



Addressing the global HIV epidemic among pregnant women, mothers, children and adolescents

UNICEF's Global HIV Response 2017–2021

Summary

UNICEF has long been at the heart of efforts by the global community to put the HIV epidemic into an irreversible and rapid retreat, particularly as it affects children and adolescents, pregnant women and mothers. Our global HIV response in 2017-2021 is guided by the vision of an AIDS-free generation in which all children are born HIV-free and remain so through adolescence and into adulthood, and children, adolescents and women living with HIV have access to the treatment and care that are needed in order for them to survive and thrive.

At the core of our mandate are children and adolescents, pregnant women and mothers, particularly the most disadvantaged. Adolescent girls are a focus of UNICEF's global HIV response, given their multiple vulnerabilities and their disproportionate share of new infections in sub-Saharan Africa. Adolescents within marginalized populations – such as adolescents who inject drugs, boys who have sex with other males, transgender boys and girls, adolescents who sell sex – are also a key focus of the programme, in line with UNICEF's focus on the human rights of all children without discrimination.



Tecla, 6 months, is weighed at a routine health care visit. Her mother is living with HIV, but was able to prevent transmission of the virus to her daughter.

UNICEF's HIV response in 2017-2021 has three core objectives: eliminate new HIV infections in children through expanded programmes for the prevention of mother-to-child transmission of HIV (PMTCT); test, treat and retain children, adolescents and mothers in antiretroviral treatment (ART) and care, to reduce HIV-related mortality; and scale up targeted combination HIV prevention for adolescents. UNICEF will focus on expanding current initiatives centred on children's first and second decades, while also shifting focus to 'go the last mile' and bring the most marginalized adolescents and communities into reach. In working to end AIDS in children, UNICEF continues to partner with governments, a range of donors and implementing partners, and our sister agencies within the United Nations family.

Progress

Through the guidance and leadership of UNICEF and partners, the scale-up of prevention of mother-to-child transmission of HIV services (PMTCT), particularly in the past five years, has proven to be one of the greatest public health achievements of recent times. Services are increasingly integrated, new ways of delivering them have been introduced, and antiretroviral (ARV) regimens to prevent children from acquiring HIV and support maternal health have improved. Achievements such as these help explain how nearly 2.4 million new infections in children (0-14 years) have been averted by PMTCT programmes since 2000.

While the success of PMTCT is indisputable, progress remains uneven. Notable gaps continue to exist. An estimated 160,000 children around the world below the age of 15 were newly infected with HIV in 2016, and approximately 88 per cent of them live in sub-Saharan Africa. The effective use of ARVs to treat HIV in children has lagged behind that of their mothers. More than half (57 per cent) of children aged 0-14 years living with HIV did not receive ART in 2016. For the young children who did receive ART, it often came too late to save their lives.

As measured by the annual number of new infections, the pace of progress in preventing HIV has been slower among adolescents aged 15-19 years than among young children aged 0-14 years. Even more worrisome are recent UNICEF projections indicating the potential for the number of new HIV infections among adolescents to rise between now and 2030 - even if current rates of progress are maintained - due to the increasing population of adolescents in regions most heavily affected by HIV.

Adolescent girls and young women continue to be disproportionately affected. Globally in 2016, two thirds of new infections among adolescents aged 15-19 years were among girls; and in sub-Saharan Africa, nearly three in four new infections in this same age group were among girls. Only 26 percent of adolescent girls in this region have comprehensive HIV knowledge, and most lack access to the combination of HIV prevention services that take account of the multiple vulnerabilities girls face.

HIV disproportionately affects the most vulnerable and social excluded, regardless of country or region: males who have sex with other males, individuals engaged in sex work, and people who use drugs. Adolescents, girls and members of vulnerable populations tend to be most at risk of contracting HIV and are least likely to have access to treatment and other services.

UNICEF's Global HIV Response

UNICEF's global HIV response encompasses the design of interventions under three core objectives – eliminating new HIV infections in children through expanded PMTCT programmes; testing, treatment and retention for children, adolescents and mothers to reduce HIV related mortality; and scaling up targeted combination HIV prevention for adolescents – with strategies and targets adapted to each region and country. Goals and strategies address existing opportunities to complete unfinished business for mothers, children and adolescents in the country; while objectives and targets will align with those of the new Start Free, Stay Free, AIDS Free initiative and the UNAIDS Fast-Track Strategy.

