

## **Reducing Pediatric HIV/Aids in South Africa: Implementation of The Global Alliance to End Aids in Children by UNAIDS**

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### ***Abstract***

*The research analyzes the implementation of the Global Alliance to End AIDS in Children program by UNAIDS in reducing the number of children living with HIV/AIDS in South Africa. The background of the research is based on the high prevalence of HIV/AIDS in children with gaps in access to antiretroviral therapy (ARV). The method used by the researcher is qualitative with a literature study approach and secondary data analysis from official reports, scientific journals, and international policies. The results show that the program implementation is carried out through four work programs, such as early detection in children, closing the treatment gap in pregnant women, preventing new infections in adolescents, and removing social barriers to the program. The Global Health Governance and Human Security approach is the main conceptual framework in evaluating the international cooperation. The findings confirm the importance of global health governance collaboration between international and national actors in dealing with HIV/AIDS as a health risk to vulnerable groups.*

**Keywords:** HIV/AIDS, children, UNAIDS, Global Alliance, South Africa, ARV

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## **Introduction**

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) remains one of the most critical health issues in the world, particularly in sub-Saharan Africa. South Africa is the country with the highest HIV burden globally, with more than 3.5 million children living with HIV in 2021. However, only about 57% of them have access to antiretroviral therapy (ART), which is essential for suppressing the virus and improving the quality of life of affected children (Zuma et al., 2022). Inequalities in access to health services reflect significant structural and social barriers, such as stigma and lack of public education (Desmond et al., 2022: 44). In addition, high levels of mother-to-child transmission mean that many babies are born without adequate medical protection, particularly in remote areas. Children living with HIV, with immature immune systems, are particularly vulnerable to opportunistic infections and malnutrition conditions such as stunting, which affects approximately 27% of children under the age of five (UNICEF South Africa, 2023).

Socioeconomic factors exacerbate this vulnerability. 55.5% of South Africans live below the poverty line in 2022, particularly in the Eastern Cape and Limpopo, the regions with the highest HIV/AIDS burden (Stats SA, 2023). High unemployment, reaching 32.1% in 2023 and more than 60% among youth, limits families' capacity to care for affected children (World Bank, 2023). Although South Africa has a relatively advanced health system compared to its neighbors, the distribution of health services remains uneven, with shortages of personnel and medicines in rural areas (Stangl et al., 2020: 2125). The government's PMTCT program has reduced mother-to-child HIV transmission rates, but social stigma remains a major barrier (Wojcicki, 2017: 14).

In response to this challenge, UNAIDS, WHO and UNICEF launched the Global Alliance to End AIDS in Children program in 2022 with four main pillars: early childhood HIV testing, closing the HIV treatment gap in pregnant and lactating women, HIV prevention and early detection, and addressing structural and social barriers (The Lancet HIV, 2023). South Africa's participation reflects an awareness of the need for international cooperation support in addressing pediatric HIV/AIDS, through a global health governance approach (Desmond et al., 2022: 44). This research seeks to examine the implementation of the program through the concepts of Global Health Governance and Human Security, by considering indicators such as the role of non-state actors, coordination of international organizations, the contribution of the state in policy, and a focus on the national health system. In addition, the Human Security approach is used to assess the protection of children's right to health, reduction of structural vulnerability, and fulfillment of access to health services.

## **Theoretical Framework**

The theoretical framework in this research combines the Global Health Governance (GHG) concept and Human Security concept to comprehensively understand the handling of HIV/AIDS in children. The GHG concept explains the coordination mechanisms among actors in global health governance, particularly the involvement of international organizations such as the WHO, UNAIDS, and

UNICEF in formulating policies, mobilizing resources, and overseeing program implementation at the local level (Weiser et al., 2013: 2953). In the context of the Global Alliance to End AIDS in Children program, GHG is relevant for analyzing the effectiveness of role sharing, strengthening local capacity, and obstacles such as funding disparities and weak cross-sectoral coordination. This program is built on four main pillars, namely early HIV testing for children, treatment for mothers and children, prevention efforts, and the removal of social and structural barriers.

To complement this analysis, the Human Security concept is used, placing individuals as the primary subjects of protection from threats to their well-being, including health, social stigma, and structural inequality. This concept, introduced by UNDP (1994), emphasizes the importance of health security, which is the guarantee of fair, comprehensive, and sustainable access to health services, especially for vulnerable groups such as children with HIV. In the Global Alliance program, this concept is reflected through the integration of medical services such as ARV therapy and social interventions such as public education and community empowerment (UNAIDS, 2021). By combining these two approaches, research can evaluate policies and programs more comprehensively, both from a global governance perspective and in terms of direct protection for affected individuals.

