



CQUIN Differentiated MCH Workshop

May 25-27, 2021

Progress in Bridging the HIV/ Syphilis 'ANC Testing Gap'

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Clinton Health Access Initiative

25th May 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

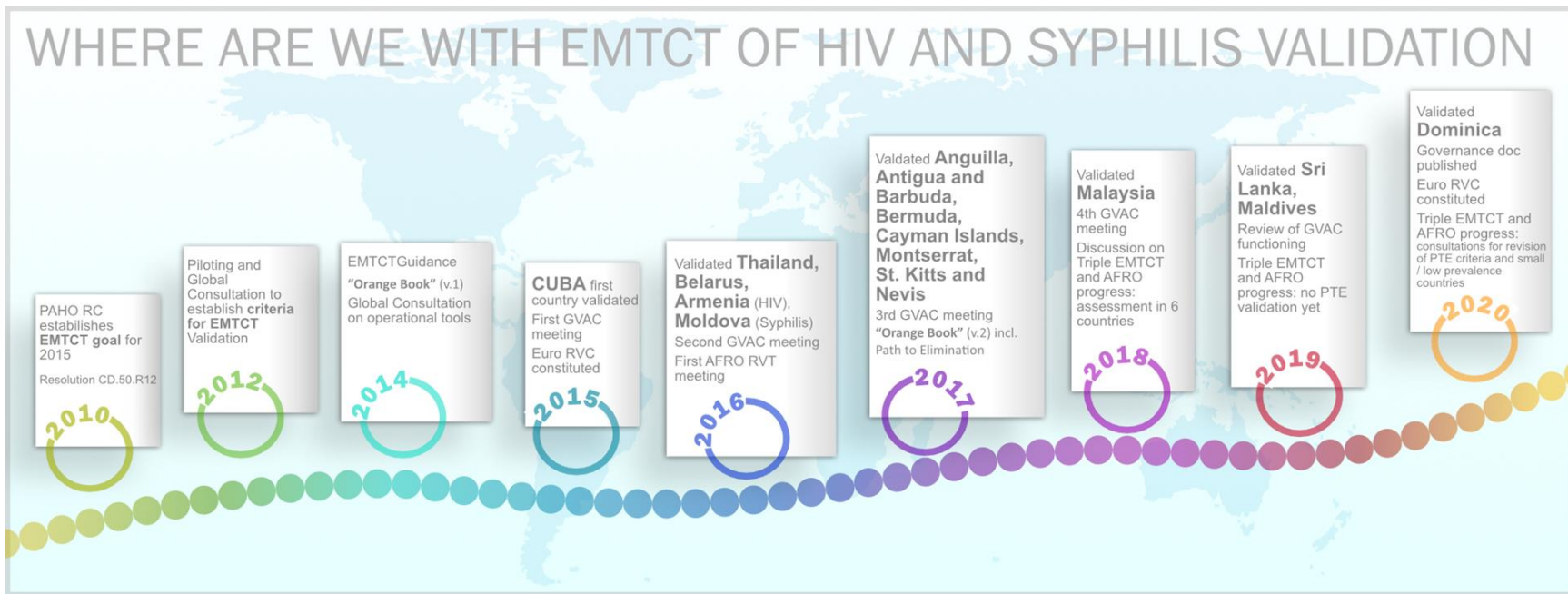
Policy: WHO is committed to triple elimination of mother to child transmission of HIV, syphilis and HBV, highlighting key evidence and issuing tools and guidance



