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for every child



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Close the HIV treatment gap for children

An investment opportunity for the private sector

The opportunity

Remarkable progress has been made over the past three decades to slow the spread of HIV and reduce the number of AIDS-related deaths around the globe. This progress is thanks to many significant achievements: new life-saving drugs to treat those living with HIV, awareness raising on how to prevent HIV infection, and successful approaches to reducing the transmission of HIV from mothers to their newborn babies. Populations badly affected by HIV are increasingly able to manage and slow its spread – people’s lives are being saved and their health restored, leading to more economically stable and robust communities. And, children living with HIV are increasingly treated with antiretroviral therapy, up from 20 per cent in 2010 to over 54 per cent in 2018.

The world now has an opportunity. A world where AIDS is no longer a public health threat is within reach: ending AIDS by 2030 is a clear aim of the Sustainable Development Goals (SDGs). And SDG 17 on global partnership for sustainable development provides an opportunity for the private sector to contribute to this endeavour. Involvement of the private sector is critical – indeed, the progress made so far to tackle HIV cannot be sustained without it. Intensified efforts require the expertise, innovation and financial resources of a range of partners so entire societies and economies can benefit from healthy, empowered and more productive individuals, families and communities.

PROGRESS IN IMPROVING HIV TREATMENT

- Slightly over **941,000 children** under 15 living with HIV are receiving treatment today, **89 per cent** of whom live in sub-Saharan Africa.
- AIDS-related deaths among children age 0–14 have **fallen by 65 per cent** since 2000, thanks to expanded access to antiretroviral therapy, a lifelong treatment for people living with HIV that prevents the growth of the virus.

<https://data.unicef.org/resources/children-hiv-and-aids-global-and-regional-snapshots>

Source: Global AIDS Monitoring 2019 and UNAIDS 2019 estimates

The challenges

Slightly under 1 million children aged 0–14 living with HIV are on treatment out of an estimated 1.7 million. Untreated, 50 per cent of children born with HIV will die before their second birthday, and 80 per cent will die before age 5. Alarming, AIDS is the number one cause of death among adolescents in Africa and the second leading cause of death among adolescents globally. Among HIV-affected populations, adolescents are the only group for which the mortality figures are not decreasing. Treatment is critical to keeping them alive.

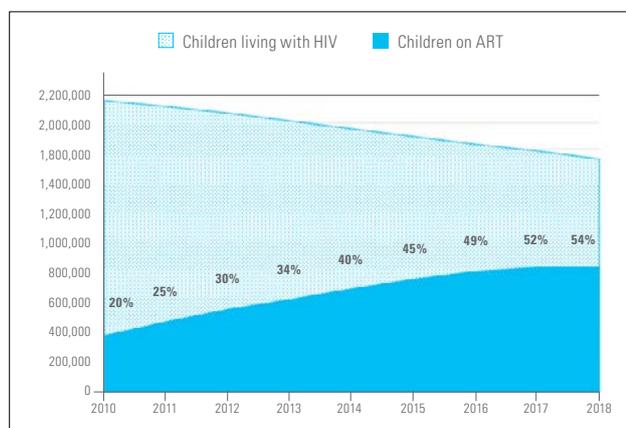
The consequences of not receiving treatment are most acutely felt in sub-Saharan Africa, home to nearly 9 in 10 of the world’s 2.8 million children and adolescents living with HIV in 2018. The global community must address the following key challenges to increase the number of children who receive treatment.



Children play at sunset in Kisenga, Haut-Katanga Province, Democratic Republic of Congo. © UNICEF/UN0149865/Schermbrucker

Reaching the hardest to reach children and adolescents with testing for HIV

Children living with HIV and in need of treatment can be ‘missed’ in early childhood screening programmes. These are often children in the hardest-to-reach geographic areas, children of marginalized key populations or those whose mothers did not access care during pregnancy. In addition, access to testing for adolescents is particularly poor, even though adolescents are at high risk of acquiring HIV – especially adolescent girls and young women in sub-Saharan Africa, and marginalized and stigmatized adolescents in Europe and Central Asia. It is critical that all children living with HIV are identified through expanded access to testing and linked to care.



