OBJECTIVES

1. To review progress of national viral load monitoring, EID & TB

2. To share experiences and implementing challenges.

3. To forge a way forward and make action plans for improved scale up of services

4. To give guidance to IPs on the TB/HIV Q2 PEPFAR reporting
Monthly Data Review for Viral Load

Dr. Miriam Murungi
Viral Load Monitoring Trends (2014-2018)

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individual clients with a VL result</td>
<td>16,411</td>
<td>262,180</td>
<td>557,079</td>
<td>857,942</td>
<td></td>
</tr>
<tr>
<td>Number of ART sites referring samples for VL Testing</td>
<td>41</td>
<td>1,059</td>
<td>1,719</td>
<td>2,011</td>
<td>2,103</td>
</tr>
<tr>
<td>Proportion of Samples that are plasma</td>
<td>92%</td>
<td>33%</td>
<td>23%</td>
<td>34%</td>
<td>54%</td>
</tr>
</tbody>
</table>
- Improved VL coverage overtime.
- VL coverage low in PMTCT mothers
- Efforts needed to improve VL coverage beyond camp mode.
- ** Arua data now routinely integrated at CPHL
- ** Kyotera in red due to recent break off from Rakai (most VL results recorded under Rakai)
- ** Numerator is individual patients with a valid VL test and not samples received; denominator used is clients active on ART 6/12 prior to reporting period.
Issue with which denominators to use.
Generally, there is concordance between program data at CPHL and Population Estimates, except in Karamoja region.
In 2017, 100,948 out of 857,924 clients were non-suppressed (12%), with 5,785 (5.7%) on the 2nd line.

Lira RRH has the highest number of non-suppressed clients followed by COEs & RRHs.

Aggregate numbers of non-suppressed clients per HF, District available on the dashboard under the suppression tab.

Active follow up of non-suppressed clients very necessary:
- Flag with Non-Suppressed/Red Sticker
- Recall client back to the facility within 1 week and initiate IAC
- Provide quality IAC & Psychosocial support in a multidisciplinary approach
- IPs facilitate monthly district review & switch meetings
- Use CQI Approach
- Non-Suppressed cascades updated monthly and displayed in QI corners

This calls for innovative approaches by IPs to improve adherence counseling & Psychosocial support efforts in the supported sites.

Use QI approach to improve monitoring of non-suppressed clients. Improve facility-based CQI efforts.
HIVDR Testing for clients failing on 2nd line

- Held National & Regional Demand Creation with MOH, JCRC, IPs, RRH, District Teams in Feb 18
- Samples transported through hub system to CPHL then on to UVRI & JCRC testing labs
- Results sent to 3rd Line Committee under ACP for discussion and selection of optimum regimen.
- IP supports the HF to switch clients to 3rd line from warehouses or JCRC.

HIVDR Cascade Oct 2016 - Mar 2017

<table>
<thead>
<tr>
<th></th>
<th>UVRI</th>
<th>JCRC</th>
</tr>
</thead>
<tbody>
<tr>
<td># samples referred</td>
<td>206</td>
<td>954</td>
</tr>
<tr>
<td># samples tested</td>
<td>149</td>
<td>658</td>
</tr>
<tr>
<td># Results returned</td>
<td>55</td>
<td>395</td>
</tr>
<tr>
<td># reviewed by 3rd line committee</td>
<td>16</td>
<td>178</td>
</tr>
<tr>
<td># with PI DRMs</td>
<td>13</td>
<td>141</td>
</tr>
</tbody>
</table>

HIVDR Dashboard by JCRC (work in progress)
Other Key Activities

CQI Learning collaboratives
- LARC project completed in 3 HF in Masaka
- Focused on improving VL coverage and time of initiating IAC
- Registered positive outcomes in all the
- Change package to be disseminated

➢ VL Learning collaborative
- in 39 HF in 9 districts.
- Focus on coverage & VL Results utilization
- Coaches trained and had 1st Learning session

Laboratory Community of Practice
- Initiative by African countries to improve access to high quality VL Monitoring and results utilization.
- Learning network of practicing country teams.
- Work together to share information, experiences, and best practices amongst themselves.
- Hold structured and interactive discussion moderated by subject matter experts.
- Utilise online platforms; Zoom, slack
Working closely with UAC & UNAIDS to functionalize the HIV Situation Room

- Powerful visual tool for advocacy and decision making by high level policy makers & tech. teams
- Data is pulled from DHIS2, CPHL, Hybrid, Estimates and put together in one database
- The HIV Situation room was launched on 9th March 2018 by HE the president and UNAIDS ED
- Viral Load Indicators not yet fully integrated for further analytical analysis
- The situation room will be hosted at CPHL alongside DHIS2.
- To be rolled out to MOH and districts soon.
Next steps

- Revise VL Implementation manual
- Mentorship and coaching of health facility teams to take up revised changes
- HIV drug Resistance testing for clients failing on second line ART (PI-Based regimens).
- Engage in the LabCOP to learn from other teams.
- Get more facilities onto Electronic Results Delivery
- Monthly data review meetings
- Active tracking of Non-Suppressed Clients
- Scale up of CQI learning collaborative packages with a focus on non-suppressed clients
- Roll out non-Suppressed Register & addendum
- Get VL Indicators integrated in 106a quarterly report
- Ensure commodities security to avoid stock outs
- Maintain Plasma : DBS ratio at 1:1
Thank you
Slides can be downloaded from the CPHL Website

http://cphl.go.ug/