPs
- Male circumcision
- Gender
- PwP
- OVC (sexual risk)

Counseling & Testing Team

PHE Coordination and Support

- Supporting PHE implementation
  - Concept development
  - Study design
  - Protocol development
  - Statistical and analytic support
- Support to multi-country studies
- Protocol review
- Broader technical assistance

Prevention PHE Priorities (2008-2010)

- Effectiveness of behavior change programs
- Concurrent partnerships
- Prevention among discordant couples
- Male circumcision scale up
- ARV-based prevention
- Combination prevention

PEPFAR Prevention Concepts

- Male Circumcision
- Focused ART
- Multi-level/channel BCC
- Condom programming
- Alcohol
- Gender
- Prevention with Positives
- MARPs
- HIV Testing & Counseling
- STIs
- Youth
- Orphans & Vulnerable Children
- Economic Empowerment
- Combination Prevention

Male Circumcision

- MC Accelerated Saturation Initiative (Swaziland)
- MC Model for Optimizing Volume & Efficiency (Tanzania, South Africa, Zimbabwe, Kenya) – non-PHE
- MC costing (Lesotho, Swaziland, Zambia, Namibia, Mozambique, Kenya) – non-PHE
- Acceptability and safety of Shang Ring circumcision (Uganda) – NIH PHE supplement

ARV-based Prevention

- Identified as a priority area
- Several study concepts initiated and submitted, but none finally approved:
  - Comprehensive Prevention Care and Treatment (CPCT)
  - Lowering Community viral load
  - Focused ART

Multi-level/Channel BCC

- Concurrent sexual partnerships
- Behavioral counseling to reduce alcohol-related sexual risk behavior
- HIV risk behavior and drug adherence among HIV-infected adults

Gender

- Changing gender norms that support HIV risk behaviors
- Vulnerable Girls Initiative (Malawi, Tanzania, Mozambique) – PEPFAR Gender Initiative
- HIV status disclosure and intimate partner violence
- PEPFAR Special Initiative on Sexual and Gender-Based Violence (non-PHE)

Prevention with Positives

- Prevention with positives: A community-based approach
- Change agents for HIV prevention and treatment adherence
- Integrating HIV prevention into clinical care for PLWHA
- PEPFAR PwP Initiative (multi-country)

Most-At-Risk Populations

- Methadone Maintenance Treatment outcome study (China)
- Impact of HIV Prevention Programming among IDU (Vietnam)
- Integration of medication-assisted treatment (Vivitrol) for IDU (Russia)
- Alcohol harm reduction among female sex workers (Kenya)

HIV Testing & Counseling

- Home-Based HIV Counseling and Testing
- Project STATUS (multi-country)
- Identifying Barriers to Couples' Utilization of VCT Services
- Integrating Alcohol Risk Reduction Counseling into Provider-Initiated C&T
- Factors and Barriers to CT Services
- Utility of Re-Testing HIV-negative VCT Clients
- Cost-Effectiveness of Key HCT Modalities

Condoms, STI

- Integration of STI prevention, diagnosis, and treatment into routine clinical care
- HIV/STI brief risk counseling for STI Patients in primary care settings
- Etiologic study for genital infections among HIV-infected adults entering HIV care
- Comparing cost-effectiveness of three different methods of condom distribution

Economic Empowerment

- Evaluation of life skills and income generation program (Namibia) – non-PHE
- Community Mobilization for Preventive Action – COMPACT (Zambia) – non-PHE

Combination Prevention

- PEPFAR plans for implementation and evaluation of combination prevention
  - CDC
  - NIH
  - USAID

Combination prevention - evaluation questions

- **Implementation:** How to deliver a comprehensive package of prevention interventions at-scale in a real world setting?
- **Impact:** Does a combination prevention intervention result in significant reduction in HIV incidence?
- **Attributions:** What optimal combination of interventions has the greatest impact in a given setting and time frame?
- **Cost-effectiveness:** How cost-effective is the combination prevention package?
- **Sustainability:** Is the package sustainable for scale up?

