

Start Free, Stay Free, AIDS Free

On the Super-Fast Track to ending AIDS in Children Adolescents and Young Woman by 2020

Start Free, Stay Free, AIDS Free is a framework launched in 2016 by UNAIDS and PEPFAR that builds on the Global Plan to Eliminate Mother to Child Transmission, which ended in 2015. The framework seeks to expand and consolidate the progress on vertical transmission created by the Global Plan while adding emphasis on primary prevention among adolescents and young women and on pediatric treatment. The three Frees are inter-related and promote a life-cycle approach to preventing and treating pediatric HIV.

The Regional Interagency Task Force-Eastern and Southern Africa (RIATT-ESA), working on behalf of children and adolescents and their families, encourage national governments as well as national, regional and international stakeholders to pursue the objectives of the Start Free, Stay Free, AIDS Free framework and the 2016 High Level Meeting on HIV/AIDS with the urgency they deserve as they set policies, allocate resources, and design programs. They should use a comprehensive approach that includes medical and social interventions, as well as economic and psychological support to help children avoid, survive, and overcome HIV and its impacts.

START FREE: prevent new HIV infections among children during pregnancy, birth and throughout the breastfeeding period.

STAY FREE: prevent new HIV infections among adolescents and young women as they grow up.

AIDS FREE: provide HIV treatment, care and support to children and adolescents living with HIV.

Start Free, Stay Free, AIDS Free Targets

- START FREE**
 - ◇ Eliminate new HIV infections among children (aged 0–14) by reducing the number of children newly infected annually to less than 40 000 by 2018 and 20 000 by 2020.
 - ◇ Reach and sustain 95% of pregnant women living with HIV with lifelong HIV treatment by 2018.
- STAY FREE**
 - ◇ Reduce the number of new HIV infections among adolescents and young women (aged 10–24) to less than 100 000 by 2020.
 - ◇ Provide voluntary medical circumcision for HIV prevention to 25 million additional men by 2020,
- AIDS FREE**
 - ◇ Provide 1.6 million children (aged 0–14) and 1.2 million adolescents (aged 15–19) living with HIV with lifelong antiretroviral therapy by 2018. [Reach 95% of all children living with HIV]
 - ◇ Provide 1.4 million children (aged 0–14) and 1 million adolescents (aged 15–19) with lifelong HIV treatment by 2020. [Reach 95% of all children living with HIV]

Progress Review

In May 2017 Ministers from 10 countries and representatives from partner organizations gathered at a ministerial progress review meeting of the “3 frees”, framework, co-chaired by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

The meeting was held on the sidelines of the Seventieth World Health Assembly, and was sponsored by Lesotho, Malawi and Swaziland. It reviewed progress towards achieving the global targets related to the “3 frees” framework, including challenges affecting implementation, such as the rapid adoption and roll-out of paediatric treatment tools, and opportunities for accelerated action.

The meeting was attended by high-level delegates including the First Lady of Namibia, representatives of women living with HIV, representatives from key stakeholder organizations, and ministers of health from Belarus and 9 other priority countries: Cameroon, the Democratic Republic of the Congo, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Swaziland and Zimbabwe.

Facts and Figures on Children Living with and Affected by HIV¹

(figures are for 2016 unless otherwise indicated)

- An estimated 2.1 million children (aged 0-14) were living with HIV
- An estimated 2.1 million adolescents (aged 10-19) were living with HIV
- There were 160,000 new HIV infections among children (aged 0-14)
- There were 250,000 new HIV infections among adolescents (aged 15-19) in 2015
- 919,000 children (0-14), or 43% of children living with HIV, were on antiretroviral therapy
- 120,000 children (0-14) died of AIDS-related causes
- An estimated 1.4 million pregnant women were living with HIV
- 76% of pregnant women living with HIV were on antiretroviral therapy
- 16.5 million children (aged 0-17) had lost one or both parents to AIDS-related diseases
- 43% of HIV-exposed infants globally received early infant diagnostic services within the first two months of life as recommended
- Among the 3xFree priority countries, an average of only 50% of HIV-exposed children are tested by 8 weeks, with most countries reaching even lower numbers.
- Without treatment, 50% of HIV positive children will die by age 2 and 80% will die by age 5; but if treatment is started by 12 weeks of age, AIDS-related mortality declines by 75%²
- Children make up 6% of the population of people living with HIV, but account for 12% of AIDS-related deaths
- Among adolescents, AIDS is the number one cause of death in sub-Saharan Africa.
- There were approximately 4 million young people (aged 15–24) living with HIV globally in 2016, most of them in sub-Saharan Africa (2.8 million), but in this region only 10% of young men and 15% of young women (aged 15–24) are aware of their HIV status
- Among young people aged 15–24, young women account for 66% of new HIV infections in sub-Saharan Africa, where HIV prevalence among young women (aged 15–24) is twice as high as their male peers
- On average, young women and adolescent girls acquire HIV five to seven years earlier than young men.³
- Treatment adherence for children is complicated by ARVs that taste unpleasant and are hard to take or tolerate, and often have toxic side effects
- Children need adequate diet and nutrition to tolerate ARVs and thrive physically and intellectually.

¹UNAIDS. AIDS info database: <http://aidsinfo.unaids.org/>. Accessed March 2017. And UNAIDS. [On the Fast Track to an AIDS Free Generation: The Incredible Journey of the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive](#). June 2016

²Violari A, Cotton M, Gibb D. Antiretroviral therapy initiated before 12 weeks of age reduces early mortality in young HIV-infected infants: Evidence from the Children with HIV Early Antiretroviral Therapy (CHER) Study [Abstract WESS103]. The 4th IAS Conference on HIV Pathogenesis, Treatment, and Prevention; Sydney, Australia. 2007.

³UNAIDS. Empower Young Women and Adolescent Girls: Fast-Track the End of the AIDS Epidemic in Africa. 2015, p. 5.