



Oral abstracts



Poster exhibition



E-posters



Late-breaker abstracts



Author Index

Conclusions: Safe cervical cancer prevention services during the COVID-19 pandemic in WLHIV may be provided through a coordinated approach. This is an essential service in high cervical cancer burden settings like Zambia.

TUPEE13

Effect of economic strengthening on treatment outcome among people living with HIV

A. Haggi¹, W. Endale², A. Alemayehu³, T. Deksis⁴, D. Halefom⁵
¹Mekdim Ethiopia National Association- USAID FFHPCT, Quality Improvement, Addis Ababa, Ethiopia, ²Mekdim Ethiopia National Association- USAID FFHPCT, Knowledge Management, Addis Ababa, Ethiopia, ³Mekdim Ethiopia National Association- USAID FFHPCT, Chief of Party, Addis Ababa, Ethiopia, ⁴Mekdim Ethiopia National Association- USAID FFHPCT, OVC Service, Addis Ababa, Ethiopia, ⁵Mekdim Ethiopia National Association- USAID FFHPCT, Monitoring and Evaluation, Addis Ababa, Ethiopia

Background: In resource-constrained settings, poor economic circumstances may pose a significant challenge to the success of antiretroviral treatment (ART) outcomes. Economic strengthening is when a group of 10-25 people save together and take loans from savings either to support household needs or to generate income.

We aimed to assess the effect of economic strengthening on HIV care and treatment outcomes among people living with HIV in Addis Ababa, Ethiopia.

Methods: An institutional-based retrospective cohort study design was conducted on 273 people living with HIV/AIDS in public health facilities of Addis Ababa, followed from June 2021 to November 2022. Study participants who were active and on follow-up during this study period were selected using a systematic random sampling technique. Sociodemographic, treatment, clinical, adherence, economic strengthening status and viral load data were extracted from electronic medical records, entered and analyzed with SPSS 26. Multivariate logistic regression analysis was conducted to test the main hypothesis at a 95% CI with P<0.05.

Results: The mean age of the respondents was 40 years with a standard deviation of 8 years. Eighty-seven percent of the study participants were successful in achieving viral suppression (80.30% vs 94.80%) Economic strengthening was also associated with higher odds of viral load suppression (less than 50 copies/ml) with (AOR 4.52, 95% CI 1.90-10.80 p<0.001). Moreover, economic strengthening was also associated with higher odds of ART adherence with (AOR 4.89, 95% CI 1.64-14.29, p<0.001).

Conclusions: Economic strengthening is associated with good adherence to HIV treatment and viral load suppression. Intervention research is needed to determine the extent to which economic strengthening is causally associated with improved HIV treatment outcomes and to identify the most effective policies and programs to improve economic status and health.

TUPEE14

Going beyond the soundbites: establishing a mental health integration guidance for key populations programme in Kenya as a best practice for Africa

G.V. Owino¹, P. Battacharjee², S. Tabbu³, H. Oneya⁴, E.N. Simiyu⁵, M. Migot⁶, M. Mugambi⁷

¹IAVI, Global Affairs, Nairobi, Kenya, ²University of Manitoba, Institute of Global Public Health, Nairobi, Kenya, ³KYDESA, Programs, Nakuru, Kenya, ⁴Pictures Youth Group, Management, Kisumu, Kenya, ⁵HAPA Kenya, Advocacy, Mombasa, Kenya, ⁶MAAYGO, Programs, Kisumu, Kenya, ⁷Ministry of Health Kenya, Division of Mental Health, Nairobi, Kenya

Background: In Kenya, Key populations (KPs) who include transgender people, men who have sex with men, people who inject drugs, and female sex workers continue to face stigma and discrimination which affects their mental and physical health outcomes. More than 30% of counties in Kenya have no programmes for mental health and 40% have no mental health policy. The COVID-19 pandemic worsened the situation, with cases of maladaptive coping mechanisms reported among KPs with no response, heightening the urgency to provide national guidance to address mental health for KPs in Kenya.

Description: In 2021, the National AIDS and STI Control Programme (NAS COP) in partnership with IAVI supported 1 virtual consultative meeting with 50 stakeholders from the Key and Vulnerable Populations Technical Working Group (KVP TWG) including researchers, implementers, and donors to prioritize the integration of mental health services into the Key and vulnerable Populations (KVP) program. A writing meeting was organized, and 20 technical experts and community representatives developed the draft guidance.

To ensure the integration of mental health services a trainer of trainers was then conducted with 26 participants from 10 NAS COP priority counties in Kenya. Learnings from the training provided feedback for the finalization and validation of the national guidance by the KVP TWG.

Lessons learned: Through the consultative meetings, writing, and validation process the KP community was actively involved in informing the process and providing relevant data, case studies, and information. It emerged that the participatory processes for the development and the joint training gave greater insights, credibility, and acceptability of the national guidance and enriched the learning outcomes respectively. Kenya was the first country to develop a guidance document on mental health for KVP spearheaded by the government.

Developing this guidance was enhanced by the multisectoral approach adopted during its development.

