COVID-19 and Children Living with HIV: Preventing Widening Inequalities

Recommendations and response to recent projections from UNAIDS and WHO

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We must ensure that our response takes into account existing inequalities and does not worsen barriers for those that are most in need.

- DR. CHEWE LUO
HIV Section Chief, UNICEF
Modelling studies recently released by UNAIDS and WHO\(^1\) highlight a striking projection that even a six-month interruption in antiretroviral therapy could lead to more than 500,000 AIDS-related deaths in sub-Saharan Africa in 2020–2021.

The projections suggest that disruptions in the delivery of HIV services that the pandemic has caused may reverse gains made in preventing mother-to-child transmission of HIV, leading to more children acquiring HIV. The data indicates that new HIV infections in children could increase by as much as 37 percent in Mozambique, 78 percent in Malawi, 78 percent in Zimbabwe and 104 percent in Uganda. If such grim predictions do occur, the consequences would set us back a decade in some countries, erasing the progress made through enormous investment in the global AIDS response.

The situation for children is especially concerning because, even before the complications of the pandemic intervened, not enough children and adolescents living with HIV are getting tested and treated compared with adults. This gap stands to widen as a result of the pandemic.

Despite great success in curbing the HIV epidemic in pregnant women and their babies over decades, COVID-19 is interrupting prevention of mother-to-child transmission services around the globe.

If this interruption continues, new HIV infections in children may increase as high as:

- **37%** in Mozambique
- **78%** in Malawi and Zimbabwe
- **104%** in Uganda
Vulnerability among children and adolescents is compounded by current disruptions of education and food security, as well as their increased exposure to violence and poverty. As UNICEF has noted, the pandemic is a “child rights crisis.”

For the first time in 30 years, global poverty will increase and, as millions more people are pushed into extreme poverty, women and children will disproportionately bear the impact.

Those at risk of adverse outcomes from COVID-19 include people with underlying conditions, such as immunosuppression.

These risks may be exacerbated in women and children and young people living with HIV.

Women and girls are at an increased risk of gender-based violence, with reports of rising incidence of domestic violence in many countries. Refugee, migrant and internally displaced children, those with multiple co-morbidities and disability, those belonging to minority populations, and girls of all backgrounds have additional complex vulnerabilities. There is growing concern about managing trauma among the generation raised during the pandemic.

The most vulnerable may be children and women who are unaware of their diagnosis or who are not on treatment.

There are 1.4 million pregnant women living with HIV. Roughly 20% of them are not on HIV treatment.

There are 2.8 million children and adolescents living with HIV. About 50% of them are not on HIV treatment.
The cost of inaction is too much for the world’s children, especially for those living with HIV and those who will be born with HIV as a direct consequence of COVID-19 control measures. We must act quickly to ensure they are prioritized in the global response to the pandemic and its downstream impacts.

As with the HIV epidemic, COVID-19 is not solely a health issue. From experience, we know that social structures, the political and legal environment, the economic landscape and human behaviours all affect viral transmission, access to care and outcomes. To prevent the stark projections from becoming a reality for children, the COVID-19 response must remain multi-sectoral and actively protect vulnerable populations, including those living with and at risk of HIV.

We must ensure that, by tackling one epidemic, we are not making another one worse.

### Excess HIV-related deaths from a 6-month disruption of ART

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated HIV-related deaths in 2018</th>
<th>Excess deaths in 2020 due to lockdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>18,000</td>
<td>18,000</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>16,000</td>
<td>13,000</td>
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<tr>
<td>Eswatini</td>
<td>2,400</td>
<td>6,100</td>
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<td>Kenya</td>
<td>25,000</td>
<td>58,000</td>
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<tr>
<td>Lesotho</td>
<td>6,000</td>
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<tr>
<td>Malawi</td>
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<tr>
<td>Mozambique</td>
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</tr>
<tr>
<td>Nigeria</td>
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</tr>
<tr>
<td>South Africa</td>
<td>71,000</td>
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</tr>
<tr>
<td>Tanzania</td>
<td>25,000</td>
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<tr>
<td>Uganda</td>
<td>23,000</td>
<td>52,000</td>
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<tr>
<td>Zimbabwe</td>
<td>21,000</td>
<td>48,000</td>
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</tbody>
</table>
RECOMMENDATIONS

ENSURE HIV IS NOT FORGOTTEN

As health care systems and structures focus on COVID-19, the supply chains, medical and human resources, and services for HIV must be maintained. This will not happen without strong leadership and system-wide investments from governments, as well as good partnerships with the private sector. Industry and other actors in the supply chain must be incentivized to continue the production and distribution of essential prevention and treatment tools for HIV, while providers must be supported with the resources to sustain HIV services.

INNOVATE TO BUILD RESILIENCE

To lower barriers to care during lockdowns, the HIV sector should embrace more digital services, including telemedicine and the provision of psychosocial support to those in need. Peer support for pregnant mothers and adolescents must continue while meeting physical distancing norms. Government policies should encourage multi-month prescriptions for antiretroviral drugs and facilitate their uninterrupted supply and distribution to children and adolescents.

ENGAGE THE COMMUNITY

In much the same way as community activism spearheaded the response to the HIV epidemic, creative and vibrant solutions by and for communities—including communities of people living with HIV—are making a difference in the COVID-19 pandemic. Across the world, networks of people living with HIV are delivering medications to their peers during lockdowns, providing adherence support remotely and supporting nutrition programmes. Rather than being one-off interventions or individual acts of charity, communities must be supported to remain empowered and engaged, and be enlisted as partners in the pandemic response.
Finally, as a wealth of innovative solutions emerge to maintain essential health services during the COVID-19 pandemic, we must ensure that they are integrated into the broader functioning of the health system as a whole.

The investments that are made now should not be limited to ending this pandemic, but rather focus on building a better, more resilient health system, which will ultimately contribute to narrowing inequalities.

A timely opportunity presents to prevent the reversal of progress made in tackling the HIV epidemic to date, and to encourage innovations that accelerate progress toward meeting SDGs 2030, leaving none behind.
Resources

For more information, visit the COVID-19 and HIV Knowledge Hub, designed and curated by the HIV Section at UNICEF:

childrenandaids.org/covid19

#COVID19andHIV

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References


