



Photo: Eric Bond/EGPAF, 2016



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CONTRIBUTING TO IMPROVED VIRAL LOAD COVERAGE IN CÔTE D'IVOIRE

Background

HIV viral suppression, achieving the third of the 90-90-90 targets, is a reflection of the success of antiretroviral treatment (ART). The World Health Organization (WHO) recommends routine viral load (VL) testing to better ensure viral suppression among HIV-positive individuals. In Côte d'Ivoire (CDI), the national guidelines recommend one VL test every six months after antiretroviral therapy (ART) initiation, and, subsequently, every twelve months for patients who are virally suppressed.

The Elizabeth Glaser Pediatric AIDS Foundation in Côte d'Ivoire (EGPAF-CDI) conducted a data review to assess program performance in VL testing among ART-enrolled patients in 5 priority sites for the April 2018 - June 2018 period. Data from this period indicated that only 59% of the patients expected for VL testing at 6 months post-ART initiation accessed to VL testing. At 12 months of treatment, the VL blood samples are collected for only 37% of the expected patients. Further analysis of data for the same period revealed that the patients came for their appointment, received their ARV treatment, but did not have a VL test (blood samples were not collected).

Approaches

EGPAF-CDI initiated a Quality Improvement (QI) project to improve viral load coverage at 6 and 12 month treatment periods at five selected sites in August 2018. These sites were selected based upon the number, or volume, of current patients on ART (at least 500 patients per active on ART as of July 2018 with the clear objective to increase VL test coverage from 59% to 90% and from 37% to 90% at 6 months at 12 months, respectively.

Informed by the data review, the following interventions were implemented at the five selected, high-volumes sites:

- Working session with the site leadership in order to reinforce importance of VL testing
- Developed and distributed standard operating procedures on clinical ART management and VL suppression
- Conducted mentorship visits to support health workers, nurses in consultation rooms, and pharmacy staff in offering VL testing and managing non-suppression
- Appointment calendars were shifted allowing patients due for VL monitoring to combine VL test appointment with timing of ARV collection
- Patient flow was reorganized through an appointment calendar, to control the number of patients coming for V test per day, in order to reduce the waiting time
- Established a list of patients due for VL testing during the month:
 - These patients were reached via telephone calls to remind them of upcoming VL test appointments.
 - Within two days, any patient who has missed her/his VL test appointment was called to understand why she/he has not showed up and to schedule another appointment.

¹The Joint United Nations Programme on HIV and AIDS has called for global targets to achieve HIV epidemic control: that 90% of all individuals know their status; that 90% of HIV-positive individuals have access to treatment; and that 90% of those on treatment are experiencing viral suppression.

