

Opening Plenary: CQUIN Differentiated HIV Testing Services

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

March 13-16, 2023 | Nairobi, Kenya



Outline

- CQUIN 2.0: Engagement in dHTS
- The CQUIN dHTS Capability Maturity Model development, milestones and the staging results
- Take home messages from the CAN pre-meeting
- Take home messages from M&E pre-meeting
- Review of the meeting agenda – highlight Country action plans and our planned community of practice

CQUIN 2.0: Engagement in dHTS



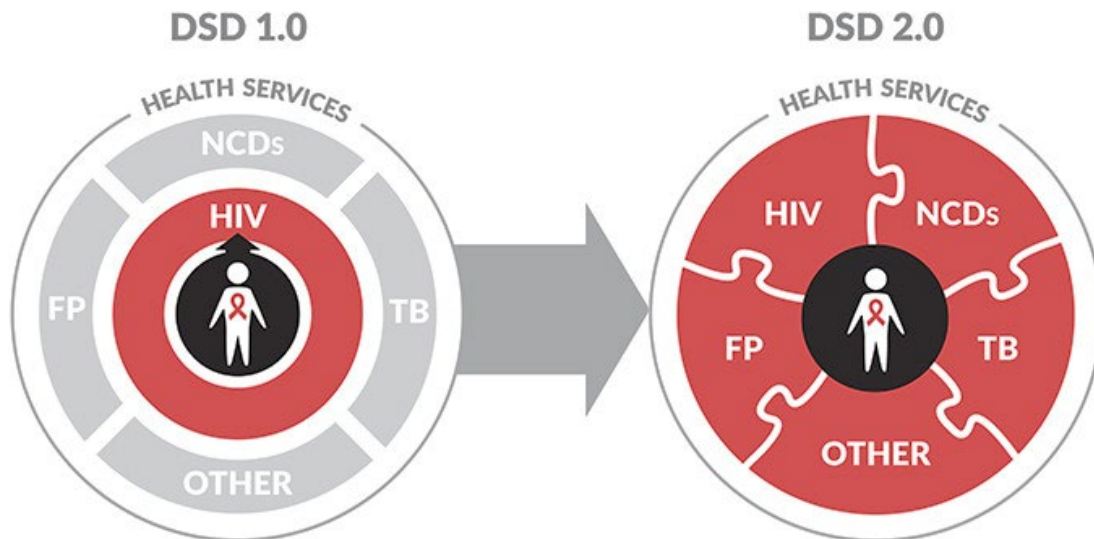
CQUIN 2.0

The Bill & Melinda Gates Foundation has extended the CQUIN project through June 2027 (CQUIN 2.0)

The CQUIN Member countries have increased to 22 with Lesotho joining the CQUIN learning network in 2022

Focus will expand to include differentiated HIV testing services and the integration of non-HIV services into DSD models (DSD 2.0)

Current CQUIN member countries = 22



CQUIN 2.0: Engagement in dHTS

- Significant progress have been made towards achieving the 1st 95, but many countries still lag behind
- Though HTS is already differentiated to a large extent (facility-based, community-based, provider-assisted referral, social network-based approaches and HIV self-testing) **not all people who need HIV testing have been reached** with appropriate, age and gender HTS:
 - Women are more likely to know their status (88%) than men (82%)
 - Adults are more likely to know their HIV status (82%) than children (59%)
 - The general population is more likely to know their status than KPs
- To achieve the last mile, new testing strategies and innovations that are person-centered, and address political, gender, social-cultural and geographic barriers are needed to reach populations that have been left behind
- CQUIN 2.0 will leverage country experiences to cross fertilize best practices as well as work together to address cross-cutting challenges
- During this meeting, we will hear how the **CQUIN dHTS capability maturity model** toolkit, co-created with MOH and global partners, can be used by member countries to inform their national HTS programs

The CQUIN dHTS Capability Maturity Model (CMM) development, milestones and the staging results



