



INNOVATION
in
PUBLIC HEALTH

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**Reaching 90-90-90 in South Africa Part III: Best Practices
and Innovations in Linkage, Treatment and Viral Suppression
May 31 - June 1, 2016
Pretoria, Southern Sun Hotel**

Innovation in Identifying and Managing Unsuppressed Viral Load – Strategies/Processes
for the Early Identification of Patients with Unsuppressed Viral Loads using Tier.net

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health

Department of
Health
FREE STATE PROVINCE

Presentation Outline

Project Goal/AIM

Data Methods

Key Results

What are the Issues?

Conclusions & Recommendations



CoAg: Strengthen Capacity of the South African Government's Department of Health to provide quality and sustainable care for HIV-infected patients with complicated HIV and HIV/TB treatment management, including 2nd and 3rd line and other antiretroviral therapy under the President's Emergency Plan for AIDS Relief.

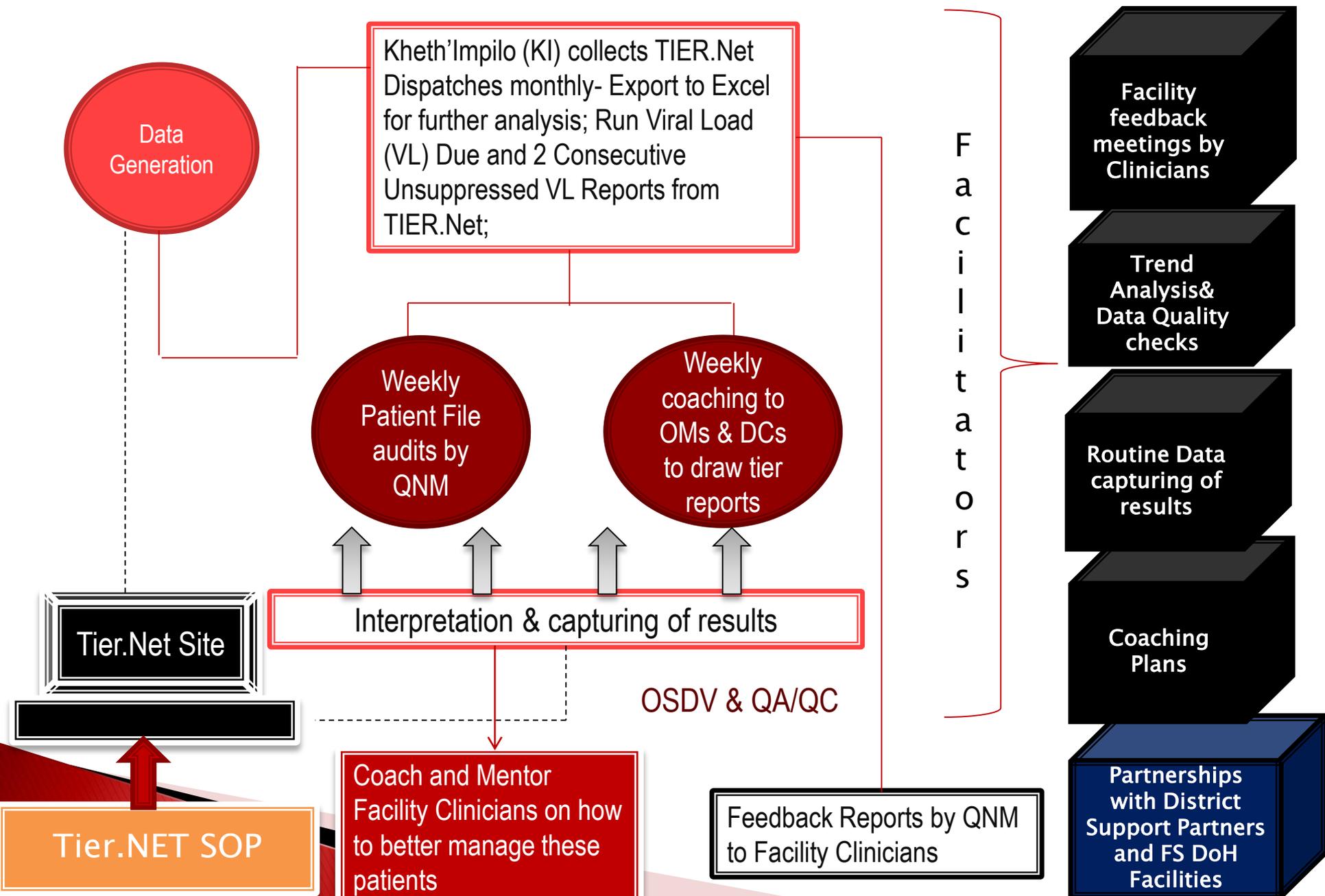
The overall **goal** is to support advanced clinical care for patients failing, or with complications to antiretroviral therapy (ART), including other conditions related to HIV, as well as Drug Resistant TB (DR-TB).

