

United Nations High-Level Meeting on AIDS 2021
End inequalities. End AIDS.

A world with no children and adolescents with AIDS

On 8-10 June 2021, world leaders will convene at the United Nations High Level Meeting on HIV and AIDS. These key calls aim to yield an evidence-based and bold political declaration that recommends ending AIDS by eliminating treatment and prevention inequalities among children, adolescent and young mothers.

I. KEY CALLS TO ACTION

With the unprecedented increases in inequalities and poverty induced by the COVID-19 pandemic, the global AIDS community urges governments to commit to people-centered, resilient and sustainable HIV responses, focusing on human rights and equity, to be delivered through strengthened primary health care services and communities.

Donors, policymakers and stakeholders should recommit to ending AIDS in children and adolescents as a public health threat by 2030 by:

1. Rethinking strategies and actions to eliminate vertical transmission of HIV by innovative and effective ways of preventing new infections among pregnant and breastfeeding adolescents and women, ensuring the population living with HIV is initiated on antiretroviral HIV treatment before conception and retaining mothers living with HIV in care and on treatment during pregnancy, delivery and throughout the breastfeeding period;
2. Identifying infants, children and adolescents living with HIV through innovative testing strategies and technologies and ensuring that all children and adolescents receive optimal antiretroviral treatment regimens;
3. Supporting communities and health care providers to implement necessary interventions that enhance and intensify responses through strengthened primary health care services; and
4. Identifying partnerships for resources and innovations to “build back better” during and beyond COVID-19, recognizing that the concurrent pandemics of COVID-19 and HIV may result in more infections in children as well as fewer children, adolescents and mothers on treatment with overall additional deaths in children and adolescents living with HIV.

II. Fact Sheet: AIDS Epidemic 2020 in Children and Adolescents

HIV remains a major public health threat in children and adolescents.

Each day in 2019:

- more than 800 children and adolescents became infected with HIV, and
- 310 of them died from AIDS-related causes.

Despite the progress made in both prevention and treatment of HIV, none of the 2020 targets were achieved.¹

- Globally, the number of AIDS-related deaths among children and adolescents aged 0–19 has fallen by more than one-half (53 per cent) since 2000 because of expanded treatment services. Children living with HIV are now more likely to survive into adolescence or adulthood. But even though the number of deaths has declined, deaths in children under five still account for the majority of deaths (60 per cent in 2019) among children aged 0–19 living with HIV.
- Globally, only 53 per cent of children (aged 0-14) living with HIV had access to antiretroviral HIV treatment in 2019, an increase by only 12 percentage points (from 41 to 53 per cent) over the last 4 years. Paediatric antiretroviral HIV treatment coverage in the last decade has lagged behind the coverage for pregnant women (85 per cent) and all adults living with HIV (62 per cent).
- In 2019, three in five (60 per cent) infants born to pregnant women living with HIV received a virological test for HIV by their 2nd month of age.
- Globally, 85 percent of pregnant women living with HIV accessed antiretroviral HIV treatment, 95 per cent in Eastern and Southern Africa.
- Despite remarkable success in previous years, globally, the rate of progress in accessing antiretroviral HIV treatment in pregnant women, to improve the health of mothers and reduce vertical transmission of HIV, has stalled since 2016. HIV treatment coverage for pregnant women living with HIV increased by 37 percentage points between 2010 to 2015 and only 5 percentage points from 2016 to 2019.
- In 2019, four regions² with low and concentrated HIV epidemics, including West and Central Africa, had less than 60 per cent antiretroviral HIV treatment coverage among pregnant women that contributed to very little reduction in new HIV infections in children and adolescents (0-14). However, 13 countries and territories in low and concentrated epidemics have been certified by WHO in these regions to date.

¹ i) New child HIV infections in 2019 is 150000. Target for 2020 is 20000. ii) New HIV infections among adolescent girls and young women in 2019 is 280000. Target for 2020 is 100000. iii) Children living with HIV receiving ART in 2019 is 950000. Target for 2020 is 1400000.

² Middle East and North Africa, South Asia, East Asia and the Pacific, West and Central Africa.