Number of children aged 0–14 living with HIV and number receiving antiretroviral therapy 2010–2018

Source: *Global AIDS Monitoring 2019 and UNAIDS 2019 estimates*

Treating children and adolescents living with HIV

Children and adolescents living with HIV must receive treatment to suppress the virus. On average, children living with HIV in sub-Saharan Africa start receiving treatment at 3.5 years of age. But for many this is too late – without prompt treatment for children who acquire HIV in utero or in childbirth, close to 30 per cent die before their first birthday and 50 per cent by the age of 2. Paediatric HIV care, especially in populations where children are at high risk of contracting the virus, must be improved.

Retaining children and adolescents in treatment programmes

Even when children are found through HIV testing and given treatment, adherence can be difficult. This increases the risk that they pass on the virus to others or develop AIDS-related illnesses. Children and adolescents need support from family-centred health services that use a coordinated approach to identify and address the health needs of the family to help keep children living with HIV on treatment.

THE SITUATION

- Worldwide, **1.12 million children** under 9 years old and a further 1.65 million aged 10–19 years are living with HIV.
- **84,000 children (0–9)** died of AIDS-related causes globally in 2018.
- Only half (**54 per cent**) of children under 14 living with HIV receive antiretroviral therapy.

<<https://data.unicef.org/wp-content/uploads/2018/11/Global-snapshot-2018.pdf>>

Source: *Global AIDS Monitoring 2019 and UNAIDS 2019 estimates*

UNICEF’s track record

UNICEF has more than 70 years of experience. It works in over 190 countries, where it addresses the health, nutrition, education and protection needs of more of the world’s children than any other organization. With a proven track record in partnering effectively with the private sector, UNICEF achieves sustainable results for children and adolescents.

UNICEF works in the most challenging and least accessible places, reaching children – including adolescents – in both emergency and development contexts. To address the HIV/AIDS epidemic, UNICEF invests in communities and partnerships and in the most effective solutions and interventions to end AIDS, and works to make improvements to current health systems. UNICEF has a voice in the most important global and national conversations affecting children and is a key contributor to many global alliances that tackle the most pressing issues.



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UNICEF’s sustainable response

To jumpstart progress, it is crucial to test and treat children. UNICEF makes sure interventions are tailored and adapted to the needs of children affected by HIV, and integrates strategies for prevention, treatment and care of HIV and AIDS into existing health-care systems. The aim is to reach as many people as possible and build systems that work now and as well as in the future. UNICEF is a knowledge leader and innovator in developing new and effective ways of protecting children everywhere, and partnerships across governments and societies are at the heart of everything it does.

1 Improving data on ‘missed’ children and adolescents and the hardest to reach

Data help to identify children and adolescents who need to be tested and how the virus is spreading so the approach can be tailored. Improving data systems helps to understand the strengths and weakness of current systems and addresses inequities in access to knowledge, care and treatment that affect treatment responses.

2 Increasing access to early testing and timely treatment

Advances in medical technology have made it faster and easier to test infants for HIV, even in health centres without laboratories. For example, the testing time can now be reduced from weeks to just hours using new, innovative technologies. Self-testing eliminates barriers adolescents may face to accessing testing. Reducing the time it takes to get test results means children and adolescents with HIV can be identified quickly, receive counselling and support, and immediately start antiretroviral therapy to prevent the progression of the virus.

3 Linking and integrating children’s and adolescents’ health care

UNICEF works with governments to integrate paediatric HIV testing and treatment with other child health services (such as routine vaccinations, nutritional support, outpatient clinics and inpatient wards), to make sure paediatric HIV care complements the child’s other health care. The first 1,000 days of a child’s life – from conception to 2 years of age – is a critical period. Screening and identifying children with HIV during this period and connecting them to the appropriate health services can ensure they and their families receive treatment and the support they require to help them adhere to their treatment.

A family-centred approach means that for every client identified as living with HIV or already in care and treatment, an inquiry determines the status of family members so they can receive family counselling and testing, support with HIV disclosure in the family setting, and family case management at a health facility.

