



AIDS 2020 VIRTUAL

SELECTED SESSION SUMMARIES ON CHILDREN AND ADOLESCENTS

1. Cross-cutting issues

[Business unusual: Catalytic innovations to accelerate HIV results for pregnant women, children and adolescents](#)

6 July 2020

Convened by UNICEF

The epidemic response for pregnant women, children, and adolescents continues to fall drastically short of 2020 super-fast-track targets set to achieve the SDG goal of ending the AIDS epidemic. Donor and country funding are constrained, and new and emerging needs related to chronic disease and pandemic response may further constrain health and social care systems. Some of the key barriers to achieving targets include assumptions that mother-to-child transmission has been solved, missed opportunities to diagnose and treat children, and difficulty reaching and retaining the highest risk adolescents. This session, chaired by UNICEF's Executive Director Henrietta Fore, explored opportunities to accelerate access to ART for children and adolescents, catalytic technologies for HIV diagnosis, and how data can help prioritize and target the HIV response.

Speakers from UNICEF, Unitaid and the government of Malawi highlighted how the integration of early infant diagnosis with conventional laboratory systems using point-of-care GeneXpert diagnostic platforms together with community engagement has contributed towards significant improvements in testing of infants, return of results and timely initiation of ART. Expanding the capacity to add TB, HPV, viral hepatitis and SARS-CoV-2 testing has proven to save costs and enhance partner collaboration in the delivery of integrated services. Multi-disease testing through innovative

diagnostic technologies such as GeneXpert helps strengthen health and laboratory systems and preparedness for future infectious disease outbreaks.

To close the treatment gap for children and adolescents living with HIV, differentiated service delivery models have proven effective in creating demand and increasing adherence to treatment and retention in care. There is an urgent need to scale up such evidence-based innovative models, including index family centred testing to identify more children in need of treatment and Community Adolescent Treatment Supporters (CATS) to improve treatment adherence. These models have demonstrated remarkable results in Ghana and Zimbabwe, respectively. The Ghana Director for HIV presented the progress being made with introduction of the index family centred testing programme in the national response and the positive results achieved in identifying children in need of treatment.

There is great need for more granular data to target prevention efforts better and to reach adolescents and young people at the highest risk of HIV infection. The Data for Children Collaborative presented a pilot initiative involving UNICEF, University of Edinburgh, DFID and the government in Cote d'Ivoire that triangulates different data sources, including from social media, to map vulnerability and create sub-national adolescent risk profiles. [Watch recording>>](#)

Emerging evidence and policy options for HIV diagnostics, treatment and care

6 July

Convened by World Health Organization

This satellite session described key updated elements of WHO's consolidated guidance on HIV diagnostics, treatment and care. It explored new evidence and policy directions related to emerging ARV toxicities; new guidelines on the [diagnosis and management of histoplasmosis](#) among people living with HIV; non-communicable diseases and HIV integration; developments in paediatric and adolescent treatment; viral load testing frequency and thresholds, and early infant diagnosis.

Global experts from WHO/PAHO, UNICEF, EGPAF, PEPFAR, national governments and affected communities discussed the implications of the following new developments:

- Dolutegravir 5mg has been approved for infants and is recommended as first line treatment from four weeks of age (in children >3kg).
- The risk of neural tube defects from prenatal use of dolutegravir in women who become pregnant has stabilized at a lower level that is nearly comparable to the general population not on ART.
- The emerging concern of weight gain associated with dolutegravir use.
- Based on the risk of transmission during breastfeeding, countries are advised to include additional infant testing at nine months of age in their early infant diagnosis guidelines, using point-of-care technologies where possible.
- Index family centred testing is a highly effective approach that should be scaled up to improve identification of children living with HIV that were missed by PMTCT programmes and require initiation on treatment. [Watch recording>>](#)

TB/HIV 2020 Symposium - 4th TB/HIV pre-conference

Turning Threats into Opportunities: Implementing and Maintaining Quality TB Services for People Living with HIV in the Time of COVID-19 and Beyond

2-3 July

Convened by USAID, International AIDS Society, Stop TB Partnership

This pre-conference synthesized the innovative programmatic approaches and technologies that can be used ensure quality of care for people living with HIV, co-infected with TB infection or with TB

disease. The discussion focussed on improved diagnostic screening, decentralized models of care and digital care solutions. A selection of relevant abstracts on TB-HIV in children and adolescents are summarised in [this slide set](#). [Watch recording>>](#)

