Fight for What Counts

Maximizing the Global Fund Opportunities to End AIDS in Children

PEDIATRIC HIV CHECKLIST FOR GLOBAL FUND APPLICATIONS REVIEW

Objective

The purpose of this checklist is to provide a summary of key elements, activities, and interventions related to pediatric HIV services (0-15-years-old) and prevention of mother-to-child transmission of HIV (PMTCT). These should be considered for inclusion in Global Fund country proposals to strengthen programming that addresses HIV and AIDS in children and contribute to the elimination of vertical transmission of HIV.

Criteria for the interventions and activities included in this checklist:

- Activities and interventions that are aligned with the latest World Health Organization consolidated guidelines on HIV and AIDS.
- Activities and interventions that are aligned with the Global Fund HIV Information Note, the HIV Modular Framework, and Program Essentials.

Target Audience

- National HIV/AIDS programs; organizations and technical experts at national, regional, and global level; civil society; representatives from the Country Coordinating Mechanism; and others who will be involved at various stages during the development and review of proposals (e.g. in the funding request, in the grant making, and/or in the grant review process).

Pediatric Case Identification

The objective is to test smarter, using effective screening and targeting tools that are patient-centered and context-appropriate and provide positive, consistent messaging on the benefits of testing and treatment to the right people.

Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Inclusion of an optimal mix of testing strategies to include early infant diagnosis testing, provider-initiated testing and counseling (PITC), index testing, and community-based testing		
Inclusion of an optimal mix of testing strategies to include early infant diagnosis testing, provider-initiated testing and counseling (PITC), index testing, and community-based testing		
Index case testing: testing biological children of HIV positive adults, especially women, and testing siblings of HIV-positive pediatric and adolescents will lead to high yield community testing		
Children of women with an unknown HIV status (i.e., do not delay the child's HIV test to first reach and test the biological mother) and children whose mothers with HIV or unknown status have died		
Inclusion of pediatric index testing services for all people living with HIV to ensure all biological children know their HIV status with safe and ethical index testing		
Outpatient department testing (other PITC, maternal and child health/pediatric [<5 years of age] well child clinic) using context-specific, validated risk screening tools (e.g., HIV-positive parent or sibling with HIV, deceased biological parent or sibling, signs/symptoms suggestive of HIV, factors associated with elevated HIV risk) to ensure the high volume of undiagnosed children living with HIV presenting to outpatient department are identified		
Routine HIV testing for sick-child entry points (malnutrition, tuberculosis, in-patient department, sexually transmitted infections clinic)		
Inclusion of approaches/activities for clinical and orphans and vulnerable children (OVC) partner collaboration to expand pediatric testing services, improving coverage of safe and ethical index testing for children		
Where the policy approves, and in low-prevalence settings that may adopt community testing, integration of testing in community programs like OVC and food distribution services		

Pediatric HIV Treatment

The objective is to ensure 100% linkage of all children who test HIV-positive to ART and initiation on ART as soon as feasible (same-day ART initiation or within seven days of HIV diagnosis). Additionally, the objective is to ensure ART initiation is completed after appropriate treatment preparation counselling has been initiated, including caregiver counselling. For children, consider invitation of multiple caregivers. ART should be optimized in all instances.

Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Activities to support treatment optimization, including appropriate regimens and formulations for children		
Training of health care workers and caregivers on optimization of HIV treatment		
Support at national and subnational level for ART quantification and forecasting, taking into account existing formulations and those in the global pipeline, such as pediatric fixed dose formulation abacavir/ lamividine/dolutegravir (pALD)		
Activities to support pediatric differentiated service delivery (DSD), such as multimonth dispensing, family model of care, community-based ART dispensation, and care appointments for both mother and baby for mother-baby pairs		
Including activities to support the pediatric DSD models, such as ensuring adequate ART stocks, tools for HIV testing criteria assessment, and monitoring the uptake of these models and maintenance of the same		
Activities for identification and management of treatment failure, including viral load (VL) testing		
Support for quantification of need for second- and third-line ART and adequate drug stocks for such therapies		
Active initiation of enhanced adherence counselling among those with high VL, using tools to monitor completion of enhanced adherence counseling, repeat VL, and use of the results (e.g., to determine need for second/third line ART and resistance testing)		
Active support for advanced HIV disease (AHD) screening, prevention, and management as per national guidelines		
Special treatment for children living with AHD who are at risk of rapid deaths: diagnose and treat opportunistic infections, including TB and severe bacterial infections		

