

# LabCoP Cookbook of best practices

## RECIPE #6: HOW TO MAINTAIN HIV AND TUBERCULOSIS TESTING SERVICES DURING HEALTH EMERGENCIES



Optimisation

Task Shifting

HIV Testing

TB Testing



Lab  
CoP

AS  
LM

Uninterrupted  
Testing



As countries move towards *Universal Health Coverage*, access to vaccines, medicines, health products, and essential diagnostic tests remains critical. The World Health Organization's (WHO) *The selection and use of essential in vitro diagnostics* defines essential diagnostics as those that satisfy the priority healthcare needs of the population and are selected based on disease prevalence, public health relevance, evidence of utility and comparative cost-effectiveness. During outbreaks and epidemics in general, several healthcare challenges, including overwhelmed health systems, often lead to an increase in both direct mortality from the neglect of vaccine-preventable and treatable conditions. The coronavirus disease 2019 (COVID-19) pandemic presents several barriers and challenges to other essential testing services, including the attainment of the 95-95-95 HIV care continuum. COVID-19 containment measures, including quarantine, social distancing, and other movement-limiting directives, may hinder timely linkage to care and restrict hospital visits. Measures should be put in place to ensure that the scale-up of COVID-19 testing does not negatively impact existing essential diagnostics testing services. While redirecting resources to the response against COVID-19 and other health emergencies, countries need to ensure uninterrupted essential diagnostics testing services for endemic diseases such as HIV and tuberculosis (TB),

which often affect the most vulnerable members of society. ASLM's survey among countries participating in the Laboratory Systems Strengthening Community of Practice revealed that HIV and TB services were disrupted during the first few months of the COVID-19 pandemic, hence the need to address the underlying factors.<sup>1</sup> This document describes key considerations and best practices for maintaining essential diagnostics testing services during a pandemic, using HIV and TB and the 2020 COVID-19 pandemic as case examples.



# 2

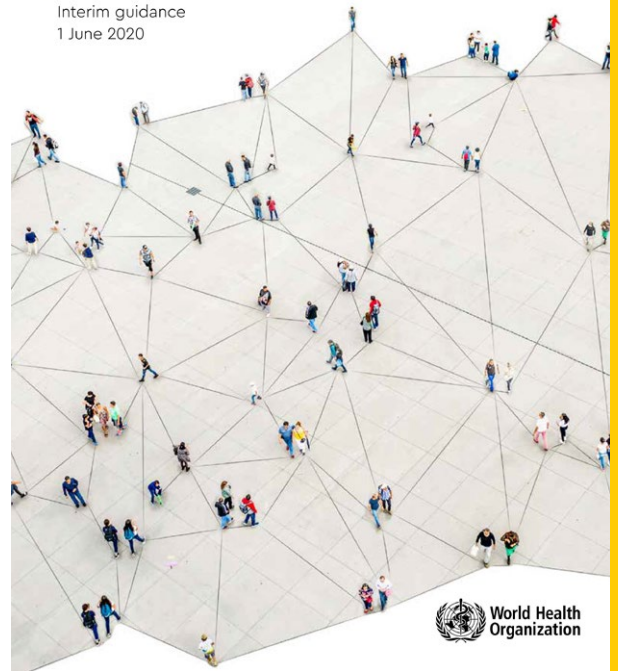
## MAINTAINING HIV TESTING DURING A PANDEMIC

Each country's ministry of health must define its essential health services according to its disease epidemiology, health system capacity and available resources. The WHO's operational guidance for maintaining essential health services during an outbreak<sup>2,3</sup> is a valuable resource to inform urgent decision making during a pandemic. Various global organizations and initiatives including the WHO, *President's Emergency Plan for AIDS Relief* (PEPFAR), *Stop TB Partnership*, and other teams of international experts<sup>4</sup> recommend maintaining the following health services during an epidemic or pandemic:

- Management and control of diseases with an epidemiological burden such as HIV, TB, and malaria.
- Surveillance of other epidemic-prone diseases (e.g., Lassa fever, influenza).
- Reproductive health services, including HIV and syphilis screening for pregnant women (where maternal health clinics are accessible) and pre-operative analyses.
- Care of vulnerable populations, such as infants and older adults.
- Continuity of critical inpatient therapies (those in intensive care and emergency units, related or unrelated to the epidemic or pandemic).
- Routine childhood vaccination (diphtheria, pertussis, tetanus, polio, Bacillus Calmette-Guerin, measles, hepatitis B, Haemophilus influenzae type B, rubella).

