

IT IS TIME TO END AIDS IN CHILDREN: NOW





THE GLOBAL ALLIANCE TO END AIDS IN CHILDREN

A global strategic initiative to end AIDS in children by 2030

VISION

An end to AIDS in children, achieved through a strong, strategic, and action-oriented alliance of multisectoral stakeholders at national, regional, and global levels that works with women children and adolescents living with HIV, national governments, and partners to mobilize leadership, funding, and action to end AIDS in children by 2030.

POPULATIONS OF FOCUS

- Children (0–14 years) and Adolescents (15–19 years) Living with HIV.
- Children exposed to HIV.
- Pregnant and Breastfeeding Girls and Women who are Living with HIV including marginalized and key populations.
- Pregnant and Breastfeeding Girls and Women who are HIV-negative but at risk of HIV.

We are failing children when it comes to HIV and AIDS.

Currently, around the world, a child dies from AIDS related causes every five minutes.

Only half (52%) of children living with HIV are on life-saving treatment, far behind adults of whom three quarters (76%) are receiving antiretrovirals.

In 2021, 160 000 children newly acquired HIV. Children accounted for 15% of all AIDS-related deaths, despite the fact that only 4% of the total number of people living with HIV are children.

Stigma, discrimination, punitive laws and policies, violence and entrenched societal and gender inequalities continue to hinder access to care for women, adolescents and children.

We have the tools, we have the knowledge, and yet year on year the same poor progress is reported towards global and national targets for children and adolescents.

To end this, UNAIDS, networks of people living with HIV, UNICEF and WHO together with technical partners, PEPFAR and The Global Fund unveiled the Global Alliance to end AIDS in children in July 2022 at the AIDS conference in Montreal, Canada. The Global Alliance emphasizes the importance of a grounds-up approach with local, national and regional stakeholders taking ownership of the initiative, and engagement of a broad set of partners.

The work of the Global Alliance is aligned to four pillars:

1

Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with and children exposed to HIV

2

Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission

3

Preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women and

4

Addressing rights, gender equality and the social and structural barriers that hinder access to services

THE DAR ES SALAAM DECLARATION FOR ACTION TO END AIDS IN CHILDREN

The inaugural countries leading the Global Alliance to end AIDS in Children together with community representatives, UN agencies, stakeholders and partners [gathered in Dar es Salaam, Tanzania on February 1st, 2023](#), to discuss our progress and our plans to end AIDS in Children by 2030.

This Declaration represents our shared commitment to achieve this goal. We have the tools, the guidance, the policies and the knowledge we need. Now we must make good on this commitment and move to action.

To achieve the goal of ending AIDS in children, we shall intentionally strengthen, coordinate and resource robust national programs by:

- Providing access to universal testing and treatment for all children and adolescents living with HIV and support them to remain virally suppressed;
- Ensuring access to treatment and care for all pregnant and breastfeeding women and support them to stay in care;
- Harnessing digital technologies to reach adolescents and young people;
- Implementing comprehensive, integrated HIV services;
- Working with and for men, women and adolescent girls to ensure that mothers are protected from acquiring HIV during pregnancy and breastfeeding;
- Ending the stigma, discrimination, and gender inequities experienced by women, children, and adolescents affected by HIV;
- Working with communities including men to prevent gender-based violence and counter harmful gender norms;
- Ring fencing budgets for ending AIDS in children;
- Partnering with people living with HIV and communities in all our work;
- Monitoring and share our progress and learning for joint accountability and for the benefit of all.

As the first countries to pioneer the Alliance, we urge all governments to join us and turn these commitments into action to end AIDS in children worldwide.

We request all stakeholders—including civil society organizations, faith-based organizations, religious and community leaders, local implementers and international partners to work with us and embrace this opportunity to save and change lives. Together we can build a legacy that allows children living with HIV to reach their full potential.

We count on UNAIDS, WHO, UNICEF, the Global Fund, PEPFAR, Communities of People living with HIV, civil society and non-governmental organizations as well as our citizens to support us and monitor our collective progress in the shared accountability to deliver on our commitments.

Together we will not fail.

Vice President of the United Republic of Tanzania, Vice President and Minister Health and Child Care of Zimbabwe, Ministers of Health or their representatives of Angola, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Kenya, Mozambique, Nigeria, South Africa, Uganda, Zambia, Representatives of SADAC, The East African Community, the Joint United Nations Programme on AIDS, UNICEF, WHO, Networks of People Living with HIV, Global Fund, PEPFAR, PATA and Elizabeth Glaser Pediatric AIDS Foundation.

Declared in Dar es Salaam on 1 February 2023.

AFRICAN LEADERS UNITE IN PLEDGE TO END AIDS IN CHILDREN

Hosted by the United Republic of Tanzania, on 1 February, 2023, in Dar es Salaam, Ministers and representatives from the 12 phase 1 Alliance countries and international partners committed themselves and laid out their plans to end AIDS in children by 2030. The Dar-es-Salaam Declaration on ending AIDS in Children was endorsed unanimously.



“Tanzania has showed its political engagement, now we need to commit moving forward as a collective whole. All of us in our capacities must have a role to play to end AIDS in children. The Global Alliance is the right direction, and we must not remain complacent. 2030 is at our doorstep.”

— Philip Mpango, Vice-President of the United Republic of Tanzania



“This gathering of leaders is uniting in a solemn vow—and a clear plan of action—to end AIDS in children once and for all. There is no higher priority than this.”

— Monica Geingos, First Lady of Namibia and President of the Organisation of African First Ladies for Development



“This meeting has given me hope. An inequality that breaks my heart is that against children living with HIV, and leaders today have set out their commitment to the determined action needed to put it right. As the leaders noted, with the science that we have today, no baby needs to be born with HIV or get infected during breastfeeding, and no child living with HIV needs to be without treatment. The leaders were clear: they will close the treatment gap for children to save children’s lives.”

— Winnie Byanyima, Executive Director, UNAIDS



“Governments and partners can count on UNICEF’s continued support. This includes work to integrate HIV services into primary health care and strengthen the capacity of local health systems. And to our community partners, especially women living with HIV, I salute you for your courage and your tireless efforts. UNICEF is here to support you and advocate with you.”

— Catherine Russell, Executive Director, UNICEF



“ More than 40 years since AIDS first emerged, we have come a long way in preventing infections among children and increasing access to treatment, but progress has stalled. The Global Alliance to End AIDS in Children is a much-needed initiative to reinvigorate progress. WHO is committed to supporting countries with the technical leadership and policy implementation to realise our shared vision of ending AIDS in children by 2030.”

— Dr Tedros Adhanom Ghebreyesus, Director-General, WHO



“ In 2023, no child should be born with HIV, and no child should die from an AIDS-related illness. Let’s seize this opportunity to work in partnership to make sure the action plans endorsed today are translated into concrete steps and implemented at scale. Together, led by communities most affected by HIV, we know we can achieve remarkable results.”

— Peter Sands, Executive Director, The Global Fund



“ Closing the gap for children will require laser focus and a steadfast commitment to hold ourselves, governments, and all partners accountable for results. In partnership with the Global Alliance, PEPFAR commits to elevate the HIV/AIDS children’s agenda to the highest political level within and across countries to mobilize the necessary support needed to address rights, gender equality and the social and structural barriers that hinder access to prevention and treatment services for children and their families.”

— John Nkengasong, U.S. Global AIDS Coordinator, PEPFAR



“ Often, services for children are set aside when budgets are tight or other challenges stand in the way. Today, African leaders endorsed detailed plans to end AIDS in children – now is the time for us all to commit to speaking up for children so that they are both prioritized and included in the HIV response.”

