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



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## Recommendations from Working Group 1

*Entry Points to Care & Treatment:  
How to Increase Enrollment*

Addis Ababa, Ethiopia  
25-27 January, 2006

# Working Group Members

- Ellen Cooper (facilitator)
- Abonesh Hailemariam
- Berhanu Gudeta
- Sofia Mengistu
- Agnes Sseudege
- Teklu Belay
- Fanna Minwyelet
- Neway Gessesse
- Taye Tolera
- Eyerusalem Kebede (Rapporteur)
- Zenebe Melaku (facilitator)

# Entry points

- MCH services... pMTCT services
- Child health services
- Adult HIV services
- Orphanages
- Community based activities and institutions

# Recommendation 1: Policy

## Strengthen entry point for HCT

Provider initiated HIV counseling and testing

- opt out strategy
- testing at point of care
- ANC, L & D
- Child health services (OPD, In-patient wards, TB clinics)

# Recommendation 1: Policy

- HIV counseling and testing training curriculum and algorithms to incorporate pediatric
  - Counselors training
  - Laboratory techs
  - Clinical and lab algorithms

# Recommendation 2: Technical

## Strengthen linkage between pMTCT and care and treatment

- ANC counseling and information to incorporate about care for HIV exposed infants
- Maternal HIV status to be recorded on child imm. ANC card for children born at health facility
- Peer mother to mother support
- Routine assessment of HIV positive mothers for eligibility for care and treatment

# Recommendation 3: Technical

- Sensitize orphanages and adoption agencies on pediatric HIV testing, care and treatment
- Support and promote access to HIV diagnosis, care and treatment for children in orphanages

# Recommendation 4: Technical

Advocacy and promotion of Pediatric HIV/AIDS prevention, care and treatment

- Mass media promotion
- Sensitization of program managers and service providers

# Recommendation 5: Technical

Partnership with community based organizations, churches, PLWHA associations,

- Child/family focused
- HIV/AIDS programs
- Training of health extension workers
- Technical assistance and support

# Recommendation 6: Technical

Strengthen linkages with adult HIV/AIDS care and treatment services

- Routine ongoing offer of HIV test to family members
- Family centered services
- Psychosocial support
- Linkage of client/patient records



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**Recommendations from  
Working Group 2**

*Care of HIV-Exposed and  
HIV-Infected Children*

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

# Working Group Members

- Dr Mengistu Tafesse
- Dr Ruby Fayorsey
- Dr Elham Hassen
- Dr Shaffiq Essajee
- Dr Teshome Desta
- Sr Yetimwork Tekle
- Dr Chipepo Kankasa
- Dr Israel Kalyesubula
- Dr Ashebir Kidane
- Dr Solomon Tessema
- Dr Sirak Hailu

# Recommendation 1-Policy

- Create a National Pediatric Technical working group
- Pediatric Training should be incorporated into all National HIV / AIDS training with supplementary training for pediatric providers
- Expand cadre (nurses) of different of health workers who prescribe ART and complimentary HIV/ AIDS medications

# Recommendation 2 -Policy

- Scale up IMCI/HIV complimentary course in the IMAI roll-out
- Ensure adequate supply of Pediatric formulations of ARVs and OI medication ( syrups, fixed dose combinations)
- Create a Family Focused Pediatric Model Center /Program (according to national road map)
- Health Information System (record keeping, pediatric forms)
- Pediatric Advocacy at all levels

# Recommendation 3-Technical

## Minimum Package for Exposed Infants/children

- All exposed children should started on cotrimoxazole starting at 6 weeks of age or at first contact
- Avail infant diagnostic services ( DBS, algorithms and protocols)
- Targeted growth and nutrition monitoring
- Targeted developmental assessment
- Routine immunization, and child care services
- Infant Feeding counseling
- Maternal Health and Nutrition counseling and referral for HIV supportive services

# Recommendation 4-Technical

## Minimum package for Infected child

- Assessment for ART eligibility according to national guidelines, comprehensive care and treatment package
- Opportunistic Infection prophylaxis
- Comprehensive and timely management of common childhood illnesses (IMCI)

# Recommendation 5-Technical

- Psychosocial support, adherence and disclosure
- TB/HIV services –Screening, prophylaxis and treatment
- Nutritional counseling and support
  - Micronutrient supplement, Provision of safe water
- Family Centered Care
- Strengthen referral systems

# Recommendation 6-Technical

- Resources for health care providers -job aids
- Client support materials

# Conclusions

- At the national level (policy level)-  
pediatric advocacy, TWG, expanding  
pediatric training in the general training,  
increasing cadre of HWs with prescription  
abilities
- At the local (site) level: minimum package  
for the exposed and infected child,  
availing job aids and client support  
materials



