

DELIVER AN INTEGRATED APPROACH FOR CHILDREN AND ADOLESCENTS AFFECTED BY HIV AND AIDS



We are failing in our global ambitions to tackle HIV and AIDS and their impacts on children and adolescents. In 2019, UNAIDS reported a chronic lack of progress towards HIV targets for children and adolescents; meanwhile, the UN Secretary General reported that progress towards the Sustainable Development Goals (SDGs) was slowest amongst the most vulnerable groups including children, adolescents and people affected by HIV and AIDSⁱ. HIV-affected children and adolescents facing structural and social exclusion are at greatest risk of being left behind, including adolescent mothers and their children, and the children of key populations.

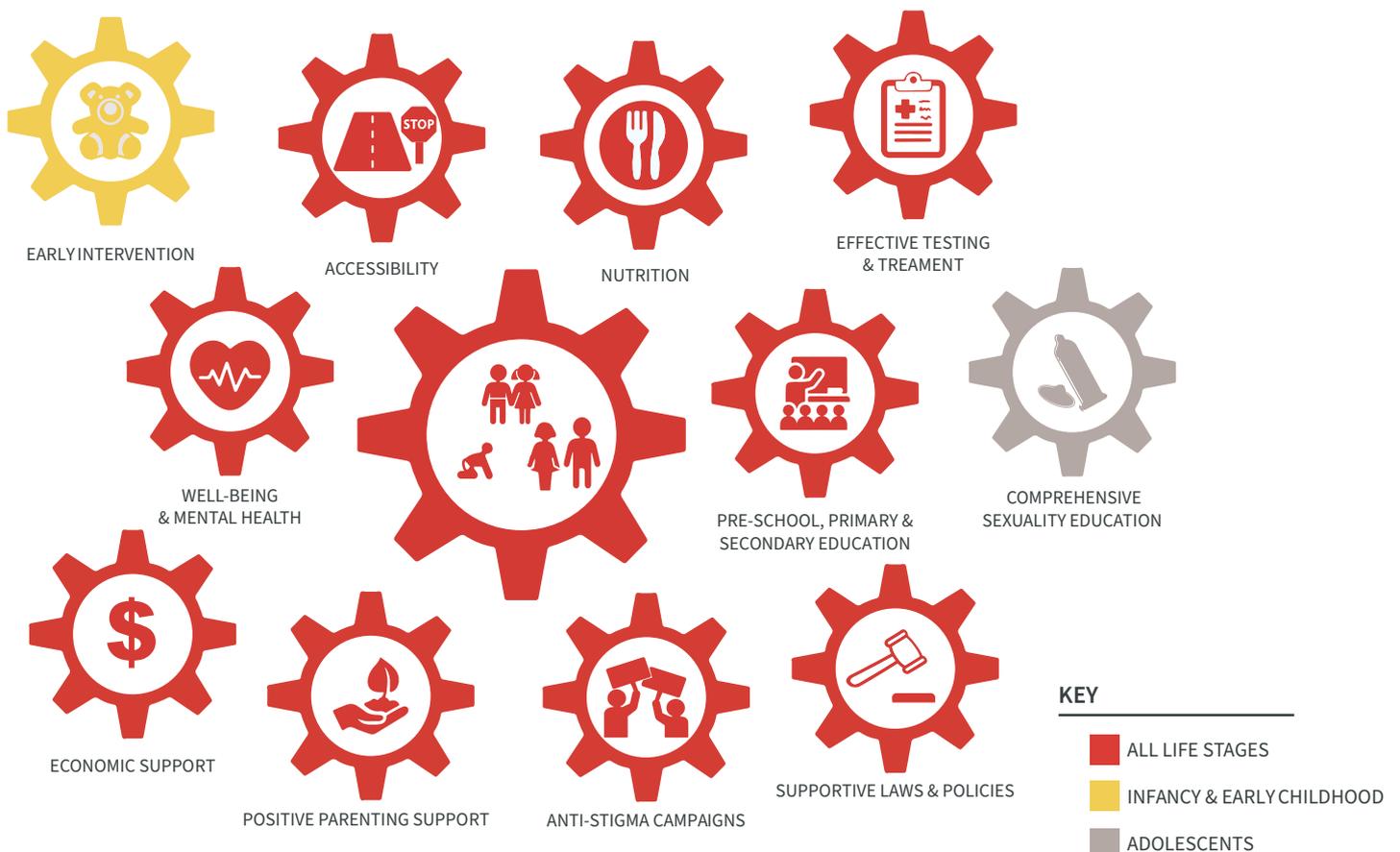
Integrated approaches – that combine biomedical, social and economic support – are proven to be the most effective way of enabling HIV-affected children and adolescents to survive and thriveⁱⁱⁱ. HIV, health and broader social and economic sectors must work together to create an enabling environment for them, and the SDGs provide a timely opportunity to deliver this vision together^{iv}.

