ADVOCACY TOOLKIT

Advancing Sustained Domestic Financing to End AIDS in Children and Young People in Africa

A resource for civil society organisations, community-based organisations, youth advocates, and partners to advance evidence-based advocacy for sustained domestic HIV investment in children and young people in Africa.

What this toolkit gives you

- **A clear picture of the problem:** why domestic HIV financing for children and young people is urgently needed
- **The evidence base:** data, investment cases and country examples to back your advocacy
- **Ready-to-use solutions:** messaging frameworks, policy engagement guidance, and calls to action
- **Practical tools:** checklists, key messages, and resources tailored to your audience and context

About Africa REACH

Africa REACH was established to support African-led, African-owned solutions to health financing challenges for paediatric and adolescent HIV/AIDS. Working in alignment with African Union Commission priorities and in partnership with its Leadership Council, civil society, funders and communities, Africa REACH:

- Convenes with high-level decision-makers through partnership with the African Union Commission, Africa CDC, UNICEF and UNAIDS.
- Amplifies community and youth voices in policy spaces through the national grants programme and partner collaborations.
- Facilitates peer learning through its Friends and Partners Group.
- Supports advocacy for the translation of commitments into actionable financing strategies.

This dual approach: top-down influence and bottom-up engagement, ensures that policies are both strategic and grounded in lived realities. This toolkit is one of the ways Africa REACH equips its grantees and partners to drive domestic financing advocacy in their own contexts.

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The Problem

1.1 A Critical Moment in Africa's HIV Response

Africa stands at a pivotal crossroads. Over the past few decades, sustained external financing transformed the HIV response, averting millions of deaths, expanding treatment access, and building health systems. However, since 2025, that landscape has shifted significantly.

Global funding for HIV has declined and become increasingly uncertain. Major donor governments have cut or restructured bilateral health aid. PEPFAR funding has been significantly declined, and the Global Fund faces replenishment pressures. As a result, countries across Sub-Saharan Africa, where the majority of children living with HIV reside are confronting abrupt funding gaps that are reversing hard-won gains.[1]

What the data shows (2025)[2]

- 2.7 million people across Africa are at risk of losing access to tailored HIV prevention services due to aid cuts
- PrEP access has dropped by over 85% in some countries following donor withdrawal
- Antiretroviral treatment coverage has declined significantly in high-burden settings
- New HIV infections and AIDS-related deaths are rising again in countries with disrupted services
- Increased stigma and human rights violations are being reported, particularly among key populations
- Women, girls, children and adolescents are disproportionately affected by service disruptions

1.2 The Domestic Financing Gap

The risks above are not merely a result of declining donor funding, they reveal a deeper structural problem: African governments have not yet assumed sufficient ownership of financing their HIV responses, particularly for children and young people.

The Abuja Declaration (2001)[3] committed African Union member states to allocate at least 15% of national budgets to health. As of 2025, most countries have not met this target, the Africa CDC through the Africa Health Security Sovereignty (AHSS) Agenda responds to this challenge. It provides a practical and transformative framework to ensure African nations can finance, produce, and govern their own health systems and medical countermeasures. The AHSS is a support tool for member states to go beyond the Abuja commitment and sustain their wholistic health financing.

The result: as external financing declines, there is no domestic safety net adequate to prevent the regression of services for children.

The financing gap in numbers

- Only a handful of 55 AU member states consistently meet the Abuja Declaration 15% health budget threshold
- Paediatric ARV procurement is disproportionately dependent on international donor funding (PEPFAR, Global Fund) – any data points we can provide on this
- Government spending on HIV in Sub-Saharan Africa averages less than $10 per person living with HIV in many countries
- Health systems that serve children- MCH centres, nutrition clinics, immunisation programmes are among the first to lose funding during fiscal shocks

[1] Africa CDC: 2025 Concept Paper on Africa's Health Financing in a New Era, Africa CDC: 2025 Concept Paper on Africa's Health Financing in a New Era

