STRENGTHENING SURVEILLANCE SYSTEM OF HIV INFECTED ADOLESCENT AT PATIENT SUPPORT CENTER IN KISII TEACHING AND REFERRAL HOSPITAL

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR THE AWARD OF FELLOWSHIP IN CAPACITY BUILDING FOR SUSTAINABLE DEVELOPMENT (EPIDEMIOLOGY AND BIOSTATISTICS) OF THE UNIVERSITY OF NAIROBI

Declaration

This project is my original work and has not been presented for a degree in any other university.

Signature : …… Date**: ……**

Vivian Cherotich Malit

W82/ 89458/2016

Supervisor's Approval

This project report has been submitted for examination with my approval as the University supervisor

Signature : …… Date**: ……**

Dr Irene Inwani

Head of Clinical Services,

Kenyatta Hospital

Dedication

This project reports is dedicated to my dear family, parents and my late sister for their love, support and prayers during project implementation.

Acknowledgement

I am forever grateful to God for His unfailing love, care and provision during my stay implementing project in Kisii Teaching and Referral Hospital

I am also thankful to the University of Nairobi's HIV Capacity building fellowship team led by the Principal Investigator Prof. James Machoki and the program manager Mr. Francis Njiri. I am also thankful to my project supervisor, Dr. Irene Inwani for his unending support through the whole implementation process. I also appreciate of all the UHIV Cohort II Fellows for their support, encouragement and advice.

I would also like to thank the Kisii Teaching and Referral Patient support Team and PLP Mentor Dr. Enock Ondari, for the support, guidance, cooperation and participation during project implementation.

A special thank you also goes to all the adolescent who agreed to participate in this project, may God richly bless you all for such a time, needed your help

To my family, I am forever grateful for always being there

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List of abbreviation

ART	Antiretroviral Therapy
HIV	Human Immunodeficiency virus
KTRH	Kisii Teaching and Referral Hospital
MSH	Management Science for Health
OCA	Organizational Capacity Assessment
OTZ	Operation Triple Zero
PLHIV	People Living with HIV
PSC	Patient Support Centre

Definition of Terms

Adherence: the extent to which the patient's history of therapeutic drug taking coincides with the prescribed treatment

Surveillance: continuous observation of person and ongoing activities in order to gather information for decision making

Viral suppression: The reduced level of a person's viral load (HIV RNA) to an undetectable level by antiretroviral therapy.

Abstract

Antiretroviral therapy coverage has contributed to reversal of the global trend in HIV/AIDS mortality through new institutions formed with substantial commitment to HIV/AIDs prevention and treatment. As a result of curbing the rise in epidemic 'Getting to zero' campaign has been promoted with a vision of achieving universal health care through reduction in HIV/Aids prevalence, by having Zero new infections among HIV infected population, Zero Discrimination and Zero AIDs Related death in order to achieve 95:95:95 strategy.

Kisii county is ranked eleventh nationally with a HIV prevalence of 4.4%, 5976 new HIV infections annually where 2552 are adolescent aged 10-19 yrs. with annual new infection of 274 and 49 HIV death related annually [6]. Adolescent ART coverage stands at 92% while viral suppression is at 65%. Operation Triple Zero initiative was started to help adolescents with high viral load to closely monitor their appointments, drug intake in order to achieve viral load to undetectable levels (zero viral load). The adolescent who achieve the targets are rewarded in order to encourage the rest of the club members. The slogan for the initiative is 'Zero for hero's'

The adolescents are recruited voluntarily both with high viral load and those who have virally suppressed to join a club where they are educated and informed that their health is their responsibility through triple zero initiative which means first Zero is no missed Appointment, the second Zero is No missed Drug and the last Zero is maintain Zero viral Load. Review of viral load is done after six month to monitor their viral load suppression. As a way of strengthening the initiative, surveillance committee team was formed among the health workers with small motivation to help them utilize clinical data for decision making and timely tracking appointment, treatment and viral suppression.

