

# Lesotho's Approach to Addressing Pediatric ADHD

Mats'itso Mohoanyane



# Lesotho's Approach to Addressing Pediatric AHD

Mats'itso Mohoanyane  
Clinical Officer (Pediatric HIV Coordinator)  
Ministry of Health, Lesotho

13<sup>th</sup> January 2021



# Presentation Outline



- AHD Overview: Lesotho's Context
- Country Approach to Rollout of AHD Package of Care
- Country Response
- Key Accomplishments and Way Forward



# AHD Overview: Lesotho's Context



- The AHD burden is significant, with an estimated prevalence of 27.7%
- Major causes of AHD related mortality in children are:
  - Tuberculosis (TB)
  - Severe Bacterial Infections
  - Pneumocystis Jirovecii Pneumonia (PJP)
- Other significant pediatric AHD morbidity and mortality drivers are:
  - Malnutrition
  - HIV Encephalopathy

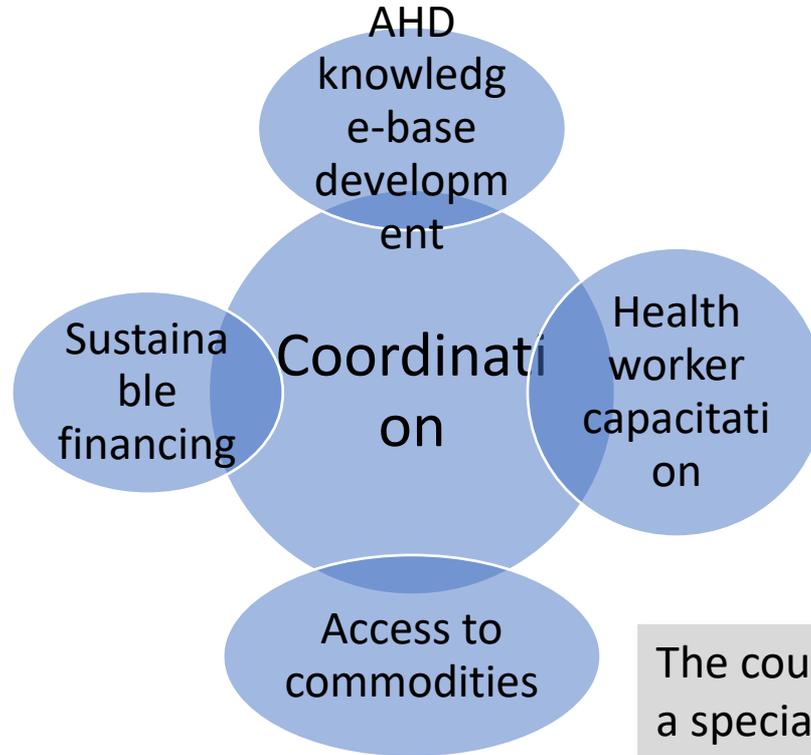




# Country Approach to Rollout of AHD Package of Care



**Coordination:** The Ministry of Health HIV/AIDS Program plays a crucial coordinative role in general HIV/AIDS management. The positive effect of strong leadership cascades into various programmatic segmentations, including Pediatric HIV management, Differentiated HIV Service Delivery Models, and more.



The country approach has a special emphasis on the pediatric population.



# Country Response: Coordination Efforts



- **AHD TWG:** Ministry of Health coordinated the setup of an AHD TWG and ensured inclusion of partners focused on Pediatrics, including Baylor and EGPAF.
- **AHD Implementation:** The Ministry developed a phased implementation plan, commencing with phase 1 in 18 hospitals. In Phase 1 implementation, all 18 hospitals manage Pediatric AHD.
- **Sustainable Financing Mechanisms:** As a result of strong political will and partner support, resource mobilization for AHD commodities, remains high, with commitment from the government and multiple partners.





# Country Response: AHD Knowledge-Base Development



- In 2020, Lesotho developed an AHD manual, the first dedicated AHD guideline document in Lesotho. As per the guidelines AHD is defined as follows, “For adults, adolescents, and children older than five years; a CD4 cell count  $<200$  cells/mm<sup>3</sup> or current WHO clinical stage 3 or 4. All HIV positive children under the age of five, regardless of CD4 count or WHO clinical staging are considered as having AHD.”
- AHD guidelines dedicate a section to AHD in children, providing comprehensive treatment and management approaches towards AHD-associated opportunistic infections (OIs), malnutrition and HIV Encephalopathy. Recommendations on these Pediatric AHD conditions are informed by local epidemiology.
- Guidelines were distributed to all 18 district hospitals.





# Country Response: Health Worker Capacitation



- In October 2020, 278 health care workers in all 18 district hospitals across all 10 districts were trained on AHD Management
- Using the local ECHO platform, healthcare workers were trained on the management of AHD including the provision of optimal AHD related commodities in the public healthcare system
- Training was aligned with the recommendations of the AHD manual and emphasized elements of the pediatric AHD package of care, including: *Pediatric TB, PJP, malnutrition, severe bacterial infections and vaccinations.*





# Country Response: Sustainable Financing



**Sustainable Funding:** Ministry of Health led national costing and quantification of AHD commodities in 2020. Subsequently, all focal commodities received Global Fund (GF), PEPFAR, and MOH financial commitments starting in 2021.



**Global Fund** committed to funding CD4, CrAg LFA, L-AmB, and 5FC and Cotrimoxazole over the coming 3 years.



**PEPFAR** committed, through the national Cooperating Agreement (CoAg), to complement funding for CrAg LFA as well as full funding for TB LAM and TPT (including 3HP).



**Lesotho MOH** committed to fund all fluconazole formulations.



# Country Response: Access to Commodities



- ✓ As a result of consistent annual drug quantification and ordering at the central level, there often is sufficient AHD commodities in-country.
- ✓ Hospitals use an informed push system to estimate stock required to serve patients monthly; and to make orders from the central warehouse. This decreases ordering inefficiencies.
- ✓ Medicines are distributed weekly to all site hospitals using a schedule set by the National Drug Service Organization (NDSO).
- ✓ In case of emergencies including stock-outs at the facility level, hospitals have direct access to the central warehouse (NDSO).



# Key Program Accomplishments & Way Forward



## Accomplishments

- ✓ Developing Lesotho's very first AHD guidelines, with a section solely dedicated towards Pediatric AHD management
- ✓ Training healthcare workers on the management of pediatric AHD
- ✓ Ensuring that there is sustainable financing for AHD focal commodities
- ✓ Provision of Prevention of Mother-to-child HIV transmission (PMTCT) services to more than 285,000 women

## Way forward:

- ✓ Decentralization of the Pediatric AHD package of care to health facilities across Lesotho
- ✓ Routine clinical mentorship and supportive supervision to ensure adherence to guidelines, with a special focus on pediatrics



# Acknowledgements



We acknowledge the Ministry's partners, who also serve on the National AHD TWG: Baylor Lesotho, Centers for Disease Control and Prevention (CDC), Clinton Health Access Initiative (CHAI), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), ICAP, Jhpiego, Mothers2Mothers, Partners in Health (PIH), SolidarMed and Independent Contractor: Dr. Jill Sanders

