Implementation of 'Treat All' did not increase ART coverage for children

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Implementation of "Treat All," which removed CD4-based clinical

staging criteria for antiretroviral therapy (ART) initiation, did not accelerate ART coverage gains or AIDS mortality reductions among pediatric patients with HIV, according to a study published online May 17 in *Pediatrics*.

Joseph G. Rosen, M.S.P.H., from the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues abstracted country-level ART coverage (proportion of children younger than 15 years on ART) and AIDS mortality (deaths per 100,000 population) estimates over 11 years to examine trends before and after "Treat All" implementation in 2015.

The researchers found that pediatric ART coverage tripled from 16 to 54 percent from 2010 to 2020, and AIDS-related deaths were more than halved (from 240,000 to 99,000). After "Treat All" adoption, observed ART coverage continued increasing compared with the preimplementation period, but the rate of increase declined by 6 percent (adjusted incidence rate ratio, 0.94). After "Treat All" adoption, AIDS mortality continued declining, but in the postimplementation period, the rate of decline decreased by 8 percent (adjusted incidence rate ratio, 1.08).

"Our findings suggest that complementary approaches to 'Treat All' must be scaled-up to accelerate momentum toward global HIV treatment equity for children," the authors write.

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