2022 CLA CASE COMPETITION

COLLABORATE • LEARN • ADAPT

Case Title:

Building a Culture of Learning: Lessons from expanding HIV treatment in Mozambique

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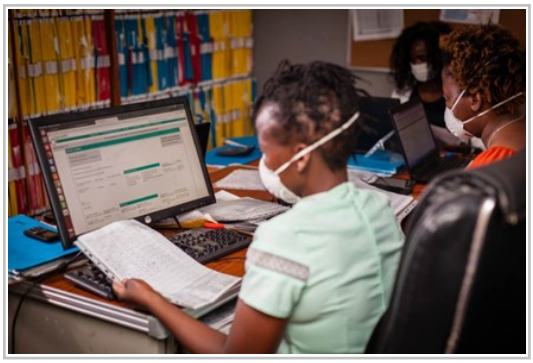

Data entry clerks at an ECHO project-supported health facility log patient data from health cards, which allows both ILA and technical teams closely track patients eligible for 3MDD. Credit: Abt Associates.

Summary:

HIV is a leading cause of death in Mozambique, which experiences stresses to its under-resourced health system. In 2020, the Ministry of Health expanded eligibility criteria to enable more people living with HIV to enroll in quarterly HIV treatment distribution, meaning they would spend less time in overcrowded health facilities at the height of the pandemic. Though the program saw initial gains, three-month drug dispensation (3MDD) enrollment plateaued. The USAID-funded Efficiencies for Clinical HIV Outcomes (ECHO) project leveraged its organizational culture of learning to uncover reasons for this enrollment plateau and bring patients into the program.

With a dedicated Innovation, Learning, and Adapting (ILA) team integrated into senior leadership, the ECHO project's structure facilitates collaborating, learning, and collabor(CLA). Events ranging from innovation competitions to weekly data discussions reinforce a foundation of learning that empowers staff at all levels to question the status quo and seek creative solutions to challenges. When the project confronted low 3MDD enrollment, ILA, technical, and stakeholder teams assembled in Manica province to break down siloes and brainstorm new interventions. The team found it necessary to connect the dots between activities occurring in isolation. As a group, teams reworked its research exploring the reasons behind 3MDD decline. Monitoring teams looked at patient data closely, shared visualizations with stakeholders, and facilitated conversations to understand what counselors, health providers, and pharmacists envisioned as realistic solutions. Through these CLA initiatives, the ECHO project team moved the needle on 3MDD enrollment. It also uncovered pitfalls when ILA teams operate in a silo. Responding to the team's research, the project shifted its approach to CLA and broadened its culture of learning across provinces, teams, and stakeholders. As a result, ECHO's foundation of CLA is stronger and will pass more effectively to our partners.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

Despite improvements in recent years, HIV remains a leading cause of death in Mozambique, which has experienced shocks to its health system through events like cyclones, floods, and the COVID-19 pandemic. The Efficiencies for Clinical HIV Outcomes (ECHO) project was tasked with an ambitious mandate to accelerate progress against the 95-95-95" goals, meaning 95% of people living with HIV know their status, 95% of those are receiving treatment, and 95% of those are virally suppressed. ECHO works in four provinces in north and central Mozambique. We support the government as it expands targeted HIV testing and ensures people living with HIV receive and stay on treatment. Working at both the community and health facility level, we collect a massive amount of data that helps us guide our programming. As part of our approach, we invest in building local ownership of these data processes and aim to develop the capacity of our partners, including the Ministry of Health, provincial health departments, and local community-based organizations, to make decisions and adapt strategies based on data.

