



Vertical Transmission Elimination Progress and the Global Alliance Initiative to End AIDS in Children by 2030

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HIV
Impact Network for
Vertical Transmission
Elimination

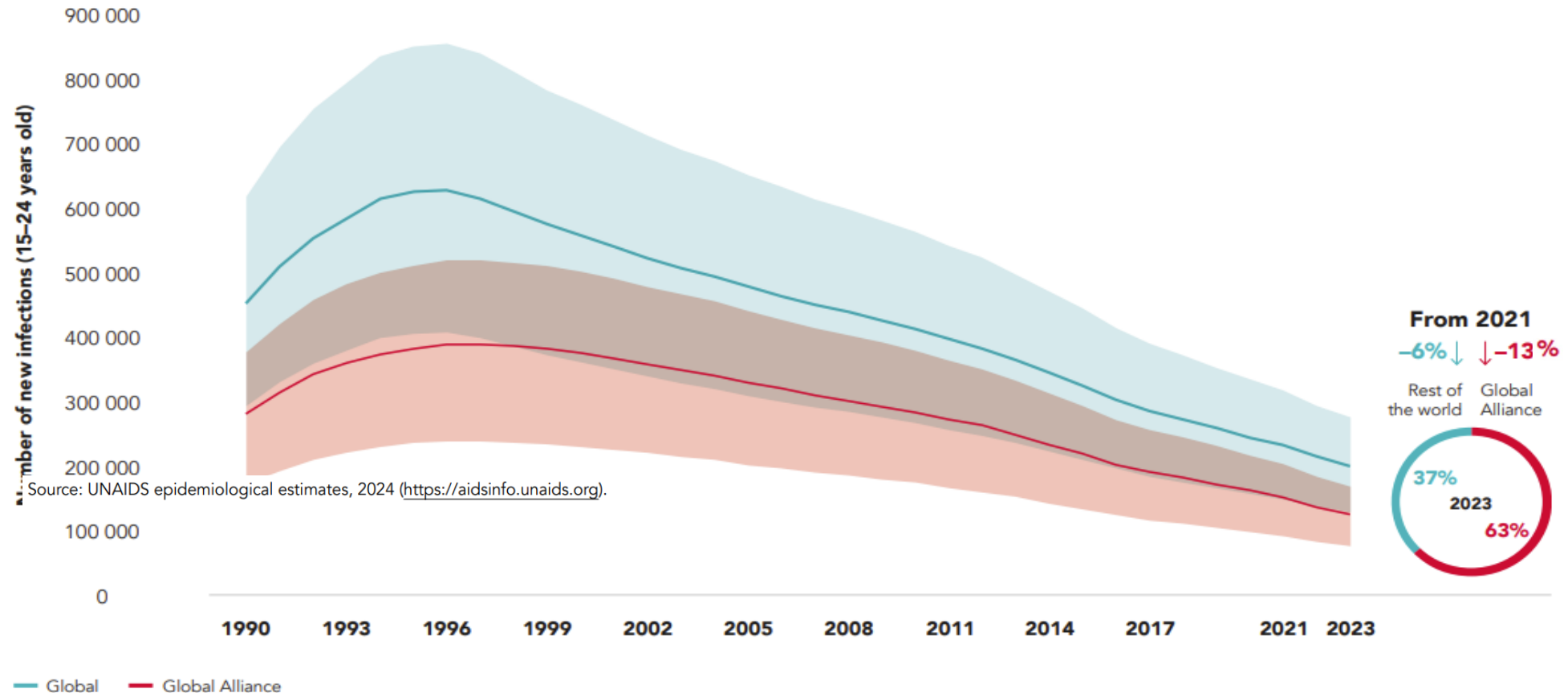


There are ongoing challenges throughout the HIV treatment and care continuum for children and adolescents

- **Significant progress has been made in antiretroviral therapy coverage for pregnant and breastfeeding women**, reaching 84% globally in 2023, though the universal 100% target remains unmet.
- **Achievements in HIV treatment coverage*** toward the 90% target are slow, with children and older adolescents showing particularly low access at 57% and 64% at population level, respectively.
- **Viral load suppression*** is improving but not yet at the 86% target for 2025, indicating continued challenges in pediatric HIV management.
- **New HIV infections among adolescent girls and young women** exceed targets significantly. The global AIDS targets aim to reduce to less than 50,000 by 2025 the number of new HIV infections among adolescent girls and young women (15–24 years old) - a priority population for HIV prevention generally and specifically for preventing vertical HIV transmission.