UNICEF is focused on the following four strategic areas to generate the greatest impact for children, adolescents and mothers living with and at risk for HIV.

CONTEXT-SPECIFIC PRIORITIES AND INTERVENTIONS

Because the HIV epidemic affects mothers, children and adolescents differently from region to region and country to country, programmes are tailored to specific needs and opportunities as well as countries' prioritized for support. Understanding the situation of child and adolescent populations is crucial if they are to be reached at the right times, in the right places, and with the right combination of approaches that meets their needs. Service delivery is differentiated by country, according to the need for an intensified or targeted approach, or an approach based in advocacy and tracking the epidemic and response.



UNICEF's context-specific interventions are rooted in a four-pronged approach: identifying HIV epidemiology gaps and inequities; measuring the strength of government and community systems to provide a balanced response; advocating for increased stakeholder investment; and relying on UNICEF's comparative advantage to guide and support innovative practices, programmes and advocacy, and facilitate learning.

UNICEF regularly applies modified versions of this four-pronged approach at national, sub-national and community levels. Working in this way helps partners and stakeholders to better track HIV resources, epidemiology and responses and to design projects that close current gaps or address national inequalities that affect the HIV response. It also shows where support to governments and local partners can be increased in scaling up programmes that work, or in implementing newer systems that are efficient, effective and equitable. UNICEF

will focus on unmet needs, which depend greatly on the presence, capacities and level of investment of all stakeholders in the HIV response: governments; civil society, including affected communities; the private sector; and development partners.

INTEGRATION OF HIV PREVENTION AND TREATMENT

UNICEF has played a leading role in integrating HIV in programmes across both decades of childhood. This is done based on the realization that improved and equitable use of prevention and treatment interventions can only occur when HIV is taken 'out of isolation' and integrated into a range of maternal, newborn, child and adolescent programmes, platforms, policies and campaigns.



The 'Double Dividend' framework, developed by UNICEF with partners, promotes a programming approach that aims to improve paediatric HIV care and child survival in populations where children are at high risk of being infected with HIV. Efforts to integrate paediatric HIV testing and treatment with other child health services (e.g., routine vaccinations) are showing promise as they can help identify cases of HIV among children missed by PMTCT programmes and facilitate treatment initiation.

There is evidence that integration bolsters health outcomes and efficiency gains. Going beyond health, however, the HIV response needs to integrate issues of gender, protection and education in order to address the underlying social, economic and political barriers that impede better HIV outcomes. For example, UNICEF has been reaching children in nutrition centres and providing HIV tests to severely malnourished children. This has facilitated diagnosis and referral to HIV treatment programmes, and has helped to address underlying causes of malnutrition in many children.

Early evidence shows that HIV-integrated services – delivered through decentralized management and service delivery systems, and health, education, justice and protection sectors – can contribute to the efficient and effective implementation of HIV interventions and lead to broader development outcomes. Such integration approaches also have beneficial impacts on countries' efforts to meet the Sustainable Development Goals (SDGs).

▲ STRENGTHENED AND LEVERAGED PARTNERSHIPS

UNICEF's primary donors and implementing partners are comprised of people living with and affected by HIV; governments at various levels; non-governmental organizations from other sectors, including civil society and youth organizations (in which communities and faith-based organizations, among others, are grouped); the private sector; and academia. Donors and implementers of contemporary AIDS responses are responsible for nearly US\$22 billion annually – funds that support activities implemented by a variety of actors often in partnership with UNICEF.



Through the use of data and programme reviews taking into consideration the broader regional and/or country context, UNICEF continually assesses its partner engagement to determine what is being done for mothers, children and adolescents and AIDS; what is being done but requires additional support, strengthening or redirection; and what is not being done. By answering these questions, UNICEF can strengthen and redirect its efforts, including by assisting its partners and other stakeholders in effectively advocating for financial resources and identifying and using technical innovations.

