Evaluation Management Response

Evaluation name: EVALUATION OF KARACHI HEPATITIS C STRATEGY

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Part 1: Summary of project and evaluation

Summary of project:
The Karachi project is a project by choice with a catalytic dimension. The project has two fields of intervention: 1. Bending the Curve (BTC) in Machar Colony, a vertical test and treat program on hepatitis C virus (HCV) aiming at reducing the prevalence in the community of Machar colony. The project aims at demonstrating and presenting evidence of a successful alternative model of simplified diagnosis (omitting the AST to Platelet Ratio Index (APRI)) and simplified treatment that can partially or fully be replicated in stable populations or closed geographic areas (e.g., prisons). 2. The support to the Baldia Town Rural Health Centre for the integration of HCV screening, testing and treatment in a primary health care (PHC) center with a strong advocacy approach towards this integration in PHC facilities in urban and rural areas.
Summary of purpose and intended use:
The evaluation has an ex-ante approach, i.e., looking at the revised strategic design and its likelihood of success in the future. Given the relative short-term lifespan of the final phase of the Hepatitis C project in Machar Colony, which has started in 2022 and is due to end in 2024, it was proposed to develop an evaluation that would make recommendations that could be implemented during the project.

Summary of findings and conclusions:
Existing momentum on eliminating HCV in Pakistan (Pakistan's National Elimination Goals 2030) has been lost because of lack of political commitment and, in part, due to the COVID-19 pandemic. The absence of an advocacy manager at coordination level and the required attention for the floods in Pakistan has contributed to the loss of attention for the advocacy needs of the Karachi project. This momentum now needs to be restored with an adapted advocacy HR set-up and updated advocacy strategies, taking the evaluation of the program into account. Active networking is needed to prepare dissemination of the BTC results and actively advocate for integration of HCV care in PHC settings and to prepare the exit of Machar Colony. The timeframe has been influenced by a series of external factors. These were insufficiently foreseen in the project planning and while the impact of some factors could not have been foreseen , others should have been considered. The field of intervention in Baldia has suffered most of the external factors, notably from the lack of political willingness of the health authorities. While the objectives were not all achieved, the project was nevertheless partially able to realize some. The focus will now need to be on advocacy. The sustainability of the impact of both fields of interventions are points of attention. This angle needs to be a focus in our advocacy efforts. The strategy needs to be adapted considering this. Catalytic objectives need to be clarified along all internal MSF stakeholders as it needs to be clarified how MSF's hepatitis C expertise in Pakistan will contribute to a systemic change of policy and practice on HCV management and create a sustainable health impact. The initial intention to capacity build partners on HCV management did not fully materialize (especially in Machar Colony) and efforts on this topic should continue. MSF's objectives are contributing to the Pakistan's National Elimination Goals 2030 and should inspire the government through evidence and advocacy to replicate the deployed models of care. Albeit, within the short lifespan of the project, the evaluation might have come a bit too early to take full advantage of the potential of an evaluation. It is acknowledged that the window of opportunity for an evaluation for this kind of project is short and finding the ideal timing is difficult.

Part 2: Recommendations follow-up:

Recommendations

Recommendation 1: Machar Colony - Effectiveness of project activities - Continue to monitor screening and care cascade as strategies are adopted to improve screening numbers and treatment adherence. The allocated timeframe and resources might need re-considering to achieve the desired target	
Accept/Partially accept/Reject	Partially accept
Responsible	N/A
Timeframe:	N/A
Comment:	Project had revised the timeframe and continues to do so independently from the evaluation. Indeed, the National Bioethics Committee (NBC) awaited green light has also had an impact on the timeline of the project amongst other factors as mentioned in the report. Alternative testing strategies (e.g., oral self-testing and in-house testing for females who do not present to the mobile labs) were discussed during 2022, independently from the evaluation. The alternative approaches also impact the timeframe as they go beyond the initially planned activities and as new approvals of the MSF ERB and NBC of Pakistan are needed. Those innovative approaches aim to improve screening numbers.
Steps for Follow-up:	N/A

