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# Six solutions to reach the paediatric and adolescents treatment targets

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# Evidence-based policies are the foundations for our urgent action

No more new  
paediatric  
infections

Faster and more  
targeted diagnosis

Better ARVs and  
care for HIV-  
associated diseases

Stronger  
differentiated  
models of care

More effective HIV  
primary prevention  
package

Address structural  
factors

# Preventing vertical transmission



**GOING THE 'LAST MILE' TO EMTCT:**  
A road map for ending paediatric HIV worldwide

**IN LESS THAN TWO DECADES**, the global paediatric HIV epidemic has been transformed, as the number of new child infections resulting from mother-to-child transmission has been more than halved, decreasing from over 400,000 in 2000 to 160,000 in 2016. But the pace of the decline has slowed in recent years. At the current rate, there is growing concern that progress towards the elimination of mother-to-child HIV transmission (EMTCT) has stalled and that targets for the year 2020 – fewer than 20,000 new child HIV infections – will be missed by a substantial margin.


Failure to revitalize and strengthen the efforts that achieved one of the most notable successes of the global HIV response would have devastating repercussions on the health and well-being of hundreds of thousands of mothers living with HIV and their children. UNICEF and partners are introducing a new road map to help countries put their EMTCT efforts back on track. It is based on the recognition that the 'last mile' in the long journey to fully defeat vertical transmission has proved to be the most difficult one to travel, and that a new structured and coordinated approach is needed to reduce the number of new infant HIV infections at the country level so that elimination is once again in sight.

The Last Mile to EMTCT road map is intended to serve as operational guidance for national programmes that have adopted universal (all) lifelong antiretroviral therapy (ART) for all pregnant and breastfeeding women living with HIV, an approach recommended by the World Health Organization (WHO). While the road map has global ambitions, it outlines a flexible process that is highly local in practice, recognizing that because the relative 'distance' to EMTCT may vary by country, subregion and region, national programmes must address local priority issues to achieve EMTCT in an efficient and directed manner.

