

# POC EID Implementation Models, Linkage to Care & Operational Challenges

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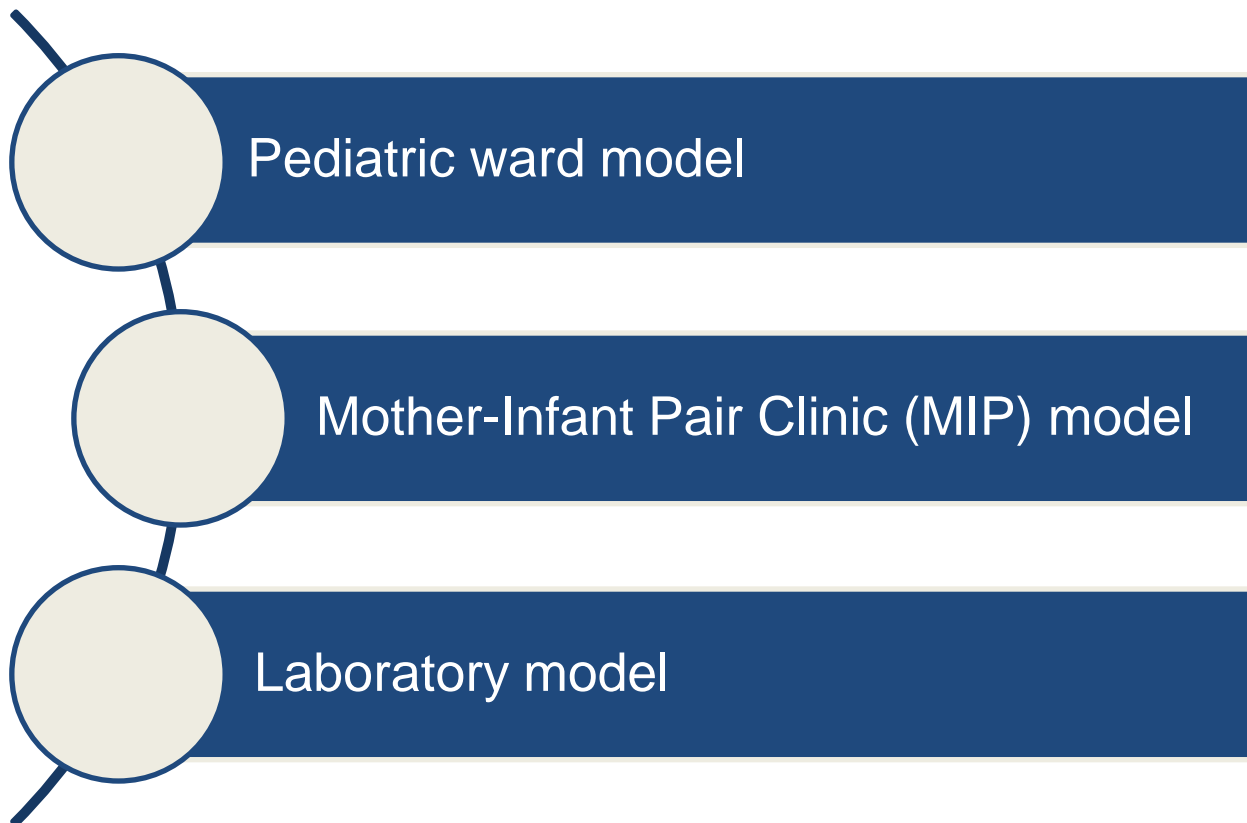
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**Malawi**



Government of Malawi

# Available POC EID care models in Malawi

→ Malawi has the following EID POC care models:



## Available POC EID care models in Malawi (Cont'd)

→ **These models work because they are supported by:**

A strong national laboratory network

Well defined clinic patient flow

Strategic device placement

## Available POC EID care models in Malawi (Cont'd)

→ **A strong national POC network:** For POC EID the sites rely on conventional laboratories for duplicate testing as EQA

