

Declaration commits to ending AIDS in children



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On February 1, representatives of 12 African nations met in Tanzania to sign the Dar es Salaam Declaration for Action to End AIDS in Children by 2030. Angola, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe formed the Global Alliance to End AIDS in Children at the AIDS 2022 in Montreal (QC, Canada). The declaration affirms a commitment to ending paediatric HIV: "We have the tools, the guidance, the policies and the knowledge we need. Now we must make good on this commitment and move to action."

The declaration sets out ten key commitments that need to be made to end AIDS in children: universal testing and treatment for all children and adolescents with HIV; access to treatment and care for all pregnant and breastfeeding women; use of digital technologies to reach adolescents and young people; comprehensive, integrated HIV services; ensuring that mothers are protected from acquiring HIV during pregnancy and breastfeeding; ending stigma, discrimination, and gender inequities experienced by women, children, and adolescents affected by HIV; working with communities including men to prevent gender-based violence and counter harmful gender norms; dedicated budgets for ending AIDS in children; partnering with people with HIV and communities; and sharing progress and learning for joint accountability. The 12 inaugural member countries ask all governments to turn these commitments into action and call on civil society, faith-based organisations, local partners, and global funders to support the effort. "Together we can build a legacy that allows children living with HIV to reach their full potential", they state.

The prospects for children born to parents with HIV have improved substantially in the past decades. At the peak of the HIV epidemic in the early 2000s, the number of new infections in children age 14 years or younger was around 420 000 per year, and around 2.1 million children were living with HIV, mostly in sub-Saharan Africa, and vertical transmission from parents occurred in every country. For children exposed to HIV, many were not tested, and those with undiagnosed HIV had high death rates. For those who were diagnosed, treatment options were very limited.

Now, with antiretroviral coverage for pregnant and breastfeeding women higher than 80%, many new infections in infants are averted. Numerous countries have been certified as having stopped vertical transmission. Innovations in treatment hold great promise for infants infected with HIV—recently developed paediatric dolutegravir formulations mean that there are finally paediatric treatments that are as usable and as effective as the best widely available adult formulations.

Despite advances, progress is slowing. In west and central Africa, for example, new infections declined by 39% between 2010 and 2021, but only 11% between 2016 and 2021. In the same region in 2021, just 25% of HIV-exposed children were tested within the first 2 months of life, compared with 62% globally and 71% in eastern and southern Africa. In 2021, it was estimated that 160 000 children (age 0–14 years) acquired HIV. Whereas 76% of people age 15 years and older were accessing treatment, just 52% of those age 14 or younger were on therapy. And 60% of children age 5–14 years were not on therapy. There were [an estimated 2.73 million children](#) age 0–19 years living with HIV in 2021, and an estimated 300 died from AIDS-related causes each day.

Although the greatest burden of paediatric HIV is in sub-Saharan Africa, the rates of vertical transmission from parents giving birth with HIV are highest in the Middle East and north Africa (about 30%) and Asia and the Pacific (about 25%)—reflecting differences in health priorities. In this issue of *The Lancet HIV*, Yasmin Mohamed and colleagues report a study of point-of-care early infant diagnosis in Myanmar and Papua New Guinea, in which on-site nucleic acid tests for infants exposed to HIV were able to substantially increase communication of test results relative to standard-of-care laboratory diagnosis using dried blood spots. Early infant diagnosis is key to enrolling in care and initiating treatment.

All paediatric HIV infections are preventable, and no child should develop AIDS. The formation of the Global Alliance to End AIDS in Children is welcome, as are the stated commitments that address parental and childhood factors that contribute to HIV transmission, missed diagnosis, and morbidity and mortality. We support the alliance's call for all governments to act on these commitments and urge cooperation beyond sub-Saharan Africa to establish a truly global alliance. ■ *The Lancet HIV*

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For more on the [Global Alliance](#) see <https://www.who.int/news/item/02-08-2022-new-global-alliance-launched-to-end-aids-in-children-by-2030>

For more on [data on HIV in children](#) see <https://data.unicef.org/topic/hivaids/global-regional-trends/>

For more on [data on inequalities in HIV in children](#) see https://www.unaids.org/sites/default/files/media_asset/dangerous-inequalities_en.pdf