Task-shifting for viral suppression: Piloting a collaborative case management approach to support unsuppressed people living with HIV at Wantanshi Health Center in the Democratic Republic of Congo

Cyprien Tendo[1]; Mamie Malele[1]; Simon Kimbangu[1], Pascal Kibwa[1]; Jean-Claude Kiluba[1]; Davina Canagasabey[1]; Ibou Thior[1]

1. PATH, Democratic Republic of the Congo; 2. PATH Washington DC, United States of America.

Background

The Democratic Republic of the Congo's estimated viral suppression rate as of 2020 was 87.4%, emphasizing the need to focus on viral suppression. However, limited facility personnel and weak monitoring mechanisms hamper the delivery of comprehensive support for people living with HIV (PLHIV) to achieve viral suppression.

The United States Agency for International Development-funded Integrated HIV/AIDS Project in Haut-Katanga (IHAP-HK) supported Wantanshi CS to introduce a collaborative case management system to better support unsuppressed PLHIV to achieve suppression (<1000 copies/mL).

Description

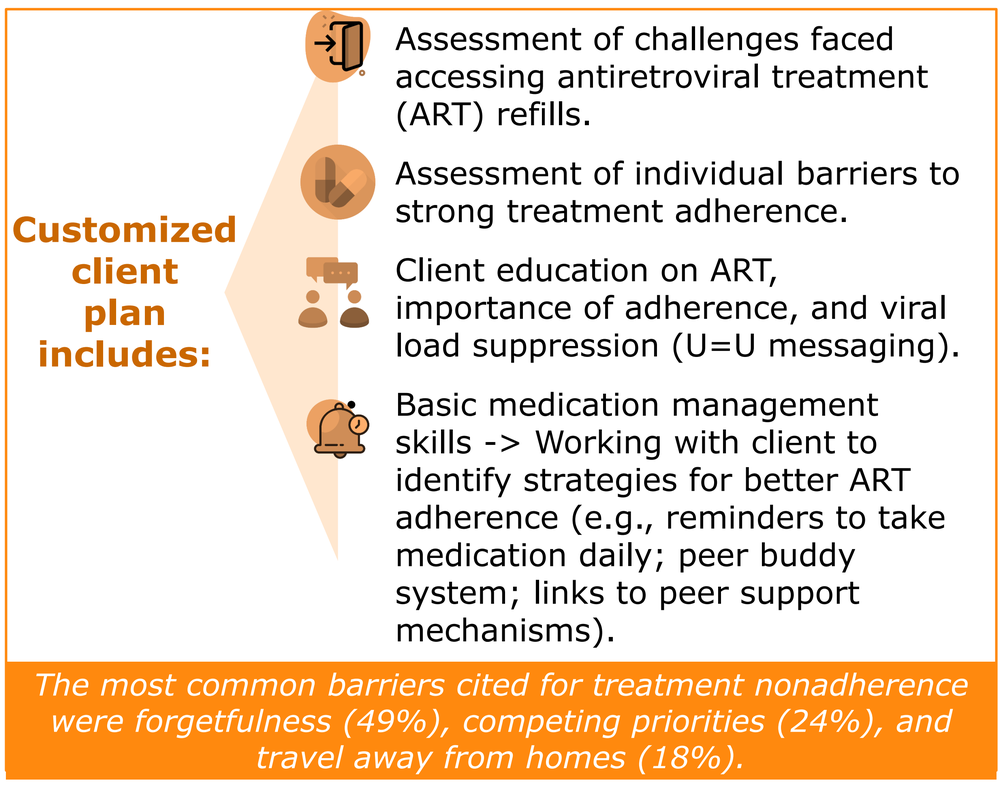
IHAP-HK co-created a collaborative case management system with Wantanshi CS staff and clinical providers, PLHIV, and peer educators by:

1) conducting empathy mapping to understand PLHIV pathways to viral suppression;
2) defining a minimum service package with quality standards;
3) advocating for task-shifting to peer educators; and
4) training providers on the service package and monitoring tools, such as unsuppressed PLHIV registry and the service monitoring dashboard.

Under this collaborative system, a clinical provider-peer educator pair would contact PLHIV with unsuppressed viral loads (VL) within seven days to develop and implement a customized plan (Figure 1). Close monitoring and enhanced adherence counseling, tailored to barriers identified by PLHIV clients, would be provided by peer educators (or case managers for orphans and vulnerable children). The PLHIV would also be enrolled into available reminder systems, with client consent. IHAP-HK collected VL samples from PLHIV enrolled in the case management system within four months of enrollment to account for potential delays in results return.

We looked at the feasibility of implementing this collaborative case management approach by looking at the cascade of services provided and viral suppression outcomes of 51 virally unsuppressed PLHIV enrolled between September 2019 and September 2021.

Figure 1: Elements of a customized adherence and viral suppression plan.