For adolescents, it is important to have a differentiated or client-centred approach that simplifies and adapts HIV services to reflect their preferences and expectations, including in where and how services are delivered.

4 Encouraging innovation

Innovation is necessary for progress across priority areas. UNICEF works with partners to develop technical innovations and new approaches to improve access to, uptake of and retention in HIV testing, care and treatment. This includes, for example, developing systems to send SMS messages to communicate with caregivers, and other digital tools that help share knowledge through e-learning on paediatric HIV care.

5 Developing strategic partnerships

Collaboration at the global, regional, national and community level is the backbone of the response to HIV and AIDS. Partnerships bring communities together and make them more robust while providing a strong base for future generations. UNICEF has a great deal of experience in coordinating partnerships between persons living with HIV, governments and civil society, as well as other significant actors in the field of paediatric HIV, to drive change for children.

UNICEF TARGETS FOR 2021

81 per cent of those under 14 years living with HIV receive antiretroviral therapy

64 per cent of infants born to pregnant women living with HIV tested for HIV in the first two months of life

32 countries implementing policies and/or strategies to integrate key HIV interventions (testing, counselling and antiretroviral therapy) into child-centred service points

CASE STUDY: Family-centred approaches to identifying children with HIV in the Democratic Republic of the Congo

Working with the ministries of health of Zimbabwe and the Democratic Republic of the Congo, UNICEF coordinated a range of interventions to roll out effective family-centred approaches to identifying children with HIV. The support included training, supervising and mentoring facility staff and community health workers, as well as introducing new tools and adapting registers to collect additional information.

In the Democratic Republic of the Congo, the families with adults and children living with HIV received a choice of options over six months: home-based testing or return to the health care facility for testing, with transport money for families, if needed. In addition, the records of 1,057 patients admitted to four hospitals between 2008 and 2015 were analysed to see to what extent family testing was taking place in the country, and to identify how to strengthen the family-centred approach.

As of March 2017, the positive impact on the health of many children had been substantial. Family testing had

taken place in four urban and semi-urban health facilities in the Democratic Republic of the Congo, and a large number of children living with HIV were identified. Through inquiries among 309 adults on ART, 631 children were identified in their families whose status was not known. Of those children, 375 were screened (59 per cent) and 161 were identified as living with HIV (43 per cent of those screened). Of those found to be living with HIV, all except two started treatment.

One of the most important elements that contributed to successfully starting treatment was greater engagement of other community workers involved in social services – such as those working with programmes providing cash transfers and supplementary food – to assist those in need. A well-resourced patient follow-up system, using community workers and complemented by health provider-led home visits, supported the implementation of the family-centred approach.

Women living with HIV and their babies in the Democratic Republic of the Congo.
© UNICEF/UN0147632/Schermbucker



How the private sector can invest

UNICEF believes that the private sector isn't a postscript; it must be part of solutions to the world's gravest global challenges. A broad range of partners – philanthropists, foundations, businesses and individuals – can help create change at the global, regional and country level, and speed up the rate of finding solutions to make a world where all have equal opportunities to survive and thrive.

The private sector has a critical role in helping to improve the lives of children around the world, leveraging its expertise and assets to better serve the needs of hard-to-reach children. It brings innovation, efficiency, energy and know-how. UNICEF and partners will not end the AIDS epidemic without including the private sector in the response.

The private sector partners can work with UNICEF in the following areas.

Financing

The progress the global community has made is under threat as investments in HIV have declined. UNICEF therefore urgently needs financial contributions from the private sector to implement its programmes. Flexible funding is critical, as it allows UNICEF to target communities with the appropriate interventions and make a difference where it is needed most.

Innovation and technology

UNICEF has a strong track record of investing in innovation and technology that can speed up results. UNICEF is continually looking at new solutions and ways of working and sharing knowledge to achieve even more for children, using the power of evidence to effect change. Together, partners and UNICEF can:

- Increase efforts for rapid testing for HIV without complex laboratory tests. This helps to reveal cases of HIV among children missed earlier, start them on treatment immediately if necessary and link them to ongoing health care.
- Increase access to self-testing for adolescents in existing points of contact, including family planning centres and community youth groups, and ensure young people have access to life-saving HIV knowledge, skills and prevention services.
- Engage young people in designing and planning community programmes and technology-based innovations to provide safe spaces for youth from key populations to voice and share their concerns.
- Use innovative digital technologies to transform how to reach, inform and treat children and adolescents at risk of HIV. Continue enhancing the use of digital technologies and e-learning platforms to share knowledge on caring for children and adolescents

with HIV. This includes, for example, using digital platforms such as U-Report and RapidPro to track interventions and promote adolescent participation to improve services.

