



This report is dedicated to the memory of Thembi Ngubane, who dedicated herself to educating others about HIV.

**UNITE FOR CHILDREN
UNITE AGAINST AIDS**



Children and AIDS

Fifth Stocktaking Report, 2010



The Fifth Stocktaking Report is an annual report that examines data on progress, emerging evidence, and current knowledge for children as they relate to four programme areas known as the '**Four Ps**':



UNITE FOR CHILDREN
UNITE AGAINST AIDS



- *Preventing mother-to-child transmission of HIV*
- *Paediatric HIV care and treatment*
- *Preventing HIV infection among adolescents and young people*
- *Protecting and supporting children affected by HIV and AIDS*

Prevention of mother-to-child transmission of HIV



The elimination of mother to child transmission of HIV is within our reach

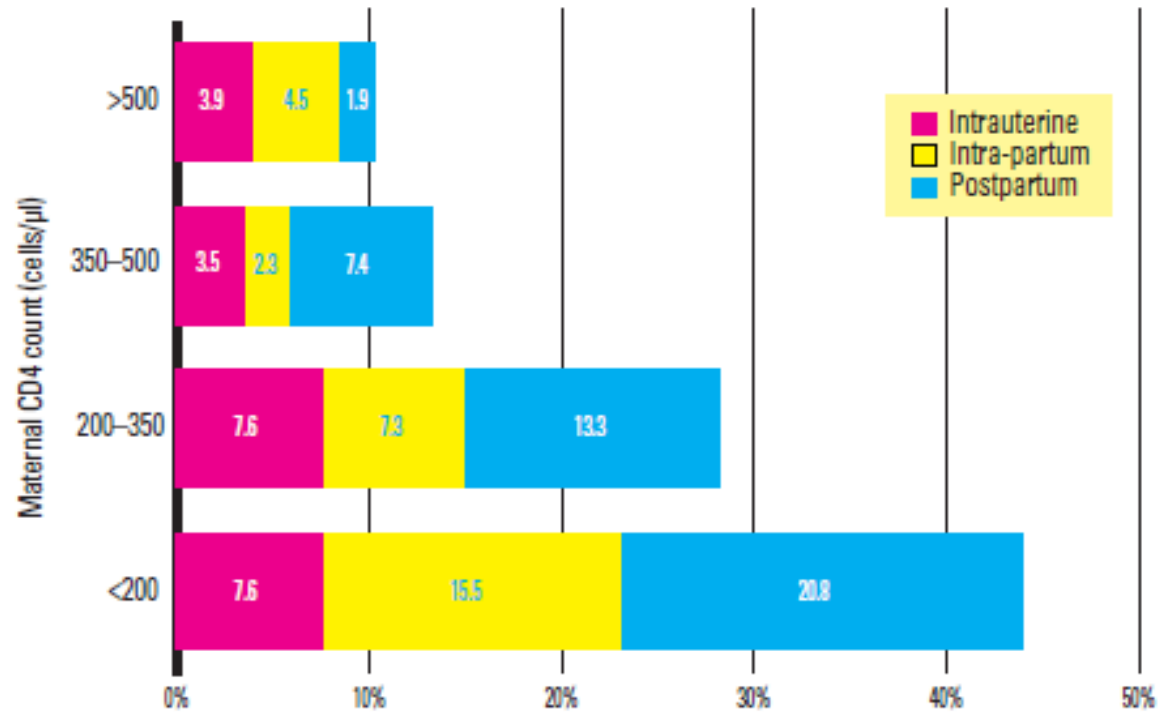
- In 2009, 53% of HIV-positive pregnant women low- and middle-income countries in need received antiretrovirals for PMTCT, up from 15% in 2005.
- Globally there is a positive merging of investments for HIV and AIDS within broader health responses such as maternal and child health, helping us to achieve not only the MDG goals 6, but to also support MDGs 4 and 5.

 *High coverage has not necessarily resulted in low transmission though. The goal of elimination of vertical transmission requires re-focusing on outcomes and impact.*

Elimination means doing better what we already know how to do

A study from Zambia found higher rates of MTCT in women eligible for treatment for their own health. They accounted for 88% of maternal deaths at 24 months post-delivery.

Mother-to-child transmission rates in women with low CD4 counts, during pregnancy, labour and breastfeeding



Source: Adapted from Kuhn, L., et al., 'Potential Impact of New WHO Criteria for Antiretroviral Treatment for Prevention of Mother-to-Child HIV Transmission', AIDS, vol. 24, no. 9, 1 June 2010, pp. 1374-1377.

