

Optimizing Target Setting through an evidence-based approach

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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Outline

- **Target Setting in Zimbabwe**
- **The HTS Optimization Model**
- **The Future of HTS Target Setting**
- **Lessons Learnt**

HIV testing needs are to be as targeted as possible to meet 1st 95 goals with limited resources:

As Zimbabwe seeks to achieve and maintain its 95-95-95 goals, finding the remaining PLHIV only gets harder and requires a systematic approach to optimizing HTS whilst maintaining the status of negative clients

Situational analysis



Design testing mix



Prioritize and set targets

- Continuous data assessment of the 1st and 2nd 95 gaps across **geographies and population groups**
- Assess the current HIV testing service delivery models
- **Clearly define gaps**

- **Define target populations, geographies, and operational bottlenecks**
- **Adapt or design testing modalities** aligned with gaps in meeting population needs

- Determine **optimal mix and scale-up** of test modalities
- **Prioritize** based on operational feasibility, and national policies
- Define **national targets** and draft **operational plan**

What is the Optimization Model?

The HTS optimization model is an analysis that allows the MOHCC to set evidence-based, entry point specific testing targets:

The Analysis identifies **the mix and volumes of testing strategies required to reach ART scale-up targets**, prioritized based on:

- Yield
- Other Intervention targets and plans
- Operational feasibility

These analyses can be utilized to form critical inputs into the national HTS strategies, implementation plans, and investment cases applications

An optimized testing strategy must consider a range of criteria, including yield, population, and integration with other interventions:

- 1** Yield high number of identifications
 - Prioritize delivery channels with high testing yields
 - **Focus should be on absolute identifications**
 - Determine the combination of channels that **collectively reach ART scale-up targets with the lowest number of tests**
- 2** Target priority populations
 - Delivery channels need to be designed to meet the needs of different populations
 - Certain populations will require **new ways of approaching testing**
 - Without this approach, **risk continuing to reach certain populations, leaving others behind**
- 3** Linkage to Prevention and treatment
 - Focus on clients being identified for Treatment and prevention
 - Client volumes vary by population and entry point (e.g. ANC is limited to pregnant women; however includes partner testing)
 - Need to consider operational realities

Mapping testing strategies against populations should ensure the mix effectively targets specific priority populations

	Entry point	Gen pop	AGYW	Peds	Index	Young men	Older men	FSW	MSM	PWID	Others?
Facility-based	ANC		X	X	X						
	STI	X			X			X	X		
	FP		X					X			
	TB	X									
	...										
Community-based	Mobile VCT	X									
	Workplace					X	X				
	Self-testing					X	X				
	...										
Key population services	FSW outreach							X			
	Drop-in clinics							X	X		
	Self-testing (secondary dist. at key pop services)				X	X	X	X	X		
	...										

Optimization model supports target setting by delivery channel, linked to overall treatment scale-up targets

