Scaling What Works
Implementation Science in HIV Treatment

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Scaling-up

Even if the hunter's path is clear, the one who follows must still tread carefully.

What works is not static!

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The systems in which we implement are not static

Synthesis and Translation

- Policy Makers
- Funders
- Researchers
- Think Tanks

Implementation Support

- Implementing Partners
- Consultants
- Coaches
- Professional Associations

Delivery

- Clinic staff *(government & donor-funded)*
- Community workers

Interactive Systems Framework
Wandersman et al. 2008, Am J Community Psychol

The case of smart medication lockers

Synthesis and Translation

Guidelines

Donor-funded Implementation Support

Delivery (donor staff)

What works is complex

It lives in the details, not just the outcomes!

Where was it tested and what did the setting look like?

Context!

To be continued….

What enablers or supports were critical to success?

*Implementation is the process of planned **human behaviour change** under organisational constraints (A. Sales)*

The BEHAVIOURS

- **Who** needs to perform the behaviour?
- **With whom** do they need to do it?
- **What** do they need to do?
- **When** do they need to do it?
- **Where** do they need to do it?
- **How often** do they need to do it?

The STRATEGIES

- Why this strategy? **(Rationale)**
- What is it trying to change? **(Outcomes)**
- Who delivers the strategy? **(Actor)**
- What exactly is being done? **(Action)**
- Who/what is the strategy aimed at? **(Target)**
- When is the strategy delivered? **(Temporality)**
- How much or how often is it delivered? **(Dose)**

Specification of implementation interventions to address the cascade of HIV care and treatment in resource-limited settings: a systematic review

Hickey et al (2017) JIAS

- ✓ Who delivers the strategy? **(Actor)**
- ✓ What exactly is being done? **(Action)**
- ✓ Who/what is the strategy aimed at? **(Target)**
- ✓ Why this strategy? **(Rationale)**
- ✓ What is it trying to change? **(Outcomes)**
- x ***When is the strategy delivered? TEMPORALITY***
- x ***How much or how often is it delivered? DOSE***

Who delivers the strategy?

40% of peer-based intervention studies did not specify the selection, training, or remuneration of the peer educators under evaluation.

Implementation strategies to improve HIV care cascade outcomes in low- and middle-income countries:

A systematic review from 2014 to 2021

Lujintanon et al (2024) JIAS

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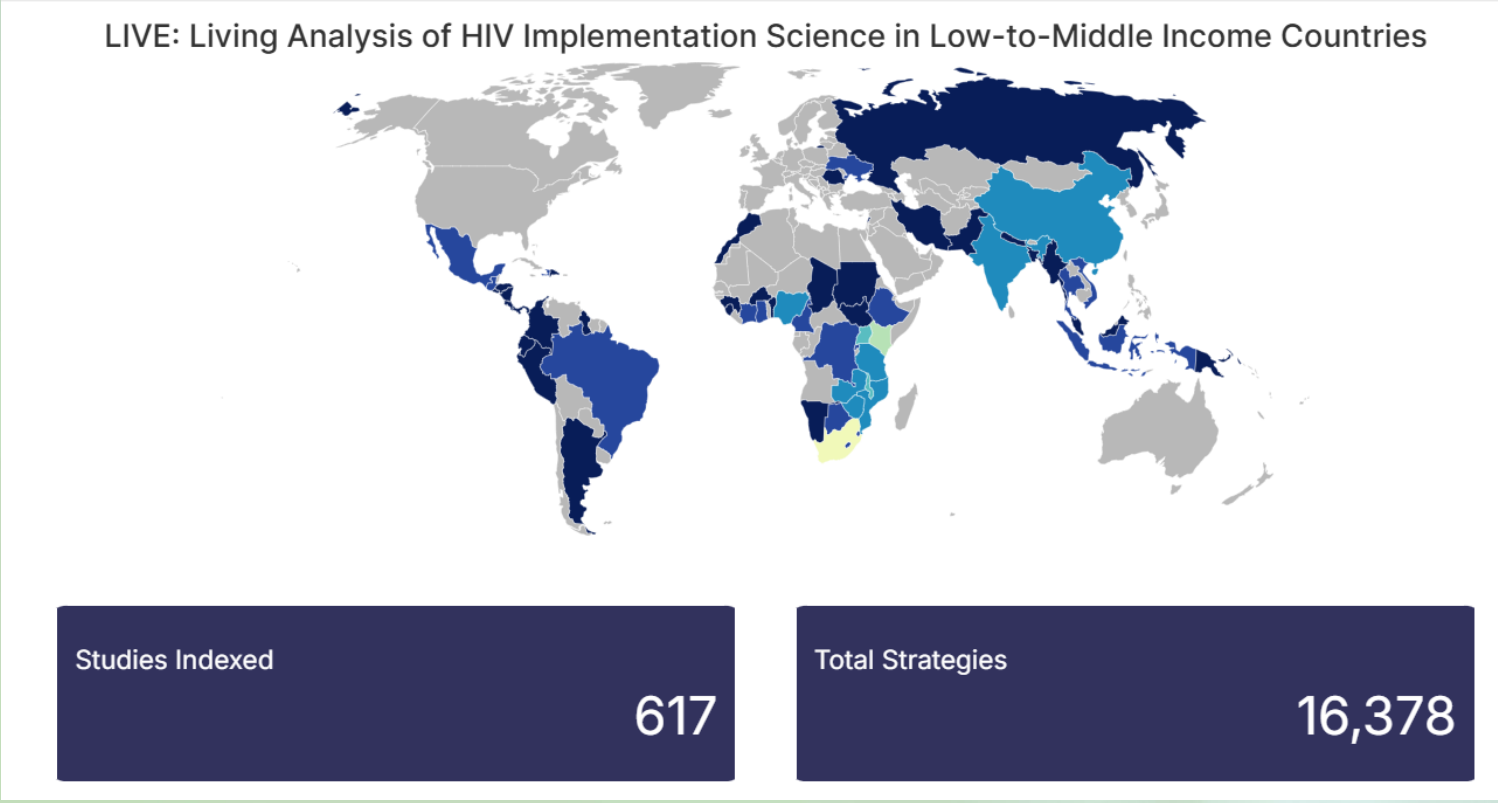
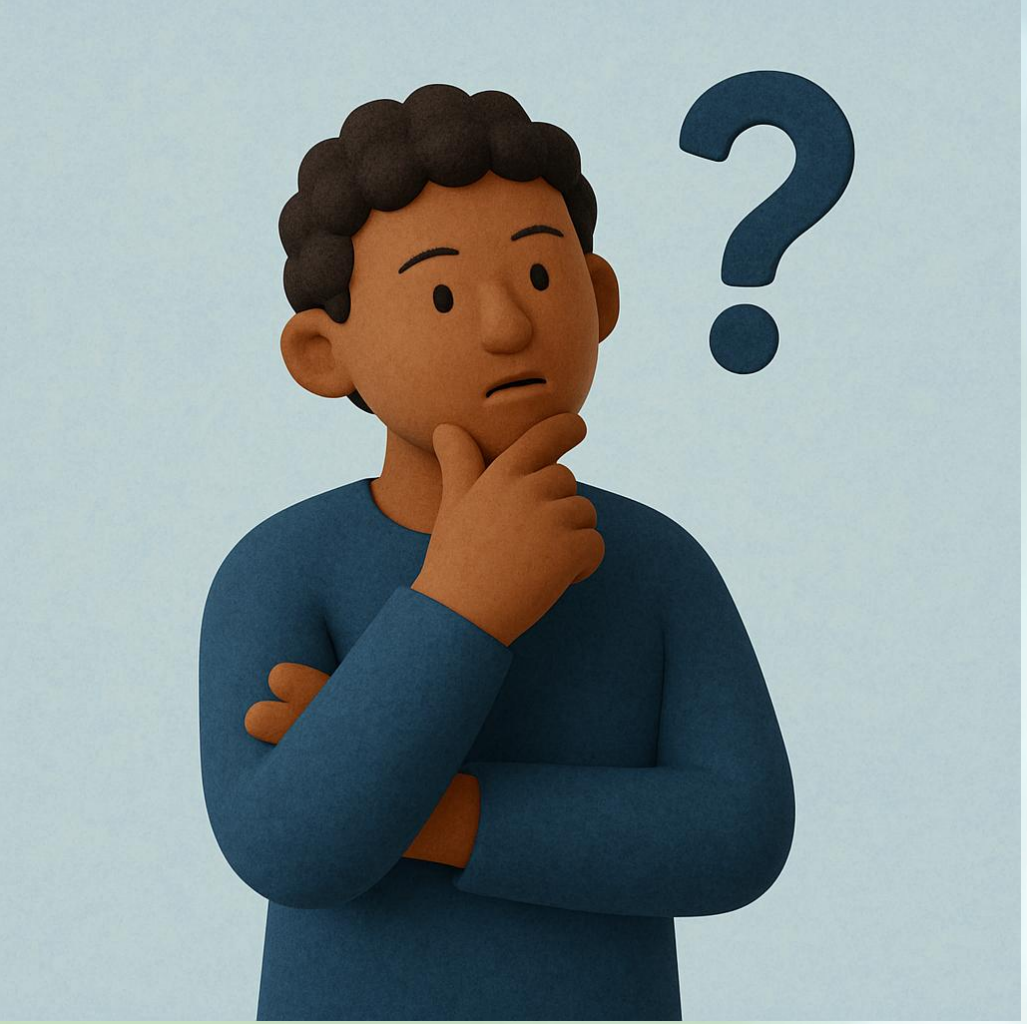


