Terms of Reference for conducting an assessment of national paediatric testing guidelines and advocacy in the EAC and SADC.

Background

Despite remarkable progress in prevention of mother-to-child transmission of HIV (PMTCT), 160,000 children were newly infected with HIV in 2016.1 Less than half of HIV exposed infants (HEI) received early infant diagnosis (EID) within 8 weeks of life, a major challenge for initiating early antiretroviral therapy (ART) for infants living with HIV.2 Although introduction of dried blood spot (DBS) has increased EID access, conventional laboratory networks, have relatively long (22-60 days) turnaround time (TAT), as well as low proportions of results returned, resulting in missed opportunities for ART initiation.3 The WHO conditionally recommends introduction of point-of-care (POC)/ near-POC nucleic acid testing (NAT) for EID. Recent encouraging evidence for POC/ near-POC EID warrants consideration of rapid adoption and strategic scale-up of this solution complementing the existing laboratory network.2, 4 This study goes beyond early infant diagnosis and focuses also on finding children of school going age in all the countries in the ESA region. The study will review guidelines that were approved and in use by 31st December 2019.

Ending the HIV pandemic is possible, but to do so, we must act quickly and recognize that the needs of children—the most vulnerable among us and unable to advocate on their own behalf—are included. For children, urgent steps are required including better integrating strategies to reach this population into regional and national plans; providing the care and support needed to ensure optimal development; and scaling up treatment, prevention and access to services—for children and their carers.

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Challenges and Opportunities

Challenges:

• Low coverage of EID testing by 2 months.

• Poor access to sites/facilities with EID services.

• Failure to implement systematic screening for infant exposure status.

• Poor EID testing uptake in high-yield entry points, like pediatric inpatient wards.

• Long TAT for EID result returned to caregivers.

• Poor linkages of HEI and HIV-infected infants to care and treatment services.

• Lack of national quality assurance for conventional and decentralized EID services

Facilitators.

Opportunities:

• Updated national policies based on WHO recommendations mean POC tests may be used at birth and in children up to 18 months of age.

• Simplified and integrated pediatric HIV-related services: EID and paediatric HIV testing should be provided in the community/facility, and where possible integrated into broader child health care services.

• Strengthened tiered national laboratory networks for standardized testing, supervision, training, mentorship, quality assurance, supply chain, maintenance and results documentation.

• Strategic introduction of POC EID complementary to conventional laboratory within national systems. Two CE marked POC EID prequalified by the WHO for EID — m-PIMA™ HIV 1/2 Detect and Xpert® HIV-1 Qual — have the potential for same day diagnosis and treatment initiation.

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- The recently launched Framework for “Improving HIV Service Delivery for Infants, Children and Adolescents” includes finding and testing of children in three age-groups including (0-3 years) and (4-9 years) as a priority activity within its “Locate” focus. The Framework provides programming guidance for countries, many of which are in the E&S Africa region.

HIV Testing in Pregnancy and After Childbirth

The current WHO guidelines recommend the following as part of prevention of mother to child transmission (PMTCT).

Pregnant and postnatal women

- All pregnant women should be tested for HIV, syphilis and hepatitis B surface antigen (HBsAg) at least once and as early as possible
- In high HIV burden settings, retesting is advised for all pregnant women with an unknown or HIV-negative status during late pregnancy (third trimester). Catch-up testing is needed if the first test or retest is missed or delayed. High HIV burden countries could consider an additional retest in the post-partum period for specific districts or regions with high HIV burden or incidence, women from key populations or who have a partner with HIV who is not virally suppressed.

HIV exposed infants

- Consider Nucleic acid test (NAT) at 0 to 2 days
- Conduct NAT (at 4-6 weeks or at the earliest opportunity thereafter)
- Conduct NAT (at 9 months) Antibody testing at 18 months of age or 3 months after cessation of breastfeeding, whichever is later

1 http://www.childrenandaids.org/sites/default/files/2019-12/Paediatric-Service-Delivery-Brief_122019.pdf
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Study Purpose:

The main purpose of the study is to identify the appropriate advocacy required to improve the coverage of early infant diagnosis (EID) in all countries in the EAC and SADC in order to find and test those infants and children (aged 0-3 years and 4-9 years) currently not on treatment thereby enabling them to access treatment and reach the countries’ national paediatric targets. The study will look at the published data on EID for all countries across the ESA region, comparing actual coverage against targets. For a limited number of countries, between 5-8 of those countries with the lowest levels of paediatric testing and with organisations undertaking advocacy on this issue, the study will collect and review the guidelines for paediatric testing. The study will collect data on the extent to which the “Should do” interventions are being implemented, as outlined in the ‘Solutions Matrix’ of the Framework for “Improving HIV Service Delivery for Infants, Children and Adolescents”\(^2\). This will involve the consultant corresponding with and interviewing key stakeholders in the selected countries.

