



## Raising the Bar for HIV Care: The I-Surge Strategy for Reaching the 95-95-95 Targets

### The Challenge

As national HIV responses have matured, rates of HIV testing, linkage to care, and antiretroviral treatment (ART) initiation have improved. However, other indicators of program quality and impact—like case identification and testing yield, viral load (VL) monitoring coverage, and viral suppression rates—have stagnated. Conventional service delivery models and technical assistance methods have been inadequate to propel the HIV response to the next level.

To achieve and sustain the 95-95-95 targets, teams of health care workers must provide targeted services and optimal care every day across clinical and community settings. To do so, they require timely feedback about how their actions in each client encounter influence broader program performance, especially with respect to diagnosis, treatment, retention, and viral suppression of people living with HIV.

## Technical Approach

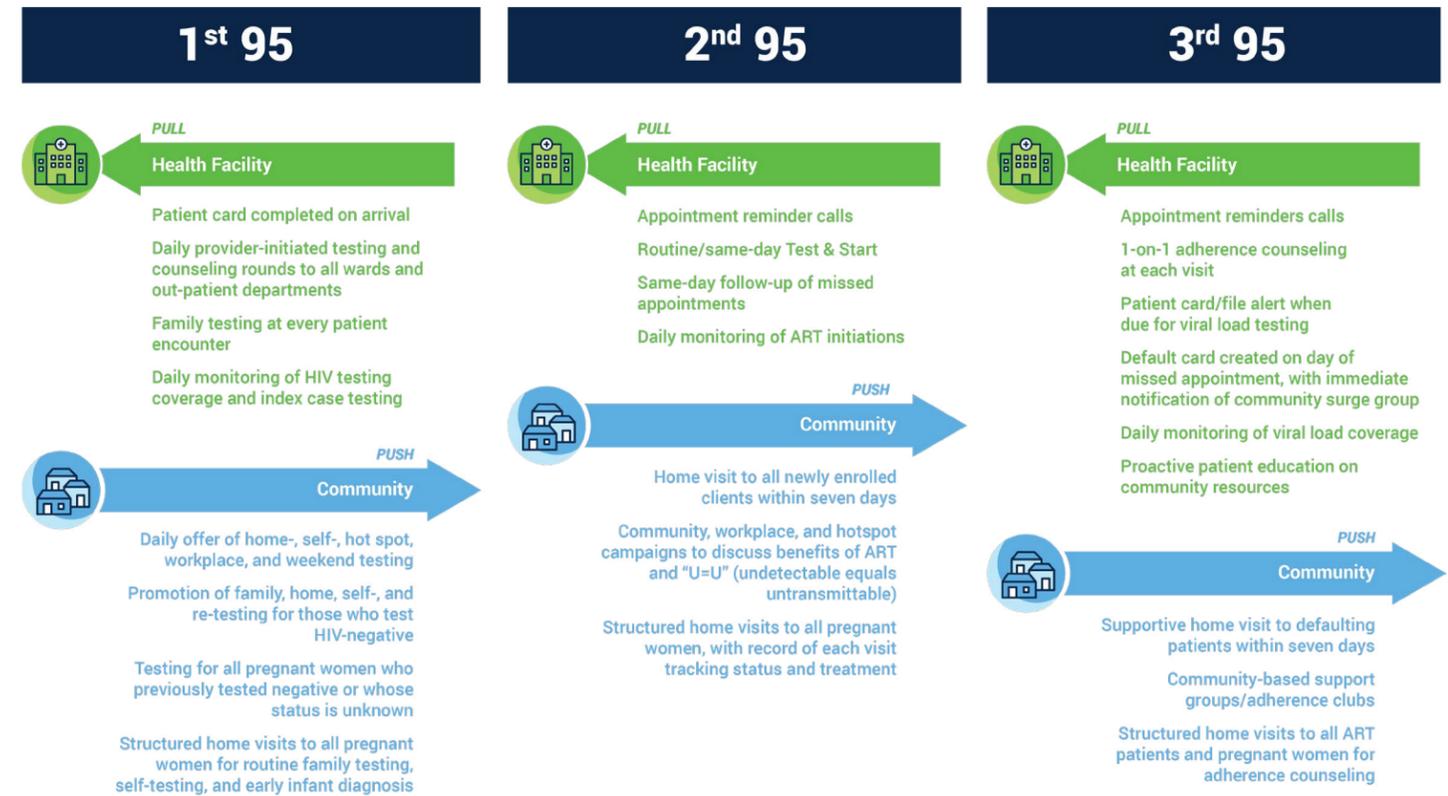
I-Surge is a program strategy designed to rapidly optimize HIV services across clinical and community settings by engaging provider teams in a shared, data-driven effort to minimize missed opportunities to diagnose, treat, and monitor the progress of people living with HIV. Through daily, weekly, and monthly data reviews, I-Surge distills essential learnings about what works in HIV service provision into a series of concrete actions, and then supports teams to integrate those actions into their daily routines to benefit individual clients and the program at large.

