



Fight for What Counts

Maximizing the Global Fund Opportunities to End AIDS and Tuberculosis for Children in Global Fund Grant Cycle 7

National actors engaged in the Global Fund to Fight AIDS, TB and Malaria (Global Fund) country funding request process have the opportunity to call for increased attention to and inclusion of pediatric HIV and TB interventions through the 2023–2025 allocation cycle. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) developed this brief for supporting advocates, technical experts, and other national actors in advocating for the inclusion of pediatric HIV and tuberculosis (TB) within the upcoming Global Fund funding request process.

The Global Fund: Building a More Equitable World

The HIV and TB responses fail to meet the needs of children

Despite years of high-level pledges for urgent action to eliminate vertical transmission of HIV and achieve an AIDS-free generation, children continue to experience some of the most serious HIV-related inequalities.

According to UNAIDS, in 2021, only 52% of children living with HIV gained access to treatment (compared to 76% of adults),¹ and only 41% of children living with HIV had a suppressed viral load (compared to 70% of adults). In 2021, 160,000 children were newly infected with HIV. Almost 85% of new vertical infections occurred in sub-Saharan Africa. Progress in preventing vertical transmission has slowed, with only a 22% decline in new infections from 2016 to 2021.

Additionally, children have historically not been prioritized in the global TB response. Children represent 11% of the global TB burden and 14% of TB deaths each year. Moreover, around 60% of children with TB remain undiagnosed and untreated, and significant investment in improving pediatric diagnostics, treatment, and access to services still has not been made.

Ending AIDS and TB in children will require key actors to both recognize the inequalities faced by children in the HIV and TB responses and to act to address them. Prioritizing children living with and affected by HIV and TB means allocating sufficient budgets for effective prevention, testing, and treatment interventions at clinic and community levels, updated policies, sufficient stocks of the most effective tools, and data collection, all backed by strong political leadership and commitments. Proper data, effective interventions, investment, and attention are needed now to prioritize children living with and affected by HIV and TB. Increased efforts are needed to eliminate vertical transmission of HIV, syphilis, and hepatitis.

The Global Fund's need to fight inequalities faced by children

The [Global Fund 2023-2028 Strategy highlights](#) the needs of reducing health inequities, including age-related disparities. In most countries, national strategic plans and Global Fund guidance open the door for more inclusive designs that meet the needs of children. The [Global Fund modular framework](#) includes eligible interventions for children and pregnant women, with specific modules and interventions for children and their mothers.

Global Fund's grants have not prioritized substantial investments in children's health over the past several years, and children continue to remain a low priority in Global Fund's grants and agenda. Based on [past Technical Review Panel \(TRP\) reports](#), interventions for pediatric HIV were not present in funding requests in countries where there was a known need. Vertical HIV transmission-related activities—such as partner testing and early infant diagnosis, especially at point-of-care—are not adequately prioritized. Interventions addressing childhood TB were either not planned, too small in scale, or lacking the necessary ambition to close the detection gap. Moreover, the TRP states that there were no funding requests found in the 2020-2022 allocation cycle to address TB in adolescents.

¹ In Danger: UNAIDS Global AIDS Update 2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2022.

A historic chance to create lasting change for children living with HIV and TB

With existing knowhow, innovative tools, and experience from partners, Global Fund Grant Cycle 7 is a historic opportunity to help end AIDS and TB in children. For countries to seize this moment to full effect, they must elevate and advocate for the needs of children.

During this funding cycle, Global Fund's country grants should prioritize allocation of sufficient funds to all relevant budget lines related to children. For this to happen, pediatric priorities must be included in each of the in-country discussions, debates, writing, and review of the country proposals so that prioritized services for children materialize in the final budget and grant agreement. Past years' processes have shown us that—without regular interventions to promote and protect children's health and rights—they are often neglected in favor of multiple other conflicting priorities. Without explicit mention of children's needs in the budget, there is no guarantee that broader budgets will provide the specific services, interventions, and commodities they need. We therefore need strong and proactive engagement with Country Coordinating Mechanism (CCM) members, government, civil society, and technical agencies to ensure children are not forgotten in country dialogue, drafting processes, and decision-making platforms.