This briefing identifies what action donors, policy makers, implementers and advocates must take in order to deliver an integrated approach to children and adolescents. It is informed by the latest evidence and written by The Coalition for Children Affected by AIDS - 23 thought leaders from across the UN, donors, NGOs, and academic institutions working at the front lines of the epidemic.

WHAT WILL IT TAKE?

- 1. Children and adolescents facing social and structural exclusion must be prioritised** if we are to achieve HIV targets and broader SDGs. They are more vulnerable and yet least served both by the HIV response and broader development.
- 2. Adolescent mothers and their young children, in particular, are being left behind^v.** In sub-Saharan Africa, 42% of adolescent girls and young women living in urban areas and more than 50% of those living in rural areas had a pregnancy before the age of 18ⁱ. Both mother and child are more vulnerable to HIV^{vi} and more at risk of early childhood development delays, gender inequality, poverty, violence, exclusion, and poor health and education, which limit generations across a lifetime^{viii}.
- 3. Business as usual won't work.** The most vulnerable children and adolescents are beyond the reach of mainstream services; they are too far away, too poor, too stigmatised and discriminated against, and too mentally or emotionally distressed.
- 4. An integrated approach is more effective, feasible and affordable^x.** Combining services and support on HIV, health, education, protection, poverty, gender, and other areas, in a comprehensive programme together achieves more and uses fewer resources^x.
- 5. Start early.** What happens to infants and children during pregnancy and in the first 1,000 days determines our path through life. Children born into HIV affected households are more at risk of early childhood developmental delays that limit their potential to learn, earn, and thrive across a lifetime.
- 6. Community and family are key.** Change happens in families and communities. Communities are more able to access and support excluded people who are out of the reach of mainstream services. Caregivers need the mental resilience, economic means and skills to support their children and adolescents effectively.
- 7. Listen and learn.** Excluded children, adolescents, and their caregivers are experts in inclusion. They should be supported to participate in decisions that affect them, in delivering services to their peers, and in holding governments to account.

CHILDREN AND ADOLESCENTS AFFECTED BY HIV AND AIDS NEED HOLISTIC SUPPORT ACROSS THE LIFE-CYCLE



CALLS TO ACTION:

FUND: Increase resources for children and adolescents affected by HIV and AIDS and their caregivers. Broaden funding parameters, time-frames and programmes so that they encourage an integrated approach, including social protection, early childhood development and mental health support. And invest in the ‘invisible’ aspects of multi-sectoral collaboration.

PRIORITISE: Balance universal supports with targeted investments in children, adolescents and caregivers affected by HIV and AIDS, particularly adolescent mothers and their young children.

DECENTRALISE: Direct more resources and powers to communities and community-based organisations, including those led by children, adolescents and adults affected by HIV and AIDS themselves.

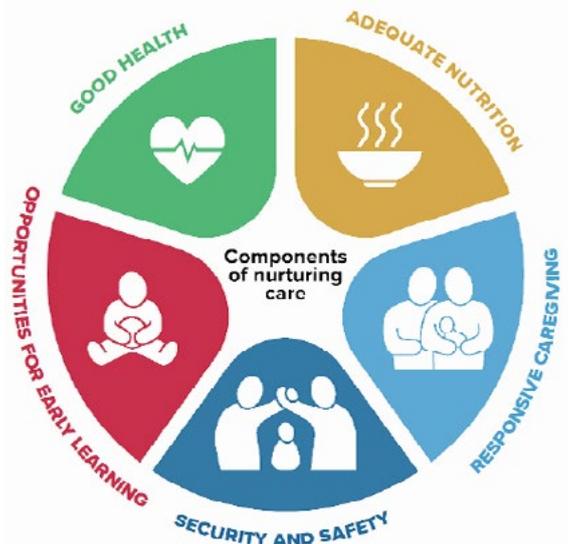
LEGALIZE: Support the repeal of laws and policies that put vulnerable children, adolescents and their caregivers at risk and exclude them from services and from society. This includes decriminalising sex work and homosexuality, and removing all age of consent restrictions on accessing services.

LEADERSHIP: Champion integrated, multi-sectoral, evidence-based national strategies for children, adolescents and caregivers affected by HIV and AIDS, as well as campaigns to build public support for inclusion.

PARTICIPATE: Formalize the participation of children, adolescents and caregivers affected by HIV and AIDS in decision making, accountability and service delivery mechanisms and support them as a movement.

