

# CHAPTER SEVEN:

## GUIDANCE FOR PROGRAM MANAGERS AND LEADERS

Policy development and review is a dynamic process. Policies change and/or revision like strategic shifts, evolution of new initiatives as well as evidence and knowledge change over time at national, regional and global level are happening according to the lessons learnt during the implementation of the HIV program. Policies set early in the development of HIV program may negatively affect implementation and need to be revised. Policies, therefore, need to be able to respond to the current changes. Program managers and leaders should be cognizant of changes and challenges affecting the development and implementation of HIV/AIDS policies. These include political commitment, financial implications, global directions, administrative and structural reforms, community engagement, meaningful involvement of PLHIV and basic legislation.

The key benefits to the global and country HIV response have enabled governments, programmers, organizations like partners and CSOs, communities, and individuals to achieve epidemic control by addressing individual, community and societal level HIV fueling factors. These include matters related to sexual behavior, injecting drug use, socio-cultural practice, stigma associated with HIV/AIDS, gender inequality, poverty, political commitment, structural barriers, right to access HIV related services and human rights that need to be addressed.

### 7.1 Guiding principles

The following guiding principles are expected to lead the implementation of the national HIV program and services provision:

**I. Ownership and commitment:** An effective response to HIV/AIDS requires ownership and active involvement of the community and all other sectors. It also seeks strong leadership commitment at all levels.

**II. Multi-sectoral:** A multi-sectoral approach that includes partnership, consultations, and coordination with all stakeholders in the design, implementation, and service provision as well as monitoring and evaluation of the response are crucial to maximize the effectiveness of the response.

**III. Gender Responsiveness:** Gender sensitivity must be considered as a corner stone for the success of HIV/AIDS response with greater and sustained positive impact as the epidemic and its response is highly impacted by gender inequalities.

**IV. Inclusiveness:** An inclusive and people-centered approach that recognizes different prevention, care, and treatment options that individual may choose and benefited at different stages of their lives have to be designed and implemented.

**V. Equity:** Inequalities in health outcomes will be addressed through rights-based programming and through improving the understanding of, and response to, human rights and gender related barriers to accessing services.

**VI. Resource mobilization and proper utilization:** to sustain the gain in HIV response and attain epidemic control, mobilizing domestic and external resource, ensuring efficiency, transparency and accountability in use and proper allocation and effective utilization of resources are essential in the national response to HIV/AIDS epidemic at all levels.

**VII. Service Integration and Linkage:** HIV services must be gradually integrated with existing health services in the health facilities and effectively linked within the facility and to community based services.

**VIII. Evidence Based Response:** HIV program implementation will be based on coordinated joint planning, review, monitoring and evaluation and strategic information generation and use for decision with implementers and key stakeholders at all levels.

## 7.2. Overview of the HIV/AIDS National Strategic Plan 2021-2025

The 2021-2025 HIV/AIDS National Strategic plan was developed being informed by situation and response analysis and investment case analysis based on Goals Modeling using existing national data for geographic, population and intervention prioritization. The strategic plan aims to attain HIV epidemic control nationally by 2025, by reducing new HIV infections and AIDS mortality to less than 1 per 10,000 population.

The NSP has set the following impact targets to be achieved by the end of the 5-year period:

- Number of new HIV infections reduced to less than 1 per 10,000 population (Disaggregated by sex, age, region and population group)
- AIDS related deaths reduced to less than 1 per 10,000 populations.
- Incidence Mortality Ratio reduced to less than 1 (Target: From 1.08 to 0.9)
- Percentage of child HIV infections from HIV- positive women delivering in the past 12 months reduced from 16.9 % in 2019 to less than 5% by 2025; and less than 2% by 2030.

The Strategic Plan has Six Strategic Objectives to achieve the set goal.

1. Reach 90% of Key and Priority populations with targeted combination HIV prevention interventions by 2025.
2. Enhance HIV case finding to attain 95% of PLHIV knowing their HIV status and linked to care by 2025.
3. Attain virtual elimination of Mother to Child Transmission (MTCT) of HIV and Syphilis by 2025
4. Enroll 95% of PLHIV who know their status into HIV care and treatment and attain viral suppression to at least 95% for those on antiretroviral treatment.
5. Mobilize resources and maximize efficiencies in allocation and utilization.
6. Enhance generation and utilization of Strategic Information (SI) for an accelerated evidence-based response.