Key Evidence

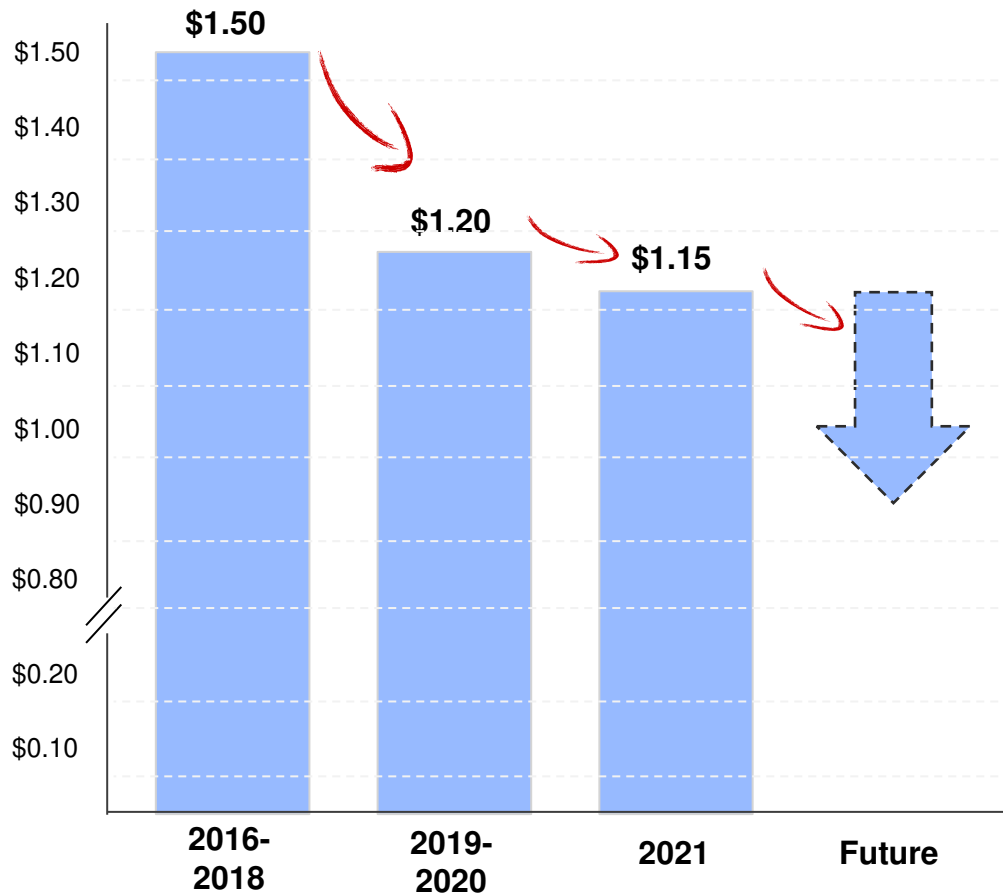
- Dual HIV/syphilis RDT can be first test for ANC
- Not for retesting women on ART or diagnosed with syphilis during pregnancy
- Importance of ensuring integrated services highlighted in order to achieve maximum impact
- Can be considered for key populations – more implementation considerations forthcoming

ELIMINATION CRITERIA	
HIV	Syphilis
<ul style="list-style-type: none"> ▪ 1st ANC coverage ≥95% ▪ Testing coverage ≥95% ▪ ART coverage ≥95%* 	<ul style="list-style-type: none"> ▪ 1st ANC coverage ≥95% ▪ Testing coverage ≥95% ▪ Treatment coverage >95%



Diagnostic Supply: Increase in the number of WHO prequalified Dual RDTs has diversified supply and increased competition

Past & Projected Lowest Priced WHO PQ Dual HIV/syphilis RDT (2016 Onwards)



Overview of Dual HIV/Syphilis RDT Market

2016 - 2018

- Only 1 WHO prequalified supplier
- Price point static at \$1.50
- Very limited Dual RDT procurement

2019 - 2020

- Second supplier receives WHO PQ status and sets \$1.20 price point
- Third supplier receives WHO PQ status

