

Pediatric HIV: prevention, treatment, and triple elimination

Advances and Innovations in Pediatric HIV treatment and care

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Aim to end HIV as a Public Health Threat by 2030

UNAIDS HIV/AIDS Targets for 2030

95

percent of people
living with HIV knowing
their HIV status

95

percent of people who
know their status
receiving treatment

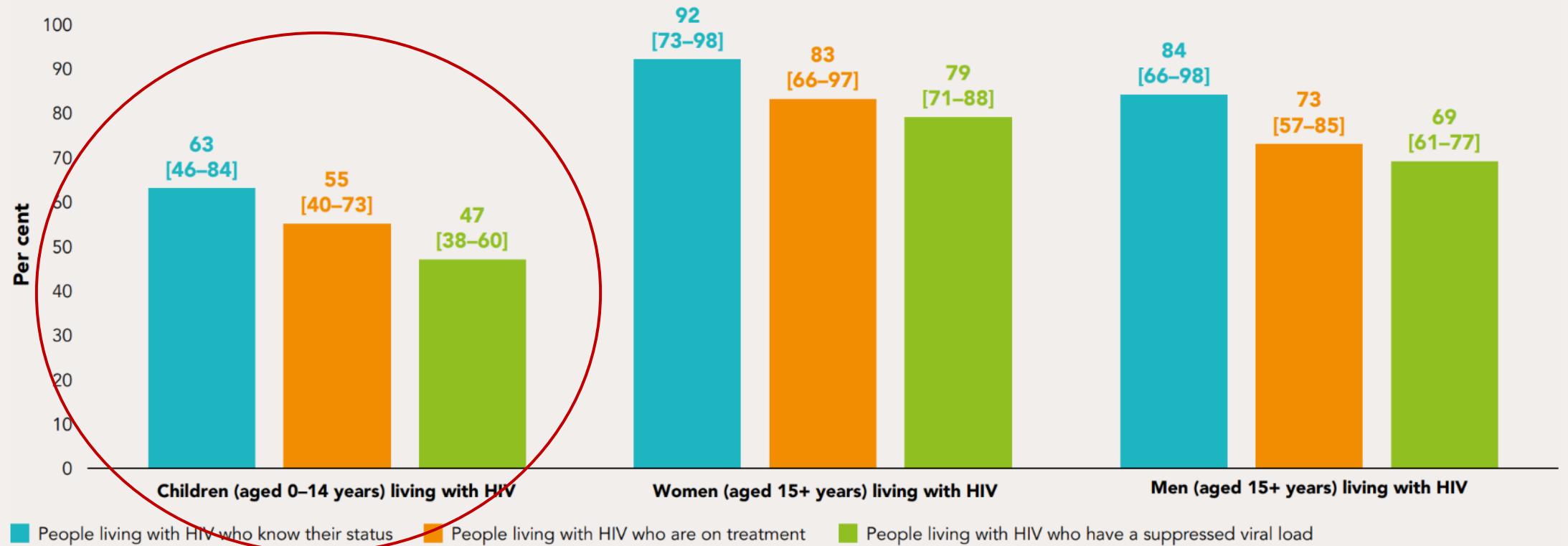
95

percent of people on
HIV treatment being
virally suppressed



Current Status: Globally

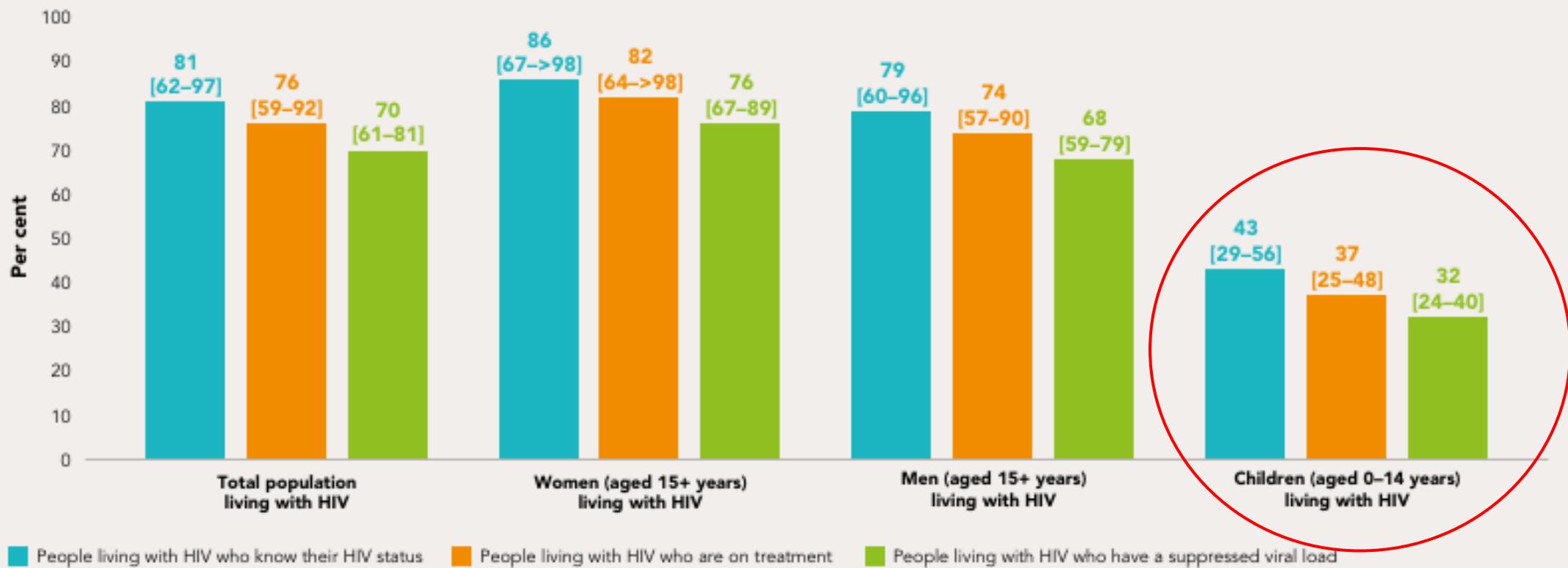
Figure 2.4. Testing and treatment cascade among children, women and men, global, 2024



Source: UNAIDS estimates 2025

HIV testing and treatment cascade, by age and sex, western and central Africa, 2024

Figure 16.3. HIV testing and treatment cascade, by age and sex, western and central Africa, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

Togo: 2024

Coverage of adults and children receiving ART (%)	92 [75 - >98]
Adults aged 15 and over receiving ART	93 [73 - >98]
Women aged 15 and over receiving ART	96 [75 - >98]
Men aged 15 and over receiving ART	86 [70 - >98]
Children aged 0 to 14 receiving ART	69 [48 - >98]

Source: UNAIDS estimates 2025

**Children & Young People are
Being Left Behind**

Current Funding Landscape

- USAID & PEPFAR
- Implications:
 - HIV services at risk
 - Prevention, Testing, Treatment, Support
 - Data capturing
 - Monitoring (VL testing)
 - Auxiliary services run by international NGOs
 - Financial gap of 2.1 billion FCFA for 2025
