

# SCALING UP VERBAL AUTOPSY AND REPORTING IN HIV/AIDS PROGRAMS: LESSONS FROM CROSS RIVER STATE, NIGERIA

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## BACKGROUND

Until January 2023, cause of death reporting for people living with HIV (PLHIV) in Cross River State was largely based on assumption.

The Accelerating Control of the HIV Epidemic in Nigeria (ACE-5) project funded by PEPFAR through USAID scaled up the use of verbal autopsy (VA) to properly identify the causes of death among PLHIV. We describe the implementation experience in scaling up verbal autopsy in southern Nigeria.

## METHODS

Verbal autopsy was done using the 2016 WHO Verbal Autopsy questionnaire, software for electronic data collection of VA interview information using a mobile device, and an automated diagnostic method (SmartVA Analyze) for deriving the cause of death.

At least two (2) healthcare workers from each of the 53 supported health facilities were identified to serve as VA interviewers and VA supervisors. The VA interviewer, a member of the facility tracking team conducts the interviews, while the VA supervisor ensures interviewers are well-trained and prepared to conduct the interviews, and ensures high-quality documentation of services provided. A 3-day training was conducted for both the VA interviewers and the supervisors to develop their skills in conducting VA interviews.

The verbal autopsy process included notification of the death of a PLHIV, condolence call (ideally within one month), household visit and notification of the closest relative of the intention to conduct a VA interview (at the respondent's convenience but within a 6-month window), the conduct of the VA interview by completing the electronic VA questionnaire, upload to a central server for analysis using SmartVA Analyze, determination and documentation of the cause of death on the electronic medical records. Routine onsite mentorship, weekly review and planning meetings were also done. Data from the electronic medical records were routinely analysed and used to inform clinic processes (Fig 1).

## RESULTS

All 53 facilities were able to conduct VA for cause of death, however, only 23 health facilities recorded mortalities between February and May 2023. Of the 444 deaths reported, 261(58.8%) households were visited and 259 (99.2%) consented to be interviewed. The number of autopsies conducted increased from 4 in February, to 161 in March, 205 in April, and 259 in May 2023 (Fig 2). All clients interviewed had their electronic VA questionnaire uploaded and the analyzed feedback on the cause of death was received and documented on the electronic medical records and clients' folder.

