Pediatric and Adolescent HIV

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Presentation outline

- Epidemiology of HIV in Zimbabwe
- HIV case finding in children
- Adolescents
- Challenges in peds and adolescent HIV

Zimbabwe

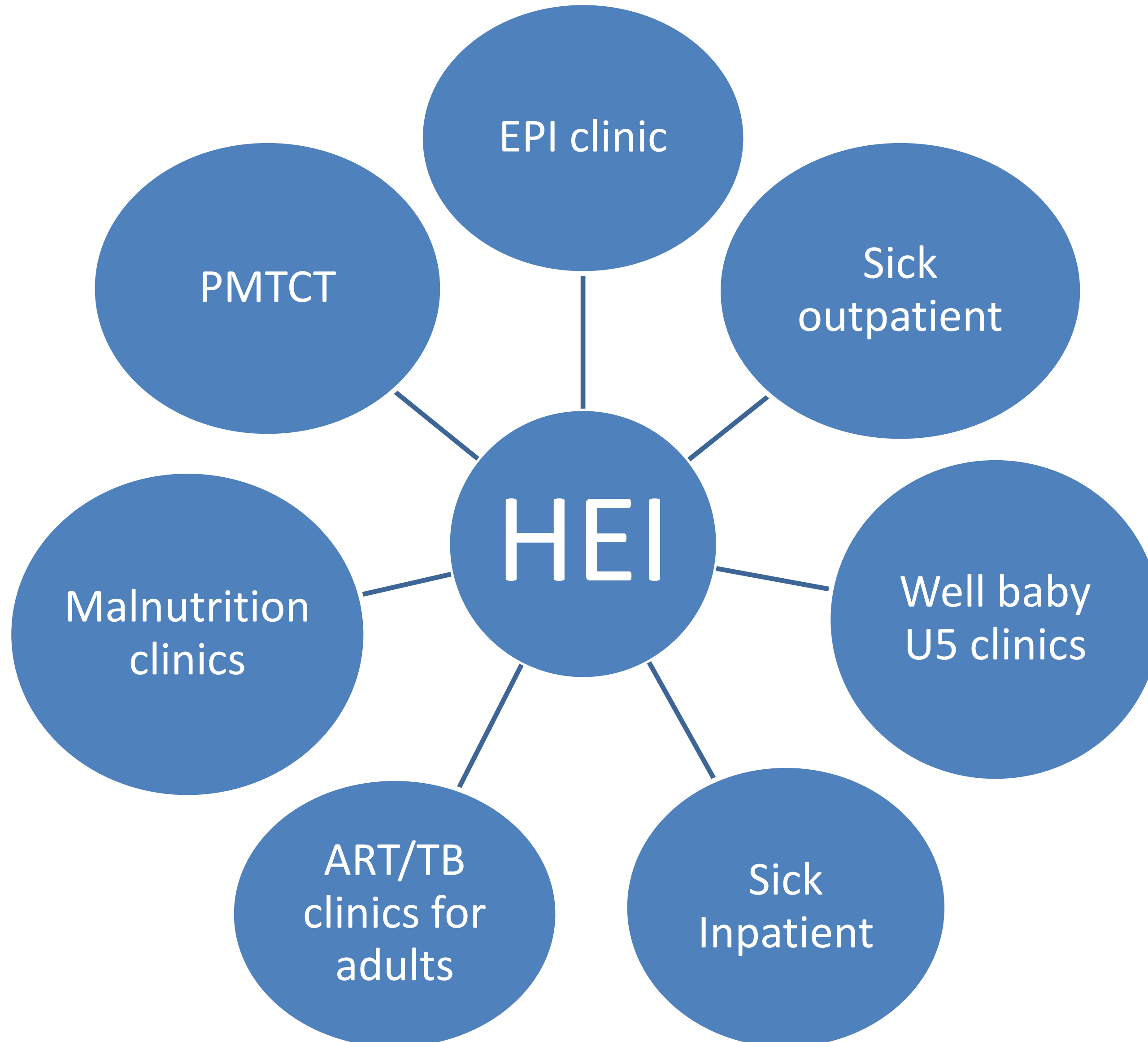
- Total population: 13mil (**2012 Census)**
- Adult HIV prevalence 14.7%*
  - ANC HIV prevalence 16.1%)

- Total PLHIV 1.4 million
- Adults LHIV 1 300 000
- Adult need for ART **(2015)**: 1 136 73
- Adults receiving ART: 817 397

- Peds 0-14 years LHIV: 77 000
- Peds on ART **(2015)**: 61 064-80
- ALHIV (10-19 years): 69 377
- New HIV infections among childre 4900
- MTCT rate: 7% (Spectrum)

Source: *Spectrum 2015

Entry Points for Identification of HIV Exposed Infants (HEI)



Challenges

- How to find children outside of health care settings-ECD, school health, out of school children, OVCs
- PITC for children not being enforced

Challenges

- PITC for children not being enforced
- Disclosure issues need to be addressed
- Sexual and reproductive health issues are not systematically addressed with adolescents; and commodities (except condoms) are not available within ‘’reach’’

The HIV infected adolescent

The population in which the HIV epidemic is growing and in which mortality is rising

Where are we losing the plot?

