SUMMARY FEEDBACK ON PRIORITY AREAS TO ADDRESS IN COP20

Technical Consultation – January 23, 2020
1. EMR: Continue to expand electronic medical record and electronic patient management systems.

2. Support efforts to integrate information management systems.


4. Develop and roll out National M&E guidelines to support Health Sector/HIV plans.

5. Support generation of empirical evidence on the status of HIV.

6. Community monitoring: use score cards and other tools, coordinate with Community Health Dept/develop standard guidelines.
COP20 Priorities

1. Lab Network Optimization
2. Ensure adequate and consistent lab supplies
3. Multiplex testing
4. Biosafety and waste management
5. Lab equipment management - reduction in service interruptions due to equipment breakdown
6. Quality Management Systems
1. Maintain linkage, retention, and VLS at least 95% through strengthening client centered services

2. Scale tailored differentiated service delivery (DSDM) and multimonth dispensing (MMD)

3. Complete TLD transition and pediatric ARV regimen optimization

4. Optimize VL/EID

5. Close gaps in pediatric and adolescent cascade

6. PBFW offered prevention services including PrEP

7. TB Preventive Therapy provided to all PLHIV

8. Strengthen advanced HIV disease services
| Priority | | |
|---|---|
| Human resources for Health (Targeted HR for service delivery) | • Optimization of PEPFAR HRH to align to priorities and sites (finding men, LTFU, peds, APN)  
• HRH CQI- address HRH performance and productivity at site and community level to get results for epidemic control  
• HRH Transition plan  
• Support MoH with analytics for HRH financing, national HRH strategic plan 2020/2030 & restructuring for adequate HRH at site level  
• Community HW: MoH policy development for community workforce and standardization of community HW package |
| Supply chain: (Commodity security, Financing and commodity data visibility) | • Expanded use of decentralized distribution models for ARVs  
• Increased use of local private sector supply chain partners for procurement, warehousing and distribution  
• Procurement of all-inclusive laboratory reagents through Vendor Managed Inventory (VMI) solutions via newly executed PEPFAR VL RFP  
• Increased data visibility through implementation of ERP to SDP  
• Increase government procurement and monitoring of locally manufactured comm  
• Operationalize Health Information Exchange for community, site and national levels |
<p>| Priority                                      |                                                                 |                                                                 |
|----------------------------------------------|----------------------------------------------------------------|--|-----------------------------------------------------------------|
| Health Financing                             | • Support health financing and transition plan (MOFPED/MOH)     | • Support efforts for efficiency (Activity Based costing and Management- ABC/M) | • High level budget advocacy                                   |
| Policy, leadership &amp; governance              | • Strengthen governance and oversight of health facilities through targeted Support supervision to areas with poor retention, unreached men and pediatric gaps | • Expand Regional Referral Hospital support to improve performance of sites, targeted mentorship, CQI and capacity building for epidemic control |</p>
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| Condom programming     | • Total market analysis and market segmentation  
• Improve last mile distributions including use of CSOs for optimization  
• COP invest in interventions that improve risk perception, skills and confidence to use condoms among target populations  
• Condom- messaging: integrate the condom messaging (PrEP users - synergy of PrEP and condoms) |
| VMMC                   | • Demand creation messaging/revamp – given the program shift to 15+  
• Scale-up shangring improve uptake (takes away pain from men)  
• Apply for the ambition funds: Justification for ambition funds- eligible age-group  
• Food for thought: Efforts for older men- consider use of incentives |
| PrEP                   | • Recommendation for all populations at High risk – AGYW, SDC, PWBF in High risk geo areas and KP  
• MAUL agreed to repackage PrEP given the stigma associated with regimen  
  • Implications for increased cost? Consider Truvada?  
• Consider event driven PrEP as a demonstration project for MSM  
• Demand creation- peer curriculum from PrEP?  
• Disseminate the communication strategy for PrEP; should include messaging for the community  
• Root cause analysis: reasons for disengagement from PrEP |
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| HTS            | Social Network testing (SNS)  
                | Index client Testing (sexual partners, children, PWIDs)  
                | HIV Self Testing (Men, KP/PP, adolescents, Index)  
                | Highly Targeted community testing (KP/PP, Children, Men, Adolescents)  
                | Targeted facility testing (screening tools, STI, TB, Paeds, Malnutrition, YCC, Inpatient, ,,)  
                | Implement Recency Testing to scale (for mapping hot spots, micro targeting)  
                | Reach high volume HC II with Index testing and HIVST  
                | Active linkage (7, 14, 21, 30 days) |
| AGYW           | Develop an AGYW harmonized integrated screening tool  
                | Standardize approaches to delivery of a multi sector service up take  
                | Scale up PrEP services for AGYW  
                | Strengthen an exit risk reduction approach for all AGYW who have completed the program to reduce risk reduction |
| KP             | PITC, ST, SNS, EPOA- Enhanced Peer Outreach Approach  
                | Strengthen KP identifier code  
                | Optimize male friendly services as a platform to reach MSM  
                | KP-led Community Monitoring  
                | Fully functionalize the KP combination prevention tracker for robust KP reporting |