Project Objectives

1. Establish and/or strengthen three Regional Centres for Advanced Clinical management of HIV/TB in adults and paedics in FS province – Including failure to 2nd and 3rd line.
2. Establish and or strengthen up- and down-referral systems from PHCs and district hospitals to these referral centres
3. Build and support the capacity of DoH facility staff at district and PHC level to manage pts –through training, mentoring and coaching.
4. Engage SA DoH around project transition by the end of project

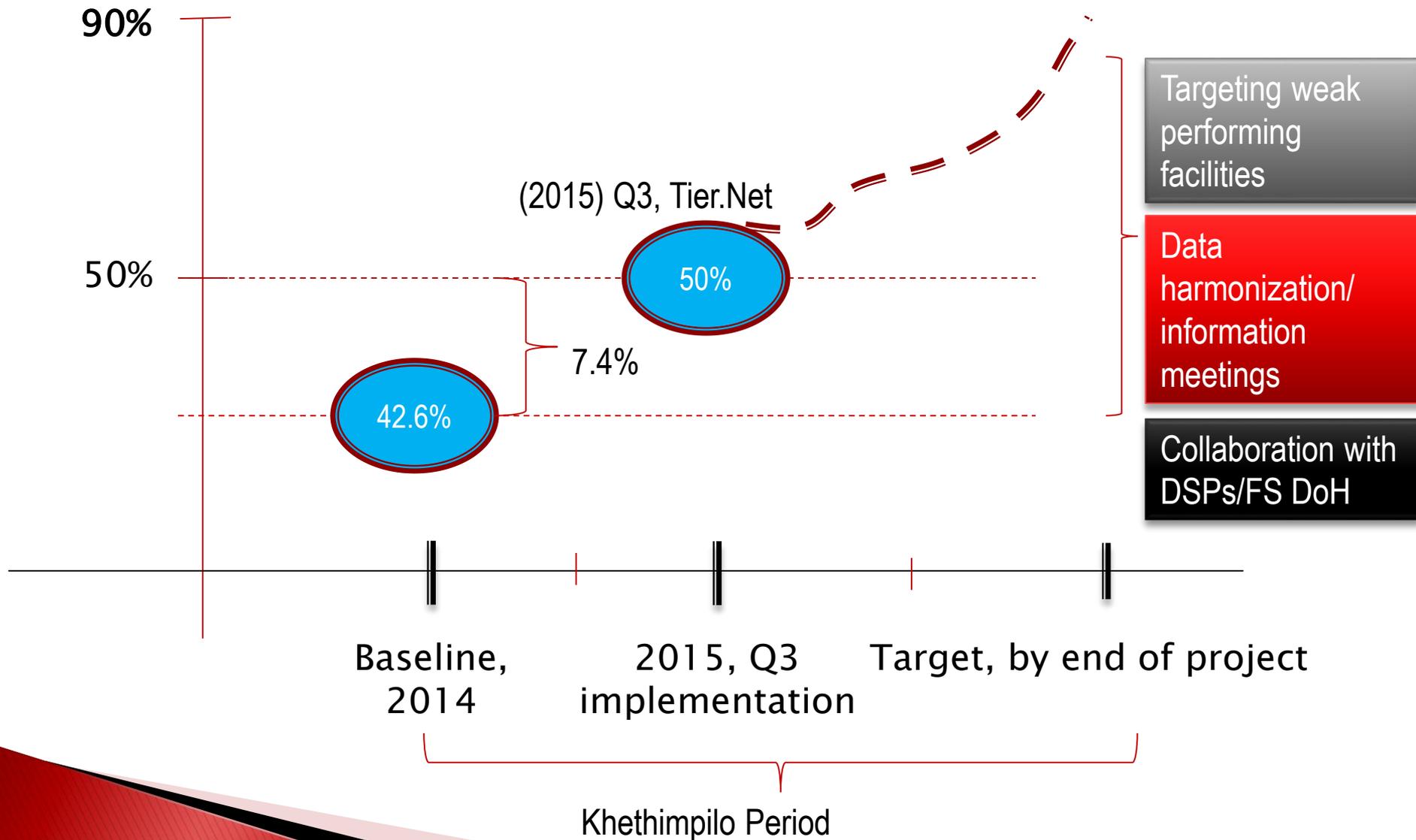
Parallel processes

Data Methods



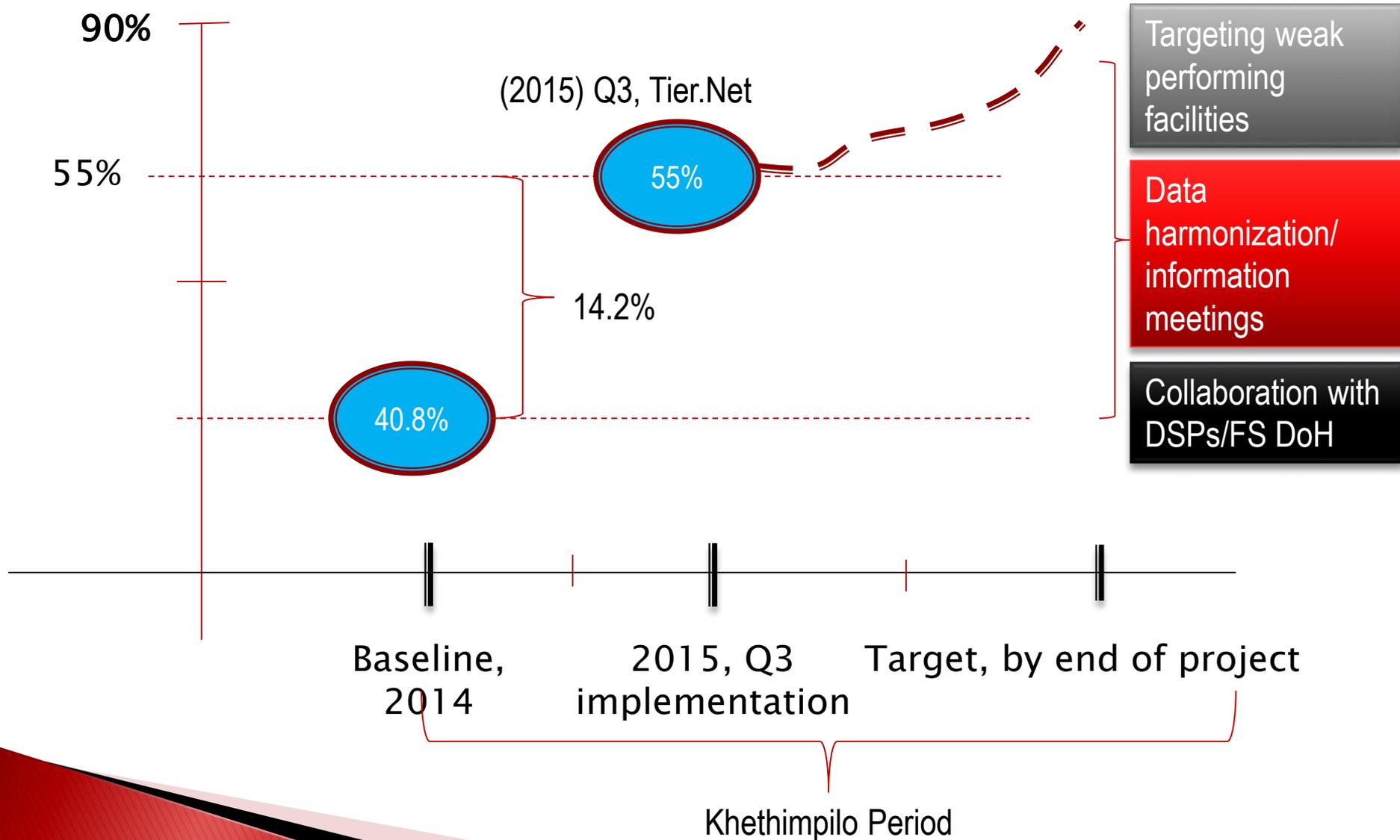
KEY RESULTS

Viral Load Completion: 6 month cohort (2014)



