USING DATA TO DRIVE BETTER PROGRAMS

OVERVIEW

The U.S. President’s Emergency Plan for AIDS Relief’s (PEPFAR) approach to achieving an AIDS-free generation has taken a greater focus on data collection and use to drive better programs. Through enhanced routine program monitoring, PEPFAR country teams must document what their programs have achieved in terms of outputs, outcomes, and impacts in order to rapidly identify where there are challenges and determine what course corrections are needed to improve those programs. This understanding will empower their decision-making and enable them to funnel increasingly limited resources to geographic areas and populations with the highest HIV burden.

To accomplish this, CDC takes a strategic approach to supporting monitoring and evaluation target efforts using PEPFAR supported data to drive better programs to promote evidence-based planning and impact, and ensure sustainability, accountability, and improved patient outcomes. These efforts are particularly focused on enhancing routine PEPFAR program monitoring, including the DREAMS initiative and viral load laboratory patient monitoring scale up, improving the quality of the routine program data, implementing program evaluation according the PEPFAR standards of practice, and assuring program quality through conducting Site Improvement Monitoring.

ACCOMPLISHMENTS / RESULTS

Enhanced Monitoring

Through enhanced routine program monitoring, CDC rapidly identifies programmatic and data challenges to determine what course corrections are needed to improve programs. This understanding empowers data for decision-making to better funnel increasingly limited resources to geographic areas and populations with the highest HIV burden. Innovating routine monitoring approaches are contextual to country programs and may include the collection of additional enhanced indicators to supplement routine reporting systems, or more rapid collection of specific indicators to trigger timely action at the national, sub-national, and site level. The following activities are being established to implement enhanced monitoring:

- Assessing site level data sources for ascertaining points of enhanced monitoring prevention of mother-to-child HIV transmission and antiretroviral treatment (ART) programs
- Creating monitoring indicators for differentiated ART service delivery
- Developing target trackers and dashboards for rapid data checks and action

Data Use

CDC is dedicated to intensifying data use to understand the response of PEPFAR activities as we focus on areas and populations with the greatest burden and as countries start up test and treat. CDC provides technical assistance for data synthesis and triangulation work for mapping where the undiagnosed and hard to reach populations are. In response to the need for developing robust care cascades for understanding program gaps and program impact, CDC is working to standardize methodologies and guidance for developing programmatic cascades and cascade analytics for routine monitoring. This work occurs at multiple levels, first focusing on developing national and sub-national cascades, and then cascades disaggregated by sex and age. Countries have also prioritized the development of key population cascades. CDC is supporting methods to develop these cascades including key population size estimates. As cascade work continues, the next priorities include cascades or cascade-like elements and visuals for DREAMS and prevention work. In addition, CDC is working with the World Health Organization on developing work on epidemiological cascade guidance.
Other CDC efforts include:

- In-depth data synthesis work has started in one country to explore areas where HIV testing yield is low to better understand what is happening with the trajectory of the epidemic at a subnational level.
- Work on key population size estimates is ongoing in three countries along with further development of key population cascades.
- World Health Organization efforts are being supported by CDC to develop international guidance and harmonized monitoring indicators. We are also working directly with Ministries of Health to assure national systems are able to monitor the epidemic response across the services cascade and are using the data to both plan services and course correct program implementation to reach those most critical to the country’s response.

Viral Load

As PEPFAR countries invest in the scale-up of routine patient viral load (VL) testing, it is critical to measure the impact and progress towards achieving the UNAIDS target of 90 percent viral suppression among patients on ART. Through collaboration with the Viral Load Working Group and various country teams, CDC has helped develop and implement a monitoring and evaluation framework to assess VL scale-up and implementation.

DREAMS

The PEPFAR DREAMS initiative monitors its programs through an enhanced monitoring and evaluation process geared toward routine PEPFAR data systems, as well as other available sources of data. Examples of these efforts include the following:

- Hosting quarterly partner meetings to review program progress and results
- Assisting several DREAMS countries with the adoption of a unique ID to track participants through the core package of services
- Leveraging existing surveillance/ongoing studies to evaluate impact
- Supporting DREAMS as they use macro- and micro-level data and other inputs including geospatial, antenatal clinic surveillance, population-based surveys, and programmatic data to create a model to detect changes in incidence at sub-national level

Data Quality

The ability to collect and report high quality data is the cornerstone of a data-driven approach. It highlights the need to focus on strengthening national systems and enhancing the quality of data generated by these systems. Multiple opportunities have arisen to collaborate and support partner countries to measure and enhance the quality of the data collected and reported through national systems. A routine data quality improvement guiding strategy is being developed and supported to facilitate CDC’s commitment to high quality data. The forthcoming guiding document outlines the approach and provides tools, resources and guidelines for ensuring data produced at CDC supported sites are of good quality. The quality improvement efforts are undertaken by CDC country offices, in partnership with national counterparts, implementing partners, and supported clinical and community sites.

Evaluations

In an effort to adhere to PEPFAR 3.0 legislation, CDC’s policy for evaluation implementation and reporting standards of practice, CDC has supported country teams and implementing partners to understand requirements and build capacity to design and implement evaluations. Evaluation findings are to be used in program decision making to improve efficiency and impact. Public data on 2014 and 2015 evaluations are available on the PEPFAR website, www.PEPFAR.gov. Activities include:

SIMS

PEPFAR’s Site Improvement through Monitoring System (SIMS) provides a standardized approach to monitoring program and service delivery quality against internationally recognized standards. The precursor to SIMS was a CDC, facility-focused effort called Site Monitoring System (SMS). Three SIMS assessment tools are used to monitor site performance at the facility, community, and above-site levels. Triangulation of SIMS
Data with PEPFAR Monitoring, Evaluation, and Reporting indicator results and expenditure analysis provides an integrated view of performance, expenditure, and program quality at the implementing mechanism and site level.

**FUTURE EFFORTS**

CDC, with the assistance of PEPFAR, will continue to support staff and partners in the collection and use of timely and relevant data for use in decision making to drive better programs. To accomplish this, CDC will build capacity through trainings and improve accessibility and interpretability of data through improved dataset structures, analysis methods, and visualization tools.