

# Closing the viral suppression gap for children living with HIV: Improving viral load suppression (VLS) among children living with HIV (CLHIV) by addressing household vulnerabilities

H. Mangwana<sup>1</sup>, N. Amulunga<sup>2</sup>, B. Kwenda<sup>2</sup>, E. Haimbili<sup>2</sup>, L. Nekundi<sup>2</sup>, L. Munashimue<sup>2</sup>, N. Katamba<sup>2</sup>, F. Absalom<sup>2</sup>, S. Chiyesu<sup>2</sup>, T. Kenyon<sup>3</sup>, E. Liddell<sup>3</sup>, A. Hayes<sup>3</sup>, A. Zegeye<sup>4</sup>, and N. Borse<sup>3</sup>.

Project HOPE, the People-to-People Health Foundation, Windhoek, Namibia<sup>1</sup>; Project HOPE Namibia, Windhoek, Namibia<sup>2</sup>; Project HOPE, Washington, DC, United States<sup>3</sup>; United States Agency for International Development (USAID) Namibia<sup>4</sup>.

## Background

Namibia has successfully met the UNAIDS 90-90-90 targets for adults, but children on antiretroviral treatment (ART) have a low rate of viral load suppression (VLS). According to NAMPHIA's 2017 report, only 63% of children aged 0-14 years who are on ART are virologically suppressed. To tackle this issue, Project HOPE Namibia is implementing the Namibia Adherence and Retention Program (NARP), which is funded by USAID/PEPFAR. This program aims to improve clinical outcomes for children living with HIV (CLHIV) by addressing household vulnerabilities.

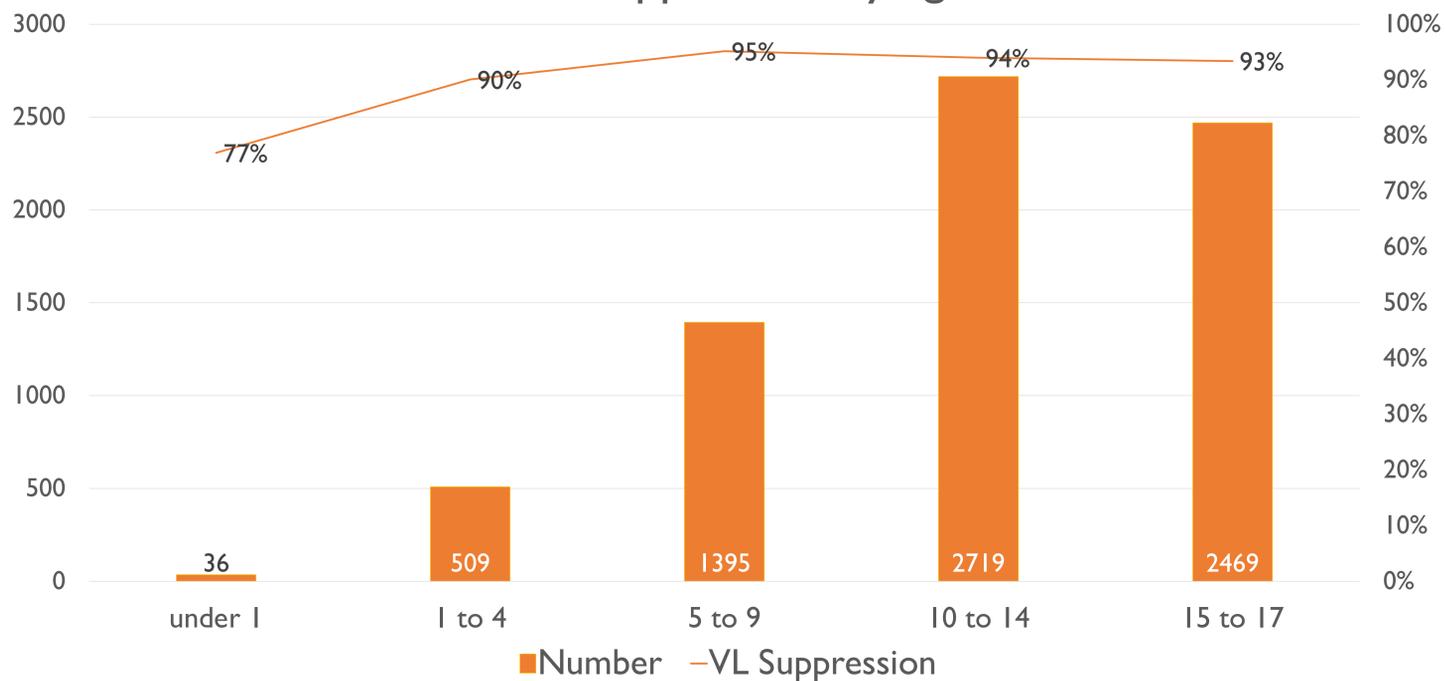
## Methods

Data was collected from records of CLHIV on ART who were served by NARP from October 2020 to September 2022. Household vulnerabilities were assessed, and case management plans were developed and implemented. CLHIV with elevated viral loads (VLs) were reassessed at least monthly, support services were provided, and the case management plans were updated based on the individual CLHIV needs. Data from these regular assessments and VL testing were collected and analyzed.

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## Viral suppression by age



## Results

The analysis found a correlation between VLS among CLHIV and length of time enrolled in NARP. There were 7,128 CLHIV enrolled into the NARP program. At initial assessment 1,218 (17%) were not eligible for VL, 2,746 (39%) were eligible but had no valid VL result, and 3,164 (44%) had a valid VL result with an overall VLS rate of 89%.

By September 2022, 89% of beneficiaries had a valid VL result and 92% of them had a VL <1000. VLS rates improved with time in the program: 90% among CLHIV who had been in the program for 0-6 months, 92% for 6-12 months, and 94% among CLHIV who had been in the program for 13+ months. The most frequently identified household vulnerabilities were hunger, lack of transport to health facilities, and lack of civil registration, suggesting these vulnerabilities are most critical to address in CLHIV households.

## Conclusion

Finding and addressing household vulnerabilities early is important for CLHIV to attain VLS.

The household vulnerabilities most associated with unsuppressed viral load were hunger, lack of transport to health facilities, and lack of civil registration.

To close the gap in VLS for CLHIV in Namibia, community HIV treatment initiatives must ensure these vulnerabilities are recognized and adequately addressed through holistic HIV care and treatment interventions.

## References

Namibia Population-Based HIV Impact Assessment, [globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/namphia-final-report\\_for-web.pdf](https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/namphia-final-report_for-web.pdf). Accessed 27 June 2023.

