



# ATS Pediátrico ASTC COV's – Projeto CIHO



## Introdução

- Moçambique contribui com quase 8.2% de todas novas infeções pediátricas por HIV a nível mundial. Estima-se que atualmente existam 203.500 crianças infetadas pelo HIV (0-14 anos)
- As crianças representam a geração futura deste país, e também a massa produtiva e intelectual
- A elevada % de casos de HIV pediátrico representam acima de tudo um problema na implementação do PTV assim como um elevado fardo económico para o país (tratamento/produção)
- O TARV pediátrico apresenta uma cobertura de 44%, existe um elevado número de crianças e adolescents que não conhecem seu estado e não chegam a ligar-se aos C&T, elevada % de crianças HIV+ podem perder a vida até ao 5º ano na ausência de tratamento (morbilidade e mortalidade)

# Evidências na literatura em relação ao fraco investimento nas abordagens para identificação de casos de HIV pediátrico



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## Beyond early infant diagnosis: case finding strategies for identification of HIV-infected infants and children

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### Abstract

There are 3.4 million children infected with HIV worldwide, with up to 2.6 million eligible for treatment under current guidelines. However, roughly 70% of infected children are not receiving life-saving HIV care and treatment. Strengthening case finding through improved diagnosis strategies, and actively link identified HIV-infected children to care and treatment is essential to ensuring that these children benefit from the care and treatment available to them. Without attention or advocacy, the majority of these child will remain undiagnosed and die from complications of HIV. In this article, we summarize the challenge of identifying these children.

### Review

## Seeking wider access to HIV testing for adolescents in sub-Saharan Africa

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More than 80% of the HIV-infected adolescents live in sub-Saharan Africa. Acquired immune deficiency syndrome (AIDS)-related mortality has increased among adolescents 10–19 y old. The impact is highest in sub-Saharan Africa, where >80% of HIV-infected adolescents live. The World Health Organization has cited inadequate access to HIV testing and counseling (HTC) as a contributing factor to AIDS-related adolescent deaths, most of which occur in sub-Saharan Africa. This review focuses on studies conducted in high adolescent HIV-burden countries targeted by the 90-90-90 to End Adolescent AIDS initiative, and describes barriers to adolescent HTC uptake and coverage. Fear of stigma and family reaction, fear of the impact of a positive diagnosis,

in sub-Saharan Africa, early detection and treatment as well as the prevention of new infections are important. With respect to new infections, female adolescents are of particular concern. In 2013, approximately 65% of all new adolescent HIV infections were among girls, largely in sub-Saharan African countries. Of the 1.7 million African AIDs, an estimated 1 million (nearly 60%), are female (7). In countries such as South Africa, Sierra Leone and Gabon, girls represent more than 80% of new HIV infections in adolescents (4,8). Regardless of gender, vast majority of African adolescents, including those already infected with HIV, do not know their HIV status (3,6). Rates of HIV testing among adolescents range from a low of



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### Policy Forum

## HIV Testing for Children in Resource-Limited Settings: What Are We Waiting For?

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### Introduction

In many African countries, HIV has reversed previously recorded declines in child mortality. Worldwide, children account for 18% of HIV-related deaths and 15% of HIV infections each year [1–3], an estimated 2.3 million children are infected, and 790,000 urgently need antiretroviral therapy (ART), which only about 275,000 currently receive. The mortality of untreated pediatric patients is very high in the first 2 years of life, and reaches 80% by age 5 [4]. While the number of children under age 15 in low- and middle-income countries receiving ART rose dramatically between 2003 and 2007 (Figure 1), it is nonetheless evident that those children currently on treatment still represent only a small proportion of those who need it. Continued effort will need to be made to expand

systems designed for adults do not meet the needs of children. The time has come to develop and implement specific strategies to increase opportunities for children to access HIV testing, especially in sub-Saharan Africa.

As criteria for treatment initiation evolve and ART programs are scaled up in resource-limited settings, the need to expand HIV testing will become more urgent. Surveys in sub-Saharan Africa document 39% of adult men and women as having at some time been tested and received their results, up from 15% just 2 years before [3]. However, even when strong adult testing programs exist, access to pediatric testing remains low. The 2004 World Health Organization (WHO) HIV testing guidelines did not identify children as a specific target group for testing [5].

## Strategies for Identifying and Linking HIV-Infected Infants, Children, and Adolescents to HIV Care and Treatment



Scale up of testing programs for children will no doubt require investments in key areas such as training and support for providers, improvement of laboratory facilities and referral networks, and community mobilization, but such investments are necessary to reduce the substantial mortality of HIV in children.

## Analises de ATS focalizado na identificação de casos pediátricos

### Estratégias encontradas com mais frequência:

- Aumentar a oferta de testagem de HIV a crianças
- ATSc domiciliar,
- ATS a COVs,
- ATIP em todas portas de entrada,
- Testagem na imunização,
- Revisão da idade legal para consentimento do teste.