Results

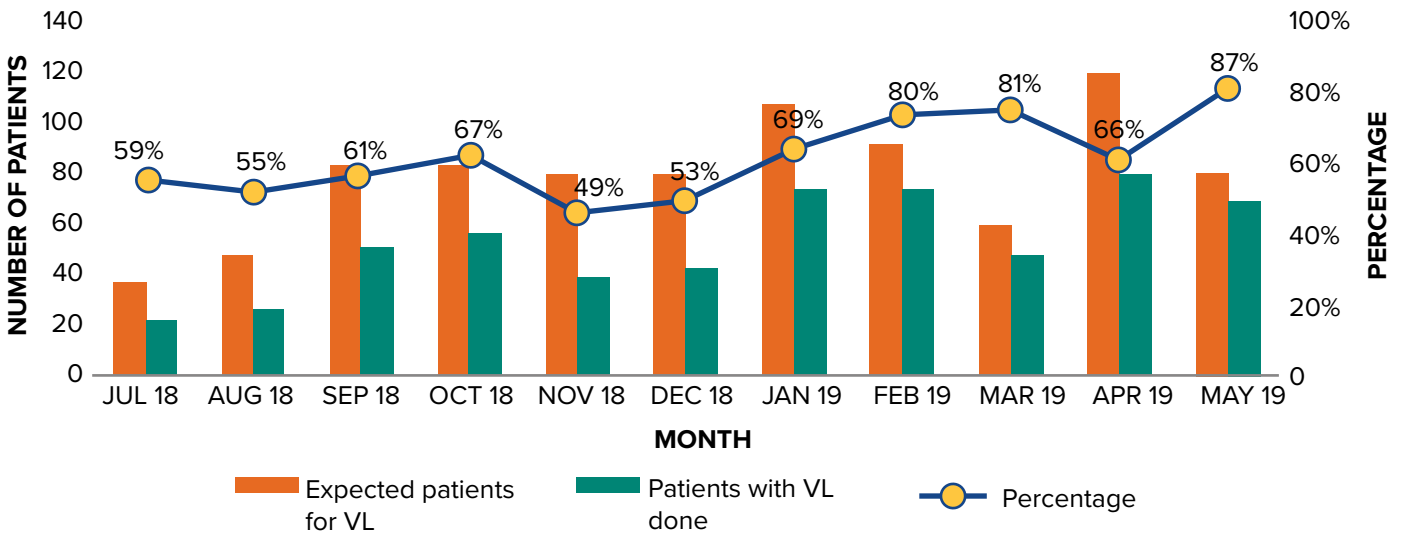


Figure 1: Percentage of Patients with VL Testing at 6 Months, Post-ART Initiation, from July 2018 to March 2019, in 5 Health Facilities

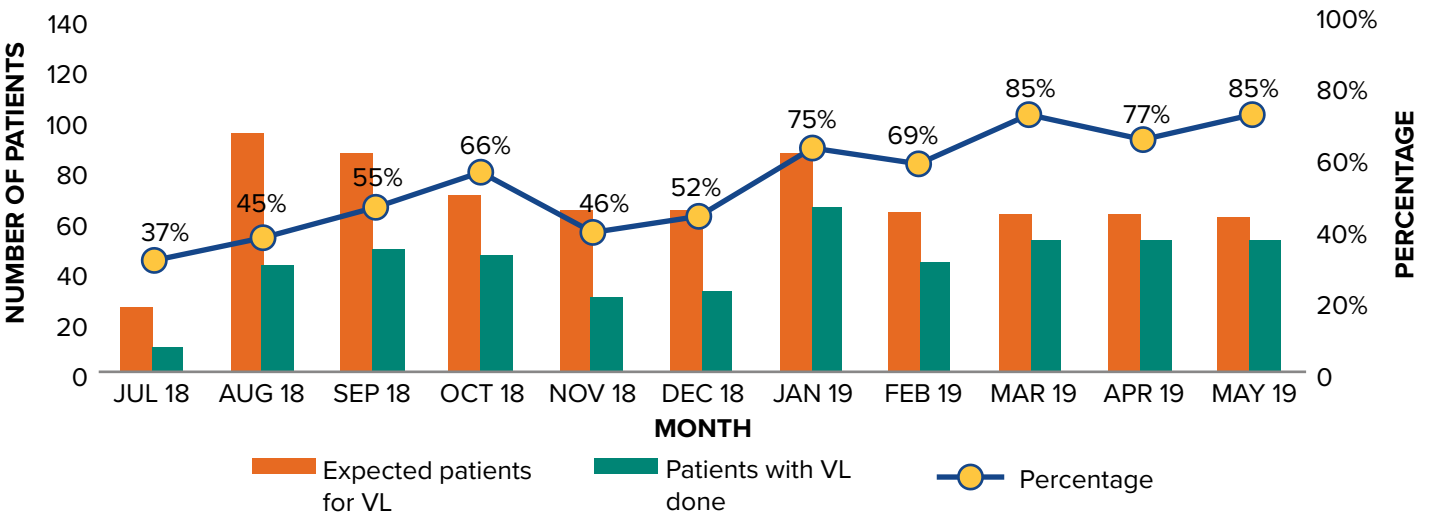


Figure 2: Percentage of Patients Who Received VL Test at 12 Months, Post-ART initiation From July 2018 to March 2019, in 5 Health Facilities

Lesson Learned and Next Steps

The results of this new approach have demonstrated strong engagement and ownership from the site management and staff. The implementation of a package of interventions has contributed to an improved VL test coverage among eligible patients.

After a period of nine months, the VL coverage increased from 59% to 81% and from 37% to 85% at 6 and 12 months of treatment, respectively. The average coverage after QI implementation ranged in sites from 70% to 80%. The implementation of the same package of intervention has been expanded from five to all thirty-three priority (with 400 active ART patients or more) sites supported by EGPAF-CDI to improve VL testing coverage.

