



FMoH

**Expanding Access to Pediatric HIV/AIDS  
Care and Treatment in Ethiopia:  
*Challenges and Prospects***



ICAP

**Pediatric HIV/AIDS Care & Treatment  
in Ethiopia: Situational Analysis**

FMoH and ICAP-Ethiopia

Presented by:

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**Addis Ababa, Ethiopia  
25-27 January, 2006**

# Overview of Presentation

- Background
- The situational analysis: objectives & methodology
- Summary of major findings
- Next steps

# Background: Global Challenges

End-2005 global HIV and AIDS estimates  
Children (<15 years)

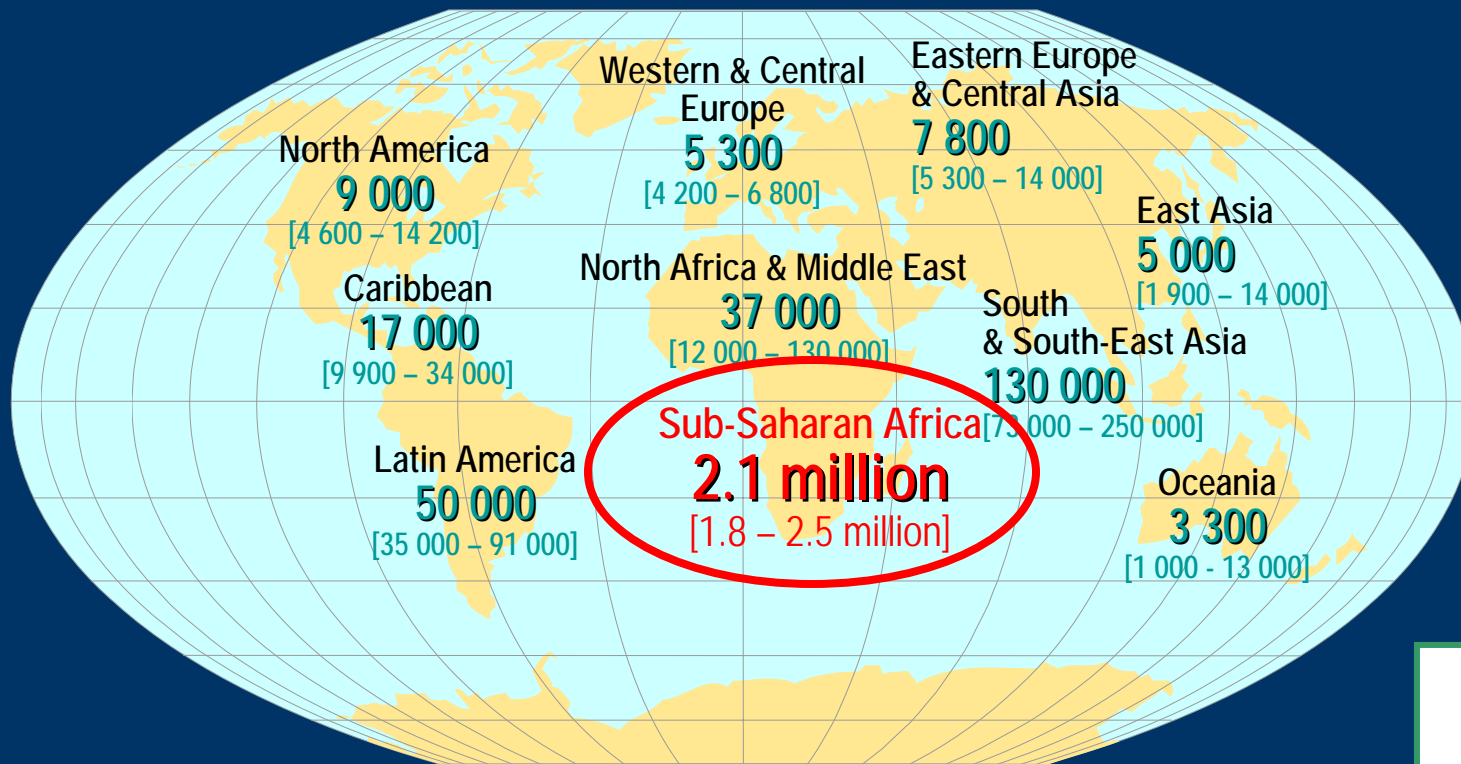
- Children living with HIV 2.3 million [2.1 – 2.8 million]
- New HIV infections in 2005 700, 000 [630 000 – 820 000]
- Deaths due to AIDS in 2005 570, 000 [510 000 – 670 000]



