M&E of Testing and Linkage to Post-test Services

Session 12d Framing Remarks

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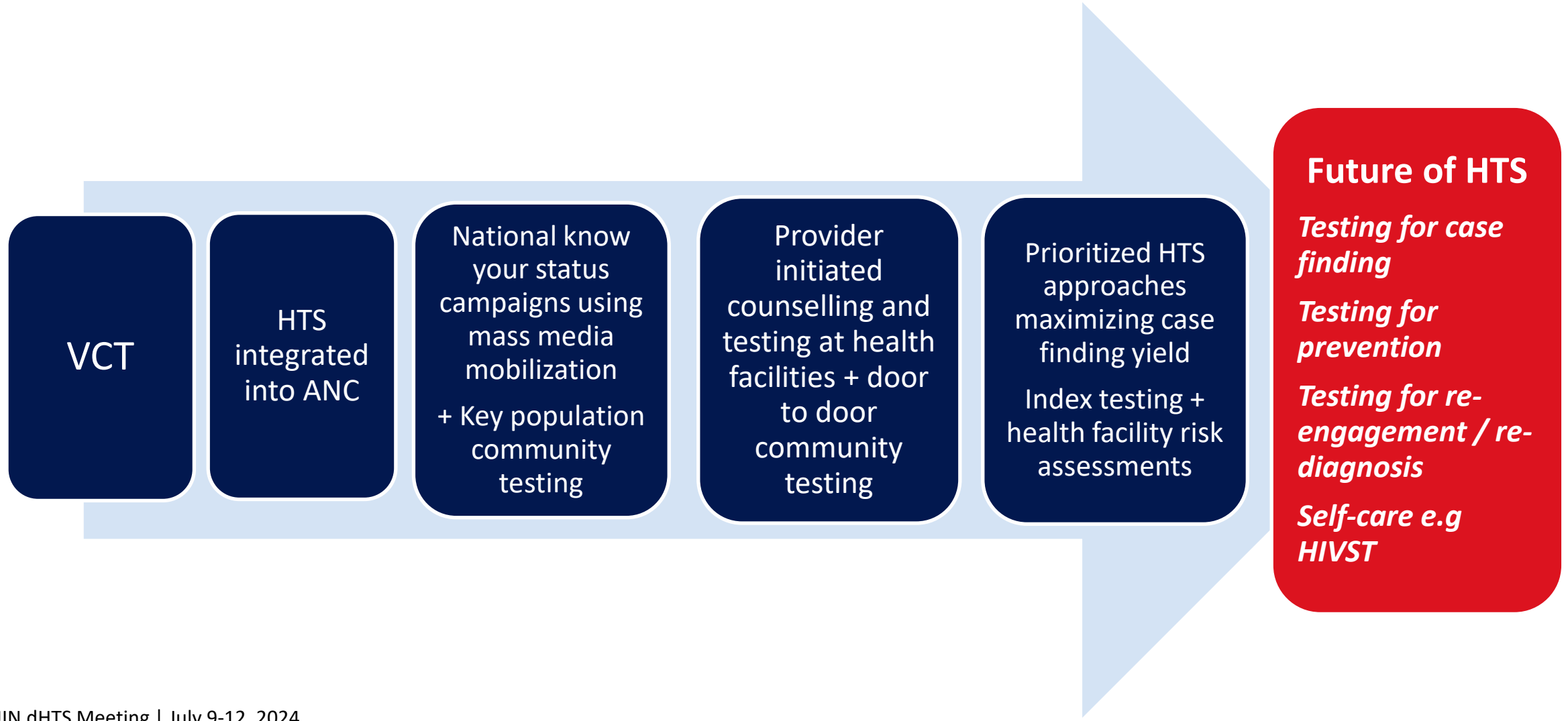
ICAP CQUIN

Friday July 12th, 2024

Outline

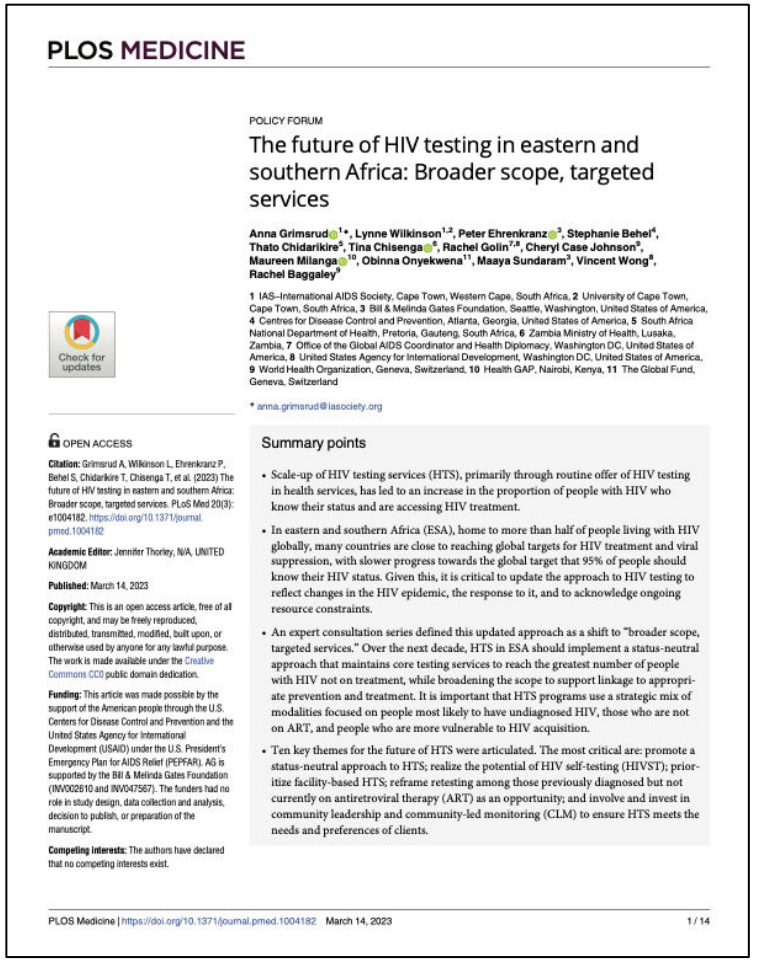
- Introduction
- Time to Linkage Impacts Epidemic Control
- CQUIN dHTS Community of Practice
- CQUIN dHTS CMM Results on Linkage Domains
- Session Objectives and Run of Show

Evolution of HTS



Ten Themes for the future of HTS

1. Broaden understanding of testing for prevention and treatment
2. Realize the potential of HIV self testing (HIVST)
3. Continue prioritizing facility-based HTS
4. Scale targeted testing to reach untested
5. Regularly update strategic mix of differentiated HTS
6. Reframe retesting among those previously diagnosed as an opportunity for essential (re)engagement
7. Reframe retesting among those previously diagnosed but not currently on antiretroviral therapy (ART) as an opportunity
8. Involve communities and invest in community-led monitoring
9. Integrate person-centered HTS into primary healthcare services that prevent, diagnose, and treat a full range of health conditions
10. Expand use of virtual interventions and digital tools to support HTS



