THE GLOBAL ALLIANCE TO END AIDS IN CHILDREN

VISION

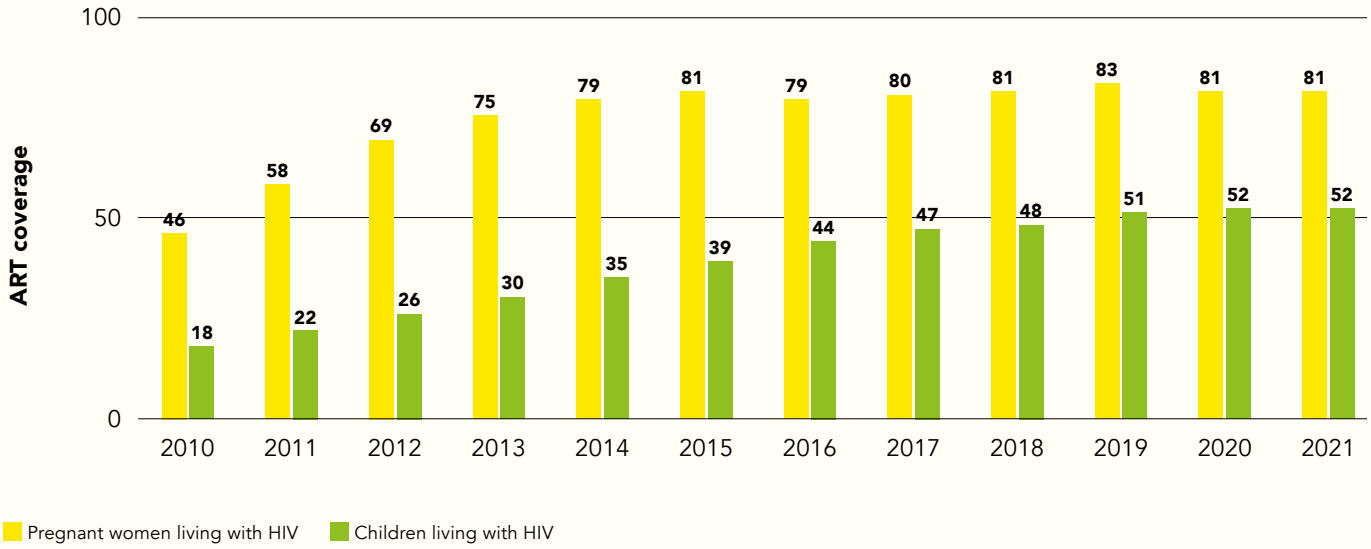
An end to AIDS in children, achieved through a strong, strategic, and action-oriented alliance of multisectoral stakeholders at national, regional, and global levels that works with women children and adolescents living with HIV, national governments, and partners to mobilize leadership, funding, and action to end AIDS in children by 2030.

WHY IS A NEW ALLIANCE NEEDED?

There has been remarkable progress in some countries in providing antiretroviral therapy (ART) to pregnant women living with HIV. By the end of 2021, 12 countries in sub-Saharan Africa reached the target of 95% ART coverage in pregnant women; and Botswana was the first high prevalence African country to be validated as being on the path to eliminating vertical transmission of HIV.

At the global level, however, **we are far from ending new HIV infections in children**. There are HIV high burden countries and settings where **progress in preventing vertical transmission has flatlined.** In addition, **challenges with the quality of care persist,** with poor uptake of testing, gaps in ART initiation, low retention rates and poor adherence to HIV treatment. The COVID-19 pandemic has thrown us further off track – between 2019 and 2021, ART coverage among pregnant and breastfeeding women declined in some countries.

FIG 1. Proportion of people living with HIV receiving treatment, global, 2010-2021



1.2 million

children and adolescents living with HIV (0-19 years) are untreated

One of the most glaring disparities of the AIDS response to date **is the failure to provide life-saving treatment to children and adolescents** living with HIV. While 81% of pregnant women living with HIV and 76% of adults overall were receiving antiretrovirals in 2021, only 52% of children (0-14 years) were accessing ART.

