

Case finding and continuity of care for children and adolescents

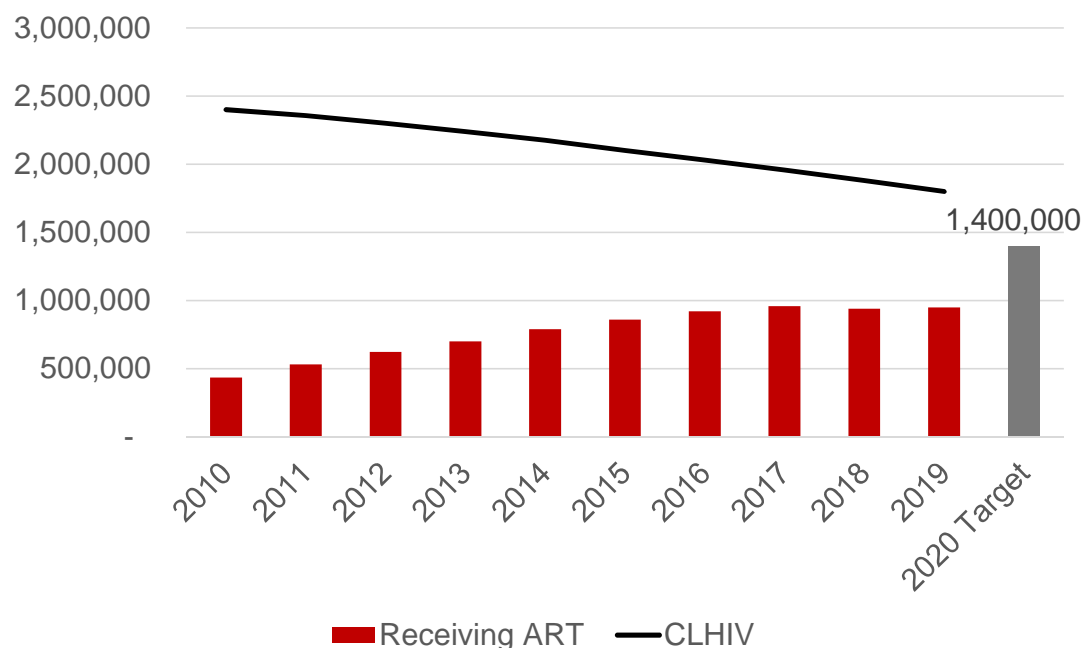


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World Health Organization
16th June 2021

53% of children living with HIV are receiving treatment compared to 68% of adults



Number of children living with HIV and receiving ART, globally, 2010-2019



Only 950,000 children receiving treatment in 2019

Children living with HIV is declining as children age into adulthood

Most recent data suggest lower numbers in mid-2020

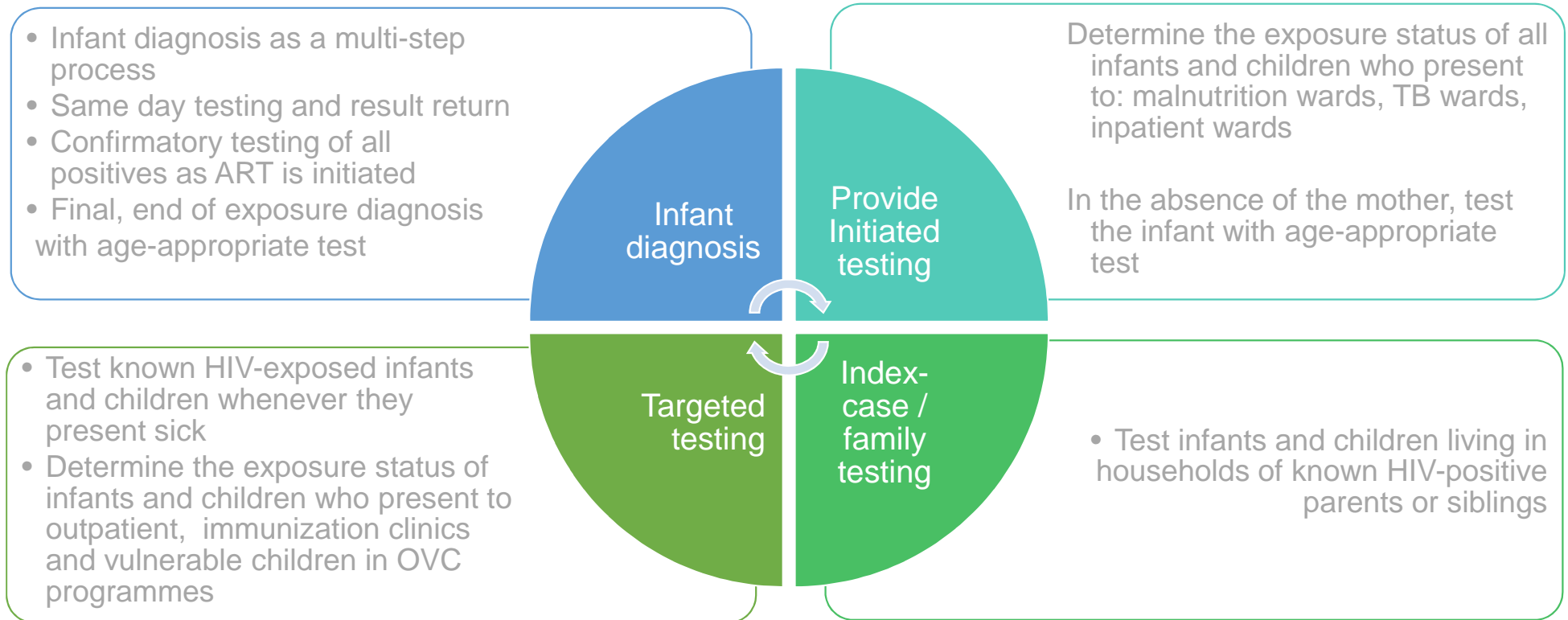
30% of children and adolescents still present with severe immunosuppression

