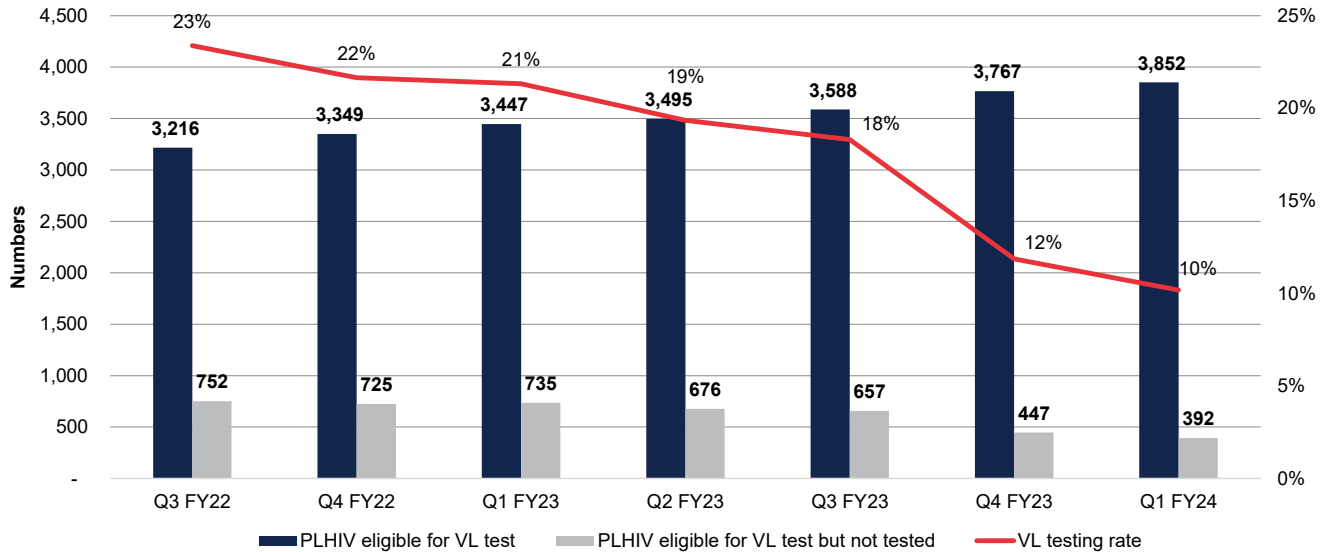




Figure 2. Trend in PLHIV eligible for VL testing who were not tested or did not receive results, Q3 FY22–Q1 FY24



The advanced community strategy used by the EpiC Côte d'Ivoire team provided support for taking at-home blood samples for VL testing for clients who could not travel to a facility; project staff identified this campaign as the most effective one for increasing VL testing coverage. Social workers, peer navigators, and peer educators organized VL campaigns using data on VL testing coverage gaps to reach PLHIV at home or in health centers, with transport reimbursement for those who traveled to a health center. The campaigns listed clients eligible for a VL test but not yet sampled, obtained appointments with clients via telephone calls and, in many cases, made home visits to collect each client's sample.

