

HIV Viral Load Supply Chain Management and Workforce Development during Scale-up

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- 1** **Viral Load Program Overview**
- 2** Viral Load testing targets and current status
- 3** Approaches in improving supply chain management and workplace development

Viral Load Program Overview - Malawi

Policy, guidelines, scale up plan and progress to date

1

- **2012:** Viral Load adopted as the sole standard for monitoring patients on ART
- **2013:** Dried Blood Spot(DBS) adopted as the standard for viral load specimen collection to make VL accessible to 700+ ART sites across the country
- **January 2016:** ‘HIV Viral Load Scale Up Strategic and Implementation Plan, 2015 to 2018’ officially launched
- **From 2016:** CD4 testing expected to scale down, as universal test and treat policy

Eligibility criteria for VL testing

2

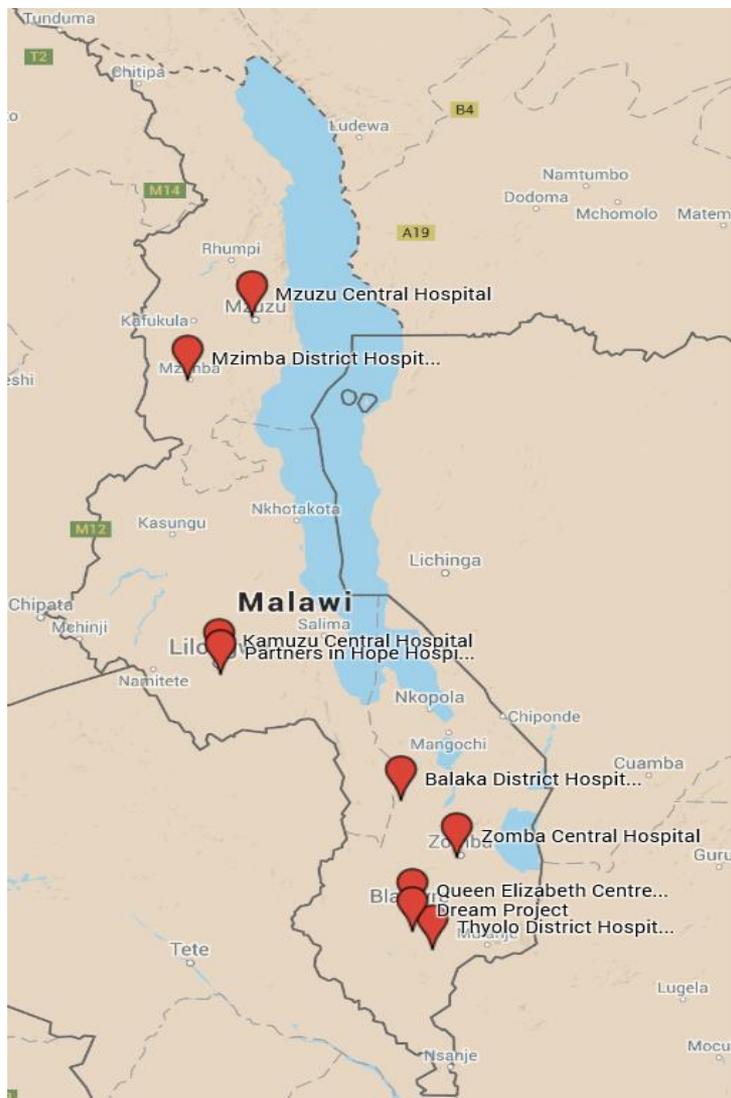
- ART patients **initiated 6 or more months ago** and not previously had a VL test;
- ART patients **2 years on from ART initiation** and **every 2 years** there after;
- **Targeted** VL testing in ART patients clinically unwell and suspected of treatment failure;
- ART patients who have had a **prior raised VL test result** (>1,000 copies/mL) minimum 3 months ago, after intensive adherence counselling

