

UNITE FOR CHILDREN
UNITE AGAINST AIDS



Scaling Up Responses for Children and AIDS – Progress Report

Opening Session

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

East Asia-Pacific Regional Partnership Forum on Children and AIDS

31 March 2008, Bangkok

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Hanoi Consultation 2006

- **1st East Asia-Pacific Regional Consultation on Children and HIV/AIDS – scaling up responses to children, March 2006, Hanoi, Vietnam**
- **Organizing Partners: Socialist Republic of Viet Nam, the Commission for Population, Family and Children, UNICEF, UNAIDS, WHO, the United States President's Emergency Plan for AIDS Relief including support through USAID, Family Health International and Save the Children**
- **Over 300 delegates from 24 countries**

Hanoi Call to Action

- **Regional Partnership Forum – to build and diffuse *knowledge* about children and HIV and AIDS, *advocate* policy, *programmes* and services scale-up for children and women and increase *resource* allocation**
- **Endorsed by ASEAN Heads of State at 12th ASEAN Summit, Cebu, Philippines, 2007 and incorporated in the ASEAN Summit Declaration on HIV/AIDS**

Why are we here today?

- Review progress since the Hanoi Consultation
- Look at successes and obstacles at country level

- Update ourselves on emerging knowledge and lessons learned

Reassess in view of the risk and vulnerabilities of children affected by AIDS, the high likelihood that they may end up continuing their parents' path.

- What will it take to reach an Asian AIDS-free Generation?

Hanoi Call to Action – converges around “4Ps”

Unite for Children, Unite Against AIDS set goals (consistent with UNGASS Goals) for the “4Ps”:

Prevent mother-to-children transmission of HIV

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

Provide paediatric treatment

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

Prevent infection among adolescents and young people

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

Protect and support children affected by HIV and AIDS

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

Asia-Pacific 2007 Epi Update

- Estimated **4.9 million** people were living with HIV in 2007 (down from 8.3 million estimated in 2006), including **440 000 newly infected** and, approximately **300 000 died** from AIDS-related illnesses in 2007
- Globally the number of children living with HIV increased from an estimated **1.5 million in 2001 to 2.5 million in 2007**. However, **estimated new infections among children declined from 460 000 in 2001 to 420 000 in 2007**. Nearly 90% of all HIV positive children live in sub-Saharan Africa
- Estimated number of people living with HIV in **Viet Nam** has more than doubled between 2000 and 2005 (from 120 000 to 260 000) and **Indonesia** has the fastest growing epidemic. In Indonesia's Papua province (bordering Papua New Guinea), HIV prevalence among 15–24- year-olds in Papua reached 3%
- Feminization of AIDS: In **Asia**, the proportion reached **29%** in 2007. An estimated **one third** of people living with HIV in **Vietnam** in 2006 were women. In **Thailand**, **more than four in 10 (43%)** new infections in 2005 were among women
- Declines in new HIV infections: **Cambodia, Myanmar and Thailand**