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# Children (<15 years) estimated to be living with HIV as of end 2005

Total 2.3 (2.1 – 2.8 million)



Total: 2.3 (2.1 – 2.8) million



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# Background: Global Challenges

Barriers to care and treatment of children in low-resource settings include:

- Poorly developed infrastructure for pMTCT follow-up
- Challenge of diagnosing HIV in infancy
- Complexity of ARV drugs procurement and use
- Human resource limitations
- Stigma
- Marginal political/community commitment to a pediatric agenda

**In the face of rapid progression of HIV infection in children**

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# Background: Ethiopia 2006

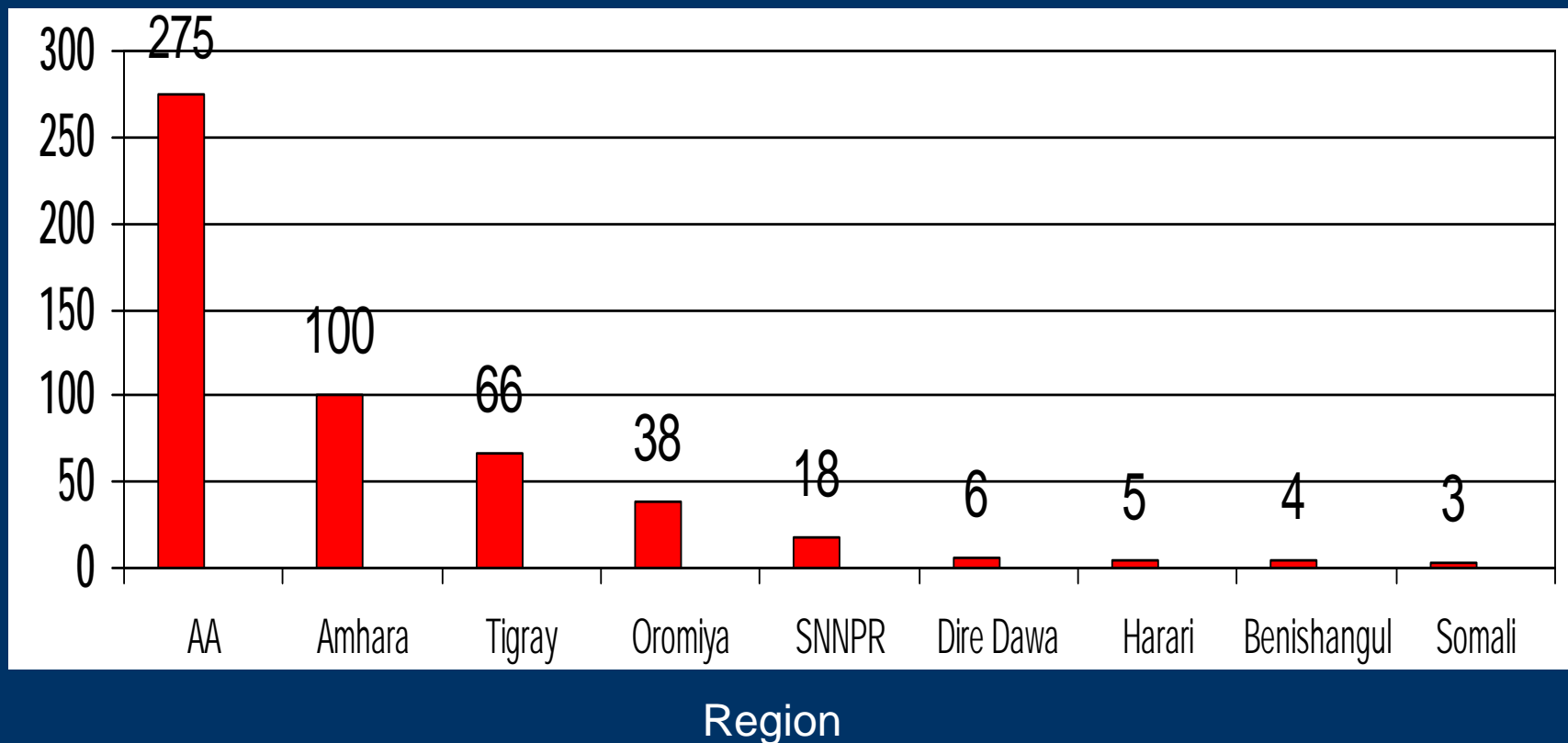
- Adult HIV prevalence rate 4.8%
  - urban 12.5%, rural 3.2%
- 155,165 HIV-infected pregnant women
- 39,806 newly infected infants in 2005
- 98.7% of babies < 6 months breast feed (EDHS 2005)
  - 49% practice non-exclusive breast feeding
- 120,181 children < 14 estimated to be living with HIV/AIDS
- 754,760 AIDS orphans

