

Strategies and Technical Approaches for Scaling up Pediatric at Health Facilities



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Background

Targeted population: Infants, children and adolescents

- HIV diagnosis: Entry point for children and their families to access HIV/AIDS prevention, care treatment and support services
- In many settings, uptake of pediatric HIV testing is considerably lagging behind
- Constraints and challenges in providing HIV diagnostic services for children are complex and diverse



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Challenges in Pediatric HIV

- HIV infection has a devastating impact on children (associated with high morbidity and mortality):
 - ✓ HIV infection progresses very fast in children
 - ✓ Without intervention, 50% will die before the age of 2 yrs and 75% before they reach 5 yrs of age
- Diagnosis must be performed as early as possible, prior onset of clinical symptoms
- New strategies are needed to identify HIV-exposed and HIV-infected infants, children and adolescents.



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Strategies to scale up HIV testing in children

Effective identification of HIV-infected children requires:

- Political will and commitment in pediatric HIV/AIDS
- Diversity of HIV testing and counseling services for children
- Increasing opportunities for identifying HIV-infected children
- Professional competency, knowledge and skills in diagnosing and in providing care, treatment and support services.



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Scaling up identification of HIV-positive children

- Expanded coverage of testing venues/sites
- Significant scale-up of paediatric uptake
- Involvement of parents/caretakers and community



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Opportunities to scale up Identification of HIV-infected children in health facilities

1. Instituting child-focused HIV testing
2. Improving pediatric counseling for HIV testing
3. Effective utilization of all potential venues for testing children
4. Engaging identified HIV-infected children into care and treatment services
5. Expanding pediatric HIV testing to the community



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Child-focused HIV testing (1)

Interventions:

- Routine family Voluntary Counseling and Testing (VCT) - Testing partner and children via PMTCT (ANC), EID (RCH/EPI) and C&T program
- Routine sibling HIV testing - Testing all siblings at HIV/AIDS Care and Treatment Clinics (CTC)
- Provider Initiated Testing and Counseling (PITC) -
- Implementation strategies for child-focused HIV testing:



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Child-focused HIV testing (2)

Implementation strategies:

- If HIV infection is newly diagnosed in an adult, his/her partner and all children should also be tested, even if they are asymptomatic
- If a child is found to be HIV infected, all his/her siblings should also be tested
- Whenever a child attends a health facility for any healthcare services, HIV test should be routinely offered
- All children with symptoms suggestive of HIV infection should be tested for HIV.



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Improving pediatric counseling for HIV testing (1)

Before HIV testing:

- Written informed consent must be obtained from a child with a capacity to consent or from a parent or caregiver
- Healthcare worker should counsel a child if old enough/appropriate or a child's parent, guardian or caregiver
- All sexually active HIV-infected adolescents should be educated about the importance and benefits of disclosure to partners, adherence to care and treatment and prevention

Improving pediatric counseling for HIV testing (2)

- Adolescent's right to confidentiality concerning HIV status should be respected
- Written consent and counseling should be documented in a patient's medical record
- Capacity building of healthcare workers to provide quality and comprehensive pediatric counseling and other psychosocial services should be strengthened.



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Effective utilization of all potential venues for testing children

All facility-based entrypoints into HIV/AIDS care, treatment and support services:

1. Reproductive and Child Health (RCH) Clinics
2. Pediatric inpatient wards
3. Outpatient clinics
4. TB clinics
5. Youth centers/clubs/youth-friendly clinics.
6. HIV/AIDS Care and Treatment Clinics.



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Engaging HIV-infected children into care and treatment services (1)

- The purpose of testing children for HIV is not just to exclude HIV infection, but to identify HIV-infected children as early as possible, prior to development of clinical disease in order to facilitate early access to appropriate care, treatment and support services.



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Engaging HIV-infected children into care and treatment services (2)

New strategies are needed to improve access to C&T aiming at:

- Reduction of morbidity and mortality by improving their well being, survival and quality of life
- Providing them with life-saving treatment including co-trimoxazole Preventive therapy (CPT) and antiretroviral therapy (ART)
- Retention in care and on ART.



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Strategies to link HIV testing with care

- Establishing/strengthening effective linkages and functional two-way referral mechanisms across all entry points and programs (PMTCT and EID) as well as other pediatric services)
- Conducting close and consistent follow-up of HIV-exposed infants (till confirmation /exclusion of HIV infection) or infected infants and children to prevent or manage OIs and to initiate ART
- Capacity building of healthcare workers to provide quality and comprehensive pediatric counseling and ART care, treatment and support services.

THANK YOU



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