Presentation outline

Background of the Uganda VL program
Progress towards HIV epidemic Control
Viral Load (VL) coverage
Closing gaps in the third 95 by sub population, FY20Q4
Uganda M&E strategy
The VL data flow from health facilities to results dispatch
Distribution of hubs
Data tools used at different levels
The VL dashboard
Challenges
Background of Uganda VL program

- Uganda has a total of 1.47 million people living with HIV and out of these, 1.2 million are on ART.
- VL testing program was initiated in August 2014 after ART guidelines review had adopted WHO recommendations (2013)
A centralized testing approach was used building on EID program.

The program currently have 100 hubs across the country.

Each hub serves averagely 23 peripheral facilities (>1700 ART sites in the country).
Progress towards HIV epidemic control: Uganda national 95-95-95 community cascade, FY20Q4 (Sept 2020)

- Number PLHIV: 1,476,846
- Diagnosed: 1,275,306 (86%)
- Currently on ART: 1,267,521 (86%)
- Virally Suppressed: 937,341 (63%)
VL coverage fluctuated in 2019-2020 due to COVID interruptions but suppression was quite stable.
### VL Coverage (FY20Q4)

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Coverage issues: females: (15-49yrs) males (20-49yrs)

### VL Suppression (FY20Q4)

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Suppression issues: females: (0-19yrs) males (0-24yrs)
<table>
<thead>
<tr>
<th>STAKE HOLDERS</th>
<th>ROLES / TASKS</th>
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<tbody>
<tr>
<td>AIDS Control program</td>
<td>Identification of persons to be trained as TOTs for respective IPs and regions (lab, clinical &amp; counseling) = ALL IPs/DHO’s office</td>
</tr>
<tr>
<td>Central Public Health Laboratories</td>
<td>Designing and production of IEC materials (CHC, ACP, CPHL, METS)</td>
</tr>
<tr>
<td>Development partners like CDC, DFID, USAID, DOD, MSH, WHO etc.</td>
<td>Scheduling of training dates for respective hubs/districts and tracking progress of facilities trained (ACP, CPHL, METS)</td>
</tr>
<tr>
<td>Districts</td>
<td>Monitoring of test outputs per district on monthly basis (ACP, CPHL, METS)</td>
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<tr>
<td>Implementing Partners</td>
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</table>
Distribution of hubs by Support Agency
The VL data flow from health facilities to results dispatch

- Lower Health Facility
  - VL
  - EID
  - TB
  - CD4
  - Others

- Hub Facility Level
  - Electronic Sample Tracker
  - Testing TB, CD4, Others
  - HMIS REGISTERS
  - HUB REGISTER
  - ELECTRONIC SAMPLE TRACKER
  - ELECTRONIC RESULTS DOWNLOAD

- Reference Lab
  - Testing VL, EID, others

- VL DASHBOARD
  - ELECTRONIC SAMPLE TRACKER
Data tools used at different levels

**Health facilities**
- ART register (HMIS 081)
- ART Patient card (HMIS 122A)
- Non suppressed register (HMIS ACP 001)
- Lab request form
- Electronic sample tracker

**District hub**
- Hub register
- Bike rider log book
- Electronic Hub module
- Electronic sample tracker

**Central testing lab**
- Vehicle log book
- Electronic LIMS
- VL dashboard
The Viral Load dashboard

https://vldash.cphluganda.org/

Number of ART sites with accounts to download results = 560

Number downloading results = 290 (52%)

Logistics issues

Health information exchange (HIE)
49 facilities (LIMS to EMR)
Functions of the VL dashboard

https://vldash.cphluganda.org/

- Data Analysis by ART Regimen
- Data Analysis by Geographic Region
- Results Download/Printing at Hub/Site
- Listing of Non Suppressed Patients Per Site
https://vldash.cphluganda.org/

Data Analysis by Geographic Region

Data Analysis by ART Regimen

Key Metrics:
- 1,304,765 samples received
- 91.5% suppression rate
- 0.3% rejection rate
- 88.1% current regimen

Image shows a bar chart with different data categories such as Grouped, Stacked, DBS, and Plasma.
REPORT ON CASCADE ANALYSIS FOR VL NON SUPPRESSION (CQI MODEL)

- **National VL CQI Collaborative (Sets the Agenda)**
  - **District VL CQI Mentors (One Mentor per Four Art Facilities)**
    - **Facility VL CQI Team (Focuses on NS Cascade)**

- **Number of Non Suppressed (NS) Clients Identified 6 Months Prior to Reporting Period**
  - **Number of NS Clients That Received at Least Three Intensive Adherence Sessions (IAC)**
    - **Number of NS Clients That Received Second VL Test After 3 IACs**
      - **Number of Clients That Suppressed on Second VL Test**
      - **Number of Clients That Remained NS on Second VL Test**
      - **Number of Clients That Switched to Second Line Art Regimen**
An example of the IP report on cascade analysis for VL non suppression

Table 48: Cascade of management of virally non-suppressed children 0-9 years in Q1

<table>
<thead>
<tr>
<th>District</th>
<th># non-suppressed clients identified (6 months prior to reporting period)</th>
<th># clients 2nd sample collected</th>
<th>% of non-suppressors who received at least 3 IAC sessions</th>
<th>% of non-suppressors who received at least 3 IAC sessions</th>
<th>% of non-suppressors that received the 3 IAC sessions</th>
<th>% of non-suppressors that received the 3 IAC sessions</th>
<th>% of clients who remained non-suppressed after IAC</th>
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Data source: [VLCQI 21st January 2021]

Color code: <70% | 70%-80% | 80%-90% | 90%+
Challenges with M&E

1. Poor infrastructure especially lack of power and internet connectivity in several health facilities.
2. Stock out of data tools (request forms and bar codes)
3. Accurate unique patient identification (UIDs)
4. Data quality e.g. Inaccurate ART regimen reporting
5. Tracking of non suppressed patients (reporting on cascade)
6. Stakeholder Performance review challenges (COVID travel restrictions)
Lessons learnt on good M&E practices

1. Effective monitoring begins with identification of stakeholder needs (leave no one behind)
2. Continuous quality improvement is key for piloting/testing and adoption of tools prior standardization into HMIS
3. Regional & district Performance review meetings encourage poor performers to improve
4. Need for interoperability of electronic systems for effective Health information exchange (HIE)
5. It is essential to have periodic data quality assessment for valid and accurate data
Acknowledgement

1. PEPFAR Uganda
2. MOH ACP team
3. METS
4. CPHL colleagues; Dr. Charles Kiyaga, Dr. Zziwa Martin, Dr. Victor Bikira, Dr. Nicholus Nanyenya, Dr. Isaac Ssewanyana, Mbabazi Prossy, Batamwita Richard, Ntale Jonathan
5. MOH Department of lab services