Background

The care and survival of HIV-infected children is largely dependent on healthy adult caregivers. Successful anti-retroviral treatment (ART) programmes should therefore not only monitor the mortality and morbidity of caregivers but should also ensure that they can access care.

Methods

The HIV status of primary caregivers of 400 HIV-infected Zimbabwean children participating in the ARROW trial was determined at the time of enrolment.

ARROW is a trial of laboratory monitoring strategies for ART provision.

The primary caregiver was defined as the person who spent most time with the child, fed them and administered medication.

Data were collected through the administration of a questionnaire requesting information on demographic features, relationship to the child, HIV status and access to care.

The questionnaire was completed at baseline and will be completed every 2 years. Baseline results are presented.

Results

400 children were enrolled to ARROW in Zimbabwe.

213 (53%) had lost one or both parents.

68% (144/213) of these orphans were >5 years old.

The primary care giver was the mother in 57% (229/400) of the children, the father in 5% (19/400) and another relative in 38% (152/400) [Figure 1].

Of the 255/400 (64%) carers who knew their HIV status at the time of enrolment, 96% (244/255) were HIV-positive [Figure 2].

At enrolment 89% of biological parents knew their HIV status compared to 21% of other caregivers.

Amongst known HIV-positive caregivers, 231/244 (95%) were registered and were being followed up in government-run ART clinics, with 59% of these on ART and 36% on cotrimoxazole prophylaxis only.

Primary caregivers who did not know their HIV status were counselled and referred for testing.

Conclusions

The majority of primary caregivers of children at enrolment in the ARROW trial in Zimbabwe are biological parents who are HIV positive and have access to ART.

Other primary caregivers were less likely to know their HIV status.

The carers who are not the biological parents of the children have remained reluctant to get tested whilst older caregivers did not always see the need to be tested at their age.

There is a need to establish a family-centred approach to HIV care in order to meet the healthcare needs of caregivers and improve long-term survival of the children in their care.