Funding

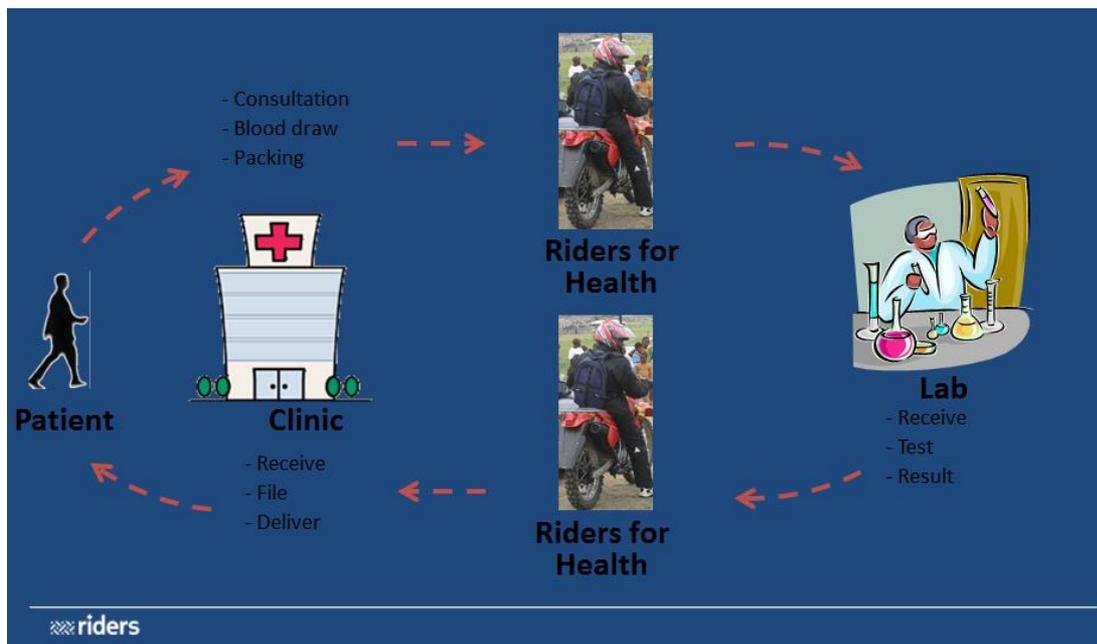
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- Majority of commodity funding is from the Global Fund with gap filling by partners
- Implementation support is available in 18 of 29 districts through PEPFAR partners
- Sample transportation is also covered through PEPFAR funding and implemented by Riders For Health (R4H)

Viral Load and EID testing is available in 9 molecular labs spread across Malawi



- 6 public labs and 3 partner labs provide VL testing at no cost to patients
- 12 Abbott m2000 platforms are in use , 1 awaiting installation
- Samples are transported from ART sites to labs using R4H in 22 of 29 districts, this is to be scaled up to all districts by end of 2016

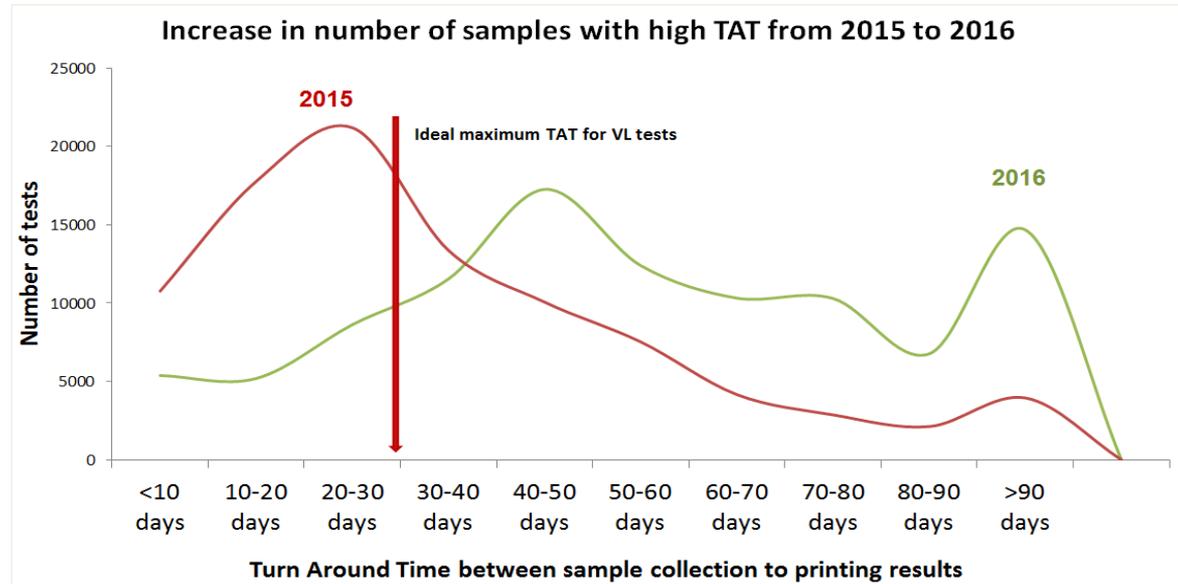
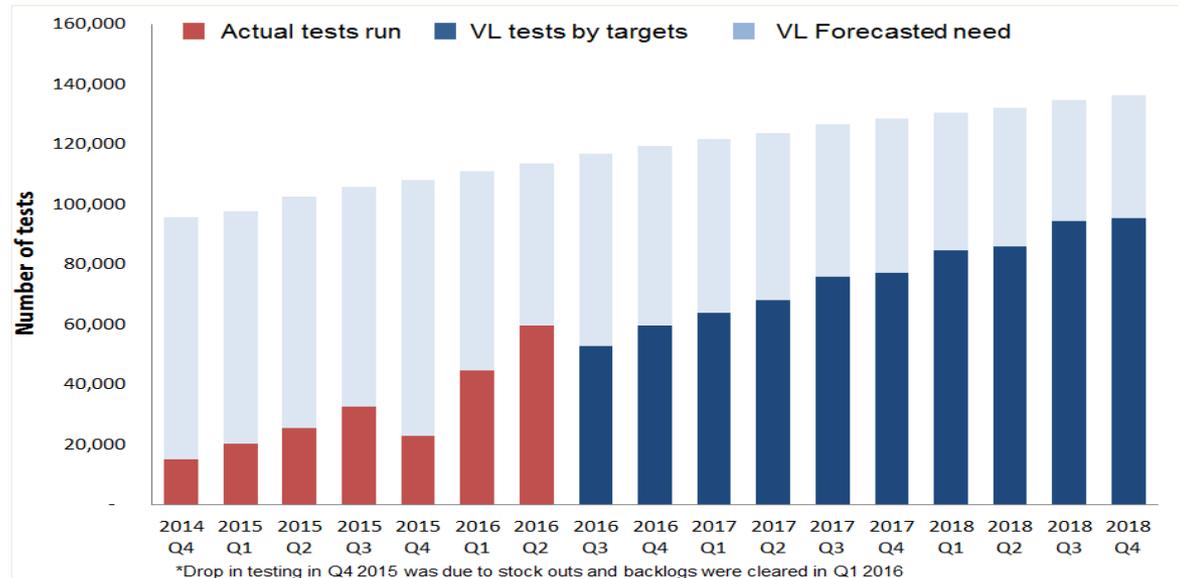


