



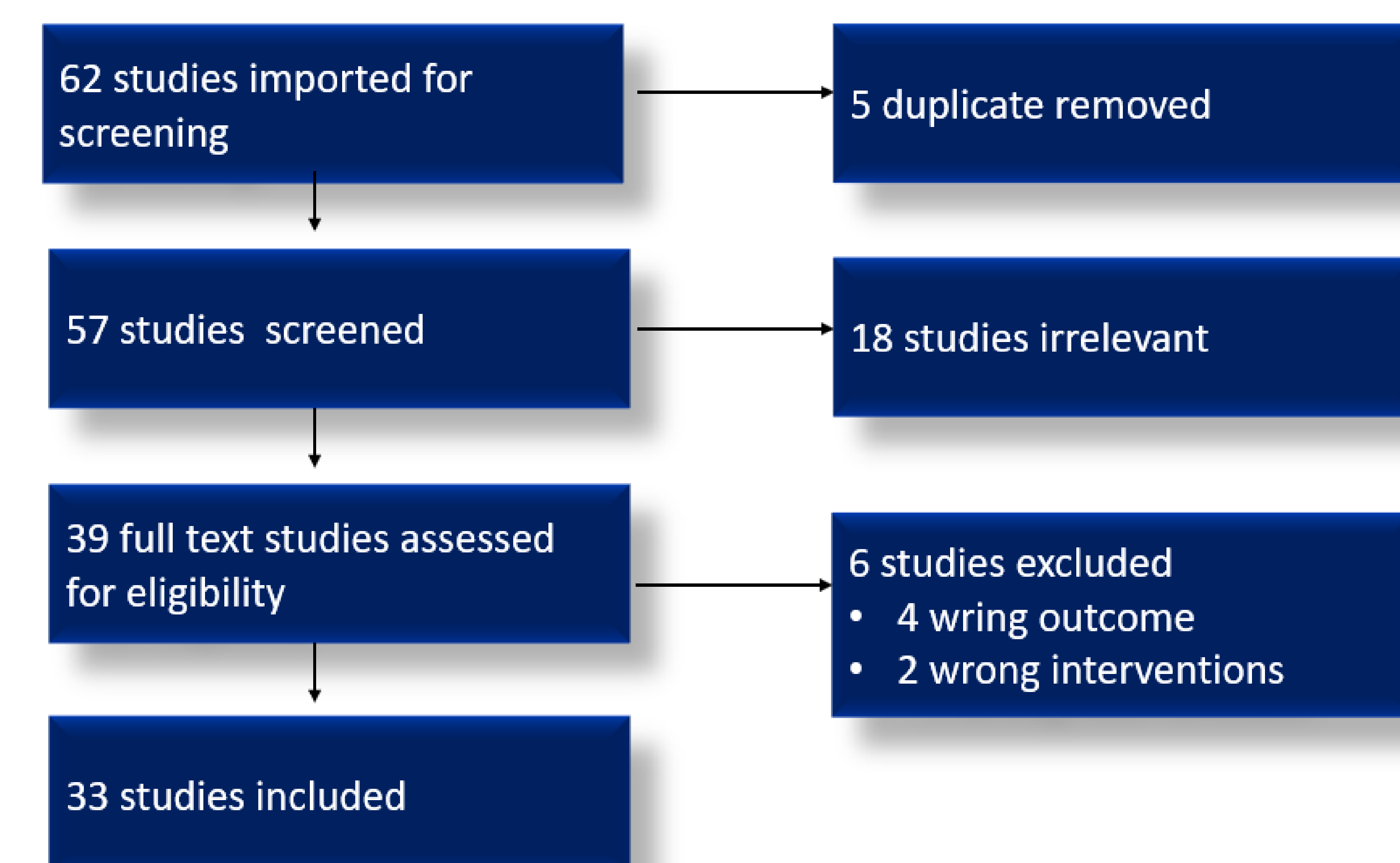
BACKGROUND

Viral load monitoring has been rapidly increasing among people living with HIV in low- and middle-income countries. This leads to a huge burden on laboratories. Innovative Point-of-Care (PoC) tests enable a reduction of laboratory workload, but the implementation bottlenecks are uncertain. This study aims to review implementation research outcomes of PoC HIV Viral load for people living with HIV in low to middle income countries

