



Ending AIDS in Children and Adolescents – a roadmap to 2030

Do it Right, Do it Together, Do it Now!

We need leadership, activism, and investments to do what's right for kids

Attention in the HIV response is back on children. Urgent action is needed to fix glaring inequities and missed targets, as reported in the UNAIDS [We are in Danger report](#). A new [Global Alliance to end AIDS in children by 2030](#) has been launched to close these gaps so that all children can start free and stay AIDS free.

It is unacceptable that:

- There are still high burden countries and settings where progress in preventing vertical transmission has flatlined with limited or inconsistent access to a comprehensive package of quality care.
- Only half (52%) of children living with HIV are on life-saving treatment, far behind adults where three quarters (76%) are receiving antiretrovirals.
- **Two fifths** of all children born with HIV go undiagnosed and **two thirds** are not treated.
- New infections continue to occur disproportionately among adolescent girls and young women, with a new infection **every two minutes** and (80%) of these new infections occurring in Eastern and Southern Africa.
- While children may represent only (5%) of people living with HIV, they account for (15%) of all AIDS related deaths. **Fifty** adolescent girls die every day, with AIDS-related illnesses remaining the leading cause of death among adolescent girls and women aged 15–49 years in Africa.



PATA is a member of the *Coalition for Children Affected by AIDS* and collaborates in joint advocacy initiatives and collective action with partners



Children and adolescents are being left behind. We must urgently
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PATA is as an action network of health provider teams who are joined in a shared vision of an Africa where all children and adolescents affected by HIV receive optimal treatment, people-centred care, and support, and live long healthy lives. Together with community partners, health providers are central to ending AIDS in children by 2030 and remain the face of care in the communities they serve. However, across over-stretched and under-resourced health systems we are experiencing a dramatic and growing scarcity of health workers and despite being central to service delivery, their voice and participation in policy and decision-making is being excluded.

For an AIDS-free generation and to end AIDS in children and adolescents we must urgently:

- 1. Pressure our governments and leadership at all levels to close the gap and prioritise children and adolescents affected by HIV.** Increase investments and ring-fence funding for this age-group. Create an enabling environment in which laws, policies and social norms prioritise and support those who are underserved or excluded, ensuring all children and adolescents receive inclusive, responsive, rights-based stigma-free service.
- 2. Invest more in a health workforce that is well-trained and provide them with the necessary tools, resources and confidence to do their work well.** Focus on providing safe working conditions and fair remuneration, where health providers have access to support and development opportunities.
- 3. Rapidly scale proven technologies and cost-effective solutions** for case finding, testing, and treating, and make more optimal treatment regimens available for children that can deliver viral load suppression. Train, support and provide tools to manage advanced HIV disease. Offer screening, treatment and/or prophylaxis for major opportunistic infection, rapid ART initiation with intensified adherence, care, and support interventions.
- 4. Accelerate access to comprehensive sexuality education for younger adolescents.** Expand coverage and free access to SRH services that offer a full package of sexual health care and where everyone's right to make their own decision and choice is respected. This must include access to contraception, emergency contraception, abortion, maternal and new-born care, infertility and the screening, treatment, and support of reproductive cancers, STIs and HIV, sexual or intimate partner violence and mental health.
- 5. Place greater attention and investments into scaling HIV prevention and advance technologies that make more prevention options available to all.** This must include continual efforts to eliminate vertical HIV transmission with an ongoing focus on treatment as prevention. Also, accelerate access to newer technologies, such as long-acting PrEP, and the vaginal ring whilst ensuring access to PEP without delay.
- 6. Integrate services** to offer a holistic nurturing care response where biomedical support is combined with mental health, social protection, and early childhood development. Better screen for co-morbidities, GBV, violence against children and trauma, mental illness, and link to supportive services.
- 7. Strengthen clinic-community collaboration, linkage, and referral pathways.** Build the capacity of local community-based, youth-led organisations, and health provider teams to work in partnership. Strengthen the voice of children, adolescents, caregivers, and that of the health and service providers who work alongside them, in the delivery, monitoring, and quality improvement of services. Support them in Country Coordinating Mechanisms, sub-national planning and evaluation processes, and other local platforms that shape, make decisions, report on programmes and services, and influence where and how investments are used.

Join TeamPATA as we come together to

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