[Delivering an Integrated Approach for Adolescent Mothers and their Children; What can donors and partners do to help?](#)

6 July

Convened by ViiV Healthcare, The Coalition for Children Affected by AIDS

This satellite session focused on raising awareness on the specific challenges and needs faced by adolescent and young mothers, especially around the advocacy agenda [Adolescent Mothers Affected by HIV and Their Children](#), which was developed out of a [learning session](#) co-hosted by the Coalition for Children Affected by AIDS and WHO in December 2019. The meeting emphasized the need for exchanges to learn what is and is not working given the lack of programmes for this population. The discussion highlighted the need to advocate for adolescent and young mothers as new programmes and technologies are being developed. Speakers emphasized the need to start programming holistically for and with girls before adolescence and across the life-course. They emphasised that programmes must address the community level and the profound structural and social exclusions faced by this population group. The critical advocacy takeaway from this session was that it is necessary for multiple partners to work across sectors (health, education, social protection, early childhood development) in an integrated modality to achieve positive impacts for adolescents and young mothers. [Watch recording>>](#)

[HIV-sensitive social protection in humanitarian settings: How integration can end AIDS by 2030](#)

7 July 2020

Convened by World Food Programme

Studies from South Africa by Lucie Cluver and colleagues have shown that layered social protection interventions targeting adolescents living with HIV can have additive, synergistic benefits for HIV prevention, treatment and adherence outcomes. A panel composed of directors and technical experts presented the World Food Programme's work on social protection and highlighted that integration of HIV can help end AIDS by 2030. Cash transfers provide a safety net for vulnerable people to mitigate income losses and food insecurity. General food rations in humanitarian response lack minimum requirements of caloric intake for people living with HIV and may result in malnutrition, non-adherence to ART and HIV disease progression. However, integration of HIV in existing food security and nutrition assessments in humanitarian settings can help tailor individual additional support to improve treatment outcomes for people living with HIV and retain them in care. The session recommended that social protection schemes are diversified by combining cash or vouchers with access to other non-food items such as transport and other services for people living with HIV and other groups with additional needs. [Watch recording>>](#)

2. Paediatric and adolescent treatment and care

[Prime Session 4: Paediatric HIV](#)

9 July

“We are not done yet!”: Martina Penazzato, paediatric HIV lead at World Health Organization in Geneva, presented an overview of HIV and AIDS trends in children. She highlighted that COVID-19 has exposed weaknesses in the HIV response and has the potential to revert progress made to date, but also stressed that the pandemic can be used as an opportunity to introduce lasting changes in service delivery. This plenary session called for three urgent actions to address the persistent treatment gap in children: 1) implement better the solutions that work, 2) learn from operational research on how to combine, package and deliver new and existing services at scale in different contexts, 3) keep innovating to develop new tools for the future.

She stressed that moving forward, 1. we must act now to scale up index family-centred testing and point-of-care infant testing. 2. ART should be initiated using optimized treatments regimens such as dolutegravir that has recently been approved for use in all children above four weeks of age and three kilograms. 3. It is also important to strengthen the package of care for infants and children. 4. Advanced disease should be addressed, including screening for and treating tuberculosis and other infectious diseases. 5. Health workers should be equipped to address the ‘fourth 90’ through interventions that improve the health and well-being of children living with HIV. [Watch recording>>](#)

6th Workshop on Children and Adolescents HIV-Exposed and Uninfected
1 July
Convened by CIPHER, WHO, UNICEF and Massachusetts General Hospital

The sixth annual workshop brought together clinicians, scientists, advocates, implementers and policy experts to better understand the short- and long-term health and developmental disparities of children and adolescents who are HIV-exposed and uninfected (CAHEU) with a goal of facilitating collaboration to translate evidence into action. This year’s workshop interrogated the evidence in relation to adverse birth outcomes and discussed unique perinatal epidemiologic methods and considerations in evaluating adverse birth outcomes. The workshop also explored ethical considerations for evaluation of medium to long-term outcomes in children and adolescents who are HIV-exposed and uninfected, with bioethicists sharing frameworks for considering maternal and child/adolescent interests.