METHODS

We conducted a qualitative synthesis of peer-reviewed papers to explore implementation research outcomes (IROs) of Point of care HIV Viral load monitoring. We identified studies published between Jan 2013-Feb 2021 by Prisma diagram. We used IROs as described by Proctor et al., which are acceptability, adoption, appropriateness, feasibility, fidelity, implementation costs, penetration/coverage, and sustainability.

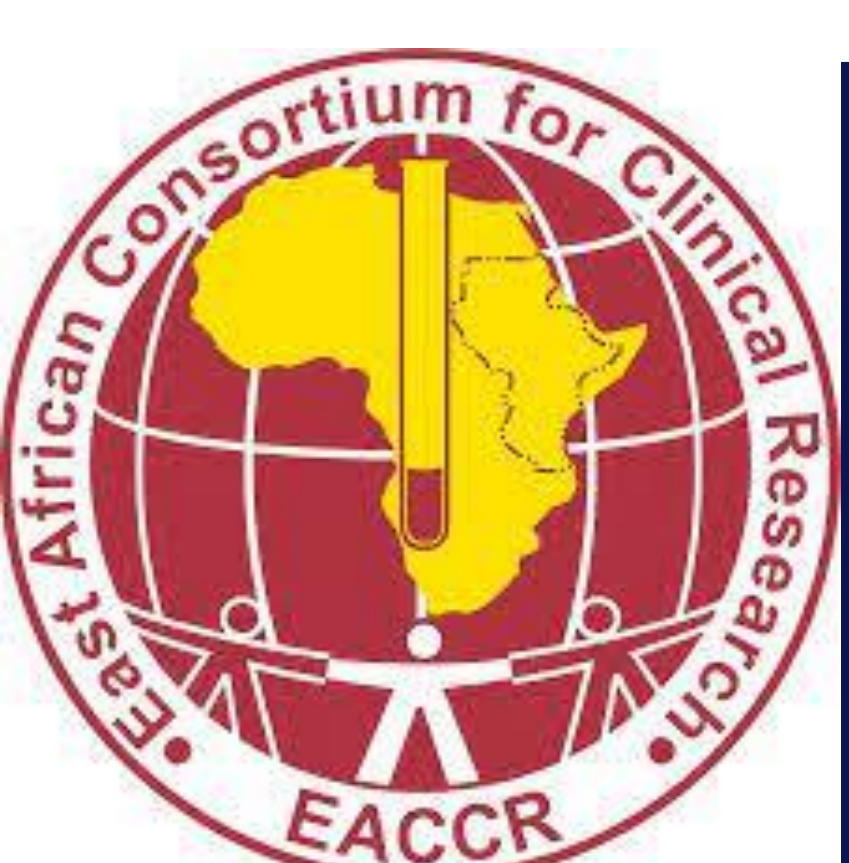
PRISMA DIAGRAM



RESULTS

Studies have shown that point of care is:

- Feasible and successfully carried out in health settings.
- Useful as patients received results the same day **plus** adherence to counseling and switching to second-line antiretroviral therapy(ART).
- Highly acceptable from a health service provider's perspective giving insights for developing training programs for effective implementation of POC.
- Has high testing coverage in routine POC VL monitoring in centers where the intervention was introduced.
- Questionable in Fidelity in some of the settings due to lack of POC guidelines, absence of quality monitoring and POC not being delivered as intended.
- Costly varying from 23 to 98 USD compared to 24 to 46 USD for current centralized testing. However, costs will be lower when scaled up and used in a targeted way for those at risk.



CONCLUSIONS

Implementation of POC testing for HIV viral load monitoring is acceptable and feasible but hindered by higher costs and low levels of fidelity. Implementation strategies should be investigated to overcome these challenges.