**National/ Regional Reference Laboratory. Receive duplicate DBS samples from POC sites for EQA (retesting)**

**Tertiary Hospital. POC in out patient and pediatrics**

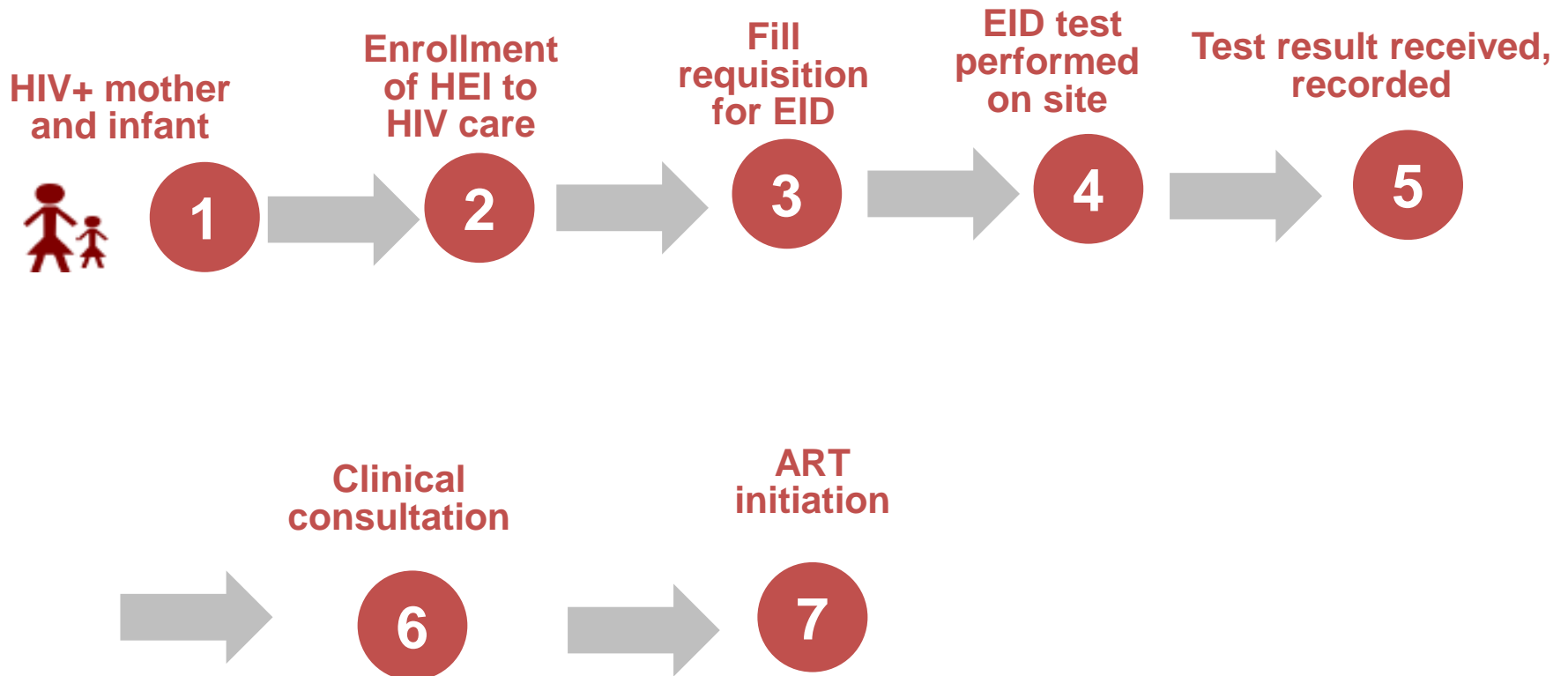
**District Hospital: Device placed in Laboratory and mother infant clinic**

