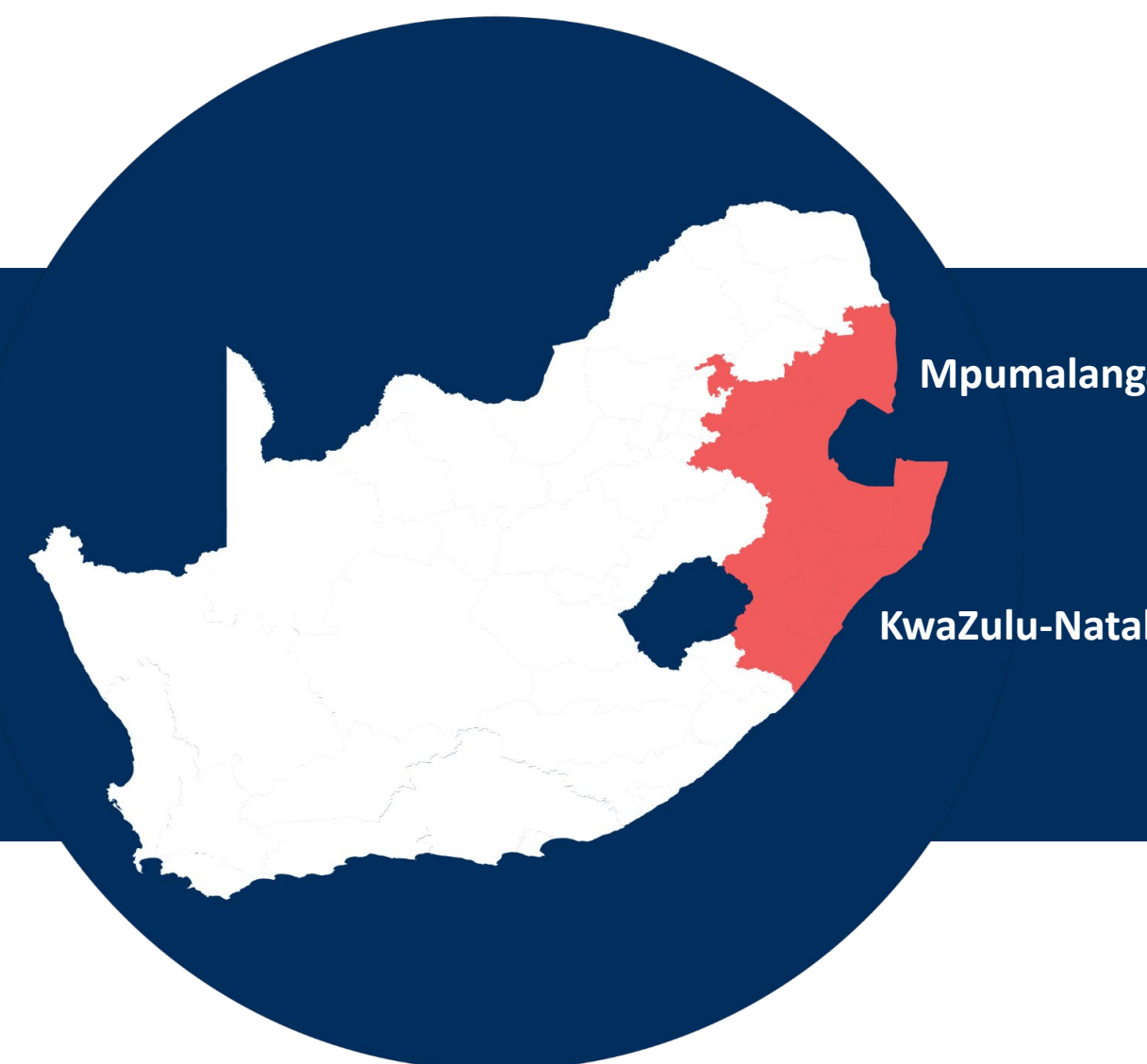


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BroadReach Healthcare supports
316 facilities



4 districts in 2 provinces

Mpumalanga Province: Nkangala, Gert Sibande
KwaZulu-Natal Province: King Cetshwayo, uGu

Background

- According to UNAIDS, HIV viral load (VL) coverage globally remains low and in South Africa the VL suppression numbers are decreasing
- In 2019, UNAIDS reported that viral load suppression in South Africa was 55%, which is 18 percentage points below the target of 73%
- Patients who are virally unsuppressed are considered a priority group because of their potential to spread HIV to sexual partners who are HIV negative
- Reviewing patient viral loads within geographic defined spaces can offer a better understanding of the following:
 - HIV surveillance
 - Enhanced HIV case finding
 - Opportunities for streamlined ART delivery models

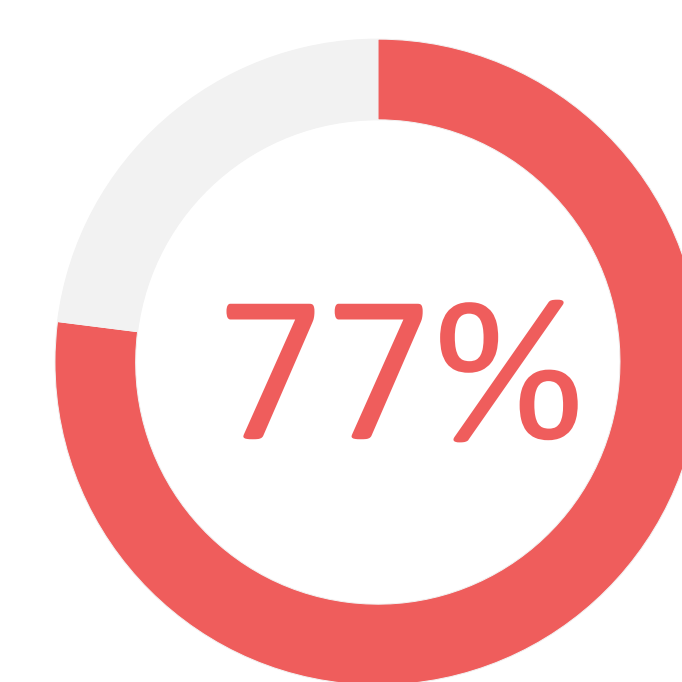
Objective

To identify facilities and patients with unsuppressed VL (uVL) to explore programmatic opportunities in terms of case finding, ART delivery methods, and HIV surveillance

