What's new in 2025?

Annual Report 2025
Paediatric HIV project

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aidsfonds

Funding

The January 2025 **US Stop work order** and dismantling of USAID initially affected community work and Orphans and Vulnerable Children (OVC) programmes. The Uganda government immediately integrated HIV services into primary health care and chronic disease departments. In **Uganda,** the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU), Uganda AIDS Commission, community partners and (international) NGOs successfully convinced the Parliamentary Committee on HIV/AIDS to partly increase domestic resource allocation for antiretroviral treatment and laboratory operations and to increase the HIV mainstreaming allocation. The government also started a special fund to manufacture HIV medication in country (UGX 50b). The district budgets allocations increased from 0.1 % to 0.5 % for the HIV response.

In **Nigeria,** PEPFAR's 5 bn USD contracts ending September 2025 were extended till March 2026 and then replaced by USG contracts valued 2,1 bn USD (40%) with Nigeria's government committing to 3 bn USD for five years. Concerns on actual available domestic funding are growing as taxes are going up.

Aidsfonds allocated **10 m Euro** to the Aidsfonds paediatric HIV programme 2026-2030 which is largely (but not exclusively) focussed on community – based case identification and linkage to treatment and care. We believe our added value for governments and children is strongest here. In addition, ViiV Health Positive action commits **9.75 m GBP** for three years to the Aidsfonds/EGPAF/PATA/UNICEF partnership from August 2026 till July 2029.

Expertise

Aidsfonds paediatric partners from 5 countries visited Zoelife in South Africa for one week to learn about child friendly age-appropriate disclosure. The community-based partner Primrose Community Health Organization (PriCHO) in **Zambia** developed and disseminated a Standard Operating Procedure (SOP) for Community Health Workers (CHWs) to facilitate disclosure for age 7-14 years. ZoeLife also supported Action for Community Care (ACC) **Tanzania** with an in-depth training on child-friendly disclosure for 28 health staff and health workers. ACC established a monitoring system on disclosure and trained health care providers supported 74 caregivers/parents to disclose HIV status to their 74 children, whereby 43 were ready for full disclosure, 24 for partial disclosure and 12 are still being guided for disclosure at a later stage. In **Mozambique,** mentor mothers facilitated disclosure among 35 caregivers and their children who improved adherence. Indonesia AIDS Coalition (IAC) adjusted the disclosure model and worked with the National Alliance for Children Living with HIV and the Ministry of Health to provide training for health workers on disclosure. See also New WHO guidance on HIV disclosure for children and adolescents.

Based on experiences within Kids to Care and the Breakthrough programme, a minimum package of paediatric HIV interventions is being developed to guide the Aidsfonds programme in this new phase.

New knowledge from the preliminary Mozambique endline evaluation report indicates that N'weti's community outreach, community dialogues, and home visits, together with the availability of family planning services at health facilities, have played a critical role in **demystifying and normalising family planning**. Women now frequently seek contraception to avoid unintended pregnancies and to space births for better health of both the mother and

Photo: Jeroen van Loon

the child. Men increasingly recognise the benefits of family planning for household well-being and stability. Parents are increasingly open to allowing their daughters to use contraceptives, recognising that this helps them stay in school and avoid early motherhood.

> **My wife is infected, and I am too, but both of our children are not infected – they're healthy. We've now stopped having children because the situation could cause us more problems. So now we're just managing the condition.**

Focus-group discussion (FGD), Fathers living with HIV with infants/ children, Nhancoja, Jangamo.

Figure 1: Minimum Package of Paediatric HIV care

Case identification[1]	Community index testing and referrals.
Treatment and retention	Community health workers[2] supported. Treatment literacy, treatment initiation and follow-up.
Viral load suppression	Community[3] – clinic – local government collaboration with clear division of roles. Psychosocial care and disclosure at clinics close to community.
	Clinic data records and follow up. Retesting children during breastfeeding periods.
Sustainability	Community led monitoring and advocacy for domestic funding and integration of paediatric HIV services in primary health care.

1 Technical Brief on Paediatric HIV Case-Finding

2 Community health workers play a key role in the identification, treatment and retention for children living with HIV, as well as community education on paediatric HIV and move door-to-door to find children and pregnant women living with HIV. They work closely with the community, health centres and local government health authorities.

