

# STRATEGIC PLANNING AND IMPLEMENTATION OF RAPID TESTING FOR HIV, SYPHILIS AND VIRAL HEPATITIS IN THE CAPITAL OF A BRAZILIAN STATE: EXPERIENCE REPORT

*Planejamento estratégico e implantação dos testes rápidos de HIV, sífilis e hepatites virais em uma capital brasileira: relato de experiência*

*Planificación estratégica y la implantación de pruebas rápidas de VIH/Sífilis y Hepatitis virales en una capital brasileña: relato de experiencia*

Description or evaluation of experiences

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## ABSTRACT

**Objective:** To describe the experience of implementing strategic planning for the process of promoting rapid testing for HIV, syphilis and hepatitis B and C in the capital of a Brazilian state. **Data synthesis:** The strategic planning was developed by the Coordination of Sexual Health and Attention to the STD/AIDS and viral hepatitis of Belo Horizonte, Minas Gerais state, in the period from 2014 to 2015. The study sought to create an operational plan in order to strategically develop the work of a team, in order to promote rapid testing within SUS. After the initial orientations and discussions, difficulties, problems and indicators were detected to be analyzed, corrected and outlined. The actors involved in the strategic planning have raised four problems considered hindrances. **Conclusion:** The development of the operational plan based on strategic planning revealed its applicability as a management tool, indispensable for teamwork. The methodologies employed, such as the meetings of people involved in the project, and following goals and strategies, have allowed the reflection on the relevance of the present report.

**Descriptors:** Serologic Tests; Sexually Transmitted Diseases; Health Promotion.

## RESUMO

**Objetivo:** Descrever a experiência da implementação do planejamento estratégico para o processo de promoção dos testes rápidos de HIV, sífilis e hepatites B e C em uma capital brasileira. **Síntese dos dados:** O planejamento estratégico foi desenvolvido pela Coordenação de Saúde Sexual e Atenção às DST/AIDS e Hepatites Virais de Belo Horizonte/MG, no período de 2014 a 2015. Buscou-se criar um plano operativo, a fim de elaborar estrategicamente o trabalho de uma equipe, com o intuito de promover a testagem rápida na rede SUS. Após as orientações e discussões iniciais, detectaram-se dificuldades, problemas e indicadores a serem analisados, corrigidos e delineados. Os atores envolvidos no planejamento estratégico elencaram quatro problemas considerados como entraves. **Conclusão:** O desenvolvimento do Plano Operativo fundamentado no Planejamento Estratégico revelou sua aplicabilidade enquanto ferramenta de gestão e indispensável ao trabalho em equipe. As metodologias empregadas, como os encontros entre as pessoas envolvidas no projeto e posteriores metas e estratégias, permitiram a reflexão sobre a relevância do presente estudo.

**Descritores:** Testes Sorológicos; Doenças Sexualmente Transmissíveis; Promoção da Saúde.

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**Received on:** 12/15/2015  
**Revised on:** 02/18/2016  
**Accepted on:** 03/02/2016

## RESUMEN

**Objetivo:** Describir la experiencia de la implantación de la planificación estratégica para el proceso de promoción de las pruebas rápidas de VIH, sífilis y hepatitis B y C de una capital brasileña. **Síntesis de los datos:** La planificación estratégica fue desarrollada por la Coordinación de Salud Sexual y Atención para las Enfermedades de Transmisión Sexual (ETS) (ETS/SIDA) y Hepatitis Virales de Belo Horizonte/MG en el periodo entre 2014 y 2015. Se creó un plan operativo para la elaboración estratégica del trabajo de un equipo con el objetivo de promocionar la prueba rápida en la red SUS. Tras las orientaciones y discusiones iniciales, se destacaron las dificultades, los problemas y los indicadores para el análisis, la corrección y el delineamiento. Los actores involucrados en la planificación estratégica definieron cuatro problemas que fueron considerados como obstáculos. **Conclusión:** El desarrollo del Plan Operativo fundamentado en la Planificación Estratégica reveló su aplicabilidad como herramienta de gestión e indispensable al trabajo de equipo. Las metodologías utilizadas tales como los encuentros entre las personas involucradas en el proyecto y las metas y estrategias posteriores, permitieron la reflexión sobre la relevancia del presente estudio.

