

# UNICEF: WORKING TO END AIDS FOR EVERY CHILD



unicef   
for every child



# UNICEF IS WORKING TOWARDS AN AIDS-FREE GENERATION

The global effort to overcome the HIV epidemic is at a crossroads. Much has been achieved and many lives have been saved over the past 30 years, with the result that AIDS might not appear to be such an emergency as it did at the beginning of this century. International funding priorities are also changing in line with the 2030 Agenda for Sustainable Development. Yet there is still so much to do.

Far too many people are still dying as a result of AIDS for want of testing and treatment, and far too many children and adolescents are still being infected with HIV. Worldwide in 2017, around 3.0 million children and adolescents were living with the virus and needing lifelong treatment, and despite current prevention efforts, 430,000 new infections occurred among children and adolescents.

For more than a decade UNICEF has sought to place children at the very heart of the global response to HIV. A concrete result has been the enormous progress made by UNICEF and its partners over the past decade in the prevention of mother-to-child transmission of HIV (PMTCT). The number of new paediatric infections in 2017 decreased by nearly 60 per cent since 2000, and by one third since 2010. This sustained impact is recognized as one of the greatest public health achievements in recent history.

But this is the time for the world to push on, not to rest on its laurels. The knowledge and the tools are now available to eliminate paediatric infections altogether and to make a big reduction in the number of adolescents becoming infected. There is an opportunity now to create an AIDS-free generation – and the international community must not let that slip.

# HIV AND AIDS: SO MUCH ACHIEVED BUT SO MUCH STILL TO DO



Thanks to the expansion of **PMTCT** services in primary health facilities where pregnant women seek care, far fewer babies are being born with HIV and fewer infants are dying from AIDS-related causes.

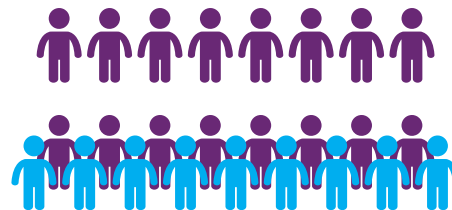
**80%** of pregnant women living with HIV are now receiving effective treatment, and as a result, the number of new infections in children has been reduced by one third, from 270,000 in 2010 to 180,000 in 2017.



## Tremendous advances have been made in the fight against HIV and AIDS in children under the age of 15



An estimated **1.4 million** new HIV infections among children under 15 have been averted since 2010.



The proportion of children receiving antiretroviral therapy (ART) has **more than doubled**, from 22 per cent in 2010 to 52 per cent in 2017.

During 2017, **180,000 children**

under 15 were newly infected with HIV, nearly 91 per cent of them lived in sub-Saharan Africa. Progress in HIV



treatment access in pregnant women is uneven and some countries are lagging behind, especially in West and Central Africa.

Adolescent girls account for around **two in three**



of all new HIV infections in the 15–19 age group worldwide.

**Half** (51 per cent) of babies born to pregnant women living with HIV are tested for the virus within two months of birth as recommended by the World Health Organization (WHO).



Without timely treatment, one third and one half of HIV-exposed infants will die before their first and second birthdays, respectively.

## But millions of women, children and adolescents are still not being reached by lifesaving interventions



There are **3.0 million** children aged 0–19 living with HIV, and half (52 per cent) of children under 15 are accessing ART.

An estimated **1.8 million** adolescents aged 10–19 years were living with HIV



worldwide in 2017 – 28 per cent more than in 2005 and 8 per cent more than in 2010. In the 40 countries with these data, 43 per cent of adolescents accessed treatment in 2017.

# UNICEF'S VISION WITHIN THE GLOBAL GOALS

UNICEF's response to HIV in children and adolescents is adapting to address ongoing challenges while remaining true to its overarching principles of equity and human rights.

HIV prevention and treatment is not as visible in the Sustainable Development Goals (SDGs) as it was in the Millennium Development Goals, which were far fewer in number and narrower in focus. The HIV response is a cross-cutting priority implicit in several SDGs including healthy lives (SDG3), ending poverty (SDG1), education (SDG4), gender equality (SDG5) and reducing inequality (SDG10).