### Maintaining essential health services: operational guidance for the COVID-19 context

Interim guidance  
1 June 2020

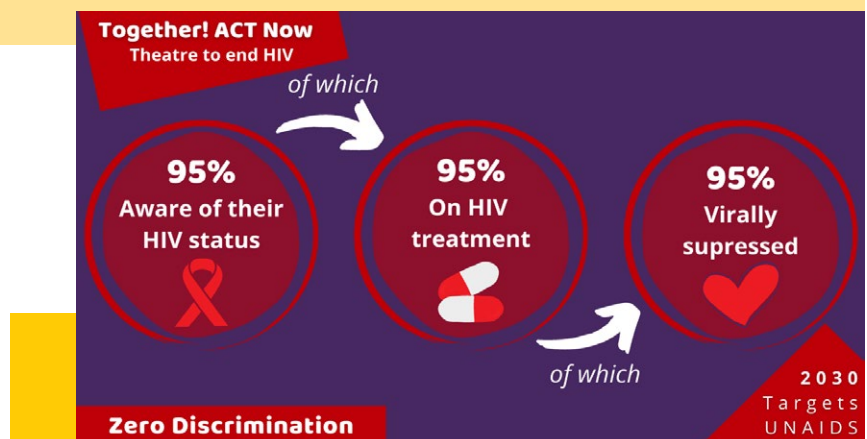


HIV testing is the vital first step in the HIV care continuum. A Global Fund *survey* reported that across more than 100 countries, 85% of HIV programmes were being disrupted due to the implementation of quarantine, physical distancing, and community containment measures that reduced access to routine HIV testing and general care. Although collaborations between international institutions, governments, and community partners to sustain and maintain HIV testing services were working, challenges remain such as scarcity of self-testing kits at the community level, repurposing of highly qualified HIV testing staff to COVID-19 testing. HIV programmes must adjust their operations to maintain essential diagnostics testing services during an epidemic through increased efforts to augment access and facilitate testing.



#### KEY CONSIDERATIONS

- Protect vulnerable groups.** At the moment, there is no evidence that COVID-19 disproportionately affects people living with HIV. However, PEPFAR, the International AIDS Society, and the WHO all recommend prioritising the protection of vulnerable persons and management of those at high risk of HIV transmission or disease progression.<sup>5,6</sup> During an outbreak, HIV programmes should prioritise HIV testing for high-risk individuals and those presenting with defined conditions (such as TB), as well as viral load (VL) testing and early infant diagnosis (EID) of HIV for children, pregnant and breastfeeding women, and adults with recently documented VL non-suppression. FHI 360 has a guide on *considerations* for key-population-focused HIV programmes.
- Focus on the 95-95-95 goal.** Continuous access to HIV testing services is critical to achieving the Joint United Nations Programme on HIV/AIDS (UNAIDS) *95-95-95* goal by 2030. To sustain and fast-track the progress made, focus must be maintained on having 95% of people living with HIV know their HIV status, 95% of the people who know their being status on treatment, and 95% of people on treatment having suppressed viral loads.
- Develop an HIV testing policy.** Country ministries of health should guide public and private HIV test providers through their national HIV/AIDS control or equivalent programmes to ensure continuous service provision during a pandemic. The International AIDS Society, in collaboration with key global health funders (e.g., WHO, PEPFAR, etc.), developed a *differentiated service delivery* page hosting resources related to COVID-19 and HIV diagnostic testing that are endorsed for use by several African national HIV programmes (<https://differentiatedservicedelivery.org/>)



## BEST PRACTICES

- **Prioritise HIV testing at the healthcare facility to include:**

- Testing during antenatal care
- Testing for individuals presenting (or admitted) to facilities with illness suspected to be HIV associated
- Testing for individuals with TB, sexually transmitted infections, and malnutrition.
- EID and VL testing
- Partner/index case/family testing for individuals presenting at facilities
- Testing key populations, if a national programme is ongoing
- Voluntary testing in case of HIV exposure

- **Mandate government support for continuous VL testing services.**

*Malawi* mandated lockdown enforcement officers to accept patient health passports as evidence for essential local travel for HIV testing services. PEPFAR recommends continuing VL monitoring through decentralised specimen collection points and telephonic follow-up once results are received.<sup>7</sup> To enable telephonic feedback, VL service providers collect the contact numbers of all recipients of care and or their preferred next of kin/care supporter.

- **Resume HIV community campaigns quickly.** As pandemic-related lockdown restrictions ease, catch-up VL testing campaigns should resume. In *Uganda*, *health workers* are visiting HIV-positive mothers and pregnant women to make sure they continue to receive the medicines they need for prevention of mother-to-child transmission (PMTCT) of the virus. *Eswatini* engaged additional community health workers to meet the growing demand for HIV testing services during the COVID-19 pandemic, as people needed to know their underlying conditions.

- **HIV self-testing strategies.** Strategies to ensure continued testing, such as accurate self-testing (ST), should be implemented to mitigate the effect of the reduced access to facility-based services. In South Africa, the Unitaid-funded HIV Self-Testing Africa project provided an *online HIVST kit distribution*. In Kenya, a public-private partnership between Public Services Kenya and private pharmacies provided *online HIVST kit retail* at a subsidised price. These online services provided an accurate and private method of HIV testing while consumers sheltered in their homes.

