

Improving ART initiation among HIV infected infants in Manzini region of Eswatini

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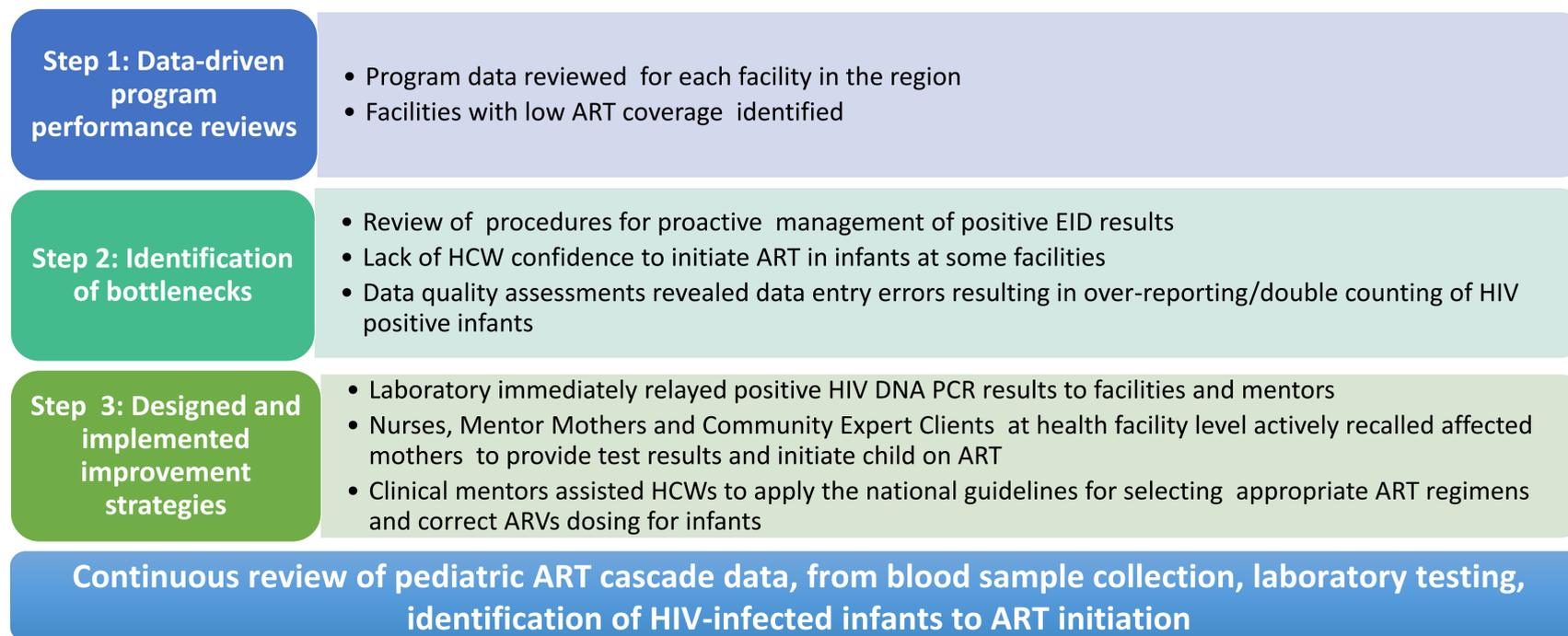
Background

- Routine HIV testing for HIV-exposed infants (HEI) and prompt ART initiation for HIV-infected infants are both critical to prevent early HIV-related morbidity and mortality
- In the Manzini Region of Eswatini, HIV testing coverage among HEI routinely exceeds 95% however only 28% percent of infants diagnosed with HIV from July through December 2016 were initiated on ART
- We describe efforts between key stakeholders to determine reasons for low ART initiation among HIV-infected infants in Manzini, and develop and implement interventions to increase timely ART initiation within this population

Description

- From January through June 2017, ICAP collaborated with Eswatini Ministry of Health Regional Health Management Team for Manzini and health facility staff to conduct a rigorous data-driven performance review and bottleneck analysis of ART initiation among HIV-infected infants in Manzini
- Using data to guide identification of suboptimal ART coverage, strategies were designed to target key challenges identified as outlined in Figure 1 below