Study Objectives:

1. Undertake a review of all countries in the EAC and SADC regions to identify:
   a. The extent to which the national pediatric HIV guidelines and molecular diagnostics strategic plan are aligned with WHO recommendations;
   b. Whether they have national paediatric HIV diagnostic plans and guidance that incorporate improving both conventional and Point-of-Care diagnostics for EID;
   c. Identify the national targets for EID testing and compare with actual EID coverage rates within 2 months of birth;

\(^2\) [http://www.childrenandaids.org/sites/default/files/2019-12/Paediatric-Service-Delivery-Brief_122019.pdf](http://www.childrenandaids.org/sites/default/files/2019-12/Paediatric-Service-Delivery-Brief_122019.pdf)
d. Whether the respective Ministries of Health (MoH) are using a digital system for recording data on EID.

2. Undertake a more detailed review of limited number of countries (between 5-8) in ECA and SADC which have the lowest levels of paediatric EID testing and have organisations undertaking advocacy on this issue:
   a. The study will review the national guidelines for paediatric testing, many of which are currently being reviewed by Ministries of Health. The study will collect data on the extent to which the “Should do” interventions are being implemented, as outlined in the ‘Solutions Matrix’ of the Framework for “Improving HIV Service Delivery for Infants, Children and Adolescents”.
   b. The consultant will correspond with and interview key stakeholders in the selected countries and some of the survey questions could be around revision of registers/data collection tools; training plans and guidelines dissemination plans etc.
   c. Identify individuals and organisations in the 5-8 countries who are conducting advocacy on this issue who would be interested to work as champions to support and/or implement the study’s recommendations.

3. Identify specific advocacy opportunities and targets;

4. Draw up recommendations to guide regional and national advocacy activities.

# Scope of Work and Key Outputs

## Key Activities and Deliverables (20 Days Assignment)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deliverable</th>
<th>No of days</th>
<th>16 – 17 April 2020</th>
<th>20 April 2020</th>
<th>31 May 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a Study Inception Plan</td>
<td>Study Inception Report</td>
<td>2</td>
<td>X</td>
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</tr>
<tr>
<td>A) Undertake a review of all the countries in the EAC and in SADC for which data is available to achieve objectives 1 - 3</td>
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<tr>
<td>B) Draw recommendations to guide advocacy campaigns in the identified countries</td>
<td>Desk top Review Report</td>
<td>17</td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>C) Finalize Study Report</td>
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<td></td>
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<tr>
<td>Submit Study Report</td>
<td>Study Report</td>
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</tbody>
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Consultant Requirements and Submission Information

Qualifications & Experience Required:

Education:

Knowledge & Skills

- Relevant advanced academic degree (Medicine, Social Sciences, Public Health, Development Studies, Economics or related fields); previous experience leading teams; knowledge of paediatric HIV programmes; knowledge of institutional development and capacity assessment; high quality report writing skills;
- Demonstrated experience in conducting advocacy studies and planning for advocacy campaigns.
- Demonstrated experience in institutional development and with knowledge of paediatric HIV programmes and implementation;
- Experience working with governments, international donors and others.
- Sensitivity to and ability to work with people living with HIV, at risk and affected by HIV including key populations.
- Knowledge and skills in capacity assessment in relation to large scale public programmes;
- Specific knowledge of mapping, programmes coordination and data base development;
- Demonstrated ability to prepare for, facilitate and lead, national surveys;
- Demonstrated ability to present information and ideas and to communicate effectively;
- Demonstrated data collection and analytical writing skills;

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- Knowledge of the East and Southern Africa Community (EAC & SADC) administrative structures is an added advantage;
- Proven ability to: (i) handle multiple tasks under pressure with short deadlines; (ii) ability to work independently, seeking guidance on complex issues; and (iii) excellent interpersonal skills, proven team orientation and the ability to work across unit boundaries.

Experience:
1. At least 5-8 years’ experience working in paediatric HIV programmes and institutional development
2. Demonstrated experience in conducting advocacy studies and planning for advocacy campaigns.
3. Relevant academic degree (Medicine, Public Health, Social Sciences, Development Studies, Economics or related filed); previous experience leading teams; knowledge of social protection programs; knowledge of institutional development and capacity assessment; high quality report writing skills
4. Prior experience working closely with the SADC and EAC
5. Prior experience on information / Data management– database development; qualitative research software skills; mapping skills

Languages: Fluency in English is essential, working knowledge of French, Portuguese and or KiSwahili will be an added advantage.

Closing date: 6th April 2020 at 5pm Johannesburg time.