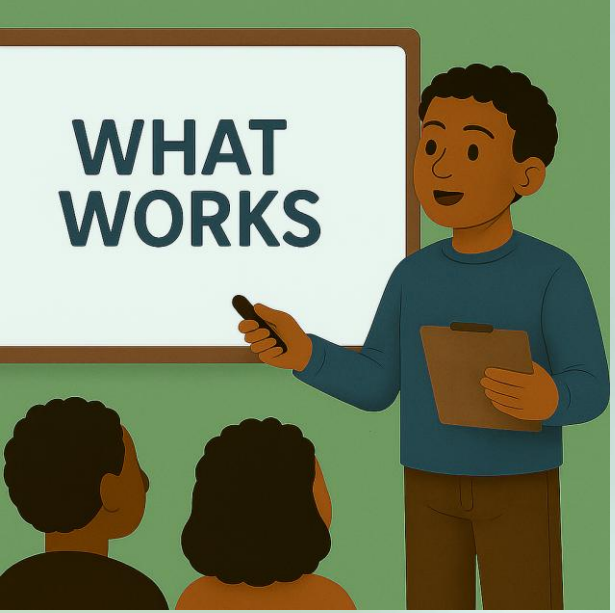
"Strategies attempting to change governance, financial arrangements and implementation processes were rarely reported."

"Possibly, these strategies might have been performed but were underreported in study manuscripts"

https://live.idig.science/



What didn’t work so well, and what did you learn along the way?



A call to action
Let's be Real!
Implementation Research
Implementation Practice

Lack of continuity in HIV treatment after release from correctional facilities

Transitional Community Adherence Clubs

Pre-release sessions in correctional facility → **12 Post-release group sessions (6 months)**

It was messy Chopping and Changing (Modifications)

Mabuto et al. "Transitional community adherence support for people leaving incarceration in South Africa: a pragmatic, open-label, randomised controlled trial." The Lancet HIV

Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS)

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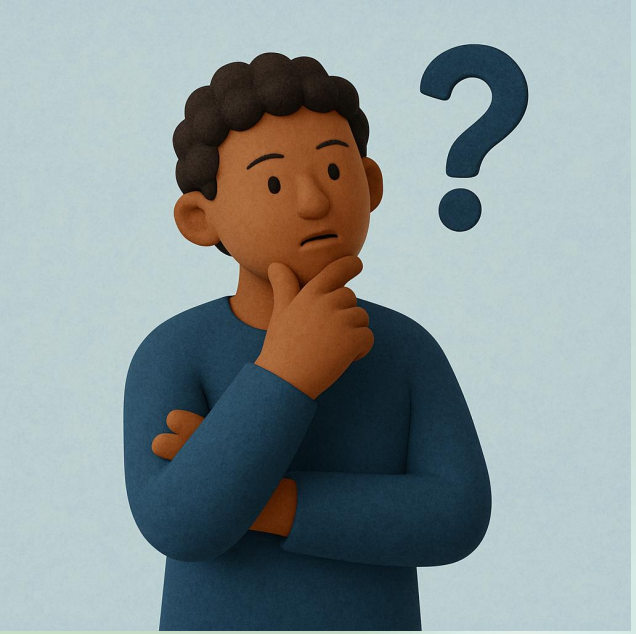
Miller et al. (2021). Implementation Science

1. What is modified?
2. What is the nature of the content modification?
3. Does modification retain fidelity to core elements/functions?
4. What is the rationale for the modification?
5. When is the modification initiated, and is it planned?
6. Who participates in the decision to modify?
7. How widespread is the modification?

