



FMOH

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



ICAP

**Inpatient HIV Testing:  
The Zambia Experience**

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Addis Ababa, Ethiopia  
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**If not infected...**



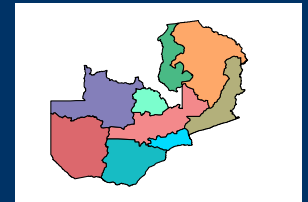
**.... you are affected**

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# Presentation Outline

- Background
- Goals and Objectives
- Program Implementation
- University Teaching Hospital Statistics
- Lessons Learned

# Zambia Country Profile



- Population 10,3 million
- One of the poorest countries in the world
  - Per capita GDP \$280
  - 80% of the population afflicted by poverty
- One of the countries most affected by HIV
  - HIV prevalence about 16%
- 28,000 infants born with HIV each year

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# University Teaching Hospital

- Tertiary hospital in Lusaka, Zambia
- Medical and nursing schools
- Adult and pediatric ART clinics



Site of pediatric inpatient testing initiative

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# The Inpatient Testing Initiative

- Traditional HIV testing models overlook the special needs of infants and children
  - Rapid disease progression in HIV-infected children (50% mortality by age 2) creates an urgent need to identify HIV-infected infants
  - Parents may not identify risk and/or symptoms of HIV; few children attend stand-alone VCT centers
  - Provider-initiated testing is particularly important in pediatrics

# Goals and Objectives of the UTH Pediatric ART Program

## Goal:

To counsel and test all in-patient children regardless of their medical diagnosis at the first point of contact at the University Teaching Hospital.

# Goals and Objectives of the UTH Pediatric ART Program

## Objectives:

- To increase the number of inpatient children being counseled and tested for HIV.
- To increase early identification of HIV-exposed and HIV-infected children.
- To increase the number of children assessed and enrolled into HIV care and treatment at UTH.
- To increase the number of children on ART.

# Benefits

- Standardizing the identification, care and treatment for children with HIV hospital-wide.
- Initiating C&T at first point of contact allows follow-up and more interaction, education and assessment for children and families.
- ART assessment can be initiated while the child is still in the hospital.
- At-risk and pre-natally exposed children are identified earlier.

# Program Implementation

- All first point of contact wards are targeted (e.g. Admission, Isolation and Nutrition Ward).
- 4 counselors from the Family Support Unit offer C&T from 08:00-16:00 on these wards.
- All inpatient wards and multidisciplinary team staffers are sensitized.
- Counselors conduct group counseling and individual counseling.
- Counselors and nurses work together to maintain records that can be used throughout a child's admission and for follow-up.

