LESSONS LEARNED FROM ESTABLISHING AN EQA PROGRAM – KENYA’S EXPERIENCE

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BACKGROUND

- Scheme provider: National Public Health Laboratories
- Began in 2007 offering 1 cycle per year which increased to 2-3 cycles per year
- In 2011, shifted from site- to individual provider-based PT in order to closely monitor quality of testing for every HIV testing service provider

Scope
- Rapid HIV testing panels
- National coverage
- HTS providers from all testing program areas
SCALED UP ENROLMENT

Total # of HTS providers = approx. 26,000
Coverage in 2018 - 84%

Sites
Individual HTS provider

No. of enrolled HTS providers

Round

2007

2011 - shifted from site- to individual provider-based PT

2018
Increased Participation & Performance Improvement

Enrolment vs Participation

Improvement

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<th>HIV PT Round</th>
<th>Number of service providers</th>
<th>% of providers with incorrect results</th>
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LESSONS LEARNED

1. Policy
2. Scheme Management
3. In-House Panel Production
4. Panel Distribution
5. Data Management
6. Corrective Action
Challenges:
Sub-optimal enrollment and participation

Solutions:
 Developed policy for EQA participation
 Established national coordination body
 Involved regional program managers
2. SCHEME MANAGEMENT

At Initiation

- Managed within the National HIV Reference Lab
- Panel production within routine NHRL tasks

Challenges

- Interference with routine lab operation
- Task dedication

Solution: Streamlined Management

- Head - NPHL
- QA Lead
- EQA Coordinator
- Panel - production
- Data Manager
- Lab Techs / Casuals
3. IN-HOUSE PANEL PRODUCTION

**Challenges**: Coping with large scale panel production
- Manual process handling up to 150,000 vials per cycle
- Long panel preparation period

**Solutions**: Process automation
- Reduced panel preparation period
- Improved homogeneity
4. PANEL DISTRIBUTION

- **Challenges**: Panel distribution issues
  - Undelivered panels
  - Delayed delivery
  - Lack of delivery tracking systems

- **Solutions**: Improved panel distribution mechanisms
  - Engagement of courier services
  - Coordination with regional QA officers on distribution to facility level
  - Elaborate tracking system
5. DATA MANAGEMENT

Challenges:
- Management of large data volumes
- Manual processes used
- Long data processing period

Solutions:
- Dedicated data management personnel
- Deployment of technology:
  - TeleForm - decreased errors in performance evaluation
  - Web-based technologies
    - Reduced TAT for feedback report
    - Timely corrective action
5. DATA MANAGEMENT
REDUCED TAT

- **Challenges:**
  Difficulties in timely return of results and provision of performance feedback reports

- **Solutions:**
  Web based results submission & access to feedback reports

**TAT for EQA Results Submission**
- Previously: 10 weeks
- Now: 2 weeks

**TAT for EQA Feedback Report**
- Previously: 8 weeks
- Now: 2 weeks
6. CORRECTIVE ACTION

Challenge
Inconsistent corrective action done

Solution
• Targeted corrective action through onsite mentorship
• Refresher trainings
• Training of regional QA officers
• Provision of technical assistance

Onsite mentorship

Refresher training

Performance improvement trends

% of providers with incorrect results

HIV PT ROUND

% Incorrect Results

18% 29% 25% 23% 8% 15% 11% 9% 5%

0 5 10 15 20 25 30
FUTURE CONSIDERATIONS

- Framework for HTS quality improvement & maintenance
- EQA participation a requirement for recertification of individual service providers
- ISO 17043 accreditation
- South – South collaboration with ZINQAP
Thanks