

90-90-90 implementation strategies: The “3 by 90 Hotspot Model”



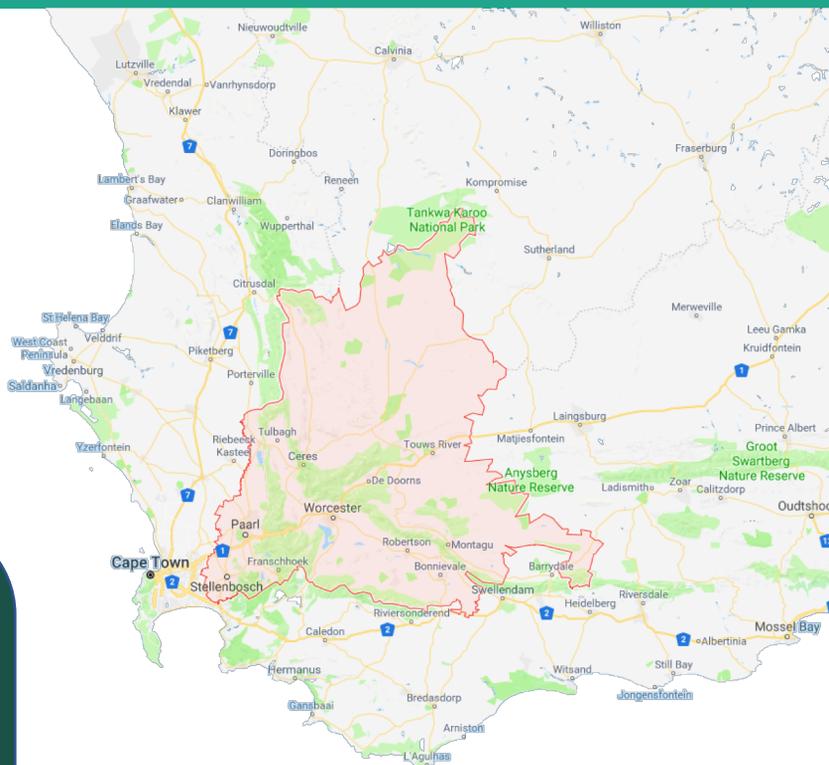
Kate Rees*, Cornelis J. Grobbelaar, Ashwon Hartnick, Salomon Van Staden, Nika Raphaely, Handri Liebenberg, Helen E. Struthers, James A. McIntyre, Remco P.H. Peters.

Introduction

Several districts in South Africa are close to meeting UNAIDS 90-90-90 targets and closing the remaining gap will require focused efforts. The Cape Winelands District in the Western Cape Province is one of those districts. Anova Health Institute supported by PEPFAR/ USAID used a newly developed model to attempt to close the gap at certain “hotspot” facilities.

What are “Hotspot facilities”?

Hotspot facilities serve communities with a high HIV prevalence and have high service delivery volumes. In the Cape Winelands District, Anova identified several “hotspot communities” where HIV transmission is higher than the rest of the province, often characterised by seasonal migration due to agricultural work. Primary care facilities serving these communities, “hotspot clinics” struggle to cope with ever-growing HIV prevention and treatment needs in mobile, vulnerable populations.



What did Anova do?

An implementation support approach was designed for maximum impact and sustainability: each hotspot facility was supported for three 90-day periods, each period with less intensive technical assistance and support.

We used mixed methods to evaluate the strategy. Three primary care facilities that had completed the support programme were evaluated. Interrupted time series analysis of routine HIV programme data compared these three intervention facilities with control facilities. Semi-structured interviews with a range of stakeholders in the healthcare system aimed to describe participants’ experience of the approach and its effects on health services; these were analysed deductively using the WHO/ExpandNet framework for scaling up innovations

A tool for participatory policy implementation

The Anova Cape Winelands Model of Support



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What is it?

