The CQUIN Learning Network

The Science & Practice of Scale Up

Improving Viral Load Utilization in Malawi

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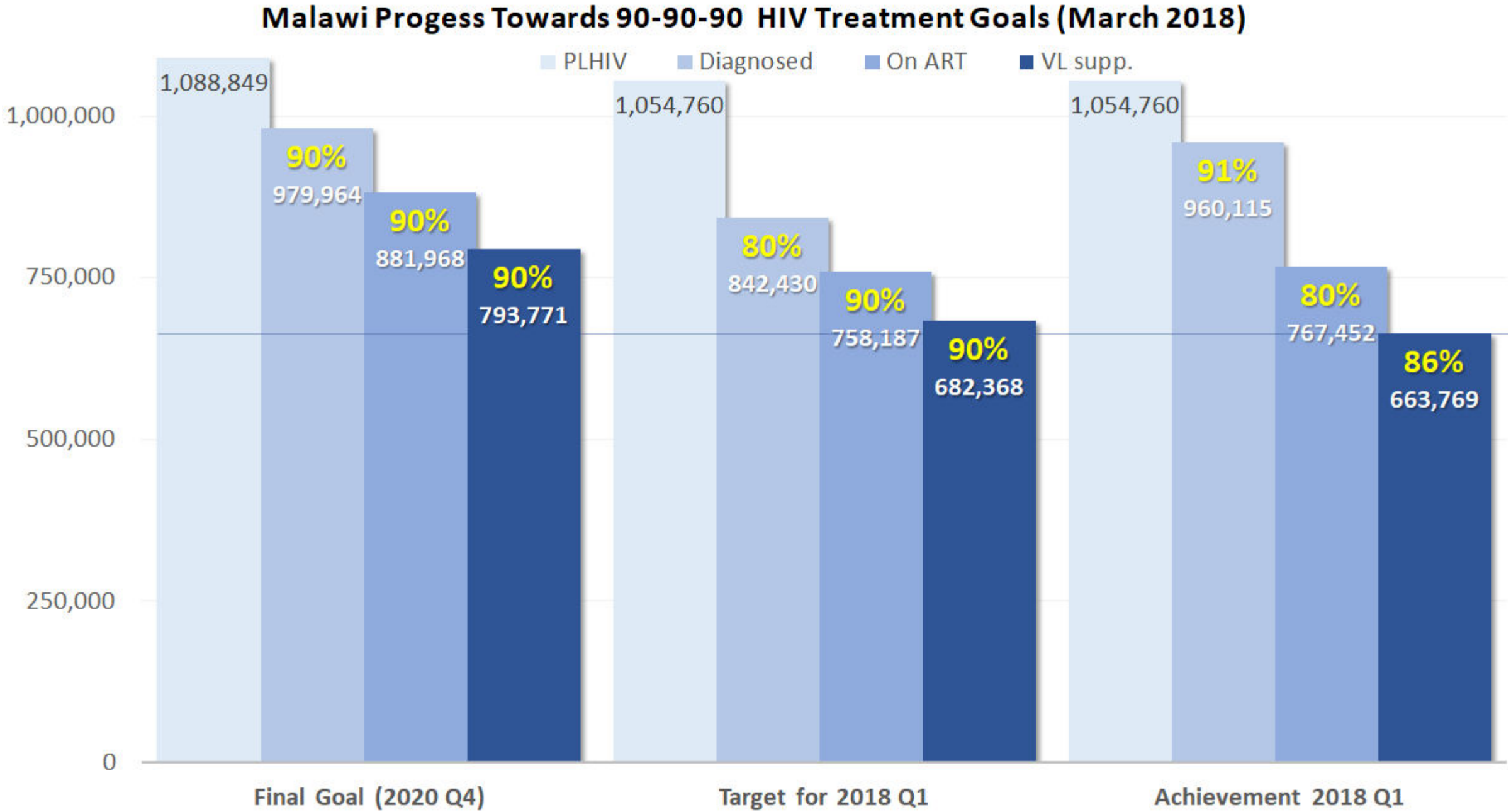
The Kingdom of Swaziland