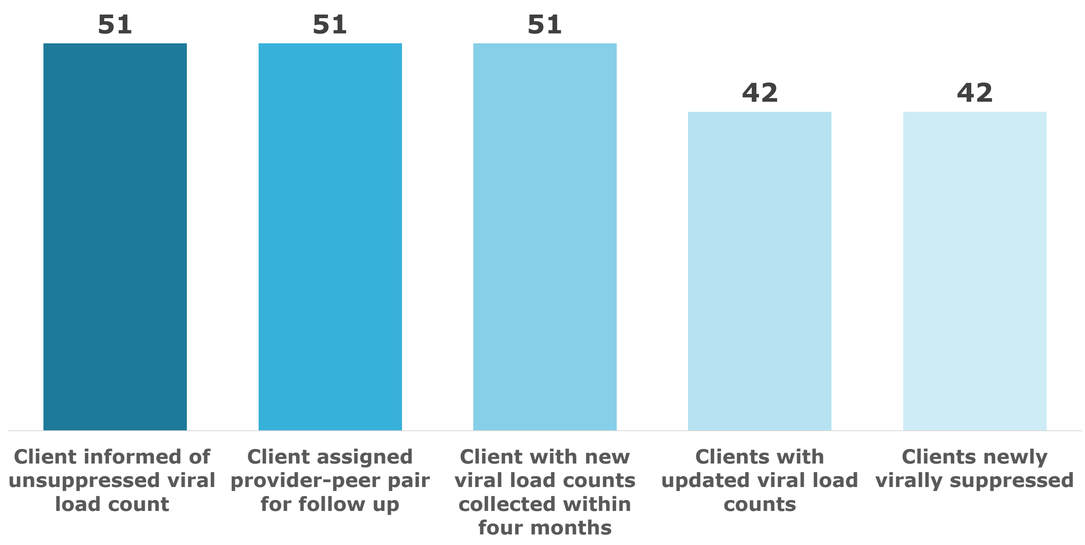
Results and lessons learned

The median age of the PLHIV participating in the pilot was 37 years (IQR: 28–44), and 53% were female.

Among the 51 PLHIV who received detectable viral load counts, all were enrolled in the collaborative case management approach, each assigned to a provider-peer pair with VL counts collected within four months (Figure 2). 42 (86%) received undetectable VL counts after four months of customized case management; 9 clients who had VL samples collected had not yet received their results. By September 2021, 98% of PLHIV were on a dolutegravir-based regimen, compared to 80% at initial VL sampling.

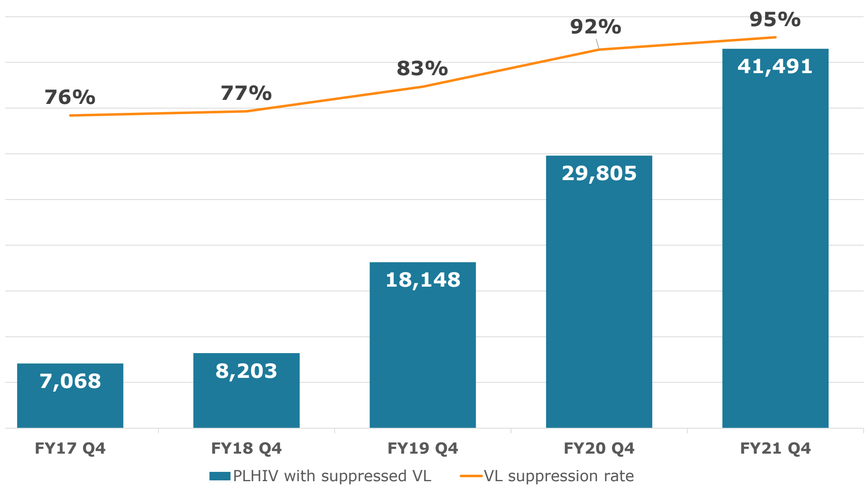
A defined service package and task-shifting to peers enabled consistent delivery of high-quality services and led to earlier enrollment in the system (four days on average versus 1-3 months at their next clinical appointment). The use of service monitoring dashboards also assisted provider-peer educator pairs to track service provisions against the established quality standards.

Figure 2: Cascade of case management services provided to virally unsuppressed PLHIV cohort at Wantanshi Health Center, May–August 2021.



> *"Peer educator involvement was especially helpful for conducting home visits for enhanced counseling support so that this individualized system [could allow] us to reach 95% viral suppression expected by [the] program."*
>
> **Mme Annie**
> **Care provider| Wantanshi Health Center**

Figure 3: Annual viral suppression rate, September 2017—September 2021.



Conclusion and next steps

Our results highlight the feasibility of using this collaborative case management system to improve viral suppression outcomes for unsuppressed PLHIV at Wantanshi CS. Use of this system, in conjunction with other strategies, was key in enabling IHAP-HK supported facilities to reach 95% viral suppression (Figure 3). Scaling up collaborative approaches to support PLHIV is critical to maximizing use of existing resources to help people achieve optimal health outcomes and reach viral suppression targets.

Presented at AIDS 2022 – The 24th International AIDS Conference

AIDS 2022 29 July – 2 August