

New Horizons Annual Report 2020

Introduction

The New Horizons Collaborative is a joint project between Johnson & Johnson, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), PFSCM, CIPHER, Imperial Logistics, Right to Care, Pediatric HIV Training and Baylor College of Medicine. The collaborative advances a holistic approach to high quality and sustainable pediatric and adolescent HIV care and treatment focused on children, adolescents and young adults ages 0-24 that need 2nd and 3rd line antiretroviral therapy (ART). Through enhancing drug access by J&J donating Darunavir (DRV) and Etravirine (ETR), strengthening health systems capacity for treatment failure management and sharing knowledge amongst participating countries and globally, the collaborative contributes to UNAIDS 90-90-90 targets and reaches critical unmet needs of HIV positive children and adolescents failing HIV treatment.

EGPAF provides technical assistance (TA) and expertise, capacity building, data collection and country application management for countries in the collaborative. In 2020, the project focused intense TA in four countries, Eswatini, Lesotho, Kenya and Uganda, to increase uptake of donated products and strengthen treatment failure management. Cameroon and Zimbabwe received limited TA and continued receiving donated products. Zambia, Nigeria and Rwanda received donated product, and Republic of Congo joined the collaborative in November 2020, bringing the total number of country participants to ten.

This report highlights the activities and targets achieved in the focus countries, including technical working group (TWG) meetings, health care worker (HCW) trainings, the annual workshop, clinical case reviews and progress in switching clients to donated products. There is also a discussion of challenges encountered including COVID-19 pandemic, stock-outs and competing Ministry of Health (MOH) priorities, as well as lessons learned and plans for the New Horizons 2.0 collaborative in 2021.

Activity Highlights by Country

Eswatini

Eswatini uses a linkage case management approach to track the clients on protease inhibitors (PI)/Dolutegravir (DTG) based regimens with detectable viral loads. This approach ensures clients complete stepped up adherence counselling (SUAC), requests genotypes for clients and/or switches clients to new ART in accordance to the MOH guidelines, and monitors resuppression on the new regimen. EGPAF coordinates third line activities for clients (0-24years) with other implementing partners (IPs) and provides national level pediatric and adolescent care and treatment support. Specifically, EGPAF worked with regional IPs and facility staff to strengthen identification and ART line listing of all 2nd line patients, viral load testing and results utilization and linkages of identified ART failures to their nearest third line management centers. The EGPAF team also provided quarterly TA in the national TWGs.

Several planned activities in Eswatini were delayed due to COVID-19 travel and gathering restrictions, including a refresher training for 30 mentors on HIV drug resistance (HIVDR), a doctor's case-based workshop for 25 facility doctors, and a case-based workshop for 40 clinical staff at the decentralized sites. All three of these activities are now scheduled to be conducted virtually in Q1 and Q2 of 2021. Planned revision of the HIVDR curriculum to an onsite format was also delayed, however the draft slides were

developed and are being reviewed by the pediatric core team. Decentralizing third line management to two additional sites was also delayed, however, patients are being seen in peripheral hospitals and health centers with support from the HIVDR team.

Despite those limitations, Eswatini exceeded their target of 62 mentorship visits in 2020 with actual 65 visits, the majority of which were virtual. A total of 913 HCWs were mentored, 98% of the annual target of 930. A total of 15 clients were enrolled on genotype guided 3rd line, 55% of the target of 27. There are also 18 clients on DRV based empiric 3rd line under New Horizons, for a total of 33 clients on donated product. While Eswatini has not met the target for clients on donated 3rd line product, they reported significant improvement in the process of following up with clients with high viremia and were able to achieve resuppression among multiple clients without switching regimens.

Lesotho

In 2020, EGPAF Lesotho team focused on conducting supportive supervision to mentor HCWs on treatment failure management. The target was 10 in-person visits, however, due to COVID restrictions, the majority of mentoring was done virtually. Following up clients with detectable viral load has been ongoing by the district teams throughout the year, both in-person and virtually.