**UNAIDS** **World Health Organization** **unicef for every child**

**UPDATE OF RECOMMENDATIONS ON FIRST- AND SECOND-LINE ANTIRETROVIRAL REGIMENS**  
JULY 2015

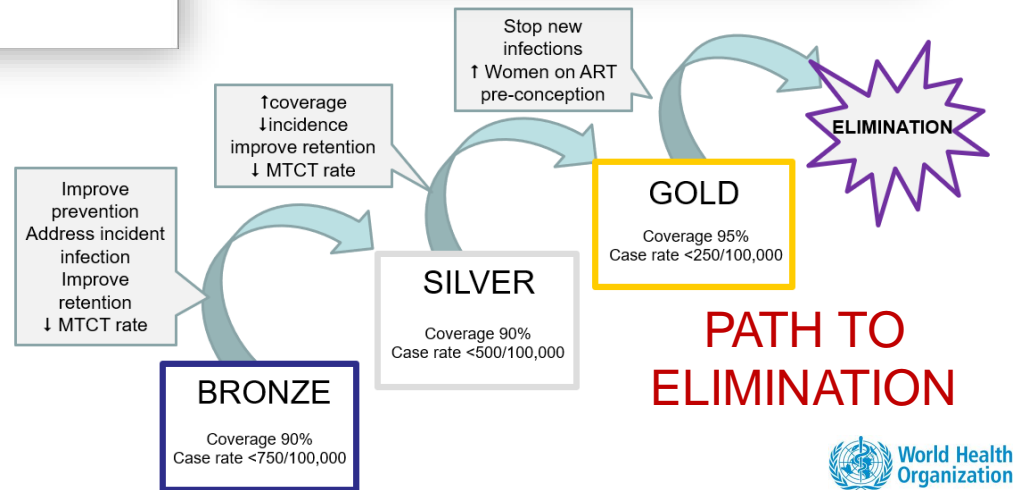
**HIV TREATMENT**



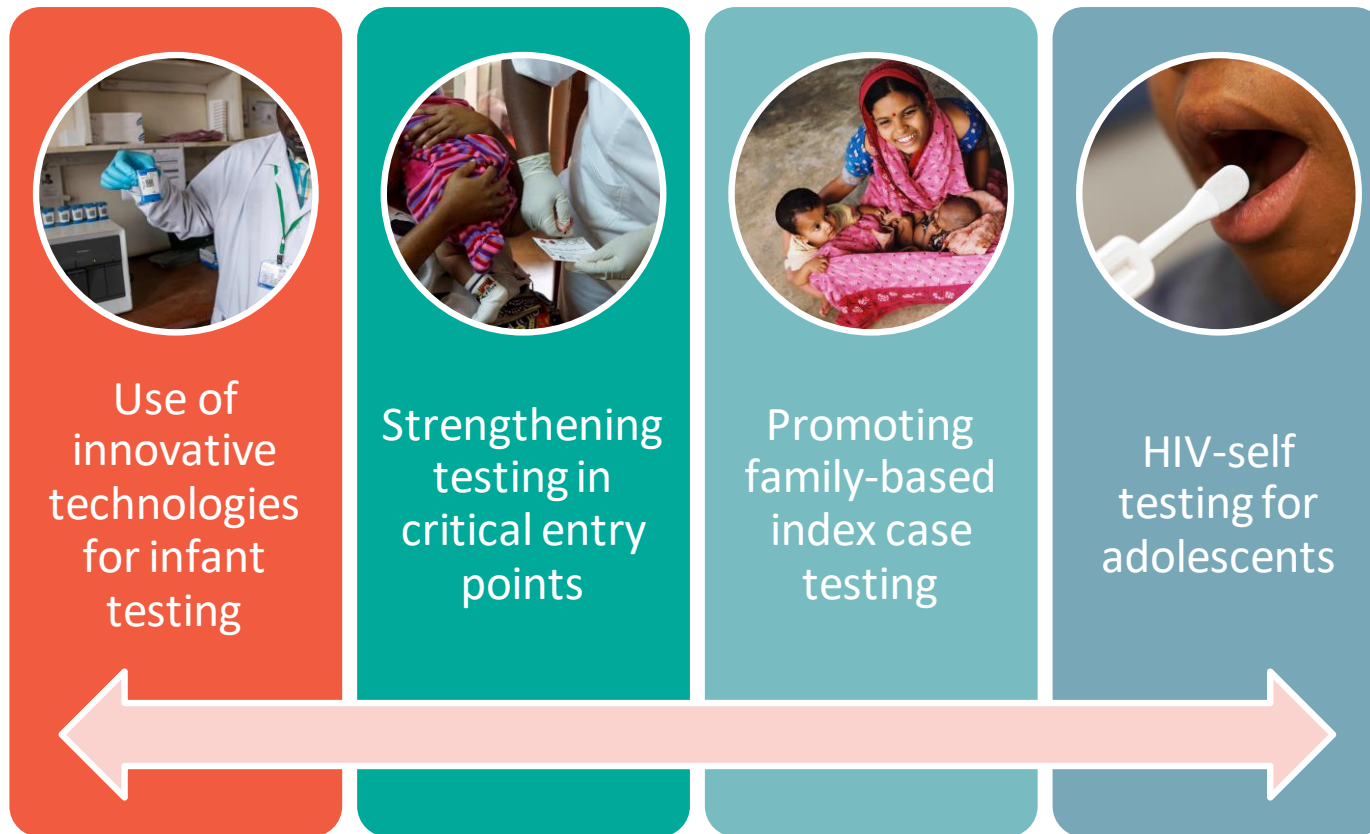
**World Health Organization**

**LAST MILE TO EMTCT ROAD MAP**

STEPS	ACTIVITIES
1 Developing a consultative process	<ul style="list-style-type: none"> <li>Identify a country team to drive assessment and planning processes</li> </ul>
2 Taking stock of progress and remaining gaps in EMTCT	<ul style="list-style-type: none"> <li>Conduct a missed opportunity analysis</li> <li>Characterize and contextualize programmatic gaps using data from other sources</li> </ul>
3 Planning and prioritizing	<ul style="list-style-type: none"> <li>Articulate the priority factors necessary for programmatic change</li> <li>Prioritize interventions according to gaps and contextual factors</li> <li>Seek broader stakeholder engagement and finalize strategies, guidelines and/or policies</li> </ul>
4 Implementing, monitoring and evaluating for EMTCT	<ul style="list-style-type: none"> <li>Disseminate planned strategies, guidelines and/or policies</li> <li>Monitor and evaluate implemented interventions</li> </ul>

