Outline

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- Data for HIV Testing Services planning
- Data for HIV Testing Services implementation
- Data for HIV Testing Services surveillance
- Evaluating HIV Testing Services
- Lessons learned
- Challenges
- Way foward

Background

- CI HIV epidemic: mixed (generalized and concentrated)
- Prevalence: 1.94% (Spectrum 2022)
- The country is committed to eliminate AIDS by 2030 through the intermediate 95:95:95 acceleration objectives, outlined in the PSN 2021-2025
- Achieving this objective requires development and implementation of testing and care strategies for PLHIV as well as a monitoring and evaluation system to assess progress
- This presentation will share the experience of Côte d'Ivoire on using data to monitor and evaluate the HIV testing program

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Data for HTS planning

Steps CI used to determine testing targets

➢ Trend analysis of indicators related to testing, over the duration of the PSN 2016-2020

➢ Determined HIV testing gaps in relation to the targets to be achieved in 2025

➢ Performed linear interpolation over the duration of PSN 2021-2025

➢ Determined testing targets for 2021-2025

➢ For key populations, a triangulation was made based on programmatic gaps

➢ For PLHIV and epidemiology, an estimate was made using Spectrum software

Data for Planning: Estimates (1/2)

	2020	2021	2022	2023	2024	2025
Number of estimated PLHIV	422,964	417,955	412,389	406 421	400,054	393,268
FSW	49,867	51,164	52,494	53,859	55,259	56,696
MSM	35,576	36,501	37,450	38,424	39,423	40,448
Prisoners	45,827	48,327	50,827	53,327	55,827	58,327
IDU	9,778	10,039	10,300	10,568	10,843	11,125
Transgender	809	830	852	874	897	920

We developed population size estimates that formed a basis for setting testing targets for a duration of 5 years

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Planning: Testing targets (2/2)

	2020	2021	2022	2023	2024	2025
New people tested HIV positive #	35,977	30 199	21,334	15,890	10,672	9,651
Positivity rate	1.6%	1.2%	0.9%	0.7%	0.6%	0.6%
FSW#	39,894	42,466	45 145	47,935	50,838	53,861
MSM #	17,788	21,901	26,215	30,739	35,481	38,426
Transgender#	415	511	612	718	828	874
IDU#	6,258	7,027	7,931	8,771	9,650	10,569
Inmates #	27,496	31,896	36,595	41,595	46,895	52,494
Pregnant women #	1,017,356	1,034,792	1,052,368	1,070,084	1,076,950	1,083,817
Children exposed #	12,434	13,356	13,442	13,611	13,704	13,858
Rest of the population #	1,139,345	1,378,029	1,201,546	1,070,174	558,046	368 461

The testing targets were used to mobilize resources for the HTS program and set a platform for monitoring testing performance progress over time

Data for HTS Implementation 1/2

Tools used for HTS data capture and reporting by level of the National Health System

Health facility	Health district/Regional management	Central level DIIS/Programs
▪ Rapid ▪ CPN, CPoN , childbirth, curative consultations ▪ Longitudinal mother and child follow - up register in PMTCT ▪ Individual client file ▪ GIS report		
▪ SIGDEP 2 ▪ DHIS 2 (HG/CHR) ▪ e-GISL (Screening inputs)	▪ DHIS2	▪ DHIS2

-These tools make it possible to collect testing, and linkage to treatment data
-However, these tools do not capture data for linking people who test HIV-negative to prevention services

Data for HTS implementation monitoring (1/3)

Data collection and reporting

Data collection

- Daily collection and aggregation at facility level

Reporting

- Monthly reporting from health centers (ESPC, HG, CHR)

- Compiled in the GIS report then forwarded to the Health District before the 5th of the new month

- At District Health office, the data from the GIS report are recorded in the DIHS2 no later than the 10th of the new month in course

- At national level, data is consolidated before or by 20th of the new month

Priority Indicators

Total number of clients counseled for HIV testing

Number of clients counseled and tested who received test results

Total number of clients tested positive

Number of clients tested positive for HIV and initiated on ARVs in the facility during the period

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Data for monitoring HTS implementation (2/3)

