

## Advocacy Messages on Children and Adolescents Affected by HIV

**Speaking out and advocating for and with children and adolescents affected by HIV is essential at country, regional and global levels. These messages are intended to support all of us to advocate.** They have been developed by the Coalition for Children Affected by AIDS - an independent group of **thought leaders** from across the donor, UN, non-governmental, and academic communities, including people living with HIV. They are accompanied by a social media toolkit available **on our website**. For more information please visit [www.childrenandHIV.org](http://www.childrenandHIV.org) or contact [info@childrenandHIV.org](mailto:info@childrenandHIV.org).

### A. The Situation for Children and Adolescents Affected by HIV

#### **1. New research suggests a critical funding gap each year for children and adolescents in the HIV response.**

A forthcoming analysis of global resourcing for children and adolescents by the Coalition suggests that a significant proportion of the \$2.5 billion USD required to deliver an essential package (1) to them may be unfunded. Without additional funds, we will not meet global HIV targets. Progress will continue to stagnate and even get worse. We have the evidence; we know what works, what we are lacking are the resources and political leadership to translate knowledge into action at scale.

**2. We cannot end AIDS without addressing the needs of children and adolescents.** Their ability to start free and stay free of HIV is the cornerstone of ending AIDS by 2030. Preventing vertical transmission, blocking pathways to HIV infection, increasing access to optimal treatment and suppressing the viral load of children and adolescents living with HIV are critical for stopping this epidemic in its tracks. Without this, HIV will persist indefinitely.

**3. None of the recent global HIV targets for children and adolescents were met (2).** Indeed, progress has slowed, halted and, in some cases, reversed. In 2020, the number of children aged 0-9 years who newly acquired HIV was more than eight times the target. Children lag far behind adults in terms of HIV testing and treatment – and that gap is widening. Two fifths of all children born with HIV in 2020 went undiagnosed and two thirds were not treated. And while children represent only 5% of people living with HIV, they account for 15% of AIDS-related deaths.

#### **4. HIV continues to affect millions of children and adolescents worldwide, and its impact is growing (3).**

2.8 million children and adolescents are living with the disease, and every day around 850 become newly infected. A further 15 million children face challenges due to perinatal exposure to HIV. And this number will continue to grow. Many more millions of children and adolescents – both HIV positive and negative - are grappling with the impacts of the disease. These include, poverty, orphanhood, sexual exploitation and abuse, early childhood development delays, poor mental health, violence, stigma and of missing out on education.

### **5. Adolescent girls continue to be particularly at risk of acquiring HIV due to broader inequalities.**

25% of HIV infections in Sub-Saharan Africa in 2020 were amongst adolescent girls and young women, despite representing just 10% of the population. And six in seven new adolescent HIV infections were amongst girls. COVID-19 has driven large increases in teen pregnancy, intimate partner violence, gender-based violence and child marriage amongst adolescent girls and young women, which in turn has increased their likelihood of acquiring HIV by 1.5 times (4).

### **6. It is primarily children and adolescents experiencing poverty and exclusion that are being left behind.**

This includes, adolescent parents affected by HIV and their children (5), the children of key populations (6) and other groups affected by poverty and discrimination. Ending inequality means prioritising them in the HIV response. Unlike adults, the voices of children and adolescents are rarely heard when decisions are taken about HIV policy and programming. This marginalises the rights and needs of children and adolescents and helps to explain why time and again they are forgotten in research and development and service delivery, and why policy commitments about them are not fulfilled.

**7. COVID-19 has exacerbated the inequalities children and adolescents face. And made it harder to address them (7).** The stigma and socio-economic vulnerabilities associated with HIV, leave them especially vulnerable to COVID-19 and its impacts. Countries with the highest HIV burden are also those with fragile systems for health and the least access to COVID-19 vaccines. Emerging evidence (8) points to sharp increases in orphanhood (9), early pregnancy, sexual and gender-based violence, mental health concerns and school drop-out during the COVID-19 pandemic. We can continue to expect many children and adolescents missing out on their education, which greatly impacts on HIV epidemic control, now and in the long term. And the setbacks in HIV service delivery caused by COVID-19 will take additional time and resources to restore.