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**Recommendations from  
Working Group 3**

*Infant Diagnosis and  
Laboratory Challenges*

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

# Working Group Members

- Dr. Luis Felipe Gonzales
- Dr. Amilcar Tanuri
- Dr. Dawit Wolday
- Dr. Yohannes Mengistu
- Dr. Ayele Zewde
- Dr. Bereket Hailegiorgis
- Dr. Hailu Tadeg
- Dr. Aragie Kassa
- Dr. Teferi Mekonen
- Ms. Mae Podesta

# Recommendation 1

- Assessment and definition of laboratory system for infant diagnostics
  - Assessment of EHNRI and Regional Laboratories: Infrastructure, equipment, supply and renovation needs.
  - Definition of laboratory network: How many, where, scale up schedule.

# Recommendation 2

- Training
  - Lab training
    - \* Review training in EHNRI for DNA PCR and DBS technology - on site.
    - \* Make a training schedule for training of other labs.
    - \* Reinforce the presence of CD4%.

## Recommendation 2, con't

- Health facility training
  - \* Create a team of trainers (collection and transport of DBS and interpreting DBS results)
  - \* We recommend lab model be included in clinical training.

# Recommendation 3

- Logistic and Implementation strategy

We have to generate an Action Plan for the different components of PCR testing:

- Collection
- Transport
- Forms
- Storage
- Data Management
- Sample logging system, etc.

# Recommendation 4

- Procurement
  - We need a projection of # of patients.
  - Procurement of equipment to set up lab.
  - Establish a projection of reagents, disposables, consumables for DBS, kits...

# Recommendation 5

- QA/QC:
  - Follow the National HIV Lab Plan
  - Define structure for National QC system for Infant Dx. Lab. issues:
    - \* Retesting positive and negative samples
    - \* Site supervision
    - \* On site re-training & mentoring
    - \* SOPs
    - \* International EQA ( CDC, etc.)

# Recommendation 6

- Validation / Piloting System:
  - Validation study to compare whole blood vs. DBS ( EHNRI)
  - Pilot study to evaluate implementation of DBS : Urban & Rural

# Conclusions

- Initiate DBS testing to expand infant diagnosis.
- Incorporate HIV infant Dx. in the National HIV Lab TNG.
- It is important to define responsibilities among partners in the implementation of the HIV infant Dx.
- Initiate the process in EHNRI and expand to the other laboratories.



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**Recommendations from  
Working Group 4**

*Site Planning and Pediatric  
Program Implementation*

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

# Working Group Members

- Dr. Mohammed Ali (chairman)
- Dr. Abraham Hailemlak (rapporteur)
- Dr. Yetnayet Asfaw
- Dr. Afework Kassa
- Sr. Aberash Belete
- Mr. Rik Nagelkerke
- Dr. Miriam Rabkin
- Dr. Marina Madeo

# Overview

## Recommendations 1-3:

- Support pediatric “champions” at the national, regional, district, and facility levels who are trained and supported to promote the pediatric agenda

## Recommendations 4-6:

- Develop pediatric-specific technical guidelines, protocols, and assessment tools

# Recommendation 1

- Strengthen the resources available to the Pediatric Focal person at national HAPCO
  - Identify a pediatric subgroup to work on an as-needs-basis to further the pediatric agenda
  - Provide ongoing technical support via PEPFAR, GF and other partners

## Recommendation 2

- Ensure sufficient absorptive capacity at the regional and district level to support the pediatric agenda (HR strategy)
  - Support and train regional and district health managers to promote the pediatric HIV/AIDS agenda
  - Expand central-level pediatric technical assistance (from PEPFAR, GF and other partners) to the regional level (RHB and treating MDs)

## Recommendation 3

- At the facility level, support pediatric expertise on the multidisciplinary team
  - Identify, train, and support a pediatric focal person for each facility – someone to coordinate and promote the pediatric agenda
  - Plan for health network approach to pediatrics care & treatment – work on mapping resources and strengthening linkages with health centers

# Recommendation 4

- Strengthen nation-wide pediatric tools and protocols
  - Pediatric site assessment tools
  - Pediatric SOPs and other protocols
  - HMIS (child-friendly formats, referral tools)
  - Develop specific indicators for pediatric M&E

# Recommendation 5

- Develop enhanced (comprehensive) national pediatric care and treatment technical guidelines
  - Consider stand-alone pediatric guidelines
  - Link to enhanced training on pediatrics

# Recommendation 6

- Develop national regional/ district/ facility level Pediatric Implementation Plans
  - Develop pediatric-specific targets and timelines
  - Develop a “minimum package” of pediatric services
  - Identify outcomes and responsible partners