Tutorial session P2:

The aims of this tutorial session are to:

* Constructing a cascade
* Constructing a continuum

You are asked to **work in groups**. The session will last for **45 minutes**, and at the end of that time, your group will report back and present your findings to the others in the session.

**Q1. Consider the cascade shown below and respond to the following questions.**

1. Map out a set of possible pathways that describe how people move between the stages of the cascade over time.

*Hint: you may find it easier to represent the cascade as a series of compartments.*

1. What are the shortest pathways that a person could take to treatment success?
2. Where are the major breakpoints in the cascade? What could be some reasons for these?
3. What data sources do you think might be useful for populating this cascade? Which data do you think would be more or less reliable?
4. How do you think that the cascade might vary across different groups? (e.g. rural/urban, male/female/other, age groups, education level…)

**Q2. Consider the abstract below, taken from an article about the cascade of care for Hepatitis C.**

Theories of epidemiology, health behaviour, and social science have changed the understanding of HIV prevention in the past three decades. The HIV prevention cascade is emerging as a new approach to guide the design and monitoring of HIV prevention programmes in a way that integrates these multiple perspectives. This approach recognises that translating the efficacy of direct mechanisms that mediate HIV prevention (including prevention products, procedures, and risk-reduction behaviours) into population-level effects requires interventions that increase coverage. An HIV prevention cascade approach suggests that high coverage can be achieved by targeting three key components: demand-side interventions that improve risk perception and awareness and acceptability of prevention approaches; supply-side interventions that make prevention products and procedures more accessible and available; and adherence interventions that support ongoing adoption of prevention behaviours, including those that do and do not involve prevention products. Programmes need to develop delivery platforms that ensure these interventions reach target populations, to shape the policy environment so that it facilitates implementation at scale with high quality and intensity, and to monitor the programme with indicators along the cascade.

–– Hargreaves JR, Delany-Moretlwe S, Hallett TB, Johnson S, Kapiga S, Bhattacharjee P, Dallabetta G, and Garnett GP., *The HIV prevention cascade: integrating theories of epidemiological, behavioural, and social science into programme design and monitoring.* Lancet HIV. 2016 July; 3(7):e318-322.

1. List some prevention interventions for hypertension.
2. Would it make sense to define a “prevention cascade” for hypertension?