Source: UNAIDS 2007 Global AIDS Epi Update



P1

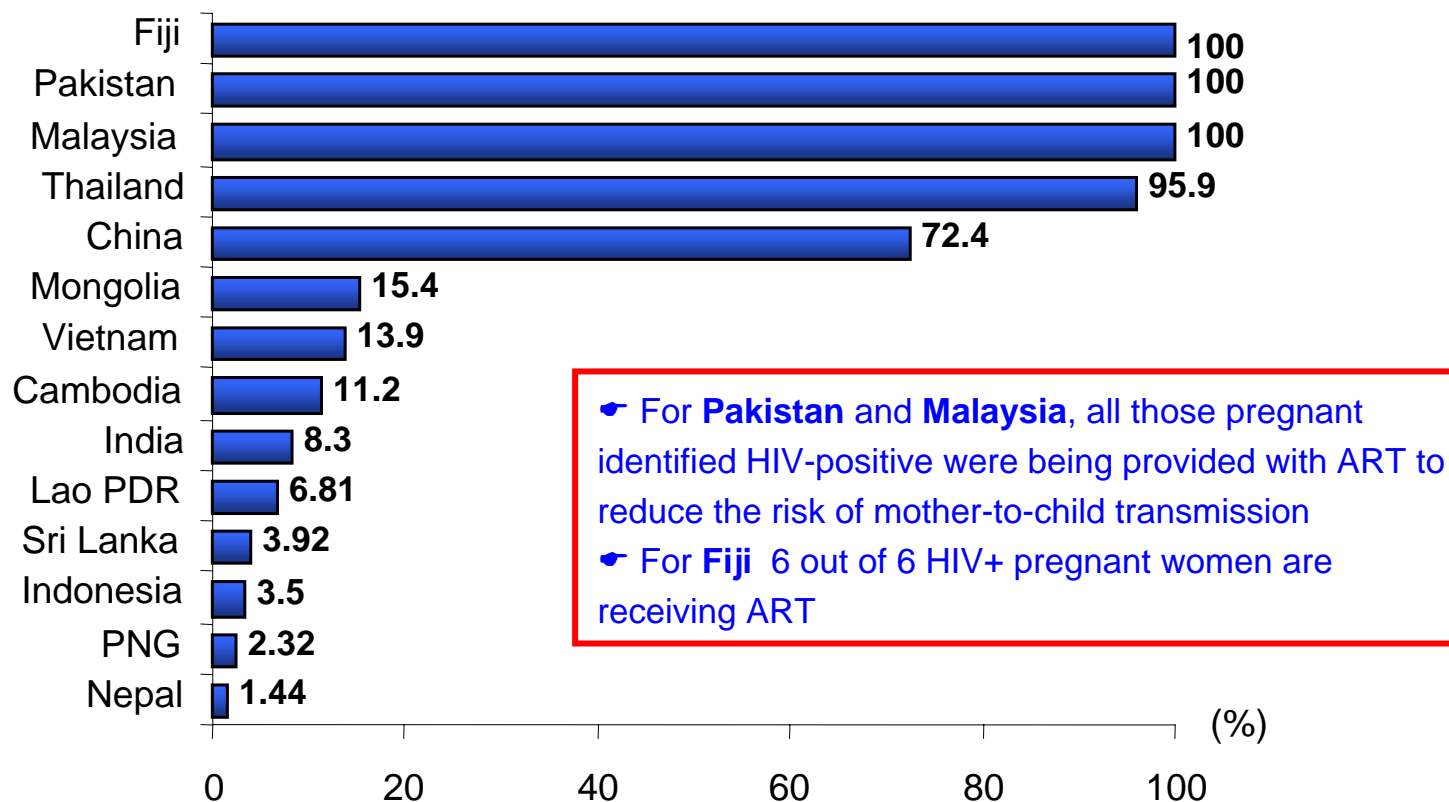
Prevent Mother-to-Child Transmission (PMTCT) of HIV

