

Reporting PrEP for HIV: Personal experience



Ann Mikia

Ann Mikia

annmikia@gmail.com

I have produced radio programmes on the Human Immunodeficiency Virus (HIV) since the early 90s when stigma was extremely high just like it is with COVID-19 today. The biggest difference between HIV and COVID-19 is the means of transmission. HIV is sexually transmitted, while COVID-19 can be transmitted through close contact, touch, shaking hands among others.

As research on HIV progressed, medical experts came up with a way for HIV negative people to prevent infection with the virus without having to abstain from sex.

This was by swallowing a tablet each day for the negative partner in a discordant relationship. This prevention tablet is useful for anyone who does not have the confidence of negotiating condom use, including sex workers who often have clients who would pay more for sex without a condom.

The tablet taken by the negative partner is referred to as Pre-Exposure Prophylaxis (PrEP). The difference between anti-retroviral drugs (ARVs) taken by HIV positive people and PrEP taken by HIV negative people is that ARVs as treatment prevent the HIV virus from multiplying in the body while PrEP prevents infection in the first place.

The decision to swallow a tablet a day takes a lot of commitment on the part of one who opts to do it. There have been questions on whether one can stop taking PrEP at any point without any risk.

According to Prof. Kenneth Ngunjiri, from Jomo Kenyatta University of Agriculture and Technology based in Juja, nearly 30km to the east of Nairobi, "what becomes resistant is the virus so if you have no virus there is no risk of resistance.

Resistance happens when you expose the virus to low levels (sub-optimal doses) of treatment therefore adherence is key."

Professor Ngunjiri, who has been doing research on PrEP for the last 13 years, was speaking at the monthly forum Media Science Café organized by the Media for Environment, Science, Health and Agriculture who partners with AVAC on this venture.

**PrEP updates:
A call on health
journalists
to report
accurately**

By Clifford Akumu

akumu.clifford@gmail.com

As the world approaches a decade of oral pre-exposure prophylaxis (PrEP) availability, and still only a fraction of people who could benefit from it are using it, the Media for Environment, Science, Health and Agriculture (MESHA) held a webinar to update its members of the latest information on PrEP. We believe that it is high time we synergized to address the systemic social and other issues to get PrEP where it needs to be - oral, injectable, or otherwise.

Updates on PrEP that journalists need to know about

Prof Kenneth Ngunjiri, the main speaker during this science cafe, said for maximum impact of pre-exposure prophylaxis (PrEP), we need to get to the community level with key, accurate and relevant information so that they can in turn be in a position to demonstrate the value of the drug.

In Kenya close to 2,000 facilities are offering PrEP services to an estimated over 20,000 current users. Overall about 63,000 Kenyans have used PrEP since PrEP was launched in Kenya 3 years ago, according to latest figures from PrEP Watch, recently launched by AVAC.

Turn to page 8

Turn to page 2

PrEP, unlike ART, is not a life-long drug, it is taken when people are in their 'seasons of risk', for example when they are not aware of their partners status or do not have the ability to negotiate for safe sex. Discordant couples account for half of PrEP clients.

The HPTN 083 (long-acting injectable) study found that cabotegravir for long-acting injectable PrEP is not only just as effective, but is superior to daily oral Truvada for PrEP. "It is a good signal even as we wait for the HPTN 084 study," said Prof Ngure.

On the issue of whether COVID-19 pandemic has disrupted PrEP access, Prof Ngure said although public health practitioners thought PrEP initiators would miss out on the preventive care during this period, a majority of facilities have innovatively adjusted for HIV prevention services, including multi-month drug dispensation of PrEP, encouraging clients to access PrEP to the nearest facilities and some facilities are piloting courier delivery services to avail PrEP.

Multi-month drug dispensation of PrEP is also another innovative way of sustaining continuation of preventive care.

Beliane Onyango, HIV Prevention and Sexual Health Rights advocate from Homa Bay County in south western Kenya, noted that inadequate information on PrEP, drug size, limited funding to support PrEP advocates and drug side effects like dizziness are among factors fueling low uptake of PrEP among girls and young women.

