

The CQUIN Learning Network

The Science & Practice of Scale Up

Viral Load Utilization: Why Don't We Use Viral Load Results?

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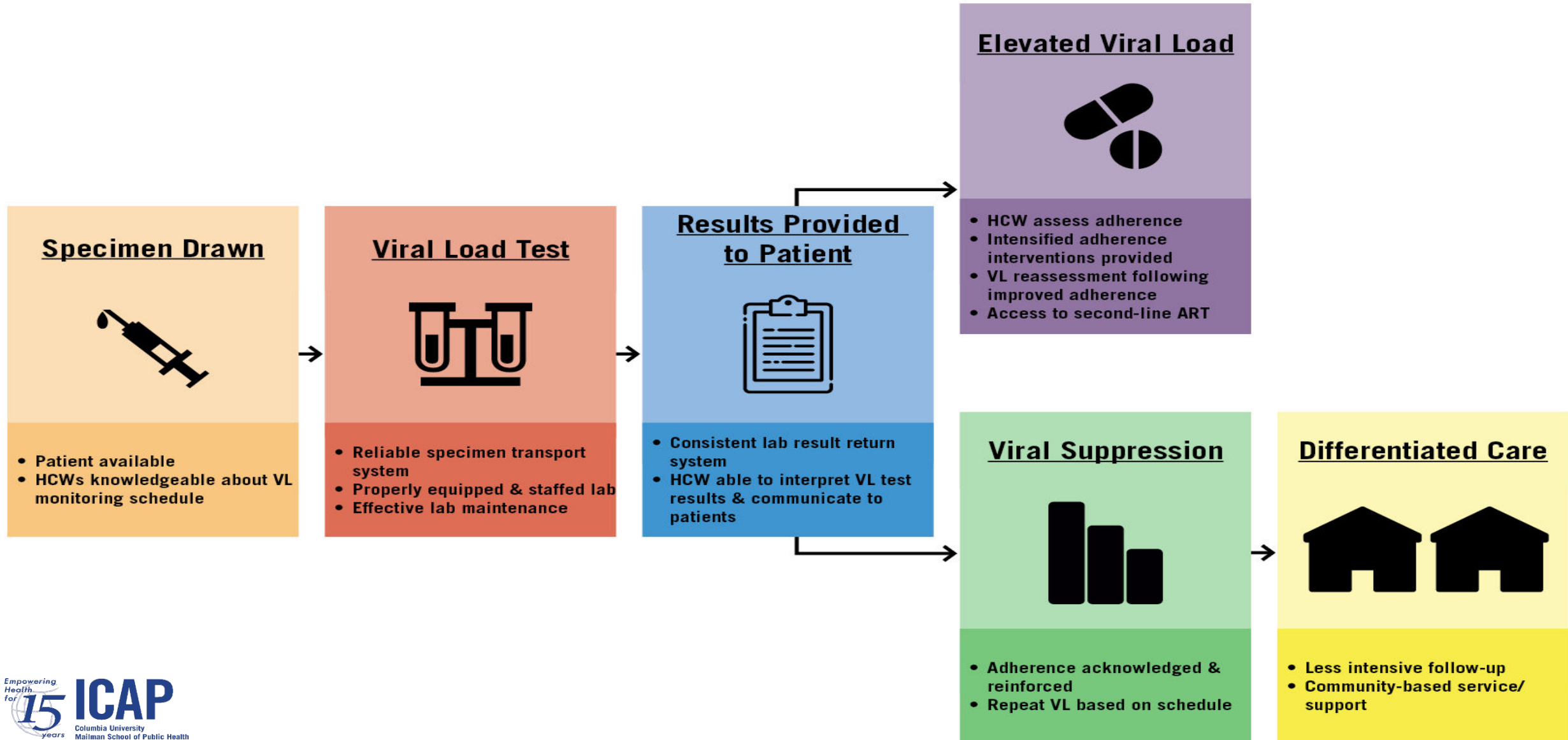
Outline

- Introduction and Context
- RVLT Result Utilization: Challenges
- What Works?