Source: UNAIDS 2020 Estimat

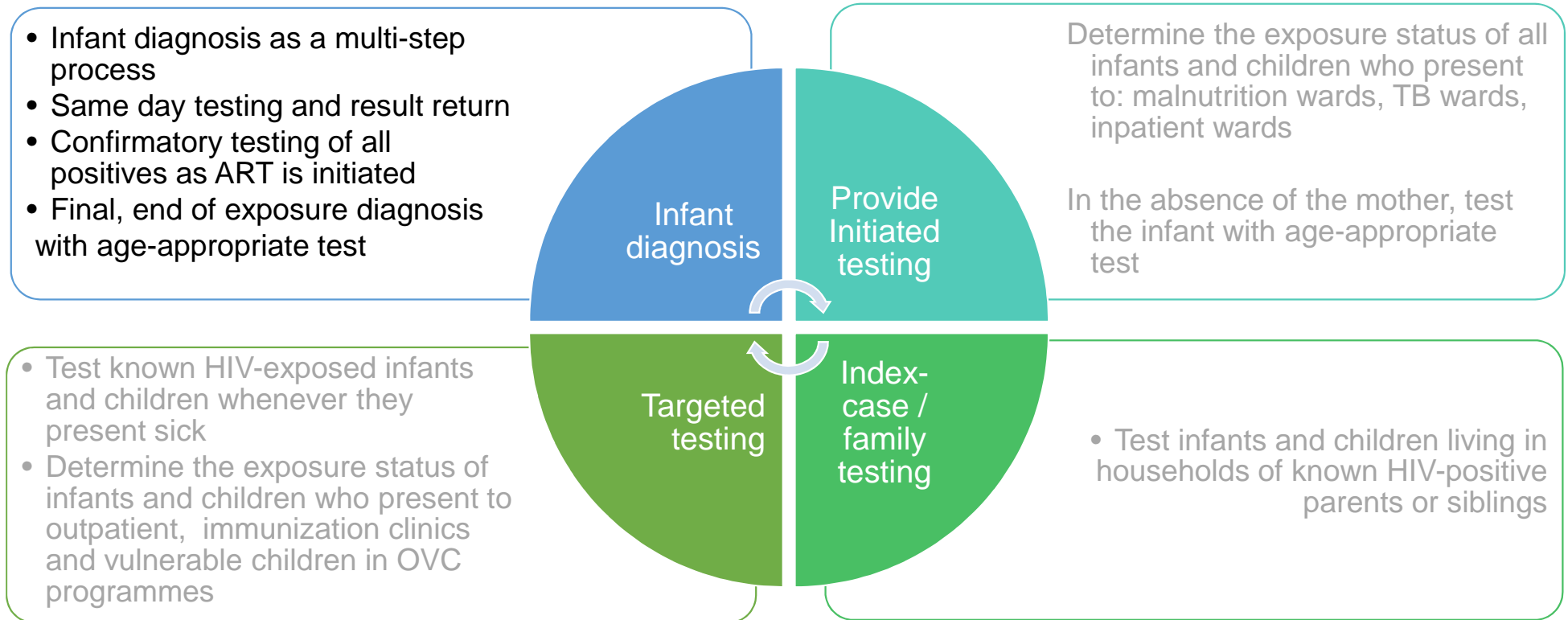


Department of Global HIV, Hepatitis and Sexually Transmitted Infection Programmes

Comprehensive HIV testing approach for infants and children



Comprehensive HIV testing approach for infants and children



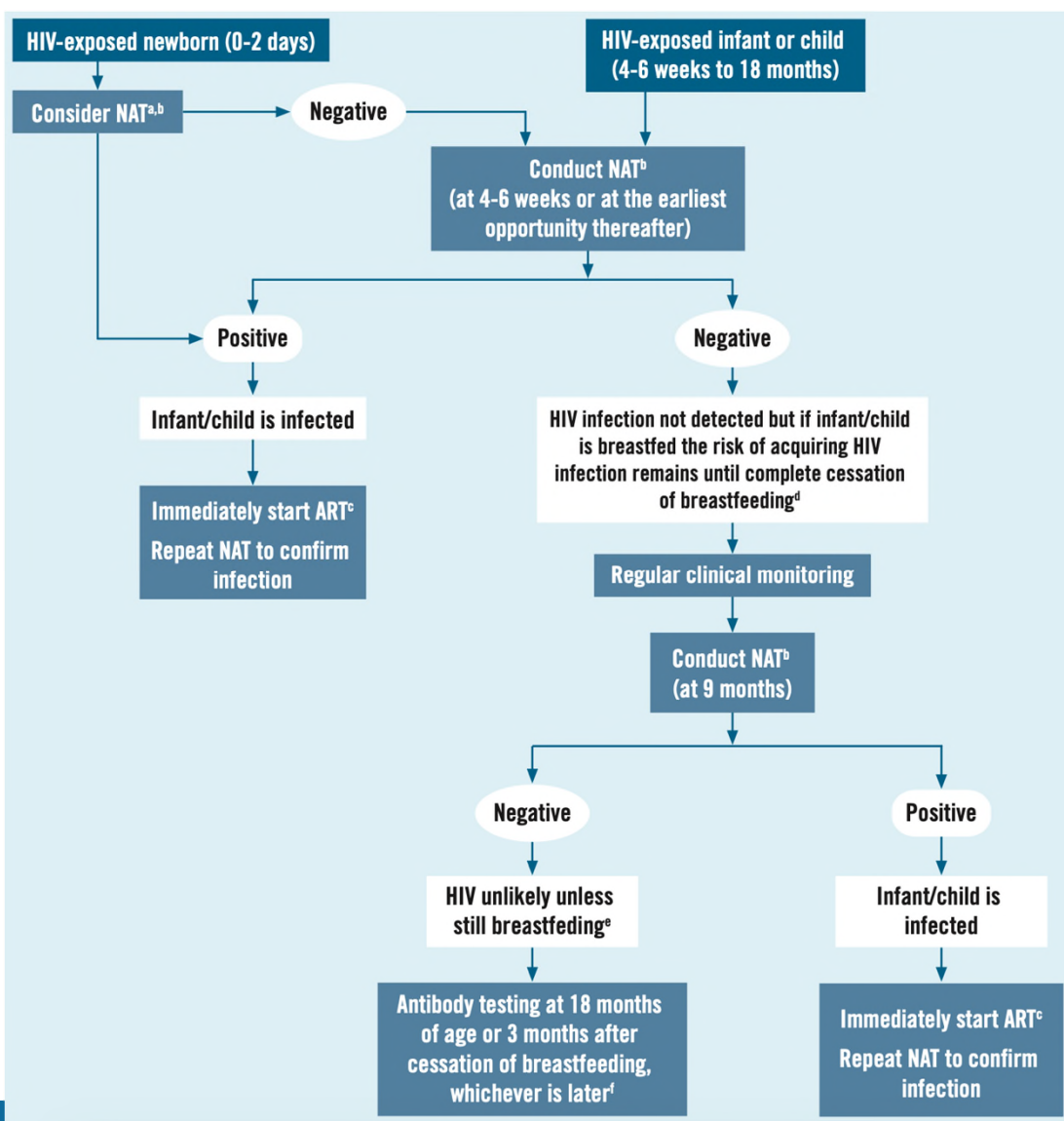
Infant testing algorithm: it's a process!