The intervention encourages adolescents to joint an OTZ club where they share their experience with peers , learn about health issues, recreational activites, keep track of their appointment and their medication thus resulting to low viral load .Active surveillance committee utilize data for timely decision making and response to emerging issues from the OTZ club. Champion OTZ adolescents will act as ambassador to the rest through forming clubs in school which encourage other peers without disclosing their status on the importance of drug adherence and clinic attendance. OTZ club has contributed to viral suppression of adolescent which stand at 85% through keeping appointments, timely taking of medication and increase knowledge on the importance of medication intake

CHAPTER ONE: INTRODUCTION AND BACKGROUND

HIV prevalence in Kisii County is at 4.7% with an estimate of 63,715 people living with HIV of which 7,715 are children (0-14yrs) and 3,297 are adolescent (10-19 yrs) according to Kenya county profile 2016. The County contributes 2.2% of the total number of PLHIV in Kenya and children below15 years contribute 6% and young people aged 15-24 yrs. contribute 22%[1.] As per the 2018 HIV country estimates, 20,663 people aged 15-24 yrs. were on ART, with only a third (6,700 being virally suppressed). There were more than 8,000 new infections with about 2000 AIDs related death. Kisii county is ranked eleventh nationally with a total of 5976 new infections annually[1]. Adolescent ART coverage stands at 92% while viral suppression is at 65% where Adult viral ART uptake stands at 91% and children stands at 95% while the viral suppression of adult and children stands at 66% and 48% respectively[1]

Behavioral factors such as age of sexual debut are risk factor of HIV transmission especially in women because of their biological make up. Statistics showed that 21% of women and 60% of men started their sexual debut below 15 years. Stigma and discrimination also adversely affect people living with HIV adherence to antiretroviral therapy and willingness to test [1]Kisii Teaching and Referral Hospital (KTRH) is a level five hospital which support referrals from nine sub-county hospitals and its patient support center has 4572 enrolled clients where 452 were Adolescent as at the end of December 2018. The Facility is offering adolescent friendly services but adherence to antiretroviral among the adolescent is still low in Kisii County. This gap was identified through consultative meetings with key stakeholder of KTRH, organizational capacity Assessment, desk review of Kisii County Strategic PLAN, KTRH HIV support center data and Kenya HIV county profile, 2016

1.2 Statement of the Problem

According to Kenya fast track plan to end HIV/AIDS among adolescent and young people 2015, it was estimated that 13,079 adolescent and young people aged 15-24 yrs are living with the virus where approximately 5,012 don't know their HIV status[2]. HIV estimates 2018, indicated that a total of 2552 adolescent are HIV infected in Kisii county, with 274 new infections yearly, Kisii Teaching and Referral Hospital support 4572 total clients on treatment, which 398 are adolescent aged 10-19 yrs and 54 are aged 20- 24 yrs.

ART coverage stands at 92% while viral suppression is at 65% in Kisii County where Adult viral ART uptake stands at 91% and children stands at 95% while the viral suppression of adult and children stands at 66% and 48% respectively[3]. Stigma and discrimination adversely affect people living with HIV Adherence to antiretroviral therapy and willingness to test [4].

Nationally there is an ongoing campaign of "Operation Triple Zero initiative" to help the adolescent with high viral load and low viral load through close monitoring of appointments, drug intake and viral load suppression. Motivational reward is given to the adolescent who have keenly followed their appointment through their own initiative to take drug so as to contribute to viral load suppression. While this initiative has been found to work, there is no structured monitoring system in the KTRH specifically for Triple zero enrollees to monitor progress and for timely interventions where problems are identified.

1.3 Project Objectives

1.3 .1 Goal: To contribute toward improving health outcome and wellbeing of all people living with HIV. The intervention will contribute to reduction of viral load among the adolescents through close monitoring of adolescent in terms of clinic attendance, ART adherence and viral suppression (Operation Triple Zero).

1.3.2 Purpose:

To strengthen surveillance systems of HIV infected adolescent to promote willingness to keep appointment, take drugs in order to achieve adherence to ART treatment retention to care and viral suppression.

1.3.3 Specific Objectives

- To strengthen surveillance system of HIV infected adolescent enrolled into the Operation Triple Zero initiative.
- To support Adolescent viral load suppression through linkage to peers and psychosocial support

1.3.4. Outputs:

- Active surveillance committee which promote timely, accurate information for decision making (minutes of the meeting)
- Number of adolescent with high viral load and low viral load identified and monitored through operation triple zero to achieve drug adherence.
- Number of adolescent sensitized and linked to support systems

1.4 Justification /significance

Timely diagnosis, optimal linkage and retention to care for person diagnosed with HIV and increased coverage of ART is key to the reduction of HIV prevalence among the age of 10-19 yrs which contribute 52% of all new infection in the Kisii County and will contribute towards achieving 95:95:95 targets. According to HIV County profile 2016, adolescent viral suppression stands at 65%. To improve treatment outcome for adolescents, the proposed intervention of operation triple zero will strengthen surveillance system through sensitization of adolescent with

high viral load and low viral load on the importance of drug adherence, encourage them to form peer support group in order to enable them keep appointment, take medication on time without missing and working towards reduced Viral Loads.

2.0 CHAPTER TWO: PROJECT IMPLEMENTATION METHODS AND MANAGEMENT PLAN

2.1 Key Institutional Issues to be addressed

University of Nairobi in collaboration with Management Science for Health undertook an organizational capacity assessment and made recommendations to address the gap in surveillance at the patient support center. The gaps in surveillance entails fragmentation of the records, lack of budget allocated to surveillance, inadequate staffing for surveillance and stock management of essential commodities. In addition a KTRH Patient Support Staff also identified problem in adolescent viral suppression. Based on the highlighted gaps the proposed intervention will strengthen surveillance through continuous review of data, follow up and linkage of HIV infected Adolescent to care so as to increase number of cases with viral suppression within the available resources.

2.2 Project activities

2.2.1 Strengthening surveillance system of HIV Infected adolescent enrolled in Operation Triple Zero initiative

Operation Triple Zero is an initiative which support all HIV infected adolescent both with HIV viral load or those who have suppressed. The initiative is voluntary with a motto of "*Zero for Hero's*".

2.2.2 Facility entry

The Project was introduced to facility sub-county committee where they positively welcomed the initiative and promise to support where necessary, at the facility Patient support center, the

staff were introduced on the initiative and the purpose of the project and participatory methodology was encouraged. Staff took the lead since they were more conversant with adolescent records and for sustainability of the process.

2.2.3 Record review and adolescent engagement.

The process started with register review to identify adolescent with high viral load. The identified adolescents were invited through phone call for a sensitization meeting. The sensitization meeting involved voluntary recruitment into the operation triple zero initiative after sensitizing them on the aim and important of initiative and also unmasking the meaning of its three Zeros, which means: 1) no missed Appointment, 2) No missed Drug 3) maintain Zero viral Load. Sensitization meeting was also conducted to adolescent with undetectable level viral load in order to recruitment to join the OTZ club.

2.3 Adolescents linked to peer at facility

The identified adolescents with high viral load were invited for a sensitization meeting where they were informed of the Operation triples Zero initiative. They were asked to join voluntary and encouraged to identify a friend who will be their peer and who will walk through the journey together with aim of having zero viral suppression. The peer kept track of each other and made sure they kept their clinics appointments; they have taken their drug and made sure that they come with the remaining drugs during their attendance of the next visit. In the case of any challenge either of them experience they could freely share and motivate each other in order to keep on track. The two paired kept reminding themselves medication time and all the adolescent whether virally suppressed or those who have joined Triple Zero or those who have not joined were rewarded with Wrist band written "A beautiful story O_3," and Recreational equipment such as net ball nets, and darts board were introduced in the clinic to keep adolescent engaged.

