

Advanced community strategies and systems strengthening improve viral load testing coverage in Côte d'Ivoire

SUCCESS STORY | JULY 2024



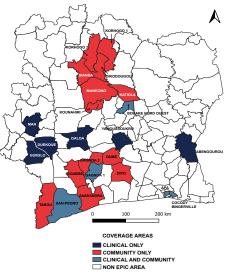
In Côte d'Ivoire, missed appointments and systems-level shortfalls for viral load (VL) testing among people living with HIV hinder efforts to reach epidemic control. Regular VL testing ensures clients are adhering to antiretroviral therapy (ART) and are virally suppressed—and because undetectable VL means the virus is untransmissible, maintaining VL suppression is critical to reaching the UNAIDS 95-95-95 goals and ending the HIV epidemic. While the HIV prevalence in Côte d'Ivoire is 1.9 percent overall, the prevalence was 12.6 percent among female sex workers (FSWs), 11.6 percent among men who have sex with men (MSM), 22.6 percent among transgender individuals, and 2.6 percent among people in prison in 2019.

The Meeting Targets and Maintaining Epidemic Control (EpiC) project, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) and led by FHI 360, sought to understand and address the causes of low VL testing coverage and suppression in Côte d'Ivoire from October 2022 through December 2023. EpiC Côte d'Ivoire supported the locally led HIV response in 16 health regions, 24 health districts, 32 communes, and 11 health facilities and worked with 14 community-based organizations (Figure 1). In partnership with these clinics and community partners, the project identified the following causes of missed appointments for VL testing: lack of financial means for transportation, distance to health center, and client relocation. In addition, some clients eligible for VL testing did not have initial samples taken and, in these instances, the challenges identified were stopping ART to attend a prayer camp, preferring traditional healers, relocating, traveling frequently, or transferring to another health center without informing the previous facility. Another challenge to VL testing coverage was a disconnect between testing programs, laboratories, and clinics, which caused some samples not to be tested or test results not to be communicated to clinics and clients. The primary challenge to increasing VL suppression was the distance clients needed to travel to health facilities to pick up their ART.

Description

EpiC worked to increase VL testing coverage in Côte d'Ivoire with the ultimate aim of increasing VL suppression, through (1) the use of an advanced community strategy that included at-home testing; (2) improvements to case management to increase adherence; (3) systematic improvements, including strengthening the sample circuit, monitoring VL activities through daily situation-room meetings, providing high-speed internet, and supporting communication; and (4) the use of online systems for monitoring. The percentage of people eligible for VL testing who had not been sampled or received test results declined from 23 percent in the third quarter of fiscal year 2022 (Q3 FY22) (April-July 2022) to 10 percent in Q1 FY24 (October-December 2023) (Figure 2).

Figure 1. Map of Côte d'Ivoire showing EpiCsupported districts







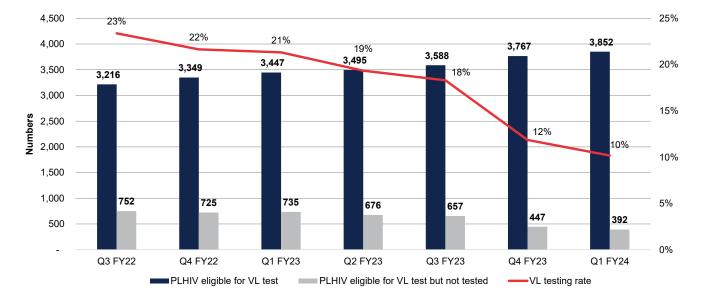


Figure 2. Trend in PLHIV eligible for VL testing who were not tested or did not receive results, Q3 FY22–Q1 FY24

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).