Pediatric HIV Viral Load Coverage and Suppression

VL suppression is critical to sustaining quality of life, preventing treatment failure, and achieving optimal ART outcomes that contribute to reduced illness and death. VL monitoring is completed annually if the first two VL results—six months apart—are <1,000 copies/mL.

Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Activities to support VL testing uptake, including home-based VL sample collection and hub and spoke models to ensure sample collection; potential use of point of care VL testing modalities		
Training of staff for VL sample collection and monitoring of quality of samples		
Activities to support VL sample transport and return of results		
Activities for return of results to caregiver and support utilization of results, including use of VL testing register and monitoring of the same		
Training of health care workers on interpretation and management of VL testing results		
Activities to sustain VL suppression among those who are suppressed, such as ensuring correct dosing and treatment literacy, engagement in support groups, peer support, incentives and awards for those who sustain viral suppression, etc.		

Pediatric HIV Retention in Care

It's of utmost importance to retain children on ART and ensure that age-appropriate differentiated models of care are activated and effectively monitor retention. To ensure retention in care, it is key to support strategies and interventions that prevent missed appointments, build caregivers' confidence and literacy in order to support their children treatment, and support age-appropriate HIV status disclosure.

Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Inclusion of retention models/strategies, including support groups facilitation (family support groups, caregiver support groups, children support groups)		
Per guidelines, support for increased uptake of multimonth dispensing among children, including number of months for multimonth dispensing of ART for two to six months		
Activities for active adherence counselling and support at each clinic visit, including training on adherence practices and counselling		
Integration of mental health interventions for children/ caregivers and adolescents (screening tools, referral mechanisms, training, etc.)		
Activities to support identification of people lost to follow-up, including use of tracking registers and tools		
Develop/update a pediatric return-to-care package for children who left and are now returning to care		

PMTCT/Elimination of Vertical Transmission of HIV

Despite high PMTCT coverage in many countries, new HIV infections in children persist, and we are not on track to achieving elimination of vertical transmission. Progress in preventing vertical transmission has slowed, with only a 22% decline in new infections from 2016 to 2021. Progress has also been uneven across geographic regions and subpopulations. Analysis of data on missed opportunities for preventing vertical transmission of HIV show that the contribution of gaps resulting in ongoing mother-to-child transmission (MTCT) differ by region and country.

Funding requests should support priority interventions informed by analysis of missed opportunities for PMTCT and their contribution to ongoing MTCT. This should also support an integrated approach to elimination of vertical transmission of HIV, syphilis, and hepatitis B (see separate checklist on triple EMTCT).

Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Strategies for partner testing of all PBFW should be included, particularly in higher prevalence contexts, including through HIV self-testing strategies and linkage to HIV prevention or treatment of male partners		
Support integrated approach to delivery of the four prongs of PMTCT services within existing maternal, newborn, and child health services, including investments to strengthen antenatal care (ANC) and prenatal care service delivery platforms to improve service quality		
Adequate resources for implementation of maternal retesting of women initially found to be HIV-negative at first test in ANC as appropriate, based on country epidemiology		
Interventions tracking and supporting continuity in services of HIV-negative PBFW at increased risk of HIV acquisition to ensure access to prevention services for HIV and sexually transmitted infections, including initiation and continuity of pre-exposure prophylaxis (PrEP)		
Ensure dual syphilis/HIV and hepatitis B testing as part of triple elimination, with HIV, syphilis, and hepatitis B testing at first ANC visit, including support for forecasting and procurement of dual syphilis/HIV rapid tests and hepatitis B testing		
Interventions to promote early enrollment in ANC for optimal VL suppression in pregnancy; strategies to engage PBFW not attending ANC		
Offer of pregnancy testing to promote early ANC enrollment		
Investments for point-of-care VL testing for PBFW on ART		