- **Align HIV programme activities to reduce visits.**

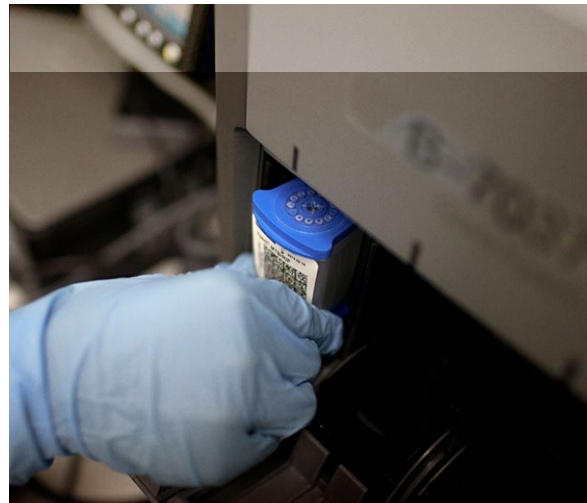
Several PEPFAR implementers across sub-Saharan Africa have made a concerted effort to align VL and EID specimen collection with clients' multi-month antiretroviral therapy refill date or PMTCT visits. The *Interim Guidance for Provision of HIV Services in the context of COVID-19 Pandemic in Ethiopia* recommends EID specimen collection during the PMTCT visit and mother-baby pair follow-up to minimise unnecessarily frequent visits. Furthermore, measures such as pregnant women providing HIVST to their partners should also be considered.

- **Implement remote HIV support.** In Zimbabwe, UNAIDS *launched a call centre* to increase testing for COVID-19 and HIV. This innovative call centre has the potential to mitigate the challenges of public transportation by providing home testing or sample collection and to boost HIV testing.



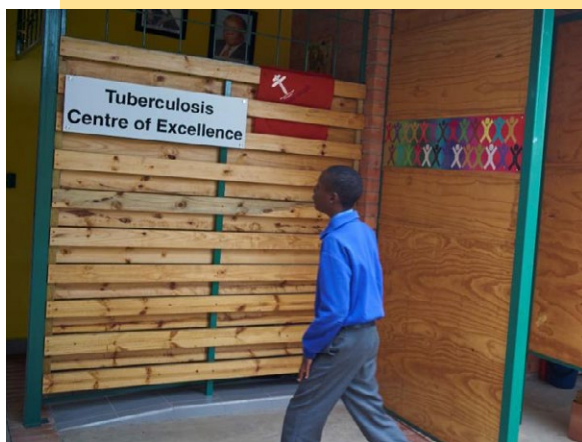
# 4 MAINTAINING TUBERCULOSIS TESTING DURING A PANDEMIC

According to the Stop TB Partnership, patients co-infected with TB and COVID-19 are at risk of poorer outcomes, especially if TB treatment is interrupted.<sup>8</sup> COVID-19 and TB have similar symptoms such as cough, fever and difficulty breathing. The Global Fund *report* estimates that across more than 100 countries, 78% of TB programmes are being disrupted due to the COVID-19 pandemic. Similar to HIV programmes, community containment measures, repurposing of highly skilled staff and mutualising of diagnostic TB testing machine has reduced access to routine TB testing. Accurate and timely TB testing remains a priority despite the COVID-19 pandemic, especially in areas with high TB prevalence. This section summarises operational considerations to assist TB programmes, health service managers, and healthcare personnel in maintaining the continuity of essential TB services in low-resource settings during a pandemic.



## KEY CONSIDERATIONS

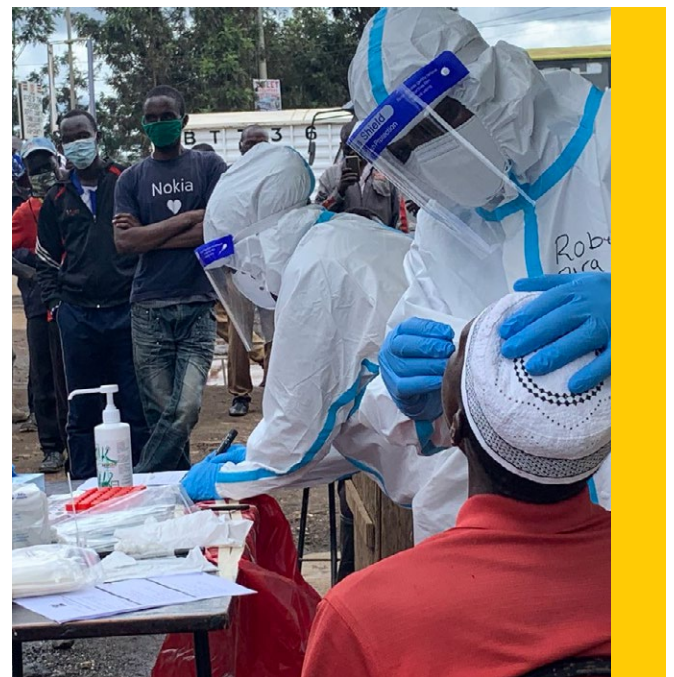
- **Missed TB cases due to focus on outbreak disease diagnostics.** Preliminary data show TB diagnosis is among the first interventions to be impacted by the COVID-19 pandemic.<sup>9,10</sup> This is due to the overlap of TB and COVID-19 symptoms, restrictions placed on movement affecting case finding, and stigma attached to the symptoms such as cough. During the current COVID-19 pandemic, TB services must be prioritised as essential, and access to care assured and effectively maintained to avoid a negative impact on TB care and adverse patient outcomes.
- **Testing demand surge.** TB programmes need to prepare for an increase in the number of patients presenting with respiratory symptoms during respiratory-disease outbreaks. A positive or negative test result for a respiratory disease such as COVID-19 does not rule out the presence of TB, particularly in high TB-burden settings. In such settings, *WHO* recommends simultaneous testing for both diseases for persons presenting with respiratory symptoms. Mitigation measures must be put in place to meet this demand.
- **Opportunities to leverage TB services.** TB sample transportation systems, reagent supply chains and healthcare workers could be co-opted for respiratory-disease-outbreak related testing. However, for TB testing to be maintained during a pandemic, mutualisation of resources and support systems must be reinforced to accommodate extra testing.