Ms Onyango recommends awareness creation among parents on PrEP as one of the HIV prevention tools and not as a family planning method. More youth friendly centres should be established to enhance peer to peer service delivery.

Truphena Adoyo, a PrEP user who started using PrEP two years ago, said she decided to stick to the preventive care due to the risk of getting HIV/Aids because she is the one in control of her life. Ms Adoyo urged journalists to cover PrEP users sensitively by accurately reporting their testimonies as a form of advocacy for uptake of the drug.

Fear of increased HIV infections as Covid-19 hinders PrEP access

Photo Credit | NASCOP



Pre-exposure prophylaxis drugs taken by HIV negative people



By Ruth Kadide Keah
rkeahkadide@gmail.com

Fear of contracting Covid-19 is one of the major factors hindering access of pre-exposure prophylaxis (PrEP) in hospitals during this pandemic.

This is according to HIV advocates who are pushing for the use of the drug in the country.

They say due to the increasing number of health workers testing positive for the coronavirus every day people now fear visiting hospitals to access PrEP because they feel they will be exposed to the virus.

PrEP is an HIV prevention strategy where HIV-negative individuals take anti-HIV medications before coming into sexual contact with a HIV-positive partner to reduce the risk of getting infected.

The activists now fear that there might be an increase in HIV positive cases in the country since the target audience cannot access PrEP.

To make sure the PrEP reach the target clients, Prof Kenneth Ngure of Jomo Kenyatta University of Agriculture and Technology suggested innovations home or community delivery for prescription refills.

Prof Ngure spoke during the 22nd Media Science Cafe organised by Media for Environment, Science, Health and Agriculture (MESHA) on July 16. The webinar was attended by science journalists and health advocates from Kenya.

The journalists were urged to highlight positive stories on PrEP use as a way of reducing the spread of HIV.

Injectable PrEP more effective than oral drug, study shows



Sharon Atieno

By Sharon Atieno
sharonphoebeatieno@gmail.com

The results of a trial called HPTN 083 that tested a PrEP strategy of one month of daily oral cabotegravir (CAB), followed by injections every two months of long acting cabotegravir CAB-LA, have recently been released.

The drug was found to be safe and effective in preventing HIV among the study population. Rates of HIV infection were significantly lower in participants who received CAB-LA compared to those who received daily oral TDF/FTC.

The difference in infection rates support the conclusion that CAB-LA is "statistically superior" to oral TDF/FTC in terms of HIV risk reduction.

The study enrolled 4,566 people, and those on oral PrEP recorded 39 infections in the study period, compared to 13 infections among those on injectable drug. In both arms, this is a much lower infection rate than would have been recorded in this community without PrEP.

Explaining the results at a virtual media science café, Prof Kenneth Ngure of Jomo Kenyatta University of Agriculture and Technology (JKUAT) said, "Two infections occurred before receiving any intervention, three occurred in the first step (they had been initiated on oral PrEP) and in five it is being analysed to assess whether they got resistant strains."

Prof Ngure said it is good to have both products even when they have different efficacy levels because people will be able to make a choice between oral and injectable PrEP as we await more products to join the HIV prevention toolbox.

The injectable CAB – administered as one injection after two months – was demonstrated to be safe, with mostly minor side effects such as injection site reaction, which faded after some time.

The HPTN 083 study was carried out on men who have sex with men and transgender women at high risk of HIV infection. A similar study, HPTN 084, is being carried out in women in Sub-Saharan Africa.

The development of the injectable CAB had been informed by the need for additional options for those with challenges with adherence to oral PrEP which will make the HIV prevention field similar to the family planning field where women have multiple options for prevention of pregnancy including orals and injectables.

Globally, according to AVAC's PrEP tracker, there have been 651,586 initiations while in Kenya there have been 63,000 initiations.

Since oral PrEP was rolled out in Kenya in 2017, the drug is offered in more than 1,900 facilities and until May 2020 around 21,000 people are currently on PrEP.