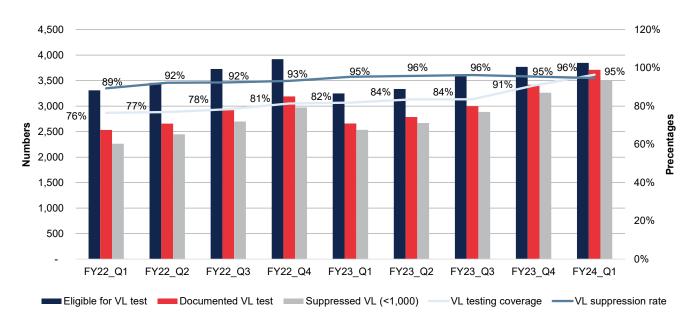


Figure 3. Côte d'Ivoire VL cascade (all populations), Q1 FY22–Q1 FY24

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).

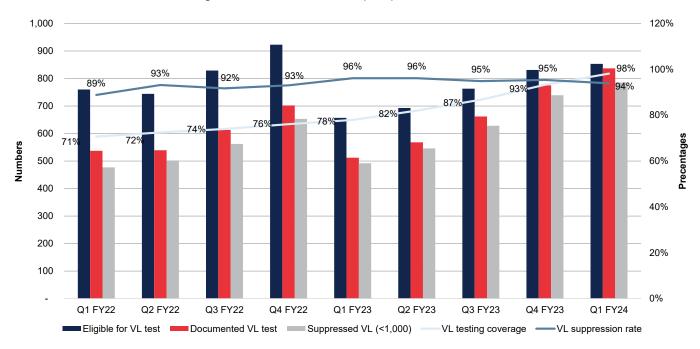


Figure 4. Côte d'Ivoire VL cascade (MSM), Q1 FY22-Q1 FY24

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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.

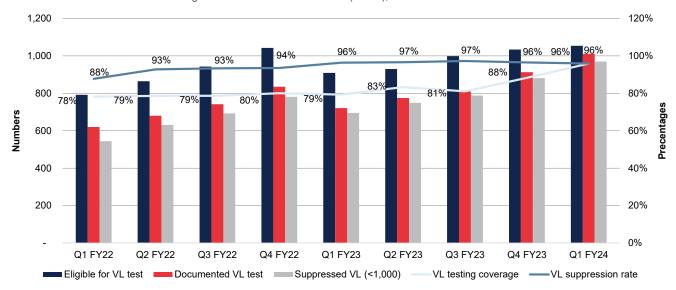


Figure 5. Côte d'Ivoire VL cascade (FSWs), Q1 FY22-Q1 FY24

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).

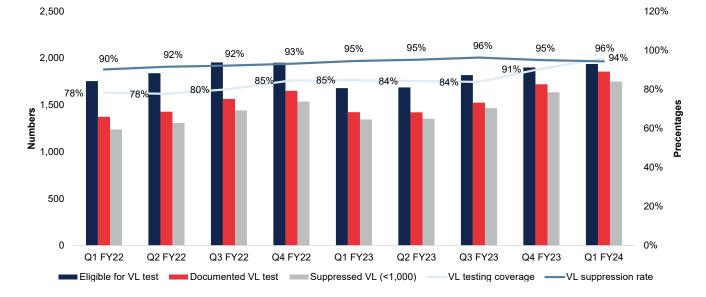


Figure 6. Côte d'Ivoire VL cascade (priority populations), Q1 FY22-Q1 FY24

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.

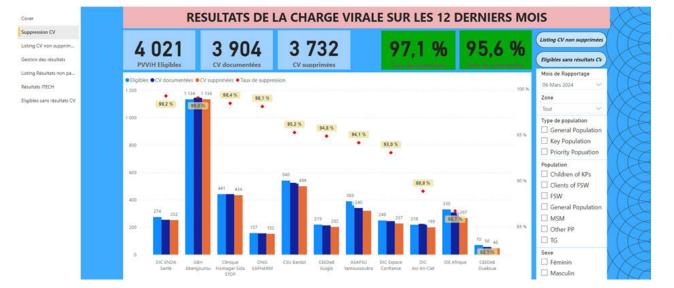


Figure 7. Côte d'Ivoire VL dashboard

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This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI).