



TAVIE RED



Center for
Innovation and
Engagement



Funding Background

The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. RWHAP funds states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission.

NASTAD's Center for Innovation and Engagement (CIE) is funded by HRSA's HIV/AIDS Bureau (HAB), RWHAP Part F, Special Projects of National Significance (SPNS), under a three-year cooperative agreement entitled *Evidence-Informed Approaches to Improving Health Outcomes for People with HIV*. The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care.

Acknowledgments

Authors:

Rachel Browning, Manager, Health Equity, NASTAD

Rosy Galván, Senior Director, Health Equity, NASTAD

Milanes Morejon, Senior Manager, Health Equity, NASTAD

Paul Loberti, Director of HIV Provision of Care & Special Populations Unit, Rhode Island Executive Office of Health and Human Services (RI EOHHS)

Ezzat Saad, Chief Medical Officer & Head of Operations, 360 Medlink Inc.

Intervention Development Team:

Sreyouv Chan, RI EOHHS Ryan White HIV/AIDS Program Unit Coordinator

Patrick O'Brien, RI EOHHS Contractor

J. Manassè Theagene, President, 360 Medlink Inc.

Katie Deutsch, Director of Patient Program Development and Communication, 360 Medlink Inc.

Leïla Raison-Legros, Senior Marketing Communication Manager, 360 Medlink Inc.

Contributors:

Natalie Cramer, Deputy Executive Director, NASTAD

Sean Arayasirikul, NASTAD Consultant

Bria Mirante, Impact Marketing + Communications

Tara Kovach, Impact Marketing + Communications

Sarah Cook-Raymond, Impact Marketing + Communications

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U90HA31882, "Evidence Informed Approaches to Improving Health Outcomes for People Living with HIV." The project is part of an award totaling \$4,899,570 with no percentage of funds financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Suggested citation: NASTAD. TAVIE Red. [SPNS Intervention Implementation Guide.] July 2022.

CIE Equity in Evaluation Background

The Center for Innovation and Engagement (CIE) identifies, catalogs, and disseminates evidence-informed interventions. Interventions within the CIE compendium were identified through literature reviews of academic journals, key informant interviews, conference abstract reviews, and requests for information (RFI) surveys. In collaboration with Northwestern University, an evidence rubric based on the CDC's Prevention Research Synthesis (PRS) criteria was developed to gauge the effectiveness of interventions in improving patient outcomes. Interventions that met the inclusion criteria were reviewed by an Evidence and Dissemination Expert Panel (EDEP), which consisted of experts working across various HIV services and specialties. Each intervention received an "impact score," measuring its relevance, acceptability, appropriateness, feasibility, transferability, and sustainability. The EDEP selected sixteen interventions for the CIE team to include in the compendium. Most of the interventions chosen were published in academic journals.

Following the intervention identification process, the CIE team recognized that a number of innovative intervention models were excluded from the compendium because they lacked the necessary evaluation resources to meet evidence criteria. Using a research equity approach, the CIE team identified three additional promising interventions from the RFI list that did not meet the established evidence threshold and were not identified in the academic literature review process. These interventions were selected to participate in the CIE Equity in Evaluation Project. This project aims to provide organizations that developed innovative service delivery models with evaluation support. Interventions chosen for the project include the Detroit Health Department's Link-Up Rx program,

Whitman Walker Health's Mobile Outreach Retention and Engagement (MORE) program, and the Rhode Island Executive Office of Health and Human Services (RI EOHHS) TAVIE Red program.

Intervention teams were paired with consultants who have experience conducting a rigorous evaluation of programs serving people with HIV. Consultants prepared evaluation reports for the three interventions outlining key evaluation findings (e.g., program effectiveness, specific sub-population data) and strategies to sustain or expand future evaluation efforts. The intent is that organizations will use the findings from the analysis to enhance their programs, disseminate their innovative service delivery models, and add to the field of evidence-informed approaches that link, retain, and re-engage people with HIV in care. The inclusion of these three interventions in the Equity in Evaluation Project aims to highlight the need to (1) Increase capacity for health departments and community-based organizations to evaluate and demonstrate the impact of their programs in improving health outcomes for people with HIV, (2) Integrate equity frameworks to improve research and evaluation efforts, (3) Prioritize the work of agencies who may not have the capacity for high-level data management and analysis or who have limited funding to conduct rigorous analysis and disseminate findings, (4) Highlight and disseminate the work of agencies providing services to priority populations experiencing inequitable outcomes in HIV care and retention (e.g., transgender and non-binary people, people who use drugs, Black gay, bisexual and other men who have sex with men).