"The injectable PrEP is a good alternative for those who do not want to adhere to oral PrEP or for those who want to take HIV prevention discretely without discussing it with their partners," said

List of Resource persons and key links on PrEP

No.	Name	Affiliation	Field of Specialisation	Phone	Email
1.	Dr Kawango Agot (F)	Impact Research and Development Organization	Medical doctor	0736505046	mamagifto@yahoo.com
2.	Prof Kenneth Ngure (M)	School of Public Health, JKUAT, KEMRI and University of Washington Department of Global Health	Socio-behavioural scientist	0722362219	kngure@pipsthika.org
3.	Dr Nelly Mugo (F)	Principal scientist, Kenya Medical Research Institute (KEMRI)	Obstetrician, gynecologist	0733629665	rwamba@uw.edu
4.	Elizabeth Anne Bukusi (F)	Chief Research Officer, Co-Director Research Care Training Program	Obstetrician, gynecologist		ebukusi@rctp.or.ke / ebukusi@kemri.org / ebukusi@gmail.com

Resources

1. A map based tool to explore trends in oral PrEP – data.prepwatch.org
2. SEARCH story; <https://www.aidsmap.com/news/jul-2020/prep-prevents-estimated-three-quarters-hiv-infections-people-risk-large-african-study>
3. <https://www.nascop.or.ke/prep-reports/>

SAYANSI Flash is a publication of MESHA, P. O. Box 57458 - 00200, Nairobi, email: info@meshascience.org
www.meshascience.org, Facebook: Mesha Kenya Twitter: Mesha Science
Editorial Director: Aghan Daniel; Guest Editor: Godfrey Ombogo

Study: Injectable PrEP signals hope for HIV prevention

By Clifford Akumu | akumu.clifford@gmail.com

Hopes have been renewed after an injectable antiretroviral for HIV pre-exposure prophylaxis (PrEP) showed it could protect certain populations against HIV, the virus that causes AIDS.

The US National Institute of Allergy and Infectious Diseases (NIAD), the HIV Prevention Trials Network and ViiV Healthcare announced recently that a bi-monthly injection of cabotegravir (CAB-LA) is effective in preventing HIV infection than the daily oral PrEP.

These findings demonstrated safety and efficacy raising hopes of "high potential for an additional HIV prevention tool." Professor Kenneth Ngunjiri, from the Jomo Kenyatta University of Agriculture and Technology's School of Public Health said the clinical trial has indicated the injectable PrEP is more superior to the daily oral pill, which is currently in use.

"This is a very exciting news for people at risk of HIV infection," said Prof Ngunjiri, a researcher with keen interest in HIV-self testing and antiretroviral based HIV prevention- especially PrEP.

These promising early news, Prof. Ngunjiri noted during the 22nd MESHAF monthly media science café held on July 20, is signaling a clear path that, "in the not so distant future, we may have an additional HIV prevention method which is long-acting and could be especially desirable for people who have challenges in taking daily pills."



Professor Kenneth Ngunjiri

The long-acting injectable is administered after every two months, said Prof Ngunjiri.

The HPTN 083, a large-scale efficacy trial, was the first study to compare the efficacy of cabotegravir to daily oral Truvada (TDF/FTC) for HIV PrEP. It enrolled 4,570 cisgender men who have sex with men (MSM) and transgender women (TGW) who have sex with men at 43 sites in Brazil, Argentina, Peru, United States, Thailand, Vietnam and South Africa.

Two-thirds of study participants were under 30 years of age, and 12 per cent were transgender women.

In the study, participants were assigned randomly (by chance) to either the cabotegravir or oral Truvada (PrEP) group. In each group the participants

received both injections and oral tablets - each participant received one active drug and one placebo (not active drug or anything that seems to a "real" medical treatment) in order to maintain the blinded nature of the study.

According to the HPTN083 study, whose results was the hallmark of AIDS 2020 conference, out of 52 participants who had HIV infection during the trial, 13 acquired the HIV after they were given the long acting injectable PrEP also known as CAB-LA compared to 39 people who were given the daily oral pills also known as Truvada(TDF/FTC).

Simply put, the number of incident HIV infections were approximately three times in the TDF/FTC arm than in the CAB arm demonstrating that the latter-administered every eight weeks is highly effective for the prevention of HIV acquisition in cisgender men and transgender women.

