



Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

Evaluation Plan

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Table of Contents

Table of Contents	3
1. Introduction.....	4
1.1 Evaluation aims.....	5
1.2 Evaluation questions.....	5
1.3 Evaluation activities	5
1.4 Timeline of planned evaluation activities	6
2. Data Collection	7
2.1 Data collection instruments.....	7
2.2 Data Collection Plan.....	7
2.3 External evaluation	11
3. Data Analysis	12
4. Reporting and dissemination.....	13

1. Introduction

This evaluation plan describes the objectives, methods, and envisaged outcomes of the evaluation of the “Joint Action on integrating prevention, testing and link to care strategies across HIV, Viral Hepatitis, TB & STIs in Europe” (INTEGRATE). The project brings together 29 partners across 15 countries with the overall objective to improve timely diagnosis and linkage to care to reduction of new HIV, viral hepatitis, TB and STI infections in EU Member States by 2020.

INTEGRATE consists of eight separately coordinated work packages (WPs) with horizontal and vertical components. WPs 4, 5, 6 and 7 consist of projects that employ evidence-based measures to improve the monitoring and evaluation (M&E) of testing and linkage to care, integration of data into national surveillance, improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention. WPs 1, 2, 3 and 8 are cross-cutting and aim to coordinate and create synergy between the work packages, build capacity of health care professionals, civil society organizations and public health institutions, to assure sustainability and policy development of the work undertaken during the JA, and to disseminate outputs resulting from the JA. The detailed project description can be found in the grant agreement (761319) and at the project website: <http://www.integrateja.eu/>.

Project evaluations aim to comprehensively and systematically appraise the success of the project. The evaluation of the Joint Action (JA) INTEGRATE will include both quantitative (questionnaires, surveys) and qualitative (in-depth interviews, RAG reporting). It examines both process and impact of the vertical and horizontal work packages of the project, and measures progress against the overall and specific objectives of the INTEGRATE project (Table 1).

Table 1: Specific objectives of INTEGRATE

Specific Objective	Description
1	To support collaborative implementation of the Joint Action activities through timely reporting, dissemination and evaluation throughout the project period 2017-2020
2	To strengthen national policy on integrated activities related to early diagnosis of HIV, viral hepatitis, TB and STI's and linkage to care by 2020 in EU member states
3	To increase the normalisation of testing and linkage to care for HIV, viral hepatitis, TB and STI's in EU member states by 2020
4	To improve the monitoring and evaluation (M&E) of testing and linkage to care for HIV, viral hepatitis and STIs and integration of data into national surveillance and M&E systems in EU member states by 2020
5	To improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention for HIV, viral hepatitis, TB and STIs in the EU member states by 2020.
6	To improve the capacity of health care professionals, civil society organizations and public health institutions on integration of diagnosis and linkage to care for HIV, viral hepatitis, TB and STIs in EU member states by 2020

1.1 Evaluation aims

The aims of this evaluation are to:

- 1) Measure if the project objectives have been achieved
- 2) Measure if the outcomes of INTEGRATE meet the needs of the target groups
- 3) Assess the processes used to ensure that the project activities are implemented as intended
- 4) Inform stakeholders on the design of future interventions and actions

This evaluation plan includes details of the methodology for each evaluation component, driven by the project's process, output and outcome indicators. Throughout the project, but in particular towards the project's end, the evaluation results will be used to guide stakeholders to make decisions about future projects involving integration of testing and prevention strategies.