 - 1.6 billion FCFA needed for antiretroviral medications and reagents.

Children & Adolescents

- Distinct groups – NOT little adults
- >50% mortality by 2yo if untreated
- Lifetime of ART

How Do Children & Adolescents Differ?

- **Differing levels of development & maturity**
 - Understanding disclosure
 - Responsibility for own Rx
 - Navigating teenage years
 - Puberty
 - Sexual debut
 - Complex feelings
- **Bodies – metabolise medications differently**
 - Constantly growing – doses change often
 - Can't just use the same medications as adults

How Do Children & Adolescents Differ?

Contin

- Other considerations:
 - Education – missing school
 - Stigma – self & community
 - Rely on family/caregivers for Rx:
 - Family unit = critical for support, adherence & follow-up

ART

- Integrase inhibitors
 - Very potent viral suppression
 - DTG – can be used >3kg & 4 weeks old currently
 - Improved palatability
 - Dispersible tablets – easier dosing
 - Bigger barrier to resistance
- Combination tablets
 - >25kg – once daily combination tablets (e.g. ABC/3TC/DTG)
 - 3-25kg – dispersible daily combos (multiple tablets)



Donner à votre enfant des comprimés dispersibles sécables de 10 mg de dolutégravir (pDTG)



Il s'agit d'instructions sur la façon de donner à votre enfant le pDTG en même temps que les comprimés dispersibles de l'abacavir et la lamivudine (ABC/3TC) 120/60 mg. Si votre enfant ne prend pas d'ABC/3TC, ces recommandations peuvent être modifiées. Suivez toujours les conseils de votre professionnel de santé.

