

# Reaching the Third 90: Key Findings from Facility Assessment on Readiness to Scale-up routine viral load testing in Swaziland

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## Assessment Aim and Objectives

In early 2016, the MOH, SNAP and partners launched a collaborative facility readiness assessment aimed at:

1. Establishing baseline facility readiness to roll out viral load (VL) implementation
2. Assessing site-level VL testing characteristics, including:
  - ✓ Staffing patterns
  - ✓ Type of viral load services offered
  - ✓ Readiness to roll-out VL testing
  - ✓ Data flow and documentation of viral load practices
3. Giving feedback to mentors to prepare sites for the routine viral load implementation

The site assessment took place at 24 health facilities characterized as high volume VL roll-out sites, and was designed to provide rapid and strategic data.

Partners included SNAP, SHLS, SID, CDC/PEPFAR, and implementing partners (ICAP, URC, AIDSFree, and MSF)

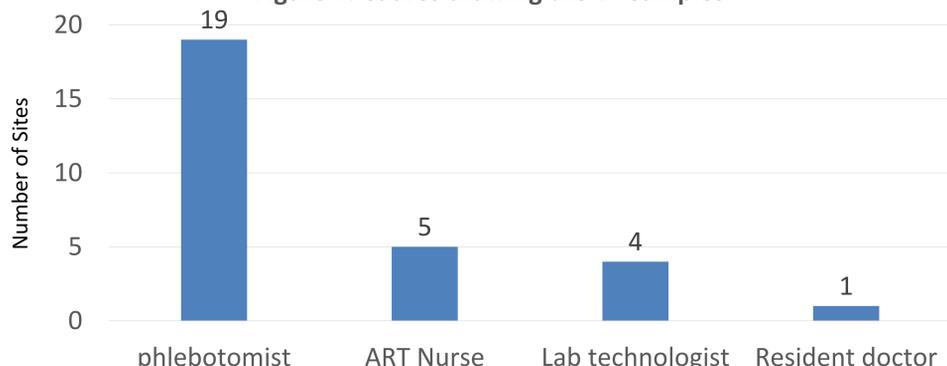
## Methods

- The site assessment was a descriptive cross-sectional survey of 24 purposively selected health facilities.
- The survey tool was developed collaboratively at a development workshop on 3 February 2016, and included an observational checklist and interview guide.
- Data collectors from ICAP, URC, AIDSFree, and MSF were trained on 19 February, and data collection by regional implementing partners was conducted between 29 February and 7 March, 2016.
- Interviewees/respondents included ART nurses and laboratory personnel.

## Results

- Of the 24 health facilities, 17 (71%) reported providing only targeted VL testing. Four sites (16%) reported routine VL testing, and three sites (13%) reported both targeted and routine VL services.
- The most common reasons given for offering VL testing were suspected treatment failure (45%) and pregnancy (23%).
- Only 25% of the sites had a designated focal person for VL within the ART clinic, most commonly a nurse (50%) or nursing assistant (33%)
- Nurses identified patients for VL testing at 83% of facilities, resident doctors identified patients for VL testing at 38% of facilities, visiting doctors identified patients at 4% of facilities, and nursing assistants identified patients at 25%
- Phlebotomists most often drew blood for the VL samples, followed by ART nurses (Figure 1):

Figure 1: Cadres drawing the VL samples



- When asked which cadres received the VL results, sites reported:
  - ART nurse (42% of sites)
  - Phlebotomist (33%)
  - Resident doctor (13%)
- When asked where VL results are archived, sites reported:
  - Chronic care file (54% of sites)
  - VL register (13%)
  - ART register (4%)
  - As well as: electronic record, labelled envelopes, exercise book

## Results, continued

- While 17 (71%) of facilities had health education services for VL, most often morning talks, only one had a community education program on VL testing
- 21 facilities reported stepped up adherence counseling for patients with VL > 1000, and 5 (21%) had job aides used for stepped-up adherence counseling
- Stepped up counseling typically took 15-30 minutes and patients were generally provided three sessions at 1-2 month intervals
- Lab processes were variable, but the majority of sites had systems in place to notify them of non-returned results and rejected samples (Figure 2)
- Only 12 sites had systems in place to routinely review VL results and flag those > 1000 (Figure 3)

Figure 2: Lab Feedback Systems

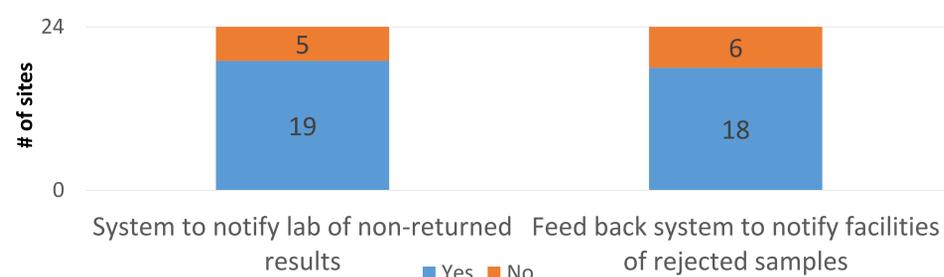
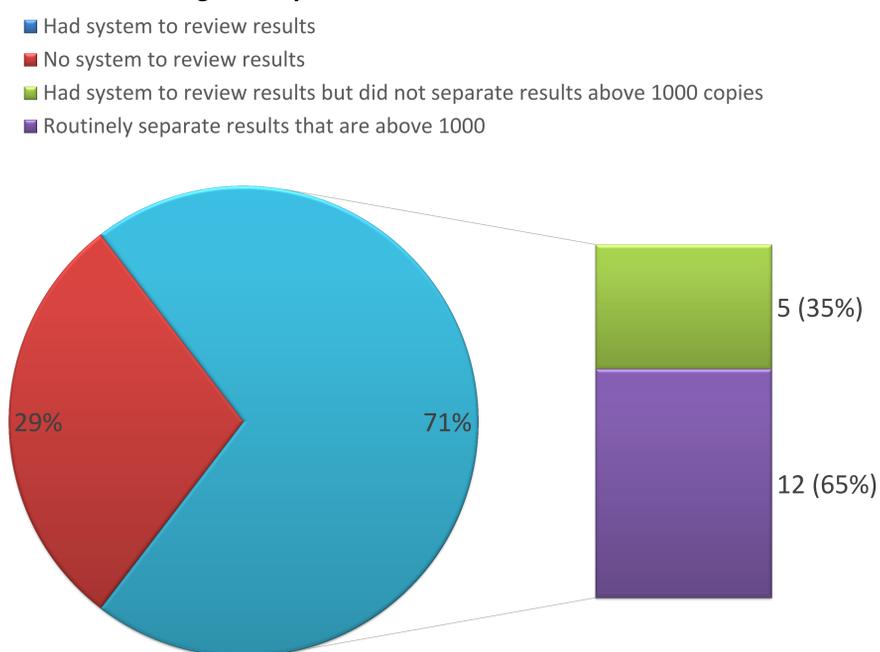


Figure 3: Systems to Review VL Results



## Conclusions and Way Forward

- All participating facilities are at various stages of VL testing provision.
- As expected from general ART service delivery model in Swaziland, there is a variable degree of task shifting to other cadres.
- The capacity of the health care providers should be enhanced at a national/regional level.
- Facility specific action plans will have to be developed-by regional mentors-working with SNAP to access the facility findings.
- Develop and finalize national routine viral load implementation plan, tools and SOPs, and adopt these at facility level.

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