



Reaching the Third 90:

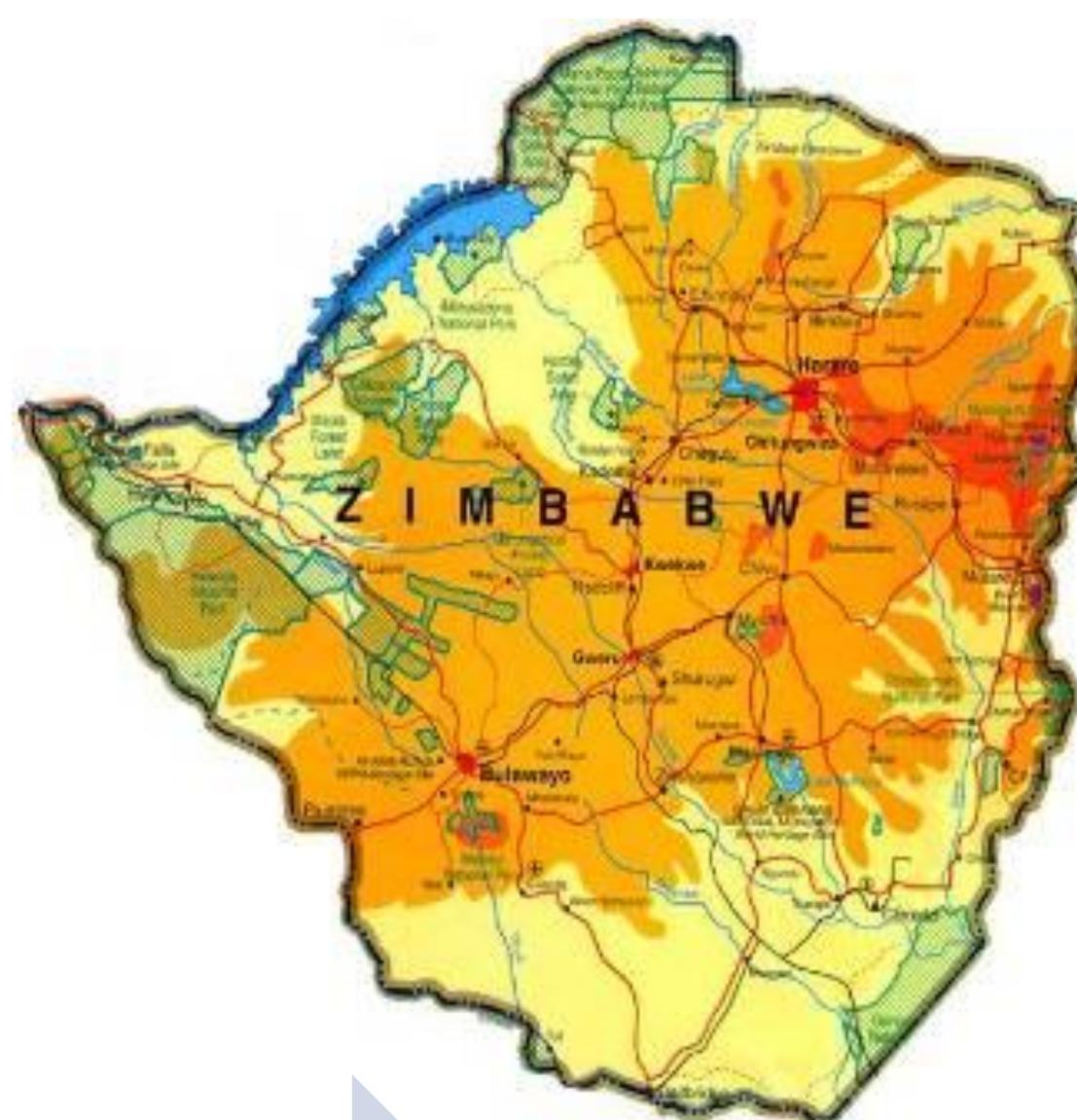
Implementing Routine Viral Load Monitoring in Zimbabwe