2021-

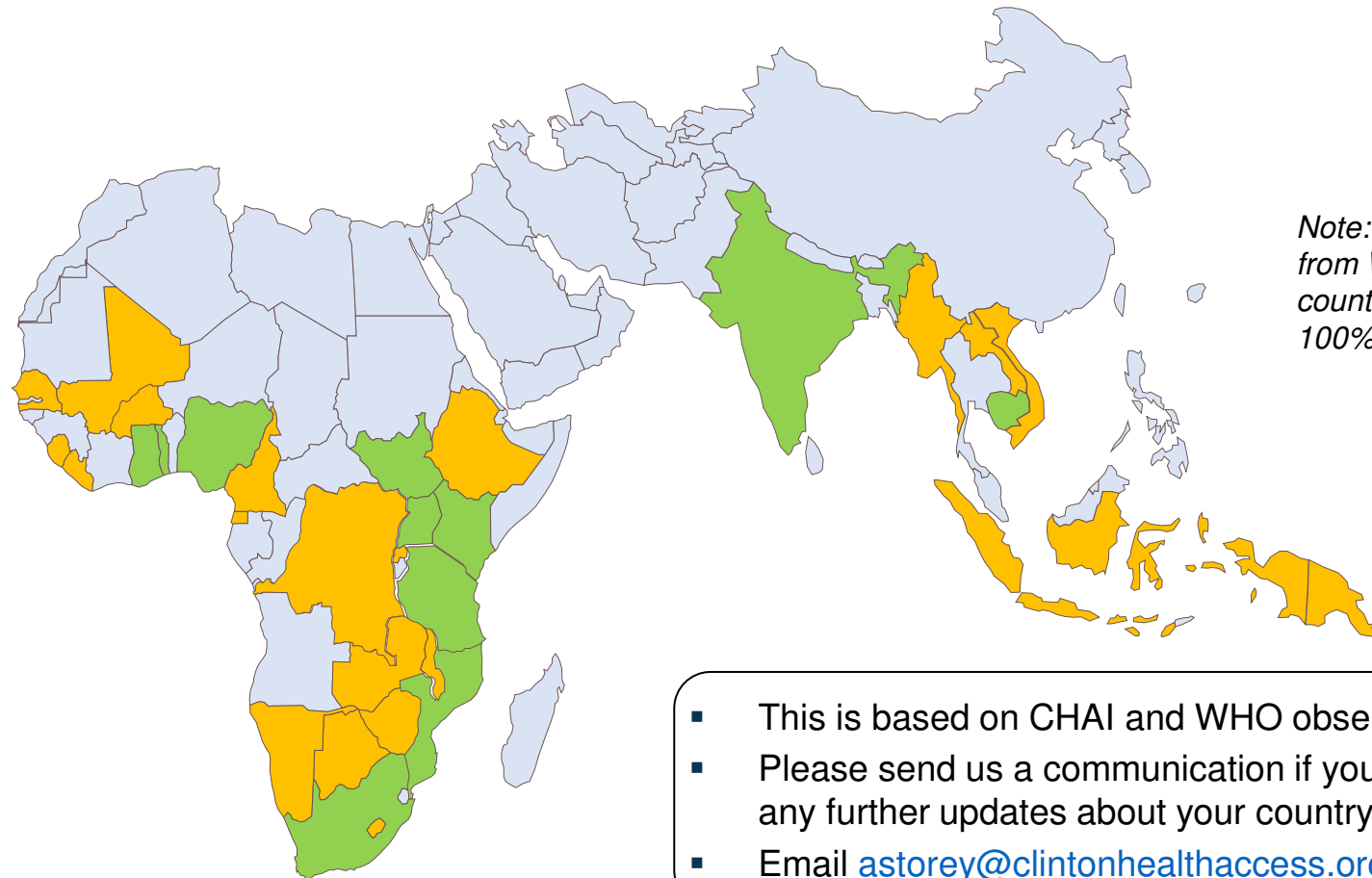
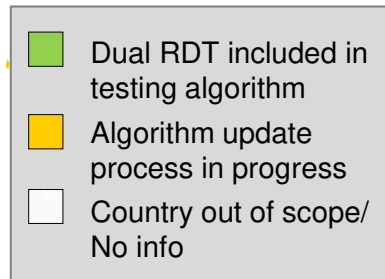
- Premier offers \$1.15 ex-works price
- Procurement planned in PEPFAR and Global Fund countries and South Africa and Kenya Governments

Future

- CHAI exploring potential for further price reductions
- Catalyzed additional Dual RDT procurement anticipated

Diagnostic Demand: The number of countries updating their testing algorithms to include Dual RDT is increasing

Current State of Adoption for Dual HIV/Syphilis RDT
(Q1- 2021)



