Technical assistance to accelerate the implementation of WHO recommendations on HIV testing and treatment delivery

Insights and lessons learned in 18 countries
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The data presented in this report are official WHO/UNAIDS statistics, which may differ from and should not be regarded as the official national statistics of individual WHO Member States.
Introduction

In 2016, in the Political Declaration on HIV and AIDS adopted by the United Nations General Assembly, countries committed to ending AIDS as a public health threat by 2030. To accelerate progress towards this goal, UNAIDS set the 95–95–95 targets for HIV testing, treatment and suppression of viral load to be achieved by 2025. In 2022, it was estimated that globally 86% of people living with HIV knew their status, 76% were receiving treatment and 71% had suppressed viral load (1, 6).
Achieving the global targets requires more effective approaches to reduce HIV transmission, morbidity and mortality through early diagnosis, high treatment coverage, sustained retention in care and suppression of viral load. Key challenges include, but are not limited to, inefficient and unfocused HIV testing that fails to reach all people living with HIV; and late diagnosis, resulting in preventable morbidity and mortality and ongoing HIV transmission, ineffective linkage to treatment and low retention in care. For some populations, HIV testing, treatment and care coverage remain suboptimal. World Health Organization (WHO) 2021 consolidated guidelines on HIV – which include an updated definition of differentiated service delivery (Box 1), with a broader reach across the HIV cascade, and recommendations and guidance on implementation of differentiated service delivery approaches – aim to help address these challenges (2).

Box 1. What is differentiated service delivery?

“Differentiated service delivery (previously referred to as differentiated care), is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with and vulnerable to HIV and reduce unnecessary burdens on the health system.” (2)

The principles of differentiated service delivery can be applied across the HIV continuum of care, including prevention, testing, linkage to care, antiretroviral therapy (ART) initiation and follow-up and integration of HIV care and coinfections and comorbidities. WHO recommends a strategic mix of service delivery models that are appropriate to the country’s context and the needs of target populations.

WHO’s core functions include global health stewardship, strategic and technical leadership in its capacity as a global normative agency and quality assurance. WHO guidelines provide the foundation for effectively implementing key health interventions at the country level.

In 2021, WHO published global health sector strategies that promote actions to support the elimination of HIV, viral hepatitis and sexually transmitted infections as public health problems by 2030 (3). One of the core actions is providing technical support and quality oversight to countries to review and adapt their national responses. WHO provides technical support to Member States for policy development, strategic planning and implementation of national responses to HIV, viral hepatitis and sexually transmitted infections in addition to assisting countries in strengthening their public health institutions and building capacity within their health systems. Technical support is delivered through WHO’s partnerships with national health ministries and implementing partners, tailored to each country’s context and capacity, with the aim of driving impact, promoting equity and ensuring sustainability in national responses.

Technical assistance can make an important contribution to strengthening health systems and services through assessing needs, building capacity and supporting contextualized adoption of evidence-informed knowledge, technology and innovative practices that improve health outcomes. Country experience suggests that effective technical assistance is essential for enhancing implementation and maximizing health system strengthening (4). In the case of HIV, technical assistance plays a critical role in ensuring that country policies, strategies and implementation tools are aligned with WHO guidelines and recommendations by providing support to national governments and other stakeholders to adopt, adapt and translate normative guidance into quality implementation and scale-up.

The Differentiated Service Delivery Strategic Initiative for HIV of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which ran from January 2021 to December 2023, has provided 18 countries 1 with the opportunity to benefit from technical assistance to support the implementation and scaling up of WHO recommendations, evidence-informed guidelines and innovative approaches across the HIV cascade and to build capacity for differentiated service delivery and other HIV service delivery interventions, to improve programme quality and efficiency. The Differentiated Service Delivery Strategic Initiative focuses on achieving public health impact by scaling up differentiated service delivery models or service delivery adaptations for HIV testing, treatment, advanced HIV disease and virtual interventions (Box 2).

1 Cameroon, Chad, Congo, Côte d’Ivoire, Ghana, Guinea, Guinea-Bissau, Indonesia, Lao People’s Democratic Republic, Madagascar, Morocco, Mozambique, Niger, Nigeria, Philippines, Sudan, United Republic of Tanzania and Zambia.
Introduction

Box 2. Four focus areas of the Differentiated Service Delivery Strategic Initiative

**Differentiated HIV testing services** include a variety of models such as facility-based HIV testing, community-based HIV testing, provider-assisted referral (index testing or assisted partner notification), HIV self-testing and social network–based testing approaches. WHO recommends differentiated HIV testing and linkage to reach those who are still undiagnosed (2).

