Agenda item 10

UNAIDS/PCB (55)/CRP1

ADDRESSING INEQUALITIES IN CHILDREN AND ADOLESCENTS TO END AIDS BY 2030

Thematic Segment Case Studies

UNAIDS

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Introduction

The Thematic Segment of the 55th UNAIDS Programme Coordinating Board (PCB) meeting will be held on 12 December 2024 and will focus on "***Addressing inequalities in children and adolescents to end AIDS by 2030".***

In preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies. The case studies inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 29 case submissions were received. The submissions reflect the work of governments, civil society, and other stakeholders, as well as collaborative efforts. The case studies highlight the importance of working towards having a sustainable response to the HIV epidemic.

Africa

Angola, Eswatini, Mozambique, Tanzania, Zambia and Zimbabwe Case Study

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- **Timeline of the case study:** 2021 - 2024
- **Case study submitted by:** Civil Society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR); Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds); Other age groups; Key populations
  - **Background and objectives:**
    READY+ is a youth-centred peer model that underscores meaningful and ethical engagement of young people. The six-year programme (2021 – 2026) builds upon the work from the previous four-year phase that ended in 2020. The model is delivered at five different levels targeting the adolescents and young people living with or most affected by HIV, communities in which they live, health service providers, broader government, advocacy and policy environment, and ensuring linkages to vocational skills training and income generating activities as they age out of programmes. READY+ is built on a complex but sustainable system of relationships between the work done at different levels by diverse actors and government entities. The programme will directly reach over 60,000 adolescents and young people living with HIV through supporting them to become more resilient, empowered and knowledgeable. Frontline AIDS is leading the consortium in partnership with regional and global partners funded by the Dutch Embassy in Maputo.
  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Young people aged 10-24 are among the most affected by HIV in Southern and Eastern Africa yet continue to have unequal and inadequate access to comprehensive sexual and reproductive health care. READY+ targets the most vulnerable and at-risk adolescents and young people through the peer-led model. In the context of this programme, most at-risk populations are considered as individuals who are disproportionately affected by the HIV burden due to various factors such as social, economic, and behavioural factors. These individuals include young people with limited access to HIV

treatment services, young people in high prevalence areas, adolescent girls and young women and young people selling sex. In addition, the programme aims to reach all adolescents and young people in their diversity to close the gap around accessing high-quality services and information. Furthermore, the programme seeks to address barriers adolescents and young people face that limit access to essential services or exclude them from using formal health services altogether. Therefore, READY+ is not only improving access to high-quality services and information for young people, but also helping to amplify the voices of adolescents and young people who are often marginalised and excluded from decision-making.

- **Results, outcomes, and impact:**
  READY+ has directly provided HIV and SRH services to over 30,000 adolescents and young people living with HIV and 4,000 breastfeeding and pregnant young mothers through 721 trained and mentored peers. Both peer-led support and the delivery of quality health services through 270 trained and mentored healthcare workers contributed to improved viral suppression averaging 90% and achieving zero child-to-mother transmission among the targeted adolescents and young people living with HIV across all countries. Twenty-seven action plans developed through dialogues were actioned covering inadequate HIV prevention knowledge in schools, HIV disclosure challenges in boarding schools, inadequate HIV service provision, and subtle stigma within schools. A new generation of young leaders has been developed leading key advocacy efforts. For example, in Tanzania, young people contributed to the review of the law that lowers the age of consent for HIV testing from 18 years to 15 years. Over US$10,000 has been generated in savings by peer supporters engaged in savings groups
- **Gaps, lessons learnt and recommendations:**
  Some of the gaps that remain are stigma, which is a challenge amongst communities, continued disruption of community interventions due to political activities that often take priority. In addition, the rise in anti-rights movements worldwide, particularly in Africa, is resulting in the introduction of laws that violate fundamental human rights. Key lessons are prioritising meaningful and ethical youth engagement, caring for the carers (peer supporters) to ensure success of a peer-led model, smooth transitioning of adolescents and young people living with HIV into adulthood, and inclusion of young fathers. Based on these valuable lessons learned, we are intensifying our efforts to ensure that partners of young mothers receive the necessary support. Recognizing the potential of technology, exploring digitization to enhance and expand access to quality information and health services is key. Lastly, to keep creating spaces of dialogue to adapt the HIV response to climate change.

- **Annexes**
  https://frontlineaids.org/resources/ready-valuing-our-work/

Benin Case Study

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- **Timeline of the case study:** 2019 to 2023
- **Case study submitted by:** Civil Society
- **Area of intervention of case study:** Integration of services (in particular SRHR); HIV prevention, screening and treatment programmes;
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Young adolescents (10-14 years); Older adolescents (15-19 years); Other age groups;
  - **Background and objectives:**
    The Association Béninoise pour la Promotion de la Famille (ABPF) has implemented an innovative cohort approach to improve access to sexual and reproductive health and HIV services for young people aged 10-24. This participatory strategy mobilises trained peer educators to run sessions on gender, sexual rights, HIV and violence for cohorts of 20 to 30 people at 29 Youth Action Movement (MAJ) points across the country.
    The initiative targets young people in and out of school, overcoming barriers to accessing HIV prevention, testing and treatment services. It includes awareness-raising campaigns and home visits, while offering free consultations and screening to reduce financial barriers. This strategy is aligned with the UNAIDS 2030 targets for the eradication of AIDS, and improves health systems to better serve young people

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The cohort approach implemented by the ABPF is an innovative response to inequalities in access to HIV prevention and treatment services for young people aged 10 to 24. This participatory model, led by trained peer educators, effectively raises awareness of HIV and sexual and reproductive health (SRH) issues in an inclusive environment, particularly suited to young people not attending school.

    This strategy covers 29 Youth Action Movement (MAJ) points and combines educational sessions in groups of 20 to 30, home visits and mass awareness campaigns, enabling information to be widely disseminated. The involvement of community and religious leaders reinforces the acceptability of this initiative, facilitating the participation of young people.

Young people are then referred to the association's clinics for free consultations and screening, thereby reducing financial and structural barriers. By offering free, appropriate health services, this approach improves access to care for young people and helps to reduce the incidence of HIV. It is in line with the UNAIDS goals of ending AIDS by 2030, integrating evidence-based strategies and facilitating equitable access to essential care for adolescents.

- **Results, outcomes, and impact:**
  The ABPF's cohort approach has proven effective in raising awareness and preventing HIV among young people aged 10 to 19. Between 2019 and 2023, 1,343,001 adolescents and young people, 50.8% of them girls, were made aware of sexual and reproductive health (SRH) and HIV issues, mainly through peer educators. This participatory method created an inclusive learning environment, encouraging the adoption of preventive behaviour. The young people reached were referred to clinics for free consultations and screening, with 26,061 tests carried out, 85.3% of them for girls. Fifty-five positive cases were detected, 85.5% of them among girls, thereby reducing the rate of HIV transmission. The involvement of community leaders has increased acceptance of health services, filling gaps in access and aligning with UNAIDS targets to eradicate AIDS by 2030.

- **Gaps, lessons learnt and recommendations:**
  Despite the encouraging results of the cohort approach, several challenges remain. Irregular attendance by young people at educational sessions is a major obstacle, compounded by the reluctance of institutions such as schools and workshops to facilitate their participation. In addition, post-awareness follow-up is limited due to a lack of resources to maintain regular contact, which restricts continuity of care.

  To overcome these difficulties, it is essential to strengthen partnerships with schools and local authorities and to involve parents more through initiatives such as the parents' school. The use of digital tools, such as the Carex platform, can improve the monitoring of young people. By stepping up awareness campaigns and developing innovative solutions, it will be possible to better meet the needs of adolescents in the fight against HIV and ensure adequate health coverage.

- **Annexes**
  N/A

Botswana, Eswatini, Lesotho, Malawi, Tanzania, Zambia Case Study

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- **Timeline of the case study:** 2018-2024
- **Case study submitted by:** UN or other international organisation
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** General population; Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)
  - **Background and objectives:**
    Harmful gender norms contribute to new HIV infections by promoting risky sexual behaviours, reinforcing power imbalances, and limiting access to health services. Norms that encourage male dominance and risk-taking can lead to multiple sexual partnerships and reluctance to use condoms, while those that promote female submissiveness hinder women's ability to negotiate safe sex or seek HIV services. Gender-based violence, often normalized by these conditions, further increases HIV risk, especially among women and girls. Since 2018, UNESCO has been implementing the Connect with Respect (CWR) tool, a curriculum resource for the prevention of school related gender-based violence (SRGBV). The toolkit seeks to foster safer learning environments by challenging harmful gender norms and reducing violence in schools. It aims to improve peer and teacher-student relationships, promote peer support and help seeking, increase awareness of gender equality, and reduce the risk of HIV.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The Connect with Respect toolkit addresses the root causes of SRGBV by integrating gender equality and violence prevention into education. The toolkit empowers adolescents with the knowledge and skills needed to foster respectful relationships and reduce violence, which is a known risk factor for HIV. The CWR curriculum promotes critical thinking about gender norms and builds skills for seeking help and support when faced with violence. By equipping learners with the tools to challenge harmful behaviours and promoting safe learning environments, the toolkit directly contributes to reducing gender-based violence and improving health outcomes. Additionally, the toolkit strengthens the collaboration between the education and other

sectors to provide adolescents with integrated support, including access GBV and HIV services. This multi-sectoral approach not only addresses the medical aspects of HIV, but also tackles social and structural drivers of HIV such as power imbalances, rigid notions of masculinity and gender-based violence.

- **Results, outcomes, and impact:**
  - The pilot showed knowledge of gender concepts, improved relationships, and shifts in attitudes towards gender equality and violence prevention.
  - 91% of students indicated that schools should teach about gender-based violence prevention.
  - 77% of students reported improved relationship skills following the program, showcasing the effectiveness of integrating respectful relationship education.
  - A 4% reduction in the proportion of students who found it acceptable for a man to beat his wife, particularly in countries like Timor-Leste and Tanzania.
  - Reports of daily or frequent incidents of boys making sexual comments about girls decreased, indicating an improvement in the school environment.
  - Positive shifts in attitudes towards gender equality were observed, with an increased number of students agreeing that men and women should share household responsibilities equally.
  - Enhanced school safety policies and increased student confidence in accessing SRHR services were also recorded.

- **Gaps, lessons learnt and recommendations:**
  Limited time within already crowded curricula, which restricts the ability to cover all content. Cultural beliefs can further complicate the implementation of the program. These factors collectively impact the program's effectiveness and the ability to scale up. Strengthening partnerships with local communities can foster cultural sensitivity in program delivery, making it more acceptable. Expanding resources for implementation can ensure broader reach and equity in access to the program's benefits. Addressing harmful gender norms and promoting safer school environments can help reduce behaviours that put adolescents at risk of HIV. The CWR program is a promising resource for addressing social and structural drivers of HIV. Proper integration of CWR activities into the existing curriculum will ensure effective implementation of the program. It is a cost-effective resource that can not only support violence prevention but is also a good entry point for broader conversations on HIV.

- **Annexes**
  N/A

Democratic Republic of Congo Case Study

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- **Timeline of the case study:** 25 May 2024 to 15 October 2024
- **Case study submitted by:** Civil society; Government; UN or other international organisation;
- **Area of intervention of case study:** HIV prevention, testing and treatment programmes; Integration of services (in particular SRHR); Changes and reforms in legislation and policies;
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Young adolescents (10-14 years); Older adolescents (15-19 years); Children (under 15 years); Key populations
  - **Background and objectives:**
    Adolescent sexuality outside marriage remains a taboo in Congolese society, particularly for parents and community leaders. As a result, young people who go to health centres with problems relating to their sexual and reproductive health are often judged, stigmatised and even rejected.

    In addition to stigma, access to HIV and sexual health services is also limited by the following barriers: Legal barriers: Congolese legislation on the protection of people living with HIV currently makes HIV testing of a minor conditional on the consent of the parents or guardian, as the case may be, unless their best interests so require.

    Socio-cultural barrier: the issue of sexuality remains taboo, and in particular the low status of women means that they are unable to negotiate safer sex

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Access to SRH/HIV information and services for adolescents and young people aged 15-24 to improve the quality of life of adolescents and young people through equal access to gender-sensitive SRH/HIV information and services that take account of human rights issues and sexual and gender-based violence. Activities have been carried out to build the capacity of peer educators and community leaders in the area of SRHR, with a view to improving their knowledge and the quality of services offered to adolescents and young people, as well as awareness-raising and educational talks for the CCC (behaviour change communication), with the aim of removing socio-legal

barriers to gender, human rights and access to SRH services for vulnerable groups of young people. Synergy of action between the UJCA and the FOSA (health facilities) of PEC (care); involvement of community members and parents to influence intergenerational dialogue on sexuality.