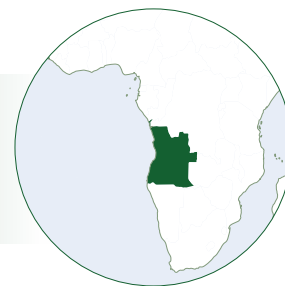
— Chip Lyons, President and CEO, EGPAF



“ We have helped shape the Global Alliance and have ensured that human rights, community engagement and gender equality are pillars of the Alliance. We believe a women-led response is key to ending AIDS in children.”

— Lilian Mworeko, Executive Director of the International Community of Women living with HIV in Eastern Africa on behalf of ICW, Y+ Global and GNP+





ANGOLA

36 000
[28 000–46 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

3 800 [2 000–5 800]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

3 600 [2 300–4 900]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

Figure 1.

New HIV infections among children (0–14 years) and antiretroviral coverage among pregnant women (%), 2010–2021

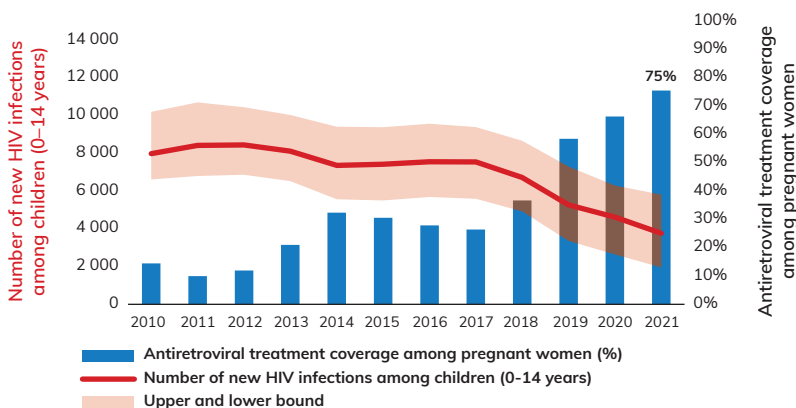
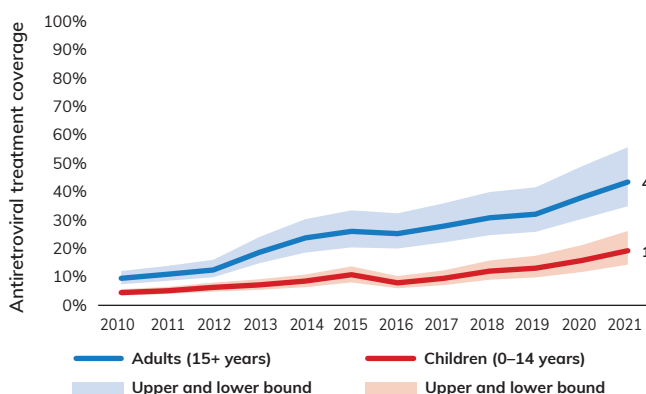


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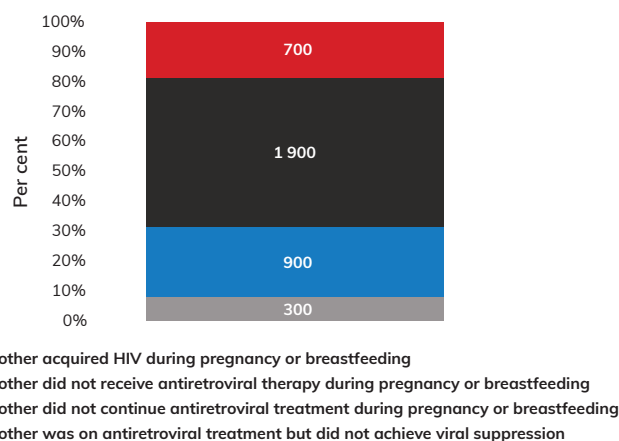
Antiretroviral treatment coverage (%) among children (0–14 years) and adults (15+ years), 2010–2021



Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

Figure 3.

Percentage and number of new vertical HIV infections by cause of transmission, 2021



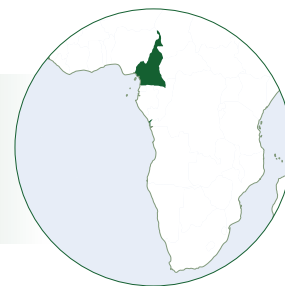
Highlights from Global Alliance action plan:

- Strengthening of community interventions led by women living with HIV, promoting the link between HIV-positive pregnant women and exposed children with Health Units, through existing social projects in the country, such as the Kwenda Project and the Fight against Poverty; to close gaps in diagnosis, treatment.
- Reinforcement of the Information System, particularly the Community Information System.
- Operationalization of the National Commission for the Fight against AIDS and Major Endemic Diseases, with a view to strengthening multisectoral actions in the response to HIV-AIDS.
- Mobilization and Empowerment of Women living with HIV on Human Rights and gender equity, based on the results of the case study against Stigma and Discrimination.

“ We reaffirm our commitment to ongoing global, regional and national efforts to achieve universal access and end AIDS in children by 2030.”

— Her Excellency Ms Sílvia Paula Valentim Lutucuta, Minister of Health

CAMEROON



33 000
[25 000–39 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

4 300 [2 700–5 400]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

3 500 [2 400–4 300]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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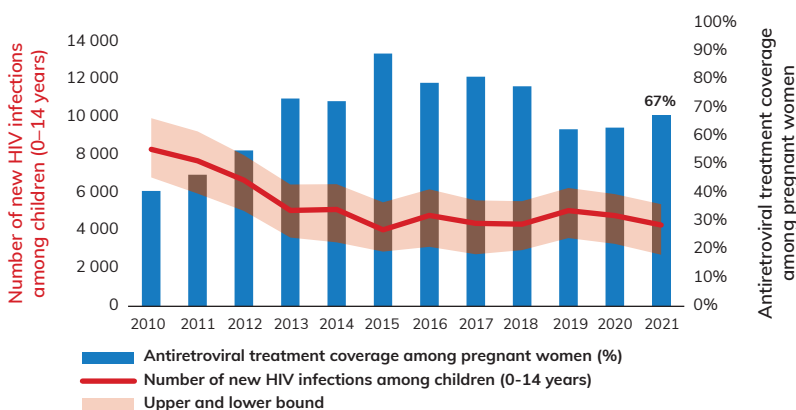
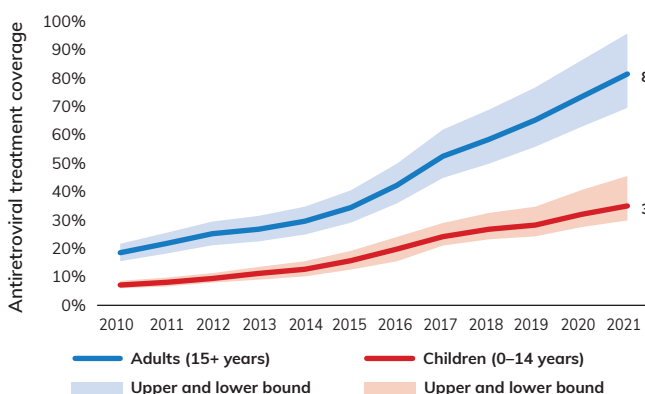