Adolescent discussion forum on psychosocial support

2.4 Form active surveillance committee

Surveillance is key in monitoring the adolescent uptake of HIV testing, treatment and care, an active surveillance committee plays a key role in effective implementation. The formed surveillance committee involved all the cadre of the facility. They worked closely and monitored all adolescent intervention uptakes and utilized data for decision making, follow up with continuous psychosocial support.

2.4.1 Roles and Responsibilities

Role	Responsibility
Psychosocial counselor, Clinical officer, Nurse, Peer educator	Strengthening surveillance system of HIV Infected Adolescent through Operation Triple Zero initiative • Sensitizing to voluntarily join the initiative • Monitor their viral load suppression

	• Monitor their appointment and treatment uptake
Psychosocial counselor, clinical officer, Peer educator	• Linked adolescent to peer • Encourage adolescent and discuss with them the challenges they experience
Form active surveillance committee	• Develop Terms of reference • Hold a meeting to discuss on emerging issue • Conduct home visit to those lost to follow up • Discuss unique cases or challenges • Discuss patient drug non adherence records and changes made to treatment.

Table 1: *Roles and responsibility*

2.5 Beneficiaries

The beneficiaries from the intervention are HIV infected adolescent aged 10-19 years, care givers of adolescent with high viral load, health care workers working at the patient support center.

2.6 Communication strategies

Communication involved both vertical and horizontal communication within the team on the plan of the activities so as to promote timely response and friendly approach to encourage adolescent to participate. Surveillance WhatsApp ®group was formed for timely communication of any feedback. Other forms of communication which was employed was, weekly meeting

among committees, phone communication to follow up or invitation of adolescent or care giver to attended planned meeting at the clinic. Emails were also used to share progress finding to the supervisors.

2.7 Documentation process

All the key finding were documented in form of minutes, reports , photos and videos from all the activities undertaken so that it can be used for decision making and also for recommendations. The information obtained was disseminated to health workers at the facility. An abstract was also developed to disseminate the findings which was submitted to International conference on AIDs and STIs2019 to be held on 2-7th December 2019 in Kigali Rwanda and was accepted for poster presentation.

2.8 Risk and assumptions

The assumption was the stakeholders would support the project, cooperation among the patient and full participation of implementing staffs on the project implementation. Adolescent worked in close collaboration with implementing partner in order to contribute towards improving health outcomes and wellbeing of people living with HIV. One major risk is that intervention might be discontinued once the student leave the site, assumption is that there is buy in by the adolescent care givers and health workers are motivated by the results to continue beyond the life of the project.

2.8 Sustainability plans

The sustainability of the intervention was through continuous involvement of patient support center staff in all the activites being implemented. The identified and voluntary recruited adolescent in the initial process will champion the continuity of recruiting and encourage the rest of the adolescent on the importance of drug adherence. The sustainability will also be maintained through other two medium term fellows attached to the KTRH.

Lastly, surveillance committee was formed to help in continuous interpretation of the findings and emerging issues used for timely decision making.

2.9 Data source

The data was obtained from primary and secondary source. The secondary source was from the client registers to identify adolescent aged 10-19years , their caregiver details and, clinical data, while primary data was obtained during implementation period with close monitoring and record keeping of the unfolding events, meetings and surveillance committee findings through follow up,

2.10Sample size

Sample size of the intervention was obtained through purposive sampling. All the adolescent who are HIV positive age 10-19 with high viral load or low viral load were identified and sensitized of the initiative. The sample was representative because the age group was 10-19 yrs. All the care givers of the identified adolescent who consented were sampled for Sensitization. All cadres of health care workers working at the patient support center were also sampled to form surveillance committee namely: clinical officer, nurses, health record officer, pharmacist, peer educator and nutritionist.

2.11 Ethical issues

Since adolescent is 10-19 yrs not all are above 18 yrs. to consent. The adolescent below 18 yrs consent was sought from the caregiver before they are involved in the discussion. For those above 18 yrs consent was sought before they were involved and for those who were not comfortable to participate no penalty was given to them but they were given services with no discrimination. Confidentiality of their information was maintained on adolescent file because, they were identified with a unique number and the appointment for weekend clinics were given

per OTZ club which have a unique name chosen by adolescent. Do no harm approaches was also applied in every project initiative undertaken.

2.12 Project Monitoring and Evaluation

Monitoring and evaluation was done in a continuous basis by the implementing staff and fellow through weekly review of data collected to know the status and to see the trends of the findings. Any emerging issue was discussed and solution was proposed to address the problem. Review also was done to monitor adolescent visit after every appointment. The adolescent who did not attend to their appointment were followed up to inquire why, and if they still have drugs. For lost to follow up the guardian contact recorded in the register was followed up to identify the cause of lost to follow up.

CHAPTER THREE: RESULT AND DISCUSSION

3.1 Strengthening surveillance system of HIV infected adolescent enrolled into the Operation Triple Zero initiative

The process was initiated through register review of all adolescent aged 10-19 yrs. which showed that 45 adolescent aged 10-19 yrs had high viral load, 36% of the adolescent with high viral load had joined earlier operational triple zero club and not active and 64% had not joined. First meeting of OTZ was called for adolescent identified with high viral load where they were sensitized of the club and they were encouraged to join and by the end of three months of the intervention all had joined the club and were active.

The baseline viral load was noted for every adolescent in order to review the progress. Already developed standard Triple zero monitoring tool for voluntary joining, documenting the process and the viral load was used. At the start of intervention on 12th October 2018 the viral suppression rate at Kisii teaching and referral hospital stood at 66%, for 398 enrolled adolescents. At the end of the reporting period after nine months on 26th July 2019 of intervention the number of enrolled adolescent with HIV infection had increased by 11% (54) and the number who have joined OTZ increased by 71% (319) and viral suppression among all adolescent between age 10- 19 has increased by19 % as shown in the Figure 1 and viral suppression of all 452 stood at 85%

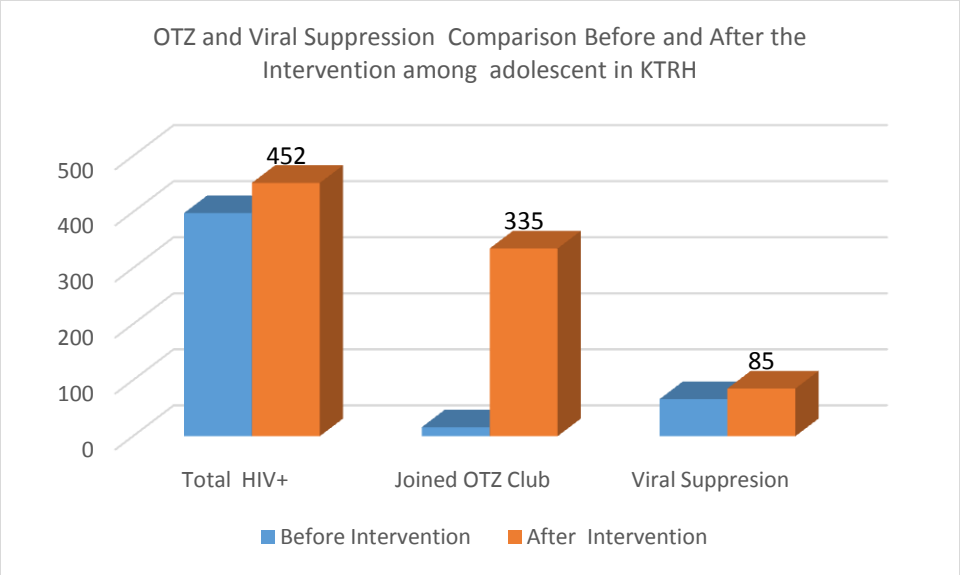

Fig 1: comparative finding of before and after the intervention of 0TZ and viral suppression

The intervention increased viral load suppression of adolescent aged 10-19 yrs.' by 19% and 71% of the adolescent voluntarily joined operation triple zero the initiative. Gender disaggregation showed 48% were male and 52% female as shown in the Figure 2 below.

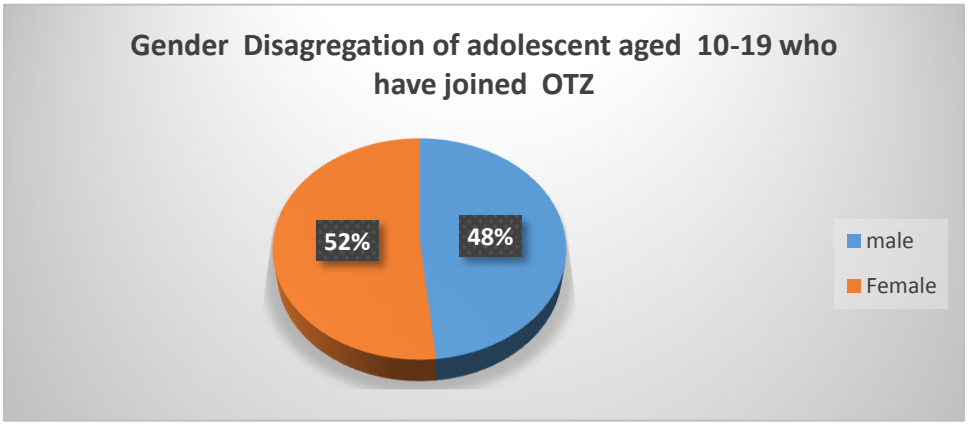

Fig 2: Adolescent aged 10-24 gender disaggregation of those who have joined OTZ

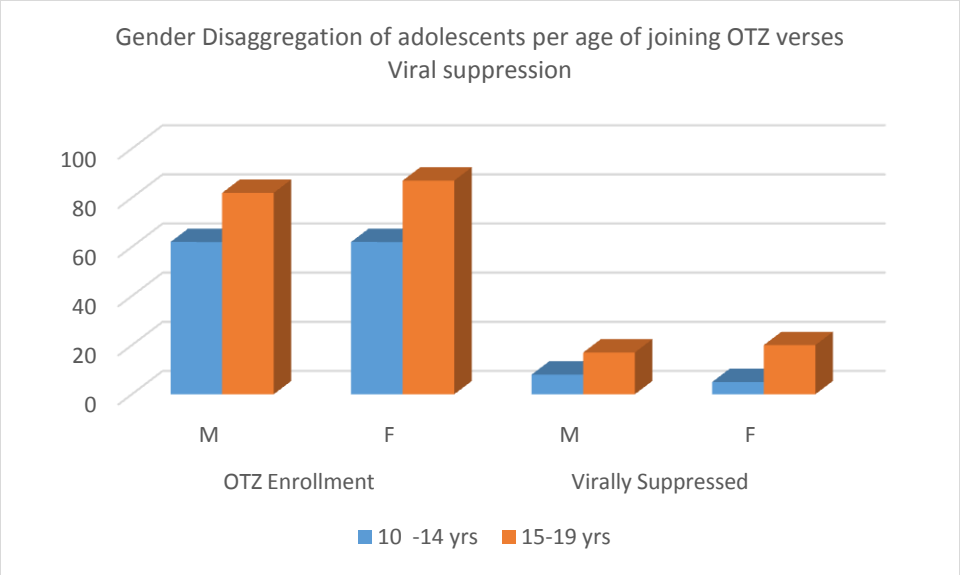

Fig 3: Gender Disaggregation per age of Adolescent who have join OTZ verses those who have virally suppressed.

As shown in Figure 3 above, both genders aged 15-19 yrs are the majority of the adolescent who have joined OTZ and have virally suppressed.

3.2 Support Adolescent viral load suppression through linkage to peers and psychosocial support

In order to strengthen adolescent psychosocial support meeting for the care givers of the first 45 adolescents with high viral load was planned, in attendance was 22 caregivers. The meeting entailed sensitization on their role and the importance of disclosing the HIV status to adolescent and supporting them. During the group discussion, care givers disclosed that they require support from the facility staff to disclose their HIV status to the adolescent through a counselor and also they admitted that it is difficult for them to discuss sexuality with their adolescent because of their cultural norms.

One forum to encourage budding was conducted in adolescent friendly environment during one of the weekend clinic which is friendly to them since they do not interact with adult people

seeking services. The adolescents were sensitized on the importance of budding (pairing two to be friends) to maintain confidentiality, provide psychosocial support and encourage each other. The two helps will each other to overcome the stigma and learn that it is their own initiative to keep their viral load zero. A What's App®'s group was formed including all adolescent with android phone and those who have joined the OTZ club. The purpose of the group is for knowledge sharing and psychosocial support. The group is moderated by peer adolescent and counselors where they discuss on their personal experience and challenges, within the group without being judgmental.

Choice of weekend clinic meetings was reached after consultative meeting with adolescents through a focus group discussion. Adolescent expressed their preference to weekend clinics, with emphasizes that the day should not be clinic day only but other initiative like games should be inclusive and as a response, net ball, and darts board were bought. Knowledge sharing session was also in cooperated for the purpose of answering question which have been raised frequently in their discussion forum. Most of the discussion was on health issues which help them understand why they are taking medication, side effect of the medication and personal experiences on how they overcome the side effects. All the OTZ clubs formed by adolescent were provided with branded bands written a beautiful story o_3 for easy of identification.

Photo of the band given to adolescents and branded as a beautiful story 0_3

Age 10-14 year adolescent discussion and experiences

3.3 Functional surveillance committees

The committee formed has 17 participants namely (1 Doctor in charge, 3 nurses, 3 clinical officers, 2 health record officers, 3 peer educators, 4 counselors and 1 pharmacist). For easy communication a WhatsApp group was formed where all the 17 members were included, Terms of Reference was developed, reviewed and adopted to govern committee; copy has been annexed in the report. Surveillance team held weekly meetings to discuss any emerging issues pertaining to the project and other projects. For this project seven meetings were held, to discuss the progress and track adolescent who have joined Operation Triple Zero.

Photo of surveillance committee reviewing the data for decision making

In addition, surveillance committee meetings also included identification of file of adolescents with adherence problem and discussion was done at length to see what can be done either to switch regimen or to conduct home visit to determine the cause of non-adherence despite consistent appointment keeping and medication intake. Discussion was also initiated to involve the social workers from the county to collaborate with surveillance team so that they can jointly conduct home visits.

Champion adolescents will continuously encourage the rest of the adolescents on the importance of drug adherence and treatment intake as their own initiative.

Other finding reported from the discussion that contribute to affect adolescent viral suppressions are: health literacy, patient knowledge, physical difficulties , long waiting times, lack of empowerment, food insecurity, unfriendly clinic visits and medical adverse effect.

CHAPTER FOUR SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Summary of the findings

Operation Triple zero initiative is an initiative which can be replicated to other areas because it increase knowledge to adolescent on the importance of taking care of their health through no missed appointment which enable the health care provider to assess their health outcome, no missed dose of drug which also enhance drug adherence through keeping timing of when to take and understanding the reason why they are taking drugs as prescribed by health care worker.

The third zero stand for zero viral load which was achieved by 20% of the targeted adolescent achieving undetectable viral load. Surveillance committee plays a key role in tracking adolescent appointment and drug adherence through requesting adolescent that in their next visit to bring the remaining drugs.

Weekend clinic also created a friendly environment for adolescent to seek medical services and also participate in recreational activities such as net ball and darts. Also they were able to share their challenges and received proposed solution from their fellow peer and that create more close interaction with their peers and health care workers .Champion of OTZ adolescents will act as ambassador to the rest through forming clubs in school which encourage other peers without disclosing their status on the importance of drug adherence and clinic attendance.

It was noted also that adolescent disclosure of their status to their partners was not easy and also caregiver disclosure to adolescent was also not easily thus requesting health care workers to jointly support in the disclosure process and create a awareness in the society through social workers so as to reduce stigma and discrimination.

4.2 Conclusion

The initiative encourages adolescents to joint an OTZ club where they share their experience with peers , learn about health issues, recreational activites, keep track of their appointment and their medication thus resulting to low viral load .Active surveillance committee utilize data for timely decision making and response to emerging issues from the OTZ club.

4.3 Recommendations

- It is feasible to improve adolescent outcomes through forming surveillance committees, using existing health systems.
- There is need for innovation such as recreational activities in adolescent clinics to keep them engaged in their care
- Involvement of adolescent in policy formulation or design formation stage is vital required in order to address adolescent needs
- Adolescent require up to date information about their health and they can get through social media through the guidance of caregivers and health care workers

Reference

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Annex: Terms of Reference

TERMS OF REFERENCE

a) **Membership**:

The number of leadership members elected to the Program Surveillance Committee will be at least three (3). The elected members of the Committee will select a Chairperson from amongst their number. They may also co-opt a maximum of 5 additional individuals with expertise to join the Committee. Such co-opts need not be members of the leadership committees

If vacancies arise on the Committee during the year, the remaining members may co-opt other members to fill vacancies. If a leadership member offers resignation from being a member of Committee they may only be replaced by another member. If a co-opted member turns down from the Committee they may be replaced either by a committee member or a co-opted individual.

Given the nature of the work of surveillance Committee which involves organizational learning, a degree of continuity of service on this Committee is recognized as valuable. It is therefore recommended that people joining this Committee should be willing to serve on it for more than one year.

Composition should strive to appropriate geographical representation and gender balance, and should comprise individuals representing different areas of expertise and experience within surveillance.

b) **Convener** :

Chairman/ chair lady of committee

c) **Frequency of the meeting** :

The meetings are held on a weekly basis through a special meetings held to consider particular issues. The quorum for meetings is 3 members of the Committee, at least 1 of the members forming the quorum must be an elected member.

The chairman/ chair lady of committee should be responsible to ensuring that members are fully briefed on all major issues and attends the meetings of the Committee. Relevant staff from other department and partners may also be present as required. The meeting may be face to face, telephone or video conference.

In preparation for the meeting the committee members are required to fully prepare for each meeting, read the documentation in advance, and make every reasonable effort to attend each meeting

d) **Duration**: should be based on the agenda but maximum should be 3 hrs (from 9:00 am to 12 : 00 pm)

Role of committee

The role of the Committee is to ensure that the facility programs are of good quality timely review of data for decision making in terms of estimated adolescent HIV health

problems and emergency planning. In order to ensure that this is the case it will oversee the development of high quality programme policies and guideline.

e) **Agenda**: To be circulated five days prior to the meeting

f) Suggested tasks at surveillance committee meetings

i. Previous minutes review and approved
ii. Update of the overall implementation in terms of common diseases reviewed during the month, challenges experienced, HIV testing attendance, treatment adherence and viral suppression. The objective is to achieve 90:90:90 which are proposing to be 95:95:95.
iii. Policy; both National and Regional on the emerging issues which might directly affect our implementation progress.
iv. Review of monthly reports and budget
v. Environmental dynamics or emerging response
vi. Compliance issues
vii. Partnership (MOUs) joint agreement Implementation where feasible
viii. Sources of other Funding
ix. Upcoming Events
x. Feedback and recommendations