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U.S. President's Emergency Plan for AIDS Relief

A Focused Response to Children and Adolescents in an Evolving Pandemic

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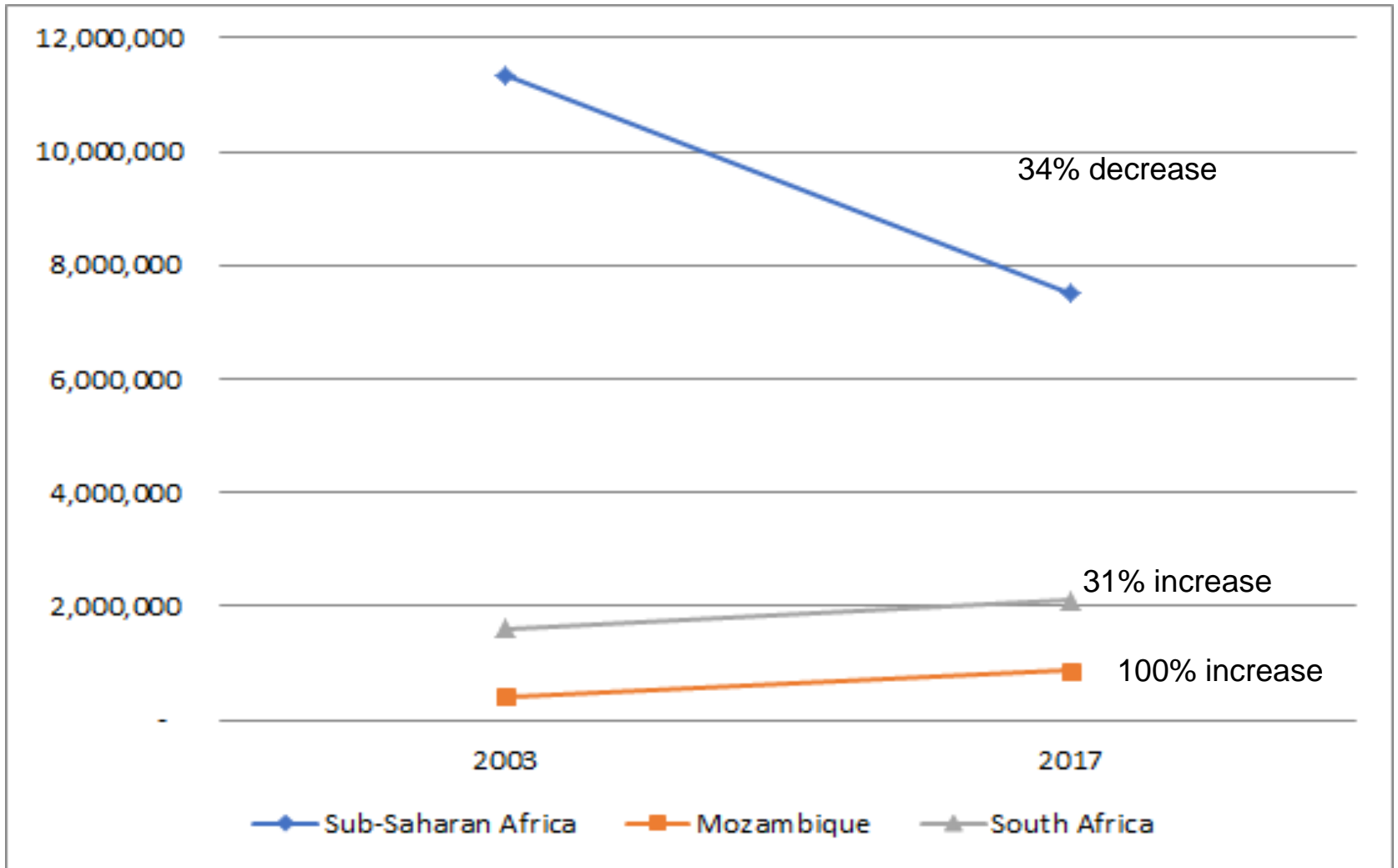
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for Global Health Diplomacy

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What Progress Has Been Made for Children and Adolescents in the Pandemic?