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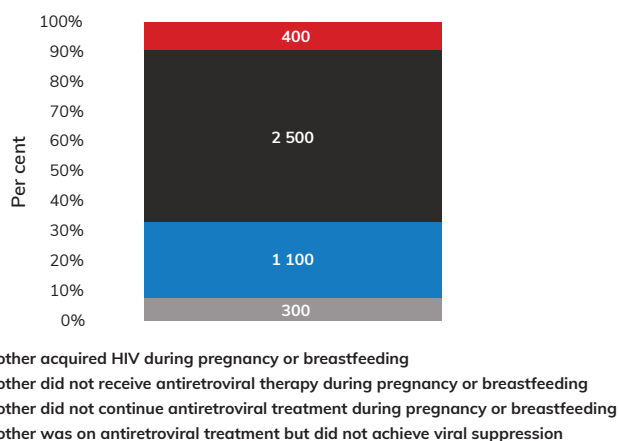
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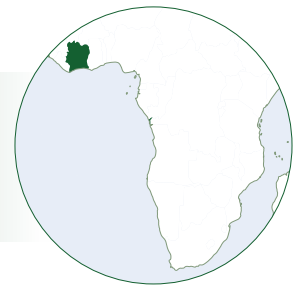


Highlights from Global Alliance action plan:

- Establish user-friendly services adapted to the needs of children, adolescents and young women.
- Improve the accessibility and accessibility of PMTCT services, particularly for adolescent girls, through the revision of SOPs (to be defined) to include provisions for non-discriminatory and human rights-based service delivery. This must be accompanied by capacity building of health care providers in these areas.
- Strengthen the active involvement of communities, especially women, adolescents and young people living with HIV through structural support to their organization.
- Mobilize additional domestic funds for the operationalization of the five-year national human rights plan.
- Apply collection and feedback mechanisms at all levels of health services for women and adolescents to facilitate alerts of human rights violations, including discrimination in health facilities.

“Review laws, regulations and policies on adolescents’ rights to decision-making regarding access to HIV services without parental consent from the age of 15.”

— H.E Dr Malachie Manaouda Minister of Health



CÔTE D'IVOIRE

18 000
[14 000–24 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

<1 000 [**<500–1 900**]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

<1 000 [**<500–1 100**]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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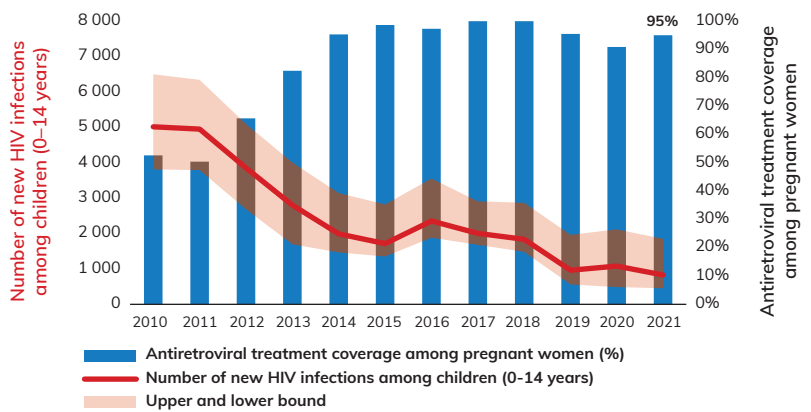
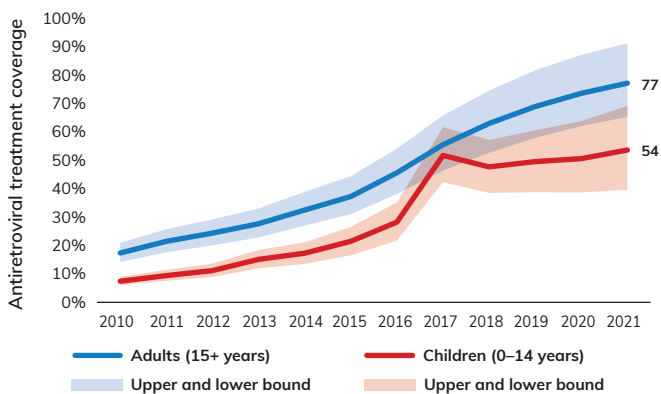


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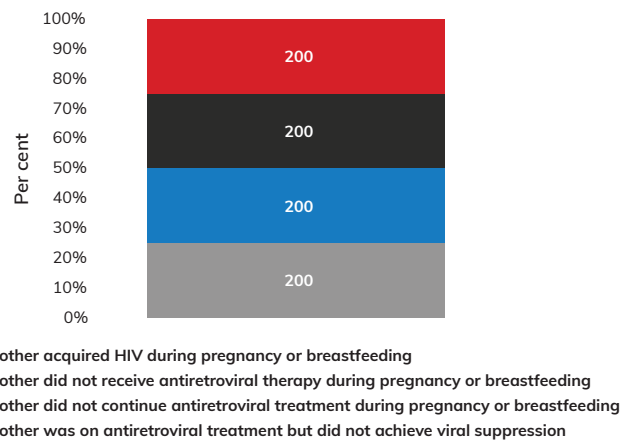
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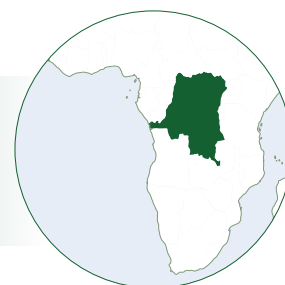
Highlights from Global Alliance action plan:

- Reduce neonatal, infant, child and maternal mortality rates by 2025.
- Implement at all levels of the health pyramid, the triple elimination of mother-to-child transmission of HIV, syphilis and viral hepatitis B, as well as paediatric tuberculosis.
- Diagnose 95% of children exposed to HIV before the age of 2 months.
- Organize annually in Abidjan an International Symposium on Paediatric Management of HIV and PMTCT to strengthen the regional framework for sharing good practices, innovations and scientific advances on the response to paediatric AIDS.

“ Côte d'Ivoire reaffirms its commitment to create an enabling environment by combating all forms of stigma and discrimination and violations of the rights of people living with HIV, especially women, children and adolescents living with HIV through the revision of legal frameworks and their effective implementation. ”

— Pierre N'Gou Dimba, Minister of Health, Public Hygiene and Universal Healthcare

DEMOCRATIC REPUBLIC OF THE CONGO



63 000
[49 000–78 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

6 500 [3 800–9 200]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

4 300 [2 800–5 700]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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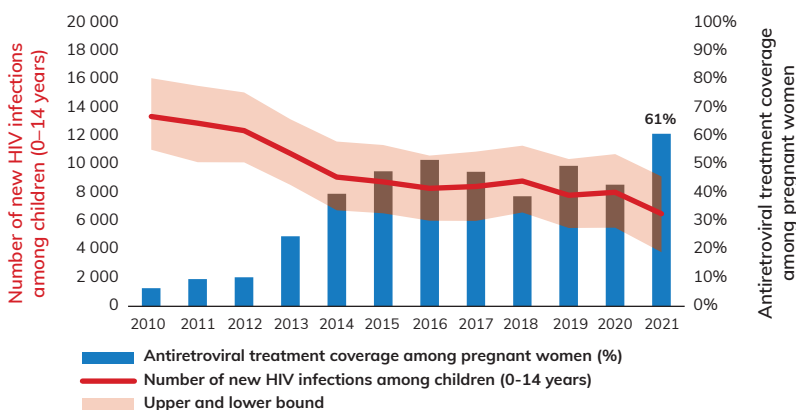
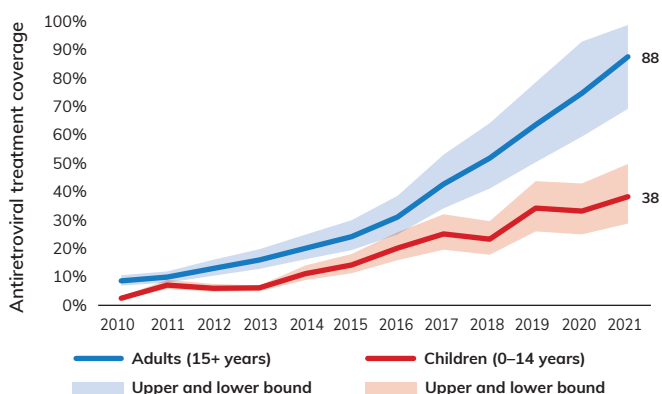