[2] Frontline AIDS Transition Initiative Report (2025), https://frontlineaids.org/global-hiv-response-critical-turning-point/

[3] The Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases, 2001, https://www.africareach.org/portfolio_page/abuja-declaration-on-hiv-aids-tuberculosis-and-other-related-infectious-diseases/

1.3 Why Children and Adolescents Are Most at Risk

Children and adolescents living with HIV are among the most underserved populations in the HIV response[4], and they face unique vulnerabilities when funding is disrupted[5]:

- Children depend entirely on caregivers and health systems to access testing, treatment, and care — any service disruption puts them at direct risk.
- Approximately 1.4 million children are living with HIV globally, the vast majority in Sub-Saharan Africa, yet as of 2023, only about 57% were on antiretroviral treatment.
- Without treatment, about one-third of HIV-positive infants die before their first birthday and half before age two.
- Paediatric HIV treatment requires specialised formulations, dosing adjustments by weight, and trained health workers, all of which depend on dedicated and consistent investment.

[4] Adolescent HIV treatment, UNICEF (2025), https://data.unicef.org/topic/hivaids/adolescent-hiv-treatment/

[5] Agathis NT, Faturiyele I, Agaba P, et al. Mortality Among Children Aged <5 Years Living with HIV Who Are Receiving Antiretroviral Treatment — U.S. President's Emergency Plan for AIDS Relief, 28 Supported Countries and Regions, October 2020–September 2022. MMWR Morb Mortal Wkly Rep 2023;72:1293–1299. DOI: http://dx.doi.org/10.15585/mmwr.mm7248a1

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Why Investing in Children and Young People Makes Sense

Effective advocacy requires a compelling investment case. Depending on who you are engaging, the most persuasive argument may differ. Below are three lenses through which domestic financing HIV for children and young people can be framed.

2.1 The Economic Case

HIV in children and young people is not only a health issue, it is a long-term development and economic priority. Investing early in children creates a “multiplier effect” across generations:

- Reduced vertical (mother-to-child) transmission means fewer new infections, directly reducing future treatment expenditure.
- Healthy children grow into productive adolescents and adults who contribute to economies and communities.
- Early ART initiation reduces the long-term cost burden on health systems by preventing expensive opportunistic infections and hospitalisations.
- Studies estimate that every $1 invested in childhood HIV treatment yields multiple times that in reduced healthcare costs and increased economic productivity over a lifetime.[6]
- Countries with robust paediatric HIV programmes demonstrate stronger overall health system performance, benefiting all children.

**Key reference: WHO cost-effectiveness data7 consistently shows that paediatric ART is one of the most cost-effective health interventions available in high-burden settings.*

2.2 The Public Health Case

From a public health perspective, ending HIV in children and young people HIV is both achievable and essential to epidemic control.

- Over 90% of paediatric HIV infections occur through mother-to-child transmission, making EMTCT one of the most effective prevention investments in global health.[8]
- Scaling up EMTCT and early infant diagnosis (EID) can reduce transmission rates from up to 45% to below 5%.[9]
- Children who are not diagnosed and treated face ongoing transmission risk as adolescents and adults.
- Early ART initiation in infants (before 12 weeks) reduces infant mortality by up to 75% in low-resource settings.
- Untreated paediatric HIV weakens overall health system burden, leading to avoidable hospitalisations, overwhelmed facilities, and preventable deaths.

**Governments that prioritise HIV in children and young people are also strengthening maternal and child health platforms that benefit all children, not only those living with HIV.*

2.3 The Human Rights and Child Protection Case

- Every child's right to health is enshrined in the UN Convention on the Rights of the Child (UNCRC)[10], ratified by all African Union member states.[11] The right to treatment, care, and a life free from preventable disease is not conditional on donor funding.
- Children living with HIV have the right to non-discriminatory access to health services, education, and social protection.
- Failure to fund paediatric HIV constitutes a violation of the member state's obligation to progressively realise children's right to health.
- HIV-related stigma and discrimination, which intensify when services are disrupted.
- African governments that have ratified the Maputo Protocol and the African Charter on the Rights and Welfare of the Child[12] have specific obligations to protect the health and well-being of children living with HIV.

