



**Elizabeth Glaser
Pediatric AIDS
Foundation**



**2nd International Workshop on
HIV Adolescence**

Cape-Town, South-Africa, 10-12 October 2018

Enhancing viral suppression among adolescents, through service delivery quality improvement approach in Western Kenya

Elizabeth Okoth (MPH)
Project Manager – EGPAF Kenya

11th October, 2018



Overview

- Background
- Materials and Methods
- Results
- Conclusion
- Acknowledgement



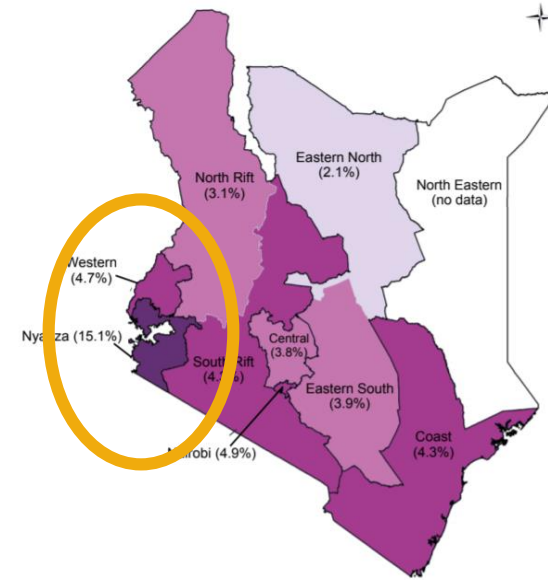
Background

Challenge: Kenya is home to 1.5 million PLHIV; among them 105,230 adolescents (10 -19 years of age)

- AIDS is the leading cause of mortality among adolescents
- Approximately 36% of adolescents on ART in Kenya have elevated viral load

Response: Participatory HIV service quality assessment with goal of improving viral suppression

- From December 2016 to May 2017, EGPAF supported 138 health facilities in 7 counties in western Kenya



Materials and Methods

From Dec 2016 to Jan 2017 baseline assessment on the quality of HIV care conducted among 6,300 adolescents

- Developed a quality assessment tool to measure adolescent HIV service delivery per expected MOH guidelines
- Sensitized HIV service providers, including HIV and TB coordinators on tool use
- They used the tool to assess if each adolescent received the nationally-recommended services in last clinical visit, as per eligibility
- Facility team came up with facility-level action plans to address the care indicators that scored poorly

