

MEETING REPORT

HIV SERVICE DELIVERY

REPORT OF A CONSULTATION CO-HOSTED BY WHO AND
THE COALITION FOR CHILDREN AFFECTED BY AIDS

LEARNING SESSION ON HIV-AFFECTED ADOLESCENT MOTHERS AND THEIR CHILDREN IN SUB-SAHARAN AFRICA

13 DECEMBER 2019, GENEVA, SWITZERLAND



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1. SUMMARY

This learning session, co-hosted by WHO and the Coalition for Children Affected by AIDS, brought together 43 global thought leaders from the HIV, sexual and reproductive health, early childhood development, poverty reduction, rights, gender, exclusion and mental health sectors to develop an evidence-informed advocacy agenda for HIV-affected adolescent mothers and their children. The learning session had the following objectives:

- to identify gaps and consolidate key scientific and programmatic evidence on the scale and nature of the needs of HIV-affected adolescent mothers and their children and proven solutions to address them; and
- to establish a set of advocacy recommendations for changes for governments, donors, policy-makers and civil society.

The learning session was accompanied by a comprehensive evidence review (1); a video of young mothers from across Africa (2); and an advocacy briefing (3) on what needs to change to deliver an effective integrated approach for children and adolescents.

Below are the draft advocacy recommendations working groups created during the learning session.



Key advocacy messages

1. We have the evidence; we know what works; what we need now is coordination and leadership.

We can and should start now to deliver change for HIV-affected adolescent mothers and their children. This is a transformative issue that cuts to the core of gender equality, human rights and the rights of the child and obliges sectors to work together in new ways. Achieving change will take time and therefore requires political and donor leadership.

2. Adolescent mothers and their children are a vast and growing population being left behind.

Both mothers and children are more vulnerable to HIV, delayed early childhood development, gender inequality, poverty, violence, exclusion and poor health and education, which limit generations across a lifetime. Despite this, they are underserved; with many too far away, too poor, too stigmatized and discriminated against and too mentally or emotionally distressed to access services or remain in care.

3. Adolescent mothers and their children face a double burden of stigma.

Stigma associated with HIV is compounded by entrenched stigma surrounding young motherhood itself. Many adolescent mothers and their young children are rejected by their families, communities, school, clinics and other service providers.

4. Harmful traditional practices and social norms deny them access to information and support.

These include practices and norms associated with contraception, female genital mutilation, child marriage, gender inequality and toxic masculinity.

5. A holistic approach that addresses the comprehensive needs of the adolescent mother and child together is more effective, feasible and affordable.

The days of working in siloed sectors are over; rather we must combine services and support on HIV, health, education, protection, poverty, gender and other areas, in a tailored, integrated programme. Mental health support in particular requires far greater attention. We must support all adolescent mothers in areas with a high burden of HIV infection and not just the people already living with HIV. Any service in contact with an adolescent mother and child is a window to provide this holistic support.

6. Start early.

What happens to children during pregnancy and in their first 1000 days determines their path through life. Children born to adolescent mothers are more at risk of delayed development, and those born in areas with a high burden of HIV infection even more so. Equally, comprehensive sexuality education and positive gender messaging from early childhood are key to tackling the harmful traditional practices and social norms. A life-cycle approach is essential for delivering transformative change.

7. Men and boys are a key part of the solution.

We must work with them to tackle harmful traditional practices and social norms; men often have leadership roles in communities, services and political institutions and determine local policies and practices affecting adolescent mothers and their children; and improving their health-seeking behaviour would be a major step in reducing HIV infection among girls and adolescents.

8. Strengthening the capacity of communities and families is key.

Strong national policies and laws are important. However, these are only enacted when complemented by supportive and resourced communities and families. Moreover, community-based organizations are well placed to reach out to those unable to access mainstream institutional services.

9. The participation of adolescents is essential.

They know what they need; they are critical for providing peer support to each other; and they should be supported to participate in decisions that affect them, and in holding governments to account.

A set of key advocacy recommendations for donors, governments and civil society were developed (see later in the report).

2. BACKGROUND, OPENING STATEMENTS AND OVERVIEW

Adolescent mothers and their children have poorer outcomes in preventing the mother-to-child transmission of HIV and are less likely to receive or stay on treatment. They are also at the receiving end of a multitude of broader vulnerabilities, including those associated with gender inequality, poverty, violence, exclusion and poor education. For the adolescent mother and their children, this puts their health and well-being at risk and perpetuates a cycle of poverty and vulnerability, including HIV infection.

WHO and the Coalition for Children Affected by AIDS convened a learning session of scientific and programmatic experts to consolidate the evidence on why HIV-affected adolescent mothers and their children are being left behind and to deliberate on the multiple-level changes needed to improve their outcomes.

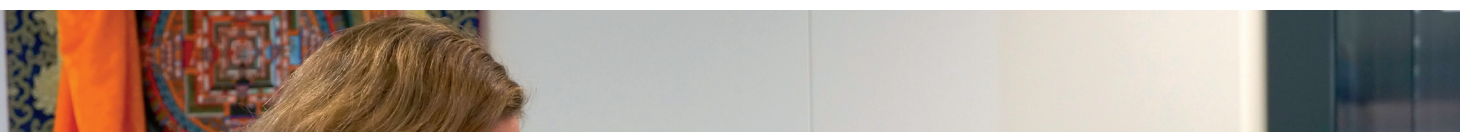
The objectives of this learning session were:

- to identify gaps and consolidate key scientific and programmatic evidence on the scale and nature of the needs of HIV-affected adolescent mothers and their children and proven solutions to address them; and
- to establish a set of advocacy recommendations for changes for governments, donors, policy makers and civil society.

Opening co-chair remarks

Meg Doherty, Coordinator, WHO Department of HIV —

Opened the learning session by emphasizing its importance to WHO, especially in the context of universal health coverage and leaving no one behind and the importance of collaboration, linkage and synergy with other initiatives including the nurturing care framework agenda and the Start Free, Stay Free, AIDS Free initiative. Forums for collaboration, advocacy and coordination need to be convened and supported, for which this learning session is a key example. The aim is to define evidence-informed advocacy recommendations for donors, governments and civil society that we can all champion together. The learning session will address two central questions on changes needed by governments, donors, policy-makers and civil society; and evidence showing that these recommendations are either required and/or effective. The need for effective collaboration is reflected in the dynamic range of participants from various sectors, including early childhood development, adolescent health, sexual and reproductive health, HIV, gender and mental health.



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