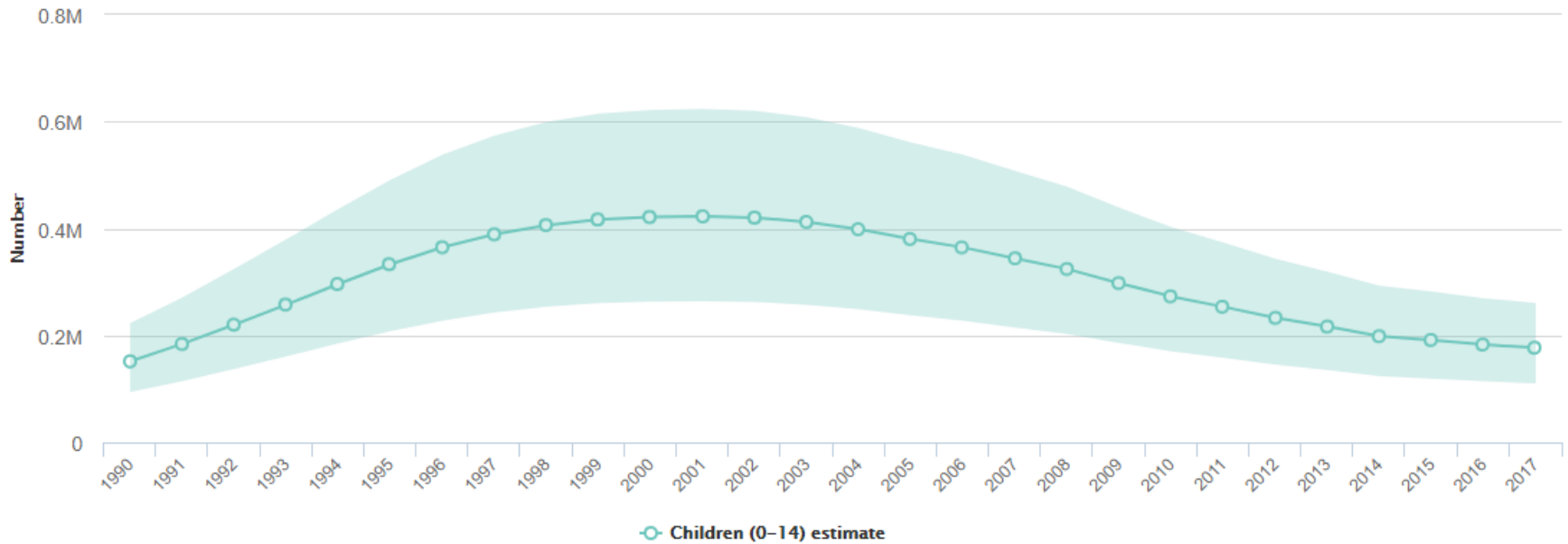


Due to the expansion of treatment, orphaning due to HIV/AIDS is steadily declining across Sub-Saharan Africa, with the exception of Mozambique and South Africa



HIV Infections steadily declining in younger children (age 0-14) but gaps remain

New HIV infection among children (0-14)