Out of an estimated 15 million children (0-14 years) who are HIV-exposed and uninfected globally, half live in just five countries: South Africa, Mozambique, Tanzania, Uganda and Nigeria. Recent research indicates higher rates of adverse birth outcomes and early infection, development delays, stunting and language delays in this population associated with exposure to ARVs. Studies support the value of disclosure to adults and children guided by ethical and rights frameworks. There is a long history of excluding children, women, and pregnant women from research, which has led to harmful knowledge gaps; inclusion is increasingly being seen as an ethical imperative. To enhance programming for this population, the [nurturing care framework](#) was identified as a critical opportunity to leverage ongoing efforts to implement early childhood development interventions.

The following recommendations emerged from the workshop:

- More research and scaled up programmes, that engage various disciplines and interests including mothers living with HIV, are urgently needed to support the growing population of children and adolescents who are HIV exposed and uninfected.
- There are many methodological challenges and nuances in research on adverse birth outcomes that require larger sample sizes, better comparisons, robust procedures and measures and more heterogeneity.
- Study relevant maternal outcomes (match to foetal/paediatric) and give adequate weight to maternal health outcomes, preferences, and values in recommendations and trade-offs. Communicate research outcomes in a manner that does not confer mother-blame.
- Programmes should provide mothers with counselling and tools to aid in disclosure to their children who are HIV-exposed and uninfected. [Watch recording>>](#)

“Children who are HIV-exposed and uninfected need more not different health and development interventions and support.”

Martina Penazzato, WHO, on the importance of the nurturing care framework

“Pregnancy is a medical complexity, not a vulnerability. Research should move toward complexity, not away from it. Women must be studied as women themselves, not as solely the gestational environment for the fetus. Protect women and children through research, not from it!”

Anne Lyerly, University of North Carolina at Chapel Hill, on the ethical imperative of more research with pregnant women.

Building resilience among HIV-infected and affected children and adolescents

6 July

Convened by Pact

The focus of this satellite session was to share the latest information and discuss specific actions and evidence-based approaches for getting to epidemic control among children and adolescents. The presentations focused on case finding of children and adolescents living with HIV, integrating treatment and adherence into orphans and vulnerable children (OVC) programming, and strengthening community-clinic linkages for improved paediatric HIV outcomes.

USAID highlighted how children and adolescents living with HIV can be prioritised within OVC programmes and presented results from Uganda and Kenya that used viral load suppression as the golden standard of care. PEPFAR COP20 guidance has shifted from "encouraging" to now requiring (a) OVC implementing partners to facilitate HIV testing of children at risk and (b) clinical and OVC implementing partner collaboration. Programme data show that MOUs and SOPs between implementing partners and clinics can improve index testing and access to viral load results for OVC, and that intensive support from the OVC platform improves viral suppression in children and adolescents. The data points to the need for a strong community platform. Essentially, children need more than clinical care. They need food supply, consistent parenting, support for treatment, and other wraparound services. [Watch recording>>](#)

Fighting for an AIDS Free Generation: Perspectives of Young People Living with HIV

8 July 2020

Convened by Elizabeth Glaser Pediatric AIDS Foundation

Despite the differences in cultural context and affected sub-populations, the HIV epidemics among young adults in both sub-Saharan African and the United States are driven by similar factors, including a lack of information, increased risk of HIV in vulnerable young populations, structural barriers, and services that do not meet unique adolescents needs. This session aimed at creating a cross-continental youth dialogue to help identify and understand these barriers and chart a better path forward. Youth panellists engaged with the Elizabeth Glaser Pediatric AIDS Foundation highlighted that adolescents and young people (AYP) are key to ending the HIV pandemic, but they need a better platform for their voices to be heard. AYP are asked to implement activities but rarely included in the planning process, which creates a gap in the development of successful programmes that benefit young people. It is fundamental that mechanisms are developed to receive information from AYP and conversely provide the right information to AYP on HIV and health services using technology they are familiar with.

