

## CALL FOR PAPERS

Deadline for manuscript submission: **8 June 2026**

This is a call for papers proposing articles for a supplement of the *Journal of the International AIDS Society* (JIAS), titled "**Advanced HIV disease in children and adolescents: new evidence and strengthening the response**". It will be published in February 2027. While papers reporting original research are especially sought, commentaries, reviews, and other discursive articles will also be considered for this supplement (see below for further details).

### GUEST EDITORS:

**Jacque Wambui**  
AFROCAB, Kenya

**Philippa Musoke**  
Makerere University, Uganda

**Pablo Rojo**  
Complutense University, Spain

## BACKGROUND

Despite substantial progress in the global HIV response, children still experience a disproportionately high number of AIDS-related deaths. In 2024, children aged 0-14 years living with HIV accounted for nearly 12% of all such deaths despite representing only 3% of people living with HIV<sup>1</sup>. This burden reflects persistent gaps in early diagnosis, timely treatment initiation and effective management of advanced HIV disease (AHD) in paediatric populations.

For people five years and older, AHD is defined as a CD4 cell count of  $\leq 200$  cells/mm<sup>3</sup> or the presence of a WHO clinical stage 3 or 4 condition. In contrast, all children living with HIV younger than five years are classified as having AHD unless they have received antiretroviral therapy for more than a year and are clinically stable<sup>2</sup>. This age-based classification recognizes the high risk of rapid disease progression and mortality in early childhood, regardless of clinical and immunologic status, as well as the programmatic challenges of interpreting age-dependent CD4 thresholds in young children.

The clinical presentation of AHD differs substantially across age groups. For example, while cryptococcal meningitis is a major driver of morbidity and mortality in adults with AHD, it is rare in children under 10 years of age. In low- and middle-income countries, the leading causes of morbidity and mortality among children living with HIV include pneumonia, tuberculosis, bloodstream infections, diarrheal disease and severe acute malnutrition. Many also present with developmental delays and HIV encephalopathy.

Despite the availability of WHO-recommended packages of AHD care<sup>3</sup>, significant evidence gaps limit the optimal identification and management of children with advanced disease. Addressing these gaps is essential to reducing early mortality and improving the effectiveness and equity of paediatric HIV responses.

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<sup>1</sup> UNAIDS AIDSinfo. Global data on HIV epidemiology and response. 2025. Available [here](#).

<sup>2</sup> WHO guidelines on the management of advanced HIV disease. Geneva: World Health Organization; 2025. Available [here](#).

<sup>3</sup> STOP TB WHO. Package of care for children and adolescents with advanced HIV disease: stop AIDS. Technical brief. Geneva: World Health Organization; 2020. Available [here](#).

## SUBMISSIONS

This supplement will disseminate research findings and implementation experiences on innovative service delivery approaches to improve the identification and management of children and adolescents with AHD. Collectively, the supplement will highlight clinical and programmatic responses, ongoing challenges and priority areas for future research. The Editors will consider multiple article categories (original research, short report, review, commentary, viewpoint and field notes).

Key focus areas will include:

- The epidemiology of paediatric and adolescent AHD
- Optimal identification and management of children and adolescents living with HIV with AHD, including those at highest risk of mortality
- Key drivers of in-hospital and post-discharge mortality among children and adolescents with AHD
- Evidence-informed management strategies for children and adolescents with AHD that improve survival outcomes
- Implementation research on the real-world feasibility and sustainability of WHO-recommended AHD interventions for children and adolescents

This supplement will serve as a critical resource to inform evidence-based decision making, policy development and programme design to strengthen and scale high-quality services for children and adolescents with AHD.

## SUPPORT

The supplement will be supported by the Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) programme at IAS - the International AIDS Society and Penta - Child Health Research.

## SUBMISSION PROCESS

- Email contributions to [supplement@jasociety.org](mailto:supplement@jasociety.org) with the subject line, "JIAS supplement: advanced HIV disease paediatrics in children and adolescents", in the form of **full manuscripts**, written in English and in a MS Word document.
- Manuscripts must conform to the journal style and format for each manuscript category. They must adhere to the basic specifications stipulated in the JIAS [Author Guidelines](#) (including word count and article category).
- Authors can make enquiries by emailing [supplement@jasociety.org](mailto:supplement@jasociety.org).

## SELECTION PROCESS

- The Guest Editors and Editors-in-Chief will review initial submissions. Only manuscripts selected by the Guest Editors and Editors-in-Chief will be considered for inclusion in the supplement.
- Each selected manuscript will undergo editorial appraisal and peer review based on its individual merits. Only articles that are accepted after peer review will be published in the supplement. Manuscripts that do not meet the journal's standards will be rejected.
- The journal holds supplements to the same standards as other issues. Specifically, all manuscripts under consideration for inclusion in a supplement must adhere to the

journal's standards for overall quality, types of articles and types of content within the articles.

### **IMPORTANT DATES**

**8 June 2026:** Manuscript submission closes

**16 June:** Authors notified of the outcome of their manuscript submission

**June-November:** Peer review process

**Early December:** Webinar on AHD in children and adolescents, featuring some authors and themes from the supplement

**February 2027:** Publication and launch of the supplement