International AIDS Conference 2020
6 – 10 July / Virtual

Key Media Messages/Facts

Following are key messages that can be incorporated in advocacy and communication assets, for use with partners and in external engagements. These reflect data updates as of 3 July 2020.

1. Test and treat the whole family:
Families living with HIV have been hugely resilient, but we still have some ways to go. Globally, only about 53% of children living with HIV have access to ART, and if you are a child in western and central Africa, you have less than a 32% chance of receiving these life-saving medications.

More accessible testing technologies for children and improved new treatment options should be implemented urgently.

Advocacy actions:
❖ Test the children of individuals living with HIV.
❖ Expand access to infant diagnosis, including through POC testing.
❖ Optimize treatment regimens using newer more effective options.
❖ Remove stigma and cultural barriers to accessing HIV testing.

2. Effective EMTCT needs more than treatment access:
Globally, PMTCT coverage across all the regions reached barely more than 50%, save for ESA and LAC. Mother to Child Transmission rates are too high even when coverage is above 90%. In many communities, pregnant teens are faced with social stigma and structural discrimination, making it difficult for them to access clinical care and community support. Moreover, pregnant or breastfeeding, HIV-negative adolescent girls and young women can acquire HIV and then transmit it to their infants.

It is critical to scale access to PMTCT services, with a special focus on programmatic gaps for those hard to reach. All mothers need to be retained in care to offer continuous, person-centered HIV prevention and treatment support throughout pregnancy and breastfeeding.
Advocacy actions:
❖ Strengthen access to primary care, ANC and PMTCT services for women and children – especially in West and Central African countries.
❖ For HIV-negative women, integrate HIV prevention information and repeat HIV testing during pregnancy and breastfeeding, especially for adolescent girls and young women.
❖ Tailor PMTCT approaches to meet the unique needs of pregnant adolescents.
❖ Engage and educate communities to build stigma-free support systems for pregnant adolescent girls and young women.

3. Support girls’ return to school:
Even before COVID-19 related shutdowns, school attendance of girls was dramatically lower than boys. Now, over 1 billion children are out of school because of COVID-19. As girls spend more time isolated from social support structures, they are at higher risk of gender-based violence, pregnancy, HIV and early marriage. Every day, 350 adolescent girls are infected with HIV, the majority in sub-Saharan Africa, where about 3 times more girls are newly infected compared to their male peers. In HIV high prevalence settings, every year spent in school reduces a girl’s risk for HIV by 6-12%.

Girls must be supported to start or restart school and make up lost time. In addition, we must seize the opportunity to improve education systems to better respond to the health and educational needs of girls.

Advocacy actions:
❖ In rebuilding school systems better, make them safe and welcoming to girls, especially those marginalized and faced with challenges.
❖ Address school-based violence and stigmatization of girls with HIV and/or girls who are pregnant.
❖ Engage peer and community networks to tackle the barriers to school and support school achievement.
❖ Increase the quality of school instruction – with particular attention to gender differences in learning and incorporating culturally sensitive SRH and sexuality education.
4. **Build back better to support the rights of children and adolescents living with and affected by HIV in the wake of COVID-19:**

We have made steady progress in the treatment and prevention of HIV in children and adolescents. The COVID-19 pandemic threatens to erase the gains made over the past 40 years. We must act now to protect, sustain and accelerate the global HIV response for children and adolescents - not just those living with HIV but also those affected by HIV. In 2019, 13.8 million children 0-17 lost one or both parents to AIDS. These children will be disproportionately affected by COVID-19.

The development community, including UNAIDS, Global Fund, and PEPFAR must prioritize the rights of pregnant women, children, and adolescents to health, education and protection. The 2020 Three-Frees targets will inevitably be missed by a mile, but if we act urgently, we can get back on track to end HIV in children and adolescents by 2030.

**Advocacy actions:**

- Increase funding to address the current gaps and needs of children, adolescents and pregnant women across the health, education, and protection sectors.
- Build back better by applying integrated, multisectoral and innovative approaches, including successful examples from the COVID-19 response, such as promotion of self-screening for HIV, community-based holistic services and virtual formats for provision of psychosocial, adherence and mental health support.
- Equip, empower and engage adolescents as the new generation of leaders who can revitalize the fight to end AIDS as a public health threat by 2030.