**The estimated ART coverage and viral load suppression rates represent population-level estimates, calculated using estimated numbers of PLHIV in each age group. These estimates encompass both individuals diagnosed with HIV and those who remain undiagnosed.*

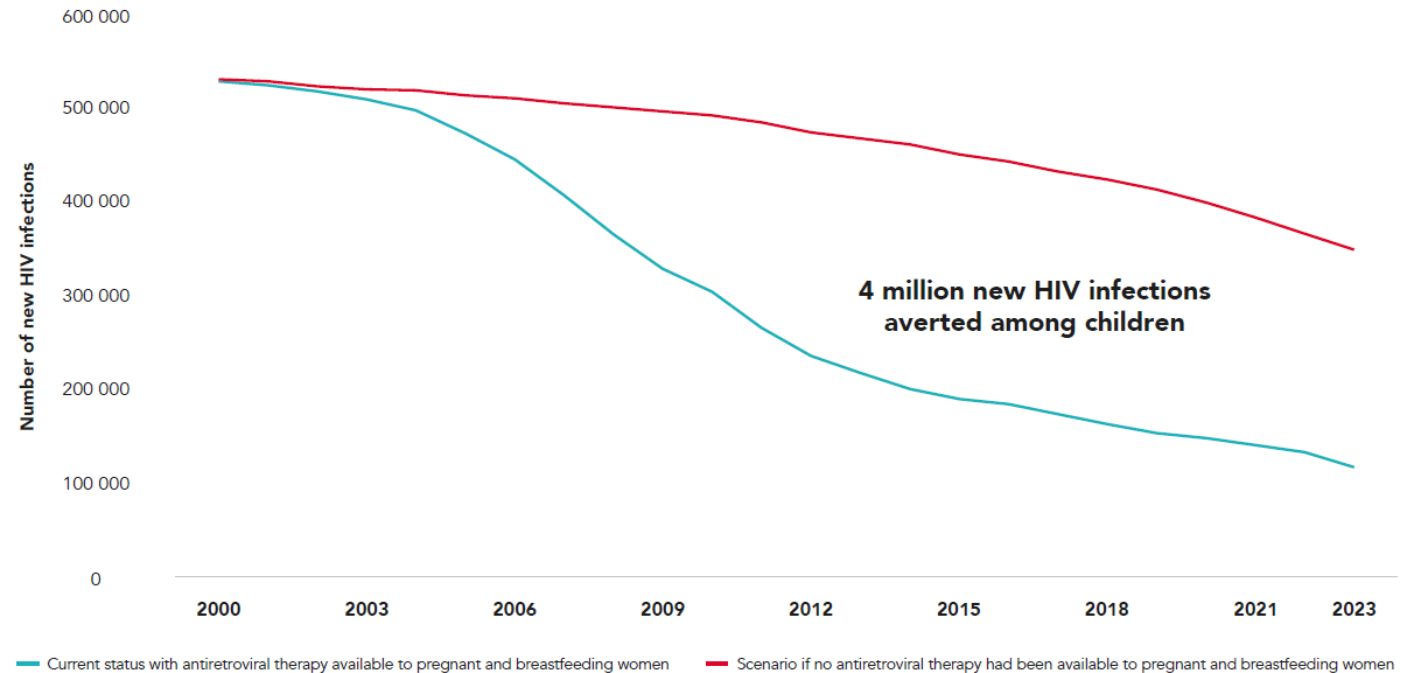
210,000 adolescent girls and young women worldwide acquired HIV in 2023, far surpassing the global target of 50,000 – a priority population for HIV prevention generally and specifically for preventing vertical HIV transmission



Important progress is being made towards ending AIDS in children globally

Globally, since 2000, vertical transmission programmes have averted an estimated 4 million [2.9 million – 5.8 million] infections among children 0–14 years old.

