

Senegal's experience with the differentiated HIV Testing Services (dHTS) Capability Maturity Model (CMM) self-staging pilot



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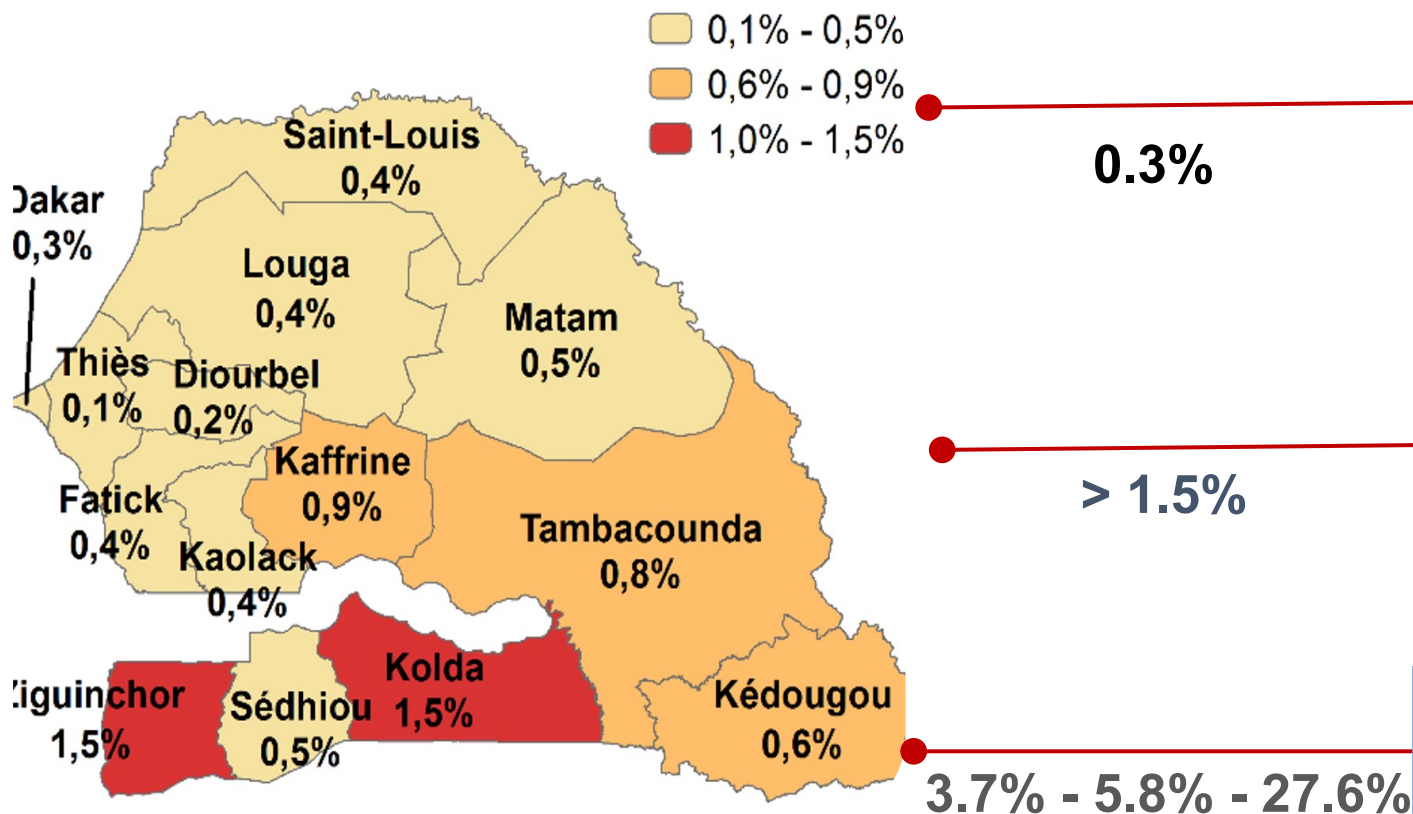


Presentation Outline

- History and Context
- Self-staging process
- Self-staging results
- Lessons learned from self-staging
- Next steps / Roadmap

- **Background and context**
- Self-staging process
- Self-staging results
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Background and context-1: Situation of the HIV epidemic in Senegal



Low prevalence in the general population

Prevalences higher than the national average in certain regions and vulnerable populations living with HIV

Prevalence among key populations most at risk of infection

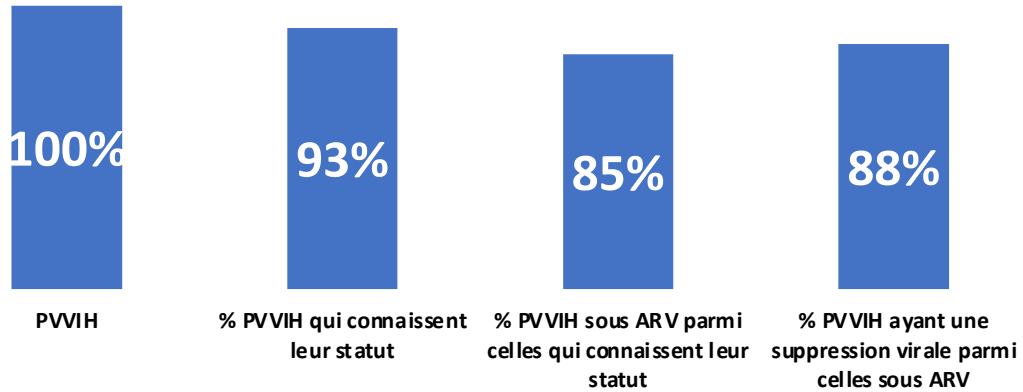
New infections down : _ from 5,165 in 2005 to 1,166 in 2021, i.e. a drop of **77.4 %** (Spectrum).

Among men aged 15-49, 69% occurred in young MSM: **remains high in KP**

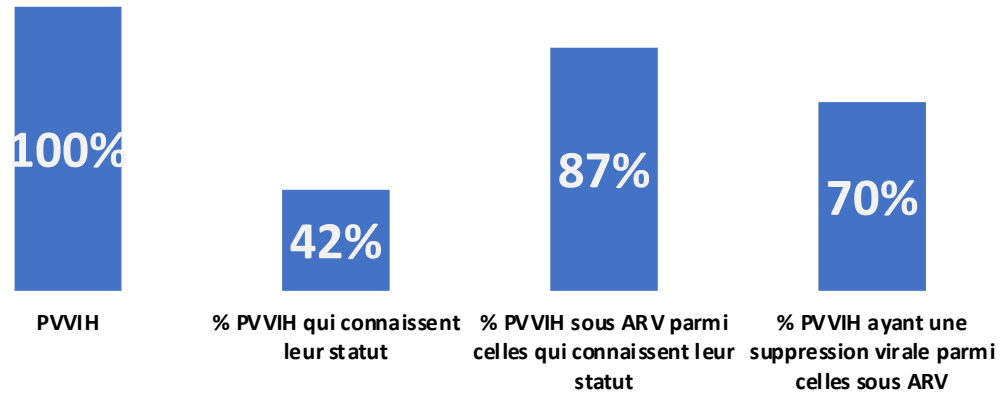
E epidemic concentrated

Background and context-2 : “95-95-95” Where are we?

