COLLABORATE.LEARN.ADAPT. CASE COMPETITION

CASE STORY TEMPLATE

COLLABORATE • LEARN • ADAPT

CASE COMPETITION

Collaborating, learning, and adapting (CLA) have long been a part of USAID's work. USAID staff and implementing partners have always sought ways to better understand the development process and USAID's contribution to it, to collaborate in order to speed and deepen results, to share the successes and lessons of USAID's initiatives, and to institute improvements to programs and operations. Through this case competition, USAID and its LEARN mechanism seek to capture and share the stories of those efforts.

The CLA Case Competition is open to all types of individuals and organizations working with USAID, from any country. Participants will have the opportunity to promote their work and contribute to good practice that advances our understanding of collaborating, learning, and adapting in action.

Before submitting your entry, please carefully read the Guidelines and Judging & Prizes information and Writing Tips for case stories available on USAID Learning Lab at usaidlearninglab.org/cla-case-competition.

Use the case story template below to help you develop your submission, following the guiding questions. Although some questions may not be applicable to your case, please try to respond as completely as possible. Also make sure you do not exceed the maximum word limit for each question, although you are free to write less. Save your story as a Word file.

To submit your case story, click on the 'Submit Entry' button, complete the Author Information section of the online form, and upload your story and any supporting materials in the spaces provided. Check the Release checkbox, complete the Captcha, and click the save button to submit your case story before the deadline of August 31, 2015 at 5pm EDT. For any questions, please contact submissions@usaidlearninglab.org.

Case Title * (10 word limit)

Thailand's Community-Based "Test and Treat" Initiative Offers Lessons and Opportunities

What is the general context in which the story takes place? * (250 word limit)
Set the scene by providing some background details about the country and/or activity context. Was the CLA activity part of a larger project, mechanism or initiative? Who were some of the key stakeholders involved?
Thailand has a solid reputation for having made valuable contributions in the past thirty years to the global campaign against the HIV/AIDS pandemic. It has conducted globally-recognized HIV research and developed a successful model of HIV control and treatment. In 1989, the Thai Red Cross AIDS Research Centre (TRCARC) was founded and two years later, the Thai Red Cross Anonymous Testing Clinic was established as the first HIV voluntary and anonymous counseling and testing clinic in Asia. Since its inception, TRCARC has provided thousands of clients HIV/AIDS treatment and care, fostered innovative research, and trained healthcare practitioners in administering services free of HIV-related stigma and discrimination. In 2012, TRCARC began implementing a pilot "Test, Treat and Prevent HIV" initiative for men who have sex with men (MSM) and transgender (TG) population which constitutes almost half of new infections in Thailand. This pilot project was supported by the National Research Council (NRC), the National Health Security Office (NHSO) and the Government Pharmaceutical Organization (GPO). Initially the project targeted only MSM and TG accessing the TRCARC Clinic, but with the vision of the policy makers at the Department of Disease Control (DDC), Ministry of Public Health (MOPH) of Thailand, three provincial hospitals were added into this project. USAID initiated the

project's expansion in 2014, by proposing to shift Test & Treat from conventional facility-based to community-based organizations.

What was the main challenge/opportunity you were addressing with this CLA approach or activity? * (500 word limit)
What prompted your team/organization to undertake this activity or implement this approach? Was there a particular opportunity for new or improved collaboration, learning, and/or adapting? Or was there a problem or pain point you were trying to solve?
The Test & Treat approach, first proposed by the World Health Organization in 2009, recommended annual (voluntary) testing and immediate antiretroviral therapy for anyone found to be HIV positive. Previous studies showed that early treatment for HIV positive people could reduce the likelihood of transmitting the virus to an uninfected partner by 96 percent. Multi-stakeholder meetings in 2012 provided an opportunity to create enthusiasm from government organizations and promote the engagement of community based organizations, whose buy-in was crucial for implementing this initiative.

An initial challenge that was identified was the service provider awareness and attitudes and toward MSM and TG, which would have affected the uptake of HIV counseling and testing services at the community level. As a result, the MSM and TG population lacked trust in service providers and feared facing stigma and discrimination from them. To address these barriers, trainings and capacity building activities were implemented to build sensitivity, create awareness and establish trust among all stakeholders, including people living with HIV accessing these services. To assess attitudes and interest in Test & Treat among MSM and TG, a pilot Test & Treat study was conducted by TRCARC. It was concluded that there was a high level of interest and acceptability among MSM for this strategy, which further supported the need for this initiative.

In addition to securing collaboration from the community, it was imperative that commitment from Thai government stakeholders was attained, so that Test & Treat could be recognized and observed at the national policy level. Although the policy changes in 2014 to provide antiretroviral treatment for all CD4 levels, the major challenge was that in 2012, Thailand's policy was to start antiretroviral treatment only once a patient's CD4 count dropped below 350. Through collaborative efforts, TRCARC was able to gain the interest of the Ministry of Public Health, specifically the Department of Disease Control (DDC), in becoming a partner in this pilot project, with the objective that this could be replicated at government hospitals and scaled up nationally in the future.

