On February 9, 2018, over fifty technical experts gathered to address challenges in pediatric case finding, particularly well children. This is a huge issue for all implementing partners, which is reflected in PEPFAR’s ambitious 2018 COP target of getting 280,000 more children on treatment. The following are recommendations for strategies and novel ideas that should be considered in this space:

* **Clearly effective strategies that should be widely adopted, perhaps with adaptation to context:**
  + ***Consider that some strategies will have higher yield in settings with lower PMTCT program performance. Consider specialized approaches for West and Central Africa.***
  + Index case testing - including adults in ART/PMTCT, siblings, deceased biological parents, key populations and priority populations. May occur in the community (targeted) or at the facility (will require active follow up)
  + POC infant HIV testing as part of optimized lab network, including HIV and TB
  + Targeted facility testing - malnutrition clinics, inpatient wards, TB clinics - ensuring that coverage of testing is maximized (optimized facility-based PITC remains highly important
  + Use of data to rapidly and frequently assess progress and make midterm corrections as needed
* **Strategies that show promise in pilot or small-scale, which should be further evaluated before being scaled up:**
  + Immunization-based screening of mothers - may not be cost effective in all settings
* Birth HIV testing
* Use of social support/OVC platforms to reach children who need testing – don’t know how to screen right
* **Creative, novel ideas that should be piloted and tested:**
  + HIVST for index testing
  + Financial incentives? Could be for caregiver or healthcare workers or facility. May be monetary or goods
  + School health assessments - integrate HIV testing services as part of a general health assessment? Although need more data on cost per positive
  + Optimize relationships with faith-based groups
  + People with disabilities
* **Issues that need additional work:**
  + How best to provide support to **adolescent** pregnant girls/mothers, including HIV-negative and HIV-positive. Need for collaboration between DREAMS, OVC and PMTCT to provide holistic services
  + Impact of HIV disclosure on retention in PMTCT, including infant HIV testing and family testing. Consider **champion fathers**
  + Most effective models for partnership between OVC and clinical programs (e.g. MOUs, OVC staff at facility, bidirectional referrals)
  + Should we test non-biological children as part of household index testing?
  + How to mitigate the impact of stigma on uptake of HIV testing?
  + Age of consent for HIV testing
  + Strategy for engaging with children in institutional care
  + Guidance around suggested yield within a project – should be flexible
  + Look for children where they are