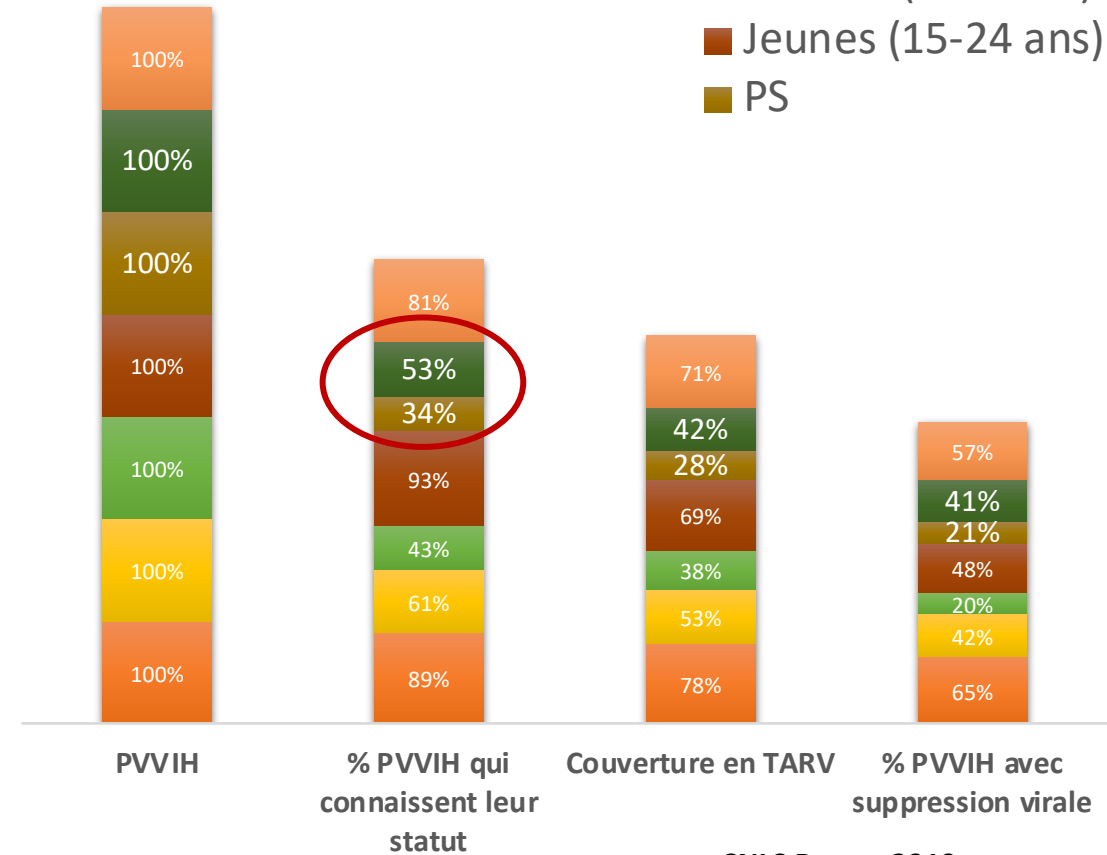
Global cascade 95-95-95



Waterfall children 95-95-95



- Femmes (15+)
- Hommes (15+)
- Enfants (0-14 ans)
- Jeunes (15-24 ans)
- PS



Spectrum 2021

CNLS Report 2019



Background and Context-3: National Coordination of Testing Services

Institution	The roles
CNLS	<ul style="list-style-type: none">• Defines the policy and strategic orientations of the program• Contribute to monitoring the implementation
DLSI/MOH	<ul style="list-style-type: none">• Defines the policy and strategic orientations of the program• Ensures the development of guidelines, training and monitoring of implementation
National HIV Reference Laboratory	<ul style="list-style-type: none">• National qualification of events• Quality controls• Contribute to training• Reference laboratory for discordant cases
National VCT/PMTCT steering committee	<ul style="list-style-type: none">• All stakeholders, meets once a year
Regional Reference Centers	<ul style="list-style-type: none">• Regional monitoring of implementation
District AIDS Committees	<ul style="list-style-type: none">• Monitoring of implementation at district level
National partner organizations: CNA, ENDE, OCB, Associations PTF: WHO, UNAIDS, USAID, FHI360, UNICEF	<ul style="list-style-type: none">• Technical and financial support for implementation

Background and Context-4: dHTS Driver Context

- *Coverage, Quality and Impact* of HIV Services Learning Network ([CQUIN](#)), launched in March 2017, has grown into a dynamic, high-impact forum that has made substantial contributions to scaling up differentiated HIV service delivery in Africa.
- After the successful implementation of the Differentiated ART (DART) Capability Maturity Model (MMC) and in consultation with multiple stakeholders, ICAP CQUIN introduced a Differentiated HIV Testing (dHTS) MMC
- The MMC dHTS aims to help member countries define a mature program of HIV testing services (HTS)
- Senegal expressed interest in piloting the MMC dHTS and held the staging meeting in September 2022.

