Annual report Paediatric HIV Programme

January – December 2024

aidsfonds

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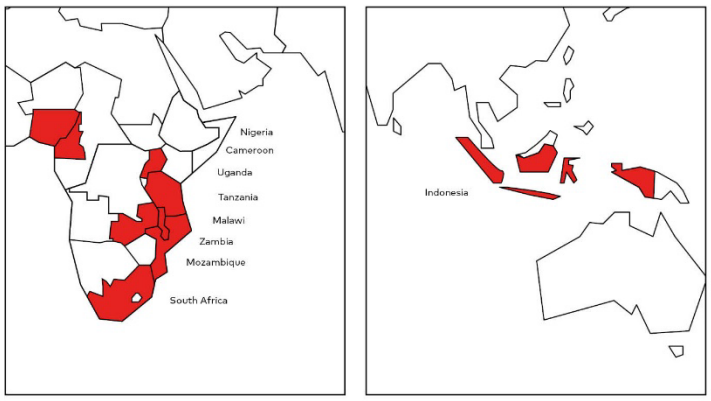
1 Introduction

Despite the widespread availability of HIV medication today, a staggering 43% of children living with HIV globally still lack access to lifesaving treatment. Half of these children die before their second birthday. UNAIDS[1] recent report shows that **590 000** children with HIV were slipping through the cracks in healthcare systems in 2023. Only **66%** of children living with HIV know their status, and of those, just **57%** are on treatment. This stands in stark contrast to the higher rates of diagnosis (87%) and treatment (77%) among adults. Although vertical transmission rates have dropped significantly over the year, the decline has stagnated. Western and central Africa now account for over **41%** of new vertical infections, while eastern and southern Africa account for about 43%. Globally, 84% of pregnant women living with HIV received antiretroviral medicines in 2023 (49% in 2010), with 12 countries meeting the 95% coverage target. The reasons for this equity gap are many and complex: the health system may fail to inform families of an infants' positive diagnosis, and even if their status is known, younger children depend on their caregivers and the wider community to act on their behalf. Some children with HIV are hard to reach. For example, children of young mothers; children of key populations, who face stigmatisation and exclusion; or children living apart from their biological families.



Aidsfonds and partners are committed to ending AIDS in children by addressing critical gaps in paediatric HIV treatment and care, such as case finding among underserved children, delayed access to treatment and poor retention among children. This is in line with the UNAIDS 95%-95%-95% targets on identification, treatment and viral load suppression for children. In 2024, Aidsfonds and partners developed a Theory of Change (ToC) (see Annex 1) for the paediatric HIV programme. In line with this ToC and Aidsfonds' role as kick starter and fundraiser outlined in this ToC, **16 projects** were supported in **9 countries** during 2024.

This January to December 2024 report highlights partners' efforts to combat paediatric HIV, challenges, and achievements and provides an overview of results and progress made by Aidsfonds and community partners, following the structure of Aidsfonds' Paediatric HIV Theory of Change, per pathway and indicator. This structured approach allows all of us to learn and improve the response to paediatric HIV.

2 Recent developments

2.1 Launch of new projects in 2024

2.1.1 Bringing Kids to Care

We proudly announce four new partners addressing critical paediatric HIV gaps in Malawi, Tanzania, Zambia and Indonesia/West Papua: Coalition of Women Living with HIV and AIDS (COWLHA - Malawi), Action for Community Care (ACC - Tanzania), Primrose Community Health Organization (PriCHO – Zambia), and the Indonesia AIDS Coalition (IAC – West Papua). Each bringing unique strengths, expertise, and a shared dedication to improving paediatric HIV care and support in line with the Kids to Care model, leveraging community-based strategies to find, test, treat and retain underserved children in HIV care. Each project adapts the model to local needs: Action for Community Care will work with traditional birth attendants to identify children living with HIV and follow up on children identified by clinics but out of reach of health facilities. In Malawi and Zambia, the Coalition of Women Living with HIV and AIDS and Primrose Community Health Organisation will focus on identifying and supporting children who are usually left behind in paediatric HIV care by setting up safe spaces and kids clubs for children aged 10-14 and by training sports mentors. Lastly, IAC implements the Kids to Care model in seriously underserved West-Papua, strengthening the links between communities and health facilities.

This exciting journey with new partners, is a great opportunity to further test and strengthen the Kids to Care model and reduce new HIV infections among children while empowering communities to provide comprehensive and sustainable care for children and mothers affected by HIV. Together, we envision a future where no child is left behind in the HIV response.

2.1.2 Pilot projects to reach and support children who are underserved

In the summer of 2024 Aidsfonds launched three new pilot projects for children living with HIV. These projects test new and innovative community-based approaches to identify and support children living with HIV who are underserved, hard to reach and falling through the cracks in the health care system.

- In South-Africa Zoë-Life started a project that specifically focuses on children of female sex workers and children of young mothers. This is an important step towards reaching underserved children and offering them adequate support. Zoë-Life collaborates with SWEAT, a sex worker led organization, to enhance existing health interventions, and to provide community-based outreach, case management, and healthcare linkage.
- In Malawi, the COWLHA collaborates with traditional birth attendants and traditional healers to reach and support children and pregnant women living with HIV who live far away from the health facility. This is crucial to ensure all children living with HIV have access to HIV treatment and support. In addition, female sex workers are trained to conduct HIV testing among other female sex workers and their children.
- In Zambia, CopperRose Zambia focuses on finding and supporting school going children living with HIV (aged 5-14). Community health workers often miss out on these children as they are at school when they visit their houses. CopperRose Zambia implements a school-focused approach to increase testing and support at schools which enhances adherence to HIV treatment.

2.1.3 Scoping and Pilot phase Paediatric Breakthrough translates to new ViiV – funded proposal for Tanzania and Cameroon

During the spring of 2024, Aidsfonds engaged two new partners: Action for Community Care in Tanzania and KidAid in Cameroon, both partners enrolled in the Paediatric HIV pilot as part of the Paediatric HIV Breakthrough Partnership scoping assessment and pilot with ViiV Healthcare Positive Action, EGPAF, PATA and UNICEF in Cameroon and Tanzania. The findings of the pilot phase translated into a full two-year proposal for both countries, which was approved in August 2024.

All the above eight new projects/organisations were selected by Aidsfonds' Paediatric HIV Advisory Panel (PHAP). This community driven panel advises Aidsfonds on Paediatric HIV strategies, models and funding mechanisms.

2.1.4 End Paediatric HIV in Children in Asia (EPIC Asia)

The Indonesia AIDS Coalition started the implementation of **EPIC Asia**, which is an advocacy project to promote that all children diagnosed with HIV receive timely, effective treatment and support to enhance their overall health and quality of life. They will do this by advocating for access to paediatric Dolutegravir (pDTG), a child friendly medicine, which is currently not available in Indonesia. Indonesia, with a population of 275 million, currently has four machines that can process EID tests. The lack of molecular rapid testing machines is an urgent problem that IAC aims to tackle through their advocacy efforts. In addition, stigma, discrimination and a lack of psychosocial support for children living with HIV are major issues in Indonesia. Therefore, IAC envisions to develop dedicated psychosocial support modules to improve mental and emotional well-being for children and their families. They will launch community-based educational campaigns to raise awareness and reduce stigma, involving community leaders, schools, and media to foster a more supportive environment for affected children and their families.

2.2 Meet our new Paediatric HIV Advisory Panel Members

In May 2024, the PHAP members Cindy Amaiza, Brenda Facy Azizuyo and Helena Nangombe together with Aidsfonds paediatric team selected three new PHAP members. We are excited to share that Brown Chiwandira, Gertrude Banda and Happy Betty Paul will join the PHAP. *Brown Chiwandira* is currently serving as a Health Policy Officer at the Ministry of Health headquarters in Lilongwe, Malawi dedicated to HIV Care & Treatment since 2017.

Gertrude Suwe Nyirenda is a Registered Nurse Midwife with a career spanning over three decades in health care and mentorship. She holds Bachelor's degrees in Nursing Sciences and Adult Education from the University of Zambia.

Dr Happy Betty is a senior technical advisor, PMTCT/Care and Treatment at the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Uganda, holds a Bachelor's degree in Medicine and Surgery and is a Master of Science in Public Health student with over 7 years' experience working in HIV/TB programs.