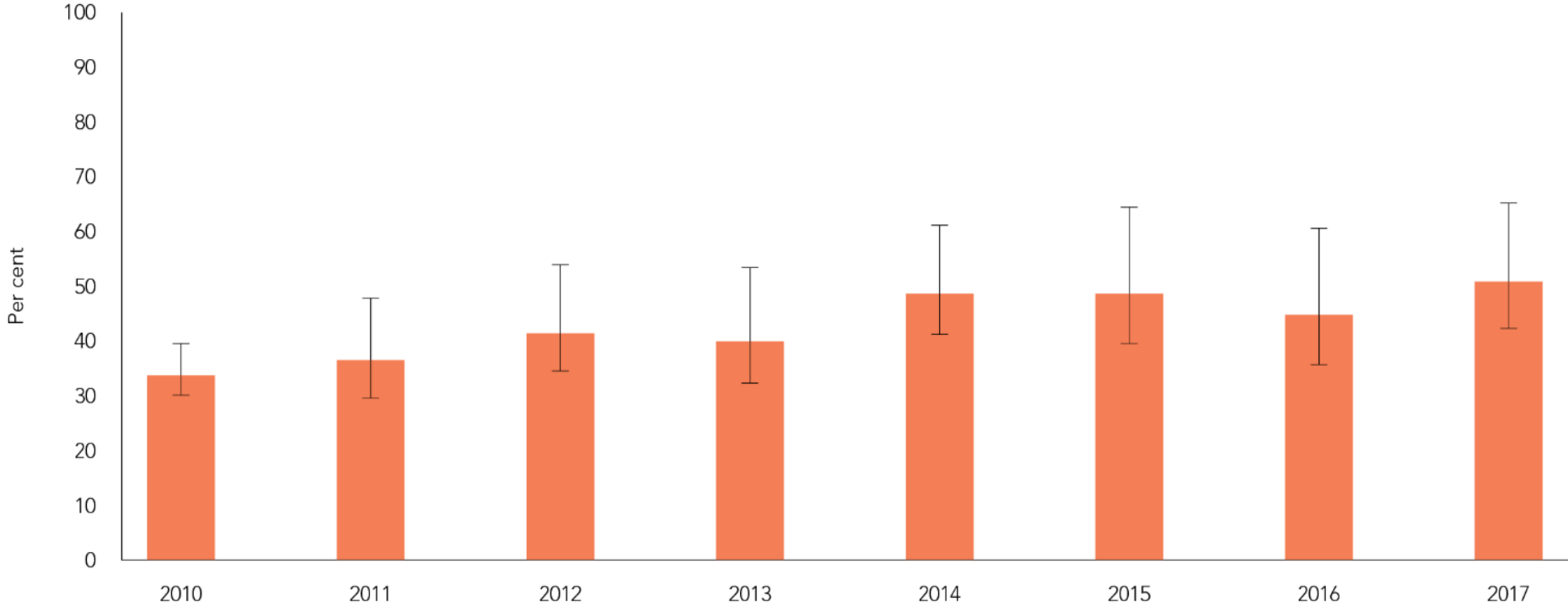


Source: UNAIDS 2018 estimates

Only half of HIV-exposed infants tested by 2 months

Only half of HIV-exposed infants tested before eight weeks of age

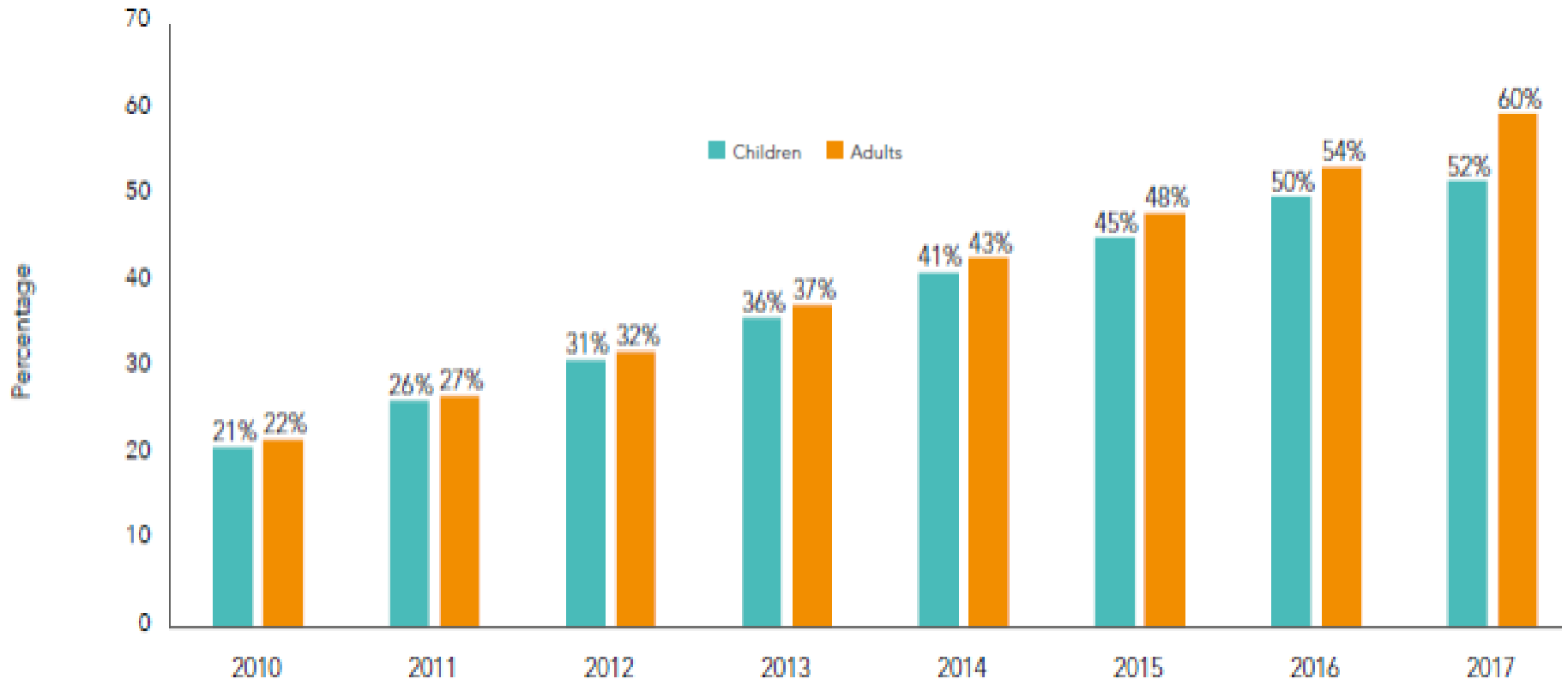
Percentage of HIV-exposed children receiving a virological test by 8 weeks, global, 2010–2017



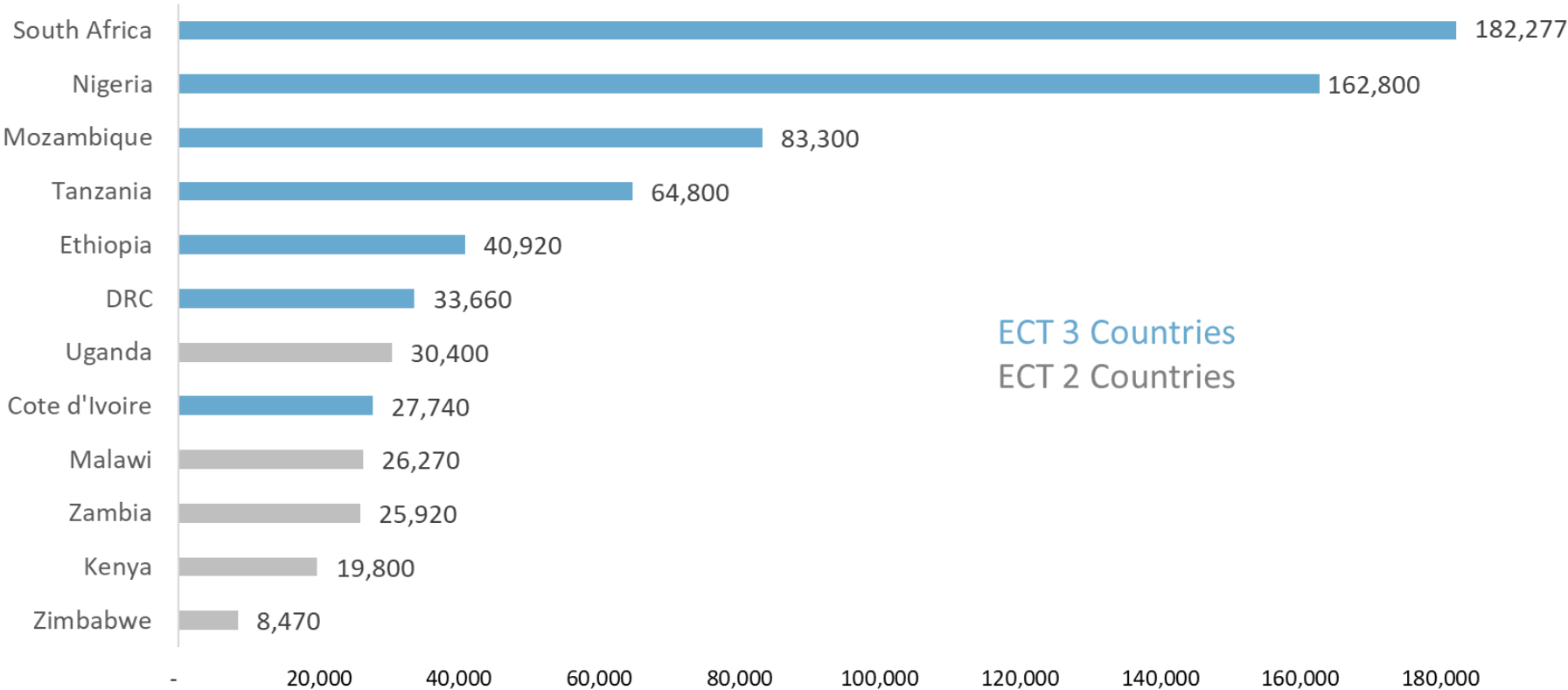
Source: UNAIDS 2018 estimates.