- **Results, outcomes, and impact:**
  Out of 236 adolescents and young people planned, 182 young people, including 95 girls and 87 boys, were identified as direct targets and 31 as indirect targets, including 16 boys and 15 girls in our educational discussion clubs. 55% increase in the knowledge of adolescents and young people at club level; increased awareness of the way they act in the community and interact during educational talk sessions; evidence that some adolescents and young people are committed to sexuality issues, with the aim of reducing risky behaviour. They agree to share their experiences on sexuality and using their community terms, for boys and girls ‘tia ba lia ekopola’, for girls ‘linda like’ = which means mutu na mutu na tour naye. the commitment to abstain otherwise use condoms in case of occasional or planned sexual intercourse

- **Gaps, lessons learnt and recommendations:**
  Some teenagers and young people are reluctant to join clubs;
  Some parents demotivate their children under the pretext that this information will encourage them to have sex.
  Lack of inputs (male and female condoms).
  To remedy this, step up awareness-raising among parents to encourage them to continue sending their children to the clubs and encourage intergenerational dialogue on sexuality.

  Seek funding to involve community leaders and model parents in the community to influence peers and encourage adolescents and young people to take part in educational discussion forums.

- **Annexes**
  https://www.facebook.com/share/p/PSDLw294aYv7hUyQ/
  https://www.facebook.com/share/p/PSDLw294aYv7hUyQ/

Kenya Case Study 1

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- **Timeline of the case study:** September - December 2023
- **Case study submitted by:** Government
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes
- **In which geographic area is the approach being carried out?** N/A
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years)
  - **Background and objectives:**
    Kenya is one of the twelve countries pioneering the Global Alliance to end AIDS in Children by 2030. This is a commitment to a multinational accountability framework that seeks to mobilize leadership and resources towards initiatives to end AIDS among children. It is for this shared goal that Kenya embarked on implementing the Kenya Plan to end AIDS among children by 2027. This plan was launched in September 2023 in Homa-bay County alongside the official flag off of the PMTCT-children and adolescents living with HIV Rapid Result Initiative (RRI) in a bid to kick start implementation of the plan across the country.
    The RRI was conducted in 1688 health facilities across all the 47 counties in Kenya. The facilities were selected using a weighted average model with a focus to achieve at least 95% mop up for the following indicators: Missed opportunities in Maternal HAART; missed opportunities in infant prophylaxis; missed opportunities in early infant diagnosis and missed opportunities in Maternal HIV testing.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Timely diagnosis of pregnant or breast-feeding mothers, ART initiation, and optimization of ART are the cornerstones of preventing children from HIV infection. For children and adolescents living with HIV, timely diagnosis, ART initiation and optimization are critical for preventing early mortality. The 2022 KDHS results indicated that over 98% of pregnant women visited health facilities at least once for ANC services meaning the majority of our clients engage with the health system. However, routine MOH program data (Feb 2022 to March 2023) reflected a significant number of children and mothers who missed services critical for preventing MTCT and optimizing services for

children and adolescents living with HIV.
Service quality audits showed site-level commodity stock-outs persist and capacity gaps amongst healthcare workers (HCWs) including infrequent file reviews affecting access and quality service delivery.
Data quality audits showed the use of old data tools and photocopying or improvising of data tools. Further, there is limited longitudinal Mother-infant pair (MIP) follow-up and visibility for PMTCT tracking and use of the same for decision-making.
To address the above gaps, the country found the need to conduct a 2023 RRI to mop up the missed opportunities and strengthen service delivery to fast-track the agenda of ending AIDS in children as post-Covid-19 catch up. Those traced included missed opportunities for children that were not optimized on DTG and children with unsuppressed viral loads.

- **Results, outcomes, and impact:**
  Results
  82% of the 165,104 missed opportunities for HIV testing at ANC were mopped up. 75% mop up for the missed opportunities for: Maternal HAART (83%); infant prophylaxis (79%); DTG optimization (99%) and pregnant and breastfeeding women VL suppression (96%). For HEI Screening at Pentavalent 1 vaccine and children and adolescents living with HIV viral load Suppression, 52% were mopped up.
  Outcome
  Increased identification of children and adolescents living with HIV in 2023; 4283 were identified, up from 4104 in 2022. Accelerated screening for HIV exposure status at the Pentavalent 1 vaccine visit at week 6 of life. This contributed to the identification of children and adolescents living with HIV in 2023, during which 985 HIV positive infants were identified in the first year of life. Tracing missed opportunities in maternal HAART accelerated identification and provision of HAART to HIV positive pregnant and breastfeeding women, which led to a rise in numbers of maternal HAART in 2023 to 48,418; the first rise in three years after a progressive downward trend from 56,838 in 2020 to 46,705 in 2022. Contribution to 95% viral load suppression for PBWF

- **Gaps, lessons learnt and recommendations:**
  Gaps
  Commodity stock outs of viral load and EID testing reagents
  Data entry and management gaps due to inadequate indicator understanding
  Inadequate information to facilitate tracing of missed opportunities
  Lessons learnt
  Accountability and ownership of the process by county teams is key
  Adopt a county' strategy enhanced support and tracking of progress
  Community engagement can be strengthened
  Private sector engagement is key
  Tailored, context specific solutions, are needed for different challenges and or issues.

Regular review meetings improved tracking of progress and performance.
National RRI dashboard enhanced progress and performance tracking
Recommendations
Improving eMTCT data quality for decision making
“Adopt a County” Technical assistance approach to mentorship
Scale up community support systems for pregnant and breastfeeding mothers, and care givers: Promote expanded access to PMTCT services in hard-to-reach areas
Private sector engagement strengthening

- **Annexes**
  https://drive.google.com/file/d/1HM-sityQ404cx5iSGRca30JrkmXWj4An/view?usp=drive_link

Kenya Case Study 2

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- **Timeline of the case study:** October 2022 - September 2023
- **Case study submitted by:** Other (please specify)
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR)
- **In which geographic area is the approach being carried out?** Homa Bay County
  - **Case study applies to:** Pregnant and breastfeeding women; Older adolescents (15-19 year olds)
  - **Background and objectives:**
    Adolescent girls and young women face heightened vulnerability to HIV, gender-based violence (GBV), and pregnancy, known as the “triple threat.” Limited access to sexual and reproductive health education, older or multiple partners, transactional relationships, low condom use, coercion, early sexual debut, and societal pressures further increase their risk. Adolescent girls and young women experience a threefold higher risk of HIV acquisition compared to their male counterparts. Approximately 1.9 million adolescent girls and young women were living with HIV in 2023 with 44% of new infections occurring among adolescent girls and young women. Despite a decline in new infections, progress is slow, with suboptimal HIV outcomes for adolescent girls and young women across identification, linkage to care, and adherence. Pregnancy remains a particularly vulnerable period; 42% of all women in 2020 who seroconverted during pregnancy or breastfeeding were aged 15–24 years, according to UNAIDS. Engaging adolescent girls and young women, especially those pregnant or breastfeeding, is critical to the HIV response.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Supported by ELMA Philanthropies, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) launched Girl-Power, a peer-supported, person-centered program designed to support adolescent girls and young women at risk of HIV, gender-based violence (GBV), and unintended pregnancy—known as the "triple threat." Implemented in Homa Bay County, Kenya from

2020-2023, where 23% of adolescent girls and young women aged 15–19 have been pregnant and over a third of girls under 18 have faced sexual violence (30% resulting in pregnancy), Girl-Power addresses gaps in the care continuum for pregnant and breastfeeding adolescent girls and young women and their infants.

All adolescent girls and young women (10-24 years) visiting Girl-Power facilities are screened for HIV, pregnancy, and GBV. Adolescent girls and young women receive a standardized pregnancy assessment to confirm pregnancy status. Pregnant and breastfeeding adolescent girls and young women are enrolled in the program, regardless of HIV status, and complete an individualized case contact form with a peer mentor. Non-pregnant adolescent girls and young women are linked to family planning services. The case management form guides individualized care for PBF adolescent girls and young women throughout pregnancy, delivery, postpartum, and motherhood including ART or PrEP adherence, vertical HIV transmission prevention, antenatal and postnatal care, school engagement, nutrition, and GBV care/prevention. Monthly psychosocial support groups are held for pregnant and breastfeeding adolescent girls and young women. Adolescent girls and young women not living with HIV are routinely re-tested for HIV during ANC and PNC. Adolescent girls and young women testing positive are promptly linked to ART; those testing negative are offered PrEP, if eligible.

- **Results, outcomes, and impact:**
  Girl-Power was implemented in 36 facilities in Homa Bay, with support from 40 adolescent girls and young women peer mentors. From October 2022 to September 2023, 56,706 adolescent girls and young women completed pregnancy risk assessments; 36% (7,310) were confirmed pregnant. Nearly all (99.7%; 7,298) were linked to ANC and received HIV testing, with 1.9% (115) diagnosed with HIV. Retention among pregnant and breastfeeding adolescent girls and young women living with HIV was 98-100% at 12 months post-ART initiation. Viral load coverage was 94-98%, with suppression rates of 93-100%.

  Among HIV-negative pregnant and breastfeeding adolescent girls and young women, 351 were screened for HIV risk, and 59% (207) were eligible for PrEP, with 94% (194) initiating it and 940 continuing with PrEP from previously. HIV re-testing exceeded 98% across ANC and PNC periods, a marked increase from baseline rates (19%-64%). HIV positivity ranged from 0.1-0.5%.

  There was a 10% (8,850) GBV case identification rate, with 97% referred to post-GBV care. 2,401 adolescent girls and young women were connected to OVC/DREAMS programs, and 14,823 received family planning services.

- **Gaps, lessons learnt and recommendations:**
  While Girl-Power successfully implemented multidimensional programming, there were challenges that required programmatic shifts. Frequent stockouts of commodities, including HIV and pregnancy test kits and viral load reagents, hindered timely re-testing and viral load monitoring. Health worker strikes also limited service provision. Strengthening community identification and referral structures would help connect adolescent girls and young women more effectively to facilities.
  Focused on comprehensive support for PBF adolescent girls and young women and their infants, Girl-Power integrates care for HIV prevention and treatment and GBV screening—a rare combination in programs targeting adolescent girls and young women. While many programs target adolescent girls and young women for pregnancy prevention or HIV prevention and treatment programs, few combine both aspects of young women's healthcare. It is important to continue to scale up programming like Girl-Power nationally and internationally. EGPAF Nigeria has adopted this approach and has begun piloting in 4 facilities in 2 states this year.

- **Annexes**
  Girl power package: https://www.pedaids.org/wp-content/uploads/2022/11/g-power-package-v4.pdf
  Girl power brief: https://www.pedaids.org/wp-content/uploads/2023/06/Final-2023-Girl-POWER-1.pdf

Kenya Case Study 3

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- **Timeline of the case study:** March 2023 to February 2024
- **Case study submitted by:** Other (please specify)
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes
- **In which geographic area is the approach being carried out?** Health Facility Level
  - **Case study applies to:** Older adolescents (15-19 year olds)
  - **Background and objectives:**
    Despite a decline in HIV incidence in eastern and southern Africa, adolescent girls and young women aged 15 to 24 continue to experience high infection rates, accounting for 77% of youth infections. In Kenya, where the HIV epidemic is severe, 30% of new infections are among adolescent girls and young women—four times more than young men in the same age group. HIV is also the leading cause of death for Kenyan adolescent girls and young women. Pre-exposure prophylaxis (PrEP) is an effective prevention method, yet its uptake in Kenya is very low, with participation rates as low as 7% among adolescents and young women.
    The Kenya HIV Prevention and Treatment 2022 guidelines recommend immediate PrEP provision for youth and at-risk populations. While these guidelines suggest integrating PrEP into existing health services, uptake remains insufficient.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Adolescent girls and young women frequently encounter significant barriers to accessing PrEP at most healthcare facilities. A primary reason for this limited access is that PrEP services are often offered in isolation, separate from other essential healthcare offerings. As a result, to obtain PrEP, young individuals typically must visit designated HIV testing units, which can be inconvenient and may discourage them from seeking care.

    PATA supported 13 healthcare facilities in Kenya to create Quality Improvement Plans (QIPs) aimed at increasing Pre-Exposure Prophylaxis (PrEP) uptake among Adolescent Girls and Young Women. These plans addressed the specific challenges faced in accessing services and integrated PrEP into key areas like primary care and sexual health. This approach

fosters a more supportive environment for young people seeking prevention options.
This holistic service delivery model not only streamlines access to PrEP but also promotes an understanding of the diverse health needs of young people. As a result, the integration of PrEP services has led to a notable improvement in uptake among this demographic.
Moreover, the successful integration of PrEP into routine healthcare services has had a significant impact on public health. By making PrEP more accessible, there has been a marked reduction in the risk of young people acquiring HIV, ultimately contributing to efforts aimed at decreasing new HIV infections within this vulnerable population

- **Results, outcomes, and impact:**
  Thirteen facilities implemented successful QIPs to improve PrEP uptake among adolescents and young people across Kenya. The training of 26 health providers from the selected facilities successfully improved the integration of PrEP services across various service delivery points, making it easier for adolescents and young persons to access PrEP outside of Comprehensive Care Clinics, which many adolescents and young persons avoid due to stigma. PrEP uptake improved by almost 50% from 7% at baseline to 56,4%.

