



**COVID-19 and
Children Living
with HIV:**

**Preventing
widening
inequalities**

Recommendations and
response to recent
projections from
UNAIDS and WHO

June 2020

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

COVID-19 and Children Living with HIV: Preventing widening inequalities

Recommendations and response to recent projections
from UNAIDS and WHO | 10 June 2020

WHAT IS AT STAKE?

Modelling studies recently released by UNAIDS and WHO¹ 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 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



COMPOUNDING FACTORS

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.”²

For the first time in 30 years, global poverty will increase and, as millions more people are pushed into extreme poverty,³ women and children will disproportionately bear the impact.

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 trauma⁴ among the generation raised during the pandemic.

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.

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.

A MULTI-SECTORAL APPROACH

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 ⁵

Country	Estimated HIV-related deaths in 2018	Excess deaths in 2020 due to lock down
Cameroon	18,000	18,000
Côte d’Ivoire	16,000	13,000
Eswatini	2,400	6,100
Kenya	25,000	58,000
Lesotho	6,000	14,000
Malawi	13,000	34,000
Mozambique	54,000	92,000
Nigeria	53,000	65,000
South Africa	71,000	210,000
Tanzania	25,000	48,000
Uganda	23,000	52,000
Zimbabwe	21,000	48,000

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 lock downs, 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 lock downs, 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.

FINAL THOUGHTS

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

@UNICEF_AIDS

References

1. UNAIDS and WHO. (2020, 11 May). The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV [Press release]. Accessed 3 June 2020, https://www.unaids.org/sites/default/files/20200511_HIV_modelling_PR.pdf
2. 'COVID-19 pandemic 'quickly becoming a child rights crisis': Daily death rate could spike by 6,000 for under-fives,' UN News, 12 May 2020. Accessed 3 June 2020, <https://news.un.org/en/story/2020/05/1063822>
3. 'The impact of COVID-19 (Coronavirus) on global poverty: Why Sub-Saharan Africa might be the region hardest hit,' World Bank Blogs, 20 April 2020. Accessed 3 June 2020, <https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest>
4. Newkirk II, V 2020, 'The kids aren't all right,' The Atlantic, 24 March 2020. Accessed 3 June 2020, <https://www.theatlantic.com/health/archive/2020/03/what-coronavirus-will-do-kids/608608/>
5. Stover J, Chagoma N, Taramusi I, et al. Estimation of the Potential Impact of COVID-19 Responses on the HIV Epidemic: Analysis using the Goals Model. Pre-print. medRxiv 2020.05.04.20090399; doi: <https://doi.org/10.1101/2020.05.04.20090399>

