

# Improving health outcomes among children living with HIV through child-friendly comprehensive service delivery in India

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Presented at IAS 2023, the 12th IAS Conference on HIV Science

## BACKGROUND

- In India, approximately 70,000 children are living with HIV. Children and adolescent face significant risks and vulnerabilities due to the impact of HIV and its socio-economic effects
- The orphans and vulnerable children (OVC) program in India places significant emphasis on supporting HIV-positive infants and children with treatment adherence, and promoting viral load suppression
- To ensure the provision of adequate HIV care for this vulnerable population, it is imperative to embrace innovative approaches that effectively address the unique challenges they face, while simultaneously addressing their overall health and well-being

## METHODS

- Project ACCELERATE, supports the OVC program in 33 districts across 6 states of India (Andhra Pradesh, Maharashtra, Telangana, Manipur, Mizoram and Nagaland)



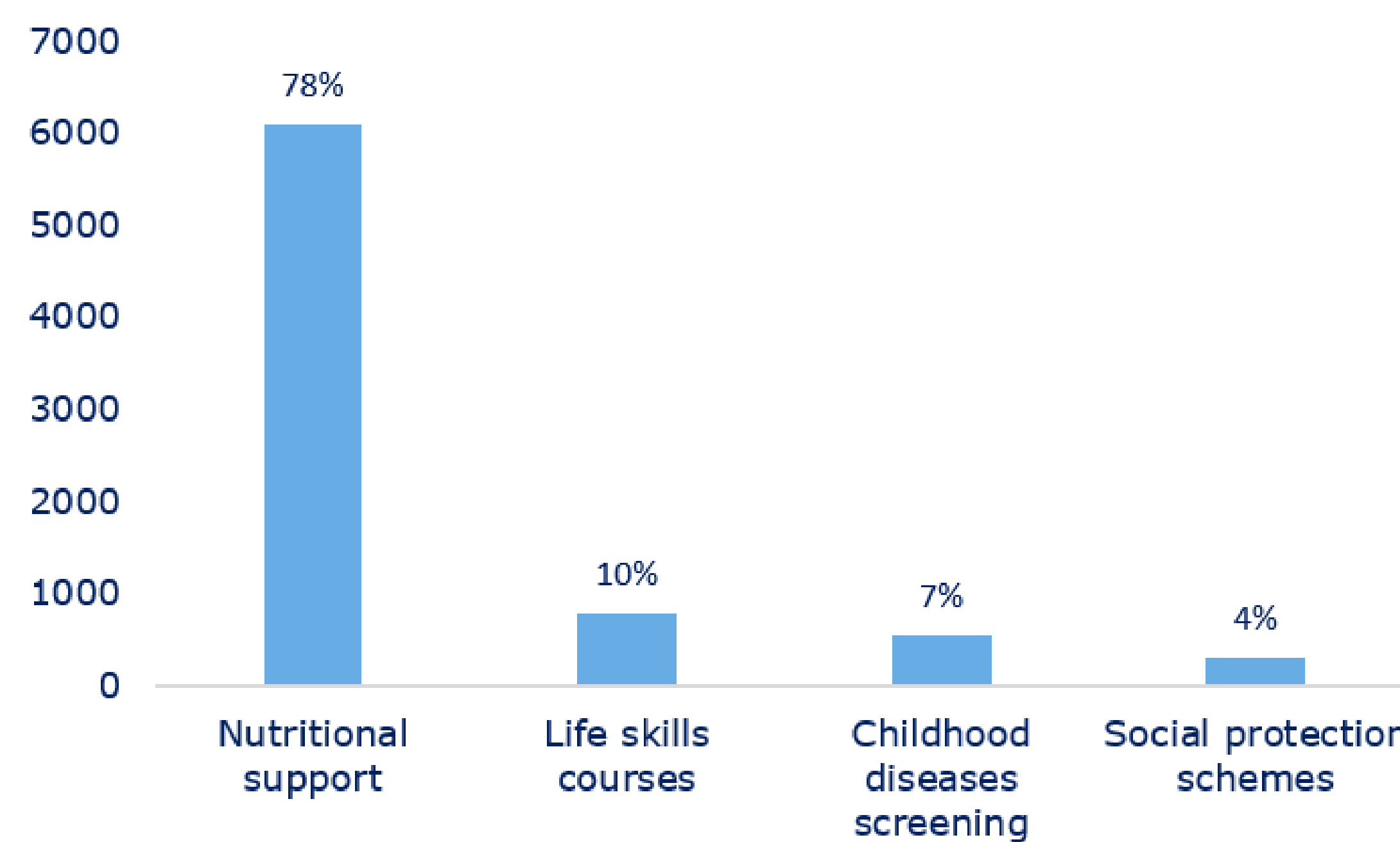
- We provide comprehensive child-friendly services to children living with HIV (CLHIV) aged between 0 and 17 years
- We utilized chi-square tests to analyze routine program data, examining the relationship between children's sociodemographic profiles, service accessibility variables, and viral load outcomes