The panel further discussed that AYP are sensitive with regard to health issues and respond better to youth friendly clinics that are free from judgement and discrimination, and which address stigma through open dialogue. Peer support and education is key to reaching AYP and creating networks with other young people living with HIV, and it is critical to create spaces where AYP can access psychosocial support, especially from their peers. [Watch recording>>](#)

[An overlooked epidemic: Mental health and HIV](#)

9 July 2020

Convened by International Community of Women Living with HIV

Supporting mental health is one of the most overlooked aspects of treatment, care and support within the HIV response. HIV diagnosis can cause and exacerbate existing mental health issues. Anxiety and self-stigma around job and housing security, self-esteem, status disclosure and romantic relationships can affect the emotional well-being of people living with HIV. In this session, women living with HIV shared their research and advocacy work in the realms of mental health and resilience in the context of gender-based violence, HIV criminalization, health care violations, sex worker, poverty and inter-movement aggression.

Speakers from different regional networks of women living with HIV stressed that the mental health impacts of the initial HIV diagnosis cannot be overemphasized and that clinics frequently fail to recognize the importance and broader life implications of this moment. Trauma-informed principles and care may prove a way forward. AYP living with HIV particularly suffer from mental health issues due to struggles with self-acceptance and stigma from their communities coupled with low support seeking behaviours. The panel stressed the need to invest in integrated mental health programming for AYP as part of a holistic and comprehensive package of services targeting adolescents and young people. [Watch recording>>](#)

3. Prevention

[Prime Session 3: Prevention](#)

9 July 2020

Susan Buchbinder from the University of California, San Francisco provided an overview of new developments within biomedical HIV prevention approaches beyond daily oral PrEP, including scale up of treatment as prevention (U=U); alternate PrEP dosing schedules, drugs, and modes of delivery; post-exposure prophylaxis; and HIV vaccine candidates.

While daily oral PrEP has proven [highly effective](#), there are concerns about PrEP's global availability, cost, differential policies affecting approval and access, and the limited investments to support efforts to promote uptake, adherence and monitoring. For PrEP to be effective and have population level impact, it requires broad coverage at the community level together with high uptake, adherence and persistent long-term use by individuals. Data show that as many as one third of users drop off after six months of use due to low sexual risk perception, physical and financial access issues, and concerns about the medication, privacy and stigma. New approaches that can help reach populations for whom daily oral PrEP is not a viable long-term solution were presented as outlined below.

a) On-demand dosing

- i. **n-PEP:** Non-occupational on-demand post exposure prophylaxis.

- ii. **“2.1.1” strategy:** Endorsed by WHO for MSM with [studies](#) under way.
- iii. **Rectal douches** with Tenofovir is a behavioural congruent approach for men who have sex with men (MSM) that is more protective than oral PrEP.

b) Long acting biomedical interventions

- i. **Voluntary medical male circumcision** for countries with generalized epidemics.
- ii. **The dapivirine vaginal ring** allows women to control HIV prevention using a discreet method. Vaginal rings are undergoing regulatory reviews in many countries due to effectiveness concerns as they depend on consistent use and improvements in combination with ARVs, longer durability and combination with hormonal contraception.
- iii. **Cabotegravir long-acting injectable (CAB-LA) PrEP** is showing [great promise](#), but there are [concerns](#) about resistance, tolerability and the need for oral top-ups to address the reduced protective cover of the injectable drug over time. Replacement of injectable CAB-LA with implants is showing promise.
- iv. **Islatravir** is a highly effective and potent ARV drug with a favourable tolerance and resistance profile. It allows for daily, weekly and monthly oral dosing and is available as a yearly implant.
- v. **HIV vaccines:** the only HIV vaccine demonstrating some level of efficacy was tested in the halted [RV144 and HVTN 702 clinical trials in Thailand and South Africa](#), respectively. Studies are under way to study the possible reasons for failure. A new vaccine candidate, **Mosaic Ad26**, might improve the likelihood of producing a durable immune response to the global pool of HIV genetic variations. **PrEPVacc** (PrEP + Vaccine) trials are also under way in Africa, and trials are currently evaluating the exciting option of using **broadly neutralizing monoclonal antibodies** (bNAbs) to prevention HIV infection in [future vaccine developments](#).

For further information, watch the satellite session on [HIV vaccines](#) and the prime session on [vaccines and cure](#).

