Triangulating OVC data to improve HIV treatment outcomes for children and adolescents living with HIV

Belmiro Sousa,[1] Hayley Bryant,[1] Sergio Chiale,[2] Tanya Medrano[3]

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BACKGROUND

COVida (2016–2022) is a project focused on orphans and vulnerable children (OVC) in 30 districts in seven provinces in Mozambique. It is led by FHI 360, with support by local partners, and funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). A project priority is to help children and adolescents living with HIV (CALHIV) achieve viral load (VL) suppression, but lack of accurate data on their treatment status prevented COVida from providing appropriate support at the community level. To address this challenge, COVida introduced a data-triangulation approach in October 2019.

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COVida's linkage facilitator triangulates data with a health facility data manager.

DESCRIPTION

The data-triangulation approach compares self-reported OVC program data with data in the health facility (HF) patient information system to identify data gaps and discrepancies and inform corrective actions. This approach was piloted from October to December 2019 in 14 HFs in five districts in Inhambane Province in collaboration with the PEPFAR HIV clinical partner.

CONCLUSIONS

Data triangulation helps OVC and clinical partners work together to improve treatment outcomes for CALHIV. It also allows OVC programs to access real-time clinical data to meet the needs of CALHIV at the community level. This approach is critical to reduce the pediatric and adolescent HIV treatment gap and should be used by all OVC and HIV clinical partners working in the same geographic areas.

LESSONS LEARNED

Of the 1,555 CALHIV self-reported as on antiretroviral therapy (ART) in OVC program data, HFs confirmed 1,473 as on ART. Among those confirmed, only 767 (52%) had VL data, and of those, 462 (60%) were virally suppressed. These results led to improvement efforts such as finding defaulters, referring CALHIV to VL testing, and providing enhanced adherence counseling to those with high VL. In September 2020, the number of CALHIV on ART had increased to 1,647, those with known VL to 1,183, and those virally suppressed to 552, increases of 12%, 54%, and 19%, respectively. Given these results, data triangulation was scaled up to all 203 HFs in COVida's program sites during the remainder of 2020.

Data triangulation has contributed to improved treatment outcomes among CALHIV in all project sites. The project's overall VL coverage rate increased from 50% in 2020 to 91% in 2021, and VL suppression from 61% to 82% (Figure 1).

AUTHOR AFFILIATIONS
[1] FHI 360, Maputo, Mozambique
[2] CARE, Maputo, Mozambique
[3] FHI 360, Durham, NC, United States

CONTACT INFORMATION FOR LEAD AUTHOR
Belmiro Sousa, Technical Director, Mozambique – COVida Technical Teams, BSousa@fhi360.org

FIGURE 1. Trends in VL testing coverage and suppression

VL Coverage: Q1_FY21 50%, Q2_FY21 76%, Q3_FY21 84%, Q4_FY21 91%
VLS: Q1_FY21 61%, Q2_FY21 69%, Q3_FY21 77%, Q4_FY21 82%

—VL Coverage —VLS

AIDS 2022
29 July – 2 August