In 2021 new ambitious targets for children and adolescents affected by HIV were set by governments, donors and UN agencies. The Global AIDS Strategy 2021-26 and the 2021 General Assembly Political Declaration on HIV and AIDS set 2025 targets of:

- 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads.
- 95% of HIV-exposed children are tested by two months of age and again after cessation of breastfeeding
- 95-95-95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV.
- As well as the 2023 target of 75% of all children living with HIV have suppressed viral loads.

These commitments are reinforced by several new global donor strategies, and underpinned by an appreciation of cross-cutting impact of medical, social and economic factors. The new Global Alliance to End AIDS in Children will help drive global action towards them.

## B. What will it take?

**1. More investment is urgently needed from all types of international and domestic donors to fill the critical funding gap for children and adolescents. Without additional funds, we will not meet global HIV targets. Progress will continue to stagnate and even get worse.** New research by the Coalition suggests that a significant proportion of the \$2.5 billion USD required to deliver an essential package (10) of HIV support to them may be unfunded. More investment is required now. All donors have a role to play - from national governments and bilateral donors to private trusts and foundations. Investment decisions must follow the science to ensure that no-one is left behind and that resources are used efficiently. This includes efforts to ensure that resources prioritise frontline service delivery, and that they are benefitting those communities with the greatest need.

**2. Set strong national targets for children and adolescents with a resourcing plan that donors can engage with.** Governments must prioritise them in national action plans and budgets, and work with civil society, donors and other key stakeholders to ensure that programmes for children and adolescents are resourced effectively. Donors must promote action on children and adolescents in their guidance and policy, and ring-fence funds for them. And governments and civil society must prioritise children and adolescents in their funding requests. All stakeholders must work together to track what level of financial resources are targeting children and adolescents and measure impact on their outcomes; and strengthen the voices of children and adolescents in decision-making across these processes.

**3. Put first those children and adolescents ordinarily left behind.** This includes, adolescent parents affected by HIV and their children, the children of key populations, and other children and adolescents experiencing poverty and exclusion. Building an AIDS-free generation means equipping them, their caregivers, and their service providers with the skills, resources, and opportunities to prevent and respond to the disease. It means creating an enabling environment in which laws, policies and social norms prioritise and support those left behind. And where they take leadership roles in the design and delivery of services, and in challenging stigma and discrimination against them. Accessible and resourced health care programs designed specifically to address their needs are more critical than ever. And while the virtual services kick-started by the COVID-19 pandemic have a role to play, they must not replace face-to-face provision since excluded children and adolescents often do not have access to electricity, a device, wifi, data packages, books or other required equipment.

**4. Track what is happening to children and adolescents and act upon it.** They must be incorporated into data collection and decision-making processes. This includes, the *Population-based HIV Impact Assessments* that guide much of the global HIV response. And, national *Community Led Monitoring* on the quality of service delivery to inform national HIV programs during PEPFAR and Global Fund processes.

