

Managing the Epidemic (M&E): Learning from Uganda

M&E for Impact Improvement
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Focus of Epidemiological Impact

Global Fund purpose: *“make a sustainable and significant contribution to the reduction of infections, illness and death .. caused by HIV, tuberculosis and malaria”*

- From services to managing the epidemic
 - Epidemiology, behaviours, services which engage key groups
- Collective Goals:
 - Partnership approach
 - Programs (National and community)

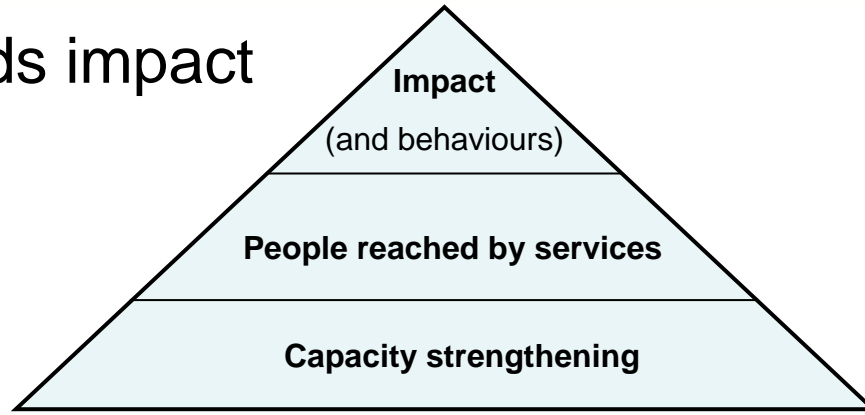
“Partners in impact”

Opening up HIV prevention

PREVENTION		
Uganda	75% decline HIV prevalence	Reduction sexual partners
Thailand	50% decline HIV prevalence	Sexual partners, condom use
Kenya	50% decline in HIV prevalence	Reduction sexual partners
Zambia, Malawi youth	30% decline in HIV prevalence	Reduction sexual partners
MSM, IDUs	75% decline STIs among white MSM in 1980s, decline HIV incidence, increasing recently	Condom use, sexual partners, harm reduction
Mother to Child	Reduction to very low levels in Europe/North America	Prevention mother to child
TREATMENT		
Brazil	Declining mortality since mid-90s	Universal access to treatment, HIV prevention
Malawi, Botswana	Declining adult mortality recently	National ARV treatment

Partners in M&E for impact improvement

- Building towards impact



- 5-10% of grant funds (100-200m US\$ p.a.)
 - Performance based funding: incentives for 11 years
- Managing the epidemic
 - Scale: Universal Access and Global goals
 - Quality of engagement: down into communities

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Investing in impact

- Why?: monitoring and management
 - Managing for Results
 - Key programmatic area
- What?: 5-10% of grant amounts
 - Upfront built into services
 - Baselines and follow up
- Three Ones for the Three Diseases
 - National systems and surveys
 - M&E systems strengthening tools: partners

Impact systems: programmatic area

1. Complete survey schedule

- DHS: 5 years, behaviours and testing
- Intermediate surveys 2- 3 years

2. Surveillance

- HMIS and sentinel

3. Mortality systems: Botswana, Malawi, Ethiopia

- Age and sex
- Population and cohorts

4. Country analytical capacity

- Disease programs and local institutions

Operational Research: Learning

- “mORe” from M&E
 - Learning system
 - Quality and focus of key services

- WHO guidance
 - Framework and case studies on OR
 - Cohorts and longitudinal studies

Outcomes: Malawi

- Adult mortality
 - 40% decline in workplace mortality in companies rolling out ARVs
 - Declining adult mortality at community level (DSS)
- HIV prevalence trends
 - Declining HIV prevalence in urban women aged 15-24
 - Mixed trends in rural areas
- Health Systems
 - ART: Mortality benefits to health workers greater than inputs