**Community Hospitals and Large Health Centres: Stand alone POC**

**Health Centre (Public and Private): Shared POC device**

# Available POC EID care models in Malawi (Cont'd)

→ Well defined clinic patient flow allows same day results for infants



# Availability of clinicians to link to care at position of POC EID

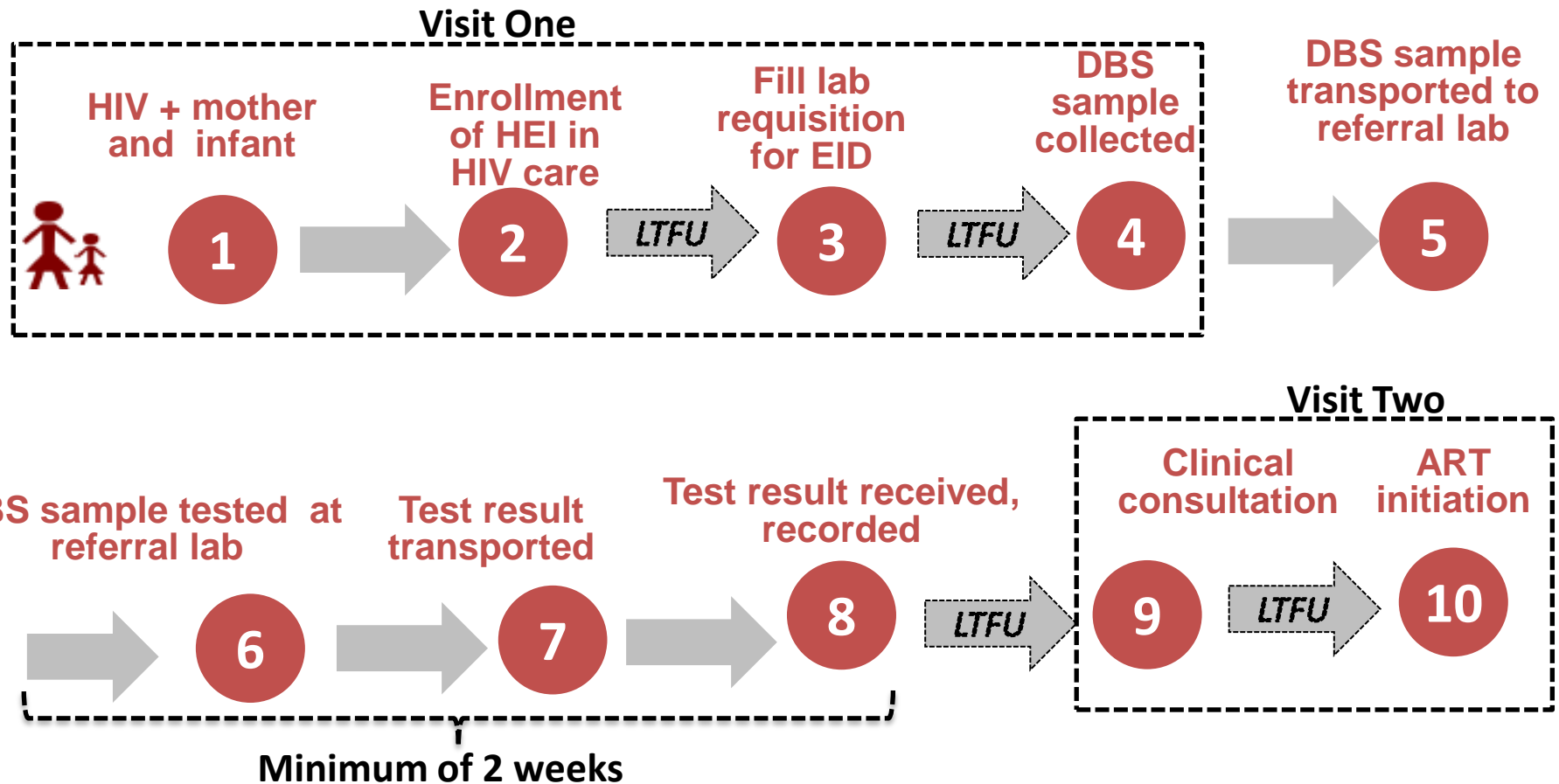
➔ At testing points where clinicians are not available but available within the facility, mother-infant pairs are escorted\* to see a clinician ( \*By expert clients, mentor mothers, etc.)

## Availability of clinicians at POC EID testing points

POC EID Location	Availability of clinicians
Pediatric ward	Clinicians are readily available
Laboratory	Clinicians are not available. Mothers & their infants are escorted to minimize loss to follow up
Mother-Infant Pair Clinic	Clinicians are readily available

