

FOREWORD

Approaching 2020: Scaling up key interventions for children and adolescents living with HIV

Ambitious goals for children and adolescents living with HIV by 2020

Just over two years ago, we made bold commitments as a global HIV community to ensure that all children and adolescents living with HIV can access treatment. At the United Nations General Assembly High-Level Meeting on Ending AIDS, governments adopted specific, time-bound targets including providing 1.6 million children 0–14 years of age with antiretroviral therapy by 2018. The importance of a fast-track approach was articulated as critical to ending the AIDS epidemic by 2030 within the framework of the Sustainable Development Goals. The Start Free Stay Free AIDS Free framework by UNAIDS, PEPFAR and partners embraced and extended these commitments and called for the immediate and accelerated scale-up of access to treatment, prevention, care and support services.

START FREE STAY FREE AIDS FREE SUPER-FAST-TRACK TARGETS

- Provide 1.6 million children (0-14 years) and 1.2 million adolescents (15-19) living with HIV with antiretroviral therapy by 2018
- Provide 1.4 million children (0-14) and 1 million adolescents (15-19) with HIV treatment by 2020
- Eliminate new HIV infections among children by reducing the number of children newly infected to less than 40,000 by 2018 and 20,000 by 2020
- Reach and sustain 95% of pregnant women living with HIV with lifelong HIV treatment by 2018
- Reduce the number of new HIV infections among adolescents and young women to less than 100,000 by 2020

These were commitments to action. While the declarations and targets succeeded in galvanizing support, unifying stakeholders and instilling confidence, their primary intention was to spur action and achieve results by 2020.

“If we do not fast-track the response across the prevention and treatment continuum in the next five years, by increasing and front-loading investments and massively scaling up coverage of HIV services, so as to reduce the rate of new HIV infections and AIDS-related deaths, the epidemic may rebound in some countries and we may not reach the ambitious, time-bound targets and commitments hereby set, including the Joint United Nations Programme on HIV/AIDS 90-90-90 treatment targets by 2020 and the target of ending the AIDS epidemic by 2030.”

2016 Political Declaration on HIV and AIDS

What have we accomplished since our 2016 commitments?

Mid-2018, it is time to take stock. With an estimated 160,000 children acquiring HIV in 2016, we are far from meeting our target of reducing new infections to 40,000 by 2018. The rate of increase in the number of children on treatment has actually slowed in recent years, and the alarming reality is that by June 2017, only 46% of children living with HIV were on life-saving antiretroviral therapy, which compares poorly with the adult coverage rate of 54% and is well below our 95-95-95 targets.

With these facts in mind, and 2020 on the horizon, it is hard to continue to say we are on the fast-track to ending AIDS for children and adolescents.

The Child Survival Working Group

Optimism without execution will not get us to where we need to be. The ambitious targets and the slow rate of progress in recent years pose a challenge which the Child Survival Working Group (CSWG) is dedicated to addressing. The CSWG comprises individuals working in a wide range of organisations including UN agencies, governments, civil society, research institutions and donor agencies, who for many years have worked together through the Interagency Task Team Framework to identify evidence-based interventions aimed at speeding up the rate at which children and adolescents are able to access high quality HIV testing, care and treatment. The CSWG continues to provide a structured approach to high-level collaboration and harmonization between organisations working towards an improved response for children and adolescents living with HIV. Together, through coordinated action, we can drive progress further, work smarter and speed up our collective learning curve on the road to 2030.

12 briefs for scale-up of key interventions

The CSWG has compiled this briefseries to present evidence, policy and monitoring considerations, implementation guidance and tools necessary to scale up 12 key interventions which have proven successful in identifying, linking and supporting children and adolescents to access and remain in quality care and treatment. The briefs are designed for program managers in government and civil society programs, particularly at country-level, and provide practical information and direction.

We acknowledge with gratitude the active participation of the 17 organisations that produced the briefs, as well as many others for review and other critical input. We also recognize and applaud those whose research and implementation findings and materials are showcased in the briefs, which have helped to provide the inside track to advance our collective efforts. Together, we can do more, faster.

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E-versions available at:

www.teampata.org/pata-research/ and www.childrenandaids.org/learning-center-page