

FHI SAMPLE ACHIEVEMENTS

- Implemented the US government's three largest global HIV projects (AIDSTECH, AIDSCAP, IMPACT) totaling approximately \$1 billion.
- Reached over 4 million people with care and support services from 2004 to 2006.
- Developed over 1,260 CT sites in 25 countries in Africa, Latin American and the Caribbean, and the Asia-Pacific region and provided CT services to over 3 million clients.
- Helped rapidly scale up ART programs in 14 countries and directly provided treatment to over 90,000 people at 167 sites, roughly 10 percent of PEPFAR's treatment achievements to date.
- Provided PMTCT services to at least 380,000 pregnant women at over 270 sites in 18 countries.

Vietnam: A family-centered continuum of care

FHI/Vietnam helped establish seven "continuum-of-care" (CoC) sites providing comprehensive HIV care and treatment services at the district level. In three CoC sites, the outpatient clinic (OPC) and community-based staff provide a full package of family-centered HIV prevention, care and treatment interventions—including PMTCT, general HIV care for adults and children, and pediatric ART. Home-based care teams and a family-centered care coordinator based at the OPC provide comprehensive psychosocial support to families with infected and affected children, support the development of family care plans, and link families with services such as income generation, food and schooling. FHI/Vietnam supports programs where clinical and home-based care is being provided to 5,000 individuals, including more than 100 families where a child is living with HIV. Thirty children and 1,400 adults are on ART at FHI-supported OPC sites and more than 900 orphans and vulnerable children are receiving support through the program.



HOW FHI CAN HELP YOU

To learn more about how your organization can utilize FHI's expertise in pediatric AIDS, please email contact@fhi.org.

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FHI's foundation of existing offices and networks in over 100 countries worldwide positions us for rapid scale-up of activities. With offices in Africa, Asia, the Middle East, Europe and Eurasia, and Latin America and the Caribbean, we have forged relationships based on trust and sustainability with local stakeholders in many countries hit by the epidemic.

RESOURCES AVAILABLE FROM FAMILY HEALTH INTERNATIONAL

An Assessment of Services for Adolescents in Prevention of Mother-to-Child Transmission Programs. Youth Research Working Paper No. 4, 2006.

Care for Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children. 2001.

Delivering Antiretroviral Therapy in Resource-Constrained Settings: Lessons from Ghana, Kenya and Rwanda. 2005.

Preventing Mother-to-Child Transmission of HIV: A Strategic Framework. 2004.

OTHER RESOURCES

African Network for the Care of Children Affected by AIDS. Handbook on Paediatric AIDS in Africa. Revised 2006.

Orphans and other vulnerable children support toolkit.

Web site: www.ovcsupport.net

Use of the term *pediatric* in this brochure refers to all children, from infants to adolescents up to age 15.

Use of a person's image in this brochure does not indicate or imply the person's HIV status.

It's Time

Reaching all Children with HIV Prevention, Care and Treatment Services





PEDIATRIC AIDS AT A GLANCE

- In 2006, 2.3 million PLHA (6 percent of the total) were under age 15 years
- Children represented 14 percent of HIV-related mortality in 2006
- Less than 10 percent of HIV-positive pregnant women have access to the ARV prophylaxis that can prevent them from passing HIV to their infants
- 12 percent of new HIV infections in 2006 were children
- One-third of children infected with HIV need ART; 41 of these children are less than 18 months old
- On average, every minute a child dies of an AIDS-related illness, and another child becomes infected with HIV



THE CHALLENGE OF PEDIATRIC AIDS

In 2006, 2.3 million children under age 15 were living with HIV/AIDS and 380,000 died of AIDS. Although children constitute only 6 percent of the global HIV infection burden, they account for 12 percent of new infections and 14 percent of all AIDS deaths. Since most children acquire HIV from their mothers at birth, the primary method of combating the spread of pediatric HIV relies on prevention of mother-to-child transmission (PMTCT). When provided properly and in time, PMTCT virtually eliminates HIV in newborns. Yet existing prevention efforts reach only 10 percent of pregnant women. The number of children with access to HIV care and treatment is unacceptably low: for example, only four percent of HIV exposed/infected children have access to life-saving Cotrimoxazole preventive therapy; less than 10 percent of children in need of antiretroviral therapy (ART) actually receive it. We need a dramatic expansion of PMTCT programs and an urgent scale-up of pediatric care and ART services.

FHI'S COMMITMENT TO CHILDREN

FHI is deeply committed to scaling up pediatric HIV prevention, care and support programs using proven and cost-effective methodologies. Our goal is that 15–20 percent of individuals newly initiating ARV treatment should be children and adolescents under age 15. FHI's pediatric AIDS initiative embraces the following strategies:

- A child-centered, family-oriented approach that takes services to children and is focused on meeting the entire range of needs of families affected by the epidemic
- Expanding HIV testing coverage to reach more infants and children and increase referrals to clinical care
- Creating linkages between existing maternal and child health services as well as community health services and HIV clinical care
- Building the capacity to provide pediatric HIV services at secondary and primary levels of health services in addition to specialized clinics
- Integrating pediatric HIV and AIDS efforts into a seamless continuum of comprehensive services, including PMTCT, HIV treatment and care, ART, and services for orphans and other vulnerable children (OVC)

The cost per child for such services varies from country to country based on factors such as capacity and quality of health systems, the community preparedness and HIV prevalence. In low prevalence settings, the cost per child could be as low as US\$250, while in high prevalence settings the cost could run as high as US\$1200 per child.

HOW FHI IS APPROACHING THE PROBLEM

Kenya: Linking community and clinical care

Locally named Nuru ya Jamii, meaning "light of the family," the pediatric AIDS initiative in Kenya builds upon strategic priorities of HIV programming, including HIV clinical care, ART, and strengthened linkages between health facilities, communities, and home-based prevention and support. The initiative actively links healthcare institutions with faith- and community-based organizations and schools to reach out to vulnerable individuals, their children and families. This partnership is coordinated through a local OVC network together with community volunteer networks, and centered around nurturing community and participating families' capacities and resilience, and ensures that services are coordinated at community and family levels. Since inception in 2006, the program has reached 676 households and is serving 1,370 adults and 1,863 children with a full range of HIV/AIDS prevention, treatment and care, and social support services.

Dominican Republic:

Pediatric AIDS Project launched with the Clinton Foundation

FHI and the Clinton Foundation's HIV/AIDS Initiative, along with DIGECITSS (the National HIV/AIDS Program) and COPRESIDA (the President's HIV/AIDS Council and Global Fund CCM), are implementing a pilot project to determine the HIV status of 300 children born to HIV-positive mothers who participated in the country's National PMTCT program. The study uses a new test to determine the newborn's HIV status within six weeks of birth. FHI is providing funding for test kits, and technical assistance at three sites, through USAID's CONECTA project. The Clinton Foundation has negotiated in-kind donations for infant diagnostics, pediatric ARVs and Cotrimoxazole, pediatric ARV forecasting, and laboratory equipment and supplies.