Caring for our children

Children are severely affected by the global HIV-epidemic, nowhere more so than in sub-Saharan Africa, the region that carries the brunt of the HIV disease burden. HIV has been responsible for more than 25 million deaths to date (WHO 2006) and it is estimated that 38.6 million people are currently living with HIV (UNAIDS 2006), the majority living in sub-Saharan Africa. The HIV prevalence has been declining in a number of African countries, but the most southern parts of the continent (South Africa in particular) are still faced with an escalating epidemic (UNAIDS 2006).

In Africa, HIV transmission occurs mainly through heterosexual contact, with women being more prone to become infected than their male counterparts; 75% of young people infected are female (UNAIDS 2004). Vertical transmission from mother to child (MTCT) is the dominant route of HIV transmission to infants and children, it is responsible for more than 90% of the 700,000 children newly infected with HIV annually2005 (WHO 2006). Vertical transmission can occur during pregnancy and labour, or with breastfeeding. In the absence of active intervention, but without breastfeeding, MTCT rates of 15-30% have been reported; prolonged breastfeeding may double this risk. In 2001 the United Nations (UN) general assembly Special Session on HIV/AIDS (UNGASS) signed a declaration of commitment; the second priority listed was to 'stop the most tragic form of HIV transmission, transmission from mother to child'; specific targets were to reduce the proportion of HIV-infected infants by 20% in 2005 and 50% by 2010 (UNGASS 2001).

PMTCT refers to the prevention of mother to child transmission of HIV, it consists of four main pillars: primary prevention of HIV among parents to be; prevention of unintended pregnancies among HIV positive women; prevention of transmission from HIV positive women to their infants and follow up for and linkages to long term prevention, care and support services for mothers and their children and families (UNAIDS 2004). Despite the known benefits of PMTCT programmes, implementation at national level has been slow. In 2002, Botswana and Thailand were the only two resource-limited countries that provided a nationwide PMTCT service. In 2003 less than 1% of HIV infected women who gave birth in Burkina Faso, Ethiopia, Malawi, Nigeria and South Africa, had access to PMTCT services (UNAIDS 2004). In South Africa, 29.5% of women presenting to public antenatal clinics was HIV-infected in 2004 (South African National HIV and syphilis survey 2004), the scaling up and optimal utilization of PMTCT programs have been

hampered by many obstacles including; a lack of political vision and commitment, insufficient resources and local leadership, stigma and gender inequalities.

Even in areas where PMTCT programs are effectively implemented there is a need to improve the care and treatment of infected infants and children. Fewer than 5% of HIV infected African adults are receiving antiretroviral drugs; there is no accurate data on the number of children on treatment, but the situation is expected to be even worse. In South Africa many children are receiving care in large urban centres with access to specialist services, however, to provide equity and maximise access to treatment and care the capacity to manage uncomplicated cases should be transferred to doctors and nurses at the appropriate levels of health care. In Africa, HIV-infected infants experience rapid disease progression, with >30% mortality during the first year of life, therefore early diagnosis (by PCR at 6 weeks), initiation of co-trimoxazole prophylaxis and good follow-up with rapid recognition of decline in the clinical and/or immunological status are essential components of care that can be provided at primary care level. Initiation of therapy and follow-up of stable children could also be performed at primary care level with appropriate guidelines and assistance.

Rabie et.al has produced a series of 6 articles (the last one is published in this edition of SAFP) that provides a comprehensive overview of caring for the HIV-infected child. The articles provide essential background information, but were written from a very practical perspective aimed at clinicians and nurses who provide direct care to HIV-infected children. All 6 articles are available on-line at the SAFP website www.sapj.co.za.

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