Global Fund: approved 11 years funding

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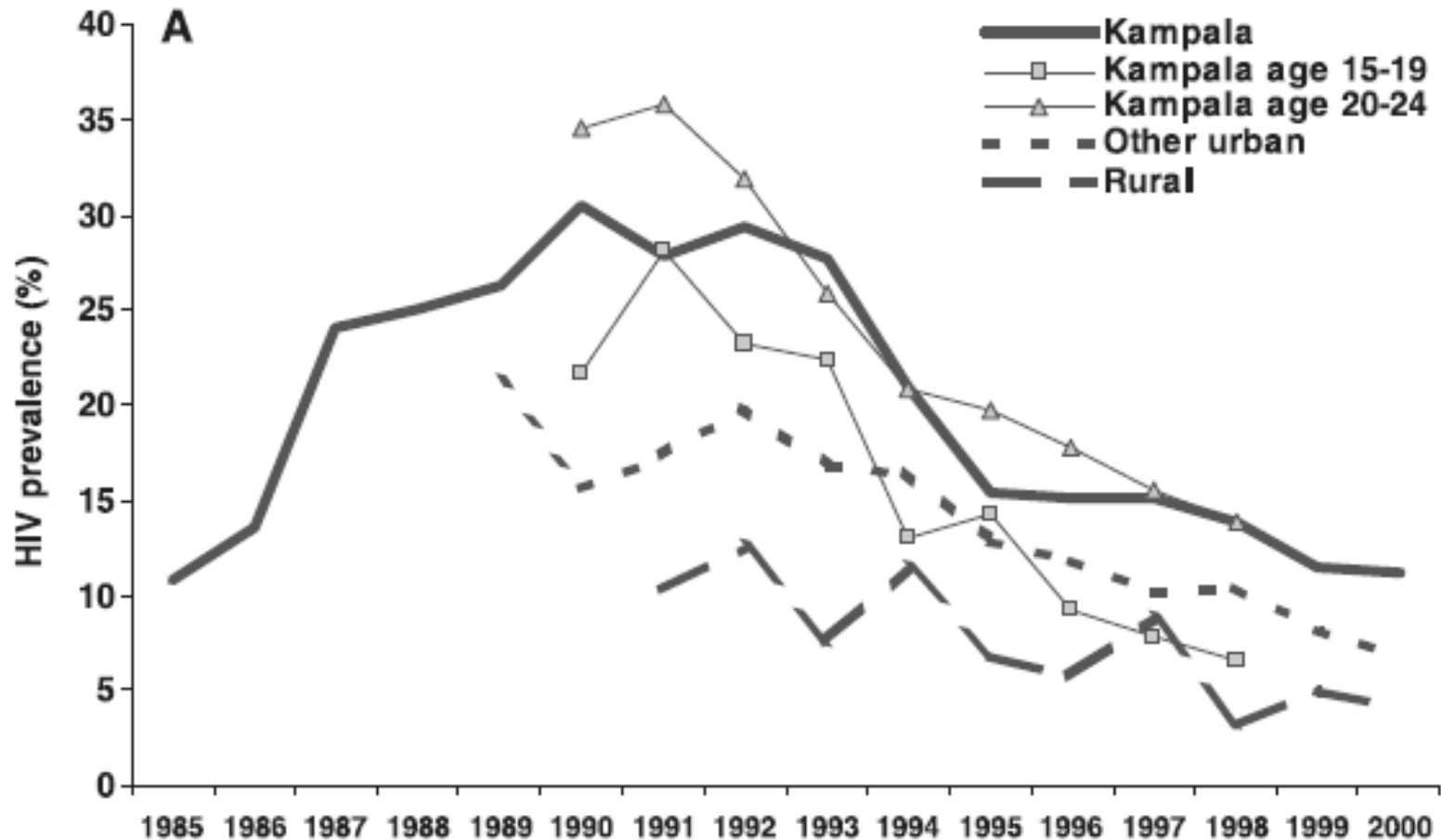
Uganda: face to face with the epidemic

