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A CHANCE FOR CHILDREN

Overcoming Barriers to Pediatric HIV Care and Treatment Services



Asha, a young mother from East Africa, had never considered the possibility that her 18 month-old son might be HIV-positive. Tested during pregnancy, Asha was told that one of her results had come back negative, but also that she should not breastfeed after the birth of her baby. The advice against breastfeeding seemed strange for someone who had not been informed she was infected with HIV, so Asha simply ignored it. Now, seeking pneumonia treatment for her son at a health facility, she is handed a slip of paper and instructed without explanation to go to a nearby room. Seeing the word “counseling” marked above the doorway, she knows right away that this has something to do with HIV. Asha and her son’s tests reveal that they are both infected with the virus.

In Kigali, Rwanda, a group of boys gathers outside a treatment and AIDS research center. Rwanda is one of a growing number of countries making significant efforts to increase the number of children accessing pediatric care and treatment services for HIV. In 2006, with technical assistance from USAID’s BASICS project and other child survival partners, the Ministry of Health took the important step of developing a process for integrating HIV into its national Integrated Management of Childhood Illnesses (IMCI) strategy.

Asha’s story is repeated in different forms thousands of times each day in developing countries, where only 1 in 10 pregnant women with HIV currently receives drugs needed to prevent transmission of HIV to their infants. In 2006 alone, an estimated 530,000 children were newly infected with HIV worldwide, mainly through mother-to-child transmission. Without treatment, 52% of newborns infected with HIV die before age two.

Country assessments and lessons-learned from implementation are consistently showing that, even in countries with strong HIV treatment programs for adults, children are being left behind. “Although access to child survival services is increasing, few of those services provide diagnosis, care, and treatment to HIV-exposed and infected infants,” said Mary Lyn Field-Nguer, a Pediatric AIDS Advisor for USAID’s BASICS project. “Moreover, most HIV programs are not succeeding at putting children—especially infants and toddlers—at the center,” she added.

Numerous existing opportunities in health systems to save the lives of infants and children with HIV are being missed altogether. Whether at sites providing HIV treatment to adults, counseling and testing centers in communities, home based care programs, or programs for the integrated management of common childhood illnesses, providers and community health workers are failing to ask themselves and families if

an infant or child they see may be infected with HIV. This is all occurring at a time when opportunistic infections can be prevented effectively and inexpensively, ultimately prolonging survival and improving children's quality of life.

Parent and community understanding of pediatric HIV is an area ripe for much greater attention. A preliminary literature review by BASICS revealed that little, if any, information or research exists on mothers' and communities' attitudes and experiences in testing their infants and seeking HIV and AIDS care and treatment. Yet, numerous U.S. government partners report hearing from health care providers that mothers who have not been tested for HIV are often reluctant to have their children tested, and that health care workers and families share a fatalistic outlook about HIV-infected infants and children.

Pediatric HIV faces an all-too-common challenge in child survival: the interventions needed to prevent and treat infection already exist, but are not reaching the majority of infants and children who need them. If countries and donors are to make pediatric HIV care and treatment services truly accessible in resource constrained countries, significant efforts need to be made in policymaking, programming, system strengthening, and community education and mobilization.