

AIDS Free Generation

Briefing for the UN High Level Meeting on HIV and AIDS, June 2008

Significant improvements have been made in the last few years in response to the needs and rights of children affected by HIV and AIDS. Progress has been made in providing antiretroviral treatment for children, preventing mother-to-child transmission of HIV and supporting orphans and vulnerable children. However, recent reports prove there is still a long way to go before the promise of an AIDS free generation is fulfilled. With 2.1 million children living with HIV worldwide and 15 million children under 18 having lost one or both parents to AIDS, urgent and sustained action is still needed to protect the rights and needs of all children affected by HIV and AIDS.

Policy Commitments on Children and AIDS:

In 2001, world leaders made the first global commitments for children affected by AIDS at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, in the *Declaration of Commitment on HIV/AIDS* (Articles 65-67). Governments resolved that by 2003 they would develop, and by 2005 implement, “national policies and strategies to build and strengthen government, family and community capacity to provide a supportive environment” for affected children.

The 2001 *Declaration of Commitment* is considered by many to be the single most important international HIV and AIDS policy instrument in the fight against AIDS. By committing to the Declaration, countries agreed to time-bound assurances and a regular procedure to review their progress in meeting their commitments.

In June 2006, at the UNGASS Review, world leaders committed themselves in the *Political Declaration on HIV/AIDS*, “to address as a priority the vulnerabilities faced by children affected by and living with HIV, to provide support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers, to promoting child-oriented HIV and AIDS policies and

programmes, and increased protection for children orphaned and affected by HIV and AIDS, to ensure access to treatment and intensify efforts to develop new treatments for children, and to build, where needed, and to support the social security systems that protect them.” (Article 32 of the UNGASS Political Declaration)

The next UNGASS Review Meeting will take place in June 2008. In preparation for this meeting the UN Secretary General has released a report on the *Declaration of Commitment on HIV/AIDS* and the *Political Declaration on HIV/AIDS*. In this new report the UN Secretary General highlights the lack of progress on services for children affected by AIDS as a concern. Despite recognising the substantial progress that has been made in scaling up HIV prevention, treatment, care and support services, the Secretary General states both that “**Certain critical services, such as support for children orphaned by the epidemic, are not expanding as quickly as others**” and that “**Children living with HIV are significantly less likely to receive antiretrovirals than HIV positive adults in sub-Saharan Africa.**”¹

G8 Commitments related to children affected by AIDS:

The annual G8 summit is attended by eight of the world's most powerful heads of government and represents an important opportunity to influence political direction on key global issues. The G8 have recently had a particular focus on development in Africa and have made a number of commitments directly related to children affected by HIV and AIDS.

At Gleneagles in 2005, G8 leaders agreed to work with African partners to “ensure that **all children left orphaned or vulnerable by AIDS or other pandemics are given proper support.**”

At their 2007 Summit in Heiligendamm, G8 leaders went into much more detail on children and AIDS and committed to:

- Work towards the goal of providing **universal coverage of prevention of mother-to-child transmission (PMTCT) programmes** by 2010, at an estimated cost of \$1.5 billion.
- Work together with other donors towards meeting the needed resources for **paediatric treatments in the context of universal access**, at a cost of US\$1.8 billion till 2010
- Prevent twenty-four million new infections, and to **care** for twenty-four million people, including **ten million orphans** and vulnerable children (in support of national HIV and AIDS programmes globally, individually and collectively over the next few years)

It is crucial that at the July 2008 summit in Hokkaido, the G8 leaders deliver on their promises and lead the international community towards a goal of ensuring all children are protected from HIV and that all those children affected by AIDS have access to treatment, care and support.

Unite for Children, Unite Against AIDS

Despite commitments on children and AIDS made at the UN General Assembly Special Sessions on HIV and AIDS and at recent G8 Summits, progress has still been slow.

In 2005, UNICEF launched a Call to Action to protect children from the consequences of the AIDS epidemic. The *Unite for Children, Unite Against AIDS* campaign is made up of UN agencies, governments, NGOs and local communities, working together to ensure a unified and powerful response for children affected by HIV and AIDS and advocating for a prominent place for children within the global HIV and AIDS agenda.

The priorities of the campaign are not new but are specifically targeted to reinforce and dramatically scale up the international efforts around children and AIDS. These goals, known as the ‘Four P’s,’ are derived from the child-related articles of the *Declaration of Commitment on HIV/AIDS* adopted at the 2001 UNGASS on HIV/AIDS.

The ‘Four Ps’: Goals of the Unite for Children, Unite against AIDS Campaign

1) Prevent mother-to-child transmission of HIV

By 2010, offer appropriate services to 80 per cent of women in need

2) Provide paediatric treatment

Provide antiretroviral treatment, cotrimoxazole or both to 80 per cent of children in need

3) Prevent infection among adolescents and young people

Reduce the percentage of young people living with HIV by 25 per cent globally

4) Protect and support children affected by HIV and AIDS

Provide services that reach 80 per cent of children most in need

I. Prevent mother-to-child transmission of HIV:

The transmission of HIV from mother to child during pregnancy, childbirth and breast-feeding drives the rapidly increasing number of HIV-positive children. Globally, 90 per cent of all HIV-positive children are infected through mother-to-child transmission. Without access to services to prevent transmission, about 35 per cent of infants born to HIV-positive mothers will acquire the virus during pregnancy, labour, delivery or breast-feeding.² Yet this can be stopped. Providing a mother with a full range of PMTCT services, including anti-retrovirals (ARVs), can reduce the risk of transmission to less than 2 per cent.