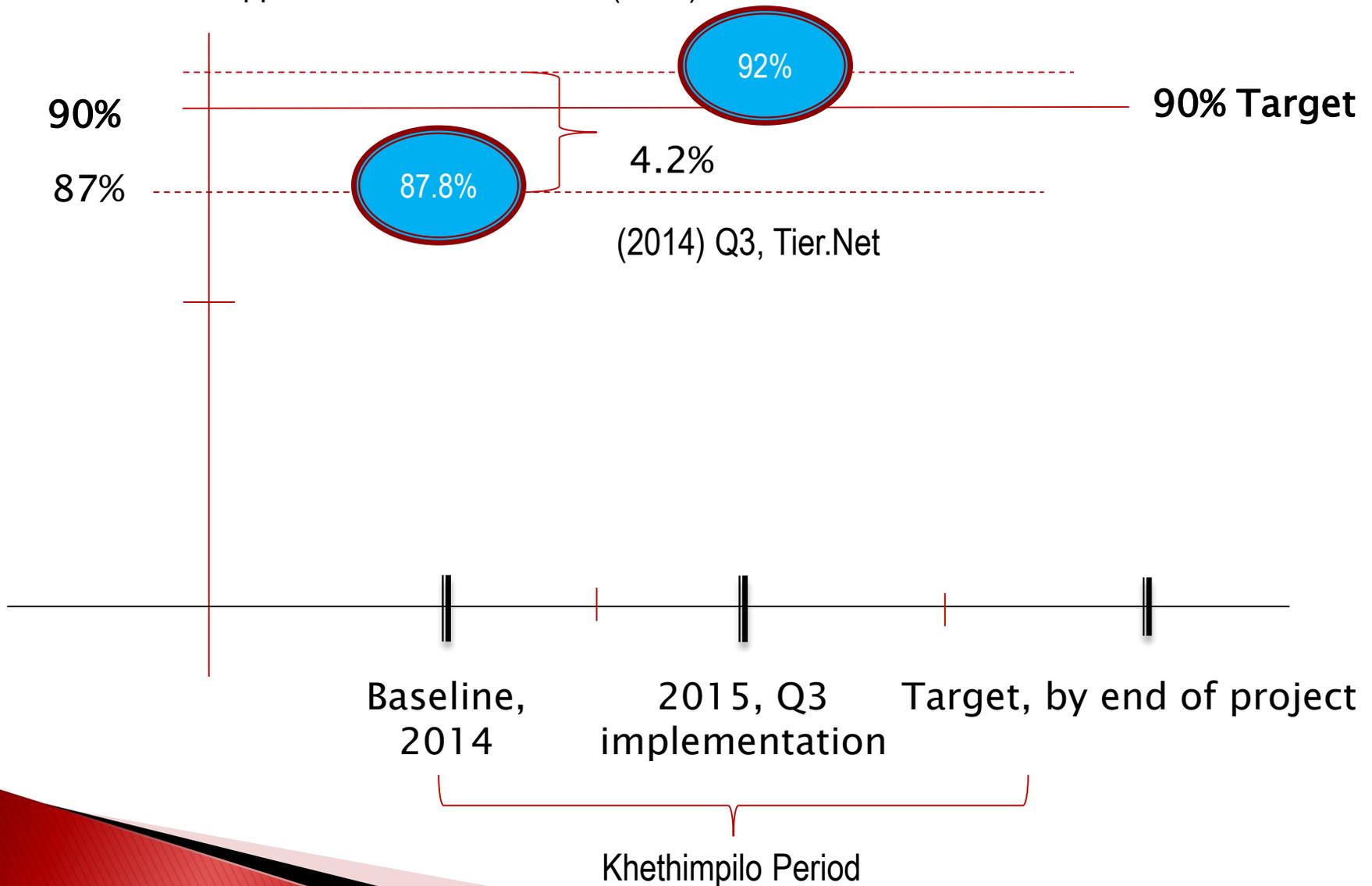
KEY RESULTS

Viral Load Completion: 12month cohort (2014)