**To reduce morbidity and mortality among people presenting with advanced HIV disease,** WHO recommends offering a package of interventions including screening, treatment and prophylaxis for major opportunistic infections, rapid ART initiation and intensified adherence support interventions to people who are diagnosed late and those who have disengaged and are re-engaging in care (2).

**WHO recommends differentiated service delivery for HIV treatment (ART)** to improve retention and viral suppression among people with HIV. It includes client-centred models of treatment delivery within and outside healthcare facilities, managed by healthcare providers or clients. These offer services such as flexible facility hours, community ART groups, adherence clubs and distribution points, commonly complemented by WHO recommendations on reduced frequency of ART refills every 3–6 months (multimonth dispensing) and clinical appointments (2).

**Virtual interventions** can be used to improve access to services for key populations and non-identifying populations and to provide HIV services that meet their needs. Virtual interventions can include simple mobile phone–based options such as voice calling and texting, and Internet-based options such as messengers, social media applications, online marketing and advertising platforms and smartphone apps and websites. In 2022, WHO and UNAIDS released a policy brief on virtual interventions that provides guidance on the effective integration of virtual interventions into HIV programmes to enhance access to and retention in care (5).

WHO’s Global HIV, Hepatitis and Sexually Transmitted Infections Programme has made an important contribution to the Differentiated Service Delivery Strategic Initiative through its normative leadership, ability to convene and work with partners. WHO’s role has included: coordinating in-country Strategic Initiative activities; providing technical oversight and quality assurance of technical assistance and deliverables to ensure that service delivery models and adaptations are aligned with WHO guidance; monitoring and reporting on Strategic Initiative progress; and sharing experience and best practice.

This report summarizes insights and lessons learned from delivering technical assistance in Strategic Initiative countries during 2021–2023. It describes examples of how technical support provided through the Strategic Initiative has helped to catalyse the implementation and scaling up of WHO guidance in six countries – Cameroon, Ghana, Guinea, Nigeria, the Philippines and Zambia – and identifies key lessons for future provision of technical assistance. The report is based on a review of Strategic Initiative documents and contributions from national government partners, key WHO staff and consultants and Strategic Initiative technical assistance providers.

The report is intended for national HIV programme managers, implementing partners and community-based organizations in low- and middle-income countries, the Global Fund and other donors, international and bilateral agencies, and technical assistance providers.

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2 Cameroon, Côte d’Ivoire, Ghana, Guinea, Indonesia, Mozambique, Nigeria, Philippines, United Republic of Tanzania and Zambia.
A closer look at country technical assistance

Strategic Initiative countries have made progress in identifying, developing and implementing essential Strategic Initiative activities by using and adapting WHO guidance in national HIV programmes. The following highlights examples of Strategic Initiative technical assistance implementation in Cameroon, Ghana, Guinea, Nigeria, the Philippines and Zambia.
A closer look at country technical assistance

Zambia – providing HIV testing and linkage services for men

By 2022, Zambia had an HIV prevalence of 11% for adults (6,7). The country has made good progress towards the UNAIDS 95–95–95 targets – 89% of people living with HIV know their status, 98% of people who know their HIV-positive status are receiving treatment and 96% of the people receiving treatment have suppressed viral loads (6). However, men have a higher unmet need for testing, especially men 15–24 years old, and a higher ART coverage gap (8). Men are therefore a priority population, and providing male-friendly services through differentiated service delivery is an important strategy to improve the coverage of testing, linkage to care, ART and retention in care among men.

Strategic Initiative priority areas for intervention have included differentiated HIV testing and linkage to care, differentiated treatment, advanced HIV disease management and virtual interventions. WHO has supported the coordination and quality assurance of technical assistance provided through an international partner (ICAP at Columbia University), to support advanced HIV disease management, and a national partner (Centre for Infectious Disease Research in Zambia), to support the Ministry of Health in developing policies and implement differentiated service delivery models to reach and provide HIV services for men, including expanding the men’s clinic and community post models that have been implemented successfully in Lusaka Province since 2018 to an additional 10 provinces.

The technical assistance of the Centre for Infectious Disease Research in Zambia for efforts to reach men has been well aligned with WHO guidance and recommendations and has included: developing a national men’s initiative toolkit and integrating the models into a national differentiated service delivery training package; identifying sites for men’s clinics through facility assessments; training and mentorship of facility and community health workers; technical support supervision; and introducing measures to make services more attractive to men. In addition, support has also been provided for developing and rolling out a WhatsApp-based platform for men to create demand for services through interactive HIV and sexual and reproductive health self-assessment and linkage to care. As of 30 June 2023, 50 men’s clinics and 60 community posts had been opened. Ministry of Health data for the first quarter of 2023 suggest an upward trend in the number of men attending men’s clinics and being tested for HIV.

