Introducing Laboratory Services To Rural Clinics in Swaziland To Scale Up HIV Counseling and Testing

**BACKGROUND**

Swaziland’s HIV prevalence is 26%, the highest in Africa and the world. A policy shift to provider initiated HIV testing and counselling (PIHTC) was adopted in 2006 and rolled out in 2007, resulting in 152 out of 178 health facilities offering rapid HIV testing and counselling (HTC) (SAM report 2008). Despite the adoption of PIHTC, HIV testing prevalence is 26% (9% for men and 22% for women) for the ages 15-49. As a major partner of Ministry of Health (MOH) in HTC implementation, PSI supports 24 health facilities with PIHTC. During routinely conducted mentoring visits a need for point of care testing was identified. Health care providers did not have the capacity to conduct rapid tests but were willing to support counselling and small volume testing. PSI helped pilot the use of a phlebotomist cadre to increase provider initiated HIV counselling and testing volumes.

**DESCRIPTION**

In 2008, in collaboration with the MOH, PSI helped establish mini-laboratories to equip 12 health facilities that served more than 100 clients/day and that offered pre antiretroviral therapy (ART) and ART services. Phlebotomists attached at the mini-laboratories provide simple haematology tests including RPR, Hb, HIV test, Urinalysis, pregnancy test, glucose and malaria test. The phlebotomists are high school graduates with a science and maths subject credit in their certification. They were recruited and trained for five days in phlebotomy and CT by American Society for Clinical Pathology (ASCP) and the National Reference Laboratory (NRL). A four-week practical attachment to the laboratories was part of post-training mentoring, and one phlebotomist was placed in each facility.

**METHODS**

- Assessment visits were conducted to strengthen PIHTC integration;
- Discussions with MOH on the need to scale up PIHTC;
- Memorandum of understanding signed with MOH and central laboratory on pilot plan and objectives;
- Set criteria to prioritize clinics with client volumes of more than 100 clients per day;
- 12 rural clinics selected to cover two of the country four regions (Manzini and Hhohho);
- Facility assessments for establishment of mini laboratories conducted to inform space and equipment needs;
- Equipment and reagents procured as per identified needs, and space for laboratory identified by facility manager;
- Established partnerships for curriculum development and training -ASCP, CDC, NRL, Swaziland National AIDS Program (SNAP);
- Involved regions and facilities in recruitment of community out of school youth with secondary education to be trained;
- Developed HMIS tools for reporting and quality assurance (QA);
- Conducted a five days training and four weeks attachment for the 12 phlebotomists;
- Conducted a deployment exercise coupled with onsite induction and introduction;
- Laboratory menu Standard Operating Procedures (SOPs) developed and distributed to the rural health clinics;
- Mentoring and coaching conducted monthly by National Laboratory and PSI;
- Regular reports shared with SNAP and regions to monitor the uptake of the services.

**RESULTS**

- Rapid HIV testing curriculum for the training of phlebotomists has been developed and is now in use;
- Adopted rapid testing using finger prick as the level of education did not permit venous blood draw and there has been overall policy shift to finger prick blood collection;
- Credible partnership between MOH, regional health management teams, PSI and other HTC implementing partners;
- Increased uptake of HTC by clients in rural health facilities by 75% (from 300 to 1200 on average a month);
- ART decentralization plan employs this strategy to map clinics for ART;
- Phlebotomist cadre adopted by MOH and positions have been absorbed by MOH;
- PIHTC scale up requires decentralized laboratory services;
- Health care providers will need additional cadres to support PIHTC to yield high client volumes for HTC;
- Phlebotomists cadre has strengthened public sector systems as mini labs support HIV as well as other diagnostic tests;
- MOH revising current approach to PIHTC to integrate phlebotomists in the health facilities to make HTC routine;
- A transportation system, which currently relies on clinic staff taking public transport, is being expanded to include collaboration with private transport agents to increase laboratory service coverage throughout the country’s rural health clinics.

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