The revised WHO guidelines call for improving the quality of PMTCT services by improving:

- CD4 assessment of HIV-positive pregnant women for treatment for their health,
- Provision of better ARV regimens for PMTCT & Promoting safer infant feeding.

Attention to the economic, social and cultural barriers that prevent women from making use of available services can help increase demand

The newly launched Mother-Baby pack extends the reach of PMTCT services to women who lack access. Developed by UNICEF and WHO with support from UNITAID, UNICEF National Committees and other partners.



Containing ARVs for women and co-trimoxazole for mothers and infants, the Mother-Baby Pack is intended for use in communities where delivery is frequently at home or outside of health facilities.

Understanding the costs of PMTCT programming is crucial

- New global guidance calls for earlier initiation of treatment for pregnant women living with HIV and throughout breastfeeding – significant financial implications
 - *Clinton Foundation: tool to guide costing of the different ARV options*
- Health spending needs to be more effective and efficient.
 - *Innovative funding mechanisms for sub-national activities.*
- Allocation of local resources and external funding to increase access to and improve the quality of HIV services integrated with sexual and reproductive health services.

Paediatric Care and Treatment



Today, estimated 356,400 children under 15 in need received antiretroviral treatment, an increase from only 75,000 in 2005.

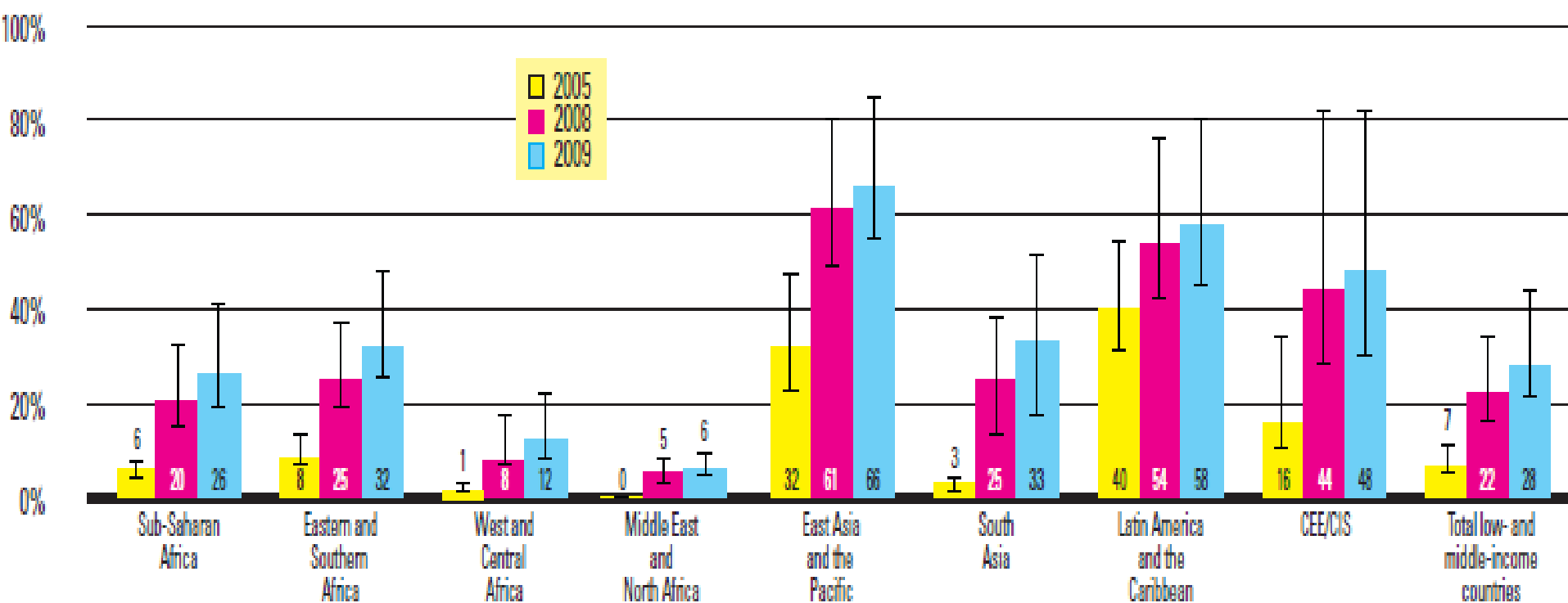
Despite progress, only **28% of the 1.27 million children** currently estimated to be in need of ART under the new guidelines are receiving it.

