

A conversation with Cristiane Costa, October 2, 2017

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Cristiane Costa.

Summary

GiveWell spoke with Ms. Costa of ICAP as part of its investigation into potential funding opportunities to expand access to antiretroviral treatments (ART). Conversation topics included ICAP's work, how ICAP assesses its own impact, and commodity supply gaps for HIV treatment programs.

ICAP's work

ICAP strengthens health systems and capacity by developing tools, helping countries roll out those tools, establishing new programs and new initiatives, and doing capacity building. In many cases, ICAP bases its work around strong partnerships with Ministries of Health.

ICAP aims to work in the areas with the greatest need. To this end, it combines HIV incidence and prevalence data to find 'hotspots' where interventions are likely to be the most useful. Depending on the needs of a particular country, ICAP may work at the national level, on the ground at a community level, or at some intermediate level.

Product development

ICAP develops ready-made generic tools and products that can be used or adapted for use at a governmental level, a community-based organization level, or any level in between. For example, it recently launched a toolkit to support managers and clinicians doing viral load monitoring.

It also helps governments and organizations to roll out initiatives using these tools and products. Depending on the geographical area, these initiatives may be based at health facilities, or may be mobile.

Technical assistance

Capacity building

Capacity building makes up a significant portion of ICAP's work. This includes both short-term capacity building to respond to emergency situations, and long-term capacity building to ensure foundational momentum. The latter is especially important for when projects, initiatives, or funding come to an end.

Regulatory reform

ICAP works to ensure that there are systems in place for service delivery at the national level, focusing on regulations and codes of practice that are relevant to the delivery of treatment. For example, when countries first rolled out nurse-initiated ART, the program encountered problems in many countries because nurses were not allowed to prescribe medication. To solve this, ICAP worked with government regulatory bodies, nursing bodies, and other medical associations to change the regulatory environment in order to make nurse-initiated ART possible.

Implementation support for direct service delivery

A large part of ICAP's work is implementation support, which takes place at the health facility level and the community level. ICAP is currently working on a series of competitive opportunities to scale up voluntary medical male circumcision (VMMC) and prevention of mother-to-child transmission (PMTCT), which are the top two biomedical interventions that focus on averting HIV infections.

Voluntary medical male circumcision

ICAP is leading partners in Mozambique, Ethiopia, Tanzania, and Kenya to scale out VMMC in certain regions. It is responsible for hiring the personnel that deliver the VMMC services, as well as for quality assurance and quality improvement efforts for VMMC activities.

At the health facility level, ICAP provides:

- training for health workers
- additional health workers to deliver treatment services
- community mobilizers
- equipment
- infrastructure support to ensure basic standards of quality
- monitoring and evaluation
- adherence and psychosocial support for patients

In addition, if there are any challenges in implementing the VMMC program at the community level, ICAP conducts:

- behavior change communication
- patient recruitment
- family engagement
- HIV testing
- monitoring of the VMMC procedure
- follow-up with the VMMC patient to ensure that he has been able to complete all the post-surgical visits

Prevention of mother-to-child transmission

ICAP does many of the same implementation support activities for PMTCT as it does for VMMC, with the main difference being that PMTCT has the additional component of mother-child dyad care.

There is a gap in PMTCT work for the tracking and the monitoring of the mother-baby dyad post-delivery. ICAP is actively working to fill this gap, and ensures that there are coordinated services to take care of the needs of the mother, the child, and the family as a whole after the baby is born.

Differentiated service delivery

Differentiated service delivery is ICAP's current model for ensuring chronic care and support to communities of people living with HIV. One of ICAP's current priorities is to implement differentiated service delivery in some of the most congested of its health facilities that serve large groups of patients.

The differentiated services approach is relatively new, and as such the evidence on it is limited. Fortunately, ICAP is well-positioned to evaluate differentiated services because it has several assessment projects that are reviewing this model, both on multi-country and country-specific levels.

Impact assessments

Implementation support

Site assessment tool

Prior to beginning any project, ICAP conducts a comprehensive site assessment, which serves as a benchmark that ICAP monitors over the life of its support for that project.

The site assessment tool looks at the site holistically. For a clinic, for example, it would include information on:

- the human resources at the site
- when services are offered
- the patient population in the catchment area
- the commodities, equipment, etc. that are available at the site
- issues related to the flow of the patients through the health facility
- structural issues that need to be identified

Evaluation performance measurement plan

ICAP designs an 'evaluation performance measurement plan' at the beginning of each project. The plan has two components:

- **Routine programmatic monitoring** – The evaluation performance measurement plan assesses whether or not ICAP has accomplished what

it set out to accomplish, and checks that it is measuring both clinical and process targets for review and monitoring purposes.

- **Evaluations** – ICAP conducts a series of evaluations as part of the evaluation performance measurement plan. These are mini-studies that go beyond routine monitoring to ask important questions about the impact of ICAP's work.

ICAP uses its site assessments and evaluation performance measurement plans to improve the projects it is currently working on, as well as to learn lessons in other areas.

Multi-country assessments

Identifying Optimal Models of HIV Care and Treatment

For many years, ICAP collected patient-level data in eight countries and used these data to determine optimal models of care. The data were collected through the Identifying Optimal Models of HIV Care and Treatment project, which closed down several years ago. Though the project has ended, the dataset is still accessible and is still used by some researchers.

New assessment initiative

ICAP is in the process of starting up a new initiative to assess the impact of its services across the countries where it works. It plans to compare viral load monitoring data at different sites to see which models of care correspond to optimal viral load results.

Use for prioritization

Data from ICAP's multi-country assessments can inform what geographical areas an organization chooses to prioritize when working on HIV.

Coverage gaps

Commodity supply gaps

Antiretroviral drugs

As far as Ms. Costa knows, there are no gaps in funding for the purchase of antiretroviral drugs (ARVs) for HIV. While the HIV space does experience stockouts of antiretroviral drugs, in Ms. Costa's opinion this is due to systemic issues such as supply chain management rather than funding shortfalls for an adequate supply of ARVs.

Ms. Costa is not aware of any institution that tracks the size of the supply gap for ARVs, because the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) have historically managed the distribution of HIV-related commodities so well that this has not been necessary.

Testing kit shortages

UNAIDS' 90-90-90 targets state that "By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression."

The biggest challenge that ICAP faces in working towards those targets is the constant shortage of testing kits. The lack of testing kits prevents ICAP from diagnosing patients, which means that it cannot progress to the treatment phase because it does not know whether to provide prevention or care services.