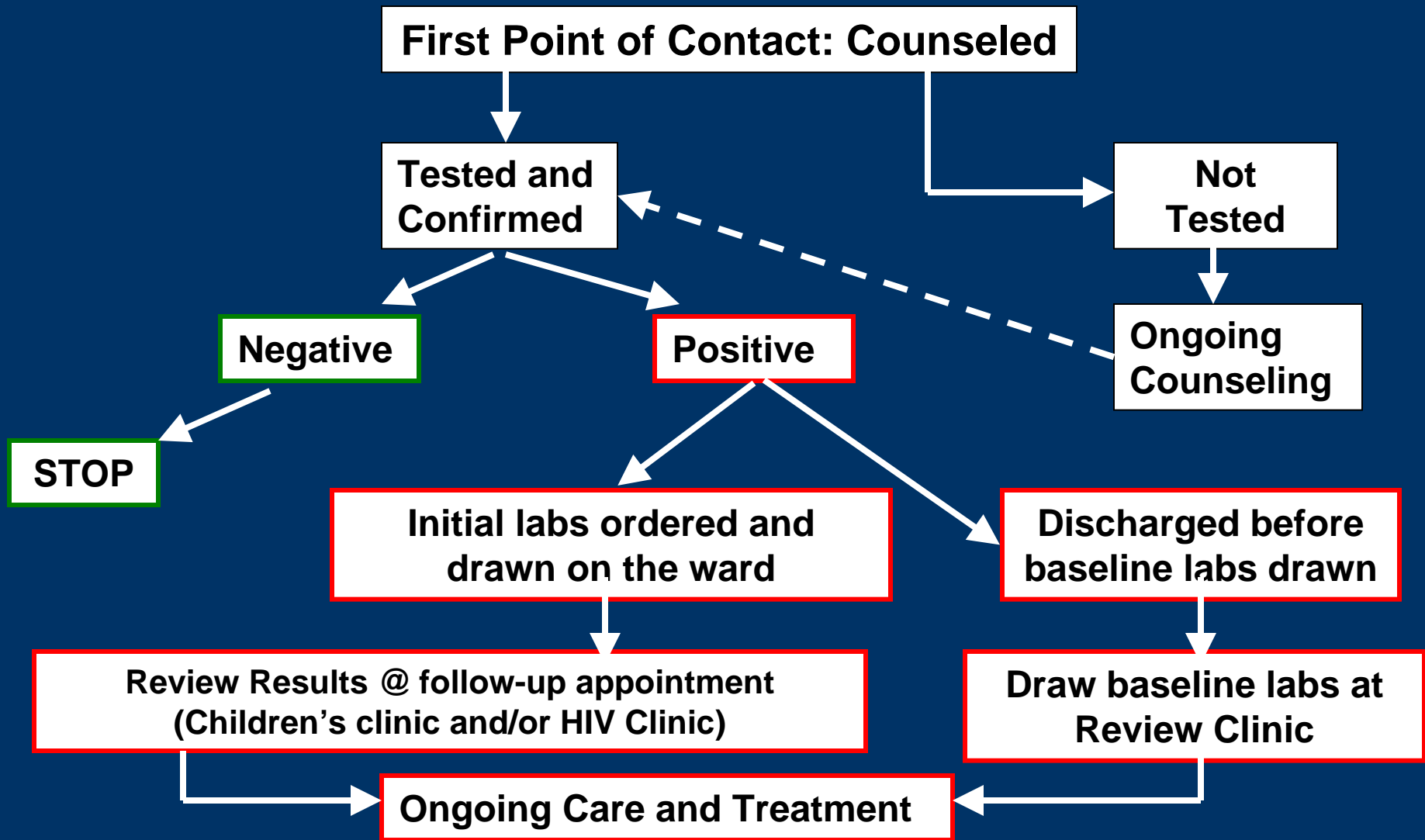
# Program Implementation Follow-up

- Counselors follow-up patients who have deferred testing and/or were missed at the first point of contact (e.g., night time admission).
- Once identified as exposed or HIV-infected physicians order baseline labs and CD4 counts.
- Follow-up for ART eligibility then occurs at the children's review clinic unless they are admitted for a lengthy stay.

# Multidisciplinary Team

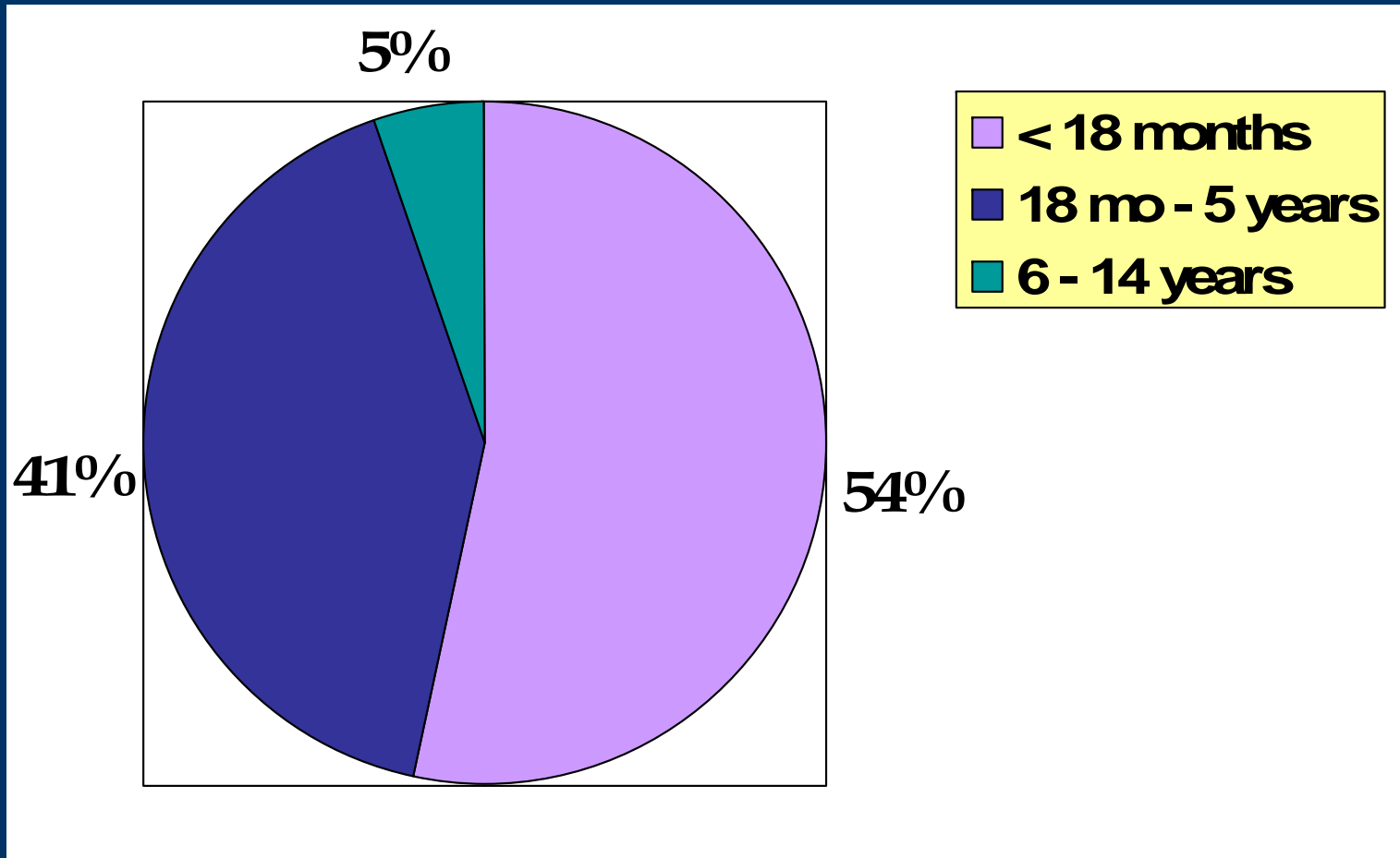
- To standardize C&T, initiative, buy-in and patient contact is required at all levels of care:
- Counselors, Nurses, Clinical Officers, Pharmacist, Physicians, Nutritionist, & social worker
- **All team members have responsibility to address HIV in their routine care of the patient.**
- This allows the family to receive the same message and approach from multiple points of contact.

