



Impact of community based enhanced adherence counseling on viral load suppression among people on ART in Ethiopia



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1. Background

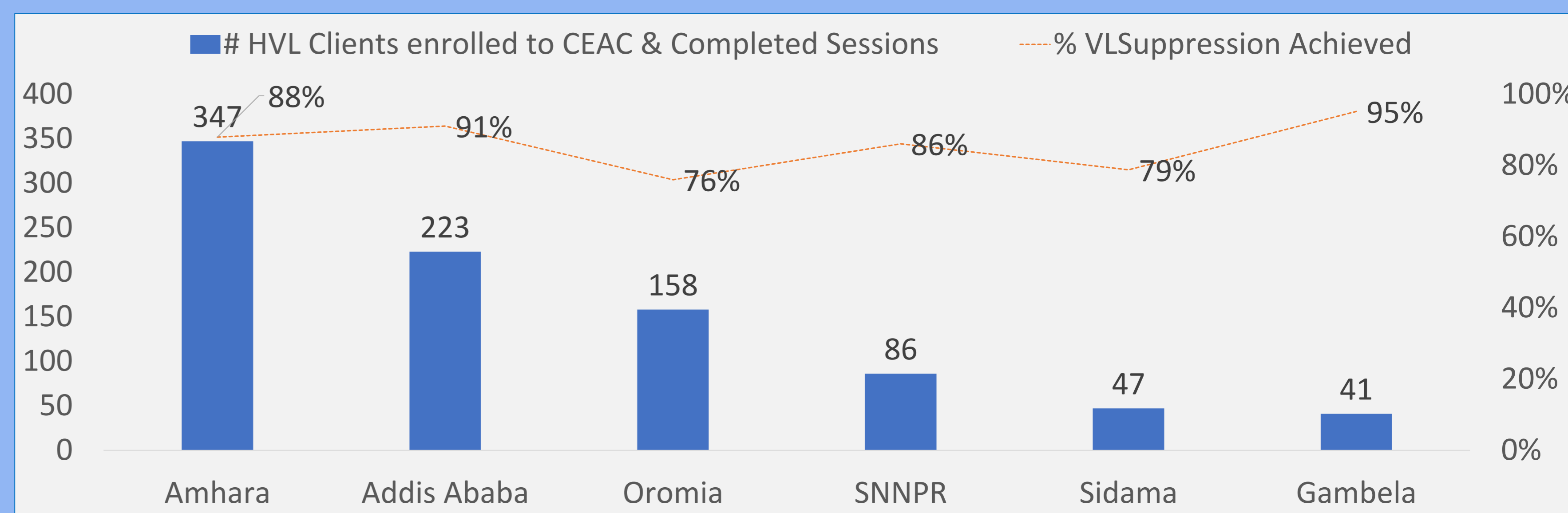
- Community-based enhanced adherence counseling (CEAC) is an interventional approach to suppress high viral loads (HVLs) among people living with HIV (PLHIV) on ART.
- VL suppression is a key strategy towards HIV epidemic control and improving the health outcomes of PLHIV.
- This research analyzed the level of VL suppression and its predictors after providing CEAC to PLHIV with unsuppressed VLs.