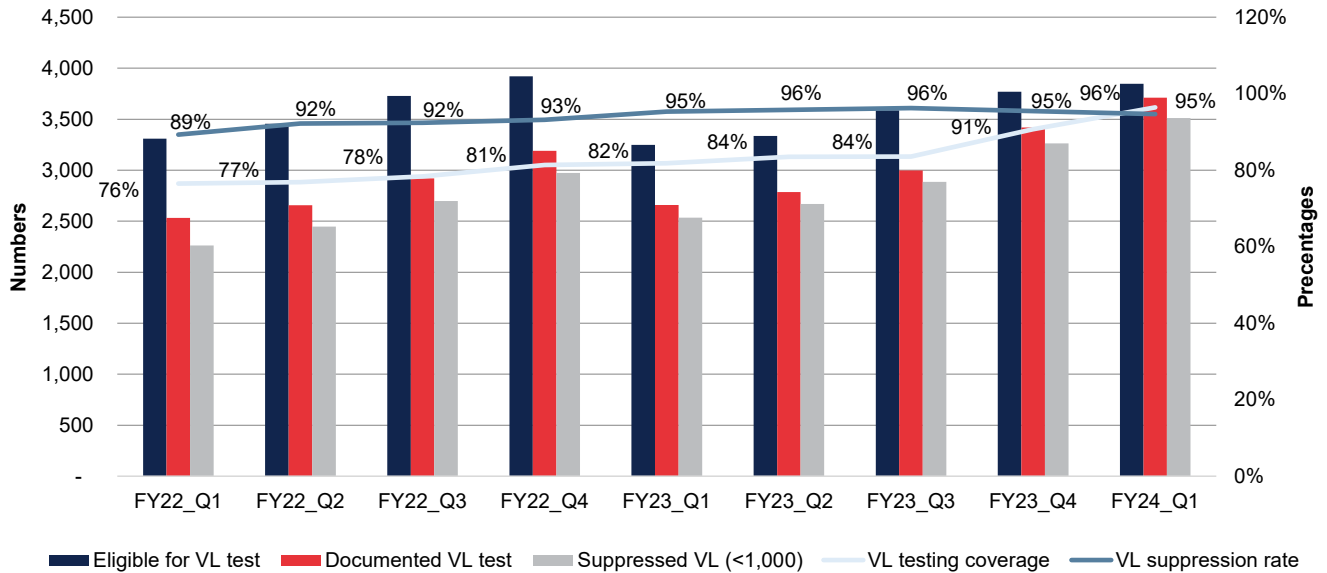
The strengthening of case management was critical to identify areas with high rates of missed appointments. EpiC supported health care providers to conduct daily monitoring using the Daily Situation Room Meeting database, which identified sites with many missed appointments, and to conduct reviews of patient records. EpiC also confirmed that clients who had been tested received their VL results, which improved individual engagement with the health system.

Systematic improvements led to increased efficiency and improved collaboration in the handling of VL samples. Strategies included aligning VL sampling with appointments for antiretroviral drug pickup, improving sample handling and transport routes to increase efficiency and avoid rejection of samples based on quality and technical issues, and improving collaboration between VL focal points at EpiC sites and reference laboratory managers. To strengthen communication systems, EpiC put in place an online database and provided technical assistance to support its use so that laboratories could track their samples and EpiC could follow up on test results that were not delivered.

