



Community Level Evidence
Informs Decision Making for
HIV Combination Prevention

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Monitoring and **E**valuation builds evidence and thus, it remains a critical tool for shaping and focusing HIV combination prevention efforts to halt the HIV epidemic.

It supports decision making with:

-Transparency - helps show that resources are spent on the right combination of activities

-Accountability – enables policy makers, planners, implementers to show results

-Learning – provides evidence on whether programmes have an impact

Myths abound about Monitoring, about Evaluation and about M&E systems

-Monitoring data is poor and hard to collect at certain levels and standardized procedures are not often easy to follow.

-Evaluation requires substantial money, external expertise and time.

- Establishing **M&E systems** is complicated and expensive and it takes time

→ **Combination prevention cannot be monitored or evaluated – it is too complex. Are RCT easier?**

Monitoring and Evaluation of HIV Combination Prevention **is possible** and a mix of **Tools** exist

Monitoring		Evaluation	
	Links prevention objectives with activities and resources		Analyzes why intended results were or were not achieved - Examines implementation processes
	Translates objectives into performance indicators and set targets		Assesses specific causal contributions of activities to results-behavioural change, structural factors
	Routinely collects data on these indicators, compares actual results with targets		Explores intended and unintended results of policies and programs
	Reports progress and alerts managers to problems on an on-going bases		Provides lessons, highlights results and offers recommendations for improvement
Facilitates program adjustments as the epidemic evolves			

Evidence building Tools help demonstrate improvements in HIV Combination Prevention

Improve
**Allocative
Efficiency**

Strengthen epidemiological intelligence through disease burden analysis, targeted surveillance, integrative synthesis studies and better prioritized strategic planning in order to improve the allocation of scarce AIDS resources, among alternative geographic, target group, disease and intervention priorities

Improve
**Technical
Efficiency**

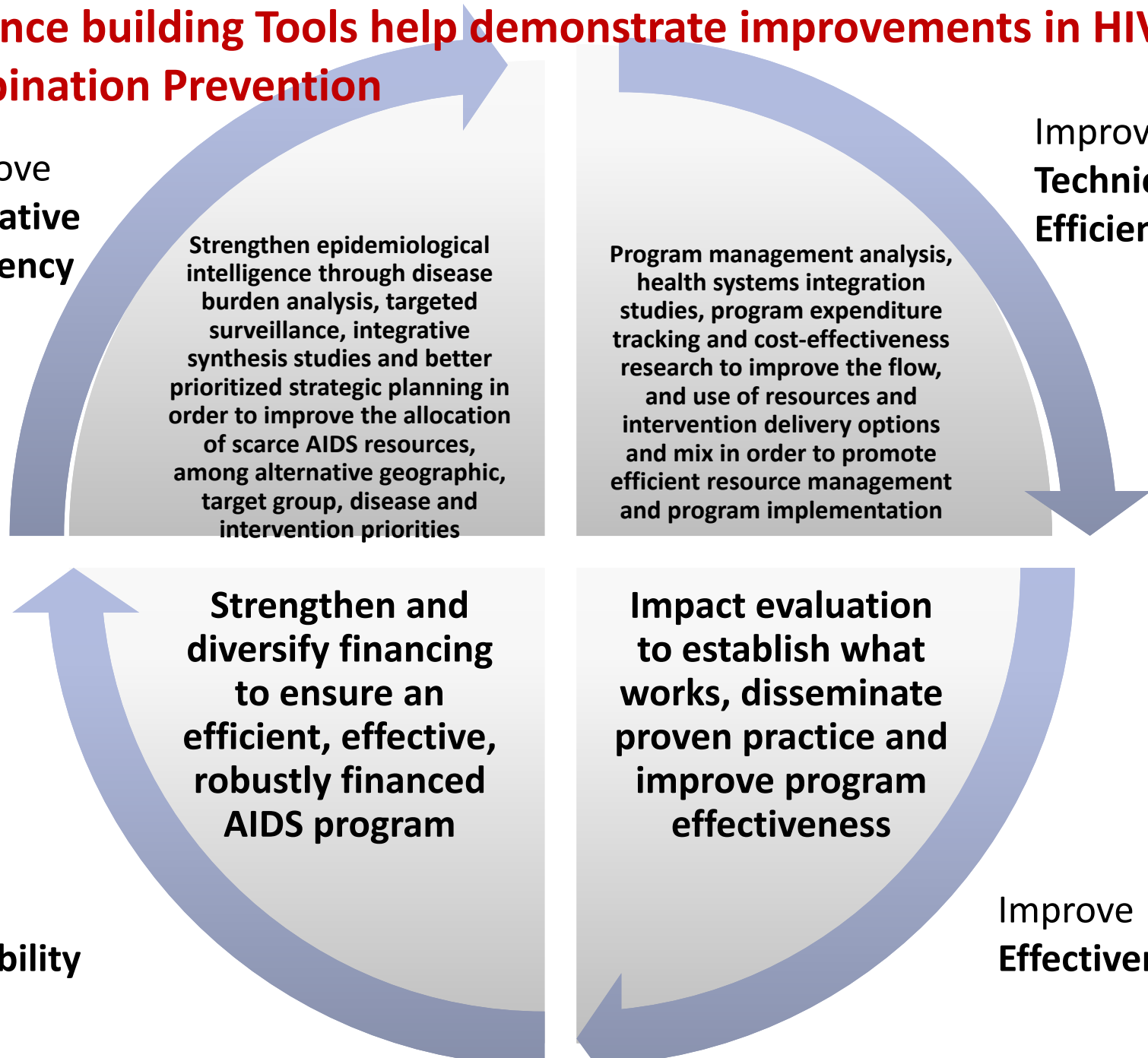
Program management analysis, health systems integration studies, program expenditure tracking and cost-effectiveness research to improve the flow, and use of resources and intervention delivery options and mix in order to promote efficient resource management and program implementation

