Trends of children and adolescents in HIV care during and after the COVID19 lock-down in Uganda, 2020 – 2021: a descriptive analysis of surveillance data

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Introduction

During the COVID19 pandemic, countries including Uganda instituted lock-downs during 2020 and 2021 to curb the spread of the virus. The lock-downs were perceived to disrupt continuity of services including HIV testing and HIV care and treatment. We analysed routine surveillance data to understand the effect of lock-downs on receipt of HIV care and treatment services for children and adolescents living with HIV (CALHIV).

Methods

We determined the number and trends of CALHIV in Uganda by quarter, from January – March 2020 to January – March 2022, disaggregated by children living with HIV, 0 – 9 years (CLHIV) and adolescents living with HIV, 10- 19 years (ALHIV) from Uganda’s District Health Information Software (DHIS2).

Results

The number of CLHIV declined from 35,524 in January – March 2020 quarter to 29,428 in January – March 2022 quarter, an average decline of 696 CLHIV per quarter. The number of CLHIV on first line treatment decreased by an average of 144 children, that on second line decreased by an average of 553 children while those on third line increased by an average of 1.5 children per quarter. The differences across quarters and across treatment lines were statistically significant (P<0.05).

The number of ALHIV increased from 59,049 in January – March 2020 to 60,624 in January – March 2022, an average increase of 270 ALHIV per quarter. The increase in the ALHIV per quarter was only among males (an average increase of 286 ALHIV in males versus an average decrease of 15 ALHIV females). The number of ALHIV on first line increased by an average of 913 adolescents per quarter, however those on second line declined by an average of 656 adolescents. The ALHIV on third line increased by an average of 12 adolescents per quarter. The differences across quarters were statistically significant (P<0.05).

Conclusion

Overall, only the number of CLHIV decreased, while the number of ALHIV increased during the periods when the lock-downs were instituted. This could be due to the efforts made by the Ministry of Health to ensure continuity of HIV testing and care and treatment services during the lock-downs.