Curious to get to know all PHAP members? Read their bio's here or meet them at the paediatric partner meeting in December 2024:

In May 2024, we had a very inspiring and interactive onboarding session with all PHAP members and Aidsfonds paediatric team. Over the past six months the PHAP members have been involved in the review of the Theory of Change, the review of proposals from Cameroon, and the selection of new partners for the pilot project and Cameroon.

2.3 How climate change and politics affect our programmes

The impact of climate change on HIV/AIDS is increasingly visible in our paediatric HIV projects. Mozambique and Malawi experienced cyclones, West-Papua in Indonesia is affected by deforestation and land exploitation, leading to displacement, and Malawi and Zambia were hit by severe droughts, which disrupted food security a critical issue for people living with HIV who rely on adequate nutrition to process antiretroviral treatments effectively. In both countries, droughts affected water and electricity supplies, increasing crop failures and food shortages, constraining HIV services and affecting ART adherence in communities.

Simultaneously Zambia continues to experience significant flooding. These floods have had a profound impact on various aspects of life, especially in rural communities. The floods have severely disrupted agricultural activities, leading to crop destruction and loss of livestock. This exacerbates food insecurity in area's already facing challenges. Additionally, the disruption of resources increases transactional sex and HIV transmission rates[2]. These climate- challenges also affect health services and health infrastructures, constraining HIV care, treatment, and prevention efforts. COWLHA and PRICHO shared their experiences during the Aidsfonds Linking and Learning Session which you can read about in paragraph 3.1.1.

In Mozambique the elections in October 2024, resulted in widespread unrest, road blockages, and restrictions on group gatherings. These developments are affecting the implementation of the project and communities they aim to serve.

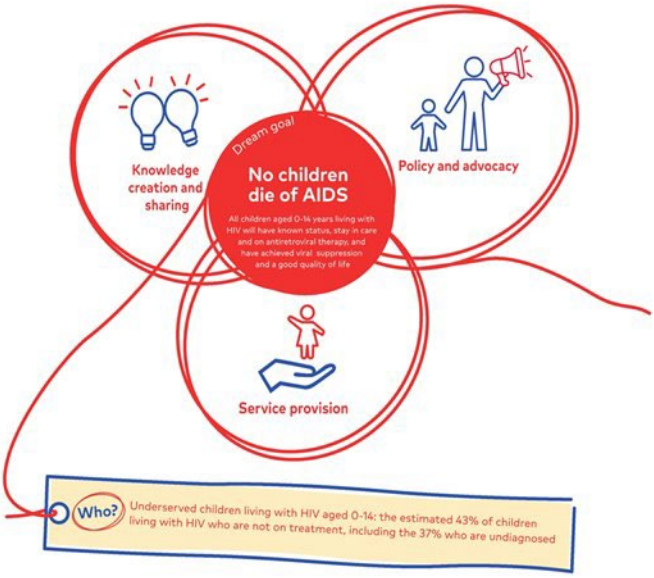
The recently elected Dutch government proposes significant budget cuts to international development, reducing spending by €2.4 billion annually. This will limit Aidsfonds' future funding from the Dutch Ministry of Foreign Affairs for international programmes.

These significant environmental and political changes underscore the need for flexible funding for community-led approaches in paediatric HIV programming. Partners' resilience and ability to adapt will be critical to ensuring that children affected by HIV continue to receive the care and support they need.

2.4 Aidsfonds Paediatric HIV Theory of Change

In January 2024 the final theory of change for the paediatric HIV programmes was launched. The ToC is based on views of a solid group of paediatric HIV experts including EGPAF Global, PATA Global, UNICEF, CCABA members, Ministry of Health in Uganda and Zimbabwe, Aidsfonds staff, Aidsfonds paediatric partners, the advisory panel as well as available research on paediatric HIV.

[2] Frontline AIDS, 2023. HIV & climate change: safeguarding health in a changing world. Climate-HIV-Briefing-Paper_update_v1.pdf



2.5 New Kids to Care animation video

After the start of the Kids to Care model in 2015 the model and paediatric approach were further developed together with partners. Over the years partner organisations held a prominent position in this programme and together with Aidsfonds continuously adapted the implementation of the model to this ever-changing world. To reflect on these changes and the newly established pathways of the Theory of Change, Aidsfonds developed a new Kids to Care animation video.

You can watch the new Kids to Care animation video here.

2.6 Launch of the working groups on Linking and Learning, PMEL and Advocacy

To have the most impact towards our strategic dream goals, Aidsfonds – Soa Aids Nederland involves communities through co-creation and co-decision making on all organizational levels.

In line with the recently developed paediatric HIV Theory of Change (ToC), which was co-developed with partner organisations, the Aidsfonds' paediatric HIV team has set the ambition to further enhance its participatory partnership. We believe that collaboration and co-creation with partners should be a central component of the paediatric HIV programme. The co-creation of the ToC was a first step towards the creation of a joint programme, the structural engagement of partners in this programme, and joint ownership. As a next step, Aidsfonds worked on the Terms of Reference's for three **working groups** on linking and learning, advocacy and planning, monitoring, evaluation and learning to enhance co-creation within the paediatric programme and to support leadership among Aidsfonds' partner organisations. During the partner meeting partners provided input on this and partners shared their interest in joining these working groups. The working groups are now formed and will kick-off in January 2025. Aidsfonds and partners are also further exploring **co-decision making** e.g. through a steering committee and/or country coordination committee(s).

3 Progress reporting, results and outcomes

Aidsfonds' paediatric HIV programme focuses on the 43% of children aged 0-14 years with HIV who are not on treatment, including the 37% who are undiagnosed. We believe that to reach these underserved children living with HIV, we must invest in and work closely with community-based organisations. Strengthened partnerships between global alliances, national and district governments, health systems and community structures are essential to reach all children with HIV.

To reach our dream goal that no children die of AIDS, all children with HIV should know their status, stay in care and on ART, have viral suppression and experience well-being. The programme's Theory of Change follows three pathways. These appear separate on the diagram, but they are interlinked:

3.1 Pathway 1. Knowledge and Sharing

Linking and learning activities create and share knowledge about the best ways to find and support children with HIV. We note our unique linking and learning role in the paediatric programme.

Summary
As part of knowledge creation and sharing in 2024 the paediatric project identified better ways to address gaps within paediatric HIV responses and better ways to find children with HIV, through three pilot projects in Zambia, Malawi, South Africa, the four new country projects, the ViiV PBP pilots in Cameroon and Tanzania, self-testing in Nigeria and the BLOOM pilot project. Aidsfonds and partners documented and exchanged programme results, lessons learnt, and best practices through webinars, presentations, introduction meetings, and the partner meeting. Aidsfonds partners piloted new approaches and connected to national find-the-child campaigns (Uganda and Cameroon), regional and global fora and initiatives (AIDS2024, IPHASA, ViiV partner meeting, Global Alliance, CCABA), allowing each organization to leverage shared expertise to effectively address gaps in HIV services.

3.1.1 Partners have created knowledge by linking, learning, and research

3.1.1.1 Linking and Learning through virtual webinars

In January 2024, Aidsfonds organised a **virtual marketplace** in which all 16 partner organisations presented their projects providing insights into approaches and best practices. This was a starting point for further exchange and several requests on linking and learning among partners in the following months, especially on age-appropriate disclosure (presented by Zoë-Life, request from ACC and N'weti), working with traditional birth attendants (presented by ACC and COWLHA, request by PRICHO), how to operate Village Saving and Loans Associations (presented by Uganda, request by KidAID and IAC), and improving sustainability. Consequently, PRICHO in Zambia visited ACC in Tanzania for learning, IAC and KidAID visited CHAU in Uganda, ZoeLife trained N'weti Mozambique in 2024 and plans to train ACC in disclosure in 2025.

In the **virtual linking and learning meeting on climate change,** Harry Madukani programmes director of COWLHA and Kenan Ng'ambi executive director of PRICHO shared the effects of and responses to recent droughts in Malawi and Zambia respectively. They were able to minimize the impact for the specific communities they serve through collaboration during the drought in 2024, and by taking preventive measures with the communities they serve. Partners had interesting discussions on the impact of climate change on access to HIV medication for children, the need for immediate disaster preparedness so communities can inform and support each other as well as collaborate during (inevitable) droughts or floods, as partners realised climate is already happening.

