



Tracking the effect of paediatric Dolutegravir (pDTG) on viral load suppression in a large population cohort of children on ART in Malawi

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Background

- Sub-Saharan Africa is home to nearly 90% of all children living with HIV (CLHIV).
- Overall paediatric HIV incidence declined by 54% from 2010 to 2020 globally, mainly due to the increased provision of antiretroviral therapy to pregnant and breastfeeding women living with HIV.
- Despite progress in reducing HIV incidence in children, the region remains behind in reaching the 95-95-95 UNAIDS fast-track targets.
- Viral load suppression (VLS) is critical to treatment success and reducing child morbidity and mortality to accelerate progress towards ending AIDS. According to UNAIDS, only 40% of CLHIV had attained VLS, compared to 67% of adults in 2021.
- The 2015/16 MPHIA survey reported that one in three children who had viral load test had not achieved VLS.
- Malawi has slightly above 1 million people living with HIV with 15% being children under the age of 14.
- The country has made strides to achieve UNAIDS fast-track targets with a performance of 88%:98%:97% among the 15+ cohort (MPHIA 2020/21).
- In 2021, ART Coverage in children was at 78% with all of them taking either LPV/r or NVP based regimens.

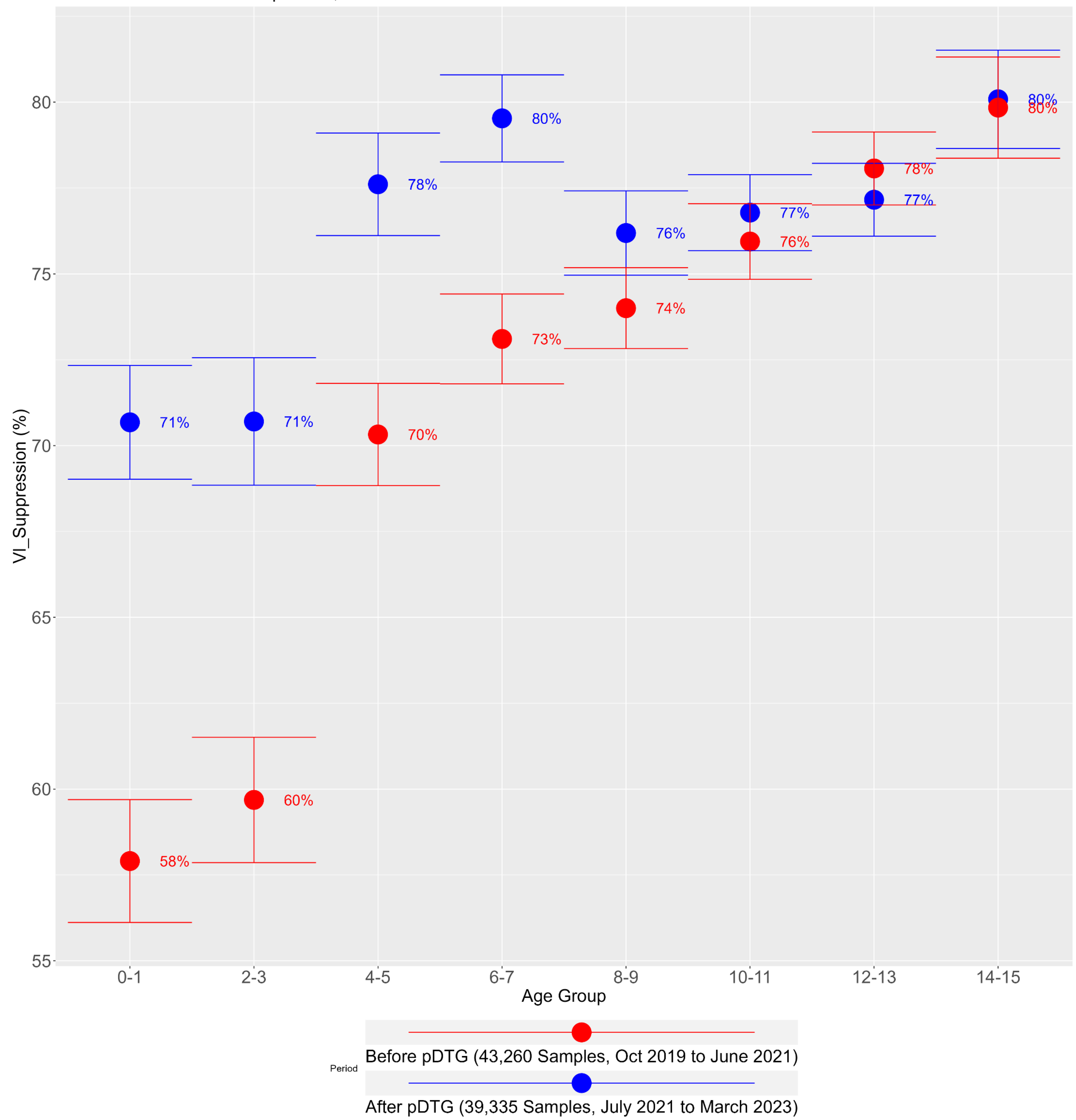
Description

- We conducted a review of client-level data over a 21-month period to track the rates of VLS for children who had been taking pDTG-based ART.
- We reviewed national program data that was collected from client records in over 700 health facilities to compare the rates of VLS prior to introduction of pDTG in 2021 to 21-month post transition of all children to pDTG-based ART.

Lessons learned

- pDTG rolled-out in July 2021 when national paediatric VLS was at 72%
- 4% jump in VLS to 76% at the end of a 21-month period.
- pDTG more tolerable drug option to the children
- Biggest improvement was seen in children in the lower ages as seen in the chart below

VL Suppression (<1000 copies/ml) in children among routine samples drawn 21 months before and after pDTG transition in Malawi
Total number of routine samples: 82,595



Conclusion

- The effect of pDTG on VLS is evident regardless of other associated factors such as adherence.
- Interventions to enhance good adherence are needed in children to progress towards 3 95's.
- National HIV programs need to finalize transitioning of all pediatric cohorts to pDTG while monitoring outcomes and other associated factors to achieve optimal VLS in children.

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