EGPAF team also conducted three high viremia clinics in Leribe, Mafeteng and Mohale's Hoek to review all children failing Lopinavir/ritonavir (LPV/r)-based regimens. The children and caregivers had individual sessions with a multidisciplinary team including a pediatrician, psychologist, professional counsellor and a social worker from Orphans and Vulnerable Children (OVC) partners. The children in need of viral load or resistance testing had blood drawn at clinic, and were provided with pill boxes to support their adherence. Follow up plans were given to their facilities to track blood test results and adherence. In total, 51 children with high viremia attended clinics with their caregivers. Of those, 21 children had a repeat VL in the clinic and were scheduled to repeat VL after 3 months. All 51 children were referred to OVC. As an additional resource for children with adherence challenges, EGPAF Lesotho procured and distributed 2,000 pill boxes to encourage ART adherence.

Nine out of ten planned trainings for treatment failure management in children and adolescents were completed, with the last training postponed to January 2021 due to MOH competing priorities. A total of 199 HCW workers were trained, reaching 166% of the 120 annual target. The target was to perform 30 DRTs for 2020 however the team identified only 7 clients (23%) who qualified for DRT, while others were deferred to other management such as adherence counselling or switch to DTG. There were no children enrolled onto DRV/rtv in 2020, missing the annual target of 10.

Kenya

EGPAF Kenya supported training physicians on management of PI-based treatment failure in collaboration with the Kenya Pediatric Association (KPA). A total of 961 HCWs were trained, reaching 185% of the annual target of 520. Those included: 161 nurses, 69 adherence counsellors, 59 pharmacy technicians, 39 pharmacists and 633 other HCWs.

Kenya also engaged 31 local clinicians to review and submit cases to the Nyawest regional TWG from three high volume sites per each county. A total of 1,436 cases were line-listed from the viral load website-based database. Out of those, 226 cases were submitted to the regional TWG secretariat for review.

EGPAF also engaged a local program officer at the national level to verify national 3rd line ART numbers. There were 41 clients ages 0-24 transitioned to DRV/r in 2020, 26% of the annual target of 300.

At the national level, EGPAF Kenya supported ART guideline reviews and discussion by MOH and NASCOP. The updated ART guideline dissemination is scheduled for April 2021.

Uganda

EGPAF Uganda transitioned their capacity building meetings to virtual format with the national 3rd line ART committee and regional teams weekly meetings. From May to December 2020, there were 42 professional development sessions on treatment failure management and clinical case reviews held with 2,986 logins, averaging 277 participants per each meeting. Each log in is not a unique individual as multiple team members often logged into the meeting using one connection. The lowest number of logins for a meeting was 244, so that number is used for the number of HCWs trained, reaching 244% of the annual target of 100 HCWs trained. Monthly regional meetings were also held independently in three regions as well as quarterly supportive supervision central to regional committees. The start of the national continuous quality improvement collaborative on management of unsuppressed viral load cascade among children and adolescents was delayed from October 2020 to Q1 2021 due to MOH resources needed to start up the process. EGPAF Uganda transitioned 262/680 clients onto 3rd line ART in 2020, 44% of the annual target.

Global Targets

The quantitative indicators for the 2020 focus countries were the number of clients aged 0-24 transitioned to donated product, and the number of HCWs trained. Table 2 shows HCWs trained by country compared to the annual targets. Three of the four countries exceed their training targets, with Eswatini as the outlier due to early COVID travel and gathering restrictions.

Table 1: HCWs Trained in 2020 by Country (in person and virtual trainings data combined)

Number of HCWs trained	Target	Actual	% of Target Achieved
Eswatini	930	913	98%
Lesotho	20	199	995%
Kenya	520	961	185%
Uganda	100	244	244%
Total	1,670	1,404	84%

Table 3 shows clients transitioned to DRV/r and/or ETR by country compared to annual targets. None of the focus countries met their targets for switching clients to donated product for a variety of reasons. The biggest obstacle for transitioning clients to donated product is the roll out of DTG and national recommendations to limit use of DRV to 3rd line agent and requires resistance testing prior to switching. There have also been stock outs of booster ritonavir in several countries, which has led HCWs to transitioning clients to DTG instead of or from DRV/r.

