

Diagnostics Pillar: Key Lessons

The Diagnostics Pillar has an overall objective to significantly increase access to COVID-19 tests and sequencing, which will ensure effective test, trace, isolate, and treat strategies, as well as early identification and containment of new variants. The pillar is co-convened by the [Global Fund](#) and [FIND](#) and includes seven workstreams, Market Readiness, Supply, Country Support, R&D/Digital, Genomic Surveillance, Modelling Consortium.

Key accomplishments

Initial Goal: Support the creation, evaluation, qualification, and equitable distribution of affordable Covid-19 diagnostics tests.

Goal (July 2022): Support the market entry of new, affordable rapid tests.

Subsidiary Objectives

- Assist the Diagnostics Consortium of **144** countries to reach a minimum testing rate of at least **1 per 1000** people per day
- Purchase **988 million** tests
- Improve genetic sequencing capacity globally

Achievements

- Procurement of 167.8 million tests
- Development and roll-out of WHO-approved Antigen RDTs & early market entry of early Antigen RDT tests
- Supporting the Development and Deployment of Genomic Sequencing Capacity across LMICS (<https://www.act-a.org/impact>)
- Developed Tracking Website to allow a better understanding of past and current testing capacity as well as genomic sequencing capacity worldwide (<https://www.finddx.org/covid-19/test-tracker/>)
- Conducted Access Surveys in 22 countries
- Designed and rolled out Advocacy and Communications grants to enable community participation for advocacy for access to testing and treatment for Covid.
- Developed and implemented Operational Research Projects across 12 LMICs
- Digital Tools study projects ongoing
- Strengthening/Elevating the need for the Test & Treat approach (and the role of communities) to Covid
- The push for and review of new guidelines for AgRTD
- Improving coordination and linking of diagnostic and therapeutic pillars

Challenge: 77 x more tests are being carried out per 1,000 people daily in high-income countries than in low-income ones

Key barriers and enablers

The **main Challenges** in how the pillar operates **within** the global ACT-A partnership structure include:

- Lack of political engagement with the need for diagnostics at all levels
- The Diagnostic Pillar seemed to have little ability to influence immediate change

- Dependent on WHO for approval of tests and guidelines for test use cases. WHO is very slow and bureaucratic on approvals and guidelines
- Initial reliance on partners with in-country presence (WHO) to convey to country governments the utility and use cases for tests developed which resulted in a lack of engagement at the country level with communities and Ministries of Health and ACT-A
- Lack of LMIC/LIC input into/presence at ACT-A to ensure that diagnostics developed were in response to country needs and understanding
- Funds raised disproportionately awarded to the Vaccine Pillar needs

The main Challenges in how the pillar operates at **the implementation level** include:

- Initial reliance on partners with in-country presence (WHO) to convey to country governments the utility and use cases for tests developed.
- Lack of in-country coordination and connection through an active and effective Health System and Response Connector
- Alignment (or lack of) between ACT-A partners' objectives and work plans to the needs of in-country
- The challenges involved inequitable participation and varying interest. Some were
- Lack of country presence and interest in diagnostics and civil society/community engagement including by agencies with country or regional offices

Alignment between ACT-A partners' objectives and work plans to the needs in-country

The absence of focus on diagnostics and engaging the community in the rollout and use of diagnostic tools were a point of critical misalignment that fed and enlarged inequities at the country level.

Key Recommendations

- Meaningful involvement of LMIC governments in co-creation, strategizing, and decision-making. Also there is a need for a robust channel for ongoing two-way exchange/consultation with LMIC governments.
- Meaningful involvement of civil society and communities in co-creation and designing
- Prioritizing and measuring equity of access to diagnostics

Essential Operating Practice and Essential Strategic Recommendations

- A process of prioritization that evaluates priorities and presents these priorities in a framework of their funding needs , their ideal sequence, their time horizons, and feasibility
- Improve vertical (local to national to global level) and horizontal integration (across the clinical, laboratory, and public health officials) of processes

- Support for Diagnostic Consortium including CSOs/Communities to build knowledge at all levels of the importance of diagnostics in infection control and pandemic prevention and response
- Support for civil society/community representatives: there must be recognition that civil society/community input is essential expertise and key factor to the success of the work
- Build a civil society/community platform/coalition/consortium on diagnostics for interfacing with and on behalf of CSOs/CBOs (independent of a larger Dx Consortium and focused on consulting civil society/building networks with civil society & communities working on diagnostics/sharing & collecting information)
- Ensure timely release of new guidelines and technical circular for rapid implementation (includes more active support on dissemination and uptake, including for communities; this includes the facilitation of addressing any ambiguity of technical language and tackling language barriers)
- Introduce stronger / clearer principles on human rights and community rights (including the right to health) for developing guidelines on testing and diagnostics
- Create a platform to bring together groups of stakeholders involved in decentralized and centralized testing/diagnostics, across the spectrum from rapid tests to laboratory diagnostics; this must include civil society and community presence; and in many cases, there must be resources to support the formation and participation for this role (e.g. point from laboratory team, point from HIV program, point from procurement, points from CSO and communities, point from WHO)
- Boost pricing visibility: not only on ex-works pricing but also increase visibility for the end-user overall price
- Communication and visibility of the strategic framework and the progress along it

Overall it is considered that the Diagnostics Pillar has achieved what it set out to do though there was unevenness in that it was very successful in the development of new tools but less successful in ensuring the adequate use of those diagnostic tools. This has led to the striking statistic that “77 x more tests are being carried out per 1,000 people daily in high-income countries than in low-income ones”. The ultimate goal of **equitable** access has not been achieved.