PLOS MEDICINE

POLICY FORUM

The future of HIV testing in eastern and southern Africa: Broader scope, targeted services

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1 IAS–International AIDS Society, Cape Town, Western Cape, South Africa, 2 University of Cape Town, Cape Town, South Africa, 3 Bill & Melinda Gates Foundation, Seattle, Washington, United States of America, 4 Centres for Disease Control and Prevention, Atlanta, Georgia, United States of America, 5 South Africa National Department of Health, Pretoria, Gauteng, South Africa, 6 Zambia Ministry of Health, Lusaka, Zambia, 7 Office of the Global AIDS Coordinator and Health Diplomacy, Washington DC, United States of America, 8 United States Agency for International Development, Washington DC, United States of America, 9 World Health Organization, Geneva, Switzerland, 10 Health GAP, Nairobi, Kenya, 11 The Global Fund, Geneva, Switzerland

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Check for updates

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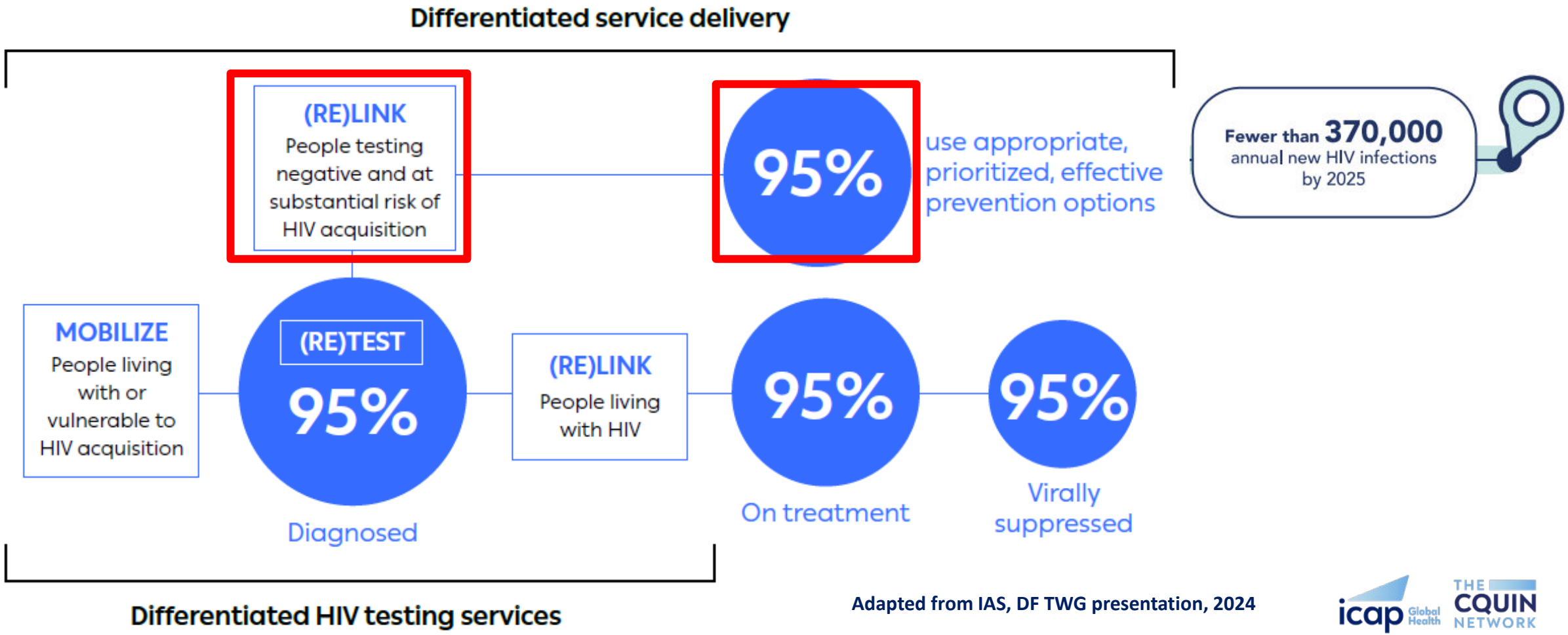
Summary points

- Scale-up of HIV testing services (HTS), primarily through routine offer of HIV testing in health services, has led to an increase in the proportion of people with HIV who know their status and are accessing HIV treatment.
- In eastern and southern Africa (ESA), home to more than half of people living with HIV globally, many countries are close to reaching global targets for HIV treatment and viral suppression, with slower progress towards the global target that 95% of people should know their HIV status. Given this, it is critical to update the approach to HIV testing to reflect changes in the HIV epidemic, the response to it, and to acknowledge ongoing resource constraints.
- An expert consultation series defined this updated approach as a shift to "broader scope, targeted services." Over the next decade, HTS in ESA should implement a status-neutral approach that maintains core testing services to reach the greatest number of people with HIV not on treatment, while broadening the scope to support linkage to appropriate prevention and treatment. It is important that HTS programs use a strategic mix of modalities focused on people most likely to have undiagnosed HIV, those who are not on ART, and people who are more vulnerable to HIV acquisition.
- Ten key themes for the future of HTS were articulated. The most critical are: promote a status-neutral approach to HTS; realize the potential of HIV self-testing (HIVST); prioritize facility-based HTS; reframe retesting among those previously diagnosed but not currently on antiretroviral therapy (ART) as an opportunity; and involve and invest in community leadership and community-led monitoring (CLM) to ensure HTS meets the needs and preferences of clients.

