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FORECASTING HIV TREATMENT NEEDS IN CHILDREN TO GUIDE POLICY, PLANNING AND SCALE UP: A MULTI-COUNTRY EXPERIENCE FROM INDIA, MALAWI, CAMEROON, RWANDA AND COTE D'IVOIRE

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BACKGROUND: Globally, less than 5% of people receiving ART are children (WHO 2005). Factors of low access include lack of appropriate drug formulations, diagnostic technologies and competencies to treat children. Furthermore, countries lack estimates of the number of HIV-infected children eligible for HIV treatment from a life cycle approach. UNICEF supported the estimation of disease burden and treatment needs in five countries.

METHODS: The London Institute of Child Health developed for UNICEF, a model for estimating the number of children eligible for HIV treatment, based on WHO clinical criteria, HIV prevalence in ANC settings, MTCT rates, infant and child mortality rates, and access to PMTCT services, cotrimoxazole prophylaxis and ART. The model was validated in Rwanda, Cameroon, Cote d'Ivoire, Malawi and India, in collaboration with country epidemiologists, WHO and UNAIDS.

RESULTS: In India, 2% (616) out of 27,300 children requiring ART receive it, 4% (1,149/28,000) children in Malawi, 5% (427/9,000) in Cameroon, 11% (710/6,400) in Rwanda and 13% (2,309/18,400) in Cote d'Ivoire. With the exception of Cote d'Ivoire and Malawi, cotrimoxazole prophylaxis is not included in the package of scaled up care interventions for children in all countries. The model demonstrated that cotrimoxazole prophylaxis could reduce child mortality by 43% (36.8% vs. 21%). Where early infant diagnosis is available, further mortality reductions could be achieved with a combination of cotrimoxazole and ART: from 36.8% to 12.4% by year one and 75% to 26% by year 10.

CONCLUSIONS: National programs have started using this information to revise national policies on pediatric care and to define realistic population-based targets, scale

up plans and strategies for achieving these targets. The estimation of country-specific burden of disease and treatment needs is a powerful tool for advocacy and scale up planning and should be roll out.

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