

CALL TO ACTION: ENDING AIDS IN CHILDREN IN AFRICA



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Background

Over the past 15 years, significant progress has been made in preventing vertical transmission of HIV in Africa. Antiretroviral therapy (ART) coverage for pregnant and breastfeeding women living with HIV has risen from 48% in 2010 to 82% in 2022, reaching 93% in eastern and southern Africa. However, recent years have seen a slowdown in the rate of reduction in new HIV infections in children, partly due to around 20% of expectant mothers living with HIV not receiving ART in 2022, totalling 220,000 women. Improving ART coverage in this group and addressing treatment gaps in children presents a crucial opportunity to further reduce paediatric HIV infections and end AIDS in children.

Alarmingly, in 2022, 210,000 adolescent girls and young women (AGYW) acquired HIV at a rate of 4,000 new infections per week, accounting for over 60% of new HIV infections in Africa. Regarding treatment gaps in children, according to [UNICEF](#) in 2022, treatment coverage was 77% among adults (15 years and older), but only 57% among children (0–14 years). This data offers an important opportunity to prevent new infections and improve treatment access.

We, the coalition of Africa-based and Africa-led advocacy partners have identified African government leaders at all levels, from Heads of State to Ministers of Health, as well as technical teams working on HIV programming and funding in countries, as the primary audience for this document. The coalition of partners is led by [Africa REACH](#) and includes the [Desmond Tutu Health Foundation](#), the [All-Africa Council of Churches](#), the [Organisation of African First Ladies for Development](#), [Paediatric-Adolescent Treatment Africa](#), and the [African HIV Control Working Group](#).

Our Call to Action On:

1. Improved Community Health Workers Environment

Community Health Workers (CHWs) and frontline healthcare providers are the cornerstone of the HIV response in Africa. They support and deliver HIV services, including index case finding and linkage to care, improve uptake of maternal, child and Sexual Reproductive Health (SRH) services, and support treatment adherence, and care to secure virological suppression for all children and adolescents.

There are excellent examples where community health workers and peer support programmes have made significant differences to outcomes for adolescents and young people. It is important to support existing exemplary African designed peer support [models](#), as these support prevention, treatment and care efforts as well as the work of community-based health workers.

We Call on Governments to:

- Scale up existing exemplary African models, and community-based health worker programmes
- Ensure comprehensive training, robust support mechanisms, regular supervision, and fair remuneration for these workers, enabling them to effectively fulfill their roles.
- Invest in a conducive environment for community health workers to end the cycle of transmission by providing quality, person-centered prevention, treatment and support services.
- Ensure that health facilities and community health workers have the necessary resources, including policies and guidance, diagnostic tools, medicines, and support services, to deliver optimal quality services.

2. Access to Information on Combination Prevention and Comprehensive Sexual Education

In eastern and southern Africa, a substantial share of new infections in children result from mothers acquiring HIV during pregnancy or breastfeeding. To address this, more robust combination prevention services are needed, with a strong focus on pregnant and breastfeeding women. For example, accessible HIV screening, condom promotion, and self-testing for partners, with a direct link to antenatal care (ANC). Enhanced accessibility to various prevention modalities, including injectable longer-acting PrEP, male circumcision interventions, and condoms, should be prioritised.

[Lancet Journal modelling data](#) has shown that male circumcision and condom use remain some of the most effective prevention strategies, coupled with PrEP, these prevention options increase choice and are [found to be highly valued](#) and increase uptake. Choice is what the young people from the [youth-led Lusaka Declaration](#) are asking for, to facilitate optimal prevention and treatment.

Prevention extends to implementing educational programs that address the reasons adolescents, especially young women, continue to carry the burden of HIV acquisition. The revised [Maputo Plan of Action 2016-2030](#) clearly stipulates in strategic focus area 4 that African member states need to *improve tailored SRH information, education and communication*. With priority intervention 4.1 further stating the need to *tailor this to children, adolescents and youth, both in and out of school with age-appropriate and culturally sensitive comprehensive sexuality education that involves parents and communities*.

We Call on Governments to:

- Prioritise investment in Comprehensive Sexual Education syllabuses as a cornerstone of HIV prevention for young people.
- Host inclusive dialogues with community leaders, including faith-based and traditional leaders, to disseminate and demonstrate evidence on the benefits of CSE.
- Advance a future where highly effective and novel prevention and treatment technologies, including injectable treatments and potential vaccines are widely available and supported.
- Make male HIV testing and treatment a focal point for comprehensive prevention efforts.

3. Access to Optimal Paediatric and Child Friendly Treatment Options

Treatment gaps between adults and children remain alarming, with [UNICEF](#) estimating one in five pregnant women living with HIV was not receiving antiretrovirals to prevent the vertical transmission of HIV to their newborns. The same report further highlighted areas where progress was made in decreasing the treatment gaps has stalled across the continent. Solutions to this include introducing paediatric fixed-dose combination dispersible (pALD) and paediatric dolutegravir (pDTG), these can support in simplifying treatment and improve outcomes for children living with HIV.

We Call on African Governments to:

- Design programmes which are tailored to address the specific treatment, care and support needs of adolescents and young women living with HIV who are pregnant and breastfeeding.
- Ensure access to optimal and child-friendly treatment regimens, such as pDTG and advance the adoption of fixed dose combinations for children, such as pALD

4. Domestic Resource Mobilisation for Sustained Funding

The African Union's Declaration of the Africa Leadership Meeting – Investing in health, which emphasises the Addis Ababa commitments towards shared responsibility and global solidarity for increased health financing, serves as the foundation for advocating for sustained domestic funding for health in Africa. As African-led organisations, we emphasise the urgency of ensuring financially sustainable and equitable health outcomes across the continent.

We Call on African Governments to:

- Implement the continental commitments made to domestic financing for health.
- Prepare national budgets cognisant of donor funding quantities, safeguarding against shifts in the global donor landscape and donor dependency.
- Establish and adhere to monitoring and accountability mechanisms on childhood health spending.
- Prioritise and sustain financial support for childhood health programs across all levels of national and regional governance.