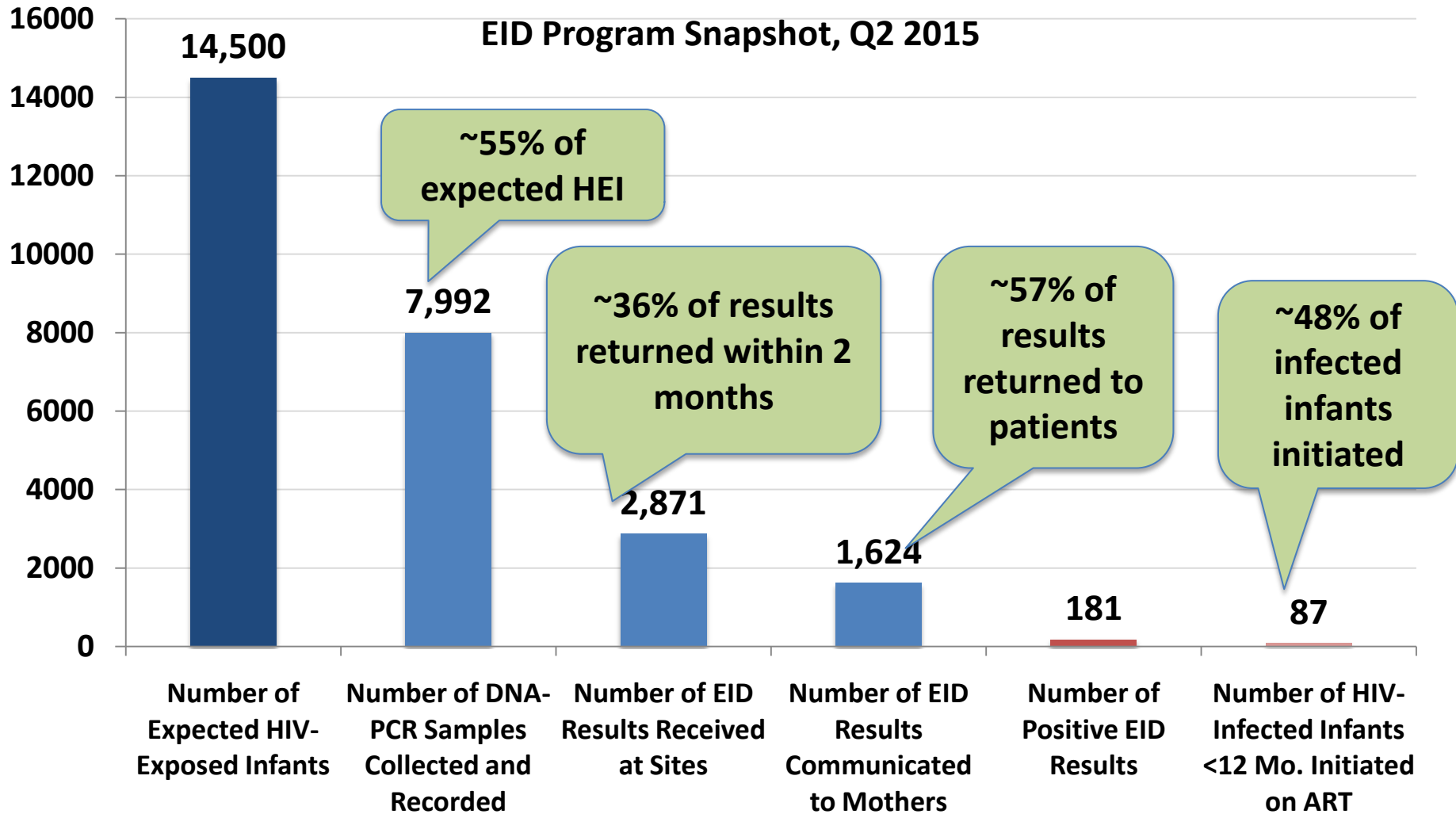
# How POC EID addresses loss to follow-up & linkage to care

➔ Conventional EID has multiple clinic visits and longer turnaround times which results in high loss to follow up



