

Improving HIV Service Delivery for Infants, Children and Adolescents: Towards a framework for collective action



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Longezo, three years old, is living with HIV in Nkhuloawe, Malawi. A home visit by a health worker linked him to lifesaving antiretroviral treatment.

Rationale

The world is failing to reach all – or even most – of the millions of infants, children and adolescents living with HIV with effective, lifesaving treatment, thus depriving them of the fullest opportunity possible to survive and thrive. In June 2019, UNICEF and partners convened in New York for a ‘think tank’ consultation to discuss and find solutions to this health and human rights tragedy.

The gaps and shortcomings in the global response for infants, children and adolescents living with HIV are indisputable. Despite efforts and initiatives that have achieved notable success in some countries, overall progress has been uneven and long-term gains remain elusive.

Globally, only about half of the estimated 1.7 million [confidence interval: 1.3–2.2 million] children living with

“It is unacceptable that infants, children and adolescents continue to face stagnating access to treatment and to have poor treatment outcomes. Service delivery remains inadequately addressed and requires urgent collective action.”

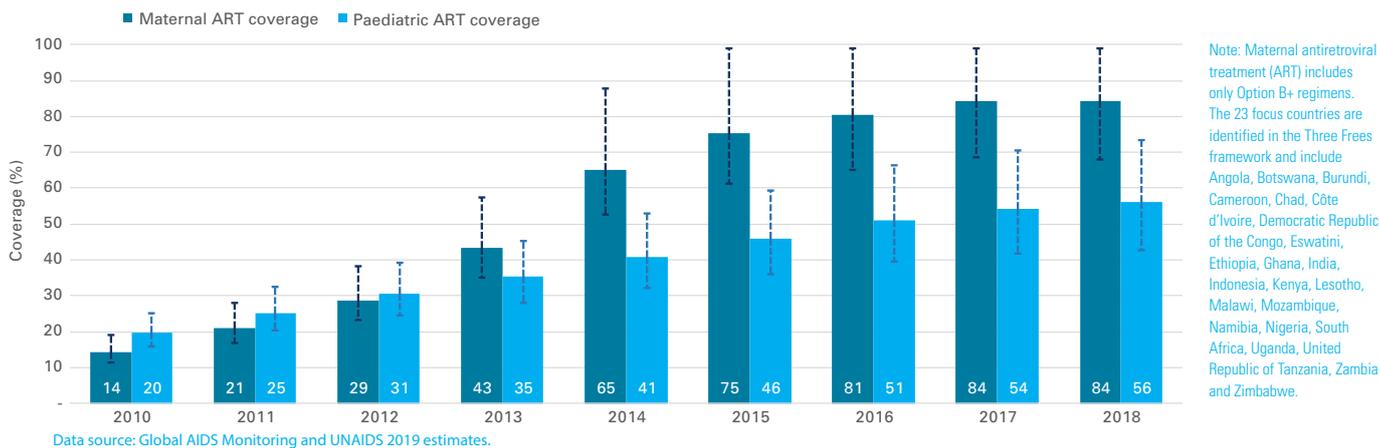
- DR. CHEWE LUO, UNICEF

HIV aged 0–14 years are on treatment.¹ Even fewer are getting the quality care they need and deserve because significant numbers of infants, children and adolescents remain on suboptimal treatment regimens and experience poor treatment outcomes. Those weak results are due in part to persistent gaps in finding those in need. Today, nearly four decades into the global epidemic, only about half of HIV-exposed infants are tested within the first two months of life.

The more than 40 experts gathered at the ‘think tank’ consultation outlined a coordinated approach to HIV service delivery for infants, children and adolescents across the continuum of care. To achieve its desired impact, this approach and the framework through which to deliver it must be based on evidence from around the world yet be adaptable enough to ensure improved access to quality treatment in every context.

The experts also agreed on the urgent need for concerted advocacy and to build consensus on what it will take to achieve the global HIV control targets that all countries have agreed to pursue. These include the ‘super-fast-track’ targets of providing 1.4 million children (aged 0–14 years) and 1 million adolescents (aged 15–19 years) with lifelong HIV treatment by 2020.

Figure 1. Percentage of children aged 0–14 living with HIV and pregnant women living with HIV receiving ART, 23 focus countries, 2010–2018



Examining the evidence base

Efforts to increase HIV treatment access for infants, children and adolescents – including the development of better drugs and the use of innovative point-of-care testing technologies – have had some success. Also, large-scale initiatives such as Accelerating Children’s Treatment (ACT) have produced impressive results in focus countries.