In addition, GNP+ through its EPIC programme, organised a **webinar on climate change:** 'Paediatric HIV and Climate Change: Ending HIV among Children'. This webinar brought together experts and leaders on HIV to discuss the immediate adverse effects of climate change on rise in HIV infections, its impact on children living with HIV and their access to treatment. Disasters and climate change affect children's access to medicines, because of displacement during disasters, leading to discontinued services, the increased risk of other diseases such as cholera and the impact of drought leading to limited access to food which is essential for developing children.

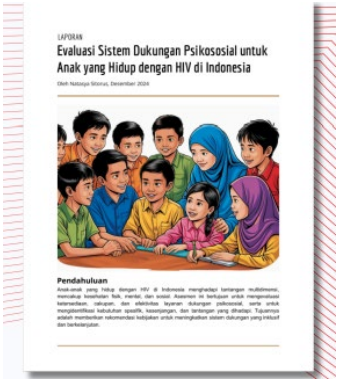
CHAU organised an online linking and learning session in November 2024 for BLOOM partners on their experience with establishing and managing community health worker structures. Topics included identification, recruitment and selection of CHW, roles and relevance of CHWs, how to design a training package for CHWs, setting up mentorship for CHWs, other opportunities for CHW involvement and growth, key lessons and best practices. This increased the knowledge of participants about working with CHWs, and different services they can offer such as treatment adherence and counseling.

3.1.1.2 Research and publications

- **A baseline assessment in Zambia, Tanzania, Malawi and Indonesia**, was conducted following the expansion of the Kids to Care model to Zambia, Tanzania, Malawi and Indonesia. The baseline assessment report, will be used to inform,adjust and optimise the partners in-country approach to finding, testing, treating, and retaining children, pregnant and lactating women living with HIV in care.
- **Documentation Community Learning in Tanzania and Cameroon.** The scoping assessment and pilot projects in Cameroon and Tanzania funded by ViiV resulted in significant learning for Aidsfonds, especially on the complexity of partnerships, site selection in the light of limited clinic data, and for the new Aidsfonds partners ACC and KidAid. The partner assessed the community perspectives on paediatric HIV services in Cameroon and Tanzania. This concise report presents the lessons learned

by community partners during the four-month pilot phase of the Paediatric Breakthrough partnership in Cameroon: Documentation Community Learning as part of the Breakthrough Partnership pilot project: Cameroon and for Tanzania: Documentation of Community Learning in the Breakthrough Partnership Pilot Project: Tanzania

- **Publication of paper on the results and impact of Village Saving and Loan Associations in Uganda**. Aidsfonds and partners in Uganda implemented the eight-year 'Towards an AIDS Free Generation in Uganda' (TAFU) programme in central, western and eastern Uganda. As social economic challenges continue to hinder attainment of HIV prevention and treatment targets for children, Village Savings and Loan Associations (VSLAs) were a key component of this programme. In this paper we documented experiences of caregivers, children and health workers and lessons learnt from VSLAs as part of the TAFU programme in Uganda. The full report is accessible through this link.
- **Publication of article on pregnancy and childbearing when living with HIV and AIDS in Nigeria by SFH.** Pregnancy and childbearing in countries like Nigeria is usually filled with anticipation, anxiety and sometimes apprehension. For women living with HIV/AIDS, this journey is accompanied by unique challenges and concerns. Society for Family Health, addresses these challenges by leveraging community networks and promoting comprehensive HIV/AIDS healthcare services. In this article they narrate how they ensure prevention of mother-to-child transmission which is one of the major focuses of the project.
- **Knowledge, Attitudes, and Practices (KAP) survey on caregiver perspectives towards children's ART uptake in Malawi**. The survey conducted by COWLHA in collaboration with REACH Trust provides valuable insights by linking district-level outcomes with the performance of community health workers, highlighting (1) the need for increased male engagement to improve drug adherence and retention, (2) the growing stigma and discrimination of children with HIV in schools and (3) caregiver apathy towards child ART adherence as a significant factor contributing to treatment default. Although additional support for community health volunteers is needed, the survey showed that some community health cadres such as mentor mothers effectively re-engage caregivers and children living with HIV who are lost to follow up.
- **Assessment by IAC of the availability and effectiveness of psychosocial support services for CLHIV and their families in Indonesia**. The main objective was to understand the specific needs of children and to identify gaps in the current psychosocial support system. Children living with HIV face specific physical, mental, and social challenges, whereby stigma stands out, hindering children living with HIV from seeking the care they need. Recommendations include expansion of counselling services to reach more children with HIV, raising public awareness through national campaigns and training of health staff to provide counseling services tailored to the needs of children living with HIV.



3.1.2 Knowledge exchange is fostered among partners about ways to find and support children living with HIV

Knowledge exchange was fostered through partner meetings and exchange visits. Aidsfonds partners learnt from each other's approaches, reflections and best practices on how to find and support children living with HIV. These learnings led to improved understanding, project implementation and results on case finding and adherence.

3.1.2.1 Exchange at partner meetings

A vibrant Aidsfonds **Paediatric K2C** paediatric partner meeting was organised in Kampala in December of 2024, followed by IPHASA. Partners presented learnings on sustainability, addressing transport challenges and vivid discussions were held on the Theory of Change, the Bringing Kids to Care baseline, and co-decision making within the paediatric programme (working groups and governance model). The panel discussion on sustainability, focussed on jointly working towards (more) integrated approaches in close and durable cooperation with government departments (health, education, community development, child protection) and advocacy for increased government responsibility in paediatric care (including budget tracking, infrastructure, monitoring).

Best practices were exchanged at the **ViiV Healthcare Positive Action partner meeting** in Dar es Salaam, Tanzania 15-19 September 2024. N'weti showcased their "13 Steps" community dialogues, which have enhanced community support for adherence, SFH's mobilization and testing methods, including self-tests, increasing case identification of new children living with HIV and Uganda's close collaboration with its government leading to a good sustainability prospective. It was a vivid exchange among country and global staff from EGPAF, PATA, UNICEF, including Global Alliance Champions, Aidsfonds and Aidsfonds partners from 5 countries.

3.1.2.2 Exchange visits between partners

In Uganda, CHAU and Joy Initiatives are implementing the BLOOM project, a pilot project to achieve a healthy future for children and their young mothers aged 10-24 living with HIV, with a particular focus on young mothers aged 10-18. Young mothers living with HIV have multi-layered issues to manage, including their pregnancy, childbirth and parenting, alongside lifelong antiretroviral therapy, preventing HIV transmission to their infant, potentially caring for a child with HIV, mental health challenges and often HIV associated stigma and discrimination. Many of them are not aware of their HIV status or not able to start or continue their treatment due to poverty, gender-based violence or exclusion. BLOOM provides insight in how we can best reach and support young mothers living with HIV and their children. **The BLOOM partners organized an exchange visit to learn about each other's approaches and activities.** They discussed challenges of identification of young mothers and their children living with HIV, while meeting each other's Community Health Workers, support groups, Village Savings Loans Associations, and income generating initiatives like jewellery workshops and a training on making reusable sanitary pads. They will pilot with bicycles and VSLAs for CHWs to address transport challenges for outreach.

The **Indonesia AIDS Coalition visited Community Health Alliance in Uganda** to learn more on the implementation of community interventions and particularly village saving and loans association. **Primrose Community Health Organisation Zambia visited Action for Community Care in Tanzania,** for peer-to-peer learning. Both country teams exchanged strengths, gaps, experiences, and areas that need improvement, leading to a deeper exchange on (1) how to involve and meaningfully engage community members; (2) evidence-based approaches for keeping mother-baby pairs in care, (3) integration of nutrition assessment,

counselling, and support across the continuum of care (4) lessons for sustaining stakeholder involvement, and (5) advice and emerging ideas on institutionalization and scale-up.
The **Breakthrough Partnership pilot project in Cameroon and Tanzania** provided critical insights into barriers such as viral load management gaps and limited district-level coordination, resulted immediately in new approaches in the two-year proposals for both countries, including a district-approach in Cameroon and a focus on age-appropriate disclosure and viral load management in Tanzania.

Cross learning among Paediatric Breakthrough country leads, including Society for Family Health (SFH) Nigeria, National network of people living with HIV and AIDS in Uganda (NAFOPHANU), Cameroon Baptist Convention Health Services Cameroon and EGPAF Mozambique and Tanzania on country coordination, resulted in a joint terms of reference for country coordination based on Aidsfonds practice in Uganda.

