Factors Affecting Quality of Care for Virologically Non-suppressed HIV Patients in Jinja, Buikwe and Iganga Districts

Lilian Bulage, BSTB, MHSR Fellow, Cohort 2015
2\textsuperscript{nd} time testers are at highest risk of virological non-suppression

- Viral load (VL) testing improves monitoring of patients’ response to HIV therapy
- >70% of non-suppressed clients should re-suppress after 6 months intensified adherence support (IAS)
- 50% re-suppressed on 2\textsuperscript{nd} time testing at 6 months
Viral load guidelines in Uganda

Done 6 months after ART initiation

- Suppressed
  - Repeat test annually
- Detectable viraemia
  - Targeted adherence support: 6 months
    - Confirm test
      - Not Suppressed
        - Treatment failure
        - Switch 2nd line

Factors affecting quality of care for non-suppressed patients
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Objectives

- Establish whether virologically non-suppressed patients underwent IAS for 6 months
- Identify structural and process issues affecting service delivery for non-suppressed clients
- Estimate outcomes at end of 6 months period of IAS
- Assess patient and provider perspectives on what else is needed for effective provision of IAS
Data collection

- Data collection based on Donabedian model of health care
- Extracted data from clients files, ART card and, CD4 and VL daily activity register
- Interviewed clients who had received their 1st VL result between Aug 2014-Dec 2015
- Interviewed ART clinic in-charges, expert clients and laboratory staff
- Checklist and observation guide
Outcomes

- **Primary outcome**
  - % virological suppression status at 6 months

- **Other outcomes**
  - % that underwent IAS
  - % that submitted 6 months follow up sample
  - % of eligible clients switched to 2nd line ART
## Patients' characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td><strong>Years on ART</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>231</td>
<td>61</td>
</tr>
<tr>
<td>6-10</td>
<td>116</td>
<td>31</td>
</tr>
<tr>
<td>11-23</td>
<td>29</td>
<td>8</td>
</tr>
<tr>
<td><strong>Adherence Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Fair</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Good</td>
<td>298</td>
<td>77</td>
</tr>
<tr>
<td>Not evaluated</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td><strong>Treatment line at time of collecting 1\textsuperscript{st} VL sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>367</td>
<td>97</td>
</tr>
<tr>
<td>Second</td>
<td>12</td>
<td>3</td>
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</table>

Factors affecting quality of care for non-suppressed patients
49% of non-suppressed clients had low knowledge.

Factors affecting quality of care for non-suppressed patients.
Clients’ dislikes about monitoring response to ART using VL

- Knowing my VL results causes
  - Stress, worry, scares and discourages
- Increases stigma
- Lack of explanation of VL results/services
- Disclosure of results to other clients
Structural and process factors affecting service delivery

- 100% health facilities (HF) had stock out of supplies
- 100% HF reported hub rider was inconsistent in meeting schedule
- 3/31 HWs reported hesitation to undergo VL test by clients because high VL copies stresses
- 14/31 HWs did not know standard results TAT
- 100% HF changed clients appointment schedule from routine 3 or 4 to 1 or 2 months
Factors affecting quality of care for non-suppressed patients

- Nutritional support
- IAC is recommended but no counselors
- Let's consider IAS for an extended period
- Misallocation of results
- Rejection of samples without first calling HF
- VL testing services very far from clients

Health workers’ dislikes about monitoring response to ART using VL
Only 39% underwent 6 months IAS

Factors affecting quality of care for non-suppressed patients
Health workers’ opinions for clients not undergoing intensified adherence support

- No counselors
- Monthly appointments not feasible for some clients
- Limited staffing
- No special clinics for such clients
- Had to FU clients without phones esp. when result is back
Factors affecting quality of care for non-suppressed patients

<table>
<thead>
<tr>
<th>385 non-suppressed clients</th>
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<tbody>
<tr>
<td>58%(220/379) submitted FU at 6months</td>
</tr>
<tr>
<td>42%(162/379) did not submit/Died (3)</td>
</tr>
<tr>
<td>Failed QC test (1), Rejected (3), Results not yet back (9)</td>
</tr>
<tr>
<td>Tested successfully=94% (207/220)</td>
</tr>
<tr>
<td>57% (117/207)-Virologically suppressed</td>
</tr>
<tr>
<td>43% (90/207)-Virologically non-suppressed</td>
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</tbody>
</table>

42% did not submit FU sample at 6months & 43% non-suppressed on 2nd time testing
62% not switched to 2nd line & 38% switched immediately after 1st VL result.

Factors affecting quality of care for non-suppressed patients.

- 43% (90/207) - Virologically non-suppressed
  - 62% (56/90) not switched to 2nd line
  - 38% (34/90) switched to 2nd line
    - 38% (13/34) switched to 2nd line before 2nd VL result
    - 62% (21/34) switched after 2nd VL result
56% of suppressed had been switched immediately after 1st VL result

57% (117/207)-Virologically suppressed

56% (65/117) switched to 2nd line b4 2nd VL test

44% (42/117) remained on 1st line

Factors affecting quality of care for non-suppressed patients
Major reasons for not switching to 2nd line

- Still under IAS
- Patient feels well
- Patient unreliably adherent to 1st line therapy
- Concerned about 2nd line therapy side effects
- Substitution with another drug under the same line
- Died
- Transferred out
Clients’ suggestions for improvement

- Need more health education about VL
- Explain meaning of results
- Intensify VL testing services
- Change from 6 months to a few months of FU
- Do phone call reminders
- Need nutritional support
- Need more health workers
- Take off little blood
Health workers’ suggestions for improvement

- Decentralize to either regional or general hospitals
- Mechanisms for FU of such clients developed
- Quarterly feedback to stake holders
- Need counselors
Limitations and strengths

Limitations

- Incomplete and missing data

Strengths

- Interviewed both non-suppressed clients and health workers
Conclusions

- Non-adherence to guidelines for monitoring response to ART using VL
- Limited knowledge about VL among both non-suppressed clients and health workers
Recommendations

- ACP and CHPL should strengthen support supervision and mentorship
- Info gathered could guide formulation of clients IEC materials
- Resistance testing for non-suppressed clients on 2\textsuperscript{nd} time testing
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