



The Coalition
for Children
Affected by
AIDS

Strategic Framework 2023-25

Positively shaping global policy
affecting children and adolescents
in the response to HIV, health
rights and equity issues

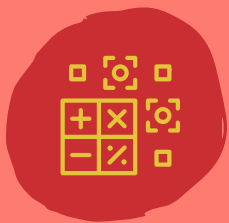
www.childrenandHIV.org
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#Reachallchildren
@childrenandHIV



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*





VISION

A world without AIDS, in which all children (0-17) with and at risk of HIV enjoy full rights and equitable access to health, social and economic support.



2023-25 STRATEGY GOAL

By 2025, adolescent mothers and fathers, and their children,ⁱ the children of key populationsⁱⁱ and other marginalised children (0-17) with and at risk of HIV are visible, prioritised, and supported by major global policy, funding and data frameworks.



2023-25 IMPACT AREAS



Smart Funding

More funds are committed to accelerator investments for children with and at risk of HIV in the priority countries of the Global Alliance to End AIDS in Childrenⁱⁱⁱ. We will create a roadmap of financial investment required to end AIDS in Children and achieve broader health and equity goals, which shows where the funding gaps are and what investments would be most cost-effective.



Embedded Commitment

Children with and at risk of HIV are integrated amongst broader international development and humanitarian priorities. We will work with other sectors - including early childhood development, health, education, protection, climate change, emergencies and poverty reduction - to advocate for children and adolescents affected by HIV to be prioritised in their policies and structures.



Community Monitoring and Accountability

Communities are supported to monitor the HIV response for children and ensure it is fit for purpose. We will advocate for PEPFAR and the Global Fund's policies^{iv} to make support for community-led monitoring for children a standard requirement of funding applications and performance indicators, and that the voices of children are represented in Country Coordinating Mechanisms as standard.



More Visible

International health data systems track children with and at risk of HIV in more detail. We will support and advocate to key health and HIV data collection systems^v, to track children according to their gender and age so that the differing needs of children as they grow from birth to adulthood can be responded to more effectively.



Welcoming health providers

Health providers welcome marginalised children and adolescents with and at risk of HIV with respect and kindness. We will run a positive communications campaign celebrating the role of frontline health providers, and urging them to treat young mothers and fathers and other marginalised children with respect and kindness.

Image: Miriam Hasasha - Coalition Young Mother Ambassador and peer educator in Uganda.

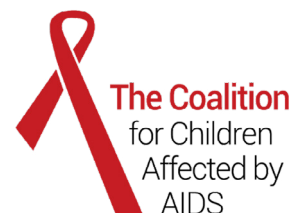
ⁱ <https://childrenandhiv.org/resource-types/adolescent-mothers-affected-by-hiv-and-their-children/>

ⁱⁱ <https://childrenandhiv.org/resource-types/reach-children-of-key-populations/>

ⁱⁱⁱ <https://www.childrenandaids.org/global-alliance> The 12 priority countries are: Angola, Cameroon, Côte d'Ivoire, The Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe

^{iv} This includes PEPFAR's annual Country and Regional Operational Plan; The Global Fund's guidance for its next funding cycle; and the global principles and requirements of Country Coordinating Mechanisms shaping national planning and budgeting in the Global Fund and PEPFAR funding process.

^v This includes, for example, the World Health Organisation Statistics Statistics (<https://www.who.int/data/gho/publications/world-health-statistics>), the PHIA Project (<https://phia.icap.columbia.edu/>), and and AIDSinfo (<https://aidsinfo.unaids.org/>).



THEORY OF CHANGE

HIV remains a major and growing threat to children and a violation of their rights. Every two minutes in 2021, an adolescent girl or young woman was newly infected with HIV, and only half of children living with HIV are on treatment^{vi}. Meanwhile, exposure to HIV and wider social and economic impacts of the disease are holding back generations and hampering attainment of the Sustainable Development Goals (SDGs). This is a travesty, not least because HIV in children is now avoidable and treatable.

This strategic framework period coincides with the 5-year countdown to achieving global HIV targets and the SDGs by 2030. Our focus over the next three years will be to ensure global funding and policy are on track to achieve them. Ending AIDS in children and supporting them in the attainment of early childhood development, mental health, education, protection, equity, poverty reduction, and many other SDGs, is possible. But, only by putting first those who are ordinarily last in line - adolescent mothers, the children of sex workers and other 'key populations'^{vii}, children affected by disability, on the move, experiencing extreme poverty, and other children facing social and structural exclusion.

