

LEVERAGING ON PRIMARY HEALTH CARE NON-WAGE FUNDS AND RESULTS-BASED FINANCING TO PROMOTE REDISTRIBUTION AND AVAILABILITY OF HIV/TB RELATED LABORATORY COMMODITIES AT BUNDIBUGYO GENERAL HOSPITAL LABORATORY

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INTRODUCTION

- In resource limited settings, achieving set health systems targets requires continuous efforts to ensure availability of diagnostic testing supplies
- Stock outs of TB and HIV testing commodities still persist despite government and partner support
- Since 2007, the multi-donor Health Results Innovation Trust Fund (HRITF) is supporting results-based financing (RBF) approaches, in addition to the Government primary health care non-wage funds (PHCNWF) allocated to local governments to improve primary health care services
- We describe a CQI approach to address the challenge of stock out of HIV and TB commodities by leveraging on PHCNWF and RBF.

METHODOLOGY

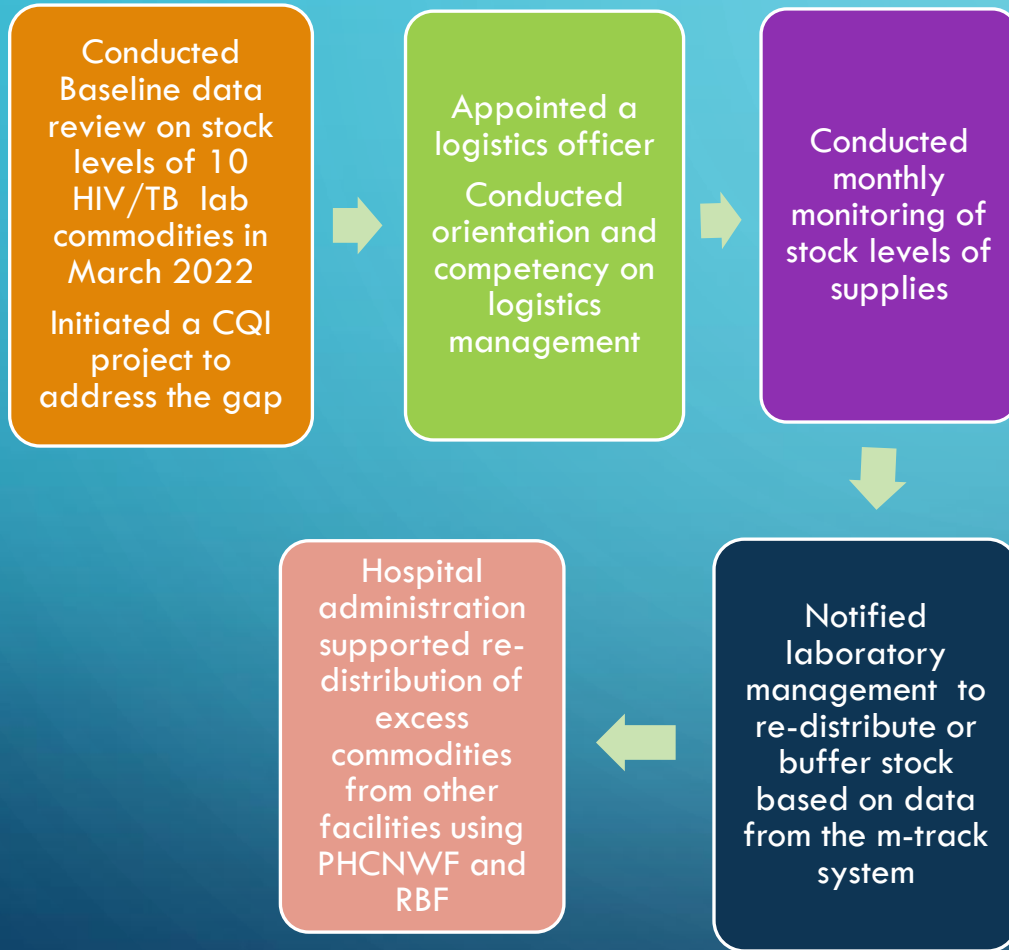
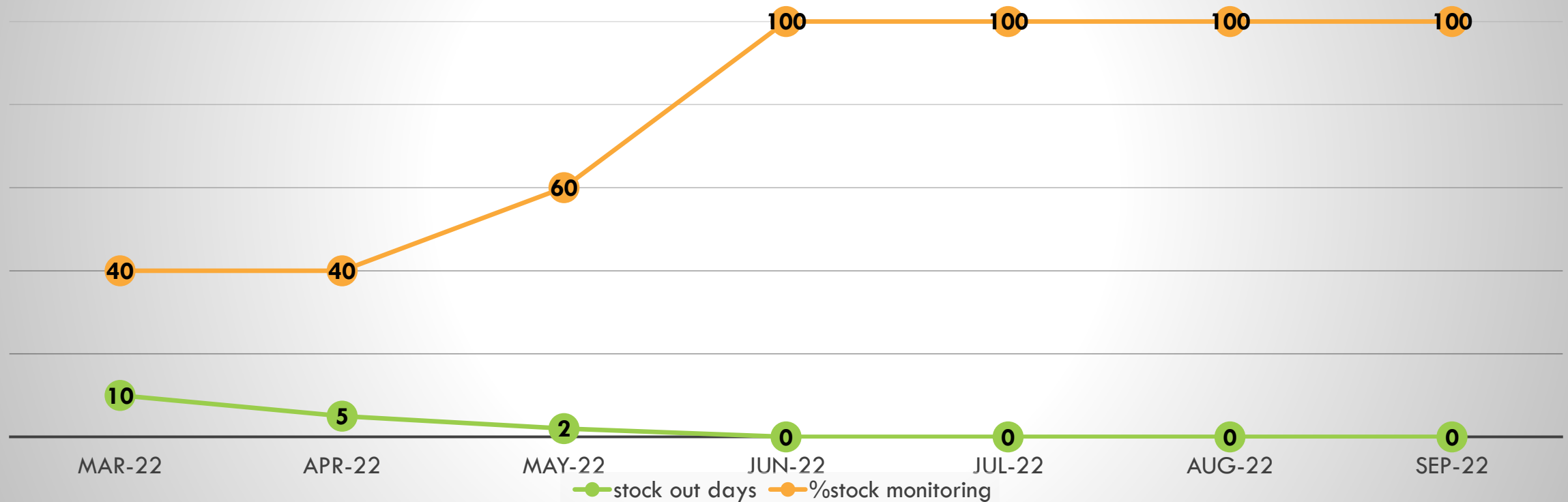


Figure 1: Logistic officer monitoring & updating stock cards for lab items

RESULTS

- Stock out days of TB and HIV testing commodities reduced from 10 days average to less than 2 days in a period of one month and stock monitoring improved from 40% to 100% from April to September 2022

A LINE GRAPH SHOWING STOCK OUT DAYS AND % STOCK MONITORING AT BUNDIBUGYO HOSPITAL LABORATORY



DISCUSSION

- PHCNWF, RBF, and lab CQI played a big role in continuity of TB and HIV testing through supporting commodity re-distribution
- This contributed to client satisfaction, test accreditation by SANAS as well as rapid identification of new HIV/TB cases.

LESSON LEARNT

- QI approaches, effective collaboration between stakeholders and management commitment promote availability of HIV and TB testing commodities

CONCLUSION

- Utilization of PHCNWF and RBF promoted re-distribution and availability of HIV/TB related laboratory commodities at Bundibugyo Hospital

RECOMMENDATION

- Institute laboratory work plan and budget into the hospital work plan to enhance availability of laboratory commodities during stock outs