Recommendation 2: Machar Colony - Sustainability of impact - Collect evidence of drivers of transmission and explore opportunities for reducing risk of transmission either through direct intervention by MSF or through partnerships and advocacy. 'Treatment as prevention' is likely to not achieve a sustainable reduction in HCV prevalence if unsafe practices continue and if new population group settle in Machar Colony Continue to explore potential partnership opportunities. This will enable capacity building and hand over to a local provider post MSF's strategic period Dec'23 to ensure Machar Colony residents continue to receive HCV care	
Accept/Partially accept/Reject	Partially accept
Responsible	Project Coordinator
Timeframe:	End 2023
Comment:	End of project is set at December 2024, not 2023. While the recommendation is justified, it might not be fully realistic. Strategies for reduction of transmission were discussed at

	project inception but deemed too dangerous (because of the links with criminality) and/or too ambitious. Building awareness about HCV in the community is at the heart of the health promotion strategy which are expected to mitigate partially the areas where there is no investment. A qualitative survey will give more insights on the perception of the population on risk factors with regards to HCV transmission. The project is also preparing a reinfection study which will shed light on new infections after successful treatment. It is agreed that the project should continue to look for potential partnerships for handing over hepatitis C awareness and integrated (as opposed to vertical) care after MSF leaves the colony.
Steps for Follow-up:	- Networking with NGOs and CSOs - Reinfection study to launch - Qualitative survey on risk factors of HCV transmission

Recommendation 3: Baldia - Capacity building - Consider if the set targets for the allocated time are realistic given the delays and challenges	
Accept/Partially accept/Reject	Accept
Responsible	Project coordinator
Timeframe:	June 2023
Comment:	It is agreed that the timeframe was too ambitious in a context of instable political leadership and where getting buy-in from the authorities is very difficult. Lessons learned will be capitalised and the project achievements will be held against the failed objectives. However, it needs to underlined that, certain project objectives were reached such as: training and sensitisation of Rural Health Centre (RHC) staff, sensitisation on HCV care, training of Kemari Lady Health Workers (LHW), setting up screening and referral pathway.
Steps for Follow-up:	- MSF stays available for technical support - Capitalisation report

Recommendation 4: Baldia - Sustainability of impact - To ensure success in Baldia, there is an urgent need for better advocacy to harness the support of relevant stakeholders. A clear exit plan is needed, identifying exactly what a sustainable model run purely by MOH would entail to facilitate timely transition	
Accept/Partially accept/Reject	Accept
Responsible	Project Coordinator
Timeframe:	June 2023
Comment:	With the difficulties that we have faced in obtaining buy-in from the authorities, the objectives of the project have been

	abandoned and revised. Key MoH staff have changed repeatedly (e.g., 3 District Health Officers (DHO) have succeeded each other during the project's timeframe) during our time of collaboration. MSF has donated diagnostic equipment (Genexpert) and trained an MoH laboratory technician on its use and rehabilitated the RHC (new waste zone, and continuous water supply). We also consider that sensitisation about HCV and the availability of treatment in the RHC as an achievement. The team is currently preparing an exit plan. The Sindh HCV program has verbally committed to allocating the status of HCV sentinel site to Baldia RHC. This would need to be followed up in our advocacy strategy as it would contribute to the sustainability of the integration as part of the project objectives. Absence of advocacy manager at Islamabad level and advocacy officer at Karachi level have created an important gap in our advocacy efforts. It is however unlikely, or unsure that any strategy or approach would have generated more buy-in from the authorities. It is agreed that a clear exit plan is needed that considers the shortcoming of the collaboration with the MoH to ensure as much as possible a sustainable impact.
Steps for Follow-up:	Despite the end of the support to the health centre in June 2023, the advocacy on the integration of HCV care at PHC level will continue. The limited achievements will be highlighted in a dedicated advocacy plan on Baldia and on the integration in a larger perspective. The lack of appropriation by the District Health Officer (DHO) will need to be part of the strategy. - Capitalisation report - Advocacy plan: aiming for Baldia RHC to become HCV sentinel site - Exit plan