# Background: Ethiopia 2006

- 62,924 children living with HIV/ AIDS are predicted to need treatment, but only 515 are receiving ART through the public sector as of 12/05
  - Less than one percent of children in need are receiving ART

# Background: Ethiopia

As of December 9, 2005 HAPCO/FMOH report **515** children receiving ART in public sector



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# Background

## Urgency:

- Without treatment, 50% of HIV-infected children will die before their 2<sup>nd</sup> birthday and 75% before their 5<sup>th</sup> birthday.

## Good news:

- There are best practices and success stories to learn from within Ethiopia and other resource-limited countries
- There are multiple implementing partners working to strengthen care & treatment for children with HIV in Ethiopia, many of whom are represented at this conference.

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# Objectives of the Situational Analysis - 1

1. Describe national policies, frameworks, and guidelines on pediatric HIV/AIDS care & tx.
2. Assess the integration of pediatrics into training curricula, guidelines, & clinical tools.
3. Assess pediatric HIV diagnosis, care, and treatment services available in Ethiopia.
4. Examine linkages of pediatric HIV/AIDS care and treatment with other health services.

# Objectives of the Situational Analysis - 2

5. Assess the availability of drugs and diagnostics needed to treat pediatric HIV/AIDS.
6. Explore capacity to mobilize and sustain partnerships for successful scale-up of pediatric care and treatment.
7. Identify opportunities and barriers for scale-up.
8. Report back to partner organizations.

# Methodology - 1

- Assessment team formed in December 2005 (FMoH, ICAP-Ethiopia, and ICAP-NY).
- Objectives and core assessment areas jointly identified.
- Review and analysis of existing HIV/AIDS policies, plans, guidelines, tools, and curricula.
- Review of existing relevant studies and evaluations.
- Key informants identified and selection criteria for regions and facilities established.

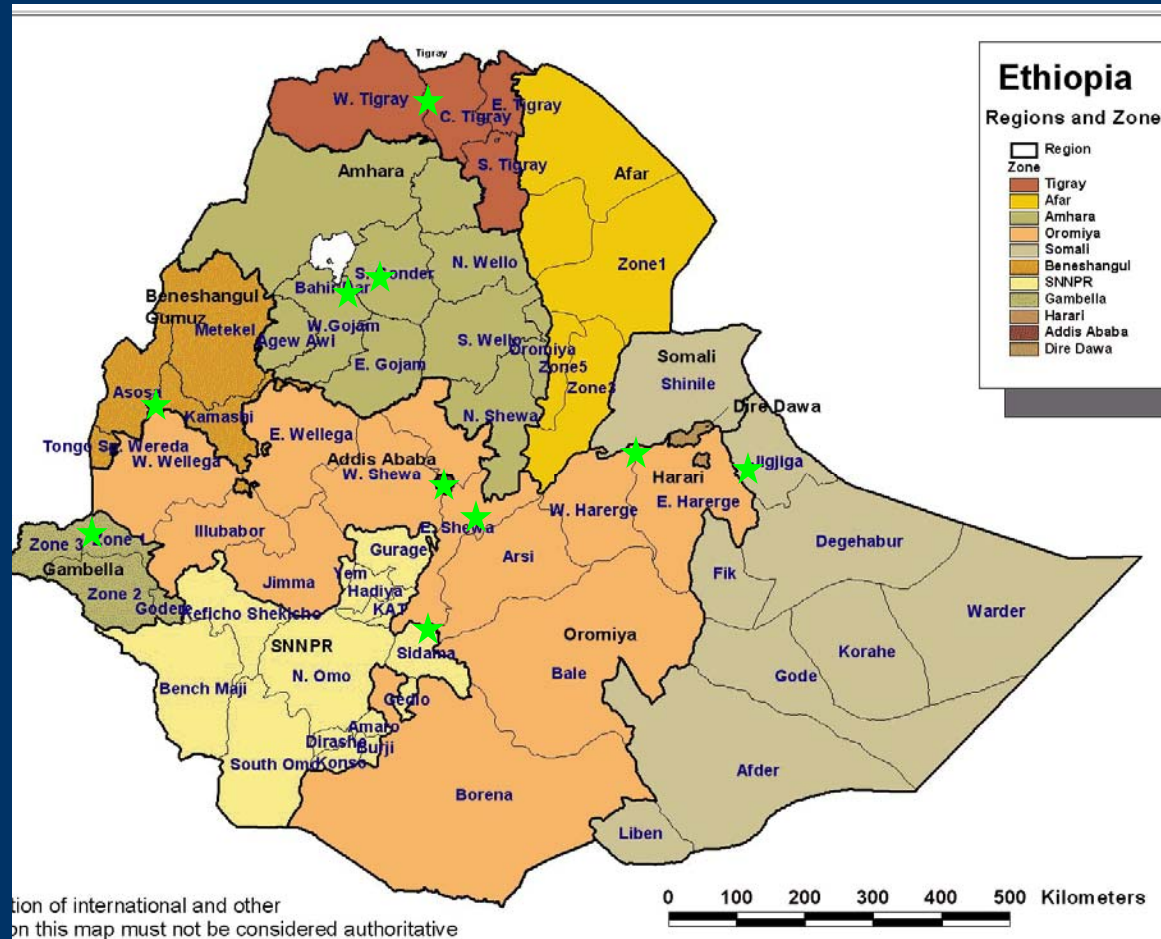
# Methodology - 2

- Key stakeholder consultation.
- Data collection tools developed, pre-tested, and revised.
- Field visits, interviews with managers and service providers, partners, RHBs, NGOs, and civil society groups.
- Data analyzed in January 2006.

# Methodology - 3

- Visits to 6 regional health bureaus
- Site visits to:
  - 17 public sector health facilities
    - 11 hospitals (2 university hospitals)
    - 6 health centers
  - 5 private hospitals
  - 1 orphanage
  - 1 PLWHA association
  - 6 partner organizations

# Sites Visited



- Addis Ababa
- Oromiya
- Amhara
- SNNPR
- Tigray
- Jijiga
- Dire Dawa
- Gambella
- Benishangul
- Somali

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# Summary of Situation Analysis Findings

## Core Areas:

- National policies, frameworks, and guidelines
- Human resources and training
- Efforts to prevent pediatric HIV infection
- Diagnosis of HIV-infected infants and children
- Care and treatment of infants and children with HIV/AIDS
- Drugs, supplies, and other logistics

# National Policies and Plans

- Constitutional articles and international conventions to protect children's rights.
- Comprehensive HIV/AIDS Policy approved by the Ethiopian government in 1998.
  - Focus is on prevention and control; document precedes pMTCT and ART programs; children identified as priority targets
- Ethiopia Strategic Plan for Intensifying the Multi-sectoral HIV/AIDS Response, HAPCO (2004-2008).
  - Orphans, vulnerable children, and children with HIV/AIDS identified as priority targets for care, support, and treatment

