

Improving viral suppression for children living with HIV using people-centered metrics

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Context: The people-centered metrics approach was selected to improve care outcomes for HIV.

- Despite significant progress, many countries have not yet met the UNAIDS 95-95-95 goals, including Uganda. Uganda has achieved 93-90-95 for adults 15+ years and 83-92-82 for children under 15 years. The viral suppression rates have stagnated and not exceeded 90% in recent years despite ART optimization and a package of services.
- In Uganda, USAID used the people-centered metrics approach to work with populations most vulnerable to HIV acquisition with suboptimal outcomes. For example, children and adolescents under 19 years of age were chosen because this age group typically has lower viral suppression than adults. Acholi and Karamoja regions were selected because they face various social, cultural, political, and economic challenges.

Method: TASO, ANECCA, and URC rolled out people-centered metrics and used data to improve HIV services.



Figure 1: People-centered metrics for HIV in sub-Saharan Africa

Figure 2: Linkage to medical and non-medical interventions

- With support from PEPFAR, through USAID, Leapfrog to Value and Data. Fi facilitated the development of People-Centered Metrics for HIV (Figure 1) which was published in 2021. Scan the QR below to download it. URC/TASO in Acholi and ANECCA in Karamoja, built on their existing work complementing the government health system to support HIV care and treatment. Health workers and data staff visited the homes of children, adolescents, and their caregivers, asked for consent, and conducted the HIV people-centered metric interviews, which included clinical, quality of life, and care experience questions.
- The multidisciplinary care team reflected on the interviews and observations from the home environment to analyze the root cause of the problems faced by the children and adolescents. They then connected them to appropriate medical and social interventions (Figure 2).

Results: 70% of the children that received care under this project achieved viral suppression following non-suppression.

- During the first year of implementation, 70% of children with unsuppressed viral load subsequently achieved viral suppression, in Acholi. (Figure 3)
- In the two regions, this shift also led to an upward trend in viral suppression rates in the overall 0-19 age group, beyond the project. (Figure 4)
- It facilitated more open relationships between clients and health workers and informed changes to improve the care environment.



Conclusion: People-centered metrics can engage health workers to use data to tailor care and supportive interventions for

clients, leading to better health outcomes.



Figure 5: Our theory of change

• Our theory of change (Figure 5) shows that the interviews acted as a starting point for dialogue and relationship-building with the children, adolescents, and their caregivers leading to deeper insights into clients' unique situations. Team reflections on the metrics helped the health workers build empathy and inform the tailoring of clinical and social services for children, leading to a better care experience, quality of life, and adherence to ART, leading to viral suppression. • This project is a promising example of the use of people-centered metrics contributing to improvement in the care process and outcomes in LMICs.

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