Around half of children living with HIV are receiving treatment, and treatment coverage is lower for children than for adults

Percentage of children (0–14 years old) and adults (15+ years old) living with HIV receiving antiretroviral therapy in 23 focus countries, 2010–2017



12 countries account for 80% of the HIV treatment gap, or approximately 700,000 children needing treatment



Source: UNAIDS and THEMBISA (SA) CLHIV estimates, 2018; UNAIDS <15 ART coverage, 2018; APR18 TX_CURR <15

Pediatric and adolescent viral load suppression lags far behind that of adults : OVC programming is an essential partner in the improvement of these rates

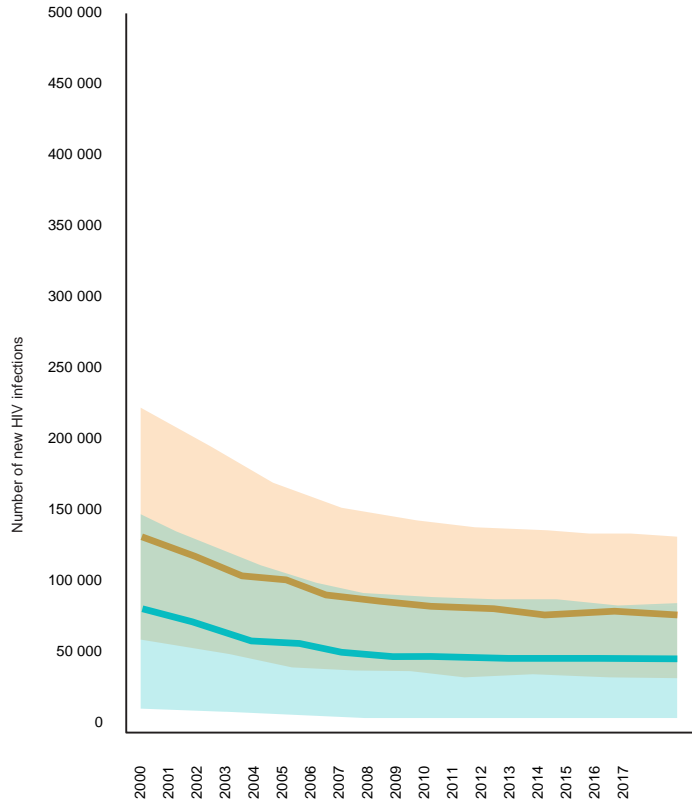
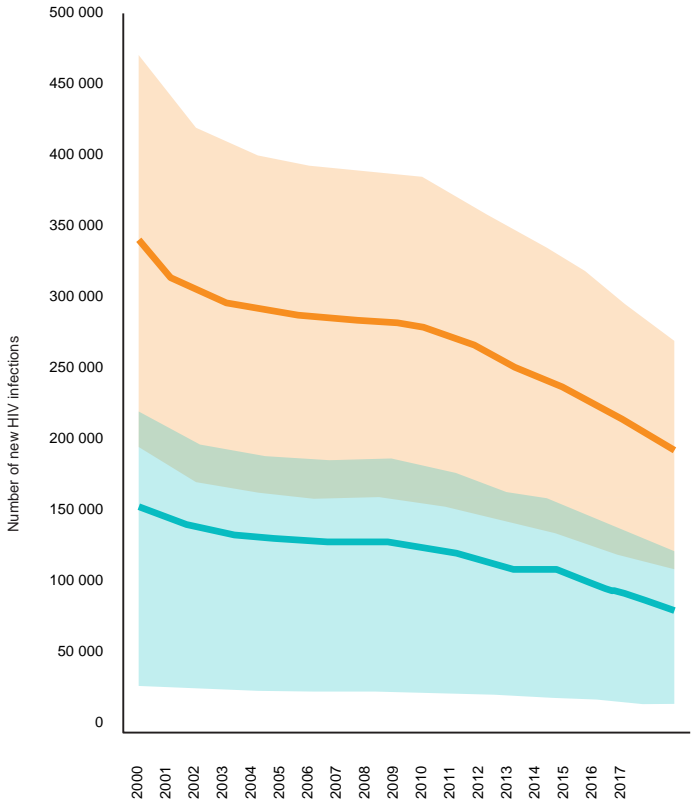
Viral Suppression Rates by age



New infections among young people (15-24) remain high particularly among females in Eastern & Southern Africa

