



ANOVA

HEALTH INSTITUTE

Triangulation of epidemiological and programme data to close the HIV programme gap



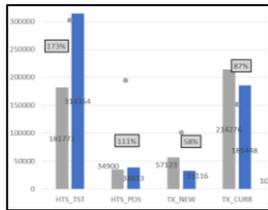
USAID
FROM THE AMERICAN PEOPLE

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Background: Focus for impact

Support to achieve HIV epidemic control

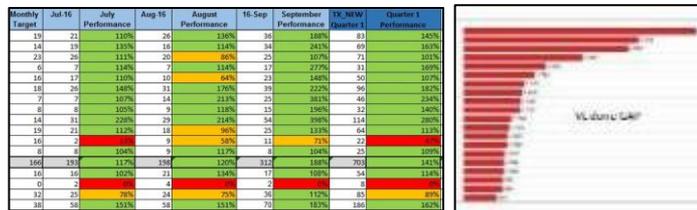
Right things



Cascade analysis

Programme gaps to be addressed

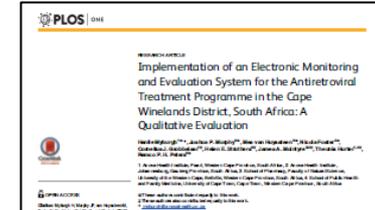
Right places



Performance dashboard and ranking

Facilities to prioritize with support

Right way



Best practice, literature and experience

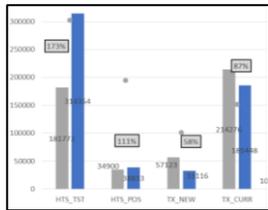
Implementation toolkit

IMPACT

Background: Focus for impact

Support to achieve HIV epidemic control

Right things



Cascade analysis

Programme gaps to be addressed

Who specifically?
Age, gender, special populations

Right places

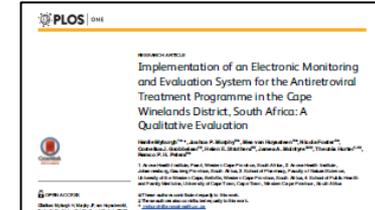


Performance dashboard and ranking

Facilities to prioritize with support

IMPACT

Right way



Best practice, literature and experience

Implementation toolkit

Where to find?
Geographic locations

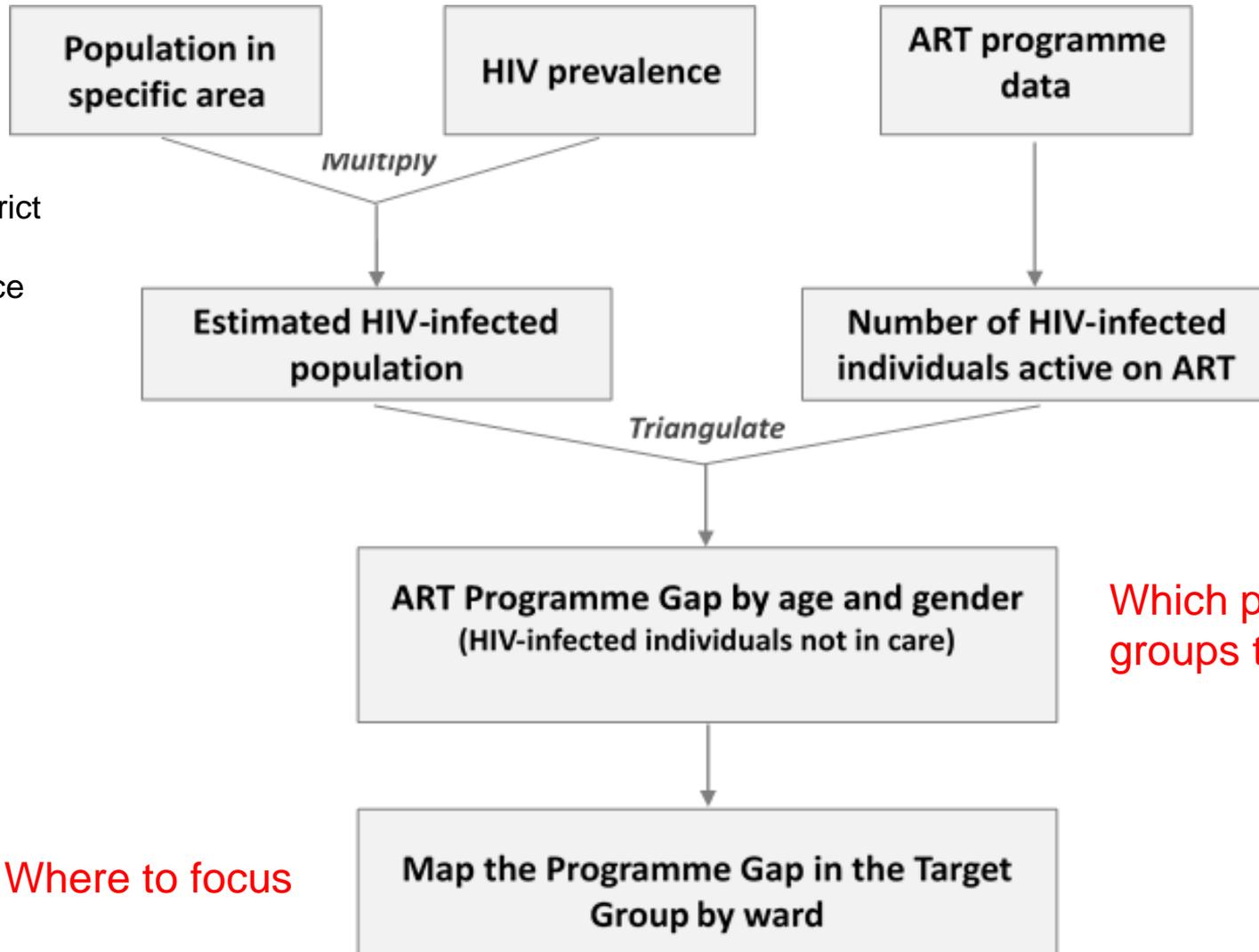
Rationale

- ↑ Programme coverage means ↑ data need to inform efficient closure of final gaps
- Programme data ≠ epidemiological data
 - Actions based on gaps in programmatic data
 - Epidemiological data for epidemic control
- ‘Epidemiological’ vs. ‘Programmatic’ projections as alternative approach to inform operations