- **Gaps, lessons learnt and recommendations:**
  Despite advancements in the fight against HIV, several challenges continue to hinder progress. Stigma remains a significant barrier, often resulting in discrimination against young people. Many young people are still not adequately informed about HIV, which contributes to misconceptions and fear. Integrating PrEP into existing services as part of a comprehensive approach to HIV prevention at health facilities is essential for achieving the goal of ending AIDS by 2030.
  We also recommend raising awareness among adolescents and young people through tailored information, education, and communications (IEC) materials. Additionally, the project emphasizes the need to strengthen youth-friendly services in health facilities and urges the Kenyan government to expedite the implementation of its HIV Prevention and Treatment guidelines adopted in 2022.

- **Annexes**
  N/A

Namibia Case Study

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- **Timeline of the case study:** 2019 - 2024
- **Case study submitted by:** Government
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes
- **In which geographic area is the approach being carried out?** Namibia
  - **Case study applies to:** Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)
  - **Background and objectives:**
    In 2019, the Ministry of Health and Social Services (MHSS) adopted the Namibian Adolescent Treatment Supporter (NATS) program from Zimbabwe's Africaid Zvandi CATS model. Recognized by WHO as a best practice, it has been adopted in 14 African countries. NATS is a peer-led service delivery model for children, adolescents, and young people living with HIV aged 0-24 years. In Namibia, trained adolescents and young adults (18-24) living with HIV serve as NATS. Launched January 2020 in two regions, it expanded to other regions in 2021 and 2023. By September 2024, NATS operated in eight regions across 56 health facilities, benefiting over 6,000 individuals. The program promotes health through peer-led comprehensive HIV services at both facility and community levels. MHSS was accredited to independently implement the program in 2022. Objectives: highlight the positive health impact, regional expansion, implementation challenges and future plans of expansion with sustainable support.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The NATS program is vital in addressing inequalities among children and adolescents living with HIV through community-based and facility-based interventions. By utilizing trained adolescent peer supporters, psychosocial support from individuals with shared experiences tackles various forms of inequality. Firstly, NATS enhances access to HIV care in underserved and marginalized communities where stigma, discrimination, and healthcare barriers often deter young people from seeking treatment. Providing care in

supportive, familiar settings encourages early diagnosis, treatment, adherence, and mental well-being, especially for those typically overlooked by the healthcare system. Secondly, the program empowers young individuals by involving them actively in their healthcare. Through mentorship and role modeling, peer supporters build the confidence and self-efficacy of children and adolescents living with HIV, reducing stigma and fostering inclusion, ensuring these young people contribute positively to their communities. NATS also addresses gender inequalities by training both male and female peer supporters, ensuring that all young people receive tailored support to overcome specific challenges in accessing and adhering to HIV treatment. The program has significantly advanced Namibia's AIDS response by minimizing care interruptions, increasing treatment adherence, and improving viral load suppression rates, reduction in healthcare disparities and promoting more equitable health outcomes.

- **Results, outcomes, and impact:**
  The NATS program, midline and endline assessments in two regions showed significant progress in 11 health facilities using a WHO-aligned tool to measure against eight global standards. Health literacy improved notably, facilities providing Information, Education, and Communication materials on key topics like HIV, STIs, SRHR, and nutrition. NATS members gained confidence in educating their peers. Caregiver involvement and partnerships with community health organizations enhanced services for children, adolescents and young people living with HIV. Standard Operating Procedures for HTS, STI, PMTCT, and NATS were accessible and implemented. Health workers, including NATS, demonstrated the technical skills needed to support adolescents effectively. Services were offered equitably, without discrimination based on age, gender, or ethnicity, while maintaining confidentiality in counseling environments. Furthermore, this fostered adolescent participation within the health system. Notably, viral load suppression rates increased from 68% at baseline to 94% at endline.

- **Gaps, lessons learnt and recommendations:**
  Gaps:
  - Lack of patient satisfaction surveys, limiting feedback and service improvement.
  - HCWs and NATS are not trained in sign language, excluding hearing-impaired adolescents.
  - Inadequate Caregiver Engagement
  - Lack of standardized process for transitioning graduating NAT
  - Declining financing limits expansion and program sustainability

  Recommendations
  - Introduce Patient Satisfaction Surveys
  - Provide Sign Language Training for HCWs and NATS

- Increase Caregiver Engagement: Finalize caregiver education guides and SOPs
- Support Pathways for Exiting Peer Supporters: Create pathways to support peer supporters once they leave the program, develop clear guidelines and protocols for smooth transitions when NATS exit the program to maintain productivity and health outcomes.
- Diversify funding sources through domestic funding and partnerships with the private sector/civil society organizations to ensure long-term viability.

- **Annexes**
  NATS assessment forms and tools can be submitted via email

Nigeria Case Study

CONTACT PERSON
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- **Timeline of the case study:** June 2021 – May 2022
- **Case study submitted by:** Government; UN or other international organisation
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Pregnant and breastfeeding women; Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)
  - **Background and objectives:**
    Case identification remains a major gap in Nigeria, requiring innovative approaches. In 2019, only 36% of children living with HIV were on ART, 41% of adolescents, and 44% of pregnant and breastfeeding women for PMTCT, according to national government data. Additionally, Nigeria also faces high vertical transmission. Nationally, the VT rate is 14% at 6 weeks gestation and 24% during breastfeeding. In eight high transmission states, rates of VT range from 5%-22% at 6 weeks gestation to 11-33% during breastfeeding. HIVST offers a convenient and private testing option to accelerate access to diagnosis and linkage to treatment. The Federal Ministry of Health in Nigeria, with support from the Clinton Health Access Initiative (CHAI), demonstrated innovative HIVST delivery models and identified enablers for scale-up.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The HIVST initiative included various distribution channels tailored to each group:
    • Children (2-11 years): HIV testing services (HTS) officers at nine facilities distributed HIVST kits to caregivers of index clients, encouraging family-based testing.
    • Adolescents (15-19 years): Kits were distributed at Adolescent and Youth Friendly Centers (AYFC) by peer “adolescent champions,” fostering trust and access among young people.
    • Testing of pregnant and breastfeeding women: TBAs in eight high-prevalence areas were trained to provide HIVST kits to PBFW at the community level, targeting underserved populations.
    • Re-testing of pregnant and breastfeeding women: Facility health workers

and community traditional birth attendants were trained to utilize rapid HIV tests or distribute HIVST to pregnant and breastfeeding women for repeat maternal testing.
Each channel involved training and demand generation strategies to encourage uptake and ensure effective testing and linkage to care for reactive cases.

- **Results, outcomes, and impact:**
  Among children, adolescents, and pregnant and breastfeeding women tested, between 81%-100% reached were first-time testers, and testing acceptance was 98% on average, and result reporting was 98% on average.
  • Children (2-11 years): 1100 HIVST kits were distributed, with 1% reactive tests (10). 9 received confirmatory testing and all were confirmed HIV positive.
  • Adolescents (15-19 years): 451 HIVST kits were distributed, with 3% reactive tests (13). 100% of those received confirmatory testing and all were confirmed HIV positive.
  • Testing of pregnant and breastfeeding women: 549 HIVST kits were distributed, with 3% reactive tests (3%). 10 received confirmatory testing and all were confirmed HIV positive.
  • Retesting of pregnant and breastfeeding women: 10,781 women were retested, at the third trimester (61.6%), labor and delivery (7.1%), <72 hours postpartum (2.5%), ≥72 – 6 months postpartum (16.3%) and 6 months – 12 months postpartum (12.5%). The overall seroconversion rate was 0.2%, and all HIV positive infants were immediately placed on treatment.

- **Gaps, lessons learnt and recommendations:**
  Decentralized peer driven models for HIVST can be effective for testing, including adolescent social network testing, and ART linkage. Further operational research is needed on understanding user preferences, improving uptake, and improving yields among children. Increasing access to HIV testing for pregnant and breastfeeding persons at the community and facility levels via HIVST may be an opportunity to strengthen third trimester maternal retesting coverage, identify women who seroconvert after their first ANC test and their exposed infants, and improve early infant diagnosis and early initiation on prophylaxis or treatment. To optimize impact, HIV programs should leverage existing venues and cadres serving target populations, prioritize demand generation and train distributors to provide support aligned with client preferences.
- **Annexes**
  https://programme.aids2022.org/PAGMaterial/PPT/2621_7593/HIVST_among_children_adolescents_and_PBFW_IAS_2022_Poster.pdf
  https://clintonhealth.box.com/s/pkockw1dziez9zfpfswcjavvh5bp33qr

Nigeria, South Africa, Egypt and Kenya Case Study

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- **Timeline of the case study:** February 2023 – Present
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** Research, data collection, and monitoring and evaluation; Legislative and policies changes and reform; HIV Prevention, testing and treatment programmes
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Pregnant and breastfeeding women; Key populations; Children (less than 15 years)
  - **Background and objectives:**
    These case studies focus on Nigeria, South Africa, Egypt, and Kenya, exploring structural barriers faced by key population women—such as female sex workers, adolescent girls, and LGBTQ+ women—in preventing vertical transmission of HIV. Despite global commitments outlined in the UNAIDS Global AIDS Strategy 2021-2026 and the WHO Global Health Sector Strategy on HIV 2022-2030, significant gaps remain in ensuring that women from key populations receive equitable access to comprehensive HIV care and prevention services. The objective of this comprehensive case study is to highlight these barriers, showcase ongoing efforts to address them, and propose strategies to bridge gaps in the AIDS response, particularly in the context of preventing vertical transmission. The focus is on how gender inequality, human rights abuses, and limited access to comprehensive health services hinder the global goals of eliminating new HIV infections among children sustaining the health of key population women.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    By targeting the intersectional challenges faced by marginalized women, the case studies contribute to addressing inequalities that fuel the AIDS epidemic among children and adolescents.

    Nigeria's high vertical transmission rates are closely linked to gender-based violence, limited autonomy for women, and inadequate access to PMTCT services for key population women. The studies highlight ongoing efforts to reduce these rates by integrating PMTCT services into antenatal care,

enhancing gender-sensitive HIV services, and mobilizing community-led advocacy for women's rights.

In South Africa, notable progress has been made in reducing vertical transmission to below 5%, but women from key populations, such as adolescent girls and sex workers, still face significant hurdles in accessing healthcare. Efforts to strengthen harm reduction services, combined with legal reforms to protect women from discrimination, have improved outcomes but need further scaling.

In Kenya, expanding access to adolescent-friendly HIV services has helped reduce vertical transmission, but comprehensive support for young mothers living with HIV remains limited.

Egypt presents a unique case where HIV prevalence is lower, but women in key populations remain severely underserved due to stigma and criminalization. The focus on human rights in healthcare provision has the potential to address inequalities.

- **Results, outcomes, and impact:**
  The case studies demonstrate varying levels of success in reducing vertical transmission of HIV, with notable improvements in South Africa and Kenya. In South Africa, efforts to integrate PMTCT services into broader maternal healthcare and address gender-based violence have led to vertical transmission rates below 5% in many regions. Kenya has made significant strides in reducing transmission rates to around 9%, largely due to expanding HIV services for adolescent girls and young women.
  In Nigeria, the focus on community-led advocacy for gender equality and human rights, combined with improvements in healthcare infrastructure, has begun to address the high rates of vertical transmission. However, rates remain around 20%, showing the need for sustained efforts.
  In Egypt, advocacy for human rights-based healthcare for women living with HIV is still in its early stages, but there has been an increasing awareness of the importance of integrating HIV services into maternal health programs.

- **Gaps, lessons learnt and recommendations:**
  Despite progress, significant gaps remain in addressing the needs of key population women and their children. Key challenges include persistent gender inequality, legal barriers, and stigma, particularly in Nigeria and Egypt, where criminalization of key populations continues to limit access to healthcare services.
  Lessons learned from South Africa and Kenya emphasize the importance of integrating PMTCT services with broader maternal health programs and addressing the socio-economic and gender-based barriers that prevent

women from accessing care. These countries demonstrate that reducing vertical transmission is possible with strong healthcare systems and community-driven advocacy.
Legal Reform, Comprehensive Care, Human Rights-Based Approaches, Sustainability and Scalability.
Integration of PMTCT services into maternal and child health programs, Addressing gender inequality and promoting human rights and community-led Advocacy efforts.