# Program Implementation



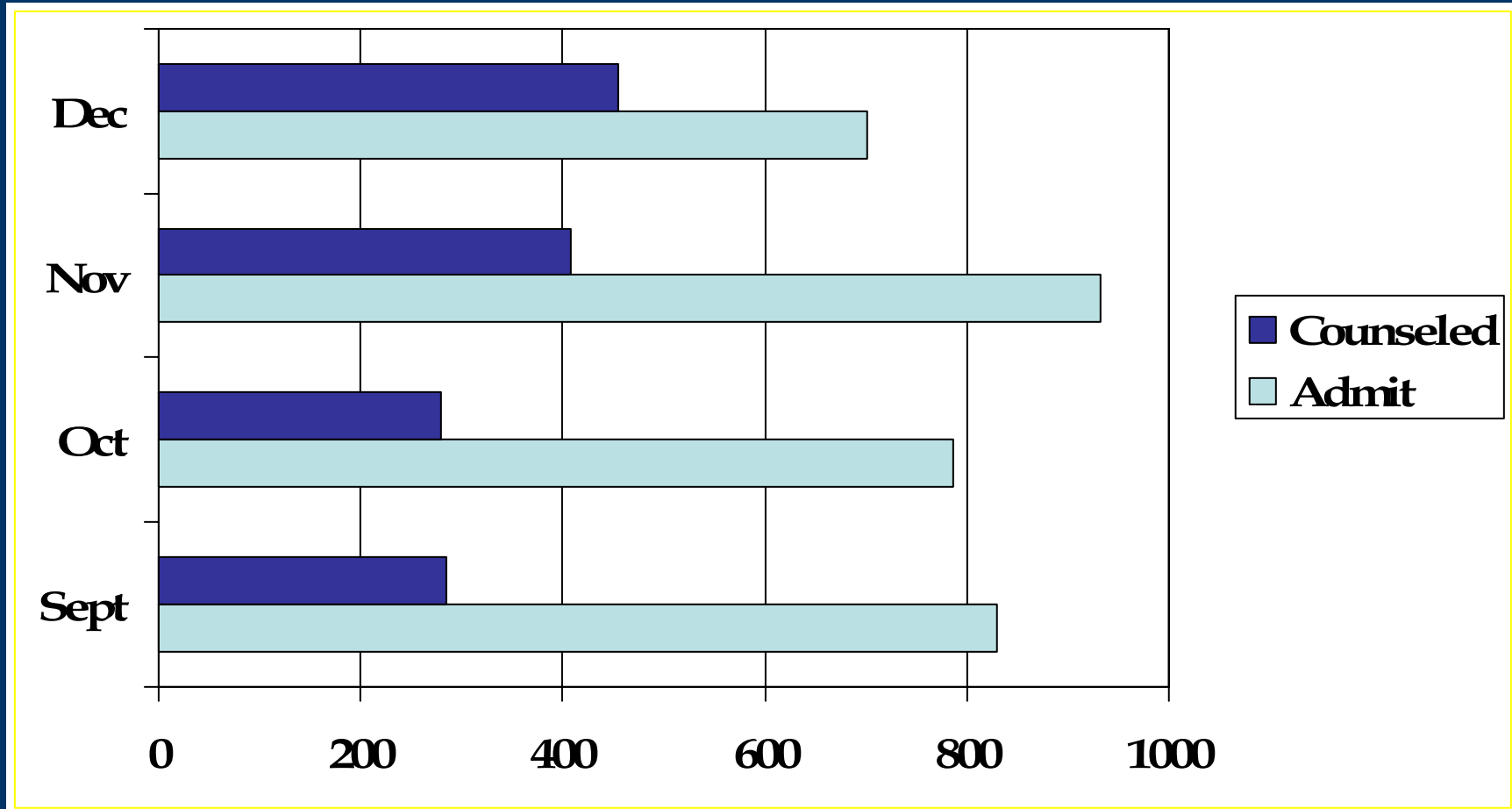
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# Age Breakdown of Children Tested December 2005



