





Ending AIDS in Children by 2030: Finding and Linking Undiagnosed Children Living with HIV (CLHIV) to ART using the 'Know Your Child's HIV Status (KYCS)' Model in Zambia

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Zambia's Know Your Child's HIV



Status campaign was key in finding HIV positive children and ensuring no child is left behind. The intervention led to a significant increase in the absolute number of children living with HIV.

USAID DISCOVER-Health ART provider running a clinic in Kabwe targeted at finding young children and educating their parents. Credit: JSI

INTRODUCTION

According to UNAIDS, just half (52%) of all CLHIV were on

RESULTS

In total, 30,830 (85%) WLHIV were line-listed, of which 56,521

antiretroviral therapy (ART) in 2021. As such, ending all new transmission of AIDS in children by 2030 begins with identifying more CLHIV (i.e., HIV case finding) and linking them to treatment through:

- Early testing and optimized treatment and care for CLHIV and exposed infants.
- Closing treatment gap for pregnant and breastfeeding (PBF) women living with HIV (WLHIV) towards vertical transmission
- Preventing and detecting new HIV infections among PBF adolescents and women
- Addressing barriers (rights, gender equality, social and structural) that hinder access to treatment

KYCS, as realized by the USAID DISCOVER-Health Project, which is implemented by JSI, in 173 supported Zambian health facilities is an innovation that can help bridge this gap in pediatric HIV case-finding.



In early 2022, USAID DISCOVER rolled out KYCS to all 173

- contacts were elicited. From these, only 24,513 (43%) had documented known HIV status and 90% (28,926) of contacts with unknown HIV status were tested.
- Overall, the project identified 903 CLHIV aged 19 years and below (1.46% yield), all of whom were linked to ART.
- The median age of identified CLHIV was 15.2 years.
- Female contacts were one and half times more likely to test positive for HIV than males.
- Female adolescents aged 15-19 years were almost three times more likely to test positive than their male counterparts.



Project-supported sites. The project obtained a line-list of all WLHIV on treatment from each facility to pull biological and non-biological children (contacts) data aged 19 years and below. The project provided resources (registers, test kits, transport) to facilitate HIV testing and elicited testing for children by using static and outreach models, depending on client preferences. Facility-level aggregates of data from electronic tools with key variables such as age, sex, and other demographic parameters were collected for analysis.

index services contacts elicited status

CONCLUSION

KYCS requires a large volume of HIV testing to find HIV positive pediatric clients, but it is a crucial and successful strategy to ensure no child is left behind. Further investments are required to reach adolescent girls and young women at risk of HIV and guarantee equitable access to HIV prevention and treatment services.



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Selected References

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