Triangulation approach

Level
District
Sub-district
Ward
Sub-place



Test & treat:
Everyone testing
HIV+ should be
in the program

Which population
groups to focus on

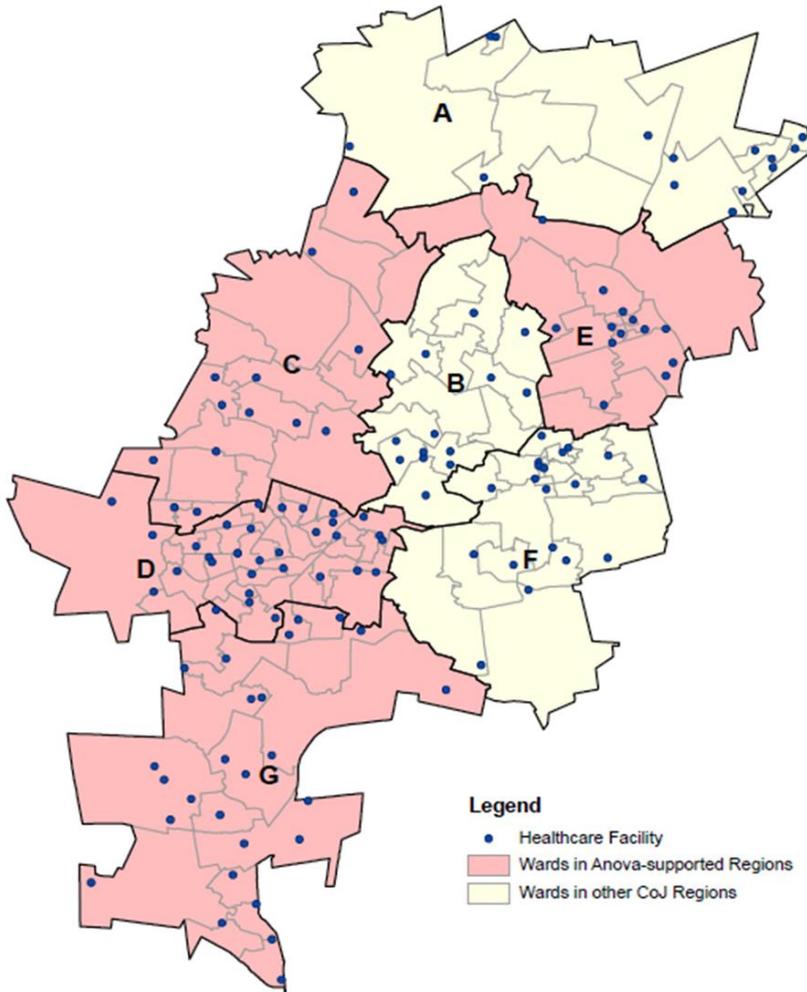
Where to focus

Data sources

- Epidemiological data
 - StatsSa census data at ward level
 - Thembisa model data with district HIV prevalence
- Programme data
 - TIER.net data provided by local government
 - DHIS data provided by local government

