

Assessment of the effect of Community Differentiated Service Delivery models on Viral load suppression among children and adolescents living with HIV in Uganda

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25 November 2022

The Global Health Network Conference 2022, University of Cape Town, South Africa



Background

- Viral load suppression(VLS) for Children and Adolescents Living with HIV (CALHIV) in Uganda improved but remains low at 74% compared to adults (91%), DHIS2 2021
- This is due to suboptimal ARV regimens, non-adherence to treatment due to psychosocial and drug administration challenges
- With support from PEPFAR, Uganda started implementing community Differentiated Services Delivery(DSD) models for children(>2 years) and adolescents(10-19years) living with HIV in 2020

Background

Facility models include:

- Facility-based individual management model(FBIM),
- Facility-based groups(FBGs)
- Fast track drug refill(FTDR)

Community models include:

- Community Drug Distribution Point(CDDP) and
- Community Client Led ART Distribution(CCLAD).
- A national DSD dashboard was developed to monitor VLS among clients on DSD models, by DSD type.

We set to assess the effect of community DSD models on VLS among CALHIV across the country.

Processes

Community client-led ART delivery (CCLAD): This is the delivery of antiretroviral drugs at the community level to a community ART group by one of the community ART group members on a rotational basis

Community drug distribution points (CDDP): These are designated points within the community where antiretroviral drugs are dispensed to persons who are on lifelong antiretroviral therapy

Methods

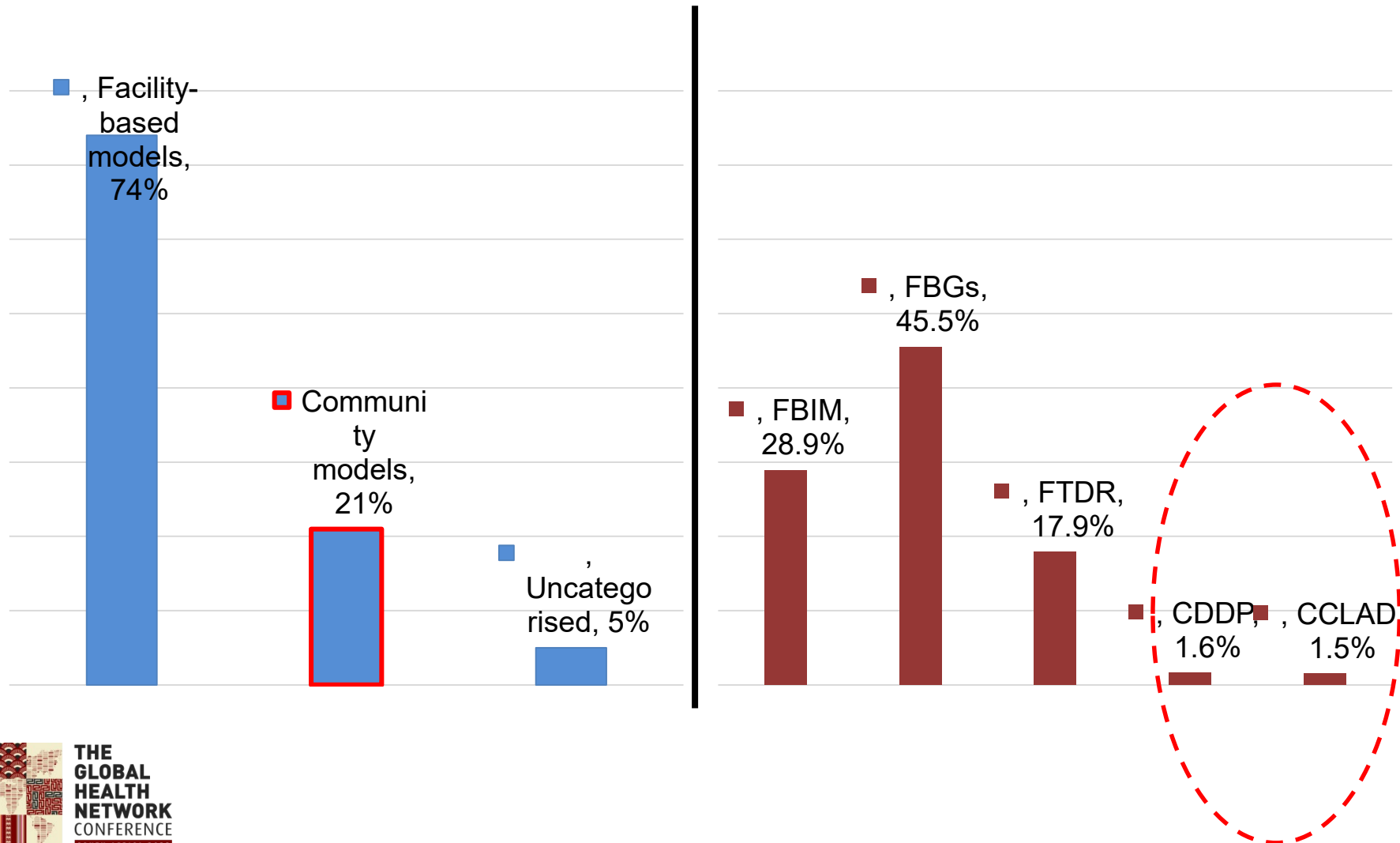
We retrospectively analyzed data for CALHIV from the DSD dashboard for all HIV ART clinics in Uganda from July–September, 2021.

This dashboard pulls data from DHIS2 the national reporting system on a quarterly basis.

Descriptive analysis included data on demographics and VLS for community DSD models.

Results and Conclusions

- **92,562 CALHIV active on ART(July–September 2021)**
- **56.2% were females and (43.8%)males**



Results and Conclusions

- VLS among community DSD models did not differ by sex (Males = 67.0% vs Females = 66.0%, p-value >0.05)
- By community DSD type CCLAD (62.0%) vs CDDP (61.0%), p-value>0.05).
- Among children, VLS (<1000 copies) was 62.0% and 75.0% among adolescents living with HIV receiving ART under a community DSD model.

Results and Conclusions

- We observed lower VLS for children and a comparable VLS for adolescents in community DSD models, compared to the national VLS
- However, there was no significant difference in VLS among the two community DSD models
- CALHIV can still benefit from community DSD models, however, psychosocial support should be strengthened, especially for children

Challenges

Common challenges include:

- ❖ Delayed Viral load testing
- ❖ Poor documentation
- ❖ Poor patient literacy

Acknowledgements

- This project has been supported by U.S Presidents's Emergency Plan for AIDS Relief (PEPFAR) through Centres for Disease Control and Prevention (CDC).



The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the CDC