News

HIV drives children’s pneumonia in sub-Saharan Africa

Pneumonia in HIV-positive children is proving to be a challenge across sub-Saharan Africa. Claire Keeton reports from Cape Town.

Nokhwezi Hoboyi knows about the devastation of pneumonia after losing her first two babies to the disease.

The 27-year-old mother from Cape Town saw her first child die of pneumonia at four months of age. Her second child started coughing at two months and was diagnosed with pneumonia. She was hospitalized, became ill at three months and did not respond to antibiotics.

Hoboyi, an AIDS activist, said: “The doctor asked me if he could test her for HIV and I agreed. She tested positive. She developed pneumonia and had to be transferred to intensive care. Her health deteriorated and she also passed away.”

Last November Hoboyi, who has since been put on antiretroviral therapy, cried tears of joy when her third baby, Qhayiya, tested negative for HIV.

Pneumonia is a common cause of illness and death among children aged less than five years and those with HIV – particularly infants – are especially vulnerable.

Children with HIV are at higher risk of contracting pneumonia, becoming ill from it and dying than children who are HIV negative. And they fare worse on treatment, which is further complicated by the need for a wide range of antibiotics to counter numerous opportunistic infections. This makes treatment more expensive and increases the risk of bacterial resistance to the drugs prescribed.

More lives are saved, however, by early identification of children with the potentially lethal combination and by putting them on appropriate preventive treatment, rather than treating HIV-positive children once they have contracted pneumonia.

Dr Andrew Mbewe, regional adviser for Child and Adolescent Health and Development at the Regional Office for Africa of the World Health Organization (WHO), says that in sub-Saharan Africa four diseases or conditions are responsible for more than 70% of deaths among children less than five years of age: diarrhoea, malaria, malnutrition and pneumonia. “This [toll] is worse where HIV is prevalent.”

One sign of HIV that health workers following WHO’s Integrated Management of Childhood Illness guidelines are advised to look out for is persistent and recurrent pneumonia.

With the rise of HIV in South Africa, pneumonia cases among children have soared. The children’s wards in South Africa’s biggest hospital, the Chris Hani Baragwanath in Soweto, are full of children with this potentially lethal combination.

“The incidence of hospitalization for pneumonia has increased exponen-
Controversial funding mechanism to fight pneumonia

New financing methods show promise in fight against pneumonia, the biggest killer of children. Theresa Braine reports from Mexico.

More than two million children aged less than five years die of pneumonia every year worldwide. Most of these deaths occur in the poorest nations where treatment is not always readily available and where vaccines are hard to come by. Now there is a big global push to prevent the infections that cause pneumonia using unique financing mechanisms to develop and purchase new vaccines.

Vaccines exist against some strains of pneumococcus bacteria, which can cause childhood pneumonia as well as meningitis and otitis media. But these vaccines are often too pricey for developing countries or they do not protect against the strain prevalent in a given country.

Public health experts and government officials have developed an innovative financing approach, called Advanced Market Commitment (AMC). Under this scheme, donor nations finance the purchase of new pneumococcal vaccines at a pre-agreed price if demanded by countries in need and if the vaccines meet certain product characteristics. The aim is to drive investment into late-stage vaccine development and building...