Buchbinder stressed that person-centric programming and multiple strategies are needed to implement the various biomedical prevention modalities as MSM, transgender women and other key populations have important differences in their drivers of risk. Increased choice, client engagement and monitoring changing needs are clear determinants of success. Biomedical HIV prevention should go hand in hand with other primary prevention efforts supported by community engagement and political will to create a supportive enabling environment. [Watch recording>>](#)

[Bringing PrEP closer to home: Why is now the time for differentiated PrEP?](#)

6 July

Convened by AVAC, PATH, International AIDS Society

Within the at least 78 countries currently offering PrEP, there has been a low level of implementation of differentiated service delivery of PrEP, which offers longer refills and moves simplified services delivered by peers and community providers closer to people’s home. However, the onset of COVID-19 related lockdowns has accelerated the move towards more community-based or virtual models of care. This session highlighted how the rapid adaptation of PrEP programming in Ethiopia, Thailand and South Africa has resulted in much more differentiated and client-centered models through offering online, community, and private-sector service options to expand and maintain access. The models have drawn on the advantages of peers in identifying and reaching the most marginalized populations where they are. A moderated discussion with service providers, PrEP users, ministries of health, and global health agencies shared perspectives on how a differentiated approach to PrEP will be essential to significantly increase the uptake of PrEP in the future. [Watch recording>>](#)

One year after ECHO: Integration in the time of COVID-19

8 July

Convened by Family Planning 2020, AVAC

Evidence shows that integrated family planning (FP), HIV and sexually transmitted infection (STI) services can improve uptake across the board and reduce stigma. In 2019, the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial showed that there was no substantial difference in HIV risk among women using the three contraceptive methods studied (DMPA-IM, Jadelle implant, copper IUD), despite an overall high HIV infection rate among study participants. This satellite session reviewed gains made since and the impact of COVID-19 on HIV/FP services and efforts to integrate them. It further reflected on what the future of integration can and should look like.

The speakers highlighted the importance of working jointly with sexual reproductive health and HIV providers to overcome barriers in family planning clinics and to discuss HIV and offer risk assessments and counselling, including PrEP and continued provision of male and female condoms. The speakers further discussed that male involvement should be improved and increased in parallel with voluntary medical male circumcision. Management of STIs should also be improved and included in contraceptive services, using point-of-care diagnostics. The session concluded by calling for investments in woman-centred programs that offer a full range of contraceptive choices and HIV prevention strategies at the same site, time and with the same provider, and through an approach that is centred on women's informed choice. Expanding contraceptive access with integrated HIV prevention will help reach women – especially young women and girls – who are at HIV risk.

"We need new approaches... We're experiencing a cracking open of so many conversations that have needed to happen for so long. And I'm hoping that through that will come the courage for change.... I hope that we can step into that challenge of doing this differently together: hearing each other for the first time and responding in true empathic ways."

Beth Schlachter, Family Planning 2020

DREAMing Together: Investing in Comprehensive HIV Prevention Programming for Adolescent Girls and Young Women

6 July

Convened by U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

This satellite session reviewed the performance of PEPFAR's DREAMS programme with the aim of using data and lessons learned from implementation to improve and expand comprehensive HIV prevention programming for adolescent girls and young women (AGYW). The session described best practices and continued challenges in DREAMS based on the experiences of AGYW, PEPFAR technical experts and key DREAMS partners.

A recent evaluation of DREAMS' multi-sectoral, community-based approach to HIV prevention shows that the programme's main impacts relate to improvements in HIV knowledge, self-efficacy and testing, lower experiences of sexual violence, and limited shifts towards less risky sexual behaviours. Key lessons learned from five years of implementation showed that quality mentors are paramount to successful programme implementation, economic/livelihood strengthening is vital for

AGYW empowerment, and that programme implementers need a variety of tools to map community resources, identify male partners for risk reduction, and strengthen the capacity of programme mentors and non-health components of the programme, including M&E.

The presenters further highlighted the importance of leveraging sectoral efforts and coupling interventions targeting AGYW directly with community mobilization for norms change, school and community-based HIV and violence prevention initiatives, parent/caregiver programmes and social protection. [View presentations>>](#)

[Adolescent girls and young women: Evaluations including DREAMS evaluation](#) **On-demand**

Oral abstracts presented in this session noted that DREAMS increased the use of clinical services and PrEP for young female sex workers in [Zimbabwe](#) without having a statistically significant impact on HIV incidence, however the [Sista2Sista programme](#) showed positive effects on HIV and sexual and reproductive health outcomes for AGYW in the country. DREAMS had no impact on HSV-2 incidence in [South Africa](#), but results from the [ECHO trial](#) showed reductions in HIV incidence by integrating PrEP into standard prevention care for women. While there was no overall effect of adding cash transfers to the DREAMS package of services in [Tanzania](#), a trial in [Zambia](#) showed greater synergistic effects on adolescent sexual behaviours when combining economic support with community dialogue.