## **Methods**

The research used a qualitative approach that aimed to describe and understand the phenomena occurring in the context of the implementation of the Global Alliance to End AIDS in Children program by UNAIDS in South Africa. According to Creswell (2014: 168), the qualitative approach is highly effective in exploring the complexity of social situations involving interactions between various actors, policies, and more subjective factors, such as social stigma, community perceptions, and the experiences of individuals involved in the program. The qualitative approach is very suitable for this research because it allows researchers to explore in depth and comprehensively the existing dynamics, both at the individual, group, and policy levels in a broader context.

## **Results and Discussion**

### **UNAIDS**

UNAIDS is an international agency leading global efforts to end the AIDS epidemic as a public health threat by 2030, in line with the Sustainable Development Goals (SDGs). Since its establishment in 1996 in Geneva as a partnership of 11 UN agencies, UNAIDS has collaborated with governments, civil society organizations, and affected communities. The main vision is “zero new HIV infections, zero discrimination, and zero AIDS-related deaths,” with a focus on infection prevention, access to antiretroviral (ARV) treatment, stigma elimination, and human rights-based advocacy and gender equality. UNAIDS' global strategy includes the 95-95-95 target for 2025, which aims for 95% of people living with HIV to know their status, 95% of them to receive treatment, and 95% of those on treatment to have an undetectable viral load. Since 2019, UNAIDS has been led by Winnie Byanyima, known for her commitment to social justice and gender equality in the global response to HIV/AIDS.

### **Global Alliance To End AIDS**

The HIV/AIDS epidemic over the past four decades has had a significant impact on children, particularly in sub-Saharan Africa. Despite progress in HIV prevention,

treatment coverage for children still lags behind that for adults. By the end of 2021, only 52% of children aged 0-14 living with HIV were receiving antiretroviral therapy (UNAIDS, 2022). To address this challenge, UNAIDS, together with UNICEF, WHO, PEPFAR, and other partners, launched the Global Alliance to End AIDS in Children in 2022. This initiative aims to end AIDS in children by 2030 through a collaborative approach and inclusive and responsive health care systems that address the needs of children and adolescents.

The program has four main ideas such as early testing and treatment, treatment for pregnant and breastfeeding women to prevent vertical transmission, prevention among adolescent girls through education and access to services, and the removal of structural and social barriers. The initiative also applies the principle of Human Security through a holistic approach, such as community-based mobile services and child friendly ARV formulations, to reach the most vulnerable groups. This concept emphasizes that HIV/AIDS prevention must encompass medical, social, economic, and cultural aspects to ensure the overall well-being of children.

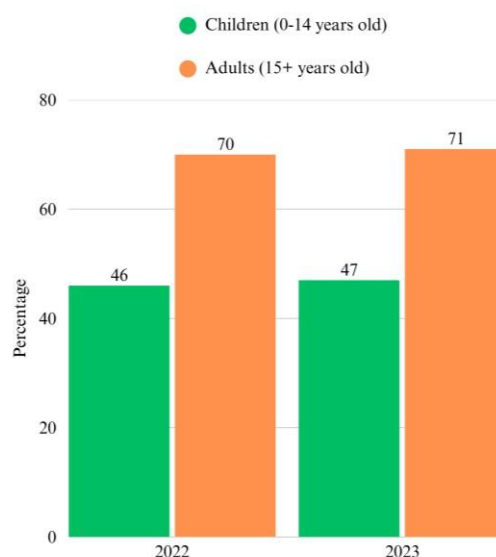
### **Early HIV Testing and Optimized Treatment for Babies, Children, and Adolescents**

Early HIV testing is a crucial step to prevent disease progression and ensure infected children receive treatment as soon as possible (UNAIDS, 2022). Testing is mandatory immediately after birth, especially for infants of mothers with HIV, through a multimodality approach at multiple points of care. The goal is to expand the reach of diagnosis so that more children are identified and receive comprehensive care, including ARV therapy, psychosocial support, nutrition, and regular monitoring. These efforts have been shown to improve life expectancy and quality of life for children with HIV. Since joining the Global Alliance to End AIDS in Children in 2022, South Africa has made significant progress, including the enrollment of 10,000 children in ARV treatment (UNAIDS, 2024). By 2023, 63% of children with HIV will have received ARV therapy, supported by a policy of universal testing at 18 months of age. This achievement enables earlier detection and treatment, with 90% of exposed infants having undergone early HIV testing, well above the global average (Ministry of Health, 2023). In the same year, 97% of pregnant and breastfeeding mothers with HIV received lifelong ARV therapy, contributing to a reduction in vertical transmission (Ministry of Health, 2023).