Number of new HIV infections among children (0–14 years old) versus scenario without antiretroviral therapy available to pregnant and breastfeeding women, global, 2000–2023

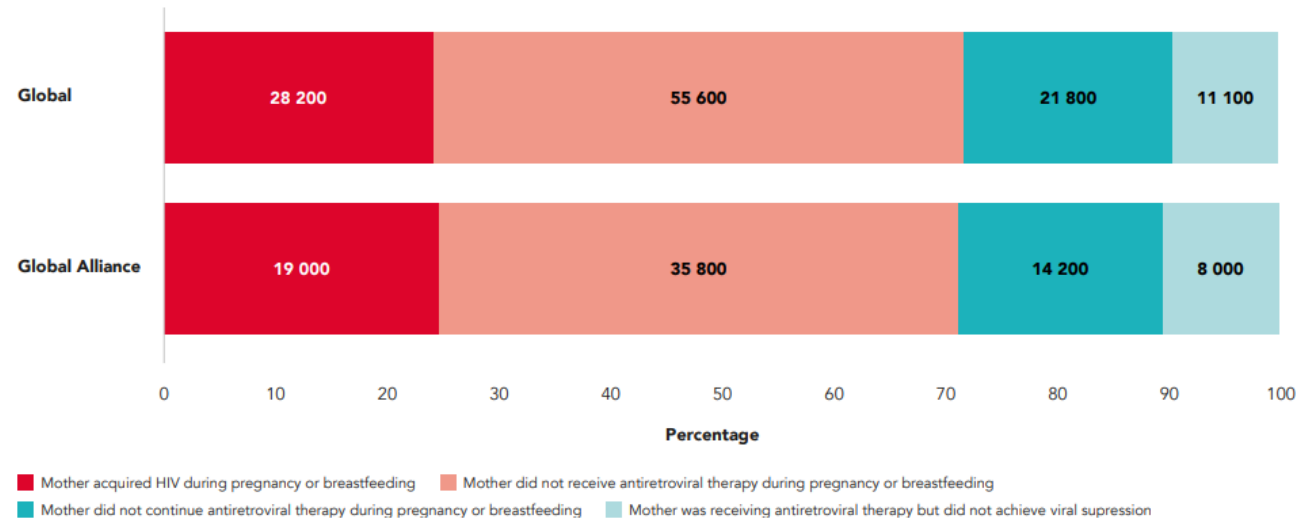


Source: UNAIDS special analysis of epidemiological estimates, 2024.

Globally and in Global Alliance countries, several factors are contributing to vertical transmission

Notably: not receiving ART for pregnant or breastfeeding women (global: 48%, Global Alliance: 47%), acquiring HIV during pregnancy or breastfeeding (global: 24%, Global Alliance: 25%), discontinuing ART during pregnancy or breastfeeding (global: 19%, Global Alliance: 18%) and the inability to achieve viral suppression despite adherence to ART (global: 9%, Global Alliance: 10%).

Number of children acquiring HIV from vertical transmission and underlying factors: global and in Global Alliance countries, 2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org>).