Developing the dHTS CMM

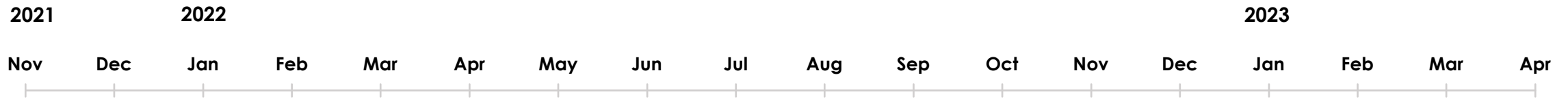
- Following the Future of HIV Testing Consultation in late 2021, the ICAP CQUIN team was charged with developing a capability maturity model / framework for national dHTS programmes that can be used to measure progress, prioritize gaps, and identify best practices
- Key questions:
 - How do we define the elements of a “mature” HTS programme?
 - How do we measure its success?

Why does CQUIN use capability maturity models?

CMM are a health systems strengthening tool, developed in partnership with national, regional, and global partners to:

- Enable multi-stakeholder country teams led by MOH to conduct systematic self-assessments of the national dHTS program
- Contribute to national prioritization and planning
- Facilitate cross-country dialogue and diffusion of best practices

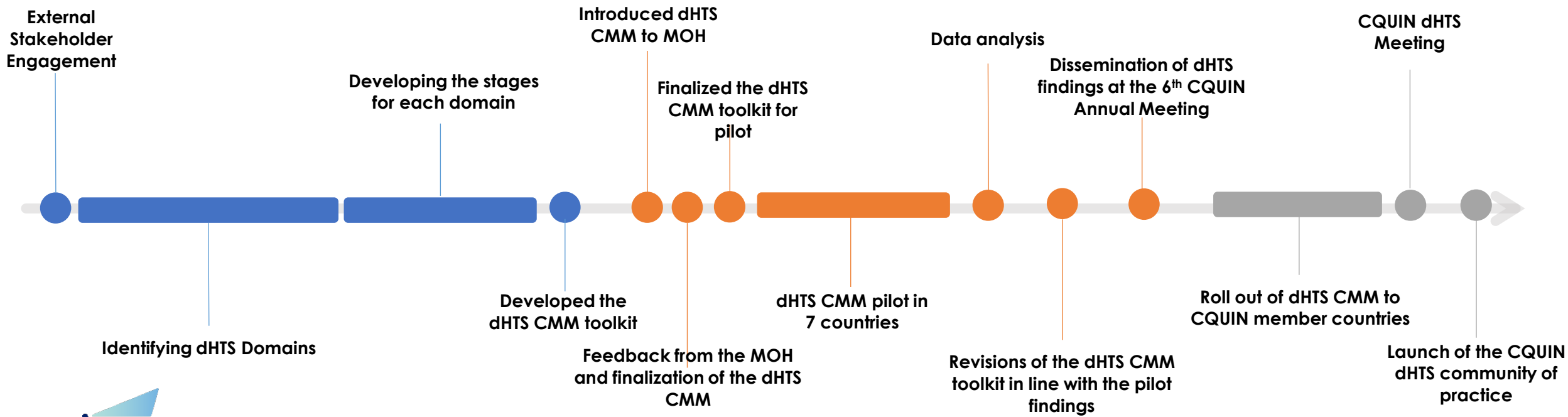
Timeline for dHTS CMM development, pilot and staging



Phase I
November 2021 – April 2022
Conceptualization and Development of the dHTS CMM

Phase II
June – December 2022
Pilot and finalization of the dHTS CMM

Phase III
January 2023 – April 2023
CQUIN Network-wide use of the dHTS CMM



The dHTS Capability Maturity Model

The dHTS CMM self-staging toolkit:

- Orientation/sensitization slide deck
- Standard operating procedures
- Self-staging questionnaire
- Data source worksheet
- Structured feedback tools
- English and French versions

COQIN dHTS CMM - Country Staging Questionnaire July 2022

COQIN dHTS Capability Maturity Model Staging Questionnaire

General Information

1. Country Name

2. Names of Representatives Completing Staging and Contact Information

3. Please indicate all representatives involved at the health facility

4. Note: It is essential that at least one representative from the community/Population of testing services participate in this exercise

5. Complete COQIN dHTS Dashboard Staging Roster and update

Policies/Guidelines: Strategic model mix and decentralization

A1. Have national dHTS policies and guidelines been updated in the past 5 years?
OR
Do national dHTS policies and guidelines recommend voluntary testing & counseling (VCT) and provider-initiated testing & counseling (PITCT)?