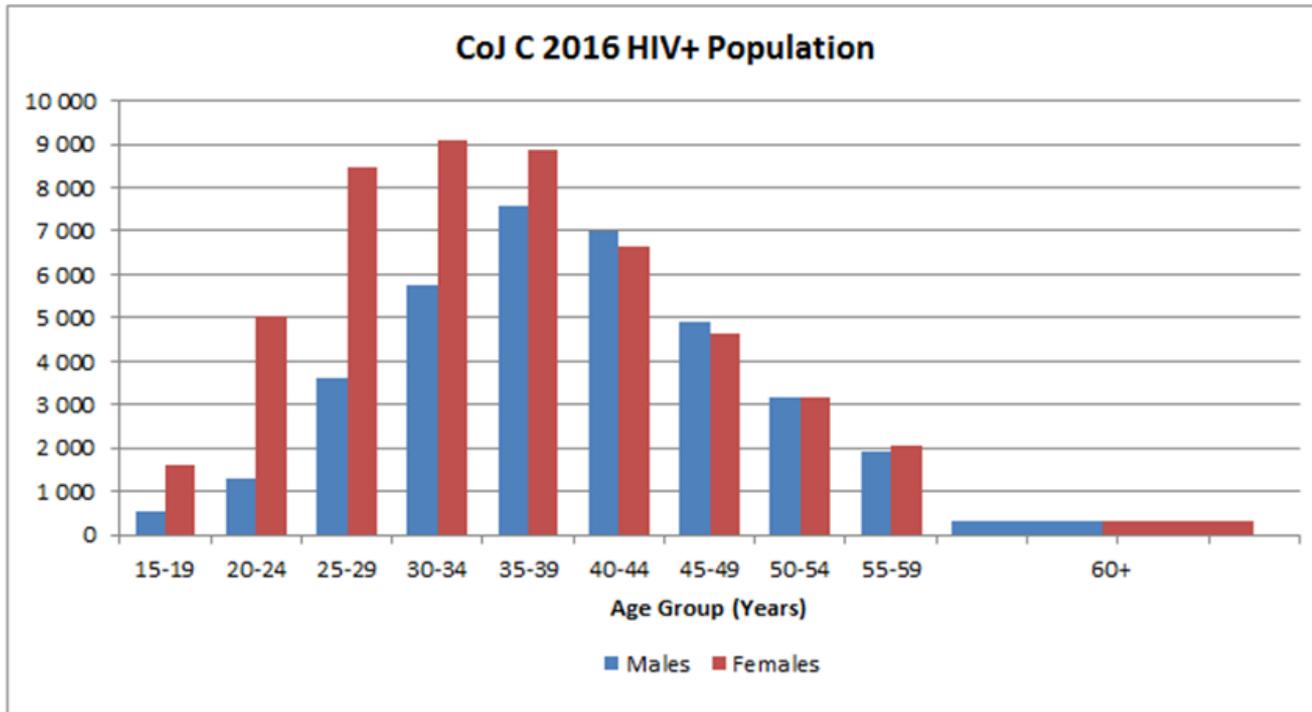


Triangulation exercise



- Epidemiological gap analysis
 - Region C largest % gap
 - Region D smallest % gap
- Maturing programme in region D
 - Women aged 20-29 years; men 30-39 years as priority population
- “Work to do” in region C

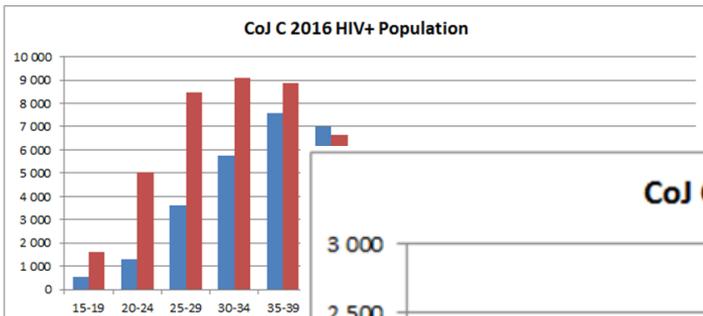
CoJ epidemiological profiling



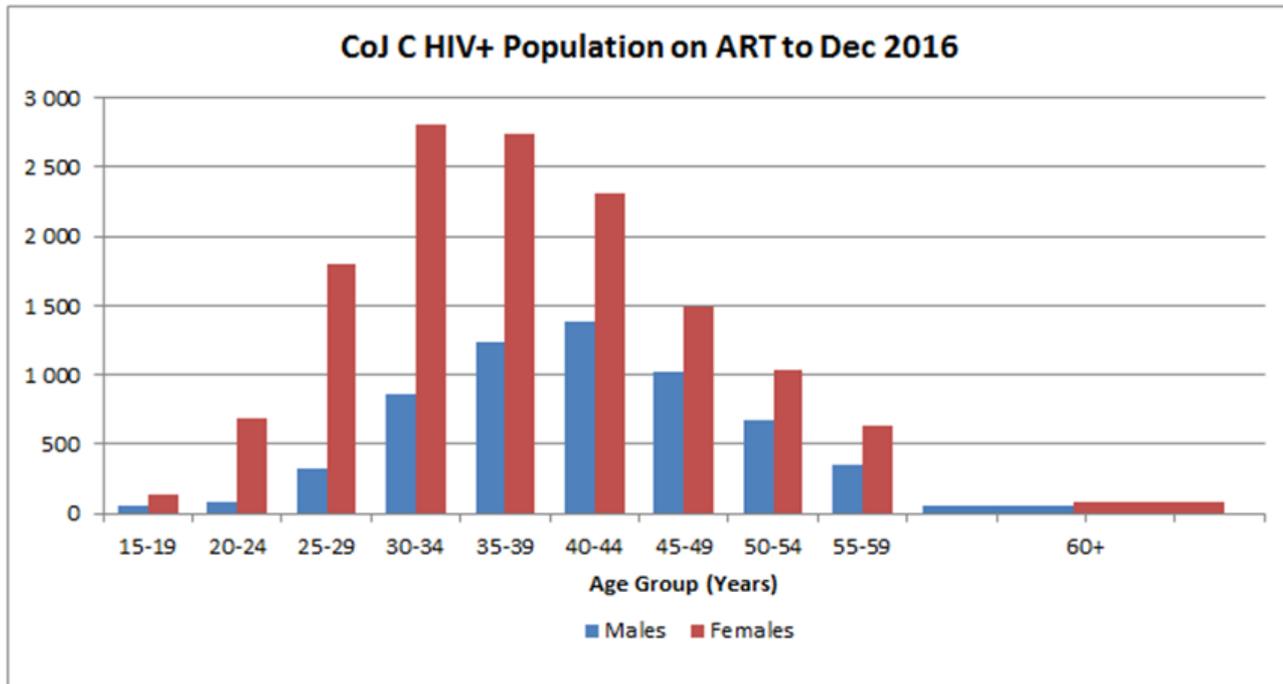
“Normal” picture of HIV epidemic in urban South Africa

