

# Paediatric HIV and Adherence



# Learning Objectives

By the end of this session, participants will be able to:

- List the differences between HIV in children and adults
- Discuss the barriers to adherence for both HIV positive children and their caretakers
- Identify the importance of having a different approach to education and counselling with children

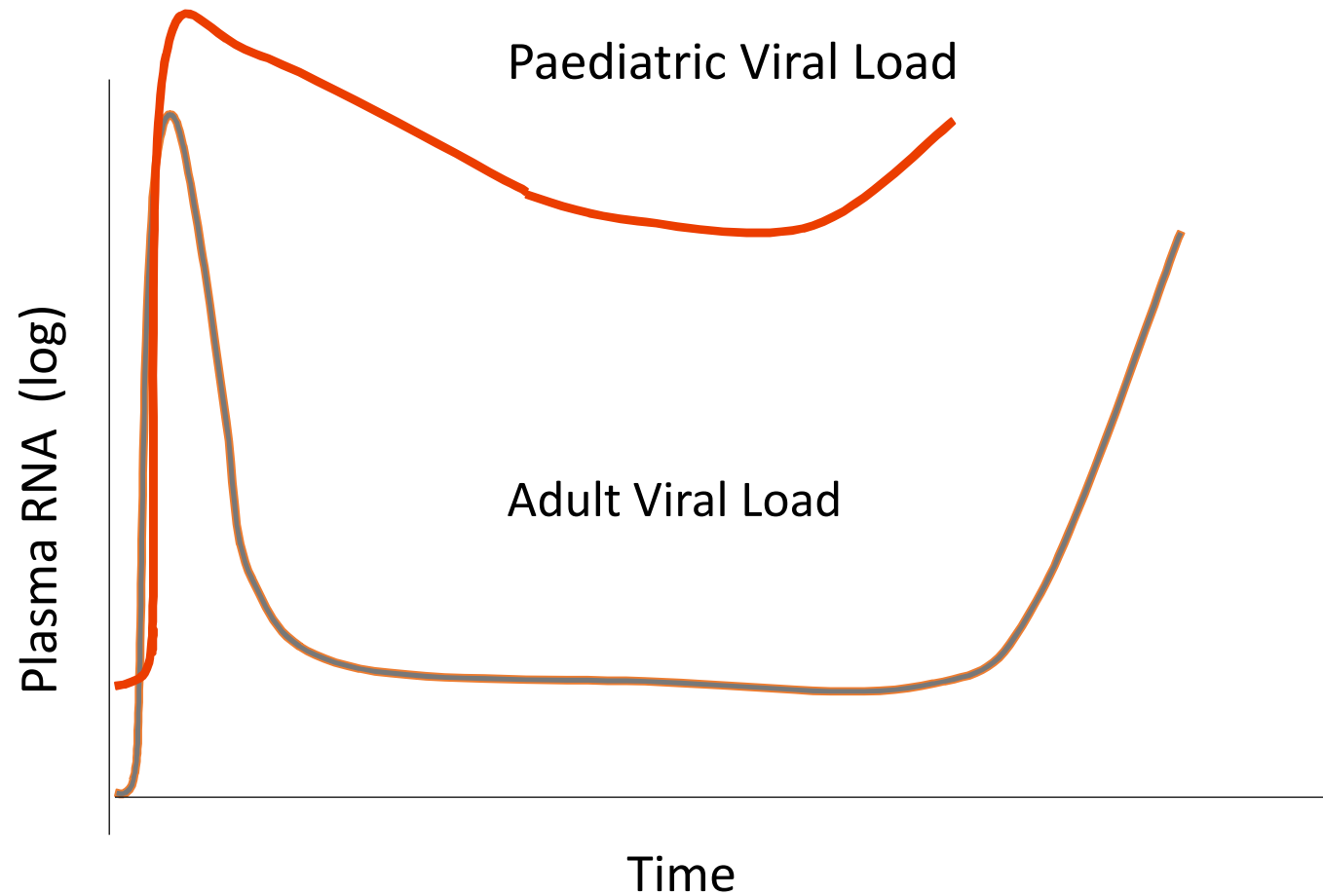
# Differences between Paediatric and Adult HIV

## 1. HIV progresses much more rapidly in children than in adults:

- Immature immune system
- Virus spreads more rapidly → High viral load
- Rapid disease progression

→ Children get sicker more quickly than adult patients

# Adult VL set point versus Paeds VL



# Differences between Paediatric and Adult HIV

## Treatment adherence

2. Children depend on adults, thus treatment adherence can be affected by child AND adult factors

Group work and presentation:

**G1:** What factors related to caregivers can affect children's adherence to treatment?

**G2:** Which factors related to children can affect their treatment adherence?

**G3:** What are the causes of poor adherence in child patients?

# Factors affecting child adherence to treatment

## Adherence factors related to parent/caregiver:

- caregiver health status and age
- literacy level / information & education about HIV & ART
- perception and belief about treatment helping children
- daily schedule of caregivers
- disclosure to others & fear of discrimination
- emotional issues and motivation to give drugs
- financial factors
- consistency and responsibility of caregivers

# Factors affecting child adherence to treatment

## Adherence factors related to child:

- Age/developmental characteristics, child's health condition, maturity and understanding about health/drugs, HIV disclosure and level of involvement/engagement in own care, place of living/ boarding school, daily program, care and support received by others, behavioral/emotional status

## Adherence factors related to health staff and organization of care:

- Difficulties to access health care facility (distance/transportation), health workers attitudes & patient-health worker relationship, time spent for counseling, quantity and quality of information/education provided

# Key Messages

- Clinical factors, viral replication
  - Dependence to adults, psychosocial status, developmental issues, disclosure
- Need to have a different approach with children than with adults
- Health education and counseling should be adapted to children needs and specificities + adults needs, conditions