**This lens is particularly powerful when engaging Ministries of Justice, Gender, and Social Protection, as well as parliamentarians and civil society human rights organisations.*

[6] Resch S, Korenromp E, Stover J, Blakley M, Krubiner C, Thorien K, Hecht R, Atun R. Economic returns to investment in AIDS treatment in low and middle income countries; https://pmc.ncbi.nlm.nih.gov/articles/PMC3187775/

[7] World Health Organization, UHC Compendium Cost-Effectiveness data, https://www.who.int/universal-health-coverage/compendium/cost-effectiveness-portal

[8] UNICEF EMTCT Data Portal (2025), https://data.unicef.org/topic/hivaids/emtct/

[9] World Health Organization (2026), https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/mother-to-child-transmission-of-hiv

[10] UNICEF, United Nations Convention on the Rights of the Child (1989); https://www.unicef.org/child-rights-convention#learn

[11] The African Committee of Experts on the Rights and Welfare of the Child, https://www.acerwc.africa/en/africas-agenda-children-2040/background-agenda

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Solutions - What Needs to Happen?

Addressing the domestic financing gap for children and young people in HIV requires action at multiple levels. The following solutions are grounded in evidence from Africa REACH's Domestic Resource Mobilisation (DRM) Series[13] and country-level learning across Malawi, South Africa, Ghana, DRC, Rwanda, Nigeria, Zambia, and Botswana.

3.1 Government Action

The Problem

- Low and inconsistent domestic health budget allocations.
- Children and young people in HIV are not prioritised within national health plans.
- Ministries of Finance not sufficiently engaged on HIV as an economic issue.
- Inadequate accountability mechanisms for health spending commitments.

The Solution

- Increase domestic allocations for health to meet or exceed the Abuja Declaration 15% target.
- Include children and young people with HIV as a named priority in national health strategies and Medium-Term Expenditure Frameworks.
- Engage Ministries of Finance as co-owners of the HIV response, not just Ministries of Health.
- Establish transparent reporting and accountability mechanisms for children and young people with HIV spending.

3.2 Civil Society and Community Action

The Problem

- Advocacy is disconnected from budget processes
- Data on children's specific needs is rarely presented to finance decision-makers
- Communities affected by paediatric HIV are not sufficiently represented in policy spaces

The Solution

- Engage in national budget cycles
- Submit budget proposals, and
- Participate in public finance hearings.
- Bring disaggregated data on children's HIV outcomes to the attention of legislators and finance officials
- Support and amplify the voices of children, adolescents, and caregivers in policy advocacy spaces
- Build coalitions with maternal and child health, nutrition, and education advocates for collective impact

[12] The African Committee of Experts on the Rights and Welfare of the Child, https://www.acerwc.africa/en/member-states/ratifications

[13] Africa REAC: Domestic Resource Mobilisation for Health Blog Series, https://www.africareach.org/the-urgent-need-for-domestic-resource-mobilisation-for-health/

3.3 Financing Mechanisms

Beyond increasing budget allocations, countries need smarter financing mechanisms that can sustain HIV services for children and young people even as donor funding declines:

- **Health taxes:** Earmarked health levies are increasingly being used in African countries to generate dedicated domestic health revenue.
- **National Health Insurance (NHI) schemes:** Paediatric HIV must be explicitly included in benefit packages as NHI rolls out across the continent.
- **Public-private partnerships:** Private sector actors, including pharmaceutical companies, can co-invest in the HIV supply chains and service delivery.
- **Transition financing plans:** Countries should develop costed transition plans that map out how domestic financing will absorb the gap left by declining donor funding, with realistic timelines and milestones.[14]
- **Negotiate** for reduced or cancelled interest from global lenders and add those saving to health budgets.