## SCALE UP AND REPORTING OF VERBAL AUTOPSY: AN ALTERNATIVE TO DETERMINING CAUSES OF DEATH IN HIV/AIDS IMPLEMENTATION

Fig. 1 Key strategies for scaling up verbal autopsy

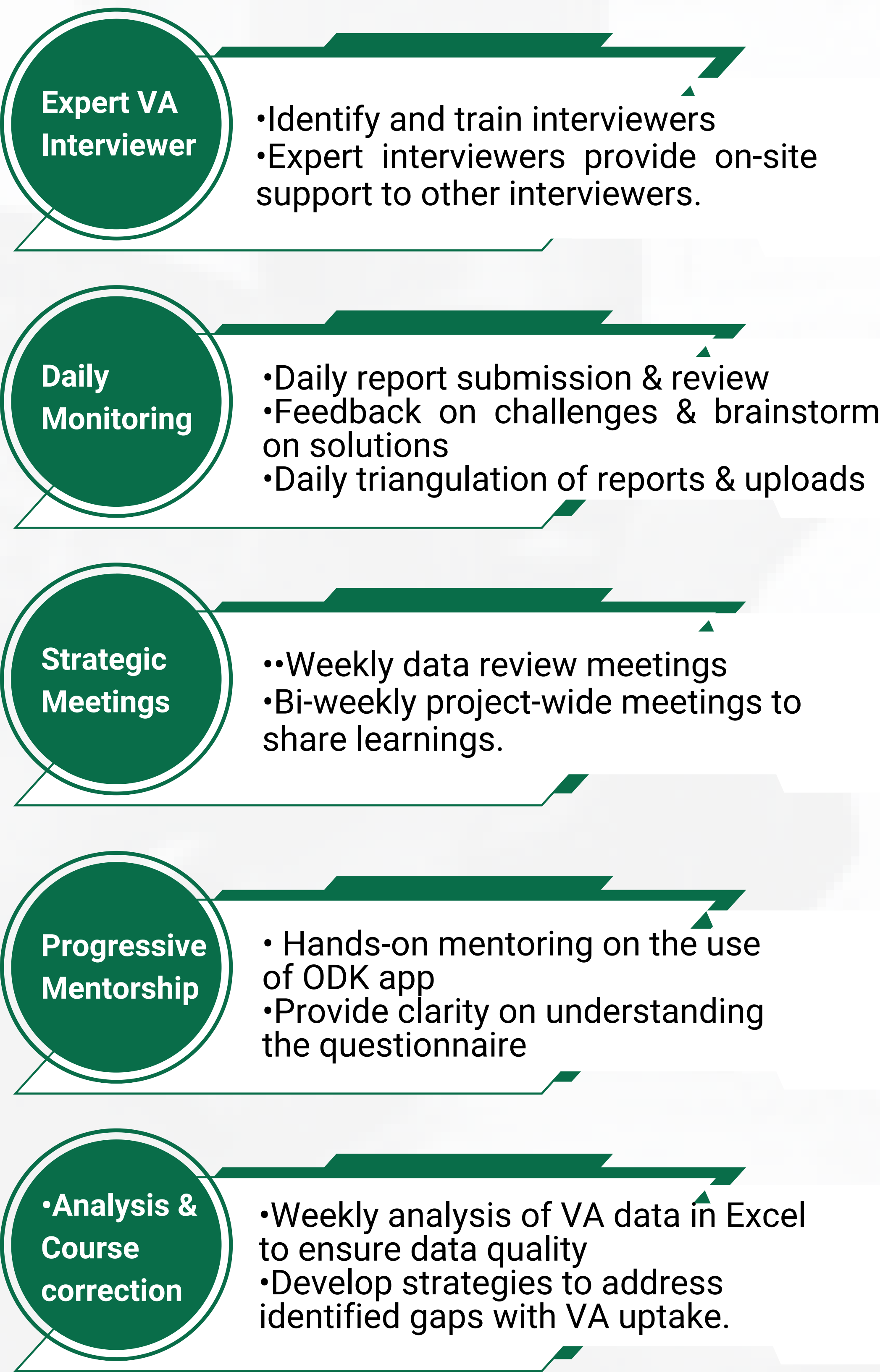
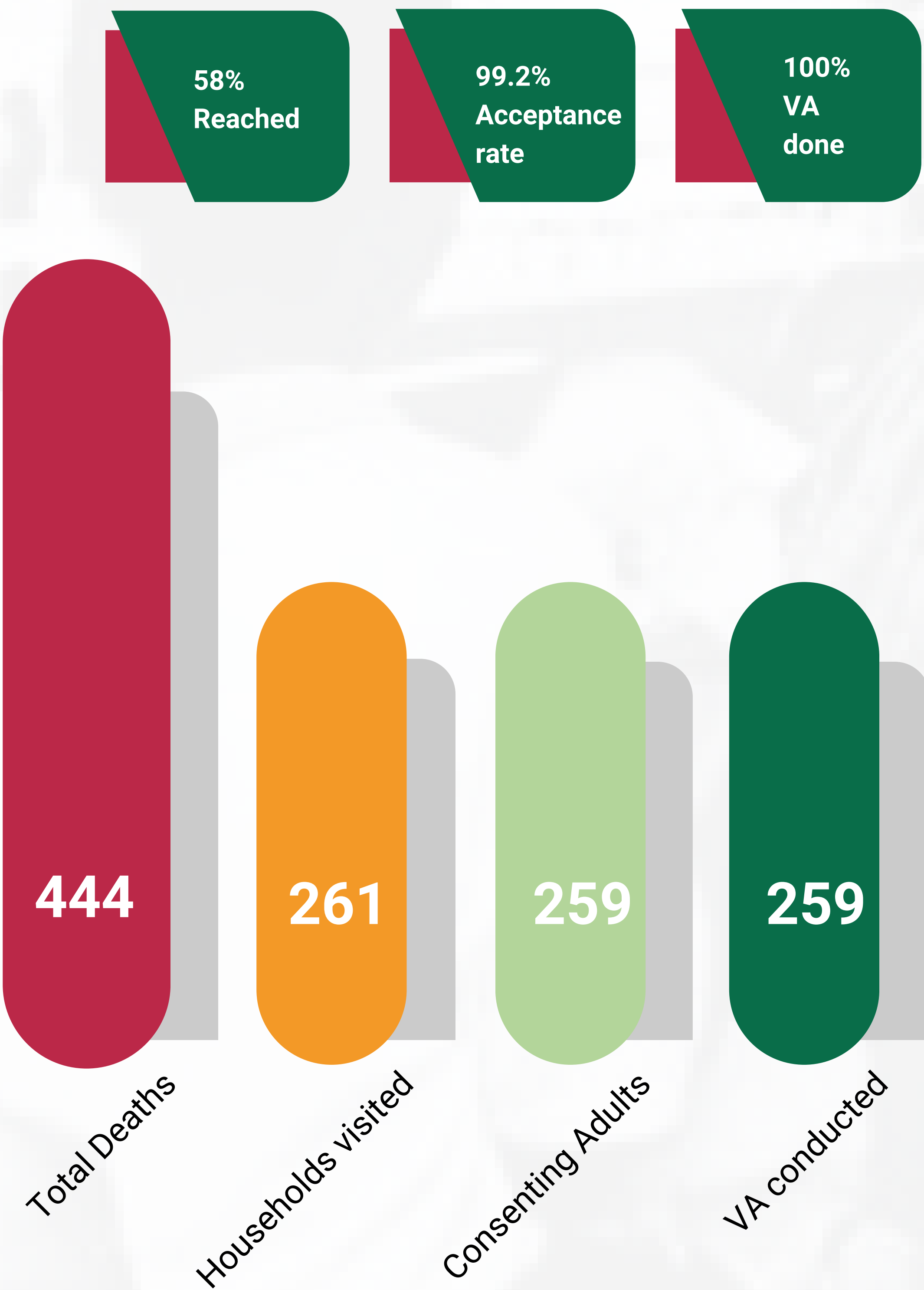


Fig. 2 Results from scale-up of verbal autopsy



## CONCLUSION

VA should be scaled up as an alternative to determine cause of death in resource constrained settings as it has fewer training requirements. However, the centralized analysis, and lack of integration of SmartVA with the EMR created delays with determining exact causes of death.



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