Bringing children's needs to the grant development process

It is critical that partners working on pediatrics engage with the Global Fund national process to bring children's needs into the grant development process. For example:

- Ensure the HIV/AIDS **National Strategic Plan** includes pediatric AIDS and all relevant interventions for an effective pediatric response and that the country has a good analysis of the programmatic and funding gaps to fill the needs.
- Based on evidence, country experience, and country analysis, **identify critical interventions for inclusion** in the country grant. Consider using the Global Fund Modular Framework to align with the Global Fund eligible interventions.
- **Engage with key national platforms and groups** to inform the country grant, in particular with:
 - CCMs
 - Communities and civil society (for example, like the [Kenya Civil Society Children Priority Charter](#), the national charters of civil society and community organizations can inform country grants with their own analysis and good practices and advocate for innovative models of care to be considered)
 - National technical working groups, writing team, and technical agencies

- Engage in the country review process to address comments provided by the **TRP** and ensure that pediatric interventions and budgets remain as part of the country grant
- Discuss the needs for **technical assistance** with relevant country actors to ensure effective implementation of the country grant
- For more information, visit the [Global Fund Applicant Handbook](#)

EGPAF calls on key stakeholders to take actions for prioritizing children in the country Global Fund grant.

All country actors engaged in the Global Fund should:

- Ensure that quality, pediatric interventions included in the national strategic plans are explicitly included in the Global Fund proposal for funding
- Request and discuss national and subnational data on maternal and pediatric HIV and TB, including evidence on the epidemiological and funding gap situation
- Use Global Fund's grant-making process as an opportunity to end AIDS and TB in children by filling the gaps

Advocates should speak up on children's health needs throughout the Global Fund grant development process—from the review of national plans to the country dialogue, CCM debates, writing processes, and the several review iterations of the country Global Fund grant. Advocates should use evidence to insist that interventions and budgets for pediatric interventions are included and do not fall from the agenda as the drafting and reviewing processes are finalized.

Members of the CCM should apply a checklist (proposed in this document) on pediatric HIV and TB to ensure critical interventions for children are included in the grant and that they are properly budgeted. This brief offers a high-level checklist to support that effort. Additionally, CCM members should advocate and plan for resilient health care systems that work for and are adapted to the needs of children and families, as well as ensure appropriate funding for technical assistance to design and implement effective and efficient pediatric strategies and interventions.

Checklist: Priority Interventions for Children

EGPAF recommends the following interventions be prioritized in the 2023 Global Fund funding cycle. While this list is not comprehensive of all actions needed to achieve an AIDS- and TB-free generation, these key interventions across the cascade of care will help to elevate the needs of children within the Global Fund agenda, improve national pediatric responses, and address the inequities faced by children living with or affected by HIV and/or TB.

Towards an AIDS-Free Generation

Achieving the UNAIDS Fast Track Targets in children



Find missing children by improving case finding and expanding access to early testing. Improving HIV case detection and early diagnosis are necessary to quickly identify children living with HIV to increase access to life-saving medicine and ensure treatment success and viral load suppression. CCM members and stakeholders should ensure that the country Global Fund grant:

- Increases investments in point-of-care early infant diagnosis (POC EID). Evidence shows that the adoption and integration of POC diagnostic technologies can help close the testing gaps, but these have yet to be brought to scale. The World Health Organization (WHO) strongly recommends the use of POC testing as a highly effective strategy for improving EID, decreasing the turnaround time for test results from a median of 55 days with conventional laboratories to zero for a same-visit test.
- Expands and strengthens family-based index and community-centered testing and use of HIV self-tests for adolescent and young people for improved case finding. Index testing is especially useful for identifying older children, as an estimated 2/3 of children not on treatment are aged five years and older. Investments are needed in a variety of case finding and testing strategies to maximize opportunities to identify children living with HIV.