HIV treatment coverage for children living with HIV aged 0–14 years has been improving slowly from year to year, yet it remains unacceptably low, at 54 per cent [37–73 per cent] in 2018. The lagging reach and impact are especially stark when compared with the 82 per cent [62–95 per cent] in 2018 of pregnant women living with HIV who received treatment for the prevention of mother-to-child transmission (PMTCT) and for their own health. (Figure 1 provides maternal and paediatric ART coverage for the 23 focus countries identified in the Three Frees framework.) Insufficient age- and sex-disaggregated data impedes the accurate estimation of treatment coverage for sub-populations, including infants and adolescents.

The failure to fully scale up treatment is a serious concern, as is the failure to provide quality treatment to those lucky enough to get it at all. High proportions of infants, children and adolescents continue to receive HIV treatment regimens that are not optimized for their needs or are substandard in other ways. Not surprisingly, adherence is sub-optimal. Population-based HIV Impact Assessments (PHIAs)² conducted in several African countries showed that among all those living with HIV on treatment, viral suppression rates among children and adolescents were much lower than those of adults.

Discussions at the consultation on how to expand and improve treatment results among infants, children and adolescents were informed by reviews of the programmatic and scientific evidence on HIV service delivery for those populations:

- A literature review by UNICEF and CHAI of over 270 publications between 2014 and 2019 offered a picture

“Health care providers shape the health experience. It’s critically the provider that influences whether the mother, baby or young person returns to care.”

- LUANN HATANE, PATA

of interventions that work for infants, children and adolescents in both facility and community settings, and of existing gaps across the continuum of care.

- Presentations of adolescent HIV interventions and approaches in Eastern and Southern Africa, led by UNICEF, and of three case studies illustrating best practices from Cameroon, Kenya and Zimbabwe offered programmatic insights on what works to achieve success at scale.
- Findings from a survey conducted by PATA and UNICEF provided important reminders of the challenges healthcare providers face and the central role they play in delivering high-quality HIV services and improving HIV treatment outcomes. Some 324 frontline healthcare providers across 30 countries, primarily from sub-Saharan Africa, responded to the survey. They emphasized the need for better service delivery guidance.

Overall, the evidence review highlighted that the most effective HIV service delivery models are those that are comprehensive, use a mix of strategies, are appropriate to age-specific needs, combine community-based and facility-based delivery with strong clinic-community collaboration, establish linkages to other sector services and address stigma. Models that go beyond clinical settings and clinical outcomes – and link to other sectors outside health – are particularly useful for adolescents.

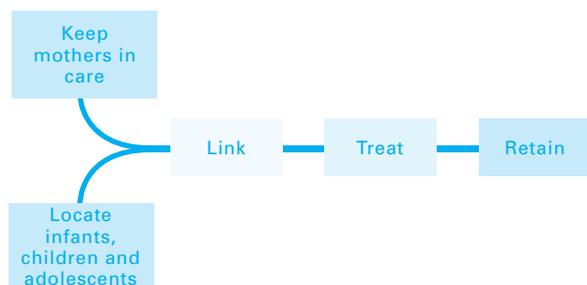
Another key observation is that barriers to optimized service delivery persist at both the health system and individual levels. It is therefore imperative to develop strategies that not only address structural and health system challenges, but also are tailored to and appropriate for infants, children or adolescents.

Building consensus

The group deliberated on the creation of a conceptual framework for HIV service delivery for infants, children and adolescents living with HIV. Figure 2 shows the continuum of care upon which the final conceptual framework for service delivery will be based. This will focus on the health facility, the community and the link between facility and community and define service delivery best practices for each.

Critical steps include: **keeping** mothers who received PMTCT interventions on HIV treatment and their HIV-exposed infants in care; **locating** missing infants, children and adolescents through a range of service entry points, testing approaches and strategies; **linking** infants, children and adolescents diagnosed with HIV to services; **treating** them with the most efficacious regimens; and **retaining** them on treatment and monitoring their viral loads, to achieve viral suppression.

Figure 2. Continuum of care



The framework (to be completed in Dec. 2019) elaborates key interventions across this continuum for each population – infants, children and adolescents. UNICEF and partners will jointly finalize the framework in a co-creation exercise followed by a process of country validation.