This intervention guide outlines key findings from the evaluation of the RI EOHHS TAVIE Red intervention.

Considerations for the Ryan White HIV/AIDS Provider (RWHAP) Community

The dissemination of evidence-informed interventions and best practices is essential to the Ending the HIV Epidemic in the U.S (EHE) initiative. It is imperative for these interventions to depict the work of diverse HIV providers presenting strategies to effectively link, engage, and retain people with HIV in care. Ryan White HIV/AIDS Program (RWHAP)-funded agencies and other HIV organizations can utilize this guide to inform their evaluation processes, garner resources to enhance program implementation (e.g., hiring additional staff, evaluation support, additional program resources), and add to critical strategies needed to end the epidemic. EHE is a collaborative effort and can be achieved when all agencies, regardless of organizational capacity, are provided with the additional resources and guidance needed to evaluate their programs.

Description of the Intervention Model

TAVIE Red 4th Generation (TAVIE Red) is the third iteration of a mobile application (formerly TAVIE HIV, TAVIE RX). TAVIE Red utilizes gamification to increase health and psychological self-management and assists case managers with connecting with clients. Gamification keeps clients engaged, assists with behavior, and increases knowledge through elements of game mechanics, such as working through scenarios where challenges are presented (i.e., Quests) and earning rewards for completion of activities. The TAVIE Red intervention aims to improve linkage and retention in care while addressing social determinants of health among people with HIV. Rhode Island Executive Office of Health and Human Services (RI EOHHS), in partnership with 360 Medlink, administers TAVIE Red and has reached over 330 people with HIV. Clients who participate in the intervention are eligible for RWHAP services. In 2017, RI EOHHS received an RWHAP Part B supplemental grant from HRSA to provide services to clients enrolled in RI EOHHS's RWHAP-funded agencies.

TAVIE Red features include treatment and symptom management, treatment reminders, a CD4 and viral load charting tool, health-related self-assessments, GPS resource mapping (e.g., locate food, housing, transportation), gamification and personalized health coaching to develop behavior change, and the ability for clients to achieve rewards (e.g., tokens, leadership board). TAVIE Pro, the case manager online portal, is used in conjunction with TAVIE Red. TAVIE Pro acts as a mechanism for case managers to send announcements, schedule appointments, and monitor client self-assessment progress. ([See Additional Resources Box](#))

“The reason that [TAVIE] came to be is because we were talking to physicians, nurses, and case managers in our observational studies. They would say we have little time to spend with patients. We’ve heard this before, and it isn’t a criticism of nurses or physicians or case managers; it’s just a reality. Sometimes people [capture the patient’s story] on a care plan, sometimes it shows up on an EMR, but the reality is how do we interface with the client about what’s happening in their life?”

— RI EOHHS DIRECTOR OF HIV PROVISION OF CARE & SPECIAL POPULATIONS UNIT

Research Design and Significant Findings

TAVIE Red was evaluated using a sample population of clients (N=233). This population utilized the application from November 2018 through December 2020. Upon initiating the TAVIE Red application, all participants completed an initial self-assessment to gather baseline data on physical and mental health status, HIV diagnosis, medical visit adherence, and medication adherence. After the initial self-assessment, subsequent assessments occurred at six-week intervals. The TAVIE Red application administered the assessments and tracked each client's results. TAVIE Red was evaluated to determine the intervention's success on the following indicators: (1) Satisfaction: The level of reported satisfaction with the application, (2) Positive benefits: Application engagement suggested positive benefits to the psycho-social and behavioral variables of interest (i.e., decreasing isolation, addressing religious or cultural barriers to medication adherence), and (3) User engagement: Whether application users utilized at least two functions (e.g., coaching sessions, health quests, tracking activities [physical activity, CD4 count, viral load] of the application). ([See Additional Resources Box](#))

Although the evaluation concluded that the intervention does not meet CIE evidence criteria, results illustrate that TAVIE Red is a highly engaging intervention and assists clients with managing their HIV diagnosis. Of the 233 participants, 77 percent were actively engaged in the application (e.g., earning points and progressing through coaching sessions), and 67 percent completed self-assessments through the application. The most utilized features of the application included physical activity quests, psychological and symptom assessments, CD4 count, and viral load trackers. The sample population also increased their viral suppression rate by five percent from baseline. . Additionally, eighty percent of users reported that the application assisted them with managing their condition, and 86 percent of users said that they would recommend the application to others. Other significant observations included the lower rates of engagement amongst clients with a high incidence of mental health problems (44 percent) and its correlation with unemployment, unstable housing, and domestic violence.



