



12th Symposium on Children and Adolescents with Perinatal HIV Exposure

Meeting report

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Acknowledgements

The 12th Symposium on Children and Adolescents with Perinatal HIV Exposure was hosted by IAS – [the International AIDS Society](#) – in collaboration with [Penta - Child Health Research](#), the [Interventions and Strategies to Evaluate the Health and Development of Children Affected by HIV \(RISE\) Consortium](#), the University of Washington, the [United Nations Children's Fund](#) (UNICEF), [Mass General Brigham, Paediatric-Adolescent Treatment Africa](#) (PATA) and the Children's Hospital of Philadelphia.

We express our gratitude to the Organizing Committee of the 12th Symposium on Children and Adolescents with Perinatal HIV Exposure, as well as the session chairs and speakers who significantly contributed to and supported the facilitation of the symposium. Sincere appreciation is extended to the IAS Communications team for handling all the symposium communication and design aspects. We are also grateful to the sponsors for making the 12th Symposium possible. Finally, we extend our thanks to all the participants whose active engagement and contributions enriched the discussions.

With support from



Executive summary

As of 2025, an estimated 16 million children under 15 years of age had been perinatally exposed to HIV globally and were born HIV-free. Optimizing the health and well-being of children and adolescents with perinatal HIV exposure requires an understanding of their unique exposures, vulnerabilities and needs. Rigorous, multidisciplinary research is essential to identify mechanisms responsible for the increased likelihood of poor health and developmental outcomes. The development of screening tools is important, particularly in settings where health resources are constrained, to identify who would benefit most from timely interventions. Equally important is the design, testing and implementation of evidence-based interventions, policies and programmes tailored to the needs of this population.

On 26 July 2026, IAS – [the International AIDS Society](#) – in collaboration with [Penta - Child Health Research](#), the [Interventions and Strategies to Evaluate the Health and Development of Children Affected by HIV \(RISE\) Consortium](#), the University of Washington, the [United Nations Children's Fund](#) (UNICEF), [Mass General Brigham](#), [Paediatric-Adolescent Treatment Africa](#) (PATA) and the Children's Hospital of Philadelphia hosted the 12th Symposium on Children and Adolescents with Perinatal HIV Exposure as a pre-conference at AIDS 2026, the 26th International AIDS Conference, in Rio de Janeiro, Brazil. The theme was *Learning from successes and challenges of other paediatric programmes to optimize outcomes of children and adolescents with perinatal HIV exposure*.

The objectives of the symposium were to:

- o Present the latest scientific evidence on health, development and well-being of infants, children and adolescents with perinatal HIV exposure.
- o Address key policy and programme priorities.
- o Foster networking and collaboration among early-career researchers, policy makers, programme managers and advocates.



Welcome

Jorge Pinto (Federal University of Minas Gerais, Brazil) opened the symposium by reflecting on the substantial progress made in the paediatric HIV response. UNAIDS Spectrum data up to the end of 2025 show that the number of children under 15 living with HIV has fallen by more than 50% since peaking at nearly 2.9 million in 2005.

He highlighted that this success has created a new and growing area of focus. As fewer children acquire HIV, the population of children exposed to HIV and antiretroviral therapy (ART) in utero but born HIV-free has increased substantially. The number of children under 15 with in utero HIV exposure has increased by approximately 60%, and 93% of children currently exposed to HIV in utero are also exposed to maternal ART.

The symposium is an important platform for advancing research, strengthening collaboration and identifying priorities for this growing population. He encouraged all to move beyond survival as the measure of success and focus on ensuring that children and adolescents with perinatal HIV exposure can thrive throughout the life course. The opening concluded with a call for renewed commitment, collaboration and innovation to ensure that the next chapter of the paediatric HIV response is defined by opportunity, resilience and lifelong health.



"Thriving is more than a social or health indicator
– it is a human right."

