Strategic Decision Table for Scaling-Up Viral Load Services

Synthesized from Group-discussions of LabCOP regional meeting in Uganda, Oct 16, 2018

S#	Strategic areas	Strategic options*	Priority action items for improvement**
I	**Demand Creation**		
1	Leadership and Coordination	• Review demand and service availability • Mobilize district health officers (DHO) and IP support	• Develop a plan for demand creation based on availability and capacity to balance with the demand • VL dashboard to track coverage alongside denominator of # of ART clients per facility • Share VL coverage targets for national, regional, district and facility teams
		• Understand the community perceptions • Advocacy structures at national, district and community level • Specific funding for demand creation	• Review survey results or conduct mini-survey to understand community perception • Use of existing organizational structures from national to community level for demand creation. • Community-based structures of PLHIV for demand creation. • Resource mobilization for demand creation targeting frontline healthcare teams and civil society • Strengthen the lab clinician interface for effective planning and results utilization • Giving priority to pediatrics and adolescent communities
2	Capacity of healthcare providers	• Training • Review meeting • Viral load campaigns • Site visits	• Training of trainers (national, regional and facility trainings) • Monthly national level data review meetings for IPs/districts. • District/hub level review meetings to review coverage, suppression, and rejection • Districts set up quarterly testing targets per facility with ART numbers as denominators.
3	Engaging civil society for demand creation	• Involvement of civil society to create awareness among civil society & PLHIV networks/groups for advocacy and adherence support	• Ensure to have PLHIV civil society in national level • Technical working group decisions and plans, e.g., TLD roll out • Use of peer support and health workers to return results • Engaging civil society in strategic planning and policy development • Convene review meeting with stakeholders for targeted action plan development
4	Community sensitization, mobilization and patient education	• Use media • Standardized messages • Community-Facility linkage facilitators, DSDM (chairpersons of the groups) • CQI • Client champions • Focus-group awareness on behavior change from national level to the community level	• Health talks on radios, TVs, • Develop standardized messaging material for clients and respective communities • Mobile phone ringtones specific to VL • Reminder SMS and appointment dates • Increase community sensitization on the importance of VL • Forum for faith-based leaders who are supported to create IEC materials for them to communicate VL & other HIV issues. • Facilities call up clients for VL appointments or use community health worker visits. • Clinics aligned demand creation around the differentiated service delivery model of drug refill days

**Strategic options: alternative that affects key factors which determine the success of an outcome or desired goal.*
***Priority action items: implementation steps required to achieve the strategic option/ decision that leads to the goal.*

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			• Use faith-based and community-based organizations to reach those who have not come to facilities
II	**Viral Load Result Utilization**		
1	M&E systems and Data Management	• Establishing a result tracking system • Documentation of results in source documents/requests • CQI projects on VL cascades focusing on leakages • Monthly data review	• Reviews of national M&E tools to integrate VL indicators in the HMIS • Regular DQA at the facility level to improve documentation and data validation • Develop and introduce a high viral load register • Identify indicators for monitoring VLT result utilization: EAC, repeat VL test, Switching-ART • Review meeting with clinicians and lab professionals • Engaging management for interventions
2	Result tracking and delivery	• Electronic results transmission to clients and clinician • Sorting and prioritize results in the laboratories • Proper handover and dispatch processes	• Notifying patients to return and communicate to the clinician • Using stickers or priority filing for non-suppressed clients • Online databased and Barcode system to track sample and results movement • A logging system for sample and results transmission (by date, high-viral load,…) • Physical return of written results, SMS printer, …
3	TAT from labs to clinicians	• Lab and sample transport optimization • Aligning patient appointments with results • MOU between laboratory and clinical team on TAT • Prioritization of results	• Aligning patient appointments with results • MOU between laboratory and clinical team on TAT • Communicating to clinicians by the laboratory for any un-intended incidences • Document communications between labs clinicians especially for un-intended incidences and delayed result delivery • Electronic alert systems between testing and referring labs
4	Coordination and management	• VL champions/Focal person to link lab results with patient files and flagging out high viral load clients • Regular multi-disciplinary viral load team meetings •	• Clear terms of reference (TOR) for the focal person, • Develop SOPs for result delivery and monitoring process • Scheduled supervision for proper coordination of the result delivery process • Regular meeting of multi-disciplinary viral load teams (labs, clinicians, management, …) • Managing commodity security, and improving fore-casting by multi-disciplinary teams • Phone calls for critical results
5	Human resources at facilities	• DSD models • Task shifting and sharing Use case managers	• Decanting of patients (DSD models) • Advocate task-shifting • Support case managers assigned for each non-suppressed client and advanced illness care
6	Routine VL test results utilization by clinicians	• SOPs and JOB aides • On-job mentoring • Blended learning	• Develop/review SOPs and job aids • Schedule CME sessions and case discussions: face-to-face, and virtual discussion using experts via Project ECHO