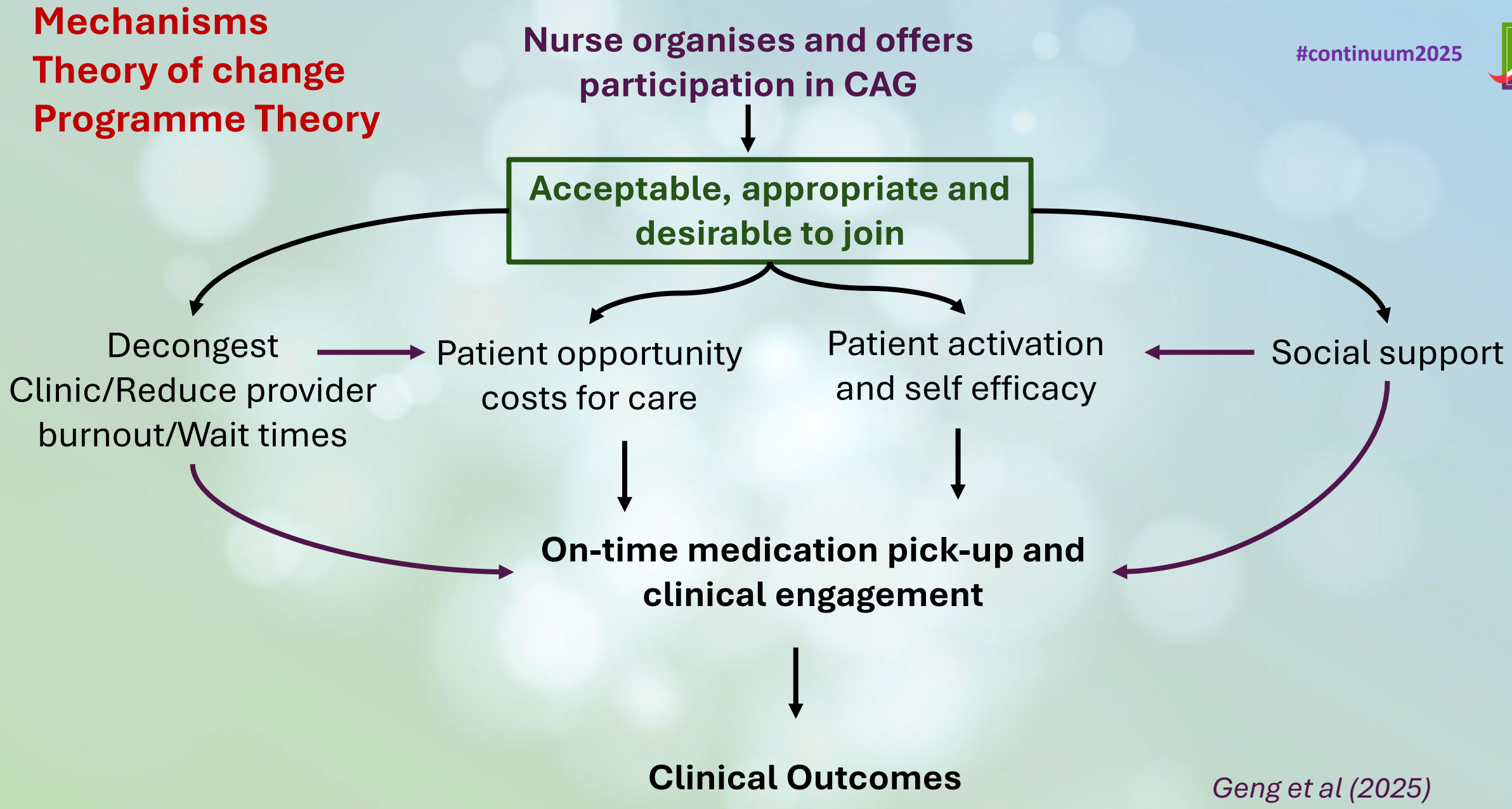


What would break the model if it were altered, and what is open to local adaptation?