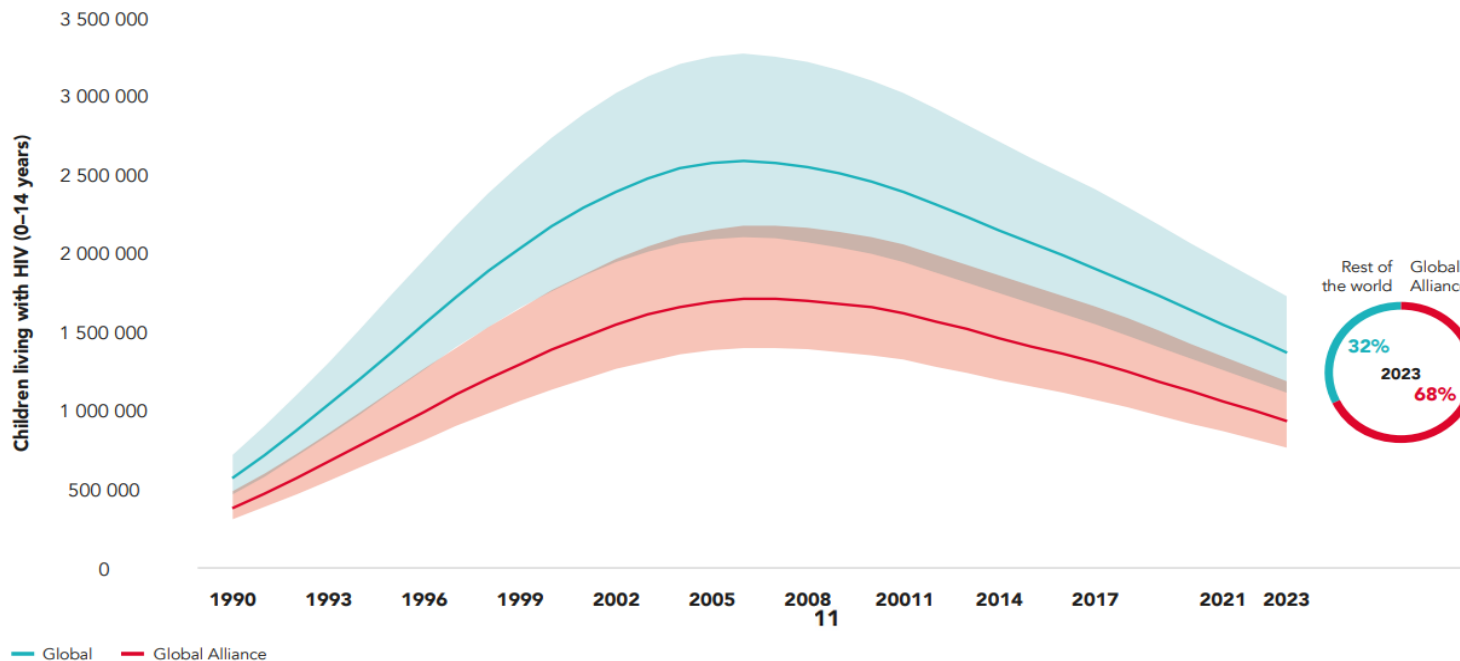
Urgent action is needed to accelerate the decline of HIV infections and deaths among children and adolescents

- **Positive, yet insufficient, declines in pediatric and adolescent new HIV infections and mortality.**
- **Vertical transmission** is the central driver of new HIV infections in children. An ample approach to **maternal health** is crucial, spanning preconception, pregnancy, childbirth, and postpartum care, including breastfeeding.
- **Addressing adolescent HIV requires a multidimensional approach, recognizing the distinct groups:** those with vertically acquired infections from earlier in life, and those who have acquired HIV through horizontal transmission.

| PROGRESS IN REDUCING NEW HIV INFECTIONS AND AIDS-RELATED DEATHS | | 2015 | 2021 | 2023 | PERCENTAGE CHANGE FROM 2021 TO 2023 |
|---|-----------------|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| New HIV infections | | | | | |
| Children (0–14 years old) | Global | 190 000 [140 000–270 000] | 140 000 [100 000–200 000] | 120 000 [83 000–170 000] | –17% |
| | Global Alliance | 120 000 [89 000–180 000] | 94 000 [68 000–130 000] | 77 000 [55 000–110 000] | –18% |
| AIDS-related deaths | | | | | |
| Children (0–14 years old) | Global | 130 000 [93 000–190 000] | 89 000 [62 000–120 000] | 76 000 [53 000–110 000] | –14% |
| | Global Alliance | 85 000 [60 000–120 000] | 57 000 [40 000–78 000] | 49 000 [34 000–66 000] | –15% |
| New HIV infections | | | | | |
| Adolescents (15–19 years old) | Global | 200 000 [58 000–350 000] | 150 000 [43 000–260 000] | 140 000 [39 000–240 000] | –11% |
| | Global Alliance | 130 000 [24 000–220 000] | 92 000 [17 000–160 000] | 77 000 [14 000–130 000] | –16% |
| AIDS-related deaths | | | | | |
| Adolescents (15–19 years old) | Global | 18 000 [13 000–24 000] | 16 000 [11 000–21 000] | 14 000 [10 000–19 000] | –9% |
| | Global Alliance | 12 000 [8800–15 000] | 11 000 [8100–14 000] | 10 000 [7400–13 000] | –8% |

Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org>).

