

Closing the HIV testing gaps among children and adolescents through Orphaned and Vulnerable Children programs in Western Province, Zambia

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Background

In Zambia, children and adolescents remain at risk of HIV infection due to social, cultural, and economic vulnerabilities. HIV testing, and treatment coverage is low at 74% among children, adolescent and young people (below 25 years), compared to 91% among adults. Community-based testing initiatives, such as index testing of biological children of women living with HIV (WLHIV) and HIV testing for beneficiaries of Orphaned and Vulnerable Children (OVC) programs, have been the key case finding strategies to reach undiagnosed children.

We gathered HIV testing lessons learned from three years of OVC program implementation in Western Province, Zambia.

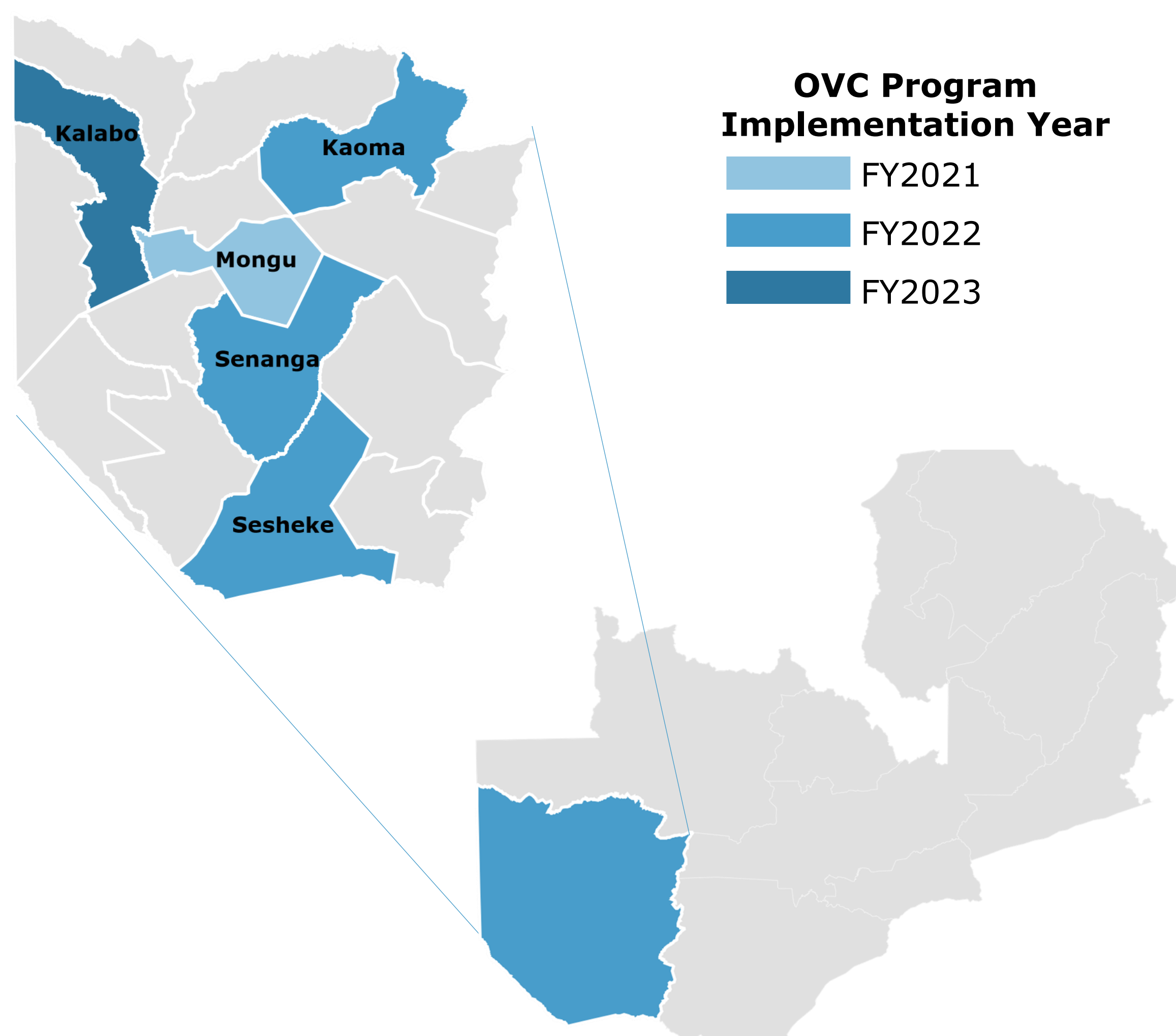


Figure 1. Map of Zambia. Inset highlights annual OVC program scale-up by district in Western Province. OVC programming started in 2021 in Mongu District and then was expanded to Kaoma, Senanga, and Sesheke districts in 2022 and Kalabo District in 2023.