We need to:

- identify children living with HIV early,
- provide them with timely access to testing, care and treatment
- document and follow their progress.

Better methods to identify children have put many more children on lifesaving treatment.

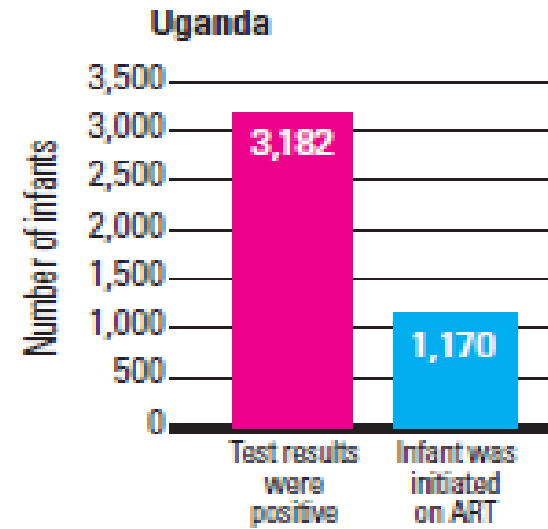
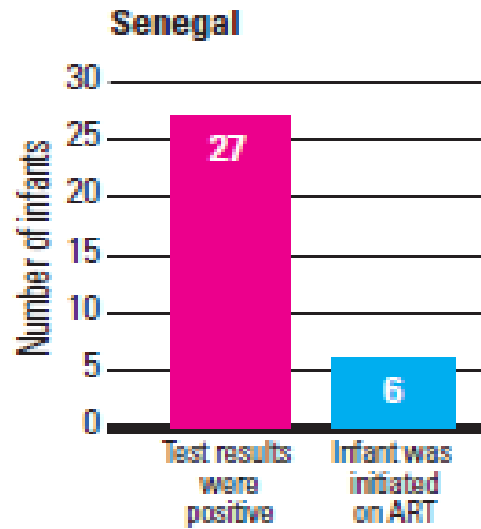
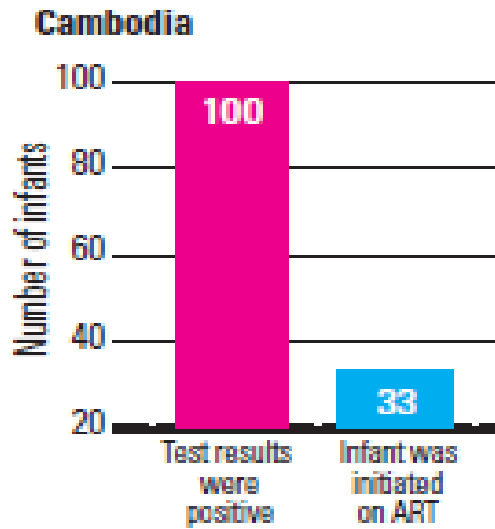
Percentage of children under 15 in need receiving antiretroviral therapy, 2005–2009



- In 2009, there were 2.5 million children under age 15 living with HIV.

Paediatric HIV testing is the gateway to care and treatment

ART initiation of infants testing positive for HIV [1]



- While the availability of early infant diagnosis has increased dramatically in many countries, coverage in low- and middle-income countries still remains unacceptably low, at 6%.

>1,000 babies are infected with HIV every day, half of whom will die before their 2nd birthday if they are not diagnosed and treated.

There is a 'hidden epidemic' among adolescents


In Zimbabwe, a study of hospitalized adolescents found that almost 50% were infected with HIV, and about 75% of all mortality in hospitalized adolescents occurred in those with HIV.

- Many adolescents with HIV do not access treatment because they have **never been tested**.
- **Laws and policies** in many countries require consent from guardians before adolescents can be tested, and this can delay or prevent their being tested and treated in a timely fashion.



Preventing infection among adolescents and young people

- In 2010, UNAIDS reported a decline in prevalence among young people of more than 25% in 22 key countries in sub-Saharan Africa between 2001 and 2008.
- In countries where declines in prevalence have been noted, they have been most marked among young people.

 *No single prevention strategy, however, has proved optimal in all circumstances, and many young people remain vulnerable to HIV infection.*

5 million young people aged 15–24 were estimated to be living with HIV in 2009.

Worldwide, more than 60% of all young people living with HIV are female. In many countries women face their greatest risk of infection before age 25.