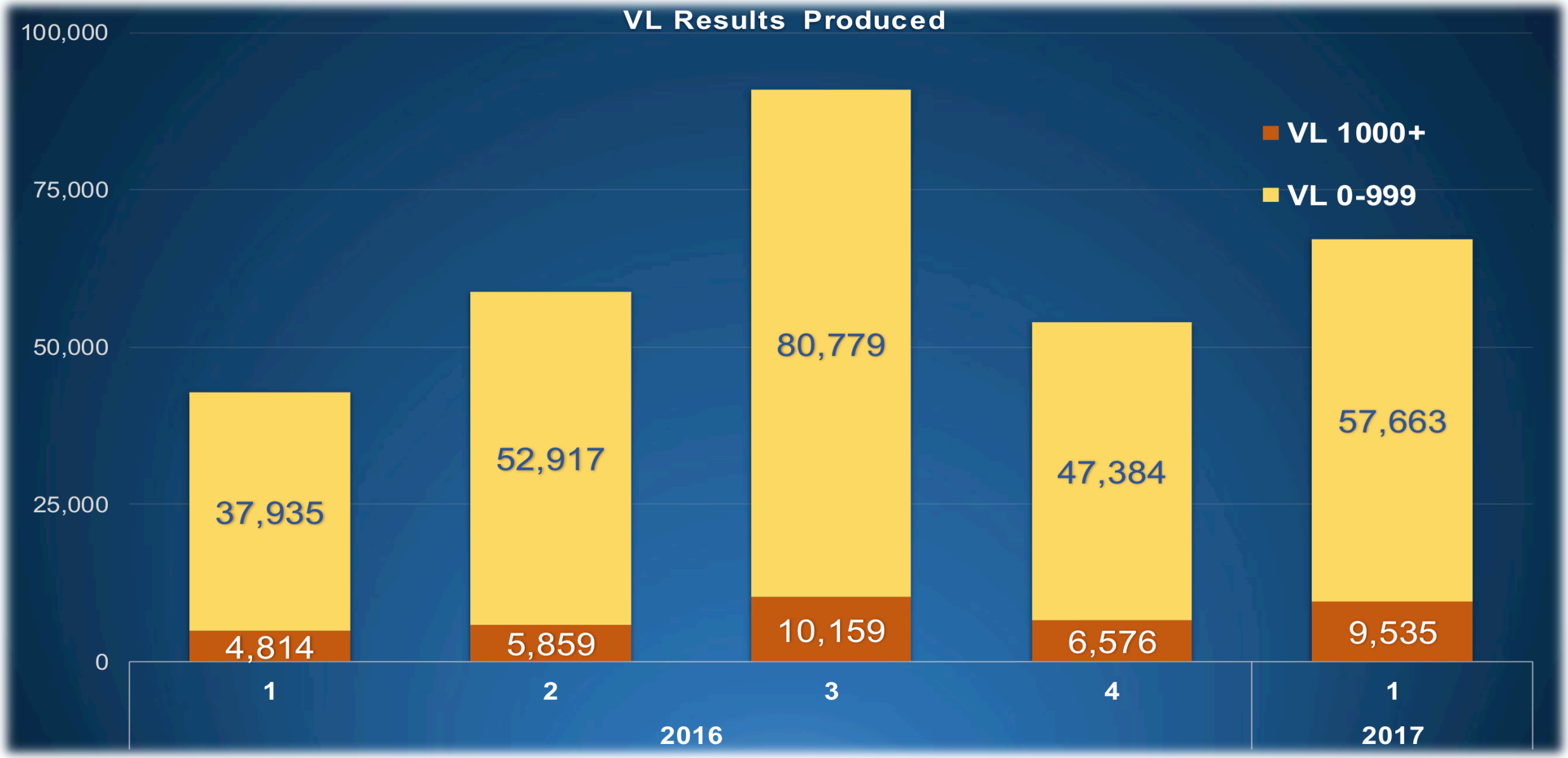
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

