KIDS (< 15 years)

Where are we now?

Uganda National 95-95-95 Cascade by Age/Sex, FY19Q4

Age	Sex	PLHIV	Diagnosed	On Treatment	VL Suppressed	Diagnosed	On Treatment	Retention Proxy	VL Suppressed
<10	Female	30,364	19,641	19,629	13,863	65%	65%	84%	46%
	Male	31,343	18,041	18,028	11,638	58%	58%	83%	37%
10-19	Female	54,151	37,429	37,206	26,580	69%	69%	78%	49%
	Male	38,390	24,085	24,050	17,611	63%	63%	96%	46%
20-29	Female	182,944	188,450	187,140	144,143	103%	102%	78%	79%
	Male	79,678	51,669	51,253	30,650	65%	64%	68%	38%
30-39	Female	247,351	257,660	256,972	212,282	104%	104%	92%	86%
	Male	154,937	125,240	124,639	92,243	81%	80%	83%	60%
40-49	Female	181,444	181,717	181,499	147,933	100%	100%	101%	82%
	Male	141,448	119,518	119,223	96,802	84%	84%	95%	68%
50+	Female	129,471	115,542	115,438	101,256	89%	89%	109%	78%
	Male	114,132	89,208	89,072	76,598	78%	78%	105%	67%
Overall		**1,385,653**	**1,228,200**	**1,224,149**	**971,599**	**89%**	**88%**	**90%**	**70%**

What is working well?

1st 95

- Decentralization of Pediatric HIV services to the lowest levels of care has increased access
- The centralized EID system and access to results through the dashboard
- Improved linkage between OVC and clinical programs
- Increased known status for children in the OVC (95%)
- Availability of Pediatric guidelines, job aids and training materials at all levels of care

2nd and 3rd 95

- Availability of child-friendly formulations
- Mother baby care points provided a one-stop point for the mother and infant care
- Availability of VL testing
- Availability of a national ped and adolescent HIV/AIDS/TB call center
- Enrolment of CLHIV on to the OVC program (Virally non supressed)
- YAPS pilot showing good results

What is not working well?

1st 95

- Low EPI/EID integration due to knowledge gaps
- EID services across the entire cascade especially 0-2 months testing
- Index testing targeting children not systematically rolled out
- Poor uptake for the pediatric HIV screening tool
- Low index of suspicion for HIV infection in children among health workers
- HIV test kits stock outs due to non targeted community testing
- HR gap for PoC and HIV verification tests
- Missed opportunity for testing and treatment of children of KPs

2nd and 3rd 95

- Availability of adequate quantities of optimal ARV commodities
- Suboptimal VL coverage and Suppression
- Knowledge gaps among health workers
- Synchronization of appointments for children and parents
- DSDM for children not rolled out
- Support for adherence and retention among children and adolescents in boarding schools
- Self-Stigma especially for school-going children
- Lack of skills on ped HIV care among custodians of institutionalized children (remand homes)
- Knowledge gaps among CDOs and para-social workers
- Support for post violence care after sexual violence
- Many HCII s not providing full HIV package of services

Solutions: I st 90

- Train lay immunisers in EPI/EID integration
- Scale up POC EID and avail HR (lay testers) supervised by trained lab techs
- Scale up index client testing targeting the children (mop up & new clients)
- Build capacity of health care workers for Pediatric testing care and treatment through Ped-HIV focused mentorships
- Create demand for the toll free national paediatric HIV/ AIDS/ TB call center
- Scale up use of the ped HIV screening tool
- Streamline HIV testing between PEPFAR and GF
- Improve justice system for men who defile children.
- Improve PVC for children that suffered sexual abuse

Solutions: 2nd 90

- Phased Optimization of pediatric ART to align with the available commodities until commodity supply stabilizes
- Work with MoH to roll out DSDM for children
- Work with national QI collaborative to support the pediatric cascade at national, district and site level
- Engage MoE to support training for matrons and school nurses in pediatric and adolescent HIV care.
- Accredit high volume HCIIs to provide full package of HIV services
- Training of district workforce: probation officers, CDOs, para social workers.
- Continue to support efforts to improve acceptability of paediatric ART formulations.
- Ped HIV focused mentorships
- Create demand for using the national paediatric and adolescent call center
- OVC program to support liaisons at the health centers

Thank you!