

Rochat, Stein and colleagues have conducted a groundbreaking study. This is the first randomised evaluation of a disclosure support program for HIV/AIDS-affected families in a high-prevalence setting. Rochat and team developed a theoretically-informed, low-cost intervention that can be delivered by lay counsellors alongside public healthcare services. They tested it using robust methods, including intention-to-treat analyses and a comparison group receiving enhanced standard of care. Notably, the intervention showed substantial impacts on increased disclosure, children's access to clinical care, and succession planning.

Of course, there are important questions still to be answered. Future pragmatic testing of the program will be important to assess effectiveness as well as efficacy. It is likely that any scale-up of a disclosure program into health or NGO services would be conducted with less-experienced staff, reduced supervision and lower treatment fidelity. It is also likely that program delivery would not be constrained to a particular age-group of children, or only to HIV-uninfected children as were tested in this trial. Adaptations may be required to include disclosure to children of their own HIV-exposed or infected status.

The trial focused on mothers and their children, perhaps reflecting some of the challenges of sample size within expensive randomised trials. As the authors point out, it will be of enormous value to identify how we can support paternal disclosure, and whether involvement of fathers in the disclosure process could improve maternal and child outcomes. Although some fathers are not co-resident, they are an important part of a child's understanding of their family and HIV.

But this trial also raises a wider challenge to the field of HIV research. We have known for decades that HIV-disclosure is an important gateway - and often a prerequisite - for health-seeking behaviour. In 2011 the World Health Organisation identified that disclosure of HIV-status to children is a major challenge for parents [1]. Why, then, is this the first published trial of a disclosure support program in a low or middle income country?

This evidence gap is apparent with other psychosocial 'gateways'. We know that mental health problems and family dysfunction are associated with HIV-risk behaviours for AIDS-affected children [2]. Yet a systematic review in 2017 found a total of six psychosocial interventions tested in randomised controlled trials in Africa [3]. AIDS-related bereavement is associated with long-term negative mental health impacts for children and adolescents, but the Lancet Global Health published - this year - the first randomised trial of a grief intervention for children in a high HIV-prevalence setting [4].

Secrecy, mental ill-health and psychosocial distress are important HIV outcomes to address in their own right. When they are not treated, they also present enduring barriers to healthcare uptake, adherence and HIV-prevention. Despite this, there are only a handful of trials - compared to hundreds on behavioural prevention programs, HIV knowledge and educational interventions. It is not clear why - perhaps family interventions are less 'sexy'. Perhaps AIDS-affected children are seen as less important than adults. Perhaps we are driven by a desire to attempt to prevent HIV, rather than to deal with the messy realities that the disease brings. But what is clear is that as an HIV-research community, we are not meeting the range of needs of AIDS-affected populations.

We should certainly commend Rochat and colleagues for this successful trial, and others testing innovative psychosocial interventions for families [e.g. 5, 6-8]. But 35 years into the epidemic, we should not be at the stage of identifying single programs, but rather reviewing multiple trials in meta-analyses to determine the most effective of many options. This trial is novel and groundbreaking. But it shouldn't be.

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4. Thurman, T.R., et al., *Effect of a bereavement support group on female adolescents' psychological health: a randomised controlled trial in South Africa*. Lancet Glob Health, 2017. **5**(6): p. e604-e614.
5. Bhana, A., et al., *The VUKA family program: piloting a family-based psychosocial intervention to promote health and mental health among HIV infected early adolescents in South Africa*. AIDS Care, 2014. **26**(1): p. 1-11.
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