The Global Alliance to End AIDS in Children



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org>).

- Launched in 2022
- Works with women living with HIV and their families, national governments, and partners to mobilize leadership, funding and action to end AIDS in children as a public health threat by 2030.
- **The Global Alliance supports efforts to end AIDS in children across 12 countries (phase 1),** which together account for 68% of all children living with HIV, 66% of new HIV infections and 64% of AIDS-related deaths among children in 2023.

The Global Alliance

The global push to eliminate vertical transmission in countries most affected by HIV among children



The Global Alliance to End AIDS in Children - 2

Vision:

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

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



i

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

ii

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

iii

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

iv

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

For each pillar we have identified several key interventions for prioritization

P1 Treatment and Care for Children & Adolescents

- Case-Finding through multi-modality testing
- Data-driven differentiated services
- Optimal ART for children & adolescents per WHO
- Improving quality of care, including VL monitoring, comprehensive care and mental health services
- Promoting cross-sectoral collaboration

P2 Closing the PMTCT gap

- Triple elimination HIV, syphilis, HBV
- Data-driven EMTCT approaches
- Address needs of pregnant and BF adolescents
- Better quality and better data collection

P3 Preventing HIV in ANC and PNC

- Partner testing
- HIV retesting in
- Innovative prevention in ANC and postnatal care
- Increasing access to and uptake of HIV services among men

P4 Addressing structural barriers that hinder access to services

- Gender and age disaggregated data collection and use
- Tracking the 10:10:10 targets to address legal impediments and promote gender equality
- Build capacity for community-led monitoring
- Track stigma & discrimination
- Strengthen meaningful involvement of women, children and adolescents living with HIV


The Global Alliance is transforming children's lives...

- **Increased political momentum:** Alliance countries Action Plans were endorsed and Ministers of health **signed the “Dar Declaration”** at the Dar-Es-Salaam Political meeting
- **Increased commitment for meaningful partnership with community:** Civil society are mainstreamed **within the Alliance structures and across the Alliance countries** to contribute to ending AIDS in children by 2030
- **Increased focus on children and prevention of vertical transmission:** **children (0-14 Y) and adolescents (15-19 Y), children exposed to HIV, pregnant and breastfeeding girls and women living with HIV, pregnant and breastfeeding girls and women who are HIV negative but at risk of HIV**
- **Increased coordinated effort of multisectoral stakeholders (national, regional, global levels):** Countries Action Plans integrated into **Global Fund and PEPFAR funding requests; in the countries national “Alliance working groups”** have formed; **at regional level**, the technical hubs in ESA and WCA also support implementation



countries vow to eradicate AIDS by 2030

February 3, 2023 | HealthLEADS Desk | 34 Views



GLOBAL ALLIANCE TO END AIDS IN CHILDREN BY 2030 LAUNCH - AFRICA
February 2023 | Venue: Julius Nyerere International Convention Centre

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.