- **Annexes**
  https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026

South Africa Case Study

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- **Timeline of the case study:** January - June 2023
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months)
- **In which geographic area is the approach being carried out?** Gauteng, West Rand, South Africa
  - **Case study applies to:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR); Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)

  - **Background and objectives:**
    NACOSA, in partnership with a community-led organization, is leading a Community-Led Monitoring Programme in the West Rand District of South Africa to address key health challenges through community-driven efforts. One key indicator tracks women attending antenatal care (ANC) after 20 weeks of pregnancy. Early ANC access is vital for preventing HIV transmission from mother to child, especially through timely initiation of antiretroviral therapy (ART) for pregnant women living with HIV.
    Delays in care, particularly for women giving birth outside health facilities, increase the risk of complications, including vertical transmission, as they may not receive ART or quality obstetric care. With around 4% of births still occurring at home in South Africa, strengthening early ANC access is essential.
    The intervention aims to promote timely ANC attendance, reduce risks linked to late reporting, and support efforts to prevent mother-to-child transmission of HIV.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The Community-Led Monitoring intervention in the West Rand District plays a key role in reducing inequalities affecting children and adolescents, especially in the prevention of mother-to-child transmission (PMTCT) of HIV. After South Africa joined the Global Alliance to End AIDS in Children in February 2023, we started tracking vertical transmission indicators to better understand

barriers to early antenatal care (ANC) access. Early ANC is crucial for the timely initiation of antiretroviral therapy (ART) for pregnant women living with HIV.

From January to June 2023, 71% of pregnant women at CLM sites attended ANC before 20 weeks. However, there were disparities across clinics, exposing structural and social inequalities. Cross-border migration and the status of foreign nationals emerged as significant barriers, with many women presenting late for ANC due to language barriers, lack of documentation, or delayed bookings. These delays put their children at greater risk of vertical transmission.

To tackle these issues, we worked closely with healthcare workers, Clinic Committees, and Ward-based Outreach Teams to improve community engagement and follow-up systems. By involving Clinic Committees, we created spaces for local solutions, including health talks aimed at women of childbearing age. We also helped facility managers document reasons for late ANC visits, improving accountability and enabling more targeted interventions.

- **Results, outcomes, and impact:**
  Early access to antenatal care (ANC) at our monitored sites improved, increasing from 71% in the first half of 2023 to 75% in the second half. This means that more pregnant women are attending their first ANC visits before 20 weeks, which is important for receiving the right care, especially for preventing HIV transmission from mother to child.

  At our monitored sites, 91% of pregnant women living with HIV were already on antiretroviral therapy (ART) when they came for their first ANC visit. This is slightly higher compared to the 90.3% of women at non-CLM sites. Being on ART early is key to reducing the risk of passing HIV to their babies.

  We also found that women at our monitored sites were almost twice as likely to give birth in a health facility compared to those at non-monitored sites. This is important because delivering in a health facility means they are more likely to receive proper medical care, which helps ensure the health and safety of both mother and child.

- **Gaps, lessons learnt and recommendations:**
  One main issue we found was that foreign nationals often attended antenatal care (ANC) late. This was usually due to language barriers, lack of documents, or moving across borders. As a result, many pregnant women living with HIV were delayed in getting antiretroviral therapy. It was also challenging to track and follow up with undocumented individuals or those using borrowed IDs, which affected their ongoing care. Additionally,

inconsistent community engagement made it harder for local solutions to succeed. The intervention showed how important community involvement is. Clinic Committees and Ward-based Outreach Teams played a key role in helping women attend ANC earlier. Health talks aimed at women of childbearing age raised awareness about the importance of early care and HIV treatment. Women at Community-Led Monitoring (CLM) sites were nearly twice as likely to deliver in health facilities, showing the positive impact of these efforts.

- **Annexes**
  https://www.nacosa.org.za/wp-content/uploads/2024/06/ITPC-Insight-Influence-Impact-Report.pdf

Tanzania Case Study 1

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- **Timeline of the case study:** September 2023 - September 2024
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?** Dar es Salama and Kagera region
  - **Case study applies to:** Older adolescents (15-19 year olds); Younger adolescents (10-14 year olds); Children (less than 15 years); Newborns and infants (less than 12 months); Pregnant and breastfeeding women
  - **Background and objectives:**
    The READY project supports adolescents and young people living with HIV in Dar es Salaam by providing essential resources, community support, and access to healthcare services. With a focus on reducing stigma, improving health outcomes, and enhancing adherence to treatment, the project collaborates with CATS (Community Adolescent Treatment Supporters) and YMMs (Young Mentor Mothers). These peer mentors play a crucial role in guiding adolescents and young people living with HIV, ensuring they stay on track with treatment through personalized follow-ups, referrals, and psychosocial support. The project also emphasizes family planning, sexual and reproductive health, and psychosocial wellness to foster a supportive and resilient community for adolescents and young people living with HIV, contributing to Tanzania's goal of achieving the UNAIDS 95-95-95 targets.
  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The READY project has reduced inequalities for children and adolescents living with HIV by offering peer-led support and fostering inclusive healthcare. Through Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs), it has created accessible systems that address the barriers adolescents and young people living with HIV face, particularly in urban Dar es Salaam.
    A major focus on psychosocial support and mental health addresses the impacts of stigma and bullying on treatment adherence. Peer mentorship offers both medical guidance and emotional support, normalizing experiences and encouraging ART adherence. This has contributed to a 94% viral suppression rate and ZERO mother-to-child transmission from January to

June 2024, advancing Tanzania’s 95-95-95 targets.
READY also addresses socioeconomic barriers by linking adolescents and young people living with HIV to financial assistance and income-generating activities (IGAs), easing transportation and financial constraints. By integrating family planning, safe motherhood, and cervical cancer screenings, READY bridges SRHR gaps and, through partnerships, offers safe spaces for youth facing school stigma. READY's model effectively reduces disparities for adolescents and young people living with HIV, aligning with UNAIDS’ goal of equal access and ending HIV-related inequalities.

- **Results, outcomes, and impact:**
  The READY project has reduced inequalities for children and adolescents living with HIV by offering peer-led support and fostering inclusive healthcare. Through Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs), it has created accessible systems that address the barriers adolescents and young people living with HIV face, particularly in urban Dar es Salaam.
  A major focus on psychosocial support and mental health addresses the impacts of stigma and bullying on treatment adherence. Peer mentorship offers both medical guidance and emotional support, normalizing experiences and encouraging ART adherence. This has contributed to a 94% viral suppression rate and ZERO mother-to-child transmission from January to June 2024, advancing Tanzania’s 95-95-95 targets.
  READY also addresses socioeconomic barriers by linking adolescents and young people living with HIV to financial assistance and income-generating activities (IGAs), easing transportation and financial constraints. By integrating family planning, safe motherhood, and cervical cancer screenings, READY bridges SRHR gaps and, through partnerships, offers safe spaces for youth facing school stigma. READY's model effectively reduces disparities for adolescents and young people living with HIV, aligning with UNAIDS’ goal of equal access and ending HIV-related inequalities.
- **Gaps, lessons learnt and recommendations:**
  The READY project highlighted critical gaps in HIV care for adolescents, especially in reaching remote populations and addressing school and community stigma. Limited mental health resources also hinder effective ART adherence, as psychosocial support is often under-resourced. Financial barriers like transportation costs further disrupt consistent treatment access for many young people. Peer-led mentorship from Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs) was a valuable approach, promoting adherence and reducing stigma. Integrating mental health and SRHR services proved essential, reinforcing that a holistic model better meets young people's complex needs.

- **Annexes**
  N/A

Tanzania Case Study 2

CONTACT PERSON
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- **Timeline of the case study:** 2019 - Present
- **Case study submitted by:** UN or other international organisation
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Research, data collection, and monitoring and evaluation; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)
  - **Background and objectives:**
    In Tanzania, there are an estimated 77,000 adolescents living with HIV, aged 10-19 years old (https://aidsinfo.unaids.org/2024). Adolescents living with HIV are a heterogeneous population, facing particular challenges in navigating their clinical care amidst considerable change during this period in their lives. The recent Tanzania HIV Impact Survey (2022/2023) showed that 59.5% of youth aged 15 – 24 years had not attained viral load suppression (VLS), highlighting considerable adherence challenges among this population. Barriers to managing their care and treatment include accepting their status, facing stigma and discrimination, non-disclosure to family or partners, among others. These barriers need to be addressed to improve adherence, achieve viral suppression and gain control of the epidemic. This case study describes the impact of a differentiated service delivery model targeting adolescents with high viral load and their caregivers, implemented in 110 health facilities in Tanzania.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Timiza Ndoto, Kiswahili for ‘Achieving Dreams’, is a differentiated service delivery model focusing on empowering adolescents and their treatment supporters to recognize their hopes and dreams. In Tanzania, clients who have not reached an undetectable HIV viral load undergo enhanced adherence counselling (EAC). The Timiza Ndoto (TN) initiative is added to EAC and includes a one-day workshop with specially designed sessions for adolescents and their treatment supporters to build their knowledge,

understanding, and motivation in improving their treatment management, achieving viral suppression, and living a healthy, hopeful life. The one-day workshop provides adolescents living with HIV and treatment supporters with tools for disclosing their HIV status and confidence in addressing stigma. Treatment supporters (such as parents, siblings, or partners) participate in selected sessions thereby strengthening caregiver and adolescents living with HIV relationship and eliminating some of the social barriers that prevent adolescents living with HIV from being treated successfully. Personalized plans with individual goals are being developed by each adolescent living with HIV. Youth champions serve as expert clients and share their testimonials and stories. The sessions are designed to be person-centred and cater to the clinical and psychosocial needs and challenges presented by the clients and their treatment supporters. They are interactive and participatory, aiming to spark productive discussions, encourage reflection and apply real-world examples.

- **Results, outcomes, and impact:**
  The impact of TN was evaluated in 2019 by comparing VLS and treatment failure between 27 pilot and 256 standard of care sites (SOC). While suppression rates improved at all sites within the nine months period, TN sites saw a larger change compared to SOC sites, among ALHIV aged 10-14 a 14% increase and among 15-19-year-old boys a 17% increase at TN sites versus 9% at SOC sites. For 10-14 years old, VLS was 8% higher at TN sites (73%; n=820) compared to SOC sites (65%; n=1503; p<.0001). Adolescents with initially high viral load (>=1000 cells/ml) had statistically significant higher rates of secondary VLS after TN (68%) compared to the SOC sites (51%; p<.0001)), and almost half the rates of suspected treatment failure (14%) compared to SOC (29%; p<.0001). Since the initial pilot, the model has been scaled to 110 sites and includes monitoring undetectable VLS (<50cp/ml). VLS among ALHIV has further increased from 79% by December 2019 to 94% by June 2024, with an undetectable rate of 88%.

- **Gaps, lessons learnt and recommendations:**
  Disclosure remains a significant challenge for caregivers, with many children with unrevealed HIV status by the time they are 14 years old. Caregivers need support to disclose the HIV status to their children and providers have a facilitating role. The involvement of caregivers in HIV care during the enhanced adherence counselling period was very much valued by both the adolescents and caregivers. Peer champions sharing their success stories and testimonials empowered participants in visualizing their hopes and dreams.
  Having standardized training and implementation tools for TN facilitators assured consistency in messaging and supported quality implementation and successful scale up of the model.

Furthermore, the project team engaged adolescents in the design of services through a human-centred design approach, which led to the development of tailor-made tools, including a transition booklet and an interactive story telling game, to support them to take charge of their own health.

- **Annexes**
  https://97cd6b2d9f.nxcli.io/resource/timiza-ndoto-achieving-dreams/

Uganda Case Study

CONTACT PERSON
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- **Timeline of the case study:** 15 November 2024—15 November 2024
- **Case study submitted by:** Civil Society
- **Area of intervention of case study:** Interventions in humanitarian settings and/or responding to human rights crises; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.); Research, data collection, and monitoring and evaluation.
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds); Children (less than 15 years);
  - **Background and objectives:**
    Outcast activism forum Uganda is a youth lead civil society organization which was registered in 2019. It advocates for youth rights, human rights, community empowered, equal justice, end to domestic violence and equitable land use in Uganda. Currently we are running a project called land use and ownership for the youth and women, a pilot project which is focusing on land.
  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Children and adolescents are facing a big challenge in accessing HIV drugs due to stigma and sex in nature.
  - **Results, outcomes, and impact:**
    As the organization we registered some cases for human health description and justice has prevailed, community sensitization and community Bara as in our local language and areas we live in, we have encouraged our victims to continue to go and receive health services as guided per the ministry.
  - **Gaps, lessons learnt and recommendations:**
    Community sensitization is still a key challenge for our health care services provider and for those seeking it. We have tried to engage with our local area leaders to not discriminate anybody based on sex, nature, color or citizenship for the betterment of our nation.
  - **Annexes**
    N/A

Zambia Case Study

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- **Timeline of the case study:** 2025—20230
- **Case study submitted by:** Civil Society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.);
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Younger adolescents (10-14 year olds); Key populations; Older adolescents (15-19 year olds);
  - **Background and objectives:**
    EmpowerCare Youths Network Solution (EYNS), based in Choma, Zambia, is committed to addressing the health challenges faced by adolescents and young people. One of our key focus areas is combatting the inequalities that prevent children and adolescents from accessing HIV prevention, testing, and treatment services. In Choma, the stigma surrounding HIV/AIDS, coupled with limited access to youth-friendly health services, has contributed to a growing number of new infections, particularly among adolescents.
    EYNS aims to close this gap by providing health sensitization, mobilization, and advocacy programs in schools and communities. Through our targeted interventions, we empower young people to know their HIV status, access sexual and reproductive health (SRH) information, and adopt preventive measures such as antiretroviral treatment (ART), pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP).