## BEST PRACTICES

- Maintain simultaneous TB and COVID-19 pandemic testing.** Whenever possible, laboratories should consider utilizing resources to simultaneously test symptomatic people for TB and COVID-19-related disease. In high TB-burden areas, WHO recommends *simultaneous testing for TB and COVID-19* for persons with respiratory symptoms. The United States Agency for International Development's *South Africa TB Project* worked closely with the South African National Department of Health towards simultaneous screening and testing for both diseases.
- Implement community outreach programs.** There is a need to facilitate screening and sputum collection through community outreach programmes. In Nigeria, advocacy and sensitisation meetings were held with community gatekeepers and local government health authorities for a successful deployment of a community diagnostics van that tested for TB and COVID-19 with the GeneXpert machine.<sup>11</sup>
- Maintain continuity of TB testing services.** There is also the need to ensure continuity of services to people who need preventive and curative TB treatment. Health authorities should maintain support for TB services, even during emergencies such as COVID-19. In *Ghana*, special COVID-19 teams were established to allow existing TB and HIV teams to focus on their core services.
- Maintain facility infection control measures.** TB facility *infection control measures* must incorporate safety measures for pandemic-related diseases, including triage, early identification and separation of symptomatic patients, and fast-tracking or expedited service.



In a Zambian study, participants highlighted the need for implementing infection prevention and control measures at TB service centres. Such measures protected TB patients from contracting COVID-19 while they were accessing TB care, and improved patients' confidence in the service.<sup>12</sup>

- Mitigate impact of public awareness campaigns.** Pandemic-related control measures, such as aggressive national COVID-19 mass media campaigns, can cause HIV, TB, and other chronic disease patients to delay visits to healthcare facilities for fear of contracting the pandemic disease. TB programmes should reorientate healthcare workers to continue TB testing, implement biosafety measures and use sputum as the preferred specimen.

Polymerase chain reaction-based diagnostics are the common and reference test methods for COVID-19. Alternative tests such as rapid diagnostic tests for antigens to the virus that causes COVID-19 are *currently being rolled out in African countries* to meet testing demand. The large footprint of open and closed conventional diagnostic platforms has allowed some sub-Saharan African countries to leverage more than a decade of investment in HIV and TB diagnostic networks to mutualise and coordinate testing resources across the board for COVID-19 testing. Pitfalls when mutualising resources and focusing on COVID-19 include decreased attention to VL, EID, and TB testing due to the repurposing of molecular testing platforms and highly skilled testing staff to the COVID-19 response. Already, PEPFAR *data* show the disruptive impact of COVID-19 on HIV response programmes; globally, a 25% decline was observed in HIV case identification due to reduced testing across all age groups. USAID *data* estimated a 7% decrease in TB notification in Africa. Therefore, while responding to a pandemic disease outbreak, care must be taken to avoid a decrease in VL, EID and drug-resistant TB testing, which may increase the likelihood of poor patient outcomes.<sup>9</sup>



### KEY CONSIDERATIONS

- Maintain instrument location.** Diagnostic technologies and systems developed through disease programs should not be disrupted. It is not recommended to move equipment from a laboratory or healthcare facility to a different or central setting in response to the COVID-19 testing demand. If an instrument has to be moved, a replacement needs to be arranged either through a new outright purchase or preferably leasing.
- Define testing capacity available for the pandemic-related disease.** Countries need to carefully estimate how much free capacity is available on instruments before mutualising diagnostic testing resources for pandemic-related disease testing; this will ensure acceptable HIV and TB levels are maintained. Where capacity is insufficient, additional equipment should be purchased, if possible, or pandemic-related disease testing should be referred to central testing centres with higher testing capacity.
- Maintain test quality.** Introducing a new test, particularly under outbreak conditions, may raise quality issues. Disruptions to quality management systems and quality assurance for other essential diagnostics testing services like HIV and TB, can lead to the use of inaccurate test results and consequences that result from such use, such as wrong treatment and lapses in surveillance of existing epidemics.
- Reinforce support systems.** All supporting systems, including supply chain and sample transportation, must be reinforced to accommodate extra testing. Supply chain delays and disruptions should be anticipated due to increased demand for and use of instruments and consumables.

