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HEALTH INSTITUTE

Improving HIV programme linkage to care and support for children and adolescents through National Health Laboratory Service reports in Johannesburg, South Africa



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Best Practices and Innovations
Meeting November 2017



USAID
FROM THE AMERICAN PEOPLE



Background

What We know:

- Early initiation of ART and response to unsuppressed viral loads
 - Improves patient outcomes.
- Routine HIV-PCR testing uptake is good
 - Birth HIV-PCR approaches />100%*
- National ART monitoring guidelines in place

What was the Problem:

- Follow-up system not in place or not consistent
- Patient level data
 - Delay in patients accessing results
 - Delay in ART initiation/management of unsuppressed viral loads
 - Initial performance on HIV-PCR linkage low (40%)

Implementation of HIV-PCR and VL linkage to care activity using NHLS reports

Data Methods

At first

- Used NHLS HIV-PCR reports but process not systematic

System

- How to use the reports, team members to be involved
- Adapted as needed

Monitor

- Initiated on treatment, linked to care, not found, still being traced or died
- Reported weekly initially, then monthly

VL

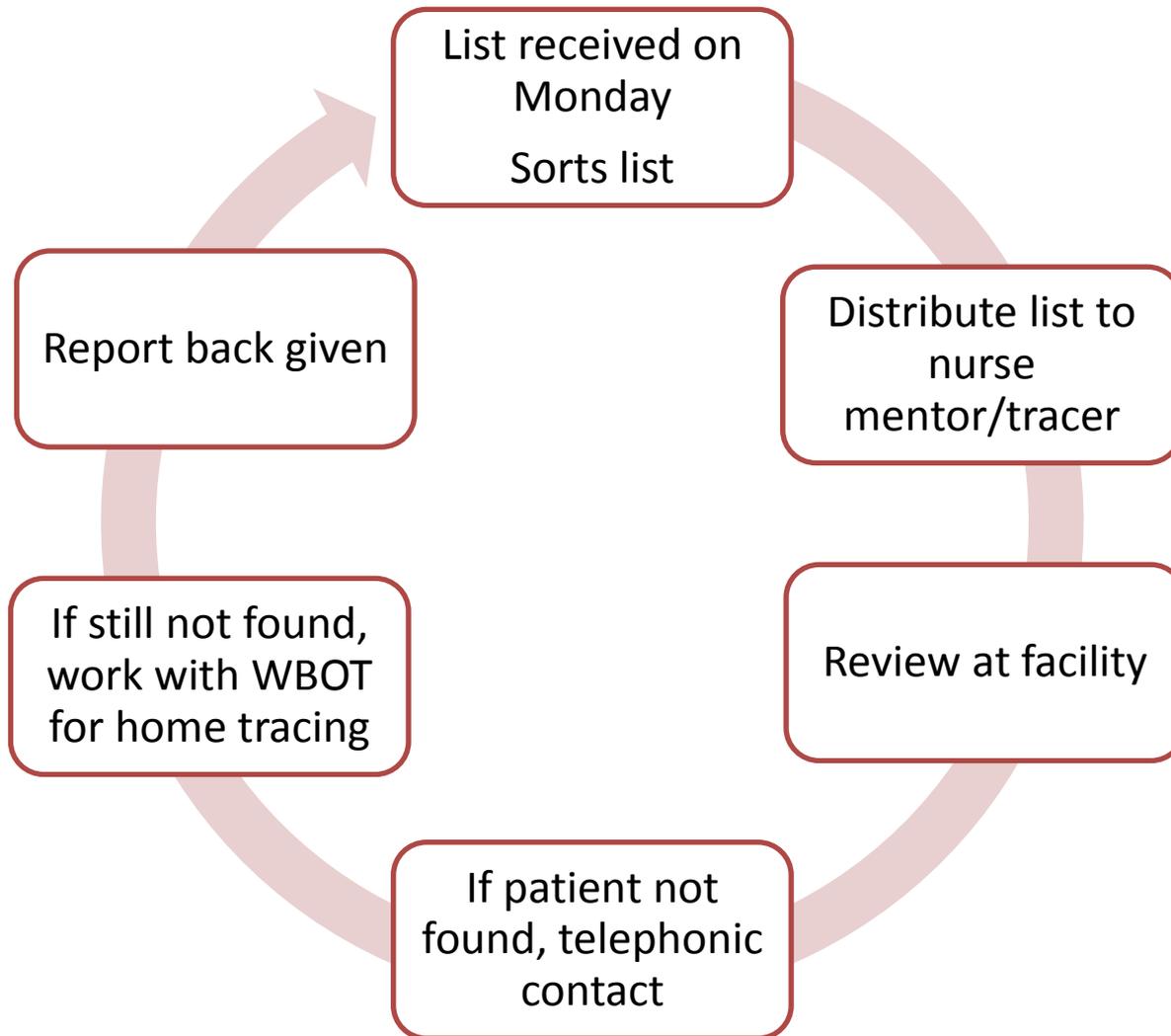
- System implemented for these as well

Monitor

- File not found, adherence counselling, awaiting feedback, switched to second line, baseline VL, adult, re-initiated, VL repeated

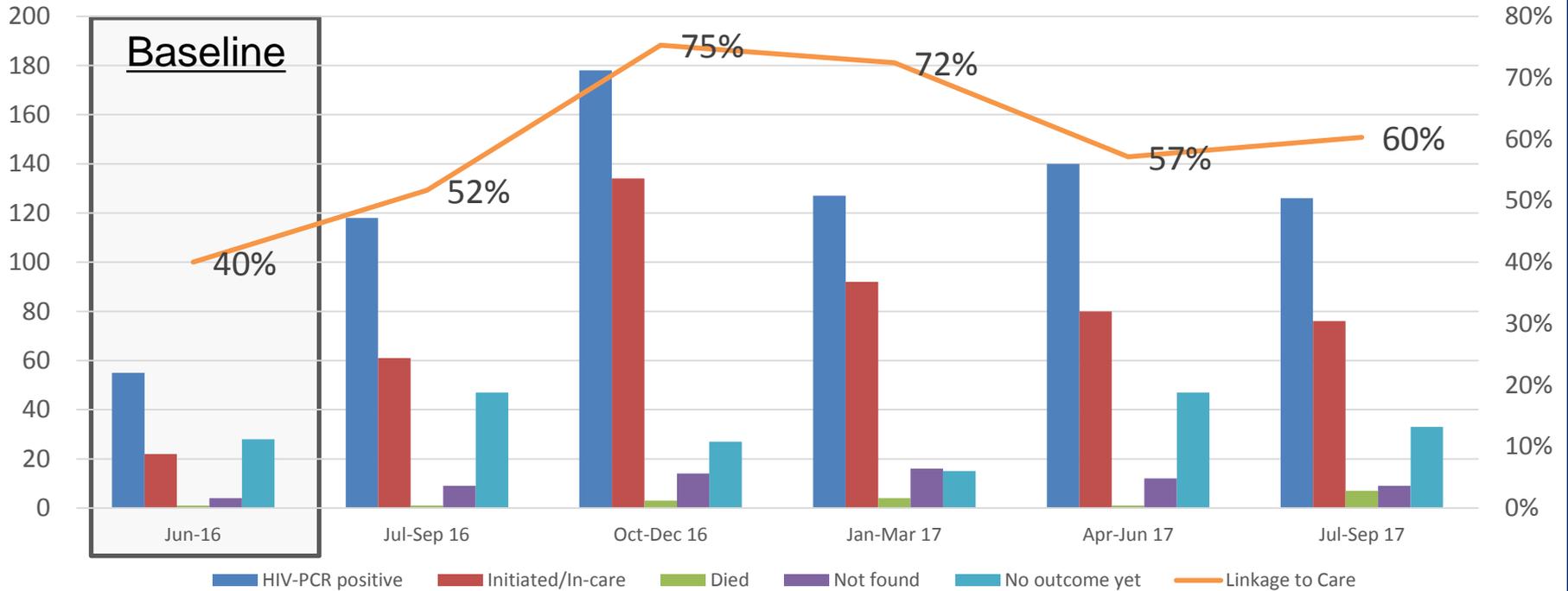


Data Methods: HIV-PCR follow-up process



Key Results

HIV-PCR Linkages, July 2016 – Sept 2017
(NHLS RfA, Project data)