Intervention at a Glance

This section provides an overview of the steps RI EOHHS used to implement the TAVIE Red intervention.

STEP 1



Determine key features of the TAVIE Red application

TAVIE Red provides participants with several features which increase their ability to stay engaged with the application and address other barriers to retention while simultaneously working towards viral suppression. Some of these features include GPS mapping, gamification and quests, and mental health assessments. TAVIE Red also consists of a compatible Health Insurance Portability and Accountability Act (HIPAA) compliant online portal for case managers called TAVIE Pro. The intervention team conducted numerous surveys and meetings with consumers of older iterations of the TAVIE platform and other key stakeholders to determine the additional features needed.

STEP 2



Assess the acceptability of application features






RI EOHHS partnered with the Rhode Island Consumer Advisory Board (RI CAB) to pilot TAVIE Red. RI CAB members used TAVIE Red to provide feedback and assist with determining which features of the application were most beneficial (i.e., gamification, behavior change health quests, GPS resource map).

STEP 3



Determine participant eligibility

TAVIE Red participants met the following criteria: (1) reactive (positive) HIV diagnosis and eligible for RWHAP Part B services (2) aged 18 years or older, (3) able to provide informed consent, (4) newly diagnosed or in care but not virally suppressed, not engaged in care, or in-care but vulnerable (e.g., poly morbidities, people who use drugs) of being lost to follow-up.

<p>STEP 4</p> 	<p>Designate a TAVIE site coordinator at each funded agency</p> <p>The intervention team works with leadership at each TAVIE site to identify a site coordinator. The site coordinator works closely with the intervention team to ensure the successful implementation of the intervention at each site. (See Required Staffing Resources and Considerations)</p>
<p>STEP 5</p> 	<p>Train staff who will support implementation at each site</p> <p>The TAVIE Red intervention team provides routine training to site coordinators, Ryan White HIV/AIDS Program (RWHAP) Part B, AIDS Drug Assistance Program (ADAP) coordinators, and case managers. Training focuses on implementing the participant self-assessment, utilizing TAVIE Red and the case manager portal, TAVIE Pro, and assisting participants with downloading and activating the TAVIE Red application.</p>
<p>STEP 6</p> 	<p>Engage and enroll TAVIE-Red participants</p> <p>RWHAP ADAP coordinators and case managers at TAVIE sites are the primary agents responsible for enrolling eligible participants into the intervention. At enrollment, eligible participants complete a HIPAA consent form, a self-assessment, receives an Android phone with 2GB of data per month (with unlimited talk, text, and voicemail), and access to the TAVIE Red app. (See Additional Resources Box)</p>
<p>STEP 7</p> 	<p>Implement TAVIE Red</p> <p>The TAVIE Red intervention is supported through a HRSA RWHAP Part B supplemental grant. Through this funding 360 Medlink, a software development company specializing in digital health and digital therapeutic solutions, offers additional support to ensure the TAVIE Red application operates properly and updates and adds other modules and resources. RI EOHHS TAVIE case managers and RWHAP ADAP coordinators provide technical support to participants needing assistance accessing and using TAVIE Red. Additionally, case managers receive encrypted client level data gathered from the TAVIE Red application that they cross check against client level data in CAREWare. Having strong relationships with intervention sites also assists the intervention team with quickly addressing issues (e.g., lost and stolen phones, operating issues with TAVIE Pro).</p>
<p>STEP 8</p> 	<p>Evaluate the intervention</p> <p>The intervention team measured intervention acceptability via an optional user satisfaction survey administered at 12 weeks. 360 Medlink also shared feasibility and intervention engagement data (i.e., the total number of logins, usage time, the total number of experience points earned, the total number of quests). RI EOHHS case managers measured detectable viral load during the intervention period by extracting primary care visit data from CAREWare.</p>



