

Closing Remarks

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

March 13-16, 2023 | Nairobi, Kenya



Order of Remarks

- Ava Mrima, Jinsiangu, Kenya
- Céline Lastrucci, WHO
- Peter Ehrenkranz, Bill & Melinda Gates Foundation
- Rose Wafula, NASCOP, MOH Kenya
- Peter Preko, ICAP

Key Take-Home Messages

- The topic of dHTS is clearly of huge interest to network countries
- From the countries' dHTS CMM self-staging results, we note that countries are at very different stages of experience
 - Provides a lot of opportunities for learning exchange experiences, best practices, tools & resources
- Universal/shared interest in strategic planning
 - E.g. How do we scale up status neutral testing in the context of flat funding for HTS programs?
- Critical to work harder to include recipients of testing services in policy, planning, implementation, and evaluation
- Some participants observed the need to include prevention, and not just linkage to presentation, as a CQUIN network topic
 - CQUIN will collaborate with SSLN and other partners in this area
- M&E of dHTS is a shared challenge across member countries
 - CQUIN M&E CoP will prioritize this for joint learning and co-creation of tools/resources where needed

Specific Key Take-away Messages

Mobilizing	Testing	Linkage
<ul style="list-style-type: none"> • Need to define the unreached populations - data, data data! – to understand the gaps in reaching KPs and their sexual partners as well as the priority populations (men, children and adolescents, PBFW) • Mobilization of populations left behind will need the engagement of these populations in designing mobilization strategies <ul style="list-style-type: none"> • Social media as a tool to mobilize • Youth congregation and non-congregation mobilization approaches 	<ul style="list-style-type: none"> • Mapping the populations that are driving the new infection to optimize testing services is key - KPs and their sexual partners still remain an important population in addition to other priority populations (men, children and adolescents, PBFW) • There are opportunities that exist to reach these populations <ul style="list-style-type: none"> • Use of HIVST at both HF and community levels (cheaper kits \$1) to reach the KP & PP • Scale-up of social network testing (SNT) • Need to re-think the current rigorous metrics of testing (focusing on yield, need to know & document the status of all testing). Focus on individual knowledge of HIV status with support to link to prevention and treatment (following professional testing) 	<ul style="list-style-type: none"> • Linkage to prevention <ul style="list-style-type: none"> • Need to define successful and prompt linkage to prevention • Develop metrics to measure linkage to prevention services (beyond PrEP) • Linkage to treatment <ul style="list-style-type: none"> • Whereas much has been done to increase the number of PLHIV on treatment, there is a need to improve the promptness of linkage to treatment • Linkage to re-engagement <ul style="list-style-type: none"> • Need for MOH's to understand the reasons for disengagement in their context and the degree to which retesting is being used as a pathway to re-engagement and develop national systems to improve pre-test counselling, and welcome-back strategies

Key Questions?

- How do we redefine efficiency of testing in the context of status neutral testing?
 - Eg: ?? **Yield = # of new positives identified + # of people at high risk for HIV acquisition identified (do we need to add known positives retesting as an entry point to re-engage?)**
- How do we set new testing targets that comprehensively cover case finding and high-risk and priority populations who need prevention services?
- What are other strategies can we put in place to re-engage people who drop out of care, apart from re-testing?
- As we identify and link high risk populations to prevention services, how do we identify and package linkage and prevention services for people who are not aware of their risk levels, or do not appreciate the level of their risk? E.g. the partner of a positive pregnant woman who has not disclosed?
- How do we use national M&E systems to successfully measure linkage to combination prevention services?

Next Steps

CQUIN Expectations of MOH and Country Teams:

- Cascade learning and key messages from this meeting to country leadership and other country stakeholders
- Present action plan for validation, prioritization and approval
- Negotiate for funding of priority activities in COP23 and NFM4
- Share approved action plans with CQUIN by end of May 2023

From CQUIN:

- Launch of dHTS community of practice in April 2023
- CQUIN M&E CoP to work with member countries to find solutions to the gaps in M&E of dHTS
- Slides, tools and resources are available on the CQUIN website
- Follow and provide any technical assistance support as needed

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GATES *foundation*



ASANTE SANA KENYA!!!



