Enablers and barriers to viral load suppression among orphans and vulnerable children and adolescents living with HIV in South Africa

Background

The FHI 360 PEPPAR-funded Capacity Development and Support (CDS) program implements an Orphans, Vulnerable Children, and Youth (OVCY) Family Strengthening project on behalf of USAID in South Africa.

The goal of the CDS OVCY Family Strengthening project to improve the health and well-being of children and families by mitigating the impact of HIV and AIDS, increasing children’s resilience, and reducing the risk of HIV infection

The CDS OVCY Family Strengthening project also contributes to achieving the UNAIDS 95-95-95 targets by supporting vulnerable children and adolescents. This is achieved through:

- Facilitating access to HIV testing services
- Facilitating access to HIV treatment
- Facilitating retention and care for HIV services

According to the National Institute of Communicable Diseases in South Africa, 72% of children and adolescents (0-19 years of age) with a known HIV viral load, were virally suppressed (<1000 RNA copies per ml)

To enhance access to a differentiated package of services for children and adolescents living with HIV (C/ALHIV), there is a need to understand the enablers and barriers to viral load suppression.

C/ALHIV in the OVCY Family Strengthening project were evaluated to understand these enablers and barriers from eight implementing partners in four provinces:

- Limpopo
- Gauteng
- KwaZulu-Natal
- Eastern Cape

Methods

C/ALHIV, aged 0 – 20 years were randomly sampled from the Community Based Information System (CBIS) in 2019. 651 C/ALHIV sampled

31% (170) were not virally suppressed

69% (378) were virally suppressed

Variables included in the assessment

Demographic

- Age
- Gender
- Caregiver income
- Caregiver education
- Caregiver employment status

Treatment factors

- Viral suppression status
- Duration of C/ALHIV on treatment
- ART regimen
- Side-effects experienced by C/ALHIV
- Frequency of viral load monitoring

Enablers to viral load suppression

Psychosocial Support

Social workers should work closely with community care workers to provide psychosocial support to C/ALHIV and their families.

Availability of transport money

Where possible, partners should provide transport to health facilities or facilitate establishment of ART pick-up points.

Missed clinic appointment

Community care workers should diligence appointments and remind C/ALHIV and their caregivers of the dates.

Distance to facility / ART pick-up point and waiting time at health facility

Partners should facilitate home deliveries of ART and work with relevant clinical partners to establish ART pick-up points.

Community care worker support and case management

Community care workers should conduct home visits at least twice a month

Results

Barriers to viral load suppression

- Missed clinic appointments
- Lack of psychosocial support
- Distance to facility
- Travel time to facility
- Waiting times at facility
- Availability of transport money

FINDINGS

- Caregivers administering antiretroviral therapy for children under 14 years increases the chances of the CMLV achieving viral load suppression (P<.008)
- C/ALHIV are more likely to achieve viral load suppression when they and their caregivers receive psychosocial support (P<.01)
- Longer waiting times in health facilities may result in missed appointments and ultimately becoming virally unsuppressed (P=0.04)
- C/ALHIV and caregivers who spend more than three hours in queues at health facilities are 3.5 times more likely to be virally unsuppressed
- Consistent case management and frequent home visits by community care workers may promote the likelihood of C/ALHIV achieving viral suppression (P=.02)

Enablers to viral load suppression

- Psychosocial Support
- Availability of transport money
- Missed clinic appointment
- Distance to facility / ART pick-up point and waiting time at health facility
- Community care worker support and case management

Acknowledgement

This publication is made possible by the generous support of the American people through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) with the United States Agency for International Development (USAID).

The contents are the responsibility of the Capacity Development and Support program, managed by FHI 360, and do not necessarily reflect the views of USAID or the United States Government.

Contact us

Visit our website at www.capacitydev.org or email us at cds@fhi360.org

*Pediatric & Adolescent HIV Viral Load Monitoring, 2014-2020-NECD, December 2020