Reduce the pediatric treatment gap by scaling up optimal treatment. In 2021, 800,000 children living with HIV were not on life-saving treatment, which is especially concerning because half of these children will die by their second birthday without treatment. Globally, only 54% of children living with HIV were on treatment, compared to 76% of adults—a gap that has increased every year. CCM members and stakeholders should ensure that the country Global Fund grant:

- Prioritizes rapid introduction and scale-up of access to the latest WHO recommended, optimized, child-friendly HIV treatment, such as dolutegravir and the abacavir/lamivudine/dolutegravir (ALD) fixed dose combination (as soon as it is approved by national regulatory agencies), to achieve sustained viral load suppression.
- Provides adherence counseling and psychosocial support for children and caregivers to ensure that children linked to treatment can stay on treatment, as well as providing interventions for caregiver support to ensure that they are able to support treatment adherence and proper administration of antiretroviral therapy (ART).
- Provides facility based- and community-based differentiated ART service delivery models like multimonth antiretroviral drug dispensing for children under 15-years-old.



Ensure children survive and thrive by improving viral load testing and viral load suppression and improving treatment for co-infections. Children and adolescents face poorer viral load outcomes across the spectrum—low viral load testing uptake, low viral load coverage, and significantly lower rates of viral suppression. As a consequence, in 2020, children accounted for only 5% of all people living with HIV but comprised 15% of all AIDS-related deaths. CCM members and stakeholders should ensure that the country Global Fund grant contributes to expanded viral load testing and fights advanced HIV disease by providing support to:

- Invest in POC viral load testing for children and adolescents. POC viral load testing can improve viral load testing coverage and same-visit follow-up for those with a detectable viral load to facilitate interventions that improve viral suppression rates, particularly for vulnerable populations, like children and adolescents. This is a key step to ensure pediatric populations without viral load suppression are receiving adherence counseling and are promptly switched to second- or third-line regimens, when needed, to improve viral suppression, therefore decreasing pediatric mortality from AIDS-related deaths.

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Moving towards zero new pediatric HIV infections



Prevent mother-to-child transmission of HIV (PMTCT) throughout pregnancy and the breastfeeding period.

Despite high PMTCT coverage in many countries, new HIV infections in children persist with many infections occurring during the pregnancy and breastfeeding periods. Progress has also been uneven across geographic regions and subpopulations. However, progress in preventing vertical transmission has slowed, with only a 22% decline in new infections from 2016 to 2021. CCM members and stakeholders should ensure that the country Global Fund grant contributes to eliminating mother to child transmission of HIV by providing support to the:

- Implementation of repeat HIV testing during pregnancy and breastfeeding per guidelines to identify newly infected women for rapid intervention with HIV treatment and prevention of vertical transmission.
- Provision of optimized treatment regimens to all pregnant and breastfeeding women living with HIV that allow them to quickly achieve and sustain viral load suppression.
- Expansion of the use of POC viral load testing for pregnant and breastfeeding women. With an almost instantaneous turnaround time, POC viral load testing can help identify pregnant women who are not virally suppressed, triggering a response to quickly get the mother to an undetectable viral load. This protects the mother's health and reduces the risk of HIV transmission to her infant.
- Integration of pre-exposure prophylaxis (PrEP)—including daily oral and next generation, long-acting PrEP, and dapivirine vaginal rings—into antenatal care (ANC) and PMTCT services.
- Differentiated and community-led services tailored to women of reproductive age in all their diversity, including comprehensive HIV prevention service delivery to meet the needs of the most vulnerable populations, such as pregnant and breastfeeding women, adolescent girls, and young women.