Estimated HIV-infected population

CoJ epidemiological profiling



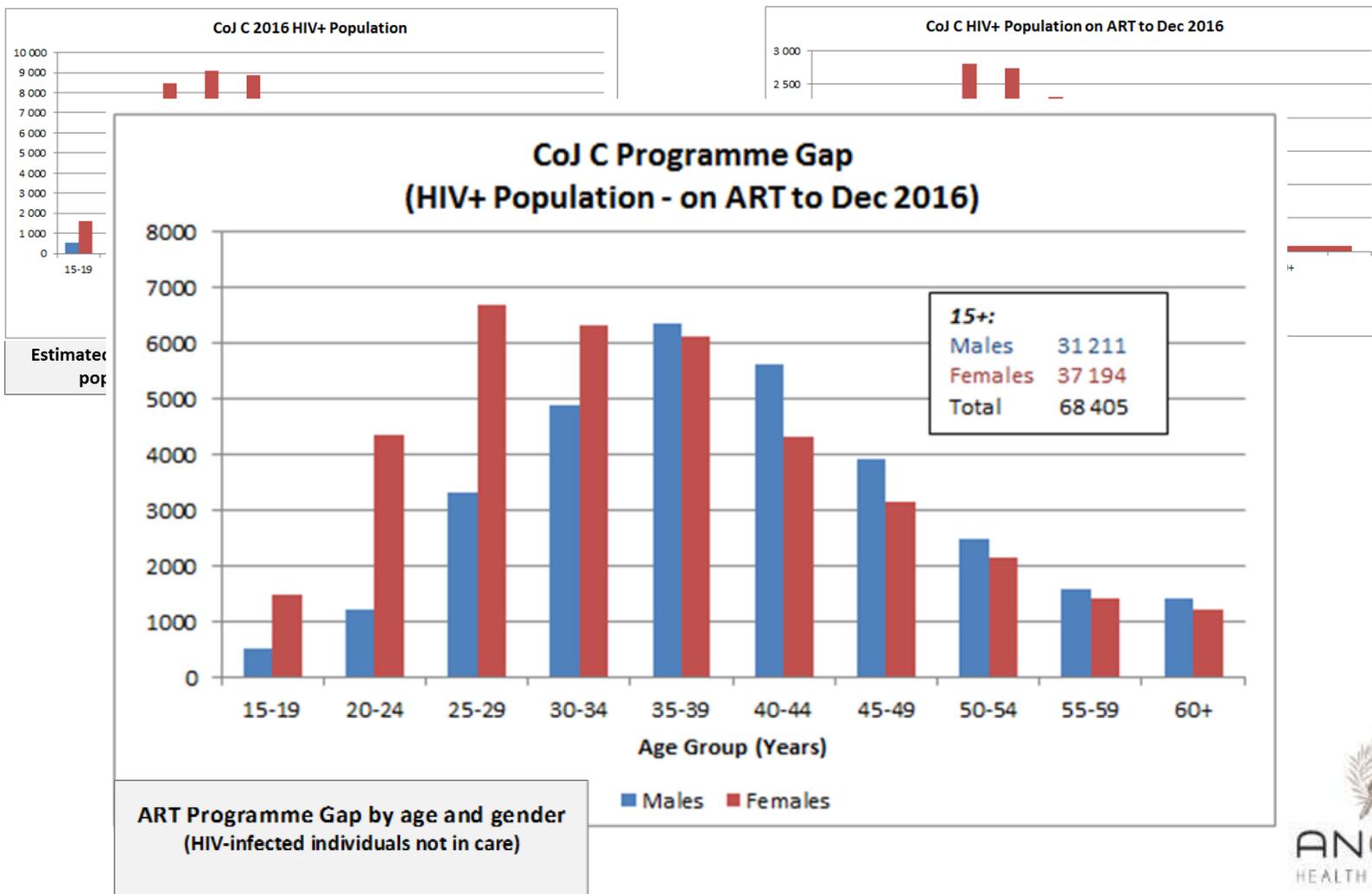
Estimated HIV-infected population



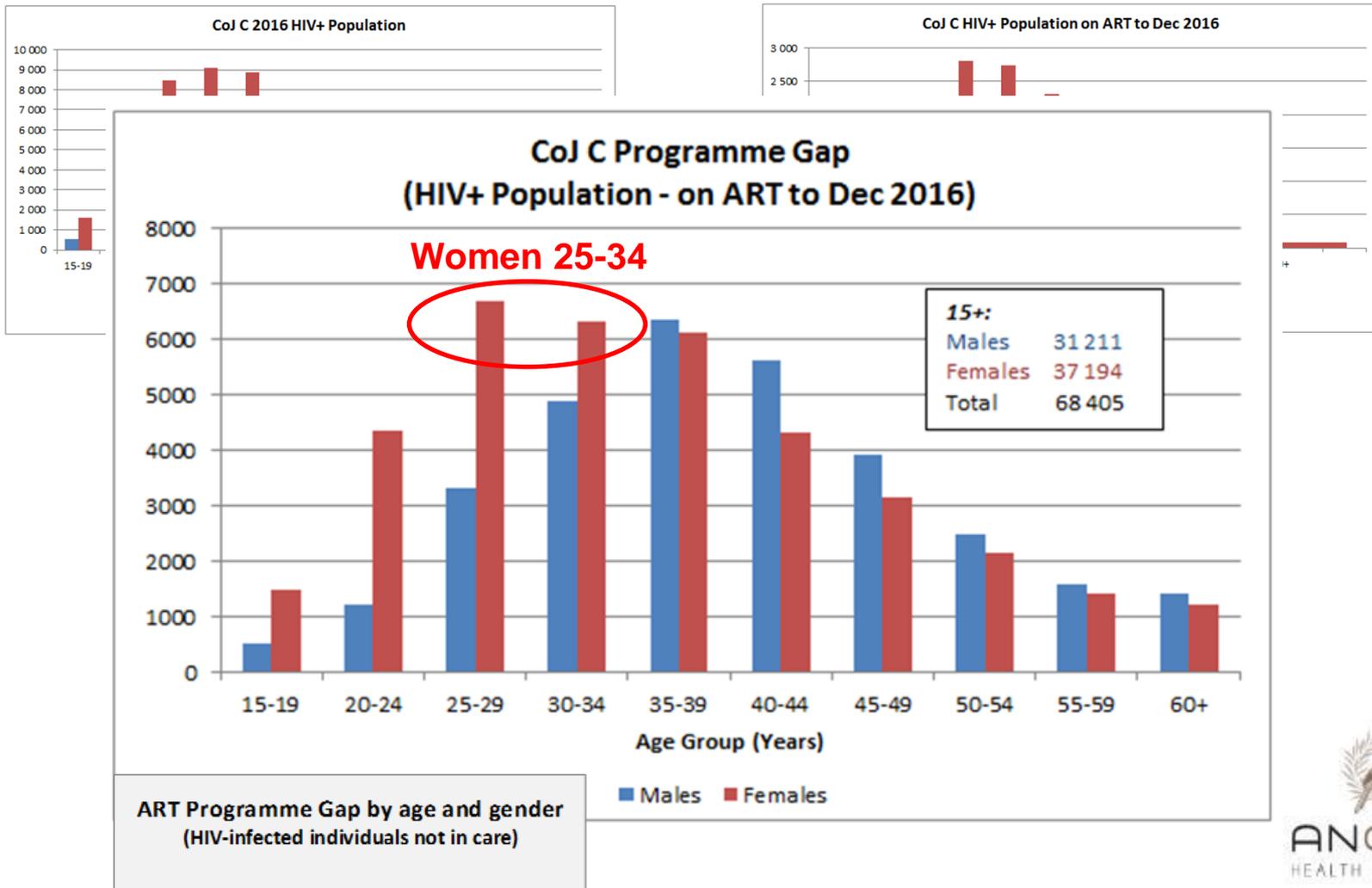
Number of HIV-infected individuals active on ART