III. Attention to Programme Managers/Implementers:

Priority Actions for closing the programme gaps for children and adolescents:

1. Urgently close the persistent testing and treatment gaps for children and adolescents living with HIV by:

1.a Fully utilizing the Service Delivery Frameworks for infants, children and adolescents living with HIV developed by national partners, global AIDS practitioners and civil society members, including WHO guidelines on HIV diagnosis, treatment and service delivery;

1.b Improving infant diagnosis, as recommended by WHO, through expanded point of care diagnostic platforms in primary health care facilities, with poor access to laboratory-based testing, for rapid turn-around of results and same day initiation of HIV treatment;

1.c Promoting effective case-finding through provider-initiated rapid HIV testing of children and adolescents through families, community care points and primary health care facilities and **expanding index family-based testing** through trained community providers to reach undiagnosed children of all people living with HIV whilst safeguarding core ethical practices of providing care, especially disclosure of personal information;

1.d Supporting country participation in HIV drug resistance testing programmes for control and surveillance of HIV drug resistance;

1.e Transitioning children to optimal antiretroviral regimens by rapidly adopting and rolling out new child-friendly therapeutic options, such as dolutegravir;

1.f Strengthening differentiated service delivery and linkages between health systems and communities to enhance efforts to locate and link children living with HIV to antiretroviral HIV treatment as well as ensure appropriate adherence and retention in care. Given the stellar role played by communities in continuing with services in response to COVID-19 disruptions, community led responses must be made core part of resilience building and designing cost-effective interventions that ensure maximum health and social protection outcomes.

2. Travel the last mile of elimination of vertical transmission of HIV:

Fully implement the Last Mile to eliminating mother to child transmission Road Map, developed jointly by UNICEF, WHO, PEPFAR and UNAIDS, to reach all pregnant women and adolescent girls living with HIV with treatment, improve systems for retaining them in care and provide primary HIV prevention services in antenatal and post-natal services to keep all pregnant and lactating women and adolescent girls negative. Recognizing the *last mile challenges*, UNAIDS, UNICEF, WHO and partners urge member states to:

2.a Adopt a structured and coordinated approach to review and understand remaining challenges for more effective allocation of resources to close the gaps.

2.b Strengthen use of data, particularly at decentralised levels and within facilities, for optimal planning and tracking to identify geographies and programme areas with persisting gaps.

2.c Ensure rapid implementation and scale-up of new and potential **game-changers** for HIV prevention and treatment, including peer-led programmes, novel testing technologies such as self-testing and new drugs for HIV treatment and prevention.

2d Integrate HIV responses with sexual and reproductive health services and antenatal and postnatal care services through a multisectoral approach and extensive community outreach programmes by peer networks to ensure prevention of HIV infection, access to HIV testing, immediate treatment initiation, and support for lifelong viral suppression among all adolescents and young women.

2e Empower mothers, especially adolescent girls and young women, as independent individuals and as agents-of-change to take charge of their own health, by creating an environment that provides them protection, resources, space and confidence for personal growth and development through keeping girls in school, supporting them with cash transfers and providing social protection support.

Annex 1: UNSG Advocacy Calls for HLM-AIDS 2021

1. Reduce and end the acute and intersecting inequalities that are obstructing progress to end AIDS.
2. Prioritize HIV prevention and ensure that 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options by 2025.
3. Close gaps in HIV testing, treatment and viral suppression that are limiting the impact of HIV responses and achieve by 2025 the 95–95–95 testing and treatment targets within all subpopulations, age groups and geographic settings, including children living with HIV.
4. Eliminate vertical HIV transmission and end paediatric AIDS.
5. Put gender equality and the human rights of women and girls in all their diversity at the forefront of efforts to mitigate the risk and impact of HIV.
6. Implement the GIPA (Greater Involvement of People Living with HIV/AIDS) principle and empower communities of people living with HIV, women, adolescents and young people and key populations to play their critical HIV response roles.
7. Respect, protect and fulfil the human rights of people living with, at risk of and affected by HIV and ensure by 2025 that less than 10% of people living with HIV and key populations experience stigma and discrimination.
8. Enhance global solidarity to close the HIV response resource gap and increase annual HIV investments in low- and middle-income countries to US\$29 billion by 2025.
9. Accelerate progress towards universal health coverage and strong primary health care systems, build forward better and fairer from COVID-19 and humanitarian crises, and strengthen global health security and future pandemic preparedness.
10. Leverage the 25 years of experience, expertise and mandate of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in building multisectoral, multi-stakeholder and rights-based collaborative action to end AIDS and deliver health for all as global public good.