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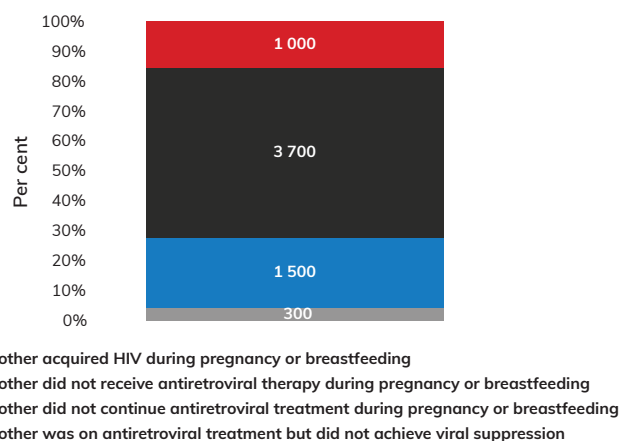
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Highlights from Global Alliance action plan:

- Expand coverage of screening, ART and optimized care for children and adolescents based on dolutegravir.
- Extend PMTCT coverage in all provinces (focus on the nine provinces with support stoppage) in the HIV/Syphilis/Hepatitis Triple Elimination approach.
- Promote community-based approaches to identifying male partners (index-testing, self-testing) in supportive environments and adapted antenatal care schedules.
- Advocate for the amendment of the law in favour of access to adolescent testing and free access to care for victims of sexual violence; integrate/reinvigorate differentiated approaches to community mobilization and testing.
- Mobilise additional funds for the implementation/extension of all targeted activities.

“The Government of the Democratic Republic of Congo remains committed to the Global Alliance to End Paediatric AIDS by 2030. Indeed, with the increase in the share of health in the State Budget for the 2023 financial year, the Government will allocate substantial resources for the implementation of the Consolidated Action Plan here in Dar-es-Salaam and clearly identified priorities.”

— Excellency Dr Jean-Jacques Mbungani, Minister of Public Health, Hygiene and Prevention



KENYA

83 000
[66 000–100 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

5 200 [3 600–8 200]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

3 100 [1 700–5 700]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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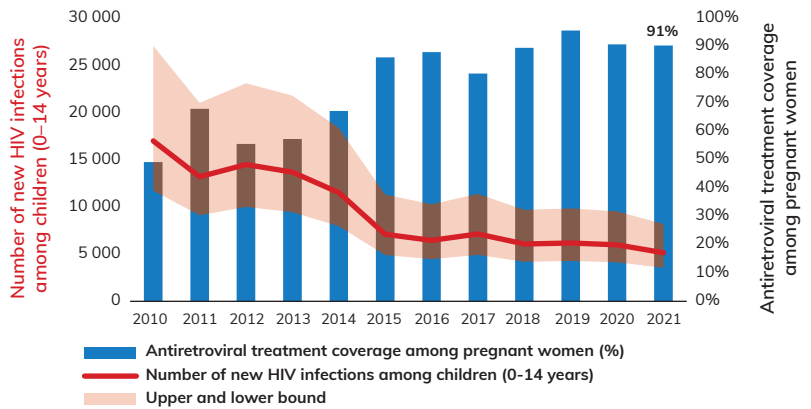
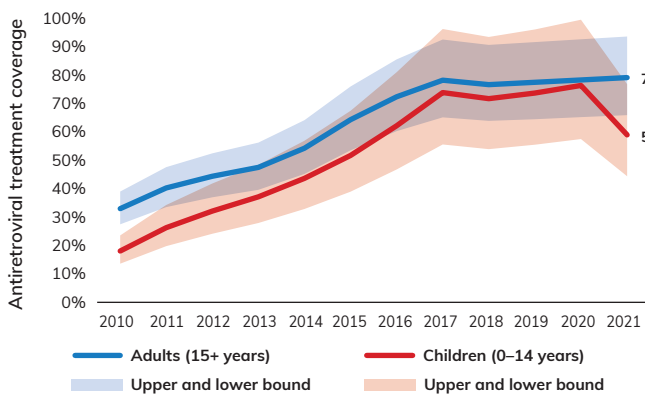


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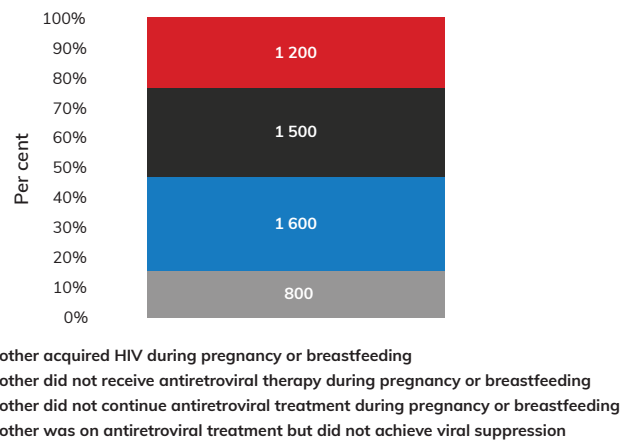
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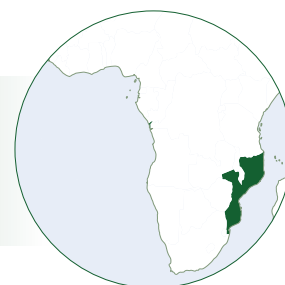
Highlights from Global Alliance action plan:

- Strengthen, leverage and bring to scale, accelerated, multi-sector, accountable actions across all government to address the triad challenge of new HIV infections, pregnancies, sexual and gender-based violence facing our young people.
- Close all the bottlenecks in diagnostics systems, commodity security and health workforce.
- Create a bottom-up movement on ending AIDS in children in Kenya. Roll out a campaign in the Republic of Kenya across the 47 counties with citizens at the core of the planning and implementation.
- Operationalization of a unique identifier to secure accountability and fidelity in access of quality service.
- To allocate domestic resources where needed to fill critical gaps in particular to support health systems including commodities and information systems.

“We are presented with an opportunity to remove technical and structural barriers that deny children an AIDS-free start—a better chance to survive, thrive, and fulfill their dreams. The impact of this initiative will reignite powerful ripples of hope across member nations and the world.”