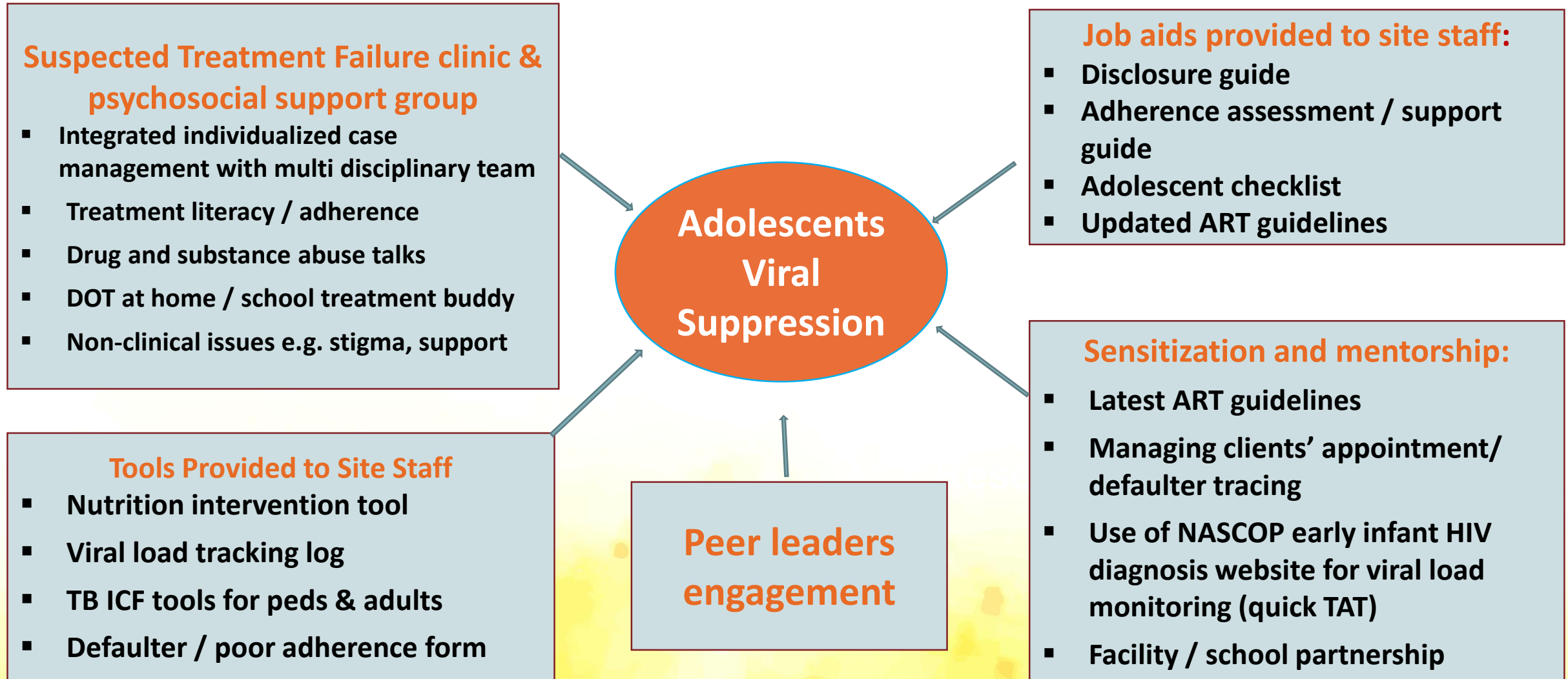


Sample: Adolescent Chart Review Tool

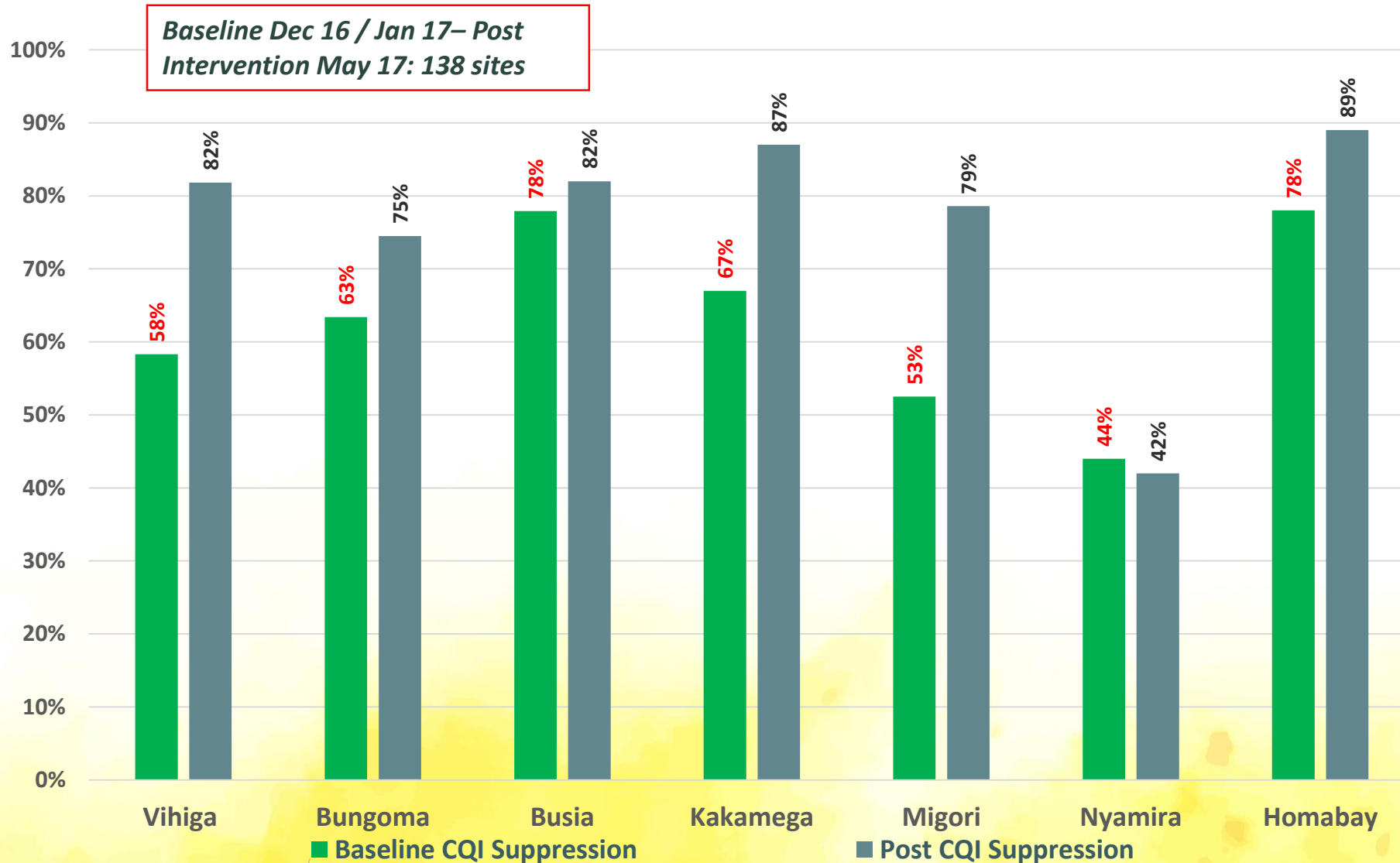
File	Height/Weight/BMI/MUAC			Nutrition intervention	TB screening done	Diagnostic work up for suspected TB	IPT for negative TB screen	Correct ART regimen	Adherence assessment	Adolescent checklist available	PHDP	STI screening	Disclosure documented	CD4/Viral load uptodate	Virally suppressed	Partner tested or is a KP	Pregnancy status indicated	Contraceptive method indicated	Family Testing		
1	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
2	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
