

ENHANCING SUPPLY CHAIN MANAGEMENT OF VIRAL LOAD COMMODITIES TO IMPROVE SERVICE AND ACCELERATE PROGRESS TOWARDS ACHIEVING THE THIRD 90 TARGET

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Challenge

Ethiopia's national guidelines for comprehensive HIV/AIDS prevention, care and treatment recommends regular viral load testing of HIV patients to monitor treatment response and address UNAIDS' third 90.

Viral load testing in Ethiopia is carried out in 18 facilities that serve as referral sites for 1,200 antiretroviral treatment centers and **provide services to more than 453,152 patients.**

Challenges related to viral load commodity availability and management at testing centers has resulted in commodity shortages and stockouts, HIV patient service interruption and significant delays in test results.



Fast and reliable test results are needed for 90+% of patients to be virally suppressed

Results An assessment conducted in May 2019, after GHSC-PSM's technical assistance showed improvements in many of the challenge areas.

In April 2018, the Ethiopia Population-based HIV Impact Assessment reported an average of 70% of HIV patients tested having a suppressed viral load. **As of May 2019, this number moved to 88.6%** -- bringing Ethiopia very close to achieving the third 90.

GHSC-PSM's assessment, training, and support has ensured uninterrupted service provision and improved decision-making for treatment adjustments.

Recommendations GHSC-PSM will work with the Ethiopian government to ensure continued assessments be applied to:

- Inform and evaluate interventions
- Address service-related challenges
- Ensure consistent product availability

The project recommends similar practices be continued and used for product management in other health programs.



Barriers to Timely Testing and Results

To better understand what interventions may be needed, an assessment at these 18 referral sites was conducted in December 2017. It was led by the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project in collaboration with the Ethiopian Pharmaceutical Supply Agency (EPSA) and indicated that:

About 21.1% of facilities were stocked out for at least one viral load commodity.

There was frequent machine failure resulting in service interruption.

Only 5.6% of the facilities had updated bin cards and 38.9% completed reporting.

Storage space and cold storage capabilities also suffered.

Among the facilities

- 28.7% had proper storage space available
- 33.3% had a functional deep freezer
- 66.7% had any refrigerator at all



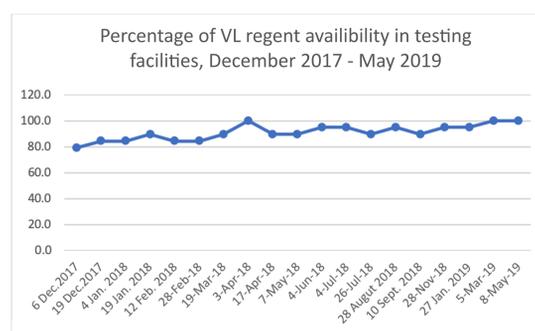
The Solution

Throughout 2018 and 2019, GHSC-PSM and EPSA alongside the Ethiopian Public Health Institute (EPHI) have regularly supported facilities to address the supply chain bottlenecks identified during the 2017 assessment.

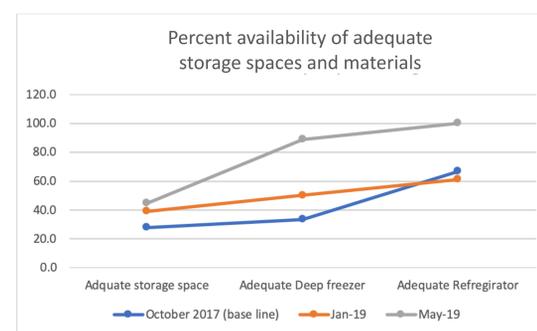
This support includes:

- Monthly onsite coaching and training on laboratory commodity management, including on accurate completion of bin cards; stock handling, management and reporting; and staff management techniques to ensure these activities continue.
- Integration of viral load commodities into the national Integrated Pharmaceutical Logistics System (IPLS) for tracking and supply planning for these commodities.
- Working with EPHI to identify facilities needing cold chain equipment such as refrigerators and ensuring this equipment is provided to the facilities in need.

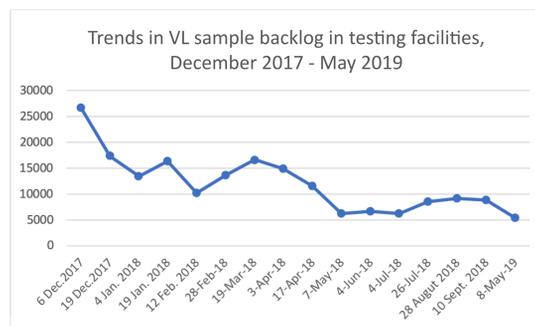
There are no more stockouts of supplies as we now regularly submit consumption reports and requisitions for timely procurements. - Dessie Branch, Amhara Public Health Institute



Viral load commodity stockout rates were **reduced to zero.**



Adequacy of storage space increased to 44.4%. Availability of functional deep freezers and refrigerators rose to 89% and 100%, respectively.



Backlog samples requiring viral load testing **decreased by 80%.**

In Tigray, Ethiopia, turnaround time for test results went from **3 months to one week.**



Bin card utilization improved to 72.2%, reporting rates reached 100%, data accuracy increased to 66.7% and validity to 83.3%.