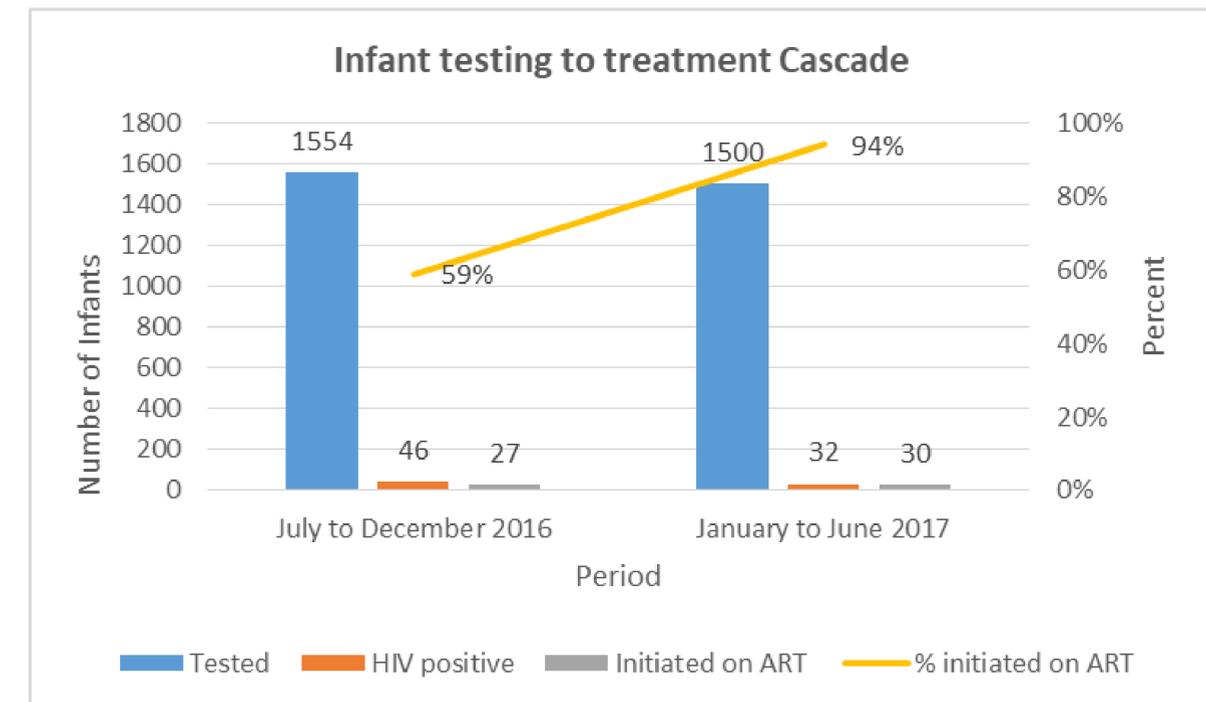
Figure 1. Stepwise approach to improving ART initiation among HIV infected infants



Lessons learned (continued)

- Overall, ART initiation coverage reached 94% (30/32) for infants aged between 6 weeks -11 months diagnosed with HIV in January-June 2017
- After conducting data quality assessments for July through December 2016, data were corrected to remove double counting with 59 % ART coverage in this period compared to 28% prior to data cleaning

Figure 2. Infant testing to treatment cascades before and after the intervening



Conclusion

Early and timely ART amongst infants with HIV-infection is critical to the reduction of HIV related morbidity and mortality among infants. Achieving this is feasible provided health care teams continue to intensify efforts to actively track HIV infected infants, ensuring timely HIV testing (within 2mos of age) and rapid return of results to facilities and caregivers, particularly for HIV positive infants as well as active recall of positive infants for engagement in care and ART.

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Lessons learned

- Collaboration between key stakeholders was essential to effectively identify problems across health system elements (e.g., laboratory, facilities) that contributed to over reporting the number of HIV positive children and low ART coverage, and to design and implement system-wide strategies to improve performance
- Pro-active tracking of infected infants eliminated testing to treatment cascade leakages
- Continuous EID program data validation, using program reports and information from the laboratory as well as health facilities, identified reporting errors and improved data accuracy