1



Ajoutez le nombre exact de comprimés de pDTG et d'ABC/3TC dans une tasse propre et vide en fonction du poids de votre enfant. (Voir le tableau de dosage).

Poids	N° de comprimés quotidiens de pDTG	N° de comprimés quotidiens d'ABC/3TC 120/60 mg
3 à < 6 kg	0.5	1
6 à < 10 kg	1.5	1.5
10 à < 14 kg	2	2
14 à < 20 kg	2.5	2.5

2



Ajoutez 10-20 ml d'eau propre (2-4 cuillères à café) dans la tasse et remuez jusqu'à ce que les comprimés se dissolvent. Si les comprimés ne se dissolvent pas complètement (c'est-à-dire s'ils forment des grumeaux), remuer la solution tout en ajoutant lentement une quantité supplémentaire d'eau jusqu'à ce qu'ils se dissolvent.

3



Donnez le médicament à boire à votre enfant. Assurez-vous qu'il boit tout le médicament immédiatement ou dans les 30 minutes qui suivent.

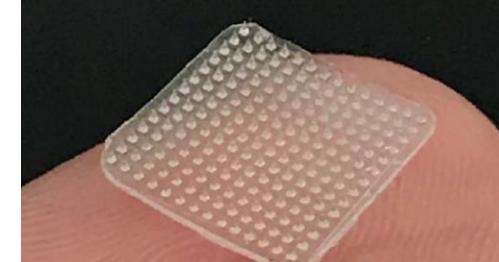
4



S'il reste du médicament dans la tasse, ajouter une petite quantité d'eau supplémentaire remuer et donner à l'enfant. Répéter l'opération jusqu'à ce qu'il ne reste plus de médicament dans la tasse.

What does the Future Hold?

- Still in the trial phase
 - Takes time
 - Safety & Dosing
- Long-acting injectables
 - LATA, Gilead (LEN) & MOCHA Studies – underway in children >35kg
- MAP
- bNAbs +/- ART



Importance of Person-Centred Care

- **Mother & child – inextricably linked**
 - PrEP availability
 - Testing during pregnancy
 - ART initiation & adherence – test and treat
 - Early infant diagnosis (EID)
 - At birth
 - During 1st year & after cessation of breastfeeding
 - VTP for all exposed infants
 - Ease of access to support & Rx = paramount
 - Family-friendly
 - Community healthcare workers

Children as a Distinct Group

- (largely vertical transmission)
- **Child-friendly ART formulations**
 - Improved palatability
 - Labelling, counselling, demonstrating = NB – clinical teams skilled
 - Tips & tricks
 - E.g. to redose after spitting/vomiting
 - Peanut butter/jam to coat tongue for taste
 - Teaching to swallow tablets e.g. gummy bear method
- **Importance of disclosure process – early & ongoing**

Children as a Distinct Group (contin)

- **Child-friendly facilities**
 - Easily accessible
 - Open before/after school
 - Play area/toys
- **Link care with rest of family**
 - Co-ordinate follow-up dates/monitoring visits
 - ‘Buddy system’ for Rx collection
- **Providing multiple months of Rx at once if virally suppressed**
 - For whole family
 - Easy collection sites e.g. lockers/supermarkets, etc

Older Children & Adolescents

- (Can be vertical/horizontal transmission)
- **Support = critical**
 - Support groups – in person/whatsapp
 - Peer support v helpful – disclosure, acceptance, responsibility
- **Education – NB for general population**
 - Chronic illness – preventable & treatable
 - Sex education
 - Prevention options & how to access
- **Rx options – preference (based on availability)**

5 Key Recommendations

1. ↑ Testing & diagnosis
2. Invest in child- and adolescent friendly ART formulations
3. Focus on Education
 - Sex
 - Prevention
 - Schools & Media
 - ↓ stigma
4. Ensure enhanced support
 - Skilled counsellors
 - Disclosure
 - Support groups
 - CHCW
5. Improve accessibility
 - School-friendly clinic times
 - Decentralised Rx pick-up
 - Co-ordinate families
 - Child- & family-friendly clinics/hospitals

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