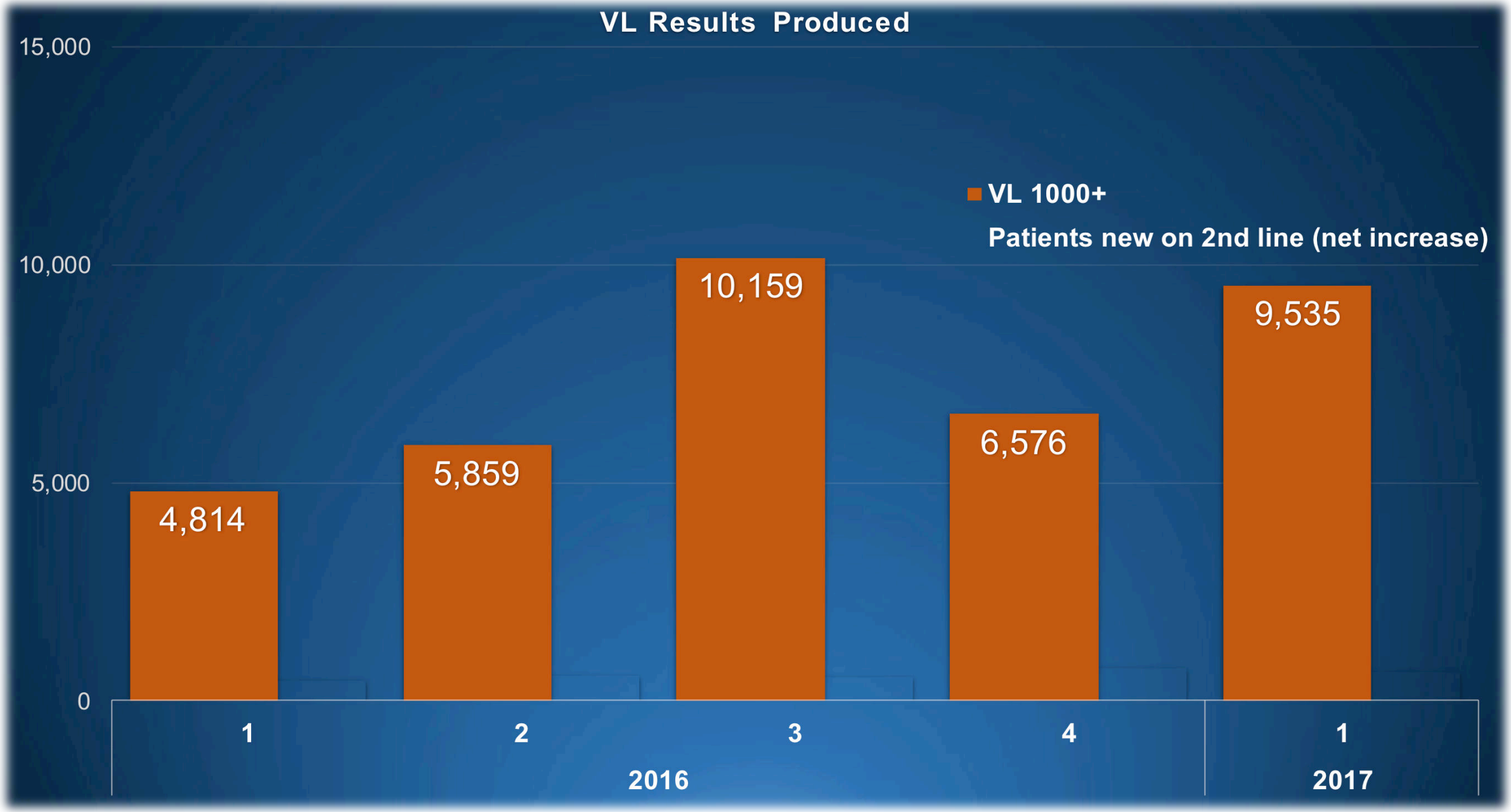
The Science & Practice of SCALE-UP

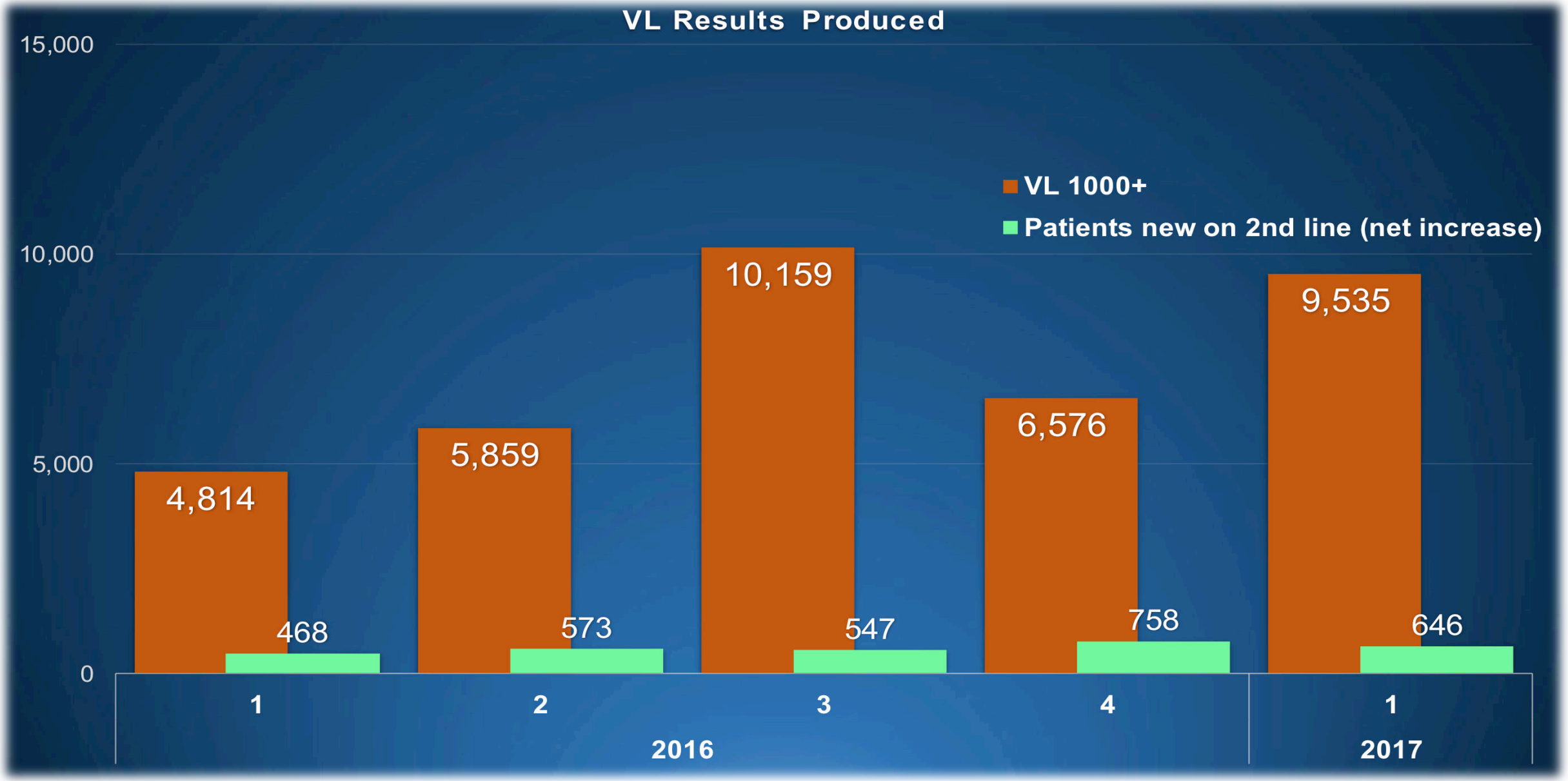
Empowering Health for 15 years ICAP
Columbia University Mailman School of Public Health


Malawi Progess Towards 90-90-90 HIV Treatment Goals (March 2018)
PLHIV
Diagnosed
On ART
VL supp.
1,000,000
750,000
500,000
250,000
0
1,088,849
90%
979,964
90%
881,968
90%
793,771
1,054,760
80%
842,430
90%
758,187
90%
682,368
1,054,760
91%
960,115
80%
767,452
86%
663,769
Final Goal (2020 Q4)
Target for 2018 Q1
Achievement 2018 Q1

Scope of the Problem




VL Results Produced
15,000
10,000
5,000
0
VL 1000+
Patients new on 2nd line (net increase)
4,814
5,859
10,159
6,576
9,535
1
2
3
4
1
2016
2017