A2. Do national dHTS policies and guidelines specify age of consent?

A3. Do national dHTS policies and guidelines recommend the following:
- HIV self-testing (HST)
- Index testing of Biological children
- Partner Services-Index Testing
- Partner Services-Social network testing services (SNT)

A3. Do national dHTS policies and guidelines provide for trained lay people to conduct HST?

Indicate final staging for Policies/Guidelines: Strategic model mix and decentralization

C1 Best
C2
C3

COQIN dHTS CMM Staging Data Source Worksheet

Domain Name and Detailed Description	Examples of Documents or Data Sources	Name of TWG Member or Content Expert to Provide Details for Staging (if necessary)	List of Supporting Documents Needed for Staging
Policies/Guidelines: 1 Strategic model mix and decentralization The availability of and extent to which National dHTS policies and guidelines have been developed, aligned to international normative guidance, and promote a strategic mix of facility- and community-based testing modalities and approaches	<ul style="list-style-type: none"> National HTS Policies National HTS guidelines National Consolidated HIV guidelines 		
Policies/Guidelines: 2 Optimizing HIV Testing The availability of and extent to which National policies and guidelines recommend normative guidance on HIV rapid testing algorithms, active case finding, and prioritized	<ul style="list-style-type: none"> National HTS Policies National HTS guidelines National Consolidated HIV guidelines 		

icap | Differentiated HIV Testing Services Capability Maturity Model July 2022

Policy/Guideline	Strategic model mix and decentralization	Optimizing HIV Testing
1. National dHTS policies and guidelines have been updated in the past 5 years	Yes, only 1 of the 4 Yes, only 2 of the 4 Yes, 3 or more	Yes, only 1 of the 4 Yes, only 2 of the 4 Yes, 3 or more
2. National dHTS policies and guidelines recommend VCT and PITCT but do not recommend any of the following: - HIV self-testing (HST) - Index testing of Biological children - Partner Services-Index Testing - Partner Services-Social network testing services (SNT)	Yes, only 1 of the 4 Yes, only 2 of the 4 Yes, 3 or more	Yes, only 1 of the 4 Yes, only 2 of the 4 Yes, 3 or more
3. National dHTS policies and guidelines provide for trained lay people to conduct HST	Yes No	Yes No

COQIN dHTS Dashboard - dHTS DMM Feedback Post-Pilot July 2022

COQIN dHTS Capability Maturity Model Feedback Post-Pilot Tool

Background: The purpose of this tool is to gather feedback from the team that participated in the pilot of the COQIN dHTS dashboard. We recognize that what may be clear to the team developing the tools, may not be clear to the people administering them. Therefore, your feedback will go a long way in further refinement of the tools with the goal of ensuring an objective country self-staging. Thank you!

Here below are a few questions that will help gather your experience during the pilot:

- 1) Country:
- 2) Did you have any pre-meetings prior to piloting the COQIN dHTS dashboard?
- 3) If yes, what kind of pre-meeting?
- 4) Did you feel adequately prepared for the piloting process? Did you have all the resources and personnel in the room? Please expand on how things could have been done better.
- 5) Do you have any initial thoughts, questions, or feedback on the COQIN dHTS dashboard?
 - o Did you find any questions particularly difficult to follow? Which ones and why?
 - o Do you find this kind of tool useful to the national HTS program? If so, how?
 - o At this point, are there any elements or specific information that would be critical to include?
 - o Do you see any potential challenges with implementing this tool?
- 7) What is some of the key next steps in preparation for the roll-out of these tools in your country?
 - o Who are some of the key stakeholders/partners to engage?
- 8) What were some of the data sources used to answer these questions?
 - o Were there any challenges sourcing for the data? If yes, what challenges did you face?
- 9) Do you have any suggestions as to how to make this staging process clearer?
- 10) What kind of technical or logistical support would be helpful during the roll out of the dHTS dashboard?
- 11) Qualtrics-related questions:
 - a. Was the Qualtrics online questionnaire reasonably self-explanatory?
 - b. Was the Qualtrics online questionnaire easy to use?
 - c. What additional recommendations/issues did you find?

