missing no more than two ARV doses in a month at the last follow-up visit), and VS (<1000 copies/mL). We used logistic regression to identify factors associated with post-transition VS, adjusting for demographic characteristics, initial ART regimen, guardian type, adherence, and pre-transition viral load.

Results: 2,468 CLHIV were included, 55.3% (n=1364) of whom were <60 months old. 90.4% (n=2230) had been on non-DTG-based ART before pDTG was available. Before the transition to pDTG, 62.7% (n=1398) of these had a viral load (VL) test result; 62.1% (n=868) achieved VS. 99.9% (n=2227) of the CLHIV transitioned to pDTG-based regimens (without change in nucleoside backbone).

Six months after the transition to pDTG, 52.9% (n=1179) had good adherence, and 38.6% (n=860) had routine VL test results; 81.4% (n=700) achieved VS. In a multivariate analysis, good adherence and pre-transition VS were associated with post-transition VS: adjusted odds ratios 2.79 (95% CI=1.65-4.71) and 5.32 (95% CI=3.30-8.57), respectively.

Conclusions: VS was achieved in most children tested within the first six months after the pDTG transition. However, adherence was suboptimal in this group, and VL testing at six months post-transition was limited.

Interventions to improve VL testing and enhance good adherence are needed in children to continue progressing towards the 95-95-95 UNAIDS goals.

EPE0859

Understanding the reasons for disengagement to antiretroviral treatment: learnings from the re-engagement drive of opted out PLHIV in Vihaan Program of Rajasthan, India

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Background: Achieving the targets of 95-95-95 with revised strategies of test and treat policy, retention in treatment, and treatment adherence is essential to end the AIDS epidemic as a public health threat by 2030. Lost-to-Follow-Up (LFU) from treatment is a primary concern towards achieving the second 95 and third 95, contributing to around 10 % of the active care on treatment.

Among LFU, some clients voluntarily disengage/Opted-Out of the treatment for various reasons, including the quality of services.

Description: A re-engagement drive was conducted for Opted-out clients from June to December 2022 through 17 Care and Support Centers in Rajasthan state, India. During the drive, 158 clients were interviewed to understand the reason for self-disengagement from the lifelong ART treatment and their responses were recorded. During the field-level drive, the Outreach workers and peer counsellors contacted the opted-out PLHIV through Care & Support Program.

Lessons learned: A total of 64 clients disengaged within six months, and 94 clients after six months of treatment initiation. The reasons for discontinuation from treatment were multifactorial, including personal, health system related, drug-related and external.

The contribution of individual factors was 34% (sense of well-being, dependents like orphans/children/widow/elderly/specially-abled/bedridden/single women, self-stigma), external factors 35% (daily wager/truck drivers, cultural belief influenced by exorcist, accessibility of ARTC due to lack of public transport, poverty, society and family pressures), health system 24% (poor counselling and behaviour of health care providers) and drug-related related side effects 7%.

Conclusions/Next steps: Lifelong engagement with ART treatment is influenced mainly by personal and external factors that lead to self-disengagement. The learnings supported increasing the focus on alternative service delivery strategies like strengthening peer counselling addressing personal, cultural & social aspects, linkage with social protection and welfare schemes, multi-month drug dispensation, and periodic re-engagement drives, which can increase retention & adherence to treatment leading to achieving the second 95 and third 95.

EPE0860

Effect of quality improvement initiative on viral load re-suppression of children and adolescents living with HIV: the case of Kolfe Keraniyo sub-city in Addis Ababa, Ethiopia

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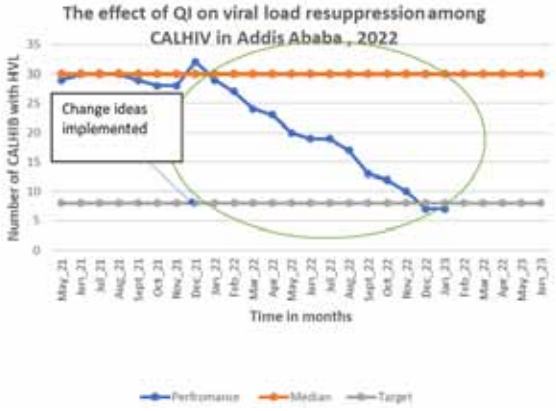
Background: In low- and middle-income countries, virological non-suppression among children and adolescent living with HIV (CALHIV) continues to be the major causes in treatment failure and mortality. Antiretroviral therapy adherence and the underlying virological suppression are both impacted by behavioral and mental health issues, however data in developing countries is limited.