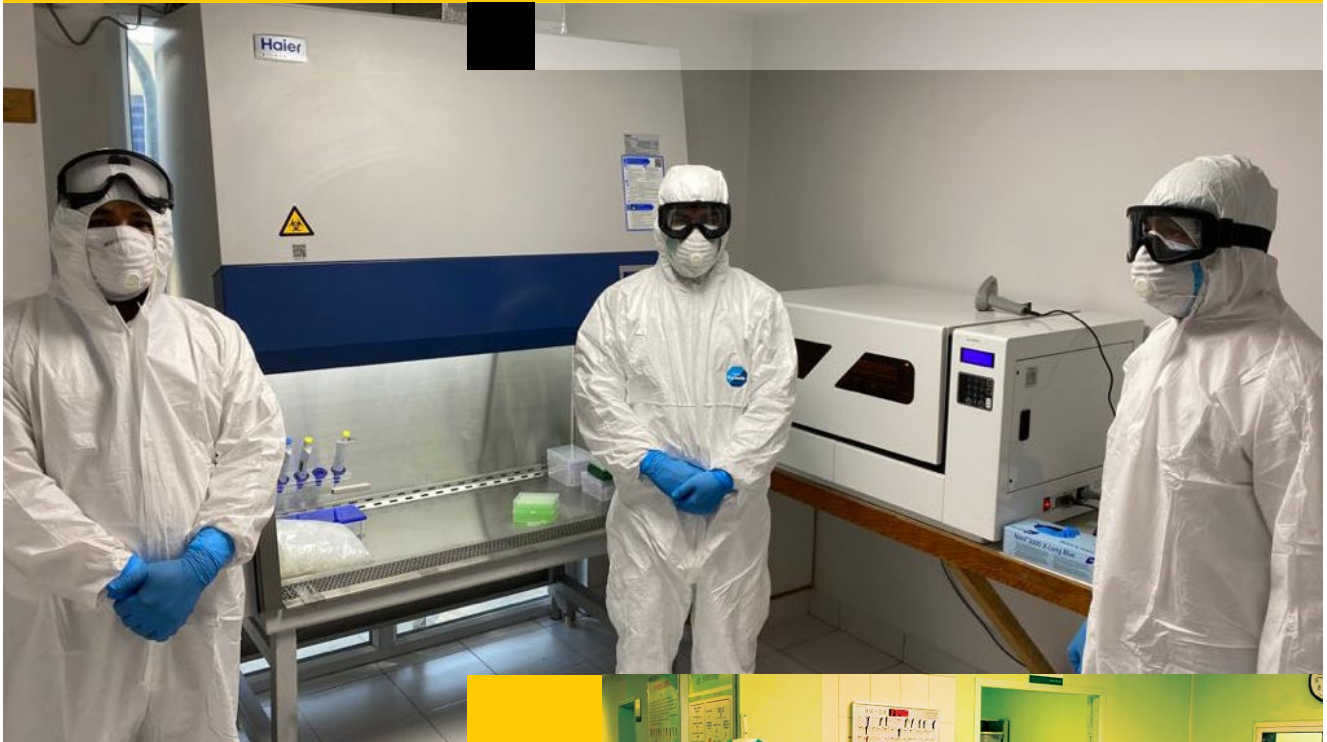




## BEST PRACTICES

- **Minimise frequent equipment breakdowns.** Increased use of testing devices often leads to more frequent breakdowns and disruption of testing services. Proper equipment preventive maintenance, including regular servicing, equipment standard operating procedures, and service level agreements, should be developed and implemented to minimise disruption of testing services due to equipment breakdown. In Zimbabwe, more frequent instrument maintenance was reported to minimise instrument breakdown for TB and HIV testing devices.<sup>13</sup>
- **Engage equipment manufacturers.** Consideration should be given to unlock closed molecular testing platforms dedicated to HIV or other diseases by engaging equipment manufacturers. The Ethiopian Ministry of Health was able to negotiate with Abbott Laboratories to open up their VL testing platforms to accommodate COVID-19 testing.
- **Assess and leverage existing network capacity.** Network optimisation exercises, such as the *initiatives led by United States Agency for International Development*, should be used to determine the available testing capacity of existing diagnostic equipment. During a virtual *session* at the AIDS 2020 conference, Cameroon shared how a network optimisation exercise informed where COVID-19 testing would start and defined testing limits based on available diagnostic testing capacity as a mechanism to avoid disruption of HIV and TB testing on the same devices.
- **Engage and collaborate with stakeholders to maintain testing services.** HIV and TB programmes should be engaged in the response to disease outbreaks, in order to ensure they maintain the capacity for HIV and TB testing. United Nations entities in *South Africa*, including UNAIDS, are working closely together to support government and community responses to the COVID-19 pandemic.
- **Reinforce diagnostic testing support systems.** Support systems, such as sample transportation and reagent supply, must be reinforced to ensure programmes are not working in silos but can accommodate extra testing. Reagent supply challenges must be addressed through national supply coordination or initiatives such as the Integrated Diagnostic Consortium. The *Integrated Diagnostic Consortium* enables better and coordinated procurement support for HIV, TB, and hepatitis testing services among procuring countries and major donors.

