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Lab CoP

Introducing the M & E Sub-Community of Practice

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M&E Sub-Community of Practice

Laboratory Community of Practice Project (LabCoP)
The Laboratory System Strengthening

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Outline

- The viral load testing continuum
- Rationale for M&E sub-community of practice
- Discussion on data elements and source for tracking VL Cascades
- Overview of strengths as weakness for M&E for VL as reported by countries
- Summary M&E sub-community of practice activity implementation plan

PLHIV eligible for VL tests

Tests requested

Samples collected

Samples transported

Tests performed

Results returned

Results utilized

1 → 2 → 3 → 4 → 5 → 6 → 7

STAKEHOLDERS

Laboratory staff

Program managers

clinicians

Civil society

Policy makers

Implementing partners

…. AND THE LAB SYSTEMS THAT SUPPORT IT

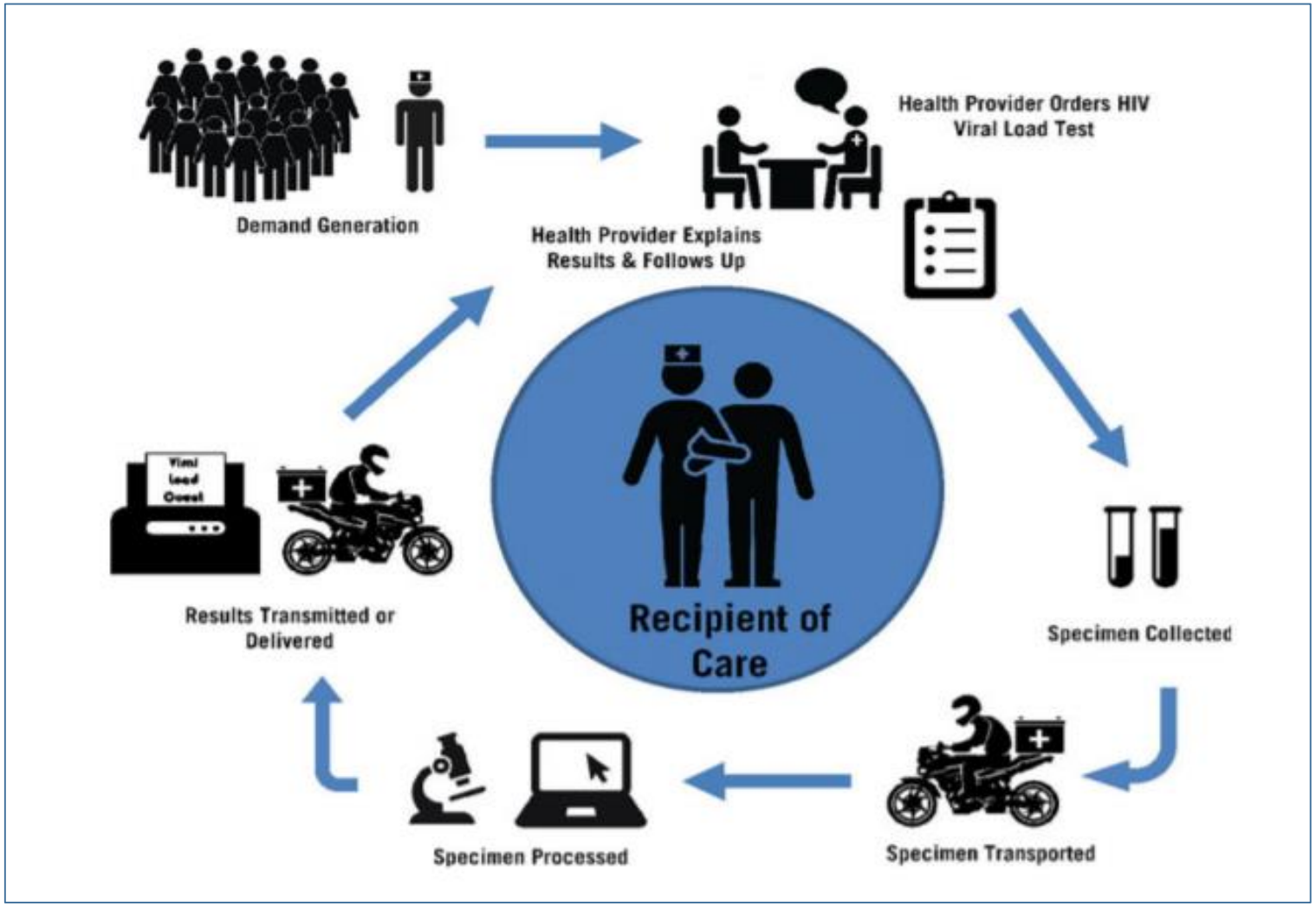
- Quality manag. systems
- Supply chain & equipment
- Laboratory Inform. systems
- Policy, & regulation
- Sample referral
- Workforce
- Biosafety & Biosecurity
- Infrastructure.

OUTCOMES

Pts with **VL suppression** referred to less intense models of care

Pts with **elevated VL** referred to intensified adherence counseling, resuppressed, or switched

The viral load testing continuum



Monitoring this continuum is critical in order to assess the impact of HIV treatment efforts