Recommendation 5: Catalytic dimension - Catalytic objectives - Key stakeholders (including Cell, SAMU, Mission, Machar Colony and Baldia project team, Advocacy, Comms) should work collaboratively to further clarify the catalytic objectives of the strategy and plan how these will be achieved. Once a consistent understanding of the catalytic objectives of the strategy is developed, the implementation plans, advocacy strategy and operational research plan should be revisited to ensure they facilitate achievement of catalytic objectives. Issues regarding replicability and sustainability in Machar Colony and Baldia need to be discussed separately and agreed on by all relevant stakeholders	
Accept/Partially accept/Reject	Accept
Responsible	Project Coordinator with support of the Deputy CO
Timeframe:	End of 2023

Comment:	Important to define the advocacy and dissemination strategy. For both fields of intervention weaknesses and strengths should be highlighted. However, I believe, that the replicability needs to be discussed at the same time. I would disagree with discussing this separately as I see this closely linked to the catalytic dimension.
Steps for Follow-up:	Capitalisation of the project Update advocacy strategy

Recommendation 6: Catalytic dimension – Advocacy strategy - Update advocacy strategy to incorporate the changing needs and context; as well as the limitations highlighted of the past advocacy approaches (section 6.2.2 & 6.3)	
Accept/Partially accept/Reject	Accept
Responsible	Advocacy manager with PC & Advocacy Officer (when recruited) supported by AAU in HQ.
Timeframe:	End 2023
Comment:	Long gap of advocacy manager, failure to recruit advocacy officer. Covid has broken the momentum the mission had in their contributions to the Pakistan HCV circle(s). Networking and connections must be re-established.
Steps for Follow-up:	- Recruitment of advocacy officer - Update advocacy strategy

Recommendation 7: Catalytic dimension – Operational Research - Explore the feedback loops between action, research, and advocacy; and how each can enhance and support the other Plan for operational research, data and evidence required for advocacy of Baldia model of care	
Accept/Partially accept/Reject	Partially accept
Responsible	Project Coordinator
Timeframe:	End of 2023
Comment:	The project's intention is to use operational research (OR) to demonstrate a successful approach to reduce drastically the prevalence of HCV in a given stable population. Evidence will be generated that can be replicated partially or fully elsewhere in Pakistan or beyond. The OR will indeed feed the advocacy strategy. Additional areas that will be covered include: - HCV self-testing - Simplified treatment algorhythm without APRI - Same-day treatment initiation Baldia's objectives have been reviewed, see above.

Steps for Follow-up:	- Capitalisations report is being worked on which will give inputs on the advocacy strategy. - Disseminate intermediate results of research and update advocacy strategy accordingly - Update of advocacy strategy.

Other findings

Key findings not covered by recommendation: Determine what evidence is needed to support advocacy translation. Develop distinct advocacy products (such as policy briefs etc.) Impact, replicability, and cost effectiveness should be the key consideration Incorporate cost effectiveness in the effectiveness model to facilitate replication and catalytic dimension of the strategy (for example how does the cost effectiveness and outcomes of MSF model differ from that of Agha Khan micro-elimination program doing door to door screening including treatment initiation at home)	
Responsible	Dep CO Cell
Timeframe:	Reach conclusion on involving academic partner on this by ARO 2024 time.
Comment:	The cost-effectiveness of the simplified treatment regimen for chronic hepatitis C is incorporated in the BTC master protocol as one of the research questions. In BTC intervention, we made the clinical judgement that treating all people without clinical signs of liver disease with 12 weeks of SOF-DAC without stratification based on APRI would not result in a significantly higher overall probability of treatment failure when compared to the standard approach. We also expected that the overall effectiveness of this updated approach would be greater in terms of achieving cure in HCV infected people due to reduced losses to follow-up. Moreover, we expected that the overall costs of the intervention would be reduced. A cost-Effectiveness evaluation of the integrated model of Hepatitis C care within the previous project strategy was done in the past by Bristol University. Doing a follow-up study on the test and treat strategy could be very complementary in our advocacy strategy.
Follow-up:	- Active follow-up needed between Advocacy and Analysis Unit (AAU) and potential academic partners. - Verify if all necessary indicators are collected to be able to make an economic review