1.2 Evaluation questions

The five specific questions to be answered by the evaluation are:

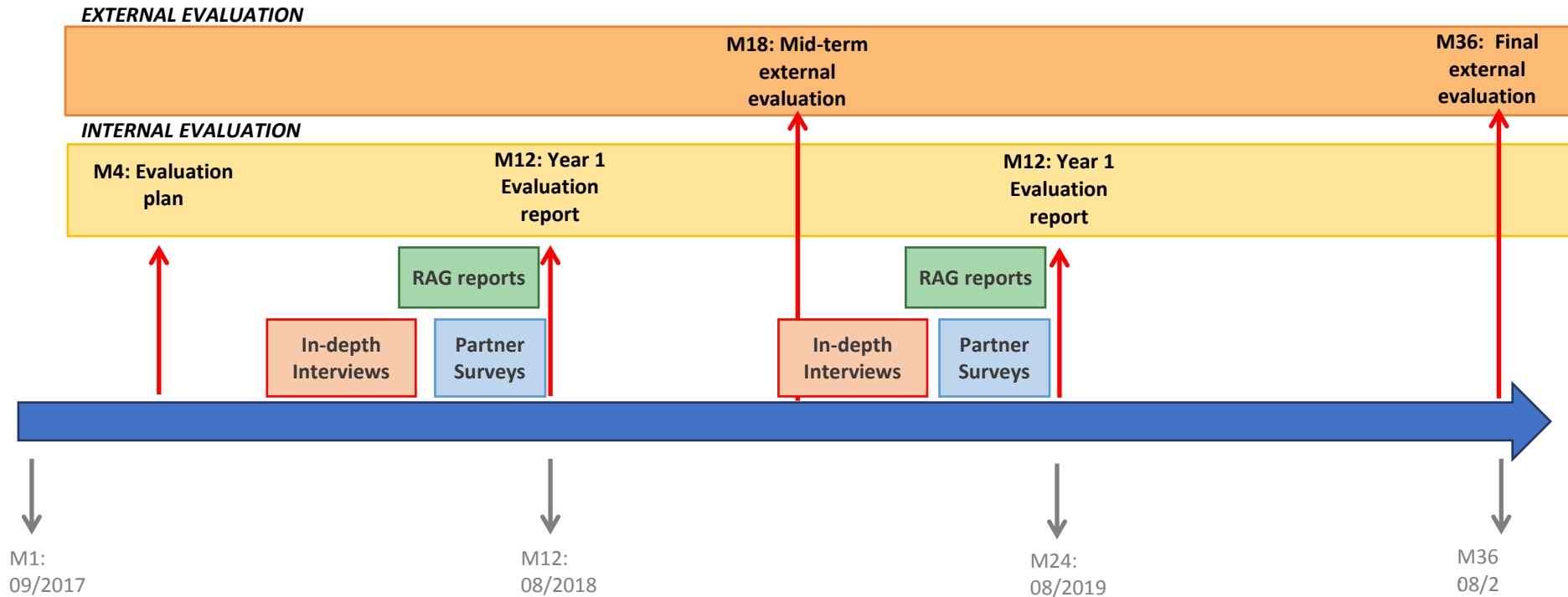
- 1) Did the JA achieve the expected outcomes and actions?
- 2) How could outputs and pilot actions be improved?
- 3) To what extent is integration of testing and prevention activities across the four infectious disease areas appropriate, useful and supported by stakeholders?
- 4) To what extent have participating partners and countries moved towards integrating HIV, STI, viral hepatitis and TB prevention and testing activities
- 5) What is the future potential of the approach for integrating prevention and testing across these disease areas?

1.3 Evaluation activities

The INTEGRATE evaluation will be carried out in two parallel processes

1. **Internal evaluation:** the WP 3 leaders will prepare yearly evaluation reports and provide regular updates to the Steering Committee on progress of the JA, collecting data through multiple channels:
 - a. Yearly partner survey (online anonymous questionnaires) and analysis of the results of the surveys
 - b. In-depth interviews (phone) with Work Package lead and co-leads on implementation (challenges, lessons learned, cooperation etc.) to include monitoring of the project processes and collaborations
 - c. Biannual RAG reporting to monitor progress towards meeting milestones and process, output and outcome/output indicators
2. **External evaluation:** An independent firm of evaluation specialists will be sub-contracted to conduct two evaluations of the JA at the mid-point and end of the project.

