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HIV STRATEGIC INFORMATION FOR IMPACT

CASCADE DATA USE MANUAL TO IDENTIFY GAPS IN HIV AND **HEALTH SERVICES** FOR PROGRAMME IMPROVEMENT

**JUNE 2018** 

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Cascade data use manual: to identify gaps in HIV and health services for programme improvement

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# ABBREVIATIONS

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ALT	Alanine aminotransferase
APRI	Aspartate aminotransferase-to-platelet ratio index
ART	Antiretroviral therapy
ARV	Antiretrovirals
DAA	Direct-acting antivirals
HBV	Hepatitis B virus
HBeAg	Hepatitis E antigen
HBsAg	Hepatitis B surface antigen
HCV	Hepatitis C virus
HTC	HIV testing and counselling
IBBS	Integrated bio-behavioural survey
KP	Key population
KPLHIV	Key population member living with HIV
MSM	Men who have sex with men
NAT	Nucleic acid test
NGO	Non-governmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PW	Pregnant women
PWID	People who inject drugs
STI	Sexually transmitted infection
ТВ	Tuberculosis
UNAIDS	United Nations Joint Programme on HIV/AIDS
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

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#### **Purpose**

This guide supports the use of data to identify and fill gaps in services in order to improve HIV and health programmes. Following from the Consolidated Strategic Information Guidelines, high-level indicators are organized along a cascade of services which are linked to achieve outcomes. The guide supports the ways in which these cascade data are analysed and used to identify gaps and better link services.

Countries, programme managers, health workers and other stakeholders have indicated the importance of consolidating World Health Organization (WHO) guidance for constructing HIV cascades into a single document. This manual addresses not only the HIV care and treatment cascade but also cascades for HIV prevention interventions, such as prevention of mother-to-child transmission, and for co-infections with hepatitis B virus (HBV), hepatitis C virus (HCV) and tuberculosis (TB).

The use of cascades is integral to achieving the 90-90-90 global HIV targets (1) and represents one of the key monitoring strategies for supporting expansion and linkage of HIV care, treatment and prevention services (2).

This manual provides guidance on:

 Constructing various HIV cascades, and identifying and interpreting reasons for gaps and linkages along the cascade.

- 2. Understanding how cascades can be used to assess whether interventions have been effective and are well linked to each other along a results chain in order to achieve outcomes.
- **3. Understanding how biases in the data** used to construct the cascades can affect interpretation of the findings.
- 4. A step-by-step approach to developing and interpreting findings from cascades for HIV care and treatment, HIV prevention and HIV co-infections with HBV, HCV and TB.
- Disaggregating cascades for key and other populations and subnational geographical areas for local planning.
- **6.** Aligning definitions and use of cascades and indicators so they can be used between national programmes, partners (e.g. the Global Fund, PEPFAR), and at national, district and facility levels.

The cascade data use manual is intended for national and subnational AIDS control programmes and includes an embedded MS Excel tool that takes the data entered by users and converts them into cascade figures. It aims to support WHO consolidated guidelines, and how they are used operationally for cascade data, to identify gaps for programme improvement.

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