Moving to a multi-HIV NAT algorithm

- Birth (where of value)
- 6 weeks
- 9 months
- Any time HIV exposed infants present sick

Ensuring **confirmatory** testing of a positive NAT result is undertaken

Diagnosis is not completed without “final diagnosis” at the end of the period of risk for transmission



2021 Point-of-care infant diagnosis recommendation

Infants are 8 times more likely to start treatment within 60 days with POC testing compared to SOC testing

Time to ART initiation: 0 days for POC vs 39.5 days for SOC

Recommendation

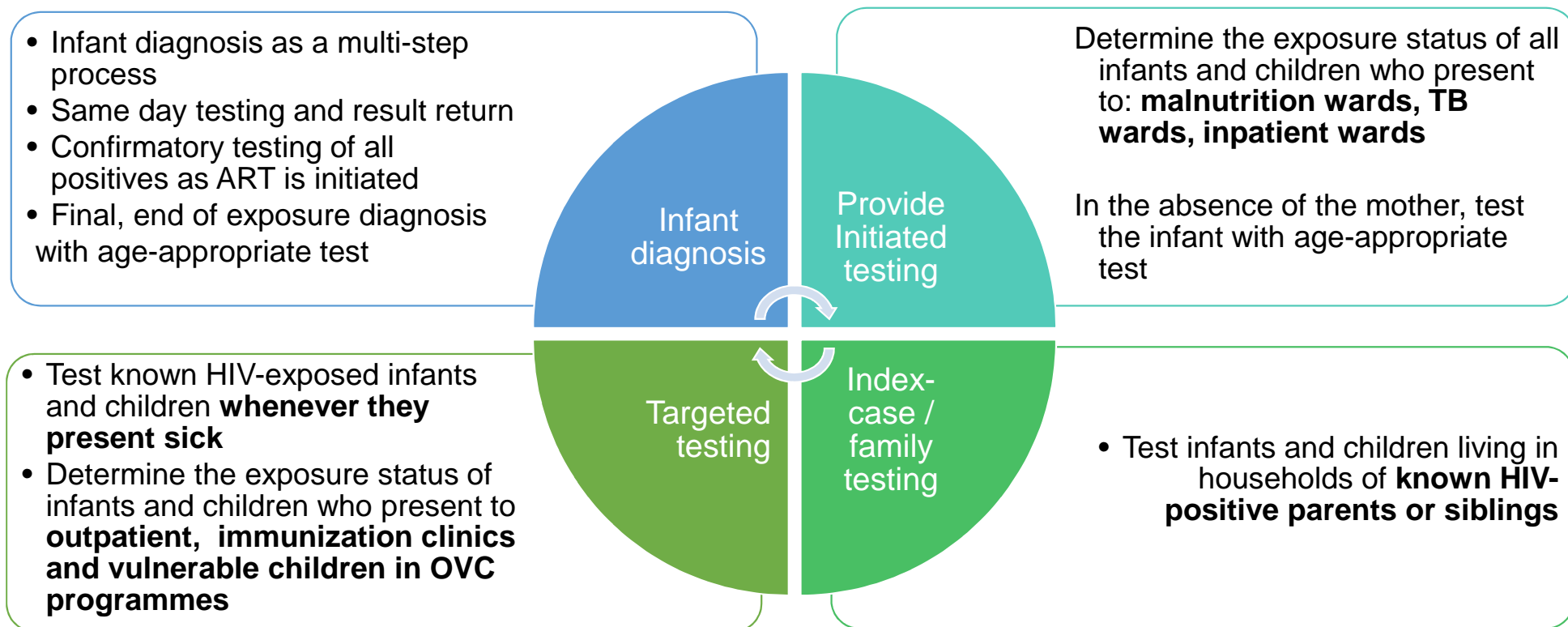
Point-of-care nucleic acid testing should be used to diagnose HIV among infants and children younger than 18 months of age.