The dHTS Capability Maturity Model Self-Staging Process

1. Pre-staging activities:

- **Stakeholder mobilization by MOH** - National DSD coordinators working closely with National HTS coordinators mobilize key stakeholders (MOH, donors, IPS, civil society) for the staging meeting
- **Preparatory virtual meetings** - remotely supported by CQUIN. Orient the stakeholders on the dHTS staging toolkit, address questions from the stakeholders and advance preparation of data and resources needed for the staging meeting

2. Staging:

- **dHTS capability maturity model (CMM) staging meeting convened by MOH** - CQUIN provides TA and logistics support to countries to conduct dHTS self-staging
- **Submitting results** - Sharing dHTS CMM results in Qualtrics

3. Post-staging activities:

- **dHTS CMM analysis** - CQUIN analyzes results and get clarification from country teams where needed
- **Review feedback from countries on improving the dHTS CMM staging process**



Implementation and scale-up plan:

A costed national dHTS implementation and scale up plan has been developed with input from key stakeholders, includes timelines and targets, and is being funded, implemented, and monitored

Implementation and scale up plan

- **Dark Green** = 5/21
- **Light Green** = 1/21
- **Orange** = 11/21
- **Red** = 4/21

Effective Engagement and Oversight of Private Sector dHTS

National systems support engagement of the for-profit and not-for-profit private sectors in dHTS include private sector testing data in national M&E systems and defining and monitor dHTS quality standards

Private sector engagement/oversight



- **Dark Green** = 2/21
- **Light Green** = 3/21
- **Yellow** = 1/21
- **Red** = 15/21

M&E of dHTS

dHTS data are integrated into the national M&E system, which captures and disaggregates relevant dHTS indicators by model and these data are used regularly at the national, subnational, facility, and community levels to assess performance against targets and improve the quality, efficiency, and coverage of HTS

11	M&E	
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Impact

National plans include standards for timely and effective linkage to prevention for people testing negative for HIV; linkage rates and index testing service rates are monitored; and performance meets standards

- At least 95% of every priority group is aware of their status*
- At least 95% of people testing positive in every priority group are linked to treatment*
- At least 95% of high-risk people testing negative in every priority group are linked to prevention*

20	Impact	1: Knowledge of HIV status	
21		2: Linkage to treatment	
22		3: Linkage to prevention	

Timely Linkage to Treatment

National plans include standards for timely and effective linkage to treatment for people testing positive for HIV; linkage rates and time to ART initiation are monitored; and performance meets standards

- **Dark Green** = 4/21
- **Light Green** = 9/21
- **Orange** = 7/21
- **Red** = 1/21



Linkage to Prevention

National plans include standards for timely and effective linkage to prevention for people testing negative for HIV; linkage rates and index testing service rates are monitored; and performance meets standards

- **Light Green** = 3/21
- **Yellow** = 2/21
- **Orange** = 15/21
- **Red** = 1/21

Linkage to prevention and other services



Cross-country learning

- CMM results informed the agenda of this first CQUIN dHTS meeting
- During the meeting, each country team will develop/refine a national action plan, which will include their priorities for CQUIN network support
 - Priority domains/challenge areas
 - Requests for country-to-country exchange (including in-person visits)
 - Requests for TA
 - Suggestions re: resources/success stories they can share with other countries
- This will guide CQUIN activities and plans for the dHTS community of practice

Key take-home messages from the CAN pre-meeting



Key take-home messages from the CAN pre-meeting

dHTS 101

- CAN members acknowledged the need to refocus on prevention and address gaps among other priority sub populations e.g., PBFW, children, AGYW and KP to reduce new infections while treating those who are positive to end HIV by 2030
- CSO's are key in reaching these populations and ongoing advocacy for training of lay providers to provide HTS to improve access in hard-to-reach populations is critical

Recipient of care (ROC) satisfaction toolkit

- Recognizing the importance of ROC satisfaction surveys; the findings from these surveys should be relayed to the ROCs, and the surveys need to be brief
- Peer-led and peer-administered surveys are preferred
- The tool kit needs to be adaptable and flexible for use in different circumstances e.g., different sub-populations

