Use of point of care HIV Viral Load Monitoring to improve Viral Load Suppression among Children and Adolescents Living with HIV in East Africa (EAPoC-VL)

General Overview

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EAPOC- VL is part of the EDCTP2 programme supported by European Union under grant agreement *RIA2019IR-2873*

Background

UNAIDS adopted the 90:90:90 strategy to end HIV epidemic by 2020

Achieving the last 90 still has challenges in children and adolescents

- In EA, VL suppression in this age group ranges between 65%-75%

In EA, Viral load monitoring is done through centralized laboratories 6monthly.

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Challenges of Centralized VL Monitoring

- Delays in receiving results
- Transport challenges
- Mislabeling of samples and results

Leads to delays in identifying children with detectable virus and instituting necessary interventions.

PoC-VL has the potential to eliminate all these challenges and improve VL suppression.

Aim

To evaluate the feasibility, acceptability and effectiveness of PoC HIV VL monitoring to improve VL suppression rates among children and adolescents in East Africa.

Specific Objectives

- To assess effectiveness of PoC for HIV VL monitoring on improving viral load suppression.
- To evaluate the feasibility and acceptability of using PoC HIV VL monitoring.
- Describe the psychosocial effects of PoC-VL monitoring and develop proof of concept for effective contextualized psychosocial support.

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Methodology

Four years mixed cluster randomized control trial to be conducted in Ug, Ke, Tz & Rw.

A total of 10 intervention and 10 control sites(Ug 6 sites, Tz 6 sites and 4 sites each for Ke and Rw)

Intervention

PoC-VL testing using m-PIMA HIV-1/2 VL test on the m-PIMA analyzer supplied by Abott.

Study population: Children and adolescents (0-19) living with HIV

Sample size: 1200 participants.

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Inclusion and exclusion criteria

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- Age 0-19 years
- Documented evidence of HIV infection
- Receiving ART for treatment of HIV infection
- *Detectable VL as per standard of care testing guidelines.*

Exclusion criteria

- Any medical condition that requires pausing ART for more 3 months.

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Follow-up and outcomes

Participants will be recruited for one year, followed up for one year

Total duration of data collection is two years.

Study outcomes:

Proportion of participants with suppressed VL,

practicality, fit, utility, and ease of use of the PoC equipment.

Perceptions and attitudes of study participants towards the use of PoC for HIV VL monitoring.

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Project Implementation

Project will be implemented in three phases

Phase one (Year one)

Preparation for the research programme, along side baseline and community rapport building by WP 6 to prepare for WP1-3.

Phase two (Year two-three)

Data collection phase(WP 1-3). In tanderm WP 6 will be engaging the community.

Phase three

data management and statistical analysis, write up of study report and dissemination and exploitation of study results.

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7 Work packages

WP1: Effectiveness study: A cluster randomized study on the effectiveness of PoC HIV VL monitoring in increasing VL suppression coordinated by MUL

WP2: Implementation research will evaluate the feasibility and acceptability of using PoC- VL monitoring using qualitative methods coordinated by AIGHD

WP3: Psychosocial aspects of using PoC for VL monitoring coordinated by university of Rwanda

WP4: Data management and statistical analysis coordinated by KEMRI-CGHR

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Work pages

WP5: Training and capacity building coordinated by Karolinska institute

WP6: Community engagement coordinated by UNHRO/UVRI

WP7: Management and coordination coordinated by UNHRO/UVRI

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Questions

Thank you for listening

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