But many of the issues and indicators targeted by the SDGs have long been at the core of principles and strategies underlying UNICEF's HIV programme. In its Strategic Plan 2018–2021, UNICEF's core objectives are:

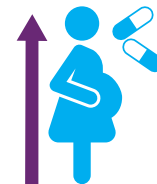
- 'Finishing the job' of eliminating mother-to-child transmission
- Seeking opportunities to prevent HIV in adolescents and young women
- Timely initiation and retention of children and adolescents in treatment and care

The most effective, equitable and sustainable HIV-related interventions are those in which the human rights of HIV-affected communities are seen as fundamental

**In its Strategic Plan 2018–2021, UNICEF has made a commitment to contribute to the following targets:**

1

**1.19 million** pregnant women living with HIV kept alive through treatment, up from 1.02 million



2

priorities. This will also be true of wider development objectives given the requirement of the 2030 Agenda to target those who have been 'left behind'.

UNICEF is carving a sharper path to meet its accountabilities for children and HIV in the Sustainable Development era. This has involved a commitment to two high-level goals that are interdependent and of equal importance:

- Accelerate the HIV response by 2020 for pregnant women, mothers, children and adolescents
- Build resilient government and community systems to decrease HIV service inequities among pregnant women, mothers, children and adolescents.

UNICEF estimates that on the current trajectory, between 2018 and 2030, some 3.7 million new infections will occur among children and adolescents aged 0 to 19 and 1.2 million children and adolescents in this age group will die from preventable AIDS-related causes. If the 'fast track' targets established by UNAIDS are met, then an estimated 1.4 million of these new infections and 200,000 of these deaths would be averted. UNICEF believes that this is an inadequate response. Global targets must be more ambitious for pregnant women, mothers, children and adolescents, and if the rights of all children are to be realized, services and support must be made available in all contexts, including for those in socially excluded and marginalized populations.

**890,000** HIV-exposed infants tested in their first two months and those who tested positive linked to care and treatment, up from 584,000



**3**

**13.8 million** adolescent girls and **9.8 million** adolescent boys tested for HIV and given the results, up from 10.6 million girls and 7.5 million boys



**The global frameworks and strategies that guide UNICEF's vision include:**







# UNICEF KEY STRATEGIES TO TACKLE HIV IN A NEW WAY

This is a world in which there are fewer disease-specific resources but where epidemiological understanding of HIV continues to evolve. It is also a world in which individual countries' health systems vary enormously in terms of their strength and resilience.

In this context, UNICEF has adopted new programming approaches that aim to achieve the greatest impact for children from the resources available; that promote efficiency, effectiveness and equity; and that capitalize on UNICEF's comparative advantages:

## 1. Context-specific priorities and interventions

UNICEF varies its response in each country where it works according to the incidence of HIV among pregnant women, mothers, children and adolescents; the opportunities and risks in the national health system; and the level of support and action from domestic and international partners.

There are three broad types of response:

- **Track the epidemic and advocate for child-focused responses** (63 countries). UNICEF will evaluate both the nature of the HIV epidemic and the existing response for children, and advocate with partners to address key gaps and needs.
- **Target responses** (27 countries). Recognizing the geographic disparities and gaps in HIV prevention and treatment services that accompany variable health, protection and education systems, UNICEF will collaborate with programme partners to reduce inequities in the HIV response, especially among marginalized groups.
- **Intensify responses** (35 countries). Where epidemiological evidence indicates the need for improved coverage or access, or better-quality HIV services, UNICEF will address the issues that have prevented programme scale-up in order to mount a public health response that will meet national, regional and global goals.

## 2. Integration of HIV prevention and treatment

UNICEF is working to integrate HIV interventions into maternal and child health, child protection and education sectors with clear indicators to drive efforts and leverage resources. In addition, UNICEF's HIV-specific programme will demonstrate and document the impact of integrated HIV activities on child survival, child protection and education.

## 3. Strengthened and leveraged partnerships

At present, most external funding of the global HIV response comes from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). UNICEF is engaging with these partners to help leverage additional resources on behalf of children. At the same time, it is strengthening its partnerships with people living with and affected by HIV – especially mothers, children and adolescents.

