



The Use of Quality Corps Volunteers and Quality Assurance of HIV Testing

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Outline

- Introduction
- Innovative approach for implementing HIV Rapid Test Quality Improvement Initiative (HIV – RTQII)
- Results
- Challenges and lessons learned
- Conclusions

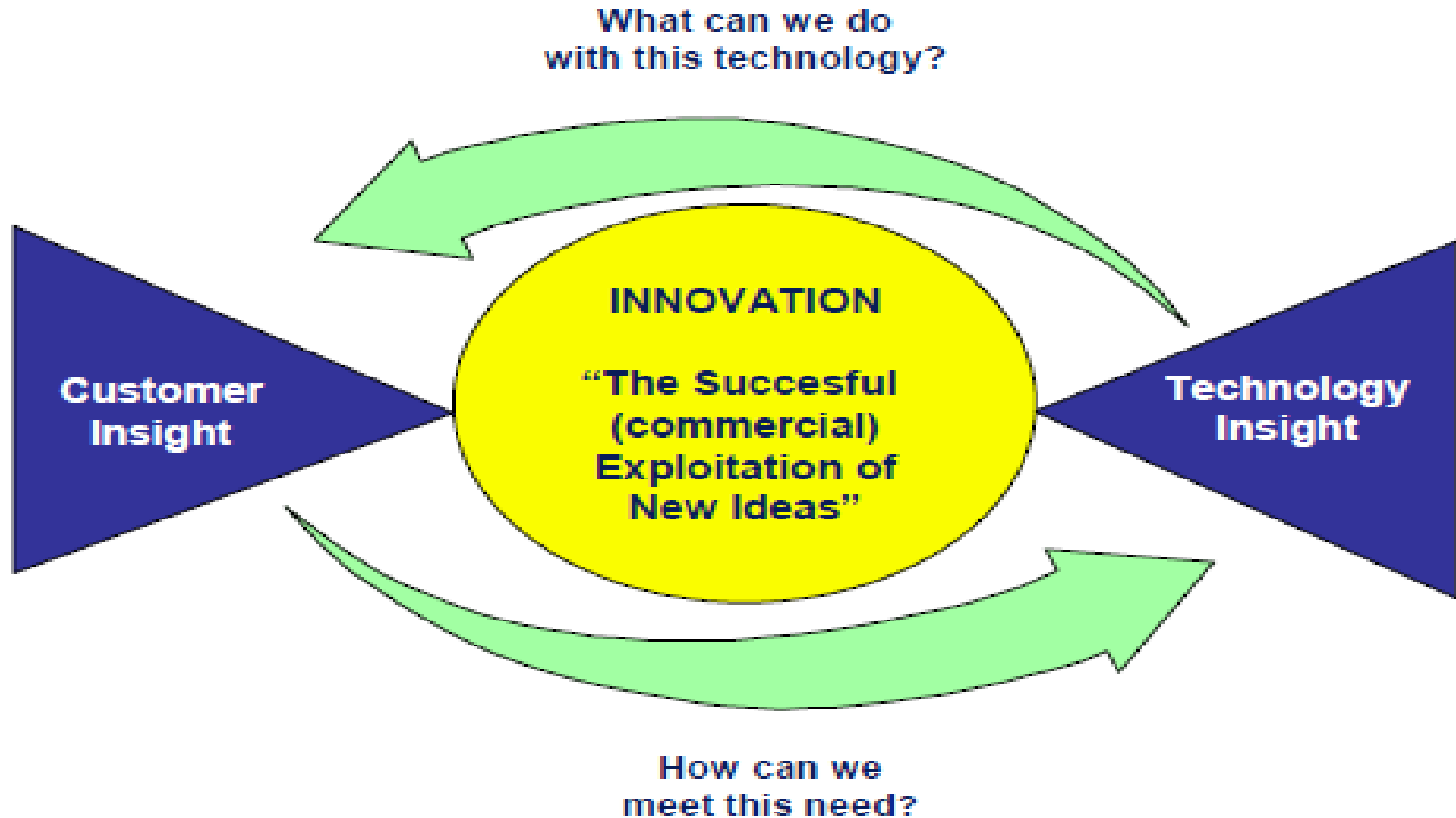
Introduction

- About 20 million inhabitants; 4.3% HIV prevalence
- Scale up of PMTCT and option B+ is a Priority
- 595 Sites enrolled in HIV rapid test proficiency testing program – pass rate below 50%
- About 6% of people tested still receive false negative results and 2% receive false positive results
- 18% of HIV infected women received false negative results in last ANC survey

Using Q-Corps Volunteers in Implementing HIV Rapid Test Quality Improvement Initiative (HIV- RTQII)

