

# Replicating (not Reinventing) the Wheel:

## Leveraging Demonstration Projects to End the HIV Epidemic

**BACKGROUND:** Ending the HIV epidemic (EHE) in the United States has become an even more critical public health goal in the context of the global Covid-19 pandemic. The pandemic has dramatically altered the provision of health care services, in part by limitations on in-person provider-client interactions, reduced frequency of services, competing provider priorities, among others.

Reaching EHE goals set for 2030 will require maximal adoption of demonstrated best practices – a resource-efficient approach to HIV programming. Interventions developed under such programs as the Special Projects of National Significance (SPNS) Program have been successfully disseminated and replicated. Intervention resources can be found at TargetHIV, including at: <https://targethiv.org/ihip>.

**Key observations regarding barriers to and facilitators of replication follow.**

### Barriers to Implementation/Replication



Staffing issues: turnover, understaffed, over-worked; staff unfamiliar with local community, target population (lack of cultural appropriateness)



Insufficient communication and collaboration: internally and with external partners



Limited resources/funding to sustain model



Lack of leadership buy-in/support

### Facilitators of Replication and Sustainability

- ▶ **Collaborations/Partnerships.** Leverage partnerships to improve internal processes, establish opportunities for data sharing, provide essential services, and raise awareness in communities about the intervention and available services.
- ▶ **Champions.** Secure buy-in by identifying champions (both internal and external) to support intervention implementation, endorse the value of the intervention among staff and partners, and advance sustainability efforts.
- ▶ **Transparency and Communication.** Ensure transparency and communication throughout intervention planning and implementation—with organization leadership, staff, external partners, and stakeholders—to build trust and sustain efforts.
- ▶ **Integration/Institutionalization.** Integrate the intervention into clinical practice and make it the standard of care.
- ▶ **Fidelity Monitoring.** Keep detailed records of program setup and implementation that can be used to create standard operating procedures to monitor fidelity and sustain the intervention.
- ▶ **Quality Assurance.** Conduct reviews of internal and external team activities to ensure quality, efficiency and effectiveness, and address issues early.

### Knowledge-Sharing Strategies

**Dissemination of findings and lessons learned is essential for encouraging replication.** Effective dissemination requires identification of target audiences and modes of dissemination, while understanding resource limitations and the expediency with which information can be shared.



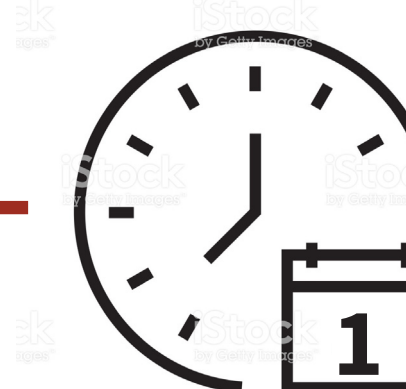
#### Audiences:

Funders, decision-makers, healthcare providers, researchers, key stakeholders, partners organizations

#### Immediate Dissemination

(ongoing and within 30 days of project completion)

Can be done quickly, often with minimal resource requirements



#### Social Media

- Facebook
- Twitter
- Instagram
- LinkedIn

#### Micro Publications & Presentations

- Case studies
- Spotlights
- Preliminary presentations

#### Publications

- Reports
- Briefs
- Peer-reviewed journal articles

#### Presentations

- Conferences
- Webinars
- Stakeholder meetings

#### Data Repositories/ Compendia

- Submission of evidence-based interventions

#### Longer-Term Dissemination

(6 months or longer from project completion)

More resource-intensive, including staff time and funding