## 4. Innovation and knowledge

Working with partners, UNICEF is prioritizing the generation and dissemination of programme evidence and experiences of what works for pregnant women, mothers, children and adolescents affected by HIV. This includes sharing knowledge about emerging innovations that will improve programme performance and quality or help sustain and accelerate the HIV response.

# 'FINISHING THE JOB' OF ELIMINATING MOTHER- TO-CHILD TRANSMISSION

The progress made towards preventing mother-to-child transmission of HIV is one of the greatest public health achievements of the 21st century. Due to PMTCT, around 1.4 million children have been protected from infection since 2010 and the annual number of new infections among children has decreased by one third, dropping from 270,000 in 2010 to 180,000 in 2016. Four in five women living with HIV are receiving effective antiretroviral medicines that not only keep them alive but stop them from transmitting HIV to their children.

But progress is uneven across and within countries, and 180,000 children being newly infected with HIV each year is 180,000 too many. UNICEF is committed to the goal of ending mother-to child transmission completely. The priorities are:

- **Investing in data**, in order to understand which mothers are left behind and where the new infections in children are occurring.
- **Investing in innovative approaches** to preventing new HIV infection in women during pregnancy and the post-natal period, when they are particularly susceptible to HIV infection. Innovative approaches include offering repeat HIV tests to pregnant and lactating women who previously tested negative, to identify newly acquired HIV; testing male partners through the use of home-based HIV self-tests, to identify serodiscordant couples; and providing pre-exposure prophylaxis (PrEP) in high-risk settings, to prevent women from acquiring HIV, and post-exposure prophylaxis (PEP) in women experiencing high-risk exposure to HIV.
- **Investing in communities**. This involves building up the capacity of community leaders and organizations to deliver services and monitor their quality. It also involves scaling up peer-based support, which has proved effective in improving mothers' adherence to treatment and retention in care.
- **Investing in triple elimination**. Testing for syphilis and hepatitis B as well as HIV during pregnancy enhances efficiencies, is cost-effective and reduces HIV stigma, particularly in low-prevalence settings. Eliminating mother-to-child transmission of HIV is key: 10 countries and territories have already been certified by WHO as having done this, and UNICEF is committed to applying these countries' and territories' best practices elsewhere.



## UNICEF ACTION TO IMPROVE ACCESS TO LIFELONG TREATMENT FOR PREGNANT AND BREASTFEEDING WOMEN

Providing lifelong treatment to pregnant and breastfeeding women (also known as Option B+) is an approach in which all pregnant women are tested for HIV and those who test positive are initiated on ART as soon as possible and for life. Option B+ was a model for the universal 'treat all' approach that is now at the core of WHO HIV treatment guidelines. UNICEF played a key advocacy role in rolling out Option B+ from just Malawi in 2010 to all 21 priority countries in sub-Saharan Africa by 2016. In 2018, it is estimated that lifelong treatment makes up almost 100 per cent of all regimens used for PMTCT globally. This means that of the women accessing PMTCT, almost all are put on lifelong ART and few are put on less effective regimens.

One of UNICEF's most important contributions to the rollout of Option B+ has been its championing of effective models for strengthening community-facility linkages, including support from peers and community health cadres to improve uptake of services, adherence to medicines and retention in care. The Optimizing HIV Treatment Access initiative worked successfully in four high-priority countries in sub-Saharan Africa between 2012 and 2017 to reach more than 180,000 pregnant and breastfeeding women living with HIV, with more than 46,000 added in 2017 alone. The lessons learned from the initiative have been shared with policymakers and with the wider community of women living with HIV.

# SEEKING OPPORTUNITIES TO PREVENT HIV IN ADOLESCENTS AND YOUNG WOMEN

Progress in protecting adolescents from HIV and AIDS has been slower than for mothers and babies. In 2017 there were 1.2 million adolescents aged 15–19 living with HIV. Many of them acquired the virus through mother-to-child transmission. Some 250,000 adolescents aged 15–19 were newly infected in 2017, and on the current trajectory, there will be still be 140,000 annual new HIV infections in this age group in 2030. Accelerated and targeted action with a combination of proven interventions can radically reduce this number of new infections. In addition, the pace of prevention efforts will need to keep up with demographic trends and growing numbers of youth in sub-Saharan Africa.