Mid-May to September, 2014

Key Elements of Innovation



Five Pillars of HIV Rapid Test Quality Improvement Initiative

Policy engagement

- Develop and implement policy
- Engage stakeholders & advocate

Human resources development & certification

- Train and certify
- Create network of testers

Proficiency testing

- Participate in PT program (DTS)
- Analyze data for corrective actions

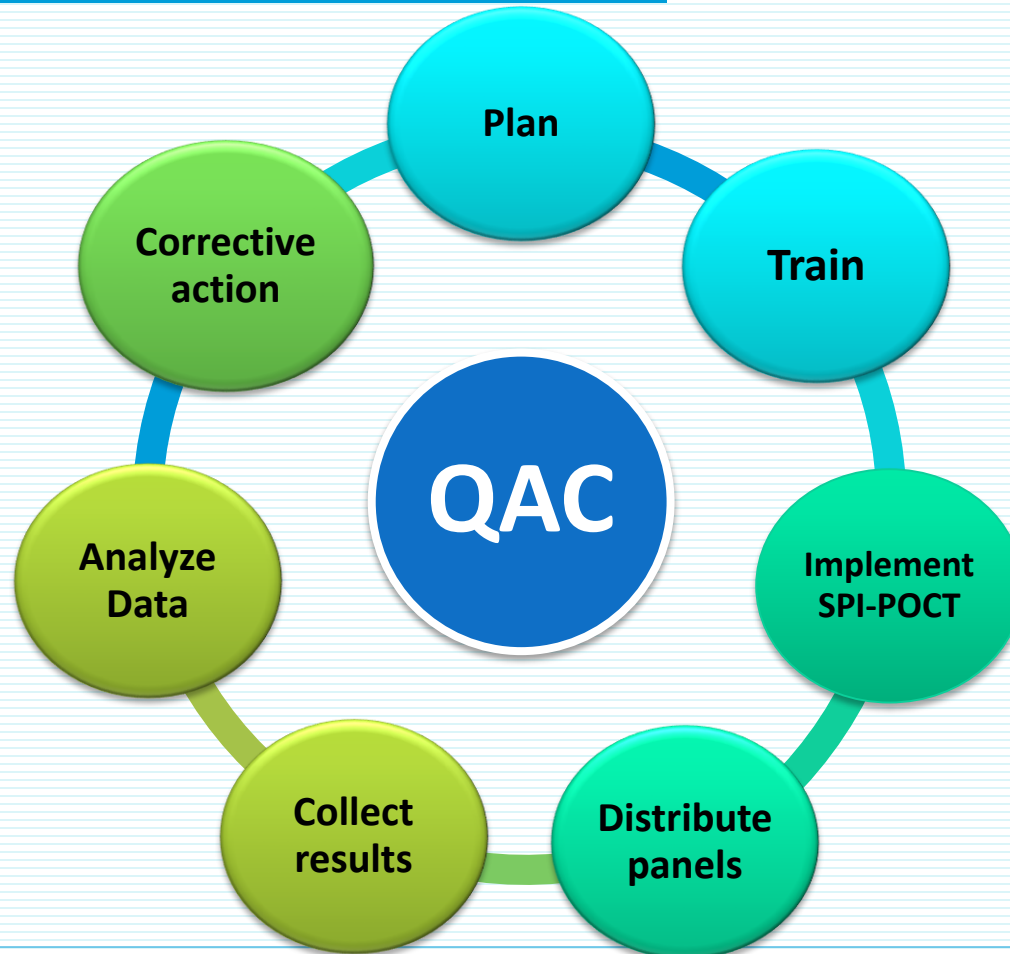
Standardized logbook

- Implement use of standardized logbook
- Analyze logbook data regularly for corrective actions

Lot testing & post market surveillance

- Implement lot verification & PMS

Cameroon's Experience in Implementing the Quality Assurance Cycle



QAC Implementation Strategy



1 Engage Ministry of Health



2 Identify local partner and train trainers (TOT)



3 Recruit and train Volunteer Quality-Corps



4 Identify sites for pilot program



5 Panel distribution



6 Supervision and corrective action

1. Engage Ministry of Health and Stakeholders

- Initiative endorsed by MOH
- Ministry proposed MOH Q-Corps hybrid
- MOH drafted memo to Regional Health Bureaus
- MOH established badges for Q-Corps to facilitate access to facility
- 9 MOH Q-Corps selected



2. Identification of Local Partner and TOT

- Experience in laboratory program implementation
- Excellent collaboration with MOH and other lab stakeholder
- Identified 04 Staff as master trainers



3. Recruitment of Q-Corps

1	2	3	4
Local partner advertised recruitment of Q-corps in national newspaper	Ninety (90) applications received	Panel review and selection	31 volunteer Quality-Corps recruited



Launch of RT-QII by MOH



Training of 31 QCs

Recruitment of Q-Corps – Who does what?

VQCs	MQCs
<ul style="list-style-type: none">• Panel distribution and collection of results• Distribution of logbooks and collection of logbook data• Conduct baseline assessment and assessment using the SPI-POCT checklist• Carry out monthly site visits to implement corrective actions	<ul style="list-style-type: none">• PT data entry and analysis• Logbook data entry and analysis• Identify nonconformities , prepare feedback reports including corrective actions• Conduct quarterly site visits

Training of Quality Corps

- Proficiency testing using DTS
- HIV logbook
- Site visits
- Electronic data entry
- **SPI-POCT checklist**



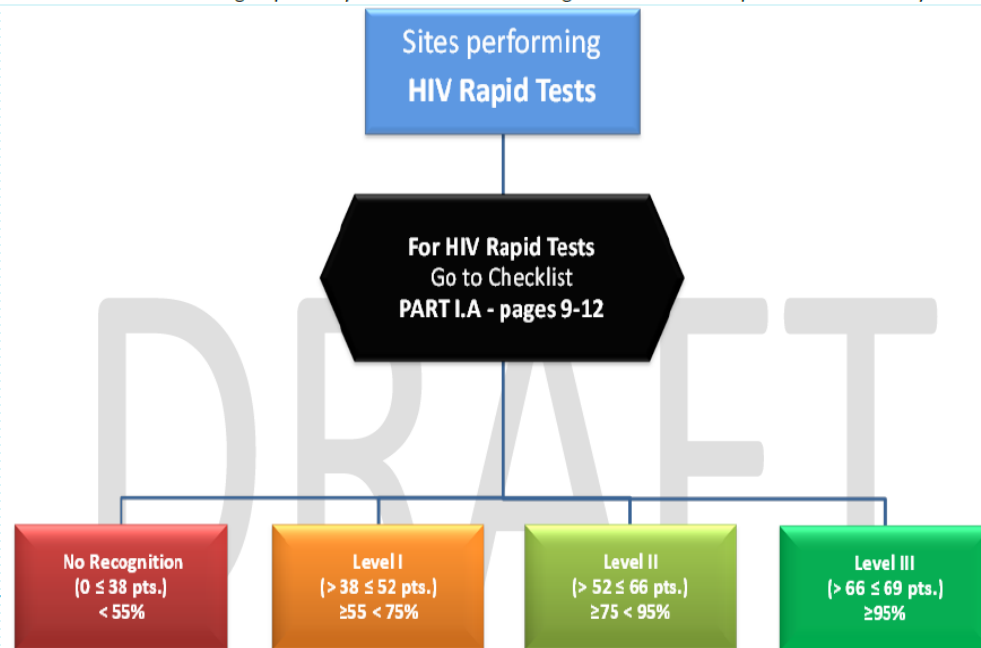
SPI-POCT Checklist

- Based on ISO Standards for POCT
- Two Parts – HIV RT and instrument based POCT
- Similar to SLIPTA checklist for laboratories