Prevention PHEs Over Time

- Improved quality
- Better integration with care and treatment
- Better alignment with M&E/SI systems
- More in-country PIs/collaborations/partnerships

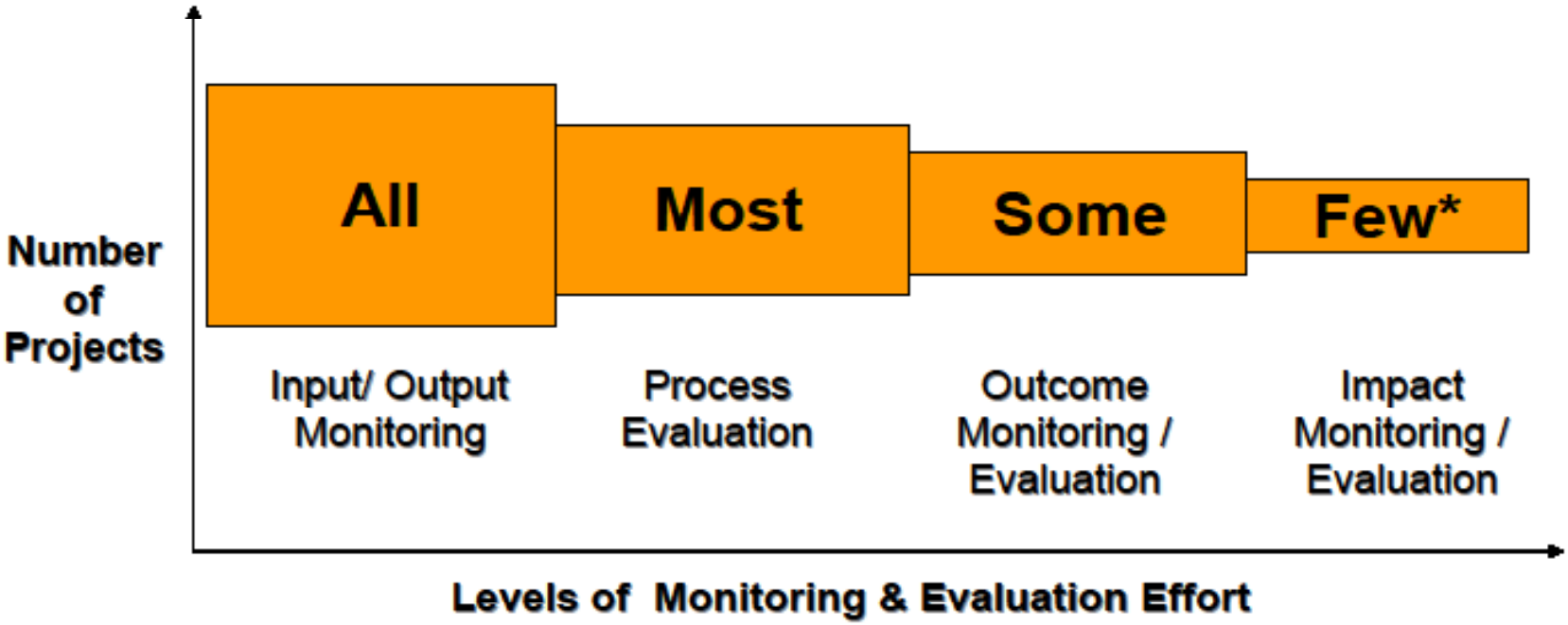
Major Challenges

- Number of concepts
  - Decreased steadily
- Overall success rate has been a concern
  - Concept
  - Protocol
  - Implementation
- Problems related to multi-country studies
- Quality-timeliness trade off issues
- Local capacity issues
- Overall aversion toward prevention PHE

Design/Methodological Challenges

- **Programmatic challenges**
  - Misalignment of program and evaluation
  - Quality and coverage issues
  - Programs are never in a vacuum
- **Difficulty with experimental design**
  - Lack of adequate control groups in programmatic settings
- **Measurement of outcomes and impact**
  - HIV incidence
    - Cohort-based measurement issues
  - Behavioral outcomes
    - Self-report data problems

Strategic Planning for M&E: Setting Realistic Expectations



*Disease impact monitoring is synonymous with disease surveillance and should be part of all national-level efforts, but cannot be easily linked to specific projects

Field Priorities

- Behavior change interventions
- Male circumcision scale up
- ARV-based prevention
- Optimal integration of MAT and NEP for IDU
- Implementation research in anticipation of introduction and roll out of 1% tenofovir gel
- Combination prevention
- Prevention costing studies

Final Thoughts

- Cost and complexity of incidence-based studies
- Cost – program vs. evaluation
- Evaluation priorities - methodological consideration
- Potential game changers
  - E.g., a valid incidence assay

Acknowledgement

- **Sexual Transmission PHE Team**
- **Counseling and Testing PHE Team**
- **PHE Subcommittee**
- **PHE Country Liaisons**
- **PEPFAR Prevention Advisors**

- **Sarah Sandison, USAID**
- **Jan Moore, CDC**