— Her Excellency Hon. Dr Nakhumicha Susan Wafula, Cabinet Secretary of Health

MOZAMBIQUE



160 000
[130 000–180 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

18 000 [12 000–22 000]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

10 000 [7 000–13 000]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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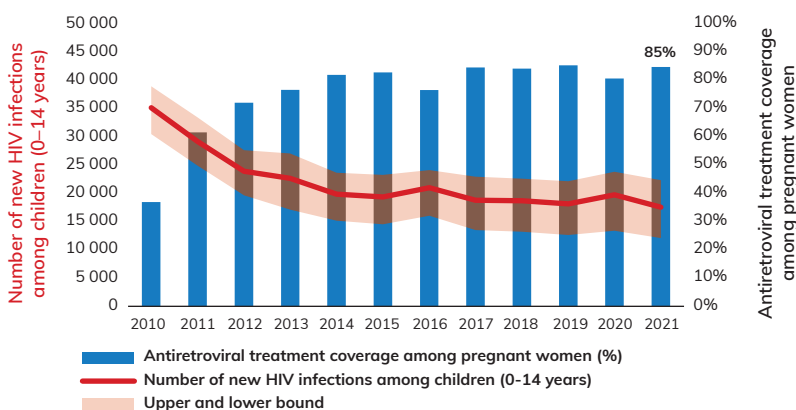
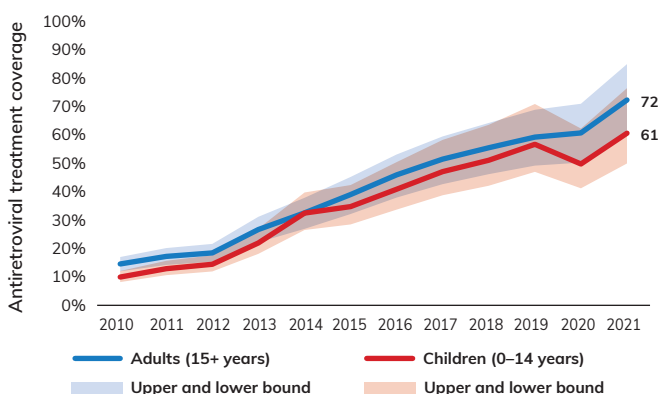


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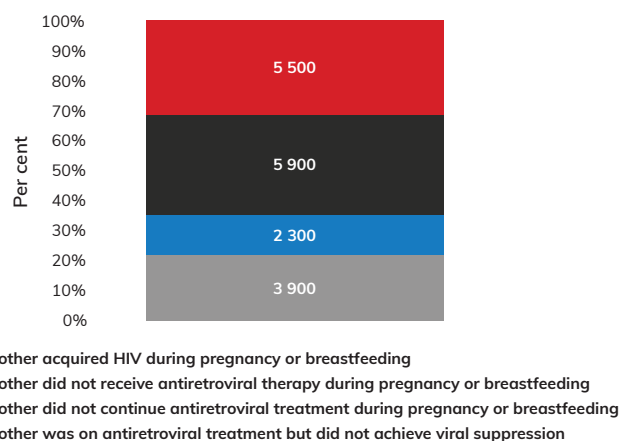
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Source: UNAIDS 2023 Preliminary Estimates for Mozambique.

Figure 3.

Percentage and number of new vertical HIV infections by cause of transmission, 2021



Highlights from Global Alliance action plan:

- Scale up of point of care testing for early infant diagnosis (prioritizing north region, frequent flooding and conflict zone, areas with internally displaced persons, cultural issues and others); Increase access to treatment and viral suppression and to reduce morbidity and mortality in this population group.
- Triple elimination plan for HIV, Hepatitis and Syphilis (2020–2024): syphilis testing in PW, Congenital syphilis tracking and HBV testing for pregnant women.
- Scale up of youth friendly services coverage (only 24% out of 1721 ART Health facility).
- Implement economic strengthening programs for adolescents and young people (high HIV prevalence and most deprived population, education access and self-sustenance for adolescent girls and young women).
- Ensure representatives of people living with HIV are included on decision making structures.

“ Finally, we stress that Mozambique is committed to: 1. Continue to mobilise domestic and external resources to cover existing gaps; 2. Increase access to treatment by strengthening the community response; and 3. Accelerate the implementation of the plan of the gut elimination of HIV, Syphilis and Viral Hepatitis. These commitments will help the country end Pediatric AIDS. ”

— Her Excellency Ms Saozinha Paula Agostinho, Permanent Secretary Minister of Health



NIGERIA

170 000
[150 000–190 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

26 000 [21 000–30 000]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

17 000 [15 000–20 000]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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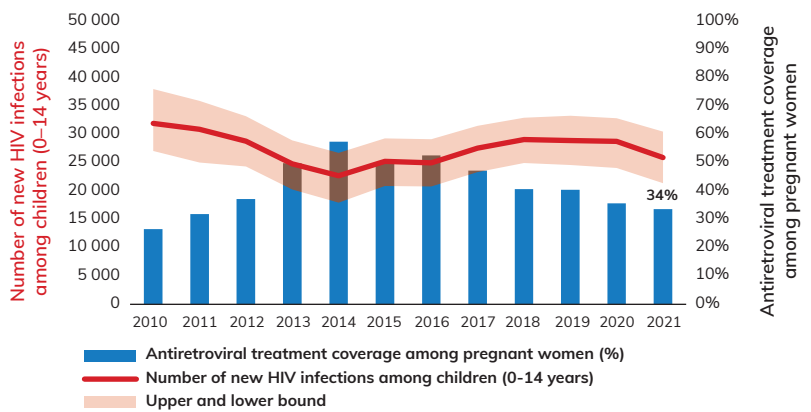
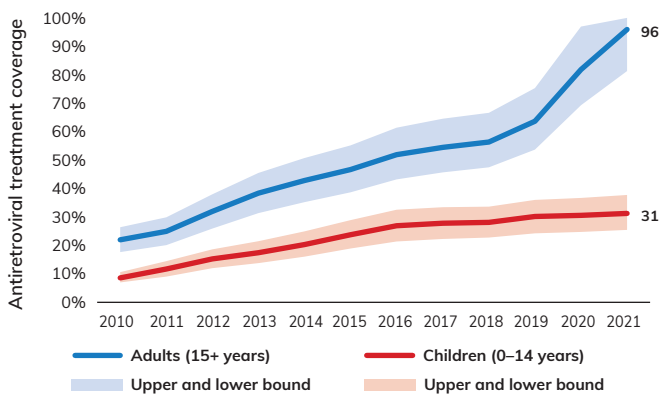


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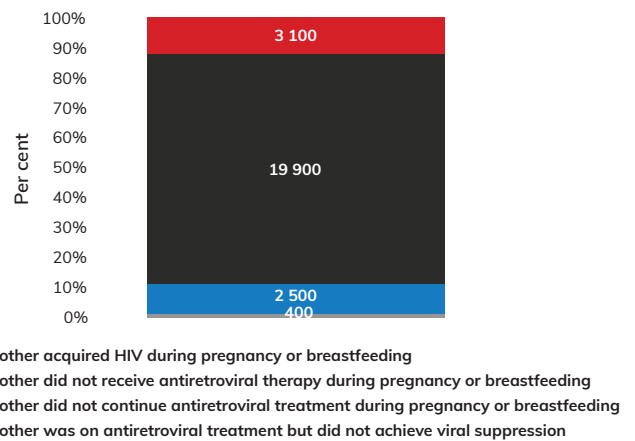
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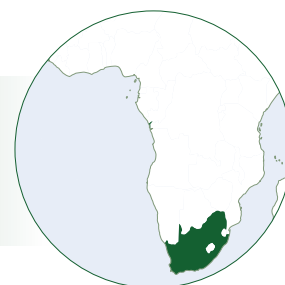
Highlights from Global Alliance action plan:

- Scaling up PMTCT service availability to all locations where pregnant women receive antenatal care in public and private health facilities, traditional birth attendants and other informal providers.
- Mobilization to provide access to antenatal care and PMTCT services for women at home who do not receive antenatal care usually for socio-cultural reasons.
- Testing children of adult PLHIV who are on Anti-Retroviral Therapy (ART).
- Updating our data systems to capture progress, identify persisting gaps, and inform further action.
- The action plans have been incorporated in the National Health Sector HIV Response Plan and are priorities for both Global Fund NFM4 and PEPFAR COP23 grants..

