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Special action is needed to tackle “outrageous” discrepancy between adult and child HIV

At the International AIDS Conference in Montreal this week, leading figures came together to announce the launch of a new initiative to address the one of the starkest inequalities in the current AIDS response: the difference in HIV infection between adults and children.

This article is based on the press release to announce the initiative’s launch.

Globally, only half (52%) of children living with HIV are on life-saving treatment. Three UN agencies, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO) have brought partners together in a new alliance specifically aimed at addressing paediatric AIDS, ensuring access to life-saving drugs and preventing HIV infection among children.

Globally, only half (52%) of children living with HIV are on life-saving treatment, far behind adults where three quarters (76%) are receiving antiretrovirals, according to the data that has just been released in the [UNAIDS Global AIDS Update 2022](#). Concerned by the slowdown of progress for children, and the widening gap between children and adults, the new Global Alliance for Ending AIDS in Children by 2030 will ensure that no child living with HIV is denied treatment by the end of the decade and will prevent new infant HIV infections.

In addition to the United Nations agencies, the Alliance includes civil society movements, including the Global Network of People living with HIV, national governments in the most affected countries, and international partners, including the Global Fund and the US President’s Emergency Fund for AIDS Relief (PEPFAR). Twelve countries have joined the alliance in the first phase: Angola, Cameroon, Côte d’Ivoire,

the Democratic Republic of the Congo (DRC), Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.

The Alliance consulted widely with stakeholders and came up with the following four areas for collective action:

1. Closing the treatment gap for pregnant and breastfeeding adolescent girls and women living with HIV and optimizing continuity of treatment;
2. Preventing and detecting new HIV infections among pregnant and breastfeeding adolescent girls and women;
3. Accessible testing, optimized treatment, and comprehensive care for infants, children, and adolescents exposed to and living with HIV; nd
4. Addressing rights, gender equality, and the social and structural barriers that hinder access to services.

The Alliance was able to take advantage of affected conference participants to tell their personal stories and bring a human face to the issue. Limpho Nteko from Lesotho shared how she had discovered she was HIV positive at age 21 while pregnant with her first child. This led her on a journey where she now works for the pioneering women-led [mothers2mothers](#) programme. Enabling community leadership, she highlighted, is key to an effective response.

“We must all sprint together to end AIDS in children by 2030,” said Ms. Nteko. “To succeed, we need a health generation of young people who feel free to talk about HIV, and to get the services and support they need to protect themselves and their children from HIV. mothers2mothers has achieved virtual elimination of mother-to-child transmission of HIV for our enrolled clients for eight consecutive years—showing what is possible when we lead and communities create solutions tailored to their realities.”

The Alliance will run for the next eight years until 2030, with the intention of tackling an issue that puts the discrepancies of the AIDS response under a harsh light. But Alliance members are confident and united in the assessment that the challenge is surmountable through partnership. The three agency heads said:

“The wide gap in treatment coverage between children and adults is an outrage,” said Through this alliance, we channel that outrage into action. By bringing together new improved medicines, new political commitment, and determined activism of communities, we can be the generation who end AIDS in children. We can win this – but only win together.”

Winnie Byanyima, UNAIDS Executive Director

“Despite progress to reduce vertical transmission, increase testing and treatment, and expand access to information, children around the world are still far less likely than adults to have access to HIV prevention, care, and treatment services. The launch of the Global Alliance to End AIDS in Children is an important step forward – and UNICEF is committed to working alongside all of our partners to achieve an AIDS-free future.”

Catherine Russell, UNICEF Executive Director

“No child should be born with or grow up with HIV, and no child with HIV should go without treatment. The fact that only half of children with HIV receive antiretrovirals is a scandal, and a stain on our collective conscience. The Global Alliance to End AIDS in Children is an opportunity to renew our commitment to children and their families to unite, to speak up, and to act with purpose and in solidarity with all mothers, children and adolescents.”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

Finally, Nigeria’s Minister of Health Dr. Osagie Ehanire pledged to “change the lives of children left behind” by putting in place the systems needed to ensure that health services meet the needs of children living with HIV. He announced that Nigeria will host the alliance’s political launch in Africa at a Ministerial meeting in October 2022.

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