Eliminate mother-to-child transmission of HIV, syphilis, and hepatitis B (triple EMTCT)

While progress has been made towards the dual elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, countries are only now considering how to include hepatitis B virus (HBV) mother-to-child transmission and move to a triple EMTCT approach. For the first time, the Global Fund has widened its scope of hepatitis funding included in the strategy, allowing countries the opportunity to build triple EMTCT into their PMTCT funding requests. Considering limited funding for hepatitis programs, this Global Fund funding cycle is a critical opportunity for countries to introduce and/or strengthen hepatitis programs, utilizing existing service delivery platforms, including for those for HIV, ANC, and primary care.² A checklist of essential elements focusing specifically on triple EMTCT includes:

- Ensuring funding for interventions aimed at integrated testing for HIV, syphilis, and hepatitis B during ANC visits, with confirmatory testing and use of tenofovir (TDF) in late pregnancy to prevent hepatitis B vertical transmission from HBV-infected mothers with high viral load, as needed, and repeat testing for HIV throughout pregnancy and breastfeeding and syphilis testing throughout pregnancy. While dual HIV/syphilis rapid diagnostic tests are available, single tests will also still be needed for those not needing combination tests. In addition, partner testing and treatment should also be offered.
- Supporting the expansion of laboratory services to include HBV viral load testing. Access to HBV viral load testing with a prompt turnaround time is crucial. More decentralized testing options, such as Cepheid's GeneXpert platform, can expedite this turnaround time, and laboratory-based platforms are also available.
- Improving access to oral PrEP (TDF/FTC) for all pregnant and breastfeeding women who are HBV-positive but HIV-negative to treat HBV and prevent HIV. Similarly, all women living with HIV and HBV should be offered ART, of which the WHO-recommended first-line regimen contains TDF (TDF/3TC/DTG) to treat both HIV and HBV.
- Implementing HBV birth dose (HepB-BD) vaccination as part of the Expanded Program on Immunization (EPI), which, together with TDF prophylaxis for HBV-infected mothers with a high viral load, is necessary to prevent vertical transmission of HBV at birth. Global Fund resources can be used for service delivery of this affordable vaccine, priced at USD 0.24 per dose (via UNICEF Supply Division).
- Supporting interventions to integrate HBV elimination components into established programming for EMTCT of HIV and syphilis as soon as possible.

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² For more information: "Resource Toolkit on GFATM 2023-2025 Funding Opportunities for Hepatitis." CHAI, December 2022. <https://www.clintonhealthaccess.org/report/the-global-fund-to-fight-aids-tb-and-malaria-resource-toolkit-helps-countries-navigate-the-funding-application-process-for-hepatitis-programs/>

- Offering people living with HBV additional tests to assess the need for life-long HBV treatment for their own health and other clinical interventions that may be needed in case of liver damage or cancer.
- Procuring essential quality-assured products. HBV viral load tests may be used on the same molecular platforms currently used for HIV and TB molecular testing and are also included in access pricing menus and so similarly priced to HIV and TB tests. Prices of tests currently purchased by the Global Fund include:
 - Products for syphilis: HIV/syphilis dual RDT (~USD 1.50)
 - Products for HBV: HBsAg RDTs (~USD 1), TDF 300mg 30 tablets (~USD 2.40)

Towards a TB-Free Generation

Prioritizing children in the national response to TB through the Global Fund allocation cycle



Improve case finding efforts for childhood TB. Identifying children exposed to and infected by TB is the first essential step in ensuring they are linked to effective treatment. Yet, less than half of childhood TB cases are reported annually, leading to about 250,000 children a year dying of the disease. The Global Fund supported programs can significantly help find these missing cases by:

- Supporting the development of updated pediatric TB training packages (including TB prevention, diagnosis, and treatment in children and adolescents) for frontline health care workers and community health care workers (HCWs) across all levels of the health system and the rollout of pediatric TB training programs.
- Supporting integration of systematic TB screening and linkage to TB care in child health entry points throughout the health system, such as maternal and child health, nutrition, outpatient/inpatient departments, and HIV and AIDS services. This can offer an expanded access to TB prevention, diagnosis, and treatment, as well as new opportunities to diagnose people living with HIV, while also providing comprehensive health care to children, women, and families.
- Ensuring adequate financial and human resources for the scale-up of community-based household TB contact investigation and community-based TB screening for all contacts younger than 15 years of age.