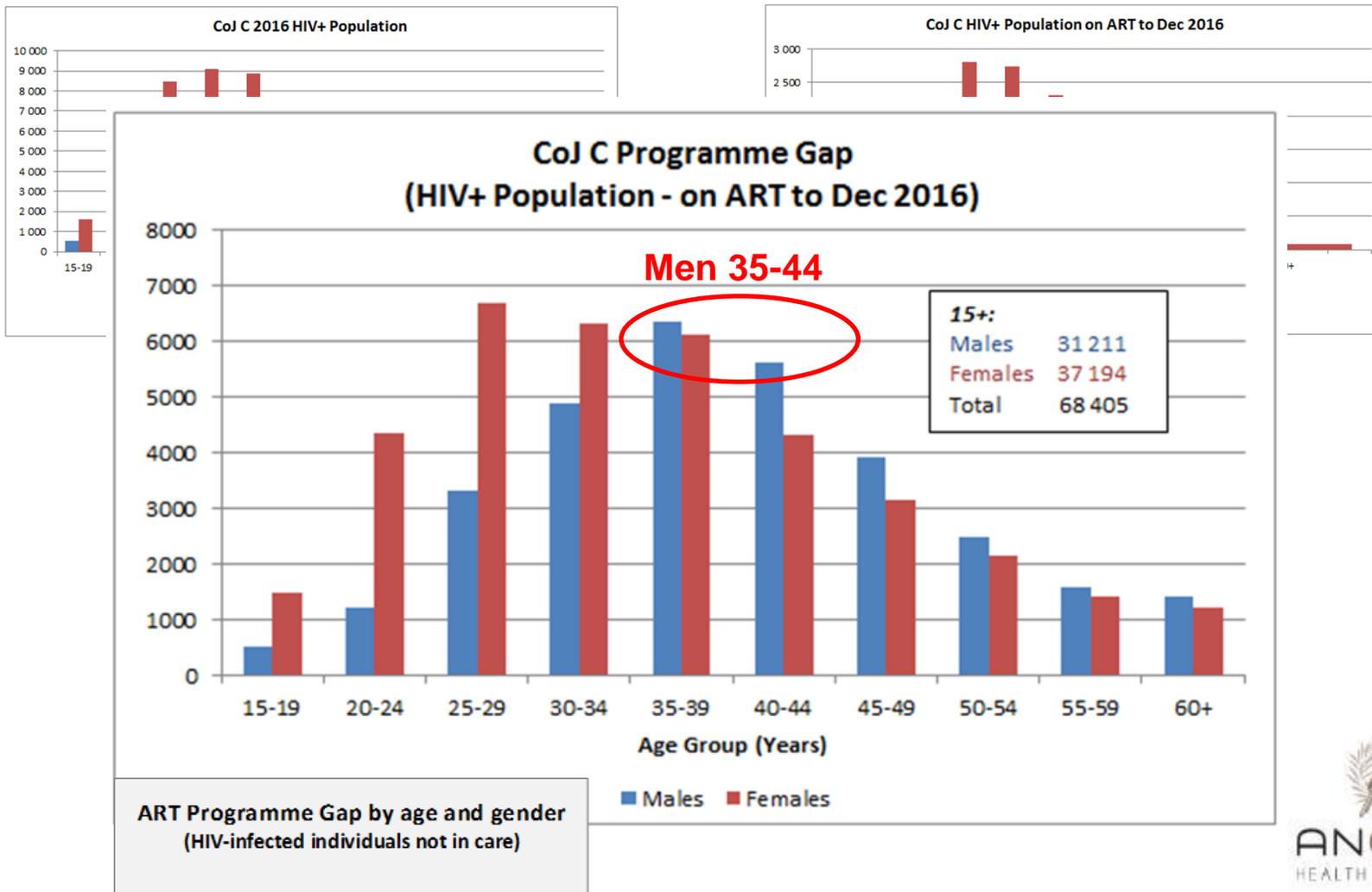
CoJ epidemiological profiling



CoJ epidemiological profiling

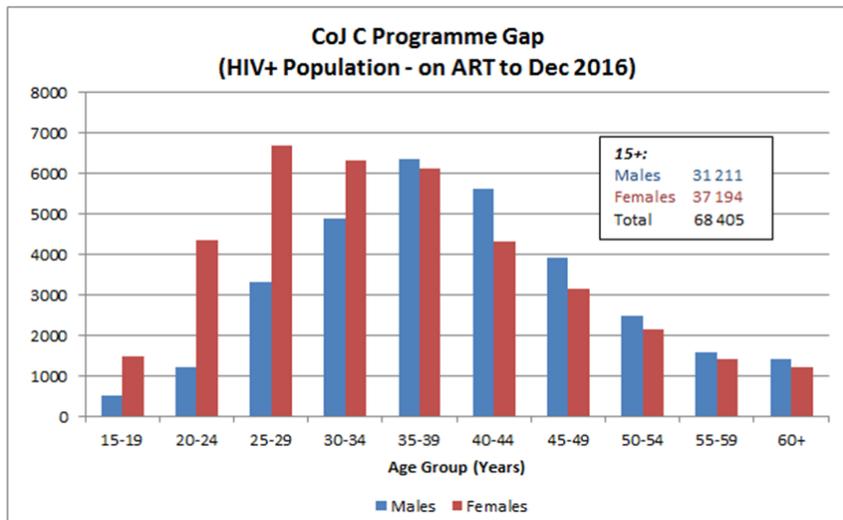


CoJ epidemiological profiling