3.4 Country Learning: What Works

Africa REACH's DRM Series has shared consistent lessons from across the continent:

Lessons from the DRM Series

- Political leadership accelerates action: Presidential and ministerial champions drive faster budget commitments;
- Ministries of Finance are essential partners: Health financing is an economic issue, not only a health issue;
- Peer exchange works: Countries learn fastest from each other's models and successes
- African-led narratives resonate: Stories and data from the continent carry more weight with African decision-makers than external reports;
- Language matters: Using "Domestic Resource Mobilisation for Health" consistently improves visibility and policy uptake compared to less specific terms. Africa REACH's experience from the Domestic Resource Mobilisation (DRM) Series highlights the importance of **intentional language use in advocacy.** The term "Domestic Resource Mobilisation for Health" achieved **strong website search visibility and discoverability,** while "Domestic Financing for Health" showed **lower website search performance and reach.** However, both terms showed **strong visibility in website AI overviews.**
- DRC Presidential Initiative example: The DRC Paediatric HIV Presidential Initiative (2025) demonstrates how high-level political commitment can rapidly mobilise domestic resources and attention.[15]

[14] Frontline AIDS: Transition Initiative Report (2025), https://frontlineaids.org/global-hiv-response-critical-turning-point/

[15] Africa REACH, Ending Paediatric AIDS in the DRC: A Renewed Commitment to Domestic Leadership and Investment (2025), https://www.africareach.org/ending-paediatric-aids-in-the-drc-a-renewed-commitment-to-domestic-leadership/

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Actions- What You Can Do?

This section provides practical, ready-to-use guidance for different audiences. Find your role below and use the tools provided to advance domestic financing advocacy in your context.

4.1 For Community-Based and Civil Society Organisations

A. Understand the Budget Cycle in Your Country

Effective advocacy requires knowing when and how decisions are made.

- Find out when your government's annual budget is prepared.
- Identify the key entry points: Pre-budget consultations, parliamentary hearings and post-budget monitoring periods.
  - Map the key officials: budget or finance caucus
  - Guiding question: Does your national health strategy mention children HIV? Does the budget allocate a specific line for it? Is this line funded by domestic or donor funding? What can be done to ensure it is sustained?

B. Build Your Evidence Base

Decision-makers respond to data that is locally relevant and clearly connected to their priorities.

- Collect or access disaggregated data on children and adolescents living with HIV in your country: how many, where, what their treatment coverage looks like.
- Document service disruptions: Are clinics running out of HIV medications? Are children, young people, young mothers or caregivers being turned away? Document these instances with dates and numbers.
- Translate data into stories: pair statistics with human stories from children, adolescents, and caregivers (with consent and ethical guidance).
- Access free data from: For instance, from Africa CDC, WHO Global Health Expenditure Database, UNAIDS, Global Fund, WACI Health, and your national health information system.
  - Guiding question: What is the current children HIV coverage in your country? How does it compare to the national average for adults? Is it enough to fill the gap between children and adults' access to treatment and services?

C. Engage Policymakers Strategically

Use the messaging framework below to structure your engagement with government officials, parliamentarians, and finance decision-makers.

- Request meetings with both the Ministry of Health and the Ministry of Finance- do not limit engagement to health officials (think of other ministries that are aligned with your advocacy gaols).
- Frame the ask in economic terms when engaging finance officials: Investing in ending HIV in children and young people is an investment in human capital, not just a humanitarian expense.
- Bring a one-page brief with your key data, the specific ask and what you are requesting the official to do or commit to.
- Follow up: send a summary of the meeting, track any commitments made and report back publicly on progress.
  - Guiding question: Have you identified a champion within government who can advocate internally for children and young people in the HIV budget allocations?

D. Build Coalitions and Amplify Voices

Single-issue advocacy is less effective than coalition-based approaches.

- Connect with maternal and child health organisations, education coalitions and human rights groups to build joint platforms.
- Engage youth advocates and adolescents living with HIV: their voices carry particular moral authority in policy spaces.
- Partner with faith-based organisations, which often have significant community reach and credibility with governments.
- Use Africa REACH networks: connect with Africa REACH's Friends and Partners Group and other grantees to share approaches and amplify each other's advocacy.