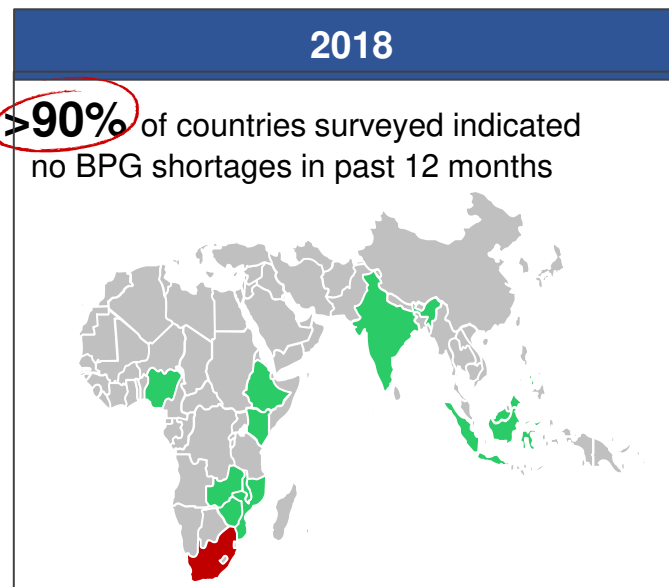
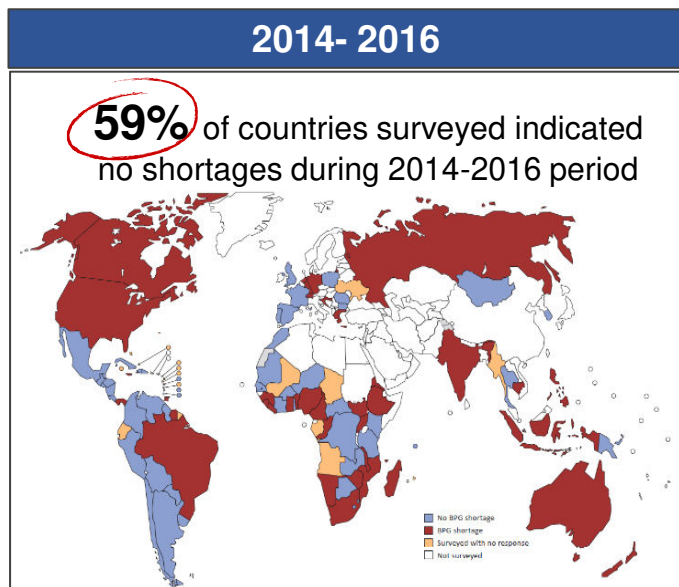
Note: Data based on reports from WHO, donors and CHAI country teams. May not be 100% complete

- This is based on CHAI and WHO observations.
- Please send us a communication if you are able to share any further updates about your country
- Email astorey@clintonhealthaccess.org

Treatment Supply: Supply of BPG treatment is greatly improved; however this remains a fragile market which CHAI is actively monitoring

Global BPG stock-outs have subsided...

...but underlying market factors that contributed to shortages persist.



BPG is a **cheap, low-margin** product...

IND 
\$0.17

RSA 
\$0.57

...in a **small, fragmented** market

- BPG constitutes <4% of total injectable pen G
- 90+% of demand (volume) is located in LMICs

- Low supplier interest, resulting in market exit & unresponsive supply
- Formulators & buyers reliant on single API source
- Poor visibility between market actors
- Shared external market risks

Why?

- API market stabilized
- Final manufacturers re-registered with new API sources
- International focus following stakeholder engagement

CHAI proactively monitoring market and addressing emergent issues

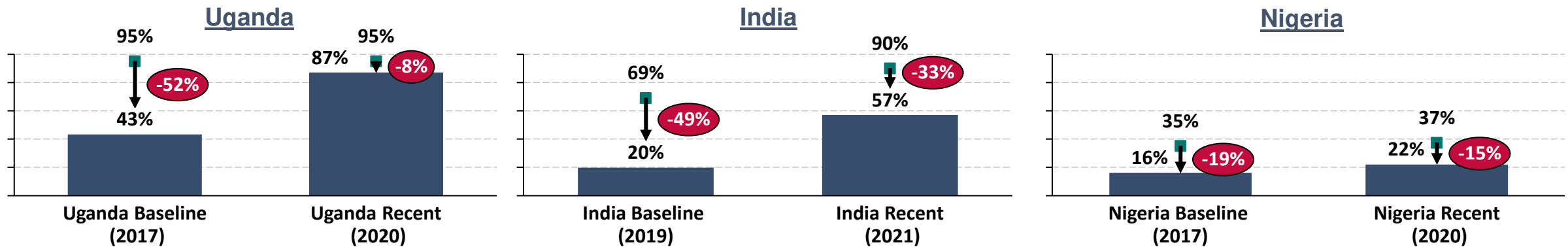
Implementation Barriers: Historically, a series of obstacles have hindered scale up testing and treatment of maternal syphilis

