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VL DIAGNOSTIC TESTING SERVICE DELIVERY IN KENYA

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Outline



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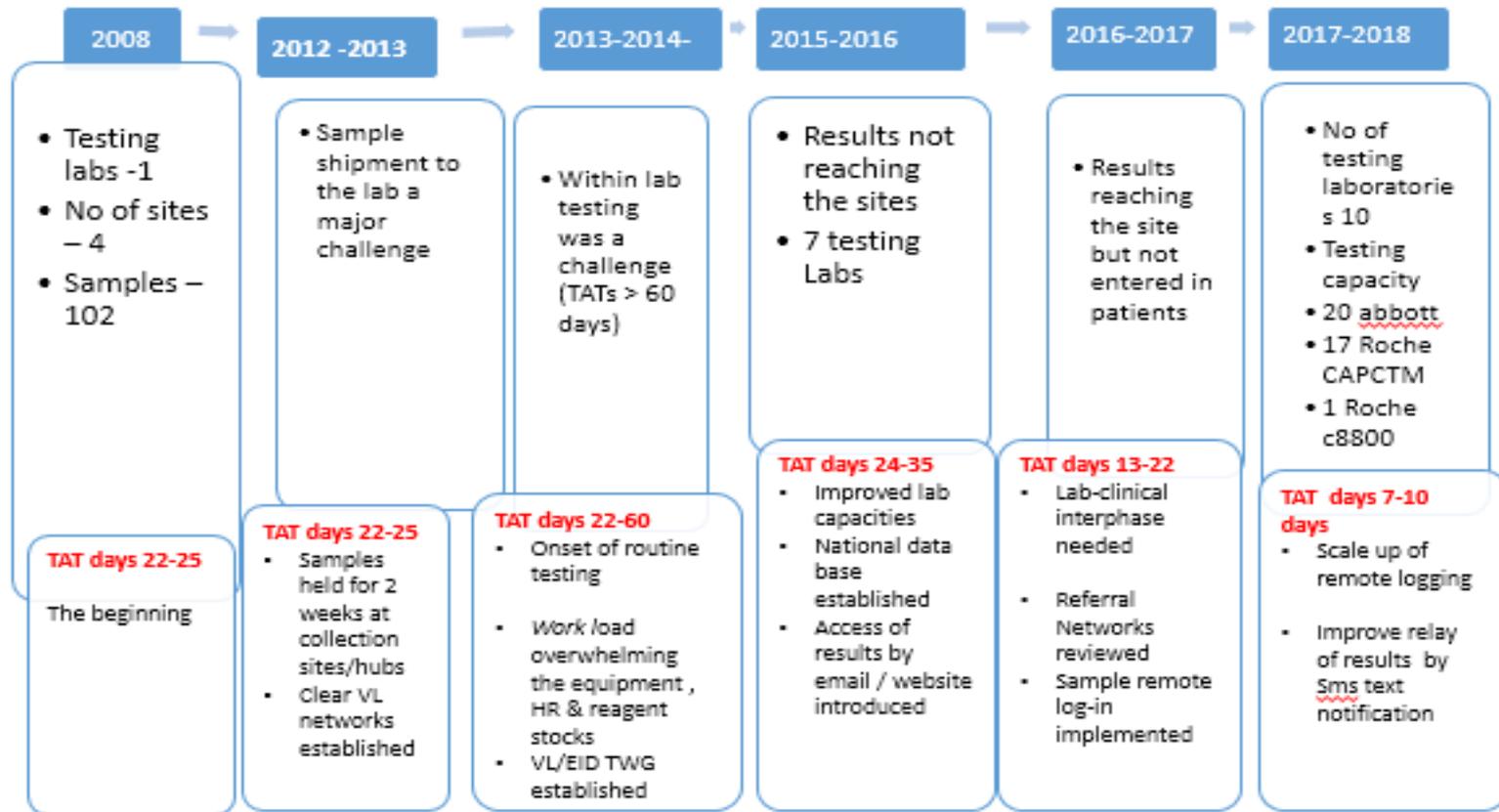
- **Overview**
- **Policy and guidelines on scale up plan**
- **Lab capacity and sample referral**
- **Best practices**
- **QA/QMS**
- **Supply chain**



Kenya's Timeline; The VL Story



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Policy & guideline supporting VL& EID diagnostic testing