Scientists define study arms as a group of people in a clinical study who receive the same intervention.

Experts agree that to help eliminate HIV, additional treatment and prevention options are needed to improve uptake and continuation across different individuals.

Professor Ngunjiri noted that for some people, taking a daily pill can be challenging which impacts adherence of antiretroviral therapy (ART), and PrEP negatively.

"A long-acting injectable for PrEP that does not require adherence to an oral daily pill is a great addition to the HIV prevention toolbox," said Beatriz Grinsztejn, protocol co-chair in the HPTN 083 study.

"Prevention strategies have never been one-size-fits-all," added Grinsztejn in a statement.

Mitchell Warren, AVAC executive director said in a statement, "This is encouraging news for the HIV prevention field. We need additional prevention options to help people protect themselves from HIV."

To optimize PrEP, novel strategies under investigation include short-and long-acting oral pills, long-acting injectable and implants, monoclonal antibodies, topically applied products for rectal and vaginal use.

Similarly, a companion study HPTN 084, is comparing the efficacy and safety of CAB LA to daily oral TDF/FTC for PrEP among women 18 to 45 years old in sub-Saharan Africa.

Warren further called for trial among women to continue with urgency to accelerate planning for possible introduction of new option to prevent HIV.

"We look forward to the peer review publications of these data, as well as the results from the ongoing, companion trial in cisgender women, HPTN 084, in hopes that this might be a safe and effective option for all people at risk of HIV infection," said Warren.

Noting that the study did not include women, Prof Ngunjiri added, "the sister study HPTN 084 will provide more data of safety and efficacy of the injectables for women in sub-Saharan Africa."

"This now remains an urgent priority for many communities where women are at very high risk of HIV infection and have few options for HIV prevention," he noted.

Ngunjiri further notes, the HPTN 083, is not the only HIV prevention tool that has shown progress. "Currently the Dapivirine vaginal ring is under regulatory approval by European Medicines Agency," he added.



Injectable PrEP

Additionally, a new HIV prevention implant (islatravir/MK-8591) that can provide protection for up to 1 year has demonstrated safety in an early phase study and will soon be moving to testing for efficacy and safety in larger studies, making the field look even brighter, said Ngunjiri.

"I foresee the HIV prevention field looking like the family planning field where people at risk of contracting HIV will have multiple products to choose from that fit within their lifestyle just like what women currently do with contraceptives," added Ngunjiri.

After research, the products undergo regulatory review and have to be licensed before they can be used by larger populations, "however, successful trials are key critical steps before moving to regulatory review and licensure," added Ngunjiri, who is also one of the four African representatives to the Governing Council of the International AIDS Society.

Ngunjiri further added, "When such studies are done in a country, it is the community or a particular population that benefits the first."

The DSMB also recommended that the HPTN 084 companion study continue with both active and placebo products. Both HPTN 083 and HPTN 084 are designed as double dummy, double blind studies with participants receiving both an active product and a placebo.

"We cannot allow women to be left behind in the search for safe, effective and licensed HIV prevention options."

"In addition, there is urgent work to be done to understand what HIV prevention programs and health systems need to do now in order to meet future demands of delivering a drug by injection every two months,"

Misconceptions hinder uptake of PrEP among youth



A young lady poses with a T-shirt carrying messages on the fight against HIV.

By Sharon Atieno | sharonphoebeatieno@gmail.com

Despite pre-exposure prophylaxis (PrEP) being a key intervention in the prevention of HIV infection, young people still have challenges adhering.

“Everyone should get to understand PrEP, it is not meant for sex workers only. Anybody who feels they are at risk should feel free to take it,” Ms Onyango said.

According to National AIDS Control Programme (NASCO) statistics, in April 2020, the majority of people on PrEP were above 30 years of age. This is in spite of the extremely high HIV burden in Kenya among the youth 15 to 24 years.

She said the side effects of the drug also pose a challenge for the adolescents and young women, who opt to discontinue the use instead of feeling uncomfortable.

Statistics show that there are 8,177 new infections every year among the youth in Kenya. In 2018, the Kenya HIV Estimates by NASCO indicated that 105,230 adolescents are living with HIV and only 20,633 are on antiretroviral therapy.

