

20th July 2010, Geneva/Vienna - Efforts worldwide on access to treatment for children with HIV have reached a new milestone, with 355 000 children receiving life-saving HIV treatment at the end of 2009, compared to 276 000 at the end of 2008; but many more lives could be saved if more infants started on medication earlier according to new recommendations from WHO.

Promoting healthier lives for infants and children

"It is encouraging that more children are getting access to HIV treatment, but we have opportunities to do more to promote healthy lives for infants and children," says Dr Hiroki Nakatani, Assistant Director-General for HIV/AIDS, TB, Malaria and Neglected Tropical Diseases at WHO.

Until now, very few children under the age of one year have been started on HIV treatment, partly because the testing needed for this group has not been available in many settings. Expanding that availability of diagnostic testing is still often a critical need and WHO is calling for greater access to infant diagnosis starting at four to six weeks after birth. Without diagnosis followed by prompt initiation of treatment, an estimated one-third of HIV-infected infants will die before their first birthday, and about half will die before reaching two years of age.

"With early diagnosis and prompt treatment, children have far better chances of surviving," says Dr Gottfried Hirnschall, WHO Director of HIV/AIDS.
Recommendations for reducing new HIV infections

While seeking to optimize the timing and approach to HIV treatment in infants and children who have already been infected, WHO has made new recommendations with the objective of reducing and eventually eliminating new HIV infections in children.

Approximately 400 000 infants acquire HIV infection each year as a result of mother-to-child transmission. To reduce this risk WHO recommends that all women with HIV should receive antiretroviral drugs to protect against HIV transmission during pregnancy, delivery or breastfeeding.

"We know what to do. Ending transmission of HIV from mothers to children is entirely achievable and must be a priority," said Jimmy Kolker, Chief of HIV and AIDS for UNICEF.

There is good evidence that earlier and more effective treatment can prevent nearly all mother-to-child transmissions.

"Virtual elimination of mother to child transmission of HIV by 2015 is possible," said Dr Paul De Lay, UNAIDS Deputy Executive Director, Programmes. "Relatively small investments can go a

long way in saving mothers and babies.”

The recommendations on infants dovetail with WHO's new recommendations for women with HIV, which advise earlier treatment for all eligible women, including pregnant mothers.

"The child's health is inextricably linked with the health of its mother," Dr Hirnschall says. "Ensuring HIV-positive mothers have access to treatment for their own health will greatly improve outcomes for their children."

Breastfeeding, which is essential for child survival has posed an enormous dilemma for mothers living with HIV. Now, WHO says mothers may safely breastfeed provided that they or their infants receive ARV drugs during the breastfeeding period. This has been shown to give infants the best chance to be protected from HIV transmission in settings where breastfeeding is the best option.

Source: [WHO](#)