

Interruption in Treatment and Tracing Outcomes Among Children and Adolescents on Antiretroviral Therapy in Ethiopia

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1. BACKGROUND

- Children and adolescents encounter high levels of interruption in treatment (IIT) with antiretroviral therapy (ART).
- We summarized reasons for IIT and the tracing outcomes in a community-based HIV care and treatment (CHCT) activity in Ethiopia.

2. PROGRAM DESCRIPTION

- The tracing of IIT is ongoing in Addis Ababa, Amhara, Oromia, Sidama, SNNP, SWEP, and Gambella regions. IIT occurs when people living with HIV (PLHIV) are not seen at the ART clinic for ≥ 1 month following their most recent planned clinic visit.
- Project HOPE assisted 26 local implementing partners that deployed community engagement facilitators (CEFs) and community response persons (CRPs) to receive line lists of IIT cases from health facilities weekly. Up to five attempts were made to trace patients via house-to-house and by phone.
- Children and adolescents living with HIV, or their caregivers were asked about reasons for IIT and were re-engaged to care if agreed.
- CommCare was used to track IIT cases and to collect patient information electronically. Data were transferred to Excel and STATA for descriptive analysis.

3. RESULTS

- Between January 2019 and June 2023, a total of 3,074 children and adolescents aged ≤ 19 years were identified of whom 1,611 (52.4%) were females. Majority 2,392 (77.8%) were adolescents and over half 1,634 (53.2%) came from Addis Ababa and Oromia region. Median (IQR) duration on ART before IIT was 3.3 years (1.3-to-7.7).
- More than half 1,861 (60.5%; 95%CI: 58.8%, 62.3%) were traced and returned to clinical care, no information was found on the whereabouts of 406 (14.5%) children and adolescents, 62 (2.2%) had self-transferred, 61 (2.2%) refused to return, 55 (1.9%) were on ART, 8 (0.3%) were hospitalized, 8 (0.3%) were reported to have died, and 25 (0.8%) interrupted because of COVID-19, security, or religious causes. Median (IQR) time to the tracing outcomes was 11 days (4-to-27). Tracing outcomes of 588 (19%) clients has not been determined yet.

Table1 – Reasons for IIT as self-reported by 1,861 (61%) IITs/Caregivers who were re-engaged to care and treatment, Ethiopia, 2023.

1. Personal Reasons, n=1,243*			3. Health system-related Reasons, n=198*		
	Freq.**	%		Freq.**	%
✓ forgetfulness	549	44%	✓ long waiting hours	115	58%
✓ travelled away from home	320	25.7%	✓ inflexible appointment dates	31	15.7%
✓ absence of family/community support	172	13.8%	✓ inappropriate attitude by health workers	24	12%
✓ other reasons	202	16.3%	✓ Other reasons	28	14%
2. Socio-economic Reasons, n=692*			4. Medical Reasons, n=249*		
✓ lack of money for transportation	333	48%	✓ fear of side effects	193	12%
✓ lack of food	182	26%	✓ pill burden	56	22.5%
✓ long distance from health facility	79	11.4%			
✓ Other reasons	98	14.2%			

** more than one response was possible.

4. CONCLUSION

- Multiple reasons of IIT were reported by children, adolescents, or their caregivers. A health facility and community collaboration involving frontline community health workers is necessary to trace IIT cases, to enhance adherence and viral suppression for improved treatment outcomes.

5. ACKNOWLEDGEMENT

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