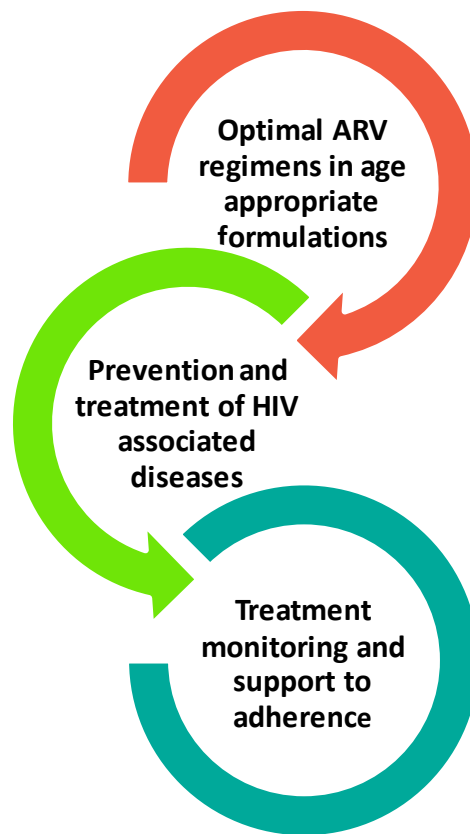
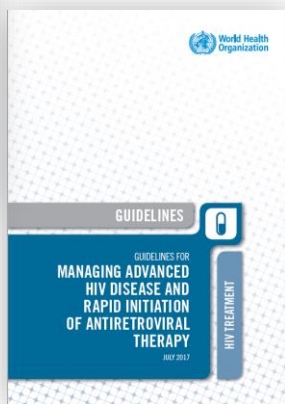
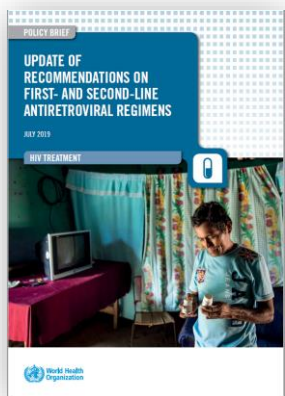


# Timely identification and linkage to care



**Multiprong targeted strategy:  
multiple tests delivered via entry points of highest impact**

# Optimize ART and deliver a comprehensive package of HIV care



A full package of interventions to SURVIVE, THRIVE and TRANSFORM

# Tailor service delivery & engage communities

## Service delivery

Early Childhood Development

Differentiated Service Delivery

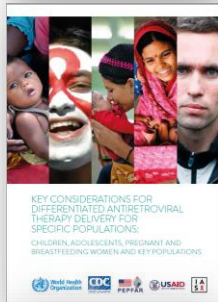
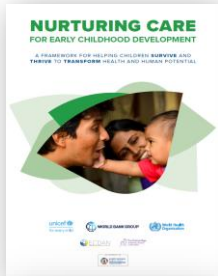
Adolescents Health Friendly Services

## Community engagement

Community based Tx services

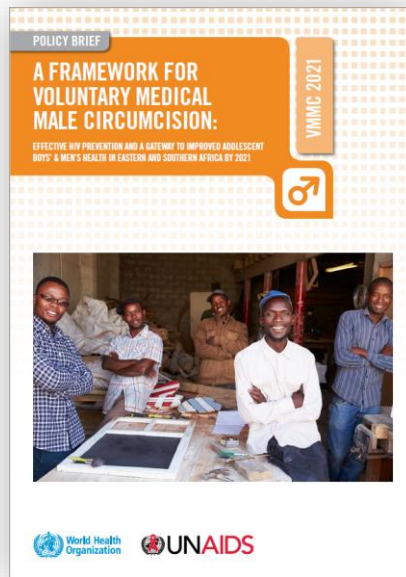
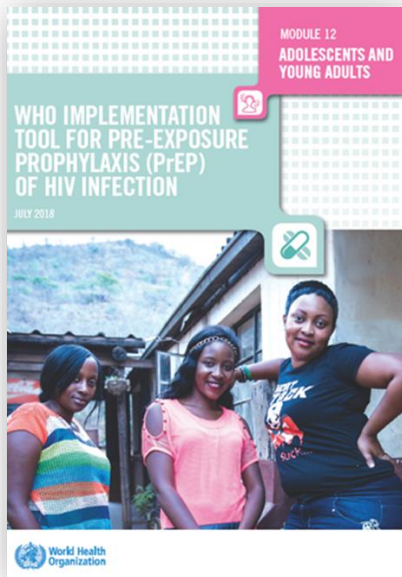
Faith Based Organizations

Community Based Organizations



One size does not fit all!  
Patient-centred approach requires addressing the specific needs of children and adolescents at the facility and in the community