Adapted from IAS presentation at the CQUIN 7 Annual meeting, 2023, SA

DSD across the HIV continuum

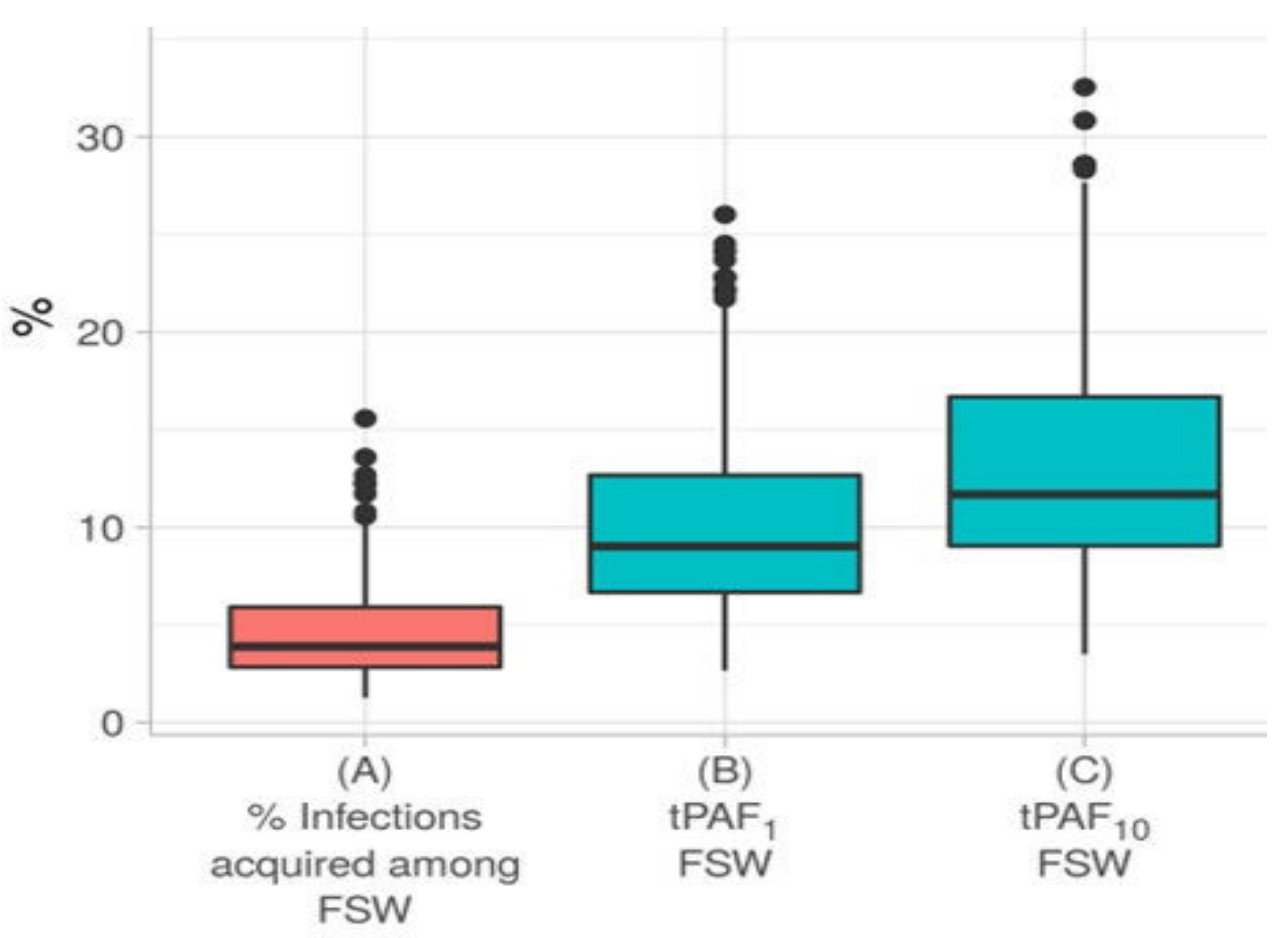
Figure 1: Differentiated service delivery is applicable across the HIV care continuum



Adapted from IAS, DF TWG presentation, 2024

Time to Linkage Impacts Epidemic Control

Modeling example from Yaounde, Cameroon



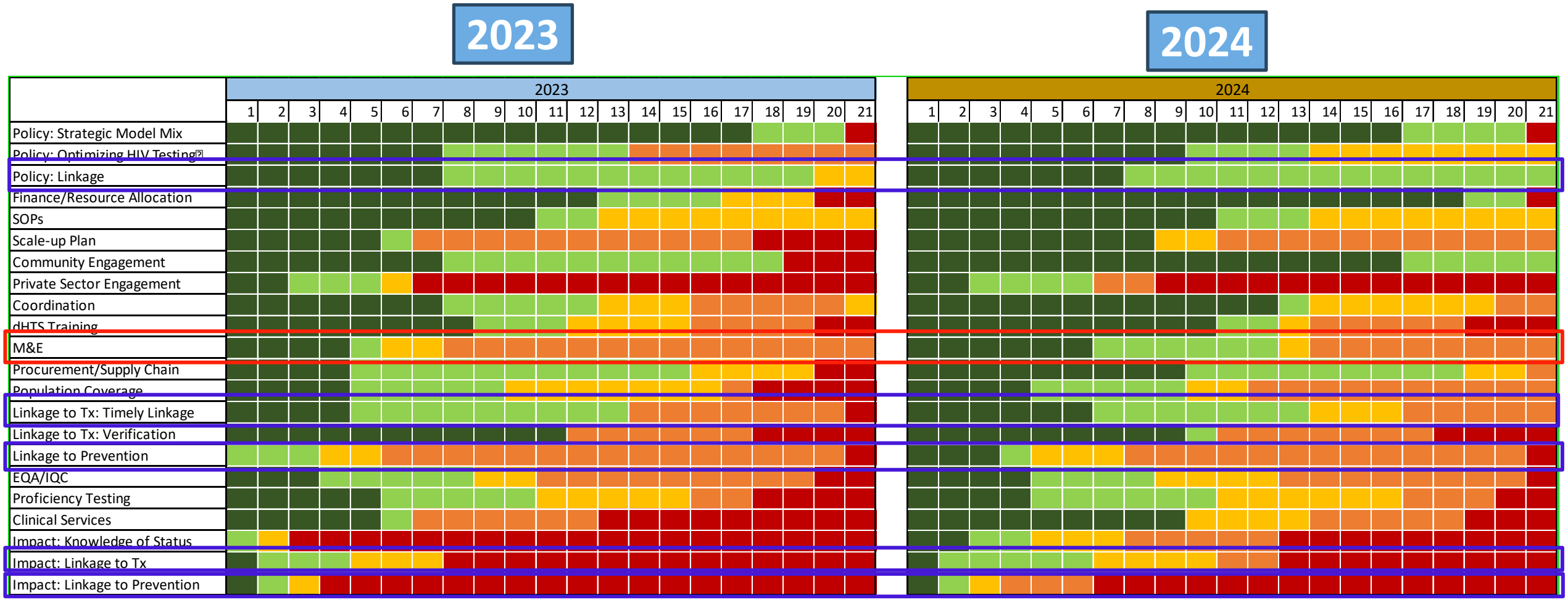
- Modeling of onward transmission risks quantifies the epidemic consequences of prevention gaps among subgroups
- Measure of transmission population attributable fraction over time ($tPAF_t$)
- Although FSW acquired 4% of infections in 2019, an estimated 12% ($tPAF_1$) and 16% ($tPAF_{10}$) of transmissions in the total population over the next 1 and 10 years, respectively, predicted to stem from the prevention gaps among FSW

Mishra et al. JIAS, 2021

CQUIN Response: dHTS Capability Maturity Model)