In 2020, Mozambique expanded the eligibility criteria for three-month drug distribution (3MDD) for antiretroviral therapy (ART), reducing facility visits. Around the same time, the ECHO project launched an intensive monitoring and capture strategy to enroll patients in the program. This undertaking has increased the number of patients participating in the 3MDD program, which improved the "second and third 95's" of treatment and viral suppression. The program ensured continuity of treatment for people living with HIV while reducing facility visits to limit exposure to COVID-19.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

While some provinces in Mozambique are making impressive strides towards 95-95-95 coverage across their populations, others lag behind. With each province and community's demographic makeup, culture, and history varying immensely, ECHO seeks to avoid one-size-fits-all approaches. The project also invests a large number of resources to achieve its goals, which translates into a fast pace of progress and ability to tackle new emerging challenges. With this evolving context, the project as a whole needs adaptive management to ensure progress does not stagnate or even backslide. Overall, adaptive management builds resilience to shocks that are frequent in Mozambique.

The project initially saw several challenges in expanding 3MDD uptake. The percentage of patients enrolled in 3MDD had begun to level off to 67%, after initially surging from just 38% up to 81% coverage. Initially, ECHO's team could not identify an obvious cause for why the proportion of patients on 3MDD was not increasing. The team decided to use a CLA approach to monitor patients eligible for 3MDD and identify and address the barriers to 3MDD expansion in the context of COVID-19. Both our partners and USAID agreed that there was a need for research at all levels. The project's deeply integrated Innovation, Learning, and Adapting (ILA) team was best positioned to lead this charge.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

From the ECHO project's inception, we embedded collaboration, learning, and adapting into the project's organizational structure and implementation processes. In collaboration with the technical team, our dedicated ILA team established learning systems that touch every aspect of our implementation. These include:

1) Weekly pause and reflect data meetings at the health facility, provincial, and project-wide levels, culminating in a presentation of topline results to USAID,
2) Dashboards to enable indicator and facility outcome tracking in real-time, along with standard operating procedures and processes to ensure management and implementation respond appropriately to challenges that data illuminate,
3) Tri-annual Innovation Fairs, which reward ECHO team members at all levels for discovering and successfully implementing creative new approaches to province-specific or program-wide challenges,
4) Rapid investigations to identify root causes of success or gaps and tailor interventions, and
5) Rapid cycle evaluations to generate evidence to inform the implementation of ECHO's strategy.
These activities have been essential to the project's results, leading us to innovative approaches for reaching men with HIV testing or reducing patients lost to follow-up.

The ILA team responded to stagnating 3MDD enrollment by researching the causes for lack of uptake or loss in eligibility. As new patients became eligible, the ILA team integrated them into the study's active monitoring cohort. The team coordinated closely with data entry clerks, who shared and received data from monitoring and evaluation specialists through patient lists. At first, ECHO's CLA strategy involved some collaboration with the technical team; however, there were several constraints: research was not co-designed with the technical teams, technical teams did not actively participate in implementation of the research, research timelines stretched far beyond projections, and results were not shared in a way that they could easily inform ECHO's technical strategy.

ECHO worked to improve its CLA strategy through better internal and external collaboration, improved M&E for learning, and strengthened adaptive management. The ILA team performed a weekly review assessing the outcomes of each eligible or screened patient. The team then brought these findings to both the technical team and outside stakeholders, including data entry clerks, counselors, and pharmacists These outside stakeholders could contribute their experiences of interacting with patients day-to-day to the problem-solving process. The ILA team displayed data with visualizations mapping out the activity's evolution and marking successes and challenges. When the team did find challenges—such as the failure to update call lists for patient reminders or to update the OpenMRS database to indicate which patients enrolled in 3MDD—the ILA team invited the technical team and all stakeholders to debate and find consensus on how to adapt the technical strategy or even which challenges to prioritize. If the research was inconclusive, the ILA team worked closely with the technical team to adapt the research activity, changing the research objective entirely if new information came to light or pivoting to study another population or location if the target population changed or became unavailable. In all cases, discussions and research were logged in a comprehensive knowledge database for future use.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