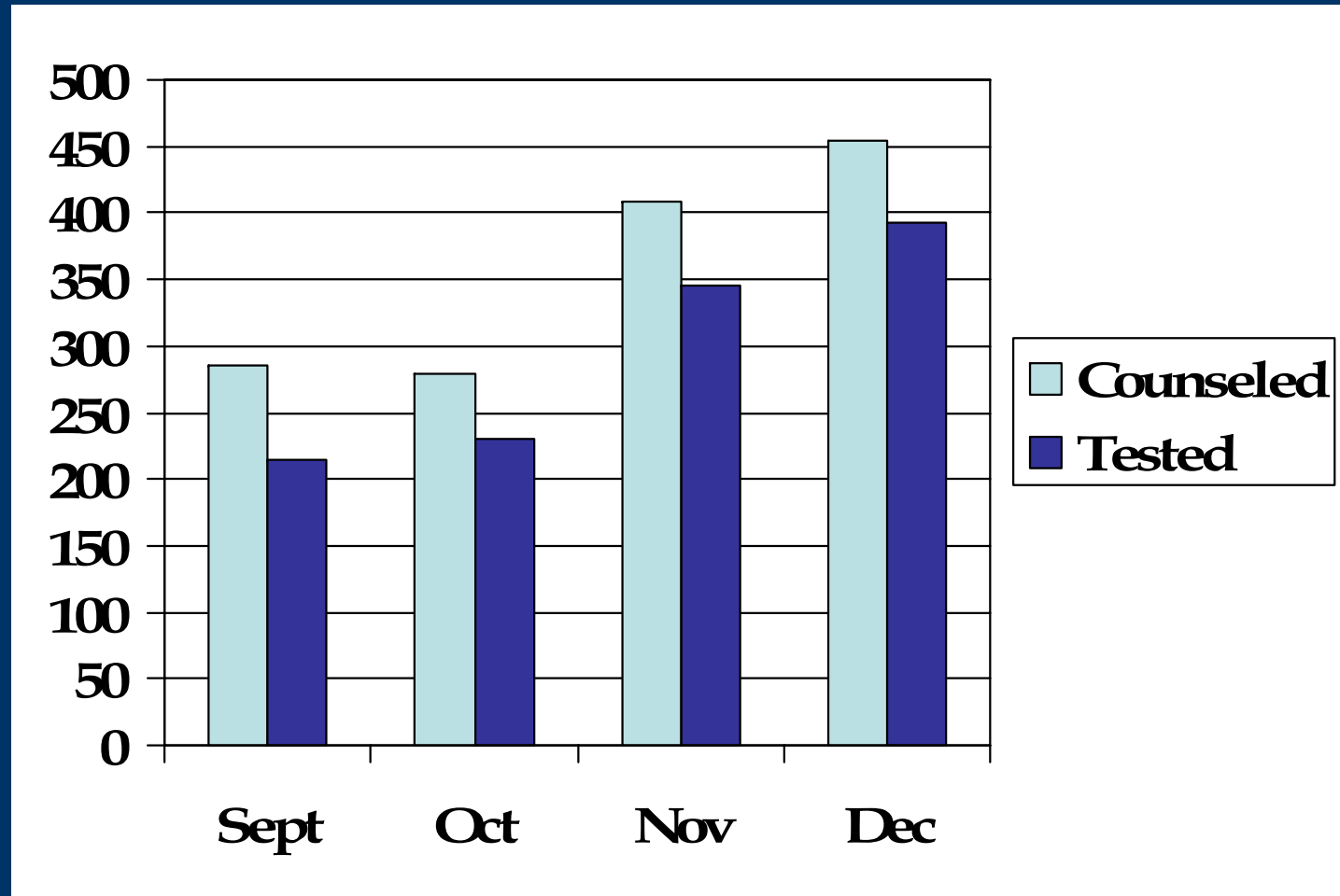
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# Children admitted and counseled September – December 2005



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# Children Counseled and Tested September – December 2005



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# Barriers (reason for refusal)

- Majority of children and caretakers agree to counseling and testing with two major exceptions:
  1. Caretaker defers decision until she receives consent from her husband and/or other caretaker.
  2. Child is too ill (caretaker too distracted) to carry out appropriate counseling.
- Limited human capacity – counselors only work day shift Monday – Friday.

# Lessons Learned

- Adequate staffing is essential on all levels of the multidisciplinary team.
- Hospital statistics need to be reviewed prior to assigning counselors in order to target peak locations and times.
- M&E system should be in place from the beginning to be able to report statistics and track patients.
- Sensitization and group counseling is essential.

# Pediatric Advocacy – Next Steps and Recommendations

- Keep kids on the agenda
- Recognize their special needs
- Build pediatric capacity & expertise
- Advocate for development of affordable pediatric formulations
- Develop a stand-alone pediatric ART guideline