

Pediatric Advanced HIV Disease Landscape: Outcomes from an assessment in Uganda

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Background

- Despite significant progress in scaling up antiretroviral therapy (ART) to adults, and guidance from the World Health Organization (WHO) on a package of care for children and adolescents with Advanced HIV Disease (AHD), global momentum in pediatric AHD remains limited, with pediatric HIV burden and mortality remaining high. Uganda was an early adopter of adult AHD services, but since the release of WHO's STOP AIDS guidance there has been limited uptake of this package. This assessment aimed to identify gaps and best practices in the provision of WHO's STOP AIDS guidance to inform national scale-up and investment.



Figure 1. WHO STOP AIDS Package of Care

Description

- In July 2022, the Uganda Ministry of Health (MoH), with support from the Clinton Health Access Initiative through funding from Unitaid, undertook a landscape assessment to evaluate adoption of the WHO recommendations, identify adoption and implementation hurdles, and develop recommendations for investment in pediatric AHD.
- The assessment involved review of routine medical records from facilities, selected based on availability of AHD services, volume of clients, availability of electronic medical records, geographical distribution, and representation across all levels of care.

Criteria used to determine site selection:

1. Electronic Medical Record (EMR) systems in place;
2. AHD services available;
3. High volumes of children living with HIV presenting to care;
4. Geographic distribution;
5. Representation across all levels of care; and
6. Feasibility of data collection

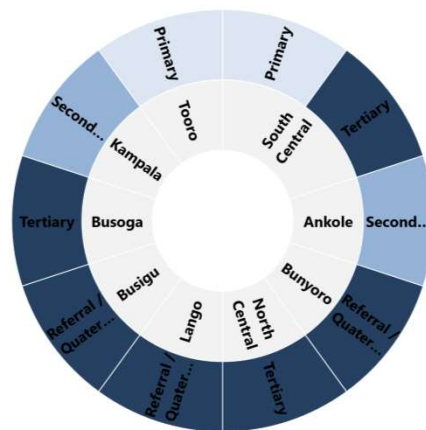


Figure 2. Facilities Assessed by Level of Care and Region

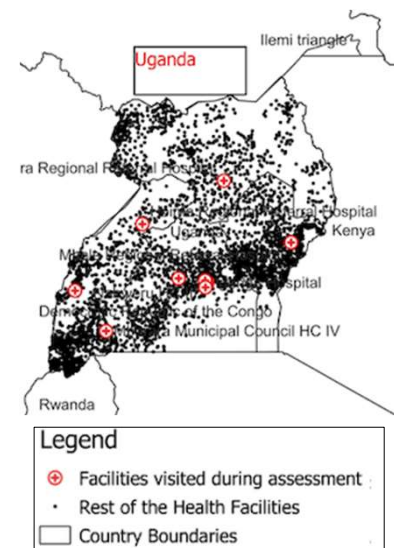


Figure 3. Facilities Selected for the Landscape Assessment

Lessons Learned

- CD4 testing was available at all sites, with low utilization; baseline screening at 43.6% for newly initiating pediatrics. Screening for cryptococcal infection amongst adolescents was low.
- For treatment, while all sites offered first-line TB regimens and 60% offered second-line regimens, dose adjustment was a challenge for most HCWs. Reporting tools did not include other opportunistic infections thus making it difficult to assess their screening and management.
- All sites offered pre-ART services, routine adherence assessment, and counseling but tests for drug toxicity monitoring were mostly only available at a fee to clients.
- Regarding prevention, there was non-uniformity and limited clarity on the availability, awareness, and utilization of azithromycin, and fluconazole prophylaxis. TB preventive therapy was available although health care worker's prescription of pyridoxine was inconsistent. Lastly, some HCWs were not aligned on the timing for Bacillus Calmette-Guérin (BCG) vaccination, neonates living with HIV.

Conclusions

Implementing the WHO STOP AIDS package of care for children and adolescents with AHD to fidelity will require addressing HCW knowledge gaps in knowledge and improving monitoring and evaluation systems to track implementation.



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