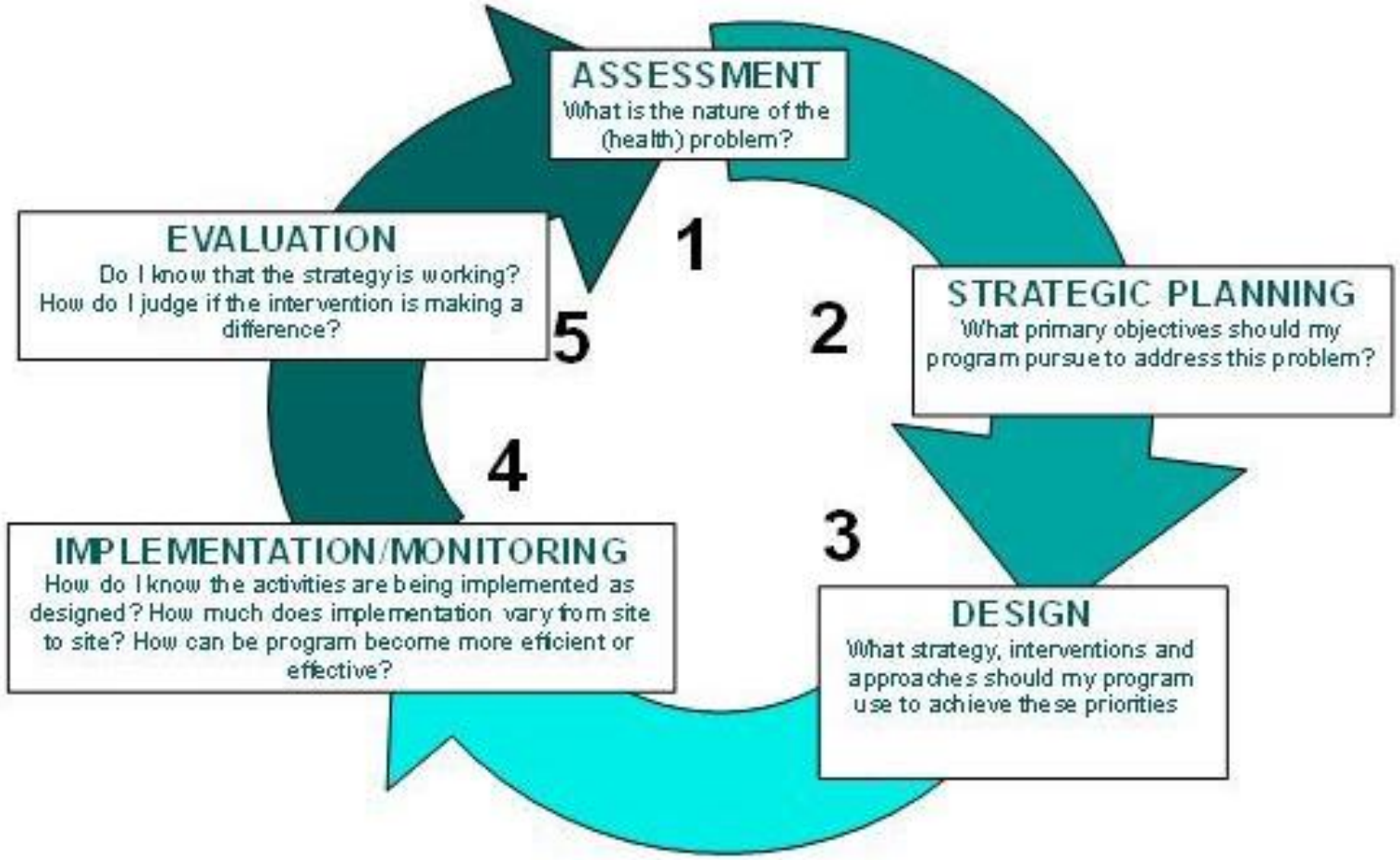
- How are clients on treatment being managed?
- How effective is our HIV programming across the entire HIV care continuum?

Key indicators to monitor include indicators on;

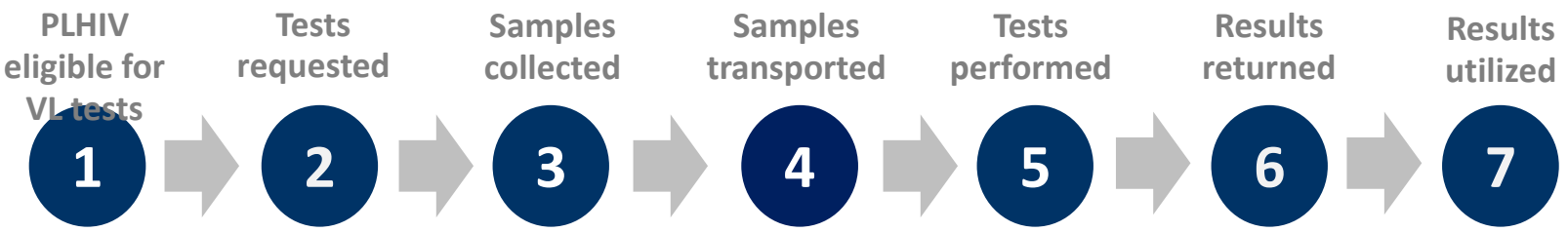
- ✓ Availability
- ✓ Coverage
- ✓ Quality
- ✓ Utilization of results

Viral load measurement is an asset that is too precious to waste

M&E Across Program Life Cycle



[Caro 2009, Adapted from Measure Evaluation]



Rapid Self-Assessment Checklist for National Lab Systems & Viral Load Testing Scale-up

Domains

1. Demand Creation for HIV VL testing
2. Specimen Management
3. Sample Transportation
4. HIV VL Testing process and result quality
   - *QMS & standards*
   - *Waste Management and Biosafety*
   - *Supply Chain Management and Equipment Maintenance*
5. Result delivery and utilization
6. Leadership and management
7. National Data on VL Testing coverage and result utilization

7	National Data on VL Testing and ART
7.1	Number of Laboratories currently carrying out HIV VL testing: _____ labs Number of VL testing Machines for different types: Abbott Alinity m : .....Roche Cobas 8800:..... Testing capacity of the national VL testing labs altogether: _____ tests/year - Total # VL tests done in the last 12 months: _____ tests/year - Please list the company (ies) if there is a national reagent rental agreement in place. Name the company(ies): _____, _____, _____
7.2	- Estimated number of PLHIV in the current year: - #/% PLHIV currently on ART: - #/% PLHIV currently on 1st line ART regimen: - #/% PLHIV on ART eligible for a routine VL test: - #//% PLHIV on ART who received a routine VL test: - #/% PLHIV on ART who are Virally Suppressed (<1,000 copies/ml) on routine testing: - #/% Virally suppressed PLHIV referred to a less intense model of HIV care: _____ - #/% PLHIV on ART with a VL of ≥1,000 RNA copies/ml who received Enhanced Adherence Counseling (EAC) : ___ _____ - #/% PLHIV on ART with ≥1,000 copies/ml who received a follow-up VL testing within 3-to-6 months of Enhanced Adherence Counseling (EAC): _____ - # of people with a ≥1,000 copies/ml who had suppressed VL at follow-up testing: ___ _____ - #/% PLHIV on ART with two consecutive VL test results of ≥1,000 copies/ml who SWITCHED to a 2nd _____ or 3rd line ART regimen: _____
	List 3-5 critical challenges of VL scale up in the country 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
	Any comments/best practices/recommendations for VL scale up that could be applicable in other settings. 1. _____ 2. _____ 3. _____ 4. _____