3	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
4	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
19	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
20	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
%																					



Intervention Approaches: Addressed Weak Areas within 3-4 months



Adolescents Viral Load Testing Uptake and Suppression: Before and After QI Interventions



Overall viral suppression in 138 sites increased from 63% to 76%. Migori County had highest suppression (26% increase)

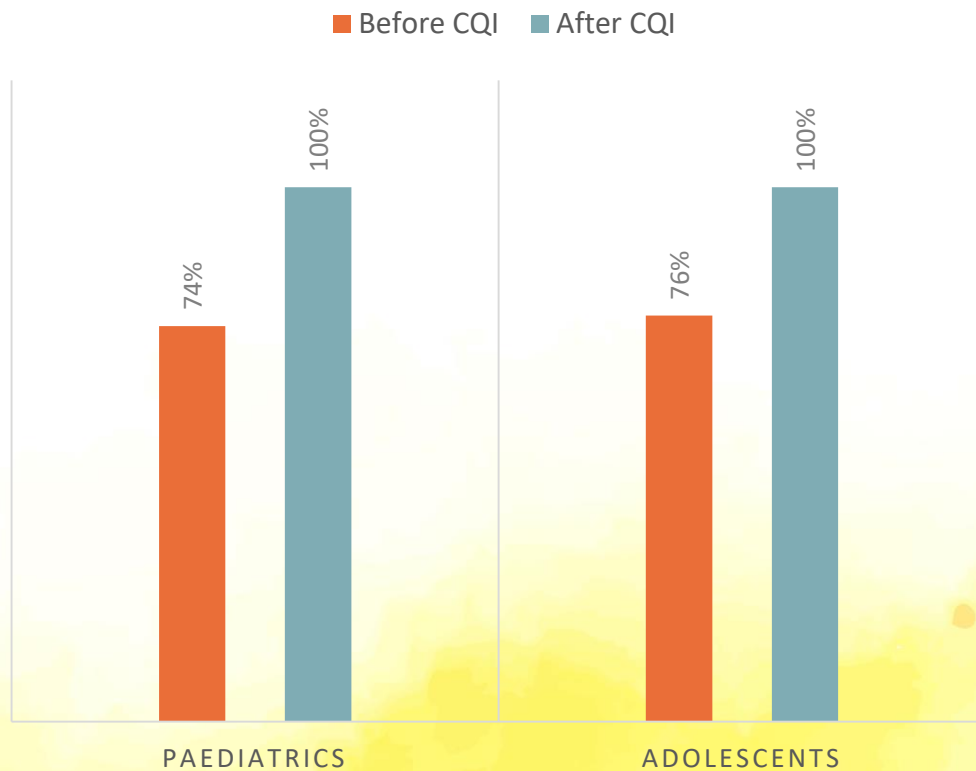
Only Nyamira didn't improve on suppression – could be due to staff changes

