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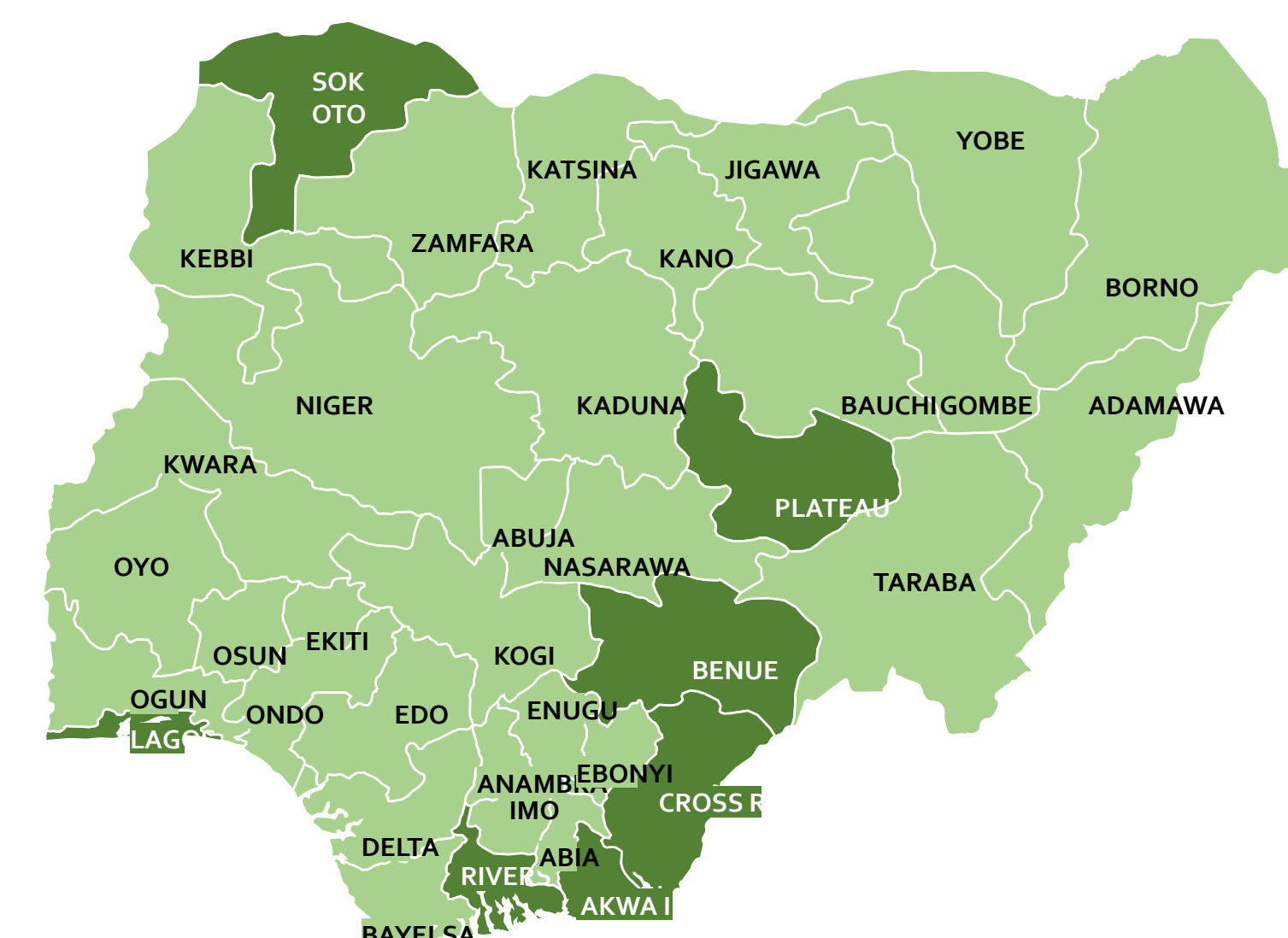
Background:

The National Guidelines for HIV Prevention Treatment and Care was revised in 2020 and recommend dolutegravir (DTG) based regimen as the preferred first-line antiretroviral therapy (ART) among children <20kg. The national HIV programme introduced the DTG 10mg (pDTG) formulation in 2021 through an operational research with a plan to scale up to all facilities in-country. Nigeria has implemented over 3 pediatric regimen transitions within the last decade, the most recent being transition to lopinavir/ritonavir-based regimens. With the imminent transition to pDTG-based regimen, healthcare worker (HCW) experiences and perceived enablers and barriers to the introduction of new antiretrovirals (ARVs) are critical to guide ART transition.

Methods:

In June 2021, focus group discussions (FGDs) were conducted among HCWs as part of an operational research on pDTG in 7 ART facilities across 7 states (Akwa Ibom, Benue, Cross River, Lagos, Plateau, Rivers and Sokoto). Participants included clinicians, pharmacists, nurses, and adherence counselors directly involved in prescribing/dispensing ARVs to patients.