## Comprehensive service approaches help to improve and sustain HIV viral suppression among CLHIV

## RESULTS

- Between October 2021 and September 2022, the project provided services to 7,813 CLHIV. The mean age was 16 years (sd: 3,89), 53% were male, 37% had lost one parent (19% both parents), and 74% had HIV-positive caregivers
- 99% of children received treatment adherence support, and a range of comprehensive care services. Among which nutritional support was the most requested.

Graph 1: Comprehensive Care Services



Graph 2: Viral suppression

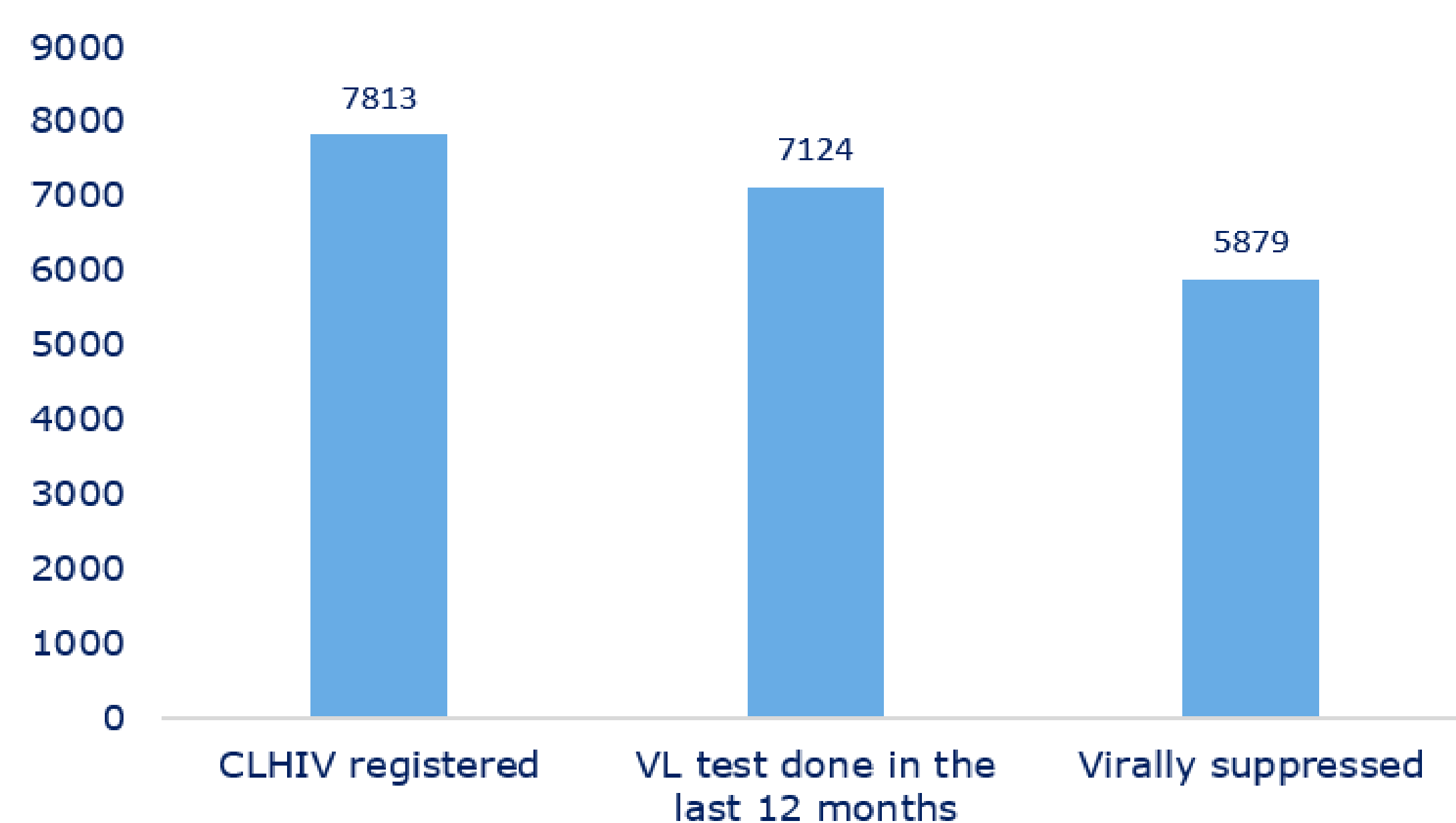


Table 1: Demographics and Services

Variables	Total, (%)	Viral Load Copies		χ <sup>2</sup> ,df	P
		>1000, (%)	<1000, (%)		
<b>Age groups</b>					
1 - 4 Years	204 (3)	44 (22)	160 (78)	36.587; 3	0.000
5 - 9 Years	1201 (17)	256 (21)	945 (79)		
10 - 14 Years	2793 (39)	523 (19)	2270 (81)		
15 - 17 Years	2926 (41)	422 (14)	2504 (86)		
<b>Sex</b>					
Male	3771 (53)	697 (18)	3074 (82)	5.634; 1	0.010
Female	3353 (47)	548 (16)	2805 (84)		
<b>Child Orphan Status</b>					
Orphan	1066 (19)	198 (19)	868 (81)	5.761; 2	0.056
Single Orphan	2107 (38)	418 (20)	1689 (80)		
Not Orphan	2357 (43)	402 (17)	1955 (83)		