1. Epidemic Curve
2. Sexual Behaviours
3. Community communications and networks

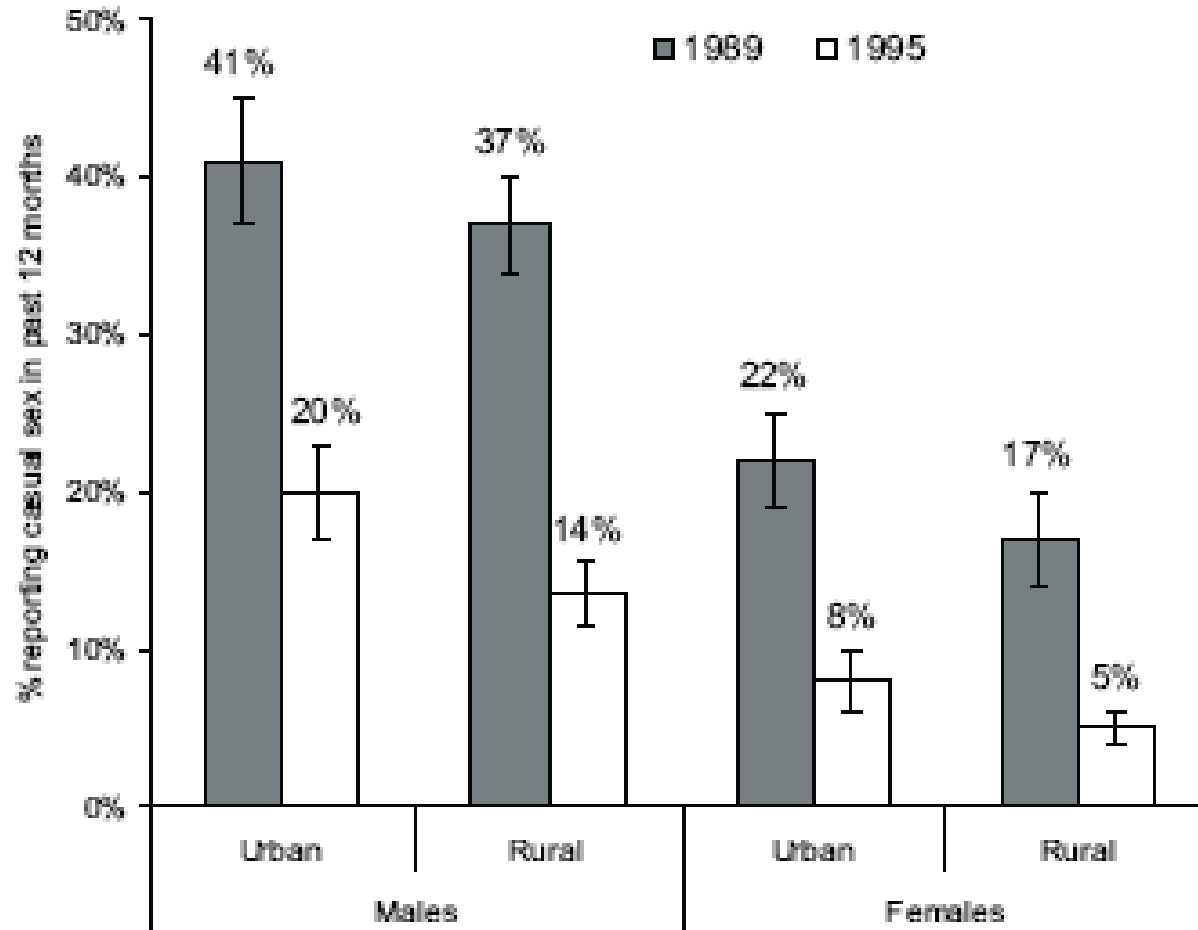
Services delivered in context of behaviours
and epidemiology – different engagement