Introduction

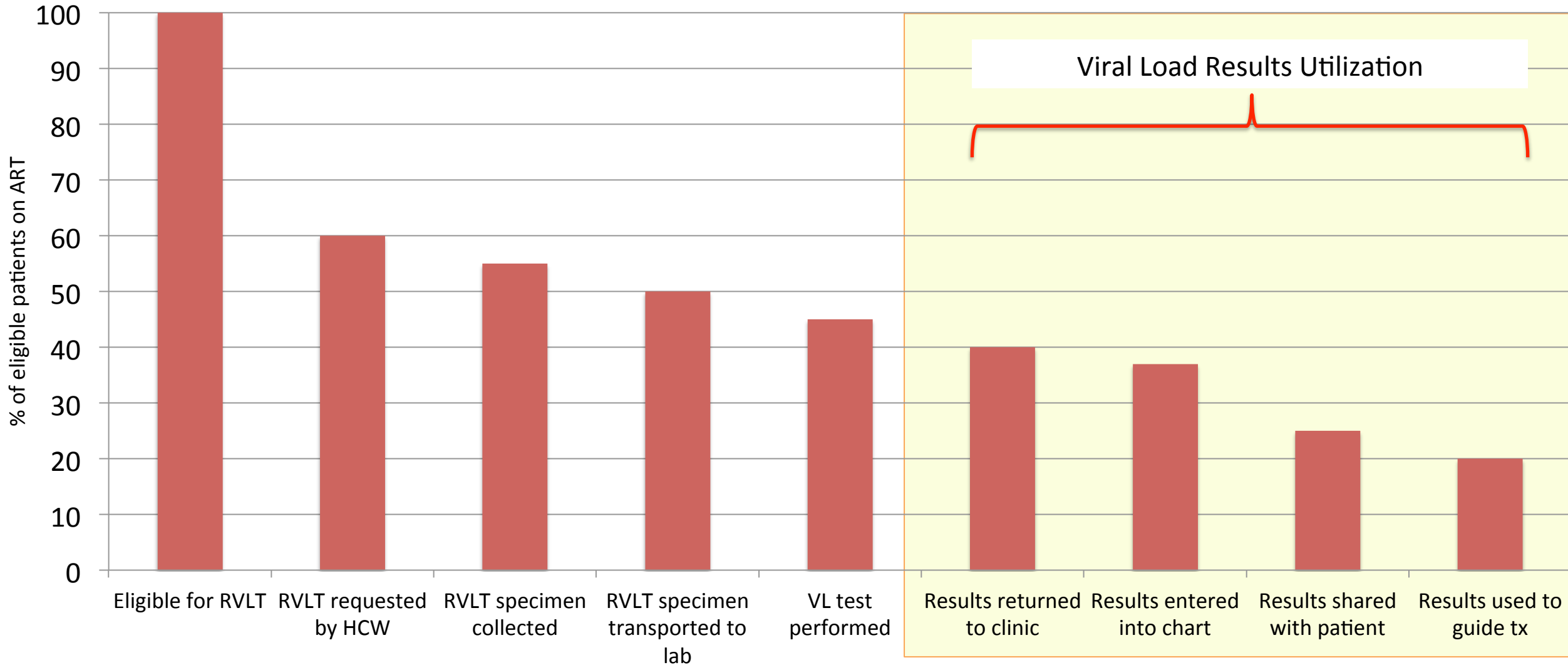
- Routine viral load testing (RVLT) is a critical component of successful HIV treatment
- If used correctly, RVLT has the potential to optimize the effectiveness of ART by:
 - Assisting clinicians to detect early ART failure
 - Facilitating adherence counseling
 - Averting HIV resistance (if paired with effective interventions)
 - Identifying patients who are eligible for differentiated service delivery (DSD)
- MOH and their partners have emphasized the scale up of RVLT *coverage*
- But without appropriate *utilization* of VL test results, coverage will not have the desired impact

What do we mean by “Viral Load Utilization”?