VL Results Produced
15,000
10,000
5,000
0
VL 1000+
Patients new on 2nd line (net increase)
4,814
468
5,859
573
10,159
547
6,576
758
9,535
646
1
2
3
4
1
2016
2017

Country Response

- MoH–led broad engagement with district and facility health management teams (Government policy on decentralization)
- Situation discussed extensively at TWG meetings, including a focused problem analysis with lab and sample transport stakeholders
- Multiple IP supported QI initiatives to improve viral load demand and results utilization– a lot by PEPFAR- supported IPs

QI Collaborative to Improve Access and use of VL Test Results at Site Levels in Malawi

- Bill and Melinda Gates Foundation funded project (2017-2018)
- Four focus districts: Mchinji, Karonga, Dedza and **Balaka**
- Five objectives:
  - Improve access to quality laboratory services
  - Promote district level collaboration in Quality Management Systems (QMS)
  - Improve use of laboratory data, specifically VL results, for managing HIV patients
  - Provide technical support to improve patient-centered care
  - Improve laboratory infrastructure

BILL & MELINDA GATES *foundation*

CHS

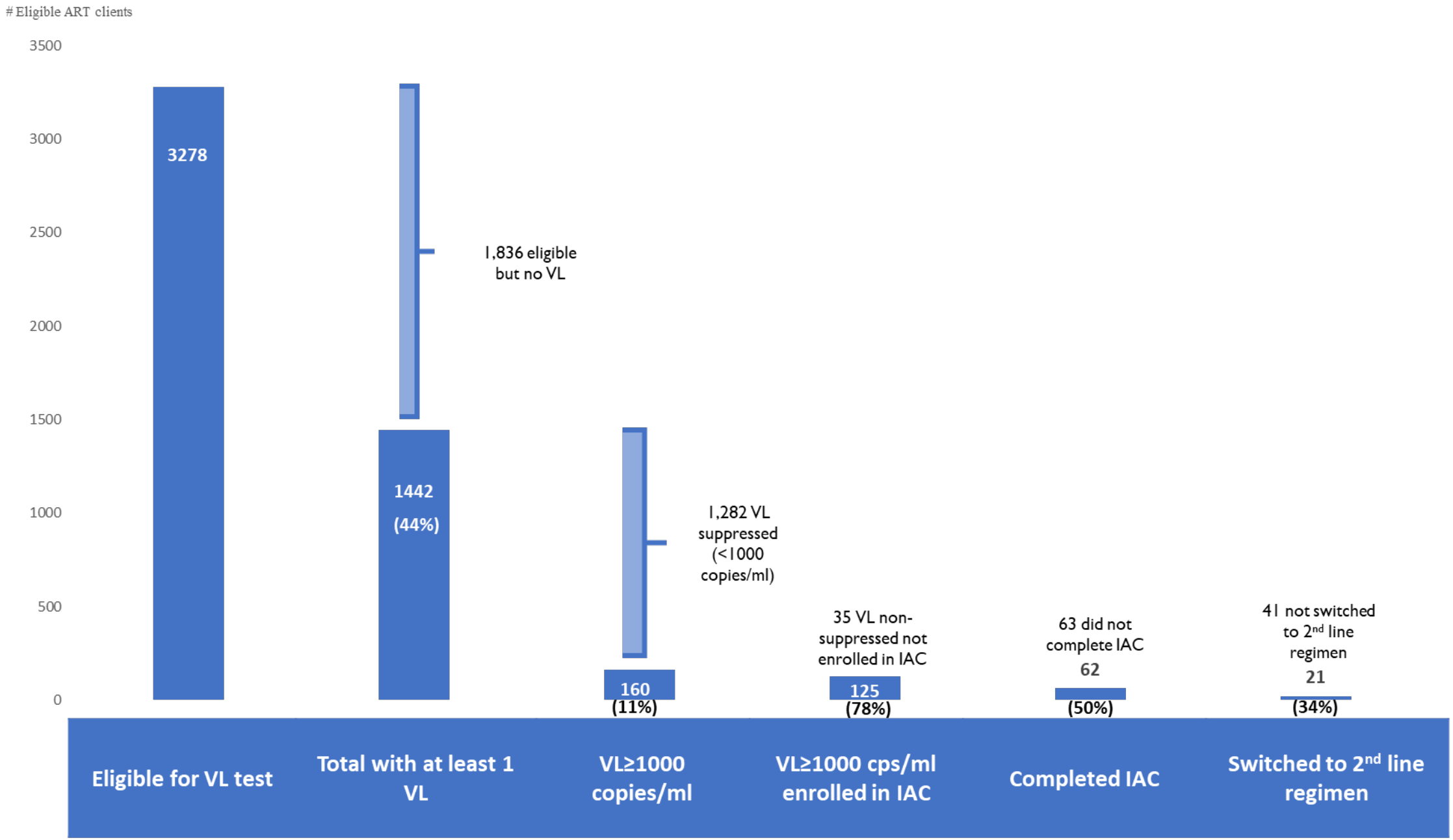
Methodology: Cohort Analysis along the VL Cascade