Young people aged 15–24 living with HIV, 2009

Region	Female	Male	Total
Eastern and Southern Africa	1,900,000	780,000	2,700,000
Western and Central Africa	800,000	340,000	1,100,000
South Asia	150,000	170,000	320,000
East Asia and the Pacific	59,000	71,000	180,000
Latin America and the Caribbean	120,000	130,000	250,000
CEE/CIS	52,000	29,000	81,000
Middle East and North Africa	62,000	32,000	94,000
Total	3,200,000	1,700,000	5,000,000

In 9 countries in Southern Africa, at least 1 in 20 young people is living with HIV

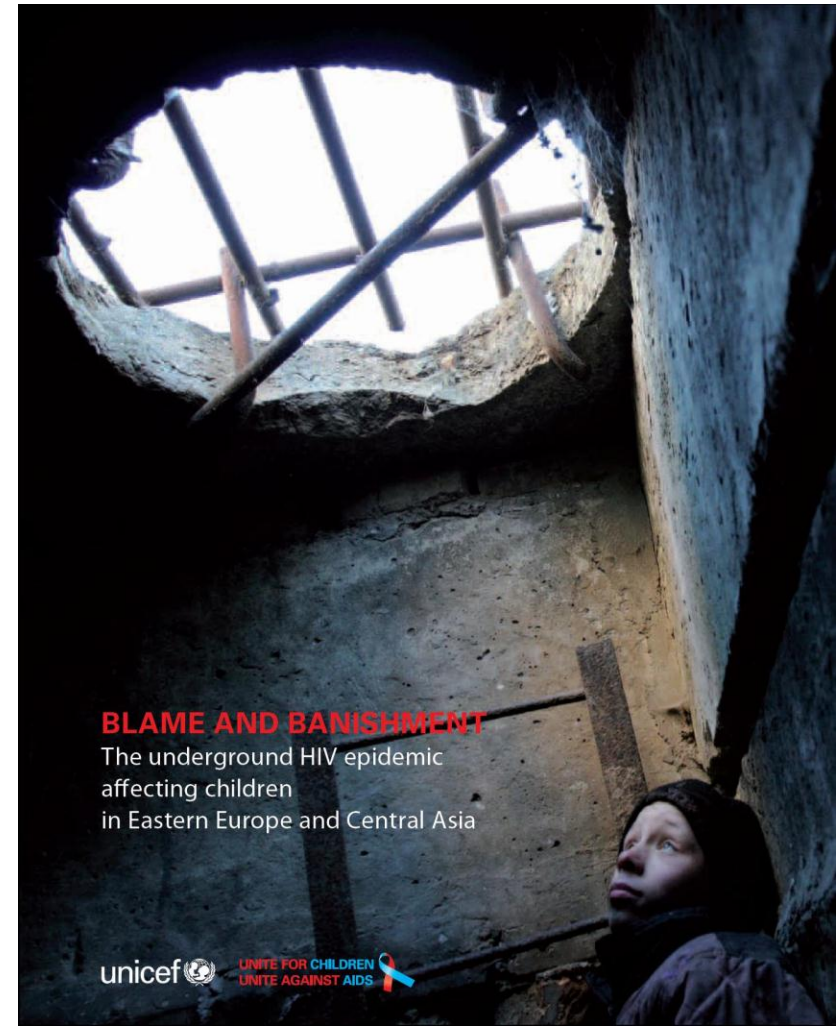
in Botswana, Lesotho and Swaziland, that narrows to more than 1 in 10.

Programmes need to confront the reality of new infections in young people

The key modes of HIV transmission in young people are unprotected sex and injecting drugs using unsafe needles.

- Sex, sexuality and injecting drug use among young people are highly sensitive topics often not supported by governments and communities.

Blame and Banishment: The underground HIV epidemic affecting children in Eastern Europe and Central Asia, that sets out the issues faced by children who lives on the margins of society.



BLAME AND BANISHMENT

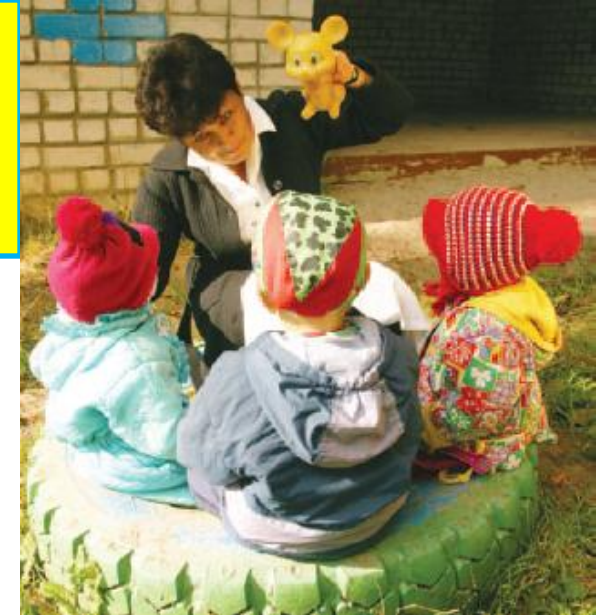
The underground HIV epidemic affecting children in Eastern Europe and Central Asia