95:95:95 cascade, Quarter 1, 2022
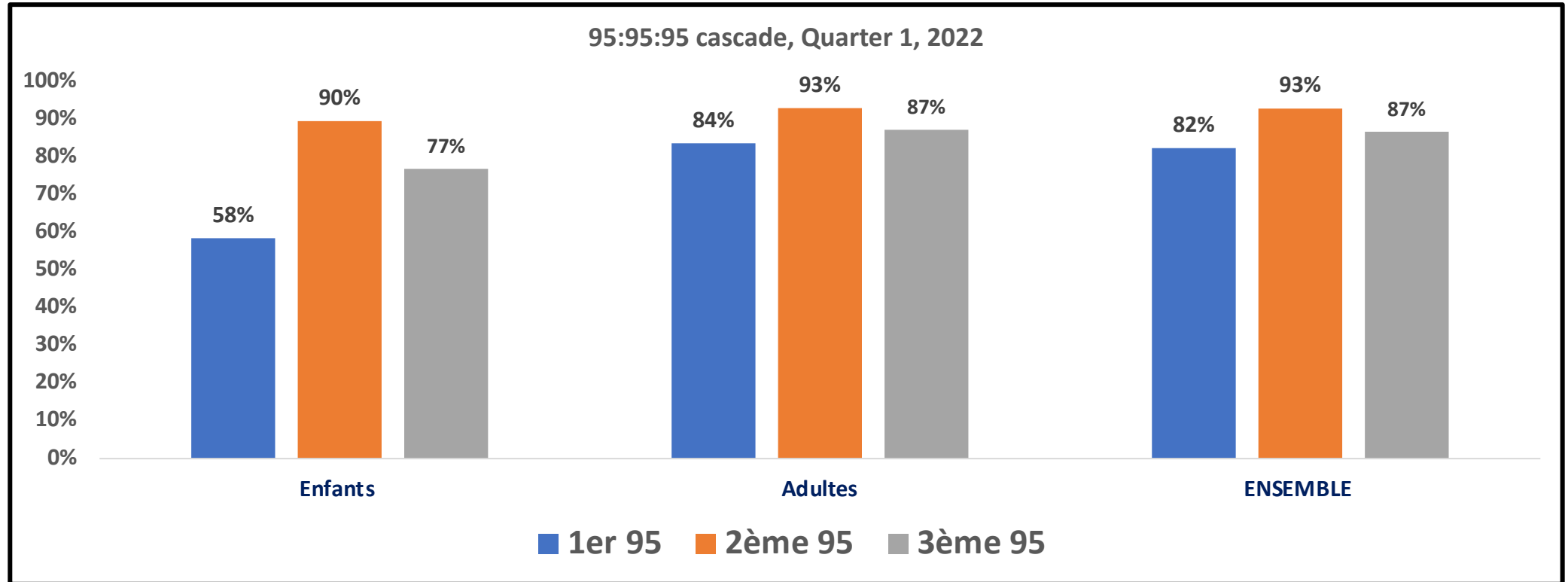
- Data is used to identify implementation gaps
- Routine data review (quarterly, annually) helps to identy gaps:
- We conduct Quarterly supervisions, led by the District, the Region and the Central level
- DQAs are carried out annually by the central level at regional and district levels
- Identified gaps are adressed using quality improvement approach

Data for monitoring HTS implementation (3/3)

HIV testing cascade (2020-2022)

INDICATORS	2020	2021	Q1-2022
• Number of clients counseled for HIV testing	535,227	602,675	298,328
• Number of clients tested for HIV	445,222	467 304	229,079
• Number of clients testing positive	12,081	10,874	4,653
• Initiated on ART	13 124	12 163	5602
• Testing acceptance rate	83.18%	77.53%	76.78%
• Positivity rate	2.71%	2.32%	2.03%

Evaluating HIV testing services

CI uses several ways to determine HTS performance and to determine the impact of HTS services

- Surveys
- Program reports
- Operational research

Surveys	Program monitoring	Operational research
▪ CIPHIA 2017-2018 ▪ IBBS 2020	▪ PNLS Annual Report ▪ HIV REPORT ▪ RASS	▪ Rapid Assessment of HIV Testing Services (2020) ▪ Evaluation of the effects of the Covid 19 health crisis on the supply and demand for HIV services in Côte d'Ivoire (2021)

Lessons learned

- Data is critical in planning, implementing, monitoring and evaluating HTS

- Strategic planning is planning using data

- Data is the basis for improving HTS implementation, through quantifying program gaps and redefining targets for action

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Data for HTS Challenges

HTS data challenges include:

- Incomplete data capture at facility level (onsite)

- Incomplete reporting in DHIS2

- Community testing data is not reported in DHIS2

Next steps

- Conduct site level data quality assessments

- Intergrate community testing data into DHIS2

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Thank you!