“I started taking PrEP in 2018, I was taking it with some of my colleagues but unfortunately I am now the only one using it,” says Truphena Aoyo, a young PrEP user.

Speaking during a Media for Science, Health and Agriculture (MESH) café, Belianne Onyango, a HIV and PrEP advocate based in Homa Bay County, lamented that misconceptions are a major contributor to youths discontinuing PrEP use, especially adolescent girls and young women.

“When we started using PrEP, we felt dizzy, and would vomit a lot. This made many people to discontinue taking it,” she adds.

“Many people believe that PrEP is meant for sex workers and many don’t want to associate with sex work,” she said, adding that even parents associate the drug with prostitution, thus discouraging the youth from taking it.

Addressing this concern, Prof Kenneth Ngure said only about one out of 10 people experience these transient side effects.

“The side effects are often mild, associated with vomit and diarrhea and experienced mainly in the first one month,” he said. “We counsel anyone experiencing those challenges and tell them to bear with it for one month.”

Prof Ngure said the challenge among the youth, especially young women, is that when one person gets side effects, they share the information in their networks, leading to widespread discontinuation of the drug use.

“They should be assured that if they are not getting side effects, they probably won’t because 9 out of 10 don’t.”

Another challenge mentioned by Ms Onyango is that the drug is too big in size and cannot easily pass through the throat.

Prof Ngure said there is counseling around the drug size and the youth can be trained on how to swallow the pill without much difficulty.

During this COVID-19 period, the PrEP advocate noted that access is a big challenge as some of the facilities where the youths were getting PrEP have been turned into isolation centres, forcing some to discontinue use.

Others fear going to the facilities for fear of contracting the coronavirus and for those on home delivery, there has been discrimination and conflict in families as some parents have not positively embraced PrEP, added Ms Onyango.

My life as a PrEP advocate



Belianne Onyango: Health advocate

By Aghan Daniel
aghan@meshscience.org

As a young high school student at Bishop Okullu Girls’ School, Homa Bay, Miss Belliane Onyango admired accountants and wanted to be one after high school.

Every girl in her class of 2010 left the school convinced that in her, an accountant was made. However, when the results of her Kenya Certificate of Secondary Education were released the following February, her dream was extinguished.

It is not because she did not attain the desired grades to pursue her career of choice, but her education sponsor, an elder sister, saw it best to choose for her a community service work.

In her sister’s estimation, Ms Onyango was a more people person than an officer handling figures of cash. She enrolled her for social work course at Siaya Institute of Science and Technology in western Kenya where in 2016 she obtained a diploma in Social and Community Work.

Back to Homa Bay, she began to volunteer with various organisations working in the surrounding villages of this small pier town inhabited by the fisher folk. It was during one of those outreaches that she met an organization that talked her into understanding what Pre-Exposure Prophylactics (PrEP) is all about and recruited her into their team as a PrEP advocate.

That was three years ago and Ms Onyango has never looked back. She has been an advocate for PrEP and an adherence counsellor mainly for adolescent young girls. To date she has reached nearly 1000 youths of 15-24 years age group with messages on sexuality and PrEP.

“For one to become a PrEP advocate, proper understanding of PrEP is a requirement, what it can do and why we need it to be taken up,” says Ms Onyango who has partnered with different organizations locally, nationally and internationally such as Athena Network.

She adds that one also needs to understand underlying religious and cultural practices among the community that she intends to work in besides understanding delicate issues attached to sexual matters in the specific community. Importantly too, one has to understand and flawlessly communicate the information to the target group, she told this writer.

The 28 year old single woman who is adored by the community she works in says that it is key to develop personal relationships with the youth and not just appear in their lives at times of crisis.

“It is passion that keeps me going, little things like phone calls from strangers asking me to go and speak to young girls in places which are not in my plan or area of jurisdiction let me know that I touch lives in this community, for that is all about this work,” says a smiling Ms Onyango who cites peer mentors as the bedrock of her success.

