

DSPs and implementation of KZN HIV VL/DR Approach

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#### Overview



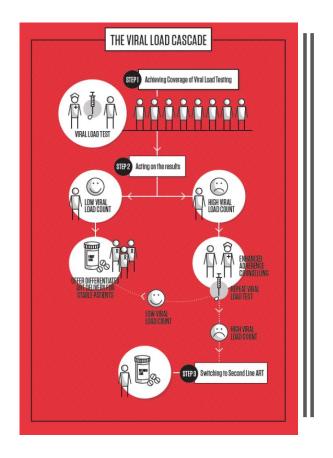
FIDELITY TO EXISTING NDOH VL MONITORING GUIDELINES IS INCONSISTENT, REVEALING AN IMPLEMENTATION GAP. NOT ALL CLIENTS RECEIVE VL LOADS WHEN THEY SHOULD, NOT ALL VL RESULTS ARE RECORDED IN CLINICAL CHARTS AND TIER.NET, NOT ALL VL RESULTS LEAD TO ACTION.

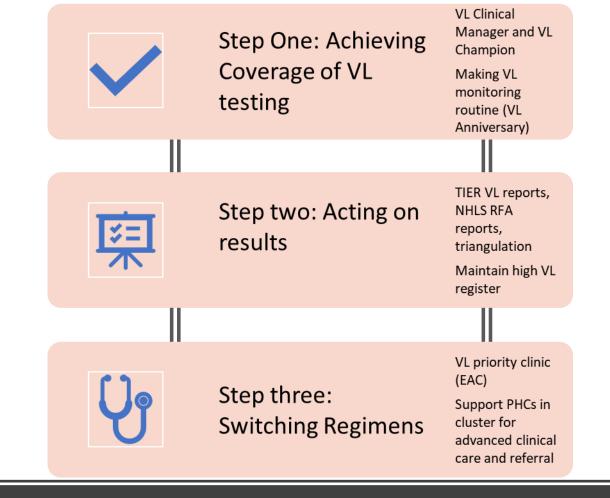


OPTIMISATION OF THE GAP TO THE THIRD 90 ALIGNED BETWEEN NDOH GUIDELINES, AND PEPFAR IMPLEMENTATION GUIDELINES. THEREFORE PEPFAR WORKPLAN ACTIVITIES AND DIP/DOP ACTIVITIES ALIGNED.



STANDARDISED PROCESSES ARE REQUIRED THAT ADDRESS COMMON IMPLEMENTATION GAPS AND LEAD TO OPTIMISED MANAGEMENT OF PATIENTS SUSTAINED ON ART THERAPY, AND REACH AGAINST THE 3<sup>RD</sup> 90 FOR EPIDEMIC CONTROL





### Pilot VL/DR Strategy – Quick Wins

Source: MSF, Making VL Routine report

### Principles



Leadership and Oversight from District Management Team, Clinical Management team, HAST manager



Technical assistance provided for coordination and clinical oversight



Fidelity to NDOH policies and guidelines with focus on 100% coverage of implementation



No duplication of available resources and tools



Standardised approach through-out implementation



Sustainability considered during scale-up to ensure continuity of clinical care

# Checklist for Essential Facility Level Implementation



Facility:



Facility Manager Aware of program (Y/N)

Facility Manager Name:

Facility Manager Contact:

(Landline/Mobile)

Facility Manager e-mail:





VL champion appointed (Y/N)

VL champion Name: VL Champion Contact: (Landline/Mobile) VL clinician Name VL Clinician Contact: (Landline/Mobile)

VL clinician



High VL chart audits and using NHLS CDW reports (Y/N)



High VL register (Y/N)



Priority clinic (Y/N)

## Priority steps for KZN

Adoption of standardised implementation procedures as per the VL/DR approach

Urgent assessment of district level, priority facilities:

Shared planning with DSP and District Expert Clinicians to ensure clients have urgent chart audits, and clients are booked for VL priority clinics for active case management till VL re-suppression.

1<sup>st</sup> line regimen: What was the last VL of all your clients

2<sup>nd</sup> line regimen: Clients on second line > 12 months with 2 VL > 1000