Key lessons learned can include identifying strategic location of services could support easy access, collaboration with community leaders and healthcare providers can contribute to addressing barriers, integrating male-friendly models into existing health strategies, using existing staff to implement the fast-track model in health facilities and setting gender-specific targets might support scale-up of services. Other lessons can include the added value of investing in facility-level data review and identifying gaps and barriers to men accessing HIV services to improve quality of care; and to seek feedback from men about factors that facilitate access to and uptake of services, such as location, opening times and availability of male health workers trained to provide male-friendly services.

The country’s next steps include further capacity building for provincial teams, mobilizing resources to support the scaling up of models and continuing to reach men with virtual interventions to raise awareness and create demand for differentiated service delivery. The latter will be enhanced by Ministry of Health support for the Zambia Information and Communications Technology Authority to broadcast the link to mobile phone owners.
Cameroon – using the findings from a national situation analysis to strengthen the planning and implementation of differentiated service delivery

Cameroon has a mixed HIV epidemic, which is both generalized and concentrated in specific population groups at elevated risk. In 2022, the estimated HIV prevalence among adults aged 15–49 years was 2.6% (6). The national HIV response has made good progress: the number of people newly infected with HIV declined by almost 70% between 2010 and 2021 and, according to UNAIDS, 93% of the people living with HIV know their HIV status, 95% of those who know their HIV-positive status are receiving treatment and 89% of those receiving treatment have suppressed viral loads (6). Of particular note is the significant improvement in ART coverage in the six years before 2021. However, progress needs to be accelerated if Cameroon is to meet the UNAIDS 95–95–95 targets.

Cameroon initiated differentiated service delivery in 2016 with community distribution of antiretroviral drugs and, since then, has implemented various differentiated service delivery models for HIV prevention, testing, treatment and care. The Strategic Initiative in Cameroon has focused on identifying gaps in the HIV care continuum and implementing tailored strategies to address these, providing technical assistance to strengthen differentiated HIV testing and linkage to care and differentiated service delivery for HIV treatment and advanced HIV disease management.

The initiative targets pregnant and breastfeeding women, children, adolescents, young adults, men and key populations. WHO has supported the coordination and quality assurance of technical assistance provided by an international partner, Jhpiego, affiliated with Johns Hopkins University, and a national partner, the Association Camerounaise pour le Marketing Social, affiliated with Population Services International.

One notable example is technical assistance from Jhpiego for a national situation analysis of differentiated service delivery in 2022 (8). The analysis aimed to review the current status of differentiated service delivery across the HIV cascade, including mapping health facility and community differentiated service delivery models and assessing differentiated service delivery coordination, implementation and scale-up, identifying opportunities and gaps and making recommendations to improve differentiated service delivery coverage and quality. The analysis covered HIV prevention, testing, treatment, suppression of viral loads and advanced HIV disease management for various populations. It involved a comprehensive review of existing policies, guidelines and tools, including assessing their alignment with WHO guidelines as well as field visits to all 10 regions of the country and interviews with key informants.
A closer look at country technical assistance

The situation analysis revealed gaps in guidelines and tools to support the coordination and standardized implementation of differentiated service delivery models in health facilities and the community and identified the need to improve the knowledge and skills of health-care and community providers and to increase demand for HIV services. Although Cameroon has national policies on multimonth dispensing and community ART pick-up (9), the situation analysis found that different differentiated service delivery models are being implemented to varying degrees in different regions and settings.

Cameroon’s approach to Strategic Initiative technical assistance has been closely aligned with WHO guidance, emphasizing aligning national policies and guidelines with international recommendations and evidence-informed decision-making, ensuring the efficient use of existing resources to improve HIV care for diverse populations. WHO provided additional in-country guidance and technical support for the situation analysis and analysis of the data collected through a country visit.

Key lessons learned can include the contribution of a country-led national platform for effective collaboration and follow-up of technical assistance activities among government and technical assistance partners, assessing the current status of differentiated service delivery in different regions across the HIV cascade and for different populations supported identifying gaps and areas to expand, the added value of identifying the most appropriate differentiated service delivery model for different locations and populations and the value of involving civil society and key population organizations in differentiated service delivery situation analysis.

The findings and recommendations of the situation analysis have already played a crucial role in identifying gaps in the national HIV response, in developing the 2024–2030 HIV National Strategic Plan and the Global Fund Grant Cycle 7 grant submission and in the 2023 revision of national HIV management guidelines. They have also informed Jhpiego and Association Camerounaise pour le Marketing Social and Population Services International technical assistance for developing national differentiated service delivery guidelines and national differentiated service delivery scale-up and operational plans and to develop and update existing guidelines, training modules, standard operating procedures, job aids and other tools for coordination, differentiated service delivery models and HIV self-testing.