- CQUIN developed the dHTS CMM as an additional tool, to help countries identify HTS programmatic gaps and design evidence-based interventions to address the gaps
- It is designed to help countries reach the 1st 95 in all sub-populations
- Consists of 22 domains needed to deliver high quality HTS at scale of which 5 are linkage to post test services domains with M&E domain highlighting some components of linkage
- Describes sequential stages of maturity within each domain
- As with all CQUIN CMMs:
  - Used by country teams to conduct systematic self-assessments
  - Progress from one stage to the next reflects a meaningful improvement in dHTS delivery
  - Used annually to track changes in the dHTS program and progress towards objectives and targets

dHTS CMM 2023-2024: Stacked by Stage (not by country)-Linkage Domains



CQUIN Response: dHTS and M&E Community of Practice Activities

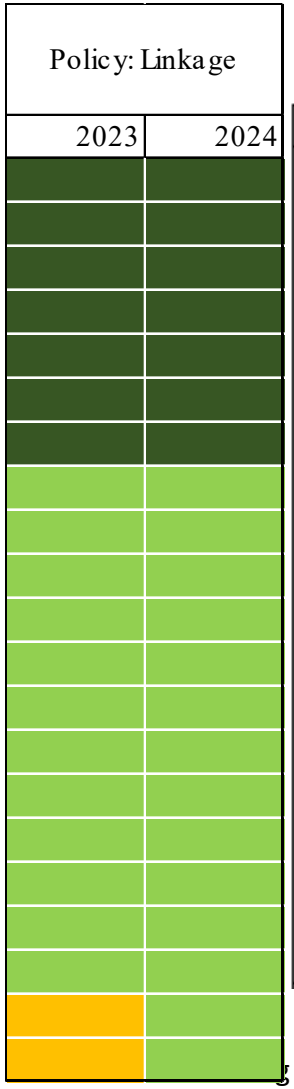
CoP

- 3 series CoP calls on Linkage from Testing to HIV Combination prevention services in 2023 Focused on:
  - *Availability of policies and guidelines*
  - *Best practices*
  - *M&E of Linkage from HIV testing to combination prevention services*
- CoP calls on Social Network Testing-2024
- M&E of dHTS-2024

Webinars

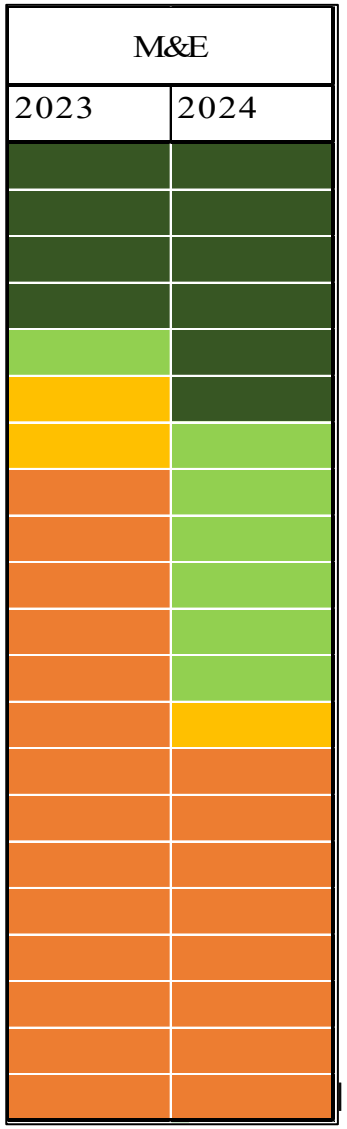
- Webinar on WHO 2023 HTS Updates (Co-hosted with WHO)-2024

CQUIN 2024 dHTS CMM Results for Policy Linkage



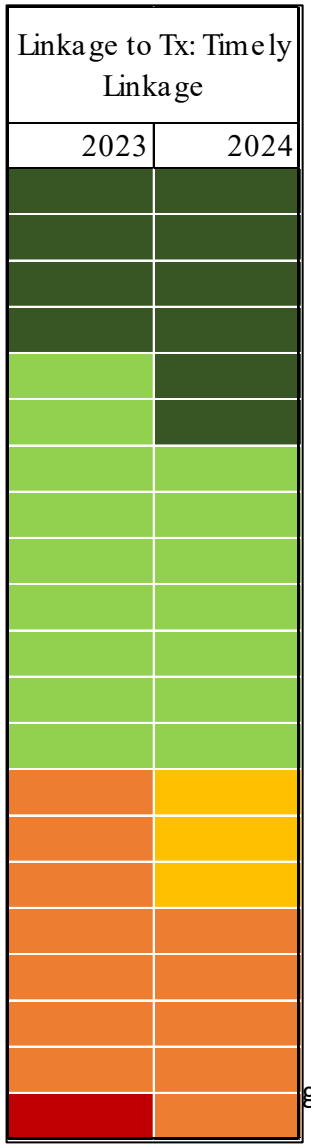
Policies and/or Guidelines 3: Linkage *National policies and guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative)*	National policies/guidelines have NOT adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative).	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment for individuals testing positive for HIV **But** they are still in draft form and/or they have not yet been implemented	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment for individuals testing positive for HIV **And** specify standards for the time to linkage to ART for those testing positive **But** there are no standards for linking high risk HIV negative individuals to prevention services	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative). **And** include: • Standards for the time to linkage to ART for those testing positive • Recommended approaches to risk assessment for those testing negative and clear definitions of who is considered at high risk for HIV acquisition and in need of prevention services	National policies/guidelines have adopted international normative guidance on post-test linkage to treatment (for those testing positive) and prevention (for those testing negative). **And** include: • Standards for the time to linkage to ART for those testing positive • Recommended approaches to risk assessment for those testing negative and clear definitions of who is considered at high risk for HIV acquisition and in need of prevention services • Standards for the time to linkage to prevention services