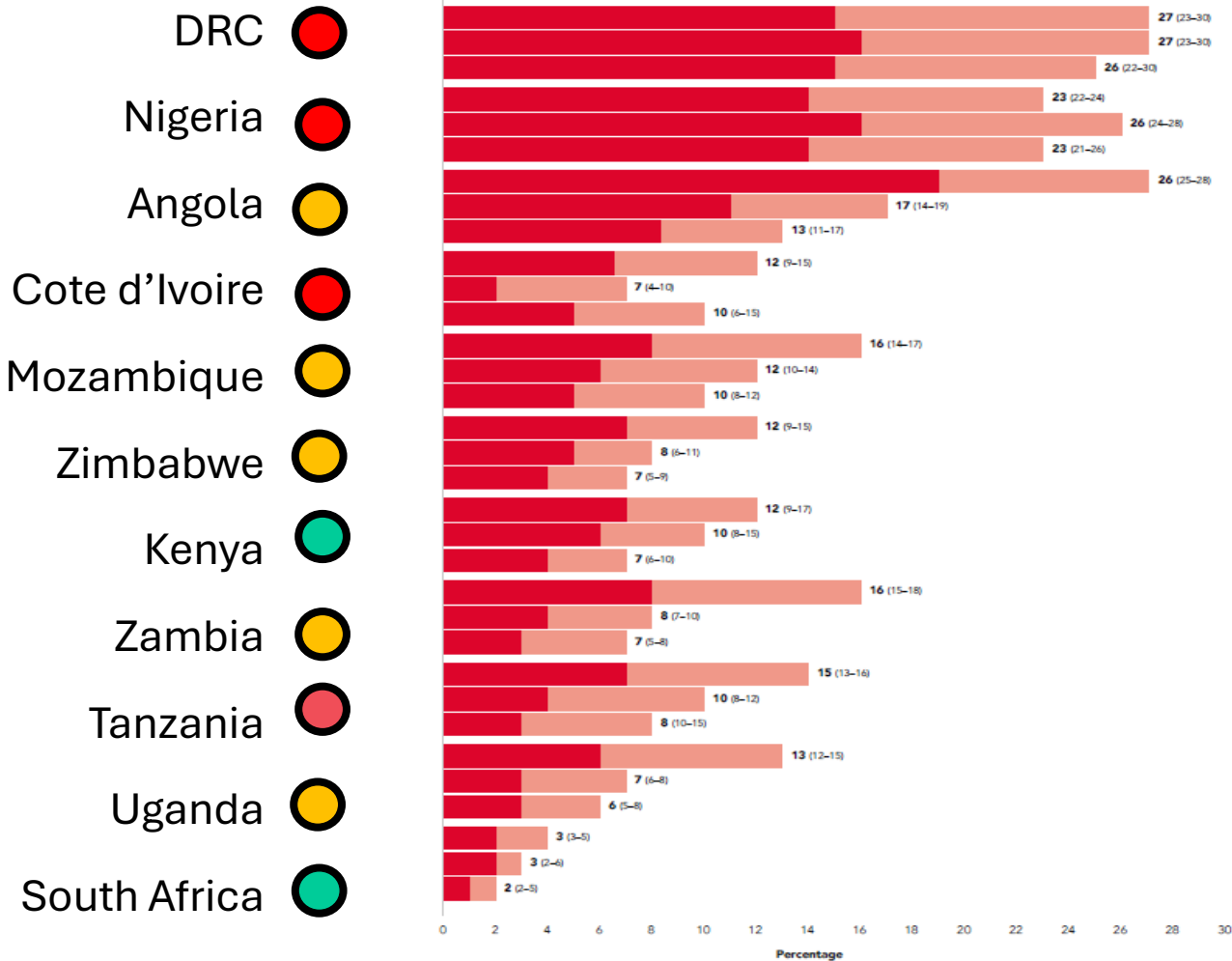
To achieve the goal of ending AIDS in children, we shall intentionally strengthen, coordinate and resource robust national programs by:

- 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.



What is our progress in preventing vertical transmission over the past 2 years?