Situational analysis

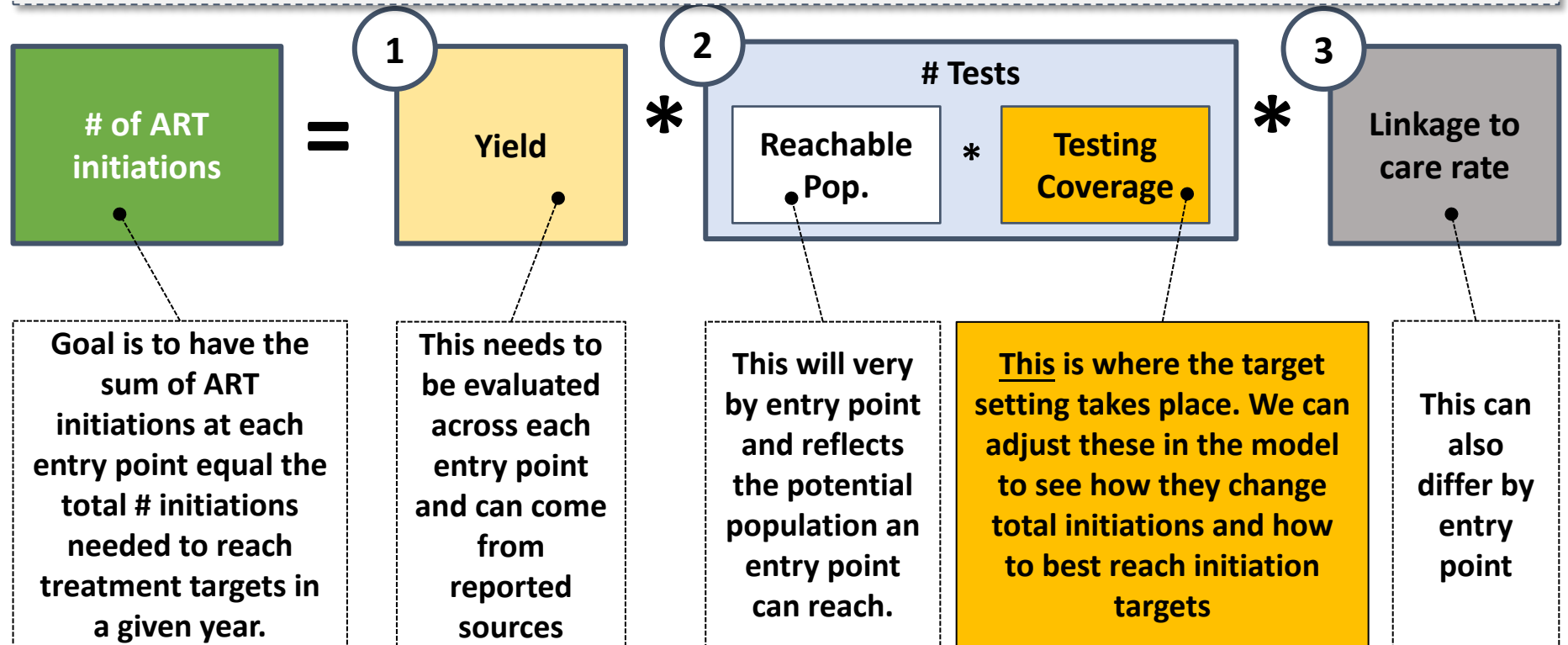


Design testing mix



Prioritize and set targets

Optimization Model: Target setting model to determine the volumes and mix of testing strategies needed to reach ART scale-up targets, prioritized based on yield, other intervention targets and operational feasibility



Collecting and understanding all source data points:

	Baseline
	2019
National adult linkage to care *	95.7%
National female adult linkage to care **	94.9%
National male adult linkage to care ***	97%

National adult: STI, VCT, PrEP, etc..

Female: PMTCT entry points

Male: VMMC

Example source data

	Projected Linkage rates?			
	2022	2023	2024	2025
National adult linkage to care *	%	%	%	%
National female adult linkage to care **	%	%	%	%
National male adult linkage to care ***	%	%	%	%

What do we expect to happen to linkage to care rates over the next 5 years?

Consider:

- What have recent trends been?
- In many countries, test and start has increased linkage rates, but these clients are not necessarily then retained in care.

	Projected Targets by Intervention?			
	2022	2023	2024	2025
National adult linkage to care *				
National female adult linkage to care **				
National male adult linkage to care ***				

What do we expect to happen to targets for other interventions over the next 5 years?

Consider:

- What are they looking to achieve
- Are their target groups changing?
- Will new innovative approaches be introduced

Aligning the optimization model to status neutral testing

The Optimization model:

- Builds into its analysis multiple entry points that meet the needs of different populations regardless of their status in order to increase testing coverage.
- The Model incorporates different innovations or new testing approaches (e.g. Index testing) that will inform new ways of testing to achieve 95-95-95 targets.
- Client volumes vary by population and entry point (e.g., ANC is limited to pregnant women; however, includes partner testing). The model seeks to provide an analysis of the potential reach which can be used to inform resource allocation of biomedical and non-biomedical services to be placed for the client's benefit.

Strengths and weaknesses of the optimization model

Strengths of the Optimization model:

- Helps to inform the resource need required for investment cases (i.e., Global Fund).
- It facilitates linkages among HIV Prevention, testing and treatment services and the highlights integration points.
- The model allows programmers to identify/prioritize high volume and yield entry points to improve coverage.
- It incorporates forecasted targets and programmatic data (i.e., attrition rates, positivity rates) from Prevention and Treatment

Weaknesses of the Optimization model:

- The model is linear in its analysis and does not have flexible options to consider abrupt changes in implementation
- It is highly dependent on program data and therefore requires accurate forecasting in those interventions.
- The model doesn't provide an impact analysis to inform implementation.

What will HTS Target Setting be like in future?

Future of the HIV target Setting:

- A more granular (sub-national level) approach to target setting will be sought to drive targeted testing based on granular epidemiological data available.
- Building impact analysis within target setting approaches to inform implementation and estimate impact of underfunding or low performance on HTS.
- Testing models will need to account for the step-by-step care continuum and evolve from taking a linear approach (disease specific) to a whole person, needs-based approach.
- Stronger attention on community-based targets to increase access and awareness of prevention and treatment services whilst reaching hard to reach populations.
- Target setting will evolve to provide a balance between efficiency (Optimal Mix of HIV testing modalities) and lower testing targets.

Lessons Learnt from the Target Setting Process

1

Stakeholder engagements prior to target setting process are crucial to ensure buy-in and alignment.

2

The model is only as good as the data input. **Accurate data sources** are key for the process.

3

Drawing broadly on **research and implementation expertise** when making assumptions is crucial.

4

Need vs The Envelope: It is important to strike an appropriate balance between considerations for ambitious global targets that drive funding and political engagement and targets that reflect the complexities of local HTS.

Thank you!