There is an urgent need to scale up PMTCT services and pioneer family-centred approaches in countries with generalised epidemics. It is critical that the effectiveness of PMTCT services are measured to ensure evidence-informed and well-targeted scale-up can occur. Young women between the ages of 15-24 are three to four times more likely than young men to contract HIV, and consequently their yet-to-be born babies are also at significant risk of being infected with HIV.³ The capacity of PMTCT programmes to target vulnerable mothers and children for additional assistance, including food, social protection and welfare is vastly under-exploited. Additionally, family-centred approaches can provide comprehensive packages of treatment, care and support.

AIDS Free Generation recommendations

Governments should deliver comprehensive and integrated prevention of mother-to-child transmission (PMTCT) services by:

- Ensuring that national PMTCT scale-up plans are produced and implemented, using the 'PMTCT-plus' approach which incorporates all members of the family
- Reinforcing country-level accountability mechanisms for national PMTCT goals and targets through the appointment of national management teams and the establishment of a functioning co-ordinating mechanism

Substantial progress has been made over the past few years towards preventing mother-to-child transmission. In low and middle-income countries, the proportion of HIV-positive pregnant women receiving antiretroviral prophylaxis to reduce the risk of transmission increased from 10 per cent in 2004 to 23 per cent in 2006.⁴ But despite this marked increase the world is still far short of the target of 80 per cent coverage by 2010.

AIDS Free Generation recommendations

Governments should ensure effective and equitable access to services, including diagnosis and antiretroviral treatment for children by:

- Explicitly including children in national treatment targets and plans and ensuring that children are included when monitoring progress towards universal access
- Improving the coverage and effectiveness of treatment interventions by ensuring the decentralization of paediatric care from urban, tertiary care centres to more primary clinics
- Ensuring that infant diagnostics for HIV is a priority area for action within the scale-up towards universal access, using latest technologies

2. Provide Paediatric Treatment:

Currently 2.1 million children under the age of 15 are living with HIV or AIDS world-wide. While rapid developments have been made over the last two years in the number of adults accessing anti-retroviral therapy, treatment for children has not kept pace.

Treating HIV-infected children is more complicated than treating adults and has, until recently, been more expensive. Now a number of fixed-dose combinations exist for children, and the price of these first-line drugs has decreased dramatically, thanks in part to negotiating power from the Clinton Foundation and UNITAID.⁵ But many ARVs simply do not exist in the easier to administer, child-adapted tablet formulation, and children continue to endure sub-standard care. Second-line regimens for children are expensive and complex; more research and development is urgently needed in this area.

Early treatment with antiretrovirals within the first few months of life can dramatically improve the survival rates of children with HIV. A recent study in South Africa found mortality was reduced by 75 per cent in HIV-infected infants who were treated before they reached 12 weeks of age.⁶ But diagnosis by clinical symptoms or by CD4 testing is not reliable and obviously delays the delivery of paediatric treatment, contributing to the low survival rates of HIV-infected infants. Most infants with HIV die before the age of 2 years and about one third will not live to see their first birthday.

Current diagnostics capable of detecting the HIV virus in infants are very costly and not widely available, leading to difficulties in diagnosing and an increased risk in losing children to follow-up where services are available. There have recently been some promising developments in diagnostics but they urgently need to be made affordable, adaptable and appropriate for resource-poor settings for infants below 18 months old, in whom antibody testing is unreliable.

3) Prevent infection among adolescents and young people:

A report from the Global HIV Prevention Working Group stated:

For every patient who initiated antiretroviral therapy in 2006, six other individuals became infected with HIV. If current trends continue, it is projected that 60 million more HIV infections will occur by 2015, and the annual number of new HIV infections will increase by 20 per cent or more by 2012.⁷

In countries with high HIV prevalence rates, young people and especially young women are at particular risk of contracting the virus as soon as they become sexually active. In recent years over half of all new HIV infections – approximately 7,000 every day – are among youth aged 15 to 24 years. Rapid scaling-up of effective and targeted education programmes to

children and young people is critical if HIV prevalence is going to be reduced.

Peer-to-peer education initiatives and life skills programming are key elements in HIV and AIDS prevention. However, poor targeting of peer-to-peer education initiatives can undermine the effectiveness of this approach. There is a lack of messages and programming for HIV positive youth and young people in marginalised groups, such as those involved in sex work. Street children are particularly vulnerable; they are outside of formal education systems and intersecting with other vulnerable groupings such as injecting drug users. Life skills and peer education models can, and should, be adapted for use in this context.

The provision of youth friendly and confidential health services is a key element of HIV and AIDS responses. Young people need to be able to access advice and services in a safe environment.

