

Antiretroviral therapy in South African children with access to managed care

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INTRODUCTION

There are limited data on antiretroviral therapy (ART) in South African children, a region with high endemicity for HIV. As managing ART is complex, local data will assist in promoting wider access to medication. Currently, few

children outside the private sector medical aid funds (MAF) have access to ART. Aid for AIDS (AfA) is a private sector programme providing managed access to ART. Level of therapy is determined by the funding limits of the

patients' MAF. Price reductions have facilitated ART access, particularly to triple therapy, for HIV-infected children. The goal of this study is to document the number of children on ART, its efficacy and cost.

METHODS

The confidential AfA database was reviewed and data was extracted for children under 13 years of age (at registration) who were registered between June 1998 and May 2002.

Treatment costs were analysed relative to entry onto the programme. CD4 count and plasma HIV RNA were compared to baseline for dual and triple therapy by the Mann

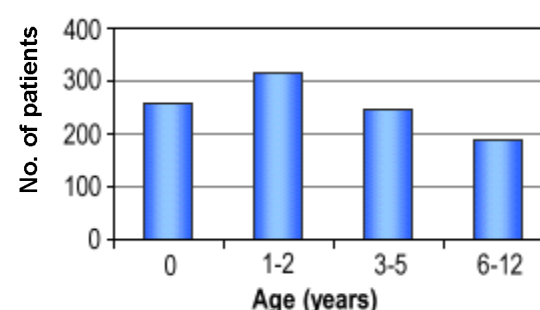
Whitney test. Analyses beyond 18 months were not reliable because of small sample sizes.

RESULTS

Patient demographics

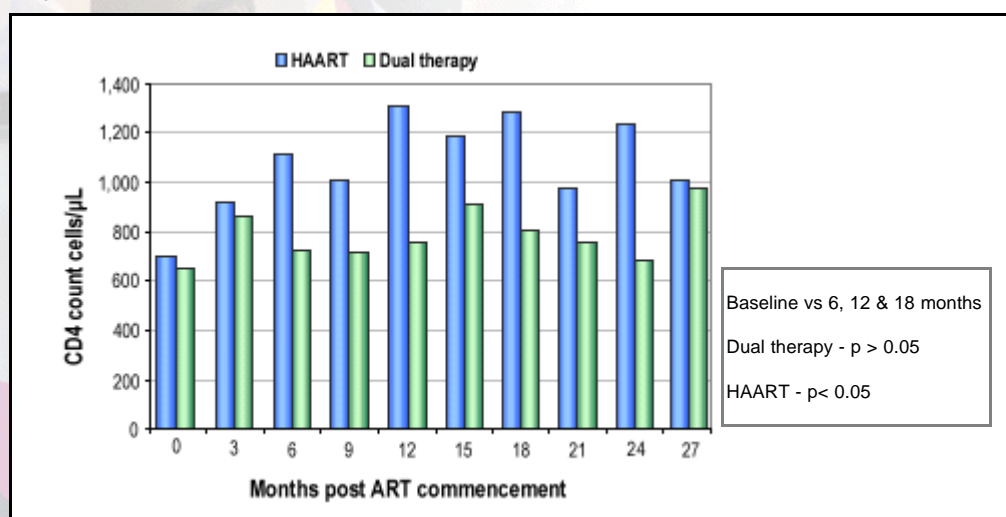
Total number of children ever registered:	1009	Total number of children on ART:	840
Current	785	Dual therapy	160
Deceased	94	HAART	633
Left Programme	130	Intensified from dual to triple therapy	47

Age of paediatric patients registered with AfA (Males : Females - 1 : 0.97)



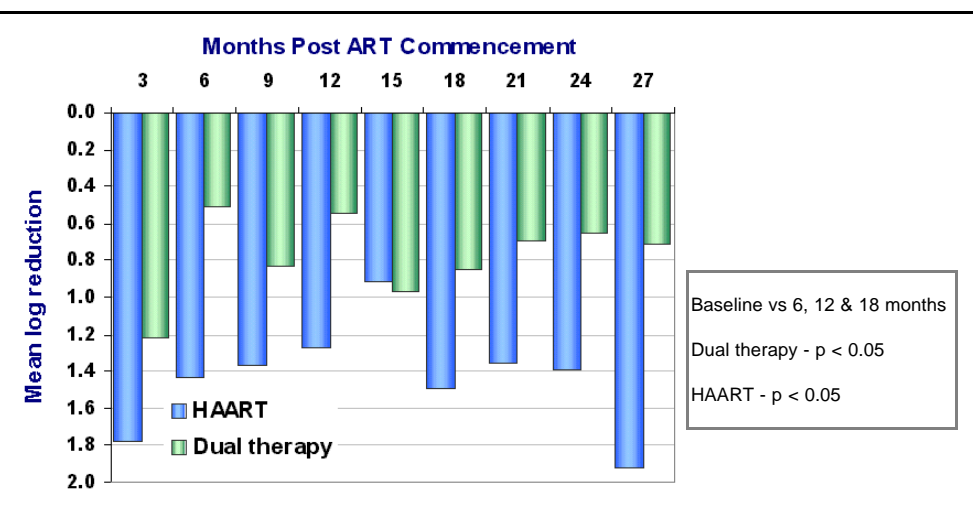
CD4 count relative to ART:

Age 13mth - 6yr

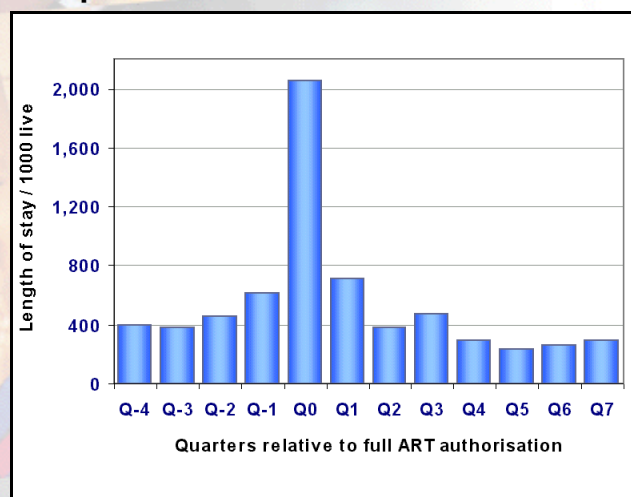


Paediatric virological response

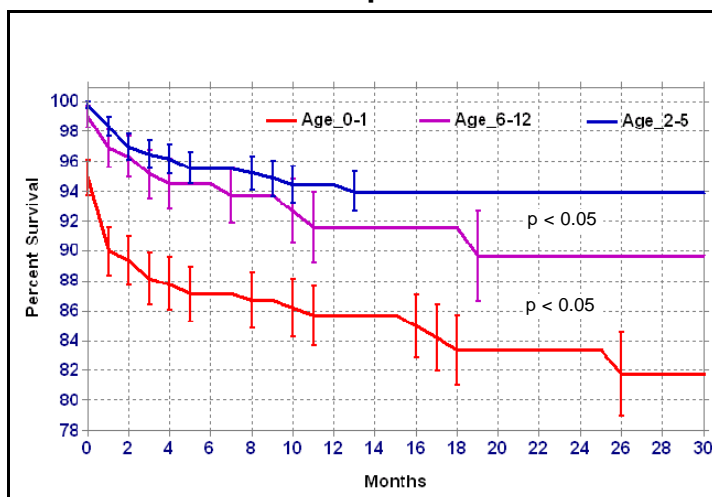
Mean baseline: Dual 5.20 log₁₀ & HAART 5.44 log₁₀



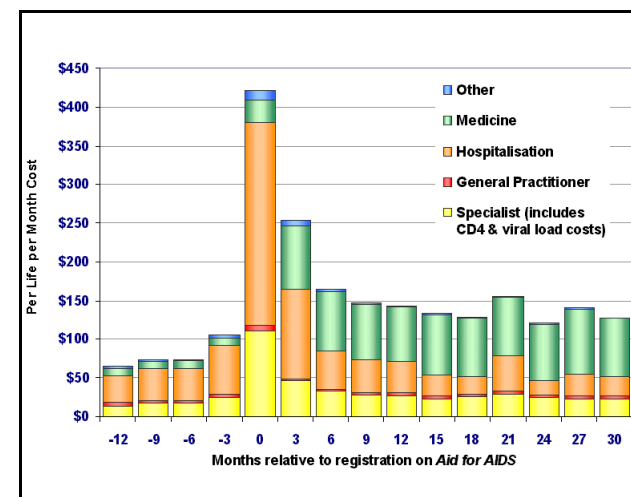
Hospitalisation



Paediatric Survival Proportions



Cost



CONCLUSIONS

The programme has resulted in substantial numbers of children obtaining access to ART. CD4 counts showed a sustained increase in children on HAART. Both HAART and dual therapy showed reductions at 18 months. There was also a sustained decrease in hospitalisation. Survival was significantly worse in younger children despite ART. The average

monthly cost for managing infected children is currently \$150. We have provided baseline data on South African children fortunate to receive ART. South Africa has the infrastructure to manage large numbers of children on antiretroviral therapy. Further reduction in costs of medication and monitoring will result in increased access.

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Aid for AIDS

medscheme
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