

A Peer Support Approach to Client Management is not Inferior to Traditional Case Management: A Study among Young Persons Living with HIV in Nigeria

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Background

Peer supporters have effectively provided psychosocial support to young persons living with HIV (YLHIV) ¹, but this has not been well documented in Southern Nigeria. In 2023, the PEPFAR/USAID-funded ECEWS ACE-5 project trained and integrated peer supporters into clinical teams to support the management of YLHIV.

Aim

This study compared HIV treatment outcomes between YLHIV managed by peer supporters and those managed by traditional case managers in Southern Nigeria.

Methods

This retrospective cohort study analysed data from electronic medical records of YLHIV aged 15–24 years receiving antiretroviral therapy (ART) as of September 2023 at 24 health facilities in Akwa Ibom and Cross River States. These facilities implemented both traditional and peer-based case management for YLHIV. Data extracted included age (15–19 years, 20–24 years), sex, case manager type (peer supporter or traditional case manager), duration on ART, ART status, and viral load (VL) results with dates, as of September 2024. In the peer-based approach, YLHIV were randomly assigned to peer-supporters, to a maximum of 150 YLHIV per peer-supporter, with the remaining YLHIV

assigned to traditional case managers. Retention was determined by “active” ART status as of September 2024, while viral suppression was categorised into undetectable (<50 copies/ml), and suppressed (51–1000 copies/ml). Chi-square was used to compare retention and viral suppression as of September 2024 between clients managed by traditional case management (YLHIV assigned to case managers who also managed adults) and those managed via the peer-based approach between September 2023 and September 2024.

Results

A total of 4,979 YLHIV were included: 79.0% (3,932) were female, 75.7% (3,768) were aged 20–24 years, 23.4% (1,169) were managed by peer supporters, with a median duration on ART of 4.1 years (IQR=2.8–4.9) (Table 1).

Retention was comparable between YLHIV managed by peer supporters and those managed by traditional case managers (93.4% (1092/1169), vs 94.9% [3617/3810]; $p=0.411$, respectively). Undetectable viremia was 88.5% (969/1095) among those managed by peer supporters compared to 93.6% (3,408/3,640) and those managed by traditional case managers ($p<0.001$), while suppressed VL was 96.9% (1,061/1095) vs 98.9% (3,599/3,640) ($p<0.001$), respectively. (Fig 1)

Figure 1: HIV Treatment outcomes of YLHIV in both approaches



Table 1: Table of the characteristics of the YLHIV in both approaches

		Peer supporters	Traditional case management	Total
		n=1169 (%)	n=3810 (%)	n=4979 (%)
Sex	Male	344 (29.4)	703 (18.5)	1047 (21.0)
	Female	825 (70.6)	3107 (81.5)	3932 (79.0)
Age_band	15-19 years	485 (41.5)	726 (19.1)	1211 (24.3)
	20-24 years	684 (58.5)	3084 (80.9)	3768 (75.7)
Duration on ART (years)		4.2 (2.8 - 7.8)	4.0 (2.9 - 4.8)	4.1 (2.8 - 4.9)

Peer-based case management is comparable to traditional models.

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Conclusions and recommendations

Peer-based approaches are comparable in clinical outcomes to traditional case management and offer additional psychosocial support advantages for YLHIV.

References

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