8 PUBLICATION, DISSEMINATION AND EVALUATION

8.1 Publication

These guidelines will be updated in full or in part every three years. As the evidence base or user needs change, consideration will be given to producing technical updates on specific subjects.

The guidelines will be disseminated as a print publication and electronically on the WHO website. The web supplements will contain all supporting documentation and evidence. A policy brief summarizes the new recommendations (http://www.who.int/hiv/pub/arv/policy-brief-arv-2015/en) and is supported by a variety of fact sheets on key topics. Dissemination will be supported by publication of selected systematic reviews and evidence in peer-reviewed journals.

8.2 Dissemination and implementation

WHO headquarters will work closely with the regional and country offices and implementing partners to ensure communication and country adaptation of the guidelines through regional and subregional meetings. As countries consider how to optimally implement these guidelines, the budgetary, human resource requirements and other health system implications should be analysed to identify which inputs and systems are currently available, and areas that require additional investment. Checklist 17.1 (Annex 17) outlines the critical issues for consideration. The implementation considerations included with each recommendation should be referred to in this process.

All decisions should be made through open and informed processes involving all stakeholders and the meaningful engagement of people living with HIV (see checklist 17.2 [Annex 17]). Broad stakeholder engagement in policy design, implementation and M&E will help to ensure that the national adaptation of these guidelines results in HIV programmes that are legitimate, acceptable, effective, equitable and address community needs.

Treatment, care and support and national responses need to be considered within the broader health and development context. The sustainability and effectiveness of HIV programmes can be greatly enhanced by creating and strengthening linkages with other health and non-health programmes to achieve broad development gains (1). National programmes need to identify an essential package of high-impact HIV interventions that cover the full continuum of HIV prevention, diagnosis, treatment and care services, include it in the national health benefit package and fund it at least partially through the national health financing system. The package needs to be adapted for different populations, locations and settings and regularly reviewed and updated as necessary. Realizing that it may not be possible to fund and implement the full range of
interventions and services immediately, an approach of progressive realization and phase-in of essential interventions should be adopted, progressively expanding the range of services offered and the populations covered and reducing out-of-pocket expenses for users.

The recommendations included in these guidelines will need to be considered within the context of the full range of HIV interventions and services, and more broadly, the overall national health benefit package. Where dedicated national HIV budgets exist, there will be a need to prioritize how HIV interventions are implemented. Where there is no dedicated national HIV budget, the priority of HIV interventions will need to be considered across all “essential” health interventions. To assist with this, there needs to be a clear set of criteria that can be used within the range of HIV interventions and services, and more broadly, for the whole national health benefit package.

WHO has developed a framework to assist with the sequence of implementation of HIV and other similar communicable disease programmes (Fig 8.1). The framework provides a structured approach to implementation considerations in the context of programme needs and available resources. Implementation tools will be published in conjunction with this guidance and will include useful tools for costing and planning, and country case studies.

**Fig. 8.1. A logical framework for implementing policies in health and HIV**

The ultimate aim of selecting, adapting and implementing the recommendations in these guidelines is to reach and sustain universal coverage of services so as to have the greatest impact on the epidemic. Countries are therefore encouraged to set ambitious targets and make every effort to reach them. However, disparities in the coverage of services, limitations in capacity, resource considerations and quality concerns often require a phased approach or sequencing to implement new recommendations. Sequencing should ensure that implementation of each recommendation builds on another to achieve sustained scale-up and high-quality services.
8.3 Useful tools for planning

Estimating the costs associated with implementing new recommendations is a key step in the roll-out process. Several costing tools and resources are available to assist countries in estimating the costs and budgeting for HIV and related interventions and services, as outlined below. Annex 18 provides greater detail on models for costing and planning and provides four examples of how costing assisted with implementation choices in countries.

**Spectrum** (2) is a suite of models and analytical tools to support decision-making. It comprises several software applications, including AIM (AIDS Impact Model) and Goals (Cost and Impact of HIV Interventions). The AIM and Resource Needs modules can be used to estimate the impact of key new recommendations on AIDS-related mortality, the number of infant infections and treatment needs and costs. The key data needed to generate these estimates are demographic projections, incidence trends and historical data on the number of people receiving ART, the number of pregnant women receiving PMTCT interventions and the unit costs of ART for adults and for PMTCT. All countries already have AIM files prepared as part of their national epidemiological estimates, so interested countries could rapidly apply both modules.

**The Goals module** can be used to estimate the number of adult HIV infections averted by ART under different eligibility criteria and rates of scaling up. The key inputs required are the distribution of the adult population by risk group (such as stable couples, those with casual partners, female sex workers, male clients of sex workers, men who have sex with men, transgender people and people who inject drugs); sexual behaviour by risk group (number of partners per year, acts per partner and condom use); and needle-sharing among people who inject drugs. Goals models already exist for about 25 countries, and other countries have compiled these data in the context of modes of transmission studies.

**OneHealth** is a software tool designed to strengthen health system analysis and costing and to develop financing scenarios at the country level. It is specifically designed to assess health investment needs in low- and middle-income countries and provides planners with a single framework for planning, costing, impact analysis, budgeting and financing of strategies for all major diseases and health system components. Both Spectrum and OneHealth are available for download free of charge (3).

WHO and collaborating organizations have recently developed a variety of tools to assist with drug quantification and supply management. Several are available for download (4–6), with a description of their main purposes and programmatic focus. A flexible tool for costing investments in critical enablers (such as integrated treatment and rights literacy programmes, legal services, stigma and discrimination reduction programmes, training for health-care workers and law enforcement) has also been developed and can be downloaded for free, along with a user guide (7,8).

**Optima** (9) is a tool for HIV epidemic projection, and HIV response prioritization as well as evaluation. Optima is a mathematical model of HIV transmission and disease progression, integrated with an economic and financial analysis framework and a formal mathematical optimization routine. Analyses determine the optimal approach to getting as close as possible to defined objectives (e.g. national strategic plan targets) within political, ethical and logistical constraints.
AIDS Epidemic Model (AEM) is a tool that reflects the primary subpopulations and transmission modes driving HIV epidemics.

8.4 Evaluation

An evaluation process of this guideline will be conducted, building on the 2014 and 2015 evaluation surveys, to identify the uptake of the recommendations in the guidelines into national policies and programmes. Data will be made available within the WHO country intelligence database, which is updated every six months to reflect both change in policy and implementation diffusion for all low- and middle-income countries and selected high-income countries.

References