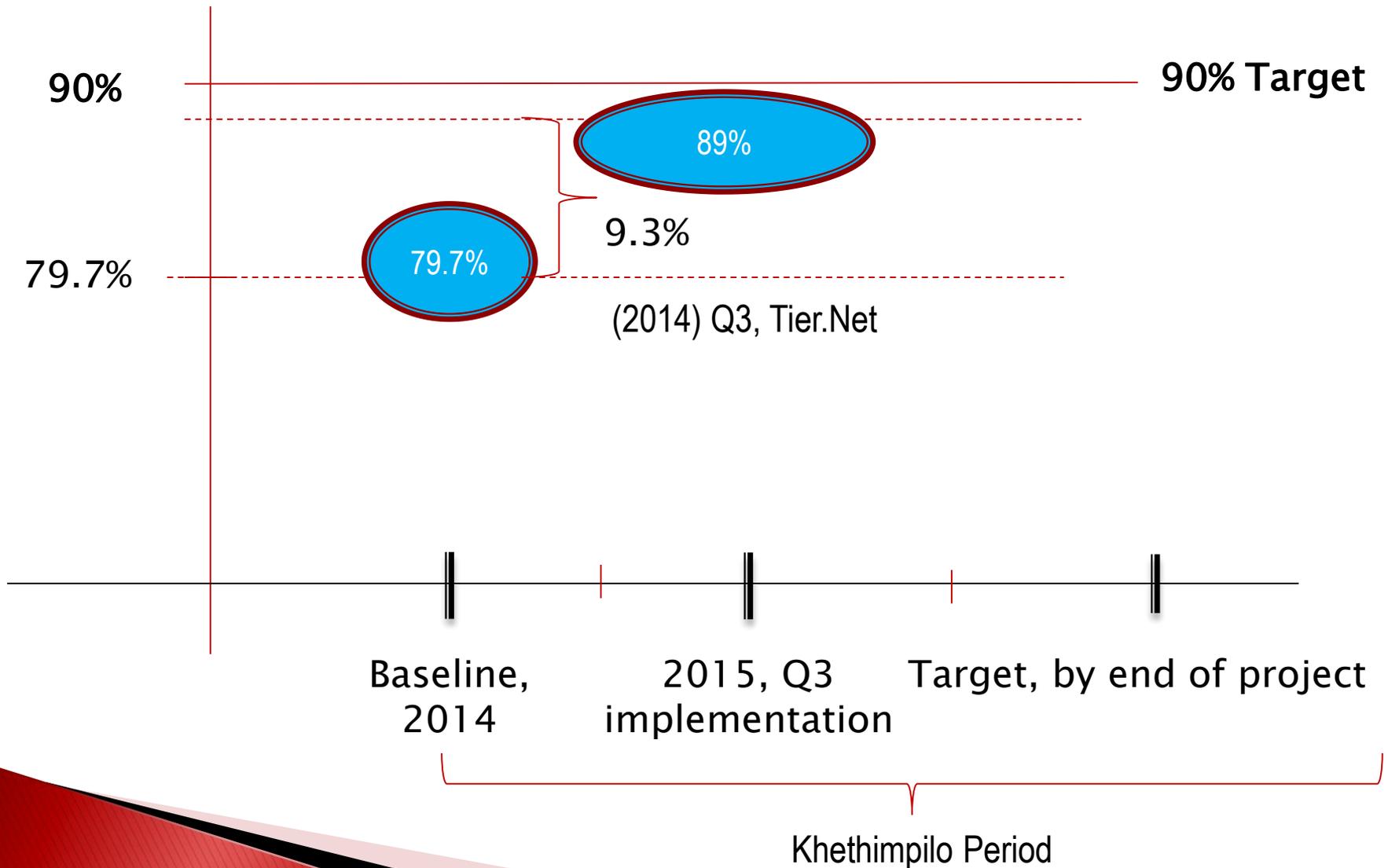
KEY RESULTS

Viral Load Suppression: 6 month cohort (2014)



KEY RESULTS

Viral Load Suppression: 12 month cohort (2014)



THE ISSUES ARE KNOWN:

- Weak booking systems for drawing of VL bloods
 - Viral loads are either not being taken on time or recorded
 - Failing patients are kept on the same regimen
 - Last viral load results not timely captured and/ or acted upon by clinicians
 - Poor adherence to clinical and data management guidelines
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CONCLUSION & RECOMMENDATIONS

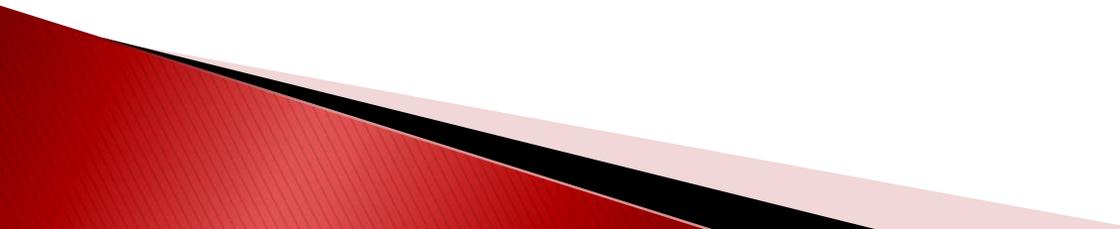
- Scaling up this approach can help to achieve early VL suppression and should be considered as the next phase.
- 90% Viral Load suppression rate in patients on ART is the last of the 90-90-90 targets to be attained by 2020, early identification allows us to reach this goal.
- Regular routine file audits can help sustain patients VL suppressed
- Mentoring and coaching on effective use of guidelines/ SOPs for VL testing and result interpretation
- Clinicians are responsible for performing these tests and reviewing and acting on results of patients on ART.
- Maintaining a system of recalling and booking of patients through the referral process for management of these patients at all levels of the system

LESSONS LEARNT

- Proper data management improves early identification of VL Unsuppressed patients
- Full patient history report, appropriate recording and filing of all blood results; correctly filled in referral forms is important
- Extensive coaching on proper use of SOPs and patient management guidelines is important
- Routine feedback on monitoring of capturing of patient blood and correct interpretation is critical

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 - FS DOH, PROVINCIAL & DISTRICTs
 - PEPFAR DSPs IN FREE STATE
 - FS HOSPITAL MANAGEMENT TEAMS
 - FS PHC FACILITY MANAGERS & TEAMS
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