Authors: R.C Choto*; T. Nyagura**; S. Balachandra***; E Munemo*; N. S Vere***; L Vere****
 (* Ministry of Health and Child Care, Zimbabwe; **USAID Zimbabwe; *** CDC Zimbabwe; **** APHL)

Country Context

- Since diagnosis of the 1st case of HIV in 1985, the country has made significant milestones in the fight against HIV
- ART coverage increased from 11,000 in 2004 to 879,271 [including 61,061 children] in 2015
- HIV prevalence declined from peak of 29% in 1997 to 16.7% by 2014 (2014 HIV estimates)
- **Following adaptation of Viral load (VL) testing as preferred ART treatment monitoring approach in 2013:**
- ✓ MOHCC embarked on phased scale up of VL testing
- ✓ Viral Load Scale-Up Plan 2015-2018 was developed, defining national testing targets and timeframes, improving stakeholder collaboration, and facilitating pooling of resources

Total population: 13M
 Estimated 1,6 million PLHIV



Phase I (2015):
 258,503 tests
 [21%]

Phase II (2016):
 699,136 tests
 [50%]

Phase III (2017):
 1,053,571 tests
 [>90%]

Laboratory Systems for VL Monitoring

- Achievement of plan goals and targets hinged on significant improvement of laboratory infrastructure & sample transportation
- Existing laboratory testing platform capacity

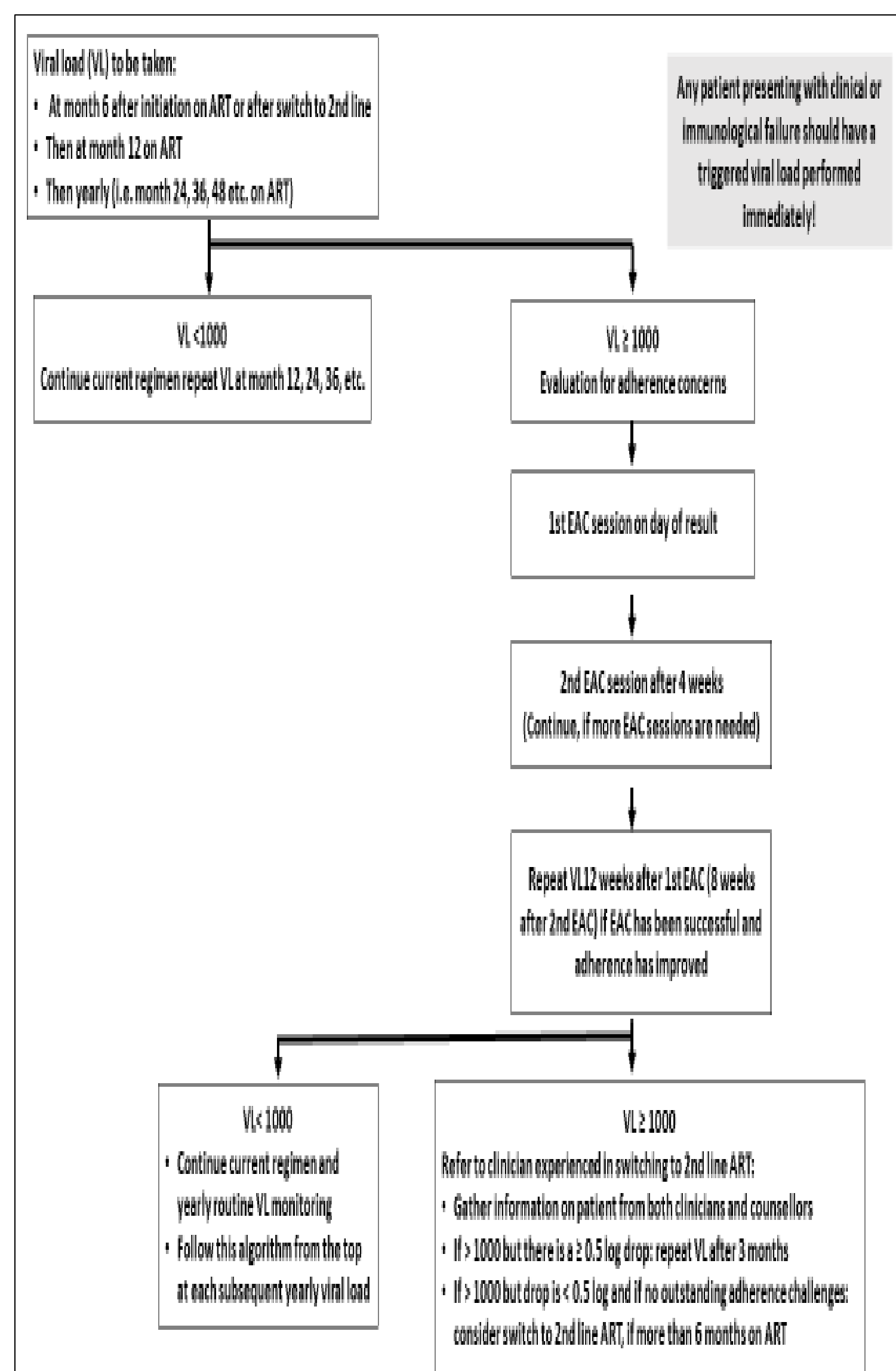
Lab	Testing Platform & Type	# of Platforms	# of tests
NMRL - BRIDH	BM NucliSENS - DBS	2	108,000
Mutare – Mpilo – Vic Falls	Roche Taqman - WB	3	99,792
	Total		207,792