3.1.3 Increase in knowledge and understanding of high quality services for children living with HIV being documented and shared

At AIDS 2024 in Munich, **Aidsfonds' partners shared their learnings on paediatric HIV through sessions and poster presentation**. Zoë-Life held a session on age-appropriate disclosure, COWLHA organised a poster presentation, the Indonesia AIDS Coalition provided insight in the situation of children living with HIV in Indonesia (see Annex 3) and SFH Nigeria presented a poster about their successful intervention and healthcare practices through working with TBA's. SFH also presented an abstract titled "Improved Viral Suppression, Early Turnout for ARV Refill, and Adherence Behaviour through Village Savings and Loan Association (VSLA) in Taraba State".

ViiV Breakthrough Partners organized a **joint satellite session on community involvement (PATA), capacity building (Aidsfonds) and advocacy (UNICEF),** to discuss their learnings with in-country teams. Key takeaways included:

- Capacity building - the need for standardised training tools on HIV treatment and care, collecting and using data for informed decision-making to enable communities and clinical providers to identify gaps in care and respond with targeted interventions.
- Linkage and partnership between the community and local health facilities is critical and effective to end the HIV epidemic. In areas where collaboration, trust and communication are strong, two-way referral systems resulted in more children being protected against HIV and children living with HIV are treated earlier than in the past.
- Advocacy - the call for equitable financing coupled with meaningful community engagement across the paediatric HIV response could not have been louder. As healthcare budgets continue to be squeezed, data-based requests for funding – that highlight both progress made and gaps along the continuum of care – are becoming more and more important.

Picture 1. Breakthrough Partnership Meeting

3.2 Pathway 2. Service Provision

Community-based and advocacy partners co-design programmes to deliver high quality services to children living with HIV

Summary
Sixteen community-based organisations in nine countries co-design and deliver high quality services for children and adolescents living with HIV and referral for pregnant and breastfeeding women. Key results include (1) the strong collaboration between community organizations, community health workers and health facilities, (2) caregiver involvement in child and adolescent support, (3) strong community structures and (4) quality health care services with community health workers and health staff adopting consistent care standards.

3.2.1 Caregivers and community members identify and support underserved children living with HIV

- 68346 children have been tested for HIV, out of those children 579 tested positive
- The total number of children on ARV to **11,508**
- 7706 caregivers are capacitated to take care of children living with HIV through VSLAs, nutrition, and treatment literacy.
- 8940 children are supported in coping with HIV through participating in children clubs and provision of age-appropriate disclosure, among other PSS services.

3.2.1.1 New Testing approaches for case finding

N'weti is actively keeping track on the outcomes per testing approach. They provide community-based HIV testing services through three modalities: 1) **index testing**, i.e. testing contacts (sexual partners and biological children/parents) of index clients who are PLHIV, 2) **testing household members of index clients** and their contacts, and 3) **mobile testing** in the context of community dialogues and through mobile brigades implemented with the HFs. Additionally, the project continued to 4) **support health facilities** in the provision of HIV self-testing, and 5) **distribute HIV self-test kits** (CHW distributed 4,604 HIV self-test kits, with 3,519 distributed through directly assisted testing and 1,085 through unassisted testing). Newly diagnosed adults are index clients, and testing their biological children helps to improve paediatric case finding.

After organising several outreaches, the BLOOM partners in Uganda concluded that outreaches were successful in mobilizing people for testing, but case finding outcomes were relatively low. Hence, they started with the implementation of **targeted testing, focusing on hotspots** where young mothers and their children can be found. This resulted in an increase in case finding. CHAU organised 106 **integrated community outreache**s in hard-to-reach underserved areas mapped by VHTs and Health workers. CHWs and CBOs visited 3,537 households,referring 1,149 children and 2,466 young mothers. CHAU set up the **"Bring Back the Baby" campaign**. Health facilities organised 12 'Bring Back the Baby' sessions to make sure babies and breastfeeding women return back to the health facilities for health check-ups and HIV testing. Breastfeeding women are informed about the importance to complete, at least, eight antenatal visits, to test for HIV during breastfeeding period. The campaigns returned 106 mother–baby pairs and 18 pregnant women who missed their appointment back into care, which led to increased treatment adherence.

In Nigeria - Improving the uptake of **Family Index Testing** among biological children and adolescents through caregivers-facilitated **HIV Self-Testing** (HIVST) was scaled up (to 12 facilities from 5). This involves offering family index testing to People Living with HIV (PLHIV), enumerating their children, mentoring the caregivers on the use of HIV self-testing kits, planning the suitable testing modality using the HIV self-testing kits, creating demand for HIV kits, and following on an agreed plan for reporting results. Society or Family Health in Nigeria also implemented various testing approaches to assess which testing approaches are most effective to identify underserved children, adolescents and PBFW living with HIV. This assessment found that testing of women who attend **ANC services at Traditional Birth Attendants' (TBAs) homes**, the large-scale availability and use of **self-testing kits**, and **social network testing** with meaningful engagement of adolescents and young people leads to an increased number of voluntary HIV tests. Social Network Testing improves access to HIV testing and services among adolescents and young people (AYP), because people in the same social network share behaviours, and know, and trust each other. During one of the Clinic-Community Collaboration meetings, it was noted that the high cost of antenatal care (ANC) registration, was a significant barrier to facility utilization. Over the past three months, some health facilities have reported no women registering for ANC, instead they relied on TBA's. This underscores the community's call to recognise the TBAs' contribution and hence requested that TBAs' knowledge and skills will be reinforced in HIV eligibility screening. Additionally, there is a critical need for targeted awareness campaigns on safe delivery practices and to advocate for affordable ANC services. As a result, the number of TBA's will be increased within the Breakthrough partnership to enable wider coverage of testing pregnant women and linkage to health facilities.

Primrose Community Health Organisation and Amos Youth Centre trained eight **sports mentors** on paediatric HIV. The role of the sport mentors is to mobilize people and to raise

awareness about HIV during the sports tournaments, in particular adolescents aged 10 -14. The sports mentors organise sports games at health facilities to inform children about HIV and improve access to HIV care services, with the ultimate goal to increase voluntary HIV testing. Through this approach 1,500 community members were reached.
Through **community radio talk shows**, Joy Initiatives reached young mothers and mobilises them to access HIV testing services. Three young mothers living with HIV, who are active as CHW, share their experiences on living with HIV as a young mothers during these talk shows. They educate the audience on elimination of mother the child transmission of HIV and encourage them to get tested.

3.2.1.2 Reaching and supporting children who are underserved

Zoë-Life, COWLHA and CopperRose Zambia implement on-going pilot projects to test three different approaches towards reaching children who are underserved. The school-based approach in Zambia shows that the **school environment is ideal to create demand for HIV testing among children aged 6-14,** but not directly leading to increased HIV case finding as providing HIV testing services at schools remains challenging. Therefore, HIV testing in the community will be explored. **The school-based approach** significantly enhanced privacy, confidentiality and acceptance of HIV messages in schools. During debates, quizzes, and other competitions, students were able to freely speak and share their understanding on HIV related issues. Their willingness to get tested increased from 15 students tested in the first month to 27 in the second month, and 63 in the November before the schools closed. Through the schools and children, CHW visited caregivers of CLHIV and improved the involvement of 82 caregivers. Some children used to visit health facilities by themselves, as a result of the guidance of CHW caregivers accompanies their children to their check-in appointments at the health facilities.

In Malawi working with traditional birth attendants contributed to increased case finding. Successes with **HIV self-testing kits** were achieved, as caregivers of CLHIV, pregnant and breastfeeding women feel most comfortable when peer educators support them with **HIV self-testing kits** at hotspots, child centres within CBOs or within their own homes. This also tackles the long distances to health facilities as barrier to access testing services. In South Africa, the piloted approach reached out to **children of sex worker, whereby testing at household level** works best. Due to stigma and discrimination, female sex workers and their children are hesitant to visit health facilities or to visit outreaches/mobile testing clinics. In South Africa and Malawi, Zoe-Life and COWLHA specifically target children of sex workers. Both organisations **collaborate with sex workers led organisations** which offer peer counselling on GBV to jointly identify female sex workers and their children. Due to the collaboration with peer mentors and during outreach events, sex workers are willing to bring their untested children for testing services.