“ I am pleased to draw attention to the inclusiveness of the planning processes, being that People Living with HIV, including women and youth, participated in development of the plans at national and subnational levels. Implementation will also be inclusive and involve other sectors, tiers of governance and stakeholders, down to ward level. ”

— Dr Osagie Ehanire, Minister of Health, Federal Republic of Nigeria

SOUTH AFRICA



270 000
[210 000–370 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

10 000 [7 900–21 000]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

2 800 [1 900–5 200]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

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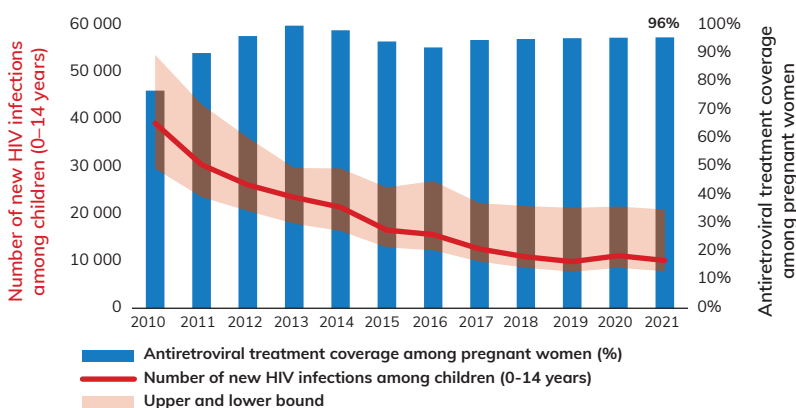
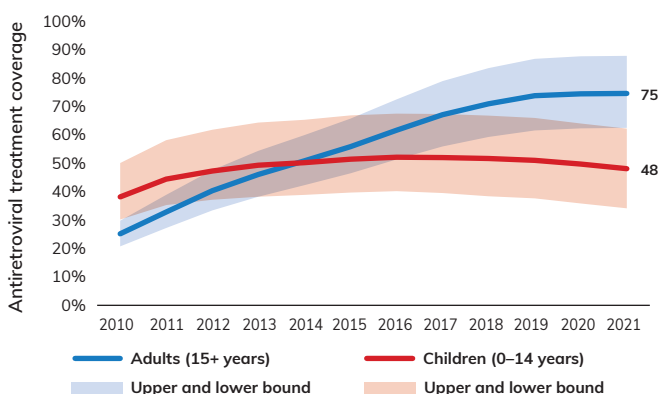


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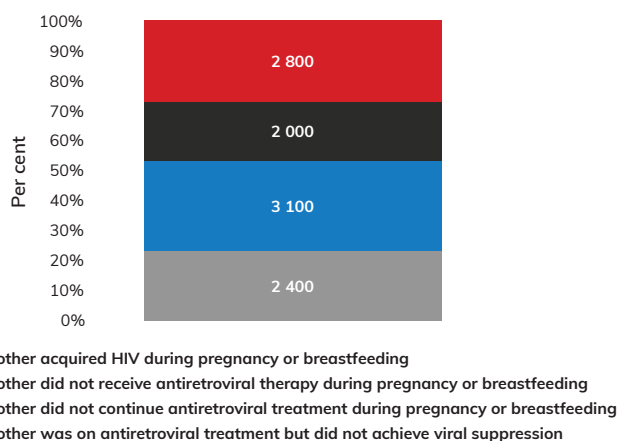
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Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

Figure 3.

Percentage and number of new vertical HIV infections by cause of transmission, 2021



Highlights from Global Alliance action plan:

- Strengthen case finding among HIV exposed infants and children.
- Scale up initiation of dolutegravir based regimen to pregnant and breastfeeding women as per revised guidelines.
- Strengthen regular retesting of pregnant and breastfeeding women.
- Scale-up access to social protection (social grants, nutritional support, early childhood development) for eligible children, adolescents and women living with HIV and key and priority populations for improved access to HIV treatment and services.
- Address gender-based violence and femicide, sexual assault and abuse e.g., infants, children, adolescents and women including scaling up advocacy for the enforcement of laws.

“South Africa is committed to allocating domestic resources and collaborate with Partners towards the implementation of the plan of action. We will ensure that our resources are efficiently and effectively utilised to protect those affected, fight stigma, and promote the well-being of children already living with HIV/AIDS.”

— Dr Phaahla, Minister of Health



THE UNITED REPUBLIC OF TANZANIA

96 000
[77 000–110 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

9 400 [5 100–12 000]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

6 100 [3 800–7 900]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

Figure 1.

New HIV infections among children (0–14 years) and antiretroviral coverage among pregnant women (%), 2010–2021

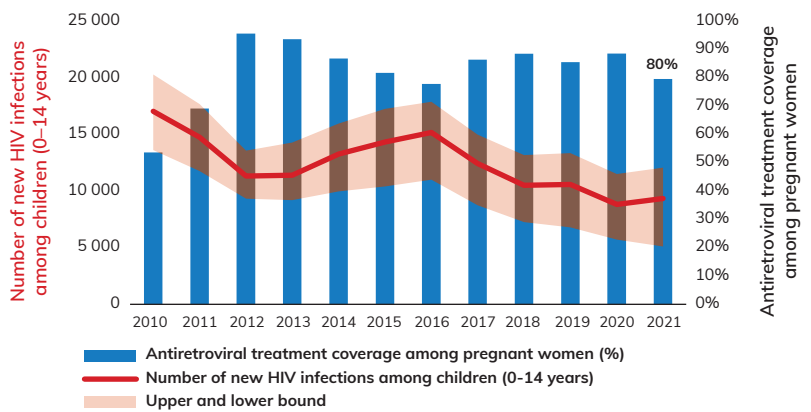
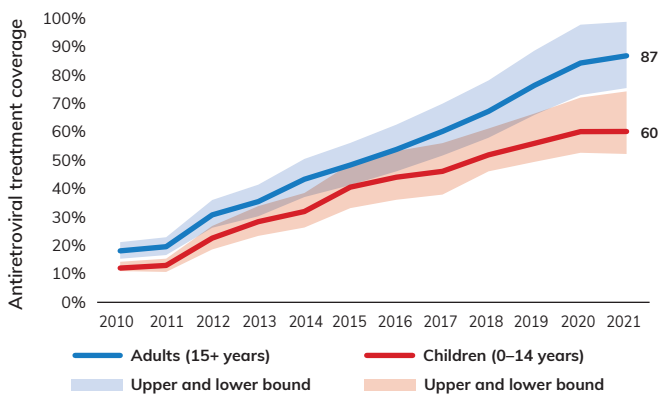


Figure 2.

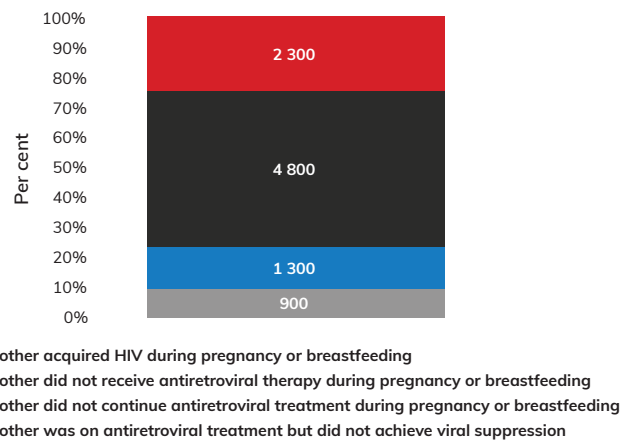
Antiretroviral treatment coverage (%) among children (0–14 years) and adults (15+ years), 2010–2021



Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

Figure 3.