During the pilot period of Test & Treat (2012-2014), antiretroviral treatment was requested from the Government Pharmaceutical Organization (GPO) and additional funding for screenings, laboratory tests, condoms, and community outreach was obtained from many national and international groups, including the National Health Security Office, the Department of Disease Control, the World Health Organization, the Dutch AIDS Fonds, amfAR, and the National Research Council. When there was a need and opportunity to expand this initiative, USAID, through PEPFAR, stepped in to significantly scale up the implementation of the Test & Treat program. With so many stakeholders involved in Test & Treat, another challenge was getting all stakeholders to be on the same page and develop a common agenda and aligned objectives. Through frequent meetings, consultations, and regular communication, initiated mostly by TRCARC or USAID, the Test & Treat program has been able to gain the trust and commitment from all stakeholders involved.

Describe the CLA approach or activity employed * (600 word limit)
What were the objectives or anticipated outcomes of the CLA initiative? What were the main strategies, tools, or methodologies used to carry out this approach or activity? Was it something new, or did you amend/improve an existing process or activity to promote stronger collaborating, learning, and/or adapting? Was it a one-off action, ongoing, or recurring over time? Who was involved?

Prior to USAID collaboration, Test & Treat had recruited 800 participants for their study. The study was expanded in 2014 with the objective of recruiting 8000 participants; 6000 from community-based organizations and 2000 from facility-based organizations. This expansion phase was rolled out thanks to the success of previous efforts in

implementing Test & Treat, as well as a demonstrated commitment by the United States to support Thailand's HIV prevention efforts.

The objective under this phase was not just to increase the reach of Test and Treat per se but specifically to look at a newer model for service delivery that is directed by the concept of 'task shifting'. In the case of Test & Treat this includes exploring the feasibility of implementing Test & Treat at drop-in-centers run by community-based organizations as opposed to traditional settings such as hospitals and medical facilities. The approach of task shifting from conventional medical and health facilities to community-based organizations holds many optimistic implications for epidemiological and economic impact, as well as policy reform. The data resulting from the cost-effectiveness analysis and modeling tool of this study will be presented to national stakeholders and donors and has the potential to contribute to recommendations that may be employed at the national level. This breakthrough model could result in a highly successful national program that could be replicated in neighboring countries or even beyond Asian borders.

The main tools or strategies employed to roll out this activity were the people involved from the very beginning, including concept development and early discussions, whose long-standing relationships were unquestionably instrumental in pulling all the strings together. These key people, or more appropriately, these champions, have been the faces of the Thailand's HIV/AIDS achievements; particularly Dr. Praphan Phanupak and Dr. Nittaya Phanupak at TRCARC, representatives from the Bureau of AIDS Tuberculosis and STIs at the DDC, representatives from both the USAID RDMA and headquarter office, as well as leaders of the community-based organizations. With so many invested stakeholders, it is essential to recognize that having champions from key sectors is a primary vital component to ensuring that resources, both financial and non-financial, can be mobilized effectively and collaboratively. Personal relationships and networks cannot be underestimated in influencing the level of support leveraged, whether it occurs through simple phone calls, casual emails or more structured and formal interactions such as steering committee meetings and multi-stakeholder consultations. For example, the most recent Steering Committee held in late August this year, chaired by the Deputy Director General of the DDC.

Moreover, the Test & Treat program has seen the inclusion of all donors at every step of implementation, especially USAID's RDMA team, who has provided consistent technical assistance and support. It is common to see programs often implemented without the continual presence of donor representatives, meaning that Test & Treat really stands out in terms of multi-stakeholder involvement. Monthly technical partner meetings are held, as well as quarterly meetings where the drop-in-centers meet in person and have the opportunity to share experiences and implementation progress and challenges with TRCARC, USAID, RTI, and FHI 360, a technical partner project that supports the service delivery component of Test & Treat. Regular meetings and communication mechanisms ensure that any barriers encountered are overcome as a group. Additionally, community workers are trained regularly to provide high quality counseling, HIV testing and good clinical practices. This assures that not only are people who access services are treated without fearing stigma and discrimination but also that clinical records and data collection is accurate and reliable.

Were there any special considerations during implementation (e.g., necessary resources or enabling factors)? * (500 word limit)
Describe the critical success factors or particular implementation challenges. Did you need any special tools or skills? What type of resources (e.g., financial and/or non-financial) were required? Were there any conditions or factors (e.g., leadership buy-in) that contributed to or inhibited implementation?

In addition to ensuring that multiple stakeholders are involved from the onset of program implementation, a critical success factor is the presence of an enabling social, political and economic environment. In the case of Thailand, this means a public health environment free of barriers to accessing service, a functioning health care system that already supported nation-wide HIV testing and treatment, and support from key leaders. As Thailand has maintained a long-established health care system that is accessible even to its poorest citizens, the Test & Treat initiative did not encounter insurmountable obstacles that inhibited its implementation.