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Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Interventions (facility-based and community-based) to support continuity in care of mother-baby pairs, ensuring provision and completion of (standard and for high-risk infants, enhanced) infant prophylaxis and access to essential newborn/childhood health interventions—including early infant diagnosis—until the final determination of HIV status for the HIV-exposed infant at cessation of breastfeeding (including addressing mental health issues in PBFW; investments/ systems necessary to improve longitudinal tracking of mother-baby pairs over time/across health facilities; human resources/staffing; and data systems)		
Interventions to provide access to family planning for women living with HIV, including support for safer conception for women and couples with intentions to conceive: Consider adoption of family planning methods and delivery strategies that support access to contraception for women on ART enrolled in DSD/MMD, such as long-acting, reversible contraceptive methods; self-administered subcutaneous depot medroxyprogesterone acetate (DMPA-SC); oral contraception supply that aligns with ART supply; and integrated ART/family planning distribution, including support for commodity planning		
Integrated approaches for family planning service delivery (e.g., within HIV care services)		
Inclusion of specific/tailored approaches for PMTCT in pregnant and breastfeeding adolescents and young women, including 1) HIV prevention in those who test HIV-negative; 2) ART for HIV-positive adolescent girls and young women who are pregnant and breastfeeding; and 3) human resources investment for maternal and child health/PMTCT service delivery		
Inclusion of PMTCT audits and data collection to identify missed opportunities for MTCT and program gaps		
Targeted, integrated approaches for PMTCT in highly vulnerable groups, like adolescent girls and young women and female sex workers		
Integration of gender-based violence (GBV) care into PMTCT services, including GBV prevention and post-GBV care		
Investments for country validation process of elimination of vertical transmission, including path to elimination (PTE) certification		
Community-led monitoring to analyze qualitative and quantitative data for improving PMTCT service quality		

Cross-Cutting Interventions

Key considerations:

- Outlining of the current gaps at country level with existing strategies to address these gaps.
- Use of PMTCT and pediatric data disaggregated by smaller age bands to allow for analysis of the gaps for specific age groups. An example would be 0-4; 5-9; and 10-14 for children and 15-19; 20-24; and 25+ for pregnant women and breastfeeding women (PBFW), as well as PBFW as subgroups.
- Inclusion of specific, pediatric HIV targets during the targeting and planning at national and subnational level, as well as a process for accountability and rationale for target setting.

Item	Included in the proposal? (YES/NO/ Partially)	Comments (for items not included, please specify if the activities and costs are covered through other grants/resources)
Inclusion of a pediatric focal person at granular level (facility, district, regional) to support and streamline the pediatric services such as pediatric case managers		
Training of health care workers and other auxiliary staff on different areas of pediatric HIV, including the latest relevant national guidance on pediatric HIV and PMTCT. The training activities should include refresher trainings of previously trained staff on new guidance		
Training of caregivers and other county resource persons to support good treatment outcomes for children		
Activities to support regular data review meetings with action points based on findings. The data should available and reviewed, for instance, through a dashboard		
Activities to support policy changes to encourage use of evidence-driven models for children, such as six-month multimonth dispensing; HIV self-testing, and home-based adherence support, as well as differentiated models for PBFW		
Improve data collection and use to identify and reduce missed opportunities for elimination of MTCT (EMTCT) and ensure adherence to care cascades for children and adolescents living with HIV		
Regular review of program performance at lowest level with utilization of data		
Establish/build the capacity of quality improvement (QI) teams at health facilities to improve and monitor PMTCT and pediatric interventions, including, but not limited to, quality of care assessments, process and root cause analyses, QI projects, learning collaboratives, and client-engagement activities		