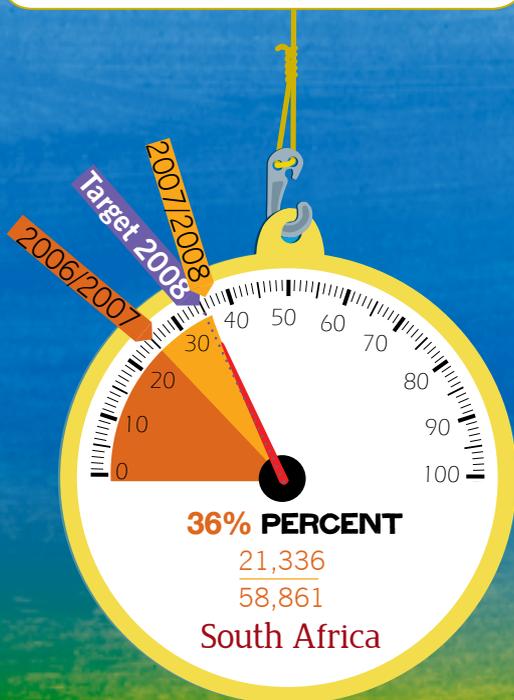


6. Antiretroviral treatment for children

The number of children under 15 years old starting antiretroviral treatment as a proportion of the number of new HIV infections in children.



What do these figures mean for children

It is very important for HIV-positive children to receive antiretroviral treatment (ART) early. Without treatment, more than 40% of children who were infected as babies will die before their first birthday. Access to treatment for children in South Africa improved from mid-2006 to mid-2008. However, there is a lot that still needs to be done to make sure that all children who need treatment receive it.

ART coverage in children in South Africa increased from 26% between mid-2006 and mid-2007, to 36% between mid-2007 and mid-2008. This means that more than 21,000 children started treatment from mid-2007 to mid-2008, compared with less than 17,000 in the previous year. The NSP target for paediatric treatment is 24,000 children starting on treatment during 2008. Given that South Africa enrolled 21,000 children on treatment between mid-2007 and mid-2008, it is likely that we will have reached our NSP target by the end of 2008, although data are not available at the moment to confirm this.

Between mid-2007 and mid-2008, the rate of antiretroviral coverage varied greatly between provinces, from 22% in the Free State to 97% in the Western Cape.

The success of the Western Cape programme can partly be explained by the relatively low numbers of new paediatric HIV infections in the province. This was the result of the province's successful PMTCT programme.

The Western Cape, Northern Cape, North West and Gauteng are the only provinces in which ART reached half or more children born with HIV.

What other information do we need to monitor antiretroviral treatment for children?

The Department of Health data collection system defines children as 0 to 14-year-olds. All people aged 15 and over are classified as adults. This makes it difficult to report on service delivery to children as defined in the SA Constitution (all people under the age of 18 years).

Within the category of 'children', it is important that data are further broken down to reflect service access and coverage for different age groups.

We also need to monitor the extent to which children are surviving on treatment and continuing to take their medication.

Technical notes

Numerator: Number of children under 15 years starting antiretroviral treatment, over a given year.

Data source: Department of Health (public sector data), Adam and Johnson (2009) (disease management programmes and NGO services)

Denominator: Number of new HIV infections in children, over the same period.

Data source: The ASSA2003 AIDS and Demographic model (Dorrington et al, 2006), together with the District Health Barometer (on extent of PMTCT coverage) (Barron et al, 2008)

Strengths and limitations of data

The strength of this analysis is that it combines antiretroviral treatment data from the public, private and NGO sectors.

However, some of the smaller disease management programmes have never provided data. We also do not know how many people are paying for their own treatment, outside of any recognised ART programme. This means that there could be some under-estimation of the number of children on treatment.

There are also peculiar trends for province-specific data for children that suggest reporting errors or changes in indicator definitions.