# National Pediatric Targets

Road Map target = 4,000 children on ART by the end of 2006

- Although this is nearly a 10-fold increase, it represents only **6%** of children in immediate need of ART
- 2006 national target for adults represents **31%** of those in immediate need of ART

# FMoH Guidelines

- *Guidelines for the Clinical Management of Pediatric HIV Infection in Ethiopia* (FMoH-CDC, 2000)
  - Limited guidance on ART use in children
- *Guidelines for Implementation of ART in Ethiopia* (1/05)
  - Emphasizes the need to prioritize children for ART
- *National Guideline on the Use of ARVs*
  - First issued in 2003, revised in 2005 and includes separate section on pediatric care and treatment

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# FMOH Guidelines - 2

- *National Strategy for Infant & Young Child Feeding* (MOH 2004)
- pMTCT and HCT guidelines under revision
- *National Guideline on Nutrition and HIV/AIDS* under development
- *National guideline for cotrimoxazole prophylaxis* on its final stage
- **The Situational Analysis found that national HIV/AIDS Treatment (ART) guidelines were available at only 2 of the 17 sites visited**

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# Pediatric HIV/AIDS: National Leadership

- MoH/HAPCO committed to expanding access to care & treatment for HIV/AIDS, and great strides have been made
- The national Care and Treatment Technical Working Group includes pediatricians
- However, there is no HIV/AIDS Working Group dedicated solely to pediatric care and treatment