[Surfing the tech wave in HIV](#) **On-demand**

New/big data, novel analytics and digital platforms are transforming the world we live in. This bridging session focused on how the global HIV community can leverage advances in digital technology to improve scale, efficiency and targeting in the HIV response. A mix of experts, young people involved in digital service delivery and young social influencers presented how they are transforming the world through promotion of safe sex and HIV testing, linkages to HIV services, online peer counselling and the provision of accurate information and safe spaces to discuss sensitive issues.

Social media influencer Andrea Gunawan demonstrated how the creation of a safe virtual discussion space and social media campaigns allowed her to raise awareness on the importance of safer sexual behaviours, HIV testing and positive living with HIV, and to link her followers to HIV services. Influencer promotions accounted for 78 per cent of risk assessments conducted through the Jakarta online HIV programme **UpdateStatus**, and Andrea specifically referred 34 per cent of people that booked HIV services. She highlighted that influencers have broad reach and can elevate brand awareness among target audiences, but conversion can be low and hard to track. Social media is also used to provide information and **create demand for PrEP in Ghana** among MSM, without physical interaction and identification.

Peer online-to-offline HIV self-test project in China. Liting Xiao from Super Young presented lessons from the O2O (Online-to-Offline) model, which bridges the service delivery gap for adolescents and young people by providing alternative linkages with service providers. The O2O model has evolved over time based on adolescents' needs and offers a convenient and private alternative especially for young key populations. The second iteration now allows for online ordering of test kits, gender specific packaging, online peer-based counselling, and offline follow up, care and support.

For engagement of influencers, the following recommendations emerged:

- **Invest in the best:** Prioritize trustworthy influencers who use facts and genuinely care about the cause.
- **Constant engagement:** Use group chats to engage influencers in the programme, monitor and respond to issues on social media, and provide feedback and results.
- **It's a package deal:** Influencer promotions are maximized when used in combination with other methods. Online outreach workers can mobilize people reached by influencers, and ads will be more effective when people recognize the brand from an influencer who has used the same service. [Watch presentations>>](#)

4. COVID-19 and differentiated service delivery

COVID-19 mitigation approaches for HIV, tuberculosis, viral hepatitis and sexually transmitted infections

7 July

Convened by World Health Organization

In a matter of months, COVID-19 has changed daily life for people across the globe. This satellite session shared data and perspectives on how the pandemic is disrupting services related to HIV, tuberculosis and STIs. Meg Doherty, director of the Global HIV, Hepatitis and STI Programme at the World Health Organization, presented survey findings related to ARV stockouts and provided updated estimates on anticipated excess mortality and morbidity for HIV, hepatitis and STIs. The most affected services were HIV testing, viral load monitoring and services for key populations, and 73 countries reported a risk of ARV stock outs. Resilient responses observed included implementation of differentiated service delivery models, multi-month dispensing, community pick-up of ARVs, use of e-health and m-health technology, and strong community engagement. A global survey showed that fear of contracting COVID-19 plays a major factor in deterring people from accessing health services, elevating the importance of community-based health services, self-care and simultaneous management of multiple conditions.

The session discussed how to build back better, learning from the HIV and COVID-19 response thus far. Panellists highlighted a community-led response as central, calling for investments in networks and organizations of affected people to play an active role in governance, planning, delivery and accountability of HIV services within a universal health coverage and primary health care agenda.

Differentiated service delivery in 2020 – Responding to the needs of people living with HIV before, during and after COVID-19

7 July 2020

Convened by International AIDS Society

Since being endorsed in the 2016 World Health Organization guidelines, differentiated service delivery (DSD) has become a core component of HIV treatment programmes in sub-Saharan Africa. The COVID-19 pandemic has further highlighted the critical importance of ensuring that HIV services are adaptable, client-centred and community-led. This satellite session presented DSD programmes in Kenya, Sierra Leone and South Africa and how they have evolved during COVID-19. The speakers stressed that DSD goes beyond multi-month dispensing (MMD) and requires tailoring of traditional approaches to better meet the needs of different priority population groups, such as adolescents and children ([see decision framework](#)). The session further discussed lessons for DSD in a post-COVID-19 world, the role of public-private partnerships in expanding MMD models, and the need for costing of models to inform scale-up initiatives.