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

Summary of Results / Trends

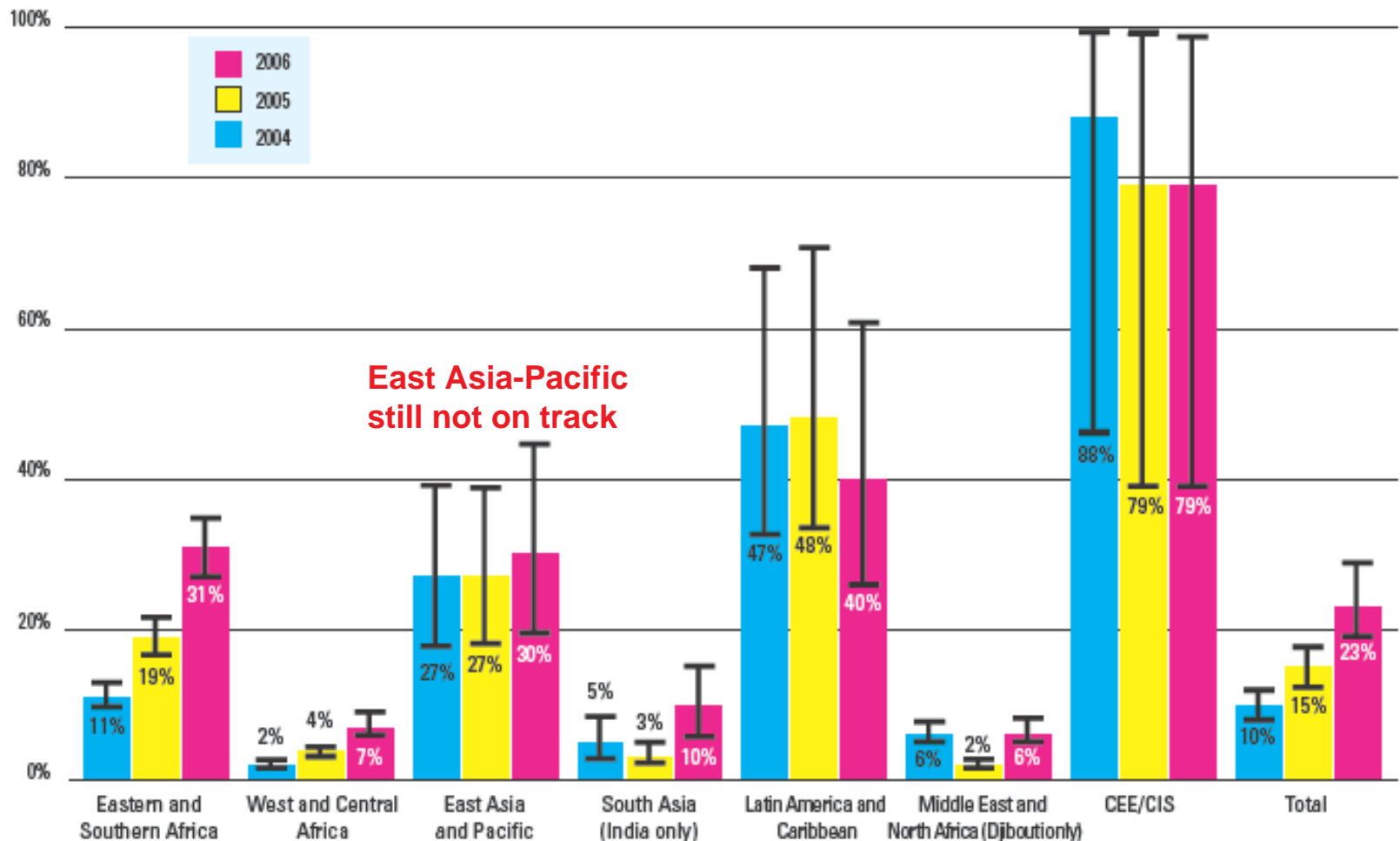
- **About 1.5 million HIV+ women gave birth in 2006 in low and middle income countries. 23% of them were treated to prevent transmission to child.**
- **60% increase in number of pregnant women with HIV were receiving ARV prophylaxis for PMTCT in low- and middle income countries in 2006 from 2005**
- **More than 100 countries have established national PMTCT programmes**
- **Thailand, Fiji, Pakistan and Malaysia in Asia-Pacific are already meeting the UNGASS target of 80% access to PMTCT coverage by 2010.**
- **Reductions in MTCT occur through essential actions as:**
 - Primary prevention among women of child-bearing age
 - Reducing the number of HIV-positive women who get pregnant
 - identifying HIV-infected pregnant women through routine offer of testing in high prevalence areas
 - enrolling them in PMTCT programmes,
 - ensuring health systems are able to deliver effective ARV regimens, and
 - supporting women in providing optimal, safe infant feeding
 - minimizing loss to follow up to detect HIV status of newborn

% of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission, 2007, selected countries, Asia-Pacific



On Track = 40% access in 2005, 48% in 2006

Percent of HIV-infected pregnant women who received antiretrovirals for PMTCT (2004–2006)



Note: Declines in coverage values in some regions may be due to an increase in the number of countries reporting data and the consequent increase in the denominator (estimates of HIV-infected pregnant women).
 Source: UNAIDS, UNICEF and WHO, 'Towards Universal Access: Scaling up HIV Treatment, Care and Prevention Interventions in the health sector' (forthcoming); and UNAIDS/WHO unpublished estimates, 2007.



P2

Provide Paediatric Treatment of HIV

Target: By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need

- **127,300 children received ART in 2006 compared to 75,000 in 2005 – up 70%**
- **93.5% children in Cambodia, 96% in PNG and 93% in Vietnam are known to be alive after 12 months of initiation of antiretroviral therapy**
- **Recent study in South Africa found that mortality was reduced by 5% in HIV-infected infants who were treated before they reached 12 weeks of age**
- **Cambodia's revival of pediatric care service through pediatric HIV treatment – a good practice**
- **Thailand's HIVQUAL helps enhance quality of services, follow ups and scale up**