In addition, ten social and programmatic enablers are identified to maximize the reach and impact of Ethiopia's HIV/AIDS response.

- A. Gender and Gender based Violence.
- B. Stigma and discrimination
- C. The role of civil society, communities, PLHIVs and the private sector
- D. Embracing a Human rights approach to the HIV response
- E. Health Systems (supply and laboratory)
- F. Human resources for health/ HIV response
- G. Governance, leadership, coordination, and accountability
- H. Addressing policy and legal issues
- I. Partnership, Multi-sectoral Collaboration, Civil society, and the Private Sector
- J. Private for-Profit Sector Strategic Interventions

Program managers and leaders must understand the scope of NSP and its strategic approaches for the standardization of program approach across the country.

### **7.3. Program Performance and Response Analysis**

All combination prevention programs require a strong community empowerment element and collective efforts to address legal and policy barriers, as well as the strengthening of health and social protection systems, plus actions to address gender inequality, stigma and discrimination.

Before deciding on a package of HIV prevention interventions for a specific HIV epidemic, a clear and evidence-informed picture of that epidemic

and its response is needed. This concept is known as the 'know your epidemic, know your response' approach, which is the starting point for combination prevention planning and programming, and is comprised of a series of exercises to help categorize an epidemic (such as whether it is 'generalized' – i.e., within the general population – or 'concentrated' within certain groups within the population, often referred to as 'key affected populations'). This involves looking at factors such as modes of HIV transmission, key affected populations, and key epidemiological trends as well as the response to the epidemic.

In the planning process, programmers, managers, leaders, and policy makers are recommended to follow is described below:

**Inclusiveness of the planning process:** Ensure the participation of all relevant stakeholders, including government officials, community leaders, civil society organizations, donors, and most importantly, people affected by HIV and AIDS.

**Identify modes of transmission and the most affected populations:** Identify factors that fuel HIV transmission and understand how HIV is spread, identify the most common modes of transmission, and the most affected populations, identify geographic variations in HIV prevalence, such as urban Vs. rural areas, know the size of key affected populations.

**Ensure the availability and utilization of the appropriate tools to collect, review, analyze, monitor, evaluate and data use for program improvement.**

**Identify and understand structural barriers that might fuel HIV prevalence, analyze social, legal, economic, and cultural drivers of HIV epidemic.** Upon completion of the 'know

your epidemic, know your response' planning process, a combined component of coordinated behavioral, biomedical, and structural HIV prevention interventions can be developed and implemented.

Determining whether current HIV prevention, care and treatment programs are adequate to address the needs that have been identified requires understanding of, who is currently accessing these services. Programmers should assess existing HIV prevention, case finding efforts, ART and viral load service coverage levels, linkage to care and adherence to treatment and viral suppression among the general population as well as key and priority populations. They also need to assess the overall outcome and impact of the response including decline in incidence and mortality. Disaggregated data for various groups enable assessment of HIV prevention, care and treatment needs and establishment of priorities for delivering services.

Data on case finding yield, linkage to care, adherence, retention, and viral load suppression are keys to assess the quality of the services provided. Surveillance of transmitted and acquired HIV drug resistance can also be instrumental in informing decisions on optimal regimen choices for ART program.

A review of epidemiological and programmatic data is incomplete without a deeper understanding of what drives HIV vulnerability and how various political, social, economic, and legal factors affect the ability and willingness of various groups to seek and access health services. Stigma, discrimination, poverty, gender inequality, education and migration status are key elements that should be considered to inform effective HIV programming.

## **7.4. HIV response in the context of COVID 19**

Individuals living with HIV, especially those with co-morbid condition and/or advanced HIV disease may be at greater risk for COVID-19 complications and related impact. During the current pandemic, PLHIV that utilize health care institutions were often sicker than they would have been in the past, due to delays in seeking care. Thus, coordinated efforts from community stakeholders, civil society, public health agencies, healthcare providers and program managers is essential for addressing health inequities for PLHIV resulting from social stigma and poor access to Personal Protecting Equipment (PPE), preventative services and treatment. The present critical challenges for PLHIV that need to be addressed during the COVID-19 pandemic are access to their ART drug refills, maintaining of their psychosocial wellbeing, and sustaining their economic welfare.

