

Rwanda Country Updates

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Outline

- Country background
- Progress on implementing 2023 action plans
- 2024 dHTS CMM self-staging results
- dHTS CMM Results 2023 vs 2024
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- 2025 dHTS CMM priority activities and projected scores
- Cross-learning topics of interest in 2024
- Acknowledgement



Country Background

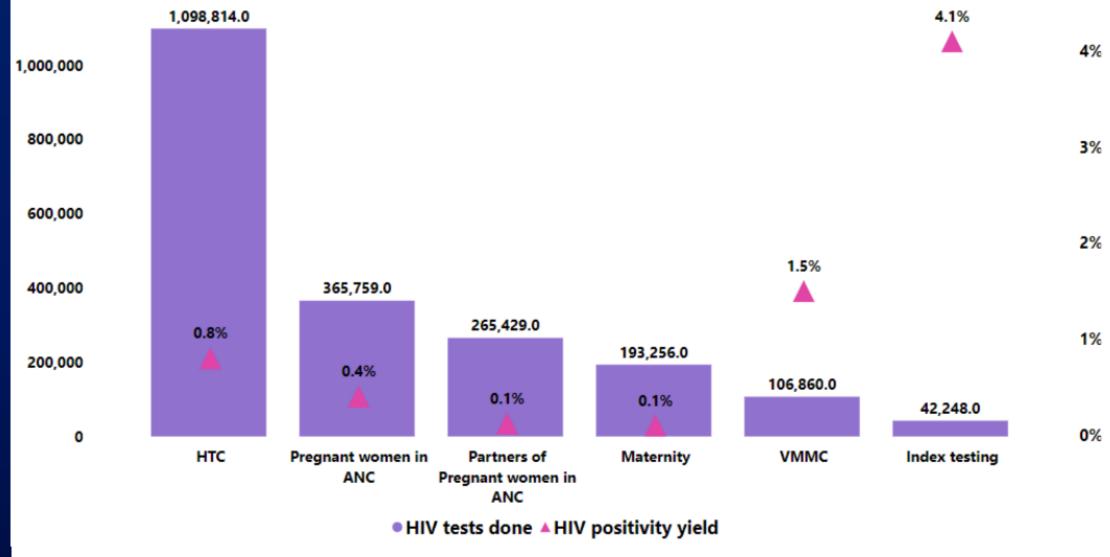
Country Context: Progress 95-95-95

Program	Female	Male	Program Total	UNAIDS '22 Estimates
1st 95	85.6	80.4	83.8	95
2 nd 95	97.6	97.2	97.5	97
3 rd 95	92.4	85.4	90.1	98
HIV prevalence	3.7	2.2	3.0 <i>RPHIA '19</i> 2.7 <i>RDHS '20</i>	2.3
HIV incidence			5400 (0.08)	

For priority populations that are targeted for HTS, the data is from different sources and/or different time periods i.e. CBS, RPHIA, annual report etc. FSWs, MSM and adolescent girls and young women are some of the KVP prioritized for HTS



Country Testing Model m\Mix (HIV annual report 2022-2023)





Progress on Implementing 2023 Action Plans: Activities Where Progress was Achieved

Domain	Activity	Progress made by March 31, 2024
Linkage to prevention and other services	 A total of 350 facilities have been trained on HIV combination prevention services with particular emphasis of improving PrEP uptake Improved PrEP uptake by MSM and FSW from 10,078 to 11,789 by June 2024 including VMMC to 309,822 	Completed
M&E	 Revised CBS tools for longitudinal follow-up of KP and PMTCT Merged/adopted CBS file and register in the EMR to effectively monitor linkage to testing and prevention services for KP 	Ongoing
Impact 1: Knowledge of HIV status	 Conducted IBBSS for FSW Conducted qualitative assessment of structural barriers to HIV services access by MSM 	Done

Progress on Implementing 2023 Action Plans: Activities Where Progress/Implementation has Delayed

Domain	Activities Prioritized	Reasons for implementation delay	Plans for remediation
Policies 2: Optimizing HIV Testing	Implement 3-serial validated rapid diagnostic tests for HIV+ confirmation	Delayed procurement processes	Planned for 2025 FY
Private sector engagement/oversight	Provide guidance on private sector participation in the EQA/PT program	No dedicated funds for private sector EQA	Establish private sectors EQA/PT performance as a prerequisite for accreditation