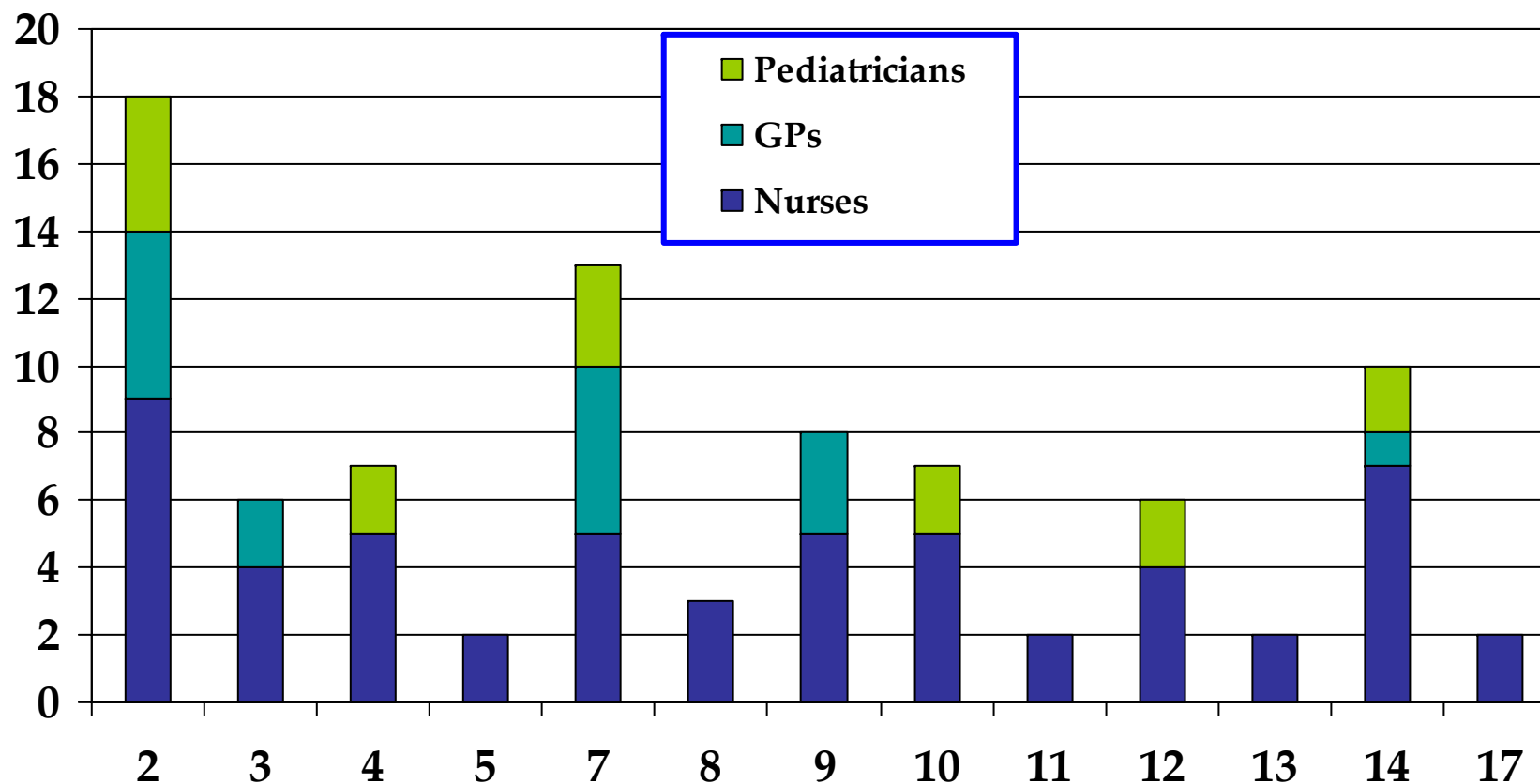
# Human Resources and Training

For ~ 77 million predominantly young population (44% <15 years), Ethiopia has approximately:

- 2,000 physicians
- 700 health officers
- 15,500 nurses
- 5,200 paramedicals
- 200 pediatricians

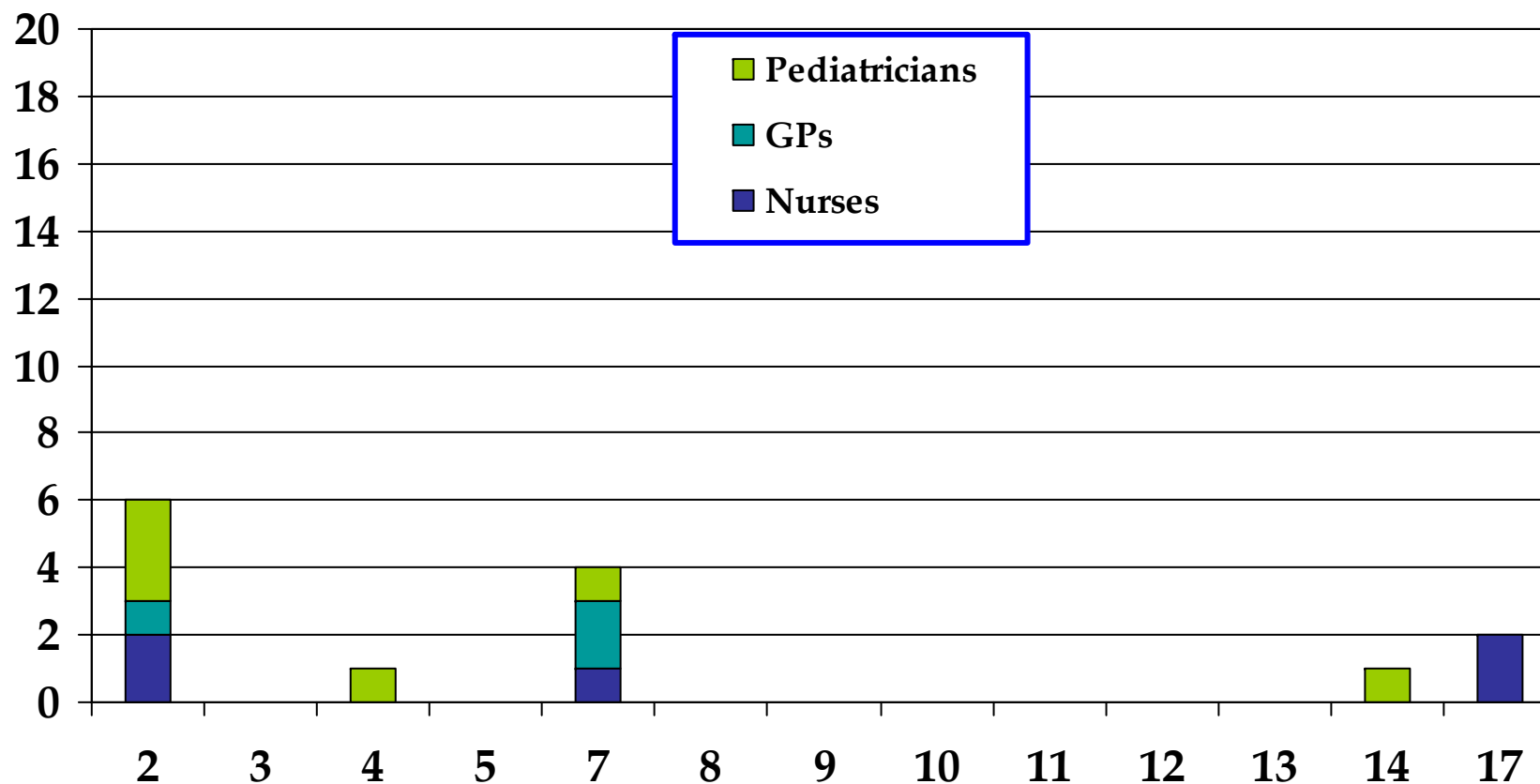
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# Human Resources and Training: CHS staffing at Situational Analysis sites