The example of Community Adherence Clubs (CAGs)

- Differentiated care modality
- Run by nurse or community healthcare worker
- Stable on ART
- Inclusion criteria

- **Mechanisms**
- **Theory of change**
- **Programme Theory**



Geng et al (2025) Implementation Science

Unpacking considerations for “scaling”

From “Here” to “There”

The context trap

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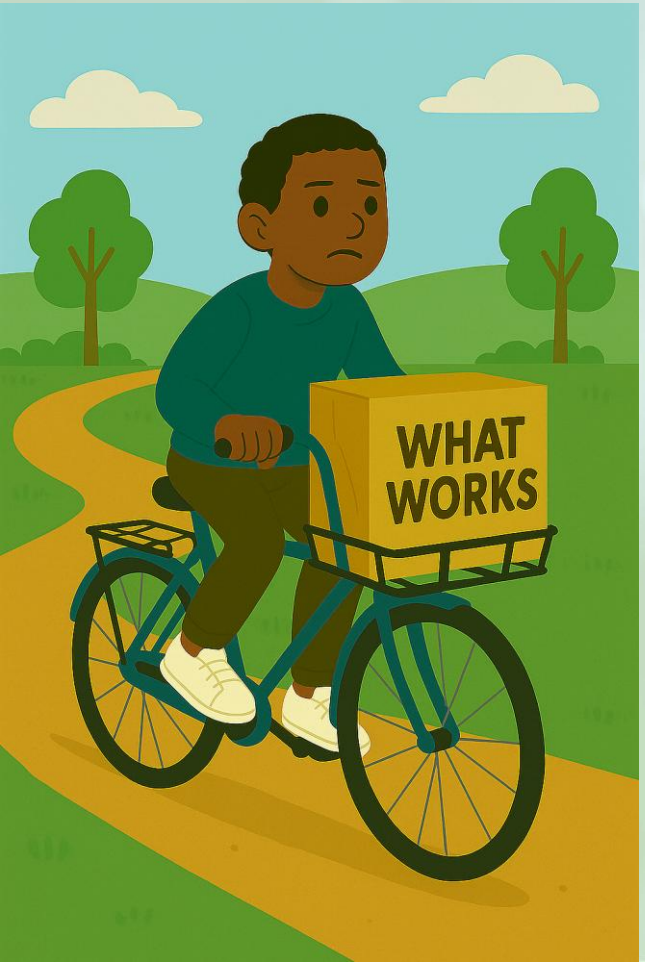
“If every implementation context is truly distinctive, how can we generalise from a particular research study about an implementation strategy to the wider world? *(Geng et al. 2025)*