Who is an adolescent?

- Adolescents aged 10-19 years of age
- “Young people” refers to individuals aged 10-24 years
- Adolescence is a stage of rapid physical growth, and mental development
- Physical and sexual maturation in adolescence is completed well before emotional and cognitive development

Effect of HIV on the vertically infected adolescent

- Children might have grown up chronically unwell-effect on self esteem
- Stunted physical growth and development with HIV early childhood
- Challenges in the home where parent/s might have succumbed to AIDS; or might be alive but chronically ill
- Multiple caregivers

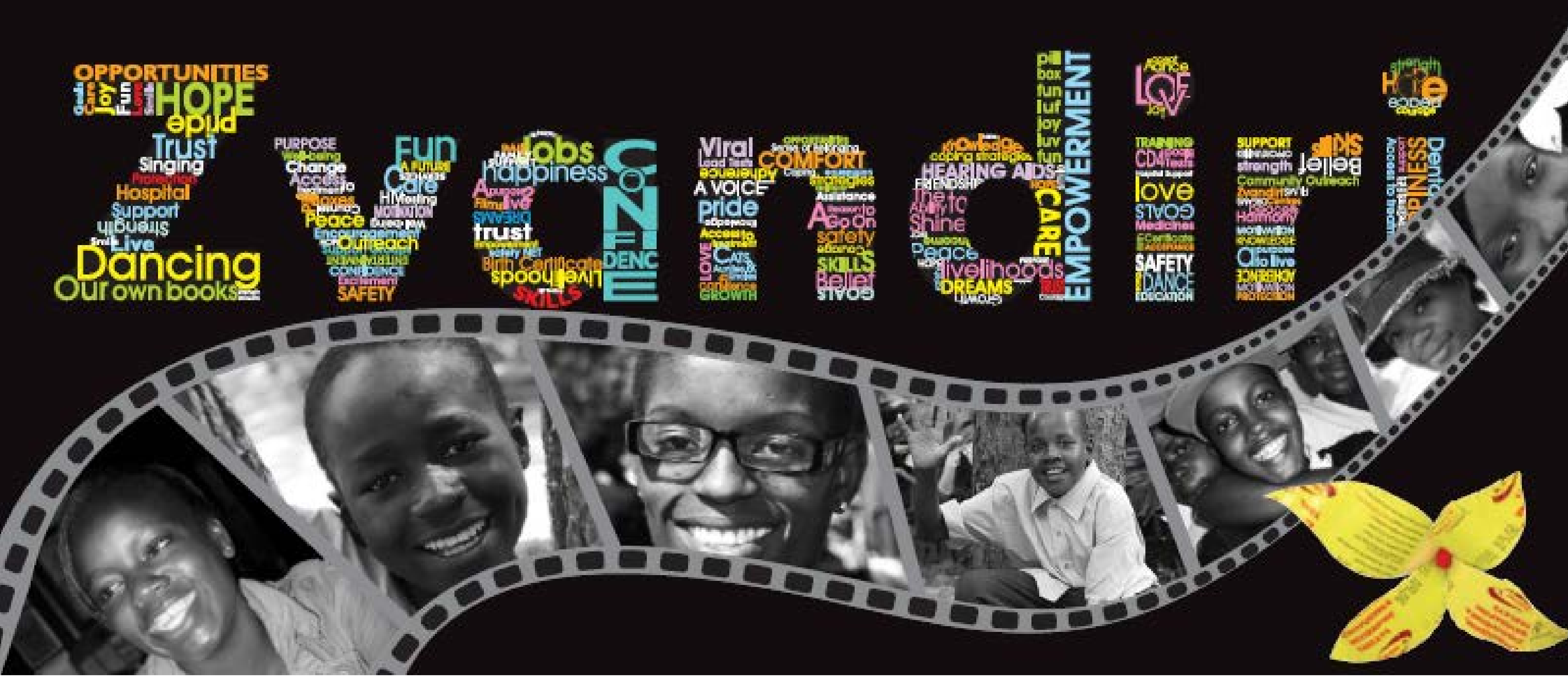
Risk Factors for HIV transmission in adolescents (behaviorally infected)

- Peer pressure
- Experimenting with risky behavior including unprotected and/or casual sex and alcohol & drug abuse
- Environment influences – social, cultural
- Poverty and isolation
- Trans-generational sex, sexual coercion, and sex for money
- Limited knowledge about HIV/AIDS, and limited access to tailored health information and care

N.B. For positive adolescents, address prevention with positives on an on going basis