1.4 Timeline of planned evaluation activities



2. Data Collection

Different indicators are used to measure how activities are implemented (i.e. process indicators), what the project is able to deliver (i.e. output indicators) and whether it has effect (i.e. outcome indicators). These indicators have been planned and incorporated throughout the INTEGRATE activities. This evaluation will monitor progress towards these indicators.

2.1 Data collection instruments

The evaluation will be performed using the following data collection instruments:

Instrument	Methods	Responsible party for Data Collection
Yearly partner survey	Online anonymous questionnaires	WP3 leads/co-leads
In-depth phone interviews	Work Package lead and co-leads on implementation (challenges, lessons learned, cooperation etc.) to include monitoring of the project processes and collaborations	WP3 leads/co-leads
RAG reporting	6 monthly reporting from WP leads	All WP leads/co-leads
Steering Committee meetings and WP dedicated teleconferences	Meeting/teleconference minutes	WP1 coordinators and WP3 leads/co-leads

2.2 Data Collection Plan

Process, output and outcome/impact indicators for monitoring and reporting on the progress of implementation of the JA will be used to guide the evaluation and provide regular progress reports to the funders. A matrix of the evaluation indicators for each of the JA's specific objectives is on the next pages.



Objective	Outcomes	M on th	Process Indicators	Target	Outcome indicators	Target	Output indicators	Target
SO1 - To support collaborative implementation of the Joint Action activities through timely reporting, dissemination and evaluation throughout the project period 2017-2020	D1.1 Interim Report Y1	12	Proportion of JA partners that attend annual Partnership Forum based on signature list	80% (M12, M24, M36)	Work plan and Standard Operating Procedure developed and approved by Partnership Forum (meeting minutes)	M4	Deliverables, annual reports and final report has been timely submitted throughout the project period (online portal, email correspondence)	M12, M24, M36
	D1.2 Interim Report Y2	24	Launch of website and knowledge components	M4	Number of new users that visit the web site and resources (web analysis)	500 by M24, 1000 by M36	Proportion of partners of reporting overall satisfaction of participation and inclusion in the JA (partner survey year 3)	80%
	D1.3 Final Report	36	Establish Conference Organizing committee with representatives from all 4 disease areas (HIV, viral hepatitis, TB and STIs)	M13	Proportion of users that download material, engage in exchange of best practices and in discussions concerning innovations (web analysis)	>30% M36		
			Annual partner surveys developed and circulated to all partners (annual internal evaluation report)	M12, M24, M36	Number of conference participants (Y2) from target groups (policy makers, clinicians, civil society) (Conference attendance list)	>200		
			Proportion of JA partners that reply to annual partner surveys used for internal evaluation(s) (annual evaluation reports)	M12, M24, M36	75% in M12, M24, M36			
SO2 - To strengthen national policy on integrated activities related to early diagnosis of HIV, viral hepatitis, TB and STI's and linkage to care by 2020 in EU member	D4.1 Sustainability plan	12	Number of stakeholders consulted in pilot countries on input to sustainability plan (references in sustainability plan)	>25 by M12	Sustainability plan developed for 13 countries (pilot countries) on how to secure sustainability of deliverables and results of the JA (Sustainability plan)	M12	Number of JA partner countries have revised/ incorporate integrated approaches to early diagnosis of HIV and co-infections in their national policies, national programmes or other strategies plans and clinical guidance: (Yearly internal evaluation survey year 3)	7 by M36