## Alguns Resultados

Malawi	Taxa de identificação e adesão 3.2% mês a 33% ao mês
Tanzânia	Projetos de ATSC focalizada em crianças 3000 testes com prevalência de 3.6%
Uganda	Programa específico de ligações de sistemas comunitárias X US ' fortalece ligação e retencao
Costa do Marfim	Uso de ATSC levou ao aumento adesão ao TARV Pediátrico de 30 a 100% em 5 meses

## Principais Desafios

- Casos identificados nas comunidades costumam ter menor prevalência, algumas atividades são difíceis de supervisionar, a garantia da qualidade de serviços é um desafio, a ligação aos C&T após o diagnóstico comunitário pode ser abaixo do desejado
- As estratégias de ATS replicam as abordagens desenvolvidas para adultos, com pouca consideração às barreiras específicas associadas a adoção deste serviços e às necessidades deste grupo alvo
- Mais pesquisa nos dados de ligação de ATS ao C&T e custo eficácia das intervenções
- Direito dos cuidadores a confidencialidade X Direito ao Tratamento das Crianças/Adolescentes

## Proposta para COP 18

Expansão do piloto CIHO ATSC para COVs:

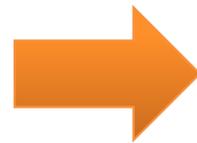
ATS comunitário para COV's assente em pilares de comunicação estratégica com abordagens participativas, holísticas e conteúdos estratégicos para literacia, educação e mobilização adequados ao público alvo; que visam a aceitação da identificação de casos e ligação aos cuidados e tratamentos assim como o suporte para a adesão e ao aumento de conhecimentos para a manutenção de um estado negativo.

A abordagem inclui cuidadores, crianças/adolescentes, líderes comunitários, provedores de saúde, ativistas comunitários.

## Foco Geográfico proposto

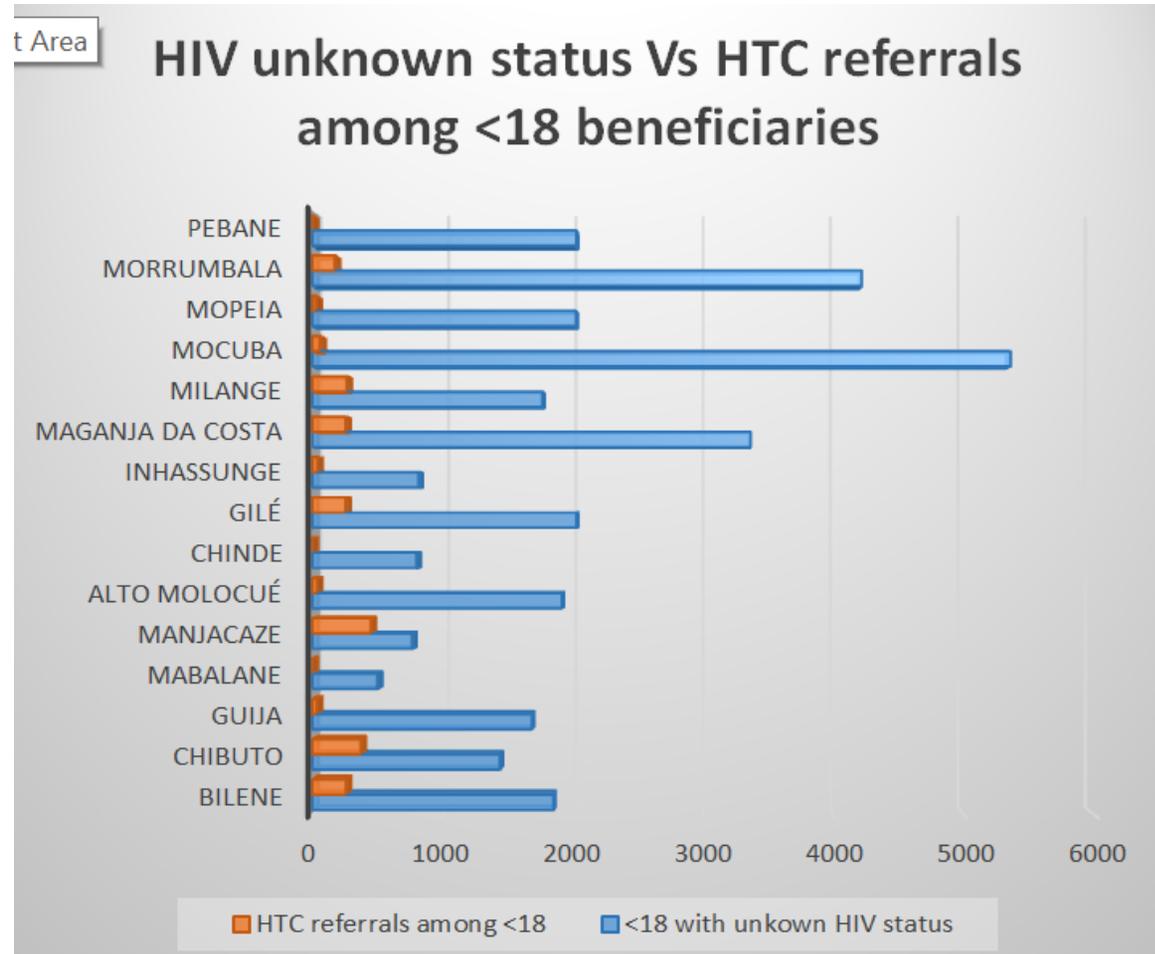
Tete, Manica e Sofala:

Provincias com o mais baixo performance em relação ao desempenho do TARV pediátrico - e onde estão a ser implementados projetos de assistência as COV's com elevada % de desconhecimento do estado serológico em relação ao HIV

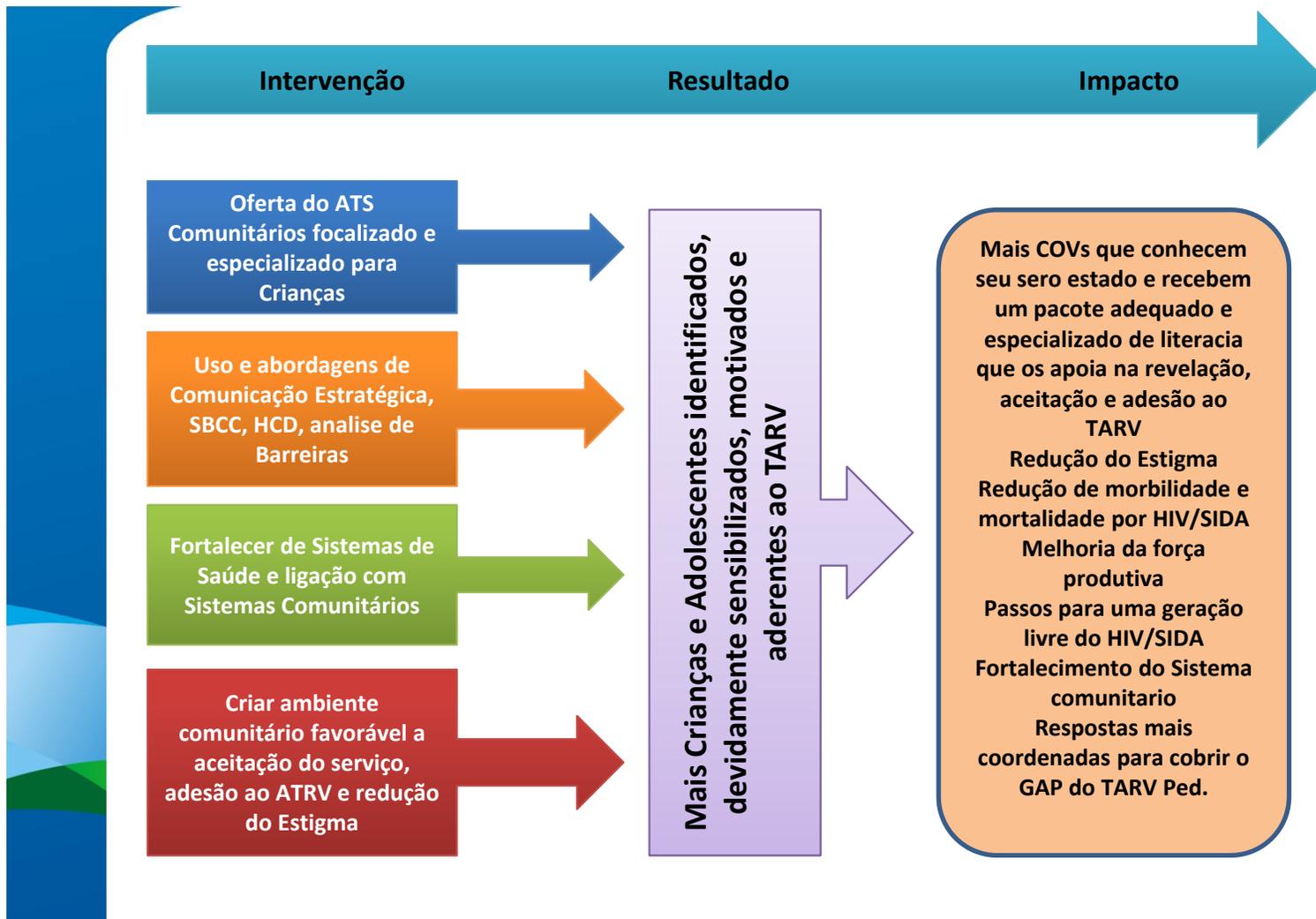


PROVINCIA	Meta	Realizado	% Cumpr. Meta
NIASSA	565	454	80%
CABO DELGADO	1,812	1,328	73%
NAMPULA	1,702	2,196	129%
ZAMBEZIA	6,774	3,423	51%
TETE	2,173	882	41%
MANICA	4,413	1,584	36%
SOFALA	5,048	2,157	43%
INHAMBANE	1,564	1,027	66%
GAZA	4,138	2,147	52%
MAPUTO PROVINCIA	3,339	1,755	53%
MAPUTO CIDADE	3,097	1,116	36%
<b>TOTAL NACIONAL</b>	<b>34,625</b>	<b>18,069</b>	<b>52%</b>

## Exemplos que apoiam decisão



# Impacto



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