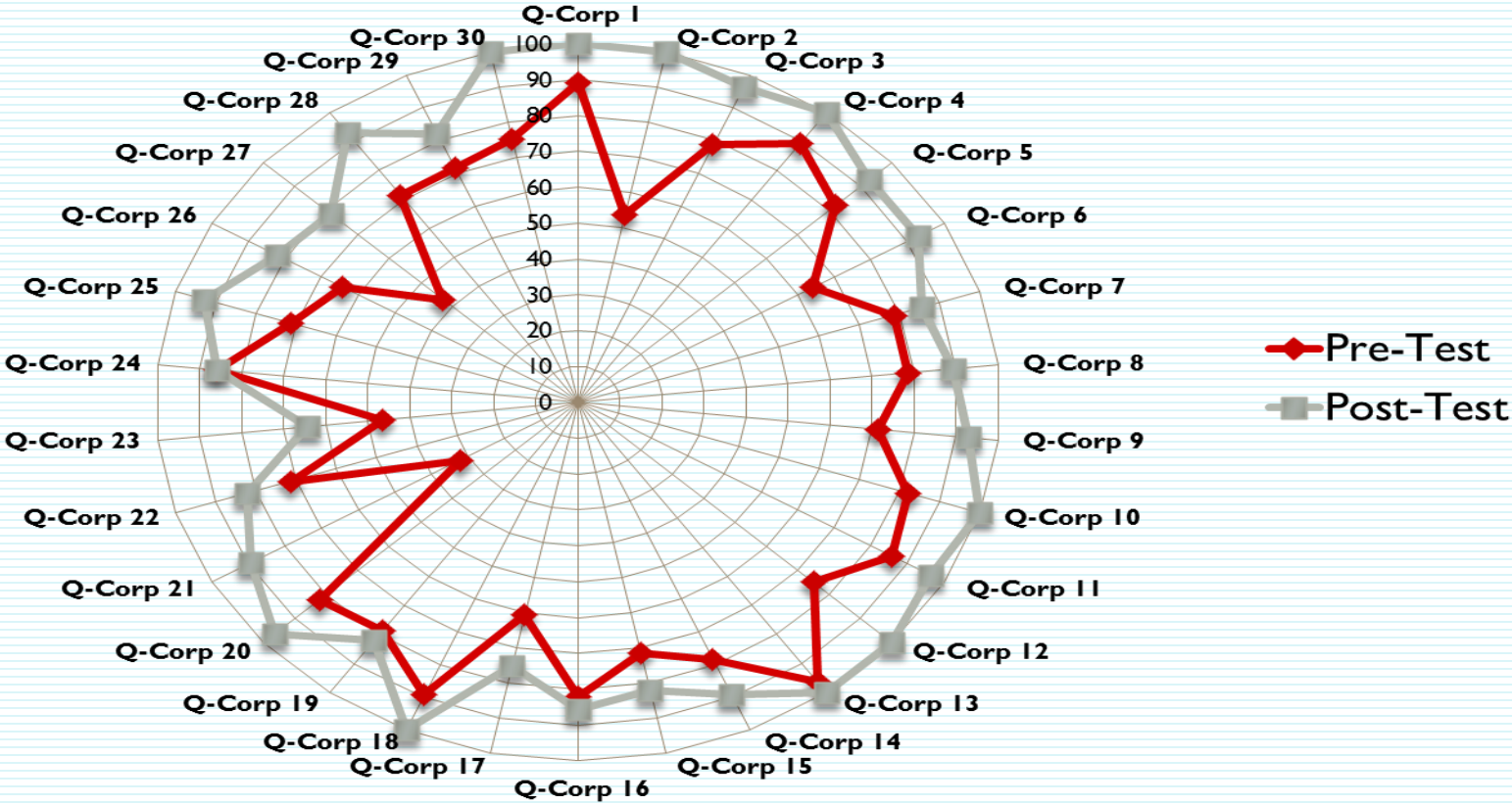
Stepwise Process for Improving the Quality of HIV-Related Point-of-Care-Testing (SPI – POCT)

PURPOSE

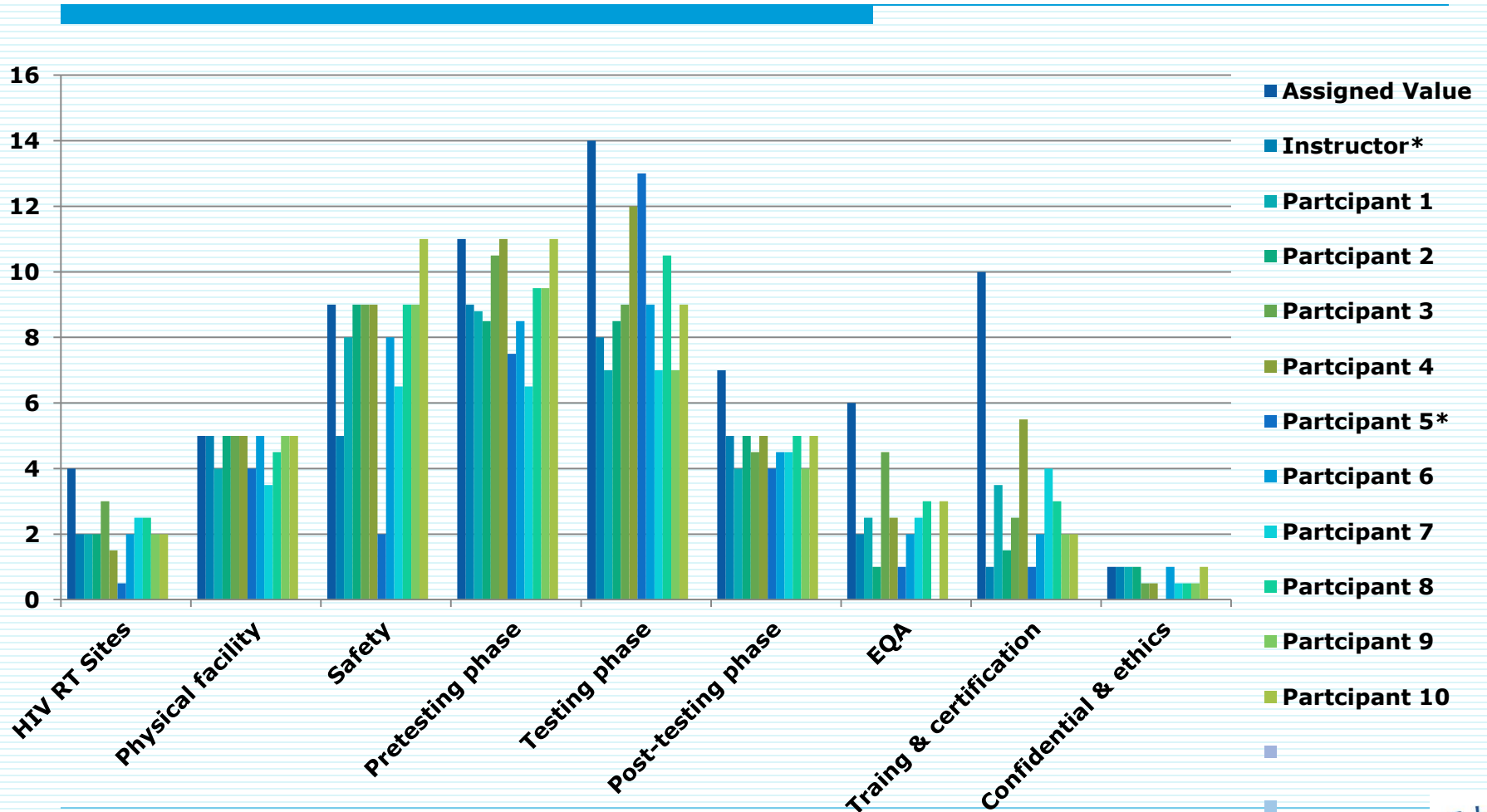
The Stepwise Process for Improving the Quality of HIV-Related Point-of-Care-Testing (SPI -POCT) checklist for use in HIV-related testing is primarily intended for use as a guide to assist and promote consistency in the