EXPLORE: Generate further evidence on what comprehensive approaches work best to enable children, adolescents and their caregivers affected by HIV and AIDS to thrive across the SDG outcomes.

NURTURING CARE IN EARLY CHILDHOOD CAN TRANSFORM THE LIFE-COURSE OF HIV-AFFECTED CHILDREN.



AN INTEGRATED APPROACH IS NECESSARY TO ACHIEVE MANY OF THE SDGS AND HIV SUPER FAST-TRACK TARGETS



HARNESSING SOCIAL PROTECTION TO IMPROVE HIV OUTCOMES IN CHILDREN

ViiV Healthcare & Coalition for Children Affected by AIDS together ran the Reaching All children Positive Action Challenge to identify innovation in the use of social protection to improve HIV outcomes in children and adolescents. In 2019 we awarded eight winning innovations from across the globe with grants to document what works. More information is available on the Coalition’s website.

MIRIAM – YOUNG MOTHER AMBASSADOR
FOR THE COALITION FOR CHILDREN AFFECTED BY AIDS



I am 18 and from Uganda. I have a three year old son. I was born with HIV. Happily he was born HIV negative. I became pregnant at age 15 to an older man, whom I no longer see. At the time, I didn't know about contraception. This was a very hard time in my life. I was rejected by my family and my community, and had to leave home. My grandmother took me to live in a home for young mothers run by a local church. They looked after me until my son was born and helped talk to my family so that I could eventually return home.

I missed two years of school in order to stay at home and care for my son. I recently went back, and am now close to graduating. I had to move to a new school where the teachers do not know that I am a mother, in case they ban me. Nor do they know that I am HIV positive. I look after my son at night and am sometimes very tired.

My grandmother and my friends have been my life-line. My grandmother looks after my son when I'm at school. Together, she and my friends help me with money and clothes for him, and they listen to and support me. Staff at the local community health centre also help me and my son; and he is a healthy and happy child.

Being a young mother is not a crime. That is why I am passionate about supporting other girls in my community to become more aware of their sexual health and to tackle the stigma against young mothers. I am a spokesperson for Teens Uganda with whom I give talks in schools. And I am a member of UNYPA, where I receive peer support from other young people living with HIV. I am also an Ambassador for the Coalition for Children affected by AIDS and am excited about this opportunity to help more young mothers like me.

THE COALITION FOR CHILDREN AFFECTED BY AIDS (THE COALITION) is a unique group of 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.

COALITION MEMBERS

Aidsfonds
Catholic Relief Services
Conrad N. Hilton Foundation
Elizabeth Glaser Pediatric AIDS Foundation
Elizabeth Taylor AIDS Foundation
Firelight Foundation
Frontline AIDS
International Community of Women Living with HIV
Mothers2Mothers
Oxford University & University of Cape Town
PATA
REPSSI
RIATT-ESA
Royal Free and University College Medical School
Save the Children
The Teresa Group
UNICEF
World Vision

ⁱUNAIDS (2019) Start Free Stay Free AIDS Free 2019 Report

ⁱⁱUN Secretary General (8th May 2019) Special edition: progress towards the Sustainable Development Goals

ⁱⁱⁱUnicef (2019) Improving HIV Service Delivery for Infants, Children and Adolescents: Towards and Framework for Collective Action

^{iv}Cluver LD, Orkin FM, Campeau L, Toska E, Webb D, Carlqvist A, Sherr L. Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study. *Lancet Child Adolesc Health*. 2019 Apr;3(4):245-254.

^vToska, E Roberts, K and Laurenzi, C (2019) Adolescent mothers affected by HIV and their children – understanding and meeting their needs in our HIV response and global commitments

^{vi}World Health Organization http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/

^{vii}Calahan, T. et al (2017) 'Pregnant adolescents living with HIV: what we know, what we need to know, where we need to go' *JIAS* 2017; 20(1): 21858.

^{viii}Population-based surveys, 2011-2016. The statistics are based on available data from 27 countries in which 80% of all women aged 15-24 years in sub-Saharan Africa live.

^{ix}Kuruville, S. et al (2018) Business not as usual: how multisectoral collaboration can promote transformative change for health and sustainable development, *BMJ* 2018;363:k4771

^xCluver L, Pantelic M, Toska E, Orkin M, Casale M, Bungane N, Sherr L. STACKing the odds for adolescent survival: health service factors associated with full retention in care and adherence amongst adolescents living with HIV in South Africa. *J Int AIDS Soc*. 2018 Sep;21(9):e25176.

^{xi}Toska, E Roberts, K and Laurenzi, C (2019) Adolescent mothers affected by HIV and their children – understanding and meeting their needs in our HIV response and global commitments