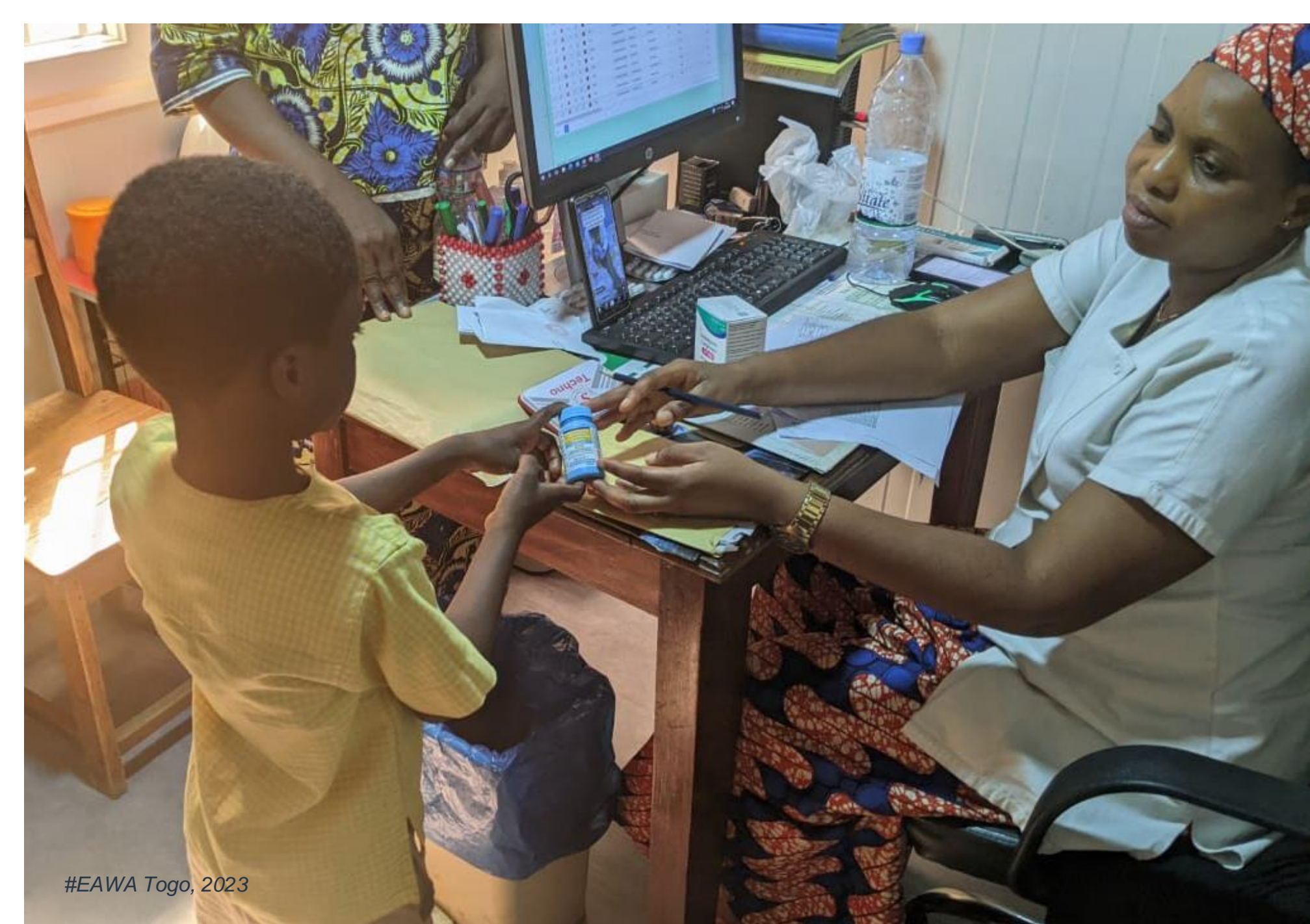


Broader dolutegravir coverage associated with increase in viral load monitoring and suppression among children living with HIV in Togo

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BACKGROUND

Although a Joint United Nations Programme on HIV/AIDS (UNAIDS) 2021 report shows that between 2010 and 2020 Togo halved AIDS-related deaths in children ages 0–14, available data show low dolutegravir coverage (DTG-C) and viral load suppression (VLS) among children living with HIV (CLHIV). This analysis presents data and solutions to improve DTG-C, viral load coverage (VLC), and VLS among CLHIV at selected public health facilities. The work was supported by the PEPFAR- and USAID-funded EAWA project, implemented by FHI 360.



DTG dispensing to a child

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DESCRIPTION

Routinely collected data were analyzed for CLHIV aged 14 and younger from October 2019 through September 2022. We assessed the proportion of CLHIV on antiretroviral therapy (ART) who received a dolutegravir-based regimen; VLC calculated as CLHIV with a documented viral load test result (VLTR) among those on ART; and VLS calculated as CLHIV with a documented VLTR below 1,000 copies among those with a VLTR. Between October 2019 and September 2020, only half were on a dolutegravir-based regimen, less than half had a documented VLTR, and 64%

reached VLS. A team was tasked with implementing solutions based on root cause analysis: eligible CLHIV were line listed and contacted for starting/transitioning to dolutegravir and collection of viral load samples; ART adherence support was provided; monthly dolutegravir stock monitoring was conducted; pending test results were tracked through a laboratory focal person; VLTR were documented; and CLHIV were informed within one week from test result. Granular data were used to prioritize technical assistance to sites with lowest DTG-C, VLC, and VLS.

RESULTS

From October 2019 to September 2020, October 2020 to September 2021, and October 2021 to September 2022, an increase was observed in the following indicators among CLHIV: DTG-C from

52% to 64% to 71%, respectively; VLC from 48% to 85% to 90%, respectively; and VLS from 64% to 70% to 82%, respectively. A positive trend in indicators was observed when disaggregated by age (Table 1).

TABLE 1. Dolutegravir, viral load coverage, and viral load suppression by age band and year, Togo

Age	Oct 2019 – Sep 2020				Oct 2020 – Sep 2021				Oct 2021 – Sep 2022			
	0–4	5–9	10–14	total 0–14	0–4	5–9	10–14	total 0–14	0–4	5–9	10–14	total 0–14
Current on ART	406	600	717	1,723	428	693	807	1,928	510	841	1,046	2,397
Dolutegravir-based regimen	30%	91%	33%	52%	47%	99%	43%	64%	68%	97%	46%	71%
Documented VLTR	115 (32%)	248 (40%)	432 (62%)	795 (48%)	272 (80%)	507 (87%)	620 (85%)	1,399 (85%)	372 (95%)	676 (87%)	834 (90%)	1,882 (90%)
Virally suppressed	75 (65%)	156 (63%)	276 (64%)	507 (64%)	177 (65%)	353 (70%)	444 (72%)	974 (70%)	294 (79%)	542 (80%)	701 (84%)	1,537 (82%)

CONCLUSIONS

Solutions that address root causes and use granular data were successful in increasing DTG-C, which resulted in

increased VLC and VLS among CLHIV. Such approaches should be scaled up and become national standard of care.