**Descriptores:** Pruebas Serológicas; Enfermedades de Transmisión Sexual; Promoción de la Salud.

## INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS) is an infectious disease that still occupies a very noticeable position in the discussion concerning public health policies. In 2014/2015, 36.9 million [34.3 - 41.4 million] people were estimated to be living worldwide with the Human Immunodeficiency Virus (HIV) (end of 2014). In the year 2014, 2 million [1.9 to 2.2 million] people became newly infected with HIV and approximately 1.2 million [980,000 to 1.6 million] people died of AIDS-related illnesses<sup>(1)</sup>.

In Brazil, it is estimated that 798,366 individuals are living with HIV/AIDS, with a prevalence rate of 0.4% in the general population in addition to “micro-outbreaks” observed as reflections of the country’s cultural plurality and territorial size<sup>(2)</sup>.

The Brazilian Ministry of Health, aiming at increasing the early diagnosis of Sexually Transmitted Diseases (STD), has been providing, since 2005, the rapid tests for HIV, syphilis and viral hepatitis, which at first were part of the Stork Network project. Strategies were thought for training and increased access of the population to the early diagnosis of HIV and syphilis, through the implementation of rapid testing for HIV infection diagnosis and syphilis

screening within the Primary Care level, in partnership with the State and Municipal Primary Care Coordinations and the STD/AIDS and Viral Hepatitis Coordinations<sup>(3)</sup>.

Through Ordinance no. 34 of July 28, 2005, the use of rapid tests became regulated for the diagnosis of HIV infection in specific occasions, among which, the cases of accidents involving health professionals who have undergone occupational exposure to the risk of infection, pregnant women (about to go into, or already in labor, who have not been tested for HIV in the antenatal care, or with unavailable result), and also in the occurrence of sexual exposure, for both the source and the exposed individuals<sup>(4,5)</sup>.

The tests do not require laboratory structure and its execution, reading and interpretation does not exceed 30 minutes, which allows the delivery of results on the same day in a variety of situations, like when conducting mobile testing in hard-to-reach populations, household and pregnant women. Currently, the STD, AIDS and Viral Hepatitis Department (*Departamento de DST, AIDS e Hepatites Virais - DDAHV*) provides all the country with rapid tests for screening and/or diagnosis of HIV, syphilis, and hepatitis B and C<sup>(1,3,4,5)</sup>.

The rapid test is an important tool in the fight against HIV when it comes to screening, especially in the prophylaxis of vertical HIV transmission. In Brazil, up to this moment, such initiatives have led to an increase in the rates of diagnosis coverage and treatment of infected pregnant women<sup>(6)</sup>.

It is known that learning of the HIV infection serostatus and reaching early diagnosis make it possible to adopt measures enabling the interruption of the transmission chain, and provide proper care for the infected individuals. The identification of populations at risk of HIV infection is a priority for the public health and epidemiological surveillance<sup>(7)</sup>.

However, the deployment of the rapid testing requires an organized structure that enable services of quality. In view of this, the Situational Strategic Planning (SSP) is a tool of great potential to deal with complex problems, and its execution takes into consideration the political, economic and social evaluation, in addition to the analysis and strategic participation of the different actors involved in the process<sup>(8,9)</sup>.

Other studies addressing the applicability of the SSP for implementation of rapid tests are not known in Brazilian literature. Therefore, the description of its implementation process as experienced in a Brazilian municipality can contribute to support the implementation of health promotion policies by means of the SSP.

Thus, this study aimed to describe the experience of implementation of the strategic planning for the process of promoting rapid testing for HIV, syphilis and hepatitis B and C in a Brazilian capital.

## DATA SYNTHESIS

The organization and development of the operational plan (OP) by means of the SSP (Situational Strategic Planning) methodology are divided into four specific stages: explanatory, normative, strategic and tactical-operational<sup>(10)</sup>.

It is worth noting that this tool is suitable for the addressed circumstance, as it allows for the direct contribution of the actors involved in the process, considering their experiences and the evaluation of each action reported. It is observed that building strategies from the most relevant problems, with collective efforts and in the short term, is likely to lead to a more effective resolution<sup>(11,12)</sup>.