- Country background and context
- **Self-staging process**
- Self-staging results
- Lessons learned from self-staging
- Next steps and roadmap

Self staging Process: dHTS-1

- Choice of GTT members
- Development of ToRs and official invitation note
- MMC dHTS Awareness Calls
- Pre-Pilot Planning
- With ICAP technical support

Inclusive preparation process

Multi-stakeholder pre-meeting to present the MMC

- June 30, 2022
- MOH/DLSI, CNLS, National HIV Reference Laboratory,
- Civil society organizations
- National network of PLHIV and national network of KPs
- PTF: WHO, EpiC/USAID

Participation in the dHTS pre-meeting
Kigali meeting in August on the cascade of differentiated care

- 07 September 2022
- Multi-party participation in the presence of the beneficiaries of the service offer
- Technical and financial support from ICAP

The staging meeting

Self staging process: dHTS

Staging meeting : September 07

Inclusive attendance:

- DSD National Coordinator
- DLSI VCT, STI Key Populations, Support, SE, PMTCT and GAS offices
- Biologists (head of the national reference laboratory, head of a regional lab)
- Technical and financial partners (CNLS, WHO, FHI360),
- Associations of key populations (RENAPOC)
- PvHIV national network (RNP+ and ABOYA)

The meeting lasted 7 hours



- Country history and context
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dHTS: Self-staging Results

SENEGAL	Coverage of the test approach		Quality of clinical testing services	
	dHTS M&E		Quality of laboratory analysis services	
	Meaningful community engagement		Link to prevention	
	SOPs	Demographic coverage	Link to treatment	
	Funding and resource allocation	Link policies	Purchasing and supply chain	dHTS coordination
Strategic model mix policy	Optimization of test policies	dHTS training	Implementation and scale-up plan	Private Sector Oversight
Most mature			domains Domains the least mature	

More efforts will target the following less mature areas:

- Private Sector Oversight
- Impact
- Quality of clinical screening services and
- Quality of laboratory analysis services
- Link with prevention
- Link to treatment
- dHTS coordination
- Implementation and scale-up plan

- Country background and context
- Self -staging process
- Self-staging results
- **Lessons learned from self-staging**
- Next steps and way forward

Lessons Learned : Experience with dHTS CMM

Some areas were difficult to stage despite prior orientation:

- **The impact domain** combined case identification, link to treatment and link to prevention
- **The quality of clinical services** was difficult to stage because the evaluation of compliance with the 5Cs is subjective: A beneficiary satisfaction survey is necessary.
- Activities that are performed regularly according **to** national guidelines, **not documented** (evidence) rank us red

Lessons Learned : Areas of Focus

- The dashboard allows us to have an initial stage to be able to evaluate our progress: it is an appropriate tool to identify the gaps and follow our evolution in the different areas.
- Combination of HTS models included in national policies but no dHTS implementation plan: Area of improvement
- More is done than reported - There is a need to improve reporting on key test and link to care indicators
- The link with prevention is insufficiently controlled: this would be an important area of interest, especially for our type of concentrated epidemic
- Speed of connection to care is not monitored in Senegal

- Country history and context
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Next steps and roadmap

- Formalize the National dHTS Technical Working Group:
 - Develop terms of reference (ToR) for the dHTS TWG by integrating the private sector and draft an official installation note
- Update the screening test quality plan
- Organized a Dashboard Development Workshop for Differentiated Screening
- Develop and implement a differentiated screening action plan taking into account the gaps to be filled from the final self-assessment

References

- National Combined Surveillance Survey (ENSC) 2019
- Regional program (West Africa) for harm reduction among injecting drug users PARECO 2019
- Evaluation survey of interventions with male homosexuals in Senegal ELIHoS 2017
- UNAIDS Spectrum 2021
- CNLS Report 2019

Thank you!



dHTS-1 Self-Assessment Results

1	Policies / Guidelines	Combination of strategic models and decentralization
2		Optimizing HIV testing
3		Privilege
4	Funding and resource allocations	
5	Standard Operating Procedures (SOPs)	
6	National dHTS Implementation and Scale-Up Plan	
7	Meaningful engagement of regular HTS recipients	
8	Effective Engagement and Oversight of Private Sector dHTS	
9	Coordination	
ten	dHTS training	

11	Monitoring and evaluation	
12	Purchasing and Supply Chain Management (PSM)	
13	Cover	Coverage of the test approach
14		Population covered
15	link	with the treatment
16		With prevention and other services
17	Quality	Quality of laboratory testing services
18		Quality of clinical screening services
19	Impact :	Identification of cases
		links to treatment
		links with prevention