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PEDIATRIC HIV TREATMENT MUST BE A GLOBAL PRIORITY

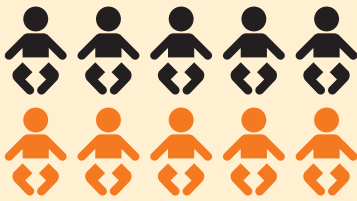


living with HIV globally,

ONLY 1/2

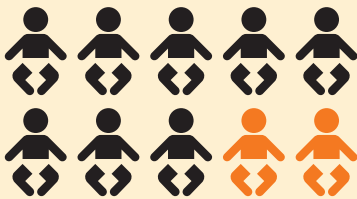
of them have access to the antiretroviral treatment that is essential to their survival.

Without treatment,



50% will die before the age of two

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80% will die before the age of five

Pediatric HIV treatment, care, and support services give an HIV-infected child a chance at a long and healthy life.

Action must be taken at all levels to expand pediatric services in facilities and communities and to initiate and retain children in these vital programs.



Promote Early Infant Diagnosis

Children at risk for HIV infection need to be identified, tested, and diagnosed in order to be linked to care; this is especially critical for infants born to HIV-positive mothers. Ideally infants should be tested within the first two months of life, as early infant diagnosis and early treatment have a huge impact on child survival.



Improve Early Initiation of Treatment

Children under the age of one often have the least access to treatment, even though they are the most vulnerable to HIV-related mortality. Counseling families during pregnancy and after delivery and supporting them to initiate infants on treatment is a critical priority.



Improve Adherence to ARVs in Childhood and Adolescence

As children with HIV grow up, their care, treatment, and support needs change and evolve. Adequate care and treatment to ensure proper adherence decreases the chance of developing drug resistance, particularly dangerous for a child who will need ARVs for his or her entire lifetime. Adolescents and young people need additional education and support as they reach reproductive age so that they feel confident disclosing their status to peers and sexual partners and to prepare them for having children of their own.



Increase Political Commitment to Expanded Access

Expanding treatment for children must be made a priority. Gaps persist between coverage for children and adults. As adult coverage continues to improve, children are being left behind.

WHY ARE CHILDREN SO HARD TO REACH

Low pediatric treatment rates are due to a number of factors, some of which relate to children's vulnerability - particularly as they are a population that relies on others for care.

Identifying HIV-Exposed and HIV-Positive Infants and Children

- Infants are often not brought back to clinics for testing and treatment initiation for a variety of reasons, including geographic distance and financial burden.
- For infants who are tested, long turn-around times for results delay treatment initiation. The difference of a few weeks can mean life or death for infants, as HIV-related mortality is very high in the first two years of life.
- Children who were not diagnosed as infants and have survived into childhood are rarely offered HIV testing as a routine part of care. For children living outside of traditional family care, such as those whose parents died of HIV/AIDS, their entry points to care are not easily determined.

Providing Quality Services Tailored to Children

- There are not enough HIV treatments that are formulated specifically for children, who are less likely to take medication regularly if they have to take a number of pills throughout the day or if it tastes bitter.
- Health care workers are not always trained on specific guidelines for children, and both caregivers and health workers need to be educated on the importance and urgency of testing and treating children.
- Improper nutrition and food insecurity in countries with high HIV burdens is an additional threat to children living with HIV, because children who are undernourished cannot tolerate ARVs well.

Overcoming Stigma and Discrimination

- Fear of stigma can result in children not being informed of or educated about their HIV status. Consequently, HIV-positive children are often less able to appreciate the importance of taking their medication regularly and other behaviors that help maintain their health.
- Adolescents living with HIV have unique needs: having to cope with being HIV-positive, side-effects from medication, and the turmoil of adolescence all at once can be overwhelming. In fact, some young people would rather forgo medication than reveal their status to their families and peers. Psychosocial support for this population, particularly as they transition into adult care, is critical but lacking in many countries.

WHAT WORKS

Strengthening the Continuum of Care

- Creating effective linkages between health facilities and the communities they serve would reduce loss to follow-up of mothers and children.
- Integrating pediatric testing, care, and treatment with other maternal and child health services, such as immunization campaigns and routine well-child visits, results in improved health outcomes and more efficient and effective health systems.
- Health workers are often the only point of contact for health services in underserved regions; without additional workers and better training for those already in the field, providing care and treatment services to the children that need it will be impossible.
- Sustained, global commitment to scaling up care and treatment for children living with HIV is the only way to expand access to ARVs and save lives.