Jorge Pinto

Session 1 – Optimizing development after perinatal HIV exposure

This session, facilitated by Jorge Pinto, focused on how perinatal HIV exposure may shape early neurocognitive development and examined mothers' caregiving experiences to inform more effective policies and programmes that support both children and families.

Neurocognitive development in infants with perinatal HIV exposure: Evidence from Malawi

The first presenter, Megan Kowalczyk (University of Maryland School of Medicine, United States), shared findings from a prospective cohort study in Malawi that used the Malawi Developmental Assessment Tool. Perinatal HIV exposure was associated with mild developmental delays, although the prevalence of delay decreased as children grew older.

Both biological and environmental factors influenced neurodevelopment. Low birth weight increased the odds of developmental delay among children exposed to HIV, while maternal distress was linked to poorer executive function across children, regardless of HIV exposure status. The strongest driver of neurodevelopment was the quality of observed mother-child interaction, which had a greater positive influence than perinatal HIV exposure itself. Other exposures, including COVID-19, congenital cytomegalovirus (CMV) and Cyclone Freddy, did not appear to worsen developmental outcomes.



Supporting early child development through play-based and responsive caregiving interventions

Marguerite Marlow (Institute For Life Course Health Research, Stellenbosch University, South Africa) emphasized that early child development requires deliberate investment in nurturing care, particularly responsive caregiving, which supports all other [nurturing care](#) domains.

Shared reading was highlighted as a practical, low-cost intervention that strengthens caregiver-child connection, language development, attention, social-emotional development and responsive parenting. Because it relies on pictures and conversation rather than formal reading, shared reading is well suited to low-literacy settings and can also engage fathers. It can be integrated into interventions focused on child health, including HIV, using locally developed picture books on such topics as clinic visits and medication collection. This provides a non-stigmatizing platform for reaching families affected by HIV and other vulnerable households.

Play-based parenting interventions were also presented as effective pathways to responsive caregiving, with emphasis on joyful, meaningful interactions rather than toys. Caregiver well-being and stress management were also identified as important, with effective programmes co-designed with parents, caregivers and communities. These should build on existing strengths and practices, prioritize practice over information sharing, and invest in quality delivery, training and supervision to achieve meaningful child development outcomes.



Caregiving journeys for mothers of infants with perinatal HIV exposure: Implications for policy and programmes

Himani Pandya (Stellenbosch University, South Africa) highlighted the caregiving experiences of mothers raising children with perinatal HIV exposure in a rural, low-income South African setting. It showed that mothers experienced persistent stress, anxiety and uncertainty linked to fears of vertical transmission, doubts about whether the treatment they received was working, infant feeding decisions and repeated HIV testing.

Maternal concerns often fluctuated over time and, importantly, continued even after HIV had been ruled out in the child, particularly when children experienced illness, poor growth or developmental delays. These worries were compounded by poverty, poor maternal physical or mental health, heavy household responsibilities and limited partner or family support. A key takeaway was the need for clearer information, reassurance and anticipatory guidance.

Discussion

The discussion examined how early childhood development and responsive caregiving interventions can be made more inclusive, practical and integrated across health, community and education systems. Speakers emphasized that interventions should be accessible to diverse caregivers, including those with disabilities.

Maternal stress, trauma and broader social adversity were identified as important influences on child development. While generational and developmental trauma are difficult to measure directly, longer-term follow-up may clarify how early exposures shape neurodevelopment. Health systems were also seen as critical platforms for responsive caregiving. Providers and community health workers can use routine clinical and community interactions to model positive caregiver-child engagement, affirm caregivers' existing strengths and build confidence. Schools, early learning centres, peers and environments beyond the household are important platforms for sustaining support.

The discussion also identified evidence gaps around biological pathways, congenital CMV, autism screening, sex-disaggregated findings and locally validated tools. Overall, the discussion reinforced strengthening the full care ecosystem around the child, including parents, alternative caregivers, health workers, community structures and schools, to promote responsive relationships and improve early childhood development outcomes.