(strong recommendation; high-certainty evidence)

- **Decentralization of ART** or strengthening of referral systems for ART initiation remain of critical importance to ensure impact on infant outcomes.
- Point-of-care infant diagnosis technologies should be considered and used within the current infant diagnosis algorithm at any point when a NAT is required.
- Access to high-quality diagnostic testing should be continually expanded across HIV and other molecular testing needs.
- Ensure adequate human resources, training, service and maintenance and quality assurance.

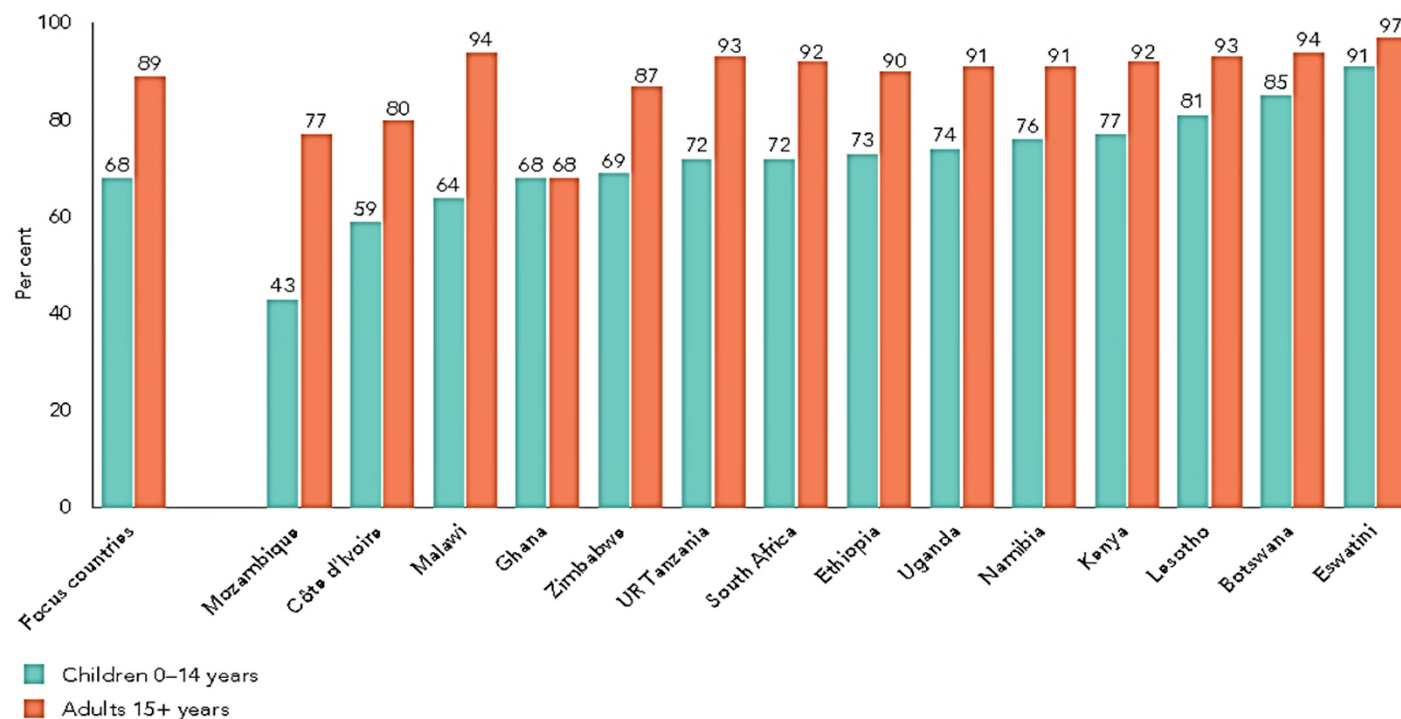


Comprehensive HIV testing approach for infants and children

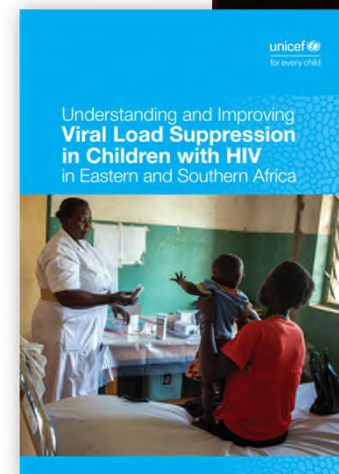


Virological suppression in children is consistently lower than in adults

Figure 14. Viral load suppression among people aged 0–14 and 15+ years receiving antiretroviral therapy by age group and country in 15 focus countries, 2019



Source: UNAIDS epidemiological estimates, 2020.
[Sexually Transmitted Infection Programmes](#)



Treatment optimization

Starting

children on preferred regimens in optimal formulations

Changing

formulations as children grown and can take more optimal formulations

Transitioning

to better regimens and formulations as improved regimens are available

Switching

to appropriate 2nd or 3rd line regimens in optimal formulations when VL failure



Starting
children on preferred regimens in optimal formulations

Switching
to appropriate 2nd or 3rd line regimens in optimal formulations when VL failure

Additional evidence in support of WHO guidelines




Table 1. Summary of preferred and alternative first-line ART for neonates and children

	Neonates	Children
Preferred	AZT+3TC+RAL ^a	ABC + 3TC + DTG
Alternatives	AZT+3TC+NVP	ABC + 3TC + LPVr TAF ^c + 3TC (or FTC) + DTG ABC + 3TC + RAL ^d
Special circumstances ^d	AZT+3TC+LPVr ^b	ABC + 3TC + EFV ^e (or NVP ^f) AZT + 3TC + EFV ^e (or NVP ^f) AZT + 3TC + LPVr (or RAL)