- **Point of care testing policy : 2016**
- **Viral load Testing scale up Implementation Guidelines (2016-2019)**
- **Framework for the Implementation of HIV- Related POCT Policy & QA**
- **National Point of care testing implementation roadmap in Kenya**
- **Utilization of Multidisease Testing platforms for optimizing EID in Kenya**

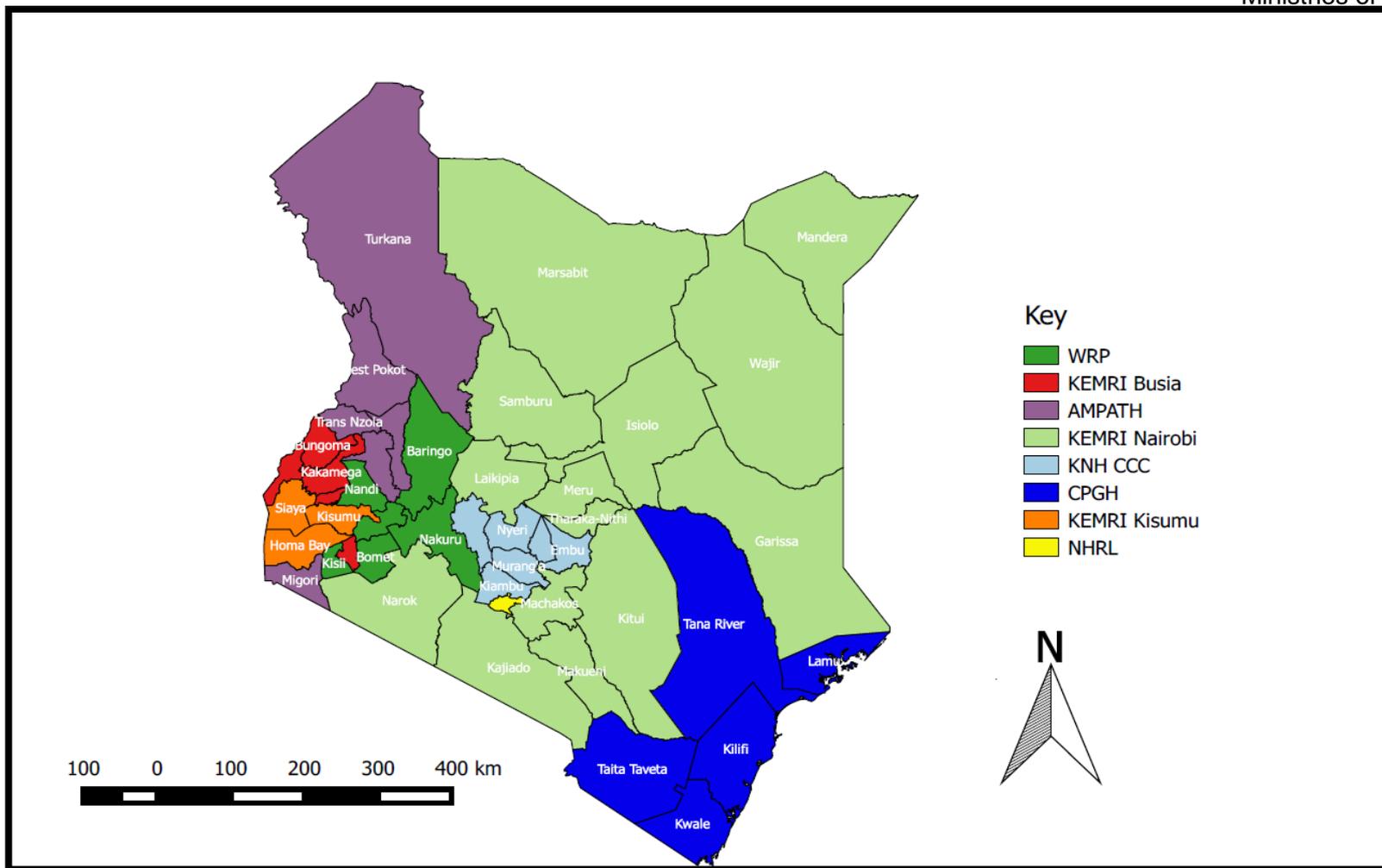




Testing Laboratory Networks



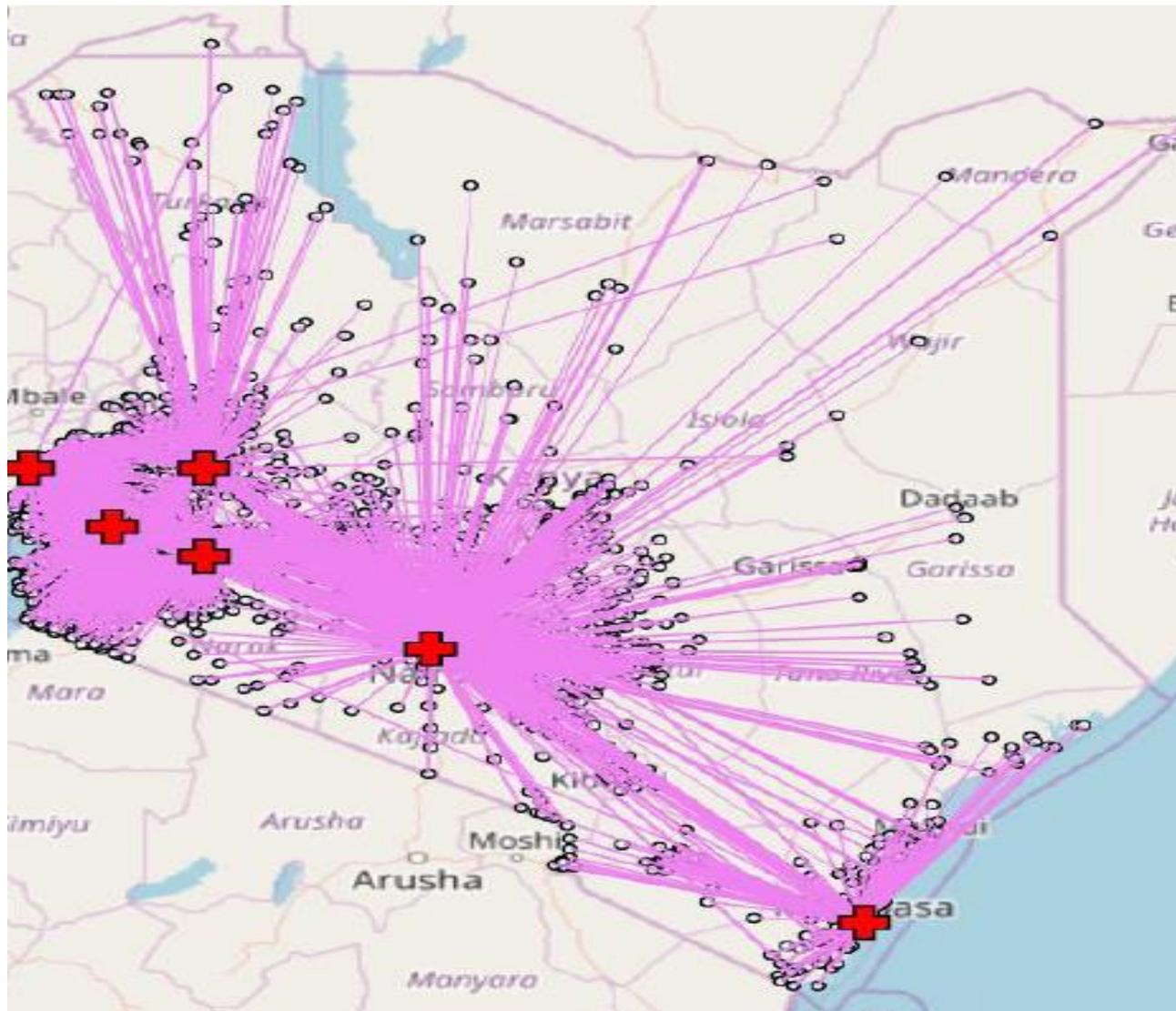
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Testing Laboratory Networks



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Sample Referral System



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- **2196 facilities referring samples**
- **10 testing labs referral centralized testing labs)**
- **Means of sample transportation**
 - **Mixed model**
 - **National Contracted courier (G4S)**
 - **Motor riders**
 - **County partner contracted couriers**
- **Types of sample**
 - **66% Plasma (facilities close to testing labs);**
 - **34 % DBS (hard to reach areas)**





Testing Capacity



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- **Current 38 conventional platforms in 10 VL/EID testing labs**

- **Total Capacity(Per Year) = 1,801,440**
- **Functional capacity (Per Year)= 1,441,152**
- **Total Utilization (Year 2017) = 1,088,753**
- **Percent Utilization = 76%**