CQUIN 2024 dHTS CMM Results for M&E



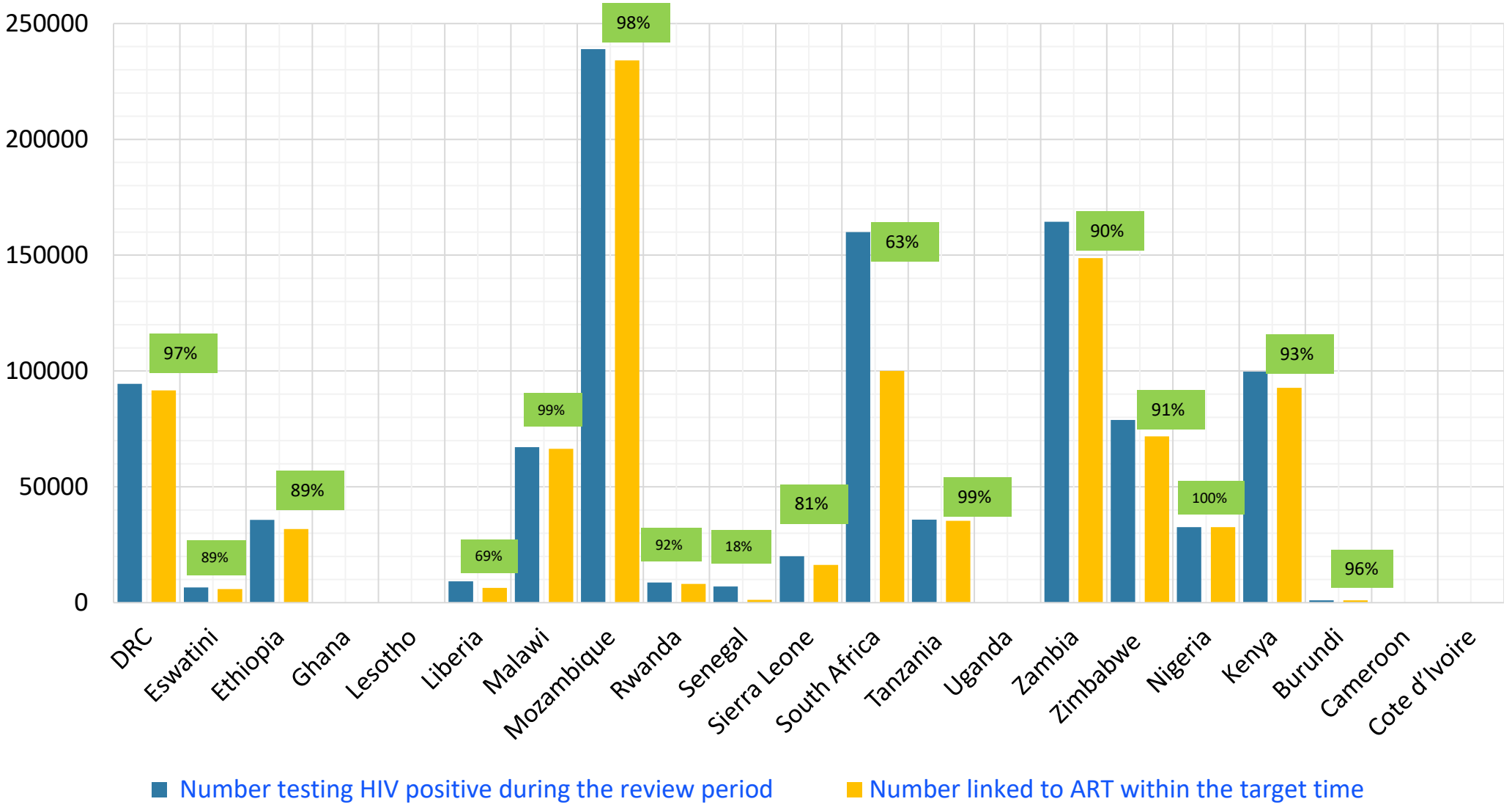
M&E *dHTS data are integrated into the national M&E system, which captures and disaggregates relevant dHTS indicators by model and these data are used regularly at the national, subnational, facility, and community levels to assess performance against targets and improve the quality, efficiency, and coverage of HTS*	None of the dHTS select indicators are currently incorporated in the National Health Information System **Select indicators,** disaggregated by dHTS modality/ testing approach[7], age and sex (refer to the footnote below[8]). 1. Testing volume 2. Testing outcomes 3. Geographic coverage 4. Population coverage 5. Linkage to treatment 6. Linkage to combination prevention for people tested HIV negative.	Only some (not all) of the six dHTS select indicators have been integrated into the National Health Information System.	All the six dHTS select indicators are integrated into the National Health Information System but the reports are not routinely utilized.	All the six dHTS select indicators are integrated into the National Health Information System and the dHTS performance reports are produced and routinely used at **some BUT not all levels** (i.e., national, sub-national, facility, and community levels).	All the six dHTS select indicators are integrated into the National Health Information System and dHTS performance reports are produced and routinely used at all levels (i.e., national, sub-national, facility, and community levels

CQUIN 2024 dHTS CMM Results for Linkage to TX-Timely Linkage



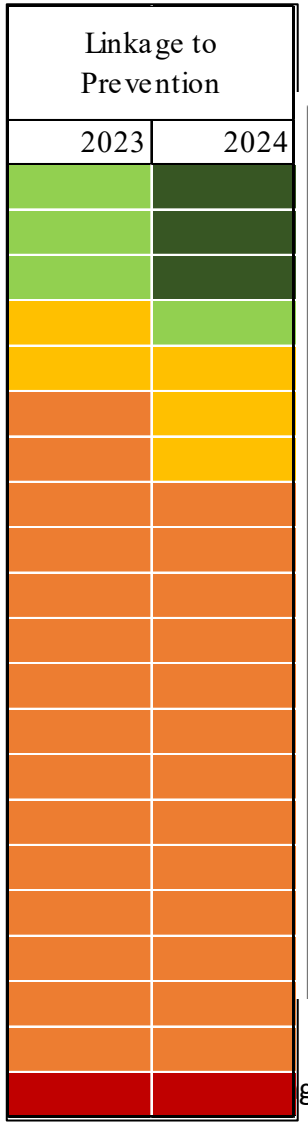
Linkage to treatment – 1: Timely Linkage *National plans include standards for timely and effective linkage to treatment for people testing positive for HIV; linkage rates and time to ART initiation are monitored; and performance meets standards*	National plans (including policies, guidelines and/or HTS implementation and scale-up plans) **do not** include standards for timely and effective linkage to treatment for people testing positive for HIV **Or** National plans **do** include standards for timely and effective linkage to treatment (e.g., within 14 days)[7] **But** the proportion of people testing positive who initiate ART is not routinely monitored	National plans **do** include standards for timely and effective linkage to treatment **And** the proportion of people testing positive who initiate ART is routinely monitored **But** the time to ART initiation is **not** routinely monitored	National plans **do** include standards for timely and effective linkage to treatment **And** the proportion of people testing positive who initiate ART is routinely monitored **And** the time to ART initiation is routinely monitored **But** less than 75% of people testing positive are linked within the target timeframe	National plans **do** include standards for timely and effective linkage to treatment **And** the proportion of people testing positive who initiate ART is routinely monitored **And** the time to ART initiation is routinely monitored **And** 75%-94% of people testing positive are linked within the target timeframe	National plans **do** include standards for timely and effective linkage to treatment **And** the proportion of people testing positive who initiate ART is routinely monitored **And** the time to ART initiation is routinely monitored **And** 95% or more of people testing positive are linked within the target timeframe

Proportion of ROC Linked to ART within Target Timeframe



Data source: Country 2024 dHTS CMM Staging Data

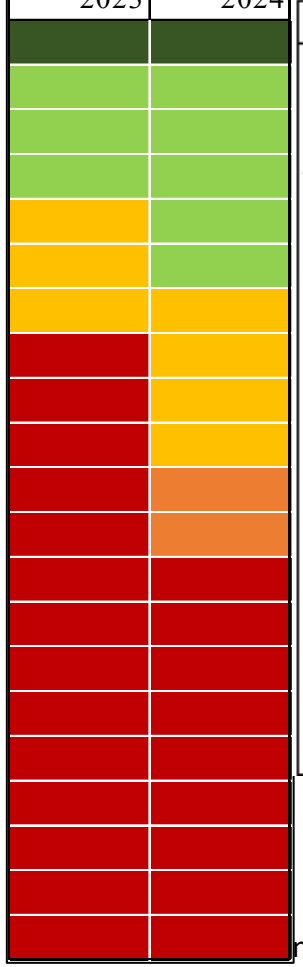
CQUIN 2024 dHTS CMM Results for Linkage to Prevention