I-Surge comprises the following components:

- A collaborative, baseline review of program performance and gaps to determine technical monitoring priorities and focus indicators
- Embedding of I-Surge Officers at participating sites to support clinic- and community-based providers through daily, hands-on mentoring, performance monitoring, and technical assistance
- Establishment of daily and weekly targets for three to five high-priority indicators (e.g., number of ART patients who kept their appointment, number of HIV-positive people identified)
- Formulation and use of daily, “must-do” task lists to aid health care workers in prioritizing critical actions like timely ART initiation, VL monitoring, and immediate follow-up with clients who miss appointments
- Coordinated implementation of clinic- and community-based interventions—also referred to as “pull” and “push” interventions—targeting each of the three 95s (see Figure 1)
- Continuous tracking, reporting, and use of data to guide intra-day course corrections, including through same-day phone calls to clients who miss appointments and second-tier support from community health workers to address the root causes of missed appointments
- Structured, weekly and monthly performance reviews at each site to: identify challenges and missed opportunities in HIV testing, treatment initiation, and adherence support; bolster health worker motivation; and guide immediate adjustments to approaches

**FIGURE 1** ▶  
**Coordinated “Push” and “Pull” Interventions Implemented Across the HIV Care Cascade by Clinical and Community Providers**

- Virtual sharing of weekly performance data and lessons learned across I-Surge sites to isolate recurring barriers to achieving the 95-95-95 targets (e.g., staff changes, drug stockouts, equipment breakdowns) and to identify strong performers who can be deployed to support nearby sites with persistent challenges meeting their targets





## I-Surge: A Multi-Country Success Story

ICAP launched the I-Surge strategy at 75 high-volume health facilities across three countries—Mozambique (34), Côte d’Ivoire (30), and South Sudan (11)—in March 2018. Each country selected I-Surge monitoring areas based on local program priorities and challenges (see Table 1). Full-time ICAP Surge Officers then worked with provider teams at participating sites to define key performance indicators to be tracked and reported daily.

Introducing daily performance tracking and weekly reviews has helped I-Surge teams pinpoint missed opportunities and initiate data-driven refinements to service delivery approaches. In Mozambique, to reduce the number of missed appointments, I-Surge teams initiated advance client reminder calls as well as same-day reporting of missed appointments to community health workers, who follow up with clients via home visits. Daily reviews of patient files allow providers to determine which clients with upcoming appointments are due for VL testing or a new course of isoniazid preventive therapy, and to prepare accordingly. In Côte d’Ivoire, providers now compile weekly lists of clients scheduled for index case testing and systematically call or text to remind them of their appointments. In response to low rates of HIV testing and case identification—especially among men—I-Surge teams have diversified HIV testing locations and hours and initiated multi-disease screening days tailored to men in higher-risk groups.

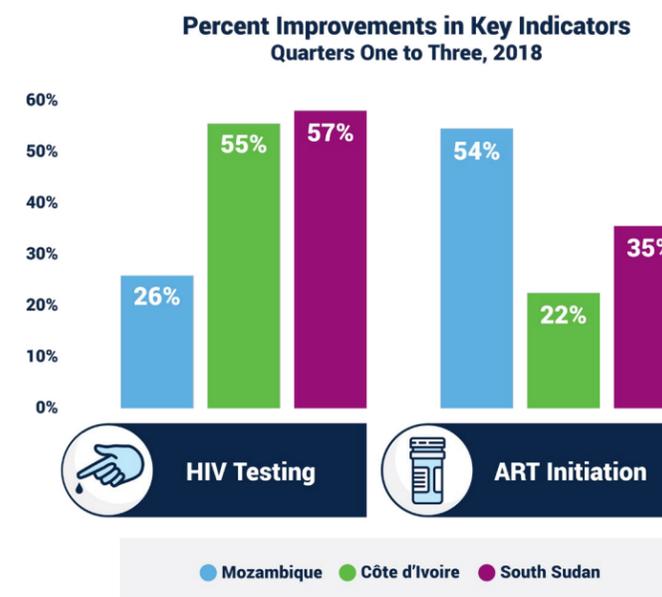
I-Surge has also galvanized enhanced monitoring and feedback processes. In Mozambique, community health workers have updated the format of patient cards to enable tracking of retention by outreach method and initial community health worker contact, improving awareness of which methods are most effective. In all three countries, daily use of clinical consultation checklists, performance tracking tally sheets, and WhatsApp messaging is promoting a culture of data use and accountability while improving communication and collaboration between health facility, district, and ICAP teams.

