Early infant HIV diagnosis (EID) in Kenya depends on high expertise centralized molecular testing, that has often led to protracted turn around time and missed opportunities for timely initiation of HIV infected infants on lifesaving antiretroviral therapy. Emergence of molecular point of care tests (POCT) is a promising technological solution to challenges of centralized EID testing. Assurance of quality EID POCT results in the field setting remains an important concern for most national HIV programs.

In 2017, Kenya ministry of health (MOH) introduced EID POCT to selected facilities to bridge the unmet EID testing demands as a pilot to assess feasibility of decentralizing EID.

Type of EQAs adopted for EID EQA

- Use of blinded external standardized panels
- Support from CDC
- Received sets of 5 blinded panels
- One cycle thus far

Support from EGPAF
Debut supervision conducted within 2 weeks of POC installation and monthly thereafter

The hub and 1 spoke in each visit

- Sending a subset of leftover specimen tested from POC sites
- Conducted at NHRL
- Every 10th Negative and all positives

There was good concordance between POCT and conventional EID platform. Centralized retesting is a low cost, scalable viable option for ensuring quality testing in the early phases of EID POCT implementation in Kenya.

1. Ministry of Health (MoH)
2. National HIV Reference Lab (NHRL)
3. National AIDS and STI Control Program (NASCOP)
4. PEPFAR
5. The Global Fund
6. EGPAF
7. UNICEF
8. CHAI

**Results**

- Period: Aug 2017 – Dec 2018
- Samples: Remnants of routine POC EID samples
- Every 10th-10% negative and 100% positives
- Location: National HIV Reference Lab

**Lessons Learnt**

1. Repeat testing at NHRL to assess consistency
2. Call the POC site to rule out any clerical errors
3. Request PoC site for a recollection and retesting