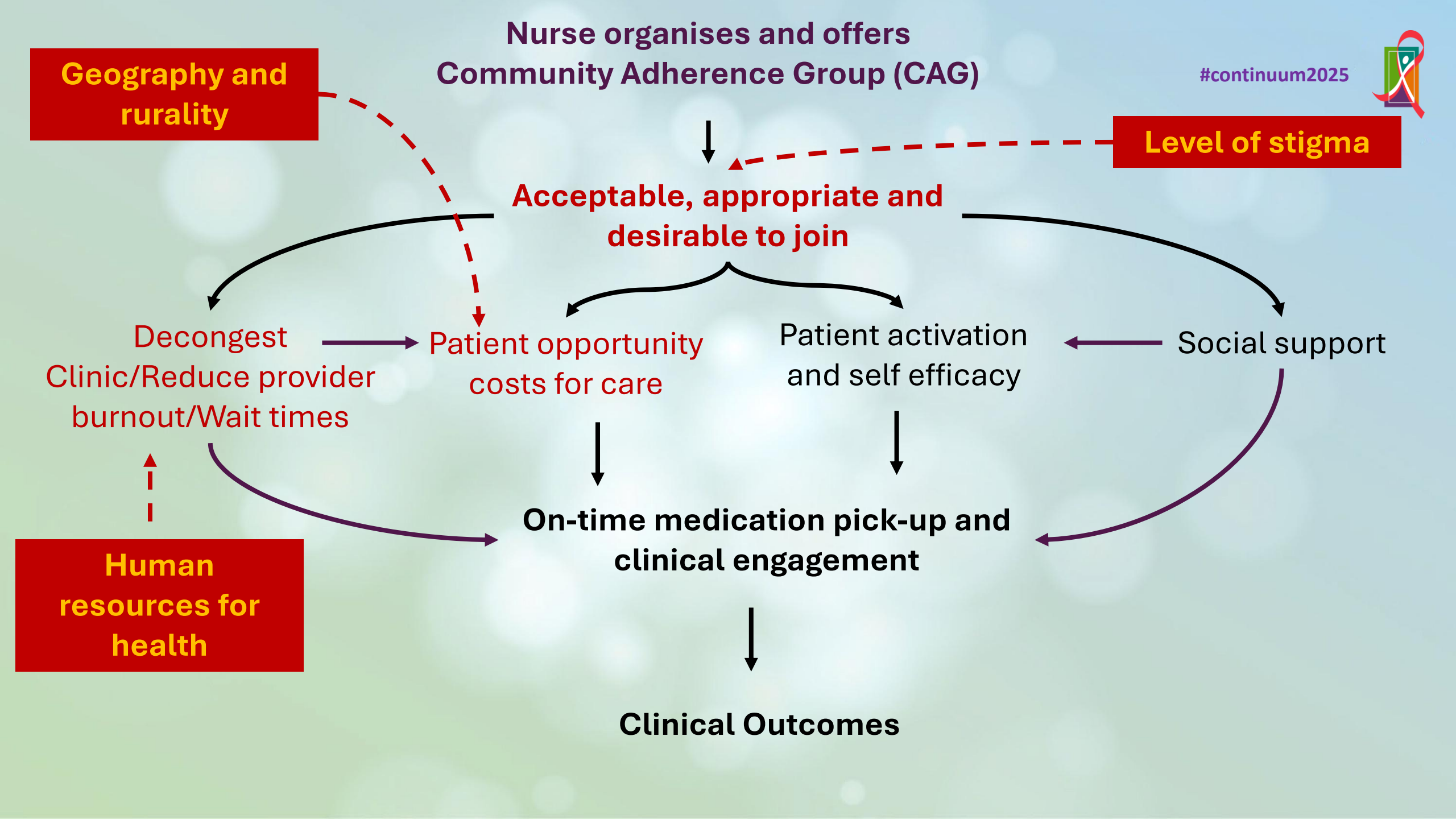
Context Matters

The Context that Matters

The example of Community Adherence Clubs (CAGs)

The model was developed in an urban area and there are considerations to move it to a rural area

What is the context that matters?


Nurse organises and offers Community Adherence Group (CAG)
Geography and rurality
Level of stigma
Acceptable, appropriate and desirable to join
Decongest Clinic/Reduce provider burnout/Wait times
Patient opportunity costs for care
Patient activation and self efficacy
Social support
Human resources for health
On-time medication pick-up and clinical engagement
Clinical Outcomes

WHERE we are you scaling to?

“Scaling-out” evidence-based interventions to new populations or new health care delivery systems *Aarons et al (2017) Implementation Science*

What works

Same target population	Different delivery system
Different target population	Same delivery system
Different target population	Different delivery system

Scale-up

- Same target population
- Same delivery system

Example: Case Management to promote linkage-to-care

Sub-optimal linkage to care

ARTAS CM model
Community-based

Same target population

Different delivery system

Newly diagnosed

Clinic-based

Scaling and Sustainability

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Thusa-Thuso Motivational Interviewing

- Improve ART start and retention
- Lay counsellors
- 10-day Training, quarterly mentorship, audit and feedback

Synthesis and Translation

Implementation Support

Delivery

“Let’s Scale Up!!”

127 Staff from 5 NGOs

What ‘evidence’ is needed for scaling?

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KNOW YOUR DECISION MAKERS

- Meaningful engagement
- Early and throughout
- Understand decision frameworks (objective and subjective)
- Understand priorities

Strategies to influence ‘VERTICAL SCALE UP’ in 6 African Countries

- Review Guidelines
- Regulations
- Market Access
- Additional Research

De-implementation as a pathway to scaling

In systems already stretched to capacity, **scaling up what works** also requires identifying and **scaling down inefficient or ineffective practices**.

Final thoughts…

- Rethink what works
- Looks can deceive — go beneath the surface
- Let’s be real
- Navigate the context trap
- Know your end game
- To scale up, you may need to scale down