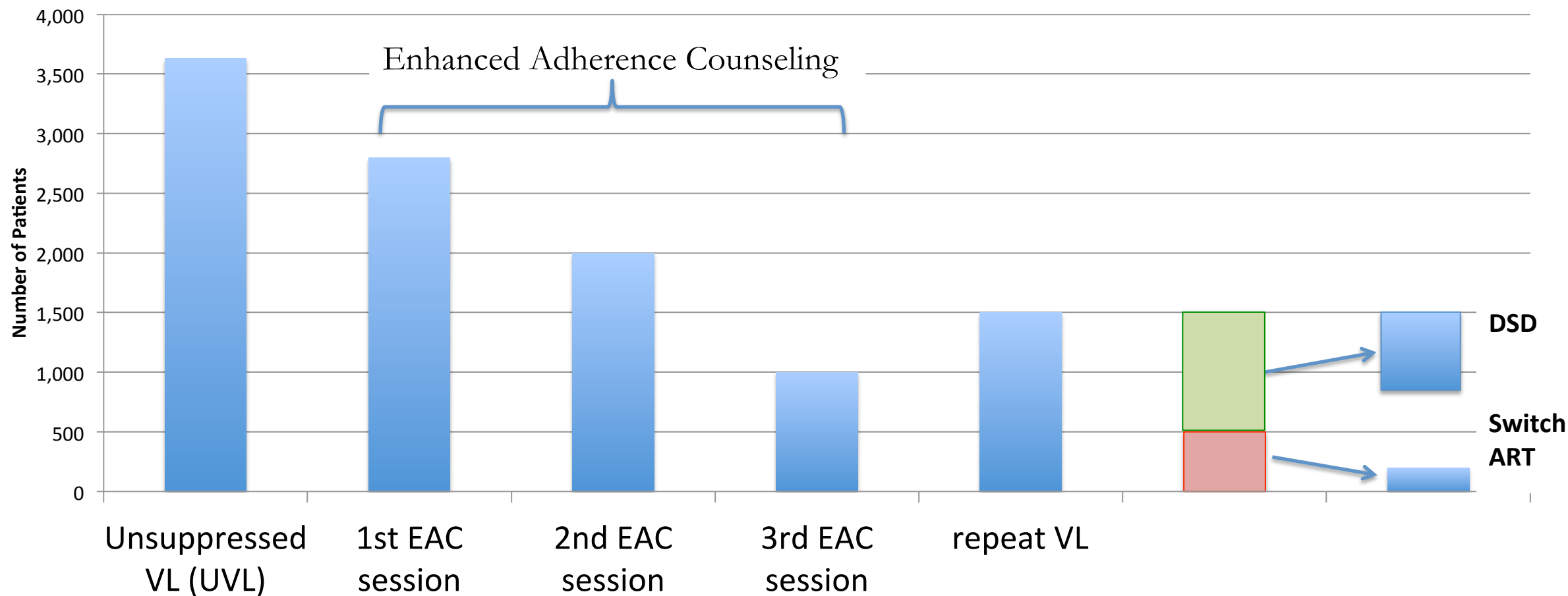
Utilization in the Viral Load Cascade

Illustrative data



The VL *Utilization* Cascade

(Illustrative data)



Viral Load Utilization is the Gateway to DSD

- In many countries, suppressed VL is an eligibility criteria for DSD
 - In order to be categorized as “stable” a client must have suppressed VL
 - If VL is not suppressed, clients may be eligible for DSD models designed for “unstable” clients (patients at high risk of HIV disease progression)
- Both RVLT coverage and effective utilization are needed to take DSD to scale

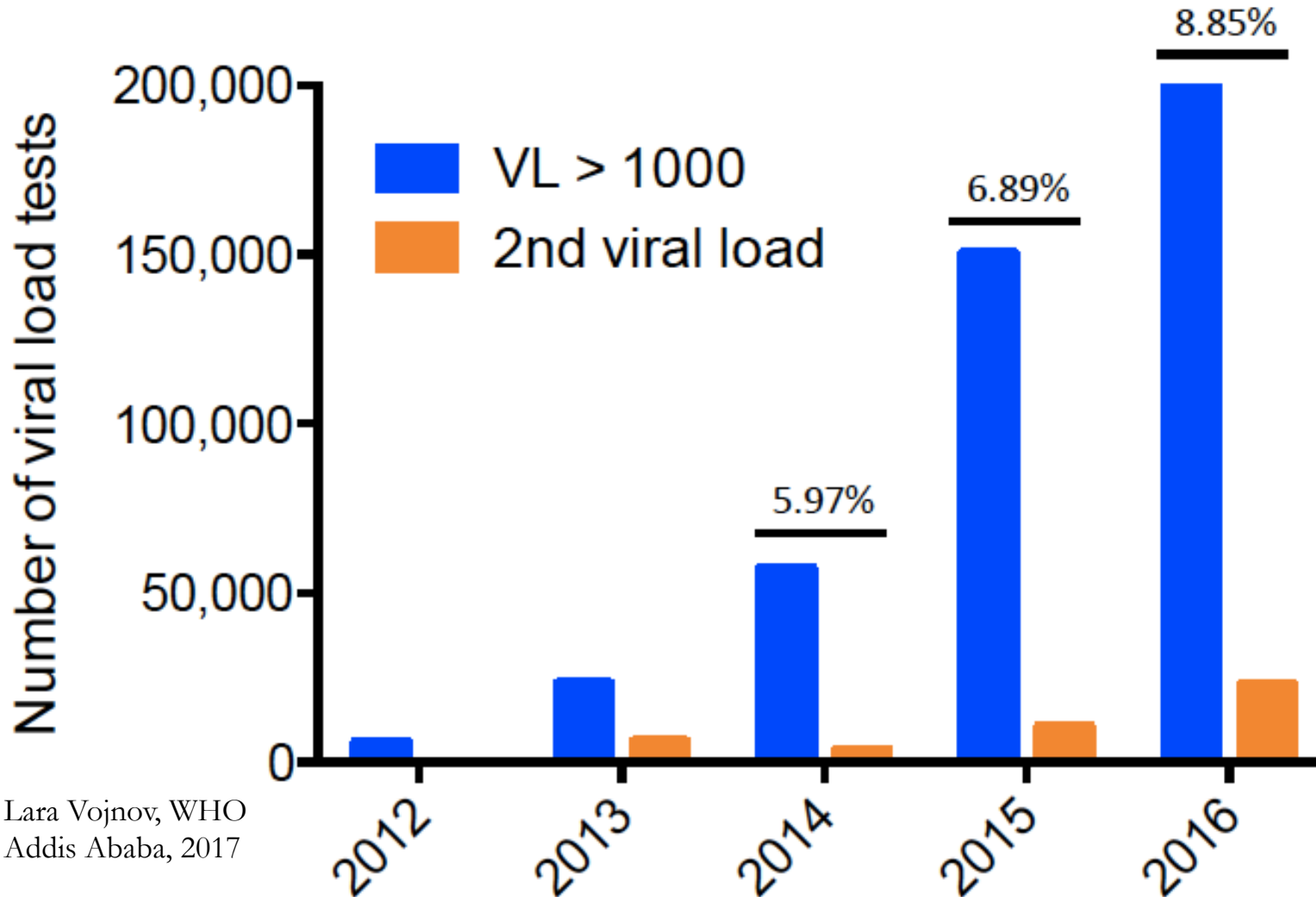
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Why Worry about VL Utilization?