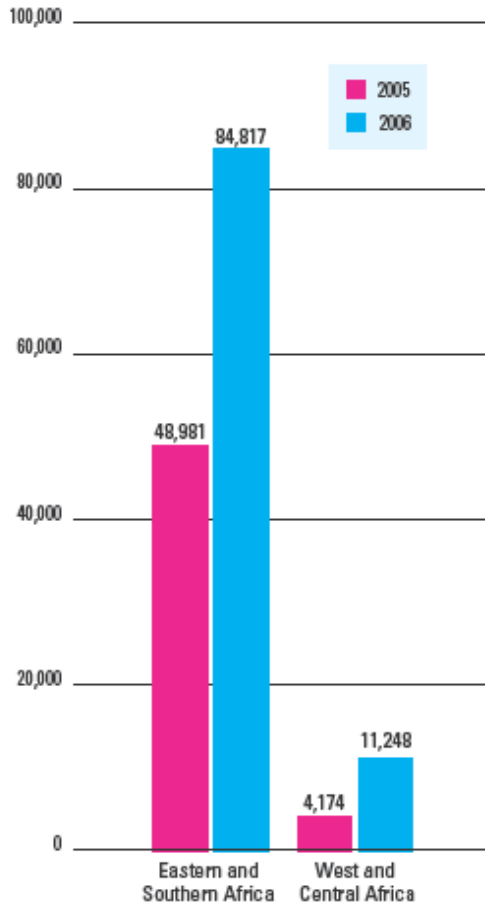


P2

Provide Paediatric Treatment of HIV

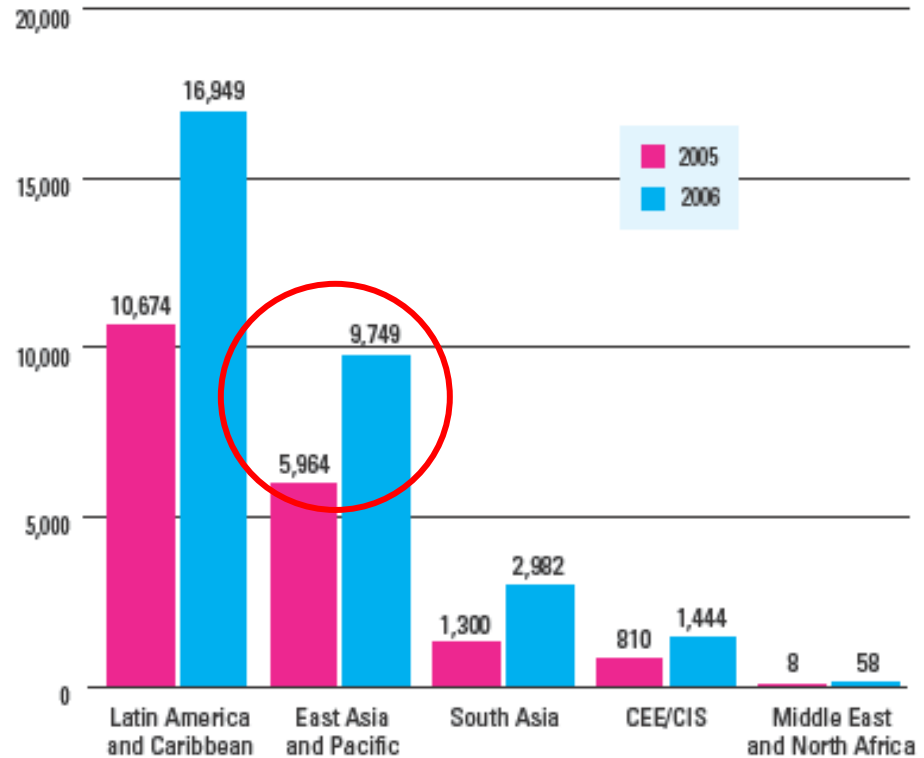
Target: By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need

Number of HIV-infected children under 15 receiving antiretroviral treatment, sub-Saharan Africa (2005–2006)



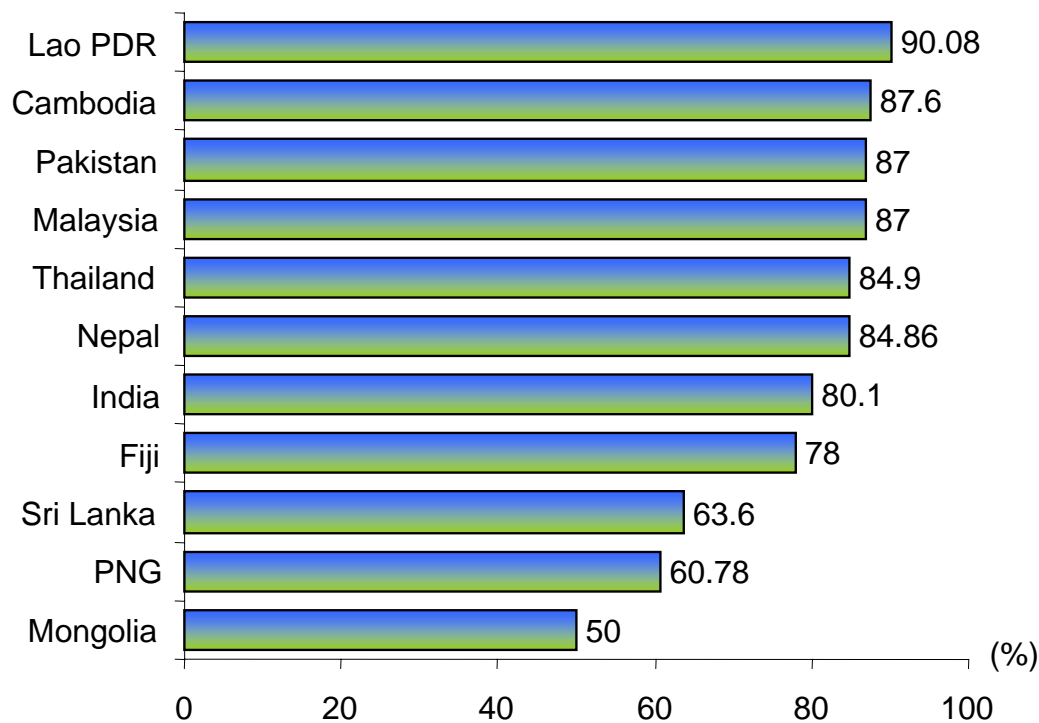
Source: UNICEF global database, 2005–2006.