Securing Buy-In

Client Engagement and Buy-in

The intervention team worked with and trained approximately 60 RW Part B case managers and supervisors, at approximately 6 funded organizations, on the TAVIE Red platform features. The team also worked closely with ADAP recipients, so that the most vulnerable populations were reflected in the initial roll out phase. Staff at TAVIE sites posted flyers advertising the intervention in clinical spaces (e.g., waiting rooms, exam rooms). Potential participants were encouraged to attend an information session with case managers. Information sessions illustrated to participants how TAVIE Red could assist them with achieving viral suppression

and addressing other barriers to adherence and provided an overview of key app features and how to use it. Case managers also assist with other activities such as helping participants complete a HIPAA consent form, downloading the app onto the participant's smartphone, answering questions about app utilization and functionality, assisting with app registration, providing a user guide, helping complete the self-assessment, and ensuring the participant was able to connect to TAVIE Pro. Additionally, participants engaging in gamification features could also enter into raffles, and winners received gift cards. ([See Additional Resources Box](#))

“[TAVIE] explains what you need to do. It tells you you’re not alone, don’t be afraid, this is what you need this is not the end of your life... having [TAVIE] could really save somebody.”

— TAVIE RED PARTICIPANT

External Stakeholder Buy-In

The intervention team secured buy-in from stakeholders through messaging that emphasized TAVIE Red's potential to improve the health engagement and quality of care for people with HIV who are most impacted. The intervention team also emphasized the ability of TAVIE Red to provide superior quality digital health technology to priority populations, facilitate the ease of interaction, and reduce case management burden on care providers.

RI EOHHS leveraged its long history of collaborating with governmental agencies, community organizations, and health practitioners to disseminate intervention information, gather feedback, and establish a referral process to enroll the first participants. Additionally, they helped identify special populations who were not engaged in care and provided input during the build and design process of the application. The intervention team also convened the RI CAB, who reviewed the TAVIE model and tested the platform, and agreed that the intervention could be highly impactful and acceptable among users.

Internal Stakeholder Buy-In

The intervention team used similar messaging about the intervention to gain internal buy-in (i.e., potential to improve the health engagement and quality of care for people with HIV). Additionally, there was a close collaboration between RI EOHHS leadership and the intervention team to ensure that TAVIE Red products provided high-quality care. TAVIE site case managers were also encouraged to give feedback and suggestions for improvements to the TAVIE platform.

Required Staffing Resources & Considerations

The following core staff implemented TAVIE Red:

TAVIE Red Intervention Team: The TAVIE Red intervention team consists of RI EOHHS and 360 Medlink staff. They are primarily responsible for further developing the TAVIE platform and assisting site coordinators and other staff. Their responsibilities include:

- Training RWHAP ADAP coordinators and case managers;
- Convening the RI CAB to gain feedback on the implementation of TAVIE Red;
- Gathering and evaluating data from the intervention; and
- Providing technical support to ensure TAVIE Red and TAVIE Pro are operable.

RI EOHHS Agency Case Managers and ADAP Coordinators: These are the primary staff who interface with TAVIE Red participants. In addition to providing case management support, they are an essential resource when assessing interactions between participants and providers through the TAVIE platform. Their responsibilities include:

- Utilizing TAVIE Pro to provide case management support (e.g., assistance with other supportive services, scheduling appointments);
- Providing technical support and help with navigating the application;
- Connecting with and enrolling participants in the intervention; and
- Completing case manager satisfaction surveys to provide feedback on intervention implementation.

TAVIE Site Coordinator: The TAVIE site coordinator must implement the intervention at each partnering agency successfully. Site leadership identifies each site coordinator in conjunction with other staff members. Individuals who are case managers may possess the skills best suited to transition to the role of site coordinator. Site coordinators need to dedicate 10 to 15 hours of their time to the intervention. Their responsibilities include:

- Managing the day-to-day operations of the TAVIE intervention; and
- Managing case managers.

Staff Characteristics and Training

Staff training was offered in-person (required group and one-on-one sessions) and online (recommended module series). Training consisted of:

- TAVIE Red on the ground instructional guide videos;
- Procedures to replace lost or stolen participant phones; and
- Training to respond to general cellphone and TAVIE functionality questions effectively.

Core competencies of staff included:

- Willingness to try new methods of engaging people with HIV;
- Working knowledge of structural determinants of health;
- Understanding the significance of providing functional, reliable technology to clients;
- Demonstrated ability to work with diverse client populations affected by HIV, including persons with mental and behavioral health conditions; and
- Willingness to learn how to utilize mHealth technology to enhance engagement efforts.