In 2011, it was initiated in Belo Horizonte, MG, the process of implementation of rapid testing (RT) for HIV, syphilis and viral hepatitis in the SUS-BH Network (Unified Health System/Belo Horizonte). At that time, the team in charge was not enough to achieve the goals related to training and monitoring the entire network. Therefore, in 2014, it was necessary that the Municipal Coordination for Sexual Health and Attention to STD/AIDS and Viral Hepatitis, of the Municipal Health Secretariat, put into action the project “*CTA Itinerante*”, that is, a mobile center for testing and counseling. This service made it possible to form a new multidisciplinary team composed by pharmacist, nurse, social worker, doctor (infectious diseases specialist) and psychologist, in order to maintain continuity in the rapid testing deployment process, thus promoting training and monitoring of basic health units and itinerant campaigns with testing and actions to prevent STDs.

The implementation of the SSP in this service occurred in the context of the activities planned for the final paper required by the Lato Sensu Postgraduate Course in Pharmaceutical Management of the Federal University of Santa Catarina, distance education - Divinópolis Pole, between the years 2014 and 2015.

Initially, all the actors involved in the service were directly and indirectly invited to take part in a workshop to be held on a pre-defined date. At that occasion, there was a brief description of the proposal for development of the OP, which was readily accepted by the actors invited, as the proposal to implement the SSP with the rapid tests was

undergoing restructuring and a time for discussion on the expected advances was needed.

Not all the guests were able to attend the workshop explanatory moment on the scheduled date. With the presence of the social workers, nurse, infectious diseases specialist, psychologist and pharmacist, general guidance was provided concerning the objectives, importance, and methodology to be used in the plan development. Following the guidelines and initial discussions, the group detected difficulties, problems and indicators to be better analyzed, corrected and outlined.

The actors listed four problems regarded by all the greatest obstacles to the accomplishment of the results expected by the project: the low coverage of the rapid testing program, the lack of public access to rapid testing service, the omission of pre-counseling by the professional prior to performing the rapid tests for STDs, and the professional’s resistance to disclosing the diagnosis attained by a reactive result. The problems were mapped and ranked by score, with use of the problem prioritization matrix in the categories magnitude, transcendence, vulnerability, urgency and feasibility, in a single meeting, after long discussions. The problem “low coverage of the rapid testing program” will be the basis and the central point for the development of the OP, as it was assigned the highest score - 92 points - in the analysis of the problem prioritization matrix. The second problem, which obtained score of 88 points, will be analyzed by another pharmacist taking part in the group<sup>(10)</sup>.

The descriptors or pieces of evidence are situations that characterize the facts based on the context in which they are located, leading to the verification of the size and intensity that a problem will show<sup>(9,10)</sup>. Workshop participants pointed out and defined these as the descriptors to the problem described: a few number of PHUs offer the rapid test to the users; users seek the RT in the PHU and are not provided; the number of trained professionals by PHU was insufficient.

There were discussions on how to sensitize the professionals in a more effective way, since they are the ones with the power to decide whether or not to perform rapid tests in their routine<sup>(10,13)</sup>.

After this moment of exposure, an explanatory matrix was created, based on the cause and effect diagram, also known as “fishbone” diagram<sup>(10)</sup> (Figure 1), for better visualization of the problem with its descriptors, causes and consequences, by all the participants. The explanation of the problem was performed easily and in a dynamic way, since the actors involved have a direct participation in the project, and this problem has been diagnosed by all.