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VL Testing Targets and Current Status

- 101,468 valid test results produced in all of 2015 compared to 104,234 tests in first half of 2016, more than doubling the testing volumes
- The country is on track to meet the targets set in the viral load scale up plan launched in January 2016
- However with this steep increase in volumes there has also been a corresponding increase in turn around times



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Tackling supply chain challenges at the national level

- Approximately 20 different commodities in the right proportion need to be in place at all 9 laboratories to successfully run VL and EID tests
- Malawi uses a push system and distribution of stocks occurs on a quarterly basis

Challenges

1 Poor stock status visibility at national level

2 Weak inventory management at labs

3 Rapidly changing testing volumes

4 Delayed identification of problems

Solutions

Labs now submit an excel stock status sheet monthly which automatically calculates need for the next quarter. Monthly aggregation of this data improves visibility and leads to accurate in country distribution of supplies

Regular stock taking at laboratories along with mentorship has improved stock keeping behaviors and the tool allows labs to easily identify potential gaps in reagents

Formation of Whatsapp group between lab managers and technicians and presence of regional laboratory mentors has improved response time for inter lab movement of reagents and samples to clear backlogs

Regular data driven monitoring of national forecasts is leading to timely escalation of issues. Suppliers and procurement agents response times have also improved which leads to fewer stock outs

Strained Laboratory Capacity and strategies Malawi is using to counter this

Testing volumes are typically higher in the southern and central region as compared to the North; lab staff however are not always proportionally distributed. As some of the high volume districts start scaling up and doing catch up testing the associated laboratories may temporarily experience very high sample volumes causing backlogs

Challenges

1

Unequal distribution of workload at labs lead to backlogs

District VL need was mapped to laboratory capacity and districts were either reallocated between labs or additional equipment was added to increase capacity

Some laboratories are being refurbished to increase storage space

Monthly review meetings are being held with key lab staff, partners and ministry to monitor progress, improve communication and find solutions for ongoing concerns

2

HR capacity to handle increasing sample volumes is limited

Malawi aims to de-specialize molecular testing by training majority of its lab technicians to ensure there is no gap in services due to staff shortages

Additional data entry clerks are set to be hired

Staff were trained and mentored in managing data entry and sample flow in laboratory to ensure first in first out and minimize turn around times

Solutions

Current implementing partners

- Ministry of Health (MoH)
- University Research Company (URC)
- Partners in Hope (PIH)
- Dignitas International (DI)
- Lighthouse trust
- Baylor International
- Baobab Solutions
- JHPIEGO
- Centres for Disease Control (CDC)
- Clinton Health Access Initiative (CHAI)
- United States Agency for International Development (USAID)

Zikomo!

Thank You for Your Attention