There is also a significant treatment coverage gap in adolescents 15-19 years. Although data in this population is limited, among 21 sub-Saharan countries reporting in 2021, only 55% of adolescents were on treatment.

It is estimated that **800,000 children and adolescents living with HIV (0-14 years) are untreated**, even though new testing technologies including point of care EID and HIV self-tests are more widely available, and recently approved paediatric ART options are better tolerated, more effective and cheaper than ever before. Another estimated **400,000 adolescents (15-19 years) many of whom were likely recently infected are not receiving treatment.**

Stigma, discrimination, punitive laws and policies, violence and entrenched societal and gender inequalities hinder access to care for women, adolescents and children. Robust global, national, and local political support for preventing vertical transmission of HIV and paediatric and adolescent treatment is often lacking, with correspondingly low prioritization of these activities in national

POPULATIONS OF FOCUS

- Children (0-14 years) and Adolescents (15-19 years) Living with HIV
- Children exposed to HIV
- Pregnant and Breastfeeding Girls and Women who are Living with HIV including marginalized and key populations
- Pregnant and Breastfeeding Girls and Women who are HIV-negative but at risk of HIV

strategies, plans, and budgets. Insufficient investment in community-based or -led services also hampers access to testing, treatment and retention in care, especially for the most vulnerable populations such as adolescent key populations, sex workers and their children and women and children living in rural areas.

Over the past decade, the global community of HIV stakeholders has coordinated efforts to address these inequities and challenges launching two major global initiatives to eliminate vertical HIV transmission and end paediatric AIDS. From 2011 to 2015, the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive ("Global Plan") was **largely successful in increasing national and global attention to the prevention of vertical transmission**.

Following the end of the Global Plan, in 2016, **the Start Free Stay Free AIDS Free Partnership (3-Frees)** was created to build on the initial success and expand the focus to include treatment for children and HIV prevention among adolescents and young women. However, despite some successes the 3-Frees partnership had limited global impact due to challenges in sustaining long-term leadership, lack of consistent funding, and insufficient engagement with national leaders and communities of women living with HIV.

Year on year, the same poor progress has been reported towards global and national targets for children and adolescents. Despite available, affordable and highly effective tools and programming strategies to diagnose and treat HIV among children, adolescents and pregnant and breastfeeding women, large **service gaps for these populations remain.**

The launch of a new Global AIDS Strategy in 2021 and last year's Political Declaration on HIV and AIDS provides an opportunity to redirect our attention and redouble our efforts to end AIDS in children.

To this end, UNAIDS, networks of people living with HIV, UNICEF and WHO together with technical partners, PEPFAR and Global Fund propose a new **Global Alliance to end AIDS in children,** which seeks the broad participation of stakeholders, national governments, implementing agencies, regional and country-based organizations, faith-based and community partners including women children and adolescents living with HIV. It will measure progress towards the bold targets of the SDGs and focus on the priority actions for children defined in the new Global AIDS Strategy 2021-2026. The Alliance will seek to apply the lessons learned from the Global Plan and the Three-Frees framework to amplify what worked and avoid some of the pitfalls of past initiatives. The work of the Alliance will be aligned to **four pillars.**

i

Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with and children exposed to HIV

ii

Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission

iii

Preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women and

iv

Addressing rights, gender equality and the social and structural barriers that hinder access to services

WHAT WILL THE ALLIANCE DO?

In line with the commitments and recommendations of the Global AIDS Strategy and the 2021 Political Declaration of the UN High Level Meeting, and in keeping with the findings of the stakeholder survey that was distributed globally to inform the need for a new initiative for children, the Alliance will:

1. Advocate for and mobilize **worldwide**[1] **leadership, political commitment and resources** for urgent action to address inequities and end AIDS in children;

2. **Galvanize action in partner**[2] **countries at national government and community levels** by assessing and addressing inequalities, programme gaps and structural barriers across the four pillars of work;

3. **Stimulate innovation and technical excellence** within and among countries by promoting the sharing of knowledge and experience among affected communities and country programmes and across relevant sectors.