The next steps planned by the Ministry of Health and National AIDS Control Committee include maintaining the national differentiated service delivery thematic group and extending it to the regional and district levels and strengthening monitoring and evaluation and reporting systems for differentiated service delivery, including HIV self-testing, to improve programme decision-making and optimize service delivery approaches.
Philippines – improving access to a continuum of HIV care and other health-care services through one-stop shops

In the Philippines, the HIV prevalence in adults aged 15–49 was relatively low among the general population at 0.3% in 2022 [6], but most recent data on prevalence is higher among key populations, for example men who have sex with men (5%) and transgender people (3.9%) in 2018 [6]. An estimated 63% of people living with HIV know their HIV status, and 66% of the people who know their HIV-positive status are receiving treatment [6, 8]. The proportion of people receiving treatment who have suppressed viral loads is not known because the coverage of viral load testing is low [6]. Late diagnosis is a key challenge – almost one third of reported cases have advanced clinical symptoms at the time of testing [10]. Increasing uptake of HIV testing, earlier diagnosis, addressing challenges in linkage to care and treatment retention and strengthening strategies to reach young members of key populations are critical to reaching the UNAIDS targets.

In 2022, the Department of Health released updated national guidelines on HIV testing and treatment that establish differentiated service delivery as a key national strategy for HIV service delivery [11,12]. Scaling up the implementation of these guidelines is a priority.

Co-location of services across the cascade of care at a one-stop shop site is aligned with the Universal Health Care Act in the Philippines, and establishing one-stop shops is one of the strategies to expand the coverage of HIV services. The one-stop shop model aims to provide HIV services integrated with other health-care services in one place. However, comprehensive primary care services are not available at most HIV one-stop shop sites, although some offer tuberculosis, mental health, reproductive health and family planning services [13]. The Global Fund is supporting the scaling up of one-stop shop sites for key populations in the Philippines through capacity building for community organizations.

The Strategic Initiative in the Philippines has focused on tools and capacity building to support the implementation of updated national guidelines. Strategic Initiative technical assistance has been closely aligned with WHO guidance, emphasizing aligning national policies and guidelines with WHO recommendations. WHO has supported the coordination and quality assurance of technical assistance provided by FHI 360, which has included reviewing differentiated service delivery implementation and developing national differentiated service delivery indicators, providing guidance for primary care and mobile HIV services, supporting the Department of Health for virtual interventions and expanding one-stop shops.
Technical assistance activities related to one-stop shops included mapping HIV services provided in existing facilities and facilitating learning visits to one-stop shops run by organizations led by key populations. The mapping exercise, which covered 1325 government and nongovernmental facilities, focused on facilities providing HIV prevention (pre-exposure prophylaxis), testing and/or treatment, to identify facilities offering some of or all three services as well as facilities in areas with a high burden of HIV with the potential to expand prevention or treatment services (14). The findings showed that, although most facilities offer HIV testing, few provide all three services.

Through the Strategic Initiative, FHI 360 facilitated one-stop site learning visits for 52 participants from the Philippines Response in Optimizing Testing, Empowered Communities, Treatment and Sustainability (PROTECTS) project funded by a Global Fund grant to learn from the experience of two established community one-stop shop HIV clinics in delivering HIV and other health-care services. Both clinics have pioneered differentiated service delivery models and innovative service delivery approaches.

Key lessons highlighted by the learning visits might include: the need for community organizations to have appropriately trained health-care providers to be able to offer a wider range of health-care services; the need for community organizations to be accredited to qualify for government reimbursement for delivery of other health-care services; and the role of online systems and telemedicine in increasing efficiency and access to services for clients.

The next steps will focus on technical assistance to the Department of Health to define services to be delivered by one-stop shops, develop operational guidelines for integration of non-HIV health services and integrate these sites and services into the national reporting system.
Guinea – strengthening and scaling up HIV self-testing and community differentiated service delivery for HIV testing and linkage to care

By 2022, Guinea had a relatively low prevalence of HIV among adults aged 15–49, at 1.4% (6), but most recent data from 2022 shows that the prevalence is higher among men who have sex with men (9.2%), sex workers (4.9%) and prisoners (2.3%) from 2017 (6, 8). According to UNAIDS, 68% of the people living with HIV know their HIV status and 95% of the people who know their HIV-positive status are receiving treatment (6). Low uptake of HIV testing, especially among key populations, is a key challenge. Increasing uptake of HIV testing and improving linkage to care is a priority for the National HIV/AIDS and Hepatitis Programme.

Support for differentiated models of HIV testing and linkage to care has been a Strategic Initiative priority in Guinea. WHO has supported the coordination and quality assurance of technical assistance provided by an international partner, the Elizabeth Glaser Pediatric AIDS Foundation, and a national partner, Solthis. Solthis, together with local partners, has supported initiatives designed to strengthen and scale up the implementation of HIV self-testing and community differentiated service delivery models for HIV testing and linkage to care, with a focus on key populations.