# 6 MAINTAINING ESSENTIAL TESTING WHILE PROTECTING AND LEVERAGING THE LABORATORY WORKFORCE DURING A PANDEMIC

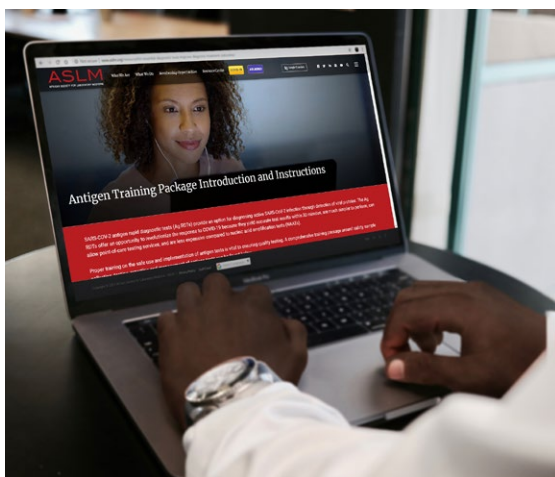


The COVID-19 pandemic has had a direct impact on the healthcare system of most countries, negatively affecting their functionality and human resource capacity. In public health emergencies, the ability to deliver or maintain essential services is critically dependent (among others) on healthcare workforce capacity. Over the last decade, it has become increasingly recognised that there is an inadequate workforce in many low- and middle-income countries, particularly for the pathology and molecular laboratory workforces.<sup>14</sup> Currently, maintaining human resources for HIV and TB testing is further threatened by the repurposing of highly qualified staff to COVID-19 testing.

This section provides considerations, best practices and innovative ways to maintain the essential diagnostics testing services workforce and strategies that may be used to address the challenges related to increased workload and decreased staff numbers due to staff being infected during a pandemic.

## KEY CONSIDERATIONS

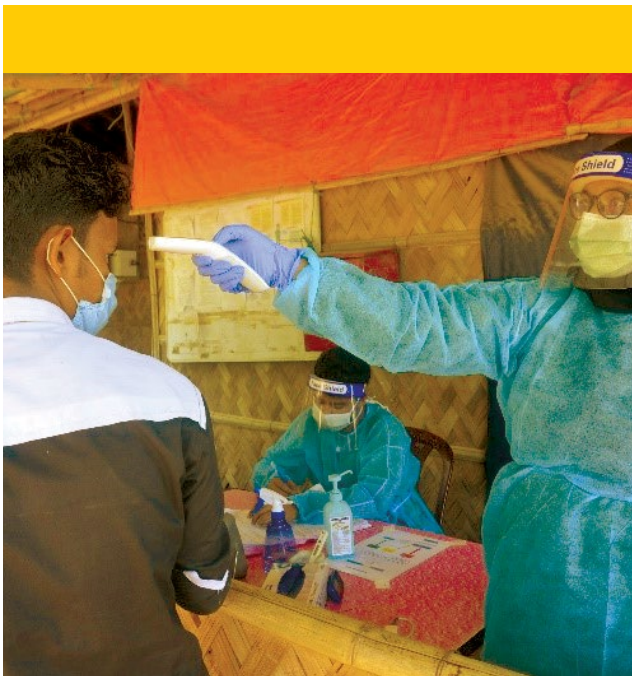
- **Increased workload.** As workload increases due to additional testing needs, fatigue-related incidents and staff exposure to pandemic-related diseases should be minimised by implementing mitigation *measures*, such as shift rotations and reducing shift time.
- **Staff remuneration.** Staff remuneration must be consistent and timely to boost staff motivation towards the maintenance of testing services.
- **Private sector workforce mobilisation.** Staff can be mobilised from the private and public sectors, including military, academia, and faith-based organization, to mitigate staff shortages. Retired or non-assigned personnel listed on national professional registries can be recalled, as was done in *South Africa* and *Zimbabwe*.



## BEST PRACTICES

- **Extend working hours to meet demand.** Various methods of extending working hours can be used to meet testing service demand, such as utilising a shift system and limiting non-essential leave. In Ethiopia, laboratory work shifts were increased to accommodate COVID-19 testing without disrupting HIV and TB programmes.<sup>15</sup>
- **Establish task shifting.** Where possible, specific tasks can be shifted from highly qualified healthcare workers to lower qualified healthcare workers to maximise the healthcare workforce and minimise staff. The WHO's *task-shifting global recommendations and guidelines* offer further insight.
- **'Essential worker' designation.** Laboratory and other pandemic-response related staff (e.g., supply chain staff) should be considered as essential workers to mitigate barriers such as travel restrictions.
- **Determine sufficient staffing levels.** The country laboratory directorate must determine the staffing level and testing capacity required to maintain HIV and TB testing. Staff from less affected areas or less busy services can be reassigned to assist in providing pandemic-disease related testing services.
- **E-learning for skill development.** Countries should consider e-learning for staff diagnostic training to mitigate lockdown, travel restrictions, and physical distancing challenges. For example, Nigeria's Ministry of Health, through its National Primary Health Care Agency, *leveraged e-learning* methods to equip over 7000 national- and state-level program managers across the country with knowledge on pandemic response and maintaining essential services.
- **Improve facility safety measures.** Biosafety measures must be put in place to improve HIV and TB facility safety and maintain human resource capacity. Improved biosafety measures at testing facilities help to reduce staff shortages due to pandemic-related infections. In South Africa, the *USAID TB South Africa Project* supported COVID-19 infection prevention and control-related activities, thus protecting TB testing staff.
- **Mitigate service disruption.** HIV and TB testing facilities must evaluate the risk of service disruptions due to pandemic-disease related infections among staff and implement mitigation measures as exemplified by the *USAID TB South Africa Project*. The United States Centres for Disease Control and Prevention *risk interim guidance* offers assistance with risk assessment and work restrictions for asymptomatic healthcare personnel with potential exposure to patients, visitors, or other healthcare personnel with confirmed COVID-19 infections.