Linkage to prevention and other services *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*	National plans (including policies, guidance, and/or HTS implementation and scale-up plans) **do not** include standards for linkage to prevention services[8]	National plans **do** include standards for linkage to prevention services **But** linkage rates (e.g., the proportion of people testing negative and at high risk of HIV who link to prevention services) are not routinely monitored	National plans include standards for linkage to prevention services **And** linkage rates are routinely monitored **But** less than 50% of high-risk people testing negative are linked to prevention services **And/or** less than 50% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services	National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services **And** the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored **And** 50-75% of high-risk people testing negative are linked to prevention services **And** 50-75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services	National policies, guidance, and/or the national dHTS implementation and scale-up plan include standards for linkage to prevention services **And** the proportion of people testing negative and at high risk of HIV who link to prevention services is routinely monitored **And** more than 75% of high-risk people testing negative are linked to prevention services **And** more than 75% of eligible newly identified PLHIV (index clients) are offered opt-in index testing services

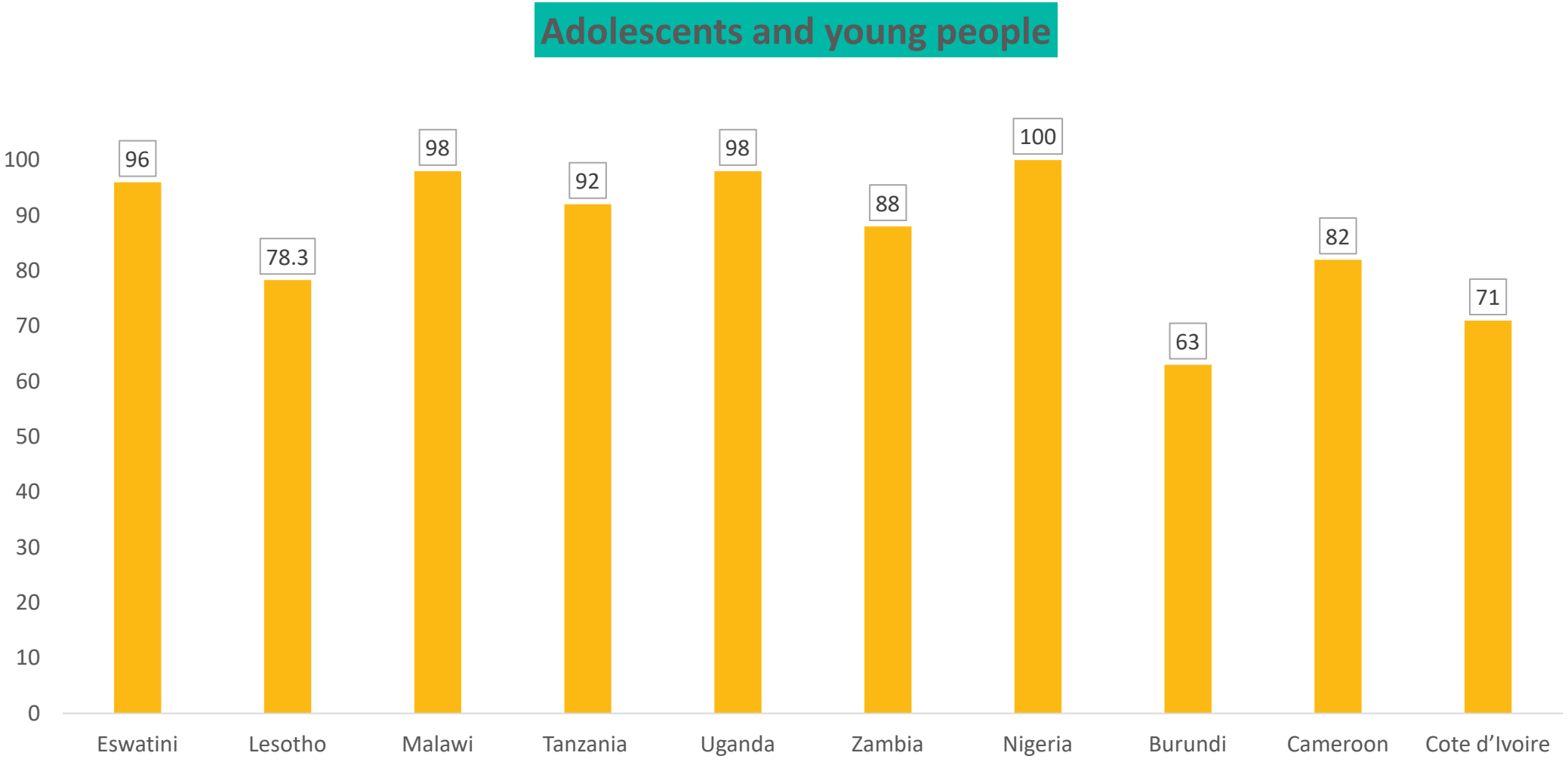
CQUIN 2024 dHTS CMM Results for Impact: Linkage to TX

Impact: Linkage to Tx	
2023	2024



Impact 2: Linkage to treatment *At least 95% of people testing positive in every priority group are linked to treatment.*	The country has not identified priority groups for HIV testing (typically individuals at high risk of HIV acquisition) **or** The country has identified priority groups for testing **But** less than 50% of those testing positive in at least one priority group are linked to treatment **And/or** there are no data to determine what proportion of individuals testing positive in each priority group are linked to treatment	The country has identified priority groups for HIV testing, more than 50% of people testing positive in every priority group are linked to treatment **But** in one or more priority groups, less than 60% of those testing positive are linked to treatment	The country has identified priority groups for HIV testing and 60% or more of people testing positive in every priority group are linked to treatment **But** in one or more priority groups, less than 75% of those testing positive are linked to treatment	The country has identified priority groups for HIV testing, 75% or more of people testing positive in every priority group are linked to treatment **But** in one or more priority groups, less than 95% of those testing positive are linked to treatment	The country has identified priority groups for HIV testing and 95% or more of people testing positive in every priority group are linked to treatment

2nd 95: Percentage of Prioritized Populations who test positive and are linked to treatment