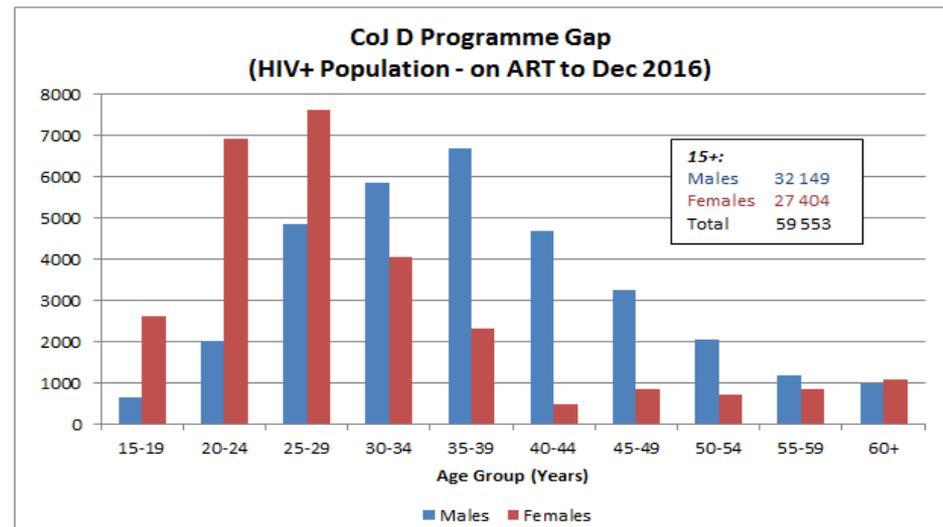


CoJ epidemiological profiling

- Profiling in the context of programme growth



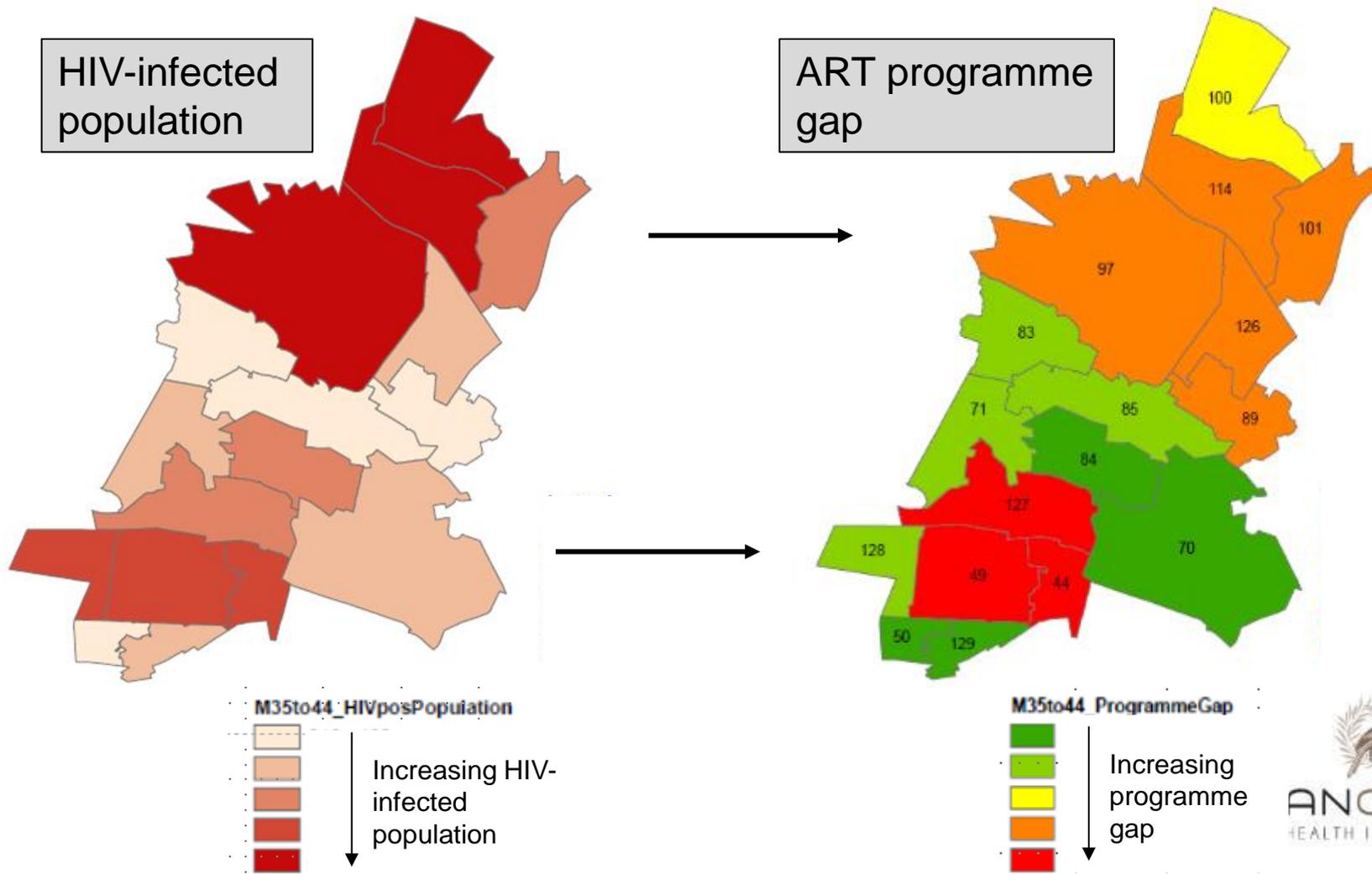
Region C: gaps to close