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    EmpowerCare Youths Network Solution (EYNS) has actively contributed to addressing inequalities in HIV prevention, testing, and treatment services among children and adolescents in Choma, Zambia. Our approach targets the root causes of unequal access, such as stigma, lack of youth-friendly health services, and inadequate awareness of HIV/AIDS and sexual and reproductive health (SRH).
    EYNS implemented school-based sensitization campaigns that focused on demystifying HIV, encouraging students to test and know their status, and providing them with accurate information about SRH. These campaigns were complemented by peer educator training programs, which empowered

adolescents to serve as ambassadors in their schools and communities. Through peer-led discussions, we promoted safe sexual practices and reduced the stigma associated with HIV, making it easier for adolescents to seek testing and treatment.

In addition to our school outreach, EYNS collaborated with local health facilities to create adolescent-friendly services. We advocated for health providers to receive training on delivering non-judgmental, confidential care to young people, which significantly increased their comfort level in seeking help.

- **Results, outcomes, and impact:**
  EYNS' initiatives have yielded significant results in addressing HIV-related inequalities among adolescents in Choma, Zambia. Our school outreach programs reached over 1,200 students, resulting in a 30% increase in HIV testing among adolescents. Peer educator training empowered 50 young leaders, who now actively engage their peers on sexual and reproductive health (SRH), HIV prevention, and stigma reduction.

  By collaborating with health facilities, we facilitated the establishment of adolescent-friendly services, leading to a 20% increase in youth visits for HIV and SRH consultations. Our stigma reduction workshops, attended by over 300 community members, fostered more open discussions about HIV, significantly reducing stigma and creating a supportive environment for young people.

- **Gaps, lessons learnt and recommendations:**
  Key gaps included limited access to adolescent-friendly health services and persistent stigma around HIV in communities. Bottlenecks also arose from cultural taboos that hinder open discussions about sexual health.

  Lessons learned showed that peer-led initiatives and community involvement are crucial in reducing stigma and encouraging health-seeking behavior among adolescents. However, more youth-focused services and continuous stigma reduction efforts are needed.

  Recommendations include expanding adolescent-friendly health services, enhancing community engagement through consistent workshops, and strengthening partnerships with local health providers to ensure sustainable, youth-centered HIV programs.

- **Annexes**
  https://www.facebook.com/profile.php?id=100092169450107

Asia Pacific

Indonesia Case Study

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- **Timeline of the case study:** 2020 - 2023
- **Case study submitted by:** Civil Society
- **Area of intervention of case study:** Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years)
  - **Background and objectives:**
    As of 2023, an estimated 570,000 people are living with HIV in Indonesia, with only 70% aware of their status and 31% receiving antiretroviral (ARV) treatment. Alarmingly, ARV coverage for pregnant women with HIV is just 17%, far below regional (64%) and global (84%) figures. Indonesia's HIV response primarily focuses on key populations such as men who have sex with men, female sex workers, people who inject drugs, and transgender individuals, leaving mothers and children affected by HIV underserved.
    The national HIV strategy lacks a targeted focus on mothers and babies, often placing them in broader programs. While Yayasan Spiritia provides psychosocial support for people living with HIV, outreach workers typically lack expertise in mother and baby care. In contrast, IPPI (Indonesia Positive Women Network) specializes in supporting women, mothers, and babies living with HIV. This case study highlights gaps in current services and the need for specialized support for these vulnerable groups.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    IPPI's Emak Club is a peer-led psychological support program for mothers living with HIV in five provinces, ensuring women understand HIV prevention and adhere to antiretroviral therapy (ART). The peer-to-peer model uses Emak Club Companions, all women living with HIV, who provide individual counseling and lead WhatsApp-based peer support groups, offering privacy and addressing stigma in the HIV community.
    Launched in 2018 as a volunteer initiative, the program became sustainable in 2023 with partial compensation for the Companions, creating a community-driven support cycle where recipients often become volunteers. After

counseling, Companions refer clients to public health services for HIV treatment, support for violence survivors through IPPI's DELILA system, and psychosocial care. This referral system ensures holistic care for women with HIV, making the program cost-effective and resilient.
The Emak Club also helps mothers navigate Indonesia's BPJS health insurance system and assists in obtaining birth certificates for babies, ensuring healthcare access. Built on trust, the peer support system has proven effective in addressing inequalities and improving outcomes for women and children affected by HIV.

- **Results, outcomes, and impact:**
  From 2018 to 2020, the Emak Club supported 455 women living with HIV, leading to all babies born HIV-negative. This success is attributed to Emak Club Companions—women with HIV—whose empathy, experience, and training in EMTCT (Elimination of Mother-to-Child Transmission) foster trust and effective support.
  The program's impact is highlighted in IPPI's publication Dua Belas Matahari, featuring 12 inspiring stories of mothers with HIV. After the pilot phase, the Emak Club continued in 2021-2022 without funding, demonstrating resilience. In 2023, standard tools and SOPs were developed with UNAIDS Indonesia, further expanding the program.
  Now offering online chat counseling, it covers 28 districts across five provinces. Between June and November 2023, the program supported 124 individuals, including 75 pregnant women and 49 babies. This peer-led initiative empowers mothers with trusted information about HIV prevention, ensuring that all babies in Indonesia are born HIV-free.

- **Gaps, lessons learnt and recommendations:**
  A significant challenge faced by Emak Club Companions is obtaining reference letters from district health offices, essential for referrals to public health institutions. Delays in this process hinder timely preventative measures for mothers and their babies. The reluctance of district health offices to issue these documents arises from bureaucratic inefficiencies, a lack of a national HIV coordination platform, and discrimination against mothers living with HIV.
  To address these gaps, establishing a national coordination platform is vital for enhancing collaboration between community organizations and health facilities. Additionally, public health officials should undergo awareness training to reduce discriminatory practices against mothers living with HIV. Streamlining the administrative process for issuing reference letters will improve the efficiency of HIV prevention efforts, ensuring timely and effective support for this vulnerable population.
- **Annexes**
  N/A

Malaysia Case Study

CONTACT PERSON
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Email:

- **Timeline of the case study:** 1998 - Present (Medicine Assistance Scheme), 2021 - Present (SHAPE Program)
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Health Systems Strengthening (WHO six building blocks); Service integration (especially SRHR); Funding/Financing; Research, data collection, and monitoring and evaluation
- **In which geographic area is the approach being carried out?** Sabah and Sarawak
  - **Case study applies to:** Pregnant and breastfeeding women; Children (less than 15 years); Key populations; Older adolescents (15-19 year olds); Younger adolescents (10-14 year olds)

  - **Background and objectives:**
    The Malaysian AIDS Foundation (MAF) supports Malaysia's national HIV/AIDS goals through the Medicine Assistance Scheme and SHAPE program, targeting underserved populations, including adolescents and rural communities. These initiatives ensure affordable medication and access to critical HIV services, contributing to Malaysia's goal of ending AIDS by 2030.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The Malaysian AIDS Foundation (MAF) supports Malaysia's national HIV/AIDS goals through the Medicine Assistance Scheme and SHAPE program, targeting underserved populations, including adolescents and rural communities. These initiatives ensure affordable medication and access to critical HIV services, contributing to Malaysia's goal of ending AIDS by 2030.

  - **Results, outcomes, and impact:**
    Since 1998, the Medicine Assistance Scheme has supported over 2,000 individuals, improving adherence and viral suppression. SHAPE has enabled thousands in Sabah and Sarawak to access HIV treatment. These programs demonstrate a measurable impact on HIV outcomes among Malaysia's underserved. Some has even managed to improved their lives by establishing a Small & Medium Enterprises (SME).

- **Gaps, lessons learnt and recommendations:**
  Key challenges include sustainable funding and accessibility in remote areas. Moving forward, increased government and community partnerships are recommended to enhance service reach and ensure continued support for high-risk groups.
- **Annexes**
  N/A

Latin America and the Caribbean

Colombia Case Study

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- **Timeline of the case study:** 1998-2019
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?** Urban and rural areas in Colombia
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)
  - **Background and objectives:**
    Since 1998, the Casa GAMI Foundation has focused on peer education to prevent perinatal transmission of HIV in women from urban and rural areas of Colombia. Faced with limited access to antiretroviral therapy (ART) and a lack of knowledge about preventive measures (such as cesarean delivery, medication for mother and child, and formula feeding), the NGO developed tools to educate women about these processes and how to ensure access to them.
    Objectives:
    - Train women and adolescents in the prevention of perinatal HIV transmission, sexual and reproductive rights, childcare, family planning, advocacy, and access to preventive services
    - Coordinate care for pregnant women with public health teams and areas such as gynecology, pediatrics, infectious disease, nutrition, social work, and psychology
    - Strengthen knowledge about health insurance and rights to ensure continuous care for the mother-child pair.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The “Encuentro de Mujeres Positivas” (Positive Women’s Meeting) annually gathered between 100 and 120 women, along with 20-30 adolescents from rural and urban areas of Colombia and other Latin American countries, for a

three-day coexistence event. These meetings provided training on HIV prevention (including mother-to-child transmission), sexual and reproductive health, self-care, nutrition, social security, mentoring, and advocacy.
At that time, the strategy to prevent mother-to-child HIV transmission was not well known by healthcare professionals or families. Therefore, participants were empowered not only in prevention but also in defending their rights, promoting self-management, and demanding adequate care for themselves and their babies.
Collaboration with authorities and healthcare teams facilitated the adoption of care protocols for pregnant women and newborns. Additionally, leadership training enabled some women to share this knowledge within their communities, fostering HIV prevention and the defense of rights nationwide.

Organizations such as GAMI (Grupo de Apoyo a la Mujer y el Infante) have developed mentorship training programs, aiming to integrate them into interventions with vulnerable populations. Mentorship helps ensure access to comprehensive care, promote prevention and early diagnosis, encourage condom use, and guarantee compliance with standards of quality, safety, and effectiveness in healthcare.

- **Results, outcomes, and impact:**
  The impact of HIV on women and families was made visible, creating spaces to share experiences, confront stigma and discrimination, and promote the defense of sexual and reproductive rights. This fostered greater empathy between those affected and the healthcare teams that attended to them.
  Approximately 5,000 families participated in these actions (45% women, 40% children, and 15% men). Among the women, 46% were widows, 12.6% separated, and 48.7% heads of household, with ages ranging between 25 and 35 years. Nearly 50% had irregular access to healthcare services and antiretroviral treatment.
  Implementing strategies to prevent perinatal HIV transmission in Colombia required complex processes involving communities and all levels of governance. Collaboration among civil society, authorities, and the affected population was key to reducing perinatal HIV transmission from 5.4% in 2005 to 1.7% within 10 years, and further to 0.25% by 2023.

- **Gaps, lessons learnt and recommendations:**
  Health mentoring, while based on peer education, requires the support of trained professionals to guide mentors and support interventions. Including all stakeholders, especially affected communities, reduces the time needed to implement preventive strategies and improves their success.
  It is essential to raise awareness among health and public health teams about the role of affected individuals and to understand the community context in order to adapt messages and achieve favorable outcomes. Working directly

with target groups facilitates quicker implementation tailored to their needs. The sustainability of strategies depends on continuous monitoring and ongoing support, ensuring quality processes in the long term.
Sexual education, fundamental for the recognition of sexual and reproductive rights, must be adapted to each community, considering cultural limitations and the perspectives of families and communities, especially in interventions involving children and adolescents.