ECHO's CLA approach helped to break down silos and encourage the project's various technical, ILA, and M&E teams to work together to improve project performance. Although an iteration of the ILA team was part of ECHO's original design, at the beginning of the project, ECHO did not have a defined process for multiple teams to collaborate on learning and ensure that findings and lessons learned were used for adaptive management. ECHO's CLA approach, specifically its investigation of 3MDD in Manica, required the project to develop terms of reference for internal and external collaboration between the ILA and technical teams and other stakeholders to design and implement our research activities jointly. As a result, ECHO strengthened its culture of collaboration and learning in which the ILA team and technical teams are motivated to evaluate areas with poor performance together, identify barriers, and promptly incorporate lessons learned into project implementation. Thanks to the emergence of the new workflow, the team was able to take the lessons it learned through its 3MDD research and apply them to a prospective analysis of viral load coverage that was collaborative and participatory. It also introduced an expanded dimensionality to problem-solving; rather than address issues through the narrow lens of a single technical area, the CLA approach links all technical and CLA experts together to consider the multifaceted causes underlying health problems.

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

The ECHO project's efforts to strengthen internal and external collaboration, M&E for learning, and adaptive management have directly improved 3MDD enrollment and are contributing to ECHO's other development outcomes. About 79% of eligible patients were enrolled in 3MDD after the ECHO project launched its intensified CLA approach, which represented a complete rebound from its concerning decline earlier in the program year.

By tying together the ILA team's monitoring efforts, the technical team's programmatic ideas and insight, and the on-the-ground experiences of stakeholders, ECHO has been able to identify the barriers patients face to 3MDD enrollment and effectively address them. As enrollment increases, HIV-positive patients are avoiding constant hospital visits, making it easier for them to continue ART and reducing their exposure to COVID-19. This is particularly important in a country characterized by an overloaded health system where the number of health professionals does not meet the demand of patients, and wait times in crowded facilities can be extensive. Through collaborative OpenMRS research on the impacts of the 3MDD eligibility expansion, the ECHO team has also shown that the policy had no negative impact on retention and therefore viral suppression—which was a previous concern before the policy's roll-out.

Addressing each patient's unique barriers to 3MDD enrollment also has peripheral benefits. For example, if a patient is ineligible due to pregnancy, the team refers their files for follow-up from ECHO's maternal health and pediatrics team. Patient files that may have otherwise been set aside are instead connected with antenatal care counseling and integrated into the team's monitoring and follow-up of pregnant mothers and, eventually, children at risk of HIV infection. This ability to connect the dots results from ECHO's culture of innovation and collaboration and has tangible impacts on the lives of Mozambican patients.

6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

Although the ECHO project's CLA approach has evolved over time, it has always been a building block of our organizational structure and team culture. Our team dedicated to innovation, learning, and adapting is large enough to accommodate our expansive mandate and views learning as an essential task, not simply an add-on. This ILA team is deeply integrated into the broader ECHO team. With a dedicated Deputy Chief of Party of Adaptive Data and Learning at the helm of this work, we ensure that CLA priorities and perspectives are fully embedded in the senior management team and all major project decisions. Aside from ILA activities, ECHO leadership has emphasized data use and evidence-based strategies with the technical staff from day one, translating into true ownership of data by the technical team, generating demand for learning. The technical teams "live and breathe" data.

Activities like the ECHO Innovation Fair are representative of this data culture and reinforce an environment where technical teams are not only encouraged, but rewarded, for thinking creatively. They empower technical teams to seek unique solutions and even challenge the status quo when approaches are ineffective. Outside of the Innovation Fair, staff from program managers to data analysts move forward with confidence to apply these same values to their day-to-day work. As a result, cross-team discussions to find solutions to issues like poor 3MDD uptake are impactful because team members have already exercised these creative and collaborative muscles.

These conditions can be replicable with the right commitment to CLA. From global health to governance programming, CLA can be embedded into organizational structures to make learning a leadership priority. When technical staff participate in events like Innovation Fairs, weekly data discussions, or other creative opportunities, they are better able to enact collaborative strategies that help programs achieve their development goals.