Eastern and southern Africa

Western and Central Africa



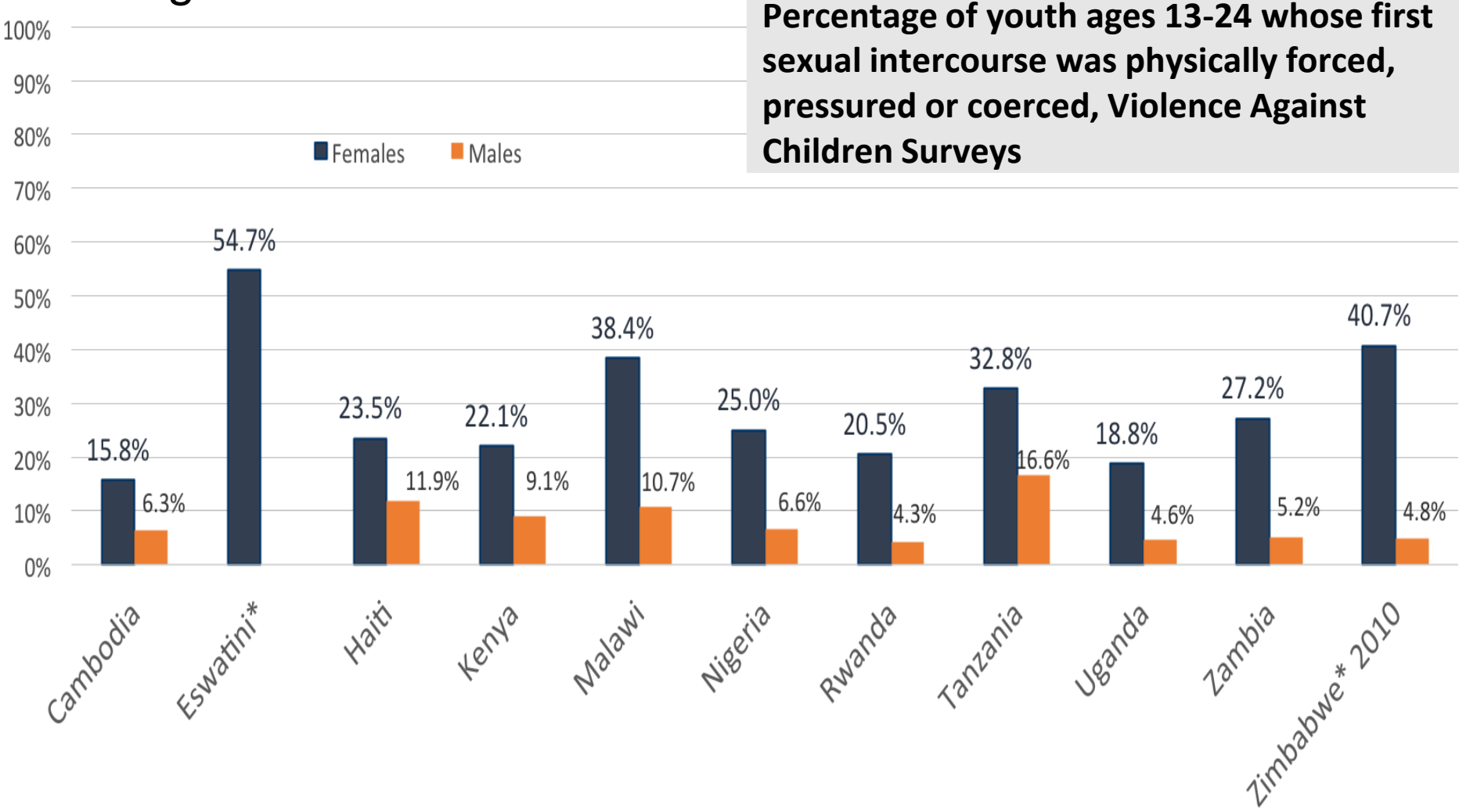
Number of new HIV infections among young people (aged 15–24 years), by sex, eastern and southern Africa and western and central Africa, 2000–2017

— Females — Males

Source: UNAIDS 2018 estimates.



Forced or coerced sex at sexual initiation among females and males ages 13-24

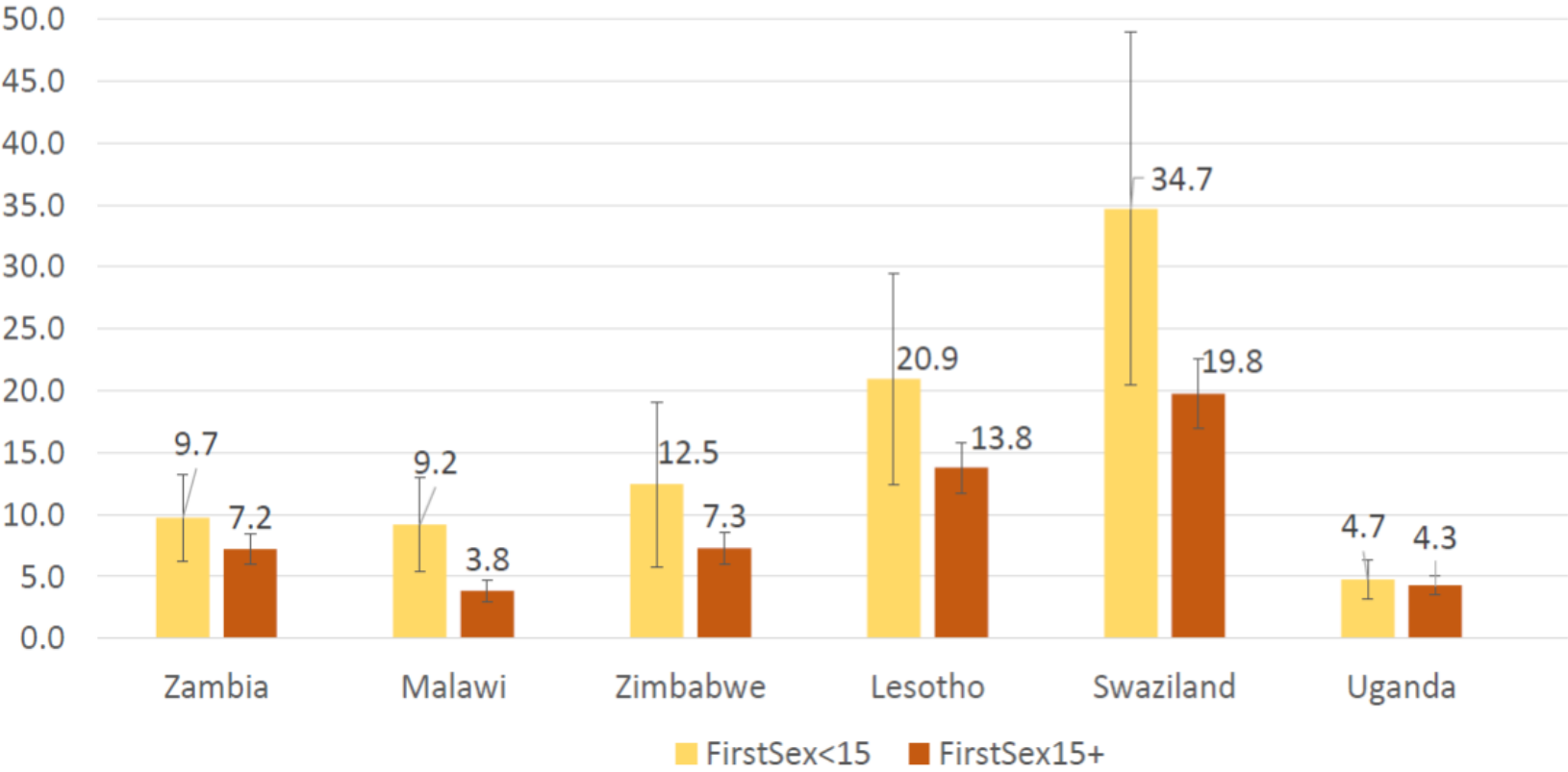


Source: Violence Against Children Surveys

*Data only available for ages 18-24 for Zimbabwe; data only available for females in Eswatini.