- **Annexes**
  https://www.youtube.com/watch?v=xULYvANvuy0

Guatemala Case Study 1

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- **Timeline of the case study:** 2008 - Present
- **Case study submitted by:** UN or other international organisation
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Health Systems Strengthening (WHO six building blocks); Service integration (especially SRHR); Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); Interventions in humanitarian settings and/or responding to human rights crises; Research, data collection, and monitoring and evaluation
- **In which geographic area is the approach being carried out?** Retalhuleu department, Guatemala
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)
  - **Background and objectives:**
    Guatemala faces a critical gap in HIV prevention among children and youth. In 2023, every day, a young person aged 15-24 acquired HIV. Additionally, mother-to-child HIV transmission remains a serious barrier, with a 2024 rate of 28%, the highest in Latin America and the Caribbean. Child malnutrition, affecting 46.7% of Guatemalan children in 2023, also interlinks with higher HIV vulnerability. In Guatemala, child malnutrition and higher HIV risk are closely interconnected, particularly in regions with high poverty rates, limited healthcare access, and food insecurity. In this context, interventions to mitigate these interconnected risks in a comprehensive manner are critical. The Association for the Prevention and Study of HIV/AIDS (APEVIHS) is a renowned civil society organization with a comprehensive approach to address the challenges posed by the HIV epidemic and food and nutritional insecurity in Guatemalan children.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    APEVIHS, founded in 2008, works at the intersection of HIV and malnutrition with a focus on children who are victims of HIV, either in the sense that they themselves are living with HIV or affected by it through their parents, to improve their access to healthcare and overall quality of life. Two major

contributions by APEVIHS are their Nutritional Urgent Care Center and their Solidarity Sponsorship program. APEVIHS follows an integral approach, meaning they seek to support whole families, not just individual children, they provide medicine as well as nutritional aid, and they have been able to adapt to crises such as during the COVID epidemic, where they gave out additional food packages to families in vulnerable conditions. Additionally, they cooperate with local government agencies and other relevant actors as a key APEVIHS approach is to address the inequalities that affect integral wellbeing of children with HIV by promoting their access to social protection systems. APEVIHS has been able to secure inclusion of children with HIV and their families in government social programs, such as nutritional aid for families in need and educational scholarships. APEVIHS work is crucial and pioneering in as they are one of the few CSOs in Guatemala that recognizes the important intersection of nutrition and HIV vulnerability and efficiently address it comprehensively from an integral perspective that places children's and family's needs at the center.

- **Results, outcomes, and impact:**
  At the Nutritional Urgent Care Center for children affected by HIV, APEVIHS attends on average 500 children each month, of whom 70% are able to improve their nutritional health and overall medical condition. 750 children have been supported through this program, allowing them and their families to cover basic needs, improve adherence to HIV TAR and improve their general health condition. APEVIHS has contributed to raising awareness of the intersection between HIV and malnutrition which has resulted in other actors, such as local and national governing bodies, tackling this issue, otherwise unattended at the institutional level. APEVIHS has been able to include children and families affected by HIV into existing social protection programs, such as the inclusion of 150 families affected by HIV in the Nutritional Assistance Social Protection Program. This has been the first time in Guatemala where people affected by HIV are actively included in state-led social protection programs.

- **Gaps, lessons learnt and recommendations:**
  APEVIHS expresses that one of the major lessons learned has been the importance of working together with other actors at multiple levels (local, national, regional and international) and present them data-based evidence to make the intersection between HIV and malnutrition an issue that it is clear for them to prioritize. Another lesson learned and a gap they are seeking to close is the preparation for crises. Following the COVID pandemic, the necessity of being prepared for emergencies and the ability to adapt quickly became obvious. Thus, APEVIHS continues to improve their emergency preparedness to possible disasters as they are located in a hurricane zone as well as near an active volcano. Another gap is the ongoing HIV related stigma and

discrimination against children living with HIV which is both a challenge for the interventions they are implementing, but also a reason for APEVIHS to continue to promote the rights of children affected by HIV.

- **Annexes**
  Annual Report 2023 .Memoria de labores APEVIHS 2023.pdf
  Nutritional Urgent Care Center performance report 2024
  Video 1 presenting the APEVHIS` Centre for the Attention of Nutrional Emergencies for Children affected by HIV in Retalhuleu, Guatemala
  https://www.youtube.com/watch?v=ZfsnXflx0Vc
  Video 2 presenting the APEVHIS` Centre for the Attention of Nutrional Emergencies for Children affected by HIV in Retalhuleu, Guatemala
  https://www.youtube.com/watch?v=mplippWDobA
  Video presenting APEVHIS` Program “Solidarity Sponshorship for children affected by HIV” https://www.youtube.com/watch?v=359KwiEq8j8

Guatemala Case Study 2

CONTACT PERSON
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- **Timeline of the case study:** 2000 - 2024
- **Case study submitted by:** Civil society; UN or other international organisation
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR); Community system strengthening and community-led responses (advocacy, service delivery,

- **In which geographic area is the approach being carried out?** Sacatepéquez
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds)

  - **Background and objectives:**
    Guatemala faces a significant gap in HIV prevention among youth. In 2023, a young person aged 15-24 acquired HIV every day, while in 2021, a UNICEF and UNAIDS campaign found that 85% of adolescents were unaware that condom use reduces HIV risk. Youth represented 39.6% of Guatemala's population in 2022, and mother-to-child HIV transmission remains a major challenge with a 2024 rate of 28%, among the highest in Latin America. Children living with HIV face compounded issues like limited healthcare access, malnutrition, poverty and stigma, impacting their physical health, education and social development. Interventions offering comprehensive HIV care, including antiretroviral therapy, nutritional support, and education, are crucial for these children's health and social integration. Since 1985, Hospicio San José has led efforts in Guatemala to provide holistic HIV care for children and adolescents, ensuring a supportive environment that respects their human rights.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Hospicio San José was founded in 1985 with the mission of providing a dignified end-of-life care for people living with HIV in Guatemala arriving at its facilities. It soon adopted a transformative focus on children diagnosed with HIV, who arrived at the Hospicio because they were affected by HIV and were suffering abandonment, family neglect, and orphanhood. Many of these children arrived in an advanced stage of HIV infection. However, thanks to the

efforts of the Hospicio, their health conditions significantly improved. As a result, in 1994 Hospicio shifted its focus to comprehensive care for children living with HIV and in 2000 it became the first community-led comprehensive care center specialized in HIV attention for children and foster care of children living with HIV in the country. Currently, the Hospicio houses 57 children living with HIV and also provides medical care and attention for children with HIV that are not living in the Hospicio foster home. Hospicio contributes to address inequalities that affect children living with HIV as they provide an integral care approach specialized on children needs, including services such as: support for HIV ARV adherence, general and specific medical attention related to HIV and to other conditions, social work and psychological services to promote children integral wellbeing, educational support and career accompaniment to ensure social reintegration and fulfillment of children's rights.

- **Results, outcomes, and impact:**
  • For the past 16 years, the Hospicio has not recorded any resident children deaths associated to HIV and has successfully eradicated mother-to-child transmission among the pregnant women and their children that receive HIV attention at the Hospicio.
  • In 2023, 34 young adults left the foster home of the Hospicio and 13 babies have been born from those children who received care at the Hospicio, none of whom are living with HIV.
  • The Hospicio provides a unique approach focused on children's needs and interests based on comprehensive care in mental health, nutrition, social work, and dentistry.
  • The Hospicio has an adoption program of children living with HIV, validated by the Guatemalan National Adoption Council.

- **Gaps, lessons learnt and recommendations:**
  • The Hospicio has implemented an HIV ARV adherence program for young people over 15 years old because many struggled to continue ARV after turning 18. Now, they are trained to adhere to ARV, attending every 2-3 months to collect their treatment.
  • Only 5 former residents have secured formal employment, due to persistent HIV- related stigma. Despite being illegal, some companies still require HIV tests for hiring.
  • Some patients come from communities where Spanish is not the primary language, which requires the Hospicio to adopt an intercultural approach to ensure adequate attention.
  • Response and support from State entities, such as the General Office for Child Protection, is limited.
  • As a non-State entity, the Hospicio faces challenges in purchasing ARVs since it cannot access purchasing agreements managed by international

organizations like the WHO. The Hospicio seeks recognition as an official State UAI, which would facilitate medication purchases and expand services.

- **Annexes**
  https://unaids.sharepoint.com/:p:/s/FSLAC/EdqVfrbA1sJAs_UEf0q2Uz4BWdVzLsND8v9eaoy-aSeHuw?e=TICuBH

Guyana Case Study

CONTACT PERSON
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- **Timeline of the case study:** 2024
- **Case study submitted by:** Government
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes;
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Older adolescents (15-19 year olds); Other age groups; Key populations; General population; Younger adolescents (10-14 year olds)
  - **Background and objectives:**
    Digital Health and Telemedicine with home delivery of PrEP and HIV Self Testing kits with E Counselling
  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Digital Health and Telemedicine: Innovative use of digital platforms has enhanced the reach of HIV prevention and care services, especially in rural and hard-to-reach areas of Guyana. Implementing telemedicine services for HIV consultations, adherence counseling, and mental health support helped to mitigate geographical barriers. Such innovations are particularly crucial for adolescents, who are more likely to engage with digital platforms.

  - **Results, outcomes, and impact:**
    HIV Home Service Delivery and E-Counseling
    Home Delivery Services is intended for individuals who choose not to visit our health facilities but still seek our services. Upon receiving a phone call via our hotline services, the Voluntary Counseling and Testing (VCT) officers will engage with the client in an online e-learning counseling session, gathering all necessary information and advocating for PrEP, as well as promoting condom and lubricant usage.

    Once the home delivery is fulfilled, the hotline facilitator conducts a follow-up call with the client to inquire about their test results. In the event of a positive result, the client is referred to the nearest health facility for confirmation of results and further counseling and initiation of antiretroviral treatment. For the period under review, a total of 134 clients received E counseling and subsequent HIV self-testing kits.

- **Gaps, lessons learnt and recommendations:**
  Need for more Advertisings, Follow up. Creating neutral pick-up spots.

- **Annexes**
  https://www.facebook.com/naps.gy/posts/pfbid0MvDgdouvo2jxSVPcMdeYNfiJyC6a7T9VeSRPkSnui7XCSyZGxsJJgR79GERuG8yVl

Honduras Case Study

CONTACT PERSON
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- **Timeline of the case study:** June 2018-present
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc); Research, data collection, and monitoring and evaluation; Interventions in humanitarian settings and/or responding to human rights crises
- **In which geographic area is the approach being carried out?** Honduras
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds); Other age groups; Key populations; General population

  - **Background and objectives:**
    Montaña de Luz (MdL) is an NGO in Honduras that provides care for people living with HIV/AIDS. MdL works to address the impact of HIV on children & adolescents in Honduras, a country with high rates of vertical transmission. Through the development of Charla Luz (CL), our HIV advocacy and education program, we have expanded our reach across Honduras. We have held workshops and demonstrations at schools, churches, community groups, as well as on the radio. The development of our Healthy Families Honduras (HFH) program stemmed from the intersectionality of endemic poverty and HIV rates. HFH addresses families impacted by HIV at risk of separation due to lack of resources. Through these programs, we hope to address the realities and inequities that children and adolescents face, countering HIV discrimination through education, improving health outcomes through supportive resources, & keeping families together through sustainable channels of income.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    By combining critical health care and social support with a sustainable small business program for families, HFH empowers families, improves health outcomes, and strengthens communities. We provide micro-loans, mentorship, and training to help families establish small businesses, fostering

financial independence and preventing youth from entering orphanages. By empowering families, HFH fosters a supportive and healthy environment for youth, helping to break the cycle of poverty and HIV transmission. HFH provides access to healthcare services, transportation assistance, and financial aid, ensuring families receive essential treatment and reducing disparities in healthcare access. CL combats stigma & misinformation surrounding HIV, leading to earlier diagnosis, better prevention methods, and improved health outcomes. We offer mental health care and educational opportunities, equipping individuals for better life choices & overall well-being. MdL contributes to goal to end AIDS by 2030 through improved healthcare access and financial stability, reducing vertical transmission. HIV education empowers individuals to make informed choices, leading to safer sexual practices and reduced transmission rates. Financial support and social services help families overcome barriers to consistent treatment, improving viral suppression and reducing transmission risk. Further, community education and a safe, inclusive space address stigma, leading to increased testing & care-seeking behavior.

- **Results, outcomes, and impact:**
  Since MdL adopted the HFH program, we have prevented 38 children living with HIV from ending up in an orphanage, demonstrating success in keeping families together. Over 20 families have opened a small business, providing sustainable sources of income and strengthened financial security. MdL has ensured youth receive necessary healthcare services, through transportation assistance and financial aid. CL workshops have reached over 5,000 individuals, combating stigma and promoting understanding of HIV, leading to earlier diagnosis and better treatment outcomes. Additionally, we have helped over 200 individuals access treatment; 94 of who have reached undetectable levels. The program has equipped youth with skills and knowledge to improve their lives, such as increasing literacy rates, self-sufficiency & resilience. By providing families with tools to become self-sufficient, the program has laid the foundation for long-term positive change and reduced institutionalization rates.

- **Gaps, lessons learnt and recommendations:**
  Transportation is a barrier to treatment noted by those who live far from public hospitals, as well as the lack of resources to afford transportation or childcare. To mitigate this, we provide a small monthly stipend for transportation, offer transportation assistance, and eventually help families open a small business from their home, establishing sustainable sources of income that enable them to be home with children.
  Literacy disparities among adults prove to be another challenge, meriting an adaptation of programming that led to the inclusion of community adult literacy tutoring. We also included visual references to our HIV educational materials

& programming to ensure comprehension. The holistic nature of CL and HFH has proven crucial in addressing the complex & interrelated needs of people living with HIV. Through this range of services- healthcare, education, economic empowerment- these programs are keeping more families together by addressing the root causes of HIV-related disparities.