5. Data and financing

Demystifying data: Methodologies and monitoring for evidence-based approaches On-demand

This abstract driven session explored how data collection and monitoring approaches have been used to design and implement evidence-based programmes and policies for HIV services in different countries. Presenters included speakers from the University of Nairobi, FHI 360, Development Connections, Love Yourself Inc. and UNFPA. The speakers further provided advice on how to engage beneficiaries in evidence generation and policy advocacy. [Watch recording>>](#)

The role of cost analysis in strategic planning and budgeting processes

1 July

The International AIDS Economics Network (IAEN), UNAIDS, Bill & Melinda Gates Foundation

This pre-conference session reviewed the importance of adaptation of programmes for improved efficiencies from a costing point of view, the programme tools that are used by PEPFAR during the COVID-19 crisis, the use of costing data and other economic evaluations in South Africa as well as finance planning processes in Kenya to comply with the growing demand from international funders of doing more with less.

- Given **PEPFAR's** emphasis on evidence-based programming, an Implementation Tracking Template (ITT) has been developed that monitors changes in activities due to COVID-19 and uses the information to inform PEPFAR's programme performance. The information derived from the ITT is triangulated with programme data, which provide context for programme performance, budget reprioritization and reprogramming purposes.
- In **South Africa**, there has been an ongoing effort since 2004 to increasingly use costing data and economic evaluations in health programmes to inform decisions on universal health coverage (UHC) and health technology assessment structures. Preliminary data in six areas were analysed and main issues to consider were discussed in terms of implications for UHC. This includes prioritization of interventions based on burden of diseases and quality of life, resistance to specifying a single-value cost effectiveness threshold and the importance of benefiting from international models for technology assessment programmes such as the ones in Thailand (HITAP) and United Kingdom (NICE). Issues remaining include equity versus affordability; cost effectiveness versus affordability, and national versus international priorities.
- An **example from Kenya** focused on the need for better financing due to a high share of HIV within their health spending. PEPFAR remains the top contributor to domestic HIV funding followed by household out of pocket expenditures. To improve the quality of costing exercises, the country has started to address the sub-optimal use of national resources. A national technical working group (TWG) is overseeing the development and use of unit cost repositories through a reference case. The TWG sets up and looks at all cost categories across the HIV programme and compare them with the reference case, which is able to capture all data in the repository anchored within the bureau of statistics. [Watch recording>>](#)

This report was coordinated and edited by Rikke Le Kirkegaard, Programme Specialist at UNICEF New York Headquarters, through invaluable session summaries received from Morekolodi Kakambi, HIV Officer, UNICEF Botswana; John George Ng'ariba, HIV/AIDS Specialist, UNICEF Tanzania; Shirley Mark Prabhu, HIV/AIDS Specialist, UNICEF EAPRO; Laurie Gulaid, Regional HIV Adviser, UNICEF ESARO; Jacqueline Kabambe, HIV/AIDS Manager, UNICEF Uganda; Geoffrey Chipungu, HIV/AIDS Specialist, UNICEF ESARO; Francisco Ramirez, Consultant, UNICEF NYHQ; Najin Nasrebi, Resource Mobilization Specialist, UNICEF NYHQ; Bettina Schunter, HIV/AIDS Specialist, UNICEF Somalia; Puveshni Crozier, HIV/AIDS Specialist, UNICEF ESARO; Mireille Tribie, HIV/AIDS Specialist, UNICEF Mozambique; Tanya Phiri, Volunteer Engagement Specialist, UNICEF Botswana; Maria Souza, Consultant; UNICEF NYHQ; Adaobi Chukwudozie, HIV/AIDS Manager, UNICEF Botswana; Luula Mariano, Maternal & Child Health Specialist, UNICEF ROSA; Terezah Alwar, Adolescent & HIV/AIDS Specialist, UNICEF Kenya; Nande Putta, Programme Specialist (Child Survival), UNICEF NYHQ.