- The existing EID sample transportation model will be leveraged on to develop an integrated sample transportation
- Mismatch in targets will translate to **purchase/lease additional equipment; renovation of labs; staff training/hiring, set up of lab sample transportation system; equipment servicing & maintenance support services and QA**

Clinical/Program Systems for VL Monitoring

- A **Viral Load Technical Working Group (VL TWG)** was established
- **TWG meets on a monthly basis** and outputs feed into quarterly Laboratory Services Partnership Forum Meetings
- **VL coordinator position established** to coordinate all VL testing activities
- A **national algorithm for VL testing was developed**
- **Capacity building of HCWs & community based workers on VL commenced** i.e. Expert Patients; Enhanced Adherence Counsellors, Village Health Workers, Community Caregivers & Primary Counsellors

National VL Testing Algorithm



Engagement of Patients and Communities

- **Improving literacy of PLHIV is essential to supporting the demand for VL**
- **Counselling campaigns both within the clinic (pre-VL sessions) and in the community** will be done, aided by use of visual tools that explain how the concept of viral load testing will aid in adherence management
- **Empowerment of PLHIV to request a VL test be performed at the appropriate time and to understand the result and consequences will be done through use of the following:**
- ✓ VL treatment literacy material for inclusion in the treatment literacy package
- ✓ Utilization of same package for expert Patient Trainers, VHWs and secondary caregivers to train PLHIV

M&E Systems for VL Monitoring

Important VL M&E tools developed include:

Viral Load Laboratory Requisition Form

- Filled out for each DBS/ WB sample collected and sent to lab (health facility details, patient data, reason for test, specimen information, details of sample collector, and laboratory tests requested)

Viral Load Sample Delivery Checklist

- Summarizes key information from all the laboratory requisition forms into one streamlined form to accompany the DBS/WB samples transported to laboratory.
- Checklist captures facility information, Patient ID Numbers, and whether the samples were received and accepted or rejected at the lab

Viral Load Laboratory Results Report

- Sent from laboratory to health facility for each sample tested.
- To capture facility/patient/specimen information for each sample collected & information on whether sample is rejected and results of test.

Key VL M&E indicators (compiled on a quarterly basis)

- Number and type of VL sample.
- Turnaround time between sample collection and result return to facility
- Detectable VL level
- Number of patients initiated on to second line treatment