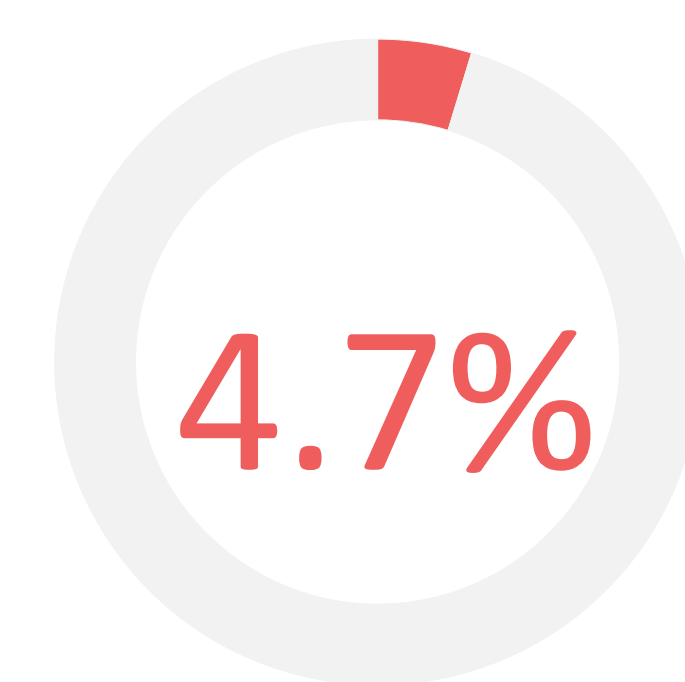
Methods

- Analysis of VL data of 466,280 HIV-positive patients, with suppressed viral loads and uVL, on standard first line anti-retroviral treatment (ART)
- GIS mapping was used to measure 466,280 patients on ART for 6 months or more between October 2018 and September 2019 from 316 public health facilities in the Gert Sibande (GSD), King Cetshwayo (KCD), Nkangala (NKG) and uGu districts in South Africa
- GIS mapping of facilities was used to show the size and disaggregation of patients who are virally unsuppressed in relation to the locations of public health facilities

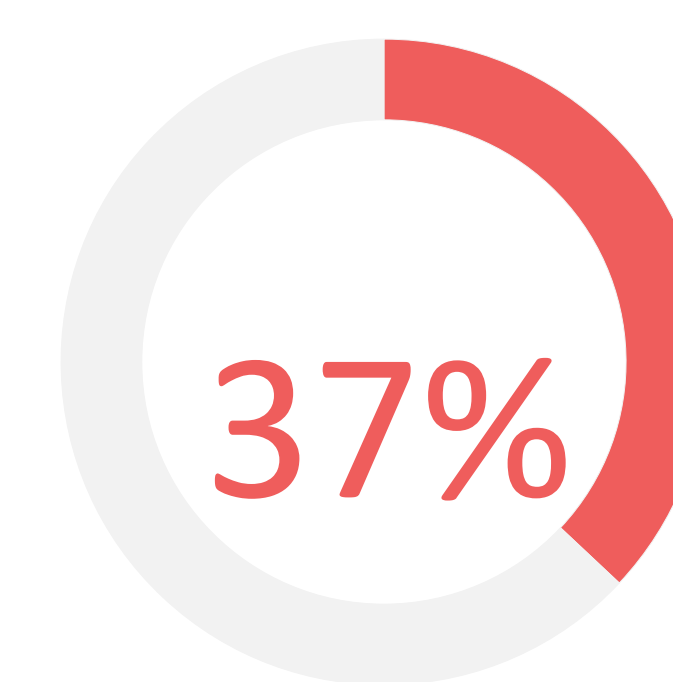
Results



of clients on ART had completed viral loads



of all clients on ART has an unsuppressed viral load



of patients with uVL were on ART for a period between 7-9 months

Each district showed differences across age and gender categories:

- NKG contributed to 37% of all uVL patients
- In KCD, 39% of recently diagnosed HIV-positive males were virally unsuppressed
- In KCD, The highest percentages of newly diagnosed males were 15-24 years old (68%); in females the highest percentage was found in 35 - 44 year olds (44%)
- In NKG, 37% of newly diagnosed males and females had an uVL
- In NKG, 75% of newly diagnosed males ages 15-24 years had an uVL

Conclusion

- GIS maps disaggregated by age, gender, district and facility show the concentration of patients with uVL and indicate where resources and enhanced efforts in case finding, retention, and adherence should be focused
- Data was used to inform facilities that have higher number of patients who need enhanced counselling, retention and adherence support via SMS, case management, appointment systems, and intensive clinical chart reviews
- Next steps for this program will be to develop a viable protocol effectively and rigorously measuring the use of GIS software in HIV programming within these districts