Number of HIV-infected children under 15 receiving antiretroviral treatment, other regions (2005–2006)



Source: UNICEF global database, 2005–2006.

% of people with HIV known to be on treatment 12 months after the initiation of antiretroviral therapy, 2007



93.5% children in **Cambodia**, 96% in **PNG** and 93.1% in **Vietnam** are known to be alive after 12 months of initiation of antiretroviral therapy



P3

Prevent Infection among Adolescents and Young People

Target: By 2010, reduce the percentage of young people living with HIV by 25 per cent globally

Summary of Results / Trends

- In several countries, behaviour change has translated into **declining HIV prevalence among young people**.
- **HIV prevalence among young pregnant women aged 15 – 24 attending ANC has declined** in 11 of 15 countries with sufficient data
- In more than 70 countries surveyed, **testing and use of counselling services increased** from roughly 4 million people in 2001 to 16.5 million in 2005.
- The emphasis of prevention responses is shifting: **focus strategies on adolescents and young people most at risk**.
- Globally, countries are still far from on track to reach the target. We need examples of effective messaging and how to tailor messages to the young people getting infected.
- Prevention with positives is essential. **Every sexual transmission of HIV is in a discordant couple!**

Higher proportion of female 15 – 24 are living with HIV, 2007

TABLE 2: Young people aged 15–24 living with HIV (2007)

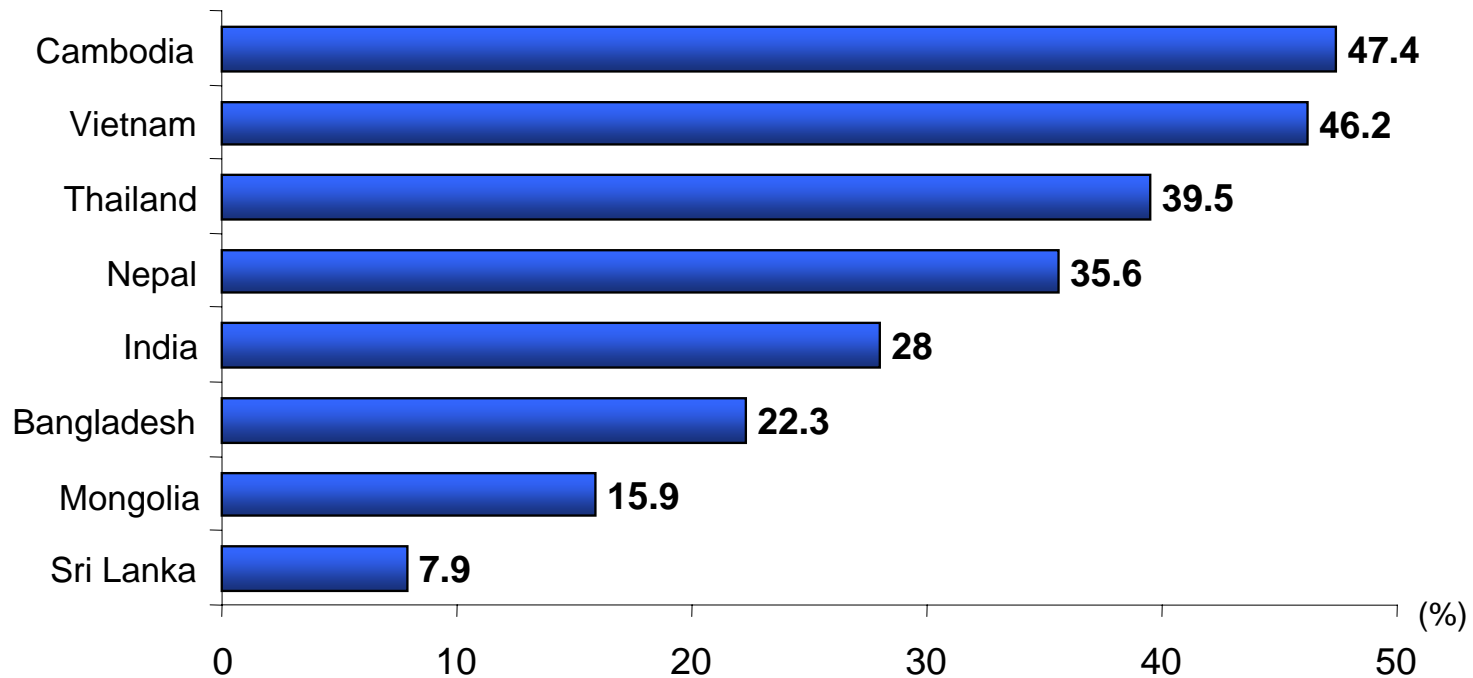
Region	Female	Male	Total
Sub-Saharan Africa	2,500,000	780,000	3,280,000
South Asia	270,000	440,000	710,000
Latin America and Caribbean	140,000	280,000	420,000
East Asia and Pacific	110,000	450,000	560,000
CEE/CIS	100,000	240,000	340,000
Middle East and North Africa	47,000	35,000	82,000
Total	3,100,000	2,200,000	5,400,000