Furthermore, access for HIV testing and prevention service for PLHIV partners and other KPPs still critical challenges amid COVID-19 pandemic

To ensure the health of PLHIV as well as maintaining the continuity of HIV services in the era of COVID-19 pandemic, program managers need to monitor the implementation of the national standard response guideline to be updated to prevent the HCPs and PLHIV from COVID-19 which includes COVID-19 testing, vaccine and treatment must be accessible for PLHIV.

## 7.5. Key parameters for decision-making

### Ethics, equity, and human rights

Multiple legal, social, and normative obstacles have resulted in inequitable access to HIV prevention, testing, treatment, and care. Global and national commitments require providing HIV prevention, care, and treatment services to everyone in need, following the human rights principles of non-discrimination, accountability, and participation. National HIV strategies should be planned and implemented from the outset with the goal of delivering the full package of services and interventions recommended in these guidelines as soon as possible.

Key ethical principles of fairness, equity and urgency should also be observed in the process of reviewing and adapting guidelines. The design of effective and equitable policies implies that strategies should focus comprehensively on addressing barriers to access testing, prevention, and treatment services, particularly those faced by key and priority populations.

### Impact and cost-effectiveness

Realizing positive impact for a population is an important goal of public health programs and policies. Examples of the impact of HIV programs include reduced HIV incidence, prevalence, morbidity and mortality and improved quality of life. Impact is often a result of a complex set of factors and a combination of diverse inputs and activities or processes, and it is often not attributable to a single intervention or program.

Cost-effectiveness analysis is one of the several economic evaluation tools used to measure the value of delivering services. Economic evaluation measures the costs and consequences of alternative programs, which are then compared to assess how the greatest health benefits can be generated. In cost-effectiveness analysis, impact is often measured using indicators related to a change in health status, such as disability-adjusted life-years gained, which includes the estimated number of deaths and infections averted.

As the experience of scaling up ART in low- and middle-income countries demonstrates, the cost-effectiveness of health interventions also changes over time, as costs fall because of gains in scale, improvements in technology or the design of more efficient delivery systems.

Although evaluating cost-effectiveness and health impact may be useful in systematically comparing various program interventions, they should be considered in the light of the ethical, equity and human rights implications associated with different courses of action, especially in settings in which not all eligible individuals currently have access to ART.

Investments in social and programmatic enabler programs (such as integrated treatment and rights literacy programs, legal services, stigma and discrimination reduction programs, training for health care workers and law enforcement, Gender, CSO, CBO and, PLHIVs involvement, Human rights, governance, leadership, coordination, and accountability, policy and legal issues, partnership, Multi-sectoral Collaboration, and the Private Sector

Interventions) can play a role in overcoming barriers to accessing treatment and other HIV-related services and keeping people connected to care. As such, these programs can contribute to overall cost-effectiveness, in addition to achieving other important objectives, such as reducing discrimination.

### **Opportunities and risks**

The recommendations in these guidelines have the potential to further reduce HIV-related mortality, improve the quality of life, reduce the number of people acquiring HIV infection and enhance treatment effectiveness. The benefits accumulated from implementing them are likely to considerably outweigh the upfront investment needed and have the potential to fundamentally change the course of the epidemic. Nevertheless, domestic factors (such as budget cuts, shortage of ARV drugs, and attrition of trained health workers and emergence of drug resistance) and external contingencies (such as withdrawal of external financial support, political instability, and natural disasters) could negatively affect their implementation. It is essential to design strategies to mitigate such events so that continued service delivery can be assured, especially for those most in need.

### **Implementations**

At the virtue of epidemic control with low prevalence among the general population, it is critical to identify opportunities to expand access to HIV prevention, testing, treatment, and care including case identification using high yield strategies focusing to key and priority populations.

Decentralization of services and task shifting in service provision is crucial to improve the access to HIV services in which both facility and community based interventions like targeted SBCC, and demand creation, HIV self-testing, and other differentiated service delivery models need to be strengthened. As coverage of ART increases and programs matures, expanding access to second line regimens and ARV drugs resistance monitoring increasingly becomes a programmatic priority. Access to third-line regimens for PLHIV who fail on second-line regimens should be considered too. Scaling-up viral load monitoring is vital to adequately identify treatment failure and to avoid switching unnecessarily to second-line or third line regimens. Viral load monitoring is also likely to play a central monitoring role in places in which ART is being broadly expanded to reduce HIV incidence.

