



FMOH

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



ICAP

**Pediatric ART:  
The Uganda Experience**

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# History of Paediatric HIV Care at Mulago Hospital

- Once-weekly paediatric HIV clinic established to provide specialized care
- Initially concentrated on determining HIV status
  - At first, no PCR available for infant diagnosis
  - ELISA for those above 18 months
- Prior to Dec 2000, infected children were followed up and treated for OI

# History of Paediatric HIV Care at Mulago Hospital

- Over time, PCR testing became available
- First ART started Dec 2000
  - 10 children selected on basis of how long they had been with the clinic
- In 2003, ART was expanded to cover over **1200** children using PEPFAR funds and Feed the Children Canada
  - We aim to treat at least 4000 children
- Family clinics started 2005

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# Source of patients

- Referred by doctors from the general paediatric wards
- Self referrals
  - Both of these left out the very young and the symptom-free patients
- **Active sourcing of patients**
  - From the wards utilizing the newly established Routine HIV counselling and testing
  - pMTCT (NVP single dose) participants

# Availability of drugs

- We have not experienced stock-out yet
- Syrups for the very young
  - Difficult to ascertain adherence
  - Parents still have problems with administration of tasteless, carrying home, keeping
- Fixed-dose combination tablets
  - Difficult to cut for suitable dosing
  - Generic and brand

# Adjunct to ART

- Food supplements
- Insecticide treated bed nets
- Safe water
  
- Need to solicit funds for food
- Establishing income-generating projects

A businessman - Mukwano - regularly gives bread and milk to the patients



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# Problems

- At the beginning
  - Disclosure which was a requirement for starting drugs
  - Now easing we have 400 adolescents on treatment
  - Data collection and keeping
    - Fully computerised
  - Loss to follow up
    - Home visiting

# Problems

- Huge numbers leading to late clinics
  - Children get fed but the parents are not catered for
  - Quality of care may be compromised
  - No inpatient services
    - We visit admitted children at the wards they are admitted
- Occasionally patients may come unaccompanied
  - Ill-parents might wish to do their visits together with the children

**One busy clinic:  
Parents are getting snacks for their children at 1300hrs**



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# Solutions

- Doctors visits
  - Three-monthly visits
  - Due for nurse visit but with problems
  - Orphans brought in by elderly attendants
- Nurses visits
  - Two consecutive months
- New patients are seen by counsellors only unless the children are sick, in which case they are sent to the doctor

# Problem

- Adherence problems
  - Adolescents and younger children give up treatments while pretending that they are still on treatments
  - Elderly women sometimes fail to show up for refills
  - Some children stubbornly stop taking drug.
  - Some attendants find it difficult to measure syrups accurately

# Solution

- Care takers' quarterly meetings
  - Staff just moderate the meeting
  - Rules and by-laws are made by the care takers
  - Punishments to the offenders are carried out by the care takers
- Adolescents and the younger children meet the last Saturday of the month
  - Entertain one another
  - Get involved in various clubs
  - Peer counselling is done where appropriate

# Data Management

- Availability of computers
- Part time data clerks to clear backlog
- Full-time data clerks to continue with the work
- Hard copies safely stored in a room

