Dear All,

Thank you to everyone who attended the LST meeting in New York last week, contributing so rigorously to the discussions, and making the meeting a success. We’re very sorry to have missed those of you who could not attend – Judi, Bilen, Geleta, Rajnee and Yonatan – and look forward to seeing you at the next meeting. Huge thanks also to Kelly, Steve and Rebecca for the excellent meeting planning.

Our meeting provided  an opportunity to share and discuss our main areas of work. LST is conducting work across multiple disease areas - HCV, TB and HIV - as well as on cross–cutting areas such as data, evidence and supply. Our disease work is done in close collaboration with the CHAI disease teams and includes the following areas of work, amongst others:

* Improving case finding and linkage to care across all 3 diseases using novel technologies such as self tests and point-of-care / near-POC diagnostics, and data–driven “smart" testing strategies;
* Developing and implementing data systems that impact patient outcomes and increase program efficiency including our pioneering work on dashboards and inventing the “node”
* Country support programs across the different geographies that improve the impact and efficiency of CHAI’s work
* Pioneering integrated testing programs that improve test efficiency and access, e.g. TB-HIV and new programs to multiplex testing across more diseases
* Improving service and maintenance programs using data-driven negotiations with suppliers
* Operational research to generate evidence on the performance of new technologies and the impact of diagnostic interventions on health outcomes
* Negotiating improve pricing and supply terms for diagnostic technologies, including pioneering the all-inclusive supply model for viral load NAT-based tests
* Optimizing testing networks and referral systems
* Reducing regulatory barriers and improve increase adoption of new technologies

This work is the result of your tireless and outstanding efforts. The time was unfortunately not enough to unpack the full detail of our work or to hear about everyone’s programs so we will need to increase our LST communications to do this. At the meeting we learnt more about broader CHAI and AXP goals and directions, brainstormed on drug resistance and CRISPR, and started to discuss the wide range of new areas in diagnostics we can investigate. We also had a serious of excellent presentations on exciting new areas for LST to explore – we will be following up on these as well as on other pitches we didn’t get time to discuss.

Importantly, we discussed the LST survey and how to address some of the challenges we face across the team and in our work. This will be a high priority area of focus to implement changes over the coming weeks. Please feel free to share your thoughts and ideas on areas to address and how.

The meeting presentation materials from the meeting and other follow-ups will be shared by Kelly and Steve. Please reach out if you have any questions or concerns. Planning for the next meeting in Q4 2018 or Q1 2019 will start soon!

Best regards,

Trevor

Dear all,

Here is an update on the development of LST’s strategic areas.

Each LST disease team (most of us directly work under one or more of the disease teams – HIV, TB, Hepatitis) is currently working on developing or updating their strategic areas of focus. This process will build on AXP disease strategies and goals and explore new opportunities. This will also contribute to the overall new CHAI strategy development process that is currently underway. This process is expected to validate some of their existing work as well as identify new frontiers of work. Each disease team will also explore new funding opportunities for existing and new work. The following team members are leading the development (or updating) the disease-specific strategies:

**HIV** – Naoko, with Seth on pediatric Dx and Rajnee on adult Dx

**TB** – Kaartik

**Hepatitis** – Madisyn

At the same time strategy development for initial cross-cutting areas will be led by the following:

**Supply side**: Paolo

**Private sector**: Troy

**Supply chain and logistics**: Rajnee

**Data**: Steve: data strategy / Katy and Jackson: data vision / Naoko, Madisyn, Stephanie: disease-specific data priorities

Additional cross-cutting areas will be included as the disease strategies identify and prioritize gaps.

This work will be supported by:

**Diagnostic Pathway** – an analysis of the evidence and data on gaps and solutions in the patient pathway from case finding through testing and linkage to care - led by Damian with Jessica and Jilian

**New Funding Opportunities** – an analysis of new funding opportunities to match the strategies and specific concepts - led by Jonathan Lehe

The initial drafts of the strategic areas will be presented to LST starting in September - October, and will be further developed with country teams and other AXP teams. The strategies will be converted into specific concept notes for fund raising and to define our diagnostic work and programs from 2018.

Please let me know if you have any questions, concerns, or suggestions. Also, please reach out to me or the leads above if you have ideas of key areas in diagnostics that CHAI should be focusing on.

