RIATT Eastern & Southern Africa Regional Inter Agency Task Team on Children & AIDS

The Coalition for Children Affected by AIDS

Increasing Treatment Access and Reducing Loss to Follow-up

Research has shown that mortality in children diagnosed with HIV can be reduced by 67 percent by using cotrimoxazole – an antibiotic – as prophylaxis. However coverage in eastern and southern Africa is only 47 percent.[1]

Children with HIV early antiretroviral trial interim results[2] show that early antiretroviral therapy (ART) in HIV-infected infants aged 6–12 weeks reduces all-cause mortality by 76 percent and HIV disease progression by 75 percent. However, access to paediatric ART is still at low levels and treatment coverage is exceptionally low in Africa. In sub-Saharan Africa, and West and Central Africa only 22 percent and 10 percent of children living with HIV obtained antiretroviral treatment in 2013.

In addition, in a pooled analysis of results from 16 paediatric HIV treatment programmes in sub-Saharan Africa, substantial loss to follow-up was found. Fifty-one percent of children who were enrolled in HIV treatment before their first birthday were lost to follow-up within 24 months.[3]

0ver 90 percent and 76 percent of children with HIV in sub-Saharan Africa and globally respectively suffered from pain caused by symptoms related to HIV.

KEY ACTIONS REQUIRED

- **Ensure that clinical trials for new antiretroviral medicines focus on children and pregnant women.**
- **Make greater use of maternal and child health services as an entry point to paediatric HIV treatment and care and ensure that they partner effectively with local communities.**
- **Political leadership should commit to ensuring that all children living with HIV are initiated on treatment, including cotrimoxazole prophylaxis, within six weeks of birth.**
- **Use available technology — such as such as digital medical records and mobile phone communication — to track children on ART.**
- **Develop patient information systems where mothers and infants are followed through as a pair rather than separately.**
- **Palliative care should be given alongside treatment to ensure that pain and other distressing symptoms such as dyspnoea, adverse effects of drugs, wasting and other debilitating symptoms — including psychological issues — are adequately controlled.**

1. UNICEF. Last modified June 2015. http://data.unicef.org/hiv-aids/care-support
2. Violari A, Cotton MF, Gibb DM, Babiker AG, Steyn J, et al. "Early antiretroviral therapy and mortality among HIV-infected infants." N Eng J Med 2008 359: 2233–2244.
3. Leroy V et al. Outcomes of antiretroviral therapy in children in Asia and Africa: A comparative analysis of the IeDEA Pediatric Multiregional Collaboration. J Acquir Immune Defic Sydr, 2013, 62:208-219.

For a copy of the full paper visit: www.riatt-esa.org or www.ccaba.org, or email: Naume.Kupe@repssi.org or john.miller@ccaba.org