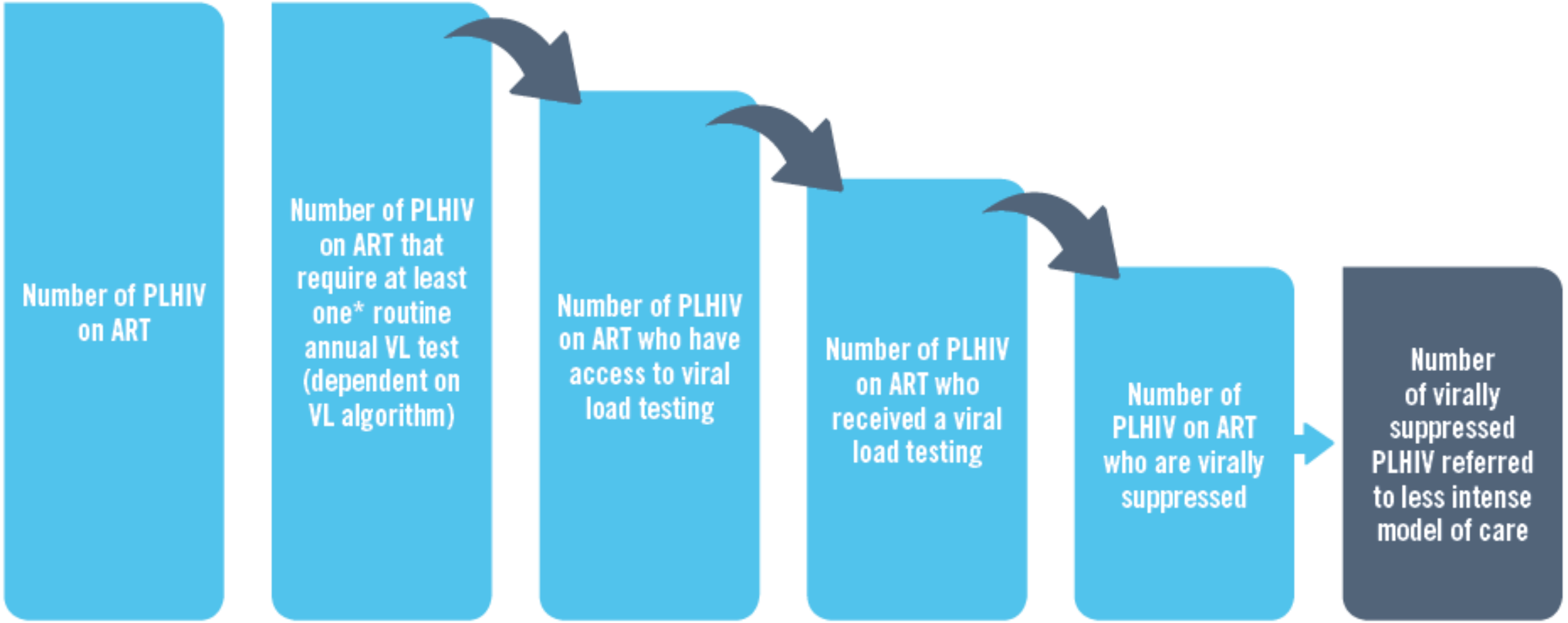
What do countries report in section 7?

Indicators	Country 1	Country 2	Country 3	Country 4	Country 5	Country 6	Country 7	Country 8	Country 9	Country 10	Country 11	Country 12
# of VL testing Labs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# of VL testing Machines	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Testing capacity	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# VL tests done	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
List of companies	No	No	No	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes
Estimated # of PLHIV	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tx_Curr	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# on 1st line	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# eligible VL test	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
# received VL test	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# Virally Suppressed	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
# on less intense model of HIV care	Yes	No	No	No	No	No	No	No	Yes	No	No	No
# Not suppressed received EAC	Yes	No	No	No	Yes	No	No	No	Yes	No	No	Yes
# Not suppressed h ada follow-up VL test	Yes	No	No	No	Yes	No	No	No	Yes	No	Yes	No
# re-suppressed	Yes	No	No	No	Yes	No	No	No	Yes	No	No	Yes
# Switched	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes

Countries have challenges tracking the VL testing cascade

- It affects the ability to design targeted interventions to improve the cascade (where are the gaps?)
- It results in delays achieving the 3rd 95
- Questions related to epidemiology of HIV cannot be answered