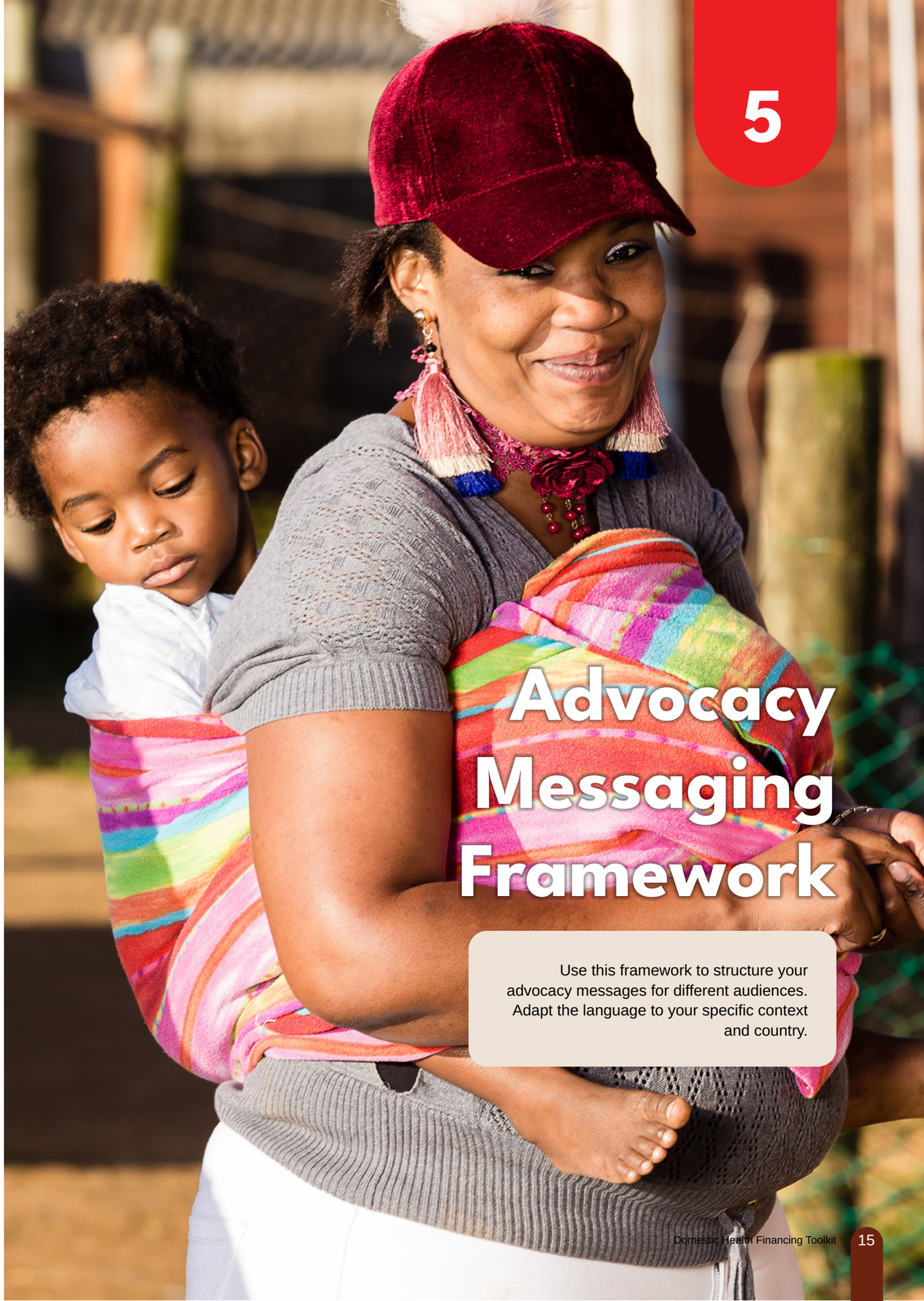
4.2 For Youth Advocates and Adolescents Living with HIV

