

Promoting Continuity in Treatment Among Adolescents and Children Living with HIV through Community ARV Drug Delivery Models Supported by OVC Program

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BACKGROUND / INTRODUCTION

Continuity in treatment after initiation on antiretroviral therapy (ART) is a critical determinant of virological suppression and good health outcomes. Many factors undermine ART adherence among children and adolescents living with HIV(C/ALHIV). Caregiver related factors can be a major determinant of treatment success because ART administration among children, largely depends on their caregiver's ability to pick-up their ARV's from the health facility during their scheduled clinical visit. Competing and unceasing demands of life, busy schedule, distance to the facility, long waiting time at the facility, and paucity of funds for transportation are some of the reasons for missed clinical appointments. Community ART distribution (cART) is a differentiated service delivery (DSD) model for stable children and adolescents living with HIV across communities supported by OVC program to mitigate the barriers affecting caregivers from picking up ART. cART was designed to make ART delivery more efficient for the health system and provide appropriate support to encourage long-term retention among C/ALHIV.

DESCRIPTION

The CDC OVC program commenced DSD for C/ALHIV who are stable to receive their ART across communities within the 19 supported states in October 2018. This data is for the period of October 2018 – September 2022 where A/CLHIV received their ART at the community level through the Home Delivery Model (HDM), cART Refill Clubs (CARC) or Community Pharmacy (CP). The OVC community case managers collaborated with the clinical team to determine eligibility of those C/ALHIV to benefit from the cART delivery program. Stable C/ALHIV were enrolled in and supported by the cART program. By September 2022, a total of 12,181 C/ALHIV benefited from some form of cART distribution. HDM was provided to 5930 C/ALHIV [1-4years (671); 5-9years (835); 10-14years (2464); 15-17years (1960)]; CARC involved 4492 C/ALHIV [1-4years (270); 5-9years (1012); 10-14(1645); 15-17(1565)]; and 1759 C/ALHIV [1-4years (169); 5-9years (496); 10-14(659); 15-17(435)] received HIV medications at the CP. The viral suppression rate for C/ALHIV increased from 53% to 88% among those who received cART over this 4-year period.

LESSON LEARNED

The caregivers are supportive of enrollment of C/ALHIV into the cART models as they demonstrated high level of commitment in ensuring adherence to ART among C/ALHIV enrolled on cART models. Continuous support of A/CLHIV on cART promises good clinical outcomes among C/ALHIV enrolled on these models.

CONCLUSION

cART distribution program is an effective strategy for ensuring continuity in treatment among C/ALHIV as it eliminates barriers affecting caregivers' commitment towards picking up ART for their children and adolescents. Improving continuity in treatment, ensures the C/ALHIV achieve viral load suppression. The CDC program will continue to identify barriers to cART program and scale-up additional models, according to client preferences, needs, and context.