Session 2 – Identifying risk and supporting families: Lessons from other programmes

This session was structured in two parts. The first, facilitated by Renata Sanders (Children's Hospital of Philadelphia, USA), focused on the early identification of vulnerable children using screening tools. The second, facilitated by Jorge Pinto, explored community-based platforms that can support the long-term follow-up of children with perinatal HIV exposure.

Oral abstract 1 – Infectious-cause hospitalisation in a province-wide cohort of children HIV-exposed and HIV-unexposed during the dolutegravir era in the Western Cape, South Africa

Shani De Beer (Centre for Integrated Data and Epidemiological Research, CIDER, University of South Africa, South Africa) examined whether children with in utero HIV exposure continue to experience higher rates of infectious-cause hospitalization despite expanded maternal ART access and increasing use of dolutegravir-based regimens.

Using Western Cape Provincial Health Data Centre data, the analysis included approximately 647,000 children, 15% of whom had been exposed to HIV. Findings showed that children with HIV exposure but without HIV had modestly higher hospitalization rates than those unexposed during the first year of life. Hospitalization rates were highest among children whose mothers restarted ART during pregnancy, highlighting vulnerability linked to ART interruption or disengagement from care.

Male sex and low birth weight also increased vulnerability to hospitalization. Among children exposed to HIV, maternal viral load above 1,000 copies was associated with early-life hospitalization. The findings underscore the need for sustained maternal ART, viral suppression, low birth weight prevention and targeted postnatal follow-up.



Oral abstract 2 – Behavioural difficulties in school-aged children who are HIV-exposed and associations with intellectual performance; findings from the KIND Study



Lena Serghides (University of Toronto, Canada) shared emerging findings from the KIND study, which compares neurocognition, behaviour and neuroimaging outcomes among children aged 6-12 years with HIV exposure but without HIV and children who were unexposed. Previous cohort data showed that boys with HIV exposure had significantly lower scores in verbal comprehension, working memory, processing speed and full-scale IQ; this pattern was not observed among girls.

Using the caregiver-completed Strengths and Difficulties Questionnaire, the interim analysis found that children with HIV exposure were more likely to have behavioural difficulties; this was particularly the case for boys. Higher behavioural difficulty scores were associated with lower cognitive scores, suggesting overlap between cognitive and behavioural challenges. Lower birth weight and higher preterm birth rates were also noted among children with HIV exposure.

How to see children clearly without marking them socially: Transferable lessons from the Imagine school-health intervention for children with perinatal HIV exposure screening in ECD and primary school settings

Nathanael Van Blydenstein (Leo Advisory, South Africa) shared how screening tools intended to identify children and families needing additional support can unintentionally create suspicion, blame or a social identity of deficit. Because children are socially embedded, information recorded about a child may also reveal sensitive details about family, household circumstances or maternal health history.



Drawing on experience designing youth-friendly screening tools for adolescents, he questioned whether risk screening provides enough programmatic value to justify collecting and analysing sensitive information, noting that a UNICEF review across 10 eastern and southern African countries found limited evidence that such tools identify those most vulnerable or improve access to appropriate services.

A central message was the need to separate what a person is willing to disclose, what support they want and what programmes must record. Nathanael described how they redesigned a one-on-one questionnaire into a multiplayer board game, creating a more playful, less stigmatizing entry point that helped young women engage with services without first disclosing sensitive vulnerabilities.

The key caution was that collected data can later be used to pursue targets, turning support into surveillance. Screening should, therefore, be judged by whether it strengthens care and avoids socially marking children or families.

Discussion

The discussion focused on interpreting sex differences, neurodevelopment, behavioural outcomes and infectious morbidity among children exposed to HIV. A key theme was why boys appeared more vulnerable in some findings, with possible explanations including differences in placental development, inflammatory responses in utero and, later, hormonal influences. Speakers cautioned that sex and gender are complex and require longer-term follow-up, particularly through puberty.