HIV testing rates among adolescents are much lower than among adults, partly because adolescents use health services less often than adults; and HIV testing is lower among adolescent boys than adolescent girls, partly because adolescent boys don't seek health services as often as adolescent girls do. Other factors include HIV-related stigma and discrimination, and in some countries, laws that prohibit adolescents from being tested without their parents' consent. Young women are far more vulnerable to HIV infection than young men – 170,000 girls aged 15–19 were newly infected in 2017 compared with 86,000 boys of the same age – yet less than half of adolescent girls and young women report being aware of their HIV-positive status.

The situation of adolescents and young people urgently needs addressing. UNICEF is promoting transformative solutions, powered by adolescents themselves, which could reshape the HIV response and result in a historic turnaround.

Among these transformative solutions are:

- Innovative service delivery models, adapted and attuned to adolescent needs, including digital solutions, more robust ARV treatments and the establishment of clinics managed by young people or open after hours.
- HIV self-testing for both adolescent boys and young men, and both adolescent girls and young women, and the use of PrEP to prevent HIV in adolescents and young people at high risk of acquiring HIV.
- Focus on the integrated care and treatment needs of particular adolescent groups. Adolescents are themselves more vulnerable to HIV than adults, but adolescents who identify as members of key populations – such as adolescents who inject drugs or sell sex – are doubly vulnerable.
- PEP following a high-risk exposure to HIV, such as an incident of rape.
- An enabling legal and policy environment so as to provide inclusive services that are free from stigma.
- Social-protection mechanisms, such as cash transfers as a way to keep girls in school, which can lower their risk of HIV.

UNICEF is working with adolescents to co-design service-delivery models that work for them. It is collaborating with new partners and the private sector to reach adolescents through market-aware approaches. It is working with communities to reduce gender-based violence and the exploitation of women.



## ALLIANCES FOR ADOLESCENTS

UNICEF and UNAIDS launched the All In to End Adolescent AIDS initiative in 2015 to galvanize global action on behalf of adolescents, who have been largely neglected in the global HIV response. 'All In' focuses on the 25 countries that accounted for 86 per cent of all new HIV infections in adolescents. It seeks to include adolescents in fast-track efforts to end the AIDS epidemic as a public health threat by 2030, and provides three targets for the year 2020:

- Reduce new HIV infections among adolescents by at least 75 per cent
- Reduce AIDS-related deaths among adolescents by at least 65 per cent
- End stigma and discrimination

One of the key components of 'All In' has been its use of data. In more than 20 'All In' countries, UNICEF and partners have conducted data reviews to understand the impact of HIV on adolescents and to improve country response efforts. Countries received targeted support at national and subnational levels using an assessment tool to guide systematic data gathering and decision-making. For example, Uganda started the routine collection of age- and sex-disaggregated data on adolescents in July 2016. This has contributed to improved coverage of adolescent HIV testing services, from 9 per cent in 2016 to 32 per cent in 2017.

'All In' continues to help catalyse a global alliance around adolescents and HIV and donor commitment to prevention, care and support for this age group. Intensive and consistent engagement with governments will ensure that the momentum around adolescent programming is not lost – and will accelerate the transformation of health, social and community systems so as to effectively and sustainably scale up key innovations for adolescents.

PEPFAR and UNICEF are co-leading the StayFree Working Group, with membership from UNAIDS co-sponsor agencies, civil society and philanthropic organizations. The working group advocates for the scale-up of combination prevention approaches for adolescent girls and young women and their sexual partners, including sexual and reproductive health for girls and women, and high-impact interventions for their male partners, including ART, HIV testing, PrEP and voluntary medical male circumcision. It links closely to the investments of PEPFAR's DREAMS partnership, whose aim is to galvanize a coordinated and effective response to HIV prevention in adolescent girls and young women.

Progress in reducing new infections in this key demographic have stalled. The StayFree Working Group continues to support coordination and alignment among the partners, promote an effective HIV prevention response institutionalized within national governments, generate evidence and data to improve targeting, and advocate for investments to address the structural dimensions of the epidemic, in order to accelerate HIV prevention outcomes.