The experts in the consultation agreed on the following principles:

- It is unacceptable that HIV treatment access among infants, children and adolescents is failing to improve more rapidly and consistently and that those receiving treatment are not achieving optimal outcomes. HIV service delivery for members of these vulnerable populations remains far below the necessary and

“The fundamentals are the same for PMTCT and paediatric services – expanding accessibility, ensuring quality such as through site visits, training, mentorship and supporting programmes to be client-centred.”

- THERESA WOLTERS, EGPAF

desired reach and quality at all stages along the keep-locate-link-treat-retain continuum.

- Evidence-based service delivery that is grounded in the epidemiological context and responsive to the broader environment is the core of what is needed. Approaches could include existing and new, innovative models. Prioritized interventions should be client-centred and address needs specific to infants, children and adolescents at their different ages and developmental stages along the keep-locate-link-treat-retain continuum.
- Frontline health workers are key partners, strategists and implementers of a service delivery approach that reaches infants, children and adolescents with quality HIV services. Health providers and community health workers – from both governmental and non-governmental sectors – together can develop and promote user-responsive models of care guided by good planning, sound delivery and ongoing learning and evaluation.
- Amid declining donor funding and the risk that children are falling off the political agenda, stakeholders must do everything possible to ensure that HIV epidemic control efforts include infants, children and adolescents alongside adults. Focused collaboration among a broad range of partners will optimize investments and increase visibility of children. Current funders must maintain resources and help recruit new funders and build political will, and country governments should devote more attention and resources to improving HIV treatment and prevention efforts among all infants, children and adolescents.
- National leadership and country-led programming with milestone tracking and target-setting at national, sub-national and local levels are critical and should be supported by global partners. Efforts to strengthen data systems and ensure high-quality data, disaggregated by age and sex, should be promoted.

Organizations participating in the ‘think tank’ consultation

Aidsfonds
Africaid-Zvandiri
African Network for the Care of Children Affected by HIV/AIDS (ANECCA)
Baylor College of Medicine
Centers for Disease Control and Prevention (CDC)
Clinton Health Access Initiative (CHAI)
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
ELMA Philanthropies
Health Innovations Kenya
FHI 360
ICAP at Columbia University
Joint United Nations Programme on HIV/AIDS (UNAIDS)

Kenya Ministry of Health
Office of the Global AIDS Coordinator (OGAC)
Pact
Pediatric-Adolescent Treatment Africa (PATA)
Positive Action for Children Fund (PACF) / ViV Healthcare
Réseau Enfants et VIH en Afrique (EVA)
United Nations Children’s Fund (UNICEF)
University of Nairobi
United States Agency for International Development (USAID)
World Health Organization (WHO)
World Council of Churches – Ecumenical Advocacy Alliance (WCC-EAA)
Yale University



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Happiness Mbewe, 18 years old, lifts her one-year-old baby, Davis Christopher, into the Malawi sky. Happiness has benefited from the work of the UNICEF-supported mothers2mothers programme that is dedicated to preventing mother-to-child transmission of HIV.

A call for action

2020 is in view – and there is little time to align the efforts of partners, funders and national governments to end the HIV epidemic for infants, children and adolescents. A new narrative for infants, children and adolescents is critical to making better progress towards the ‘super-fast-track’ targets for 2020. As part of an advocacy consensus and commitment, experts in the ‘think tank’ consultation are calling for action to:

- Prioritize infants, children and adolescents within the global HIV response.
- Prioritize and include service delivery solutions for infants, children and adolescents alongside drugs and diagnostics in the dialogues within the AIDS Free Framework and the Rome Action Plan on Paediatric HIV.³
- Focus action at community and facility levels along a continuum of care with context-specific approaches adapted to epidemic characteristics and risk factors, age band (infant/child/adolescent) and state of health (focused on the well or ill child).
- Align efforts by partners and funders across and within countries to optimize investment and impact and to implement the framework.
- Support government-led target-setting for 2020 for infants, children and adolescents at national, sub-national and local levels that is aligned to the ‘super-fast-track’ targets and appropriate in the local context; and support government-led milestone tracking.
- Engage, empower and support frontline health providers – and amplify their voices.

Opportunities for advocacy and action



Notes

1 All data used in this report are from UNAIDS global estimates 2019 unless otherwise specified.

2 See: <https://phia.icap.columbia.edu/about/>.

3 See: <https://www.paediatricrivactionplan.org/>.

This advocacy brief is an outcome of the ‘think tank’ consultation on improving HIV service delivery for infants, children and adolescents, convened in June 2019. For information or to engage with the call to action, please contact the UNICEF HIV and AIDS Section or Dr. Nande Putta (nputta@unicef.org).