HIV among children: Status update

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2016-2020 strategy had two commitments for children: We missed them both.
Continued new child infections, despite good evidence of where gaps exist in programmes.

Reason for new child infections by region, 2019

- **Global**: 58,000
  - Mother received no ART during pregnancy or breastfeeding: 35,000
  - Mother dropped off ART during pregnancy or breastfeeding: 15,000
  - Mother acquired HIV during pregnancy or breastfeeding: 11,000
  - Transmission among women on treatment (including those starting just before delivery): 1,000

- **Eastern and southern Africa**: 23,000
  - Mother received no ART during pregnancy or breastfeeding: 23,000
  - Mother dropped off ART during pregnancy or breastfeeding: 15,000
  - Mother acquired HIV during pregnancy or breastfeeding: 11,000
  - Transmission among women on treatment (including those starting just before delivery): 1,000

- **Western and central Africa**: 31,000
  - Mother received no ART during pregnancy or breastfeeding: 8,600
  - Mother dropped off ART during pregnancy or breastfeeding: 9,700
  - Mother acquired HIV during pregnancy or breastfeeding: 9,700
  - Transmission among women on treatment (including those starting just before delivery): 2,600

UNAIDS 2020 epidemiological estimates.
Early infant diagnosis is still shockingly low

- Some gains since 2015 but not fast enough given rapid increase in PMTCT coverage
- Move to POC EID
- Use available tools

Even with perfect EID and all infants identified in EID were started on treatment, they only represent 10% of children not currently on treatment.
Are we testing children at the right time point?

Final transmission rates over 10% in 13 of 21 countries

- About 50% of new infections are during breastfeeding
- Challenge of keeping women and exposed children linked to health care in first few months and years
- How do we follow children until the end of breastfeeding

![Figure 4. Six-week vertical transmission rate and final transmission rate in the focus countries, 2019](image-url)
What are the characteristics of the children not on treatment?

Two thirds of children not on treatment are five years or older

- Use family testing to identify children not yet on treatment
- Improved treatment options are now available, improved regimens will improve retention in care
- Adolescents are vulnerable to dropping off treatment - countries need to monitor outcomes during this transition to adult care

Children living with HIV **not on ART** by age group, focus countries, 2015-2019

What alternatives are there for reaching children living with HIV?

Pediatric ART is still far behind adult coverage in 17 of 20 focus countries

- Challenge with identify children who likely acquired HIV during breastfeeding
- Use of index family tracing among adults on treatment
  - Should be especially useful in western and central African countries

**Figure 9.** Antiretroviral therapy coverage among people aged 0–14 and 15+ years for 20 focus countries, 2019

Data for Botswana were not available at the time of publication. Source: UNAIDS epidemiological estimates, 2020.
Even among children on treatment, viral load suppression is lower than among adults on treatment.

**Figure 14.** Viral load suppression among people aged 0–14 and 15+ years receiving antiretroviral therapy by age group and country in 15 focus countries, 2019.

### Policies Matter

Policies are needed that support better outcomes for children on treatment. Good progress in most countries but some outliers have failed to adopt critical policies.

<table>
<thead>
<tr>
<th>Country</th>
<th>Dolutegravir 1st line for children ≥ 20kg</th>
<th>Lopinavir 1st line for children &lt; 20 kg</th>
<th>Multimonth dispensing for 3 or 6 months</th>
<th>Point of care Early infant diagnosis policy</th>
<th>Virological testing at nine months</th>
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Setting New Targets:
HIV services target #2

95% of women of reproductive age have their HIV, sexual and reproductive health and family planning needs met, and 95% of HIV-exposed children are tested by 2025.
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### Children (aged 0-14 years)
- 95% of HIV-exposed infants receive a virologic test and parents provided the results by age 2 months.
- 95% of HIV-exposed infants receive a virologic test and parents provided the results between ages 9 and 18 months.
- **95–95–95 testing and treatment targets achieved among children living with HIV.**

### Women of reproductive age (including AGYW and WLHIV)
- 95% have their primary HIV prevention, sexual and reproductive health and family planning needs met.

### Pregnant and breastfeeding women
- 95% of pregnant women are tested for HIV, syphilis and hepatitis B surface antigen at least once and as early as possible. In high HIV burden settings, pregnant and breastfeeding women with unknown HIV status or who previously tested HIV-negative should be re-tested during late pregnancy (third trimester) and in the post-partum period.

### Women living with HIV
- 95–95–95 testing and treatment targets achieved within all sub-populations and age groups. *95% viral load suppression in pregnancy and breastfeeding*
Impact of COVID-19

• Service disruption: By end-June, 2020, relative reduction in ANC testing and PMTCT coverage comparing January to April, 2020

• Disruptions of the ARV supply chain due to lockdown measures affected the availability of key pediatric formulations (LPV/r). Countries supported for transition to DTG containing regimens to remove pressure on the production line and facilitate the supply of pediatric formulations

• Continuous monitoring of service disruption and supply chain is ongoing
TIME TO ACT!

- **95,000 AIDS-related deaths** among children in 2019.
  - Two-thirds of those deaths were in 21 focus countries
- **850,000 children living with HIV not accessing treatment,**
  - 65% are ages 5-14 years
- **COVID-19** adds another challenge
  - Continuously monitor its impact on the HIV response
  - **ACCELERATE** mitigation strategies and innovation!
- **Faith partners** (religious leaders and faith-based organizations) remain CRITICAL VOICES AND ACTORS FOR CHILDREN in the HIV response,
- The **Rome Action Plan** remains a top priority of the UNAIDS-PEPFAR Faith Initiative.