<b>Health screening</b>					
No	6607 (93)	1170 (18)	5437 (82)	3.408; 1	0.035
Yes	517 (3)	75 (15)	442 (85)		
<b>IPT linkage</b>					
No	6972 (98)	1231 (18)	5741 (82)	7.358; 1	0.003
Yes	152 (2)	14 (9)	138 (91)		
<b>Linkage to Social Schemes</b>					
No	6859 (96)	1218 (18)	5641 (82)	10.135; 1	0.001
Yes	265 (4)	27 (10)	238 (90)		

- 3,962 children had baseline and follow-up viral load testing, and showed significant increase in viral load suppression from baseline (69%) to follow-up at 12 months (84%) (p<0.001)
- There is a significant association between viral suppression and gender, childhood health screening services, linkage to TB preventive treatment, and linkage to social schemes (p<0.05)



## CONCLUSIONS

- Comprehensive service approaches can help to improve and sustain HIV viral suppression among CLHIV
- Availability and accessibility to child-friendly comprehensive care services including non-HIV services is critical for achieving viral load suppression among children living with HIV

## ACKNOWLEDGEMENTS

- This work is supported by USAID India - Cooperative Agreement 72038619CA00001
- We also thank the National AIDS Control Organization, PEPFAR/USAID India, and the ACCELERATE team