Source: UNAIDS/WHO unpublished estimates, 2007.

Young people aged 15 – 24 accounted for about 40% new HIV infections in 2007

% of population 15-24 yrs with comprehensive knowledge, 2007

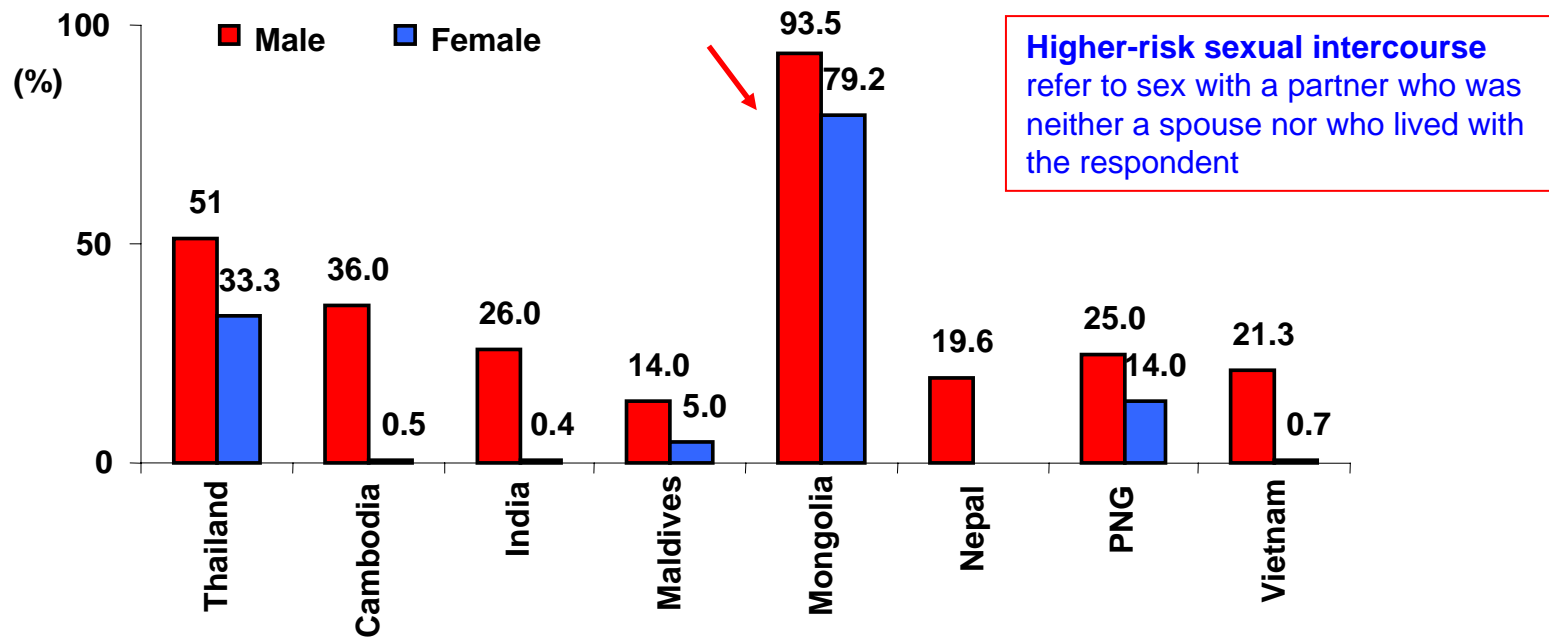
Comprehensive knowledge still low