Sexual violence and early sexual debut contributing to high HIV rates in young females

HIV Seroprevalence among 15-24 Year-Old Females, By Age at First Sex, Multiple Countries



PEPFAR OVC Priorities for a Focused Response to Children & Adolescents

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Index testing as a
gateway to OVC
programming

Partnership
between facilities
and communities

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A multi-generational approach to risk & resilience embedded within comprehensive PEPFAR programming and role of index testing of families of pregnant moms

Young HIV Affected Families including **Teen Moms**

INDEX TESTING OF ALL CHILDREN of HIV+ Pregnant Moms



HIV exposed infants



DREAMS

Adolescents at risk of, and living with HIV



“Well” Children (infected but not in care)



Boys & Girls aged 9-14

Justice for child survivors of sexual assault

Preventing sexual violence and HIV by focusing on 9-14's

- Expand coverage of 9-14 year old girls and boys (and their parents) completing **evidence-based** interventions to **prevent sexual violence** such as Coaching Boys into Men, No Means No, Families Matter Program* and Sinovuyo Teen*
- **Integrate** three **modules** for 9-14's in all relevant OVC and DREAMS programming
- **Partner** with local community based organizations including faith leaders and communities of faith to eliminate child marriage, enforce age of consent laws, encourage parents to talk to their children about importance of healthy relationships, and consent.

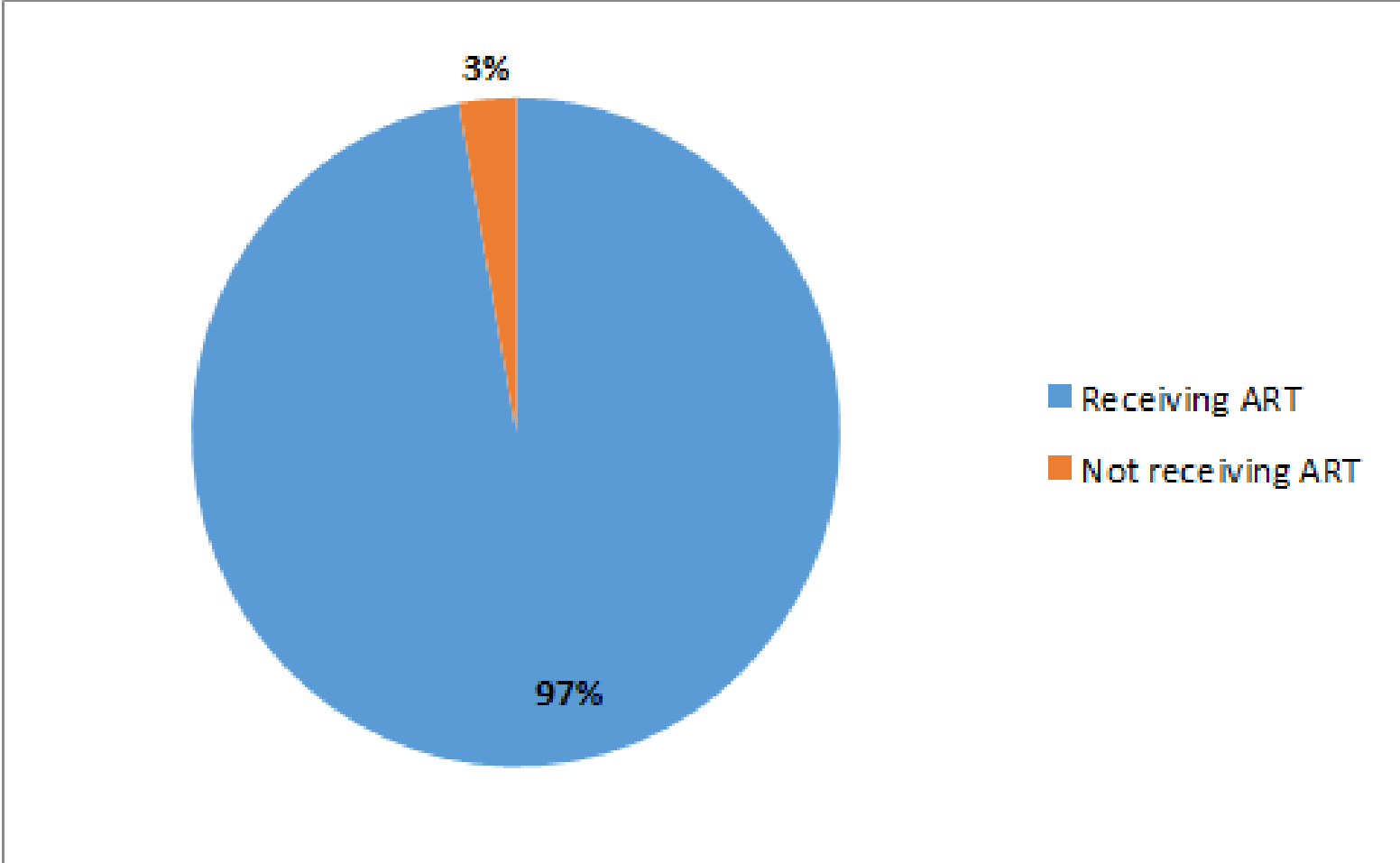
*FMP and Sinovuyo Teen are currently being adapted to include content on consent and healthy relationships and the benefits of delaying sexual debut.