Know your epidemic curve: surveillance and surveys

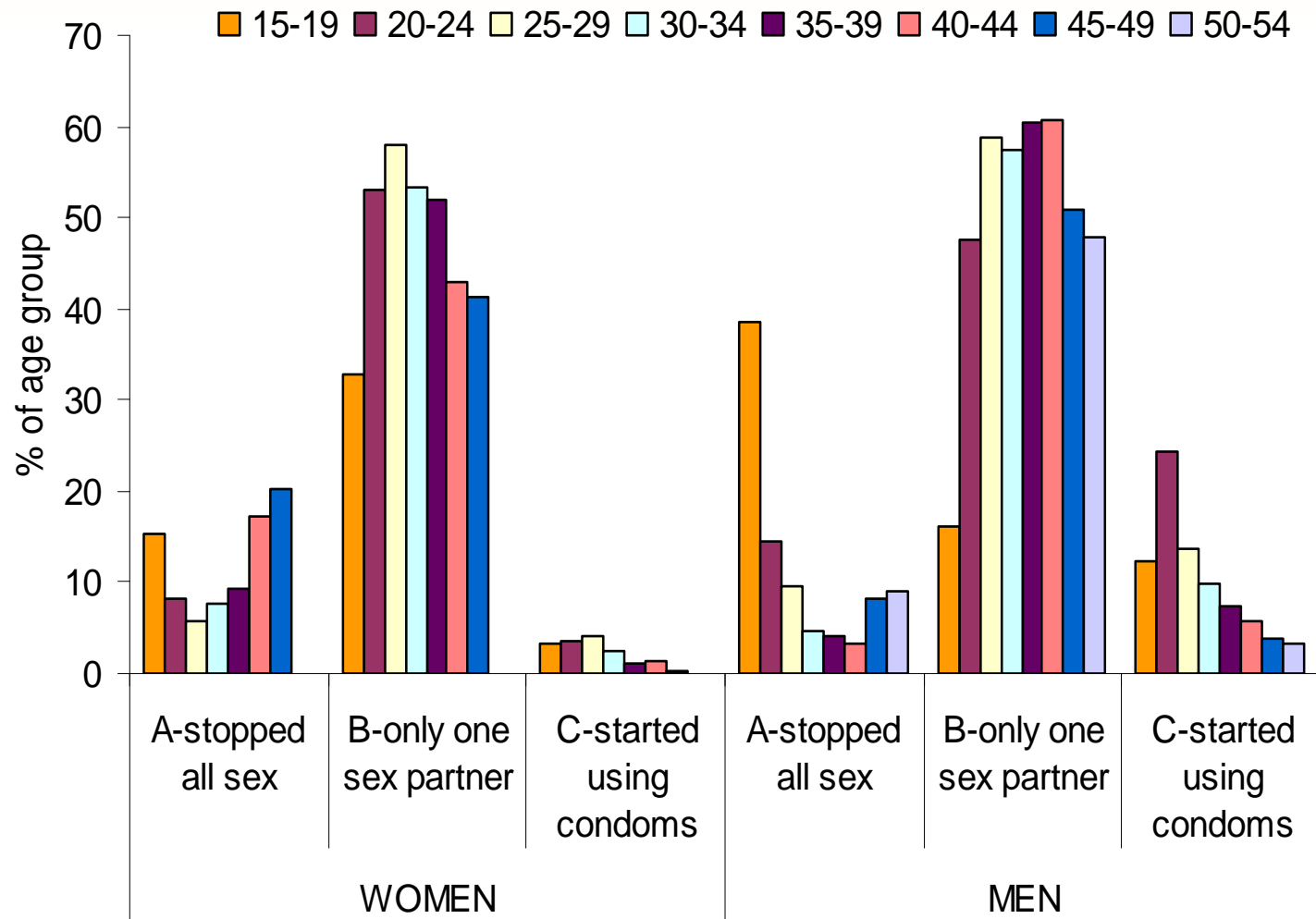
Science, 2004, 75% decline in HIV prevalence