For example, UNICEF works with organizations of people living with and affected by HIV and leverages resources for them to support HIV-specific outcomes, while also advancing other health and development outcomes, such as the prevention and treatment of tuberculosis, pneumonia and diarrhoea, and the promotion of non-discriminatory laws and policies. Also important is UNICEF's support in reforming and strengthening social protection components of HIV services and programmes; maternal, child and adolescent health programmes; and relevant social, legal and economic policies and/or research competencies. These are all part of an overall effort to slow HIV transmission, improve access to care and treatment, and eventually bring an end to AIDS among children and adolescents.



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Artem, 14, sits on a wall outside a shelter in the port city of Odessa. The shelter provides an HIV/AIDS-awareness and prevention outreach programme for children who live or work on the streets.

▲ INNOVATION AND KNOWLEDGE LEADERSHIP

UNICEF's knowledge leadership – particularly in areas of programming, data sharing and collaborative learning – has guided the discourse on HIV prevention, treatment, care and support for children and adolescents living with HIV. Building on its leadership in these areas, and the availability of a larger volume of global data that are more extensively disaggregated today than in the past, UNICEF is working to increase the evidence base to drive the response and to motivate partners and decision makers on how best to address the needs of the most vulnerable and marginalized children and adolescents.



The first step involves advocating for more comprehensive and granular data so that governments understand the benefit of expanding the scope and quality of their statistics. The second step is to strengthen data systems at regional, national and local levels so that stakeholders can more effectively map the trajectory of the HIV epidemic in specific locations, zero in on gaps in the response, and address social determinants of HIV across both decades of childhood. A third, and critical, aspect is to engage young people in design, planning, service delivery, demand creation, and monitoring and evaluation in order to achieve better results.

UNICEF supports partners and countries in generating, synthesizing and disseminating evidence, with a specific focus on evidence of what works in locating children and adolescents, pregnant women and mothers who are breastfeeding, linking them to HIV-specific services and HIV-relevant services, and retaining them in care and treatment.

In creating a Learning Collaborative, UNICEF is consolidating its leadership in the application of science, innovation and knowledge management. For example, UNICEF continues to engage partners in generating evidence on pre-exposure prophylaxis (PrEP), biomedical innovation for HIV prevention among adolescents, and the use of social protection, including cash transfers, to alter HIV outcomes for girls and in broader health outcomes, such as teenage pregnancy and educational attendance.

Furthermore, UNICEF's work on digital platforms such as U-Report and Rapid Pro offers the potential to track interventions and promote adolescent participation to improve services.

Aligning the Response with Global Goals and Targets

UNICEF continues to align its HIV-related commitments to global goals and targets detailed in the 2030 Agenda for Sustainable Development; the Political Declaration agreed to at the June 2016 United Nations High Level Meeting on Ending AIDS; the Fast Track Strategy to End AIDS developed and championed by the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Global Strategy for Women's, Children's and Adolescents' Health 2016–2030; the 'Start Free, Stay Free, AIDS Free' framework for Ending AIDS in Children, Adolescent Girls by 2020 that emerged following the success of the Global Plan Towards the Elimination of New Infections Among Children by 2015 and Keeping their Mothers Alive (Global Plan); and ALL IN to End Adolescent AIDS.

Current trends and existing gaps required UNICEF to adapt so it can maximize its expertise and impact. We have also realigned our strategic programme aims with global agendas such as the SDGs and the Fast-Track '90-90-90' targets. For example, by aligning parts of UNICEF's Strategic Plan 2018-2021 with the SDGs, UNICEF has enhanced its ability to fast-track the HIV response for pregnant women, mothers, children and adolescents by 2020. Such alignment will also strengthen efforts to build resilient government and community systems that can address current equity gaps and gender- and HIV-related vulnerabilities. It also offers UNICEF more opportunities to help infuse HIV approaches into sectors other than health and education.

Realizing the rights of every child means providing mothers, children and adolescents in all contexts with access to services and support. UNICEF is a leader in an increasingly complex world with a track record of reaching people by overcoming seemingly insurmountable barriers. The end of AIDS depends on UNICEF's continued engagement and leadership within the context of HIV prevention and treatment and beyond.

For more information:
www.childrenandaids.org