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