To-date, she has nurtured and followed 50 PrEP users with about ten of them able to talk fluently in public about their experience using the drug. It pains her to hear that someone has dropped out of taking PrEP.

“I work in a county of contrasts – on one hand, people are hungry for information which they often tell me is power and which I am so happy to share that I go out of my way to do so at their own convenience, on the other hand our county dubiously leads in teen pregnancy, early marriages and new HIV infections each year for the last five years or so. The message on my lips is to the young girls to avoid engaging in sex, and if they have to, to do so with protection, but at the end of the year, the statistics are damning,” says this lady who has no regular paycheck.

A key hindrance to uptake of PrEP is the perception that users are female sex workers.

Future plans? We want to reach out to the County Government through the House Health Committee. We hope to get a few Members of County Assembly (MCAs) who can become PrEP and other sexuality issues champions. They also want to join hands with the media so that they can amplify their work.

“Our work is just beginning, if you look at the annual statistics from Homa Bay hence, we call on all and sundry to work with us, we must vouch and bring change to the people of Homa Bay,” she concludes.

To do this, the group needs to be trained on how to work with the political class and policy makers.

Given the amount of work at hand, Ms Onyango recently teamed up with a few young peers to form a Community Based Organisation called Ever Present which they intend to use to reach out to both girls and boys since the boy child has been ignored for a while and we want to bring them on board.

Reporting PrEP for HIV: Personal experience

Fear of contracting Covid-19 is one of the major factors hindering access of pre-exposure prophylaxis (PrEP) in hospitals during this pandemic.

This is according to HIV advocates who are pushing for more use of the drug in the country.

They say due to the increasing number of health workers testing positive for the coronavirus, people now fear visiting hospitals to access PrEP because they feel they will be exposed to the virus.

PrEP is an HIV prevention strategy where HIV-negative individuals take anti-HIV medications before coming into sexual contact with an HIV-positive partner to reduce the risk of getting infected.

The advocates now fear that there might be an increase in HIV positive cases in the country since the target audience cannot access PrEP.

To make sure PrEP reaches the target clients, Prof Kenneth Ngunjiri of Jomo Kenyatta University of Agriculture and Technology suggested innovations like home or community delivery for prescription refills.

Prof Ngunjiri spoke at the 22nd Media Science Cafe organised by Media for Environment, Science, Health and Agriculture (MESH) on July 16. The webinar was attended by science journalists and health advocates from Kenya.

The journalists were urged to highlight positive stories on PrEP use as a way of reducing the spread of HIV.



Beliane in her one of her recent outreach missions

Partner violence, stigma and pill burden key challenges in PrEP

By Aghan Daniel | aghan@meshscience.org

According to Dr Kawango Agot, other than the fear of potential partner violence, stigma and pill burden, social workers do not actually have such a big problem with PrEP uptake; the problem is with retention on and adherence to PrEP.

Dr Agot, a renowned researcher and implementor of HIV programs in western Kenya heads Impact Research and Development Organisation based in Kisumu, Kenya adds that key challenges that need to be addressed on PrEP uptake include inadequate partner support - mainly resulting from inadequate knowledge about PrEP by partners. This affects both uptake (sometimes from fear of potential violence) and adherence and retention (sometimes from actual violence).

Pill burden has also become a key hurdle especially if they feel the risk is down - affects retention in PrEP otherwise known as persistence. Experts have observed that PrEP users often take up PrEP but drop it whenever they feel the risk situation is no longer applicable, and restart/resume when the risk is back. Problem, they do not observe the lead time required.

Finally, the stigma associated with taking PrEP has not made its uptake easier. Such include from being mistaken as having HIV (pill bottle is a big thing) to being perceived

as promiscuous. Through a project called DREAMS, experts like Dr Agot, have managed to increase uptake of PrEP among the youth you work they work with. Having PrEP champions who are peers on PrEP and who are good adherers to provide ongoing support to the girls initiating PrEP or having challenges with adherence has been a key game changer.

"Having friendly and empathetic clinical and counselling staff who make AGYW want to go back again and again and again has been a hit too," she adds.

She adds that educating men and general community members through community meetings (implementing a program known as SASA! - which aims at changing negative community norms) has also led to their success.