3 Community includes children and youth living with HIV, young mothers, caregivers and mentor mothers/fathers.

Advocacy

Nigeria age of consent

The 66th National Council on Health (NCH) has officially approved 14 years as the minimum age for HIV testing in Nigeria without parental consent. It is an important win for adolescent health and HIV prevention in Nigeria.

Partner organisations take a seat in national **technical working groups** on vertical transmission and paediatric HIV. The Prevention of Mother-to-Child Transmission (PMTCT) Technical Working Group (TWG) in Rivers State including the Director of Public Health and BP State team, established a subcommittee to improve supply chain coordination for testing kits, after reviewing PMTCT disparities between syphilis and HIV testing.

In **Uganda** the paediatric HIV programme ended and partners organised a major Close-Out Meeting in May 2025 for the paediatric HIV programme. It was a key advocacy and planning event to sustain and transition paediatric HIV services to the Ministry of Health and district governments. A key result is the **inclusion of community empowerment and service integration principles in Uganda's national HIV strategic planning documents**, specifically influencing the HIV Implementation Guidelines 2025 draft, as the integration of paediatric services and strategies for targeting unsuppressed adults were documented. See also Uganda change story.

Global Network of People Living with HIV (GNP+) convened a series of virtual engagements with networks of people living with HIV, caregivers, young advocates, and civil society partners focused on HIV integration and community priorities linked to the development and dissemination of the PLHIV Minimum Requirements for Integrated HIV services report including specific asks tailored to services for children and their caregivers. Children living with HIV and their caregivers continue to face barriers such as delayed early infant diagnosis, fragmented referral pathways, treatment interruptions, stigma, and limited access to child-friendly formulations. The report has been used to influence policy discussions on integrated service delivery, ensuring the needs of children living with HIV and their caregivers are not lost within broader health systems integration agendas.

GNP+ contributed to the 2025 WHO Guidelines on HIV and Infant Feeding through sustained engagement in global advocacy spaces and by amplifying lived experiences of mothers living with HIV. GNP+ efforts ensured that the revised guidelines reflected a rights based, evidence-informed approach that prioritises both child survival and maternal wellbeing.

During the strategy meeting of Coalition for Children Affected by AIDS (CCABA) on 6th of December in Ghana during the 23rd International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA2025), the coalition reformulated its focus on bringing community voices to global platforms on paediatric HIV complementing other global advocacy efforts.

Case identification & Treatment

Innovation in case identification

The Coalition of Women Living with HIV and AIDS (COWLHA) pilot project in Malawi focused on HIV testing for children born to female sex workers (FSWs) and through Traditional Birth Attendants (TBAs). The project tested 121 underserved children, identifying 9 newly HIV-positive children (7.4% positivity rate). TBAs referred 268 women for health-facility delivery, 16 of whom tested positive at the facility and were immediately started on ART, ensuring HIV-free deliveries (32 recorded).

Copper Rose Zambia promoted the use of school structures for HIV testing, psychosocial support, and health services. The project tested 3,581 children for HIV, identifying 23 HIV-positive children, all of whom were linked to ART initiation and counselling. Key strategies included school open days, school health clubs, school-based safe spaces, home visits, home-based drug refills by CHWs, reminder systems, and close collaboration among teachers, caregivers, and CHWs.

In **Nigeria** TBAs are strengthening community-identification, referral, and linkage of HIV-positive pregnant women, mothers, and infants. Government institutions like the National Agency for the Control of AIDS (NASCP), the State AIDS & STI Control Programme (SASCP), the National Agency for the Control of AIDS (NACA), and the State Agency for the Control of AIDS (SACA) equipped fifty five TBAs with counselling and testing skills according to HIV testing services (HTS) guidelines. TBA's can directly report in the National Data Repository system and this improved timely enrolment into care. See also the factsheet Out of the shadows: Working with traditional birth attendants.

Table 1: Most effective testing strategies by target population in SFH Lafiyan Yara 2 project

	Children 0–14			Adolescents 15–19			Pregnant Women			Breastfeeding Mothers		
Strategy	**Tested**	**Positive**	**Positivity rate**	**Tested**	**Positive**	**Positivity Rate**	**Tested**	**Positive**	**Positivity Rate**	**Tested**	**Positive**	**Positivity Rate**
Traditional Birth Attendants	x	x	x	x	x	x	1,890	21	1.1	1,218	7	0.6
Community family index testing	11,677	54	0.5	6,045	67	1.1	7,902	85	1.1	5,510	68	1.2
PHCC testing	7,006	21	0.3	3,023	26	0.9	4,741	34	0.7	3,306	27	0.8
Facility-driven index testing	60,370	118	0.2	21,564	147	0.7	28,776	166	0.6	17,695	143	0.8