Community engagement toolkit results

- While community engagement is happening - 39% of consolidated results are in the higher percentile (81-100%); there is room to rump up CE activities with 14% of consolidated results being in the grey area (activity not conducted)
- Increased advocacy for funding of community engagement activities is needed

dHTS CMM dashboard and adapting a status neutral testing

“ We have neglected the component of prevention, and this means we are preparing everyone for treatment i.e., just waiting for everyone to test HIV positive so that we can treat them, we need to refocus on prevention to reduce new infections while treating those who are positive to end HIV by 2030”

CAN member

CE toolkit findings

“ . . .ROC are involved in the design, sometimes in the implementation but rarely in the evaluation of DSD. . . ”

CAN member

Key take-home messages from the M&E pre-meeting



Key take-home messages from the M&E pre-meeting

- **Six priority indicators** referenced in the M&E domain of the dHTS CMM were discussed with a general concurrence on these indicators as an initial set of CQUIN priority dHTS M&E indicators
- In as much as most countries collect data on nearly all these indicators -
 - few countries have **comprehensive dHTS national M&E systems** that allow for routine capture, reporting, and use of all six of them
 - **linkage to prevention indicators** are not routinely collected, analyzed and used – with challenges ranging from a lack of a minimum package of prevention services, the status-neutral testing approach not being well-understood or accepted, to missing basic data elements in M&E tools among member countries
- **Opportunity:** With many CQUIN countries moving towards electronic medical systems that incorporate unique ID systems, this opportunity, can be used to substantially strengthen countries' ability to generate and use these dHTS priority indicators

Priority indicators

- Testing volume
- Testing outcomes
- Geographic coverage
- Population coverage
- Linkage to treatment
- Linkage to combination prevention for people tested HIV negative

Review of the meeting agenda



dHTS Meeting Agenda

	Monday, March 13, 2023	Tuesday, March 14, 2023	Wednesday, March 15, 2023	Thursday, March 16, 2023	
7:30		Daily Registration and COVID protocols			7:30
8:00		Session 1: Welcome / Framing remarks	Session 6: Keynote	Session 11: Keynote	8:00
8:30			Session 2: Panel discussion: dHTS - where are we now?	Session 7: Panel discussion: Implementing Differentiated Status-Neutral Testing	Session 12: Panel discussion: Differentiated Linkage
9:00		9:00			
9:30		9:30			
10:00		TEA (10-10:30am)	TEA (10-10:30am)	TEA (10-10:30am)	10:00
10:30		10:30			
11:00		Session 3: Parallel sessions	Session 8: Parallel sessions	Session 13: Parallel sessions	11:00
11:30		11:30			
12N		12N			
12:30	Lunch (12:30 - 2pm)	Lunch (12:30 - 2pm)	Lunch (12:30-2pm)	12:30	
1PM	Registration and pre-meetings	Session 4: Country breakout sessions	Session 9: Country breakout sessions	Session 14: Plenary - Country Action Plans	1PM
1:30					1:30
2PM		2PM			
2:30		2:30			
3PM		3PM			
3:30		TEA (3:30-4pm)	TEA (3:30-4pm)	TEA (3:30-4pm)	3:30
4PM	4PM				
4:30	Session 5: Single-country action planning	Session 10: Single-country action planning	Session 15: Closing session	4:30	
	Opening Dinner	End at 5pm	End at 5pm	End at 5pm	
		<i>Tuesday parallel sessions</i>	<i>Wednesday parallel sessions</i>	<i>Thursday parallel sessions</i>	
		Differentiated mobilization	MCH/triple elimination	Linkage to treatment	
		Community-led monitoring for HTS	Social network testing services	Linkage to prevention	
		Data-driven HTS target setting/model mix	dHTS quality management	Linkage to re-engagement	

Expected Meeting Outputs

- Action plans developed by all 21 countries that highlight priority gaps and strategies to address them
- Aggregated dHTS CMM results of member countries – identify cross-cutting challenges that will inform the CQUIN dHTS CoP agenda and joint learning activities
- Slides are available on the CQUIN website:

<https://cquin.icap.columbia.edu/>

Thank you!

