

Access, Testing and Follow-Up Remain Barriers to Treating Children with HIV
23. November 2009

By Michelle Scott*

NEW YORK, 23 Nov. 2009—Accessibility, appropriate testing and follow-up care were recurring themes during the panel discussion on children with HIV held at UNICEF on 20 November as part of the 20th anniversary of the Convention on the Rights of the Child. Five experts in the field gathered to discuss the issues surrounding children with HIV in the developing world as part of the Ecumenical Advocacy Alliance's Prescription for Life campaign.

The yearlong initiative encouraged children from around the world to write letters to leaders in pharmaceutical companies and government officials encouraging action to close the gap in care for children with HIV.

The panel participants repeatedly noted improvements in reaching pregnant women and their children but at the same time emphasized that much more needs to be done. HIV is extremely deadly for young children—killing more than half before their second birthday if they do not receive treatment.

"We can't access children if we can't access their mothers," said Dr. Deborah Birx, Director, Global AIDS Program for the U.S. Center for Disease Control. HIV testing and counseling is critical to preventing mother to child transmission of the disease. This is particularly difficult when reaching women in rural areas of Sub-Saharan Africa where HIV and AIDS are most prevalent.

Father Ed Phillips, CEO/Chairman of the Board of Directors Eastern Deanery AIDS Relief Program in Nairobi, Kenya, raised the role of faith-based organizations in accessing these hard-to-reach areas. "Faith-based organizations," he says, "have this long history of being out in rural areas where other people wouldn't go."

Father Phillips counted the successes he has witnessed because of the community-based relationships faith-based organizations have with the people they serve.

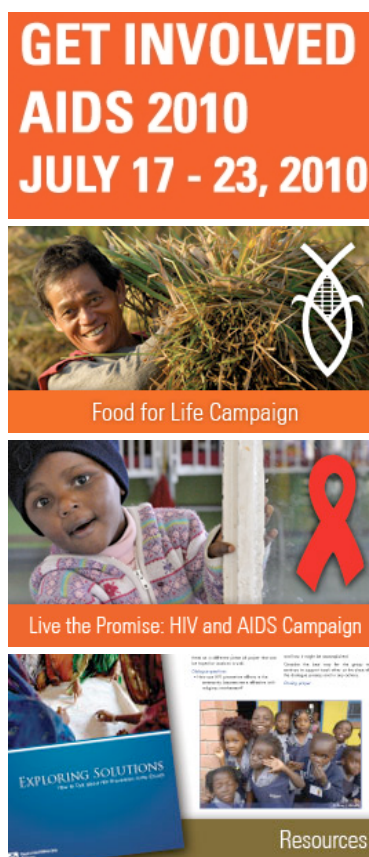
In addition to accessing mothers with testing, having appropriate tests for infants and following up with their families is a major issue in addressing HIV in the very young. Because they have their mother's immunity, infants cannot be tested by the traditional antibody test. A Polymerase Chain Reaction (PCR) test is needed to properly diagnose infants and it requires a multi-step process with complicated equipment. Families must return to the health center to get results several days or weeks later.

For many families, the initial trip to the health center is financially taxing and a follow-up visit can be prohibitive. Dr. Shaffiq Essajee, Director of Clinical Operations and Senior Advisor in Pediatrics for the Clinton Foundation, noted that as many as half of the infants tested are lost in the follow-up process.

Rob Dintruff, Director for Commercial Development at Abbott Labs showed the audience a photo with a pile of undelivered HIV test results in one clinic. Families never returned to receive the test results. In rural areas where communication and transportation is limited, this is a serious issue.

Mr. Dintruff noted Abbott Lab's recognition of this problem and work towards developing tests for infants that can have results the same day to close the gap on follow-up.

There is much that can be done for children when they are successfully diagnosed and on antiretroviral treatments. Dr. Essajee who works at Bellevue Hospital in New York notes that children respond well to appropriate care, commenting that some of his patients that entered the HIV treatment program as young children are now old enough to have families of their



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own. He further told those gathered that because of an effective preventative mother to child transmission program they had not seen an infant with HIV in three years. He gave these examples to note what is possible when there is appropriate testing, follow-up and treatment.

By contrast, Dr. Rene Ehounou Ekpini, Chief of the HIV/AIDS (PMTCT) Health Section at UNICEF, showed a photo of a health center in Sub-Saharan Africa that was little more than a mud structure. Ninety per cent of the more than two million children with HIV live in this region where access to basic health care is often available only to the privileged. "This is about the basic right to life," Dr. Ekpini said. "This is about inequality. This is about justice."

The Ecumenical Advocacy Alliance is a broad international network of churches and Christian organizations cooperating in advocacy on food and HIV and AIDS. The Alliance is based in Geneva, Switzerland. For more information about the Ecumenical Advocacy Alliance and the Prescription for Life Campaign, please see <http://www.e-alliance.ch/>

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More information about the Prescription for Life events are available online at: www.e-alliance.ch/en/s/prescription-for-life-help-children-living-with-hiv/

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