The discussion also considered limitations of caregiver-reported behavioural tools, noting that maternal stress or HIV-related concerns may influence reporting. This reinforces the need to combine caregiver

reports with objective cognitive measures, child-reported tools and longitudinal data. However, links between caregiver-reported behavioural difficulties and child-administered cognitive assessments suggest that observed patterns may reflect real developmental challenges.

Community perspectives from Uganda and Kenya highlighted that concerns about boys' development are also being observed in practice, underscoring the importance of locally led research in African settings. Further research priorities included inflammatory and immune biomarkers, placental data and cautious interpretation of ART exposure findings, particularly where missing private-sector data may affect conclusions. Overall, the discussion reinforced the need for nuanced, longitudinal, locally grounded research that links biological, behavioural, caregiver and health system factors.

Community platforms that can be leveraged for long-term follow-up of children with perinatal HIV exposure

Jeferson Carvalho (Community Advisory Group of AIDS Maternal and Child Health, CCABH UFMG, Brazil) highlighted Família Positiva as a community platform that has, for 11 years, supported families affected by HIV. The initiative provides welcoming spaces, psychosocial support and quality-of-life promotion, bringing together families, healthcare professionals, researchers, volunteers and partners.

Prevention of vertical transmission is one of the major achievements of the HIV response. However, children and adolescents with perinatal HIV exposure born HIV-free may continue to experience social, emotional and family-related impacts linked to HIV, including stigma, socioeconomic vulnerability and difficulties accessing support. Família Positiva is an example of how community platforms can complement health services by offering welcoming spaces, strengthening support networks and providing psychosocial support beyond formal clinical care. The core message was that success should be measured not only by children being born HIV-free, but by whether they grow up with protection, inclusion, opportunity and without stigma.

Panel discussion: Building integrated systems to identify and support at-risk children early



The panel brought lived experience into the discussion through Luana Uchôa Guimarães, a mother living with HIV acquired through vertical transmission and a parent of two children exposed to HIV but HIV-free. She reflected on the importance of visibility, noting that people, including adults, living with HIV acquired vertically are often overlooked in policy and programming. Her personal experience with a supportive multidisciplinary team was positive, but she stressed that this is not the reality for many families in Brazil.

A major theme was the need for better information and more respectful care. Luana noted that she only recently learnt about possible developmental delays among children with HIV exposure, and that her son's delay was first identified at school rather than through paediatric care. Both she and Jeferson emphasized that judgemental questions and poor provider preparation can make families feel ashamed, frustrated or unwilling to return to services.

The discussion also highlighted the role of community organizations in bridging families to health systems. Família Positiva is recognized locally and participates in municipal health commissions and policy forums, creating channels for community voices to influence services. Participants stressed that respectful care cannot be treated as optional; it requires trained providers, community participation, feedback mechanisms and sustained investment. The closing messages to health managers and clinicians were clear: listen sincerely, maintain proximity to communities, provide care with respect and warmth, and do not give up on families affected by HIV.



Session 3 – Long-term follow-up: From data to action

This session, facilitated by Catherine Wedderburn (University of Cape Town, South Africa), highlighted the importance of consistently tracking perinatal HIV and antiretroviral exposure to understand long-term outcomes, and brought in perspectives from the community on lived experiences alongside research.

Debate – Health systems should systematically document perinatal HIV and ARV exposure in health records to enable long-term follow-up of health outcomes of persons with perinatal HIV exposure

Moderated by Agnes Ronan (PATA, South Africa), the debate examined whether health systems should systematically document perinatal HIV and antiretroviral exposure in health records. Kim Melunsky Anderson (University of Cape Town, South Africa) delivered arguments for the motion, and Maria Leticia Cruz (Hospital Federal dos Servidores do Estado, Brazil) delivered arguments against it.