Region D: maturing HIV programme

Johannesburg, Region C

Men, 35 – 44 years

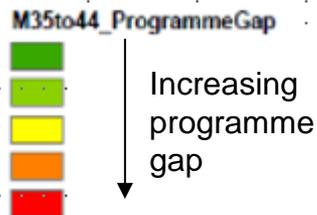
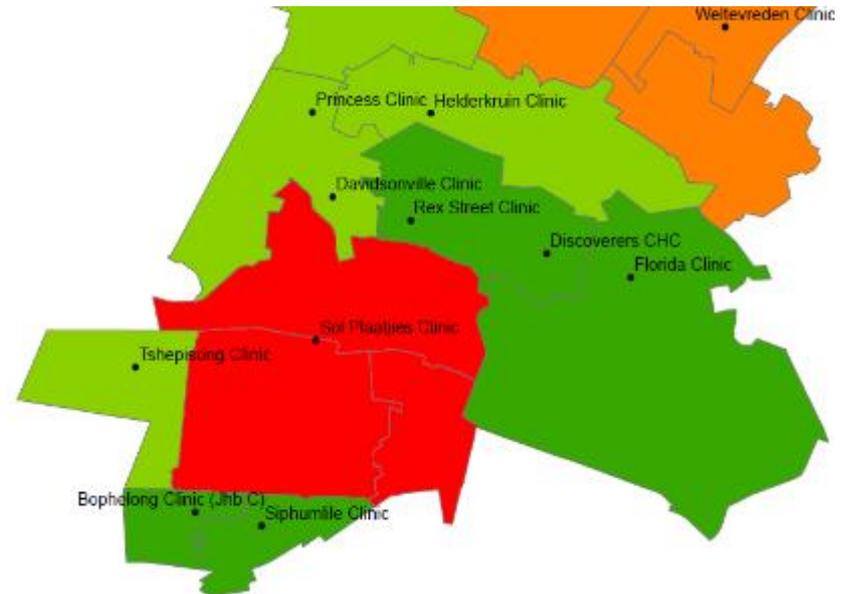
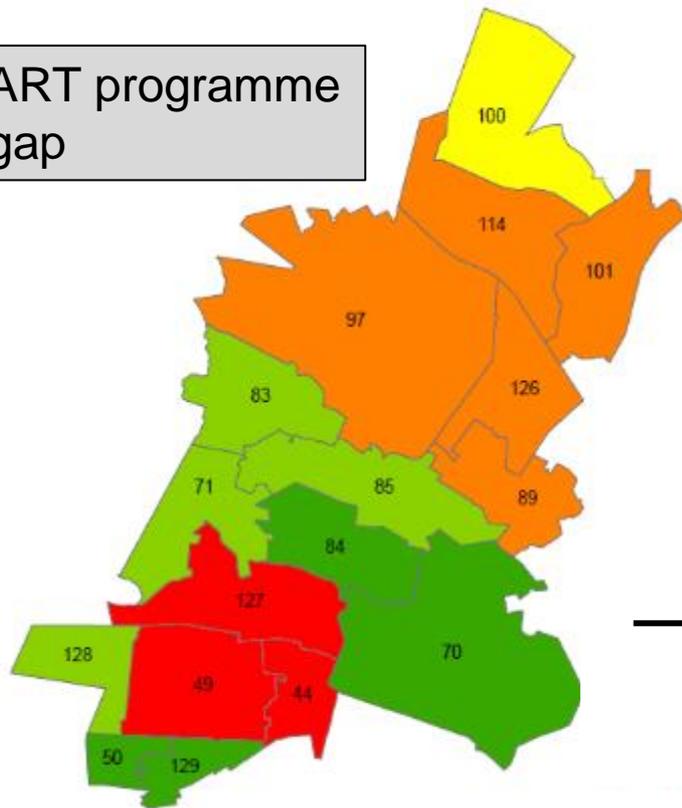


