ASLM

AFRICAN SOCIETY FOR LABORATORY MEDICINE

ADVANCING THE LABORATORY PROFESSION AND NETWORKS IN AFRICA

Leveraging Data Insights Through Dashboards

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The Role of Dashboards

Dashboards offer **real-time visibility** into performance.

They provide a **comprehensive overview**, allowing for **quick and informed** decisions.

Dashboards **streamline** complex data into **intuitive** visualizations.

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Lab CoP

LabCoP Project Dashboard

The Laboratory Systems Strengthening Community of Practice (LabCoP) was established by the African Society for Laboratory Medicine to foster south-to-south knowledge exchange and joint learning to share best practices of laboratory systems strengthening. LabCoP fosters a south-south knowledge exchange and joint learning by linking together country teams from across Africa with global experts, and sharing the knowledge and best practices of laboratory systems strengthening amongst ministries of health. Topics include monitoring and evaluation (M&E), HIV viral load testing scale up, tuberculosis (TB), COVID-19 and more. On annual basis LabCop work with country teams to conduct a number of assessments whose findings informs countries' workplans. Some of the main assessment that are conducted are;

HIV Viral Load Self Assessment

The VL cascade self-assessment is intended; (i) to assess strengths and weaknesses of the general laboratory system to support VLT scale-up in a given country, and (ii) to monitor and demonstrate the degrees of improvement or continued challenges. Each domain is assigned the lowest score given to any question, within that component, highlighting weaknesses.

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Integration Assessment

The Integration Assessment Score Card was developed by ASLM in collaboration with its partners (PEPFAR, The Global Fund, CHAI, FIND and WHO) to help countries identify gaps in critical components of integration and develop solutions to successfully integrate testing services to improve national diagnostic networks and clinical outcomes.

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HIV VL Self-Assessment Dashboard

Year: 2019 | 2020 | 2021 | 2022 | 2023

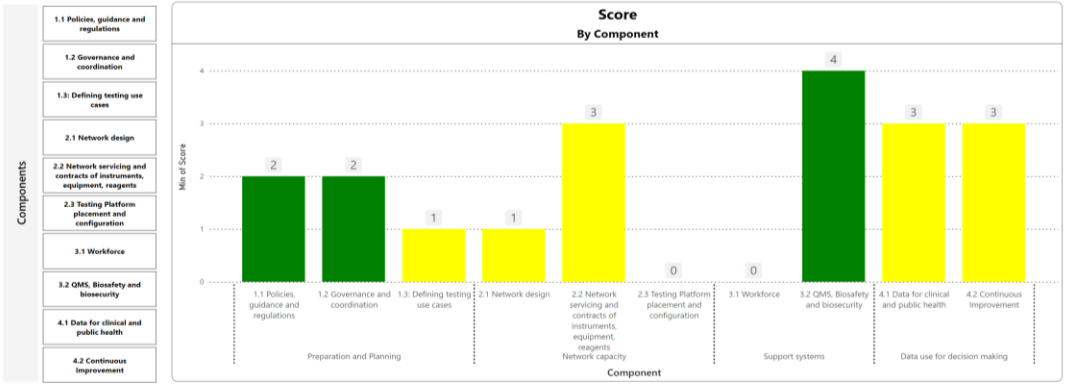
Domain	2019	2020	2021	2022	2023
Leadership and Management	2	3	3	4	4
Results Utilization	2	2	3	2	3
Supply Chain Management and Equipment Maintenance	2	3	3	2	3
Waste Management and Biosafety	2	2	2	3	3
HIV VL Testing	3	3	3	3	3
Sample Transportation	3	3	3	3	3
Specimen Collection and Processing	2	3	3	3	3
Demand Creation for HIV VL Testing	2	3	3	4	4

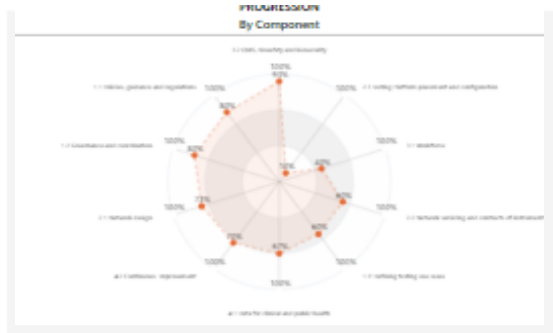
Domain	Indicator	2019	2020	2021	2022	2023
Demand Creation for HIV VL Testing	1.1 National strategy to increase VLT demand	3	3	3	4	4
	1.2 National HIV VLT awareness campaign for PLHIV	3	4	3	4	4
	1.3 National HIV VL strategy for stakeholders	2	3	3	4	4
	1.4 National training programme for clinician on importance of VL on	3	4	4	4	4
Specimen Collection and Processing	2.1 National guidelines on specimen management	2	3	3	3	3
	2.2 national system to monitor specimen rejection rate	3	3	3	3	3
	2.3 Level of specimen rejection rate	4	4	4	4	4
	2.4 compliance of specimen management with national guidelines	3	3	3	3	3
Sample Transportation	3.1 existence of a national integrated specimen referral	4	4	4	4	4
	3.2 quality of the national specimen transportation system	4	3	4	3	3
	3.3 National average Turn-around time of specimen transportation	3	3	3	3	3
HIV VL Testing	4.1 National programme for quality management system of medical laboratories	4	4	4	4	4
	4.2 SLIPTA Stable implementation in country	3	3	3	3	3
	4.3 Participation in EQA for VLT	4	4	4	4	4
	4.4 Standard operating protocols for VLT	4	4	4	4	4
Waste Management and Biosafety	4.5 national policies, strategies, or guidelines for laboratory waste management and disposal, which are used in the VL testing VL laboratory	2	2	2	3	3
	4.6 national on biosafety and biosecurity manual, which are used by VL testing laboratories	2	2	3	3	3
Supply Chain Management and Equipment Maintenance		2	3	3	3	4
	4.7 national procurement strategy of reagent and consumable for laboratory testing	3	3	3	3	3
	4.8 VL national testing needs covered by the current VL testing capacity	3	4	3	4	4
	4.9 national lab maintenance plan/strategy implemented for VLT equipment	2	3	3	2	3
Results Utilization	5.1 National waste management strategies	2	2	3	2	3
	5.2 Biosafety manual in VLT labs	3	3	3	3	3
	5.3 protocols for the interpretation of VL results and utilization for client management	4	4	4	4	4
	5.4 strategy ensuring that clinicians are continuously trained for the interpretation of VLT results and utilization for	3	4	3	4	4