## **7.6. Roles and responsibilities**

As the response to HIV involves a wide diversity of actors, coordination at various levels of the system becomes important to ensure coherence and cohesion of efforts. HIV program managers should ensure effective coordination with other health programs, among the HIV activities in the health sector and those in other sectors, and between the different levels of the health system (National, regional and district).

### **Ministry of Health**

The role of Ministry of Health is to lead and coordinate the health system which includes to provide policy guidance, regulation, ensuring accountability for health, capacity building,

resource mobilization (domestic and external) for HIV, health intelligence and building partnership across all health actors.

The Ministry of Health should also ensure that health services are quality and equitable; the HIV program managers should serve as a leader, manager, coordinator, facilitator, innovator, and liaise regularly with other health program and HIV actors.

The role of Ministry of health has been decentralized up to Woreda /district/ and community levels. For effective implementation and follow-up, national strategic plans must be linked and cascaded to all levels. RHB and Zonal/Woreda Health Offices are mandated to manage and coordinate the operation of primary health care services at the respective levels; they are responsible for planning, financing, monitoring, and evaluating of all HIV programs and service deliveries in the regions and zones/ Woredas and community levels.

### **Federal HIV/AIDS prevention and control office (FHAPCO)**

FHAPCO has a role of leading the HIV primary prevention and overall coordination of the national HIV prevention and control program, domestic and external resource mobilization for HIV, ensure partnership with various government ministries, regional president's, non-governmental organizations, and people living with HIV, faith-based organizations, and private sector and development partners. Respective multi-sectoral response coordinating units at sub-national levels will play leading role in HIV primary prevention and over all coordination of the response.

### **Ethiopian Public Health Institute (EPHI)**

EPHI will have a leading role in strategic information generation and ensure quality laboratory services for the national HIV/AIDS response. The institute has also greater role in monitoring and coordinating the third 95 target of the response through uninterrupted viral load monitoring services.

### **Ethiopian Pharmaceutical Supply Agency (EPSA)**

EPSA has leading role in supply chain management of HIV related commodities and ensuring uninterrupted supply.

Ethiopian Food and Drug Authority (EFDA)

EFDA has the lead role in quality control of the HIV commodities and services.

Partners

The roles and responsibilities of local and international partners include:

- Technical and financial support for implementation of the newly adopted and existing innovative HIV interventions.
- Participate in the national and regional HIV program coordination mechanisms.
- Support the joint planning, monitoring and evaluation of the different program areas.

## **CSO/FBOs/CBOs**

CSOs/FBOs/CBOs are responsible for implementation of HIV prevention, care and treatment interventions at grass-roots level. They are responsible for building community capacity and mobilizing communities to plan, implement, and monitor & evaluate the response. They also have key role in reaching KPPs with intervention articulated in this guideline and taking part in community led monitoring of the response.

## **7.7. Coordination mechanisms**

### **Coordination in the health sector**

High level coordination mechanisms such as the executive committee which is composed of the Minister, state ministers, and director generals of agencies, Joint Consultative Forum (JCF) meetings are held regularly between MOH and donors, Health Sector Joint Steering Committee, which involves the heads of the Regional Health Bureaus, oversee the performance of different programs in the health sector. The committee is chaired by senior officials in the Ministry of Health and provides general guidance to the health sector. Technical level coordination between health programs might occur through technical advisory/working groups.

### **Multi-sectoral Coordination**

The HIV response needs multi-sectoral collaboration with different social and development sectors. The multi-sectoral

response against HIV/AIDS is coordinated by Federal HIV/AIDS Prevention and Control Office with leadership of MOH, the National AIDS council and Management board on top. The high level coordination mechanism includes National AIDS Council meeting, Joint Planning and Review Meeting with key sectors.

### **Donor coordination mechanisms**

Some funding agencies, such as the Global Fund to fight AIDS, TB and Malaria, the President's Emergency Plan for AIDS Relief (PEPFAR) and other donors have own types of mechanisms for coordinating their in-country efforts. However, the health sector is involved and often a key member of these coordinating mechanisms and should always work to ensure consistency and harmonization.

### **Stewardship and advocacy for the HIV response in other sectors**

The health sector can provide the evidence necessary to leverage action for HIV in other sectors. The Ministry of Health and Federal HHIV/AIDS prevention and control office have a crucial role in using its stewardship and advocacy power to ensure that HIV issues are addressed in all policies. This includes engaging ministries of education, social development, gender, transport, and other strategic sectors.