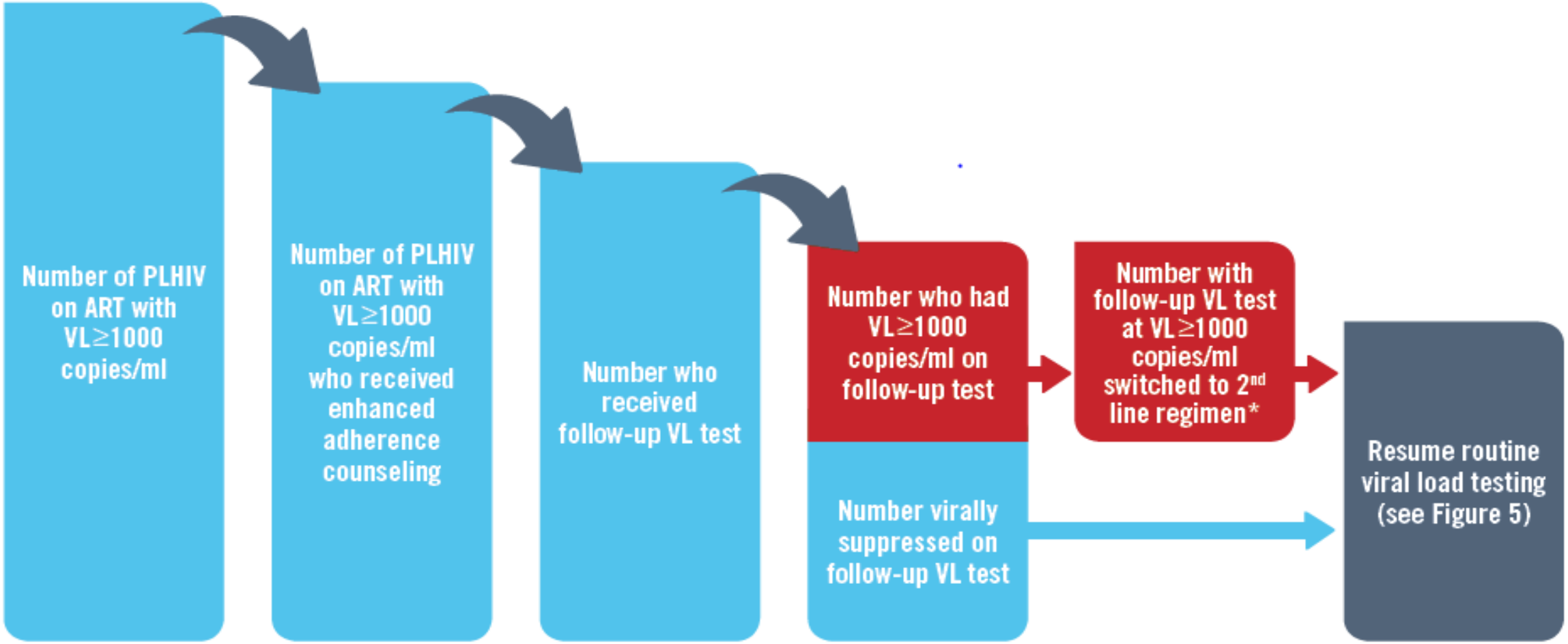
Cascade of Routine Viral Load Testing and Key Indicators to Track Virally Suppressed Patients



*A patient generally requires a VL test 6 and 12 months after ART initiation, and then once every 12 months thereafter.

Source: *Considerations for developing a monitoring and evaluation framework for viral load testing. Geneva: World Health Organization; 2019*

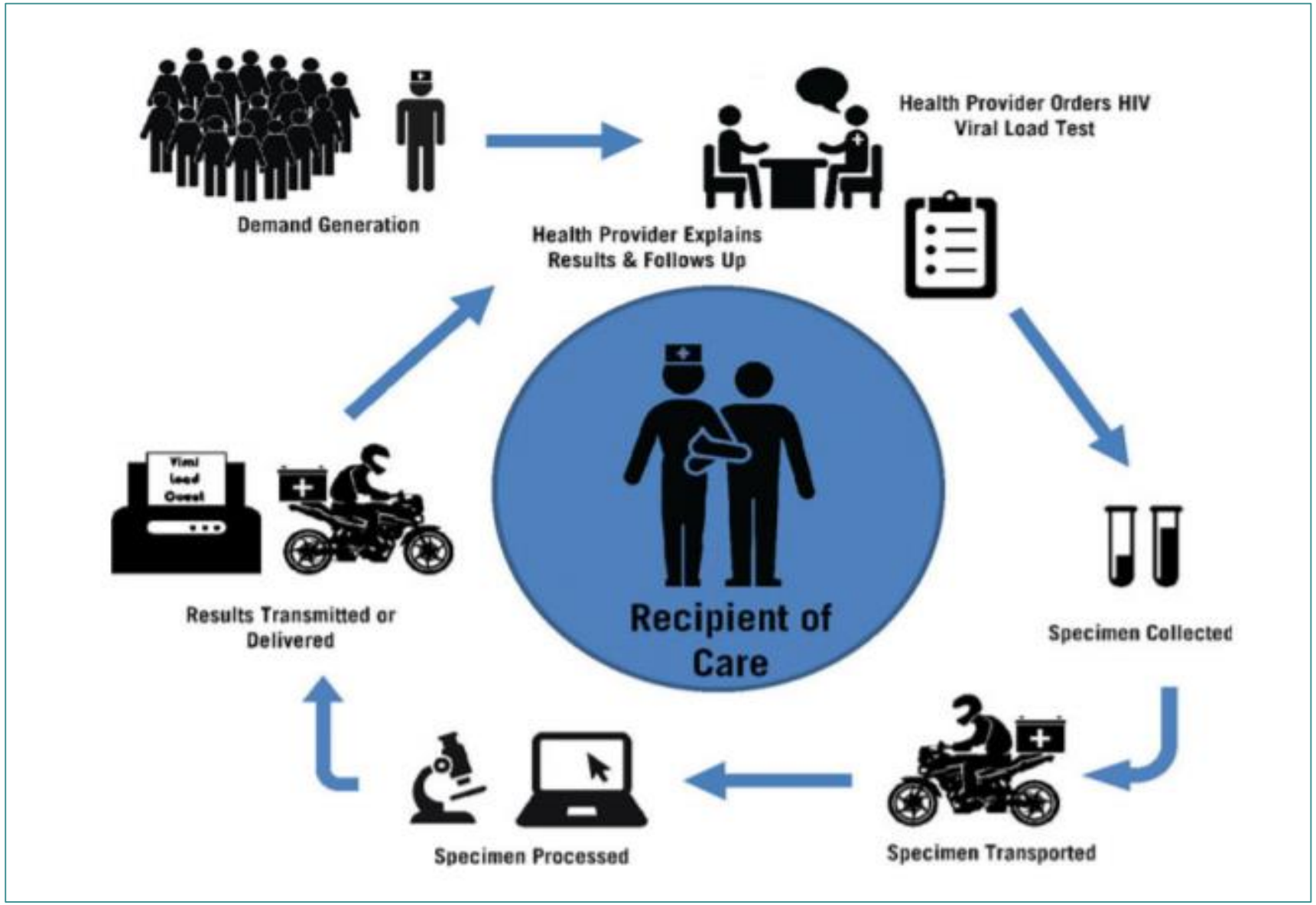
VL cascade for patients with a non-suppressed VL test result (VL>1000 copies/mL)



*In general, a patient switching to 2nd line will receive a VL test 6 months after 2nd line initiation, and again at 12 months, and once every 12 months thereafter.