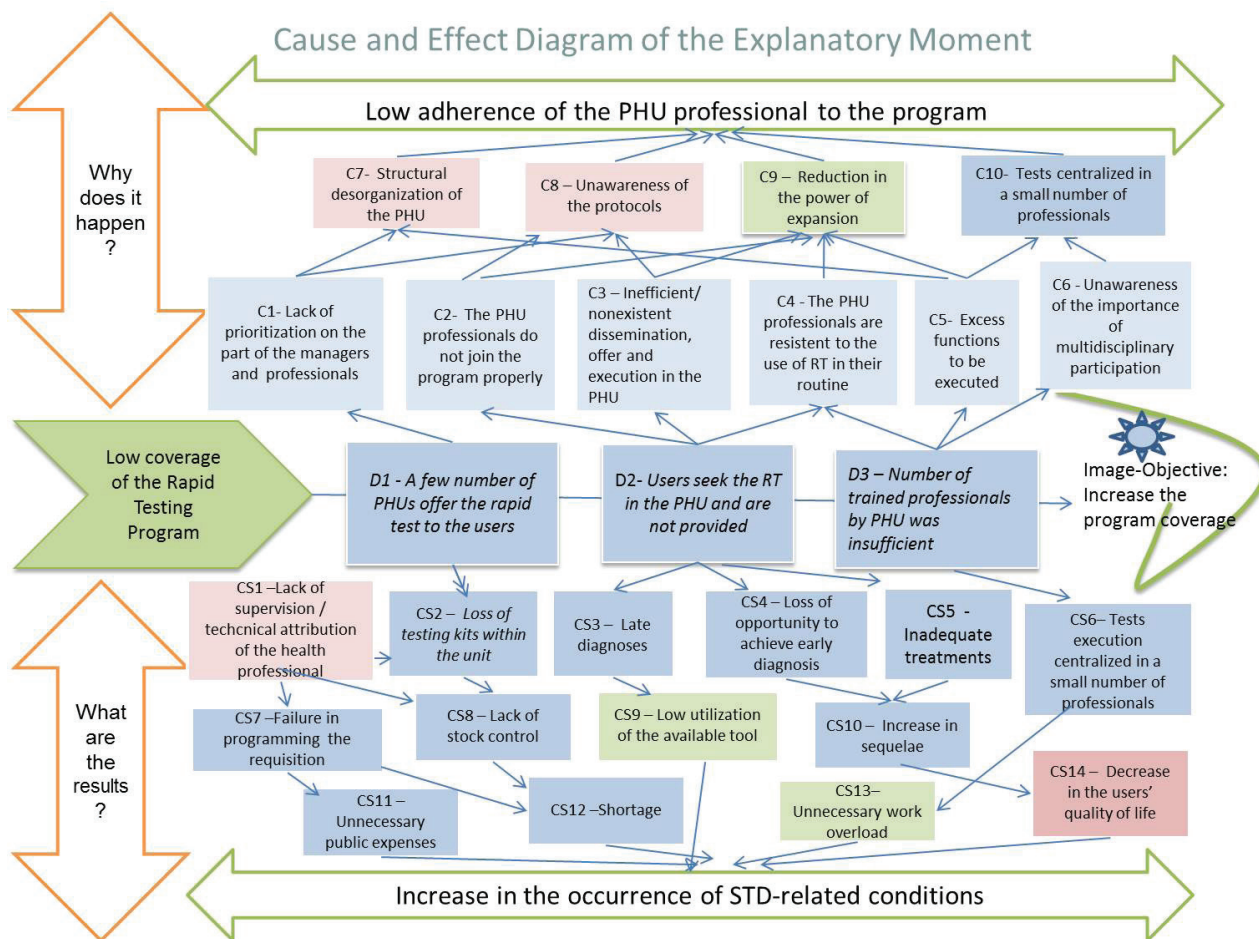


Figure 1 - Cause and effect (“fishbone”) diagram for the rapid testing service. Belo Horizonte, MG, 2014.

PHU: Primary Health Care Unit; RT: Rapid Testing; STDs: Sexually Transmitted Diseases

The normative moment was reached after these explanations and, considering the convergent cause “low adherence of the PHU professional to the program” and the convergent result “increase in the occurrence of STD-related conditions”, the general objective was defined: increase adherence of the PHU professional to the program in order to reduce STD-related conditions<sup>(14)</sup>.

From the causes and consequences related to the central problem, four specific objectives have been defined, for which a set of operations and actions was established, in accordance with the matrix designed in the normative moment. First, in order to increase the dissemination of the project among the network professionals, it is necessary a partnership with the communications industry for the development of virtual advertisements and rapid testing campaigns within the PHU. Second, increasing the promotion

of training aimed at professionals of the same PHU, which is to be achieved with the preparation and disclosure in the media of a schedule with permanent training and monitoring of the qualified professionals. Third: in order to enhance the stock control effectiveness, it is necessary to enter data on a computerized system, monitoring and control by a professional designated for this responsibility. Fourth: for further promotion of pre-counseling strategies, continuous technical support is needed, as well as the promotion of refresher courses and monitoring after training in the services. Three team meetings were carried out for the development and completion of the OP.