There is increasing evidence that the number of patients seeking essential testing services has significantly decreased due to the fear of contracting COVID-19 at testing facilities, conversely leading to increased morbidity and mortality related to other diseases. There is a strong concern that COVID-19 could worsen healthcare-seeking behaviours, resulting in fewer diagnosed cases and worsened outcomes due to missed HIV or TB cases. HIV and TB testing programmes should utilize HIV and TB healthcare-seeking behaviour data from the early months of the COVID-19 pandemic to inform effective service maintenance strategies going forward for the COVID-19 and future pandemics. To maintain testing services, patients must be assured of biosafety and implementation of best practices to manage patient flow within healthcare facilities.



### KEY CONSIDERATIONS

- **Ensure patients seeking testing services are served.** Provide safe and fast-tracked service delivery to HIV and TB patients who present themselves to healthcare facilities. This creates confidence for further visits.
- **Decentralize patient flow.** Patient flow can be managed by referring patients for continuous care to their nearest community testing centre. Not all patients need to come to a hospital when community testing centres can be utilized.

### BEST PRACTICES

- **Anticipate increased patient flow at healthcare facilities.** Testing facilities need to consider strategies to shorten the time spent accessing care by establishing:
  - Rapid triage by a healthcare worker upon arrival to quickly identify patients most at risk for poor health outcomes (e.g., risk factors for COVID-19 include >50 years, having comorbidities such as hypertension, diabetes, and heart disease).
  - Separate fast-track areas for mothers, infants, and elderly people.
  - Staggered patient appointments by designating different time blocks when different staff is interacting with patients to ensure a smooth flow of service provision.
- **Address patient safety fears during testing visits.** When making changes to patient flow, it is crucial to communicate these changes to patients and the healthcare workers involved. Communicating the expected before and during visits flow changes reassures patients of their safety and can lead to an increase in patient volume.
- **Follow national recommendations.** Countries should encourage asymptomatic, stable patients to stay at home and recommend that only patients who are not well or who are particularly vulnerable visit health facilities.

- **Restructure facility operations.** Healthcare facilities need to consider structural changes to ensure isolation of visiting symptomatic patients, appropriate social distancing, and sanitization of facility space and equipment. In South Africa, *restructuring of facility operations* included managing the general flow of the facility in three 'zones', orange (high risk), yellow (medium risk), and blue (low risk), to facilitate appropriate triaging and control one-way facility flow.

- **Optimise laboratory space.** HIV and TB testing facilities should optimise space to minimise patient and staff exposures to pandemic-related diseases. For example, tents could be used to separate patients coming in for COVID-19 testing from those coming in for other tests, and patients with respiratory symptoms could be screened for COVID-19 upon arrival. The *USAID TB South Africa Project* assisted with gazebos and tents for patients queuing outside while maintaining social distancing.

- **Develop and implement pandemic-disease related patient triage.** All patients presenting to an HIV clinic should be subjected to triage for the pandemic disease. In Kenya for example, the triage process documented in the country's *Interim Guidelines on Management of COVID-19 in Kenya* assists with determination of priority patients and treatments based on the severity of each patient's condition.



- **Promote safe care-seeking behaviour.** To curb patient fears about contracting pandemic diseases at testing facilities, HIV and TB testing programmes should disseminate information on changes in laboratory service delivery. The information should also include expected safe care-seeking behaviours and measures for patients when visiting the facility, including wearing masks and sanitising hands, as exemplified in the *Eswatini experience*.

- **Telehealth.** Telehealth can reduce unnecessary trips to health facilities during pandemics. For example, a public-private partnership in South Africa made available a *medical advice mobile health platform* during the country's lockdown.

- **Automating patient flow.** Where possible, automating certain routine tasks normally done by healthcare workers can contribute to alleviating demands on healthcare workers while also protecting the workforce by reducing exposures to the pandemic disease. Rwanda, with the support of the United Nations Development Programme, utilised *high-tech robots* to administer temperature checks, monitor patient status, and keep COVID-19 patient's medical records. The use of robots ensured that staff were directed towards maintaining testing services, instead of conducting manual COVID-19 screenings.



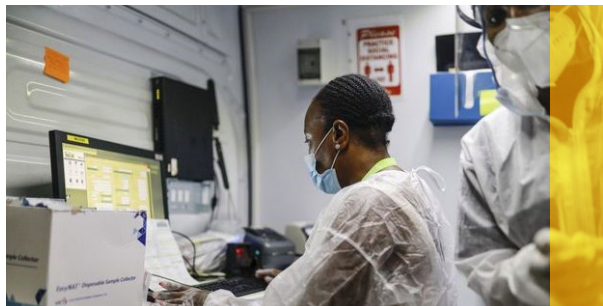
Due to the likelihood of service disruptions during a pandemic, essential diagnostics testing services like HIV and TB programmes will need to enhance their monitoring and evaluation (M&E) systems to allow for regular assessments of continued service delivery and the impact of the pandemic on service delivery. This may require setting up strategic information systems such as virtual data collection and reporting tools.