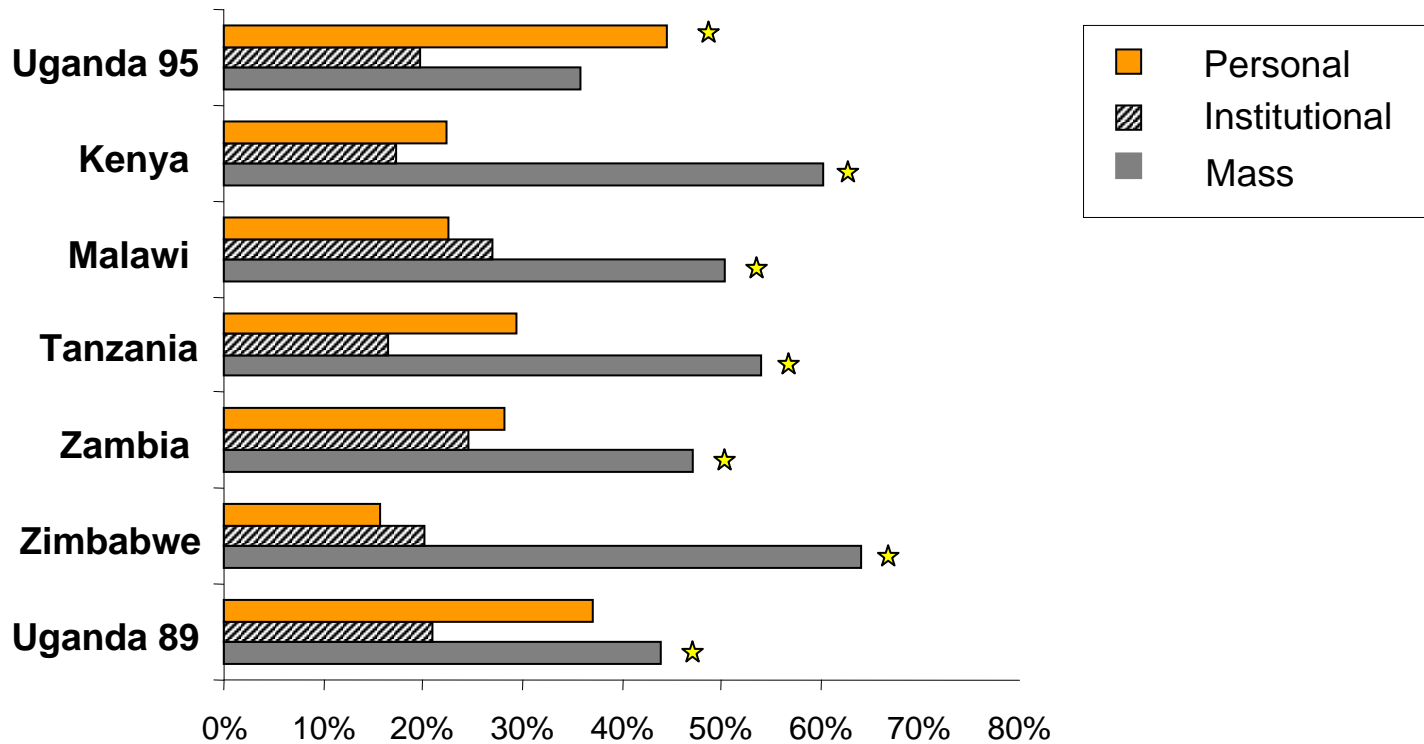
Know the behaviours and populations



Behaviour changes in response to AIDS: 1995



Quality of engagement: communication networks



Source of communication about AIDS

Primary prevention: AIDS placed on personal networks by politicians, local leaders, health workers

Communication differences: South Africa and Uganda

South Africa, 2002, after an AIDS funeral

“Then the neighbour [T’s best friend] came over as we were talking... She came asking for washing powder soap.