The implementation of early testing reflects the principles of GHG, through collaboration across actors such as national governments, international organizations, and local health workers (Dodgson et al., 2002: 12). The program also strengthens national systems, especially through real-time data monitoring to identify and address service gaps (Plagerson et al., 2019). From a Human Security perspective, particularly the health security dimension, early testing protects children's basic right to health by initiating treatment before the immune system is severely damaged (Purwanto, 2023: 11).

Treatment success is measured by the number of PLHIV with undetectable viral load, a condition that reflects the effectiveness of ARVs and reduces the risk of transmission (WHO, 2017).

### People With HIV Who Have a Suppressed Viral Load



Data shows an increase in children with undetectable viral load from 46% in 2022 to 47% in 2023 (UNAIDS, 2024). Although the increase is only 1%, this marks important progress in protecting children from the threat of HIV/AIDS. In GHG terms, this achievement reflects the synergy between UNAIDS and the South African Government. Each one percent increase means thousands of children living in better health and at lower risk of transmission, demonstrating the significant impact of interventions from 2022 to 2023.

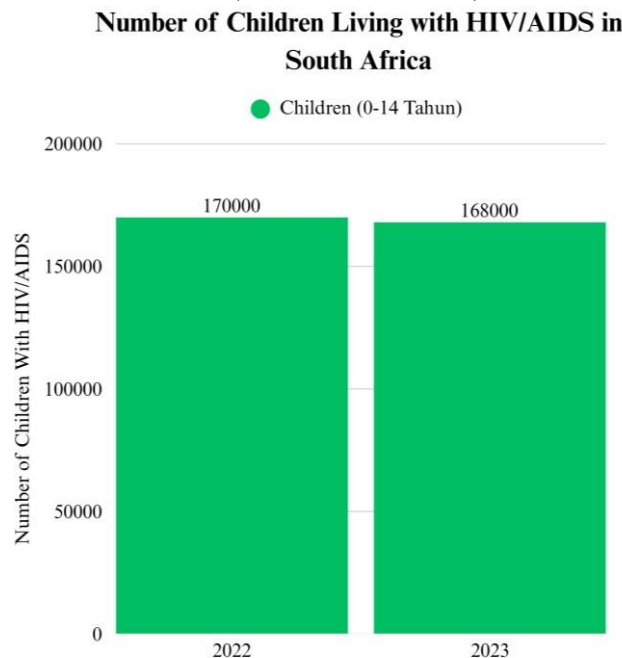
### Closing the Treatment Gap for Pregnant and Breastfeeding Women with HIV

Closing the treatment gap for pregnant and lactating women is an important step in preventing vertical transmission of HIV from mother to child, which remains the leading cause of new infections in children (UNAIDS, 2022). The global alliance emphasizes the importance of providing ARV therapy to pregnant and lactating women, especially through integrated health services. By combining antenatal screening, HIV testing and ARV provision, women are more likely to receive early treatment. This also reduces stigma as women do not have to switch services just for HIV care. The availability of mother- and child-friendly services is also strengthened by training health workers to provide non-judgmental care, confidentiality and emotional support. Family support is also needed to improve treatment.

By 2022, South Africa achieved 97% treatment coverage for pregnant and lactating women living with HIV (The Lancet HIV, 2023). The following year, the focus shifted to maintaining coverage and strengthening effectiveness by introducing Dolutegravir (DTG) as part of the first-line regimen. Although effective at suppressing viral load, the use of DTG was debated due to the small risk of neural tube defects (0.3%) compared to alternative regimens (0.1%) (Wessels et al., 2020). South Africa takes a cautious approach by not recommending DTG in the first six weeks of pregnancy (Ministry of Health, 2023), in contrast to the WHO's inclusive approach (WHO, 2015). This implementation demonstrates strong coordination between global and national organizations, reflecting the principles of country ownership and evidence-based policymaking in Global Health Governance (Plageron et al., 2019). Integrated contraceptive services were also strengthened to enable

women to make informed decisions about treatment, with alternative regimen options such as Efavirenz (EFV). Although mild side effects may occur when transitioning from EFV to DTG, they are generally temporary.

From a human security perspective, the program strengthens the health security dimension for women and children, protecting the lives of babies from the womb and maintaining the welfare of mothers (Purwanto, 2023: 9).



Evidence of the program's success can be seen in the decline in the number of children living with HIV in South Africa, from 170,000 children in 2022 to 168,000 in 2023. This decline demonstrates the positive impact of increased ARV therapy coverage among pregnant women in preventing HIV transmission during pregnancy, childbirth, and breastfeeding. This implementation directly contributes to the reduction in new infections and the number of children living with HIV.

