SUCCESS STORY

All she needed was continuous engagement with the health facility to achieve HIV viral load suppression

Palabek-kal Health Center IV is one of the health facilities in Northern Uganda that the USAID Applying Science to Strengthen and Improve Systems project (ASSIST) is supporting to achieve viral suppression for children and adolescents in care. At Palabek-kal, 40% of the children and adolescents (2-19 years old) in care have a high (non-suppressed) viral load. A high viral load means the amount of HIV virus in the blood of an infected person is high enough to affect the health status of the patient, and makes them very infectious as well. If the amount of virus in the sample of blood is above 1,000 copies/ml, it is high; and low if below 1,000 copies/ml.

Achieving viral suppression is a health goal for all people living with HIV including children and adolescents who unfortunately rely on adults in one way or another to take their medications.

A.D (Initials of her name), an 8 year old, has been on anti-retroviral therapy (ART) since June 2013. She is an orphan who lost both her parents to HIV/AIDS at a tender age of 3 years, and is being taken care of by her 60 year old maternal grandfather. Being in school, she is unable to consistently keep her scheduled HIV clinic appointments, and her grandfather picks the ARV refills on her behalf. This went on for a while and every time he picked her refills, the next appointment would be scheduled 3 months later. Despite her grandfather’s consistent visits to the health facility to pick ARV refills on her behalf, her health status remained worrying.

Due to this arrangement, A.D. became disengaged from clinical care for a long time, which had detrimental effects on her health. Her grandfather noticed her skin was pale, she had lost weight, and had constant wounds and infections. He concluded these were a result of the HIV infection.

In May 2016, following a viral load test, A.D.’s results, at 3,427 copies/ml of blood, confirmed a high viral load. Maintaining high viral load like in A.D.’s case may result from one or a combination of the following: not taking anti-HIV drugs diligently, suboptimal ARV dosing, or unrecognized drug resistance.

USAID ASSIST began supporting Palabek-kal in October 2016 with a goal to help children and adolescents in care achieve viral suppression. Through the engagement of health workers and linkage facilitators at the health facilities the following were emphasized to achieve viral suppression:

- Ensuring children keep their scheduled HIV clinic appointments for face to face clinical evaluation (reduce representation of children by their caretakers);
- Intensive adherence counselling at facility level (on scheduled appointment dates);
- Adherence counselling at community level (through home visits by linkage facilitators);
- Consistent monitoring for changes in weight and adjusting ARV doses accordingly;
- Shortening drug refill periods for unsuppressed children from 3 months to at 1 month or shorter.

Following a home visit by a linkage facilitator in October 2016, A.D. was brought to the health facility. Her weight was taken and shockingly found at 19.9 kgs, A.D. was still taking a dose for a 12 kg child. The health worker explained to A.D.’s grandfather that her deteriorating health was because she was taking an under-dose of ARV drugs which affected the ability of her immune system to fight the virus.

Her dose was adjusted as per MoH guidelines, and her HIV clinic appointments were adjusted from every 3 months to monthly, and her attending the clinic in person was emphasized.

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After 3 months of continuous engagement with the health facility, a repeat viral load test was done, and results came back in January 2017 and they bore a smiling face reading virus ‘Not Detectable’.

Robinah, the ART clinic in-charge, excitedly said “A.D. is now doing well, she is putting on weight (now at 22kgs), her dose has been updated, and the frequent bouts of malaria and other infections are no more. I attribute this success to the grandfather, linkage facilitators for the follow-up and ASSIST for the eye-opening simple interventions!”

Because HIV treatment is lifelong, people living with HIV especially children need to maintain their scheduled HIV clinic appointments, and be supported to take their drugs diligently to attain and maintain viral load suppression.