HIV RTQII Training – Pre and Post Written Assessment Individual Scores (N=30)



Performance of Quality Corps on Use of SPI-POCT Checklist (N=10) – Site A



Certificate of Achievement

This certificate is awarded to
ANNA GWANFOGBE KADAA

For successfully completing the core elements on the HIV Rapid Test Quality Cycle and is therefore certified as a Master Trainer. This certificate is valid 2 years as from the date of issuance.

Awarded this 9th day of May, 2014



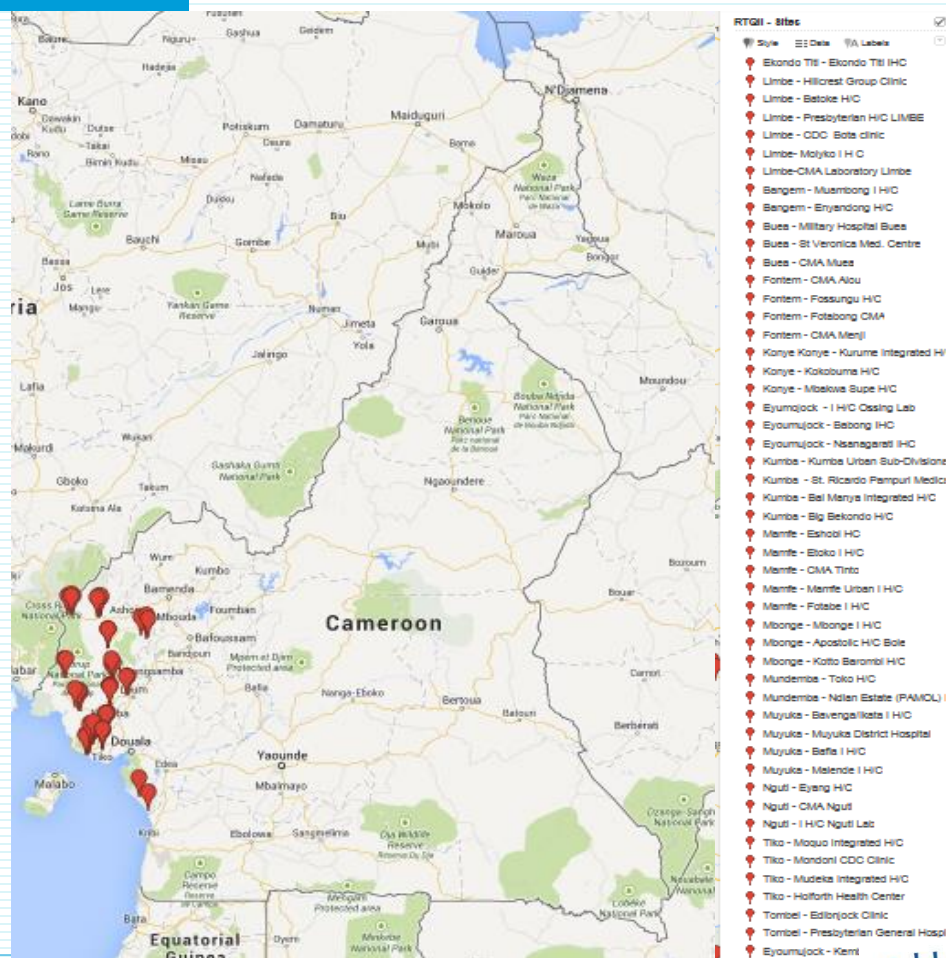
Signature of Center for Disease
Control and Prevention



Signature of CADU

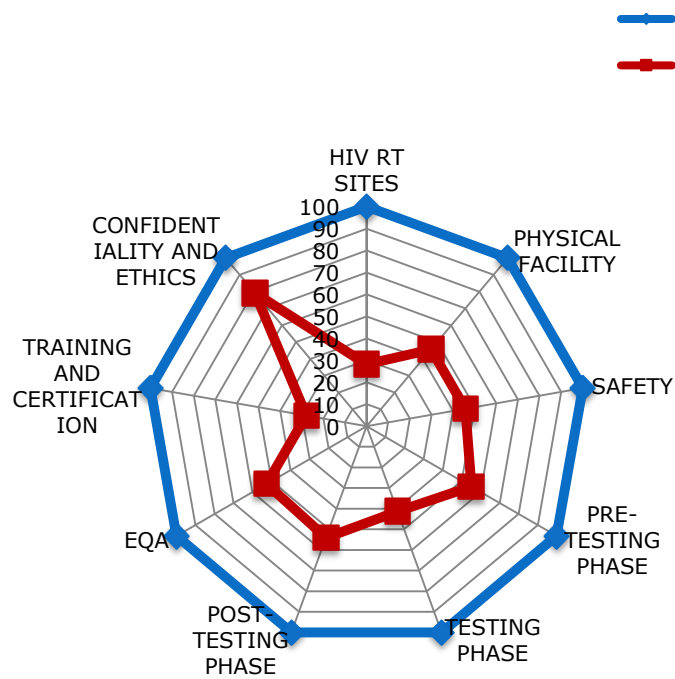
4. Identification of Pilot Sites

- 75 sites selected to Pilot HIV-RTQII
- SPI-POCT checklist administered and data obtained from 73/75 Sites
- Proficiency testing panels distributed to 50 sites

