

Action for Universal Access 2010:

Myths

Realities



Children and HIV

Issue Statement

Although the 2001 and 2006 declarations on HIV/AIDS and recent G8 Summits included significant commitments on children, progress has been far too slow and we are not on track to meet universal access targets for children by 2010.

Key Messages

With 2.1 million children living with HIV and 15 million children under 18 having lost one or both parents to AIDS, urgent action is needed to protect the rights and needs of all children affected by HIV and AIDS.

The “Four Ps” are critical for achieving universal access targets for children:

1. **Prevent mother-to-child transmission of HIV** – By 2010, offer appropriate services to 80 percent of women in need. By providing a mother with a full range of prevention of mother to child transmission (PMTCT) services, including antiretroviral (ARVs), the risk of transmission can be reduced to less than 2 percent.
2. **Provide paediatric treatment** – Provide antiretroviral treatment, cotrimoxazole or both to 80 percent of children in need. Infant-testing and treatment options must be improved, as early treatment within the first few months of life can dramatically improve the survival rates of children living with HIV.
3. **Prevent infection among adolescents and young people** – Reduce the percentage of young people living with HIV by 25 percent globally. Rapidly scaling-up effective and well-targeted education programmes directed towards children and young people, is critical to reducing HIV incidence and prevalence.
4. **Protect and support children affected by HIV and AIDS** – Provide services that reach 80 percent of children most in need. In 2008, high prevalence countries reported that only 15 percent of orphans lived in households receiving some form of external assistance, including school assistance, health care, financial support or psychosocial services.

Background: Myths vs. Realities – The Road to Universal Access

The myth is that member states are strongly committed to increasing prevention, treatment and care interventions for children, as evidenced by the targets in the 2001 and 2006 declarations. The reality is that not enough resources are reaching the local level to strengthen families and community-based approaches, which ensure vulnerable children (including children living with HIV, children who have an HIV positive parent/parents and orphaned children) have access to essential HIV services, including prevention, treatment, care and protection.

Few countries systematically collect information on care and treatment of vulnerable children, including CD4 testing, cotrimoxazole prophylaxis or early infant diagnosis, resulting in good global data not being available.¹ Improved monitoring and evaluation will identify good practice to guide future programming and enable closer monitoring of the implementation of policy commitments.

1. UNICEF. Children and AIDS: Second stocktaking report. New York, 2008.

Children too rarely feature in HIV programming analysis, planning, implementation and assessment.²

Although progress has been made in scaling up PMTCT, there is still an inexcusable shortfall in treatment (66 percent) that is far below the agreed target; there remains a huge difference in availability of paediatric treatment between developed and developing countries.

Governments, UN agencies and private sector foundations must press companies to develop and reasonably price paediatric formulations and diagnostics, and governments must hold companies accountable and utilize compulsory licensing as necessary.

The needs of vulnerable children, the increasing number of orphans, and the new generation of young people who were born HIV positive must be addressed in policies and programmes aimed at providing services for children.

Child protection and children's rights must both be fulfilled to effectively respond to the AIDS epidemic.

UNAIDS estimates that prevention, treatment and care programmes for children will require 12 percent of total AIDS expenditure between 2008 and 2010.³

The Role of Civil Society

Civil society is playing a central role in community-based responses, ensuring that children's rights and needs to be cared for and protected have been met, either by mobilizing resources for vulnerable children through government services, or by directly providing those services. Civil society also has a critical role in monitoring governments and donors to ensure they deliver on their commitments.

Recommendations

- The UN, donors and governments must fulfil their commitments to children; governments should ensure that national plans of action for orphans and vulnerable children are fully funded and implemented in order to achieve universal access targets.
- Civil society must hold governments and donors accountable for their commitments to protect the rights of children affected by AIDS.
- G8 governments must provide a timetable for delivering their 2007 commitments on PMTCT (\$1.5 billion), paediatric treatment (\$1.8 billion) and support for 10 million orphans in Africa.
- Governments must work with civil society organizations to support national monitoring systems, including providing data on services available for orphans and vulnerable children.
- An appropriate legal framework and policies, which promote and protect the rights of children, must be established at the national level.

2. Under 18 years old as defined in the Convention on the Rights of the Child.

3. UNAIDS. Financial resources required to achieve universal access. New York, September 2007.

This paper was prepared under the auspices of the Civil Society Task Force for the 2008 UN High Level Meeting on AIDS.

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