The Your voice matters and it is one of the most powerful tools in this advocacy. Here is how to use it:

- Share your story (safely): Personal testimony from adolescents living with HIV about treatment access, stigma, and service quality is uniquely compelling for policymakers. Work with your organisation to do this safely and on your own terms.
- Engage in policy spaces: Attend parliamentary hearings, budget consultations and national HIV programme reviews where possible.
- Use social media: Amplify the domestic financing message using consistent hashtags, African Union Commission engagement platforms, and links to data and reports.

4.3 For Funders and Partners

- Support country-led financing transitions: Fund the advocacy, capacity building and technical assistance that helps governments develop and implement domestic financing plans.
- Invest in long-term mechanisms: Short-term project grants are insufficient for sustaining domestic financing advocacy. Multi-year, flexible funding is essential.
- Align with African-led frameworks: Support organisations and platforms (like Africa REACH) that work within African Union frameworks and are accountable to African communities.
- Share data and learning: Make your financing data, programme evaluations and country learning accessible to civil society advocates in real time.



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Advocacy Messaging Framework

Use this framework to structure your advocacy messages for different audiences. Adapt the language to your specific context and country.

The Core Message

African governments must increase and sustain domestic financing for children and young people in HIV, because ending AIDS in children is both achievable and essential, and cannot wait for donor funding to return.

1. The Problem

- External funding for HIV is declining sharply and unpredictably, and African countries cannot afford to let children's lives depend solely on donor decisions.
- Children and adolescents living with HIV are among the most underserved populations: treatment coverage remains far below targets, and they are the first to lose services when funding is cut.

2. The Evidence

- [INSERT COUNTRY DATA]- Use your national statistics here. E.g.: 'In [Country], only [X]% of children living with HIV are currently on treatment. [X] children lost access to services in 2025 following donor funding cuts.
- Without treatment, [this percentage/ quantifier…e.g. a third] of infants born with HIV, die before their first birthday.
- Early ART reduces infant mortality by up to [insert percentage], making this one of the most cost-effective health investments possible.

3. The Solution

- Increase the domestic health budget to meet the Abuja Declaration 15% target.
- Name children and young people in HIV as a key priority in national health strategies and multi-year financing plans.
- Develop a costed transition plan that maps how domestic financing will absorb the gap left by declining donor support.

4. The Ask (tailor to your audience)

For Finance Ministers and Budget Officials:

- Include a dedicated paediatric HIV budget line in the national health allocation.
- Commission a costed transition plan from the Ministry of Health within [X] months.

For Health Ministers:

- Ensure children and young people are named in the next national health strategy revision.
- Strengthen the HIV supply chain through domestic procurement mechanisms.

For Parliamentarians:

- Champion a parliamentary question or motion on paediatric HIV treatment coverage.
- Support legislation that establishes or strengthens health financing accountability mechanisms.

For Civil Society and CBOs:

- Submit budget proposals and participate in pre-budget consultations.
- Monitor government spending on paediatric HIV and report publicly on gaps.

Strategic Language Tips

Africa REACH's DRM Series found that the language used in advocacy significantly affects visibility, reach, and policy uptake. Use these tips to make your messaging more effective:

- Use 'Domestic Resource Mobilisation for Health' consistently- this term has stronger search visibility and policy recognition than alternatives.
- Pair technical terms with plain language: not everyone knows what 'EMTCT' or 'EID' means. Always explain on first use.
- Align with African Union and global frameworks: reference the Abuja Declaration, the SDGs and AU Agenda 2063 to anchor your asks in recognised commitments.
- Tell African-led stories: data and narratives from within the continent resonate more strongly with African decision-makers than externally produced reports.
- Use repetition: repeat your core message across platforms to build recognition and momentum.