The changes ushered in by I-Surge have produced immediate and striking results across the HIV care cascade. By encouraging informed and prioritized daily action and providing iterative, positive feedback, the approach has empowered health care workers to meet the needs of their clients more effectively while improving overall program performance. Within just six months of implementation, performance has improved by double digits on every indicator shared across Mozambique, Côte d’Ivoire, and South Sudan (see Figure 2).

TABLE 1  
Technical Monitoring Areas by Country

	MZ	CI	SS
HIV Testing	X	X	X
Index case testing	X	X	X
Linkage to care	X	X	X
ART initiation	X	X	X
Clinical consultations & ART pickups	X		X
Viral load testing	X	X	X
Early infant diagnosis	X		
TB/HIV	X		X
Prevention of mother-to-child transmission	X		X
Differentiated service delivery models	X		
Community-based adherence support	X		X

FIGURE 2  
Improvement in Select Performance  
Indicators at I-Surge Sites, by Country



## Considerations for Implementation

I-Surge is an investment in a new norm for HIV service delivery—a norm that supports teams of providers to work with greater attention to detail and completeness in every client encounter to achieve the end goal of viral suppression. Following are some considerations for its implementation and expansion:

- Now that HIV programs have achieved maturation, there is a need to focus on day-to-day activities and to fine-tune health worker actions to eliminate missed opportunities. Use of daily tally sheets allows teams of health workers to assess how well they have done on a given day and to draw connections between service delivery approaches and results.
- I-Surge provides a simple yet powerful way to monitor community-based actions. Its implementation should be coordinated across clinics and communities so that actors in both settings share the same priorities and proxy indicators, and benefit from integrated oversight, monitoring, and client support.
- Strategic repartition of clinical and community functions, such that clinic staff flag clients who miss appointments or have high VL counts while community staff dispatch peer educators to provide support, facilitates rapid action and improved retention outcomes.
- Leadership matters. Implementation of the same inputs across all sites still yields variable results. Sites with positive deviation are the ones with strong clinical leadership, usually from a champion who owns and drives improvements and accountability.
- Use of WhatsApp and other commercially available social media has been critical to sharing experiences, exchanging strategies, and driving motivation and solidarity.
- The I-Surge model is human resource intensive. Gradual transition of leadership to local leaders is achievable when health facility and district teams take an active role in the planning and implementation of I-Surge activities.
- Experience from multiple countries has shown that, although daily data collection requires extra effort, it can inspire improvements in work flows, communication, and collaboration, and can increase health worker motivation and engagement.
- When introducing changes to data collection and work processes, emphasis should be placed on establishing a “new normal” for health workers so that they understand intensified monitoring of service indicators as part of a cultural shift toward sustained excellence.





# ICAP Publications and Resources

## I-Surge

ICAP Poster. I-Surge – A New Implementation Strategy to Optimize HIV Services in Luanda, Angola.

Poster presented at: IAS, Mexico City, July 2019.

Available at:

<https://icap.columbia.edu/wp-content/uploads/PTB-ISurge-IAS-2019-Linn-Poster.pdf>

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ICAP “I-Surge” Efforts Double Number of HIV Tests at Key Locations in Côte d’Ivoire.

New York: ICAP at Columbia University; 2019.

Available at:

<https://icap.columbia.edu//ptb-isurge-ci>

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Michaels-Strasser S, Vitale M, Chilundo B, et al.

I-Surge: Scale-up of HIV Programs in Zambézia Province, Mozambique. Poster presented at: AIDS, Amsterdam, July 2018.

Available at:

<https://icap.columbia.edu/ptb-isurge-mz-aids2019>

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ICAP Presentation. I-Surge: The ICAP Approach to Site Support. Presented at: Mozambique National HIV Conference, Maputo, September 2018.

Available at:

<https://icap.columbia.edu/ptb-isurge-mz>

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ICAP-Supported Clinics in South Sudan Buzz with “I-Surge” Activity to Meet HIV Testing and Care Targets. New York: ICAP at Columbia University; 2019.

Available at:

<http://icap.columbia.edu/ptb-isurge-ss>