In Rivers state, Nigeria, SFH and PATA support **Kids Clubs** at three facilities and **child-friendly spaces** at 9 health facilities. In both rivers and Taraba State the clubs and child-friendly spaces provide psychosocial, disclosure and adherence support for children and adolescents (ages 5-19) living with HIV. The sessions are including medication refills and viral load sample collection provided by facility staff, pharmacy focal persons, while adherence services are supported by viral load champions, adherence officers and case managers. The 180 children currently enrolled in the clubs have 94% viral suppression compared to 55% in last semester. Simultaneously case management improved services for PBFW in terms of confirmation tests, adherence counselling, enrolment into treatment, EID, care and support. In six months, 140 defaulters (44 children, 23 adolescents and 73 PBFW) were tracked back to care. A total of 28 deliveries by HIV positive pregnant women were recorded and all were live

births. The case managers continue to receive mentoring on improving the quality-of-service delivery.

COWLHA established **safe spaces for children living with HIV**, aged 0-9 and their caregivers, and for adolescents aged 10-14. This has brought children in hard-to-reach areas back into care in collaboration with EGPAF in Chiradzulu who trained mentors for children in the safe spaces, while FOCOS and COWLHA provide refreshments and trained the mentor mothers who provide **psychosocial support to caregivers.** The increased focus on child-centred care has led to the creation of more welcoming and supportive environments for children in health facilities, reducing fear and anxiety.

In Uganda, as part of BLOOM consortium, CHAU organized six **radio talk shows at Tropical FM** in Mubende, Unique FM and Life FM in Kyenjojo, and Mboona FM. District Health Educators, counsellors, expert clients, and peer mothers shared vital information on the management of HIV/AIDS among children and young mothers, encouraging young mothers living with HIV (YMLHIV) to attend ART appointment days, adhere to medication, and access antenatal care (ANC) and prevention of mother-to-child transmission (PMTCT) services.

3.2.1.3 Communities and caregivers support children living with HIV

Primrose, together with community health workers, organised several '**caregiver dialogue for health**' sessions. Caregivers receive information on the importance of HIV treatment, adherence and nutrition and age-appropriate disclosure support, in Chiawa district where disclosure rates are low. In Uganda, CHAU organised **community sensitization meetings** on GBV prevention, teenage pregnancy and support for YMLHIV reaching 422 community leaders. In addition, CHAU together with peer mothers reached 549 young mothers through 25 life mentorship sessions. In Malawi, traditional and religious leaders played a crucial role in sensitizing caregivers and pregnant mothers about paediatric HIV. Simultaneously, community awareness sessions were conducted by mentor mothers. This combined approach led to a reduction of stigma and an increase in uptake of HIV testing services for children: over 3000 children (1-14 years) were tested. In Mozambique community dialogues reached 1,706 community members and to ensure reaching adolescents, community dialogue groups are established near schools. The community dialogues improved participants' knowledge from 55% to 93% and created an enabling environment for PMTCT and HIV services.
In Zambia CopperRose improved retention in care among children by **initiating SMS text reminders** from CHWs on appointments dates and times. After implementing the SMS system, previously defaulting caregivers now consistently attended scheduled visits and by normalising communication with healthcare facilities, caregivers informed providers in advance when unforeseen circumstances prevented them from attending appointments. Specific M&E systems are in place to monitor adherence for school going children.

Throughout the paediatric programme partners successfully established VSLAs. 7706 caregivers, breastfeeding and pregnant women were supported to establish at least 155 VSLAs with start-up capital and seeds to start small **income generating businesses** and/or communal gardens for food security. During the VSLA group sessions in all countries, topics such as treatment literacy, the importance of ART adherence, stigma and discrimination were discussed, and referrals were provided for HF and community services. Pregnant and breastfeeding women were trained on **nutrition** and supported with seeds for kitchen gardens, improving food security, adherence, and nutrition, resulting in more children with suppressed viral loads.

Zoë-Life in South Africa equips grandparents to support orphans and children living with HIV through the **KidzAlive Grandparents Support.** Grandmothers of orphaned children (12) are

empowered with knowledge on nutrition, health, positive parenting and disclosure, household finances, accessing government support, and community resources. Additional groups are planned for the next phase, allowing for greater reach and impact.
Male involvement champions were trained in Malawi, Zambia, Mozambique and Uganda to conduct quarterly health dialogues for male partners of pregnant and lactating women with support from the health facility personnel. Training of male partners focussed on adherence, viral load, nutrition, clinical appointments and prevention of mother to children transmission. Research shows that male involvement in reproductive health care has positive outcomes on maternal and newborn's health. However, there are also major challenges with men holding decision making power and resources within the targeted households and their negative attitudes towards HIV. The project still managed to improve male involvement from 1 to 6 (out of every 10) partners accompanying pregnant women to ANC sessions. In Uganda, **community sensitization meetings** reached 370 young fathers and partners of young mothers living with HIV, with information on HIV, parenting and life skills. In Mozambique, N'weti organises community dialogue groups for men near places were men commonly gather such as marketplaces, carpentry shops, locksmiths and fishing posts. These efforts resulted in an increase in male participation from 36% in the previous reporting period to 39% in the current period.

3.2.2 Community-based organisations, community structures and health and social services work together

- 11508 children access anti-retroviral treatment, and 1546 children were brought back on treatment (previously dropped out and/or were lost to follow up). Mostly children between 5 -14 years.
- 1314 pregnant and breastfeeding women started on ART and follow PMTCT programmes.

In Mozambique, N'weti trained community actors and health providers on the new Ministry of Health HIV Testing Services guidelines as well as on aligning activities of health staff with community actors, community stakeholders and health facilities, fostering collaboration and integration of paediatric HIV in healthcare services. As a result access to services, communication between health staff and community actors and referral processes for children and adolescents with HIV improved. Community health workers (CHWs) tailored community-based services to individual needs and provided 1,903 referrals to health facilities (HF), with 67% directed to women and 94% of all referrals were completed, due to the growing trust in healthcare services.

COWLHA established **referral pathways** with community volunteers linking children, pregnant, and lactating mothers with health facilities and health facilities referring clients to local support groups/teen clubs. Networks of people living with HIV have been formed within healthcare facilities. Trained volunteers, support group members, and caregivers are actively tracing and supporting defaulting and missing children to re-engage them in ART care.

In Uganda NAFOPHANU, CHAU, HNU and PATA closely work with district government, social workers and community health providers (Village Health Teams, CoRPs) to ensure the **continuation of support** for YAPS, VSLAs, caregiver groups, children and adolescents after project has closed next year. Joy Initiatives conducts monitoring visits together with health facility staff, CHWs, and young mothers, as the latter two have insight in which CLHIV and young mothers need additional support or referrals.

In Zambia, to address the gap in finding children age 6-14, CopperRose improved cooperation among health staff, CHWs, schools and district officials through **regular communication and joint training sessions**, aligning goals and protocols for identifying and supporting children

living with HIV, integrated service delivery involving both CHWs and health staff. This fostered a collaborative approach, strengthened trust, and ensured continuous care for children.

3.2.3 Good practice is followed by health staff, community-health workers and community-based service providers

- 1988 health staff /community health workers and community-based service providers are trained to deliver quality services.

The training of community health workers, community champions and health facility staff is organised by community partners, often in cooperation with government officials and resulted in better cooperation, clarity on roles (e.g. in collaboration with TBAs), easy referral and improved paediatric HIV services. Within the ViiV paediatric Breakthrough project in five countries (Cameroon, Tanzania, Uganda, Mozambique, Nigeria) health providers are trained, mentored and guided in their quality improvement plans by **PATA and EGPAF**.

The Indonesia AIDS coalition formalized partnerships with primary health facilities through **signing MoUs**, to clearly define roles, responsibilities, and commitments to comprehensive care for CLHIV and WLHIV. Initially, not all health facilities were keen on collecting data on pregnant women and their children, nor did they see the benefits of participating in this project. Due to the well-established partnership between the district government and Ministry of Health, they have been able to together convince all health facilities to participate in this project.