Providing PrEP at Safe Spaces and during clinical outreach services where they offer multiple services, including non-clinical services, so it is not obvious which service an AGYW has come for - also make it happen.

In her parting shot, Dr Agot says that media needs to carry accurate information on PrEP. Husbands, boyfriends and community members to also need to support AGYW who are on PrEP.

Despite great progress, HIV response is still failing children

By Clifford Akumu | akumu.clifford@gmail.com

Despite great progress made since the early days of the epidemic, HIV response for children has fallen behind, the latest report on the progress towards the Start Free, Stay Free, AIDS Free targets shows.

Countries have agreed to a range of HIV prevention and treatment targets. For children to start out their lives HIV-free, one of those targets was to reduce new child (aged 0-14 years) HIV infections to less than 40,000 by 2018 and 20,000 by 2020.

However, newly published estimates show that 150 000 children were newly infected with HIV in 2019 a 52% reduction since 2010, but still four times the 2018 target.

Year after year, the bold target of eliminating new HIV infections among children is being missed and children are dying needlessly from AIDS-related illnesses - deaths that could be prevented with simple and cheap treatments if the children were diagnosed and treated in time.

"To see so many tools available, so many new HIV infections among children that have been prevented, so many children living with HIV doing well, but to see others missed and still left behind is a tragedy," said Winnie Byanyima, Executive Director of UNAIDS.

"We cannot accept that tens of thousands of children still become infected with HIV and die from AIDS-related illnesses every year."

The Start Free, Stay Free, AIDS Free framework has three simple concepts. First, babies have a right to enter the world free from HIV. Second, through HIV prevention, children, adolescents and young women have a right to stay free from the virus.

Third, children and adolescents who acquire HIV have the right to be diagnosed, treated and cared for, so that they can remain AIDS-free.

By ensuring that pregnant women living with HIV are diagnosed, started on and retained on antiretroviral medicines during pregnancy, delivery and breastfeeding, the chance that they will pass on the virus is less than 1%.

In 2019, however, only 950 000 (53%) of the 1.8 million children living with HIV were receiving HIV treatment - much lower than the 67% of adults on treatment. It is clear that to save lives, the missing 840 000 children not on treatment - an estimated two thirds of whom are estimated to be between 5 and 14 years - must be diagnosed and treated as a matter of urgency.



Young healthy children: Interventions on HIV still fail

"The lack of optimal HIV medicines with suitable paediatric formulations has been a longstanding barrier to improving health outcomes for children living with HIV, contributing towards low treatment coverage," said Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization. "Access to services for vulnerable groups must be expanded through stronger community engagement, improved service delivery and tackling stigma and discrimination."

Globally, 85% of pregnant women living with HIV received those medicines in 2019. But despite this high coverage, children are still becoming infected due to unequal access to treatment services (primarily in western and central Africa), women falling out of care and pregnant and breastfeeding women becoming newly infected with HIV.

"As a global community, we have made remarkable progress toward controlling the HIV pandemic, yet we are still missing far too many children, adolescents and young women," said Angeli Achrekar, Principal Deputy United States Global AIDS Coordinator, United States President's Emergency Plan for AIDS Relief.

"We must all redouble our efforts to urgently reach these critical populations - and PEPFAR remains deeply committed to doing its part." So that children and adolescents stay AIDS-free, countries called for ambitious but achievable targets for HIV treatment for children—to provide 1.4 million children living with HIV with antiretroviral therapy by 2020.

Despite the failures, the positive news is that we do know how the world could have met the Start Free, Stay Free, AIDS Free targets. And with enough commitment, we can still overcome the main obstacles to the targets and reverse the failures.

"The past decade has been marked by innovation and progress in the field of paediatric HIV, but the dramatic miss on targets for children in this latest report is simply unacceptable. We must urgently renew our commitment to fighting for an AIDS-free generation, but today, as a global community, we are failing the most vulnerable among us: children and youth," said Chip Lyons, President and Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation.

"We can do better. We must do better," added Ms Byanyima. "We know how to save lives and stop new HIV infections among children. I demand that we spare no effort. Anything less is shameful."