# INITIATING AND RETAINING CHILDREN AND ADOLESCENTS ON TREATMENT

Both HIV testing and treatment rates for children and adolescents are lagging well behind those for adults. For children living with HIV, nearly half do not receive treatment, while others receive it too late. Without timely treatment, one third of infants who acquire HIV at birth will die by the age of one, and half will die before their second birthday. Only 43 per cent of adolescents (aged 10–19) living with HIV had access to lifesaving treatment in 2017. Such low rates of treatment uptake contributed to an estimated 38,000 adolescent deaths in 2017.

UNICEF is working to locate the most vulnerable children and adolescents, link them to services and retain them on treatment. Innovative approaches include:

- Testing infants for HIV wherever they receive care, for example, in immunization or nutrition clinics and paediatric wards.
- Testing adolescents accessing health facilities and through outreach programmes and drop-in centres.
- Improving testing access and speed of treatment initiation by scaling up point-of-care early infant diagnosis of HIV (see sidebar) and self-testing for adolescents.
- Removing the barriers to care for the most vulnerable children and adolescents.
- Accelerating the development and introduction of new child-adapted formulations. There is a clear need for drug treatments that are safe, palatable and appropriate for young children even if the market for such treatments for children is small.
- Scaling up successful interventions – such as peer support groups and mobile communication platforms – to keep mothers, children and adolescents in care.
- Supporting children’s and adolescents’ transition to adult treatment services.



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## EARLY INFANT DIAGNOSIS

Early infant diagnosis (EID) remains a difficult intervention to get right for reasons of logistics and timing. PMTCT protocols call for infants born to mothers living with HIV to be screened within their first two months of life, because delays in treatment can be deadly. Worldwide, however, only half of infants born to mothers living with HIV currently receive the test in a timely way.

UNICEF in partnership with the Clinton Health Access Initiative and the African Society for Laboratory Medicine, with funding from Unitaid, is supporting the introduction and scale-up of point-of-care technologies to improve access to EID in 10 countries in Africa. These technologies could prove vital for combating paediatric HIV and achieving the 95-95-95 treatment targets for children by 2020. Point-of-care testing takes place at the clinic or facility where the child is seen, and the test results can be returned within an hour of testing.

# INVOLVING EVERYONE IN THE HIV RESPONSE

## Supporting families and communities

HIV is a disease affecting whole families and communities, not just individuals. Grandparents and extended families care for children if they are orphaned or their parents are sick. The whole community is affected by the loss of key members in the prime of their lives.

UNICEF has been working to strengthen the capacity of families and communities to help mothers and children by:

- Strengthening the linkages between communities and health facilities
- Expanding community-based HIV testing
- Engaging with mother-to-mother peer support groups, client support groups and male partners to ensure mothers and infants remain in treatment
- Fostering child-friendly communities
- Linking vulnerable families to social protection schemes

Community resilience and leadership are key to reducing HIV-related stigma, delivering services effectively and promoting the rights and well-being of women and children. A sustainable HIV response must be locally owned and nationally supported.



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### FAMILY-CENTRED APPROACHES

An effective strategy for 'finding' children and adolescents not yet diagnosed as living with HIV or identifying those at risk of HIV is to ask each client diagnosed or in treatment about the status of their family members. These family members can be invited to be tested, offered family counselling and linked to prevention or treatment services.

Because the parents are usually themselves on treatment, it is easier to ensure that newly identified HIV-positive children are linked to care. In one recent example, over 40 per cent of all children tested in a UNICEF-led initiative in the Democratic Republic of the Congo were found to be HIV positive, and almost all of them were successfully initiated on ART.



# A multisectoral response

An effective response will have to be multisectoral, stretching well beyond health services to involve other sectors such as child protection, early child development, nutrition and education – especially in emergency contexts.

## HEALTH

The new discourse in universal health coverage, and sexual and reproductive health services, has the potential to enhance access to HIV prevention and treatment. Health equity would be strengthened by promoting services that target vulnerable mothers and children and are HIV-sensitive.

