



Fact Sheet

Universal Access to Pediatric HIV/AIDS Treatment and Care

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CEPA is working to drive the twin engines needed to eliminate pediatric HIV/AIDS: (1) prevention of parent-to-child transmission (PPTCT+) through access to antiretrovirals (ARVs); and (2), access to pediatric treatment and care. Despite international commitments to achieve universal access to HIV/AIDS services by 2010, progress toward these goals remains too slow, and pediatric HIV transmission remains unacceptably high, particularly in sub-Saharan Africa.

Key Considerations in Pediatric HIV/AIDS Treatment and Care¹

▪ **Scaling up of PPTCT+**

While interventions for PPTCT+ have been initiated in an increasing number of countries during the last ten years, the estimated overall coverage worldwide is still relatively low at 38%. In CEPA focus countries, the estimated percent of pregnant women with HIV who receive ARVs ranges from 10% to 59%, and the estimated percent of infants born to women living with HIV who receive ARVs ranges from 7% to 48% (see Chart included with this fact sheet).

▪ **Diagnosis of HIV in young children**

One of the critical challenges in providing care to HIV infected children under 18 months old is the lack of access to early infant diagnostics. Commonly used HIV antibody tests are cheap and easy to use but are not effective in diagnosing HIV in children under the age of 18 months, because infants are born with maternal antibodies circulating in their blood. Viral load tests, which are much more reliable, are relatively expensive and require a significant amount of laboratory equipment and personnel training, and therefore are not universally available in under-resourced countries.

▪ **Response of children to pediatric treatment**

Experience from the field shows that where pediatric ARVs are available, the health outcomes for children in resource constrained countries is as good as that observed in industrialized countries.²

▪ **Availability of pediatric care, support, and treatment infrastructure**

Needed infrastructure to support pediatric care and treatment is often not available in many resource-constrained settings. Challenges include insufficient infrastructure, lengthy turnaround time for results and poor referral systems to support PPTCT+, resulting in vulnerable children not receiving HIV testing and follow-up care, support, and treatment.

¹ Adapted from "Background Paper for the Global Partners Forum on Orphans and Vulnerable Children," London, 9-10 February 2006

² Fassinou P, Elenga N, Rouet F, et al. Highly active antiretroviral therapies among HIV-1-infected children in Abidjan, Cote d'Ivoire. AIDS 2004. 18(14):1905-1913.