Findings from the ARROW (AntiRetroviral Research fOr Watoto) trial


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THE ISSUE

HIV infected children depend on adults for their care, but non-disclosure of the child’s HIV status between care-givers may affect the child’s treatment in terms of adherence to Anti-Retroviral Therapy (ART) and attendance to clinics.

BACKGROUND

The ARROW trial is evaluating monitoring strategies and first-line ART in 1200 HIV-infected children from 3 sites in Uganda (n=800) and one in Zimbabwe (n=400) [see poster MOPE0191].

At enrolment, contact details are obtained and the child's home is visited. The care-givers, commonly mothers, are asked if they have disclosed the child's HIV status to their spouses.

FINDINGS

Out of 622 children screened
110 mothers (18%) had not disclosed the child’s HIV status to the father

Refused consent for ARROW (n=30) Recruited to ARROW (n=80)

Amongst the 30 mothers who refused consent for ARROW,

- 3 opted not to start their child on ART
- One child died in the process

Amongst the 80 children recruited to ARROW,

- Five mothers declined home visits
- Mothers gave wrong contact details, making it difficult to locate children who missed clinic appointments
- Two children have been lost to follow up
- Two children missed appointments because their fathers questioned the frequency of clinic visits, while one father denied that their child was HIV-infected and threatened violence if the child received care
- Mothers may hide ART from fathers, and this, coupled with missed visits, leads to poor adherence.

LESSONS LEARNED and NEXT STEPS

- Disclosure of a child’s HIV status to both primary care-givers should be encouraged prior to enrolment into a clinical trial
- Use of a trusted third party to work with both care-givers during the disclosure process is often helpful
- Adherence and follow-up become problematic if only one care-giver knows the child’s HIV status and the care-giver dies

COLLABORATORS and ACKNOWLEDGEMENTS

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