WHO Guidelines ALREADY recommend DTG for ALL children in need of 1st or 2nd line ART

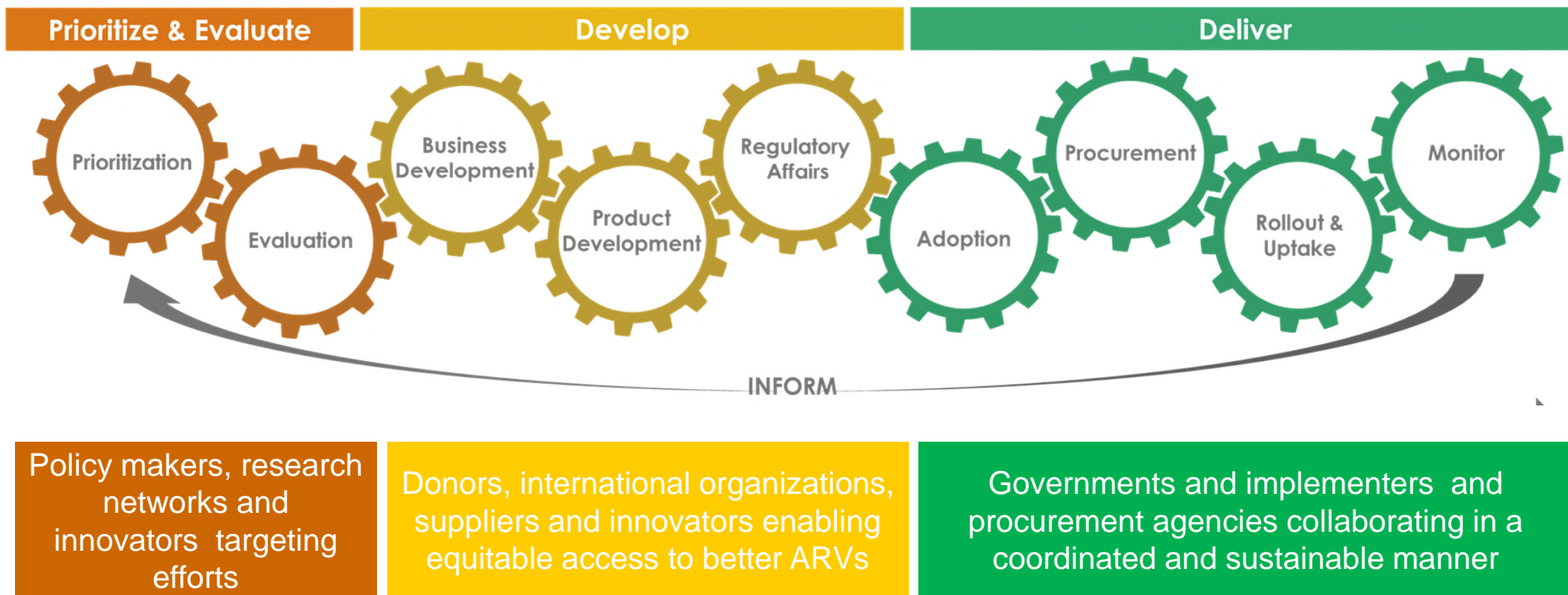
Table 2. Summary of sequencing options for ART for children

First-line ART	Second-line ART ^a	Third-line ART
Two NRTIs + LPVr	Two NRTIs + DTG	DRV/r + DTG ^b with or without one or two NRTIs. Where possible, consider optimization using genotyping
Two NRTIs + EFV or NVP	Two NRTIs + DTG	
Two NRTIs + DTG or RAL	Two NRTIs + LPVr or ATVr	

^a An optimized NRTI backbone should be used: AZT following TDF or ABC failure and vice versa.

^b DTG-based third-line ART following the use of an integrase inhibitor must be administered with DTG twice daily.