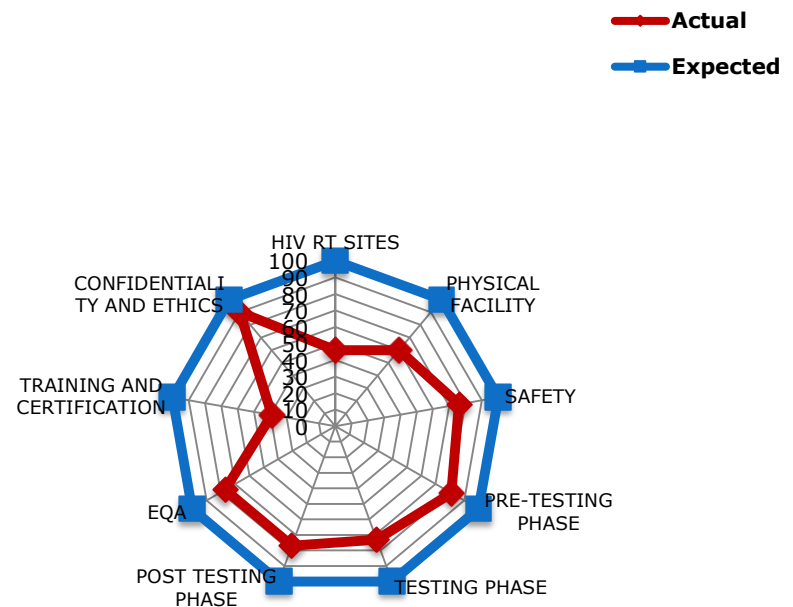


SPI-POCT RESULTS

SPI-POCT – HIV Rapid Test Section (N=73)

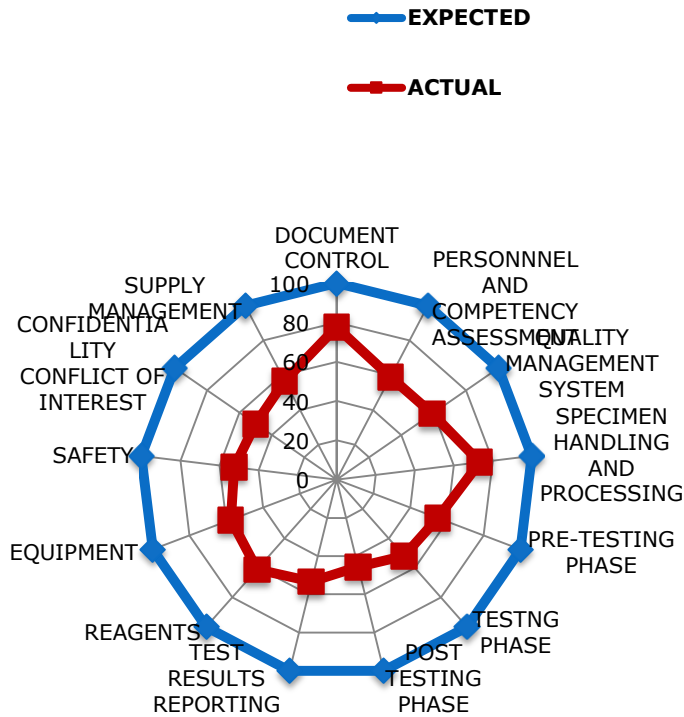


June 2014

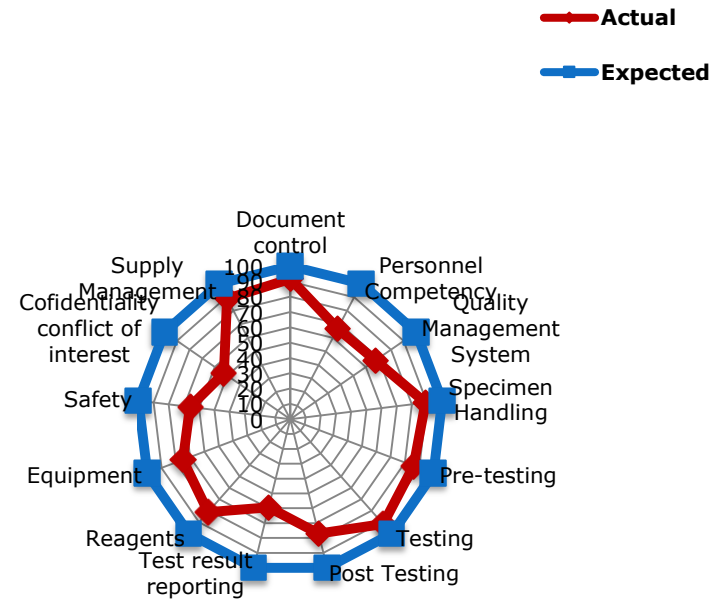


September 2014

SPI-POCT – Other HIV Related POCT (N=10)