The activities have included a test phase to assess the feasibility, acceptability and effectiveness of HIV self-testing for key populations and their sexual partners, a situation analysis of community HIV testing and linkage to care for key populations and a situation analysis of the integration of HIV care for key populations in community centres and adapted service centres. WHO has provided technical support for introducing HIV self-testing, including through an in-country field visit.

The four-month test phase distributed more than 1500 HIV self-test kits via health-care workers and peer educators to key populations and their sexual partners and clients. Most clients supported the idea of self-testing and were able to use the kits without any problems. The results showed that promoting self-testing and distributing self-test kits via peer educators and health-care workers can reach key populations who have not previously been tested for HIV and that the involvement of peer educators can increase linkage to treatment for those who test positive (15).
The aim of the situation analysis of community HIV testing and linkage to care for key populations was to identify factors affecting access to HIV testing. The factors identified that support key population uptake of HIV testing services included HIV self-testing and peer outreach. The factors identified that prevent key populations from accessing HIV testing included stigma and discrimination, concerns about confidentiality and facility opening hours. These findings have informed the development of a national strategy to improve linkage to care for people living with HIV, which recommends adopting WHO recommendations on differentiated HIV testing and linkage to care.

The situation analysis of the integration of HIV care for key populations was designed to identify factors that support and limit the delivery of HIV care for key populations. It found that most community centres and adapted service centres are providing HIV care, but challenges included stock-outs of drugs, lack of capacity for viral load testing and limited implementation of multimonth dispensing and initiatives to decentralize the distribution of antiretroviral drugs. It also found that services are not adapted to the specific needs of key populations. The findings have been used to develop an operational plan for strengthening HIV care for key populations in community health centres and adapted service centres.

Key lessons learned include the need for effective coordination and engagement of all relevant partners, including key population organizations and community organizations, and the importance of comprehensive community-based approaches.

The next steps will include evaluating the small-scale implementation phase of HIV self-testing, supporting the development of a national strategy for HIV self-testing and preparing for scale-up by adapting standard operating procedures, tools and training. Solthis will also conduct mentoring visits for community centres delivering ART services and community-based testing services. An additional critical next step will be integrating key elements of national HIV and sexually transmitted infection strategies into the Global Fund’s Grant Cycle 7 to ensure sustainability.
Ghana – using innovative approaches to increase HIV testing coverage

In 2022, Ghana had a relatively low HIV prevalence among adults aged 15–49 in the general population (1.7%) but a higher prevalence among key populations, for example men who have sex with men (4.9%). Although there has been progress towards the UNAIDS 95–95–95 targets – 72% of people living with HIV know their HIV status and 87% of people who know their HIV-positive status are receiving treatment – increasing uptake of HIV testing is critical if Ghana is to reach these targets. There are also gaps in linkage from testing to treatment services. Ghana has adopted the WHO 2015 guidelines on HIV testing services, has a national policy on HIV self-testing and has a national policy on linking HIV testing and enrolment in care.

Strategic Initiative priority areas were differentiated testing and linkage to care, differentiated service delivery for HIV treatment and virtual interventions. Priority populations for differentiated service delivery include key populations (especially men who have sex with men and female sex workers), pregnant and breastfeeding women, men, children and adolescents. The Strategic Initiative in Ghana has focused on reviewing and updating policy to ensure that it is aligned with WHO guidance and recommendations, developing creative ways to reach key populations and improving the quality of care. WHO has supported the coordination and quality assurance of technical assistance provided by two international partners – Jhpiego and SH:24 (Sexual Health 24 hours a Day) – and a national partner – EQUIP Health.

A key area of Strategic Initiative technical assistance has been for innovative approaches to increase the coverage and uptake of HIV testing, including through HIV self-testing, which the National Strategic Plan recognizes as being acceptable, convenient and more confidential than standard testing services. In addition, combining HIV self-testing with virtual approaches provides an opportunity to address some of the barriers to access and uptake.

SH:24 has supported the development of a virtual platform that aims to increase access to HIV self-testing for the members of key populations who may not use facility-based HIV services, especially men who have sex with men and female sex workers. Key activities have included formative research to ensure that the design of the virtual platform reflects user needs and preferences, designing and testing a service model and establishing the elements required to support the platform, including the service technology, virtual support team, distribution hub and links to prevention and treatment services. The platform has been launched and is set up to receive and process HIV self-test kit orders and to interact with users.
A key lesson learned could be that virtual HIV self-testing services can reach key populations, in particular men who have sex with men, and people who have not taken an HIV test before. In addition, establishing virtual platforms requires early engagement with key stakeholders to agree on processes for data processing and management and data protection and to allow sufficient time to secure approval from government partners and social media platforms. Finally, plans for scaling up and sustainability need to be established early on.