Accelerated actions to get better ARVs for children



<https://www.who.int/groups/antiretroviral-drug-optimization>

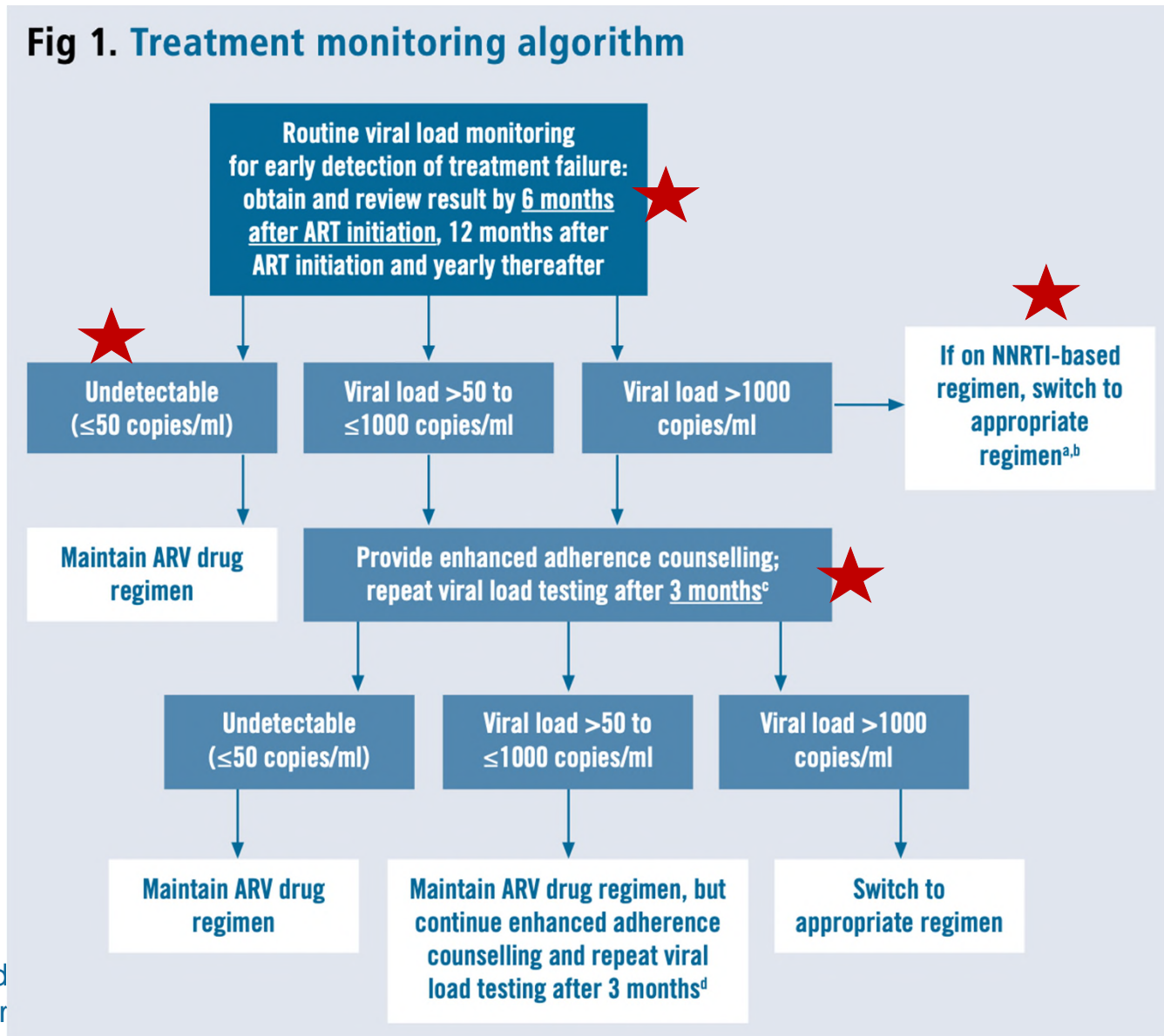
<https://www.paediatricivactionplan.org/>

<https://www.who.int/initiatives/gap-f>



2021 Updated treatment monitoring algorithm

Fig 1. Treatment monitoring algorithm



2021 Point-of-care viral load recommendations

Recommendation

Point-of-care viral load may be used to monitor treatment among people living with HIV receiving ART.

(conditional recommendation; moderate-certainty evidence)

Box 2. Priorities for point-of-care viral load testing

Point-of-care viral load testing should be given priority for the following populations:

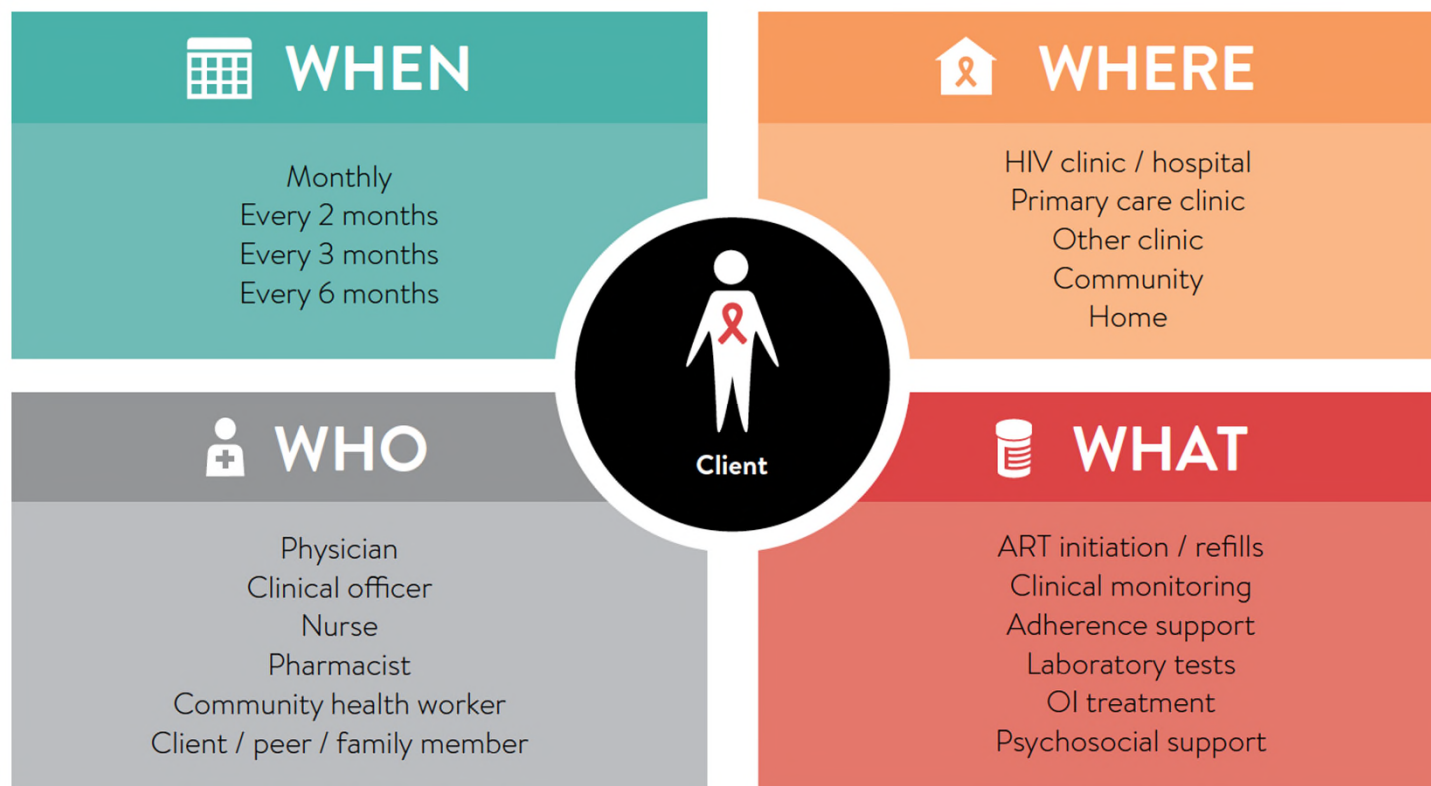
- Pregnant and breastfeeding women
- Infants, children and adolescents
- People requiring a repeat viral load after a first elevated viral load
- People for whom treatment failure is suspected
- People presenting sick, living with advanced HIV disease or having a known opportunistic infection (TB, cryptococcal infection, etc.)
- First scheduled viral load test for people re-entering care