From a technical perspective, rolling out Test & Treat activities in drop-in-centers required a substantial amount of financial resource mobilization. TRCARC wrote several proposals to multiple donors seeking financial assistance.

The National Health Security Office for example, agreed to provide antiretroviral medication, the DDC provided condoms, and TREAT Asia, through amfAR, provided funding for community capacity building activities. Renovations were needed for the drop-in-centers and staff was hired and trained to conduct HIV testing, conduct outreach and provide counseling services. USAID's collaboration helped to consolidate the expansion and follow up of the initial Test & Treat activities and research, contributing also to the establishment of 'Inform Asia: USAID's Health Research Program', an umbrella project that connects research to practice through knowledge management and operational research activities.

Implemented collaboratively by RTI International and TRCARC, Inform Asia acts as a platform for research, knowledge sharing and dissemination, which makes it a valuable tool for promoting and developing communication materials relevant to Test & Treat implementation and outcomes. Furthermore, Inform Asia, and especially its co-Chief of Party, Dr. Praphan, is able to leverage significant visibility at the highest level, thanks to a vast influential network. This includes the opportunity to present Test & Treat at international conferences and high-level meetings such as the International AIDS Society conference in Vancouver, July 2015 and the Paris Summit on "Controlling the HIV Epidemic with Antiretrovirals: Having the Courage of our Convictions" to be held on 1-2 October this year.

Last but not least, the most imperative factor for the success of Test & Treat is more tacit but compelling: the 'strong belief that a community-led model can truly happen successfully'. This was a common denominator for those working in community-based organizations who maintained robust enthusiasm to have their skills and capacities built and strengthened, including those technical partners who have been eager to provide training and mentoring to drop-in-center staff.

What have been the outcomes, results, or impacts of the activity or approach to date? * (300 word limit)
Have you been able to qualitatively track or measure any outcomes, results, or impacts of the activity or approach thus far? What have you seen? Did you use any particular M&E methodology? If you do not yet have any noticeable outcomes or results, what are you doing to monitor the value provided by the approach or activity?

As a major initiative with many layers that involves the collection of both qualitative and quantitative data, Test & Treat employs various methodologies to measure results and impact, comprising more than just clinical data. Although data collection occurs mostly at the drop-in-center level, constant mentoring, monitoring and support is provided by the implementing organizations' staff. The Test & Treat initiative has seen several major outcomes and results, especially at the community-based organization level:

- Improvements in the HIV treatment cascade;
- Increased access to treatment for key populations;
- Heightened awareness among MSM, TG and other key affected populations for HIV prevention (PrEP), which also extends into other key affected populations and general public;
- Capacity building of community-based organizations, for example, drop-in-centers are now in a position where they could conduct their own high-quality research, subsequently creating more opportunities for knowledge creation and learning;
- Data to support changes made by the National Health Security Office in 2014, from only offering antiretroviral treatment to those with CD4 count of 350 and lower, to offering treatment to everyone testing positive, regardless of CD4 count;
- Evidence to inform policy and programs to scale up the community-based Test & Treat models;
- Best practices for collaboration between government organizations (Thai and US) and NGOs with the same ultimate national and global purpose, i.e. ending the AIDS pandemic;
- The high HIV incidence from this study also strongly supported the country's movement to implement Pre-exposure Prophylaxis as part of the second phase of Test & Treat study in both community and facility-based organizations;
- Lessons learned for regional application.

What were the most important lessons learned? * (300 word limit)
How will your organization use this experience moving forward? If others wanted to implement a similar approach or activity, is there anything they should consider? What worked or did not work?

The project truly demonstrates the effective collaboration between governments (Thai & US), NGOs and community-based organizations. Successful approaches to reach the MSM and TG community in Thailand may be adapted for the same key affected populations, whether in the US or US-supported (or other donors) projects in other countries throughout the world. If others wanted to replicate a similar approach, some of key factors, specifically the presence of champion activists and the commitment of government organizations, are crucial for ensuring that dialogues can be held in the first place. One major lesson that others can take from Thailand's experience is that commitment and buy-in from influential leadership figures at the very early stages of implementation is vital. Without government organizations' support from the beginning, it would be difficult to influence policy changes at a later stage, which is ultimately the main objective of most projects and initiatives.

Similarly, one of the reasons Test & Treat has been successful in its implementation is the involvement of the community-based organizations from the beginning also, making neither a top-down nor a bottom-up initiative but rather one that is inclusive of all stakeholders throughout every stage. Constantly and widely disseminating information is also key to ensure that projects attain maximum visibility and lessons can be shared, as USAID RDMA has been doing for Test & Treat with other country offices and in Washington. Lastly, due diligence should be conducted among potential beneficiaries thoroughly prior to any project implementation. In the case of Test & Treat, this meant confirming the acceptability of community-based service delivery among the MSM and TG population. Ensuring first that there is truly a real need for a specific initiative ensures that people genuinely benefit and that impact is tangible and enduring.