

Paediatric-Focused Client Management Approach Improves Biannual Viral Load Coverage among Children Living with HIV: Implementation Outcomes from Southern Nigeria

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Background

Challenges with antiretroviral therapy (ART) adherence and monitoring put children living with HIV (CLHIV) at increased risk of treatment failure hence the need for more frequent viral load (VL) testing¹. ECEWS introduced a Paediatric-focused client-management system (PFCM) to improve VL coverage among CLHIV after Nigeria introduced biannual VL tests in 2022, where children are eligible for VL six months after ART commencement and six-monthly thereafter. This study describes the PFCM strategy and its outcomes among CLHIV in southern Nigeria.

Description

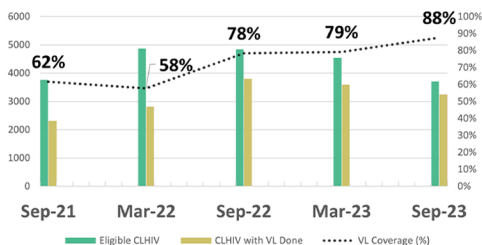
Advocacy was conducted to service providers across 153 health facilities in Akwa Ibom and Cross River States, Nigeria to communicate the change in VL testing among CLHIV. Caregivers were sensitized during clinic visits, through phone calls and home visits. VL line lists for eligible CLHIV were developed based on this change and shared with service providers. Appointments for drug pickups and blood sample collection were aligned at differentiated ART service delivery (DSD) points, and VL samples were collected during refills at DSD points, with weekly monitoring using a dedicated paediatric dashboard. This paper assessed VL testing coverage (the proportion of eligible CLHIV who had VL tests done six-monthly). Trends in VL coverage from September 2021 to September 2023 were assessed using logistic regression.

Lessons Learnt

In total, 18,014 CLHIV were eligible for VL test over 24 months, with a median age of 8.0±3.8 years and 50.4% males. The mean duration on ART was 3.1±2.8 years, and 56.2% were on DSD. VL coverage improved from 61.7% (2,319/3761) to 87.6% (3242/3701) between September 2021 to September 2023 (Table-1) (OR:1.48, 95%CI:1.44-1.51) and with increasing age (OR:1.04, 95%CI:1.02-1.07), but was comparable across sexes. Longer duration on ART (OR:0.97, 95%CI:0.96-0.98,) and being on DSD (OR:0.92, 95%CI:0.87-0.99) were associated with lower VL coverage.

Utilizing an aged-based service delivery approach improved viral load testing coverage among children living with HIV

Biannual viral load coverage among children living with HIV



Conclusions

Coverage of biannual VL testing for CLHIV progressively improved using PFCM in this setting. Further interventions targeted at subgroups with lower VL coverage are recommended.

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