- Develop and roll out tools to address barriers to ending AIDS, including innovations to develop child-friendly drugs, generate evidence on pre-exposure prophylaxis and create new ways to improve access to, and ease of, testing and treating children and adolescents.

Expertise

Partners from a range of fields, sectors and industries are needed to contribute new approaches and fresh perspectives, fill knowledge gaps and mobilize stakeholders and influencers to deliver solutions to reduce new HIV infections and AIDS-related deaths. Partners' expertise can help UNICEF:

- Strengthen the continuum of care and integrate quality HIV and AIDS education, testing, care and treatment across the paediatric health system. This can be done, in part, by expanding HIV testing entry points such as including the service within antenatal programmes and vaccination schedules.
- Work with community networks and leaders and use platforms such as child health weeks to expand testing and improve access to antiretroviral therapy.
- Develop partnerships at the local level to bring communities together and make them more robust while community-based interventions help close the treatment gap in children and adolescents. For example, creating peer support through community mentors can support groups of mothers living with HIV and strengthen the links between the primary health care facilities and the community, leading to better care for mothers and children living with HIV.

Data and evidence generation

Data collection, evidence generation and learning are central to programmatic success and help UNICEF determine where to target its work. UNICEF looks to partners for support in building effective ways to collect, store and analyse data. Together, they can:

- Understand where unidentified children and adolescents are, especially those whose parents and family members are known to be living with HIV, so they can be tested, treated if necessary and kept on their treatment programmes.
- Improve prevention programmes' ability to target and identify hidden, invisible and hard-to-reach populations such as by mapping personal networks and through champions in groups at high risk of infection.

Advocacy, communication and influence

UNICEF looks at the reach of partners – whether through their products and services or their communication and advocacy platforms – to influence, reinforce and advance key messages and priorities with a joint voice. By helping UNICEF speak to children, adolescents and mothers to raise awareness about preventing HIV infection, partners can:

- Continue working with a wide range of partners – people living with HIV, local NGOs, donors and governments at all levels, civil society, the private sector and academia – to advocate for increased investment in developing community interventions. UNICEF works to convince governments to include funding for HIV and AIDS strategies in national budgets, and with donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States' President's Emergency Plan for AIDS Relief to secure flexible funding for programmes to end AIDS.
- Support UNICEF's role as a leader in learning, data sharing and programming to guide global conversations on HIV prevention, treatment, care and support for children and adolescents living with HIV.
- Continue supporting advocacy for more comprehensive data to help governments identify groups most at risk and strengthen data systems at national, regional and local levels to zero in on gaps in response.
- Include interventions in the overall antenatal programme and across education and community systems, including in local health centres, so HIV prevention and awareness are part of maternal and newborn governmental health policies and campaigns.

Why partner with UNICEF?

Global impact

When supporting UNICEF, partners are empowering millions of vulnerable children and adolescents. UNICEF's global reach and close collaboration with governments, civil society, adolescents and the private sector means its impact has a multiplier effect, allow the organization to leverage investments for solutions at scale.

Influence

UNICEF engages with and convenes government and other partners on initiatives for education, protection, health, nutrition and civic engagement. UNICEF works as a team with partners from a range of backgrounds, bringing expertise to the table and giving partners a voice in providing input to solutions.

Visibility

Recognition opportunities – including on social media – allow supporters to publicize their partnership with UNICEF and showcase their commitment to children and adolescents.

Opportunities for co-creation

UNICEF is seeking global strategic partners to achieve impact at scale. By leveraging the power of the private sector's innovation and financial resources, UNICEF can respond to the immense challenges to economic mobility and equitable opportunity that children and adolescents face in developing countries.



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