Globally, comprehensive knowledge levels remain too low

- Levels of comprehensive knowledge of HIV among young people are low, with significant variation across countries.
- Curriculum-based sexual health programmes led by adults in schools and the use of mass media that are popular with young people have been shown to lead to behaviour change.

Preventing infections in young people requires a commitment to condom programming for older adolescents and their partners, and biomedical and economic interventions can play a key role

Protection, care and support for children affected by HIV and AIDS



Trends in orphan and non-orphan school attendance ratios in selected sub-Saharan countries where the ratio has increased by at least 0.10 points, 1997–2008



Source: AIDS Indicator Surveys, Demographic and Health Surveys and Multiple Indicator Cluster Surveys, 1997–2008.

Investments in the protection, care and support of children affected by AIDS are now paying off, notably in reducing educational inequalities between orphans* and non-orphans.

**orphanhood is not necessarily a marker of the most vulnerable children, and more nuanced indicators are being explored.*

Social protection can improve HIV outcomes for children

Pillars of an effective social protection approach

- **Financial protection**, including cash transfers
- Initiatives to promote **access to services**, and policies and legislation that promote more equitable outcomes and reduce social exclusion

Social protection can help break the cycle of vulnerability that drives new infections in adolescents and adults

In Malawi, the *Zomba* World Bank Study showed the impact of social transfers on staying in school and sexual behaviour



Strengthening social protection and child protection systems can lead to more effective and more cost-effective responses

- In South Africa, the *Isibindi* programme, supported by UNICEF and USAID, is a good example of how investment in community child protection systems can help families gain access to cash and antiretroviral treatment.
- The global financial crisis and the global resource gap on AIDS-related programmes highlights the importance of using cost effective approaches to improve the lives of these children.
- Community demand and involvement is crucial to attaining quality and reaching scale

Investment in national monitoring and evaluation systems for orphans and vulnerable children remains a high priority

HIV does not discriminate, and neither should the AIDS response.

- **Universal access will not be possible unless countries and communities reach the most marginalized members of society and serve their needs.**
 - The high cost of antenatal and delivery care, lack of transportation to health centres, weak support systems and HIV-related stigma and discrimination are all barriers to mothers and children receiving services.
 - In Eastern Europe and Central Asia children that live on the margins of society, living on the streets, involved in commercial sex or drug use are very vulnerable to not only HIV infection, but exclusion from any form of support or services.

Equity: Universal access means serving those who are hard to reach

Critical Gap in Reaching the Most Vulnerable: HIV in emergencies

- Over one fifth of total number of people living with HIV are in countries with some form of instability
- Without addressing HIV and AIDS in humanitarian action, universal access to HIV prevention and virtual elimination of MTCT cannot be achieved
- Haiti example:
 - Adolescents in camps experience high levels of sexual violence and a spike in pregnancies
 - Gap in HIV prevention in camps
 - Gap in care and support programming for adolescents

Call for Action to address HIV in emergencies:

- ***Better mainstreaming of HIV needs to happen urgently***
- ***Emergency-affected populations must be included in our programming***



CALL TO ACTION

- 1. Change the PMTCT focus from coverage of ARV prophylaxis to the health of mothers and the HIV-free survival of children.**
- 2. Make exclusive breastfeeding safe and sustainable.**
- 3. Identify HIV-positive newborns, children and young people without delay and provide rapid access to ART for those eligible.**
- 4. Make children and adolescents central to the development and implementation of promising new prevention initiatives.**
- 5. Redress low levels of knowledge about HIV.**
- 6. Increase access of children and adolescents living on the margins of society to health, education and social welfare services.**
- 7. Provide economic support to poor and vulnerable women, children and adolescents.**
- 8. Prevent violence and abuse of women and girls and enforce laws against it.**

THANK YOU!

To access this presentation, the Stocktaking Report, the Stocktaking Report Summary and a recording of this webinar, visit the *Unite for Children, Unite against AIDS* website at

<http://www.uniteforchildren.org>



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