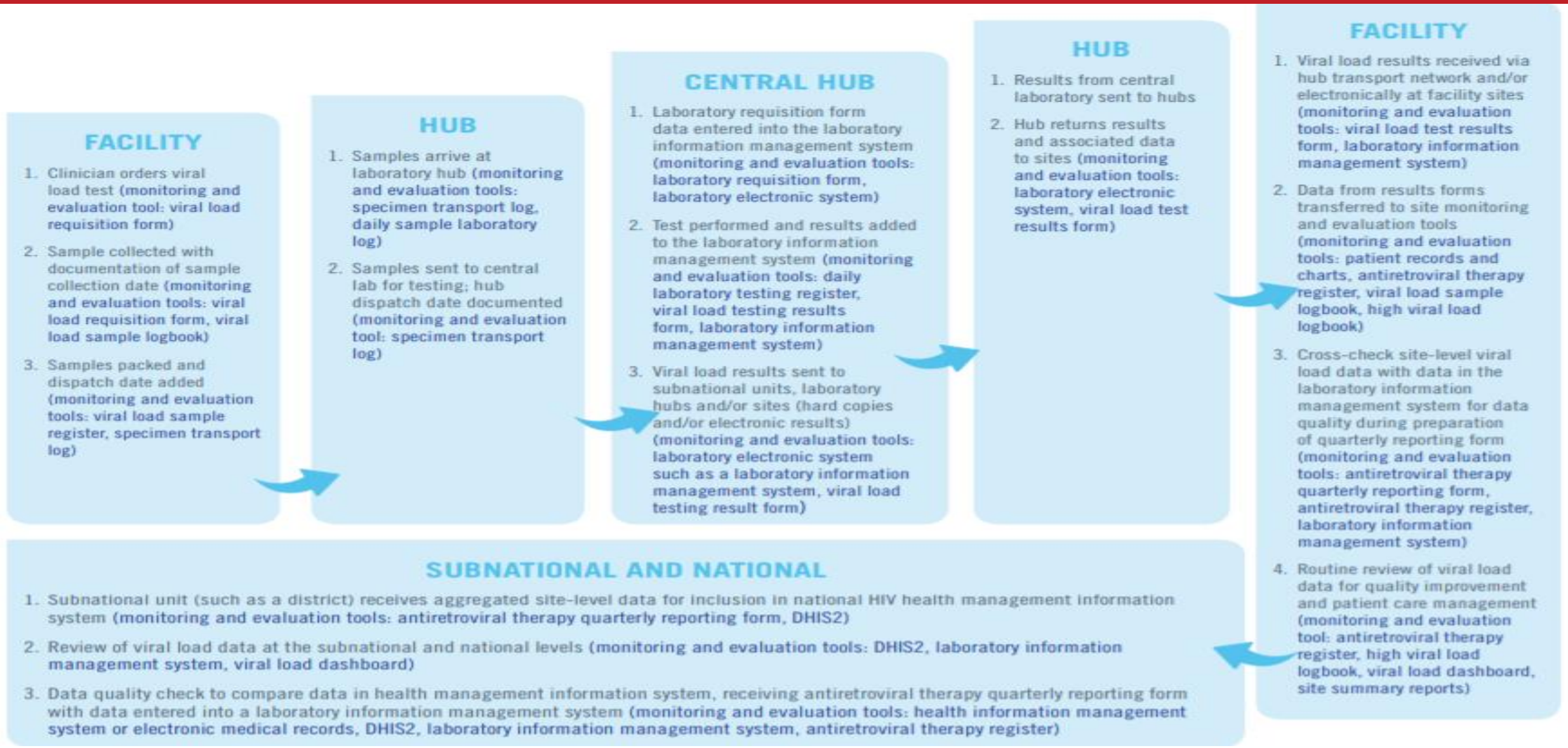
Source: *Considerations for developing a monitoring and evaluation framework for viral load testing. Geneva: World Health Organization; 2019*

M & E evaluation framework



How is the M & E framework for HIV VL designed in your country?

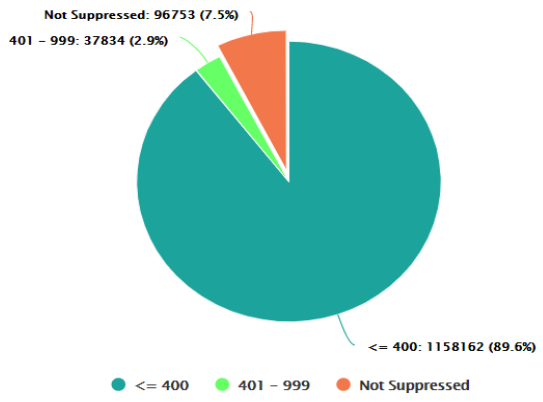
Example of an M & E evaluation framework



Source: *Considerations for developing a monitoring and evaluation framework for viral load testing. Geneva: World Health Organization; 2019*

