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STEVE CARELL
TONI COLLETTE

November 1, 2010

Aids: Time to Refocus (2 Letters)

To the Editor:

“[Trying to Follow the Trail of Missing AIDS Patients](#)”(Cases Without Borders, Oct. 26) reports that 15 to 40 percent of adults in sub-Saharan Africa who started antiretroviral therapy are considered “lost to follow-up” because they are not returning to clinics for treatment. Ten percent of children receiving treatment are also at risk — in part because clinics in Africa focus on adult, not pediatric, cases.

One solution is the family-centered [H.I.V.](#) clinic. A model pioneered at McCord Hospital’s Sinikithemba clinic in Durban, South Africa, demonstrated that children receiving treatment at the same clinic as their parents or caregivers had lower rates of mortality and loss to follow-up.

Initiatives like the Global Fund and the President’s Emergency Plan for AIDS Relief should embrace this family-centered model.

Anand Reddi

Denver

The writer is a board member of the AIDS Healthcare Foundation.

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To the Editor:

Another key to dealing with the AIDS epidemic is to address the needs of orphans and widows left behind. At SHARE Africa, we have been sponsoring orphans with education, health and basic necessities, as well as providing Kenyan widows with a solar-powered commercial oven, giving them economic support while helping the environment. Africa’s complex problems require a multipronged approach, one that will help not only sick patients but also the next generation.

Usha Wright

Executive director, SHARE Africa

Piermont, N.Y.

Science Times welcomes letters from readers. Those submitted for publication must include the writer's name, address and telephone number. E-mail should be sent to scitimes@nytimes.com. Send letters to Science Editor, The New York Times, 620 Eighth Avenue, New York, N.Y. 10018.