The next steps will include scaling up and optimizing service delivery, promoting the service and monitoring impact, evaluating the effect on health outcomes, building capacity for service transfer and sustainability, assessing the acceptability and feasibility of the virtual platform model in rural areas and exploring alternative approaches for people without digital access.

HIV self-testing in Ghana has yielded a triple dividend by improving access to HIV testing, linkage to ART and pre-exposure prophylaxis services for key and vulnerable populations – a key to unlocking lost opportunities in the cascade of care.

Stephen Ayisi Addo
Programme Manager, National AIDS Control Programme
Nigeria – using state-to-state learning to improve the implementation of differentiated service delivery

The HIV epidemic is generalized, with pockets of concentration among key populations. Most recent data shows that the HIV prevalence among the adult population aged 15–49 is 1.3%, but is estimated to be 25% among men who sex with men and 16.7% among sex workers in 2020 (16). Nigeria is committed to achieving the UNAIDS 95–95–95 targets and has made good progress: 90% of the people living with HIV know their HIV status, 90% of those who know their status are receiving treatment and 86% of people receiving treatment have suppressed viral loads (16). Nevertheless, the overall figures mask differences between subpopulations. HIV testing coverage, ART coverage and rates of viral suppression are lower among men, key populations, children and adolescents.

Nigeria adopted differentiated service delivery in 2016 in accordance with the WHO “treat all” strategy. The findings of a differentiated service delivery implementation assessment in 2018 informed a review of national guidelines, the establishment of a differentiated service delivery subcommittee and a review of national data collection tools. In Nigeria, the Strategic Initiative has focused on identifying gaps in the HIV cascade and supporting service delivery adaptations and innovations to address these gaps, in addition to providing technical assistance to strengthen differentiated service delivery coordination, policies, plans and guidelines. WHO has supported the coordination and quality assurance of technical assistance provided to the National AIDS and STI Control Programme through two international partners – ICAP at Columbia University and SH:24 – and a national partner – APIN Public Health Initiatives.

Since 2019, differentiated service delivery has been scaled up to all 36 states and the Federal Capital Territory. However, there is considerable diversity in delivery approaches and performance, and the states have much to learn from each other. A key area of Strategic Initiative technical assistance has been sharing knowledge about effective differentiated service delivery implementation and peer mentoring through state-to-state learning visits facilitated by ICAP at Columbia University. Technical assistance activities have included establishing criteria, developing tools to assist states to conduct needs assessments and identify learning objectives, supporting the National AIDS and STI Control Programme to review state requests and supporting states in developing post-visit action plans. Teams from 12 states, together with representatives from the National AIDS and STI Control Programme and WHO, participated in state-to-state visits, and the learning themes included community and facility differentiated service delivery models, differentiated service delivery for children and adolescents and differentiated service delivery monitoring and evaluation.
Outcomes reported by states following learning visits included an increase in the number of differentiated service delivery models and the number of clients devolved to these models, increased case finding and development of new tools and standard operating procedures. For example, before its state-to-state learning visit, Anambra State was implementing seven differentiated treatment models. Four months after the visit, Anambra was implementing 14 models with an increase of about 50% in the number of people devolved to one of these models. Similarly, following a visit to Rivers State to learn about community-based differentiated service delivery models, Benue State scaled up the decentralization of clients to the community pharmacy differentiated service delivery model.

A key lesson learned might be that state-to-state learning has the potential to support the rapid scaling up of differentiated service delivery across the country. Knowledge sharing between states has been instrumental in increasing awareness and acceptance of differentiated service delivery by health-care workers. In addition, joint development and implementation of post-visit action plans has improved differentiated service delivery coordination and ownership in the participating states. However, an important caveat is that enhanced and expanded differentiated service delivery implementation requires resources, and the states need to consider how action plans will be implemented.

Based on the positive impact of this activity, additional resources were mobilized through the Global Fund for ICAP at Columbia University to provide technical assistance to National AIDS and STI Control Programme to conduct eight additional state-to-state learning visits, differentiated service delivery performance reviews in four states and quality assessments in five states. The Government of Nigeria, through the National AIDS and STI Control Programme, will continue to follow up on implementing the state action plans, collaborate with major funders such as the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to ensure that differentiated service delivery is included in the next funding cycle and facilitate the adoption of indicators to track the performance of differentiated service delivery.

“State-to-state visits have strengthened engagement between the national and state National AIDS and STI Control Programme teams, provided opportunities for states to learn about innovative approaches that can improve the coverage and impact of HIV services and resulted in knowledge sharing on the different differentiated service delivery models being implemented.

