



ID der Kurzfassung : 488

Retention in paediatric and adolescent HIV care among the successive 2020–2023 ART quarterly initiation cohorts in Uganda

Inhalt

Retention in HIV care is critical for achieving viral suppression and the second UNAIDS 95 target. We described variation in paediatric and adolescent retention among 2020–2023 ART initiation cohorts in Uganda. We analyzed aggregated paediatric (0–9 years) and adolescent (10–19 years) ART cohort data from the District Health Information Software. Sixteen quarterly ART initiation cohorts per age group (Q1 2020–Q4 2023) were assessed at 6, 12, and 24 months post-initiation. Retention was the proportion alive and on ART among the net current cohort (original cohort plus transfer-ins minus transfer-outs). It was described nationally and regionally, and compared with the 95% target.

National paediatric retention was 75–95% at 6 months, 60–100% at 12 months, and 70–80% at 24 months, except Q3 2023 (40%). Only Q4 2022 met the 6-month target and Q2 2020 the 12-month target; none met the 24-month target. West Nile region sustained the 6- and 12-month paediatric target.

National adolescent retention ranged from 70–85% at 6 months, 75–85% at 12 months, and 60–70% at 24 months, except Q4 2023 (30%). No adolescent cohorts met the target. Karamoja region had high target achievement in paediatric and adolescent cohorts.

Most paediatric and adolescent cohorts in Uganda failed to meet the 95% retention target, with the largest gaps among adolescents and at 24 months, varying by region. Strengthening follow-up, early tracing, and adolescent-centred support could improve engagement in HIV care.

Keywords

Paediatric HIV, adolescent HIV, retention in HIV care, ART cohort monitoring, Uganda

Registration ID

OHS26-171

Professional Status of the Speaker

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Track Klassifizierung: Public Health

Typ des Beitrags: Oral presentation

Eingereicht von **AMAN, Kyomugisha Denise** <akyomugisha@uniph.go.ug> am **Dienstag, 23. Juni 2026**