The arguments in support emphasized that exposure history is clinically relevant and should be preserved as part of person-centred care, similar to other prenatal exposures, such as prematurity, congenital infections or maternal medication use. Documentation was presented as important for clinical decision making, long-term surveillance and pharmacovigilance, particularly as antiretroviral regimens evolve and newer agents, including integrase inhibitors, long-acting injectables and broadly neutralizing antibodies, enter routine use. Without reliable documentation, health systems may be unable to detect delayed or uncommon health outcomes, monitor long-term trajectories, or advocate for children who are exposed to HIV but HIV-free.



The opposing argument cautioned that the benefits of systematic documentation remain largely hypothetical as current evidence does not allow definitive conclusions about the long-term effects of in utero HIV or ARV exposure on such outcomes as neurodevelopment, growth, infectious morbidity, cardiometabolic health or cancer risk. It stressed that many observed disparities are strongly shaped by poverty, maternal health, nutrition, household conditions and other structural determinants, particularly in low- and middle-income countries. The speaker argued that documenting HIV exposure could create a lasting social mark, increasing the risk of stigma, unintended disclosure and discrimination during adolescence and adulthood.

Both sides agreed that children with perinatal HIV exposure may have distinct health and developmental needs, but differed on whether systematic documentation is the appropriate response. The key tension was between preserving clinically useful information for future care and research, and protecting individuals from stigma and unnecessary labelling. The discussion highlighted the need for careful, rights-based approaches that strengthen confidentiality, avoid visible or public markers of HIV exposure, and ensure that any information collected is linked to meaningful support. It also reinforced the importance of universal interventions that address modifiable determinants of child health, including maternal nutrition, responsive caregiving, early stimulation and social support.

Perspectives from mothers and a young adult with perinatal HIV exposure

Testimonies from mothers living with HIV reflected mixed views on whether perinatal HIV and ARV exposure should remain documented in a child's health record after the child has been confirmed as negative for HIV. Several mothers opposed continued documentation, arguing that their children are healthy, HIV-free and should be allowed to move forward without carrying a history linked to their mother's HIV status. Their main concerns were privacy, stigma, unintended disclosure and the risk that future health problems may be wrongly attributed to HIV exposure. Mothers also worried that relatives, healthcare workers or others who see the child's medical card could use this information to judge the child or family.

Other views were more nuanced. One mother recognized the clinical value of keeping exposure information, but suggested that it should not be openly disclosed in writing. She proposed coded documentation that would allow healthcare providers to access relevant information while protecting confidentiality. Another mother supported keeping the record, arguing that documentation can help doctors and nurses provide better care and contribute to knowledge that benefits children and families in the future.

The young adult with perinatal HIV exposure supported documentation, noting that it improved continuity of care, reduced the burden on his mother to repeatedly explain his history, and helped healthcare providers make informed decisions. However, he emphasized the importance of being consulted and having a say once a person is old enough to understand.

Overall, the perspectives showed that documentation is not only a clinical issue but also a question of privacy, dignity, consent and trust. Any approach must protect confidentiality, avoid visible labels, involve families and young people in decision making, and ensure that recorded information leads to meaningful care rather than stigma.

Discussion

The discussion highlighted the complexity of documenting perinatal HIV and ARV exposure, particularly the tension between clinical usefulness and the risk of stigma. A key point was the need to distinguish documentation during active exposure periods, including breastfeeding, from long-term documentation after breastfeeding has ended and the child has been confirmed as HIV negative.



A possible middle ground emerged around confidential, restricted-access documentation. Speakers agreed that exposure information should not appear on public-facing documents, such as handheld child health cards, vaccination records or documents presented to schools. If retained, it should be stored securely in medical records, accessible only to healthcare providers with a clear clinical need.

The discussion also strongly reflected lived-experience concerns from mothers living with HIV. One participant questioned whether the debate itself risks reinforcing stigma, given that exposure information may already exist in health systems and legal frameworks often determine how long records are kept. Concerns were raised about consent, unintended disclosure, HIV criminalization and the possibility that children may later feel their exposure history was recorded without their permission.