The strategic moment was developed during the first and second team meetings. At this stage, the actions to be taken had their viability and feasibility analyzed and the mechanisms were defined. For each specific objective

described, the strategic analysis on the problem “low program coverage” was performed, in search of the image-objective: to increase the program coverage (goal).

The organization and the impact of the plan implementation in the service were analyzed in the tactical-operational moment, which represents the moment to put the SSP into practice, that is, the moment to finalize the plan. To this end, during the third staff meeting, the protocol for evaluation and monitoring of the OP was elaborated, thus leading to the definition of indicators, calculation, collection frequency and source of verification. The following indicators were defined: time spent on the site and response by e-mail, applications for trainings following the schedule disclosure, amount of data fed into the system, and number of professionals trained in rapid testing in each Primary Health Care Unit (PHU).

In that view, the participants agreed that not all operations will require calculations for analysis, though some - such as the number of participants/number of trainings, number of campaigns/number of units x 12, number of kits ordered/number of tests - are needed, as these are formulated based on the data listed in the protocol of evaluation and monitoring of indicators.

The frequency of data collection may be daily, twice a month, monthly, once every two months or once every semester, and the sources of verification used to monitor the execution consist of spreadsheets, attendance lists, electronic forms, among others<sup>(8,10,14)</sup>.

There was the establishment of due dates for the actions, the necessary financial resources, the responsibilities of actors, and the indicators for evaluation of each operation<sup>(13)</sup>. Actions that are not contingent on the coordinator’s decision will be agreed during meetings to be held along the current year, with participation of the main actors/sectors, aiming to successfully increase the coverage of the rapid testing program in the city of Belo Horizonte, MG.

It should be highlighted that there is no single diagnosis or action strategy. The methodology is not intended to exhaust the possibilities, it allows to explore possibilities and choose<sup>(10)</sup>. Therefore, it supports its applicability in the sectoral levels, while situating the issues in a broad context, preserving a rich analysis of the feasibility and possibilities of intervention in the reality<sup>(15)</sup>.

Formulating a strategy is always a bet whose outcome is uncertain. Although the technique and planning method may have been ideal, it is still deemed a process that should be experienced by the service for a further understanding of occasional gaps. The SSP reveals differences or conflicts that could be hidden and, at first, the situation at that moment may seem worse than before, as the participants may have learned to live with the problem situation<sup>(16)</sup>.

Among the limiting factors, stands the uncertainty on getting the right people involved in the process and/or not addressing the really important issues, because they are too heavy or complex<sup>(17)</sup>.

## CONCLUSION

The development of the Operational Plan based on the Situational Strategic Planning demonstrates that it can be used for the improvement of health promotion by means of the rapid tests effectiveness.

Its applicability as a management tool has proved essential to teamwork. The methodologies employed, as well as the meetings with participation of people involved in the work and following goals and strategies, have enabled the reflection on the importance of this study. Thus, it is possible to implement the national policy against the STDs, of interdisciplinary nature, promoting the exchange of knowledge and innovations for the development of the service.