Adebobola Bashorun
National Coordinator, National AIDS and STI Control Programme
The Strategic Initiative has highlighted insights and lessons about the provision of technical assistance to support countries in adopting, implementing and scaling up HIV guidance, including factors that may enhance the effectiveness of future technical assistance. The key lessons learned are summarized below.
Key lessons learned for future technical assistance

- Align funding for implementation and technical assistance
- Technical assistance should be based on robust evidence
- Reaching mutual agreement on technical assistance needs, priorities and deliverables is critical for success but can take considerable time
- Strong country leadership and coordination of technical assistance facilitates progress and impact
- Collaboration and partnerships can enhance effectiveness
- Select the right technical assistance providers
- Develop a plan and a monitoring framework for implementing technical assistance at the outset
- Technical assistance should be based on robust evidence
- Reaching mutual agreement on technical assistance needs, priorities and deliverables is critical for success but can take considerable time
- Strong country leadership and coordination of technical assistance facilitates progress and impact
- Collaboration and partnerships can enhance effectiveness
- Select the right technical assistance providers
- Develop a plan and a monitoring framework for implementing technical assistance at the outset
Technical assistance should be based on robust evidence

• Identifying technical assistance needs must be based on assessment of feasibility and robust evidence, including a process that involves collecting, reviewing and analysing relevant data. The data sources may include surveys, literature reviews, interviews, document analysis, routine programme data and collection of additional data if required.

• National technical working groups provide a platform for discussions among local experts, enabling the formal examination of the best available local evidence and for a validation process when considering adopting and adapting recommendations (17).

• Effectively putting guidelines into practice requires a systematic approach to their dissemination, including country examples of implementation (17). Using different types of country-to-country exchange – such as webinars, workshops and country-to-country visits – to provide opportunities to learn from experience in different contexts can make an important contribution to capacity building and the adoption of innovative approaches.

Reaching mutual agreement on technical assistance needs, priorities and deliverables is critical for success but can take considerable time

• Early engagement and communication with national stakeholders can be essential to facilitate technical assistance planning.

• Country-led analysis of technical assistance needs, through consultations and meetings with all key stakeholders, may support reaching agreement on technical assistance needs and priorities and alignment with existing technical assistance plans and activities.

• Developing an agreed plan and concept notes for technical assistance activities, in consultation with key stakeholders, requires time but might help to ensure common understanding of technical assistance objectives and deliverables.

Develop a plan and a monitoring framework for implementing technical assistance at the outset

• Planning should consider the nature of the technical assistance required. Health systems and HIV challenges differ – some require relatively straightforward solutions, whereas others may be more complex and require a more comprehensive and nuanced approach.

• Key national stakeholders and technical assistance providers would agree on a realistic time frame for implementing technical assistance and to establish a monitoring framework to track progress and performance at the outset.

• Different types of technical assistance could require different approaches to monitor and evaluate progress and impact. For example, evaluating the impact of training and capacity building may involve assessing the retention of knowledge and improvement in skills, whereas evaluating the impact of policy guidance requires analysing changes in implementation and health-care outcomes.

Select the right technical assistance providers

• Selecting technical assistance providers with the requisite may help strengthen the quality of support provided. Selecting providers with in-depth understanding of the country context may facilitate faster and more effective implementation of technical assistance. If this is not feasible, time and resources should be built in for international technical assistance providers to conduct country visits and for establishing partnerships with local implementing partners.

• Involving national stakeholders can be critical – such as the health ministry and national AIDS control programme – in selecting technical assistance providers, to build trust and ownership.
Collaboration and partnerships can enhance effectiveness

- Collaboration between international and local technical assistance providers can bring complementary expertise and experience.
- Adopting a partnership approach and fostering collaboration with experienced technical partners and implementing partners and engagement with community organizations can ensure a more comprehensive and effective response to country challenges and technical assistance needs and leverage expertise and resources to support the adoption, implementation and scaling up of HIV interventions tailored to the country context.

Strong country leadership and coordination of technical assistance facilitates progress and impact

- Strong health ministry leadership has been critical to success in countries that have made the most progress – including engagement with Global Fund country teams, early coordination with WHO, mobilizing country and international stakeholders, linking the specific technical assistance investment to national HIV efforts and coordination mechanisms such as national technical working groups, task forces and committees.
- Establishing national differentiated service delivery task forces or working groups can also accelerate progress. Several countries emphasized the positive impact of the Strategic Initiative in establishing differentiated service delivery task forces or working groups. These dedicated forums have facilitated in-depth discussions on and planning and monitoring of differentiated service delivery activities, ensuring the involvement of all stakeholders. Country stakeholders have also noted that these forums are likely to be sustained because they add value and require minimal funding.
- Technical assistance can also support countries in strengthening coordination. For example, in Cameroon and Nigeria, the Strategic Initiative enabled national stakeholders to establish or revive existing mechanisms – steering committees and task forces – for coordinating differentiated service delivery.
- Effective coordination, through regular meetings and good communication between key partners and stakeholders, may assist to coordinate activities, avoid overlap and share information. Coordination is especially important in countries with multiple partners and implementers.