Overall, the discussion reinforced that documentation cannot be treated as a purely technical record-keeping issue. Any approach must protect confidentiality, avoid visible labels, and consider consent and future autonomy.

BONDS: A multi-country study of a nurturing care intervention package to improve neurodevelopment outcomes for children with perinatal HIV exposure

Irene Njuguna (Nell Hodgson Woodruff School of Nursing at Emory University, United States) introduced the Researching Interventions and Strategies to Evaluate the Health and Development of Children Affected by HIV (RISE) Consortium, a multi-country platform studying long-term outcomes among children with perinatal HIV exposure in Botswana, Kenya and Zimbabwe.

The consortium includes three linked studies: BOND, IMAGE and IMPLEMENT. IMAGE will use ultra-low-field MRI to assess brain development. IMPLEMENT will address real-world implementation questions, including which children are most vulnerable to poor



developmental outcomes and how they can be identified and supported in busy maternal and child health services.

The main focus was the BOND study, a randomized clinical trial of a nurturing care intervention package. BOND aims to strengthen child development by integrating three evidence-based components: the Friendship Bench mental health intervention; nutrition modules focused on breastfeeding and dietary diversity; and a play curriculum grounded in children's right to play. The package is designed to address all five domains of the nurturing care framework and to be delivered by lay providers.

Reassessing priorities: Aligning research and programming to support lifelong outcomes

Anurita Bains (UNICEF, United States) positioned the HIV response in a new era, shaped by major progress in preventing vertical transmission. With global programme coverage for elimination of vertical HIV transmission estimated at 88%, millions of children who might otherwise have acquired HIV are now HIV-free. This success, however, creates new responsibilities: children, adolescents and adults born after perinatal HIV and ART exposure must be supported to thrive across the life course.

Anurita emphasized that this is not a homogeneous population. Each child's health trajectory is shaped by a unique combination of biological, clinical, social and structural exposures, including timing of maternal diagnosis and treatment, ART regimen, viral suppression, treatment interruption, maternal age, poverty, nutrition, caregiver health and stigma. These factors complicate how exposure histories should be understood, studied and documented after breastfeeding ends.

A central message was the need to act responsibly with emerging evidence. Future research should examine neurodevelopment, infectious morbidity, growth, cardiometabolic health and mental health, but must be designed with meaningful engagement of mothers, caregivers, adolescents and young people. The key question is not only what evidence is generated, but how it leads to actionable, scalable and equitable policy and service responses.



Florence Anam (Global Network of People Living with HIV, GNP+, Kenya) brought a lived-experience and advocacy perspective to the discussion, emphasizing that research, policy and services must be shaped with women living with HIV and their children, not only about them. She acknowledged the value of science and documentation in improving child health, but cautioned that health information can carry social consequences beyond the clinic, including blame, stigma and discrimination against mothers.

A central message was that women want themselves and their children to be healthy, but the pursuit of health must not expose families to unnecessary judgement or social harm. Documentation of perinatal HIV exposure may support care, but its purpose, use and interpretation must be clearly defined. Concerns included stigma, criminalization, breastfeeding restrictions, children's identity and autonomy, mental well-being and how HIV-related histories may follow children into adulthood.



Closing remarks

Sonia Lee (Maternal and Pediatric Infectious Disease Branch at the Eunice Kennedy Shriver National Institute of Child Health and Human Development, NICHD), gave the closing remarks, bringing together the main themes from the 12th Symposium. She situated the meeting within the symposium's broader history: it began in 2015 as a platform for researchers, epidemiologists, statisticians and clinicians to share emerging data on immune function, infectious morbidity, growth and development among children with perinatal HIV exposure.