In Nigeria the paediatric programme expanded to Rivers State, doubling the efforts to 24 new health facilities (total 49). The Rivers State Agency for the Control of AIDS (SACA) office offered our partner office space. A total of **110 healthcare providers** were trained (ART focal persons, nurses, adherence counsellors, and peer supporters). The training focused on age-appropriate disclosure including Federal MOH materials, to support caregivers psychologically when disclosing to their children. The healthcare professionals practiced real-life disclosure scenarios, exchanged insights and confidence to provide child-centred HIV care. **Peer supporters aged 18-22 living with HIV** (24) refreshed their skills on psychosocial support, health education, and client satisfaction assessments. The training was conducted in collaboration with officials from the State Ministry of Health, State AIDS Control Agency (SACA), NEPWHAN, and other stakeholders and it strengthened collaboration between peer supporters and healthcare workers. Peer-led psychosocial support has helped children living with HIV to better understand their health, medication, and care options. Some peer supporters still face knowledge gaps, fears, and self-stigmatization, emphasizing the need for additional support and training.

In Uganda, **240 VHTs and community resource persons** were mentored by district coordinators during the monthly coordination meetings on the **use of self-test kits**, timely feedback of results, integration of community activities, sustainability of VSLA groups, and psychosocial support. VHTs improved in administering self-test kits and supported their communities in paediatric HIV-related challenges by providing treatment literacy and Intensive Adherence Counselling. This led to improved uptake of self-test kits, improved ANC attendance, and HIV testing during and after pregnancy. VHTs visited 2,078 households with children and adolescents exposed and living with HIV.

In Tanzania the district inception meetings in the new working areas, resulted in active engagement of district officials in the **mapping and engagement of over 100 traditional birth attendants**. This is unique, as TBAs are not officially recognized, but can register as

traditional healers in Tanzania. The district stakeholder saw the need to involve TBAs as the existing health centres do not reach all pregnant women, due to costs, transport and timing (TBAs can be reached at any time). There is agreement on the role of TBAs in avoiding transmission to the unborn/newborn child, including referral to clinics and treatment literacy in which they have been trained.

3.2.4 Increased access to high quality services from the health system, social services and community-based organisations and structures for children living with HIV

- **3058** pregnant and breastfeeding women living with HIV have delivered an HIV free baby
- **4817** children have achieved viral load suppression due to adherence support and cooperating organisations.

Through improved testing approaches and exploring which testing approaches work best caregivers and community members have been able to identify and support more children living with HIV, pregnant and breastfeeding women compared to previous years. The improved collaboration between community-based organisations, community and health and social services led to an increased number of referrals, and bringing children, pregnant and breastfeeding women who dropped out of care back into care. The training of health staff and community health workers enabled them to find CLHIV, refer them, and follow-up. It improved support caregivers and CLHIV, especially with age-appropriate disclosure. Through VSLAs, sensitization meetings, kids-clubs and child-friendly spaced caregivers and community members were increasingly able to support their children living with HIV to start and adhere to treatment.

This led to increased viral load suppression, from 131 children reaching viral load suppression in 2022, 286 children in 2023, to 4817 in 2024.

Table 1. Progress towards the paediatric Theory of Change

Goal: All Children age 0-14 years living with HIV will have known status, stay in care and on antiretroviral therapy, and have achieved viral suppression and a good quality of life.		
Indicator	**Definition**	**Total 2024**
Number of children supported in coping with HIV	Number of children living with HIV that are directly reached with psychosocial care, with mentorship, and CLHIV that benefit from VSLAs . (We do not count household visits).	**8940**
Increased rate for identifying children living with HIV who are underserved compared to average annual combined.	Calculate if the number of identified children who are underserved increased or decreased, compared to previous year.	**N/A**
Number of caregivers capacitated to take care of children with HIV	Number of children living with HIV that are directly reached with psychosocial care, with mentorship, and CLHIV that benefit from VSLAs . (We do not count household visits).	**7706**
Number of health staff /community health workers and community based service providers	Community based service providers can include mentor mothers, lay counsellors, traditional birth	**1988**

trained to deliver quality services.	attendants and healers, (young and adolescent) peer educators, community resource persons, village health teams. Health staff can include health staff from all levels of health facilities.	
Number of children tested	0-14	**68346**
	15-19	**26215**
Number of new children who have known status	0-14	**579**
	15-19	**450**
Number of children newly enrolled on ART	0-14	**561**
Number of children returned on ART / brought back to care	0-14	**1546**
Children currently and continued on ART	0-14	**11508**
Children with viral load suppression	0-14	**4817**
Number of pregnant and breastfeeding women currently and continued on ART (supported)		**9478**
Number of pregnant and breastfeeding women tested		**59838**
Number of pregnant and breastfeeding women tested positive		**1034**
Number pregnant and breastfeeding WLHIV delivering HIV free babies		**3058**
Number of pregnant and breastfeeding women started ART / PMTCT_ART		**1438**
Number of pregnant and breastfeeding women brought back into care		**1314**

3.3 Pathway 3. Policy and advocacy

Advocating for more funding for paediatric HIV, and fundraising for Aidsfonds and partners' work, to support the adoption of effectives paediatric practices, policies, and guidelines.

This chapter focuses on the results in relation to policy and advocacy. As part of this pathway Aidsfonds advocate for more funding for paediatric HIV, and raises funds Aidsfonds and partners' work, to support the adoption of effective paediatric practices, policies, and guidelines. Aidsfonds and partners collaborate with global alliances, organisations and other allies to advocate for more funding for paediatric HIV in general, and to improve outcomes for paediatric HIV.

3.3.1 Governements have revised relevant national policies and treatment guidelines to reflect good practice

In several countries, Aidsfonds paediatric partners' advocacy efforts resulted in **new political commitments** to improve paediatric HIV services, **increased funding** for paediatric HIV and **revised policies** that support children living with HIV.

In South Africa, **the Global Alliance was launched,** by two road shows that took place with the 2nd wife of the Deputy President of South Africa. Multiple dialogues were conducted during these road shows with adolescents and pregnant mothers to assess their needs and challenges. Zoë-Life co-organised, round table discussions and meetings with politicians and community gatekeepers to advocate for increased commitment for the Global Alliance. This contributed to improved policy support and resource allocations for children living with HIV at multiple governance levels. Through these engagements provinces have been able to develop costed provincial implementation plans and launched the Global Alliance.

In Nigeria, **National AIDS and STIs Control Programmes plans** now include a community-led monitoring programme and mapping of ANC service delivery sites for PMTCT, as well as (1) the adoption of the Hub and Spokes model to improve linkage for PBFW living with HIV, (2) development of escort referral services for pregnant women and lactating mothers and (3) to include HIV services in national and state health insurance packages. The National AIDS/STI Control Programme (NASCP) conveyed a meeting 'the National PMTCT and Peadiatrics Retention in Care'. The Rivers and Taraba states SASCP offices also support SFH advocacy targeting NASCP to register Traditional Birth Attendants (TBAs), so they can enter data on the National Data Reporting (NDARS) platform (after training).

Following the earlier trainings of SFH by ZoeLife on age-appropriate disclosure, the Nigerian Breakthrough partners contributed by **reviewing the Nigeria operational manual for *age-appropriate disclosure*** which was led by the Federal Ministry of Health and funded by ViiV Breakthrough partnership through UNICEF. Eventually the Nigerian government adopted the part of age-appropriate disclosure in the revised guideline. N'weti in Mozambique received the same training provided by Zoe-Life on age-appropriate disclosure. The trained mentor mothers and lay counsellors are more equipped after this training and continue to apply their learnings and provide age-appropriate disclosure to children and adolescents living with HIV.

Progress was also made in **reforming age-of-consent policies** in Nigeria to enhance adolescents' access to HIV services. The current age of consent for HIV testing is set at 18 years. The Breakthrough Partnership members participated in a stakeholders' forum organised by Education as a Vaccine (EVA), advocating for policy reforms to lower the age of consent to 14 years. It is now up for approval by the National Council for Health, with the National Operating Manual for age-appropriate disclosure as evidence and justification for the lower age. It was also determined that consent for access to services should not be determined solely by biological age but also the availability of support systems such as mental health services.

3.3.2 Global Alliances, key global organisations, funders and allies have advocated for sufficient funding and evidence-based programmes

In 2024, partners joined advocacy engagements that were critical in promoting funding approaches that prioritize the health and rights of underserved children, **funding gaps for paediatric HIV** were identified, just as **finance gaps for community-led organisations**.

At the **AIDS 2024 conference in Munich** the Coalition for Children Affected by HIV and AIDS (CCABA), of which Aidsfonds is a member, organized the satellite session 'Fixing your Finances: Improving Resources to End AIDS in Children', where the latest research findings by Avenir were presented. This satellite session and research highlighted the current investment gaps and opportunities for children and adolescents. The session fostered discussions on actionable steps to bridge these gaps through increased resource allocation and targeted support.