### KEY CONSIDERATIONS

- **Performance monitoring.** Programmes must maintain essential routine data collection and performance surveys, evaluations, and studies, to maintain HIV and TB services during a pandemic disease outbreak. Frequent monitoring of routine data will highlight early indicators of HIV and TB case detection or treatment outcomes. Programmes should consider centralising monitoring of diagnostic testing services using real-time data. Data from diagnostic devices can enable the prioritisation of sites in need of essential diagnostic testing or other quality measures.
- **Data management disruptions during pandemics.** It is mandatory to have a data continuity plan during a pandemic and ensure that HIV and TB-related data (both physical and electronic sources) are protected from damage, secured and confidential, and easily recoverable post-pandemic. Countries need to build on existing M&E structures and methods that do not require additional resources or mechanisms for data collection by country teams.

### BEST PRACTICES

- **Develop a national HIV and TB monitoring and evaluation plan.** Countries should establish and maintain a network of national, subnational, and service-level M&E coordinators to ensure that all testing sites and outreach workers have adequate supplies of the relevant data collection tools. Several countries, including South Africa, already have well-structured *national HIV and TB monitoring and evaluation plans*.
- **Leverage existing regional M&E networks.** ASLM LabCoP is working with 14 country teams to establish an M&E sub-community of practice. With the emergence of COVID-19 and its potential impact on public health services, this sub-community of practice is being leveraged to discuss common challenges, share best practices, and co-create knowledge to address the M&E needs of countries.
- **Monitor supply and capacity utilisation.** HIV and TB testing commodities and capacity utilisation should be monitored to track the delivery of diagnostic testing services. In Zimbabwe, the *United Nations Children's Fund* oriented its partners on various remote systems that can be used for programme monitoring, including *RapidPro*, Call Centre, *Ona*, SMS, and the use of Google Sheets. Cameroon's success in setting up a laboratory commodity monitoring call centre was shared in ASLM Special *COVID-19 ECHO session 21*.
- **Rapid assessments.** Rapid assessments can be used to easily monitor key changes in essential HIV and



TB testing services. Zimbabwe's rapid assessment of COVID-19's impact on HIV service provision highlighted a 59% reduction in the number of clients who were tested and received their HIV results and a 15% reduction in the distribution of HIVST kits.<sup>16</sup>

- **Define standard quality indicators.** Among key programmes, indicators that can quickly demonstrate changes in service availability, uptake and outcome need to be tracked. This must also include strategies for monitoring changes in each quality indicator. The WHO's *Monitoring and Evaluation Framework* pillar nine highlights some of the essential service quality indicators.
- **Real-time surveillance.** Data from the M&E system must be disseminated and used in policy formulation and diagnostic testing planning and improvement within programmes. An organization called the Union initiated a *public health surveillance project* to determine the impact of the COVID-19 pandemic on TB and HIV case detection and care, and strengthen real-time

surveillance in selected health facilities in Kenya, Zimbabwe, and Malawi.

- **Monitor service requests and quality.** In Lesotho, the *United Nations Children's Fund* continued to support the Ministry of Health to monitor the quality of HIV services during the lockdown using a national adolescent-friendly health services scorecard. Monitoring of service quality must also include TB test request data or the number of laboratory-confirmed TB cases (or TB notifications) to assess disruptions to TB services during a pandemic.<sup>16</sup> Indicators from the *UNAIDS Global AIDS Monitoring (GAM) 2020* and the Global Fund *Monitoring and Evaluation Tool kit* can be used.
- **Track the effect of policy changes.** Key local changes should be tracked to assess their impact, such as new policies that affect service implementation (e.g., those

affecting movement of implementers or the number of people who can be gathered for any event, such as training) or cause service interruption, including the closure of facilities as a result of COVID-19.<sup>16</sup> South Africa's current *National strategic plan for HIV, TB and sexually transmitted Infections (STIs)* encourages the monitoring and implementation of laws, regulations, and policies relating to HIV and TB and identifies areas for reform.

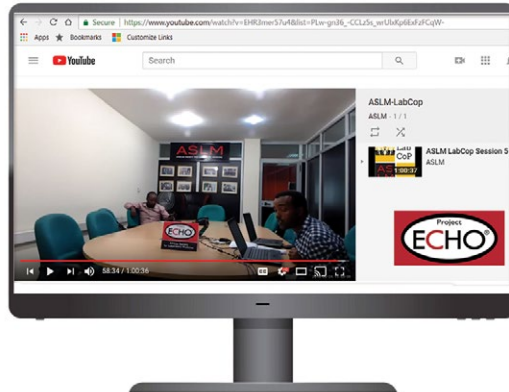
- **Virtual data collection.** Countries should consider scaling up the use of online and virtual data collection and reporting tools for outreach and clinical staff such as *DHIS2 tracker tool*.<sup>16</sup>

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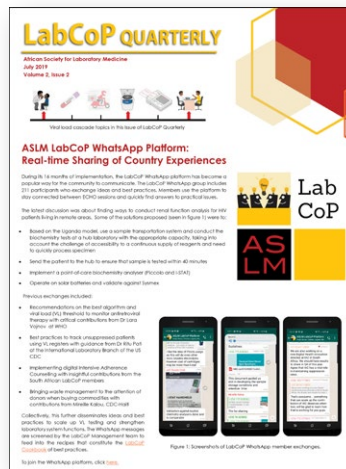
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