Anova Cape Winelands developed a new model of support focusing on “hotspot” high-burden facilities, supporting them to implement existing policy better, in order to bridge gaps and achieve 90-90-90 targets.

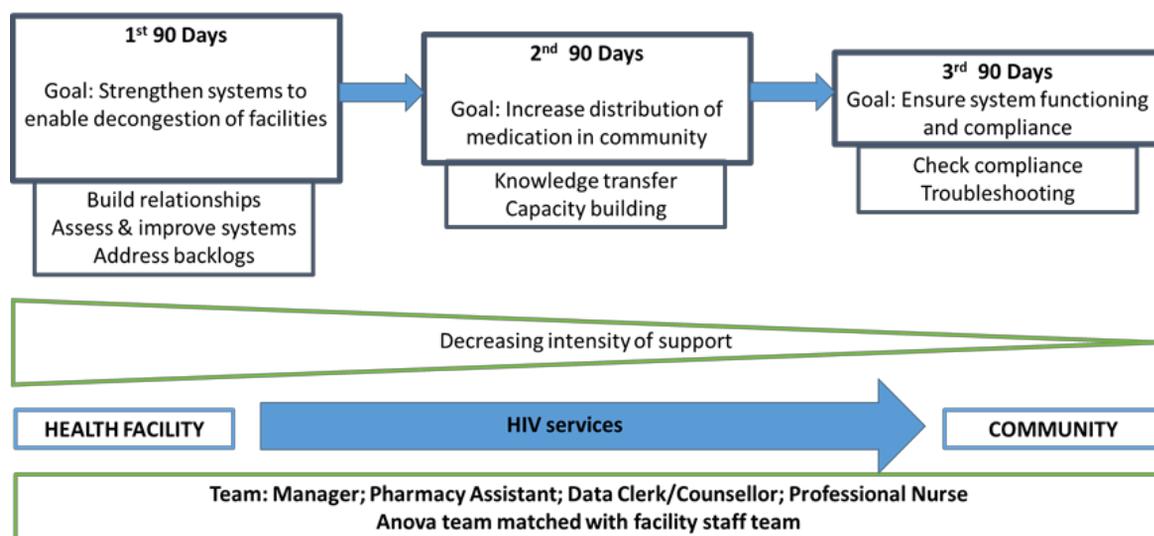
This model has been helping the district to do the right thing, in the right place at the right time: implementing evidence-based policy at facilities that need the most assistance, in an efficient and time-bound manner.

How does it work?

The model is a three-phase concept, with diminishing support and progressive hand-over in each phase, designed to focus efforts and limited funding for maximum impact. The length of each phase is 90 days.

Data quality is essential, and improving data use and attentiveness is a central aim.

Anova Cape Winelands model for focussed and sustainable support at “hotspot” primary care facilities



Who is involved?

A multidisciplinary team approach is important for implementing policies that require system change, incorporating a range of health care workers that work across various parts of the facility and community. The team includes a manager, pharmacy assistant, counsellor, data clerk and professional nurse. The Anova support team is matched with corresponding health care workers (HCW) at each facility. A focus within the team is task-shifting and new responsibilities for HCW as a result of HIV service delivery in a differentiated manner.

What do you do?

Preparation

Before the first phase of support, a consultation process is needed, involving district, sub-district and facility management. An agreed understanding of the support and objectives should be achieved, and a new combined implementation team set up.

Go to page 3 to see a breakdown of what takes place in the 1st, 2nd, and 3rd 90 days.