This is more a political and financial challenge than a technical one. There is an extensive and growing body of evidence on what works to ensure that children survive and thrive, much of which is reflected in major global HIV strategies and norms. What is lacking is the political leadership and financial support to deliver it at scale. This has led to chronic underfunding in services, support and coordination, especially at the local level. Many health workers, peer supporters and other service providers, particularly those working in areas impacted by poverty or crises, do not have the equipment, infrastructure or compensation required. And those working in areas affected by conflict lack essential physical protection. This is compounded by the lack of disaggregated data on children, whose needs are often invisible in data and research that drive decision-making. Money is also being wasted, through siloed approaches, missed opportunities to invest in more cost-effective solutions, and poor targeting of those specific populations of children at greatest risk. Moreover, as countries around the world grapple with broader challenges associated with conflict, climate change, economic downturn, and disease, the particular constraints on children affected by HIV are largely forgotten. Meanwhile, harmful social norms that stigmatise and discriminate against children and caregivers affected by HIV persist, including amongst health workers, educators and other service providers. This is limiting implementation, and creating an obstructive environment in which laws, policies and practices limit effective service delivery.

Our theory of change is that advocating for marginalised children (0-17) to be more visible and supported by major global policy, funding and data frameworks will precipitate the political and financial commitment necessary to deliver what works at scale. To some extent, we will focus on the 12 African countries of the Global Alliance to End AIDS in Children. However, the impact of our work will be felt globally by all children in all regions of the world. And while it is unlikely that the overall envelope for children with or at risk of HIV will grow, we anticipate a re-prioritisation of investments for their benefit.

OUR ROLE

Founded in 2004, [The Coalition for Children Affected by AIDS](#) is a fully independent international advocacy and learning group of senior thought-leaders from health, HIV, early childhood development, child protection and other sectors. Together, we advocate at the global level for the rights of children (0-17) left behind by the HIV and broader development response. This includes adolescent mothers and their children, the children of key populations and other children and caregivers facing social and structural exclusion. We are committed to enabling them and their caregivers to survive and thrive across the HIV targets and the SDGs.

Our [Members](#)^{viii} are from across the UN, donor, NGO and academic communities. They are all highly influential within their own organisations, and sit on the board of strategic partners focusing on global health, development, human rights and other key issues. We draw on their gravitas, expertise and strategic connections, and our 19 years of experience working as a Coalition, to

- Convene and mobilise key decision-makers from a variety of sectors;
- Identify and share cutting-edge research on both problems and solutions
- Anticipate and mobilise around advocacy opportunities, speaking with one strong voice
- Develop strong shared policy positions based on systematic analysis of the evidence

^{vi} UNAIDS (2022) In Danger UNAIDS Global Update 2022 <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>

^{vii} UNAIDS defines gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

^{viii} <https://childrenandhiv.org/about-us/>

OUR APPROACH

- **Supporting leadership from the Global South:** Our Steering Committee is chaired and includes many thought leaders from the Global South. More generally, we prioritise the participation of thought leaders and advocates from the Global South in all our work, and we advocate for the international aid system to be driven by communities from the Global South.
- **Strengthening voices of those directly affected by HIV:** The voice of young people living with HIV and caregivers of children affected by HIV are at the forefront of our work. They are represented on our Steering Committee and in an Advisory Board. We co-create our advocacy messages and policy positions with them. They are a primary voice in our global advocacy activities. And we build their capacity through our [Ambassador Programme](#)^{ix}, Advocate Tier of Membership, and the [Vibrant Young Voices consortium](#).
- **Supporting Members to speak with one strong voice:** We convene Members on a regular basis, unite them around shared policy positions and advocacy messages, compile cutting-edge evidence and strategic intelligence, pool their resources behind joint activities, and promote their activities via our communications channels.
- **Evidence driven:** We place great value on the scientific and programmatic evidence base. All our advocacy is based on evidence-based policy recommendations. And highlighting new evidence is a core function of the Coalition.
- **Measurable success:** We monitor our impact by changes in international policy and by the numbers of people reached by our activities.
- **Ethical and respectful:** We adhere to strict [ethical guidelines](#)^x regarding advocacy and communications about children and adolescents affected by HIV. And we advocate with utmost respect and discretion, seeking to co-create rather than agitate.
- **Flexible and responsive:** We are nimble and ready to respond to new challenges and opportunities as they arise. As COVID has shown us, we need to keep back capacity to respond to new events as they arise, and to operate with speed and creativity.

PREPARED FOR SUCCESS

This strategy builds on the success of the last strategic framework. This includes, most recently,

- Our [recent report](#)^{xi} showing, for the first time, how much is spent on children and adolescents globally and where the funding gaps are
- The [shared advocacy messages](#)^{xii} of Coalition Members created in 2022 and translated into multiple languages
- Our shared [advocacy agenda](#) and [evidence synthesis](#) on adolescent mothers and the [#YoungFamiliesFirst](#) campaign to strengthen their voices
- Our shared [policy report](#) on COVID19
- Synthesis of evidence on harnessing [social protection](#) for children impacted by HIV

^{ix} <https://childrenandhiv.org/coalition-ambassadors/>

^x <https://childrenandhiv.org/wp-content/uploads/2022/09/Ethical-Storytelling.pdf>

^{xi} <https://bit.ly/DonorPolicyReport>

^{xii} <https://bit.ly/AdvocacyMessages>

^{xiv} <https://childrenandhiv.org/our-priorities/adolescent-mothers-affected-by-hiv-and-their-children/>