Examples of national level VL dashboards

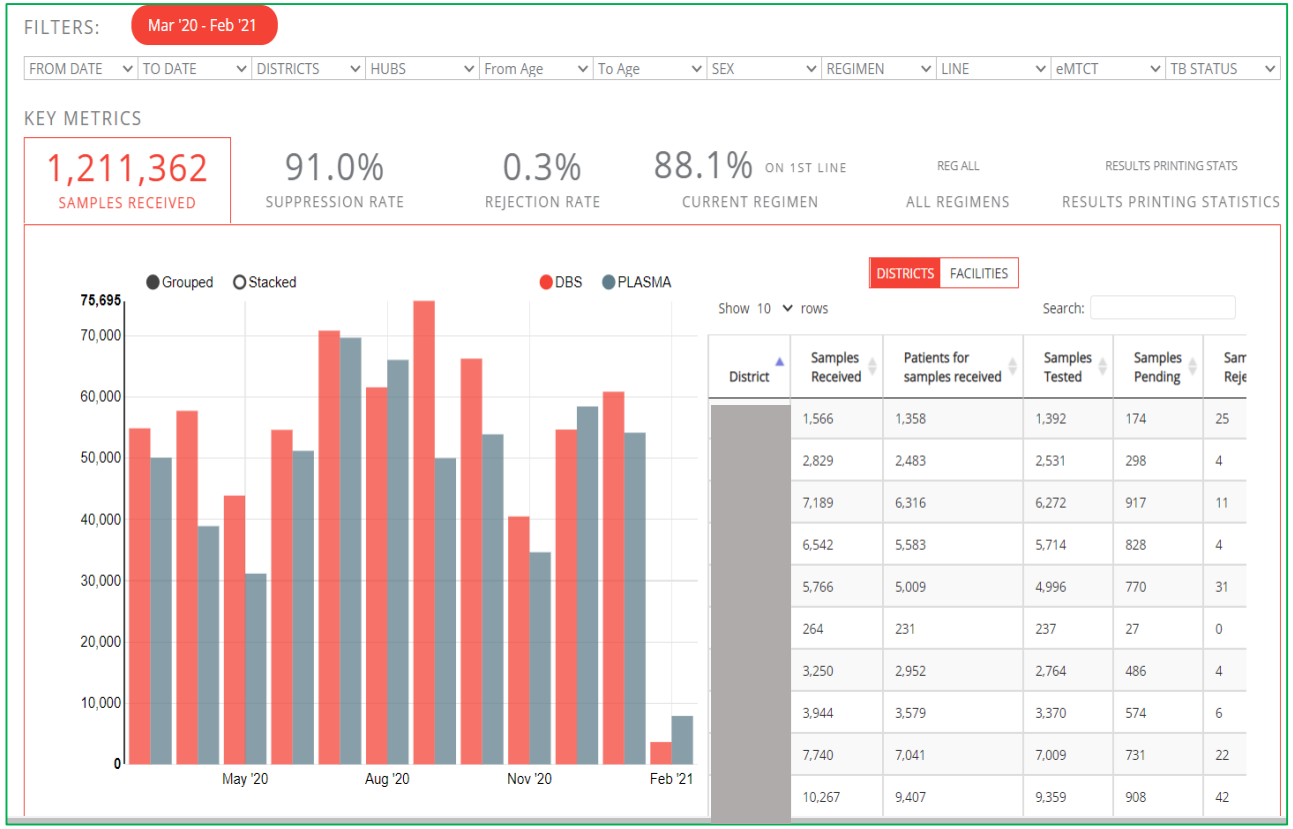
Example from Country A



Total VL tests done:		1,354,630	
Routine VL Tests with Valid Outcomes:	1,292,749	Suppression	95%
Valid Tests >= 1000 copies/ml (HVL):	96,753	Percentage Suppression	7.5%
Valid Tests <= 400 copies/ml (LDL):	1,158,162	Percentage Suppression	89.6%
Valid Tests 401 - 999 copies/ml (LLV):	37,834	Percentage Suppression	2.9%
Confirmatory Repeat Tests:	60,238	Non Suppression (>= 1000cp/ml)	17,834 (29.6%)
Baseline VLs:	1,643	Non Suppression (>= 1000cp/ml)	463 (28.2%)
Rejected Samples:	5,659	Percentage Rejection Rate	0.4%

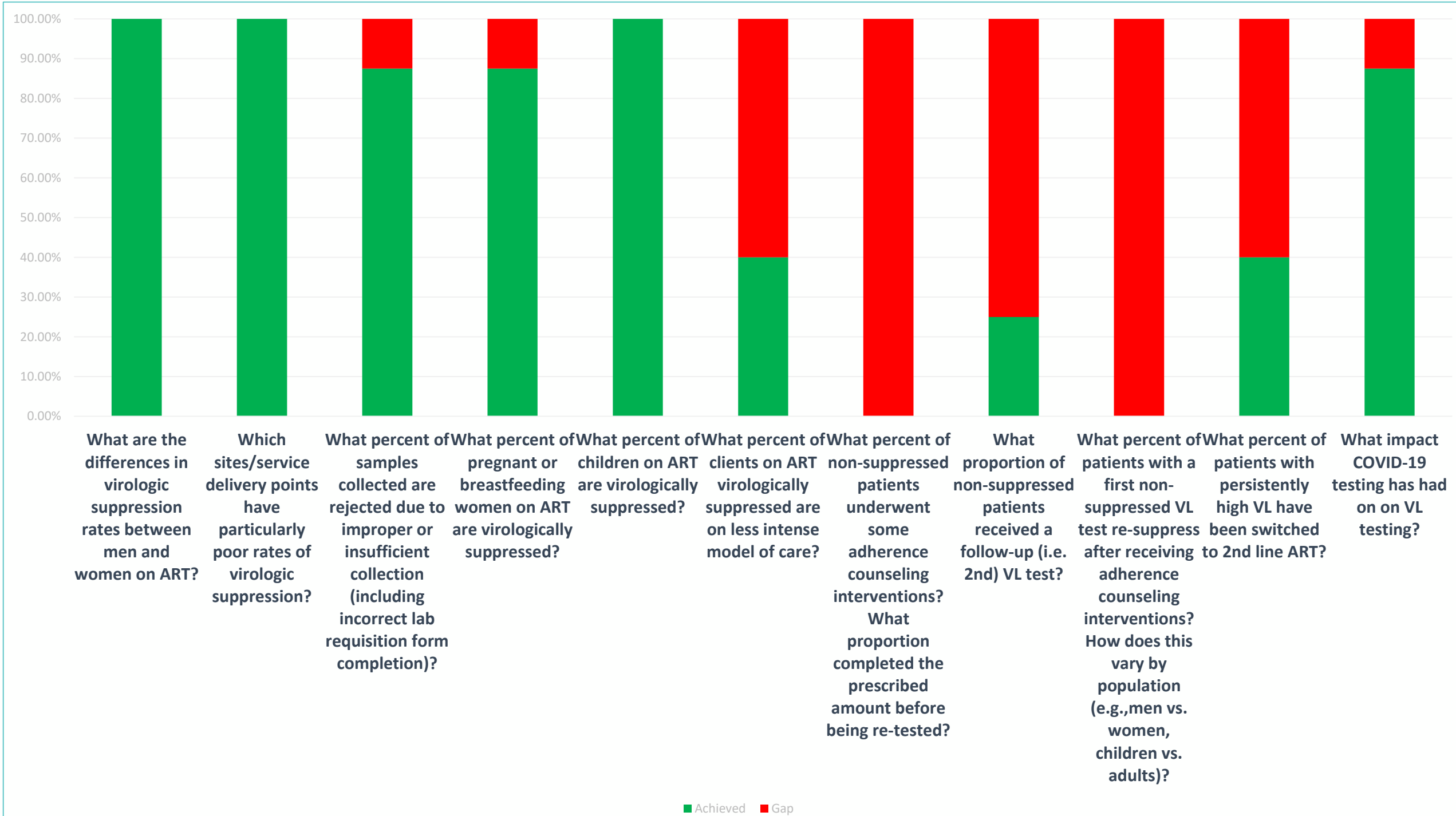
Average Sites Sending: 2,536 Total Sites Ever Sent: 30,437

