

Keeping our Children Alive and Kicking!

Strategies to Improve Adherence and Retention in Pediatric HIV Care and Treatment Programs

The Vietnam Experience



Dr Rachel Burdon:
FHI Vietnam
rachel@fhi.org.vn

BURDON, R.1, VU, P.N.1, PHAN, P.T.1, GREEN K.1, NGUYEN, T.H.1 [1:FHI Vietnam]



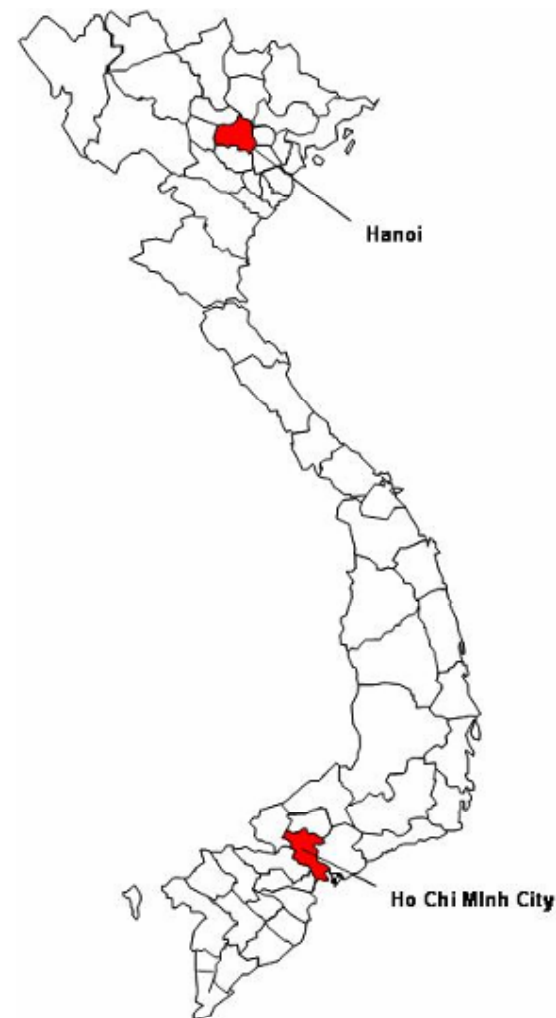
Presentation Outline

- Background
- Implementation approach
- Results
- Challenges and next steps



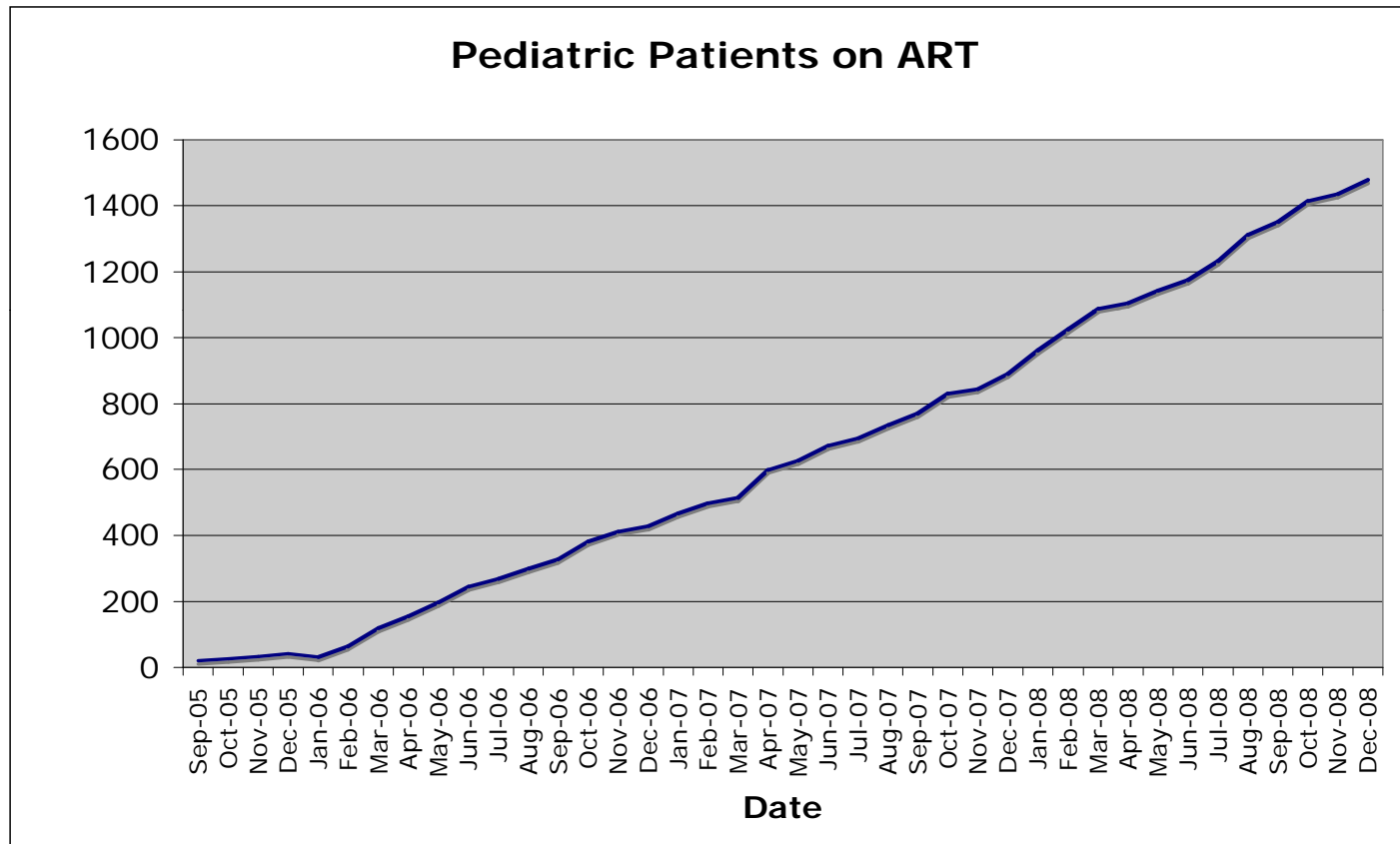
HIV and Children in Vietnam

- Concentrated epidemic: IDU, SWs, MSM and partners
- HIV prevalence is 0.43% and 243,000 people infected (EPP 2007)
- 4,720 of these are children – will increase to 5,670 in 2012 (2007 EPP)
- Estimated 300,000 OVC
- Significant barriers to care for children affected by HIV



Pediatric Care & Treatment Program in Vietnam

Figure 1: Pediatric Patients on ART in Vietnam



Third Country Report to UNGASS, 2008



What strategies have been used to improve retention in Pediatric Care and Treatment Programs in Vietnam?



Strategies Used to Retain Children in Care & Treatment (1)

Services provided under a Family Centered Continuum of Care

Clinical & community based services provide comprehensive adult and pediatric HIV care, treatment and support services plus PMTCT and OVC programs (Family-Centered Care) in a 'One Stop Shop' integrated into the district hospital