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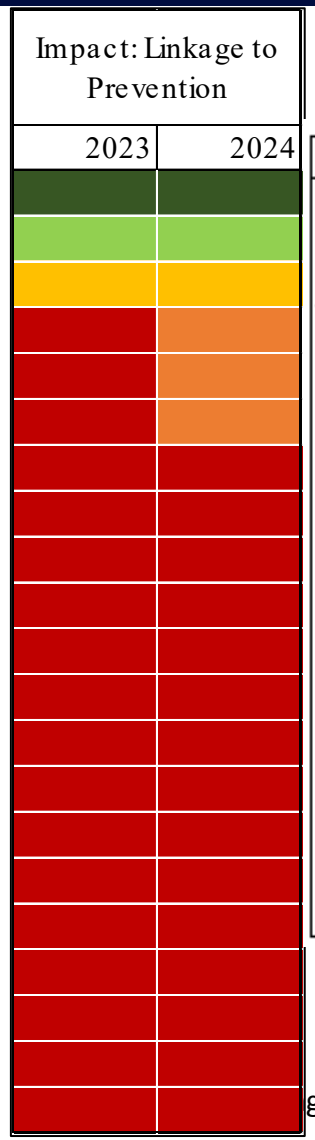
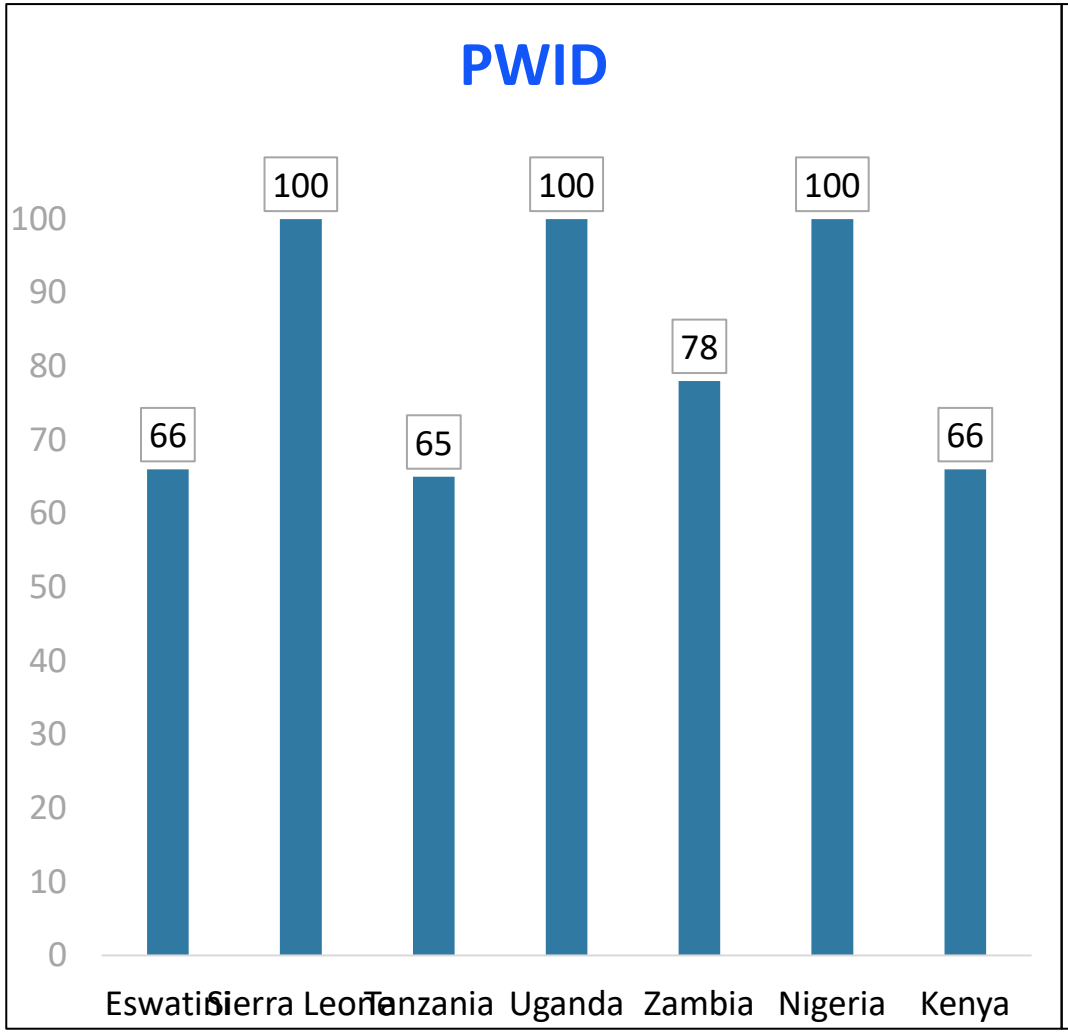
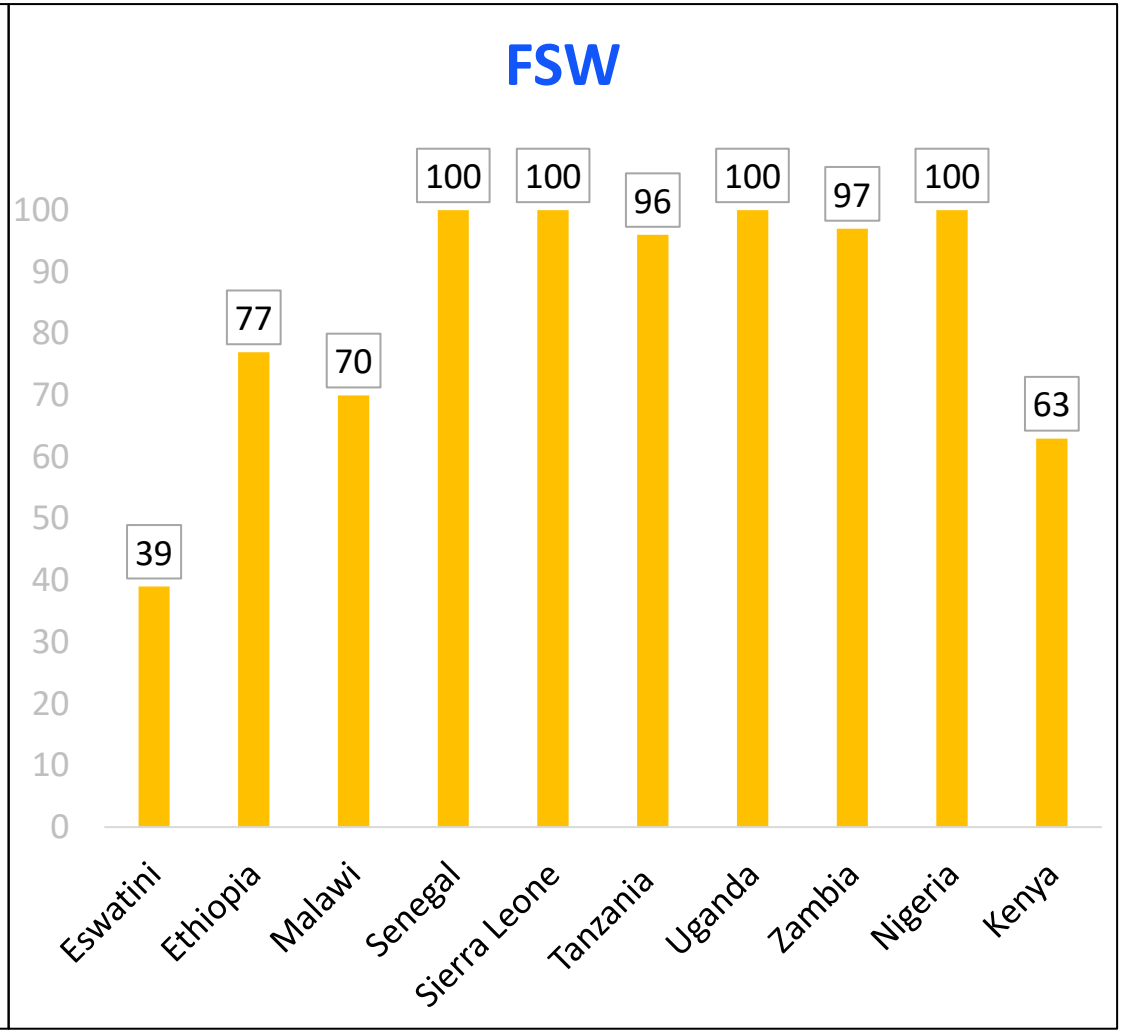
CQUIN 2024 dHTS CMM Results for Linkage to Prevention