Following this session, Aidsfonds participated in a **roundtable organized by ViiV Healthcare Positive Action and CCABA**. This private roundtable brought together stakeholders to discuss findings from the new Data Spotlight on Philanthropy and to explore strategies for ensuring sustainable funding for paediatric HIV initiatives. Funders Concerned About AIDS (FCAA) partnered with CCABA to create a new infographic focused on how HIV-related philanthropy is, or is not, addressing the needs of children and youth – a cornerstone of global goals to end AIDS by 2030. With almost half of children living with HIV not on treatment and with children accounting for 13% of AIDS-related deaths, and a circa $1 billion gap in overall resources for children and youth, this new data provides insight.

At the AIDS 2024 conference, GNP+ held a consultation with communities on **financing for community-led organizations**. The purpose of the consultation was to engage with communities and listen to and document the experiences regarding funding for communities specifically those working with children and mothers living with HIV. This is input for future advocacy activities within CCABA.

Breakthrough partners participated in the 'National Agency for the Control of AIDS' meeting on community-led monitoring, to review and finalize the protocol for a nationwide study on the impact of community-led monitoring (CLM) on the national HIV response. The study will target 10 states and results will be published in March 2025 and used to inform future HIV strategies. The involvement of the government in the monitoring of programmes at the community level has strengthened partnership and sustainability. Close collaboration with the stakeholders and MOH and involvement in the review meeting have ensured ownership and buy-in.

In 2024, IAC revived the **National Alliance for Children with HIV in Indonesia,** a unique and essential coalition that brings together over 30 organizations and individual advocates across Indonesia to ensure the rights and well-being of CLHIV. Its multisectoral approach addresses critical gaps in healthcare, social support, and legal protection by fostering collaboration among civil society, policymakers, and healthcare providers. The alliance is crucial in responding to ongoing challenges such as Indonesia's health budget cuts, limited pediatric ARV access, and fragmented support systems that often exclude children from comprehensive HIV care. By uniting diverse stakeholders, the alliance strengthens advocacy efforts to push for sustainable policies, ensure equitable distribution of child-friendly ARVs, and expand psychosocial support services. Furthermore, it plays a vital role in tackling stigma and discrimination, empowering communities, and amplifying the voices of children and their caregivers. This collective action is important to overcoming barriers to treatment and care.

3.3.3 Effective paediatric HIV practices adopted and funded in global, regional and national policies and programmes

Governments in both Malawi and Indonesia have expressed interest in the Bringing Kids to Care projects. In Malawi, the Directorate of HIV and AIDS within the Ministry of Health is tracking the project as the indicators contribute to the Directorate's national indicators. As such, the Directorate has assigned national PMTCT Coordinators to keep tracking the project

and also advised COWLHA to implement the project in health facilities that are not supported by other organisations. In Indonesia, the government is also closely following the progress of the project, to assess if the model works and can be further scaled.

In Uganda the Paediatric Breakthrough partnership actively works towards a **responsible and sustainable transition** preparing for the project phase out in July 2025. Aidsfonds and NAFOPHANU coordinate the transition, whereby community partners (CHAU, NAFOPHANU, HNU) closely engage with local government, and prepare key community structures to take responsibility for service delivery and VSLAs, together with Expert Clients, Young Adolescent Peer Supporters (YAPS), and Village Health Teams (VHTs). District officials, health workers, Expert Clients, VHTs, and beneficiaries (135 agreed on the next steps including: (1) collaborating with OVC partners for linkages of children living with HIV, (2) continued mentoring and counselling of caregivers, as they possess knowledge on paediatric HIV and are committed to supporting their children's adherence to treatment, (3) establishing new VSLA groups, involving local council leaders, church leaders, cultural leaders, and new caretakers, and (4) linking up with poorly performing clients, provided they consent to it.

3.3.4 Global, national and district commitments, guidelines and policies support high quality services for children with HIV

GNP+ fed into the **technical background paper on financing for the 54th UNAIDS PCB** thematic segment on sustaining HIV response gains held in June 2024 to ensure funding and investment for children remains a priority. Additionally, there was a proposal submitted through CCABA for a session during the thematic segment for the 55th PCB in December 2024 on 'Sustaining the response for children and adolescents'. GNP+ attended and participated in the 55th PCB meeting in December 2024.

NAFOPHANU organised **district information-sharing meetings** in the Mityana, Mubende, and Kyenjojo districts, with district health officials, HIV/AIDS focal points/coordinators (involving 82 stakeholders). Here, NAFOPHANU presented the ViiV Breakthrough Programme performance and progress. Project briefs were presented, allowing participants to gain a deeper understanding of the project and its sustainability. Additionally, advocacy priorities for improving paediatric HIV and eMTCT services at the district and national levels were established. Major issues affecting paediatric HIV service delivery, such as stigma and discrimination were addressed, with an agreement that the district should revive community sensitization efforts to create an enabling environment and improve demand for HIV services, as well as adherence and retention in care. Conversations around project sustainability were also held, culminating in the development of an action plan to address priority issues affecting paediatric and adolescent HIV service delivery.

4 Looking ahead

In 2025, we continue to increase co-decision making and co-creation by e.g. revising the paediatric programme's governance structure and kick-starting working groups on planning, monitoring, evaluation and learning, linking and learning and advocacy by the paediatric partners.

While the Breakthrough projects continue after 2025, the majority of the Kids to Care projects are coming to an end in 2025. Because of Aidsfonds' financial investments in the paediatric partners and projects, some of the projects grew and flourished to the extent that they attracted new donors. These donors are now also investing in the partners, their projects' and the Kids to Care approach. Together with these partners we will explore what their (renewed) role will be in 2026 and beyond. Off course the US funding changes also largely affected our partner organisations.

As the majority of the paediatric projects phase out in 2025, we focus on learning from- and documentation of results and best practices, especially in case finding and sustainability. We continue to facilitate the cycle of innovation, by organising the annual paediatric partner meeting in 2025, alongside the 17th International Workshop on Paediatrics & HIV in Kigali, in which we exchange best practices and results of the implemented (pilot) projects. In line with this, we expect several interesting research outcomes such as the KIT research and the social return on investment analysis which will both be done for the Kusingata II project in Mozambique. We also expect to document the approach, impact and results of the BLOOM project in a factsheet and a deep dive in working with traditional birth attendants. Last but not least, a case study on the sustainability approach under Breakthrough in Uganda will be developed.

The current Aidsfonds 'For All That is Love' strategy is running until December 2025. This means that Aidsfonds will soon start the preparations and process of the development of a new strategy, that will run between 2026-2030. More information about the process, opportunities to provide input and implications it might have for the paediatric programme will be shared soon.

5 Concluding remarks and focus till December 2024/2025

This is the first paediatric HIV annual narrative report. It combines all partners achievements and Aidsfonds achievements in one report, allowing us to closely monitor the joint progress we make in light of the Theory of Change of the paediatric programme. It is also the first time that the Aidsfonds paediatric programme outcomes are aligned in reporting formats and with relevant indicator data (including retracking 2022-2023 data).

The next steps for 2025 include the further roll out of co-decision making within the Paediatric HIV programme, the development of the Theory of Action, and the increased focus on fundraising and networking/advocacy, following the end of Aidsfonds Strategy 2022-2025 next year and recent developments in the Netherlands and abroad.

In 2025 the paediatric programme will analyse progress and data more in-depth taking the 2024 the baseline report (new countries) and review of the Theory of Change where needed into consideration. During the course of the year the availability of future funding will become clearer, as well as the diverse roles of Aidsfonds partners in the Paediatric HIV programme.

6 Appendix

6.1 Aidsfonds Paediatric HIV Theory of Change

Paediatric ToC Visual 2024_FINAL.pdf

6.2 Paediatric HIV Panel Members

Brown Chiwandira

Brown Chiwandira is currently serving as a Health Policy Officer at the Ministry of Health headquarters in Lilongwe, Malawi dedicated to HIV Care & Treatment since 2017. His professional journey began as a clinician, spending over a decade working in a high-volume HIV care clinic within Malawi's historic Thyolo district. In the early 2000s, Thyolo district played a pioneering role in the large-scale rollout of HIV treatment in Malawi. Transitioning into the realm of public health, he now oversees critical biomedical HIV response initiatives. His portfolio includes leadership roles in the national pediatric HIV treatment program, HIV viral load monitoring, and quality improvement efforts. Inspired by a poignant lyric from a south African jazz legend, Hugh Masekela, Brown aspires to be part of the collective fight against AIDS, extending a helping hand to those in need.