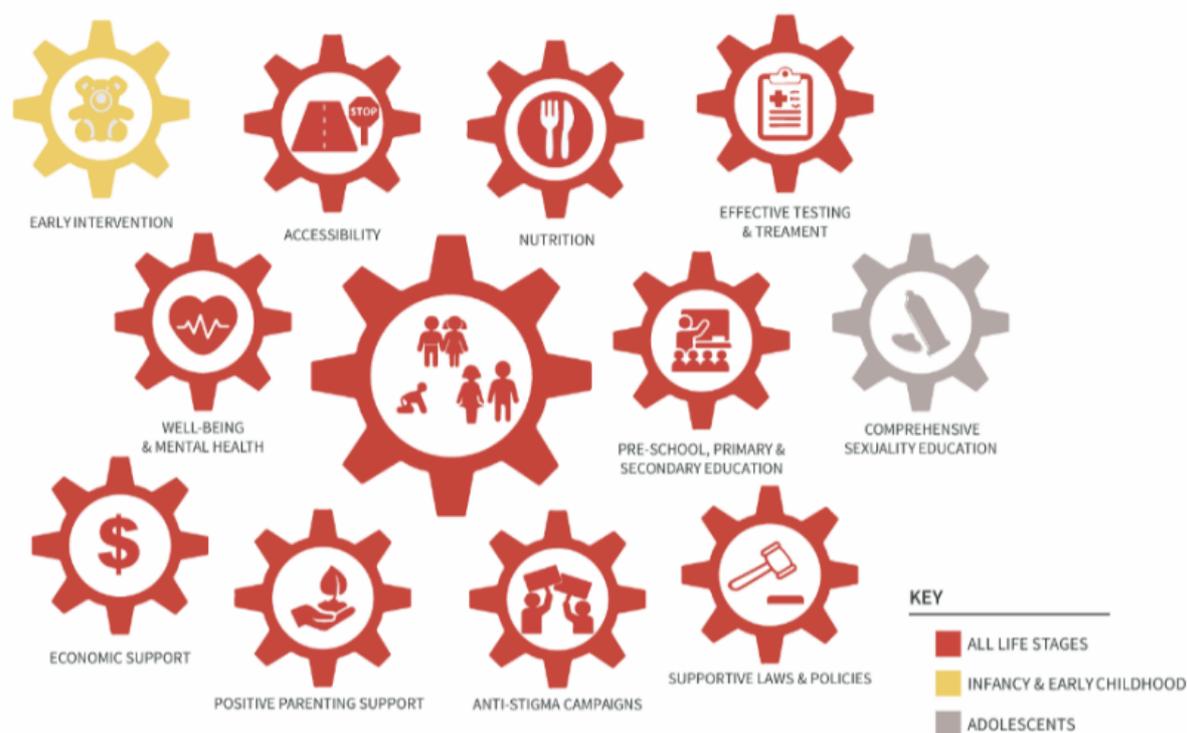
**5. Scale up proven technologies for identifying, testing and treating HIV in children and adolescents.** This includes, optimal treatment regimens that can deliver viral load suppression such as dispersible dolutegravir, which is now available for younger children; long-acting PrEP, early infant diagnosis, point of care testing, and family-based index testing are all proven innovations that need to be scaled up. Administering PrEP amongst pregnant HIV negative women is another important innovation since 30-40% of all vertical transmission is driven by incident HIV during pregnancy. This requires greater investment in these technologies, as well as in building the knowledge and capacity of frontline health workers to use them effectively.

**6. Combine biomedical HIV services with broader health, social and economic support tailored to the evolving needs of each child and adolescent (11).** These include, nurturing care, nutrition, poverty reduction, mental health, sexual and reproductive health and rights services, education, ending violence, building gender equality and other health challenges such as paediatric tuberculosis.

This holistic approach is proven to increase the resilience of excluded children and adolescents and improve multiple outcomes simultaneously, including HIV. It is both effective and cost-effective and essential to achieving Universal Health Coverage and quality of life (12). Any point of service - from the school to the clinic - should be a window of holistic, integrated support. Support from caregivers and peers is proven to be especially effective and their capacity must be strengthened. Start early. What happens to children and adolescents determines their path through life. A life-cycle approach is essential for delivering transformative change. We also need strong programmes to tackle stigma and discrimination, which continue to undermine effective programming.

Source: The Coalition for Children Affected by AIDS (2018) *Tackle Exclusion: End AIDS in Children* 13

ONLY BY COMBINING HIV SERVICES WITH SOCIAL & ECONOMIC SUPPORT CAN WE END AIDS IN CHILDREN.



**7. Support communities to lead.** This is a key target in the High-Level Political Declaration and the Global AIDS Strategy. Communities have long been designing and delivering integrated programs that address the complex needs of those 'hardest to reach' and are often their only life-line. And while strong national policies and laws are important, they are only enacted when complemented by supportive and resourced communities and families, including religious and cultural leaders. We must build the overall capacity of small community-based organisations, including those led by children, adolescents and youth; invest in more trained, well-paid frontline community health workers who can deliver comprehensive care and support with and for children and adolescents; make funding more accessible to community organisations; and strengthen their voice in decision-making.