Comprehensive care for those most affected and at highest risk

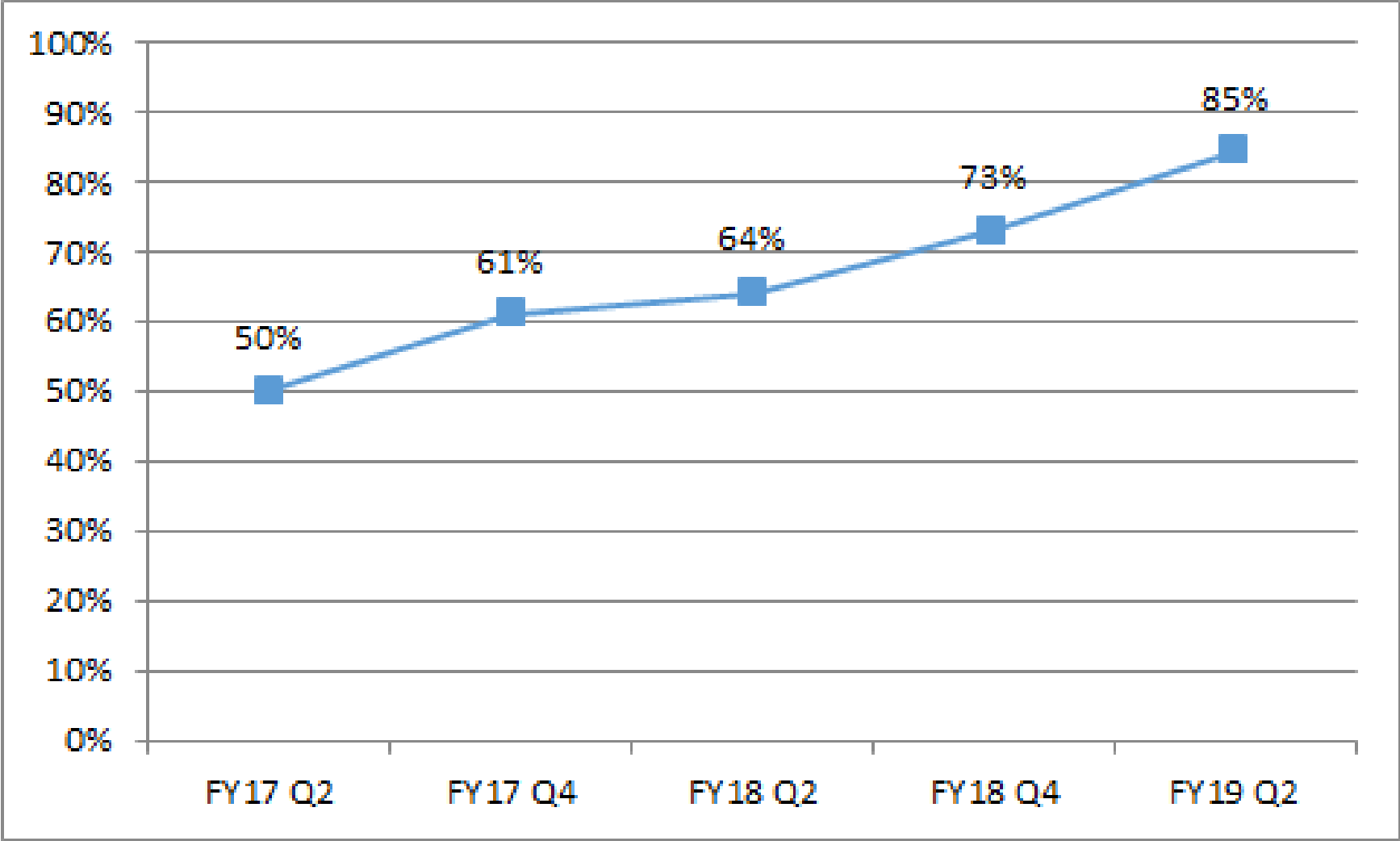
- Provide **comprehensive, family-based** care including case management to select **high risk** subgroups including -- children living with HIV, teen moms, exposed infants LTFU, children of FSW, children experiencing violence especially sexual violence
- Find “well” children by index testing of children from positive parents and ensuring all OVC enrolled in case management **know their HIV status**
- Through direct provision and proactive referrals, provide **socio-economic** and **home-based support** to children living with HIV and (their parents/guardians living with HIV) so that they stay virally suppressed

Access to treatment for OVC who are living with HIV is at 97% globally for all PEPFAR OVC programs