# How POC EID address loss to follow-up & linkage to care (Cnt'd)

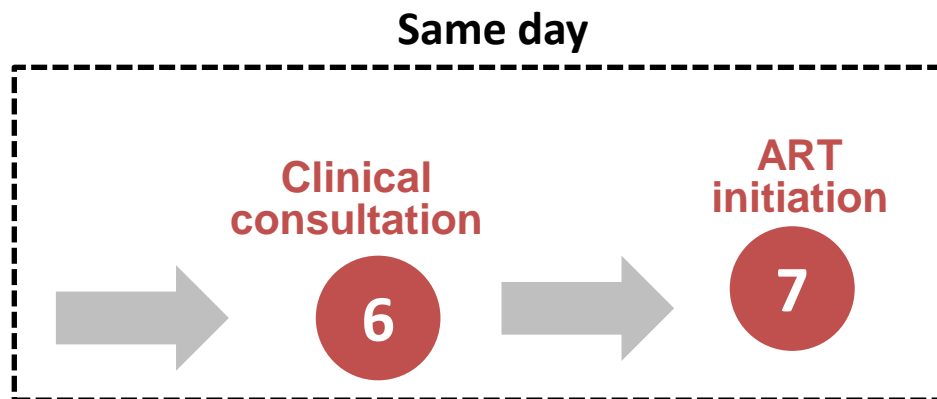
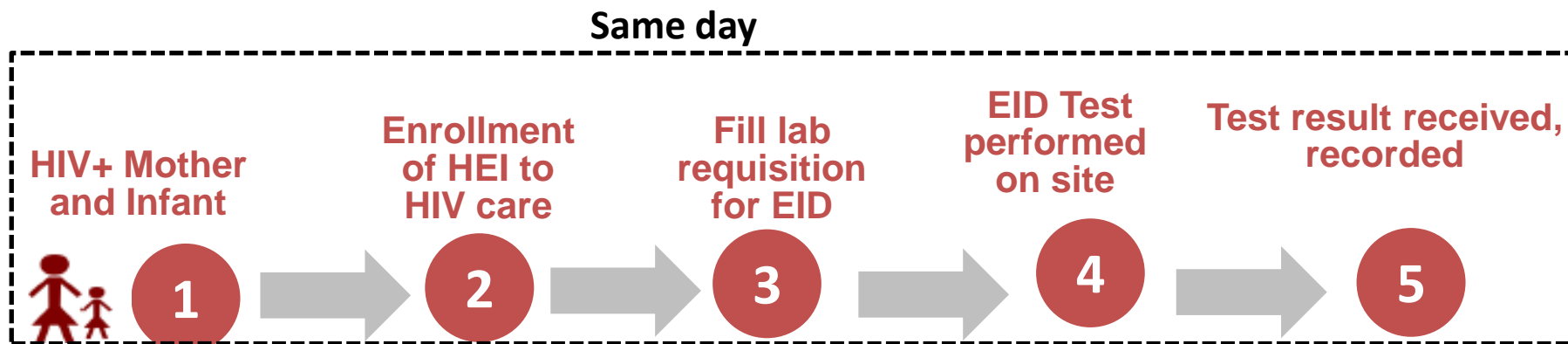
➔ In Malawi there was high LTFU of HEI before the implementation of POC EID





# How POC EID address loss to follow-up & linkage to care (Cont'd)

➔ POC EID minimizes loss to follow up by turning multiple clinic visits into one visit and by reducing the turnaround time to same day results



# How POC EID address loss to follow-up & linkage to care (Cont'd)

➔ POC testing allows for significantly reduced test turnaround times along the testing and treatment cascade as well as improved ART initiation rates

	Centralized	POC
TAT: sample collection to results received	57 days	Same day
TAT: sample collection to ART initiation (positive infants only)	40 days	Same day
Proportion of results received within 30 days	18.1%	100%
Proportion of HIV+ patients starting ART	45.8%	91.1%

ASLM Abstract Number: 2605753, Significantly improved Antiretroviral Therapy initiation rates after the implementation of Point Of Care Early Infant Diagnosis

# Operational challenges for POC EID

## Challenges During Implementation of POC EID

**Tracking ART initiation of referrals**

When infants are managed by a referring facility

**Poor documentation and weak linkages**

Children discharged/transferred out from inpatient care immediately after a test and before initiating treatment

**Device down times**

Absence of a local service and maintenance point

**Short shelf-life of test cartridges**

Current shelf-life for POC cartridges is 9 months as compared to 18 months for HIV rapid test kits

**Delayed in-patient initiation**

Delayed initiation of treatment among HIV-positive infants receiving in-patient care due to unstable medical conditions

# Recommendations

## Recommendations for POC EID implementation

<b>Tracking ART initiation of referrals</b>	Testing facility should initiate HIV positive infants on treatment and advise mothers to collect subsequent refills at the referring facility
<b>Poor documentation and weak linkages</b>	Intensify training of healthcare workers on proper documentation Institute electronic patient tracking systems
<b>Device down times</b>	Build and strengthen local capacity
<b>Short shelf-life of test cartridges</b>	Advocate for longer shelf-life (18 months)
<b>Delayed in-patient initiation</b>	Follow up patients to make sure that there is no delay in initiation of treatment as soon as the patient gets stable

Feedback? Questions?



**Zikomo!**

**Thank You!**