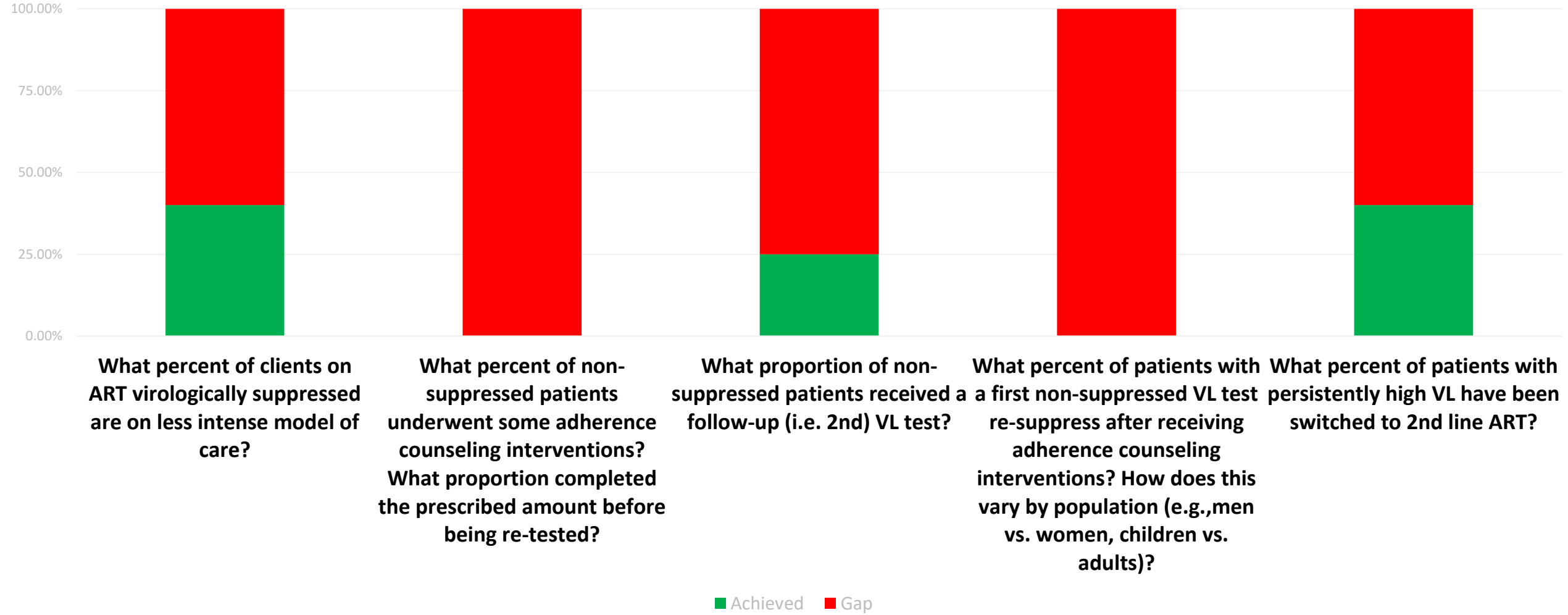
Example from Country B



What information can you pick from each? What are some of the decisions they can support you to make?

What are the questions that countries report being able to answer at national level?


100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
What are the differences in virologic suppression rates between men and women on ART?
Which sites/service delivery points have particularly poor rates of virologic suppression?
What percent of samples collected are rejected due to improper or insufficient collection (including incorrect lab requisition form completion)?
What percent of pregnant or breastfeeding women on ART are virologically suppressed?
What percent of children on ART are virologically suppressed?
What percent of clients on ART virologically suppressed are on less intense model of care?
What percent of non-suppressed patients underwent some adherence counseling interventions? What proportion completed the prescribed amount before being re-tested?
What proportion of non-suppressed patients received a follow-up (i.e. 2nd) VL test?
What percent of patients with a first non-suppressed VL test re-suppress after receiving adherence counseling interventions? How does this vary by population (e.g.,men vs. women, children vs. adults)?
What percent of patients with persistently high VL have been switched to 2nd line ART?
What impact COVID-19 testing has had on on VL testing?
Achieved
Gap