	Implementation Barrier		Current Status
HIV and Syphilis Tests Funding Sources	<ul style="list-style-type: none">▪ HIV tests often procured using donor funds (PEPFAR or Global Fund); syphilis tests usually Gov funded▪ Where donor funds not used (eg South Africa, India), tests procured by different departments, impacting separate budgets	▶	<ul style="list-style-type: none">▪ Donors increasingly supportive of Dual RDT use, particularly as economic case is increases▪ Kenya, South Africa and India all issuing tenders using Government source of funds
Lack of Awareness and Political Will	<ul style="list-style-type: none">▪ Limited evidence of national governments nor donors identifying congenital syphilis prevention as a public health priority▪ Syphilis testing and treatment programs usually under-prioritized and underfunded	▶	<ul style="list-style-type: none">▪ WHO support and dissemination of evidence in support of triple elimination▪ Early success in key countries should accelerate global momentum
Country Level Constraints	<ul style="list-style-type: none">▪ Updating testing algorithms is time-consuming and political, hindered by lack of published technical guidance and experience▪ Operational challenges can constrain syphilis testing and treatment scale-up	▶	<ul style="list-style-type: none">▪ At least five large countries have updated ANC testing algorithms to include Dual RDT▪ Operational roadmaps being developed to share with other countries
Programmatic Gaps	<ul style="list-style-type: none">▪ Congenital syphilis can fall into fissures between STIs, MCH and reproductive health programmes▪ Health workers constrained by competing programs, deprioritizing syphilis	▶	<ul style="list-style-type: none">▪ Syphilis Integration withing wider ANC service provision allows for increased syphilis focus, as well as wider support for HIV and other STIs

Impact: In selected frontrunner countries progress is being made towards bridging the gap that exists between HIV and Syphilis testing in ANC

Changes in ANC Testing Coverage for HIV & Syphilis in Pregnant Women in Selected Countries (2017-2021, %)

■ HIV Testing Rate ■ Syphilis Testing Rate (Δ%) Difference in Testing Rates



Uganda

- Revised PMTCT training materials, including testing algorithm with Dual RDT
- Dual RDTs procured at scale using PEPFAR and Global Fund funding
- Syphilis testing indicators included in HMIS, backed by Dual RDTs tracking through bi-monthly stock status report

India

- Syphilis screening growth due to data-driven advocacy among program managers, trainings of HCWs, and dissemination of IEC posters on Syphilis management to ~7k facilities
- Successful public procurement of ~5M Dual RDTs by 8 states

Nigeria

- 2020 demonstration field pilot showed potential Dual RDT impact
- SOPs, posters and demand generation materials developed and distributed
- Funding commitment secured to support Dual RDT scale up

Annex

Information Sharing: CHAI is working to develop a renewed website about congenital syphilis elimination with useful resources for many stakeholders

Baseline Situation

- CHAI and partners have created and assembled a large set of resources; we would like to make those more widely available
- There is a lack of effective dissemination of tools and information on syphilis EMTCT
- Several websites exist discussing congenital syphilis, but each have limitations:
 - WHO website: restricted to WHO-supported publications + often delays in publication
 - UCLA website (dualelimination.org): outdated
 - Country specific (e.g., CDC): no global perspectives

Key accomplishments and outcomes

- Together with partners (WHO, USC), we are developing a one-stop online platform. The new congenital syphilis will be modeled after www.HIVST.org and includes:
 - Interactive evidence and policy maps (e.g., about state of dual RDT uptake)
 - Policy tools
 - Research library
 - Supplier info
- Targeted at various stakeholders, including academia, policy makers, healthcare workers, NGOs and potential funders.
- A web development agency was contracted and commenced work in March 2021. The timeline is ~4 months.

Moving forward

- Finalize website and content (July 2021)
 - Review of working draft designs (2 to 3 iterations expected)
 - Content development and uploading
 - Test new website (various devices and web browsers) + hand-over
- Establish editorial committee (multiple organizations represented – July 2021)
 - Regular meetings (quarterly?) to add/remove/update web content
- Launch new website: disseminate among key stakeholders (Aug or Sep 2021)
- Maintain and manage website; inform stakeholders