Description

Western Province has many hard-to-reach settlements where flood plains and sandy terrain hinder access to health facilities. The U.S. President's Emergency Plan for AIDS Relief, through the U.S. Centers for Disease Control and Prevention (CDC Zambia) and partners, began implementing OVC services in Mongu District of Western Province in October 2020 (fiscal year [FY] 2021; fig. 1). Since then, OVC programming has been scaled-up to three additional districts in FY2022 and one more district in FY2023.

The OVC program, in collaboration with local community partners, strengthened access to HIV testing service through home-based community testing. Further, all vulnerable children and adolescents (VCA; aged <18 years) were paired with case workers residing in the same communities for personalized support. Case workers ensured that OVC enrollees and their families had a documented HIV status and played a key role in active community follow-up and testing of children and adolescents born to WLHIV.

Lessons Learned

Collaboration with local community partners to conduct home-based HIV testing eliminated the need to travel through flooded terrain, resulting in an increase in the proportion of VCA with a documented HIV status (fig. 2):

- 71% (2,456/3,442) in FY2021
- 94% (15,761/16,772) in FY2022
- 100% (19,567/19,567) in FY2023

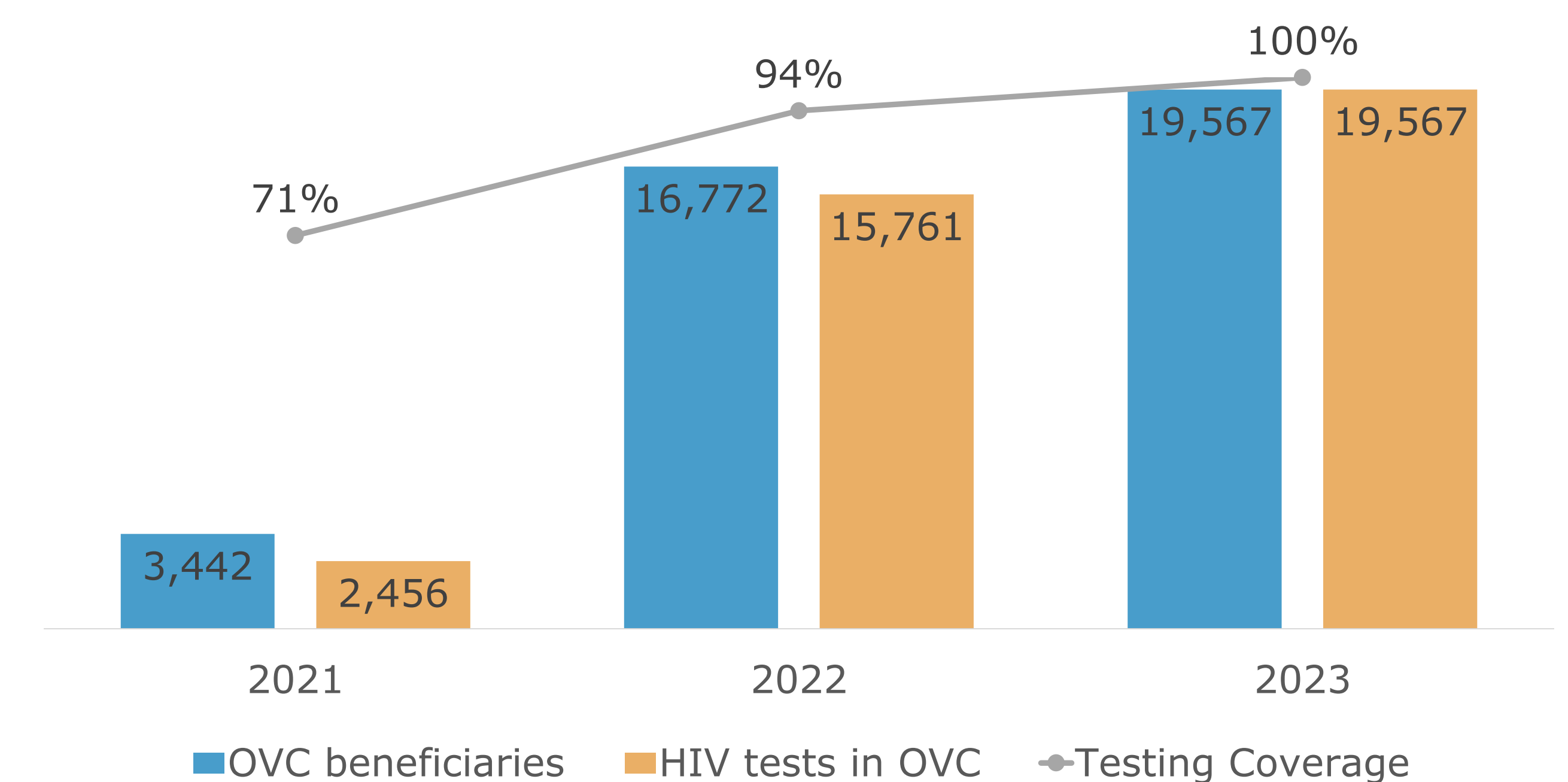


Figure 2. HIV testing coverage among OVC beneficiaries in Western Province, fiscal year 2021-2023.