Percentage and number of new vertical HIV infections by cause of transmission, 2021



Highlights from Global Alliance action plan:

- Scale up focused HIV testing (optimized point of care testing from two years old; all points of service delivery; index-testing 0–18); and link to appropriate peer support/ empowerment groups, including school clubs; scale up mother-to-mother interventions.
- Use evidence-based peer-to-peer models to promote early antenatal care booking and discourage home deliveries through conducting community sensitization and community engagement (demand creation for pre-natal care, antenatal care, post-natal care, follow-up and linkage to other service).
- Scale-up intensified re-testing and regular follow-up of HIV-negative pregnant and breastfeeding women identified at antenatal care (including during the third trimester) and during postnatal care.
- Advocate with Parliament to pass bill for sustainable source of government funding for HIV, including earmarking a specific percent of tax to HIV financing, including for community-led monitoring of laws, policies, and services.
- Mainstream Global Alliance initiative actions into in-country PEPFAR and Global Fund programs.

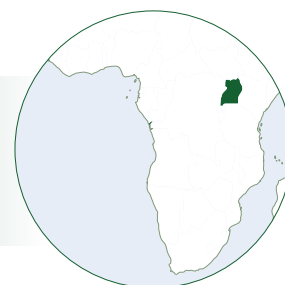
“To address inequities in HIV epidemic and response, the Government of Tanzania envisions having a healthy and AIDS Free society by 2030. This vision will be achieved by providing sustainable quality HIV services that are integrated, people-centered, equitable, and accessible free of financial constraints.”

— Hon. Umyy Mwalimu, Minister of Health

“Tanzania is proud to host the launch of the Global Alliance in Africa and commits to work in collaboration and in partnership with key stakeholders to end inequalities that contribute to HIV infections in children and get the world back on track to end AIDS by 2030.”

— Hon. Nassor A. Mazrui, Minister of Health, Zanzibar

UGANDA



88 000
[81 000–95 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

6 000 [5 200–7 800]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

4 000 [3 300–5 000]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

Figure 1.

New HIV infections among children (0–14 years) and antiretroviral coverage among pregnant women (%), 2010–2021

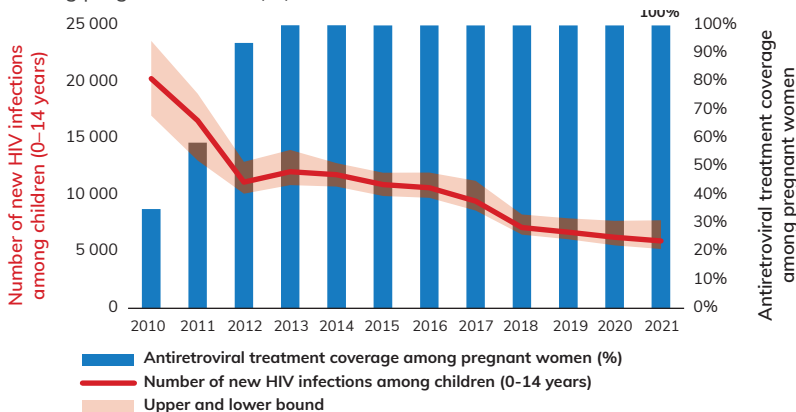
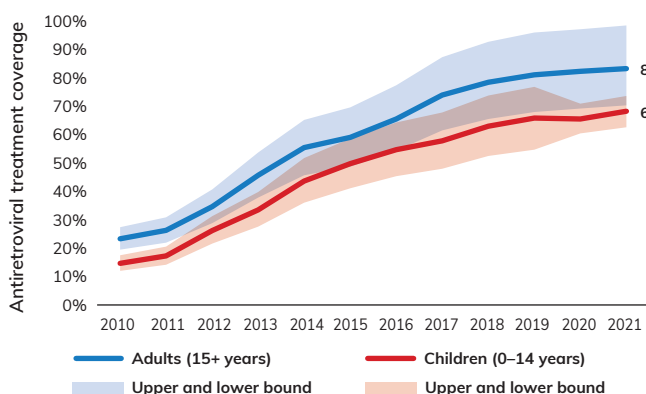


Figure 2.

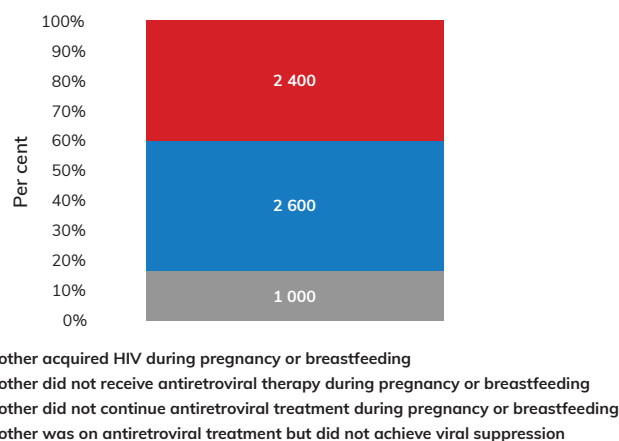
Antiretroviral treatment coverage (%) among children (0–14 years) and adults (15+ years), 2010–2021



Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

Figure 3.

Percentage and number of new vertical HIV infections by cause of transmission, 2021

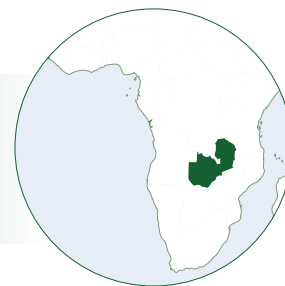


Highlights from Global Alliance action plan:

- Collaborate with Ministry of Education and Gender (implement school health policy supporting treatment and minimize stigma, use community development officers to track children/adolescents, dropping out of school and implement early warning systems in school for prevention of pregnancy and HIV).
- Map and attach all positive mothers to peer/ mentor mothers (for retention and adherence).
- Fund the male engagement strategy (including male champions, male action groups, use of opinion leaders).
- Scale up PrEP to at least 25% of facilities.
- Integrate gender-based violence services (screening and post care in maternal and child health and PMTCT services).

“I want to emphasize, that Uganda is committed to ending AIDS in children by 2030, and to being part of this new and great initiative. We are committed to funding key priority and high impact interventions, in our national action plan.”

— Her Excellency Margaret Muhanga Mugisa, State Minister



ZAMBIA

66 000
[59 000–72 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

3 800 [3 000–5 200]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

2 400 [1 800–3 300]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

Figure 1.

New HIV infections among children (0–14 years) and antiretroviral coverage among pregnant women (%), 2010–2021

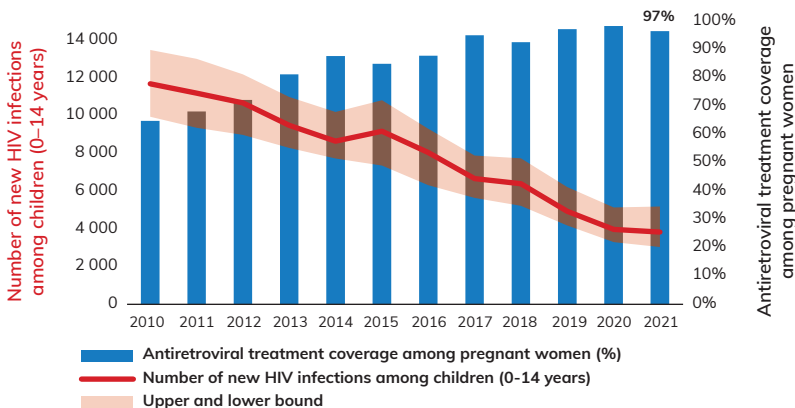
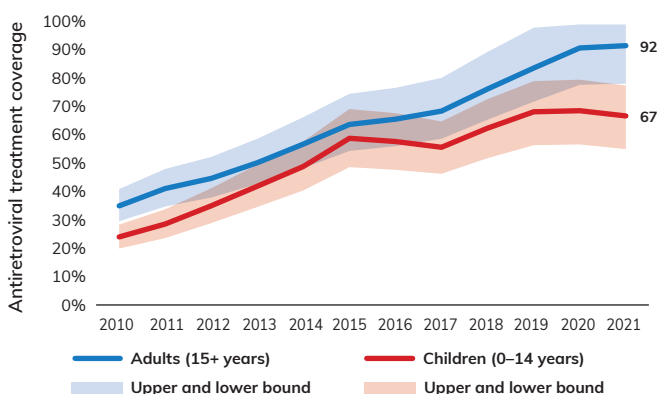


Figure 2.