My mother-in-law asked her, *‘How did the funeral go?’*

The neighbour said, *‘It went well.’*

My mother-in law asked, *‘What did she die from?’*

The neighbour said, *‘She had piles.’*

My mother-in-law said, *‘Oh shame she had piles. Why didn’t she consult a doctor?’*

The neighbour said, *‘She went to the doctor but she still died.’*

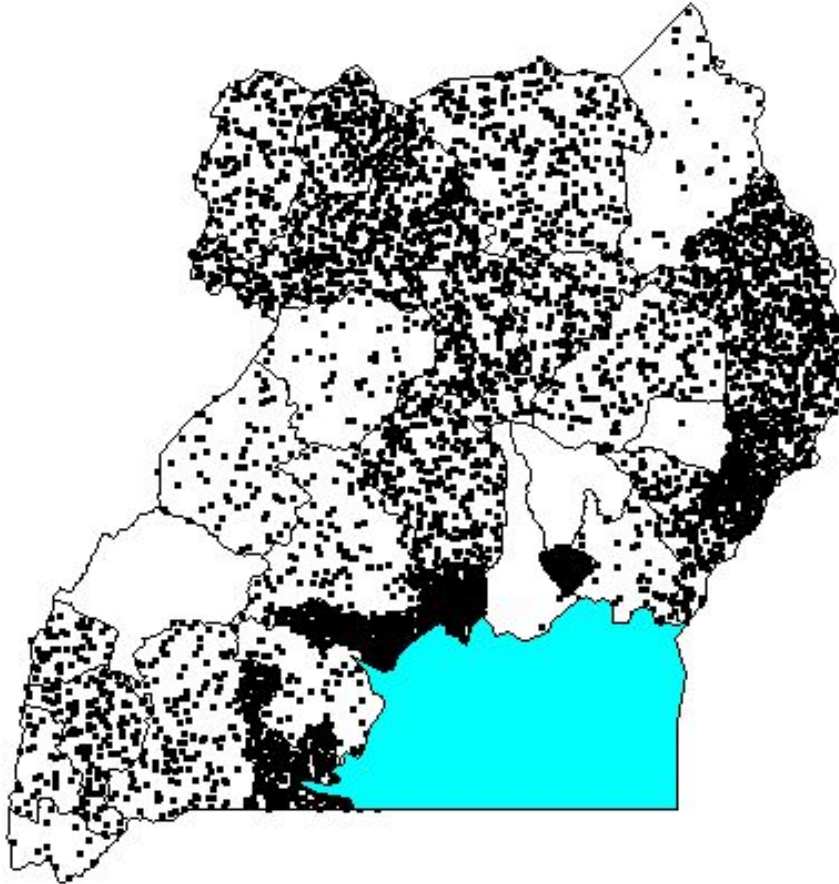
My mother-in-law said, *‘Shame now who will look after the child, at least the grandmother is still alive it won’t be such a big hassle.’*

Then the neighbour went.

