

Result Area 3: Paediatric aids, vertical transmission

2022 Results report

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Result Area 3: Paediatric aids, vertical transmission

Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$3,386,100	\$3,019,259	\$13,964,500	\$33,377,629	\$17,350,600	\$36,396,889

Joint Programme 2022 results

Guidance and technical support provided to priority countries to adopt and implement normative recommendations related to optimizing treatment in women, children and adolescents and ensuring access to HIV prevention for women attending antenatal and postnatal services.

The Joint Programme took major steps in 2022 to address the slow-down in progress in preventing vertical HIV transmission and to close the HIV treatment gap among children.

Launch of the Global Alliance to End AIDS in Children by 2030.

To generate greater political commitment, action and resourcing to end paediatric AIDS, UNICEF co-convened and launched [the Global Alliance to end AIDS in children by 2030](#), together with WHO, the UNAIDS Secretariat, the Global Fund, PEPFAR, implementing partners and networks of people living with HIV. Through the Global Alliance, WHO, UNICEF and UNAIDS Secretariat provided support to all 12 Global Alliance phase-one countries¹ for the formation of inclusive country teams and the development of prioritized action plans. These action plans have been endorsed by ministers of health and are being incorporated into national plans and funding proposals to the Global Fund and PEPFAR. The Global Alliance also included representatives of national networks of people living with HIV across its governance structure, in collaboration with the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV and the Global Network of Young People Living with HIV. This will help ensure meaningful community engagement and support community-led monitoring and accountability processes for greater impact.

Indicator progress on paediatric AIDS and vertical transmission (RA 3)

- **79 countries** supported by the Joint Programme have a **national plan for the elimination of vertical transmission of HIV** and implement the "treat-all" policy for pregnant and breast-feeding women.
- **63 countries** supported by the Joint Programme have **HIV services for children integrated** into at least 50% of primary health care sites.

Intensified action to get the world on track to eliminate vertical transmission of HIV.

In response to flattening coverage of services to eliminate mother-to-child transmission (EMTCT), the Joint Programme intensified efforts to speed up progress. Members of the Joint Programme (including WHO, UNICEF and UNFPA) provided guidance and technical support to priority countries to scale up interventions towards the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus. Currently, 78 countries have a national plan for EMTCT and 86 countries are implementing a "treat-all" policy for pregnant

¹ Angola, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

and breast-feeding women living with HIV. In 2022, WHO published the third version of the [global guidance on criteria and processes for triple EMTCT validation](#), which adds the EMTCT of hepatitis B virus and brings together a package of interventions and metrics to support integrated management and monitoring of vertical transmission across a wide range of epidemiological and programmatic contexts. WHO also published the second version of [governance guidance for the validation of triple EMTCT](#), which outlines the standardized structure and processes used for monitoring and evaluation for validation of EMTCT of HIV, syphilis and hepatitis B at national, regional and global levels. UNICEF developed guidance on achieving EMTCT of HIV in countries with low HIV prevalence and/or concentrated epidemics.

Joint work by WHO, with the UNAIDS Secretariat and communities of women living with HIV resulted in the revision of guidance to better address rights-based and integrated approaches to optimize services for women, children and adolescents, while preparing for EMTCT validation. Countries were supported to prepare for assessments and address gaps and challenges for validation in all regions. Priority countries for enhanced support included Namibia, Kenya and Malawi. In Namibia, a joint UNICEF, UNAIDS Secretariat and WHO team helped national partners prepare for validation of the country's progress towards elimination.

Fifteen countries and territories have succeeded in eliminating mother-to-child transmission of HIV, and several others are on-course to do so in coming years. Oman was validated as the first country in the eastern Mediterranean to eliminate dual HIV and syphilis vertical transmission. Botswana became the first high-burden country to be certified by WHO for reducing its mother-to-child HIV transmission rate below 5%, providing antenatal care and ARV treatment to more than 90% of pregnant women, and achieving an HIV case rate of fewer than 500 per 100 000 live births.

UNHCR continued to advocate and provide technical support for the inclusion of refugees, asylum seekers and other populations affected by humanitarian emergencies so they can access services to prevent vertical transmission on par with host communities. UNHCR also provided HIV testing during antenatal consultations for refugee populations. The World Bank continued to prioritize maternal and child health in its flagship Human Capital Project and kept it as a key component of its project financing for the poorest countries through IDA and the start of IDA20, which is committed to restoring and expanding access to quality and affordable reproductive, maternal, newborn, child and adolescent health services in at least 30 IDA countries.

Tailored support for the health needs of children and adolescents. Joint Programme partners developed and supported complimentary initiatives related to EMTCT and adolescent, child and maternal health and rights. UNICEF supported governments to ensure HIV services for children and adolescents are integrated into primary health-care systems. In 2022, 63 countries had HIV services for children integrated into facilities providing primary health care, with Joint Programme support. At the end of 2022, 32 of UNICEF's 37 HIV-priority countries were implementing a comprehensive package for paediatric HIV treatment and care within primary health-care systems.