### **Prevention and Detection of New HIV Infections among Adolescent Girls**

The Global Alliance to End AIDS in Children program in South Africa focuses on the prevention and detection of new HIV infections in adolescent girls, who are vulnerable due to lack of information, access to health services, and restrictive social norms (Ministry of Health, 2023). Since joining the global alliance in 2022, South Africa has strengthened community-based education that emphasizes health rights and safe decision-making (Ministry of Health, 2023). The program also provides condoms, PrEP and encourages partner HIV testing, and empowers women socially, economically and emotionally to protect themselves and their children (Ministry of Health, 2023).

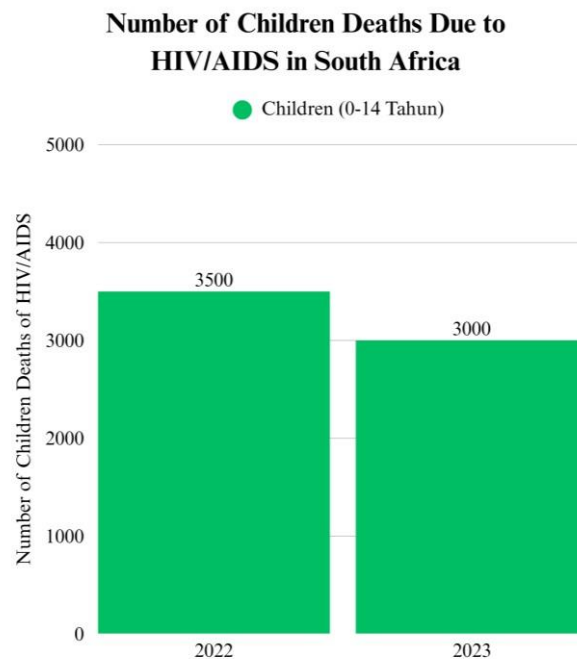
This implementation reflects the principles of Global Health Governance by involving community organizations, educational institutions, and community health workers in an intersectoral approach (Dodgson et al., 2002: 12). This cross-sectoral collaboration emphasizes the importance of synergies between social and health policies (Plagerson, 2019). By 2023, about 43.1% of pregnant women will undergo HIV retesting to prevent vertical transmission (Ministry of Health, 2023). From a human security perspective, this program protects vulnerable groups from biological

and social threats by increasing their knowledge, confidence, and access to protection such as PrEP.

### **Addressing Structural and Social Barriers to Access to Treatment**

The Global Alliance to End AIDS in Children program seeks to address structural and social barriers such as discrimination, stigma and poverty that exacerbate vulnerability to HIV (Council South Africa, 2023). Children, women, and minority groups often experience discrimination in various settings, which hinders access to treatment (UNAIDS, 2022). To change this, the Global Alliance is pushing for inclusive legal reforms and campaigns such as Undetectable = Untransmittable (U=U) by 2022 in South Africa to reduce stigma (Ministry of Health, 2023). By 2023, integrated services are provided to more than 100,000 adolescents in the Eastern Cape and KwaZulu-Natal, with a holistic approach covering medical, social and legal aspects (Council South Africa, 2023). Engagement with community leaders, religious leaders, and PLHIV strengthens campaigns and advocacy based on empathy and lived experience.

These efforts demonstrate the importance of a multisectoral approach in the context of Global Health Governance (GHG) through collaboration between national institutions and international agencies such as UNAIDS, WHO, and UNICEF (Dodgson et al., 2002: 21). GHG emphasizes that HIV treatment does not only depend on drugs, but also the removal of non-medical barriers. In this condition, the child mortality rate is a measure that the program implementation is going well, supported by the ability to collaborate between actors.



The reduction in HIV-related child mortality from 3,500 in 2022 to 3,000 in 2023 demonstrates the program's success in expanding access to treatment (Council South Africa, 2023). Within the framework of Human Security, the removal of structural barriers is a form of protecting children against systemic insecurity, ensuring inclusive and sustainable health services, and confirming that the threat of HIV/AIDS can be addressed with appropriate interventions.

## Conclusions

The implementation of the Global Alliance to End AIDS in Children program by UNAIDS in South Africa reflects the integration of the concepts of Global Health Governance and Human Security, especially Health Security. Early HIV/AIDS testing and treatment for infants, children, and adolescents ensures immediate detection and treatment, while closing the treatment gap for pregnant and lactating women is done through integrated services and early ARV administration. Prevention of new infections in adolescent girls is done through education, prevention tools, and strengthening reproductive health services, while structural and social barriers are addressed through policy advocacy and community campaigns. These four implementations demonstrate cross-actor collaboration, strengthening of national systems, country ownership, and a multisectoral approach between the government, UNAIDS, WHO, UNICEF, and civil society, as well as real-time reporting systems and integrated services that reflect inclusive health governance. In terms of Human Security, especially the health security aspect, this program emphasizes the protection of the right to life and health of vulnerable groups, as well as ensuring equal access to services, free of discrimination, and oriented towards individual welfare.

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