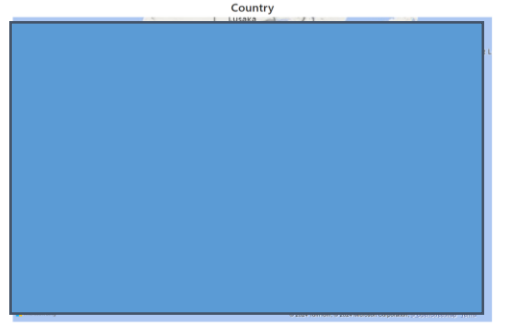
Data Available Data Unavailable

Indicators	2020	2021	2022	2023
Tx_Curr	12,502,123.00	14,692,547.00	15,607,113.00	20,570,504.00
Testing capacity	27,313,756.00	29,091,259.00	13,458,552.00	41,576,049.00
Estimated # of PLHIV	17,129,068.00	18,151,051.00	19,322,407.00	23,945,605.00
# VL tests done	12,097,013.00	13,472,210.00	14,566,299.00	19,688,222.00
# Virally Suppressed referred to a less intensive model of care				5,933,253.00
# Virally Suppressed	7,835,785.00	9,660,718.00	11,539,778.00	15,210,334.00
# switched to 2nd/3rd line regimen			6,982.00	18,913.00
# suppressed after follow up VL			58,110.00	121,733.00
# received VL test	8,761,785.00	10,749,345.00	12,433,264.00	16,782,402.00
# received followup VL			87,713.00	150,855.00
# on 1st line	9,962,862.00	7,406,795.00	7,161,602.00	11,804,178.00
# not suppressed received EAC			635,591.00	206,496.00
# eligible VL test	11,648,721.00	13,507,420.00	14,206,530.00	19,631,291.00

Integration Assessment Dashboard







Country Score Performance

By Specific Questions

Capability	Component	Questions	Min of Score
Support systems	3.1 Workforce	3.1.1 Are staffing requirements in line with integrated diagnostic and complied to in situations of routine and emergency?	0
		3.1.2 Is there a competent, self sustainable workforce to support all aspects of integrated diagnostic?	4
		3.1.3 Is there a national strategy in place to guide task shifting, rotation and work shifts in support of integrated diagnostic services?	2
	3.2 QMS, Biosafety and biosecurity	3.2.1 Are there integrated systems in place to monitor implementation of QMS? Does it include an integrated mechanism to address non-conformances?	5
		3.2.2 Does the testing adhere to Biosafety and Biosecurity requirements for each pathogen included in the integrated testing strategy? Is the biosafety consideration implemented based on the most dangerous pathogen*?	5
		3.2.3 Is diagnostic waste managed in an integrated and sustainable way?	4
Preparation and Planning	1.1 Policies, guidance and regulations	1.1.1 Are there National laboratory/health policies and strategic plans that address integration of diagnostic services and laboration systems for priority diseases as per the Maputo Declaration? Are they implemented?	5
		1.1.2 Is there a national list for essential diagnostics? Is the list based on evidence (i.e. priority diseases prevalence)? Does it include recommendations for integration opportunities addressing all diseases and technologies?	2
		1.1.3 Is there a formal national procedure for adopting new test on existing approved platforms?	5
	1.2 Governance and coordination	1.2.1 Is the governance of national laboratory services under the coordination of a directorate of laboratory services (or equivalent) within the ministry of health? Does it cover all levels of the national tiered laboratory (from reference to community level) and the private laboratories?	2
		1.2.2 Is there a national mechanism that coordinates the implementation of integrated diagnostic services? Does it comprise representatives from all relevant disease programmes, reference laboratories, procurement agencies and implementing partners? Is it established with a clear mandate and allocation of responsibilities? Does it convene regularly to develop a consensus vision of integrated testing services, assess progress towards achieving that vision, and refine plans as needed?	5
		1.2.3 Are there funding mechanisms to fully support both disease specific and cross-cutting activities for diagnostic integration in situation of routine and emergency?	5


LIVE
DEMO