Particularly challenging is the requirement for resistance testing in most national guidelines, which is highly regulated due to the cost and delays the switching of ART while awaiting the approval of HIVDR testing and results. The turnaround time (TAT) for HIVDR testing extend from weeks to months, posing risk to clients with high viremia. The frequency of clinical case review can also be a limiting factor for

transitioning clients, because cases often need to be reviewed before resistance testing is ordered and after the results are received before switching clients to 3rd line.

Table 2: Clients transitioned to DRV/r and/or ETR ART by Country

Number of Clients placed on DRV/r and/or ETR	Target	Actual	% of Target Achieved
Eswatini	27	15	55%
Lesotho	10	0	0%
Kenya	300	78	26%
Uganda	680	262	39%
Total	1,015	355	35%

Transition of Care Toolkit

EGPAF in collaboration with J&J and the EGPAF Committee of African Youth Advisors (CAYA) finalized and publicly released the Transition of Care toolkit. This toolkit joins the Treatment Failure Management toolkit and Disclosure toolkit as resources for HCWs and MOHs to address gaps in pediatric and adolescent care and treatment. The Transition of Care toolkit provides guidance and supporting tools for the transition of children, adolescents and youth living with HIV from pediatric to adult clinical management, transitions in caregivers and school settings, and throughout pregnancy and childbirth for young women living with HIV.

Additionally, EGPAF developed training modules for all three toolkits so they can be used as trainings for HCWs, caregivers, and treatment providers. Having the toolkits available as a training curriculum will increase the number of people reached by these resources and make the information more accessible through formal training sessions facilitated by EGPAF staff and trainers. These modules will be publically released and translated into French in 2021.

All three toolkits can be found [here](#).

Annual Workshop

The 7th annual New Horizons Collaborative Workshop was held virtually in two 4 hours sessions on November 9th and 10th 2020 and attracted >175 people from 10 countries participants representing J&J, EGPAF, CDC, USAID, PSCM, Baylor and MOHs. Eight collaborative countries gave country presentations on updates to national approaches on pediatric and adolescent ART guidelines, management of treatment failure, and program successes and challenges. Data on the national cascades in management of treatment failure were shared with focus on pediatric and adolescent populations. Other presentations included review of recent data from the New Horizons Study, overview of the use of DRV/r in children and adolescents with treatment failure, breakout sessions on collaborative’s successes and challenges, a panel discussion on supply chain and forecasting, a summary of the New Horizons toolkits and an overview of the future of the collaborative, New Horizons 2.0 version to be launched in 2021. Participants’ feedback was very positive, as the virtual format allowed many more people to attend than previous in-person workshops. The south-to-south technical exchange was a highlight of the workshop and showcased the need and opportunity for more of this platform in future activity planning.

Challenges and Lessons Learned

The collaborative faced many challenges in 2020, the most significant being COVID-19. In addition to travel and gathering restrictions that delayed activities, there were also increased sample TAT for viral load and HIVRD testing due to stock outs from disruption of the global supply chain as well as GenXpert machines being used for COVID testing instead of HIV testing. All four country teams mitigated these challenges by transitioning the bulk of their training and mentorship to the virtual platforms while piloting creative strategies for following up with clients. Going forward, the teams plan to use virtual and hybrid platforms even after restrictions are lifted as an additional method of mentorship and training that requires less physical resources.

Failure to reach targets for transitioning clients to donated products was another challenge in 2020 and while partially mitigated by COVID pandemic, still reflects on suboptimal national capacity to identify and manage treatment failure in target populations. The current indicators, however, do not capture the successes of clients with high viremia that resuppressed with adherence counseling and support, provided to them in many parts due to more robust management of virologic failure in NH countries. Overall, the collaborative provided a unique platform allowing to focus on the last of 90-90-90 targets and significantly increased capacity of the HCWs and national health systems to identify and manage treatment failure in vulnerable populations of children, adolescent and young adults.

Conclusion and Looking Forward

The New Horizons collaborative endured through COVID-19 pandemic in 2020, meeting the challenges of travel and gathering restrictions through utilizing creative strategies and virtual platforms to reach targets and advance the project goals. EGPAF looks forward to working with the ten participating countries with the continuation of the drug donation program and further advancing the collaborative agenda and transition to the new stage in 2021.