

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**

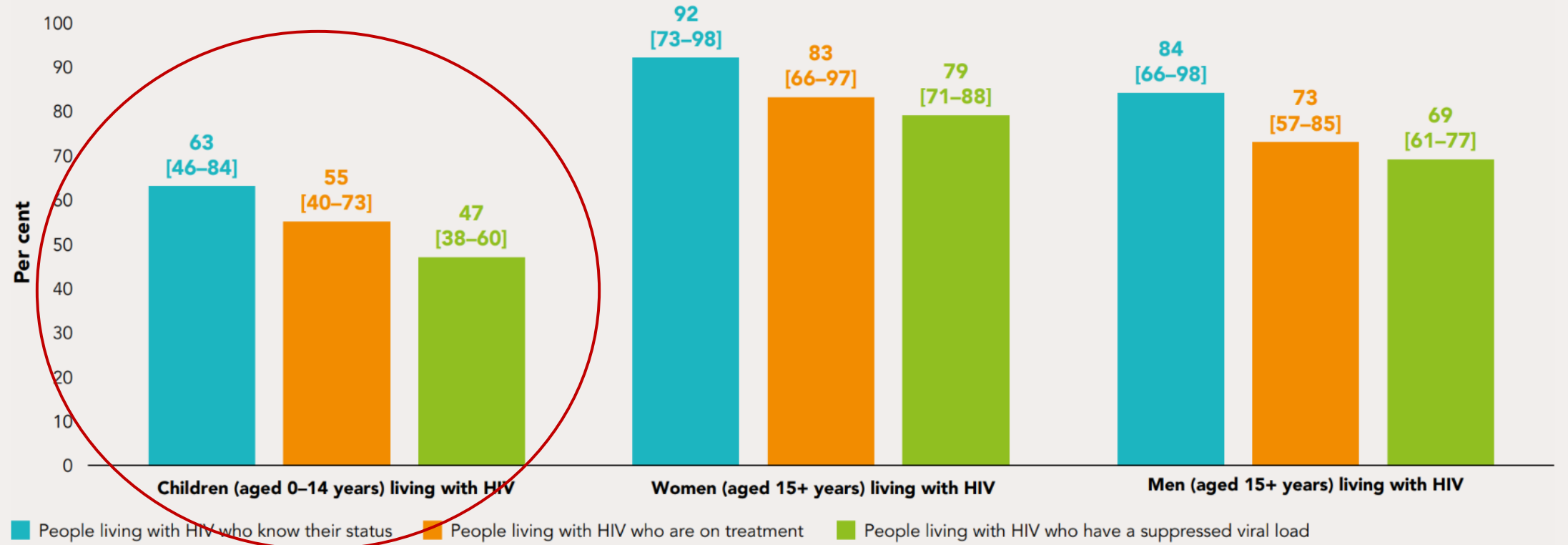
percent of people who  
know their status  
receiving treatment

**95**

percent of people on  
HIV treatment being  
virally suppressed

# Current Status: Globally

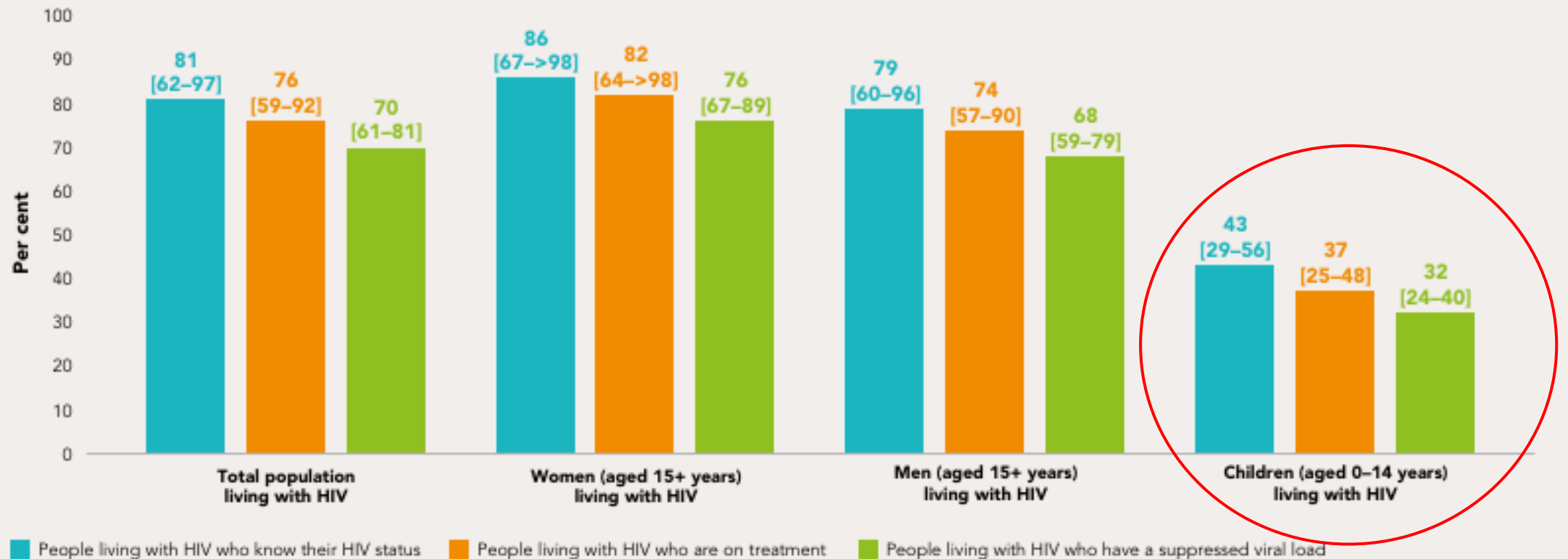
**Figure 2.4.** Testing and treatment cascade among children, women and men, global, 2024



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
  - V potent viral suppression
  - DTG – can be used >3kg & 4weeks 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.

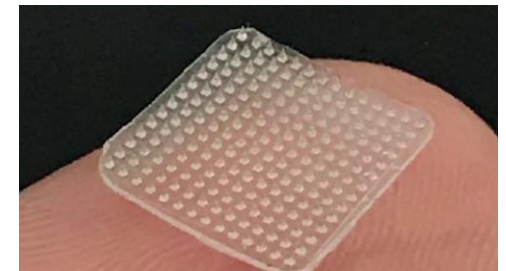
4



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 1<sup>st</sup> 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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