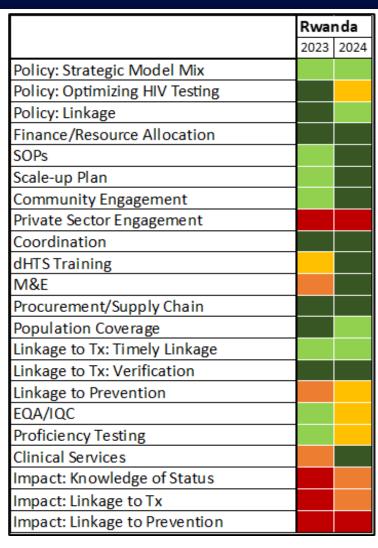
Rwanda dHTS CMM - 2024

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SOPs			
Scale-up Plan			
Community Engagement			
Coordination			
dHTS Training			
M&E	Policy: Strategic Model Mix	Policy: Optimizing HIV Testing	
Procurement/Supply Chain	Policy: Linkage	Linkage to Prevention	
Linkage to Tx: Verification	Population Coverage	EQA/IQC	Impact: Knowledge of Status
Clinical Services	Linkage to Tx: Timely Linkage	Proficiency Testing	Impact: Linkage to Tx
Most mature domains			



Finance/Resource Allocation

dHTS CMM Results – 2023 vs 2024



- Domains that improved: 9 domains improved
- Domains that regressed: 3 domains regressed
- dHTS improvements have been documented with improved targeted testing attributed to:
 - Scale-up partner notification services
 - Increased PrEP uptake, coverage of 4th proficiency testing
 - Improved M&E of prevention services among high-risk populations and increased training through tele-mentorships
- Regressed domains include:
 - EQA/QC Due to a high failure QC rate (<75%) in comparison to the previous year</p>
 - Optimizing HTS Due to delayed implementation of 3 serial validated rapid diagnostic tests for HIV+ confirmatory diagnosis
- Other existing gaps include non-specific standard timelines for linkage to HIV prevention services

Key Lessons Learned Over the Past Year – Facilitators and Barriers

Barriers/Challenges

- Linkage to combination prevention: CMM for dHTS needs to specify which prevention method is being monitored
- People at risk of HIV acquisition may be in and out of risk due to behavior change, making it hard to longitudinally monitor
- Unlike PrEP/PEP, some voluntary prevention services such as condom use and VMMC have no specific time to linkage. Recommended guidance states 'at the earliest convenience'
- CMM tool should consider country-specific contexts i.e. use of lay people to test is N/A in the Rwandan context due to the extensive reach of HTS to the lowest PoC

Facilitators

- Targeted testing through PNS and CBS to identify population at risk and scale-up targeted interventions
- Private sector covers <5% of HTS, public health facilities coverage is to the last-mile with a wider reach (targets are exclusively for public facilities)



Engagement with CQUIN and Other Stakeholders on dHTS

- TA received: From Resolve to Save Lives (RTSL) in the development of NCD/HIV protocol (particularly HTN and DM)
- Meetings attended:
 - Presented country updates in DSD CoP, FP/HIV webinar, QI management and AHD webinar
- Tools and resources shared/received:
 - Shared: HIV guidelines, HIV testing algorithm (CQUIN liaison), NCD/HIV protocol (NCD CoP) AND treatment failure algorithm (Kenya)
 - Received: RTSL and WHO HTN/HIV protocols
- DPR: Evaluation of DSD since inception planned for FY 2024



2025 dHTS CMM Priority Activities and Projected Scores

Domain	2024 score	2025 Aspirational score	Planned Actions
Policies 2. Optimizing HIV Testing	Yellow	Dark green	Implement 3-serial validated rapid diagnostic tests for HIV+ confirmation
Quality 1: EQA/IQC	Yellow	Light green	 Assessment of root cause analysis for EQA failure sites Develop a quality qualtrics dashboard for monitoring quarterly QC performance Provide supportive mentorship to improve EQA in low-performing sites
Impact 1: Knowledge of HIV status Impact 2: Linkage to treatment Impact 3: Linkage to prevention	Orange	Light green	 Integration of CBS platform in the EMR to monitor high-risk populations Conduct awareness targeting high-risk populations Conduct annual IBBSS for MSM and FSW to inform KP program prerequisites/package and address remaining gaps



Cross-Learning Topics of Interest in 2024

- Monitoring linkage to prevention services
- Integrated M&E systems for dHTS

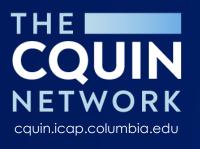


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Thank You!