states	D4.2 Report/Road map of pilot results	24	Number of key actors consulted and involved from relevant international organizations, national representation and networks in the development of a roadmap on how to integrate outcomes and results of the JA into National Policies and Action Plans	> 15 by M28	Roadmap developed for 13 countries (pilot countries) on how to introduce integration of HIV, viral hepatitis, TB and STI's (INTEGRATE tools and output) in national policy documents	M28	Number of organisations who revise their strategic plans, clinical guidance, or annual work plans to include integrated approaches to early diagnosis of HIV and co-infections with a focus on patient centred care (internal evaluation survey year 3)	10 by M33
	D4.3 Patient experience toolkit	32	Proportion of people living with HIV, hepatitis and TB recruited to participate in a patient survey (target sample size = 1,000 co-infected patients)	80%	Proportion of JA partners in the 4 pilot projects that plan to include patient experience surveys in their routine activities (Yearly internal evaluation survey year 3)			
SO3 - To increase the normalisation of testing and linkage to care for HIV, viral hepatitis, TB and STI's in EU member states by 2020	D5.1 Test approach info package	24	Number of partners that provide input to process of adaptation and update of ETW materials to cover additional diseases and key populations in year 1 (meeting minutes)	>10 by M12	Number of yearly updates of adapted materials on the ETW website	2 by M36	Proportional increase in combined testing and reaching of key populations reported by organisations involved in pilot activities using ETW materials (evaluation survey)	>40% by M36
	D5.2 Toolkit to increase testing in HC settings	30	Number of pilot sites representing different constituencies (hospitals/TB clinics/GPs) collecting baseline data on number of eligible patients seen with HIV, TB, STI or hepatitis (audit data)	all 4 pilot countries by M12	Number of pilot countries where IC guided testing has been implemented to prompt testing for hepatitis and/or HIV as relevant (online data form)	2 by M36	Proportion of eligible patients presenting with HIV and/or hepatitis, TB and STI's in pilot sites that are tested for HIV and/or hepatitis, STI's and TB (online data form)	70% by M36
	D5.3 HIV home sampling/test ing toolkit	34	Proportion of EU/EEA countries covered in situation report on HIV, STI and hepatitis self-testing and self-sampling activities (report)	>50% by M12	Toolkit on home/self-testing developed	M24	Proportion of national health institutions and CSOs that find toolkit useful or very useful to plan and implement home/self-testing or self-sampling programmes (survey)	>50 by M36
SO4 - To improve the monitoring and evaluation (M&E) of testing and linkage to care for HIV, viral hepatitis and STIs and integration of data into national surveillance and M&E systems in EU	D6.1 Consensus indicators on ETW Evaluation	26	Number of core impact indicators for monitoring and evaluation of ETW activities identified by consensus (meeting minutes)	>5 by M13	Number of pilot countries applying the set of indicators for monitoring and evaluation of the impact of ETW activities (pilot reports)	3 by M18	Number of impact indicators of ETW assessed and incorporated in all pilot countries(meeting report)	>4 indicators by M25
	D1.2 Consensus recs for CBTVT Monitoring	29	Proportion of NFP responding to survey on current testing and linkage to care data collection, integration approaches, processes and barriers and facilitators (Survey)	>80% by M11	Number of pilot countries for which good practice in data collection and integration into national surveillance and M&E systems is described (report)	>5 by M11	Number of pilot countries where HIV testing data from health care and CBVCT services are integrated in their surveillance and M&E systems (annual internal evaluation survey)	4 by M36

