Progress on HIV Prevention and Treatment for Children and Adolescents and UNICEF responses to decisions from the Programme Coordinating Board



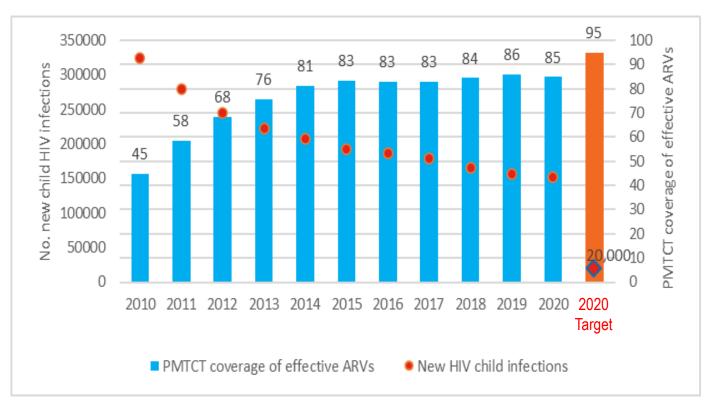
Dr. Chewe Luo, MD, MMed, PhD, FRCP Associate Director, HIV/AIDS Programme Group

UNICEF Executive Board – 2022 first regular session (8-11 February 2022)
Item 5: Oral report on UNICEF follow-up to the recommendations and
Decisions of the 47th and 48th meetings and two special sessions of the
UNAIDS Programme Coordinating Board
Reference document: UNICEF/2022/EB/2

## Progress for children and pregnant women has stalled

- 160,000 new child infections in 2020 compared to <20,000 target</li>
- Antiretroviral treatment (ART) access for pregnant women stagnated at 85 per cent over past 5 years, far below 95 per cent target
- Gaps in paediatric ART coverage contributed to 100,000 child deaths in 2020
- Stark regional disparities in maternal treatment coverage, e.g.,
   95 per cent in Eastern and Southern Africa compared to 56 per cent in West and Central Africa

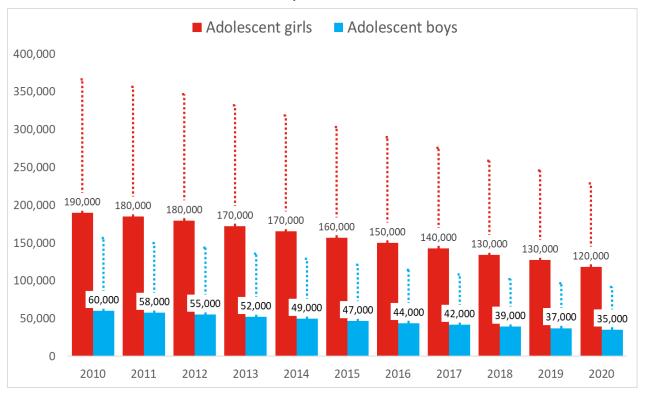
Annual number of new HIV infections among children 0-10 years, and effective PMTCT coverage 2010–2020



#### At current rates we won't end AIDS in adolescents until 2050

- 150,000 new infections among adolescents 10-19 in 2020 compared to <100,000 target</li>
- 77 per cent of new infections in 10-19 year-olds occur in girls
- Only 54 per cent of adolescents on ART
- Sub-Saharan Africa accounts for 81 per cent of new infections in adolescents
- HIV prevalence for people <25 years is significantly higher in key populations 15.2 per cent in transgender, 7.8 per cent in men who have sex with men compared with only 0.2 per cent in the general population</li>

#### Annual number of new HIV infections among adolescents aged 10-19 years, by sex, 2010–2020



# **UNICEF** responses to Programme Coordinating Board decision points



PCB Decision 1: Accelerate HIV prevention

- Partner coordination and facilitation
- Integrating HIV prevention with education and social protection
- Innovative communication strategies for adolescents
- Global Fund technical assistance



PCB Decision 2:
Reduce impact of
AIDS on children and
youth

- **Differentiated programming** Last Mile to EMTCT Framework & Paediatric Service Delivery Framework
- Scaling-up diagnosis including point-of-care infant diagnosis and family testing
- **Data strengthening** including subnational and disaggregated data
- Technical support and Partnerships including with community and civil society



PCB Decision 3:
Improve adolescent
mental health

- Ukraine: providing virtual mental health support services e.g. SupportME website reached 500 young people
- Papua New Guinea: expanded U-Report to over 4800 people aged 15 to 30 by end of 2020

# **UNICEF** responses to Programme Coordinating Board decision points



PCB Decision 4: COVID-19 and HIV

- Guatemala: radio-based prevention program reached 1.6 million adolescents
- Thailand: online HIV counselling service saw 42% increase in uptake during lockdown
- Zambia: U-Reporters gave COVID-19 and HIV information to 100,000 users



PCB Decision 5: Cervical cancer and HIV

- Mauritania: introduction of HPV vaccine reached over 310,000 girls aged 9-14
- Cabo Verde: HPV vaccine for 4,900 girls aged 10
- Republic of Moldova and United Republic of Tanzania: studying feasibility of integrating HIV prevention with HPV vaccination

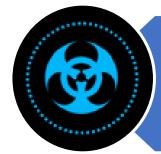


PCB Decision 6:

Migrant populations
and crisis contexts

- Pakistan: provided training to 35 paediatricians, resulting in ART given to 94% of children with HIV identified in the HIV outbreak in Sindh Province
- Bangladesh: Testing and ART provided to 23,000 pregnant Rohingya women
- **Zimbabwe: HIV treatment continued** for 10,000 children, 23,000 adolescents and nearly 14,000 pregnant and lactating women despite

### Key challenges and UNICEF response



**COVID-19** disruptions to HIV services disproportionately affecting marginalized communities

Rapidly introducing **innovations and adaptations**, including multi-month ART prescriptions, virtual consultations and community-based management



**Declining funding** and failure to target areas of greatest needs

**Advocacy** to improve investment targeting **Effective integration** with key maternal, child and adolescent health services



One-size-fits-all programming fails to account for regional or local variation

**Differentiated responses** informed by disaggregated data and best practices for regional, national and subnational programme prioritization



Thank you.

unicef for every child