Total Pos	744	Total in care	465	Linkage	62%
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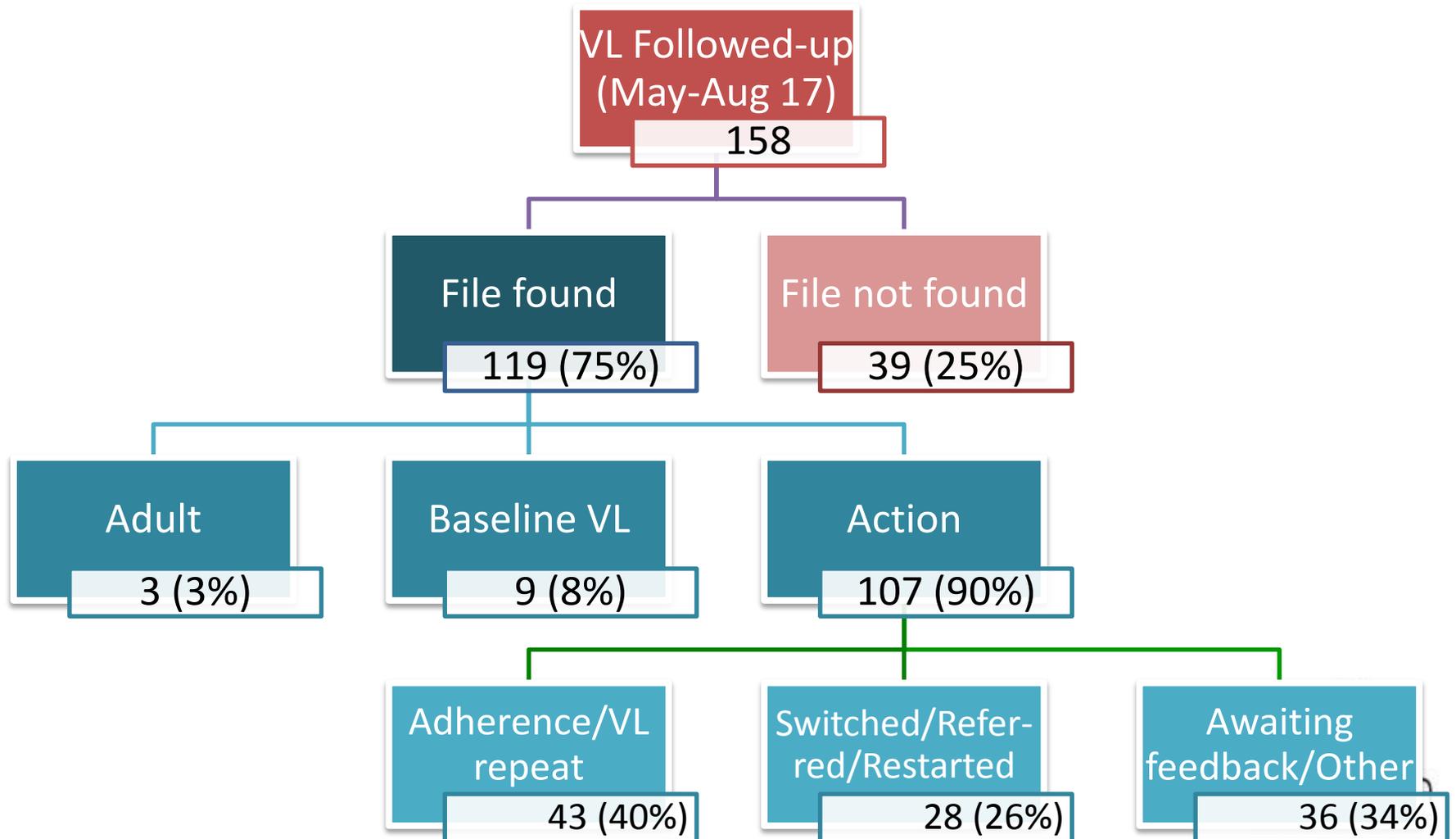
Process adaptations:

Dedicated linkage staff, including different team members, engaging with Ward Based Outreach Teams



Key Results:

Unsuppressed HIV Viral loads



Conclusions/Recommendations

Routinely available patient level reports from NHLS

- Facilitate linkage to care system implementation

Learning and adapting system

- Important to maintain or improve outcomes

Viral load reports

- Show potential for patient management and improving 3rd 90

Challenges

- Include filing systems, ensuring Tier.net capturing



Conclusions/Recommendations

Recommend use of reports

- By clinicians/programme managers

Partner support

- Can assist to get system up and running

Integrating into DoH systems

- Is important for sustainability



Take away messages

- Linkage to care system is important to support ART initiation in newly diagnosed infants and clinical management in those with unsuppressed viral loads
- Routine use of NHLS patient level, 'real time' data allows for close monitoring on individual patient level
- System should be integrated to ensure sustainability



Acknowledgements

- DoH and implementing team members
- Dr Mabitsi and Prof Peters