



PEPFAR Technical Consultation on Pediatric Case Finding February 9, 2018 | Washington, D.C. Meeting Recommendations

On February 9, 2018, over fifty technical experts gathered to address challenges in pediatric HIV case finding, and specifically identification of pre-adolescent children with HIV before they present to facilities with illness. This remains a significant issue for all implementing partners.



PEPFAR is committed to finding well children and has set an ambitious 2018 Country Operational Plan (COP) target of getting 280,000 more children on treatment.

Treatment coverage for children lags behind that for adults, especially in west and central African countries. Value and performance characteristics of strategies may vary by country setting and particularly the level of PMTCT program implementation. The following are recommendations for strategies and novel ideas that should be considered in this space. [N.B.: Routine PMTCT program EID testing and facility-based PITC are established HIV testing strategies for children that were not part of the scope of this consultation.]

- **Effective strategies that should be widely adopted with adaptation to context:**
 - Point-of-care (POC) infant HIV testing (as part of optimized HIV/TB laboratory network) for improving more rapid results return and ART initiation in infected infants.
 - Index case testing (ICT) with improved results tracking - including children with parents or siblings with HIV, children whose biological parents are deceased with unknown HIV status, and children of key populations and priority populations with HIV. Index testing can take place at facility (children of index clients brought in for testing) or in the community (children of index clients reached in their communities or homes).
 - i. Testing children of HIV-infected female sex workers as part of an index case testing strategy. Can be adapted to other key and priority populations.
 - ii. Prioritize ICT strategies in sites where there are large differences in # adults vs children on ART (for example, large proportion of adults on ART as compared to children)
 - Use of data to rapidly and frequently assess results of pediatric testing strategies and make midterm corrections as needed



- **Strategies that show promise in pilot or small-scale, which should be further evaluated before being scaled up:**
 - Screening infants for HIV exposure in immunization clinics - may not be cost effective in all settings
 - i. In some countries in sub-Saharan Africa, national programs have already introduced processes for systematic assessment of infant HIV exposure status (including HIV testing of mothers if HIV status unknown) in immunization clinics with EID testing, as appropriate, for infants identified as HIV exposed. Programs need to evaluate whether the yield in their setting (eg, HIV burden, PMTCT program effectiveness, risk of maternal incident HIV infection during pregnancy) warrants the costs (including staffing implications). CEPAC/WHO are developing a model-based tool to assist country programs in making this determination.
 - Birth HIV testing depending on access to immediate Tx
 - Use of community health workers and social support/OVC platforms to reach children who need testing – uncertainty about appropriate screening approaches for which children need testing
 - Case management, with risk assessment delivered in the context of case management, provided alongside additional services and support – risk assessment criteria needs refinement and evidence on reaching children who most need testing.

- **Creative, novel ideas that should be piloted:**
 - Financial incentives? Could be for caregiver or healthcare workers or facility (such as performance based incentives). May be monetary or goods.
 - School health assessments - integrate HIV testing services as part of a general health assessment in primary and preschools? Need more data on yield and cost-effectiveness.
 - Partnerships with faith-based groups to reduce stigma and stigma-related barriers to testing and to promote strategic testing through faith-based events, houses of worship and other faith-based platforms.
 - Use of community platforms (i.e. child protection committees, savings groups, mothers'/fathers' groups, women's groups, parenting platforms, context appropriate ceremonies, etc.) to reduce stigma and stigma-related barriers to testing.
 - Integrating PLHIV into community based couple's groups to support disclosure and improve PMTCT adherence.



- In urban areas, evidence shows that street children have higher rates of HIV (e.g., Kenya) than other children their age. How can OVC programs target this population and work to get them tested and access to regular treatment.
- People with disabilities (PWD), strategies to reach, and provide services that encourage/enable testing and treatment. Pilot test effectiveness of reaching PWD who are HIV+/their kids through CSO serving PWD.
- **Issues that need additional discussion:**
 - HIVST for index testing of children at home by their parents. Currently self-test kits have several hurdles for home testing of children (OraQuick HIVST kit has not been validated in children <16, HIVSTAR excluded <16's to facilitate faster IRB and the FDA approval process evaluated the kit in only >18s). Ethical issues and alignment with local laws also need to be considered.
 - How best to provide support to adolescent pregnant girls/mothers, including HIV-negative and HIV-positive. Need for collaboration between DREAMS, OVC and PMTCT to provide holistic services
 - Impact of HIV disclosure on retention in PMTCT, including infant HIV testing and family testing. Consider champion fathers
 - Most effective models for partnership between OVC and clinical programs (e.g. MOUs, OVC staff at facility, bidirectional referrals)
 - Should we test non-biological children as part of household index testing?
 - How to mitigate the impact of stigma on uptake of HIV testing?
 - Age of consent for HIV testing
 - Strategy for engaging with children in institutional care and children on the street
 - Guidance around suggested yield within a project – should be flexible
 - Look for children where they are
 - Finding children at risk of HIV as a result of GBV - responses to GBV that encourage reporting (i.e. quality post-GBV care including PSS), and training of community level workforce to recognize and refer cases of GBV
 - Improving disclosure between couples in safe and protective ways; to reduce barrier to sending children for testing