TACKLE EXCLUSION:
END AIDS IN CHILDREN

Despite commendable progress in tackling HIV, there are still huge numbers of children out of the reach of HIV testing, treatment and care.

- Globally, 400 children are infected with HIV every day\(^1\)
- Only half of all HIV-exposed infants are tested for HIV
- Less than half of the 2.1 million HIV positive children are on treatment
- In Sub Saharan Africa 720 adolescents are infected every day, and HIV remains the leading cause of death amongst this age group
- In 2017 PEPFAR estimated there to be 13.4 million children who had lost one or both parents due to AIDS and many more millions suffering the affects of the disease in their family and community.

Tackling the exclusion of these children is fundamental to achieving HIV targets. The Coalition for Children Affected by AIDS is calling for differentiated service delivery models, including broader social and economic support, to ensure that all children affected by HIV/AIDS can be tested, treated and cared for.
1. New approaches are needed to bring in marginalised children and families into the HIV response. “Business as usual” will not work for those who remain vulnerable to, and disproportionately affected by, the disease.

2. Many children and adolescents are beyond the reach of mainstream services. They are too far away; too poor; too stigmatised and discriminated against; and too psychologically distressed.

3. Only by combining HIV services with social and economic support can we ensure marginalised children and adolescents receive care. This means changing how we operate and increasing collaboration.

4. We need to start early. What happens to a child during pregnancy and in the first 1,000 days determines their path through life.

5. We need to focus resources at the family and community level as this is where change happens for children. Families and communities also are the lifeline to those currently beyond the reach of formal clinics.

6. The Sustainable Development Goals provide an opportunity to reach all children affected by HIV/AIDS. They tackle the broader social and economic barriers faced by marginalised children, require different sectors to work together and prioritise those being left behind.

ONLY BY COMBINING HIV SERVICES WITH SOCIAL & ECONOMIC SUPPORT CAN WE END AIDS IN CHILDREN.
**FUND:** Donors must broaden HIV funding parameters, time-frames and programmes to include a variety of biomedical, social and economic interventions, particularly social protection and early childhood development. They must also fund the ‘invisible’ aspects of a multi-sectoral approach such as advocacy to other sectors, joint planning, information sharing, case management staff and systems and referral mechanisms.

**DECENTRALISE:** Donors, implementers and governments must direct more resources and decision-making powers directly to communities, community-based organisations, children and families, enabling them to design and deliver interventions for children affected by HIV/AIDS, particularly those experiencing poverty and exclusion.

**LEAD:** All HIV actors must champion integrated, multi-sectoral, evidence-based national strategies for children affected by HIV/AIDS. Such plans must combine social protection and early childhood development with HIV services. Programmes and services should be delivered in an integrated, holistic, family-based and life-cycle approach.

**COLLABORATE:** All HIV actors, including donors, governments, policy makers, researchers and implementers, should reach out to counterparts in broader social and economic sectors. Together, they should look to forge new partnerships around holistic programming for children affected by HIV/AIDS.

**ADVOCATE:** All HIV actors should use the commitments and processes associated with the SDGs to hold broader social and economic development sectors to account for their role in achieving equity for children affected by HIV/AIDS. We have a history of activism, a wealth of evidence and expertise, and well-organised networks with which to harness the momentum around the SDGs. By engaging in planning and accountability processes at every level — from local to global — we can better mobilise resources and attention for children affected by HIV/AIDS.

**EXPLORE:** Researchers must generate further evidence on what holistic interventions work best to enable children affected by HIV/AIDS to survive and thrive across the life-cycle. Strategies should be based on the evidence that has already been explored.
The Coalition for Children Affected by AIDS (The Coalition) is a unique group of 24 thought-leaders from within global donors, United Nations agencies, non-governmental agencies, and academic institutions. We consolidate and promote learning from the latest scientific evidence in order to advocate for better funding, programming, policy and research.