Read more? See also Technical Brief on Paediatric HIV Case-Finding: Beyond Infant Testing

In Inhambane and Mozambique overall, awareness, acceptance, and uptake of HIV testing were reported to have increased significantly. HIV testing is done when people seek care for other health issues:

> **In our health centre, if you come here with a simple fever, a headache, a common cold, you first go to the emergency room, and they ask: "Can we test you for HIV?" If you accept, they do it. If you're negative, you leave negative. If you're positive, you start treatment. I welcome this, because for some people it's very hard to leave home and go to the health centre just to ask for an HIV test. This way, many people get tested.**
>
> FGD, Fathers living with HIV with infants/children, Nhancoja, Jangamo

Photo: Jeroen van Loon

Mozambique training on updated WHO guidelines pALD for children 6-35 kg

In Mozambique 96 doctors, nurses, clinicians, peer educators and others were trained on the **Paediatric Fixed-Dose Combination Abacavir/Lamivudine/Dolutegravir (pALD)** in three districts. The training focused on the transition from separate tablets to the single fixed-dose combination formulation, reinforcing existing national guidance and the nationally approved training package on eligibility criteria, weight-band dosing, administration, transition of children already on treatment, TB/HIV co-management, and key counselling messages for caregivers.

There are promising results from a Uganda pilot on Long acting ARVs Cabotegravir LA-CAB for adolescents from 35 kg onwards in terms of treatment adherence and viral load suppression. The current roll out is with young adults (Uganda's experiences implementing long-acting injective ART to combat HIV/AIDS, September 2025). We expect this will be promising for our young mothers project in Uganda.

Health system strengthening with community health actors

Community partners engage strongly in strengthening health systems through training, mentoring and facilitation of meetings among health staff, government health authorities and community actors. In Mozambique monthly meetings with District Service of Health, Women and Social Action (SDSMAS), health facility staff, lay counsellors, mentor mothers, and community leaders support the coordination of outreach campaigns and community dialogues, but also strengthening referral systems and linkage with social welfare services.

In 2025, a total of **2,394** individual health staff, community health workers, and community based-service providers were trained to deliver quality services in nine countries. Most caregivers were capacitated in Tanzania, Uganda and Malawi, and most community health actors were trained in Cameroon, Uganda and Tanzania including local health management teams and TBAs.

> **I gave birth on Sunday and asked the midwives to discharge me because on Monday I had to collect (ART) pills (...). (After arriving home) I couldn't go to Nhancoja, so I called a (Kusingata) mentor mother: 'I'm home but today is my (ART) pick-up day. Please collect for me.' She collected and brought them home because I was tired.**
>
> FGD, Adult women living with HIV, Nhancoja, Jangamo

In **Cameroon,** Aidsfonds, KidAID and PATA are piloting the **district approach**, whereby district authorities coordinate the paediatric HIV interventions with all health facilities in the district. The approach provides guidance and support for all involved. The facilities and community health area management teams closely cooperate with community health workers, community mentor mothers, TBAs and caregivers of children living with HIV and pregnant and breastfeeding women living with HIV. A full documentation on this approach and its outcomes is under development.

In **Indonesia** Early Infant Diagnosis (EID) services expanded from 4 to 19 districts. IAC strengthened coordination between community structures, health facilities, and district authorities which reduced the turnaround time for Dried Blood Spot (DBS) testing results from two months to just 2–3 days, which enabled faster linkage to treatment for infants and newborns.

Paediatric HIV Data analysis

While the number of children tested in 2025 was similar to the number in 2024, the positivity rate among children 0-14 years increased in 2025 from 0.84% to 0.89% (compared to 0.48% in 2023), while the number of pregnant and breastfeeding mothers identified as positive increased from 1,314 (2.19%) to 1,383 (2.52%) in 2025. Most testing was done in Nigeria, Malawi and Mozambique with the majority of children being identified in Nigeria (119) and Malawi (182). Most pregnant and breastfeeding women were identified in Mozambique (322) and Nigeria (341)[4] and 136 in the BLOOM young mothers project in Uganda[5].

In total **6,797** children were on treatment, with 70% achieving viral suppression. And 2,739 pregnant and breastfeeding women were initiated on ART, with 90% virally suppressed.