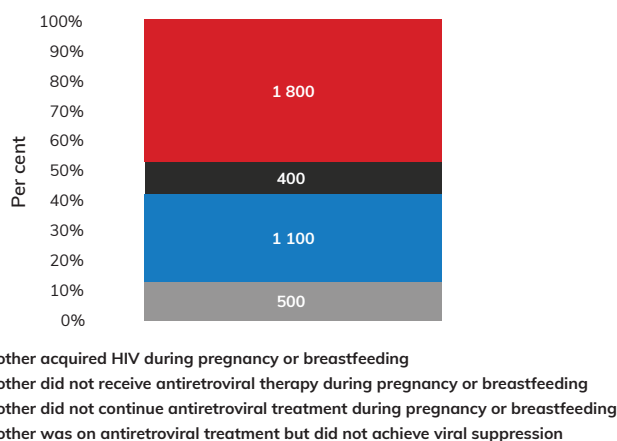
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Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

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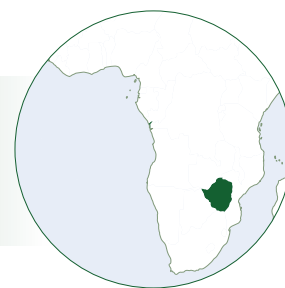
Highlights from Global Alliance action plan:

- Implement multiple testing strategies including scaling up the use of point of care technologies to remote areas, to improve early infant diagnosis (EID) coverage to 95% by 2025.
- Strengthen and improve the re-testing of negative pregnant and breastfeeding women from less than 30% to 50% by 2025.
- Ensure commodity security for prevention of mother to child transmission of HIV (PMTCT) and pediatric HIV services.
- Continue capacity building of staff for a) effective risk identification and management of Intimate Partner Violence, b) stigma reduction c) assisted partner notification and d) improving prevention coverage among pregnant and breastfeeding women.
- Prioritize availability of HIV prevention commodities for pregnant and breastfeeding women including condoms plus oral and long-acting injectable ARVs for HIV prevention.

“In addition, working with line ministries, Zambia will advance education, promote employment and income-generating activities for women living with HIV and expand access to the national social protection systems.”

— Her Excellency Ms Sylvia Tembo Masebo, Minister of Health

ZIMBABWE



72 000
[59 000–85 000]

CHILDREN (0–14 YEARS) WERE LIVING WITH HIV IN 2021

4 800 [2 700–7 500]

CHILDREN (0–14 YEARS) BECAME NEWLY INFECTED WITH HIV IN 2021

2 800 [1 700–4 200]

CHILDREN (0–14 YEARS) DIED FROM AIDS-RELATED ILLNESSES IN 2021

Figure 1.

New HIV infections among children (0–14 years) and antiretroviral coverage among pregnant women (%), 2010–2021

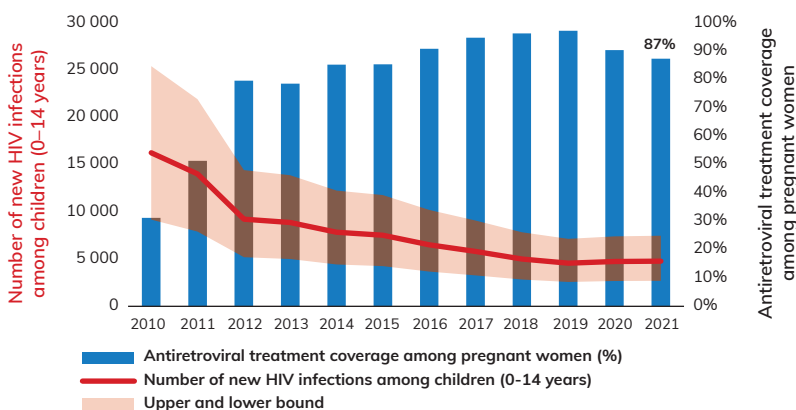
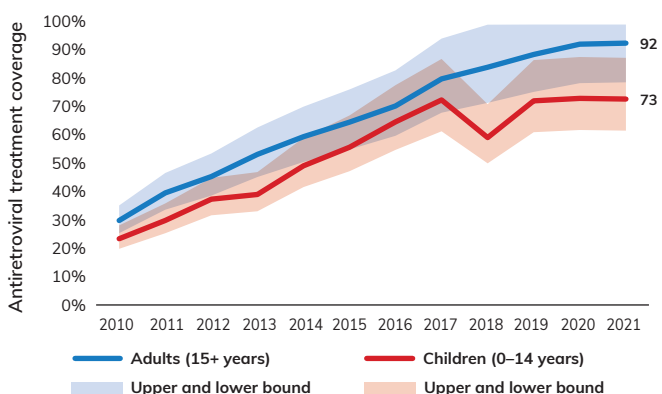


Figure 2.

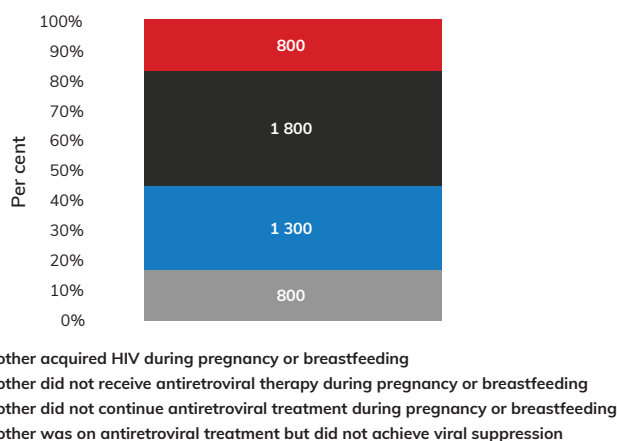
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Source: UNAIDS epidemiological estimates, 2022 (<https://aidsinfo.unaids.org/>).

Figure 3.

Percentage and number of new vertical HIV infections by cause of transmission, 2021



Highlights from Global Alliance action plan:

- Diagnostic Network Optimization—point-of-care platform availability, placement and functionality.
- Develop HIV-exposed Infants unique identifiers—early infant diagnosis samples within an E-HR platform and expedited result delivery.
- Eliminate user fees-Results Based Financing voucher system for maternal, newborn and child healthcare services, including local authority clinics.
- Capacity building on HIV re-testing in antenatal care and provision of PrEP for pregnant and breastfeeding women.
- Meaningful involvement of people living with HIV at all levels.

“Legal and policy barriers to the uptake of services will continue to be addressed. I am proud to say we have already started addressing some legal barriers by being the second African country to fully repeal the law that criminalizes HIV transmissio.”

“Failure is not an option ladies and gentlemen, and this should be our rallying call as we move towards ending AIDS in children by 2030.”

— Hon, Retired General Dr Constantino G.D.N. Chiwenga, Vice President of the Republic of Zimbabwe and Minister of Health and Child Care