- **Test utilization is often suboptimal**
 - Approximately 50% of CD4 and EID tests performed in SSA were never used [Peter *et al.* JIAS 2017]
- **Early warning signs for RVLT:**
 - In a national review from Kenya, only 4.1% of patients with unsuppressed VL (UVL) had a repeat VL test; only 1.6% of these occurred within 4 months [Mwau *et al.* PLoS One 2017]
 - In a retrospective cohort study in Mozambique, ONLY 35% of patients with UVL had a repeat VL test [Swannet *et al.* Int Health 2017]

Why Worry about VL Utilization?



Since everyone with an unsuppressed VL should be retested, these data indicate that results were used in < 10% of patients.

Why are we scaling up viral load coverage if we are not using the results?

Why is VL Utilization so Challenging?



- ✓ Test Results
- ✓ Clinician
- ✓ Patient



Action!

What is the Problem? – 1

- **Identifying unsuppressed viral load (UVL)**
 - Systematically connecting results to patients, getting data into a chart or register
 - Flagging as an emergency

What is the Problem? – 2

- **Acting on the results**
 - Identifying a responsible individual
 - Incentivizing urgent action
 - Contacting/recalling patients

What is the Problem? – 3

- **Supporting patient engagement**
 - Counseling
 - Transportation support
 - Demand creation

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What Works?

- VL focal persons / champions
- Immediate (daily) review of VL results
- UVL patient forms
- UVL registers
- Stickers on charts / color-coded files
- UVL management SOPs
- Standardized EAC strategies and tools
- Case managers
- Quality improvement

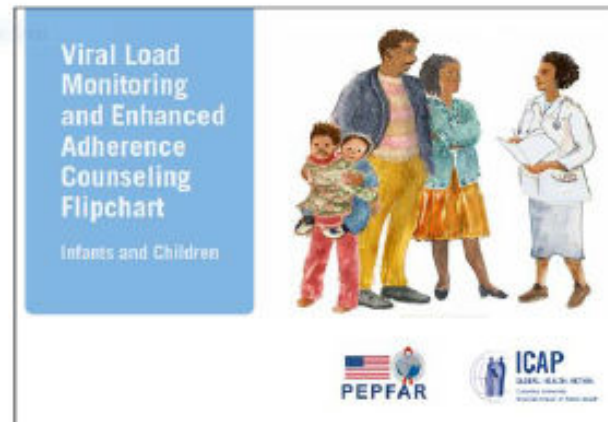
BUT ONE SIZE
DOES NOT FIT ALL

Enhanced Adherence Counseling Resources

Adult Flipchart



Child Flipchart



Adolescent Flipchart



Viral load toolkit (CDC & ICAP)

- Training curriculum
- Flip charts
- Job aides and tools for health workers

<http://icap.columbia.edu/resources/detail/viral-load-toolkit>

Thank You