Closing the paediatric treatment gap
Guidelines and Innovations

PCB meeting December 9-11
Geneva-Switzerland
WHO 2013 ARV Guidelines

- Timely diagnosis
  - Early Infant Diagnosis at 4-6 weeks

- Earlier ART initiation
  - Treat all less than 5 years

- More potent and simplified ART regimens
  - New regimens for young children

- More effective treatment Monitoring
  - Viral load monitoring

- Better delivery of services
  - Integration and task-shifting

Uptake of better policies to close the treatment gap
Policy uptake of Paediatric ARV treatment initiation threshold 2014

Uptake based on 58 WHO focus countries, by region

Total 71%

Uptake of 2013 recommendations as of Oct 2014
Taking guidance to use

Progress:
• Wide and rapid adoption earlier ART initiation
• Progressive scale up of VL for treatment monitoring

Challenges:
• Phase-in of some key medicines for infants and younger children
• Health care workers ability and confidence to take care of children living with HIV

We therefore need innovations...
Treatment Optimization

Innovative technologies to diagnose and monitor children closer to the point of care

Models to provide services closer to mothers and children

More simplified, less toxic and more robust drug regimens

More needs to be done...
“Paediatric week” - Drug optimization

- Paediatric ARV Drug Optimization (PADO) Meeting
- Paediatric HIV Treatment Initiative (PHTI) Meeting
- IATT Paediatric Formulary Revision Meeting
- Paediatric ARV Procurement Working Group (PAPWG) Meeting
Optimizing Testing Approaches

- Test infants and children earlier
- Test them when they present to health facilities (outpatients, inpatients, malnutrition clinics)
- Test them when they access routine services (ie. immunization)
Optimizing Service delivery

Integrate HIV in child survival services to scale up HIV testing and treatment and reduce U5M

- ANC
- Postnatal
- L + D
- IMCI (iCCM)
- Nutrition (CMAM, IYCF)
- EPI
- In-patient care
- Community outreach

- Adult ART
- PMTCT/B+
- EID
- ART SCM
- Community-based HIV programmes

THE DOUBLE DIVIDEND
A Synthesis of Evidence for Action to improve survival of HIV-exposed children in the era of eMTCT and renewed child survival campaigns
Way forward to reach 90/90/90

• Move from global guidance to national policies
• Translate policy to implementation
• Maximize innovation to increase testing, treatment and retention

CLOSE THE TREATMENT GAP FOR CHILDREN
Thanks for your attention