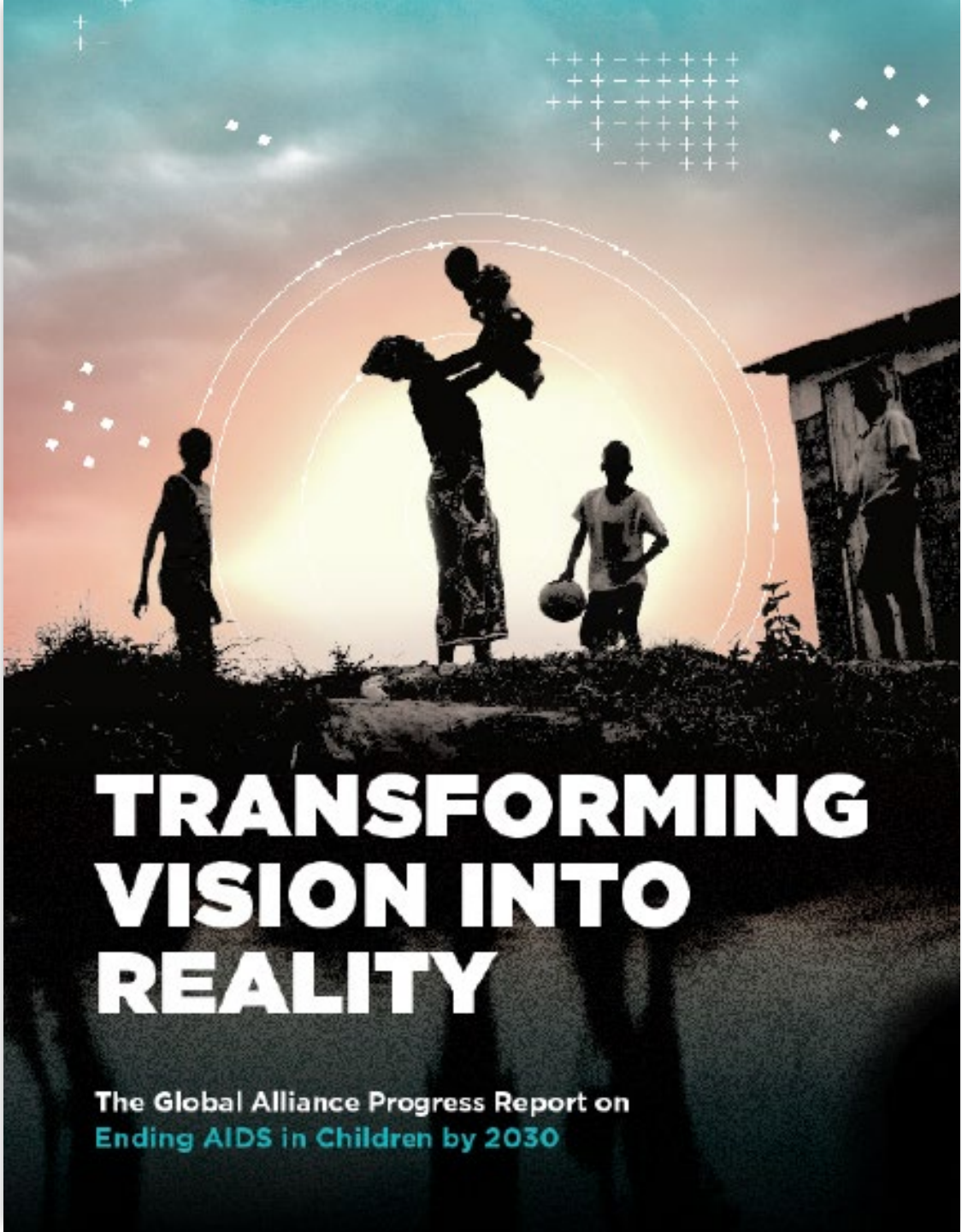


How can HIVE accelerate this in the six focus countries?