Best Practices

TAVIE Red illustrates the benefits of digital technology's impact on supporting access to health services for people with HIV. The patient-centered service delivery model of TAVIE Red makes it a time-saver for patients and providers. Additionally, participation in the intervention allows clients to decrease feelings of isolation by having access to a supportive network of other TAVIE users. Participants receive encouragement and ongoing support to adhere to antiretroviral therapy (ART) after completing quests and have more access to case managers. Participants can also address other barriers to care by completing quests to address other conditions (e.g., physical activity).

The TAVIE Red team worked closely with the RI CAB and case managers to make significant design and implementation decisions. This section highlights best practices they recommend using to implement the intervention:

Obtain and maintain funding to provide smartphones and data plans: Additional funding streams (e.g., governmental and philanthropic funding) should be identified to sustain these efforts. The intervention team now uses government-issued smartphones to replace the costs of procuring cell phones and data plans for participants.

Ensure case managers or other direct service staff have the technical knowledge to troubleshoot the TAVIE platform and smartphone questions: As a result of COVID-19, the intervention team developed

the *TAVIE Red On the Ground* instructional training modules accessible through YouTube. In addition, TAVIE Red users can volunteer to assist other users with operating the app and smartphone.

Address a higher-than-average distrust of technology among participants: The intervention team meets with participants to explain TAVIE security features. New users can also connect with RI EOHHS CAB members to get feedback on their perspective of the application's security.

External or internal stakeholder reluctance to buy in: Consider who your stakeholders are and ensure you have ample time to meet with them to gather implementation feedback. Successful implementation of TAVIE Red is partly due to the amount of feedback the intervention team gathered during and before implementation. Continuous engagement with clients and case managers is also a key mechanism of how the team adapts the app to meet client needs and adjust to unforeseen changes to implementation (e.g., COVID-19).

Distribute and track smartphones issued to participants: Since TAVIE Red is a remote intervention, policies need to be in place to track the distribution of smartphones and address issues with lost and stolen phones. Case managers assist participants with obtaining a phone and submitting a request for a replacement phone to RI EOHHS and 360 Medlink. ([See Additional Resources Box](#))

Overcoming Barriers

Digital technology can increase the health outcomes of people with HIV. Although these technologies can be highly effective when implemented with a patient-centered approach, there are also potential challenges related to the security of platforms and technology literacy levels among consumers. This section provides an overview of the barriers to implementation, as well as solutions identified by the TAVIE Red team:

Unfamiliarity with technology: Case managers work closely with participants to build their confidence in using smartphones. Case managers assist participants with basic actions such as turning the phone on and off and more advanced activities such as setting up email accounts, creating a

TAVIE profile, and learning how to access Wi-Fi. Case managers ease participants' apprehension around using the application by having one-on-one meetings and providing written communications (in the form of brochures, letters, etc.). Over time, many participants increased their confidence and ability to operate the app, and some have volunteered to provide support to other users.

Security concerns: Case managers meet with clients to ensure that their personal information cannot be searched for, obtained by an outside party, or sold. Clients are also made aware that data inputted into the application is protected through HIPPA compliance and anonymization.



The Impact of COVID-19

Coronavirus disease 2019 (COVID-19) forced the United States health care system to change and adapt in many ways. One change that the health care system was forced to do early on, was to minimize in-person healthcare visits to reduce the risk of exposure to healthcare providers and clients. Reduced in-person visits resulted in healthcare providers discontinuing or transitioning non-COVID-19 related services to telehealth. Reducing access to in-person HIV services has significantly reduced access to ART services and routine viral load testing.¹ Unlike other programs, TAVIE Red continued to have stable financial resources and was not susceptible to other issues such as closing health centers or reducing client services because it is on a digital platform. The intervention team modified the enrollment process and developed a COVID-19 support module to meet the needs of participants who needed specific guidance on managing a reactive HIV diagnosis during the pandemic. RI EOHHS agencies changed the enrollment process by mailing enrollment paperwork to clients or, if COVID-19 policies allowed, making an in-person appointment for participants to complete paperwork. Additionally, a collaboration with Age-Friendly Rhode Island provided free access to online communities, exercise groups, and other resources that helped reduce isolation among TAVIE Red participants. COVID-19 has also prompted the newest feature to the application, tele-case

management, though data on this addition is still being gathered.