That’s when my mother-in-law said, *‘AIDS is killing children.’”*

Amplifying Prevention with a community response

Disease information for community response



AIDS cases diagnosed and reported at local level in Uganda by 1990

Each case diagnosed by local doctor became community fact

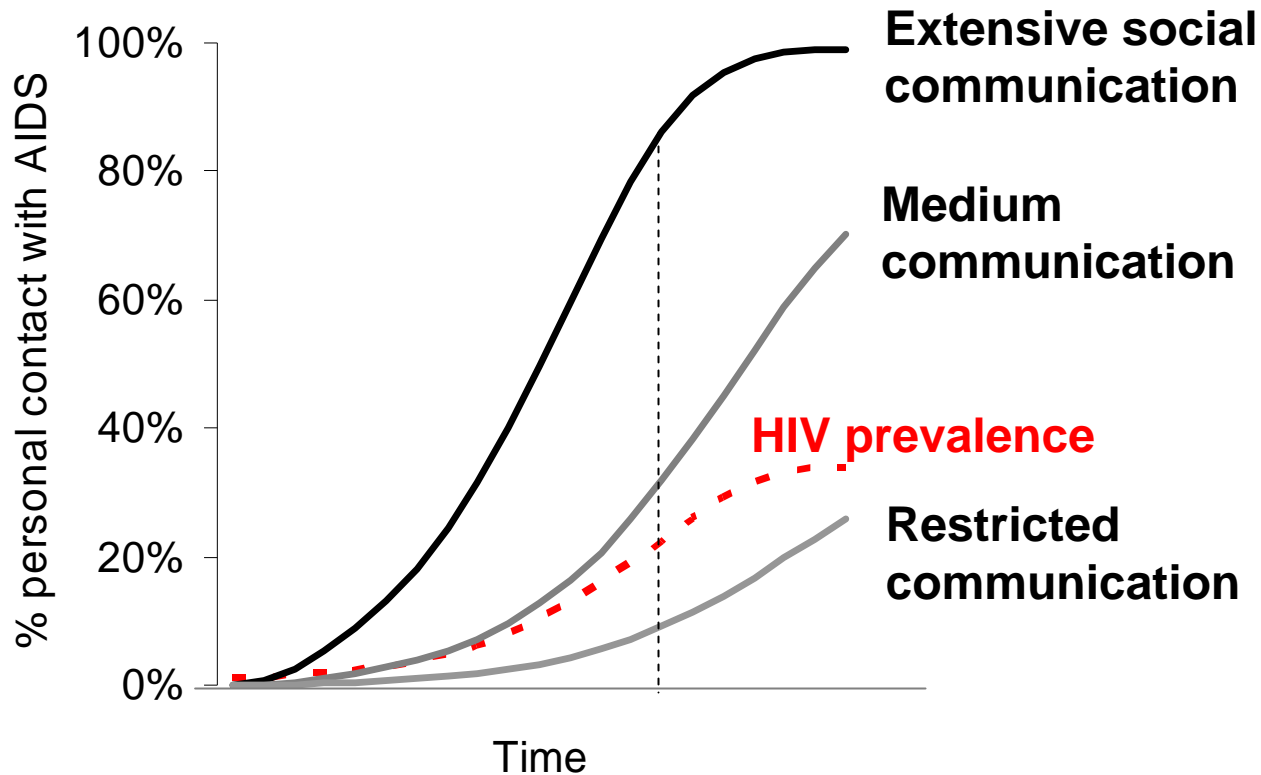
- Reported as AIDS on records, named directly in funerals, mobilised care networks

Conversation with health personnel, 2001

- TLB: How many of your patients are affected by HIV
- IS: About 1/3rd of patients in gastroenterology have HIV
- TLB: Do you talk to the patient about their condition
- IS: No, although both the patient and doctor may know that he or she has HIV, we do not mention it, or mark HIV on the medical records. Partly this is due to insurance but also mistrust
- TLB: So how do patients know what condition they have
- IS: Often they do not, often they do, but we don't talk about it
- TLB: Is there not an ethical responsibility of a doctor to talk about the patient's underlying condition with him or her
- IS: I suppose so, but the patients themselves don't want it in their records, and for the doctor there is so much paperwork in mentioning AIDS compared to other conditions (testing, counseling etc.), and although both know it is HIV, they do not talk about it

Soweto, 19th November 2001

Opening up prevention



Services delivered with behavioural engagement

Learning from Uganda: Quality of engagement

1. Vertical political communications on AIDS
2. Horizontal community mobilisation and networks
 - Local politicians and NGOs
 - Funerals and religious leaders
 - Local health personnel
3. Behaviours: sexual partners
4. Care networks – people with HIV
 - TASO and community response
5. Local surveillance and analysis

Different quality of engagement for service delivery

M&E for impact is about

“Managing the Epidemic” (M&E)

Services, Behaviours, Engaging key groups

- Prevention
- Treatment and Care
- Fighting the epidemic curve

Conclusion

- Partners in Impact
 - Global Goals and coverage
 - Quality of Engagement
 - Service Delivery
 - Behaviours, community networks
- Investing in Impact
 - 5-10% of funding
 - Focus activities on epidemic
- Opening up Prevention
 - Matching services with those at risk
 - Behaviours and commodities

Sustaining the engagement and partnership

“When you talk to the local people, when they hear that efforts have had some benefit .. It removes their feelings of apathy and gives them hope”

Alex Opio, Ugandan AIDS control Programme

Show evidence sustainable impact to sustain efforts

- internationally
- community level