

Category: D3 Scale up of early infant diagnosis and pediatric treatment: feasibility and operational issues

Title: Training health care workers in pediatric counseling increases pediatric ART enrollment and improves retention: lessons learned from Zambia

Author(s): S. Michaels-Strasser¹, C. Bolton-Moore², E. Nawar³, P. Koni¹, R. Nswana¹

Institute(s): ¹Elizabeth Glaser Pediatric AIDS Foundation, Lusaka, Zambia, ²Center for Infectious Disease Research in Zambia, Lusaka, Zambia, ³Elizabeth Glaser Pediatric AIDS Foundation, Washington, DC, United States

Text: **Background:** Pediatric ART enrollment and retention remain challenging. To address this, 103 counselors were trained in 2009 using the ANECCA/CRS pediatric-HIV counseling course addressing key issues; adherence and disclosure.

Methods: The difference between Q4 2008 and Q4 2009 enrollment and attrition of children (0-14 years) and adults on ART in Zambian clinics were evaluated in sites with and without trained counselors using paired *t* tests. Included sites had to have active pediatric ART programs. Of 58 sites reporting in both quarters, 47 (30 with a trained counselor/17 without) met enrollment criteria and 55 met attrition criteria (3 sites had no attrition). Enrollment criteria included sites with > 0 enrollment in both quarters. Attrition was calculated as number of children 0-14 years on ART exiting the program during the quarter (excluding transfer-outs) over number of children at the beginning of the quarter.

Results: In sites with trained counselors, Q4 mean pediatric ART enrollment increased from 13.7 to 18.8 children ($p < 0.01$). Adult enrollment also increased in these sites: 165.6 to 208.1 ($p < 0.01$). Yet, there was a larger increase in pediatric versus adult enrollment: 51.4% versus 26.9% ($p = .06$). In sites without counselors, there wasn't significant change in mean pediatric enrollment 6.6 to 4 ($p = 0.17$) or adult enrollment 54.6 to 57.6, ($p = 0.26$). In 55 sites meeting attrition analysis, average pediatric attrition rate was lower in sites with counselors than in sites without; 7.1% versus 10.7% ($p = 0.02$).

Conclusion: Children enrolled and staying on ART increased more in sites with trained pediatric counselors than in sites without. Enrollment of children outpaced adults, yet adult enrollment also increased significantly; possibly reflecting improved counseling to children and families. This analysis used routinely collected program data and therefore didn't control for other variables or confounders (e.g. other initiatives to improve pediatric enrolment and retention). A larger matched case-control study is recommended.

Keywords: 1. pediatrics
2. enrollment
3. retention
4. counseling
5. training

Country of research: Zambia

Related to women and girls? No

Ethical research declaration: Not applicable