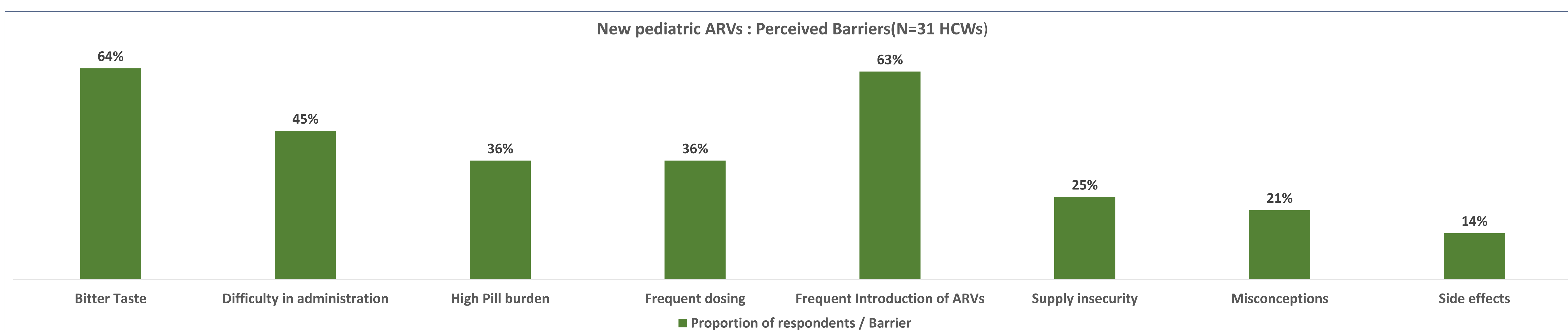
The FGDs were conducted following trainings on pDTG using a guide designed to elicit responses on barriers/enablers to prescribing new pediatric ARVs. The discussions were recorded and transcribed. These transcripts were then analyzed to assess the major themes classified as barriers and enablers for new drugs among the HCWs and their patients.



Results:

We obtained insights on the experiences of 31 HCWs on perceived barriers and enablers to the prescription of new pediatric ARVs through 7 FGDs (4 – 7 participants per FGD).

Barriers



- About two-third of respondents indicated that bitter taste affects caregiver acceptance who often experience resistance during administration. Close to half of the respondents cited difficulty with administration and high pill burden as barriers. Frequent dosing was also mentioned as a barrier by some of the respondents.
- Most of the respondents mentioned frequent introductions of new ARVs in the country as a limitation to prescribing new ARVs. Others also mentioned concerns with sustained availability, misconceptions, and initial fears among patients about side effects of new ARVs.

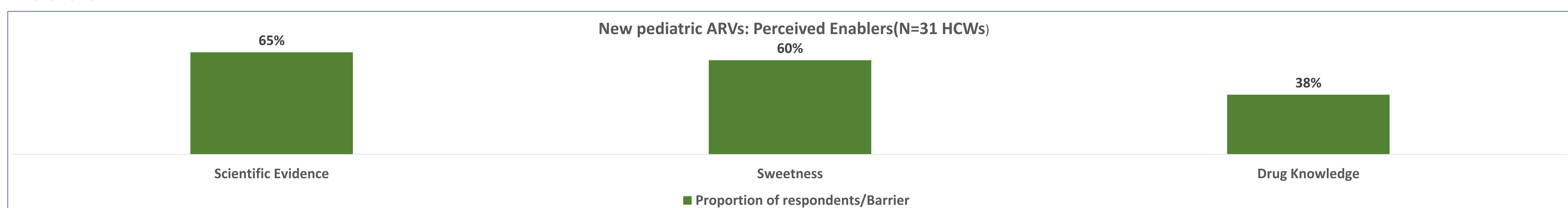
Respondents Quotes

“Just the bitter taste of Lopinavir. Most of our mothers complain about dispensing and for most children?”

“The pill burden is a lot for the infants, this is a huge barrier to administration and compliance”

“Basically, I think it’s (new drug introduction) too fast paced. So, the program just wants everybody transitioned”

Enablers



About two-third of respondents indicated that the availability of scientific evidence on the superiority of the new drug and sweet taste are key enablers for prescription. Capacity building of HCWs on the new drug was another enabler cited by over one-third of the respondents.

Perception of pDTG introduction

The HCWs considered pDTG as an improvement on the current pediatric ARV in terms of taste, frequency of dosing and ease of administration. The HCWs feel confident to use pDTG based on their experience with the use of DTG among adults. There were however concerns about some side effects particularly, increased appetite, hyperglycemia, weight gain, and rash as observed in adults.

Respondents Quotes

“Scientific evidence has shown that the medication is safe, efficacious, and has minimal side effects. My patients are going to accept it”

“Children like sweet things. The sweet taste is definitely going to help compliance”

“I anticipate a positive outlook because of the experience we have especially in adults and some adolescents which outcomes have been relatively excellent. So, we can infer that the uptake in children will be favorable”

Conclusion:

Frontline HCWs are vital to the successful rollout of new ARVs in the national HIV programme. The FGDs provided the perspective of HCWs on the introduction of new pediatric ARVs which was majorly positive, however, active monitoring of patients transitioned to pDTG is recommended. The findings from the FGDs will inform scale-up plans for pDTG and increase preparedness for future ARV introduction in Nigeria and other countries.

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