Next Steps/Way Forward

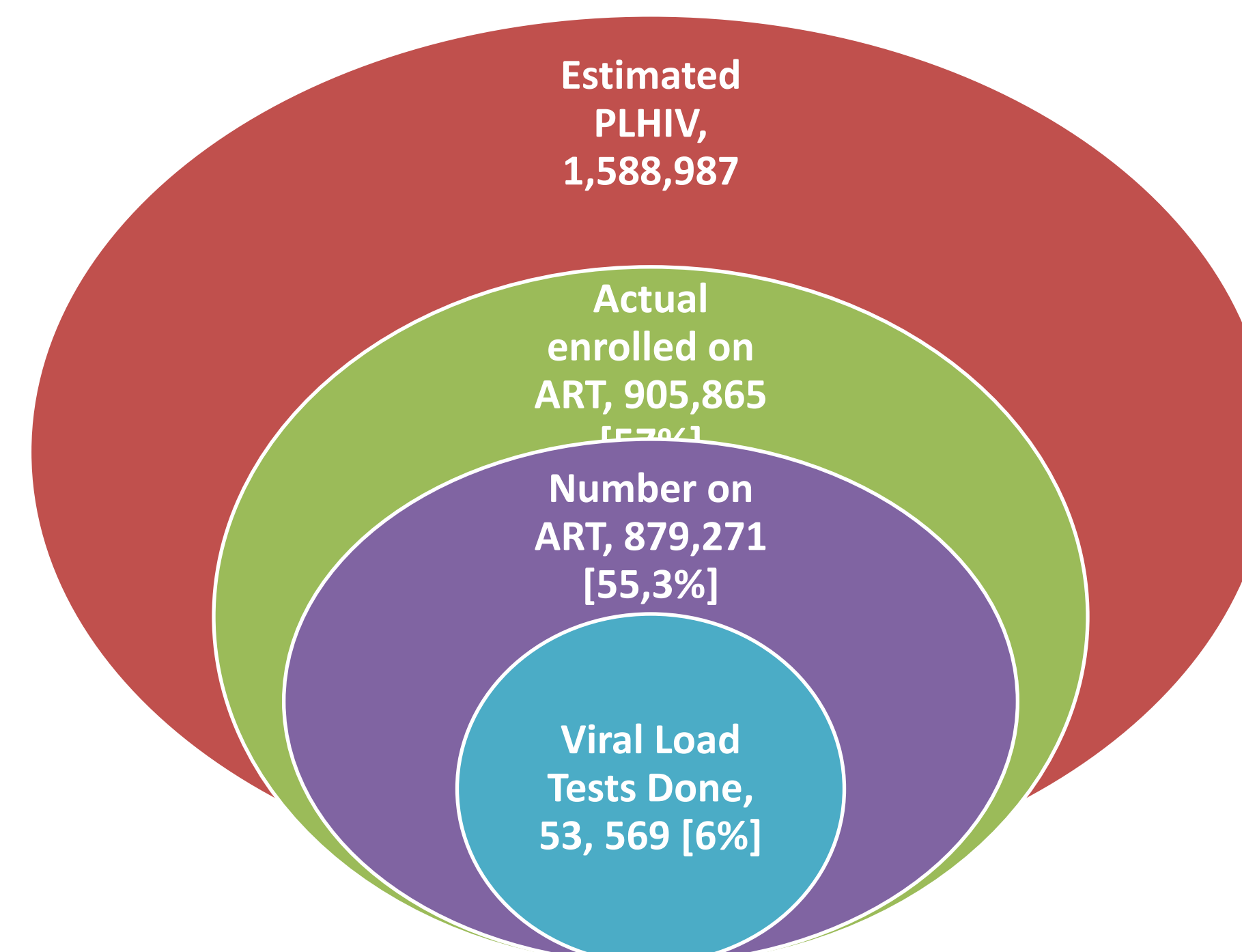
Challenges encountered since phased VL scale up in 2014:

- **Delayed procurement** of preferred VL platforms
- **Inadequate resources** available for renovation of sites and procurement of reagents
- **No service and maintenance package in place** for existing VL machines
- **Lack of effective coordination mechanisms** of key stakeholders
- **Limited HRH** to complement VL scale up

Way Forward/Next Steps

Initiatives to optimize VL platform utilization adopted

- **Bundling** of equipment, reagents
- **Integrated sample transportation system** being developed
- **Service and maintenance package** for existing and to be procured VL machines
- **Expedite procurement processes** for additional machines
- TOR of VL TWG expanded to **coordinate partner support** to mitigate duplication
- **Resource mobilization** for VL scale up



Zimbabwe National HIV Treatment Cascade, 2015