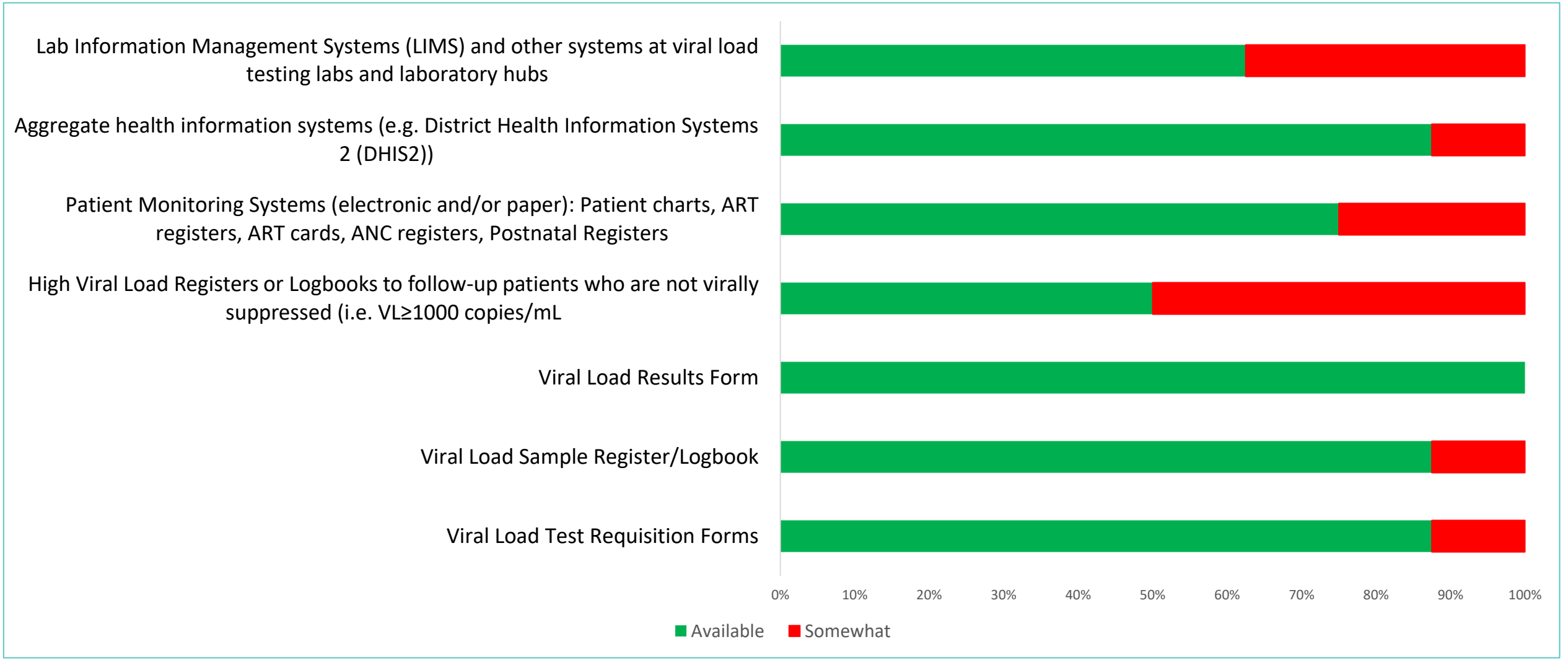


Discussion

1. Why is it difficult to get data to answer these questions?
2. What can we do to remedy this?

What are countries identifying as strengths and weaknesses of their VL M&E systems?

Availability of Monitoring and Evaluation Tools for Capturing Data Related to Viral Load



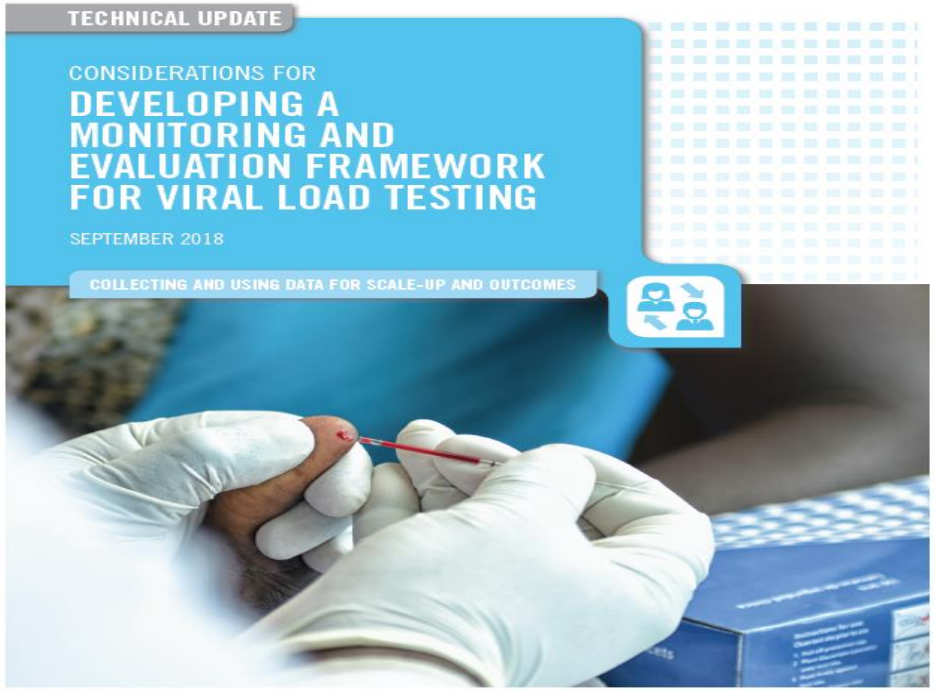
Who are the actors involved in collecting, analyzing an reporting data for M&E in your country?

Survey results within the LabCoP

Team Representation

- ✓Laboratory staff
- ✓HIV care and treatment programme managers
- ✓Health-care workers
- ✓Supply chain management staff Strategic information and monitoring and evaluation specialists

Key Resources



PEPFAR CDC World Health Organization ASLM USAID

Wafaa M El-Sadr, Miriam Rabkin, John Nkengasong and Deborah L Birx, J. Realizing the potential of routine viral load testing in sub-Saharan Africa. Journal of the International AIDS Society 2017, 20(S7):e25010

M&E Sub-community

Formal training

Practical exercises based on country situation

South to South exchange

NB: Laboratory M&E systems is a long-term endeavor involving multiple stakeholders including government, development partners, implementing partners, the private and public sectors, communities and others. Identify strategic stakeholders to support in towards achievement of the expected outcomes

Implementation Plan and Expected Outcomes

Topical Presentation (Every 1st Thursday)

- **Session 1:** M&E fundamentals
- **Session 2:** M&E framework for laboratory program
- **Session 3:** Indicators for lab program monitoring and evaluation
- **Session 4:** Establishing data management systems and dashboards, and data triangulation for program monitoring.
- **Session 5:** Data Quality
- **Session 6:** Evaluations and Service quality assessments

South to South sharing (Every 3rd Thursday)

Expected outcome

- ✓ M&E frameworks for VL testing services developed
- ✓ Roadmap for development/review of national level dashboards for tracking of viral load cascade developed
- ✓ Increased availability, access and use of VL data at all levels for decision making

"You can't manage knowledge – nobody can. What you can do is to manage the environment in which knowledge can be created, discovered, captured, shared, distilled, validated, transferred, adopted, adapted and applied." ~ Chris Collison and Geoff Parcell

Thank You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