

Utilizing the RE-AIM Framework to Evaluate a Transition Clinic for Adolescents Living with HIV in a Tertiary Health Facility in Nigeria

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Background

Adolescents in Nigeria transitioning from paediatric to adult HIV care often experience poorer treatment outcomes, particularly those in tertiary health facilities¹. In 2020, PEPFAR, through USAID-supported projects, initiated a transition clinic at a tertiary hospital – the University of Uyo Teaching Hospital (UUTH) to support the transition of adolescents living with HIV (AYLHIV) to adult care. This clinic was run by a multidisciplinary team that provided counselling and adherence support, treatment literacy and education on self-care, and held after school hours to enhance adolescent participation.

Aim

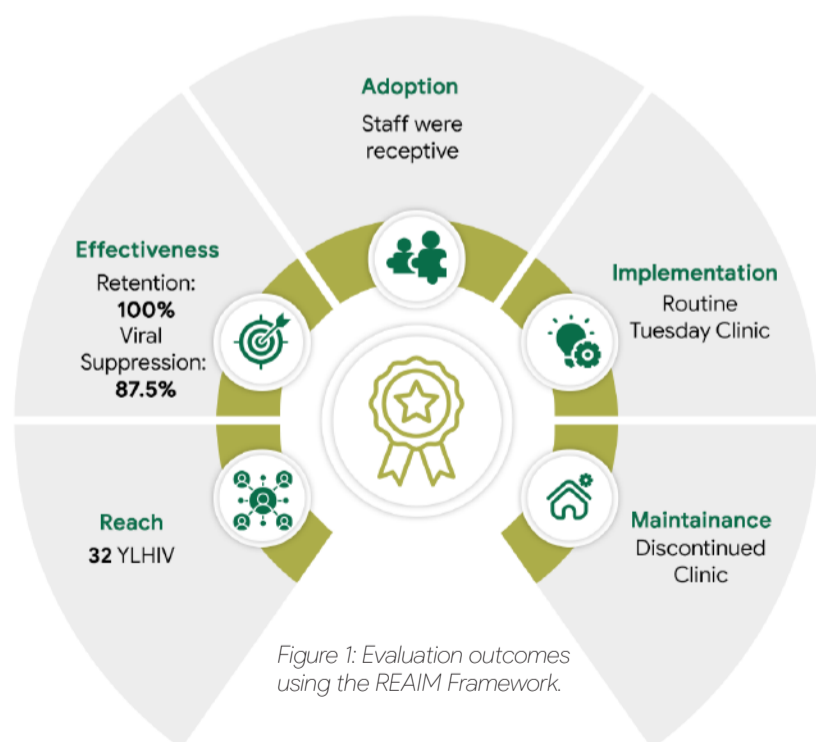
This study evaluates the intervention using the RE-AIM framework.

Methods

This mixed-methods cohort study used data from electronic medical records of AYLHIV aged 15–24 years and receiving ART at UUTH, who attended the transition clinics between November 2020 and September 2023. Feedback from AYLHIV and service providers were routinely collected as part of continuous quality improvement. Outcomes assessed include Reach (number of AYLHIV who attended the clinic), Effectiveness (client retention in care (still receiving ART) and viral suppression (≤ 1000 copies/ml) 12 months post-transition, by September 2024), Adoption (uptake and engagement of AYLHIV and feedback from paediatric staff on the intervention's acceptability and feasibility), Implementation (Adherence to planned clinic processes) and Maintenance (Clinic operations after 36 months).

Results

A total of 32 AYLHIV attended the clinic; 65.6% (21) were female, median age was 15.6 years (IQR: 14.3–16.9), median duration on ART was 9.7 years (IQR: 4.7–12.7), with a median duration in the transition clinic of 2.7 years (IQR: 2.7–2.9). The number of AYLHIV accessing the service increased from 10 in November 2020 to 30 in January 2021 and 32 in March 2021 (Fig. 1). At 12 months after the intervention, 100% (32) of the YLHIV were retained on treatment, and 87.5% (28) were virally suppressed. The clinic consistently held on Tuesdays as planned, staff were receptive to the initiative, but human resource shortages and uncomfortable clinic space created challenges. Despite initial success, the clinic was discontinued after 36 months due to staff attrition and resource constraints (Fig. 1).



A structured transition clinic improved treatment retention among ALHIV, but viral suppression and sustainability remain key challenges.

Conclusions and Recommendations

The transition clinic reached AYLHIV transitioning to adult care and effectively retained them on HIV treatment. However, post-transition viral load level was sub-optimal and intervention sustainability was challenged by limited human resources.

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References

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