## REFERENCES

1. Unaid. Global Report UNAIDS report on the global AIDS epidemic 2013. Geneva: Unaid; 2013 [accessed on 2015 Dec 20]. Available from: [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Global\\_Report\\_2013\\_en\\_1.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Global_Report_2013_en_1.pdf)
2. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, Aids e Hepatites Virais. Bol Epidemiol Aids DST [Internet]. 2014 [accessed on 2015 Dec 17];II(1). Available from: [http://www.aids.gov.br/sites/default/files/anexos/publicacao/2014/56677/boletim\\_2014\\_final\\_pdf\\_15565.pdf](http://www.aids.gov.br/sites/default/files/anexos/publicacao/2014/56677/boletim_2014_final_pdf_15565.pdf)
3. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, Aids e Hepatites Virais. HIV: Estratégias para utilização de testes rápidos no Brasil. Brasília: Ministério da Saúde; 2010 [accessed on 2015 Dec 18]. Available from: [http://www.aids.gov.br/sites/default/files/anexos/page/2012/50768/manual\\_hiv\\_utilizacao\\_de\\_testes\\_rapidos\\_miolo\\_pd\\_7394f.pdf](http://www.aids.gov.br/sites/default/files/anexos/page/2012/50768/manual_hiv_utilizacao_de_testes_rapidos_miolo_pd_7394f.pdf)
4. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Coordenação de Laboratório do Departamento de DST, AIDS e Hepatites Virais. Diagnóstico laboratorial de doenças sexualmente transmissíveis, incluindo o vírus da imunodeficiência humana. Brasília (DF): Ministério da Saúde; 2014 [accessed on 2015 Dec 19]. Available from: [http://apps.who.int/iris/bitstream/10665/85343/7/9789241505840\\_por.pdf](http://apps.who.int/iris/bitstream/10665/85343/7/9789241505840_por.pdf)

5. Veloso VG, Bastos FI, Portela MC, Grinsztjn B, João EC, Pilotto JHS, et al. HIV rapid testing as a key strategy for prevention of mother-to-child transmission in Brazil. *Rev Saúde Pública*. 2010;44(5):803-11.
6. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Programa Nacional de DST e AIDS. Protocolo para a prevenção de transmissão vertical de HIV e sífilis: manual de bolso. Brasília: Ministério da Saúde; 2007 [accessed on 2015 Dec 18]. Available from: [http://bvsm.sau.gov.br/bvs/publicacoes/protocolo\\_prevencao\\_transmissao\\_verticalhivsisifilis\\_manualbolso.pdf](http://bvsm.sau.gov.br/bvs/publicacoes/protocolo_prevencao_transmissao_verticalhivsisifilis_manualbolso.pdf)
7. Girardi SB, Barreto AMEC, Barreto CC, Proietti AB, Carvalho SFM, Loureiro P, et al. Evaluation of rapid tests for human immunodeficiency virus as a tool to detect recent seroconversion. *Braz J Infect Dis*. 2012;16(5):452-6.
8. Mattos RA. (Re)visitando alguns elementos do enfoque situacional: um exame crítico de algumas das contribuições de Carlos Matus. *Ciênc Saúde Coletiva*. 2010; 15(5):2327-36.
9. Fortis MFA. Rumo à pós-modernidade em políticas públicas: a epistemologia situacional de Carlos Matus. *RAE elétron* [Internet]. 2010 [accessed on 2015 Dec 18];9(2). Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1676-56482010000200009](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-56482010000200009)
10. Matus C. Política, planejamento e governo. Brasília: IPEA; 1993, 2 v.
11. Santana RS, Lobo IMF, Penaforte TR, Leite SN, Silva WB. A institucionalização da seleção de medicamentos em hospitais públicos por meio do planejamento estratégico situacional. *Rev Adm Pública*. 2014;48(6):1587-1603.
12. Azevedo CS. Planejamento e gerência no enfoque estratégico-situacional de Carlos Matus. *Cad Saúde Pública*. 1992; 8(2):129-33.
13. Rieg DL, Scramim FCL, Raimundo DO, Zau VC, Calazans WR. Aplicação de procedimentos do planejamento estratégico situacional (PES) para estruturação de problemas no âmbito empresarial: estudos de casos múltiplos. *Gest Prod*. 2014;21(2): 417-31
14. Rivera FJU. Argumentación y construcción de validez en la Planificación Estratégica-Situacional de Matus. *Cad Saúde Pública*. 2011;27(9):1847-57.
15. Kleba ME, Krauser IM, Vendruscolo C. O planejamento estratégico situacional no ensino da gestão em saúde da família. *Texto & Contexto Enferm*. 2011;20(1):184-93.
16. Perera FPF, Peiró M. Strategic Planning in Healthcare Organizations. *Rev Esp Cardiol (Engl Ed)*. 2012;65(8):749-54.
17. Fernández A, Trullenque F. ¿Por qué una Dirección Estratégica? Madrid: Enlaze3 Print Management; 2010.

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