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1st 90 Days

Goal: Strengthen systems to enable decongestion of facilities

*Build relationships
Assess & improve systems
Address backlogs*



2nd 90 Days

Goal: Increase distribution of medication in community

*Knowledge transfer
Capacity building*



3rd 90 Days

Goal: Ensure system functioning and compliance

*Check compliance
Troubleshooting*

First Phase

- Aim is to set up and strengthen systems through intensive support to sufficiently
- Data capturing and management, supply chain management, mechanisms for differentiated care and bottle necks in patient flow should be assessed mapped and addressed
- Participation in service delivery to develop a real understanding of how the facility works
- Relationship building and generating buy-in play an important role for entire team (including facility management, counsellors, pharmacy, data and clinical staff)
- Regular team meetings provide a feedback mechanism for facility and Anova to express concerns, challenges and feedback on progress

Second Phase

- Aims to maximise knowledge transfer and emphasis on mentoring.
- Team members visit the facility less often but will continue support according to identified gaps (i.e. *pharmacy or supply chain management requires extra time from a pharmacy assistant*)
- All team members remain available and flexible, to continue to support the processes, provide advice, and troubleshoot

Third Phase

- Aims to keep systems functioning as intended and ensure integration of the policy into normal facility functioning
- Team remains in close contact, monitoring changes, giving feedback and consulting about whether further input is required, and in what format.

The Continuation Phase

- After Phase 1-3, the team stays in close contact with facilities to continue to provide support and advice where needed, and to monitor and feedback on progress.

Real world lessons on operational implementation strategies: The “3 by 90 Hotspot Model”



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Evaluation included

- 3 facilities were evaluated, the first 3 to complete one full cycle of implementation
- Routine data/quantitative: effects on key indicators that are already monitored
- Interrupted time series analysis, using ordinary least squares regression & dummy variable for seasonal trends
- Interviews/qualitative: more nuanced understanding of effect on facilities, sub-district and district

What did we learn?

Interrupted time series analysis demonstrated a significant improvement in the number of people on ART at intervention compared with control facilities.

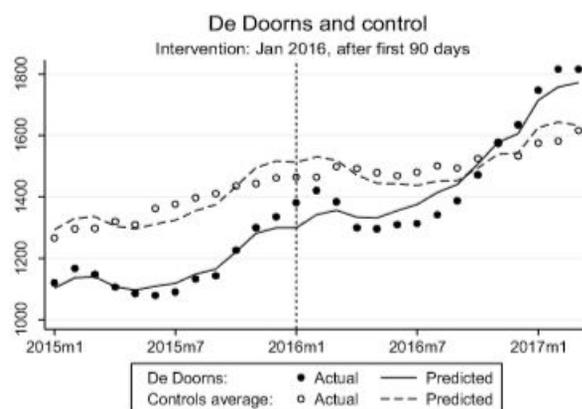
Interviews showed the implementation support approach was participatory and fostered flexibility. Stakeholders experienced the progressive decrease of support over time as a sustainable way of implementing policy. Despite the focus on hotspot facilities, participants reported an increased awareness of the need for implementation planning and monitoring in the district as a whole. Softer skills including relationships between the NGO and district health services were essential to successful implementation.

Conclusion

This “hotspot facility” implementation support approach was useful for an external implementation team supporting district health services and improved antiretroviral therapy programme growth in the context of reduced donor funding. Approaches like this could contribute to narrowing the gap between policy and implementation and should be tested in other contexts.

The “3 by 90 Hotspot model” is a novel approach that can be used to implement evidence-based interventions in diverse culture, economic, geographical and real-world settings.

Prepared by Melanie Bisnauth



Take-home messages

- A common understanding between stakeholders based on a strong relationship of the context, intervention, and implementation strategy is required
- The key to success is selecting and adapting the intervention (test and treat, ART distribution, recalling patients) to the setting and linking it to focused implementation strategies (including training and mentoring, restructuring, managing quality)
- Key dimensions of operationalisation are: setting relevant targets; i.e. when to use what strategy
- A balance between direct service delivery and technical assistance is important to enable system change and to support sustainability

References:

1. Joint United Nations Programme on HIV/AIDS: **90-90-90 An ambitious treatment target to help end the AIDS epidemic**. In. Geneva; 2014.
2. **South Africa Country Operational Plan 2016 (COP16) Strategic Direction Summary (SDS)**
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