## NUTRITION

Children living with HIV are at increased risk of malnutrition, and malnutrition hastens HIV disease progression as a result of a weakened immune system that is ill equipped to fight the virus and other infections. Children who suffer from severe acute malnutrition should be tested for HIV, and if found positive, should be linked urgently to treatment and care. Children living with HIV need timely access to both ART and nutritional monitoring, counselling and support.

## CHILD PROTECTION

Social services can help reduce marginalized women's, children's and adolescents' vulnerability to HIV and improve their access to testing, treatment and prevention services. Child-protection programmes have an opportunity to deliver PEP to adolescent victims of sexual violence and to link them to psychosocial support and counselling.

## EDUCATION

Staying in school reduces the likelihood that adolescents will be infected with HIV. In addition, comprehensive sexuality education, suitably adapted to the local context, is vital to reducing new infections, especially among girls.

## EMERGENCIES

In humanitarian emergencies, essential services and access to ARVs can be disrupted and violence can lead to new vulnerabilities. Adolescents may also find themselves in situations where their behaviours put them at greater risk of infection.



# STOP AIDS KEEP THE PROMISE



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# THE HIV CRISIS IS NOT OVER YET



## THE FUNDING GAP

The HIV epidemic will not be overcome nor will the 2030 global goals be achieved without sustained funding. Yet the worldwide HIV response is today threatened by financing challenges.

Millions of children's lives have been saved and millions of HIV infections have been prevented over the past decade. This is something to celebrate but it also means there is a danger of the global community believing that the HIV epidemic is over. Yet HIV remains a threat to children and their families all over the world.

The epidemic will not be over until the cycle of new HIV infections is stopped and all people who need it are on lifelong treatment. Treatment alone is unlikely to end HIV; prevention is also essential. Too many children, mothers and adolescents are still falling between the cracks of the global response, and UNICEF has committed itself to standing up for them using all its skills, innovative ideas and influence.

Delivering on this commitment will involve identifying high-value opportunities to focus on UNICEF's core programme areas – PMTCT, paediatric treatment and adolescent programming – in new, more selective and efficient ways. UNICEF is implementing a differentiated approach, harnessing data and evidence to determine the specific needs and opportunities within each country and then targeting the pregnant women, mothers, children and adolescents most in need. The work must extend across development sectors, and must also engage with non-traditional actors who meet children, adolescents and their families where they are, throughout their lives.

The goal of ending AIDS in children and adolescents is within sight and the momentum must not be lost now. With strong political commitment and adequate resources, the movement against HIV can continue to achieve dramatic change. Elevating those at greatest risk – pregnant women, mothers, children and adolescents – to the forefront of the HIV response will offer the world the best chance of achieving this historic goal.

Around \$22 billion is spent each year on HIV responses in low- and middle-income countries (LMICs). More than half of this funding comes from domestic resources and the rest from external sources, including the Global Fund and PEPFAR. In recent years, however, the total amount of external financing for HIV responses has plateaued, and there are signs that this is likely to decline or remain stagnant. Countries hit by the epidemic are being urged to allocate more budgetary support to HIV treatment and other related services. Yet the capacity of many LMICs to increase their spending is limited, so significant external support will continue to be essential.

In this uncertain time of heightened expectations and stretched resources, UNICEF's technical expertise will be key both to drawing sufficient external funding and to helping countries deliver comprehensive, efficient, rights-based HIV services to the growing numbers of children and adolescents who want and need them.



**"If we are to achieve the HIV-free world of our dreams, we need to bring to bear all the expertise we have gained through the three decades of the HIV response and listen to [young women's] voices of experience and hope. And act on them."**

**– Henrietta H. Fore, Executive Director, UNICEF**

**From** *Women: At the heart of the HIV response for children (2018)*

[www.childrenandaids.org](http://www.childrenandaids.org)

Cover photo: © UNICEF/UN070230/Chisiza

Children, in Kasungu, Malawi, look on excitedly at the testing of unmanned aerial vehicle (UAVs) by the Government of Malawi and UNICEF for humanitarian and development use. The launch of the UAV testing corridor follows a pilot project in Malawi on the feasibility of using drones for the transportation of dried blood samples for early infant diagnosis of HIV.