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# Human Resources and Training: CHS staff with pediatric HIV/AIDS Training



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# Human Resources and Training

- Current National Hospital based 7-day ART Training curriculum includes only 2 hours on pediatric care and treatment
  - FMoH, ICAP-Ethiopia and I-TECH are working to expand this to two days of pediatric training
- Ethiopia has adapted IMAI/IMCI for first level care providers
- Availability of clinical mentors and supportive supervision in pediatric HIV/AIDS care & treatment is extremely limited

# Preventing Pediatric HIV

- National pMTCT program launched 9/03, currently providing SD NVP at 136 sites (55 hospitals, 81 health centers)
- Partner data from 2005
  - Partner 1: 630 women and 373 children received NVP
  - Partner 2: 548 women and 571 infants received NVP
  - Other partners: data pending

# Preventing Pediatric HIV

Excluding Tikur Anbessa and Zewditu hospitals where rates are higher, the situational analysis found:

- On average, 39% of pregnant women were tested for HIV (range 7-92%)
- On average, sites had provided SD-NVP to 12 women (range = 0-35) in the past 6 months
- On average, sites had provided SD-NVP to 9 infants (range 0-35) in past 6 months

Despite notable progress in expanding the service, numbers reached by pMTCT services fall far short of national targets

# Preventing Pediatric HIV

## Barriers to expansion of pMTCT in Ethiopia:

- **Low ANC coverage**
  - As per 2005 EDHS, 28% of women made at least one ANC visit (90% in AA, <10% in Somali)
- **Rare institutional delivery**
  - 5% of babies are delivered at a health care facility
  - 6% of babies are delivered by a health care professional
- **Opt-in testing still the norm in pMTCT programs**
  - Opt-out testing being piloted at some sites

# Preventing Pediatric HIV

- pMTCT programs not routinely linked to care and treatment
  - Of 15 facilities with pMTCT programs visited, 1/15 routinely assessed mothers for ART eligibility, 4/15 referred mothers for assessment, and 9/15 provided no services or linkages
- A lost opportunity to further reduce MTCT by putting pregnant women with advanced HIV on ART instead of SD NVP

# Diagnosis of Pediatric HIV: Infants

Diagnosis of infants severely constrained by:

- lack of access to virologic testing (PCR)
  - None of the facilities visited provide routine infant diagnostic testing
  - Availability of PCR limited to private sector in Addis Ababa
- lack of routine infant follow up from pMTCT programs
  - Excluding research projects, 9/13 pMTCT sites visited had no infant follow up at all
- lack of access to information about maternal HIV status
  - No routine documentation of maternal HIV status or pMTCT participation in children's health records

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# Diagnosis of Pediatric HIV: Children

Diagnosis of children available, but constrained by:

- Poor uptake of HCT by children
  - Likely multifactorial (stigma, failure to recognize symptoms of HIV in children, requirement for parental consent for those < 18 years)
- No routine case-finding in inpatient wards, under-5 clinics, pediatric TB care sites
- No routine pediatric case-finding in adult HIV care settings