member states by 2020			Number of participants from CBVCT and national surveillance involved in the development of consensus recommendations (consensus meeting report)	>20 by M14	Number of pilot studies conducted to implement consensus recommendations into national surveillance and M&E systems (pilot reports)	6 by M24	Number of indicators adopted for the Dublin monitoring system, in agreement with the Dublin Declaration working group and in collaboration with ECDC (meeting report)	>4 indicators by M26
SO5 - To improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention for HIV, viral hepatitis, TB and STIs in the EU member states by 2020.	D7.1 Review of ICT programmes report	12	Number of existing prevention programmes using ICT tools reviewed, their strengths and weaknesses assessed, and the need for innovation/adaptation to other diseases assessed (report)	>10 by M12	Number of existing ICT prevention tools that are modified and adapted to different key populations and diseases based on assessment (website)	>4 by M18	Number of organisations in JA partner countries who introduce the adapted ICT-based tools in their work reaching key populations (yearly internal evaluation survey year 3)	20 by M36
	D7.2 Partner notification report	34	Number of member states from where documents on Partner Notification practices are translated and barriers and best practice assessed (report)	>10 by M9	Technical report for health care workers on partner notification for HIV, STIs, Hepatitis and TB is disseminated to national stakeholders and decision-makers (publication)	>100 reached by M30	Number of JA partner countries where technical report including tools on partner notification has been used to adapt current partner notification practices (yearly internal evaluation survey year 3)	5 by M36
SO6 - To improve the capacity of health care professionals, civil society organizations and public health institutions on integration of diagnosis and linkage to care for HIV, viral hepatitis, TB and STIs in EU member states by 2020	D8.1 Online learning courses	24	Number of existing training tools reviewed and described on INTEGRATE website with links (website)	>10 by M24	Proportion of visitors of the action's website who have downloaded the training tools (web site data)	>20% of all visitors by M36	Proportion of participants who consider outputs from the regional workshops applicable and will apply on their own /organisations activities (Workshop evaluation forms)	>75% (per workshop M14,M20, M26)
	D8.2 Regional workshops	34	Proportion of JA partners responding to survey on capacity needs and priorities (survey data)	>75% by M5	Analysis of survey data report identifying capacity needs and priorities and thus topics identified for workshops (survey analysis report)	M6	Proportion of JA partners that report improved knowledge on integration of testing and linkage to care for HIV, viral hepatitis, TB and STIs by using website training tools and participating in regional workshops (Y3 partner survey)	> 80% by M36
			Number of regional workshop organised for JA partners and national stakeholders (CSOs, health care professionals and public institutions) (meeting reports)	3 byM26 (M14,M20 ,M26)	Number of JA partners and national stakeholders participating in the 3 regional workshops (meeting reports)	>40 (per workshop M14,M20, M26)		

2.3 External evaluation

The role and responsibilities of the external evaluators is to conduct an overall assessment of the achievements of the project against the overall and specific objectives. The scope of the external evaluator work is to:

1. Answer the five main research questions
2. Process evaluation of three workshops held during the project
3. Outcomes and impact evaluation of the pilot activities

The Terms of Reference for the external evaluator is being drafted and will be advertised on an open pan-European forum. The outputs for the external evaluation are a mid-term and final evaluation reports



3. Data Analysis

An iterative, mixed-methods approach will be used to analyse the quantitative and qualitative data collected during the evaluation process.

Quantitative data: Statistical analysis will be performed using Microsoft Excel and STATA version 14 software (StataCorp LP, Texas, USA). Summary statistics (frequencies, means/median, ranges and distribution) will be presented. Statistical tests will be performed as needed: - X² test for difference of proportions - T-test for difference of means

Qualitative data: Qualitative data will be recorded, transcribed verbatim from audio files, and coded and thematically analysed using Framework for NVIVO. Whenever possible, two evaluators will code and cross-validate the analysis.

Results of the analysis should be interpreted to provide meaningful, useful and accessible information for action. As much as possible, qualitative and quantitative data will be triangulated to increase the validity of the overall findings. In addition, when interpreting the project's findings, a participatory approach will be applied.

4. Reporting and dissemination

Communicating and reporting is a continuous process. During the project, information collected will be continuously shared in a timely fashion with the steering group members in order to collect comments and guide the conclusions. Upon decision by the steering group, interim results, preliminary results and conclusions of selected sub-studies will be shared with stakeholders and partners. Communication methods to be used on a regular basis, with all WP leaders and with selected WPs include:

- Steering group meetings
- E-mail exchanges
- Publication of deliverables on the INTEGRATE website
- Face-to-face discussions
- Tele- or videoconferences
- Working sessions

The objectives of these exchanges or meetings will be to discuss and get feedback on the evaluation plan and data collection instruments, to discuss preliminary results and to prepare reporting of the results with sufficient input of all partners.

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Life Quality Improvement Association



Croatian association for HIV and viral
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