

Title: Nurse training increases early initiation of children on ART and decreases childhood mortality in rural settings of Lesotho

Authors: Oyebola OYEBANJI , Appolinaire TIAM , Tony ISAVWA , Leopold BUHENDWA, Allan AHIMBISIBWE, Mafusi MOKONE, Mamorapeli PUTSOANE, Matokelo FOSO

Presentation Type: Poster Exhibit

Issues

Treatment of paediatric HIV infection is a continued challenge in sub-Saharan Africa due to delays in diagnosis and treatment of HIV-exposed infants and children. Lesotho has the third highest HIV prevalence in the world; there were 20,000 new HIV infections and 18,000 AIDS-related deaths in 2010. As of 2010, there were 12,000 children living with HIV in Lesotho.

Few health facilities in Lesotho offer paediatric HIV care and treatment due to a lack of trained service providers skilled in paediatric HIV testing and treatment. Although nurses are allowed to dispense antiretroviral therapy (ART) in Lesotho, many have not been trained on paediatric service provision and do not enrol eligible children on treatment, instead referring children to one of the two paediatric clinics in the country. Additionally, long turnaround times of DNA polymerase chain reaction (PCR) test results (due to slow transport to/from central laboratories) has resulted in delayed initiation of ART for many eligible children. There is a need to strengthen health-care provider capacity to improve early infant diagnosis (EID) and initiation of eligible children on ART in order to reduce HIV-related morbidity and mortality among children in Lesotho.

Description

In October 2010, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-Lesotho technical advisors trained 57 nurses selected from all 10 districts in Lesotho on comprehensive HIV pediatric care and treatment using the African Network for the Care of Children Affected by AIDS (ANECCA) training curriculum. The one-week course trained nurses on identification of HIV-exposed children, provider-initiated testing and counselling, psychosocial counselling, and comprehensive clinical HIV and AIDS care (including World Health Organization criteria for presumptive diagnosis of severe HIV disease among children under 18 months of age) to enhance early initiation of children on ART. After the training, continuous mentoring was provided to nurses by EGPAF's District Clinical Coordinators (DCC), based in each district of Lesotho.

Lessons Learned

Trained nurses reported feeling more confident and capable of initiating children on ART, according to the training evaluation report (based on interviews after the training and discussions during onsite mentoring visits). Data reviewed from January 2010 to December

2010 showed significant improvement in EID and treatment; the number of children initiated on ART increased from 62 in the first quarter of 2010 to 274 in the fourth quarter of 2010. Twenty-four (15%) of the 62 children starting ART in the first quarter of 2010, and 13 (4%) of 274 children starting ART in the fourth quarter of 2010 died within 3 months of starting ART (the observation period of the first quarter was the same in length to that of the fourth).

Next Steps

Skill and capacity building of health professionals in comprehensive paediatric HIV care and treatment has proven to be an effective method to scale up early initiation of eligible children on ART and reducing childhood mortality in Lesotho. The EGPAF-Lesotho technical advisors and district clinical coordinators will continue to provide training and mentoring of health-care workers in the country to support the early initiation of children on ART.