# Care and Treatment

- Medical records (particularly intake form) not suitable for children
  - FMoH, JHU & ICAP developing pediatric intake form
- Space for pediatric care & treatment even more limited than for adults

# Care and Treatment

- Limited access to counseling, patient/caregiver support, and health education
- Minimal linkages to community resources
  - 3/13 facilities visited characterized themselves as having functional links to community based resources

# Care and Treatment

- Rapid and successful expansion of access to CD4 testing, now available at 30 hospitals nationwide.
- However, machines in use are FACSCOUNT, which do not provide CD4 percentages (required for children < 6 years).

# Care and Treatment

- Cotrimoxazole prophylaxis:
  - 6/15 pMTCT sites routinely prescribe prophylactic CTX to HIV-exposed infants
  - Most sites give prophylactic CTX to HIV-infected children
  - Even at these sites, CTX prescription is limited by frequent stock-outs of cotrimoxazole suspension

# Care and Treatment

- Limited experience with pediatric ART
  - Outside of Addis Ababa, no site had more than 41 pediatric patients on ART
  - Only 12/351 (3%) of pediatric patients on ART are < 18 months old (and 6 of the infants are in AA)
  - Providers receive little or no training on pediatric adherence support or pediatric disclosure
  - As of 12/05, only 10 children are on second-line regimens (all in Addis Ababa)

# Care and Treatment

## Private hospitals:

- 2/5 had ART services (for adults) and CD4 testing
- No pMTCT services, no routine HIV testing in ANC
- Little or no pediatric care & treatment
  - Ex: the 2 hospitals in AA have > 1000 adults on ART but only 3 children on ART
- Lack access to training, limited access to ART (private prescriptions not accepted in public hospital pharmacies)
- National initiatives underway to enhance public-private partnerships

# Drugs and Supplies

- Pediatric ARVs procured by RPM+
  - Have distributed sufficient ARVs for 2,500 children, report capacity to provide ART for 10,000 children
  - 11/11 hospitals visited had pediatric ARVs in pharmacy
  - 7/11 hospitals visited reported functioning refrigeration in pharmacy
- No complete second-line regimen available in country (although drugs ordered and expected soon)
- Limited access to cotrimoxazole suspension and other OI drugs outside Addis Ababa (CTX for prophylaxis expected for 2006)

# Summary

- Strong national commitment to enhancing access to care and treatment for HIV/AIDS
- Dramatic progress in past year despite challenges
- There are significant barriers to expanding care and treatment for infants and children
- These require a specific/focused and dedicated response

# Situational Analysis: Next Steps

Work with partners and colleagues to:

- Provide strong advocacy for care and treatment of pediatric HIV/AIDS
- Develop specific recommendations to strengthen pediatric components of the national ART program

# Conference Goals & Objectives

- **Goal:** To jointly advance the pediatric HIV/ AIDS care and treatment agenda in Ethiopia.
- **Objectives:**
  - To apply lessons learned from successes in pediatric care and treatment to the Ethiopian context.
  - To develop a list of specific recommendations to the FMoH and other stakeholders on moving the pediatric care and treatment agenda forward.
  - To develop concrete next steps to move these recommendations forward.

# Conference Agenda

- Day 1
  - Panels on Preventing Pediatric HIV Infection, and Diagnosing HIV Infection in Infants and Children
  - Discussion
- Day 2
  - Panels on Entry Points to Care and Treatment, Care and Treatment of Pediatric HIV, and Logistics of Care and Treatment
  - Discussion
- Day 3
  - Simultaneous small working group sessions
  - Report back from working groups on specific recommendations

Interactive sessions and audience participation are the keys to a successful conference!

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# Conference Outcomes

- A list of specific, concrete recommendations to move the national pediatric care and treatment agenda forward in Ethiopia.
- Next steps outlined on implementing these recommendations.
- A formal conference report that includes:
  - Detailed results of the situation analysis.
  - Presentations from the conference.
  - Key discussion points and recommendations from the conference.

**THANK YOU!**



WHO. P. Viroc.

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