Impact 3: Linkage to prevention *At least 95% of high-risk people testing negative in every priority group are linked to prevention.*	The country has not identified priority groups for HIV testing (typically individuals at high risk of HIV acquisition) **or** The country has identified priority groups for testing **But** less than 50% high-risk individuals testing negative in at least one priority group are linked to prevention **And/or** there are no data to determine what proportion of high-risk individuals testing negative in each priority group are linked to prevention	The country has identified priority groups for HIV testing, more than 50% of high-risk individuals testing negative in every priority group are linked to prevention **But** in one or more priority groups, less than 60% of high-risk individuals testing negative are linked to prevention	The country has identified priority groups for HIV testing and 60% or more of high-risk individuals testing negative in every priority group are linked to prevention **But** in one or more priority groups, less than 75% of high-risk individuals testing negative are linked to prevention	The country has identified priority groups for HIV testing, 75% or more of high-risk individuals testing negative in every priority group are linked to prevention **But** in one or more priority groups, less than 95% of high-risk individuals testing negative are linked to prevention	The country has identified priority groups for HIV testing and 95% or more of high-risk individuals testing negative in every priority group are linked to prevention

Gap Remain in Linkage to Prevention





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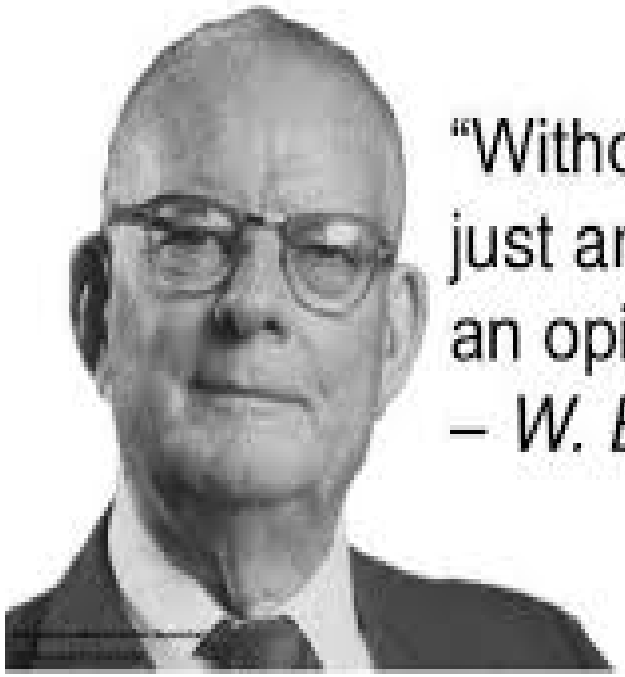
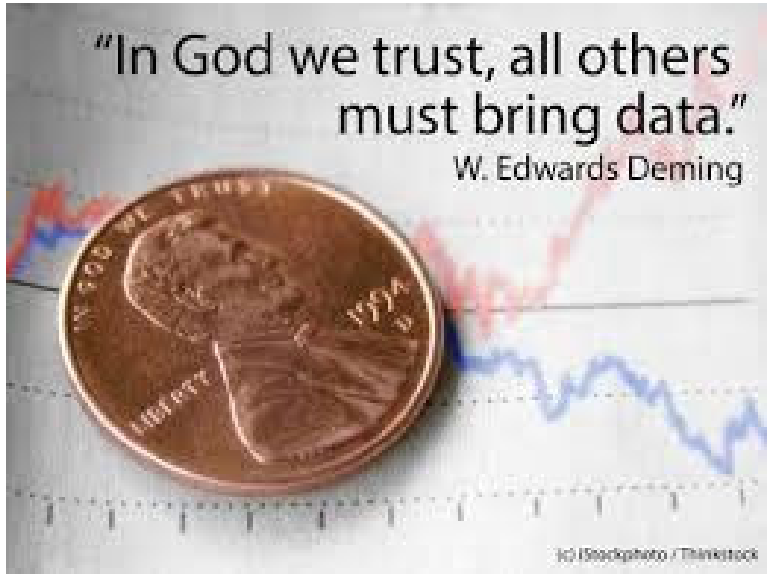
M&E of Testing and Linkage to Post-test Services-Data



"Without data you're just another person with an opinion."
– *W. Edwards Deming*



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Session 12D: M&E of Testing and Linkage to Post-test Services

Session Objective:

1) To review advancements in M&E systems for HIV self-testing (HIVST) monitoring
2) To discuss monitoring practices for linkage to post-test services
3) To review the integration of M&E of dHTS into strategic microplanning for targeted testing, ensuring comprehensive data collection and analysis and use

Session 12D : Structure (Run of Show)

Timing	Topic	Speaker / Moderator
10 min	Welcome, agenda review (Including time for settling down)	Violet Oramisi, ICAP Kenya
	Presentations	
10 min	Framing remarks - M&E of Testing	Violet Oramisi
10 min	Case Study 1a - M&E of HIVST	Karin Hatzold, PSI
10 min	Case Study 1b - M&E of HIVST	Setsabile Gulwako, MoH Eswatini
10 min	Case study 2 – M&E of linkage to prevention services	Chimuka Sianyinda, MoH Zambia
10 min	Case Study 3 - Micro planning as a strategy for targeted HIV testing	Jonathan Mwangi -CDC Kenya
	Q&A and Panel Discussion	
50 min	• Karin Hatzold, PSI • Setsabile Gulwako, MOH Eswatini • Chimuka Sianyinda, MoH Zambia • Jonathan Mwangi, CDC Kenya • Maaya Sundaram, Gates Foundation • Rankoletsi Bokaako, LENEPWA Lesotho	Sachathep Karampreet K-ICAP NY & Megan Ginivan, CHAI
10 min	**Closing remarks**	Sachathep Karampreet K-ICAP NY

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Thank You!