UNFPA engaged in the WHO "adolescent girls and young women landscape analysis" of unmet needs in five high-burden countries (Kenya, Mozambique, South Africa, United Republic of Tanzania and Zimbabwe) for HIV and SRH to address key policy and programmatic barriers/gaps and to create an enabling environment to improve HIV and SRH integration and outcomes for adolescent girls and young women.

UNICEF supported governments to tailor support for pregnant adolescent girls and young women through innovations such as PrEP for pregnant and breast-feeding women who are

HIV-free, and access to HIV self-testing for partners of pregnant and breast-feeding women. UNICEF worked with Joint Programme partners, governments and communities to identify and meet the complex needs of adolescent and young mothers and include them as priority populations in national and subnational HIV strategies and plans. HEY BABY (Helping Empower Youth Brought up in Adversity with their Babies and Young children) is the first longitudinal study in Africa to assess pathways to resilience amongst adolescent parent families living with and without HIV. Analysis of HEY BABY cohort data in 2022 found low rates of access to antenatal clinic service packages and low rates of ART access and uptake by adolescent mothers. Adolescent and young mothers also reported high levels of stigma and high rates of mental health disorders. In 2022, UNICEF and Drexel University published a technical brief and framework for action to improve outcomes for adolescent and young mothers in pregnancy, childbirth and the postnatal period.

Catalytic efforts to close paediatric HIV treatment gaps. In response to the continued HIV treatment gap between adults and children, the Joint Programme prioritized efforts to expand quality paediatric treatment services. After the lifting of COVID-19 restrictions, the Paediatric Service Delivery Framework was rolled out in Mozambique, Nigeria and Uganda, with programme work consolidated in 2022 at the district level in those countries to address programming gaps for children and adolescents. The framework uses age-disaggregated data and mapping of specific service delivery gaps so that interventions can be optimized for children at different ages. In 2022, 73 countries were using dolutegravir-based first-line therapy for children, up from 33 countries at the end of 2021—a remarkably rapid uptake of the WHO-preferred treatment regimen. In addition, UNICEF and WHO, working within the Global Accelerator for Paediatric Formulations network, accelerated the development of a new HIV fixed-dose combination child-friendly tablet that offers a once-daily pill regimen for children containing dolutegravir, abacavir and lamivudine.

Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high-quality paediatric HIV treatment and care.

The Joint Programme supported national partners in the use of data to drive progress towards ending paediatric AIDS.

Using data to expand HIV testing options for children. Analysis has confirmed the important, though limited, utility of early infant diagnosis services for identifying children living with HIV, since the majority of newly diagnosed paediatric HIV cases are among children older than 2 years of age. In response, UNICEF, the US Centers for Disease Control (CDC) and the Elizabeth Glaser Paediatric AIDS Foundation convened a technical consultation to pin-point specific gaps in national child case-finding. The results will be used to support country-level programmes to accelerate rates of paediatric testing and diagnosis and support linkages to treatment and care services. Expanding testing options for children is essential: in the 12 Global Alliance countries, 86% of children living with HIV were diagnosed outside the early infant diagnosis period and over 50% of newly diagnosed children living with HIV were school-aged (5–14 years).

Support for strengthening EMTCT efforts. The Joint Programme supported the 12 partner countries of the Global Alliance to use data to develop evidence-based country action plans. WHO conducted a policy review for paediatric HIV prevention, treatment and care in Africa, including low- and high-burden settings, to identify policy and implementation gaps and to inform technical support plans.

WHO supported countries to improve quality and use of data for planning, for assessments for validation of triple EMTCT, as well as for resource mobilization. Countries receiving WHO technical support included Caribbean members states (maintained for validation), Malawi,

Malaysia, Maldives, Namibia, Oman, Sri Lanka, Thailand, United Republic of Tanzania, Zambia and Zimbabwe. Working towards triple EMTCT, countries also received support to improve the generation and use of hepatitis data. Countries in all regions were also trained in the use of the WHO congenital syphilis estimation tool to support programming for elimination of congenital syphilis. UNFPA, UNICEF and WHO supported Georgia to conduct an EMTCT assessment to guide effective EMTCT programming for HIV, hepatitis B and syphilis, which led to a national EMTCT action plan for 2022–2024 that includes hepatitis B elimination. UN Women supported the national AIDS coordinating bodies in Burundi, Nigeria and Sierra Leone to empower women living with HIV as advocates for the prevention of new HIV infections in children. In Nigeria, UN Women helped the National Network Of Women Living with HIV to review and document the impact of the national Mentor Mothers Initiative, which empowers mothers living with HIV through education and information, and provides access to employment and essential services and care for pregnant women.

UNHCR supported the continuation of HIV prevention and treatment services for refugees and others affected by humanitarian emergencies. Loss to follow-up of infants born to women living with HIV remains a challenge in some refugee settings, often due to inter-settlement and cross border movements. There were continued efforts to reach these mother-child pairs through community-based interventions for early identification and pregnancy mapping, safe and confidential follow-up, and infant and young child feeding and clinical support

UNAIDS

CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org