Conclusions/Next steps: There is a need to ensure the use and continued participatory approaches in the implementation of the National guidance on integrating mental health into KVP programming in Kenya and the



Oral abstracts



Poster exhibition



E-posters



Late-breaker abstracts



Author Index

missing no more than two ARV doses in a month at the last follow-up visit), and VS (<1000 copies/mL). We used logistic regression to identify factors associated with post-transition VS, adjusting for demographic characteristics, initial ART regimen, guardian type, adherence, and pre-transition viral load.

Results: 2,468 CLHIV were included, 55.3% (n=1364) of whom were <60 months old. 90.4% (n=2230) had been on non-DTG-based ART before pDTG was available. Before the transition to pDTG, 62.7% (n=1398) of these had a viral load (VL) test result; 62.1% (n=868) achieved VS. 99.9% (n=2227) of the CLHIV transitioned to pDTG-based regimens (without change in nucleoside backbone).

Six months after the transition to pDTG, 52.9% (n=1179) had good adherence, and 38.6% (n=860) had routine VL test results; 81.4% (n=700) achieved VS. In a multivariate analysis, good adherence and pre-transition VS were associated with post-transition VS: adjusted odds ratios 2.79 (95% CI=1.65-4.71) and 5.32 (95% CI=3.30-8.57), respectively.

Conclusions: VS was achieved in most children tested within the first six months after the pDTG transition. However, adherence was suboptimal in this group, and VL testing at six months post-transition was limited.

Interventions to improve VL testing and enhance good adherence are needed in children to continue progressing towards the 95-95-95 UNAIDS goals.

EPE0859

Understanding the reasons for disengagement to antiretroviral treatment: learnings from the re-engagement drive of opted out PLHIV in Vihaan Program of Rajasthan, India

S. Kumar¹, R. Kalavadiya², D. Swami², D.R. Mitra¹, P. K.¹, U. Garg¹, F. Khan¹

¹India HIV/AIDS Alliance, Care and Support, New Delhi, India, ²Gujarat State Network of People Living with HIV, Care and Support, Surat, India

Background: Achieving the targets of 95-95-95 with revised strategies of test and treat policy, retention in treatment, and treatment adherence is essential to end the AIDS epidemic as a public health threat by 2030. Lost-to-Follow-Up (LFU) from treatment is a primary concern towards achieving the second 95 and third 95, contributing to around 10 % of the active care on treatment.

Among LFU, some clients voluntarily disengage/Opted-Out of the treatment for various reasons, including the quality of services.

Description: A re-engagement drive was conducted for Opted-out clients from June to December 2022 through 17 Care and Support Centers in Rajasthan state, India. During the drive, 158 clients were interviewed to understand the reason for self-disengagement from the lifelong ART treatment and their responses were recorded. During the field-level drive, the Outreach workers and peer counselors contacted the opted-out PLHIV through Care & Support Program.

Lessons learned: A total of 64 clients disengaged within six months, and 94 clients after six months of treatment initiation. The reasons for discontinuation from treatment were multifactorial, including personal, health system related, drug-related and external.

The contribution of individual factors was 34% (sense of well-being, dependents like orphans/children/widow/elderly/specially-abled/bedridden/single women, self-stigma), external factors 35% (daily wage/truck drivers, cultural belief influenced by exorcist, accessibility of ARTC due to lack of public transport, poverty, society and family pressures), health system 24% (poor counselling and behaviour of health care providers) and drug-related related side effects 7%.

Conclusions/Next steps: Lifelong engagement with ART treatment is influenced mainly by personal and external factors that lead to self-disengagement. The learnings supported increasing the focus on alternative service delivery strategies like strengthening peer counselling addressing personal, cultural & social aspects, linkage with social protection and welfare schemes, multi-month drug dispensation, and periodic re-engagement drives, which can increase retention & adherence to treatment leading to achieving the second 95 and third 95.

EPE0860

Effect of quality improvement initiative on viral load re-suppression of children and adolescents living with HIV: the case of Kolfe Keraniyo sub-city in Addis Ababa, Ethiopia

A. Hqij¹, B. Getechew², H. Sesu³

¹Mekdim Ethiopia National Association- USAID FFHPCT, Quality Improvement, Addis Ababa, Ethiopia, ²Love for Children and Family, Monitoring and Evaluation, Addis Ababa, Ethiopia, ³Love for Children and Family, Community Engagement Facilitator, Addis Ababa, Ethiopia

Background: In low- and middle-income countries, virological non-suppression among children and adolescent living with HIV (CALHIV) continues to be the major causes in treatment failure and mortality. Antiretroviral therapy adherence and the underlying virological suppression are both impacted by behavioral and mental health issues, however data in developing countries is limited.

The aim of the study was to evaluate HIV the effect of quality improvement (QI) on virological suppression in Kolfe Keraniyo sub-city, Addis Ababa among adolescents and children living with HIV.

Methods: One QI initiative designed to improve viral load re-suppression of adolescents and children living with HIV was purposefully selected. There were 32 adolescents and children with high viral load as a baseline put under this QI initiative in January 2022.

These CALHIV were followed for 10 months and the trends of viral load re-suppression (less than 50 copies/ml) were evaluated using run in uninterrupted time series.