Better tools and approaches for TB diagnosis in children. While there is still no ideal diagnostic test for childhood TB, there are molecular diagnostic technologies recommended that can help to diagnose TB in children. Even if the sensitivity of these assays in children is lower compared to the sensitivity demonstrated in adults, WHO strongly recommends attempting laboratory-based diagnosis of TB in children whenever feasible in order to obtain bacteriological confirmation. Given the limited sensitivity of available TB diagnostic assays, WHO has also recently recommended the use of integrated TB treatment decision algorithms, a step-wise approach that can guide frontline clinicians and HCWs through the decision-making process of whether to initiate children on TB treatment. This algorithmic approach integrates laboratory-based diagnosis, clinical assessment, and radiological assessment to reach a decision. The Global Fund proposals can catalyze better capacity to diagnose TB in children by supporting:

- Implementation of sample collection procedures for pediatric TB diagnosis, including the most recent sample types recommended for Xpert MTB/RIF and Xpert Ultra testing on the GeneXpert machine (Cepheid)—such as stool and nasopharyngeal aspirates—across the different levels of the health system
- Trainings on sample collection procedures and sample processing for TB diagnosis
- Procurement of devices and consumables for sample collection procedures
- Integrated HIV and TB sample transportation networks
- Uptake and use of the TBLAM lateral flow assay for the diagnosis of TB in children and adolescents living with HIV
- Country adaptation and uptake of the integrated TB treatment decision algorithm for children under the age of 10 years
- Access to quality chest X-ray (CXR) for TB diagnosis through the procurement of digital CXR devices, support for CXR trainings, and establishment of network of experts who can provide support for the interpretation of CXR in children

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Access to shorter TB preventative treatment (TPT); the shorter, four-month regimen for non-severe TB; and child-friendly formulations for the treatment of drug-sensitive and drug-resistant TB. Shorter TPT regimens have been recommended by the WHO. While the indicated preferred TPT option for child contacts of TB cases is the shorter three-month daily INH plus rifampin (3HR) regimen, the preferred TPT option for children and adolescents living with HIV is still six months of isoniazid, as studies are ongoing to define the once weekly INH plus rifapentine for three months (3HP) and one-month daily INH plus rifapentine (1HP) dosages across all age bands as well as dose adjustments required for children on ART. While scale-up of TPT services have received more focused attention recently, the coverage of TPT among child contacts of TB cases remains low, and over two-thirds of the estimated eligible child TB contacts under the age of five years did not access TPT in 2021. In addition, WHO has recently recommended improved treatment regimens, such as a shorter four-month regimen (2HRZ(E)/2HR) for the treatment of non-severe, drug-sensitive TB in children and the use of bedaquiline and delamanid for DR-TB treatment across all ages. Yet, countries will need support to rollout and scale-up these shorter and improved TPT and drug-sensitive TB treatment regimens, as well as the use of an improved all-oral regimen for DR-TB treatment in children. Global Fund proposals can help close these gaps by supporting:

- Trainings and sensitization of community health organizations and community leaders on the importance of contact investigation and TPT
- Procurement of INH 100mg dispersible formulation and two-drug fixed dose combination formulation of INH and rifampin dispersible formulation for TPT regimens in children and adolescents living with HIV and child contacts, respectively
- Introduction of the shorter, four-month regimen for treatment of non-severe, drug-sensitive TB
- Procurement of the ethambutol (EMB) 100 mg dispersible tablet
- Scale-up of the all-oral DR-TB regimen in children
- Procurement of pediatric formulations for drugs used to treat multidrug-resistant TB

Building Resilient and Sustainable Health Systems that Work for Children

Country applicants should fight for zero stigma and discrimination in health systems and approach health systems in a way that places children at the center of the health system to achieve universal health coverage. The Global Fund Modular Framework—RSSH Module provides a summary of the RSSH interventions eligible for funding. From health financing to policy and governance, human resources for health, community systems strengthening, and disaggregated data gathering, children's needs must be prioritized in order to achieve better health outcomes.

Fight for What Counts means working together to achieve an AIDS- and TB-free generation. Let's maximize the opportunities that the Global Fund brings through the current allocation cycle.