Thanks,

Trevor

**From:** Trevor Peter  
**Sent:** Friday, July 28, 2017 9:39 AM  
**To:** CHAI Laboratory Services Team  
**Cc:** Damian Fuller(Independent Contractor); Jessica Markby - Independent Contractor; Jonathan Lehe Gmail  
**Subject:** Strategic areas in diagnostics

Dear all,

CHAI has a long history working in diagnostics, having supported nearly 50 countries around the world to varying degrees and across different disease areas - HIV, TB, malaria, hepatitis and others. Our work has supported significant progress towards improved healthcare in many of these countries, however we know that we’re still some distance from ideal health access and outcomes. Moving forward, we need to evolve with renewed focus towards the goal of closing diagnostic–related health gaps, leveraging new knowledge, tools and approaches. Given our experience and the breadth of our work, as well as our collaborations at national and global levels, this should be achievable.

To move in this direction, we need to update our diagnostics strategies and tactics to address current and evolving priorities, both for the disease areas we currently work in (HIV, TB and HCV/HBV), as well as for cross-cutting areas (systems). This will help us articulate cohesive and compelling goals and approaches to governments, partners, donors, and to continually improve and ensure the impact of our work at country and global levels. This will also help us identify where new emphasis is required and to pursue the support needed to carry this out.

Here are some of the key considerations for doing this:

1. We need to identify and quantify the diagnostic pathway gaps for each disease so that we know their relative importance and where the opportunities lie. This framework will be used to help find potential solutions and interventions. LST has already spent time mapping the diagnostics pathways across case finding, testing and linkage-to-care. This effort combines existing and emerging published research with CHAI's implementation experience, country program data, and the knowledge of experts in the field to provide an evidence framework on which to base our strategies. This is important because, given the scale of the disease control programs we are targeting, it is essential that the approaches we pursue are evidence-based, quantitative and objective. We need to also consider medium to long term disease trends when identifying gaps and priorities.

2. There are a number of  cross-cutting areas relevant for all diseases, including supply side work, data systems, private sector, supply chain and logistics, disease integration, evidence, and resource mobilization, that directly inform the disease-specific strategies. Strategy development for the cross-cutting areas should run simultaneous with and be integrated with disease-specific strategy development. Cross-cutting strategy development should also be based on the gaps along the diagnostic patient pathway, as outlined above, and identify the solutions and approaches to address these. The cross-cutting strategies will be integrated into the disease strategies, though some will stand on their own, especially major cross-cutting areas that need a multi-disease focus.

3. We need to apply both patient access/public health value and value for money metrics to identifying and prioritizing the gaps and the opportunities. I.e. when considering strategies in each disease area we need understand the opportunity for improved patient access, lives saved or extended, and money saved.

4. We need to integrate with the treatment side – much of the value of improved diagnostics lies in ensuring access to better treatment. Hence, we need to consider the drug landscape and expected changes, and consider the VfM and lives saved etc also in terms of better access to improved treatment.

5. We need to base the diagnostic strategies clearly within the respective AXP HIV, TB and HCV disease program strategies. Each AXP disease team has developed strategic priorities. We have the opportunity to build out diagnostic strategic approaches that extend the AXP disease strategies and bring greater depth and impact.

6. Critically, the strategies and tactics need to be worked on with countries from the start to ensure well-grounded thinking. As such we should be working closely with country teams to inform and co-develop the strategies and tactics. Ultimately these need to be implemented at country level, so they should be developed with the full insight and participation of country teams.

7. As we think through the strategic areas we need to also start formulating specific concepts to pursue and the ways to support these through existing or new funding.

In the coming weeks (through August and September), the draft strategic approaches for TB, HCV/HBV, HIV and the cross-cutting areas will be presented within LST so that we can all participate in their development, and can contribute to the thinking and next steps. The work will also be discussed with AXP disease heads and AXP leadership. Each LST disease and cross-cutting team will work towards this. Strategy development is not new. A lot of updated strategy work has already been done and we have preexisting LST and AXP disease strategies to draw from and provide a backbone to our work. In some areas, the process is relatively advanced while other areas are at various earlier stages of development. The strategic approaches will directly inform fund-raising and help with defining the focus of our programs in the latter half of this year.

Different teams on LST are working on this and further updates will be shared amongst us all, so that we are all kept updated of the different areas of work. I will also share further details in separate e-mails.

Please let me know if you have any questions or concerns.

Best regards,

Trevor

Trevor Peter | Senior Director, Laboratory Services Team | Clinton Health Access Initiative | mobile: +1 857 939 8692 | Skype: tfpeter | [tpeter@lintonhealthaccess.org](mailto:tpeter@lintonhealthaccess.org) | [www.clintonhealthaccess.org](https://mail.clintonhealthaccess.org/owa/redir.aspx?C=w0x--hCvignZMyulLLySMdOaTSfY5IkMg3w-bVLroZYDcLtAsd_UCA..&URL=http%3a%2f%2fwww.clintonhealthaccess.org)