2021 Differentiated service delivery for HIV treatment



Revised



Department of Global HIV, Hepatitis and Sexually Transmitted Infection Programmes

Criteria for determining whether a person is established on ART



Revised

To support the implementation of these recommendations, WHO has developed criteria for determining whether a person has been successfully established on ART:

- > 2 years of age
- receiving ART for at least six months;
- no current illness, which does not include well-controlled chronic health conditions;
- good understanding of lifelong adherence: adequate adherence counselling provided; and
- evidence of treatment success: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm³ and >350cells/mm³ in children < 5 years or weight gain, absence of symptoms and concurrent infections).
- Caregiver oriented about age-appropriate disclosure.



Criteria for determining whether a person is established on ART



Revised

To support the implementation of these recommendations, WHO has developed criteria for determining whether a person has been successfully

established

receiving

no current

“The definition of being established on ART (stability) should be applied to all populations, including those receiving second- and third-line regimens, those with controlled comorbidities, children, adolescents, pregnant and breastfeeding women and key populations.”

good understanding of lifelong adherence: adequate adherence counselling provided; and

evidence of treatment success: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm³ or weight gain, absence of symptoms and concurrent infections).



Recommendations on frequency of clinical visits and ART pick-up



People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible

Strong recommendation; moderate-certainty evidence

- 3 RCTs and 3 observational studies found comparable outcomes

People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible

Strong recommendation; moderate- to low-certainty evidence

- 1 RCT and 2 observational studies found comparable outcomes



Re-validated Recommendations

People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible
 People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible

NEW Recommendation

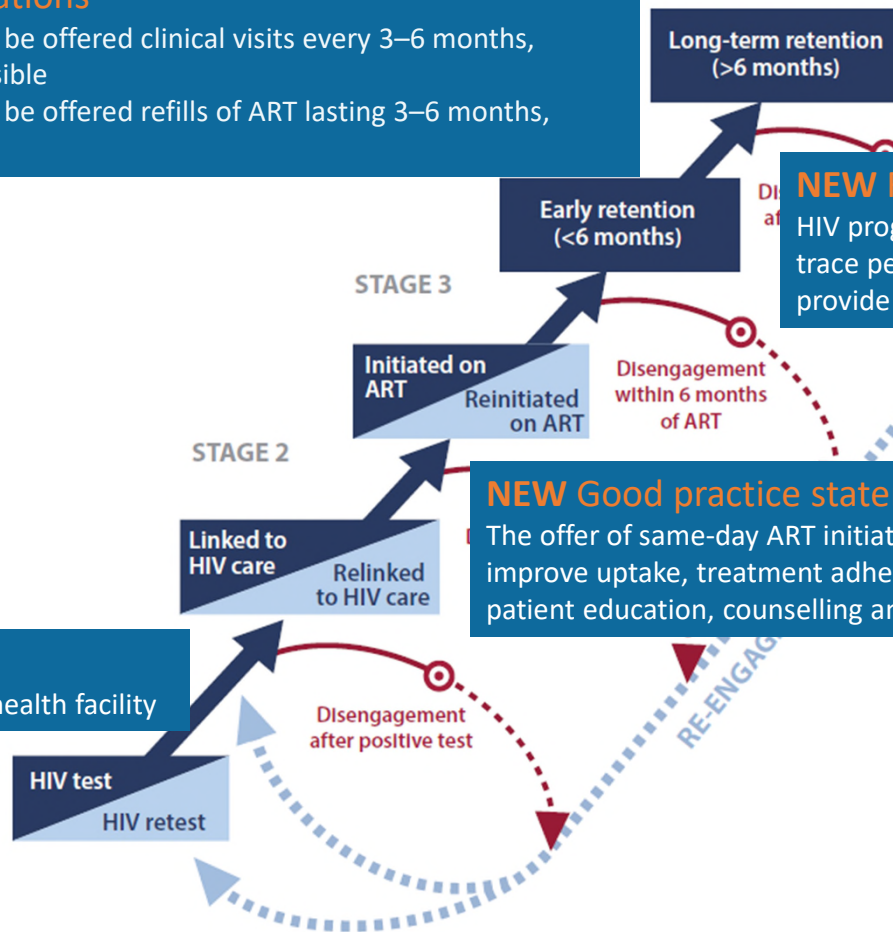
HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement

NEW Good practice statement

The offer of same-day ART initiation should include approaches to improve uptake, treatment adherence and retention such as tailored patient education, counselling and support

NEW Recommendation

ART initiation may be offered outside the health facility



Ehrenkranz et al, The revolving door of HIV care: revising the service delivery cascade to achieve the 95-95-95 goals, *under review*



New recommendation 2021



Psychosocial interventions should be provided to all adolescents and young people living with HIV

