EVALUATION OVERVIEW

L'INITIATIVE
sida, tuberculose, paludisme

FINAL EVALUATION

EXPANDING ACCESS TO HIV VIRAL LOAD TESTING AND STRENGTHENING THE HEALTH SYSTEM IN MADAGASCAR (EVAMAD)

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EVALUATION DATES: JANUARY – MAY 2024

COUNTRY:
MADAGASCAR

BUDGET :
€852,598

LEAD ORGANIZATIONS:
Fondation Mérieux

PARTNERS:
Centre d'Infectiologie Charles Mérieux (CICM), réseau Mad'Aids, SECNLS, PNLIS

START DATE:
06/01/2020

END DATE:
30/11/2023

THE PROJECT

Background

For a short period between 2010 and 2011, HIV viral load testing and early diagnosis of HIV-exposed infants (EID) were initiated at the national HIV reference laboratory as part of a partnership. These services weren't available again in Madagascar until 2015 at the Centre d 'Infectiologie Charles Mérieux d'Antananarivo (CICM), thanks to the support of Fondation Mérieux (FMX) and L'Initiative. This was initially limited to the capital city and a few regions nearby, before gradually expanding.
The EVAMAD project was part of the drive to consolidate and expand on these achievements.

Project operating model

The project involved HIV viral load testing provided by the CICM. Coverage of the main care provision sites in the country was made possible through channels to collect and transport samples and report results, which were established by FMX and CICM. Decentralized additional provision of GeneXpert-type «point-of-care» platforms made it possible to offer «emergency» viral load results to certain specific population groups, especially pregnant women. In addition, support to improve demand for and use of viral load test results, in partnership with the Mad'Aids network of people living with HIV (PLHIV), was also planned as part of the project.

OBJECTIVES

Overall objective

Improving the quality of virological care for PLHIV throughout the country, to contribute to strengthening Madagascar's health system.

Specific objectives

- Expanding access to "routine" HIV viral load testing. Continue opening new sample routes from regional level to Antananarivo, covering the south coast (Tuléar and Fort Dauphin) in particular.
- Decentralizing access to «emergency» viral load testing for pregnant women, exposed infants and people with suspected treatment failure, using automated GeneXpert/Cepheid «Point of Care», which are spread across the country and were previously intended for the diagnosis of tuberculosis.
- Contributing to improving rates of viral suppression among people on ARVs (third 95) in close partnership with laboratories, prescribers from HIV treatment centers and the voluntary sector.
- Provide COVID-19 personal protective equipment to health care workers.

EVALUATION RESULTS

Relevance
The project responded to an essential need to expand the HIV response in Madagascar and was a continuation of interventions implemented through Fondation Mérieux and L'Initiative support over several years. The project took a fairly holistic approach to viral load testing and, as such, was relevant and coherent. However, the proposed model, working with the CICM laboratory, was out of step with the new national strategy based on viral load testing provision coordinated by the LA2M national reference laboratory.

Effectiveness
The project was strongly impacted by COVID-19 and changes in the national laboratory strategy, which led to activities being reviewed. Up until 2022, CICM conducted about 50% of viral load tests, but from 2023, LA2M was not able to maintain the same level of service. Emergency testing for pregnant women and early infant diagnosis were limited and were launched in late 2022. The community component had limited impact, due to low coverage of PLHIV and sub-optimal collaboration with care provision teams.

Efficiency
Despite the involvement of national authorities, the project's lack of alignment with the national laboratory strategy limited its scope. Reorientation efforts to include skills transfer and a transition plan enabled LA2M to take over, but it was not able to maintain the services provided when the project ended. Project efficiency was also impacted by how care provision was structured at PLHIV care sites, which could only be adapted in two pilot sites. Capacity strengthening of the community partner and care provision teams would have been beneficial to improve project impact.

Impact
CICM's interventions provided key services through the provision of viral load testing to a growing number of beneficiaries over 8 years, including before the project. However, health system strengthening was limited by the approach taken, which was not aligned with the new national strategies. Although skills transfer did take place, it remained sub-optimal and interventions could not be maintained to sufficient levels. Early infant diagnosis remained very limited. However, FMX's interventions played a catalytic role in creating sustainable demand and setting quality standards that continue to inform current and future programming.

Sustainability
The project approach did not contribute to the sustainability of services put in place. The expected outcomes, particularly in terms of viral load testing above all, fell short even before the project ended. Outreach EID and viral load testing for pregnant women remained limited. Other measures put in place to improve the use of viral load test results have not been maintained at this stage. Nevertheless, it is likely that the project has consolidated the demand for viral load tests and EID on a sustainable basis, and the skills transfer to LA2M should contribute to maintaining a sustainable supply, especially since the funding needed has been included in the Global Fund funding request.

Conclusions and **recommendations**

The EVAMAD project, and FMX / CICM interventions more broadly in Madagascar, have laid the foundations for HIV viral load testing and early infant diagnosis provision, which are essential services for quality PLHIV care and support, with high quality standards.

The project faced major difficulties that limited the anticipated outcomes. At the end of the project, considerable challenges remained to ensure the sustainability of access to viral load testing and EID, as well as their scale up. However, the experience gained and the interventions put in place as part of the project are useful examples, as is CICM and FMX expertise. The national reference laboratory (LA2M) is now tasked with meeting these challenges.

The interventions needed for such a program to succeed go far beyond the laboratory alone. Recommendations to national health authorities:

- Develop a national strategy document and roadmap on viral load testing and EID provision.
- Establish a national body to coordinate and monitor the provision of viral load testing and EID.
- Put in place relevant tools (standardized laboratory registers, standardized operational procedures for the different types of services, patient management tools for monitoring viral load testing at prescription sites, assessment and adherence support materials, etc.) ;
- Calculate the monitoring indicators recommended by WHO (viral load testing and EID coverage, time to receive results, the third 95, EID positivity rate, identifying specific target groups, such as pregnant and breastfeeding women) and use them to pilot the viral load testing and EID program.
- Meet (within a reasonable timeframe) the viral load testing and EID provision quality standards recommended by the WHO.
- Put in place quality control systems, at different levels, including at the central level, which is all the more important in a context of where there are multiple laboratories.
- Comprehensive review of the channels and structure of PLHIV care and support, at least in high-volume sites.

Donor support and technical expertise from organizations like FMX will still be needed, or at least useful, to achieve this.

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