Comprehensive knowledge of HIV&AIDS: Percentage of people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions (UNGASS definition)

% of population 15-24 who have had higher-risk sexual intercourse in the last 12 months

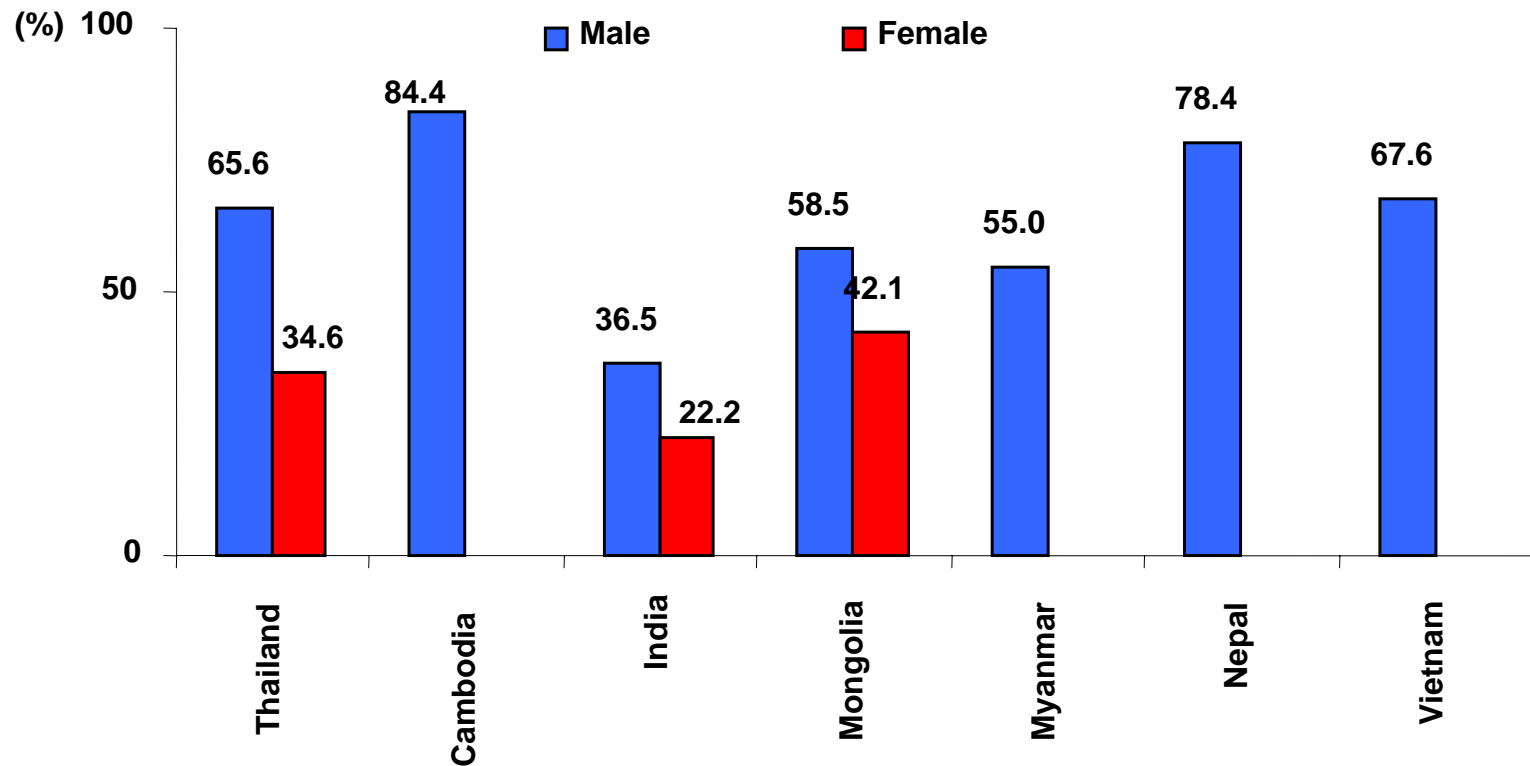
Note: Figures cited by UNGASS country report while the sample size is not available