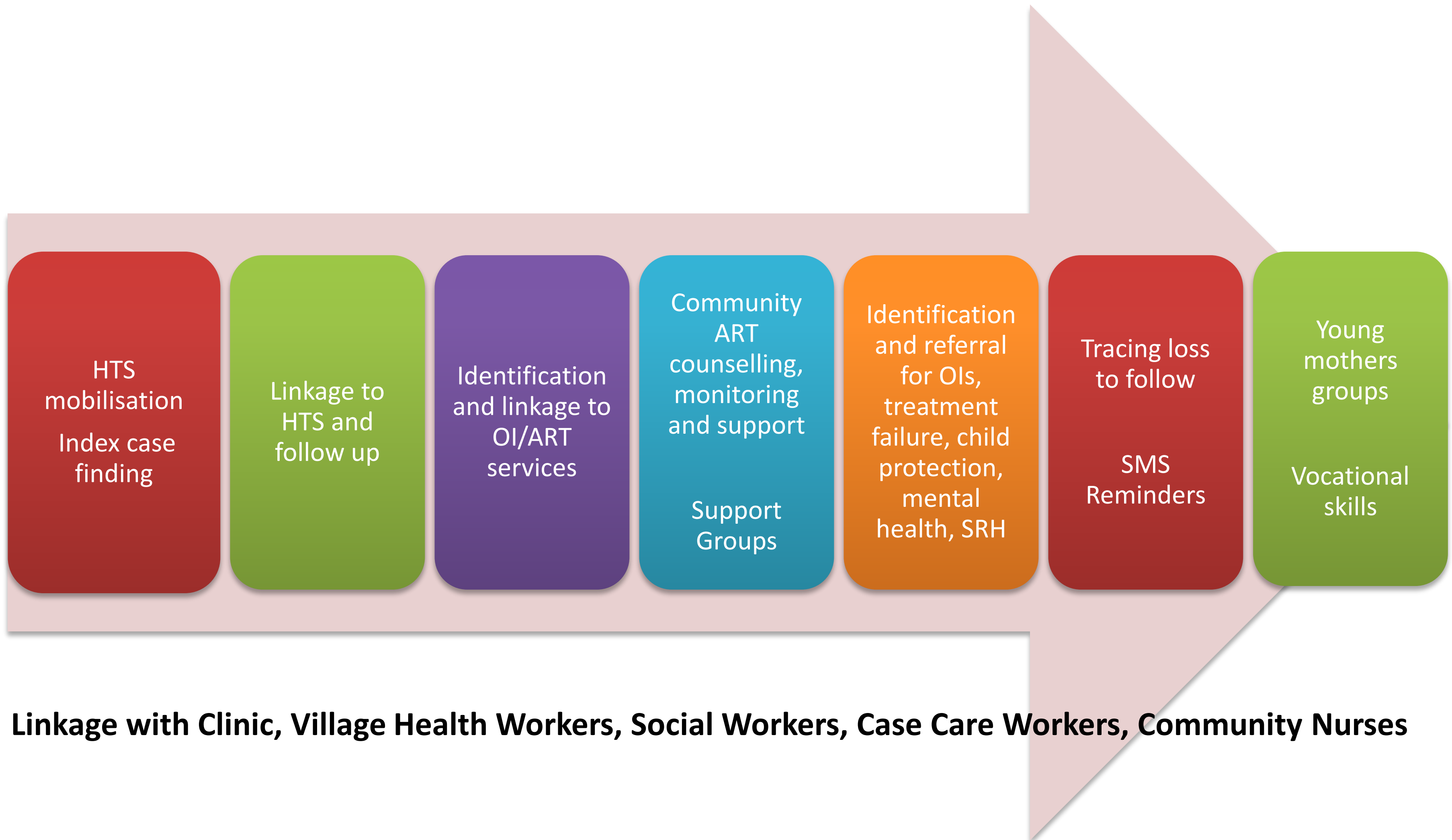
Specific challenges in managing ALHIV

- Access to testing-WHERE?
- Disclosure; and the veil of secrecy if MTCT
- Adherence and retention in care
- Stigma and discrimination
- Feelings of disempowerment when faced with a ‘’daunting’’ health care system
- Addressing SRHR matters; even for key populations
- Unique challenges of ALHIV and sexual relationships including marriage



A model of differentiated care for children, adolescents and young people with HIV in Zimbabwe

Community Adolescent Treatment Supporters (CATS)



Key Gaps in Pediatric ART

- Gaps in policy implementation-e.g. PITC
- Service delivery-HRH and confidence to treat children
- Community systems including demand creation
- Inadequate human resources for health
- Laboratory and pharmaceutical-innovations such as POC EID/VL, cost and new formulations (LPV/r pellets)
- Strategic information/ M&E
- Management and coordination
- Financial and other resources

Acknowledgements

- Africaid-Zvandiri

Thank you

Tatenda!

Siyabonga!