AIDS Free Generation recommendations

Governments should ensure that adolescents and young people have the information and skills to protect themselves from HIV by:

- Investing in age appropriate and effectively targeted peer-to-peer HIV education and life skills programming
- Providing child and youth friendly health services where children and young people (particularly the most vulnerable, e.g., street children and disabled children) can access health and HIV information and services confidentially

4) Protect and support children affected by HIV and AIDS:

An estimated 12 million children under 18 have lost one or both parents to AIDS in sub-Saharan Africa.⁸ In some countries, orphans already account for upwards of 15 per cent of all children,

with between one-third and three-quarters of all orphaning in those countries due to AIDS. In addition to the children orphaned by the pandemic, millions more are made highly vulnerable because their parents, relatives and other caregivers are living with HIV or AIDS or are heavily affected by the pandemic.

Children orphaned or made vulnerable by AIDS experience a wide array of problems. The illness or loss of a parent begins a spiral of deprivation for the child. In addition to severe psycho-social distress, they may lack food, shelter, clothing or health care. They may be abandoned and left to grow up in state institutions and children's homes, in child-headed households, or on the street. They may be forced to drop out of school or be required to care for younger siblings or chronically ill adults. They may face discrimination, abuse or exploitation. Deprived of parental guidance and protection, they may themselves become vulnerable to HIV infection.

According to the UN Secretary General's 2008 report on the UNGASS HIV and AIDS commitments, thirty-three countries with generalized epidemics reported having a national strategy

to address the needs of children orphaned or made vulnerable by HIV. However, many of these policies remain largely unimplemented. In 2005, high prevalence countries reported that 10 per cent of orphans lived in households receiving some form of external assistance, including school assistance, health care, financial support or psycho-social services. Figures from the 2008 report show that this had increased only modestly to 15 per cent.⁹

UNAIDS estimates that prevention, treatment and care programmes for children affected by AIDS will require around 12 per cent of total AIDS expenditure in the period 2008 to 2010.¹⁰

AIDS Free Generation recommendations

Governments should ensure that orphans and vulnerable children receive care and support by:

- Ensuring where national plans of action for orphans and vulnerable children exist they are fully funded and implemented, including a minimum 'package of services'
- Ensuring issues related to children affected by AIDS are represented in national development plans, overall national plans of action for children and the policy plans of ministries such as education, health and social welfare
- Ensuring that laws, policies and services are in place to protect the rights of children affected by AIDS and support families and communities looking after these children

Country Specific Information

For country specific information, the UNAIDS Country Progress Reports are available at:

<http://www.unaids.org/en/KnowledgeCentre/HIVData/countryProgress/2007CountryProgressAllCountries.asp>

Endnotes:

1 United Nations General Assembly, April 2008, *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals – Report of the Secretary General*

2 UNAIDS, 2005, *AIDS epidemic update: December 2005*

3 UNICEF, PMTCT Report Card 2005.

4 UNICEF, 2008, *Children and AIDS: Second stocktaking report*

5 UNITAID is an international drug purchase facility, www.UNITAID.eu

6 UNICEF, 2008, *Children and AIDS: Second stocktaking report*

7 Global HIV Prevention Working Group, June 2007, *Bringing HIV prevention to scale: an urgent global priority*

8 United Nations General Assembly, April 2008, *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals – Report of the Secretary General*

9 *ibid*

10 UNAIDS, 2007 (September), *Financial resources required to achieve universal access*

AIDS Free Generation is a network of advocates from around the globe committed to working to ensure the next generation and all future generations are free of AIDS and its devastating impact. Despite the beginning of progress, children remain largely absent from national, and international responses to the pandemic. Born from a deep concern that the lives, rights, and potential of millions of the world's children are being severely eroded by the devastating impact of HIV and AIDS, a group of 40 advocates and activists representing national and global organizations, campaigns, networks, and coalitions from Africa, Asia, and the global North came together to define a platform for joint advocacy to achieve the first-ever AIDS Free Generation. The Summit was held in Brussels in March 2007 and partners, who have since joined through the AIDS Free Generation virtual network, are committed to advocating for the realization of the following commitments: Mobilize full financing for an AIDS Free Generation; Achieve Universal Basic Education; Accelerate Youth HIV Prevention; Eliminate Pediatric HIV and AIDS; Ensure Social Protection.

Participants in the AIDS Free Generation Brussels Summit - March 2007

ACORD	NOVOK Malawi
ActionAid	Pan African Children's Fund
Advocates for Youth	Save the Children UK
Better Care Network	Stop AIDS in India
Consultative Group on Early Childhood Development and Care (CGEC)	Stop AIDS Now Netherlands
Ecumenical Advocacy Alliance	Tearfund UK
Global Action for Children	Uganda Child Rights Network
Global AIDS Alliance	UNAIDS
HACI Uganda	UNICEF
HelpAge	World AIDS Campaign
Hope for African Children Initiative (HACI)	World Vision Brussels
Kenya AIDS NGOs Consortium	World Vision UK
Marang Childcare Network	

**This briefing was prepared by AIDS Free Generation and is not necessarily endorsed by the entirety of the Brussels summit attendees.*

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