The first session focused on optimizing development from the earliest stages of life. Presentations highlighted persistent neurodevelopmental risks among children with perinatal HIV exposure, the value of play-based and responsive caregiving interventions, and the importance of listening to mothers' lived experiences to ensure that programmes respond to family needs. The second session shifted to early identification and long-term support, presenting evidence on infectious-cause hospitalization, behavioural and cognitive challenges among school-aged children, and practical approaches to identifying and supporting children through school- and community-based platforms.

The final session addressed future responsibilities, including the debate on whether perinatal HIV and ARV exposure should be systematically documented in health records, and the introduction of the BOND study in the RISE Consortium. Reflections from community and technical speakers challenged participants to move beyond survival toward lifelong thriving.

The central message was that preventing vertical HIV transmission is not the endpoint, but the beginning of a new responsibility – ensuring that children, adolescents and adults born after HIV and ARV exposure have the opportunity to thrive across the life course.



Annex 1. Programme

Optimizing development after perinatal HIV exposure

Chair: Jorge Pinto

14:00 – 14:10	Opening remarks	Jorge Pinto
14:10 – 14:20	Neurocognitive development in infants with perinatal HIV exposure: Evidence from Malawi	Megan Kowalyck
14:20 – 14:30	Supporting early child development through play-based and responsive caregiving interventions	Marguerite Marlow
14:30 – 14:40	Caregiving journeys for mothers of young children with perinatal HIV exposure: implications for policy and programmes	Himani Pandya
14:40 – 15:00	Q&A	

Identifying risk and supporting families: Lessons from other programmes

Chair: Renata Sanders

15:30 – 15:35	Session outline	Renata Sanders
15:35 – 15:45	Abstract 1: Infectious-cause hospitalisation in a province-wide cohort of children HIV-exposed and HIV-unexposed during the dolutegravir era in the Western Cape, South Africa	Shani De Beer
15:45 – 15:55	Abstract 2: Behavioural difficulties in school-aged children who are HIV-exposed uninfected and associations with intellectual performance; findings from the KIND Study	Lena Serghides
15:55 – 16:10	How to see children clearly without marking them socially: Transferable lessons from the imagine school-health intervention for children with perinatal HIV exposure screening in ECD and primary school settings	Nathanael Leo van Blydenstein
16:10 – 16:30	Q&A	
16:30 – 16:40	Community platforms that can be leveraged for long-term follow-up of children with perinatal HIV Exposure	Jeferson Fonseca
16:40 – 17:00	Panel discussion: How can we build integrated systems to identify and support children at risk early?	Jorge Pinto Jeferson Fonseca Luana Uchôa Guimarães

Long-term follow-up: From data to action

Chair: Catherine Wedderburn

17:30 – 17:35	Session outline	Catherine Wedderburn
17:35 – 18:20	Debate – Health systems should systematically document perinatal HIV and ARV exposure in health records to enable long-term follow up of health outcomes of persons with perinatal HIV exposure	Agnes Ronan Maria Leticia Cruz Kim Anderson
18:20 – 18:35	BONDS: A multi-country study of a nurturing care intervention package to improve neurodevelopment outcomes for children with perinatal HIV exposure	Irene Njuguna
18:35 – 18:50	Reassessing priorities: aligning research and programming to support lifelong outcomes	Anurita Bains Florence Anam
18:50 – 19:00	Closing remarks	Sonia Lee

Annex 2: Resources

Presentations from the 12th Symposium are now available on [IAS+](#). This is to ensure accessibility and dissemination of knowledge and facilitate a broader reach and continued learning beyond the event.

Recordings of previous sessions are also available as follows:

- 11th Symposium on Children and Adolescents with Perinatal HIV Exposure
 - [Session 1](#) | [Session 2](#) | [Session 3](#)
- 10th Symposium on Children and Adolescents with Perinatal HIV Exposure
 - [Session 1](#) | [Session 2](#) | [Session 3](#)
- 9th Symposium on Children and Adolescents with Perinatal HIV Exposure
 - [Session recording](#)