- VL cascade analysis completed between February and March 2018
- ART patient cohort identified as all newly enrolled ART patients between July 2016 and June 2017

- Identified indicators across full VL cascade and determined sources for data inputs: ART registers, ART master cards, High VL registers, IAC registers and VL paper results
- Data collected by facility, aggregated and entered into master database

- Data verification and analysis conducted by field team and URC HQ staff
- Team briefings held to review all collected data and discuss immediate findings

Viral Load Cascade – All project sites

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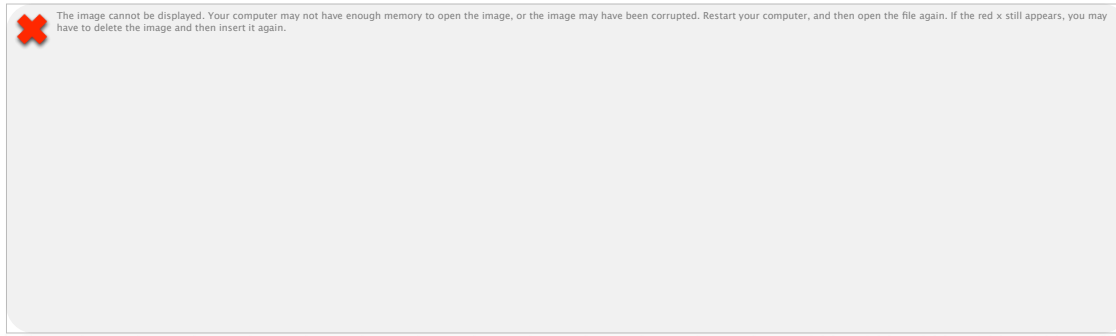
VL Cascade Analysis: Key QI Need

- Percentage of newly enrolled eligible clients with at least one VL result was only 44%.
- 78% of high VL clients (>1000 copies per ml) were enrolled in IAC, only 50% of enrollees completed IAC
- 66% of clients who completed IAC had a follow-up VL sample drawn; among those samples drawn 90% of clients received their VL result
- 47% of ART clients that received multi-month refills did not have a VL result documented in their client card

