Navigating Barriers to Pediatric Viral Load Suppression in Rural Zambia

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On behalf of the local organization DAPP Zambia

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Development Aid from People to People
DAPP Zambia - overview

• Local Zambian Organization started in 1986.
• 36 years’ track record building locally-led development.
• Reaching 3.4 million Zambians in 10 provinces, 62 districts (2021)
• Employs over 1,800 staff and engages 5,000 volunteers.
• First HIV / AIDS model piloted in 1996.
• Today, one of Zambia’s critical local HIV/AIDS service providers, working closely with Ministry of Health at all levels - funded by PEPFAR/CDC and USAID, Global Fund, private sector and others.
Total Control of the Epidemic
The “TCE” Program

• A person-centered approach to HIV control efforts.
• Motto: “Only the people can liberate themselves from the AIDS epidemic”. 22 mill people reached (Africa and Asia since 2000)
• Implemented since 2006 by DAPP-Zambia (2.1 mill participants)
• OVC programming integrated into model, building on the global 95-95-95 goals and PEPFAR guidance.
Introduction to the OVC program

- Overall Goal: Improve the health and welfare of CALHIV, their caregivers and siblings.
- Integrated approach:
  - Pediatric case finding,
  - Care and treatment,
  - Adherence and viral load suppression.
- DAPP-Zambia: local prime recipient under PEPFAR / CDC.
- Close partnership with MoH.
Pediatric Viral Load Suppression
Zambia Background

An estimated **60,421 Children Living with HIV** among which;

84% **know their HIV status**, while 16% are unaware that they are HIV infected;

98% of those diagnosed HIV positive are on ART and;

72% of those on ART are virally suppressed.
Barriers to Pediatric Viral Load Suppression

- **Self stigma** and lack of confidence.
- **Incorrect dosage** provided.
- Inconsistence in ART treatment **timing**.
- Adolescents not staying adherent through the transition to adulthood.
- **Household food insecurity** leading to under and malnutrition.
- Lack of **Psycho-social** counselling.
- Low understanding of **Viral Load importance**.
Description of the OVC Program

- Started in Oct. 2020, Mongu District.
- Scaled up to 4 districts of the Western Province from 2021 to 2022
- Now covering 67 health facilities.
- Field Staff: 167 Case Workers and 32 Case Managers.
- Critical: Close cooperation with the Provincial and District Health Offices.
In FY22 the project served:

- 2,581 CALHIV
- 2,432 HIV Exposed Infants (HEI)
- 22,419 Cumulative OVC_SERV (all beneficiaries including CALHIV, HEI, caregivers and siblings)

**Individual Case Management**

- Individual case management conducted by Case-workers, each assigned in average 50 families.
Take Away:

- % of children with known Viral Load increased from 76% to 97%.

- % of children with suppressed viral load increased from 88% to 96%
Take Aways:

Significant results over 12 months:

• Increased VL coverage by 21%
• Increased VL suppressing by 8%

In comparison:

➢ Zambian national VL coverage is 83%
➢ Project result is 97%

➢ Zambian national VL suppression is 72%
➢ Project result is 96%
<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of CALHIV eligible for VL test</th>
<th>% OF CALHIV ON ART WITH A DOCUMENTED VIRAL LOAD RESULT IN THE PREVIOUS 12 MONTHS</th>
<th>% OF CALHIV RECEIVING OVC SERVICES WHO ARE VIRALLY SUPPRESSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>January 2022</td>
<td>September 22</td>
</tr>
<tr>
<td>Senanga G.Hospital</td>
<td>110</td>
<td>80%</td>
<td>95%</td>
</tr>
<tr>
<td>Urban Clinic</td>
<td>54</td>
<td>82%</td>
<td>89%</td>
</tr>
<tr>
<td>Litambya</td>
<td>38</td>
<td>43%</td>
<td>100%</td>
</tr>
<tr>
<td>Situnga</td>
<td>13</td>
<td>46%</td>
<td>100%</td>
</tr>
<tr>
<td>Iyangati</td>
<td>19</td>
<td>73%</td>
<td>100%</td>
</tr>
<tr>
<td>Itufa</td>
<td>44</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td>Ngundi</td>
<td>10</td>
<td>71%</td>
<td>100%</td>
</tr>
<tr>
<td>Sikumbi</td>
<td>9</td>
<td>57%</td>
<td>89%</td>
</tr>
<tr>
<td>Liui River</td>
<td>17</td>
<td>71%</td>
<td>82%</td>
</tr>
<tr>
<td>Lui Namabongo</td>
<td>20</td>
<td>33%</td>
<td>90%</td>
</tr>
<tr>
<td>Sibukali</td>
<td>14</td>
<td>57%</td>
<td>100%</td>
</tr>
<tr>
<td>Mwanamwale</td>
<td>4</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Mataa</td>
<td>6</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Lui Wanyawa</td>
<td>23</td>
<td>45%</td>
<td>87%</td>
</tr>
<tr>
<td>Overall</td>
<td>380</td>
<td>68%</td>
<td>96%</td>
</tr>
</tbody>
</table>
Voices from the field ....
Recommendations

1) Barriers to pediatric adherence can be mitigated rapidly through individual case management by a trained and trusted community-based Case-Worker (CW).

2) Individual Case Management should include cross-sectorial activities: social, education, and health services.

Case Worker home visit
Recommendations continued

3) Monthly home visits. CW’s become a trusted best buddy to each child/adolescent.

4) Establishment of “Trios” constitute a critical locally-led model for adherence support.

5) Include provision of nutrition support and integrated care for CALHIV with under/ malnutrition.
Recommendations continued.

6) **Teen Clubs**: Engage and organize Teen Clubs, as a platform for peer-to-peer support.

7) **Case Conferencing**: Include meetings at the health facility involving the child, caregiver, Case Worker and professional health staff.
8) Organize caregivers (guardians) of CALHIV in Action Groups and train them in:
- Adherence to treatment,
- Good nutrition,
- Social, sexual and reproductive health support.

Also used for activities to increase economic resilience in families.
Reasons for success

- Excellent counseling and communication skills of Case Workers, tailored to specific needs of every participant.
- Building capacity and commitment of children and care givers to take charge of their own health.
- Building an environment for disclosure of HIV status - fighting stigma and build self confidence.
- Through weekly field staff meetings, challenges are discussed and resolved.
- Monthly meetings with CDC Zambia, ensuring data-driven implementation.
- Strong M&E (control) systems in place.
Conclusion

Viral Load Suppression can be achieved within a short time, when the approach is:
• People-centered
• Integrated
• Holistic

Building the capacity in caregivers and supporting each individual child and young person to take charge of their own health and wellbeing.
Thank you to all our children who are taking control of their own health.

Thank you to our partners!