## Results

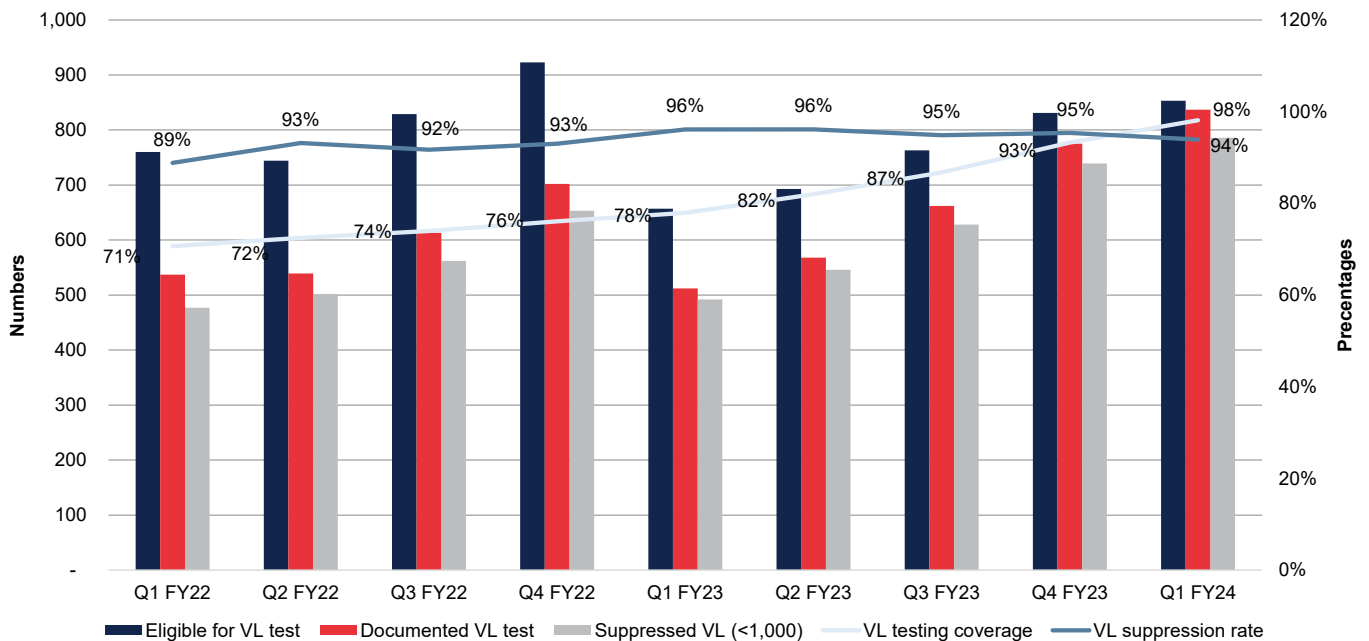
EpiC’s efforts to reach those with missed appointments led to improved VL testing coverage among key populations and the general population, with MSM clients showing the greatest improvement. Among all populations, VL testing coverage increased from 89 percent in Q1 FY22 to 95 percent in Q1 FY24 (Figure 3).

Figure 3. Côte d’Ivoire VL cascade (all populations), Q1 FY22–Q1 FY24



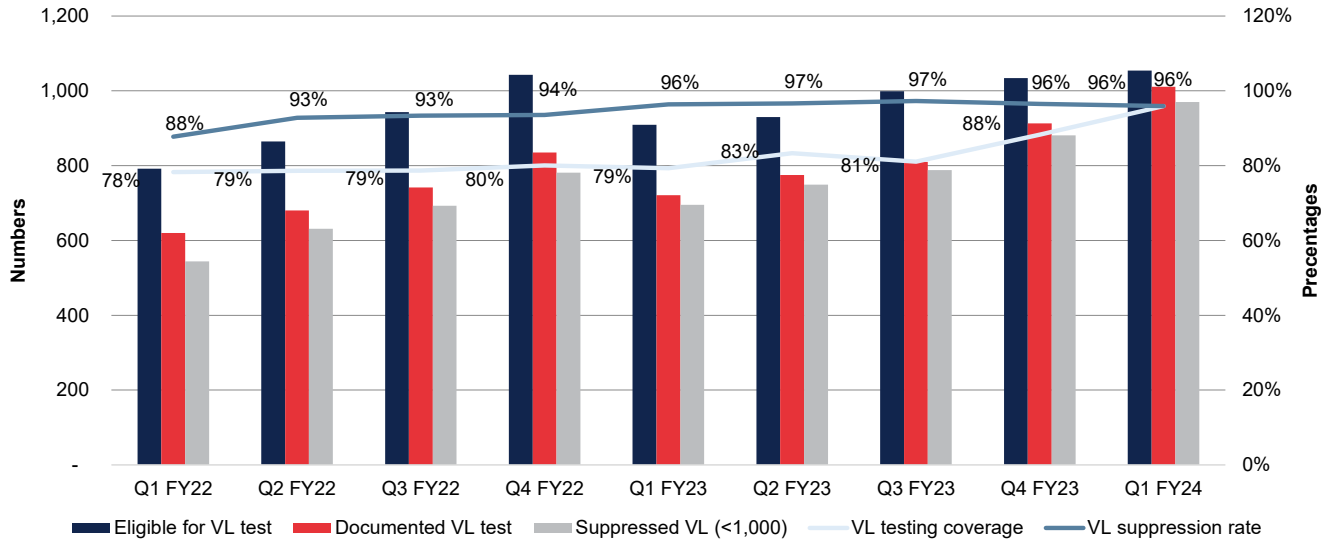
VL testing coverage among MSM increased from 71 percent in Q1 FY22 to 98 percent in Q1 FY24 (Figure 4). The two drop-in centers identified as having the lowest VL testing coverage among the EpiC-supported sites during the second half of FY23—where 382 of the 857 MSM were missing VL samples—put in place a client recovery plan to address the gap, resulting in the collection of 137 of the 382 VL samples (36 percent).

