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Background

- **Capacity building (CB) is critical in** improving health workers' practice in the face of rapidly evolving evidence and guidelines in HIV care.
- **O**Non adherence to guidelines contributes to medical errors (missed diagnosis, wrong treatment and increased multi-drug resistance)
- **D** Evidence of the efficient mechanisms for CB delivery remains a challenge.
- Low Dose High Frequency (LDHF) has been shown to be comparatively effective and impactful CB approach for primary health care workers.
- We describe LDHF CB implementation and its effect on HW adherence to HIV guidelines and service delivery in Ugandan military ART clinics in 2019.
- Adherence to 6 key guidelines was assessed



Acknowledgements **UPDF HIV Directorate UPDF** military community

PRESENTED AT THE 23RD INTERNATIONAL AIDS CONFERENCE (AIDS 2020) | 6-10 JULY 2020

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facilities (PDE0403)

Methods

A cross sectional study was done. Records of 541 patients on ART for >6 months were abstracted from 8 health facilities and 12 health workers were interviewed Results

Guideline assessed

1.Prescribing correct

2.Ordering for a viral

3.Non-suppressed cl timely

4.Completed recomm

- 5. Timely switching to
- 6. Adherence to all 6

Barriers to adherence to guidelines were burdensome reporting requirements, work overload, complex guidelines, lack of capacity in pediatric guidelines and frequent changes in guidelines.

Policy Implications D The LDHF model is comparatively efficient, effective and acceptable to health workers in Uganda's military health facilities. The model could be beneficial if scaled up in non-military facilities.

Implementing a "Low Dose High Frequency" capacity building approach for HIV service delivery in Uganda's military health

Overall LDHF approach to CB was acceptable to health workers

	March 2019	Sept 2019
t 1 st line ART regimen for new patients	48% (146/303)	93% (221/238)
I load test when first due	45% (136/303)	80% (190/238)
client with evidence of IAC initiated	32% (14/44)	55% (12/22)
mended IAC sessions within 6 months	5% (2/40)	60% (13/22)
o second line if failed in 1 st line	23% (7/23)	51% (11/21)
5 guidelines	12% (36/303)	51% (121/238)