Strengthen and diversify financing to ensure an efficient, effective, robustly financed AIDS program

Improve
Sustainability

Impact evaluation to establish what works, disseminate proven practice and improve program effectiveness

Improve
Effectiveness



Community Response to HIV and AIDS - Evaluation Findings Show: 1

- ❑ Strong **casual evidence** that specific community interventions can affect the course of the HIV epidemic through:
 - Increased HIV **knowledge** - Kenya, Burkina
increased **condom use** - Kenya, India, Zimbabwe
increased **HCT uptake** -Senegal, Zimbabwe, and
increased access and **use of services** -Nigeria,
Zimbabwe, South Africa
 - It can also increase PMTCT (Zimbabwe) and improve HIV/AIDS and health outcomes by **reducing HIV incidence** in the general population and **lowering STIs prevalence** - India

Community Response to HIV and AIDS - Evaluation Findings Show: 2

- Strong **relationship evidence** that community-based actions play a pivotal complementary role to national programs by providing services to communities which otherwise would have been left without access to services such as:
 - rural communities - Nigeria, and
 - high risk groups - India, Zimbabwe

- However, there is **mixed evidence** on social transformation outcomes – Context matters.

- Allocative and programmatic efficiencies weak.

Evaluation Methodology supports confidence on findings?

- Multi-country: **Eight countries**
 - Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa, Zimbabwe
- Mixed-method: **Seventeen studies**
 - Country evaluations (mix of **RCT, quasi-experimental and cross-sectional**)
 - Analysis of **funding flows** and CBOs budgets
 - **Qualitative** analysis
 - Cross-cutting studies - **triangulation**
- Multi disciplinary research teams
- Consultative Process – national specialists & CSOs

What Have we Learned? Credible Evidence Supports HIV Combination Prevention and Local Responses

The **Evaluation of the Community Response to HIV and AIDS** provides evidence that supports these assertions:

- Evaluation of combination prevention is possible - Evidence building (M&E) Matters
- CSOs contribute to combination prevention -Strengthen M&E of Combination Prevention by involving communities
- Investments in local responses produce results – Invest in M&E mechanisms
- A mix-method approach to evaluate community results in HIV combination prevention works



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THANK YOU

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Documentation at: aidsconsortium.org.uk