Change ideas employed

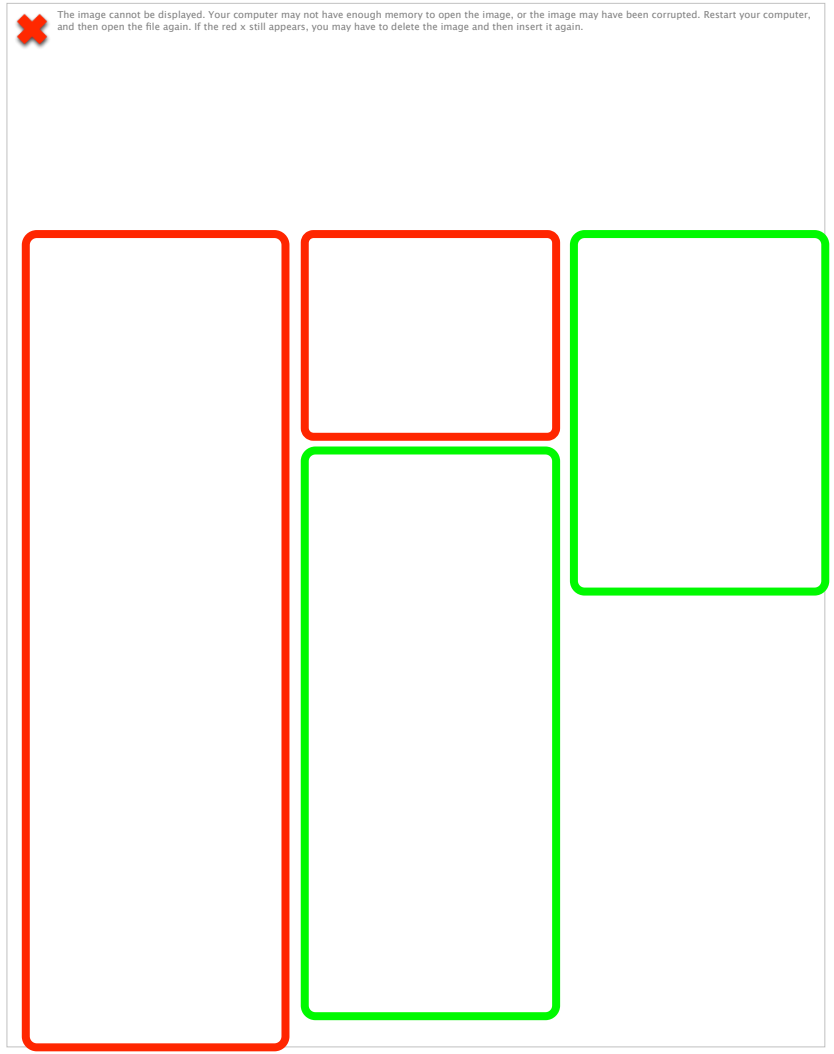
- Regular audits of patient cards and registers
- Intensified mentorship and supportive supervision with the ART Providers
- Assigning specific responsibilities to staff for patient notification and management
- Reinforcement of monthly ART supply for all clients unless identified as eligible for multi-month prescription
- Frequent QI meetings to review progress and make adjustments as required

Moving forward: making VL more cost-effective?



- Ensure targeted and follow-up VL are done
- Reduce high VL intensive adherence counselling visits to two
- <u>Use results</u> for patient management
  1. Update VL sample log + High VL register
  2. Update ART patient card
  3. Inform patients with high VL asap (sms)
  4. Intensive adherence support
  5. Switch to 2nd Line if failure confirmed

- Broaden the QI efforts to stop the leakages
- Sustain engagement with stakeholders- IPs and VL labs
- Strengthen demand thro CSOs
- Improve result utilization with HCWs
- District-level 10-man mentorship team in a hub and spoke design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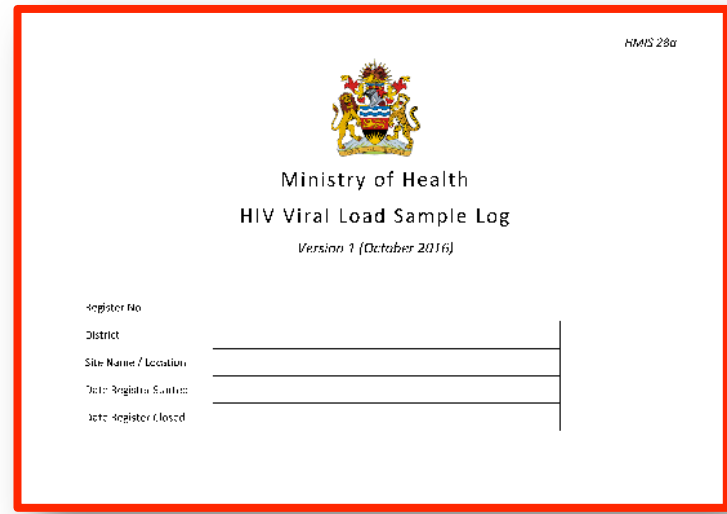
HMIS 28a
Ministry of Health
HIV Viral Load Sample Log
Version 1 (October 2016)
Register No
District
Site Name / Location
Date Register Started
Date Register Closed


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Thank you