Gertrude Banda

Gertrude Suwe Nyirenda is a Registered Nurse Midwife with a career spanning over three decades in health care and mentorship. She holds Bachelor's degrees in Nursing Sciences and Adult Education from the University of Zambia. Until her retirement in December 2023, Gertrude served as PMTCT Coordinator for Kafue District. Continuing her professional journey, Gertrude now lends her expertise to Lusaka Provincial Health Office under the CDC Cooperative Agreement as a PMTCT Nurse Mentor across Kafue and Chilanga Districts. As a change agent, Gertrude is driven by the ambition to mentor and guide healthcare workers in providing vital maternal and child-health services among pregnant and breastfeeding women and their families. Her mentorship plays a pivotal role in contributing towards the global fight against new pediatric HIV infections and the monumental goal of ending AIDS by 2030.

Happy Betty Paul

Dr Happy Betty is a senior technical advisor, PMTCT/Care and Treatment at the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Uganda, holds a bachelor's degree in Medicine and Surgery and is a Master of Science in Public Health student with over 7 years' experience working in HIV/TB programs. She has dedicated her career to advancing paediatric and youth HIV responses at health facilities, communities and national levels within government and private not for profit hospitals. Her drive stems from the desire for equitable primary health care for children, adolescents and mothers in developing countries after witnessing first hand challenges affecting this population in the HIV response. She strongly believes that the Paediatric HIV Advisory Panel will enable her bring vast experience and expertise and contribute to addressing these challenges using carefully thought through service delivery models.

Azizuyo Brenda Facy

Azizuyo Brenda Facy is a 30 years old young woman working as a project coordinator at international community of women living with HIV Eastern Africa (ICWEA) from Uganda. She is a health expert and social worker with strong knowledge and skills in planning, developing, and implementing public health programs, strong in managing projects related to addressing the disparities that affect Children, girls and young women living with HIV.

Over 7 years Brenda Facy has played a pivotal role in providing social support and age-appropriate information about HIV infection, treatment, prevention adherence, HIV status disclosure, and positive living life skills needed for children, young women growing into healthy adults living with HIV.

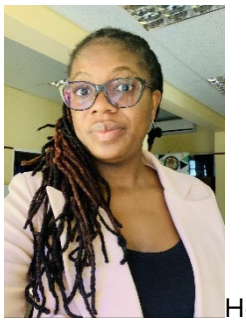
Her passion and personal experience to address issues related to the rights of children and young women living with HIV through ensuring that they have equal access, affordable, timely acceptable and quality HIV care services derived her to the Paediatric Advisory Panel.

Cindy Amaiza

 Cindy Amaiza is an accomplished youth leader serving as the National Coordinator of The Organization of Young People Living with HIV in Kenya (Y+ Kenya). Her impactful journey has been marked by successful nationwide policy and advocacy campaigns that advocate for the meaningful inclusion of young people living with HIV (AYP). Cindy's dedication extends to the creation of accessible and informative HIV and SRHR literacy materials tailored specifically for AYP, contributing to informed decision-making and empowerment. Her commitment has also earned her the esteemed position of the AYP representative within the WHO Adolescent HIV Service Working Group, further amplifying her influence.

On the national stage, Cindy represents the voices of communities in her role within the National DSD Technical Working Group, ensuring that the perspectives and needs of those she serves are genuinely considered in policy and decision-making processes. Educationally, Cindy holds a Bachelor's of Science Degree in Microbiology and Biotechnology, she has nurtured her passion for public health by enrolling as a Master's in Public Health student at AMREF University in Kenya. Cindy's dynamic leadership, academic pursuit, and relentless dedication reflect her unyielding commitment to advancing the well-being and rights of young people living with HIV. Her endeavors inspire and empower, creating meaningful change within communities and on a broader scale.

Helena Nangombe

 Helena Nangombe is a community expert who has worked with adolescent girls and young women on HIV and SRHR-related matters in Namibia for more than 15 years. Leveraging her experiences as a woman living with HIV, Helena initiated awareness-raising events on HIV and the needs of girls and young women, including stigma and discrimination, within communities. She founded a grassroots organization, "*Young Women Empowerment Network*", in 2013, to improve the well-being and living conditions of adolescent girls and young women living with and at risk of HIV in rural North Namibia. Currently, Helena is one of the civil society members of the International Steering Committee of the Robert Carr Fund, engaged in the strategic direction of the organization, and an advisory member of the Collaborative Initiative for Paediatric HIV Education and Research. Helena is also a chairperson of the Aidsfonds Paediatric HIV Advisory Panel which aims to advise Aidsfonds on paediatric HIV strategies, models, and funding mechanisms, as well as to collaborate in the decision-making process for funding.

6.3 Poster Presentation Indonesia AIDS Coalition

THE SITUATION OF CHILDREN WITH HIV IN INDONESIA: ANALYSIS OF POLICIES, PROGRAMS, AND CHILD RIGHTS PROTECTION.

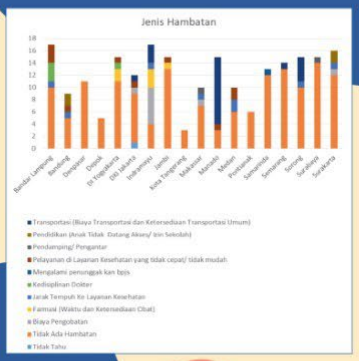
AUTHOR : ELLENA PANGESTU KAVARERA
CO-AUTHOR : FERRY NORILA

BACKGROUND

The research aims to analyze the situation of Children Living with HIV in Indonesia, specifically focusing on the effectiveness of policies, ongoing efforts, and the safeguarding of their rights. The purpose of the program, project, or policy is to understand the existing challenges and strengths in addressing the well-being of these children. The scope encompasses the evaluation of policies, efforts, and rights protection measures in place. The objectives likely include identifying gaps in the current approach and proposing recommendations to enhance the overall situation and lives of Children Living with HIV in Indonesia.

METHOD

The research employed a survey to collect data on the rights and experiences of Children Living with HIV and their caregivers/parents. Respondents, drawn from 18 districts/cities within the Indonesia AIDS Coalition's operational areas, were purposively sampled. The selection criteria included data from Ikatan Perempuan Positif Indonesia, reported cases of children with HIV/AIDS, and the availability of private shelters. Conducted over four months (June - October).



RESULT

This research shows that Indonesia's Children Living with HIV are not getting enough protection under current laws, even though some good local efforts have been recognized. Our survey found 218 children with HIV in 18 districts; Challenges arise from school schedules conflicting with healthcare appointments, financial constraints, children facing expulsion due to parental fears of HIV transmission in some cities, and school leaders either advocating for relocation or emphasizing the need for improved HIV education.
Engaging in discussions with various groups highlighted a discernible gap in preventing violence against Children Living with HIV. This lacuna frequently results in school transitions and children concealing their HIV status. However, in Surakarta, an orphanage initiated dialogues with schools to retain children who had faced expulsion. There are some positive efforts. Like the "Hebat" program. They're giving health information to high school students in Bandung. In Medan, there's good teamwork between NGOs tackling HIV/AIDS and there is new rules in North Sumatra about testing, government-sponsored nutritional support and HIV-related responsibilities for Children Living with HIV.

CONCLUSION

This research suggests to enhance the protection of children with HIV in Indonesia. It calls for structured, holistic, and systematic approaches, aiming at different groups. Specific recommendations include creating comprehensive roadmap for child protection, ensuring healthcare and medication quality, education programs, and cooperating with national and international organizations. This research promotes improved regulations, collaboration among ministries and efforts that meet Children Living with HIV's needs. Also, it highlights the need for dependable data collection and partnership between government and other organizations for successful actions.

Tabel 8. Five types of medication taken by children with HIV

Types of Medication	Number of Children
Duviral + Nevirapine	107
anak Tenofir + Lamivudine+ Efavirenz,	17
Tenofir + Lamivudine+ Aluvia/Lovipia,	14
Duviral + Evafiren.	12
Tenofir+ Lamivudine+ Dolutegrafir	11