

## Translating HIV Integration Research from Policy to Practice Change: Lessons Learned from Zambia

Track E - Implementation Science, Health Systems and Economics

Category: Operations Research in Response to HIV prevention and Treatment

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**Background:** The Elizabeth Glaser Pediatric AIDS Foundation and the Centre for Infectious Disease Research in Zambia completed an operations research (OR) study in 2010 of acceptability, feasibility and cost-effectiveness of integrating rapid syphilis testing (RST) into PMTCT in Zambia. Baseline and post-intervention indicators were compared using routinely data from ANC registers. 15 urban and rural antenatal clinics (ANC) incorporated RST for first-time attendees. The study demonstrated significant improvements in syphilis and HIV indicators (Table 1) resulting from a highly cost-effective intervention; these findings warranted national review of relevant policies.

**Table 1: Difference in core indicators before and after introduction of rapid syphilis testing at 15 urban and rural ANC clinics**

Indicator	Pre RST	Post RST	Significance
% of pregnant women tested for syphilis	79.9%	95.6%	p<0.0001
% of women syphilis positive treated for syphilis	51.1%	95.2%	p<0.0001
% of pregnant women receiving an HIV test	95.5%	97.7%	p<0.0001
% of HIV positive pregnant women referred to HIV care and treatment	73.7%	84.6%	p<0.0001

**Methods:** Following study completion, the investigators began an intentional, iterative process with the MOH to review syphilis testing policy/practices. Challenges and bottlenecks to effect policy change were identified over a 15-month period (from study completion to policy change). A timeline of key decision points was created to identify factors that contributed to successful translation of research into practice.

Results: Eight factors were identified as critical for translation of OR findings into policy/practice change: 1) wide dissemination of results to clinicians and government; 2) Identification of change-agents and decision-makers; 3) partnership with MOH and technical working groups to modify national guidelines and clinicians' training; 4) addressing budget and supply chain implications; 5) continual sharing of findings and review of policy/practice implications; 6) cultivation of public-private partnerships with suppliers of laboratory diagnostics; 7) Securing funding for policy/practice change; and 8) continued engagement with change-agents to address bottlenecks and ensure change.

Conclusions: Following completion of a study showing improved syphilis screening and treatment and enhanced HIV services following RST use, the authors used an iterative process to change national policy and practice. While the factors may differ by study or context, it is clear that translating research to practice takes concerted effort, time and funds and is a key endpoint for HIV operations research.