4 Supported by Aidsfonds and Breakthrough

5 BLOOM young mothers project is a project of Community Health Association Uganda CHAU, Joy Initiatives, Joy for Children Uganda.

Table 2 Paediatric HIV programme 2025 results on 95-95-95s

Indicator	2025	Comment
Children 0-14 years		
Children (0–14) tested for HIV and who/whose caregivers received their result	68,326	
Children (0–14) who tested HIV-positive	607	Positivity 0.89%
Newly identified compared to newly enrolled on ART		Linkage 98% (2nd 95)
Children (0-14) on ART	6,797	
Children Living with HIV who received adherence support	3,485	
Children achieved Viral Load Suppression	4,743	70% (3rd 95)
Number of individual caregivers capacitated to care for Children Living with HIV	2,932	
Pregnant and Breastfeeding women		
Pregnant and Breastfeeding women tested for HIV and who received their result	54,798	
Pregnant and Breastfeeding women who tested HIV-positive	1,383	Positivity 2.52%
Pregnant and Breastfeeding women (re) initiated on ART	2,739	
Pregnant and Breastfeeding Women Living with HIV and facing adherence challenges who received adherence support	3,348	
Pregnant and Breastfeeding women who achieved Viral Load Suppression	2,460	90% (3rd 95)
The number of babies born HIV free from a mother living with HIV during 2025	1,546	
Total number of children known to the project	**11,231**	

As seen in the table, 1,546 children were born without HIV due to successful and timely prevention of vertical transmission. This is also evident in the Social Return On Investment report of Kusingata, Mozambique (March 2026) which indicates the following outcomes as outlined below:

Key findings, social return on investment Kusingata project, Mozambique

Outcome A: Viral Suppression
An estimated 1,141 people living with HIV achieved viral suppression in 2024 (407 pregnant and breastfeeding adolescents and women; 734 other adults and adolescents). This is estimated to avert 0.1965 Disability-Adjusted Life Years (DALYs) per person per year. The net value after adjustment is MZN 6.2 million over one year, rising to MZN 15.1 million under a medium-term three-year scenario with 20% annual drop-off.

Outcome B: MTCT Prevention
Mother-to-child transmission (MTCT) prevention is the largest source of quantified social value. In the baseline scenario, 407 virally suppressed pregnant women and adolescents are estimated to have averted 146.50 infant infections, generating MZN 76.3 million in combined health and economic savings. An expanded sensitivity scenario – incorporating all 428 women who received a viral load test – yields 154.22 infections averted and a combined net value of MZN 80.4 million.

Outcome C: VSL Economic Resilience
576 participants engaged in Village Savings and Loan (VSL) groups in 2023. After adjustment, the net social value of VSL participation is estimated at MZN 790,000 over one year, or MZN 1.9 million under the medium-term scenario.

> **When I came to the health facility, the nurses gave me the pills; then a Kusingata mentor mother that visits me at home explained how to take the pills and give the syrup to the baby.**

SSI, Adult woman living with HIV, Murrie, Massinga

Child friendliness /youth friendliness/ ECD/ clubs

Through children clubs, adolescent clubs, weekend clinics, guided disclosure sessions and toys and materials in hospital counselling rooms, 3,485 children received the support they needed to adhere to their treatment.

> **Children are sensitive cases, and their treatment is complex, dosage, testing, follow-ups. So the team, health workers, lay counsellors, mentor mothers, works together to give these children special care.**

SSI, Health care provider, Murrie, Massinga

After a partner exchange COWLHA realized that grant parents are not usually targeted as caregivers by COWLHA and they revised the Thandizo App to improve child friendliness (colours/animations) and oriented 124 grandparents on paediatric HIV care.

To support the care of children living with HIV at home, many of our partners promote village savings and loans associations. For example, in Nigeria 19 VSLA groups reinforce savings culture and improved access to low-interest credit. This supported adherence to paediatric treatment for 233 caregivers of children living with HIV and 627 children including siblings. Out of 236 children living with HIV 230 are virally suppressed (97%).

All of the above efforts contributed to viral load suppression among children within the paediatric HIV programme. From 131 children reaching viral load suppression in 2022 and 286 children in 2023, it increased to **4,817** in 2024 with the expansion to four new countries. In 2025 this stabilised to 4,743 children with viral load suppression. In July 2025 three counry programmes ended. In total **11,231** children were reached in the paediatric projects in 2025.

If you like to read more, we kindly refer to:

Aidsfonds' Kusingata webpage