Enlisting local case workers facilitated better community follow-up of WLHIV, increasing the contribution of OVC districts to family index testing in Western Province (fig. 3):

- 12% (1,274/10,331) in FY2021
- 45% (3,595/8,078) in FY2022
- 54% (1466/2706) in the first two quarters of FY2023

376 children living with HIV were identified out of 6,335 index tests in districts with OVC programs (5% positivity), and 100% were linked to treatment.

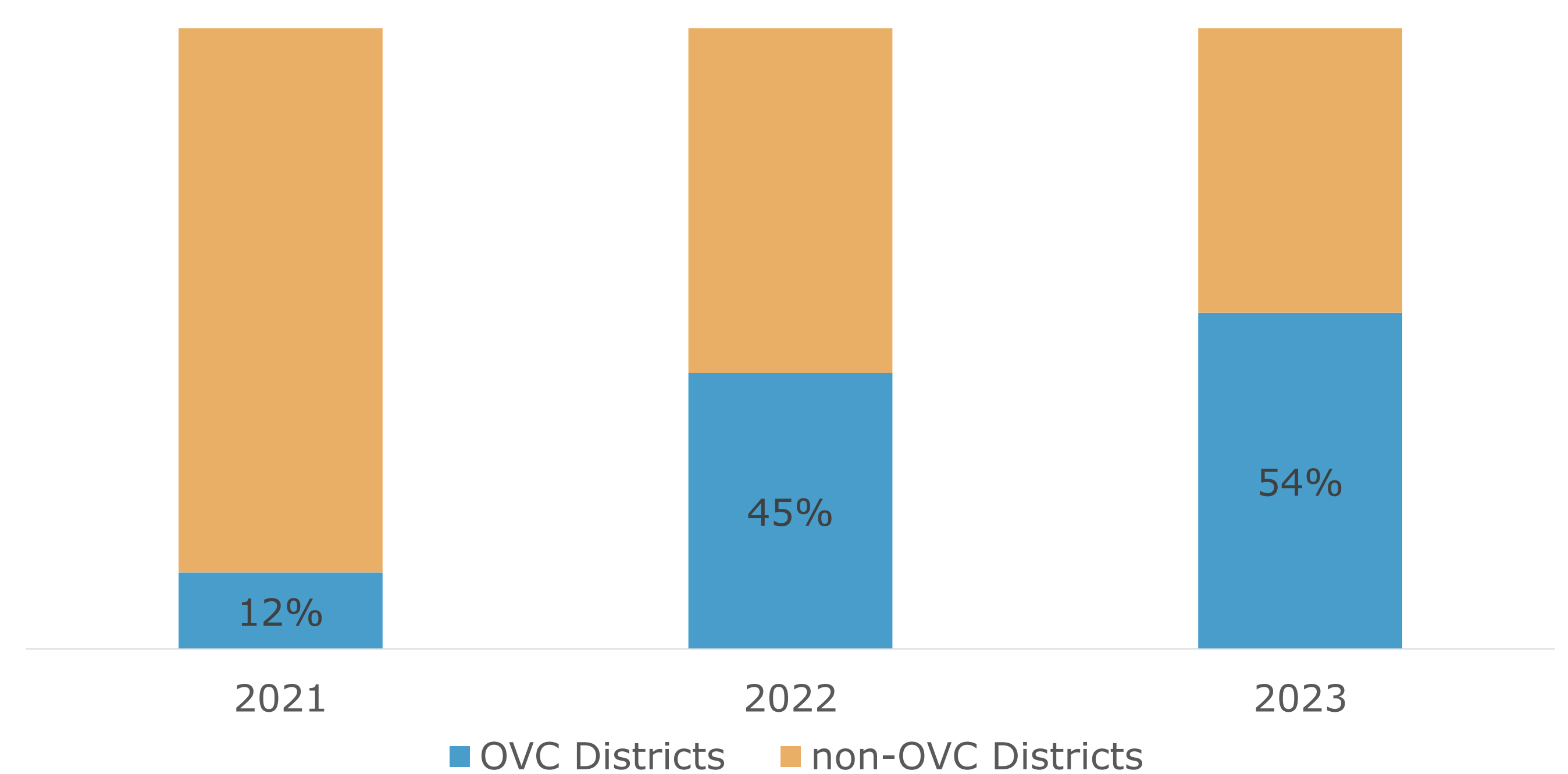


Figure 3. Contribution of OVC programs to family index testing in Western Province, fiscal year 2021-2023.

Conclusions

OVC programming increased HIV testing access among VCA in hard-to-reach Western Province. CDC Zambia will, therefore, continue scaling up OVC services and explore other cost-effective initiatives to mirror OVC support in non-OVC sites in order to further reduce the pediatric HIV testing gap.