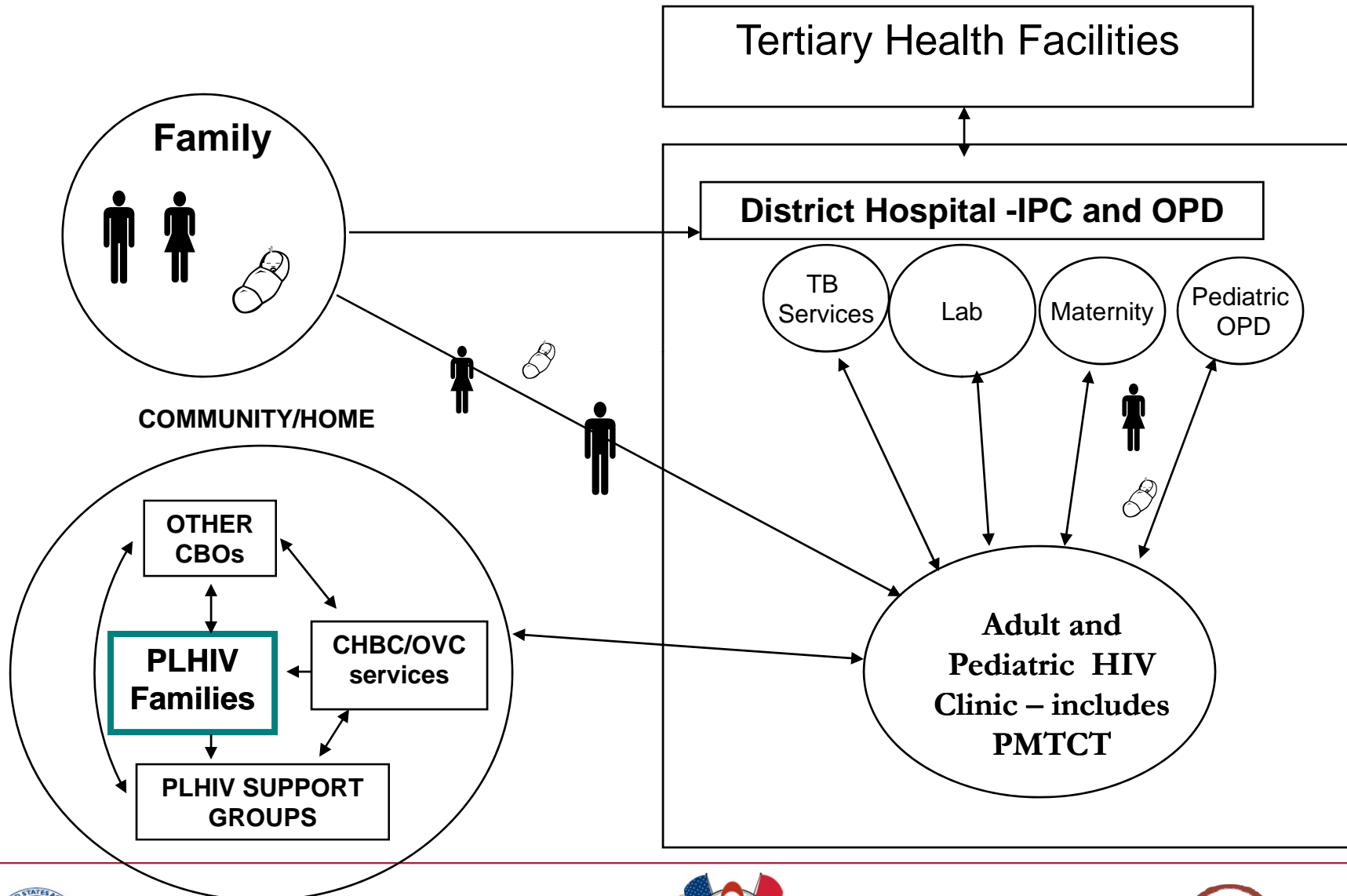


Strategies Used to Retain Children in Care & Treatment (2)

- Clinicians: Trained to provide adult and pediatric clinical care and treatment in addition to PMTCT – close linkage and referral to pediatric, obstetric, ID units
- Family Care Case Manager: Assess, support and coordinate adherence and psychosocial needs & support for children and families/caregivers including linkage Govt/NGO/CBO services
- CHBC teams: Support case manager to provide follow up care including adherence in the home/community for the whole family - linking the community to the clinic.
- PLHIV peer support groups: Trained and equipped to provide adherence, OVC and psychological support adults and kids in the home



How does Family Centered Care Work?



Enrollment/Retention in Care Results: FY08 and FY09

OVC reached	3,000
PMTCT infants (mother-infant pairs) enrolled in the Clinic	25
HIV infected children enrolled in the Clinic	102
Children ever commenced on ART	68
Children currently on ART	65 (2 deaths and 1 refer 2 nd line)
Children on ART ever LTFU	0

Family Centered Care Retains Kids in Care!!!!

- No LTFU of any children on ART
- Good adherence as assessed by self report and pharmacy refill
- 100% PMTCT 'exposed' infants enrolled in care and treatment
- Increase in counseling and testing of children
- Children with complex needs are able to access ART



Improving Pediatric Retention in Care: Challenges and Where To Next

- The scale up EID – will make retention in care/adherence support even more important
- Diagnosis of treatment failure & models for delivery 2nd line pediatric ART
- Support development of pediatric adherence toolkit age: age & development stage appropriate
- Focused strategies for the transition from childhood to adolescence
- Strengthen communication, counseling and developmental assessment of children
- Scale up nutrition interventions for children



Thank You

Acknowledgements



- MoH: Vietnam AIDS Administration and Control
- Provincial health authorities
- District Family Centered Care Sites
- PEPFAR
- USAID
- CHAI
- UNICEF