Source: UNAIDS 2024 Report



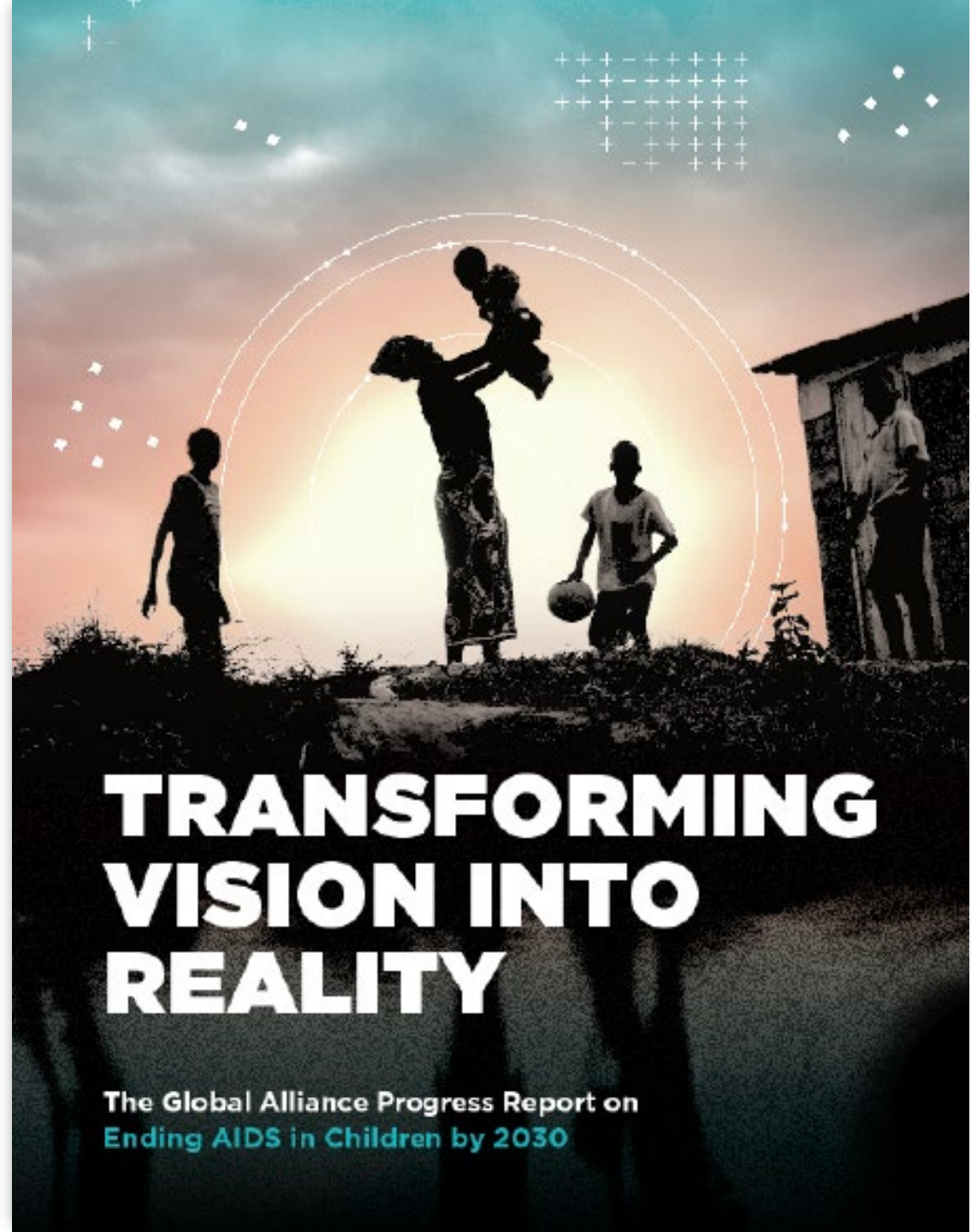
The 2024 Global Alliance Progress Report showcases key advancements and ongoing challenges, globally and across 12 Global Alliance countries



- The 2024 Global Alliance Progress Report showcases key advancements and ongoing challenges in addressing HIV in children and adolescents, globally and across 12 Global Alliance countries (phase 1).
- Launched during AIDS 2024 in Munich, this is the first dedicated pediatric report since 2021 and the launch of the Global Alliance on Ending AIDS in Children.
- The report underscores that while ending AIDS in children is possible, **the current pace of progress is insufficient.**

Available at [unaids.org](https://www.unaids.org):

<https://www.unaids.org/en/resources/documents/2024/transforming-vision-into-reality>



Urgent action is needed! How can we work smarter?

- Build on developed country Action Plans to eliminate vertical transmission and improve pediatric HIV case finding and treatment.
- Utilize mobilized resources from Global Fund, and PEPFAR to support implementation.
- Identify specific gaps contributing to sub optimal program performance and specific remedies that will make performance progress (the HIV capability maturity model).
- Identify any gaps and remedies missing from existing action plans funded by government, Global Fund, PEPFAR and other donors.



Urgent action is needed! How can we work smarter?

- Engage existing Global Alliance Regional Hubs to support coordination and implementation.
- Support countries in using the HIVE capability maturity model (CMM)
 - Discuss best practices, lessons learned, and gaps/needs related to the elimination of vertical transmission
- Focus HIVE country action plans to support closing critical gaps already identified by countries through their Global Alliance action plans
- Share knowledge, challenges, enhance collaboration and provide technical support



We thank you!