Johannesburg, Region C

Men, 35 – 44 years

ART programme gap

Specific area to target

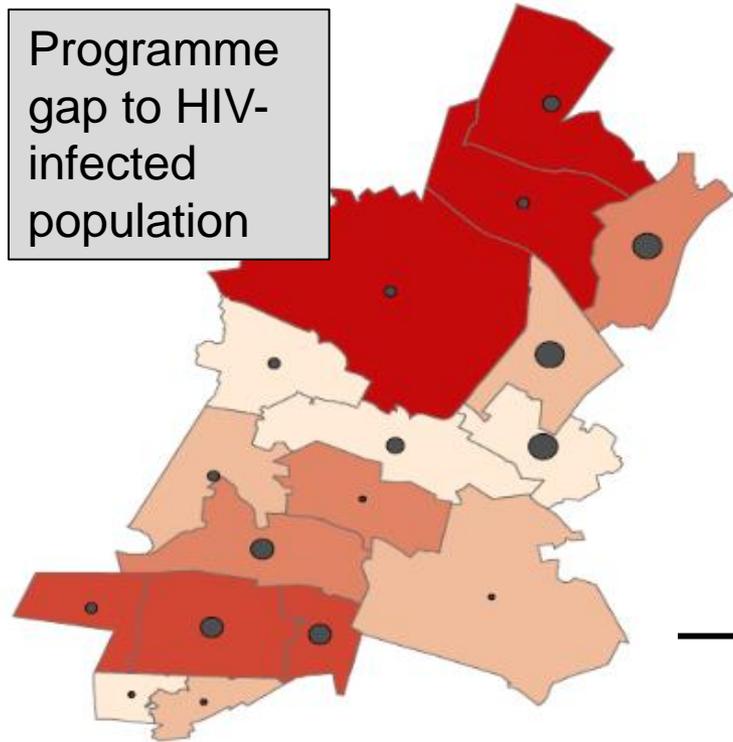


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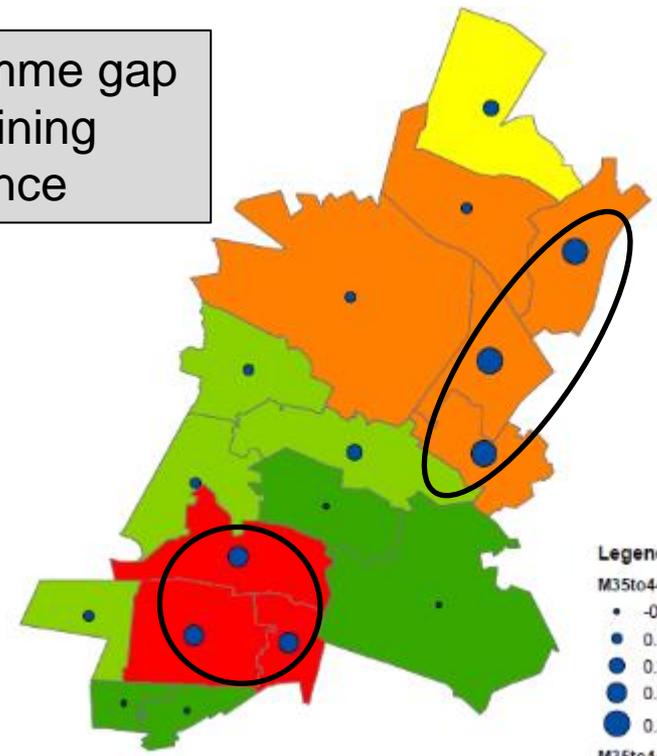
Johannesburg, Region C

Men, 35 – 44 years

Programme gap to HIV-infected population

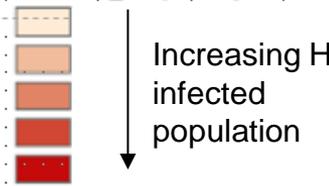


Programme gap to remaining prevalence



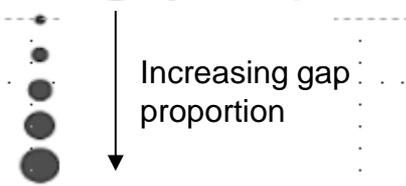
Legend
M35to44_RemainingPrevalence
• -0.011 - 0.168
• 0.169 - 0.199
• 0.200 - 0.207
• 0.208 - 0.213
• 0.214 - 0.216
M35to44_ProgrammeGap

M35to44_HIVposPopulation



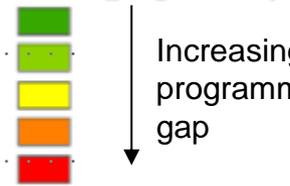
Increasing HIV-infected population

M35to44_ProgrammeGapPercent



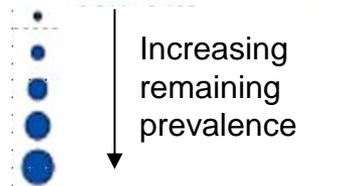
Increasing gap proportion

M35to44_ProgrammeGap



Increasing programme gap

M35to44_RemainingPrevalence



Increasing remaining prevalence

Lessons learnt

- Triangulation reports used in Anova's strategic information toolkit to direct support activities to support reaching the 90s
- “Known” and “new” target populations and areas identified
- Potential methodological limitations
 - Takes all HIV into account instead of 90-90-90
 - Timestamp and breakdown level of data used
 - Assignment of drainage facility
 - Medical insurance not taken into account yet



Way forward

- Triangulation data is linked to operational support activities
 - Directed specific operations based on profiling of specific populations
 - Establishment of feedback mechanism: ‘real-time monitoring’ through dashboard
 - Evaluation of impact of ‘data triangulation-driven’ support



Conclusion and recommendation

- Our triangulation approach can be useful in directing operations to close programme gaps
 - Target population (age, gender)
 - Target area (geographic)
- Evaluation of implementation of this approach is underway

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