



Navigating Barriers to Pediatric Viral Load Suppression in Rural 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**.



**Case worker
visiting family**

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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.

Description continued

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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)

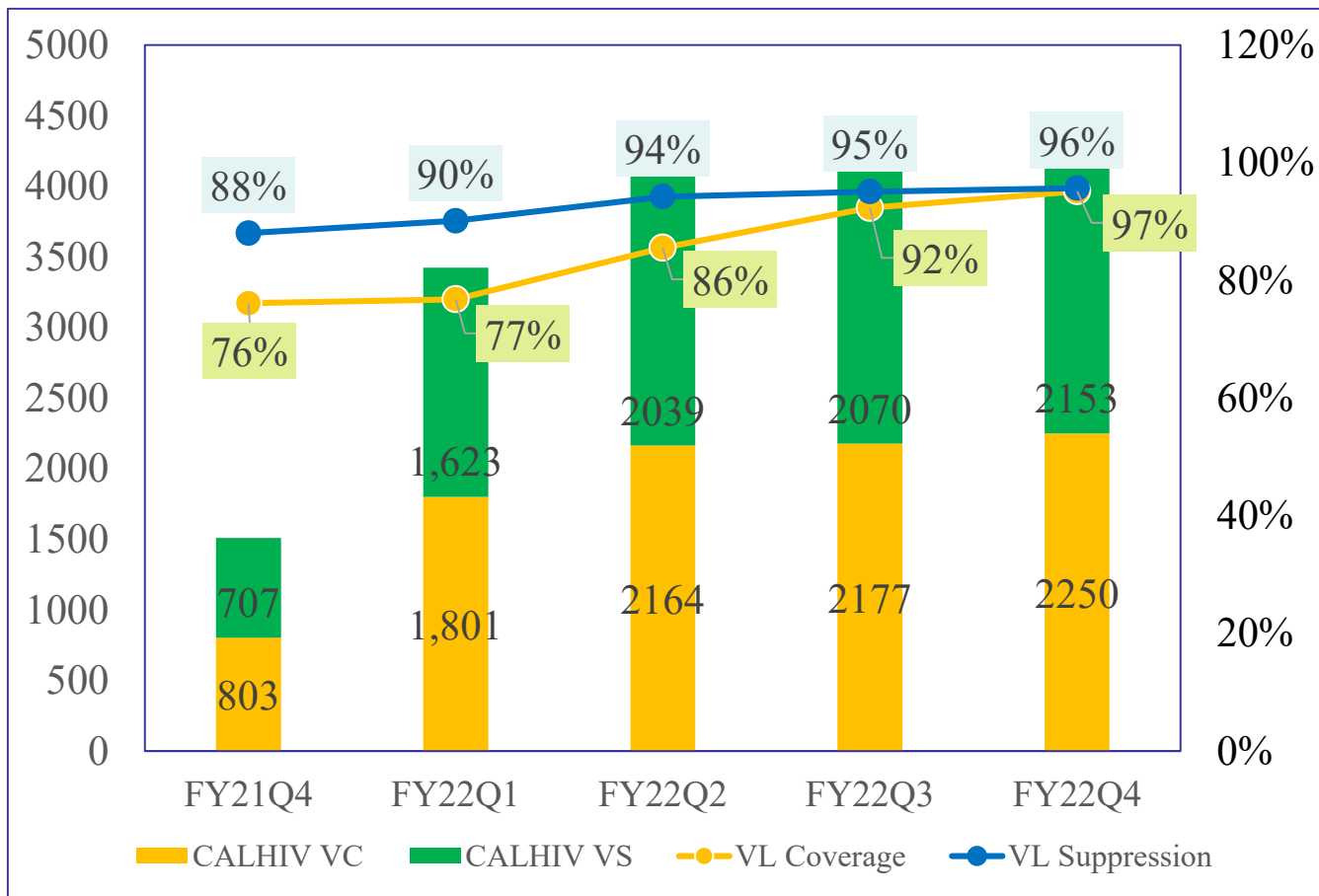
Individual Case Management

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



Case Workers counselling CALHIV

OVC WESTERN PROVINCE VIRAL LOAD RESULTS TREND FY21Q4 – FY22Q4



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%**

EXAMPLE FROM ONE DISTRICT (SENANGA)

IMPROVED VL DOCUMENTATION AND SUPPRESSION



Facility	Number of CALHIV eligible for VL test	% OF CALHIV ON ART WITH A DOCUMENTED VIRAL LOAD RESULT IN THE PREVIOUS 12 MONTHS			% OF CALHIV RECEIVING OVC SERVICES WHO ARE VIRALLY SUPPRESSED	
		January 2022	September 22		January 2022	September 22
Senanga G.Hospital	110	80%	95%		89%	88%
Urban Clinic	54	82%	89%		89%	90%
Litambya	38	43%	100%		94%	97%
Situnga	13	46%	100%		100%	92%
Iyangati	19	73%	100%		88%	95%
Itufa	44	70%	100%		94%	98%
Ngundi	10	71%	100%		80%	100%
Sikumbi	9	57%	89%		100%	88%
Liui River	17	71%	82%		90%	100%
Lui Namabongo	20	33%	90%		67%	61%
Sibukali	14	57%	100%		75%	93%
Mwanamwale	4	60%	100%		67%	100%
Mataa	6	50%	100%		67%	83%
Lui Wanyawa	23	45%	87%		100%	95%
Overall	380	68%	96%		89%	94%

Voices from the field

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Recommendations



Case Worker home visit

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.



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.



Trio



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.



Teen Club



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

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- ❖ 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.



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Thank you to all our
children who are taking
control of their own
health.

Thank you to our partners!