Ministry of Health

**NATIONAL AIDS & STI CONTROL
PROGRAMME**



Thank you MOH and country stakeholders for your continued engagement and support of the CQUIN Network



- Burundi
- Cameroon
- Côte d'Ivoire
- DRC
- Eswatini
- Ethiopia
- Ghana
- Kenya
- Lesotho
- Liberia
- Malawi
- Mauritania
- Mozambique
- Nigeria
- Rwanda
- Senegal
- Sierra Leone
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe

Thank you, CHAI, for the partnership in developing the dHTS CMM



THANK YOU TO THE COMMUNITY ADVOCACY NETWORK



ITPC
INTERNATIONAL TREATMENT
PREPAREDNESS COALITION

THANK YOU to our Global Partners for your strong support



PEPFAR



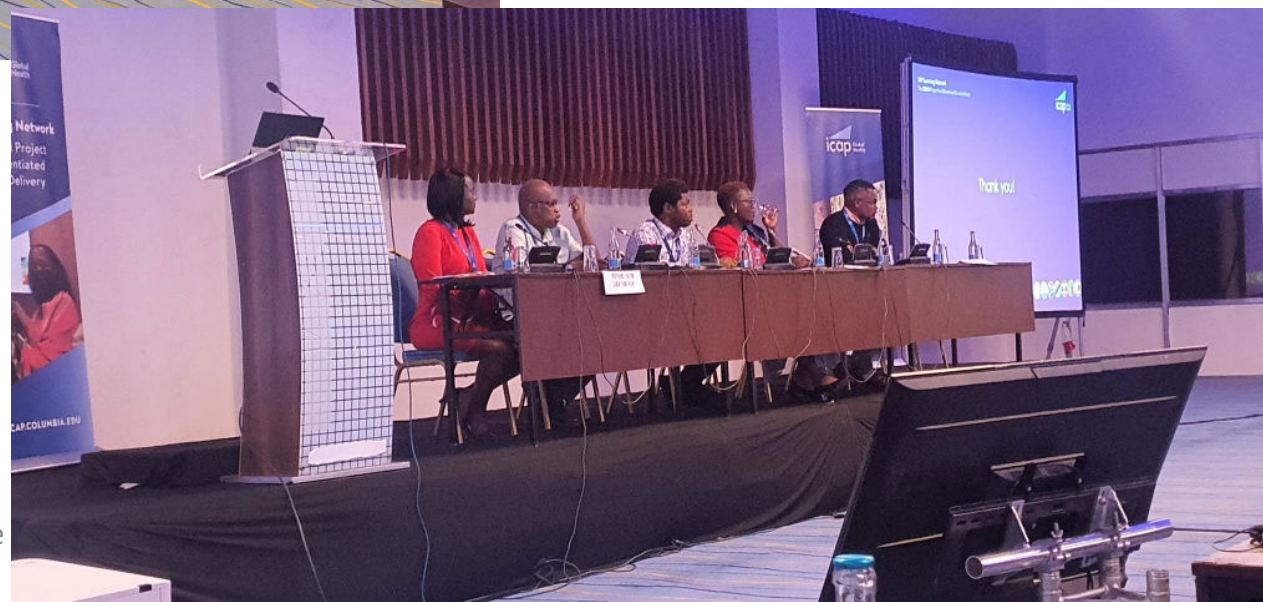
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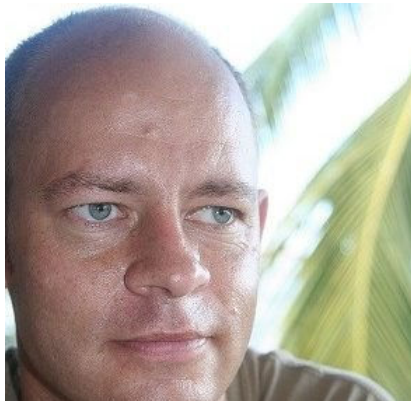


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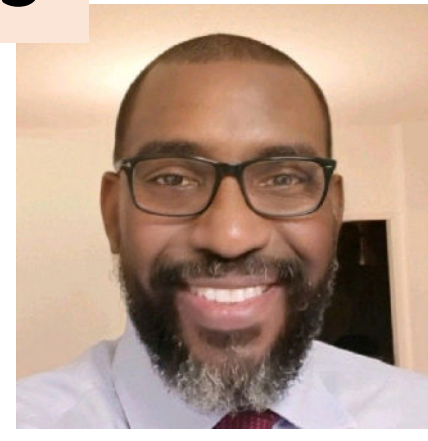
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THANK YOU to Moderators, Presenters, Collaborators and Country Teams





THANK YOU CQUIN ADVISORY GROUP MEMBERS



THANK YOU, TEAM ICAP



CQUIN REGIONAL TEAM

ICAP in Kenya

Thank you to the Operations Team + Matildah + Simon + Tara!





THANK YOU ALL!!

Thank you!

