IMPAAC 4HIV

IMPROVED ACCESS TO AHD CARE & TREATMENT 4 HIV

Advocacy | Brief

ACT NOW TO SAVE LIVES:
ADDRESSING ADVANCED HIV DISEASE IN CHILDREN

Advanced HIV disease (AHD) in children is critically important to address due to the increased risk of opportunistic infections, severe illness, and mortality. Children under five living with HIV are particularly vulnerable, with a high risk of rapid disease progression. Children living with AHD frequently present with opportunistic infections such as Severe Bacterial Infections (SBI), tuberculosis (TB), chronic diarrhoea, and Severe Acute Malnutrition (SAM), all of which require timely and comprehensive medical care. Poorly managed HIV can lead to treatment failure and the development of drug-resistant strains of HIV, complicating its management, increasing disease progression and placing children at even greater risk.

Managing AHD complications in children can result in more intensive and costly healthcare services, placing a burden on families and healthcare systems. Despite this, many countries have yet to adopt and implement the WHO STOP AIDS (Screen, Treat, Optimize and Prevent AIDS) package of care for AHD at the primary healthcare level.

Removing these barriers and ensuring access to the full package of AHD services including early screening, treatment, and prevention of opportunistic infections is both urgent and essential if we are to reach the goal of ending AIDS in children by 2030.

In Africa, too many children living with HIV experience AHD, with all children under 5 years empirically considered to have AHD. Without early screening and treatment for both HIV and opportunistic infections, half of the children living with HIV will die by the age of two, and 80% will not survive past their fifth birthday. Globally, an estimated 1.4 million children aged 0–14 are living with HIV, and approximately 76,000 died of AIDS-related illnesses in 2023.

ABOUT IMPAACT4HIV

IMPAACT4HIV, funded by Unitaid and led by the Aurum Institute, is implemented in collaboration with key strategic partners: Paediatric-Adolescent Treatment Africa (PATA), Market Access Africa (MAA), Drugs for Neglected Diseases initiative (DNDi), Solidarité Thérapeutique et Initiatives pour la Santé (Solthis), and the Centre for Integrated Health Programs (CIHP). The project places strong emphasis on early screening, identification, and decentralised care for AHD across primary health facilities and community settings serving adults, adolescents, and children living with HIV.

Strategic community partners in South Africa, Nigeria, Côte d'Ivoire, and Mozambique play an important role in engaging governments, health authorities and policymakers and implementing partners, to invest in resources and prioritise AHD care and services for children as a public health emergency. Communities are central to raising awareness, linking children to early testing and treatment, and ensuring they remain engaged in care.

A core component of the project is the PATA's Clinic–Community Collaboration (C3) model, which fosters strong partnerships and coordination between clinics and communities to improve AHD service delivery and ensure children receive timely, comprehensive, and compassionate care.

COMMUNITY BASELINE FINDINGS

Engaging communities, caregivers, and frontline healthcare providers through IMPAACT4HIV in South Africa, Nigeria, and Mozambique has revealed critical gaps but also clear opportunities for action to improve AHD care for children.

- **Limited AHD literacy among caregivers and communities:** Significant knowledge gaps exist among parents, caregivers, and communities. Parents/caregivers have limited understanding of AHD signs and symptoms, and related opportunistic infections and do not have access to simple AHD literacy materials to support early identification and care-seeking.
- **Frontline healthcare providers lack training and tools:** Many healthcare providers lack the confidence, tools, and diagnostic commodities needed to screen and manage children with AHD. Over 80% of healthcare providers interviewed expressed the need for capacity building to confidently manage AHD in children.
- **Community-based support structures are weakening:** Funding shifts have led to reductions in community healthcare worker support, weakening community engagement, early detection, social safety nets, and effective linkage to care.
- **AHD guidelines for children are rarely integrated:** Guidelines on managing paediatric AHD are not yet integrated into national HIV treatment protocols. Currently only one out of three countries have these guidelines, and most clinics, linked to community partners, report no access to AHD guidelines and the WHO STOP AIDS package of care.

Community partners
South Africa: *Lefika La Ka, Lifeline NW Rusternburg Center, Dr. Murudi Foundation and Boithuto Lesedi Project*
Mozambique: *Movement for Access to Treatment in Mozambique and Kuyakana*
Nigeria: *African Network of Adolescent and Young person's Development (ANAYD), The Support for Women and Teenage Children (SWATCH) and Institute of Social Change, Development and Innovation (ISCODI)*
Côte d'Ivoire: *Réseau ivoirien des organisations de personnes vivant avec le VIH (RIP+)*

CALL TO ACTION
FOR POLICYMAKERS, MINISTRIES OF HEALTH, AND DUTY BEARERS

To prevent avoidable deaths and improve health outcomes for children with Advanced HIV Disease (AHD), we urge the following actions:

- Prioritise prevention of HIV by addressing gaps in vertical transmission policy implementation through to the end of the breastfeeding period, and by adopting adolescent-focused prevention strategies.
- Accelerate the adoption and full implementation of national AHD treatment guidelines, including the WHO STOP AIDS package of care, with a focus on paediatric integration.
- Integrate AHD care into primary healthcare systems, ensuring that AHD screening, treatment, and the prevention of opportunistic infections become routine for children.
- Remove barriers to essential HIV services and provide universal access to antiretroviral therapy (ART), ensuring that underserved communities, vulnerable children and those facing exclusion are reached.
- Strengthen and invest in health systems that can provide quality HIV services, including the training of healthcare providers who are equipped with simple guidance, practical tools and reliable access to essential medicines, and diagnostics to prevent and manage AHD-related conditions.
- Recognise and fund community engagement as a core component of the HIV response. Investing in clinic-community collaboration initiatives and partnerships with civil society is essential for prevention, early detection and timely linkage to treatment and care, especially in the context of shrinking funding and competing priorities.
- Increase domestic investment and sustainable financing for the healthcare of children, particularly those living with AHD.

By prioritising prevention and care for management of AHD in children, we can significantly improve their health, reduce mortality, and work towards ending AIDS in children by 2030.

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