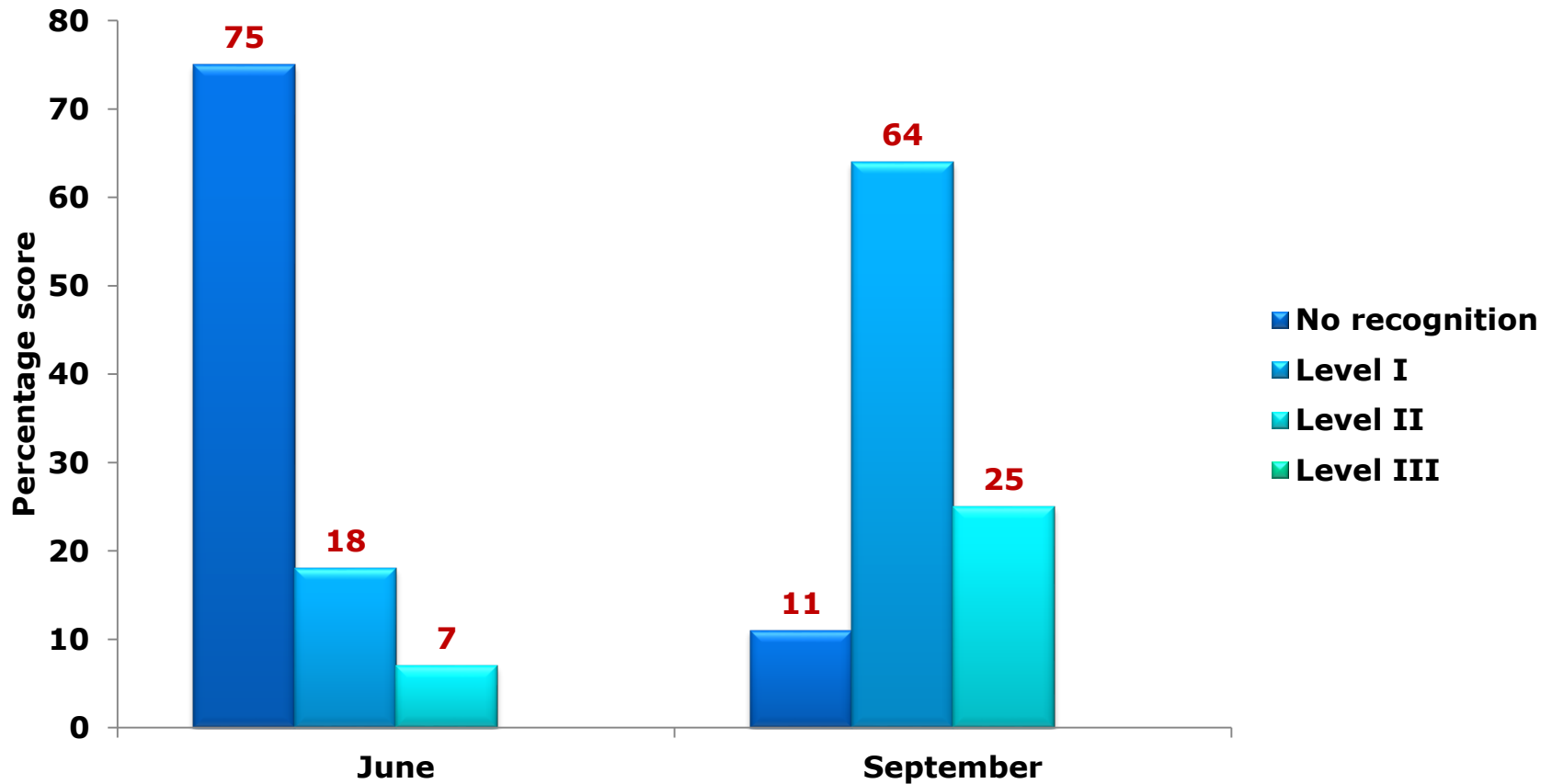


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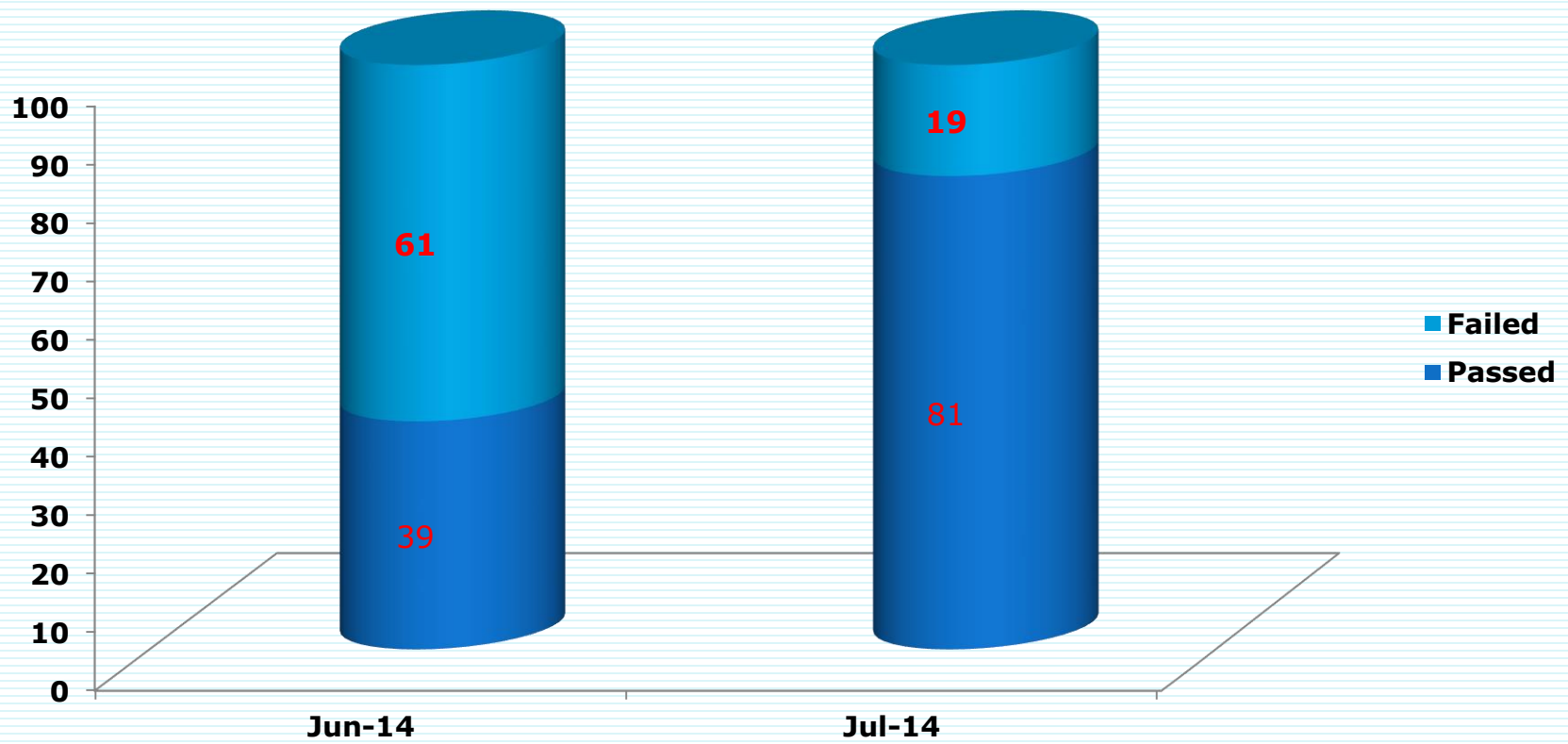
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Trends in SPI-POCT Rating

