

CIDRZ Measuring Uptake of ART Scholar Model in 3 Provinces in Zambia. An Analysis of Differentiated Service Delivery

Mpande M Mwenechanya¹ Helen B Mulenga¹ Muhau Mubiana¹ Mwansa Lumpa¹ Mwansa Wa Mwanza¹ Izukanji Sikazwe¹ Carolyn Bolton-Moore^{1,2} Mwangelwa Mubiana¹
¹Centre for Infectious Diseases Research in Zambia ²University of Alabama at Birmingham, US



BACKGROUND/INTRODUCTION

- In Zambia, the aggressive scale up of ART to achieve the 90-90-90 global targets has resulted in over 800,000 adults and children accessing HIV care and treatment services⁽⁴⁾. Unfortunately, in the expansion of ART programs, adolescents and children remain an underserved priority population⁽²⁾ resulting in significantly higher rates of loss to follow-up from HIV care and treatment compared to adults, which contributes to their comparatively poorer health outcomes⁽³⁾
- The Ministry of Health is promoting implementation of Differentiated Services Delivery in this population to better meet their needs and for better engagement by removing age-related barriers to care, developing new HIV testing modalities and improving management of transition from pediatric to adult care⁽⁴⁾
- Retaining young people in care requires strategies that target varying needs among adolescents and children while abiding by national HIV guidelines and health systems goals.
- The Scholar model is a facility-based model that operates within the ART clinic after regular clinic hours between 4-6PM during the week and Saturday and Sunday mornings when most scholars are out of regular school.
- This model offers its services in conducive environments free of adult patients, allowing providers to dedicate their time to this population. Clinicians are available to conduct symptom screening, patient assessments and provide on-going treatment plans including medication pick-up based on the scholars' needs and schedule. The model is designed to improve patient adherence and outcomes
- OBJECTIVE:** To describe uptake of the Scholar model in Zambia using an implementation cascade for individuals offered.

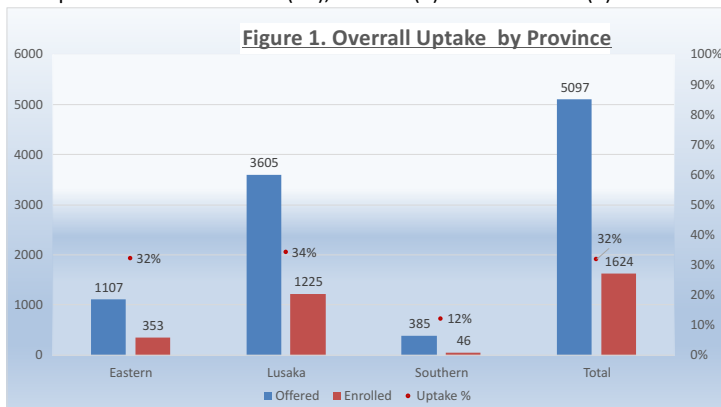
METHODS

Setting: From April 2018, we began implementing the Scholar model in medium and high ART patient load (>1500) facilities in Lusaka, Eastern and Southern Provinces.

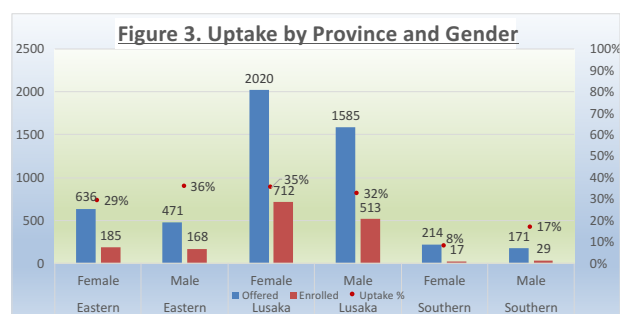
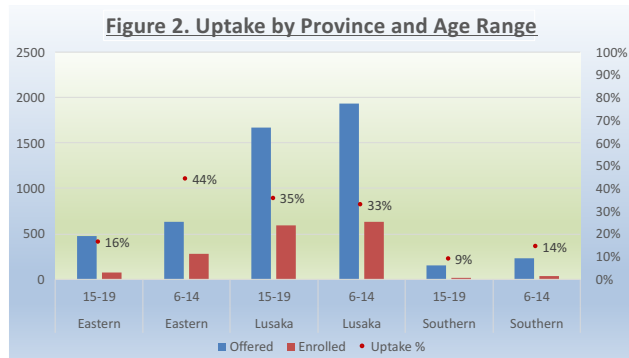
- Population:** All school going children and adolescents (6-19 years) who's school schedules interfere with adherence to clinic appointments.
- Data/Analyses:** We recorded number of persons that were: (a) Offered the model (b) enrolled into the model (c) Attended first pick up. We characterized uptake by documenting uptake to the model by age group (6-14 years and 15-19 years) and sex (male and female)

RESULTS

- From April to September 2018 19 facilities had began model implementation in Lusaka (11), Eastern (5) and Southern (3) Provinces.



RESULTS, continued



DISCUSSION

- Among the 5097 offered the model, 1624 (32%) enrolled by Sept 2018.
- Enrollments are ongoing, with Lusaka Province in the lead (1225, 75%)
- Enrollments were highest among girls (ranging 52-60%)
- Acceptance varied by age group (range 25-93%), with highest acceptance among 6-14 years olds
- Uptake was similar in Eastern and Lusaka Provinces (range 29-36%)
- Scholar uptake was lowest in Southern Province, as implementation only began in July 2018.
- Scholar model has demonstrated gradual but heterogeneous uptake across health Facilities in Zambia.
- Further operations research is required to investigate age-specific challenges with patient acceptance of the Scholar model to enhance the public health benefits of this model at scale

NEXT STEPS/WAY FORWARD

- Scale Up of enrolments within implementing facilities and expand coverage of the model by rolling to other facilities.
- Strengthen M&E systems to measure the impact of model at scale.

REFERENCES

- December 2018 MOH, HMIS
- Murray, K.R., et al., *Improving retention in HIV care among adolescents and adults in low- and middle-income countries: A systematic review of the literature.* PLOS ONE, 2017. 12(9): p. e0184879..
- Okoboi, S., et al., *Factors associated with long-term antiretroviral therapy attrition among adolescents in rural Uganda: a retrospective study.* Journal of the International AIDS Society, 2016. 19(5Suppl 4): p. 20841
- Zambia Differentiated Service Delivery Operational Framework 2018