The intervention team increased their attendance at RI CAB meetings to show community support. Other staff also had to adjust to remote working situations as new workflow and restrictions on client interactions were implemented. In response, the intervention team created TAVIE-RED-On the Ground Instructional Guide videos to help staff adjust. The intervention team increased their presence at staff meetings to provide technical support and receive feedback on the impact of COVID-19 on implementation. ([See Additional Resources Box](#))

Although participants have continued to receive services, the pandemic exacerbated other challenges that participants experience, such as anxiety, access to housing, and food. Many participants responded to this changing environment by withdrawing from the intervention, leaving case managers to re-engage with large numbers of participants. During this time, the intervention team decided to re-focus the purpose of the intervention to ensure that participants had their basic needs met. The intervention team encouraged case managers to work with participants to ensure they had access to stable and safe housing, food, basic COVID-19 information, and protective measures (e.g., wearing a mask, hand washing).

Sustainability and Capacity Building

The TAVIE Red team utilizes a wide range of resources to ensure sustainability including, meeting regularly with case managers to adjust the platform and utilizing client feedback through self-assessments and quests to better tailor the platform to client needs. As a result, the TAVIE Red team has been able to expand offerings in the platform, including a new telemedicine feature.

Through participation in the Center for Equity and Engagement, the TAVIE Red team is using key findings from the evaluation to develop strategies to enhance future evaluation practices, including increasing the frequency of the client self-assessment. (See [Additional Resources Box](#)) Additionally, the intervention team is preparing to disseminate findings to key stakeholders and app users through peer-reviewed journals, presentations, and prepare communication materials on the intervention's impact. The intervention team will also use outcome data to advocate for additional funding to expand the intervention. They will also conduct further analysis to determine if clients with similar characteristics (e.g., mental health, housing, insurance status) have comparable outcomes, with the intention of using the TAVIE platform to address population-specific social determinants of health.

Conclusion

The dissemination of evidence-based (EBI) and evidence-informed (EII) interventions plays an essential role in Ending the HIV Epidemic (EHE) in the U.S. Organizations often seek out these interventions during EHE planning and influence funding decisions and program implementation. However, the evaluation and research processes needed to be considered an EBI or EII often exclude underfunded organizations with limited evaluation and research capacity. EBI and EII interventions are overwhelmingly produced by academic institutions or other well-resourced entities that have the capacity to evaluate data or conduct academic research effectively. Consequently, the innovative models of underfunded entities such as community-based organizations, AIDS service organizations, grassroots initiatives, and organizations led by Black, Indigenous, and Other People of Color may not be as widely distributed.

Addressing the inequities within evaluation and research requires increased investment in resources to build capacity among organizations to evaluate and disseminate innovative service delivery models. HRSA is committed to this effort by funding the Center for Innovation and Engagement (Evidence-Informed Approaches to Improving Health Outcomes for People with HIV project) as well as the RWHAP Recipient Compilation of Best Practice Intervention Strategies (Best Practices Compilation), led by John Snow Inc. (JSI). ([See Additional Resources Box](#)). The Best Practices Compilation identifies and catalogues novel, emerging RWHAP interventions that have a real-world impact on improving health outcomes along the HIV care continuum and whose research is not published in peer-reviewed journals. Over time, the Best Practices Compilation will include EIIs and EBIs in addition to the emerging interventions, and tools for replication of all interventions are accessible through the site.

Additional Resources

TAVIE-RED-On the Ground Instructional Guide Videos

- Introduction. <https://www.youtube.com/watch?v=mjK58iDXNSs>
- Enrollment and Support. <https://www.youtube.com/watch?v=mjK58iDXNSs>
- Operational Steps to Get Going. <https://www.youtube.com/watch?v=SfGICnqll-A>

CIE Cost Analysis Calculator

- <http://ciehealth.org/innovations>

TargetHIV. Best Practices Compilation

- <https://targethiv.org/bestpractices>

References

Centers for Disease Control and Prevention (May 28, 2021). Notes from the Field: Impact of COVID-19 Response on Scale-Up of HIV Viral Load Testing-PEPFAR Supported Countries, January-June 2020. MMWR Weekly. 70(21); 794-795. Retrieved on August 11, 2021 from <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021a3.htm>