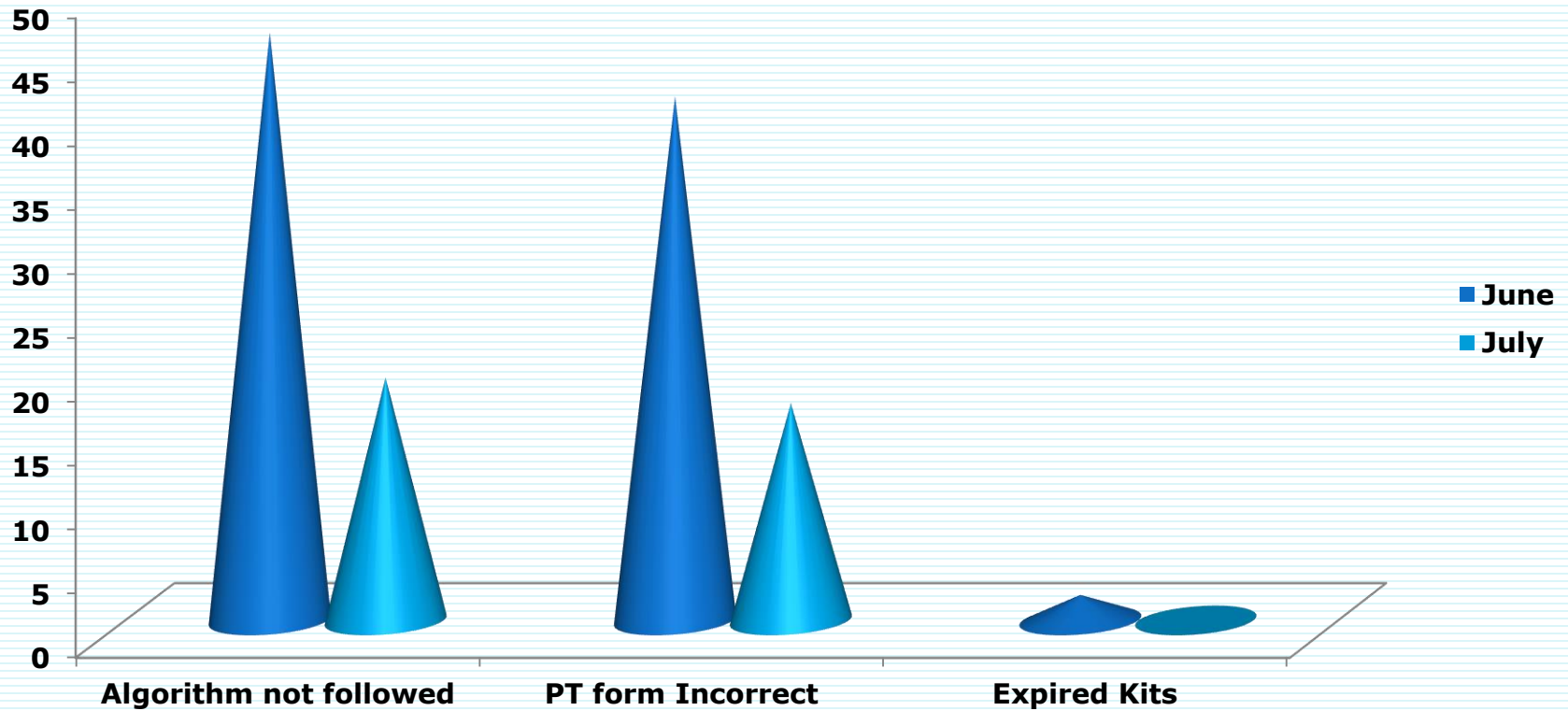


PT DATA ANALYSIS

PT Performance Rate (N=47)

