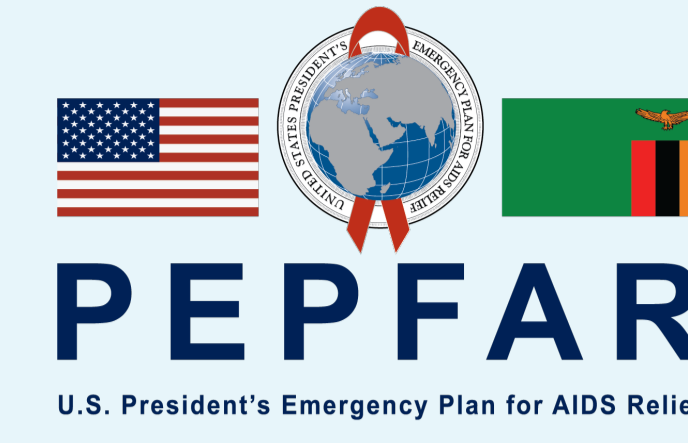


# Improving viral load suppression rate among pediatrics on antiretroviral therapy in Central Province, Zambia



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## Problem

The HIV viral load suppression rate in USAID Supporting an AIDS Free Era (SAFE)-supported Zambian facilities differs by age. Children below 15 years have a lower suppression rate than adults, attributed to health facility-related factors such as suboptimal regimens, drug under-dosing, and underlying infections. Client-related factors include poor drug storage, missing dosages, under-dosing, and lack of HIV status disclosure of the child to other caretakers.

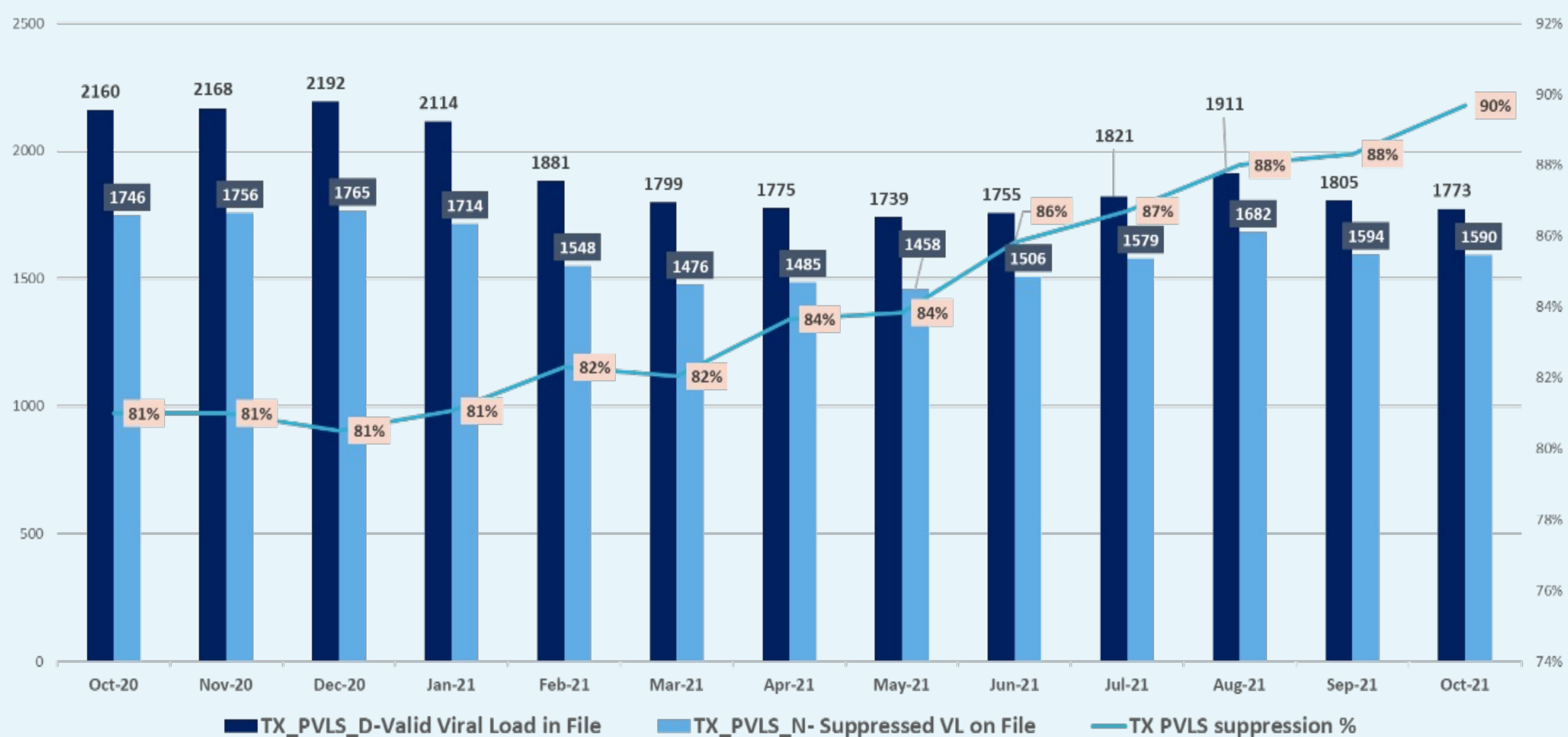
## Response

USAID SAFE worked with the Ministry of Health (MOH) in Zambia to mitigate these factors. Eligible children were transitioned from the efavirenz-based regimen to the more efficacious dolutegravir-based regimen. Unsuppressed children were paired with community-based volunteers (CBVs) for enhanced adherence counseling sessions. Clinicians and CBVs then made home visits to pediatric patients to identify treatment bottlenecks. On specific days, pediatric clinics were conducted for unsuppressed children and appointments were aligned with the school calendar. Clinics were also conducted after hours and over the weekend to ensure the least amount of interruption to a child's education and regular schedule. Additionally, the mother or caretaker and the child's appointments were harmonized.

## Results

In October 2020, of 2,160 children enrolled on ART, only 81 percent (1,750) were virally suppressed and 19% (410) were unsuppressed. Following USAID SAFE's interventions, despite the reduction in the total number of children on ART due to aging out, transfers, and interruption in treatment, the overall viral load suppression rate among pediatrics improved to 90% (1,590), with only 10% (177) virally unsuppressed.

**Central Province (31 Ped Surge Facilities) PED Suppression rate**  
 November 2020 to October 2021



## Conclusion

Identifying and mitigating facility- and patient-related factors is critical to improving viral load suppression among children. Through close collaboration with various stakeholders including the MOH and HIV implementing partners, more person-centered approaches can be designed and applied to reduce the transmission of HIV by 2030. USAID SAFE will implement this model to reach children in remote and hard-to-reach areas.