Personal touch model of care: A strategic approach to improve health outcomes for children and adolescents living with HIV in 4 Counties in Kenya.

L. Matu* , R. Osoti* , S. Ajuoga , M. Kitheka****
Gold Star Kenya, **Deloitte & Touche LLP

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Background

Despite the progress made by Kenya in identifying and starting children and adolescents on treatment, achieving optimal viral load suppression of at least 95% remains a challenge.

In September 2019, viral load suppression among children aged 0-9 and 10-19 years was 70% and 73% respectively across the 200 USAID Tujenge Jamii (UTJ) project supported sites in Baringo, Laikipia, Nakuru and Samburu Counties.

To achieve the 3rd 95%, a different approach addressing barriers observed was needed; this informed the personal touch model of care.

Methods

USAID Tujenge Jamii team together with the health facility teams formed a multi-disciplinary team (MDT) that reviewed and discussed children and adolescents who had high viral load (HVL) across 200 sites in four counties in Kenya. The discussion focused on barriers to optimal viral load suppression.

The MDT then invited the children and their guardians for a one-on-one discussion using a case management approach where barriers to optimal viral load suppression were explored.

Most of the barriers identified were social and structural in nature and varied from family to family. Based on barriers identified, personalized and achievable health, social, education and other life goals were set jointly with the families.

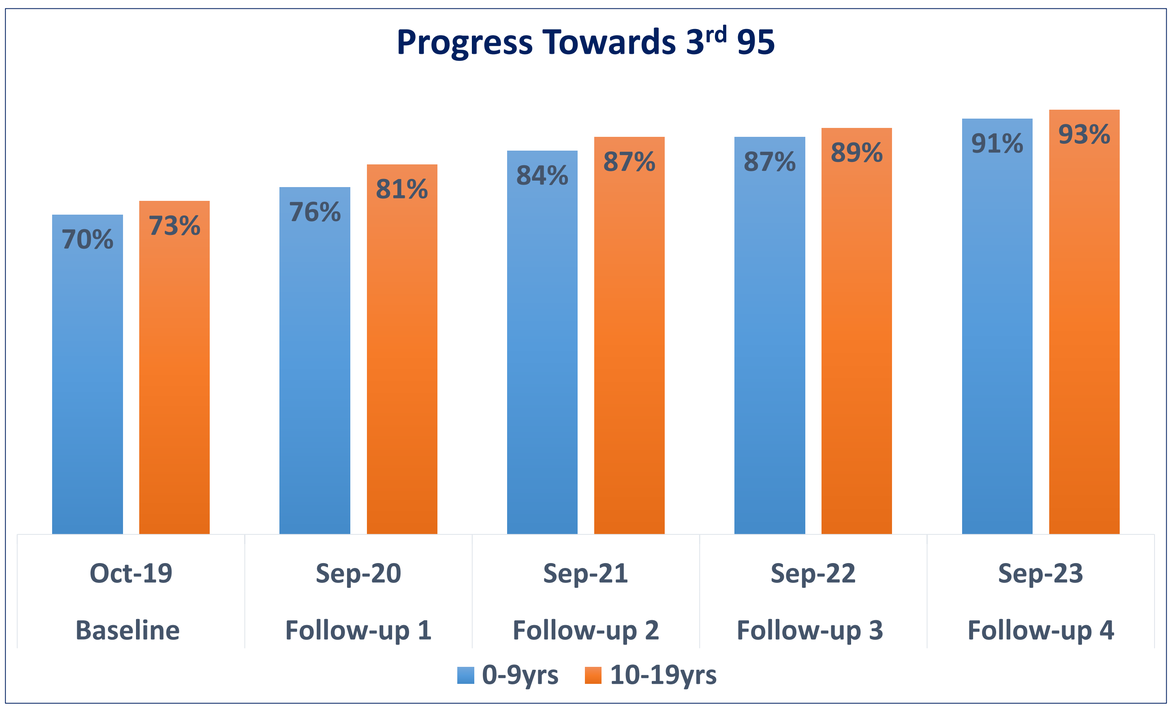
Timelines were given within which to achieve these goals and a date for review and repeat viral load was set. A case manager was identified and assigned to each family to walk with them beyond that initial discussion with the MDT.

This approach, named "The Personal Touch Model of Care- PTMc" and was implemented in all sites serving children 0-9 and adolescents 10-19 years.

Results

Viral load suppression improved from 70% and 73% at baseline in 2019 to 91% and 93% for children 0-9yrs and adolescents 10-19yrs respectively as shown in the graph below.

Personalizing care to each family based on individual circumstances and involving them in the decision making helped achieve set goals including viral load suppression.



The Personal Touch Model of Care (PTMc) was implemented in all sites that were serving children 0-9 and adolescents 10-19 years.

Conclusions

Personal Touch Model of Care is a low-cost easy to implement intervention that takes us closer to the 3rd 95 especially among children and adolescents.

To achieve the 3rd 95, social and structural barriers must be addressed alongside clinical management. Project managers need to incorporate this as an integral part of the package of care for children and adolescents living with HIV.