- **Annexes**
  https://drive.google.com/drive/folders/13hqOaVclrQLOLB_-MWPAz4w3B5-FVe3M?usp=drive_link

Middle East and North Africa

Kuwait Case Study

CONTACT PERSON
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- **Timeline of the case study:** 2015- Present
- **Case study submitted by:** Government
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR); Research, data collection, and monitoring and evaluation; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc.)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Pregnant and breastfeeding women; Younger adolescents (10-14 year olds); Children (less than 15 years); Newborns and infants (less than 12 months); Older adolescents (15-19 year olds); Key populations; General population; Other age groups
  - **Background and objectives:**
    Kuwait has maintained a low HIV prevalence of less than 0.1%, but recent increases in new HIV infections, particularly among vulnerable populations like adolescents and pregnant women, have highlighted the need for targeted interventions. Structural barriers such as stigma have limited access to HIV services, especially for children and adolescents. In response, Kuwait has introduced innovative programs, including voluntary counselling and testing (VCT) services, antenatal HIV testing, and postnatal follow-up, to enhance early diagnosis, treatment, and prevention of mother-to-child transmission, while addressing the stigma associated with HIV.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Kuwait's national HIV/AIDS response has made progress in reaching vulnerable populations, particularly adolescents and pregnant women. Since 2019, voluntary counselling and testing (VCT) services have provided early diagnosis and support to high-risk groups. These services ensure that individuals, such as adolescents engaged in high-risk behaviors, are tested and connected to care, reducing transmission risks and ensuring timely treatment.
    Additionally, the 2015 mandate requiring HIV testing for all pregnant women during antenatal care has been vital in preventing mother-to-child transmission (MTCT). Early identification of mothers living with HIV allows for timely intervention through antiretroviral treatment (ART) during pregnancy

and breastfeeding, reducing the risk of transmission to newborns. Postnatal testing ensures that children born to mothers living with HIV receive prompt treatment if diagnosed.

Kuwait's approach also tackles stigma, a significant barrier to accessing HIV services. National anti-stigma campaigns and counselling services encourage testing and reduce discrimination, particularly for children and adolescents living with HIV.

By integrating VCT services, mandatory antenatal testing, and stigma reduction efforts, Kuwait's strategy strengthens early diagnosis and treatment, contributing to the global goal of ending AIDS by 2030.

- **Results, outcomes, and impact:**
  Kuwait's HIV/AIDS program has improved early diagnosis and treatment. Since 2019, voluntary counselling and testing (VCT) services have increased testing among high-risk groups, including adolescents, leading to earlier treatment and reduced transmission. The 2015 mandate for HIV testing of all pregnant women has reduced mother-to-child transmission (MTCT) to under 1% by 2023 through timely antiretroviral treatment (ART).

  According to UNAIDS 2023 estimates, 97% of children aged 0-14 living with HIV in Kuwait know their status and are on ART, with over 98% achieving viral suppression, and 88% regularly tested for viral load. National anti-stigma campaigns have also improved access to HIV services for children and adolescents, creating a safer environment for care and treatment. These efforts contribute to Kuwait's goal of ending AIDS by 2030.

- **Gaps, lessons learnt and recommendations:**
  Key gaps in Kuwait's HIV response include persistent stigma, especially in schools and healthcare settings, which hinders testing and treatment access. There is also a need for better integration of HIV services into primary healthcare.

  Lessons learnt emphasise the importance of sustained awareness campaigns and community engagement to combat stigma. Training for healthcare workers and school-based education programs are essential.

  To move forward, strengthening anti-stigma initiatives, expanding decentralised HIV services in primary healthcare, and enhancing collaboration with community organizations are critical steps. These efforts will help ensure Kuwait reaches its goal of ending AIDS by 2030.

- **Annexes**
  N/A

Western Europe and Other Countries

Canada Case Study

CONTACT PERSON
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- **Timeline of the case study:** November 2023 - Present
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Older adolescents (15-19 year olds); Other age groups
  - **Background and objectives:**
    LetsStopAIDS focuses on the urgent need for effective youth education in sexual health and HIV prevention. Canada ranks lowest in the G7 in its HIV response, with Youth-HIV rates on the rise. The 2023 Sex Lives Report revealed that less than 5% of Canadian youth recall learning about PrEP, PEP, or U=U in school sex-ed classes.
    Our Peer-to-Peer program addresses these gaps through gamified workshops in schools, universities, and community centres, particularly in underserved areas. By increasing awareness of HIV prevention methods, enhancing communication skills, and debunking HIV myths, we empower youth to make informed decisions about their sexual health. This program fosters safer behaviors and reduces stigma, building a more knowledgeable community.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    The program makes a meaningful contribution to the AIDS response by promoting and providing equitable access to sexual health education for young Canadians. The Sex Lives Report 2024 revealed alarming trends among Canadian youth regarding their sexual health practices. The percentage of youth reporting consistent condom use fell from 53% in 2020 to just 24% in 2024. Nearly half of respondents viewed condoms primarily as birth control rather than protection against STIs and HIV, and 67% reported never being tested for HIV.
    In response, the Peer-to-Peer workshops focus on educating youth about testing options, treatment services, and navigating HIV/STI disclosure. The report indicated 13% of youth believed they may have contracted an STI despite their partner claiming to be STI-free, highlighting the need for communication skills to discuss these issues and advocate for condom use.

Additionally, with two in five sexually active youth feeling discomfort during condom negotiation, the program uses scenario-based learning to improve communication around sexual health.
In Saskatchewan, the province with the highest HIV rates, Indigenous peoples account for 65-80% of HIV infections despite making up only 16% of the population. To ensure cultural sensitivity, we collaborated with Indigenous-led community organizations when piloting the program, ensuring workshops resonate with local youth. This approach extends to all communities we engage.

- **Results, outcomes, and impact:**
  Since November 2023, the Peer-to-Peer programme delivered 95 workshops across 15 schools and 5 community centers, reaching over 1,800 young Canadians. A key factor in its success was LetsStopAIDS becoming an official partner of the Toronto District School Board, granting access to many schools. The programme was also piloted with 6 workshops in Saskatchewan.
  Effectiveness was measured through pre- and post-workshop surveys. Youth understanding that someone living with HIV can't transmit the virus increased from 34.55% to 74.49%, and understanding that condom use is not the only prevention method rose from 59.19% to 79.96%. Comfort with being friends with someone living with HIV increased by 19.01%. Additionally, 92.24% recognized the importance of regular STI/HIV testing, and correct identification of transmission methods rose from 64.7% to 83.06%. These results show the programme's impact on youth awareness and attitudes.
- **Gaps, lessons learnt and recommendations:**
  Despite the success of the Peer-to-Peer programme, we identified key challenges. A major issue is the variation in provincial legislation allowing parents to withdraw children from sex education classes, politicizing the subject and limiting access to crucial information. As educational content becomes increasingly contested, vulnerable populations may be disproportionately affected, lacking access to the knowledge needed for informed decision-making about their sexual health.
  Funding for the programme is also a bottleneck, as transporting facilitators and covering accommodation for workshops across provinces is costly. With additional investment, we would aim to explore new underprivileged and remote communities within Canada and even develop an online version to expand our global reach.
- **Annexes**
  https://issuu.com/letsstopaids/docs/sexlivesreport2024
  https://issuu.com/letsstopaids/docs/sex_lives_report_2023_by_letsstopaids
  https://issuu.com/letsstopaids/docs/lsa_sex_lives_report_print_compressed_3_compress

Portugal Case Study

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- **Timeline of the case study:** 2024
- **Case study submitted by:** Civil society; UN or other international organisation
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR); Legislative and policies changes and reform; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Key populations; Other age groups
  - **Background and objectives:**
    This case study will focus on the country of Portugal, regarding its recent, current, and ongoing developments that impact the lives of people who use drugs, particularly young people who use drugs, and affect their linkage to HIV and other STIs prevention, treatment, and care services.
    Our goal is to
    - address emerging issues that might limit access to harm reduction services and other social and health services for people who use drugs;
    - present the changes in national and international policies that concern this community;
    - expose the human rights violations that this population faces, such as stigma, criminalization, and discrimination, among others;
    - share examples of best practices and successful programs and interventions in the fields of harm reduction, human rights, and prevention of HIV and other STIs.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Due to the mean age of people who use drugs, most drug-related services were created to answer to the demands of this population and therefore do not address the needs of young people who use drugs. Services that target young people are patronising, focused on prevention and abstinence. Kosmicare (peer-based HR, drug checking services, psychological support

and training) is one of the few NGOs commonly used by young people who use drugs, although the majority of service users belong to the middle to high class demographic.
GAT IN Mouraria is the only peer led DCR and the 1st community-based decentralized consultation for HCV treatment in Portugal.
Drugs were decriminalized until a certain amount, which means that it was still possible to be accused of a "crime of consumption/use" if that limit was surpassed. The so called "new psychoactive substances" were not included until recently, and currently the established limits are more flexible and do not automatically separate crime from administrative offense. Currently, most administrative offences related to drug use are in young and young adult population (16-24).
There are age restrictions in OAT access and young people lose their right to confidentiality if rapid testing comes out positive.
There were recent changes in immigration law that deeply worsen migrants' conditions and their possibility to become regular in the country.
There are shortages in provision of smoking equipment. No NSP in prisons. No HAT. No safer supply.

- **Results, outcomes, and impact:**
  Kosmicare tested 659 samples until September. Cathinones have been increasing, being now superior to other more "traditional" substances such as amphetamines or LSD. Ketamine is also increasing. MDMA is still the most commonly tested substance. We have to take into account that this service is only available twice a week at a drop in center.
  Kosmicare initiated a project to reach more vulnerable populations: a mobile unit that goes to DCRs to test service users' drugs. Due to lack of funding, this service is only provided once a month. 86 samples were tested, the majority cocaine. Phenacetin is a common adulterant of cocaine and heroin's most common adulterants are caffeine and paracetamol. No fentanyl, no nitazenes or other synthetic opioids were found.
  Until August, GAT IN Mouraria had an average of 277 clients per month, 44 under 30 years old.
  It's still soon to have results on the legislative changes to decriminalization but hopefully we will have no more crimes of consumption/use

- **Gaps, lessons learnt and recommendations:**
  Portugal needs:
  - more DCRs, adapted to the multiple intersectionalities that are often linked to drug use and to people who smoke;
  - responses that are not restricted to drug use but also address other problems/needs of young people who use drug (homelessness, family problems, educational inequalities, etc);
  - more housing responses for people who use drug and migrants, who are

often discriminated while trying to access shelters, for example, due to their drug use or irregular status;
- more involvement and leadership from young people in decision making, program design and evalutation;
- YP as peers
- less bureaucratization of services;
- more funding to HR responses
- low threshold access to buprenorphine + access to safer supply, especially to those who use stimulants;
- to remove age restrictions;
- more DCS, especially for vulnerable populations.

- **Annexes**
  https://issuu.com/nmandeiro/docs/kc_report_2021_pt
  https://www.instagram.com/akosmicare/
  https://link.springer.com/article/10.1186/s12954-022-00607-7
  https://youthrise.org/wp-content/uploads/2024/03/Catalysts-for-Change-1.pdf

Puerto Rico Case Study

CONTACT PERSON
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- **Timeline of the case study:** November 2023 - Present
- **Case study submitted by:** Other (please specify)
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Eastern Puerto Rico, metropolitan area of Puerto Rico
  - **Background and objectives:**
    Interventions are currently being carried out in the area of methadone in order to provide better health services and harm reduction. In these spaces, work is done with exchanges of syringes, HIV tests and medical interventions and mental health. Cleaning of ulcers, medical services. In addition, part of what was worked on was to enter different night spaces in order to be able to work with young substance consuming populations. In these events or parties, work is done in order to educate about safe consumption and how to act in any situation of overdose. Narcan and band-aids are given to verify which substances may contain fentanyl. In addition, education is provided about safe sex and the importance of safe practices that allow avoiding some type of contagion or disease. Education is part of our principles and being able to do this in these spaces has allowed us to provide better services to the young community and general community.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Nowadays there are many taboo about substance use and since we are children we are told about the use of drugs from a perspective of punishment or that they are bad. The importance is to be able to educate correctly on these issues and this is part of what we seek to work on. Currently we have situations of participants who do not receive corresponding services due to the need for it. More opportunities have begun to open up but on many occasions it is a bit complicated to be able to fulfill them. It is part of the challenges, but at the same time being able to participate in these activities already mentioned allows us to work with this inequity in these populations.

- **Results, outcomes, and impact:**
  These works that have been carried out in these spaces have allowed us to work more efficiently towards the substance consuming community from young and adult populations. Being able to provide top quality services that can improve with the lifestyle of the person leads us to a great change. Being able to provide harm reduction material, educating is part of the great achievements and so simple with impacting someone you allow them to have a greater impact. Harm reduction has provided us with support for substance consuming communities and in turn allows us to work with best practices.