Key findings not covered by recommendation: Reduction of defaulter rate	
Responsible	

Timeframe:	
Comment:	
Follow-up:	

Part 3: General reflections

It would be interesting to reflect what would be the minimum lifespan of a project for an ex-ante evaluation to be efficient. Reaching the conclusions of an evaluation takes some time and so does changing an operational strategy. This evaluation approach can however still give pertinent input on dissemination and advocacy strategies of projects with a strong catalytic dimension. Reflexion is also needed on how soon an ex-ante evaluation can take place after the start or redirection of the project activities for the conclusions to be pertinent.

This specific evaluation has started too early in the new phase of this project that was to be evaluated. Certain of the conclusions and statements therefore lack perspective. The result of the evaluation in part also shows the understanding (or lack thereof) of the interviewed team members at the initial stages of the deployment of the new strategic direction.

As described in the report, the project was launched more than 10 years ago, this evaluation particularly works around the new phase of the project that was launched early 2022, i.e., the bending the curve or test and treat strategy. Our senior staff have seen the evolution of this project from a PHC project where HCV care was integrated after a couple of years, to a vertical HCV project, and entering the final project phase with a vertical test and treat HCV project. Some quotes need to be read considering this.

1. The lack of interviews of external stakeholders (including the community) is a weakness. More efforts should have been made to include them to have a better understanding of the current political and cultural context which significantly affects the project.
2. The data set used is small and has limited added value in the report and given an imbalanced view of the project's achievements. Requesting data up to end 2022 was possible while finalising the report and this would have nuanced certain statements in the report. => data table should be updated until December 2022.
3. Some corrections or nuances must be made:
4. "Similarly, we attempted to engage partners to reach out to people using drugs but could not be materialised ": It was a conscious choice not to focus on intravenous drug users (IVDU) as we believe they are not the driver of HCV in Machar Colony.
5. "MSF is now testing the cost-effectiveness" – A discussion should take place to ensure we are gathering the necessary specific data to validate this model economically.
6. Project timeframe has evolved to June 2024 for testing and treating and to December 2024 for analysis and manuscript writing. This was known during the evaluation.

7. The HR set-up for our advocacy is misunderstood. The advocacy manager position in Islamabad has not been cancelled but an additional advocacy officer is supposed to be hired at project level to ensure an optimal advocacy and dissemination strategy of the results of the test and treat strategy.
8. Meanwhile, it has been decided to revise the field of intervention set at Baldia Rural Health Care Centre given the lack of commitment of the health authorities. The active involvement of MSF in Baldia will not continue beyond June 2023, however the advocacy around our objectives will persist.
9. On the BTC it is felt that there is a lack of attention in the report on:
10. the acceptance of walk-in patients. Patients outside of Machar Colony which present spontaneously are not refused. The impact of this program, even if small, thus goes beyond Machar Colony.
11. the inclusion of the treatment of patients who have failed treatment. The project has the intention to treat all patients.

General reflections on follow-up

The focus must now be the advocacy strategy as indicated in the above sections. Both for Baldia and BTC we will now need to engage actively with a broad panel of interlocutors to share our positive and negative experiences in the two fields of interventions. Adapted messages and approaches will need to be developed according to the stakeholders we approach.

Specific foci:

- Networking with different HCV actors in order to create a momentum for MSF again on the topic
- Decentralised HCV care and the lack of support we have experienced in Baldia by the MoH
- Test and treat strategies and how to translate them to resources available at MoH level (cost-effectiveness)
- Producing and sharing of scientific evidence at different platforms
- Approaching partners for continued attention to HCV in Machar Colony through awareness campaigns and testing opportunities

Broader data set to be inserted.