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Policy Engagement Checklist

Use this checklist before, during, and after your advocacy engagements to maximise your impact.

Before Engagement

Stakeholder preparation:

- Have you identified the key decision-maker(s) you are engaging? (Name, role, and their specific mandate on health financing)
- Do you know who influences that decision-maker? (Technical advisors, civil society allies, other ministers)
- Have you researched what your government has already committed to on HIV? (Check AU, UN, and national strategy documents)

Evidence preparation:

- Do you have current, country-specific data on children and young people in HIV treatment coverage and service gaps?
- Have you prepared a one-page brief that states the problem, evidence, solution, and specific ask clearly?
- Have you identified at least one compelling human story or case study from your context to accompany the data?

Alignment:

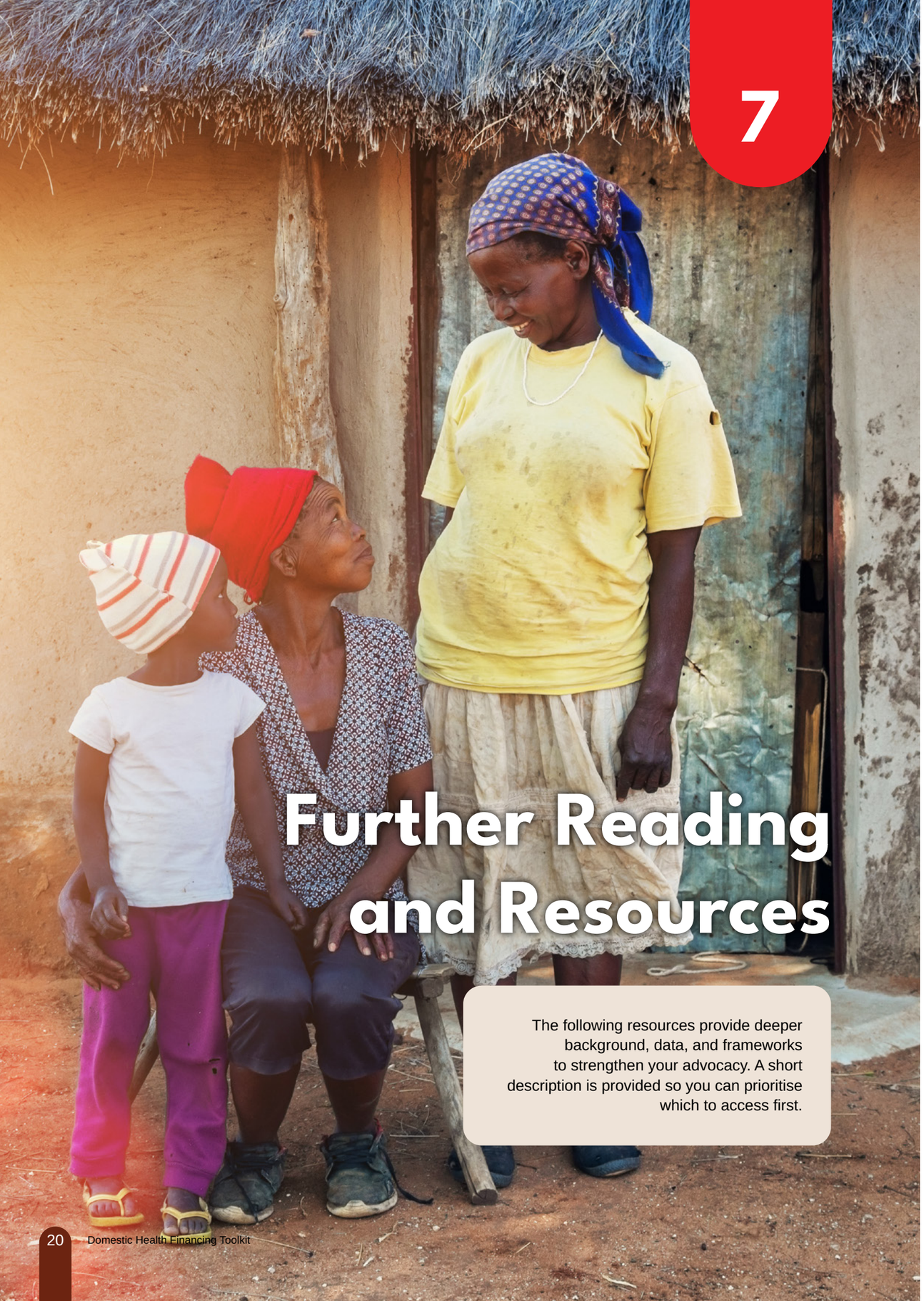
- Is your advocacy message aligned with your national health strategy and budget cycle timing?
- Have you coordinated with other civil society groups to avoid conflicting messages?