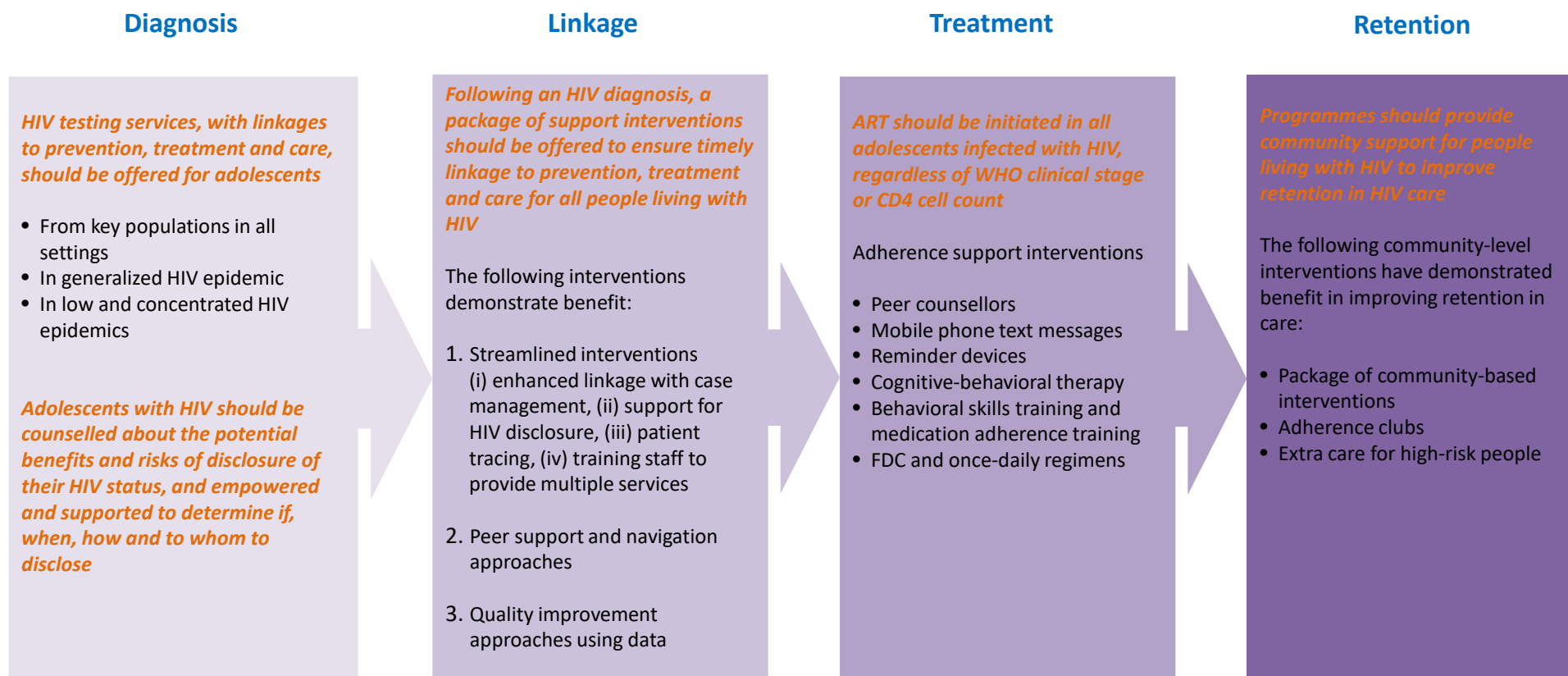
(Strong recommendation; moderate-certainty evidence)

Priority	This issue is a priority for adolescents and young people.
Quality of evidence	Overall certainty of evidence is moderate. Clinically relevant (significant) desirable effects identified for adherence to ART and level of viral load.
Values	Strong acceptance and preference by adolescents and young people living with HIV
Benefits and harms	Despite the observation of publication bias, no harmful effects were identified in our work.
Resources	While these can be substantial to ensure positive findings, integration into existing services and digital modes of delivery bring costs down.
Equity	These interventions have the ability to improve health equity, address stigma and provide both interpersonal and structural support.
Acceptability	Interventions were identified as acceptable, especially when engaging adolescents in design and implementation.
Feasibility	Interventions were feasible, with low rates of attrition and adaptations to meet needs across a diversity of settings.



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WHO Adolescent Recommendations Across the Cascade of HIV Care



Service Delivery Recommendation

Adolescent friendly health services approaches should be implemented in HIV services to ensure engagement and improved outcomes

(strong recommendation, low quality evidence)





AIDS Free targets

Provide 1.4 million children (aged 0–14) and 1 million adolescents (aged 15–19) with lifelong HIV treatment by 2020.
[Reach 95% of all children and adolescents living with HIV]

WHO and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) are the co-conveners leading the AIDS Free Working Group of stakeholders working to reach the "super fast-track" targets.

The toolkit consists of the latest normative guidance, technical guidelines, policy briefs, case studies and advocacy resources to support efforts to achieve the AIDS Free targets in high-burden countries.

Materials included in this toolkit represents the work of several members of this group, including Adolescent Treatment Coalition (ATC), Clinton Health Access Initiative (CHAI), Children's Investment Fund Foundation (CIFF), ELMA Philanthropies, United States President's Emergency Plan for AIDS Relief (US PEPFAR), Joint United Nations Programme on HIV and AIDS (UNAIDS), United National Children's Fund (UNICEF), Unitaid,

Thank you

WHO

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Switzerland

www.who.int

www.gap-f.org/

www.who.int/hiv/pub/paediatric/aids-free-toolkit/en/

www.who.int/hiv/pub/research-dev-toolkit-paediatric-arv-drug-formulation/en/