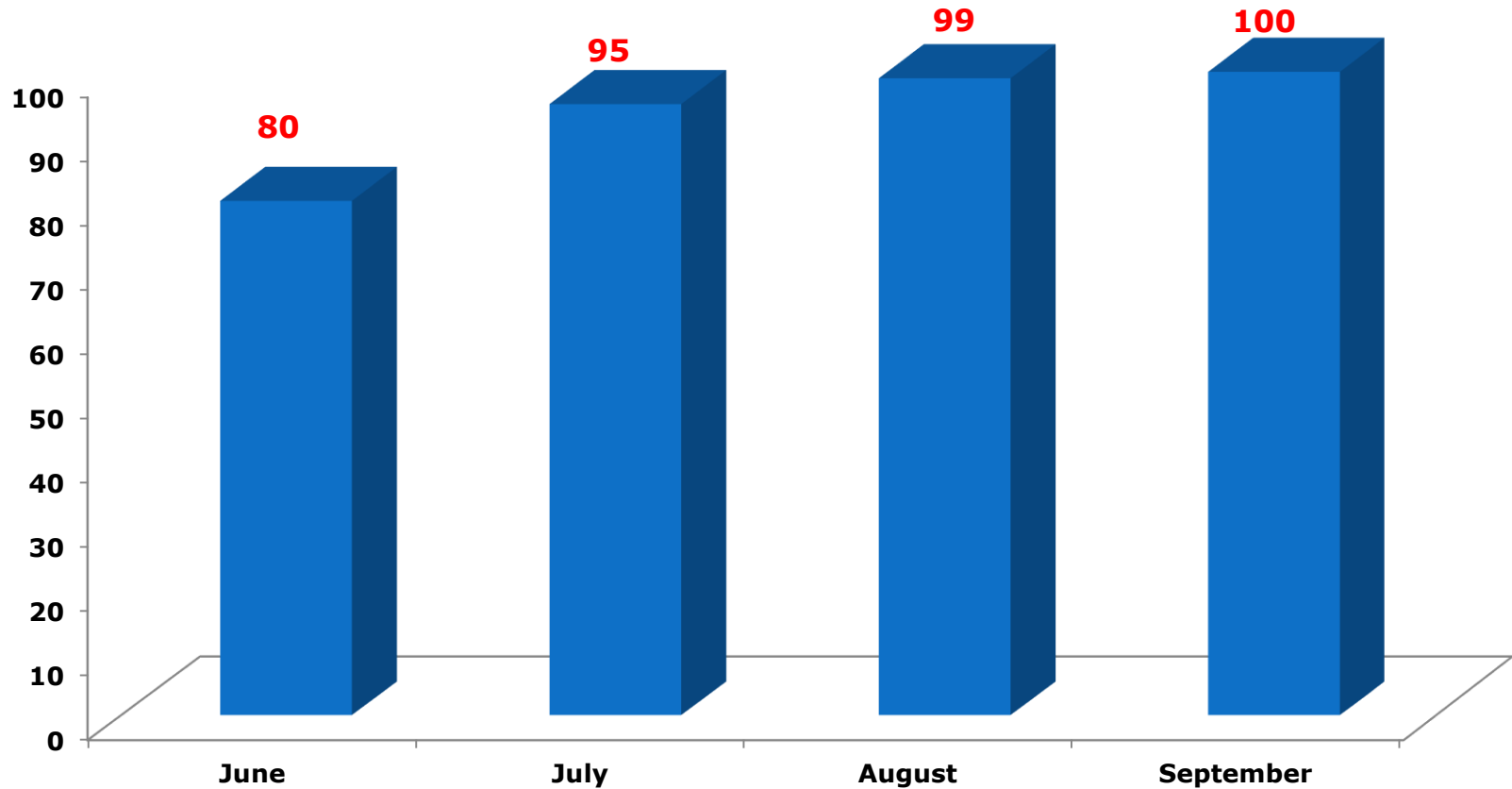


REASONS FOR UNSATISFACTORY RESULTS



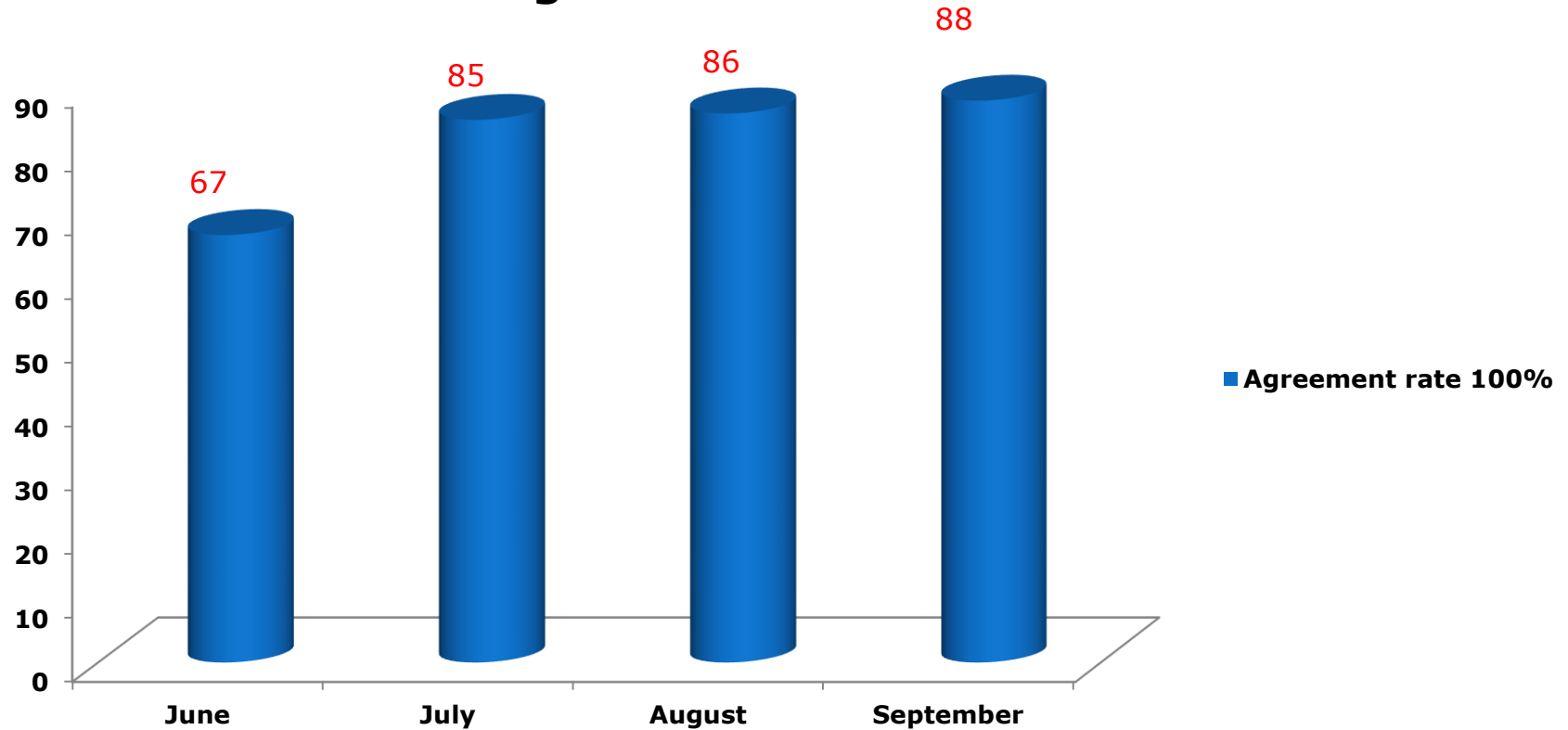
LOGBOOK DATA ANALYSIS

Sites with Logbooks



Site Performance

Agreement rate 100%



In Cameroon, Improving HIV Diagnoses through a Volunteer Quality Corps

Cameroon has an HIV prevalence rate of 4.3% in adults, [1] one of the highest in West and Central Africa, with an average of 34,754 new HIV infections annually. [2] Despite increasing access to antiretroviral drugs, Cameroon is not on track to meet the Millennium Development Goal of halting and reversing the spread of HIV/AIDS by 2015. [3] While health education and treatment are essential, access to reliable, accurate HIV rapid tests is also critical. False positive and false negative results can have a detrimental impact on treatment options and the spread of the virus, raising significant public health concerns. Global Health Systems Solutions (GHSS), an NGO based in Cameroon, has attempted to address the recurrence of inaccurate HIV rapid test results in the country. Though GHSS implemented measures to conquer this problem of inaccuracy, it discovered a central obstacle to its goal: a lack of human resources. To ensure the generation of high-quality test results, it is necessary to strengthen the capacity of clinical laboratories

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<http://www.aslm.org/stay-informed/press-room/lab-culture-newsletter/>.

Challenges

- Lack second Line testing reagent
 - Difficult access to some facilities
 - Improper filling of the logbook
 - Site temporary shutdown and staff unavailable
-



Q-Corp on the way to Ekok Integrated Health Centre in Eyumojock



Crossing a bike under a tree that fell across the road



Lessons Learned

- Review potential of Q-Corps intervention
- Exploiting the usage of available local resources
- Review training package to include more hands-on
- Enthusiasm and satisfaction of quality corps

.....Glad to be a pioneer Q-corps and contribute to ensure accurate HIV testing

.....Training improved my knowledge on QA



Conclusions

- Significant reduction in turn around time – **30 days to 5 days**
- Improvement in the performance of site and testers – **PT (39 - 81%), Agreement Rate (67 - 85%)**
- Timely reception of logbook data for analysis
- Onsite provision of supplies and corrective actions
- SPI-POCT rating – **Level 1 (18 - 64%), Level 2 (7 - 25%)**
- MoH engagement is indispensable
- Initiative is feasible and profitable

Acknowledgement

Cameroon

- MOH/Lab Directorate
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- GHSS
- CADU
- Laquintinie Hospital Douala

USA

- OGAC
- PEPFAR HQ
- CDC Atlanta



Remember the strategy of the thirsty vulture!

TELEANTIK

No one can achieve the right things in life through a wrong approach.