- **Gaps, lessons learnt and recommendations:**
  Have access to more stable funds that allow the creation of services for the community that consumes substances and young populations.
  Health professionals who are able and able to manage the community.
  More evidence-based services.

- **Annexes**
  N/A

United States Case Study

CONTACT PERSON
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- **Timeline of the case study:** 09/01/2019 - 09/01/2024
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** HIV Prevention, testing and treatment programmes; Service integration (especially SRHR); Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc)
- **In which geographic area is the approach being carried out?** Northwest
  - **Case study applies to:** Pregnant and breastfeeding women; Older adolescents (15-19 year olds); Other age groups; Key populations
  - **Background and objectives:**
    The case study highlights both the areas addressed and the existing gaps in HIV/AIDS treatment and prevention, with a focus on the United States, specifically in the Northwest region. It emphasizes that harm reduction is a critical strategy in the care approach for HIV/AIDS and other sexually transmitted infections. The study primarily involves young adults (18 and older) but also includes some adolescents (16 years and above) and briefly addresses perinatal HIV transmission (transmission from mother to baby during pregnancy).

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    At the state level, several states, including Oregon and Colorado, have passed laws to decriminalize certain drugs, increasing access to harm reduction resources and reducing stigma. Oregon's Measure 110 initially aimed to support community-based harm reduction but was later revised following opposition claiming it led to increased drug use. This criticism unfortunately reinforces stereotypes that jail is necessary for people to seek treatment and that the goal should be sobriety rather than safer use. Measure 110, however, provided essential funding to community organizations conducting vital harm reduction work. Organizations like CORE, Daisy CHAIN, and HIV Alliance received Measure 110 funds, allowing them to prioritize HIV/AIDS and STI testing, needle exchange, and other prevention strategies. Daisy CHAIN focuses on care for pregnant individuals, HIV Alliance serves young adults and adults, and CORE uniquely prioritizes youth aged 16 to 29.

Lastly, Oregon has expanded Medicaid to improve access to substance use treatment and HIV services, enabling more people, including young users, to receive essential care.

- **Results, outcomes, and impact:**
  Organizations like Looking Glass offer short-term housing solutions to individuals experiencing homelessness, providing essential support while they work to secure stable housing. In education and prevention, harm reduction programs are evolving to address mental and sexual health in ways that resonate with young people. Though not exclusively youth-focused, HIV Alliance provides significant resources related to HIV and substance use, including support meetings for newly diagnosed individuals to connect and share experiences.
  To ensure rapid and appropriate care, HIV Alliance collaborates with Lane County Public Health, focusing on pregnant individuals with HIV to facilitate timely testing and treatment for newborns. Additionally, innovative youth-focused harm reduction programs are emerging across the U.S., with CORE in Lane County leading with a peer-support and street outreach model guided by the experiences of young people who use drugs.

- **Gaps, lessons learnt and recommendations:**
  Despite increased awareness, young people still face barriers to accessing harm reduction services, particularly in rural and underserved areas. Certainly, this is the case in Lane County. Besides that, there is also stigma and a lack of youth-focused services. It is important to hold spaces for young people who use drugs, pairing them with educational workshops regarding testing, breaking myths, Narcan use, and knowing your rights. Education should be done at a community and school level. As well, the education should be done by harm reductionists who are doing front-line work. Lastly, another gap is the access to services without the parent’s approval. For example, young people (those under 18), should have access to access information regarding treatment without their parent’s consent.

- **Annexes**
  N/A

Multicountry
Global Case Study

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- **Timeline of the case study:** 2005 to 2024
- **Case study submitted by:** Civil society
- **Area of intervention of case study:** Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Older adolescents (15-19 year olds); Key populations
  - **Background and objectives:**
    Infant feeding guidelines for people living with HIV vary. Many countries with widely available infant formula recommend it to prevent HIV transmission. Where formula may be unsafe or inaccessible, countries typically recommend breastmilk. Recently, some countries have changed their guidelines. Increasingly, people living with HIV demand support from healthcare providers whether they choose breastmilk or formula.

    Choices are limited for many with HIV. Parents may not have full information and support. Some face disapproval from communities and service providers, child protection intervention, and even prosecution, for breastfeeding. Some non-parental caregivers with HIV have lost employment or been prosecuted for breastfeeding or comfort nursing.

    HIV Justice Network (HJN) monitors criminal cases — through legal databases, media reports, and consultation with HIV JUSTICE WORLDWIDE. HJNrecords cases in the Global HIV Criminalisation Database and assists defence lawyers and HIV organisations.

  - **Description/Contribution to addressing inequalities in children and adolescents:**
    At least 14 women living with HIV have been criminally charged for alleged breastfeeding. Countless others experience surveillance, stigma, abuse, or child protection interventions. Yet punitive responses to breast/chestfeeding are inconsistent with both current science and legal principles (human rights and criminal).

"WHO guidance indicates that a pregnant mother living with HIV whose viral load is suppressed within four weeks of delivery is at low risk of transmitting HIV to their infant and recommends breastfeeding for women taking antiretroviral therapy." (WHO, The Role of Viral Suppression in Improving Individual Health and Reducing Transmission, Policy Brief, 2023). If deterred from breast/chestfeeding by fear of a punitive response, both parent and child are denied rights to the highest attainable standard of health, and the parent's sexual and reproductive rights, privacy, autonomy and non-discrimination may be violated.

Many social and healthcare service providers, health authorities, criminal law system actors, and child protection workers are not aware of WHO's 2023 statement, the benefits of breastfeeding for parents and infants, and the human rights violations that result from criminalising potential or perceived HIV exposure or transmission.

Awareness-raising and policy advocacy to stop punitive responses to breast/chestfeeding for people living with HIV —including but not limited to criminal prosecution—promote equality and improve the HIV response for children and youth.

- **Results, outcomes, and impact:**
  HIV-related prosecutions, and the resulting media, sensationalise HIV in a highly stigmatising way, framing diagnosis as a catastrophe (especially for children) and people living with HIV as inherent threats. This could deter testing/treatment. It undermines the therapeutic relationship between people living with HIV and healthcare providers, reducing the provision of support—including advice about risk reduction during pregnancy, birth and infant feeding.
  Addressing HIV in children must start with the full benefit of HIV prevention, testing and treatment. Limiting the availability of health information and support to parents/caregivers works in opposition to this objective. Eliminating vertical transmission requires an enabling legal environment, free of punitive interventions related to pregnancy, childbirth and infant feeding.
  Also, adolescents have the right to full and accurate information regarding sexuality and reproduction, contraception, and HIV prevention for themselves, their sexual partners and their children.

- **Gaps, lessons learnt and recommendations:**
  People living with HIV experience lack of information, surveillance and judgement about infant feeding. Clinicians can help patients avoid prosecution and make the best decisions for their families by providing full, accurate information and referrals about HIV, infant feeding, and legal rights and obligations.

Coercing parents' feeding decisions with the threat of child protection or criminal intervention is a violation of their human rights and a misuse of the state's power. Prosecuting parents/caregivers with HIV for breast/chestfeeding or comfort nursing neither prevents HIV transmission nor furthers the equality of people living with HIV and other key populations.

HIV criminalisation weakens the HIV response. The vulnerability of children and youth living with or affected by HIV is increased by HIV criminalisation. Civil society, government health and legal authorities, healthcare providers, and UN agencies must collaborate to advance human rights and eliminate HIV criminalisation in all forms.

- **Annexes**
  "When law and science part ways: the criminalization of breastfeeding by women living with HIV" (TAID 2022), by Alison Symington, Nyasha Chingore-Munazvo, and Svitlana Moroz. https://journals.sagepub.com/doi/10.1177/20499361221122481 "Mwayi's Story" (short film), produced by the HIV Justice Network (2022). https://www.hivjustice.net/news/mwayis-story-a-short-film-about-courage-womens-rights-and-hiv-justice/
  HJN, "It Takes More Than A Village to End HIV Criminalisation" by Sally Cameron, based on a report by Peter Gwazayani, Edna Tembo and Charity Mkona. https://www.hivjustice.net/news/feature-it-takes-more-than-a-village/
  Argentina: "Breastfeeding criminalisation case dismissed on appeal following intervention from ICW-Argentina" (August 18, 2022). https://www.hivjustice.net/cases/argentina-breastfeeding-criminalisation-case-dismissed-on-appeal-following-intervention-from-icw-latina/
  The HIV Justice Academy, "Breastfeeding Defence Toolkit" (by HIV Justice Network). https://learning-dev.hivjustice.net/toolkit/breastfeeding-defence/

Global Case Study (Low and Middle Income Countries)

CONTACT PERSON
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- **Timeline of the case study:** 2022-2024
- **Case study submitted by:** Government; Civil society; Private sector; Academic institution; UN or other international organisation
- **Area of intervention of case study:** Funding/Financing
- **In which geographic area is the approach being carried out?**
  - **Case study applies to:** Pregnant and breastfeeding women; Newborns and infants (less than 12 months); Children (less than 15 years); Younger adolescents (10-14 year olds); Older adolescents (15-19 year olds); Key populations
  - **Background and objectives:**
    Governments, donors and civil society now have the details they need to refocus funds for the greatest impact, and to hold each other to account. We now have a much better understanding of what is being spent on children and adolescents, where, how much, by whom and where the gaps are – globally in all LMICS, including the 21 countries of highest HIV burden which account for 80% of disease for children, and in detail in Kenya, Uganda and Cameroon. This case study summarizes these new research findings and an advocacy agenda in response to them. It was created by the Coalition for Children Affected by AIDS (the Coalition) in partnership with the WHO, UNICEF and UNAIDS, the Global Alliance to End AIDS in Children, Avenir Health, the governments of Kenya, Uganda and Cameroon, the Members of the Global Working Group on Financing for Children and Adolescents Affected by HIV, which include PEPFAR and the Global Fund, community champions from across Africa, and private trusts and foundations.
  - **Description/Contribution to addressing inequalities in children and adolescents:**
    Children lag far behind adults in the fight against HIV and AIDS. Many come from populations facing exclusion, such as young families or the children of key populations. The overall lack of prioritisation is the root cause driving low investment. Data on them is not collected, their needs are invisible, they are not a political or funding priority, and their needs are not met. This is a travesty, not least because HIV in children is now entirely preventable, treatable, and is holding back generations. Those working in HIV and broader social and economic development urgently need this information. HIV remains a major threat, and tackling HIV infection in childhood is a cornerstone of the global goals to end AIDS for all. Yet, we are far off track. If we do not invest now, we will undo the hard-won gains achieved in recent years – leading to

greater adversity and higher costs. More money is not the only answer. We can achieve more with the funds we have by seeking efficiency and investing wisely. This includes: finding and treating the many undiagnosed children living with HIV; integrating HIV services with child and adolescent health and with broader social and economic programmes to maximize efficiencies and achieve the greatest return on investment; re-focusing funds towards community-based provision; prioritizing excluded populations; putting communities in the driving seat of funding decisions; and improving coordination and conscious targeting by donors.

- **Results, outcomes, and impact:**
  There is a $1bn annual spending gap to achieve HIV targets for children and adolescents in LMICs. An estimated $1.8bn was spent in 2023. $2.8bn is required. Half of this gap is in Sub Saharan Africa. The largest gaps are in paediatric testing and treatment, economic support, and key populations under 18. PMTCT funding almost equals need. PEPFAR contributes 47% of all HIV spending, domestic government 33%, the Global Fund 14%, the private sector 3%, households 2% and other donors 1%. These global trends are echoed at the country level. The expenditure gaps are $41 million in Uganda, $49 million in Kenya and $14 million in Cameroon. The greatest area of spending in Kenya is PMTCT; in Uganda adolescent boys and young men; and in Cameroon pediatric treatment. Insufficient funding is not the only factor limiting coverage of key interventions. Other factors contribute such as health system constraints, the difficulty of finding the many undiagnosed children living with HIV, and political and social barriers.
- **Gaps, lessons learnt and recommendations:**
  Increase domestic resourcing for children and adolescents. Support communities to lead, especially those at highest risk of HIV. Find and treat the many undiagnosed children living with HIV. Incorporate children and adolescents into the PHIA survey and Community Led Monitoring. Deliver as one - integrate HIV, health, social, economic and humanitarian services into a package of tailored support. Grow funding for HIV specific programmes within this integrated system E.g. for dedicated clinics for those unable to access general health services, information and behaviour change campaigns; and interventions to find, test and treat HIV. Mobilize more funding from diverse donors in and beyond the health sector. Reauthorise PEPFAR for a further five years, retaining the 10% set-aside for OVCs. Know our expenditures - Governments, donors and UNAIDS to publish annually disaggregated data on expenditure for HIV-affected children and adolescents.
- **Annexes**
  https://childrenandhiv.org/
  https://www.youtube.com/watch?v=oKa1Mk8iddo&t=2s

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