The aim of the study was to evaluate HIV the effect of quality improvement (QI) on virological suppression in Kolfe Keraniyo sub-city, Addis Ababa among adolescents and children living with HIV.

Methods: One QI initiative designed to improve viral load re-suppression of adolescents and children living with HIV was purposefully selected. There were 32 adolescents and children with high viral load as a baseline put under this QI initiative in January 2022.

These CALHIV were followed for 10 months and the trends of viral load re-suppression (less than 50 copies/ml) were evaluated using run in uninterrupted time series.

Results: During the implementation period, the number of CALHIV with high viral load decreased from 32 to 8 showing that the QI initiative improved viral load re-suppression of 24(75%) CALHIV from January 1, 2022, and December 31, 2022. As the graph below shows, there appeared 12 consecutive data points below the median indicating the presence of a non-random signal: two of them lay below the target set by the QI initiative and the last data point ended up below the target indicating QI initiative had led to improvement



Conclusions: Quality improvement initiative was effective in improving viral load re-suppression among adolescents and children living with HIV. A quality improvement initiative embedded within clinical management has improved the viral load re-suppression in public health facilities in Addis Ababa, Ethiopia.
Thus, using local innovative ideas such as QI initiatives, we can bring changes that can be scaled up at a national level.

EPE0861

Improved treatment outcomes using family-centric care among PLHIV, Nagaland, India-2022

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Background: Nagaland is a state in north-east India with a hilly terrain and an estimated HIV prevalence of 1.36% in 2021. With the long travel distance to Antiretroviral treatment (ART) centres as a barrier, nearly 20% of ART pickups are by proxy and usually by family members. To better systematize family member proxy pick- ups and improve quality of care, we initiated a family centric package of care by grouping families as a unit to align ART refill dates, engage family members as treatment supporters, and improve adherence and HIV-1 viral load suppression (VLS) rates.

Methods: We initiated a family centric care (FCC) intervention in two high volume ART centres that account for 6% of ART patients in Nagaland. Counsellors at these ART centres systematically identified family members and allotted unique identification numbers to the family unit. We analysed the family size, proportion of families without aligned pill-pick-up dates, HIV VLS rates (<1,000 copies/ml). We calculated the proportion of Viral Load Coverage (VLC: defined as number of patients with viral load within the last 12 months) and VLS rates after three months of FCC for each family unit and compared the difference in proportion between family units with two and >2 family members.
Results: From February to September 2022, we identified 942 families accounting for 27.4% (1,914/6,986) of the patients accessing ART from the two ART centers. The majority, 87% (819/942), were part of a two-member family, predominantly couples without children. Pill-pick-up dates were aligned for 660 (74%) families.
After 3 months of FCC, VLC was 57% (66/161) and 84% (687/819); VL suppression was 86% (57/66) and 91% (62/68) among >2 member and two-member family units respectively. The difference in VLC was significant among two-member compared to >2-member family units [diff: 27%; p-<0.0001].
Conclusions: We observed increased viral load coverage among two-member family units compared to >2 family units in high volume ART centres as. It was easy to reach out to family units without children (majorly two-member family units) for VLC. Family Centric Care may be considered as a possible strategy to enhance VLC, and other HIV program indicators.

EPE0862

Feasibility of implementing advanced disease management package as part of routine, standard of HIV care at ART centres in Mumbai, India

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Background: Although the advanced HIV disease (AHD) care package reduces morbidity and mortality in people with AHD (WHO stage 3 or 4 and /or CD4 count <200 cells/µL or age <5 years), it is not fully implemented in India. We assessed the feasibility of implementing the complete WHO advanced disease management (ADM) package of care as part of routine HIV care under the programmatic setting in antiretroviral therapy (ART) centres of Mumbai.