During Engagement

- Lead with the economic and human impact argument, not the donor dependency narrative.
- Use locally relevant data and peer country examples: ‘Country X achieved Y by doing Z.’
- Position children and young people with HIV within broader health system priorities: maternal health, child survival, epidemic control.
- Make a specific, actionable ask, not a general appeal. What exactly do you want this person to do, by when?
- Listen: note concerns, questions, or counter-arguments raised- these inform your follow-up.

After Engagement

- Send a follow-up brief within a few days, summarising the discussion, any commitments made, and next steps.
- Record the meeting in your advocacy tracker: who you met, what was discussed, what was committed.
- Track commitments: if an official committed to an action, follow up at the agreed time.
- Report publicly: share (appropriately) what governments have or have not committed to accountability, as part of your advocacy.
- Debrief with your team: what worked, what did not, and what would you do differently next time?



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Further Reading and Resources

The following resources provide deeper background, data, and frameworks to strengthen your advocacy. A short description is provided so you can prioritise which to access first.

Core Financing and Policy Frameworks

Africa REACH: Domestic Resource Mobilisation for Health Blog Series- A multi-country learning series documenting country-level experiences, lessons and successes in domestic health financing. Start here for practical country examples.

The Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases- The foundational African Union commitment to allocate 15% of national budgets to health. Essential reference for any government engagement.

AU Roadmap 2030 and Beyond- Sets out the African Union's vision for health system strengthening and domestic financing as part of continental development goals.

Africa CDC: 2025 Concept Paper on Africa's Health Financing in a New Era- A timely analysis of Africa's health financing landscape post-donor transition, with strategic recommendations for governments. Highly relevant for briefing Finance Ministry officials.

Resolution at the 2025 World Health Assembly: Strengthening Health Financing Globally- The WHO member state resolution that reinforces the global commitment to domestic health financing. Useful for anchoring advocacy in multilateral commitments.

Paediatric HIV Data and Evidence

UNAIDS: Global HIV and AIDS Statistics-v The primary source for global and country-level data on HIV prevalence, treatment coverage, and mortality. Use AIDSinfo for country-specific data downloads.

WHO: Global Health Expenditure Database (GHED)- Country-by-country data on government health spending as a share of GDP and total budget. Use this to benchmark your country and identify the financing gap.

DRC Paediatric HIV Presidential Initiative (2025)- A country case study demonstrating how high-level political commitment can rapidly shift domestic financing for paediatric HIV. Use as a peer learning and inspiration resource.

Civil Society and Partnership Resources

Frontline AIDS: Transition Initiative Report- Documents the scale of risk posed by HIV aid cuts and the populations most affected. Use for advocacy with donors and in briefing media.

WACI Health Annual Reports- Civil society perspectives on HIV financing, accountability, and community-level response in Africa. Useful for understanding the civil society landscape and building coalitions.

AUDA-NEPAD: Programme for Investment and Financing in Africa's Health Sector (PIFAH)- A continental framework for health investment. Provides technical legitimacy to domestic financing asks at the government level.

This toolkit was developed by Africa REACH and is intended for use by grantees, civil society partners, and advocates. It may be adapted for local contexts. For queries, contact Africa REACH at www.africareach.org

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