Multi-Month ART Dispensing for Children and Adolescents living with HIV in Ethiopia during COVID-19
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Background

• Prior to the COVID-19 pandemic, eligibility for multi-month dispensing (MMD) of ART was limited to stable adult clients in Ethiopia.

• In March 2020, to impact the spread of COVID-19 on ART, the Ethiopian Ministry of Health (MoH) approved 3-month MMD (3-MMD) for all ART clients, including children (<15 years of age) for the first time, and recommended acceleration of 6-month MMD (6-MMD) for stable adolescents (≥15 to 19 years) and adults (Figure 1).

• CHAI supported MoH to operationalize MMD for children and adolescents living with HIV (CALHIV) through inclusion of pediatric-specific guidance for MMD in the Interim Guidance for Management of People Living with HIV (PLHIV) in the context of COVID-19 Outbreak in Ethiopia, virtual mentorship for implementation, and ARV stock monitoring to facilitate multi-month refills.

Methods

• Data from January to December 2020 was collected from 46 sites to analyze MMD uptake.

• Results for each quarter and the percent change from Q1 to Q2 and Q2 to Q4 were calculated for:
  o Median number of CALHIV on ART
  o Median number of CALHIV receiving 3-MMD and 6-MMD (adolescents only)
  o Number of CALHIV receiving a viral load (VL) Test
  o Proportion of CALHIV virally suppressed (VLS)

Table 1. Median Number of CALHIV on ART in 46 facilities, by quarter in 2020

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>2881</td>
<td>2709</td>
<td>2704</td>
<td>2679</td>
</tr>
<tr>
<td>Adolescents</td>
<td>2354</td>
<td>2364</td>
<td>2432</td>
<td>2454</td>
</tr>
</tbody>
</table>

Results

MMD (Figure 2)

• Among CALHIV on ART (Table 1), the median number of children receiving 3-MMD increased from 544 to 1136 (Q1-Q2; 109%) and to 1796 (Q2-Q4; 58%).

• Adolescents receiving 3-MMD increased from 622 to 1385 (Q1-Q2; 123%) and to 1773 (Q2-Q4; 28%). Adolescents receiving 6-MMD increased from 315 to 600 (Q1-Q2; 90%) and to 752 (Q2-Q4; 25%).

Viral Load Testing and Suppression (Figure 3)

• Likely due to COVID-related decreases in facility attendance and testing capacity, VL tests declined by 25% from 651 to 488 for children and by 19% from 589 to 475 for adolescents from Q1-Q2 but then increased by 43% to 698 for children and by 35% to 642 for adolescents from Q2-Q4.

• From Q1 to Q4, VLS increased from 81% to 88% for children and 83% to 87% for adolescents.

• Direct associations cannot be made between MMD and VLS due to a lack of data on potential confounders.

Conclusions

• Prioritization of MMD led to rapid and sustained uptake of MMD for CALHIV, possibly mitigating ART interruptions. Meanwhile, no negative impacts on VLS were observed, as VLS increased for both pediatrics and adolescents between Q1 and Q4.

• MMD is anticipated to be continued in Ethiopia after COVID, with 3-MMD for stable children and up to 6-MMD for adolescents. To ensure positive outcomes and guide scale up, further research is needed on the long-term impact and associations between MMD, VLS, retention, and other health outcomes.

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