4. Create and implement a **mutual accountability framework** around shared targets and commitments.

1. The term "worldwide" in this and other contexts is used to signify leadership coming from global, regional, country and community levels.
2. Partner countries are priority countries that have opted-in to take on a leadership role in the Alliance. Over the 9-year period from 2022 to 2030, three phases are envisaged with each phase led by a different set of partner countries.

HOW WILL THE ALLIANCE WORK

The Alliance will incorporate learning from the successes and shortcomings of past initiatives such as the Global Plan and the 3-Frees and country programmes by:

- **Building momentum over a longer period – 9 years from 2022 to 2030** in three phases, each of which will be characterized by the involvement and leadership of different regional and national partners;
- **Promoting more inclusive leadership** and **country ownership** with the active participation of national programmes as well as affected communities – especially children, adolescents, pregnant women and mothers living with HIV, **to jointly lead, develop and execute implementation plans;**
- **Boosting existing initiatives to end AIDS in children**[3]**,** with the commitment to coordinate and collaborate and celebrate shared successes, **promoting advocacy** and **ensuring senior high-level engagement** from key partners including UNAIDS, PEPFAR, WHO, UNICEF, GF and global networks of people living with HIV and affected communities to drive support for the initiative;
- **Ensuring countries have the resources** they need through resource mobilization across partners, donor coordination and innovative financing;
- **Increasing accountability** at global and country levels through **supporting development of data dashboards** and **a monitoring and evaluation framework** that emphasizes the shared responsibility of all actors in the success of the Alliance including the community.

3. Examples of ongoing initiatives: the Eastern and Southern Africa Regional Inter-Agency Task Team on Children Affected by AIDS; Education Plus; the Global Accelerator for Paediatric-formulations; the Global Prevention Coalition; the Paediatric Adolescent HIV Learning Collaborative for Africa, the Rome Action Plan and the Triple Elimination Initiative.

HOW WILL THE ALLIANCE BE ORGANIZED?

Actors at community, national, regional and global level will work together in a process of co-creation to implement the work of the Alliance. This broad set of actors will participate in one or more of the Alliance's four structures:

1

Worldwide Leadership Forum to guide the Alliance, ensure accountability and political commitment, mobilize resources and conduct advocacy. A steering committee comprised of representatives of networks of people living with HIV, partner countries, UNAIDS, WHO, UNICEF, PEPFAR, Global Fund and key stakeholders will headline the leadership group, but all alliance members will be represented within the group. The importance of community engagement, involvement and participation is a key organizing principle for the Alliance. To that end a **Community Oversight Taskforce** is envisaged within the Leadership Forum, whose role will be to ensure the meaningful representation of communities across the Alliance's four groups and to support community-led monitoring to assess the effectiveness of the Alliance from a community perspective;

2

Regional Hubs led by regional community partners, organizations and institutions and supported by the respective UNAIDS, WHO and UNICEF regional offices. The regional hubs will work in close collaboration with relevant regional economic and political bodies and provide hands-on technical support to partner countries and support reporting and progress monitoring;

3 **Partner Country Teams** will be constituted in-country under the leadership of the Health Ministry to direct implementation. Country Teams will include community representatives, members of the in-country HIV technical working group (TWG) and lead implementing partners;

4 **Global Working Groups** organized around specific themes such as technical and programme guidance for the four pillars of the Alliance, M&E approaches, advocacy efforts, increasing community engagement, challenging structural barriers etc. The working groups will be constituted as needed, coordinate with the regional hubs to pool expertise, to be mutually supportive and avoid duplication of efforts, and will evolve year-by-year to address emerging gaps.

A secretariat, comprising UNAIDS, WHO and UNICEF will support these structures and ensure consistent and clear communication between the different working parts of the Alliance.

HOW WILL PROGRESS BE TRACKED?