# Invest in HIV primary prevention packages

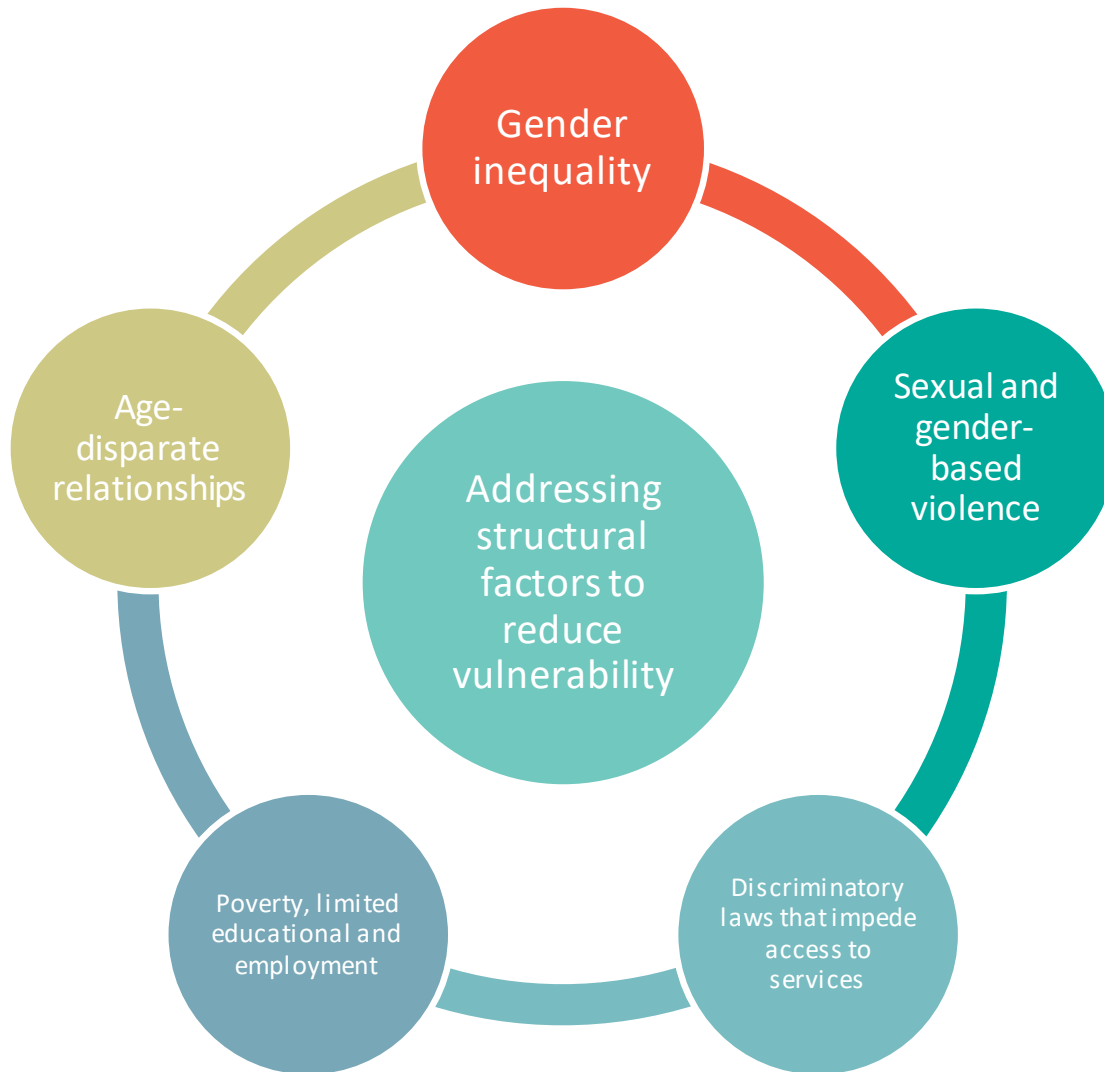


An optimal mix of primary prevention interventions including comprehensive sexuality education, voluntary medical male circumcision, PrEP and condoms, elimination of stigma and discrimination and effective targeting of at-risk groups.



AIDS epidemic

# Structural barriers





# No one can do this alone: THREE FREES



- Invest in **global advocacy** and promote better coordination and collaboration for efficiency and impact
- Several challenges remain but a number of **solutions** have been identified
- Key solutions need to be adapted to the **epidemic context** & must:
  - Engage multiple partners and leverage ongoing efforts
  - Tackle multiple programmatic components to ensure impact
  - Strengthen HIV services as innovations are introduced -- taking innovations to scale will require sustained effort
  - Regularly review for quality improvement
- Enable and support **country action**

Thank you