OVC receiving ART among all known self-reported positive <18 year olds

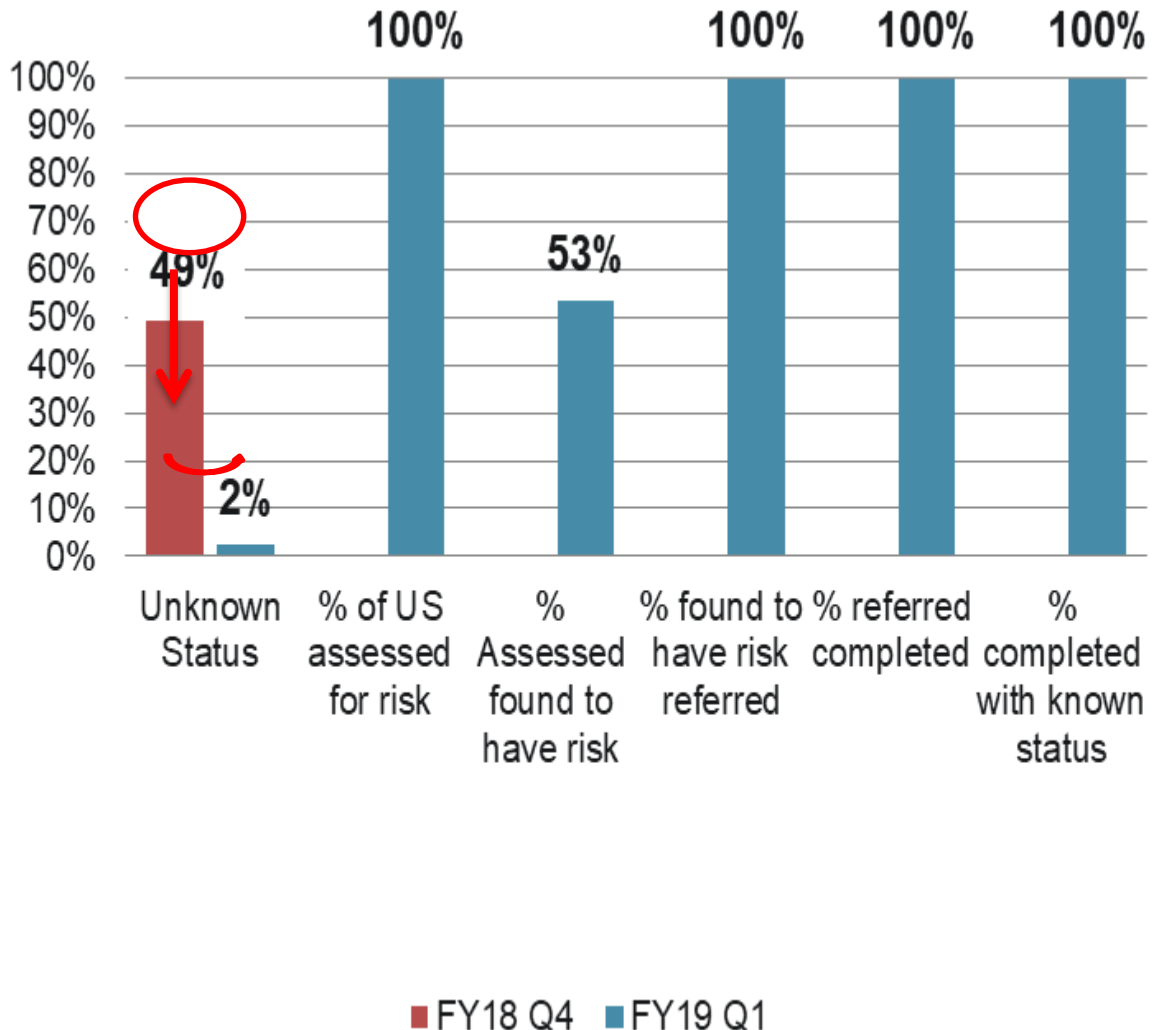


Known Status Proxy rates have increased from 50% to 85% over the past two years globally for all PEPFAR OVC programs



Lesotho: From 49% to 2% of OVC with Unknown Status

- Partnering with Baylor to train OVC case management workers dramatically improved OVC_HIVSTAT results
- At FY18 APR 49% of OVC (< age 18) were reported as unknown status, by FY19Q1 this dropped to only 2%
- As of FY19Q1, 5% of OVC were HIV positive, and of these, 100% were linked to treatment



Continue to work with KP programs especially FSWs to reach children living with HIV

Côte d'Ivoire

Supported 88 FSWs with 178 children, providing linkage to HTS and a standard OVC service package (FY18).

Testing results showed **5.7%** positivity in children.

Ethiopia

Enrolled 17,676 children of HIV-infected FSWs into OVC services.

Preliminary testing results showed **3.1%** (32/1021) positivity in children.

Tanzania

12,710 children tested, 724 HIV+, yield **5.7%** from (April 2017 to September 2018).

Cameroon

782 children of FSWs tested, 36 HIV+, yield **4.6%** (FY17). 100% on ART.

India

Focus in PEPFAR priority districts (MH, AP and NE).

188 children tested in FY19 and 17 HIV+, yield **9%**.

Support Justice for Children

- Partner with local organizations and governments to improve **prevention** and **detection** of sexual and other violence against children and to promote a “**victim-friendly**” **response** for survivors. For example:
 - In Eswatini the OVC partner helped establish a victim-friendly court where children testify on video rather than face their perpetrator in court. They also trained magistrates and prosecutors in victim-friendly interviewing and court process.
- Ensure all partners have a **proactive child safeguarding policy**, training in operational procedures, assigned staff responsibilities and regular monitoring

Justice for Children: Violence Prevention and Response Continuum

Prevention

Prevents victimization and/or perpetration of violence and **enables disclosure** where violence occurs through:

- Community mobilization and norms change
- Decreasing myths and victim blaming
- Parent/Caregiver education
- Sexual consent education
- Skill building

Disclosure

Child Safeguarding: policy assessment, implementation, staff/volunteer screening, reporting

Detection

Prevents **further violence** from occurring and **links survivors** to services through:

- Training for faith and community leaders
- Child Protection Committees
- Child Helplines

Reporting

Safety Planning

Response

Promote justice and prosecution of perpetrators through:

- Training for criminal justice officials
- Support enforcement of laws and policies

Support survivors through:

- Victim-Friendly Courts
- Legal Aid

Justice for Children Example: On time, victim-friendly sexual assault survivor response

- PEPFAR OVC partnering with Uganda Child Helpline, District Action Centers & Probation & Social Welfare Officers to improve response
- Analyzed & followed up 449 child sexual assault cases from January 2018 to January 2019
- Worked with authorities at central and local level to remove barriers to care (i.e. eliminate user fees for survivors, ensure children receive HIV testing & PEP, psycho-social support) and to increase cases proceeding to court

Results from time period 1 (Jan-July 2018) to time period 3 (Nov 2018-Jan 2019):

- Provision of free health services **increased from 25% to 77%**
- Survivors tested for HIV and received results – from **17% to 74%**
- Perpetrators tested for HIV increased from **3% to 21%**
- Sexual violence cases reported within 72hrs from **35% to 53%**
- Defilement cases proceeding to court increased from **5% to 22%**

- Epidemic control is **possible** and **achievable**. We know more than ever about programmatic performance and what we need to continually improve and evolved based on the data.
- In concert with wider PEPFAR prevention and treatment services, OVC programs must look at OVC throughout their **lifecycle** and address their **evolving needs**.
- OVC programs are part of the glue that can tie our efforts together from the **clinic**, to the **community**, to the **household**.

Thank You!

For your
willingness to
evolve with the
changing
epidemic.

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