2. Program Description

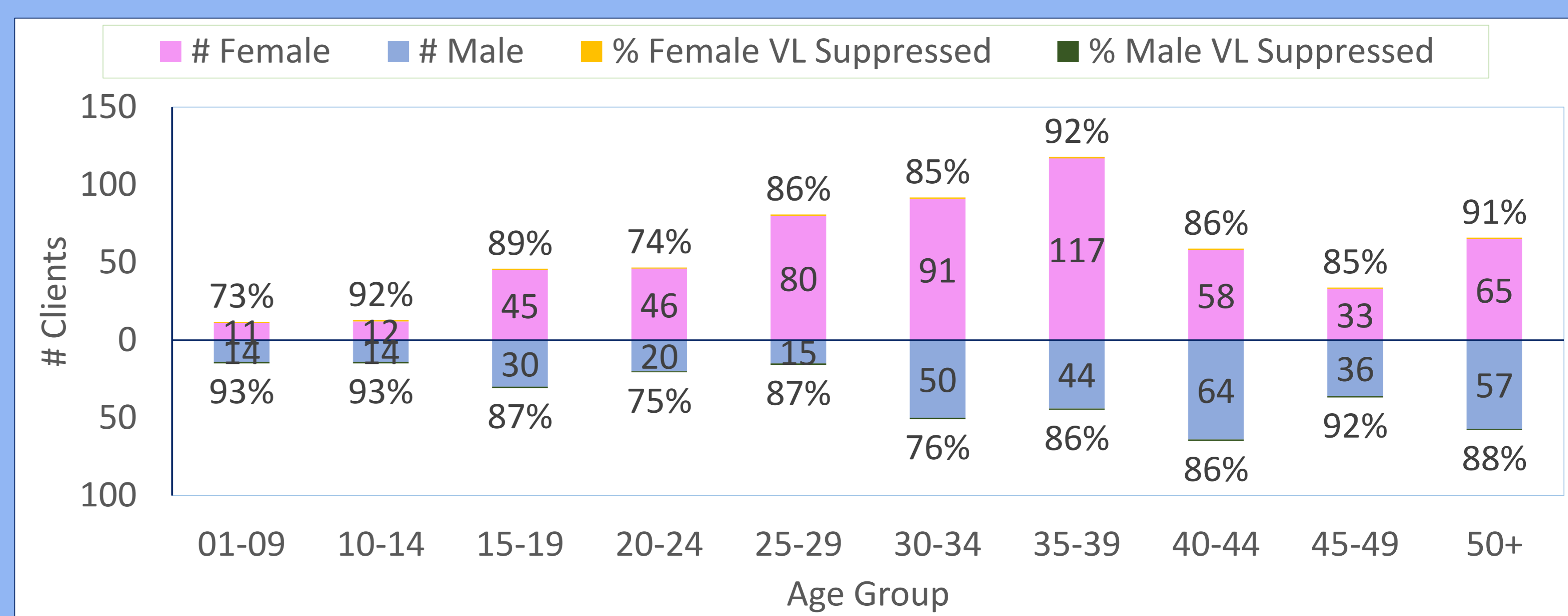
- Project HOPE provides technical assistance to LIPs of the CHCT activity in Ethiopia.
- Frontline community HCWs received line lists of clients with unsuppressed VLs from nearby health facilities.
- Client-centered CEAC was provided for 3 -to-6 consecutive months at the community level.
- VL testing was performed at the end of the 3rd CEAC session, If the VL remained unsuppressed, testing was repeated at the end of the sixth session before switched to next line ART drug
- Client-level data were collected using CommCare & descriptive analysis was conducted to summarize the variables.
- A logistic regression model was fitted to identify the predictors of VL suppression as result of CEAC sessions and SPSS software version-20 was used for statistical analyses.

3. Results

- Between Jan. 2022 and Mar. 2023, a total of 902 PLHIV with an unsuppressed VL were identified. The mean age was 34 years (SD =12.8) & 558 (62%) were females.
- The majority 778 (86.3%; 95%: CI: 85.9-86.6%) achieved VLS, of which 712 (91.5%) had achieved VLS at the end of the third CEAC session and rest 66 (8.5%) by the end of the 6th session..
- Regional variations were observed, with the highest VLS of 95% in Gambela and the lowest was 76% in Oromia region.
- In the multivariate logistic regression analysis, the following were independent predictors of VLS after providing CEAC:
 - ✓ Clients enrolled to community comprehensive case management service in addition to CEAC (AOR: 7.1; 95% CI: 3.938-12.847).
 - ✓ Clients having <5000 copies/ml VL count at enrollment (AOR: 1.9; 95% CI: 1.255-2.877).



Graph I: HVL clients enrolled to CEAC & completed sessions with VLs by region. n = 902



Graph II: HVL clients enrolled to CEAC & completed session by age & sex with VLS. n = 902

4. Conclusion

- Three CEAC sessions are sufficient to help more than 90% people living with HIV among those achieved viral load suppression in primary care settings of Ethiopia
- Community-comprehensive care provides additional synergy to support the success of CEAC to suppress viral loads.
- Therefore, we recommend the scaleup of CEAC to address the needs of PLHIV with unsuppressed VL, especially where community care and treatment services are available to improve their health outcomes.

5. Acknowledgements

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