To facilitate progress monitoring and increase accountability to the pediatric, adolescent and vertical transmission targets of the new global AIDS Strategy, a dashboard will be developed to capture the key data points relevant to track the success of the Alliance. The dashboard and associated monitoring and evaluation framework will be co-created by a working group of the Alliance.

HOW WILL WE ADVOCATE WITHIN AND BEYOND THE ALLIANCE?

A key tool to enhance the work of the Alliance will be robust, multilayered advocacy, at global and national levels to sustain and increase public and private sector investments, build political will, mobilize resources, help to change laws and policies that are barriers to care, sensitize communities, and promote the role of networks of PLHIV. Advocacy efforts will be important within all the structures of the Alliance and will be embedded at every stage of implementation. For example—communications and social media engagement around the launch of the alliance, national dialogue to develop advocacy roadmaps in-country, tools for community outreach and involvement, advocacy materials for fundraising and resource mobilization etc. An important principle underpinning the advocacy work will be that of working jointly across partners and communities. The regional hubs will also support south-south sharing of advocacy materials.

WHAT INTERVENTIONS WILL BE PRIORITIZED?

A key principle of the Alliance is to follow a "bottom up" approach to country support and focus on those activities that best respond to the needs identified by in-country communities and partners. Within each of the four pillars, Alliance members will identify a short-list of proven high-impact interventions to be prioritized to bring them to scale as rapidly as possible.

PILLAR 1

Accessible testing, optimized treatment and comprehensive care for infants, children, and adolescents living with and exposed to HIV

- Multi-modality testing programmes to find and link all infants, children and adolescents living with HIV
- Data-driven differentiated service delivery
- Optimal ART for children and adolescents per WHO guidance
- Improving quality of care, inc viral load monitoring, integrated comprehensive care and mental health services
- Addressing the needs of adolescents living with HIV
- Promoting cross-sectoral collaboration, for example with early childhood development, nutrition, education, mental health, child protection and social protection.

PILLAR 2

Closing the treatment gap for pregnant and breastfeeding adolescent girls and women living with HIV and optimizing continuity of treatment

- Promoting integrated "triple elimination" of vertical transmission of HIV, syphilis and hepatitis B
- Adopting differentiated approaches to increase PMTCT coverage

- Addressing needs of pregnant and BF adolescents with HIV
- Improving quality of care including VL testing and mental health
- Sharpening longitudinal data collection and promoting viral load monitoring and psychosocial support to improve continuity of care

PILLAR 3

Preventing and detecting new HIV infections among pregnant and breastfeeding adolescent girls and women

- Implementing partner testing and HIV retesting in HIV-negative pregnant and breastfeeding women and girls.
- Utilizing innovative prevention technologies in ANC and postnatal care
- For adult men, increasing access to and uptake of HIV testing and HIV prevention information and services

PILLAR 4

Addressing rights, gender equality and the social and structural barriers that hinder access to services

- Using gender- and age-disaggregated data on coverage to adapt and transform programmes
- Supporting countries to adopt and track the 10:10:10 targets defined in the Global AIDS Strategy to challenge legal impediments to care, promote gender equality and address stigma and discrimination
- Building awareness and capacity in communities to track progress and hold the Alliance accountable
- Resource adequate community-led monitoring to document rights violations and experiences of quality of care
- Utilize data from the Stigma Index to strengthen advocacy that progresses human rights and gender equality and challenges stigma, discrimination and criminalization
- Strengthen the meaningful representation of women, children and adolescents living with HIV in decision making processes

HOW WILL THE ALLIANCE WORK WITH PARTNER COUNTRIES?

While all countries are invited to join the Alliance, during Phase 1, the focus will be on countries with a high overall burden of HIV, with low coverage of testing and treatment among pregnant and breastfeeding women living with HIV or with significant gaps in identifying and treating children living with HIV.

HOW CAN I LEARN MORE ABOUT THE ALLIANCE?

For further information about the Alliance, including how to join as a Member and for a French language version of this brochure please click on the link or scan the QR code below:


World Health
Organization


UNAIDS


unicef
for every child