Figure 4. Côte d’Ivoire VL cascade (MSM), Q1 FY22–Q1 FY24



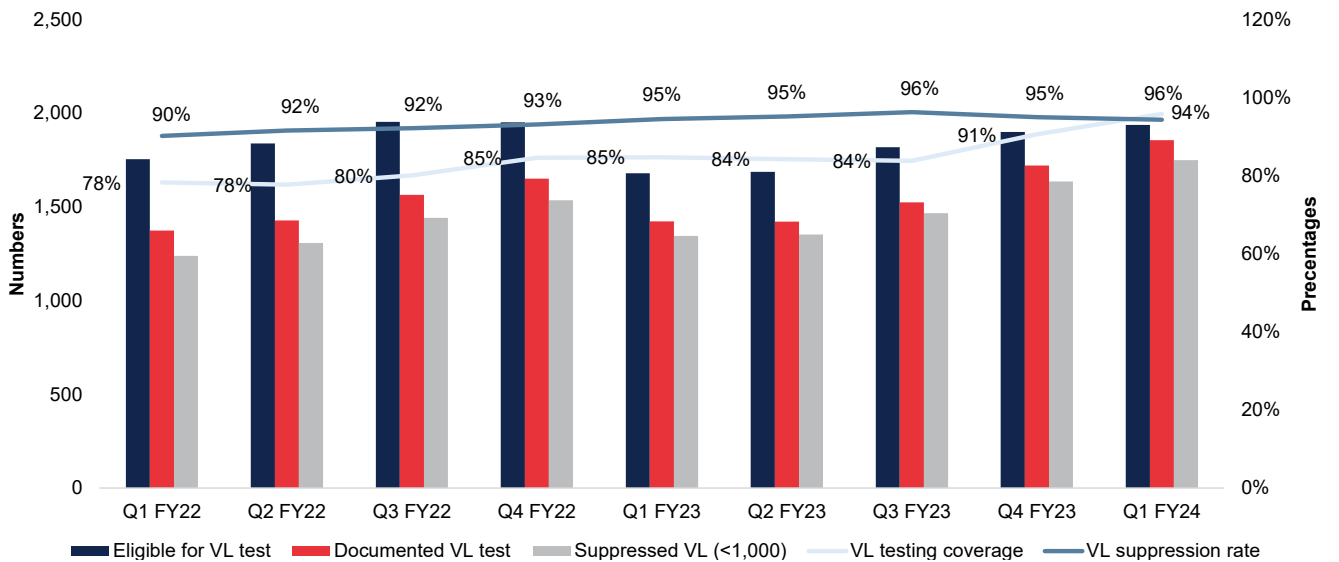
VL testing coverage among FSWs increased from 78 percent in Q1 FY22 to 96 percent in Q1 FY24 (Figure 5). EpiC will be conducting a detailed analysis to determine the characteristics of FSWs who are not virally suppressed to enable the program to provide more targeted client-centered support.

Figure 5. Côte d'Ivoire VL cascade (FSWs), Q1 FY22–Q1 FY24



VL testing coverage for priority populations (all populations except FSWs, MSM, and transgender individuals) increased from 78 percent in Q1 FY22 to 96 percent in Q1 FY24 (Figure 6).

