



## Background

- ❑ Capacity building (CB) is critical in improving health workers’ practice in the face of rapidly evolving evidence and guidelines in HIV care.
- ❑ Non adherence to guidelines contributes to medical errors (missed diagnosis, wrong treatment and increased multi-drug resistance)
- ❑ 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

## 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

- ❑ Overall LDHF approach to CB was acceptable to health workers

| Guideline assessed  | March 2019    | Sept 2019     |
|---|---------------|---------------|
| 1.Prescribing correct 1 <sup>st</sup> line ART regimen for new patients | 48% (146/303) | 93% (221/238) |
| 2.Ordering for a viral load test when first due                         | 45% (136/303) | 80% (190/238) |
| 3.Non- suppressed client with evidence of IAC initiated timely          | 32% (14/44)   | 55% (12/22)   |
| 4.Completed recommended IAC sessions within 6 months                    | 5% (2/40)     | 60% (13/22)   |
| 5.Timely switching to second line if failed in 1 <sup>st</sup> line     | 23% (7/23)    | 51% (11/21)   |
| 6. Adherence to all 6 guidelines  | 12% (36/303)  | 51% (121/238) |

- ❑ 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

- ❑ 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.

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