Align funding for implementation and technical assistance

- Linking funding for technical support and funding for implementing activities should be established before technical assistance starts. The alignment of technical assistance with international and national resources can help to ensure synergy between technical assistance and the implementation of activities.
Transition and sustainability planning can be key to sustain and maximize the impact of technical assistance. The Strategic Initiative experience has shown that planning and identifying potential funding in advance might be critical and that this should be done as early as possible. Country experience with the Strategic Initiative suggests that, if this is not done early on, considerable engagement with national stakeholders may be required to determine how technical assistance to support implementation will be sustained after external funding for it ends.
Key steps in planning for transition and sustainability include assessing technical assistance needs, transferring the management of technical assistance, careful selection of technical assistance providers, identification of supplementary funding sources and mobilization of resources.

During the Strategic Initiative closure meeting in Abuja, Nigeria in November 2023, Bixal, an external evaluator, engaged the Strategic Initiative countries in a mapping exercise to identify current funders and partners related to differentiated service delivery, in addition to the Global Fund, and potential funders for such future activities. It was noted that PEPFAR, UNAIDS, the Bill & Melinda Gates Foundation, the Children’s Investment Fund Foundation, the Clinton Health Access Initiative and the AIDS Healthcare Foundation could all potentially contribute to sustaining the scale-up of differentiated service delivery. The countries also shared their strategies for sustaining gains through planned activities under Grant Cycle 7. These plans include:

- integrating the differentiated service delivery approach into the national strategic plan (2024–2030) and national guidelines for HIV care and treatment;
- developing and disseminating national guidelines for differentiated testing and treatment services;
- revising national training curricula;
- scaling up HIV self-testing among the partners of pregnant and breastfeeding women;
- extending and institutionalizing community testing;
- displaying materials for creating demand in all health-care facilities across the country; and
- using the differentiated service delivery monitoring and evaluation system to enhance other programme indicators.

However, participants also noted that areas with inadequate funding remain and highlighted concerns about sustainability, including the implementation and scale-up of normative and technical guidance and tools developed with Strategic Initiative support. Key areas needing additional funding include: developing implementation strategies and operational plans; strengthening the capacity of health-care workers and facilities; scaling up differentiated service delivery models for testing and treatment; learning and evaluation; and virtual interventions.
Technical assistance to accelerate the implementation of WHO recommendations on HIV testing and treatment delivery: insights and lessons learned in 18 countries

WHO Mozambique railway clinic visit, in December 2022. ©WHO
Conclusions

The approach taken by WHO to provide technical support to countries, in general and through the Global Fund Strategic Initiative collaboration, is consistent with established principles of effective technical assistance. Key characteristics of this approach include: providing a global perspective and a strong evidence base; advocating country ownership and alignment with national strategies; responding to country needs; coordinating and involving different levels of government and non-state actors; facilitating country-to-country learning and exchange of experience; and improving and monitoring the delivery of technical assistance.

The key lessons for future technical assistance provided here are supported by considerable literature documenting good practices, which include ensuring country ownership, recognizing and responding to complexity, improving the delivery of technical assistance, involving different levels of government and non-state actors, focusing on results and planning for transition and sustainability (18). Evidence shows that factors that can enhance the effectiveness of technical assistance include timeliness, a strong evidence base, global perspective and responsiveness to country needs (19). Other factors that can enhance success include careful planning, a team approach, quality of relationships and communication and clear roles and responsibilities (20).

The support provided by WHO country offices through funding for additional in-country activities has played a pivotal role in enhancing coordination and maintaining alignment with other WHO in-country initiatives and priorities. This approach’s potential can be further maximized by investing in three-level funding.

WHO values a partnership-focused strategy and collaborative engagement with national HIV programmes, implementing partners, donors, communities and other essential stakeholders for technical assistance and will continue to collaborate with Member States to achieve the 95–95–95 targets. This approach results in a more thorough and effective response to the challenges and technical assistance requirements of each country, since it harnesses the combined expertise of WHO and the experience of its partners in a synergistic manner.

WHO’s support for countries will continue to encompass identifying gaps, providing technical assistance for adopting and adapting guidelines and delivering sustained, long-term support at the global, regional and country levels. This comprehensive approach underscores WHO’s commitment to supporting countries to overcome health-care challenges, improve health outcomes and advance on their path to achieving HIV targets.
References