Figure 6. Côte d'Ivoire VL cascade (priority populations), Q1 FY22–Q1 FY24



## Lessons Learned

Among the additional challenges to increasing VL testing coverage were low rates of returned VL test results and stock-outs of testing supplies. To improve the return of results, EpiC monitored daily sampling from the time of receipt in the laboratory through the return of results to sites and receipt of results by clients via OpenELIS software.

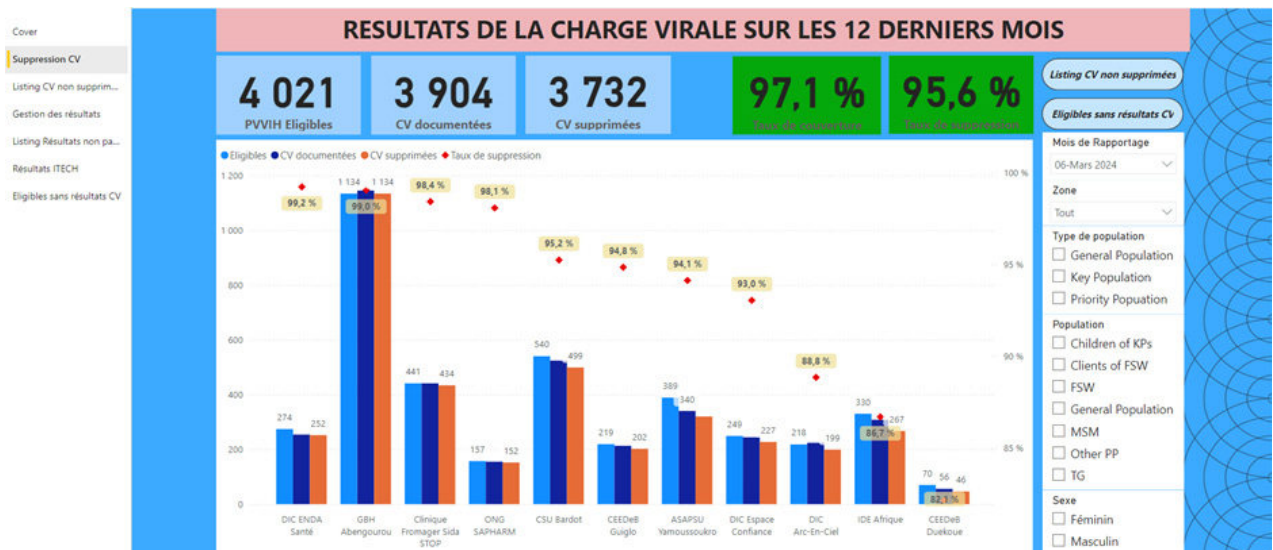
The project addressed missing VL test results among clients by holding catch-up days. EpiC addressed stock-outs by providing logistical support to transfer VL sample cards from the Programme National de Lutte contre le Sida (National AIDS Control Program) to five sites, ensured semimonthly analysis of inventory, and checked with PEPFAR partners about the availability of reagents.

## Next Steps

EpiC is sustaining the VL testing coverage and suppression increases by ensuring the continued implementation of activities for all four strategies in project-supported areas. In addition, the project created a dashboard allowing real-time review of data on coverage and suppression to improve monitoring of clients eligible for VL testing but without documented VL test results (Figure 7). The development of sustainable finance strategies that leverage funding from multiple sources, including national governments, private philanthropists, and social enterprises, could support the efforts of EpiC partners to sustain activities in the longer term, in the event that funding from international donors decreases in future years.

These interventions have been fully implemented in the 16 health regions and 24 health districts supported by EpiC in Côte d'Ivoire and have the potential for expansion to other sites.

Figure 7. Côte d'Ivoire VL dashboard



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