



# **Improving Access to HIV Viral Load Test Using Point-of-care Techniques for Pregnant and Breastfeeding Women in Bukedi Region, Eastern Uganda**

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### Introduction

- The Prevention of Mother to Child Transmission (PMTCT) impact evaluation, 2017-2019 in Uganda indicated 56.2% of pregnant and breastfeeding women accessed a viral load test.
- In March 2021, WHO recommended point-of-care (POC) viral load technologies for pregnant and lactating women.
- POC, a new technology helps reduce turn-around time and increases rapid clinical decision-making to prevent vertical transmission. The problem Strategies
- MOH scaled up laboratory POC to facilitate timely access to HIV viral load.
- However, less than 50% of pregnant and breastfeeding women tested using POC in 15 districts of Bukedi and Bugisu regions by June 2022.
- This was associated with no performance monitoring system for viral load Sample collection, high dependence on DBS samples, hub riders' schedules of twice a week to spokes, and inadequate laboratory staff.



 USAID LPHS-E mapped 20 high-volume facilities in Pallisa, Butaleja, Kibuku, and Butebo districts to send samples to use GeneXpert and m-pima at Busolwe Hospital, Pallisa Hospital, Butebo HC IV, Kibuku HC IV, and Nabiganda HC IV

- Conducted Clinician-Lab interface meetings
- Onsite training-use of MPIMA and Genexpert.
- Placed Centrifuges for facilities for plasma preparation
- Engaged health workers in 35 health facilities in Bukedi region



demonstrates to new lab staff how the Trainer MPIMA works at Tororo Hospital, Tororo District.

Lab staff placing Viral load samples in 90% the centrifuge at Kibuku HC IV, Kibuku.

### Results

Pregnant and lactating mothers who accessed POC viral load testing 80% increased to over 95% by June 2023. Viral load coverage for pregnant and breastfeeding women improved from 78% in the quarter of Oct-Dec 2022 to 75%

- Scaled up plasma sample collection in peripheral facilities for all pregnant and breastfeeding women and transported them to POC sites for testing.
- Rider made three visits per week to 20 mapped highvolume facilities
- Developed an online weekly reporting system for tests. Deployed a Lab Assistant in three high-volume POC sites.





70%

July-sept 22 Oct Dec 22 Jan-March 23 April-June 23

### Conclusions

POC testing improved VL coverage for pregnant and breast feeding women and also reduced turn around time for results.

### Recommendations

- Scale-up of plasma sample collection improved utilization of POC for viral testing.
- Increased thrice visits a week to high-volume facilities led to improved turnaround time for viral load results.

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