Overall viral load testing uptake also increased from 65% to 86%; highest being Vihiga County (37%)



Amukura Health Centre: Baseline and Post-intervention: 69 peds & 63 adolescents

VIRAL LOAD SUPPRESSION RATES, DEC 16 AND APRIL 17



Differentiated Care; after intervention

- 69 children (up to 9 years)
- 63 adolescents (10-19 years)
- Weekend suspected treatment failure (STF) clinic and PSSGS, with multi-disciplinary teams (CO, PE, Adherence counsellors, nutritionist, pharmtech)
- Separate STF clinic for adolescent mothers
- Defaulter tracing
- Peer educators home visit
- Support for STFs in schools



Conclusions

- Continuous quality improvement for HIV service delivery among adolescents can have an impact on viral suppression
- HIV service delivery CQI should be participatory, with involvement of facility teams, adolescent peers and county/sub county led
- Facility owned action plans can address weak areas rapidly
- With so new guidelines and tools introduced over time, easy to use quality improvement tools need to be available and health workers mentored on their use



Thank You

Acknowledgements:

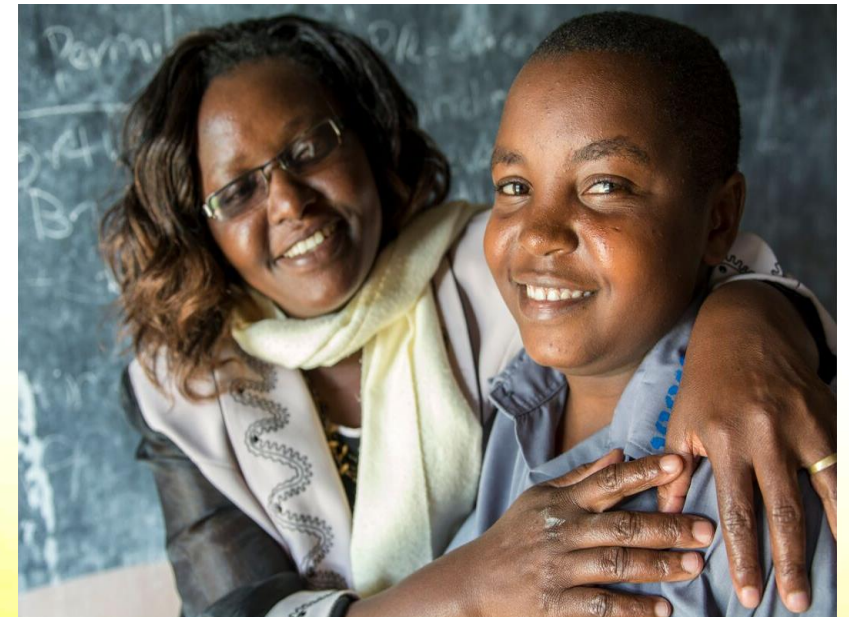
Adolescent clients and peer leaders

Kenya Ministry of Health & providers

ELMA Philanthropists

EGPAF Teams: Project ELMA Kenya & HQ

My Family



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

WWW.PEDAIDS.ORG