****Country has adequate capacity for current needs***

No of EID/VL HIV Molecular Platforms	
ROCHE CAPCTM	17
ABBOTT	20
ROCHE C8800	1

For Kenya: functional capacity considered at 80% of total instrument capacity:
equipment downtime, power interruptions, running of QC



Best practices



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- **Remote log-in**
 - Improve data quality
 - Improve sample and results tracking by clinicians improving TAT leading prompt interventions
- **Use of VL champions**
 - National: support coordination of testing at referral labs
 - Site: support sample referral and result tracking at facilities
- **Active TWG**
 - Labs review their performance on quality indicators (TAT, rejection rates, failure rates, EQA performance)
 - Share best practices to standardize and optimize service delivery
 - National coordinating TWG have biweekly conference calls to review arising issues from the testing labs



Best Practices



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- **Lab- clinical interphase initiatives**

- Result interpretation
- Follow up on rejections and redraws
- Utilization of right tools for data completeness

- **Weekly review of sample workload; Dashboard and SMS**

- Labs with backlog refer samples to designated backup lab to reduce TAT

- **Different platforms for results access**

- Online access from respective lab URLs
- National dashboard
- Facility emails
- SMS on facility phone and staff with rights of access





Best Practices



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South to South collaboration:

Kenya acting as a ground for other countries (multidisciplinary and multi-agency teams) to learn from:

- Ivory Coast (Visited)
- South Sudan (Visited)
- WHO (Visited)
- Tanzania
- Guinea
- Mozambique



QA/QMS



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- **All lab Enrolled to VL/EID PT**
 - CDC –GAP Atlanta Scheme
 - VL/EID PT interlab -peer comparisons
- **Use standardized harmonized VL/EID tools**
- **Schedule trainings /Capacity building of testing personnel by the manufacturers.**
- **Quarterly QA VL TWG meetings for testing labs and stakeholders**
- **8/10 labs are ISO 15189 :2012 Accredited,**
- **Regular Data Audit between systems and Registers**

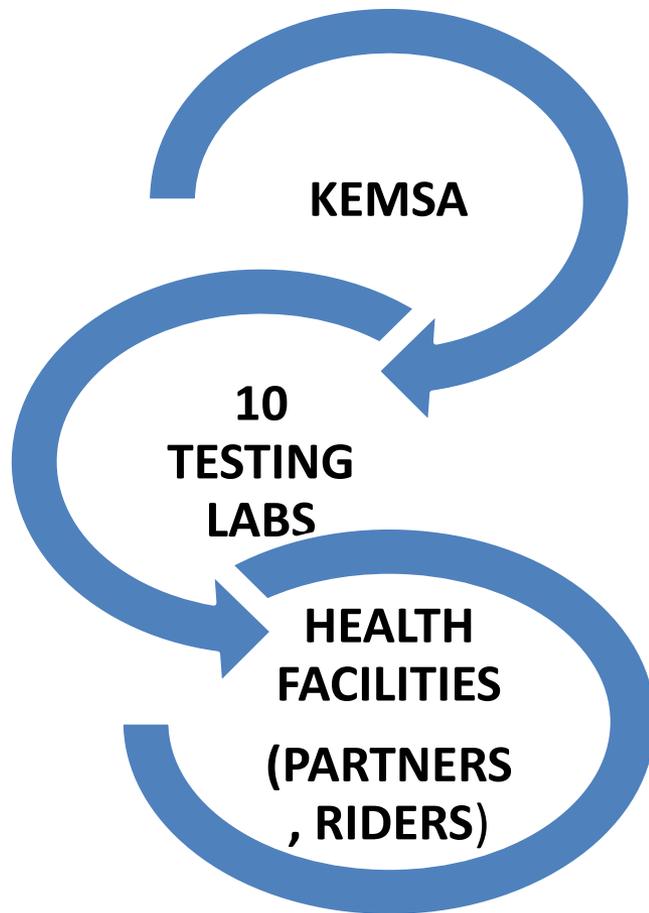




Supply Chain Distribution



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Labs submit:

- Online data on equipment breakdown
- Monthly supply consumption reports



Acknowledgements



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- **MOH (NPHL and NASCOP)**
- **Testing labs**
- **PEPFAR (CDC, USAID, DOD)**
- **UMB**
- **CHAI**
- **APHL**
- **All stakeholders**





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Thank you