**8. Join the Coalition for Children Affected by AIDS!** We are opening out our membership to policy makers, donors, implementors, advocates and researchers committed to children and adolescents. This is a great way to receive regular updates on the latest evidence, advocacy materials, and advocacy opportunities; to raise your profile; and to shape common policy positions so that we all speak with one voice. We are also at the start of a longer journey to understand and improve resourcing for children and adolescents affected by HIV and we welcome partnership in this regard. Please visit [www.childrenandHIV.org](http://www.childrenandHIV.org) to find out more.

1 The major components of direct interventions included in this figure are PrEP, STI treatment and comprehensive sexuality education for adolescent boys and girls and young men and women 15-24 yrs; voluntary male medical circumcision for adolescent boys and young men; economic empowerment amongst adolescent girls and young women; ARVs and treatment services for children 0-14 yrs; PMTCT for pregnant and breastfeeding women living with HIV; and socio-economic support (mostly for OVCs). We have also included 22% of the overall cost of supporting societal enablers amongst the general population of PLWHIV – such as programmes to address stigma and discrimination and gender-based violence, and to decriminalize key population behaviours. And we have added a further 15% for above-site level and program management costs.

2 UNICEF (2021) Global AIDS Update [https://www.unaids.org/sites/default/files/media\\_asset/2021-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf)

3 Ibid

4 UNICEF (2021) HIV and AIDS Global Snapshot: Pregnant Women, Children and Adolescents, November 2021  
<http://www.childrenandaids.org/2021-global-snapshot>

5 Csaky, C. et al (2020) Advocacy Agenda on Adolescent Parents & Their Children, The Coalition for Children Affected by AIDS  
[https://mcusercontent.com/fa789f55a731d588fd2b494e1/files/553e8891-765e-bb6e-bb25-8a01135bdba7/Young\\_Families\\_First\\_Advocacy\\_Agenda.25.pdf](https://mcusercontent.com/fa789f55a731d588fd2b494e1/files/553e8891-765e-bb6e-bb25-8a01135bdba7/Young_Families_First_Advocacy_Agenda.25.pdf)

6 Csaky, C. et al (2016) Making the Children of Key Populations a Priority for Development, The Coalition for Children Affected by AIDS  
<https://childrenandhiv.org/wp-content/uploads/2017/06/Making-the-Children-of-Key-Populations-a-Priority-Advocacy-Briefing-FINAL.pdf>

7 Csaky, C. et al (2020) Prioritising Children, Adolescents and Caregivers in the COVID-19 Response, The Coalition for Children Affected by AIDS  
<https://childrenandhiv.org/covid-19-resources-related-to-hiv-affected-children/>

8. Sherr, L. Cluver, L. et al (2021) Where are we now? What are the big risks and big opportunities for children. Emerging areas of evidence presented at the AGM of the Coalition for Children Affected by AIDS <https://childrenandhiv.org/resources/emerging-evidence-new-trends-in-the-covid-era/>

9 Hillis, S. et al (2021) Global Minimum Estimates of Children affected by COVID-19 associated orphanhood, The Lancet, Volume 398, Issue 10298, p391-402 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01253-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext)

10 The major components of direct interventions included in this figure are PrEP, STI treatment and comprehensive sexuality education for adolescent boys and girls and young men and women 15-24 yrs; voluntary male medical circumcision for adolescent boys and young men; economic empowerment amongst adolescent girls and young women; ARVs and treatment services for children 0-14 yrs; PMTCT for pregnant and breastfeeding women living with HIV; and socio-economic support (mostly for OVCs). We have also included 22% of the overall cost of supporting societal enablers amongst the general population of PLWHIV – such as programmes to address stigma and discrimination and gender-based violence, and to decriminalize key population behaviours. And we have added a further 15% for above-site level and program management costs.

11 UNICEF (2020) Improving Service Delivery for Infants, Children and Adolescents: A framework for country programming <http://www.childrenandaids.org/sites/default/files/2020-08/Service%20Whitepaper%20WEB%20v2.pdf>

12 <https://gnpplus.net/latest/news/a-focus-on-quality-of-life-of-people-living-with-hiv-essential-to-success-of-universal-health-coverage/>

13 Csaky, C. et al (2018) Tackle Exclusion: End AIDS in Children, The Coalition for Children Affected by AIDS  
<https://childrenandhiv.org/resources/tackle-exclusion-end-aids-children/>