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7	Policy constraints	• Policy review for task shifting, data access, • Advocacy	• Stakeholder engagements • Advocate for policy changes to ease results utilization • International collaboration to influence policy
III	**Waste Management and Biosafety**		
1	Policy and frameworks	• Establish TWG • Legal framework (for all sectors) • MOH policy & Lab policy • Contractual obligations	• Establishment of a functional technical working group (TWG), including partners and stakeholders • Develop standards for national waste mgmt. with the support from LabCop and other collaborating partners • Advocate and take actions to include waste management in national lab policies (e.g., IPC) and plans to address waste segregation, audit trail to waste destruction, and defined roles and responsibilities of stakeholders • Public-private partnerships (PPP) toolkit and policy on waste management including quality control and subcontracting • Adapt references or legal frameworks from other countries (e.g., S. Africa) • Streamline governance from national to subnational?? • Consider/advocate for a dedicated office on waste management and biosafety at national/regional level
2	Financing	• Solicit fund from donors • Integration	• Review costs associated with waste mgmt. (e.g., VL machine specific waste mgmt.) • Explore funding from GF, PEPFAR, and others, and allocate money (e.g., marginal cost on reagents and supplies) • Integrated management of waste among the vertical programs (e.g., HIV, TB,) to reduce overall costs • Establish contact with private companies for an efficient way of handling waste
3	Standard procedures and practices	• SOPs, job aids • Guidelines • Training • Job descriptions/assign the responsibility to cadres	• Develop SOPs, job aids, and standard checklists • Collaborate with partners including LabCop to develop SOPs and standard checklists (technical and infrastructure requirements) • Develop/adapt training materials and provide training • Adapt guidelines from other countries (S. Africa team will share their guidelines and other references for ASLM to upload on the website) • Establish a standard for disposing of expired chemicals/reagents. In Kenya, expired products (reagents, drugs) are the responsibility of the central supply agency- "reverse logistics."
4	Monitoring and Evaluation	• Regular Audit • Environmental assessment	• List and prioritize measurable indicators for monitoring waste management against the set standards • Enforce need for "certificate of destruction" and Material Data Safety Sheets
5	Infrastructure	• Incinerator	• Optimize # and location of incinerators

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		• Non-burn (sterilize and shred) technologies • Waste transport/vehicles • Drainage systems for biohazardous waste	• Develop standards for infrastructure (e.g., drainage and waste mgmt. systems) • Explore non-burn waste management technologies especially for dangerous materials to burn with incinerator or other materials that can be disposed of with another efficient way other than burning • Comply with recommendations and standards of the waste management system, and strict consideration is required in the design phase of new labs and renovation. This includes the complete flow of waste from generation to disposal areas (e.g., storage, treatment, disposal).
IV	**Network Optimization**		
1	Management and Coordination	• Integration • Plan for sustainability • Leadership commitment	• Harmonize sample transportation systems across the nation and regions • Integration of sample transport model (across different program/diseases) • Policy development on harmonization, integration of specimen transport system • Design and plan for sustainability of networking initiative • Leadership and governance at Lab National level/Govt Ownership/development of policy • Strong leadership from the Ministry of Health for coordination and oversight
2	System establishment	• LIMS • Lab-clinic interface • Mapping • Innovative technologies	• Use GIS location of Labs, and facilities • Design and optimization of Information systems, LIMS • Integration of Lab and Clinic (Lab Clinical interface) electronic • Pilot and scale-up of cost-effective integration of transport systems • Identify reliable courier system, vehicles, and bikers • Mapping of referring sites to testing laboratories • Integration and adaptation of innovative technologies and best approaches
3	Human resource and training	• Defined roles and responsibilities • Develop guiding protocols, SOPs, • Biosafety procedure • Documentation	• Define roles and responsibilities at each step of the process for packaging, transportation, and reception of specimens including community healthcare workers, drivers and others involved • Provide training and regular refresher to individuals at a different level based on their scope of work • Guidelines and policies for specimen referral • SOPs and job aids for packaging of specimens, and labeling of the specimen container • Biosafety procedure and labeling for the handling of specimens

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			• Development and introduction of requisition forms and transport logs for documentation
4	Communication and partnership	• Engage stakeholders • Communication structure	• Engage stakeholders for increased uptake, coverage, implementation, and monitoring and evaluation including public-private partnership (PPP) • Maintain communication between referring sites and testing lab(s) to resolve challenges any problem that are identified • Develop/adapt and use communication strategies for sharing best practices, opportunities, and challenges
5	M&E	• Assessment and review • Mapping • Review TAT • Comprehensive assessment of the process	• Review data in the country about the lab and use evidence-based decision for improvement • Routine monitoring of network performance • Establish indicators for monitoring specimens (transport time (TAT), specimen rejection rate, number of clients seen, etc.) • Review the process using disaggregated TAT (e.g., specimen collection to delivery to the lab, lab to result in release, result delivery to referring sites,…..) • Assess impact on capacity building and sustainability

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