

Symposium Rapporteur Summary
Children and HIV: Start Early, Start Now—Integrated Interventions for Young
Children Born into HIV-Affected Families
July 18 and 19 2014, Melbourne, Australia



The theme of the Children and HIV symposium was “Start Early, Start Now—Integrated Interventions for Young Children Born into HIV-affected Families”. It was an opportunity to share the evidence and best practice, and speakers from all over the world examined proactive, integrated approaches that focused on early childhood and HIV.

Access to the presentations delivered at the Symposium—listed alphabetically by author—can be found here <http://www.ccaba.org/children-and-hiv-start-early-start-now-integrated-interventions-for-young-children-born-into-hiv-affected-families-melbourne-july-2014/>

Presentations brought attention to the impact of toxic stress on every aspect of child development, and explained how this could affect those children exposed to HIV who experience severe and enduring stress such as abuse, violence, or neglect. Speakers emphasised how integrating Early Childhood Development (ECD) and HIV into programming made for a stronger positive impact in the lives of children born into HIV affected families and how sometimes simple and cost-effective interventions could mitigate the impacts of toxic stress. The Symposium covered examples of evidence-based approaches leading to better outcomes for children, families and the communities in which they live.

Impacts on Brain Development

Evidence on the link between toxic stress and the mortality and morbidity of children exposed to HIV was a highlight of the symposium (e.g. Britto). Toxic stress occurs when an infant or young child experiences enduring and severe poverty, violence, abuse, neglect, hunger and often a combination of these adversities. These are conditions often experienced by young children in high-burden HIV communities.

Speakers noted the harmful effects of toxic stress on early brain development/function including increased levels of cortisol in the body, which limits brain development and consequently the health, learning and behaviour of a child (e.g. Boyes, Bachman). The ‘weathering hypothesis’ of toxic stress, where the nervous system is in a constant state of hyper vigilance and activity, eventually wears down and results in vulnerability to disease. Toxic stress also interferes with a child’s ability to benefit from interventions (e.g., improved nutrition, counselling).

Advances in the field of epigenetics was also presented. Epigenetics is a field of science that studies when and how genes are turned on or off due to environmental



factors without changing a person's basic DNA. This field has recently demonstrated that when children are properly cared for—or conversely, experience adverse events in the first years of life, this can affect the brain's development and function for the rest of that child's life, as well as the brain development/function of future generations (e.g. Skeen, Sugandhi, Britto). Effective programming was therefore linked to

improving structural quality (e.g. the ratio of adults to children, level of training of educators/counsellors – Skeen, Britto) and interactional quality (e.g., trust, safety, curiosity/learning, exploration – Drivdal, Ell, Britto).

Presenters also discussed what is known about the impact of HIV-exposure on children—exposure to the human immunodeficiency virus and to antiretroviral therapy in utero, and exposure to the effects of HIV that come from living in an HIV-affected household (e.g. Sughandi, Britto). The need for longitudinal follow up of HIV-exposed and uninfected infants will be critical to better understand outcomes.



Integration of ECD and HIV into programming and services

A strong theme emerged on the importance of integrating ECD and HIV into programs and services to children as early as possible. Some speakers provided best practice examples of how programming aimed at pregnant mothers, children, families, and communities, could positively impact the life of a child (e.g Gill, Grimwood and Matasane, Rollins, Britto, Mudekanye).



The avenues and locations for programs were also highlighted. Venues that were not traditionally seen as places for integrated programs, such as hospitals and play groups, were showcased as models with strong evidence for benefiting children affected by HIV (e.g Rochat, Ell, Rollins, Earnshaw). Presenters also urged the integration of early childhood development activities into daily activities at the household level—and not in separate locations (e.g. Thumbadoo, Matasane).

Some speakers also asserted that community support workers, drawn from the community itself, ensured more appropriate service delivery and local economic growth (e.g Thumbadoo).

The Symposium heard from speakers who brought attention and focus to how all workers, volunteers, and parents/caregivers require strong training and support to provide integrated programming. From community health workers and play group volunteers to local health facility staff and faith-based leaders, presenters illustrated that providers of integrated programs and services were strong resources and a sustainable and replicable model (e.g. Charasika, Miller, Shaikh, Mohammed).



Early intervention

All the Symposium speakers agreed that services must be more proactive, reaching children born into HIV-affected families *before* they show distress and disadvantage. It was demonstrated in data from programs that there is insufficient infrastructure and programming to retain HIV-exposed children under the age of six in services. Many interventions do not reach the community unless the child is engaged in education (e.g. Otieno, Munene).



Kabati, Thumbadoo, Sherr).

Several presenters focused on early intervention programs that included the use of mobile technology to track development of a child across ECD/HIV indicators (e.g Gupta, Skeen), and the provision of 'cash plus care'—done through ECD and social protection programs—to improve the carer's abilities to meet the child's needs and enhance HIV prevention (e.g Weve,

Engagement, collaboration and ownership with government and other policy and programmatic stakeholders was linked to a formula for successfully integrating ECD and HIV into early intervention services (e.g. Tefera, William, Hatane). The Symposium heard that it was vital to use government



priorities and structures as points of leverage. This was, however, noted as a challenge and therefore an opportunity to advocate for ECD to become an outcome and not just a vertically-integrated program area.

Next Steps

The Symposium ended with a call to action. Attendees were asked to promote and disseminate The Melbourne Statement on Young Children Born into HIV-Affected Families (<http://www.ccaba.org/the-melbourne-statement/>) within their organisations and across the HIV and ECD sectors. The aim would be to shift program policies to:

- Invest in the early years;
- Integrate HIV programs by building connections between health facilities and communities to provide more comprehensive support to enable young children to not only survive, but to thrive; and,
- Extend the benefits of early interventions to all young children, including the most marginalized.

For other accounts of the symposium, see the following blog entries:

- <http://www.stopaidsnow.org/starting-early-starting-now>
- <http://crowd360.org/starting-early-starting-now/>

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