Source: Thailand National Sexual Behavior Survey, 2006, Cambodia DHS 2005, India NFHS, 2005-2006, Maldives Reproductive Health Survey 2004, Mongolia STI/HIV/AIDS KAP Survey among Youth in Mongolia, Nepal DHS 2006, PNG Institute of Medical Research and UNICEF 2003, Vietnam AIS 2005

% of population 15-24 yrs who reported the use of a condom during last higher-risk sex

Higher-risk sexual intercourse refer to with a partner who was neither a spouse nor who lived with the respondent





P4

Protect and Support Children Affected by HIV and AIDS

Target: By 2010, reach 80 per cent of children most in need

Summary of Results / Trends

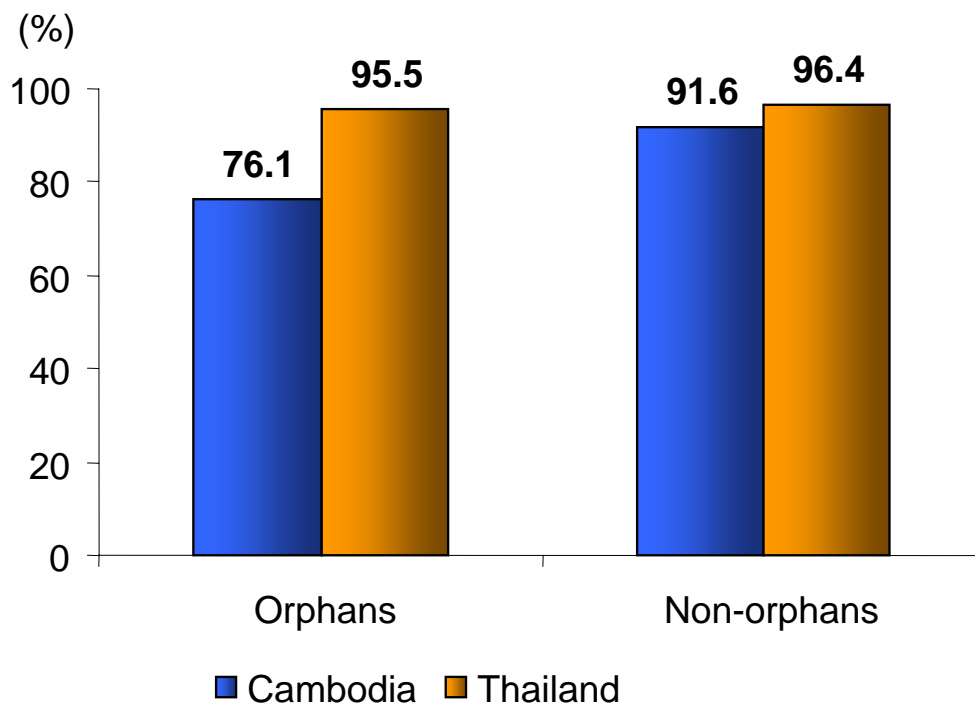
- **133 million children globally** had lost one or both parents due to **all causes**, including AIDS, as of 2005
- In **low and concentrated epidemics**, only a small proportion of children are affected by AIDS – estimated 1.5 million in Asia-Pacific – but are particularly likely to **face discrimination**, especially where parents are already stigmatised due to their perceived behaviours.
- Emerging evidence shows children affected by AIDS are **likely to repeat parental behaviours and risk becoming the next generation of MARPs** – from lack of parental guidance, bonding, security, deprivation of basic rights and opportunities
- Children and their needs more **integrated into national policy frameworks, HIV/AIDS plans of action and poverty reduction strategy papers**.
- **Disparity between orphans and non-orphans** in access to education **being reduced** in several countries.
- Social Protection, including **child grants and other benefits on a national scale**, is being introduced or improved in all regions.

Orphan school attendance ratio

Country	Year	Ratio	Source
Bangladesh	2006	0.84	Bangladesh MICS 2006, Table HA.6, unpublished
Cambodia	2000	0.71	State of the World's Children, 2007, p114
	2005	0.80	Demographic and Health Survey, 2005, p259
Indonesia	1999-2005*	0.82	State of the World's Children, 2007, p115
Thailand	2005	1.00	Thailand MICS 2005-2006, p60

*Data refer to the most recent year available during the period specified in the cell.

% Current school attendance among orphans and among non-orphans aged 10-14, 2007



• In PNG a total of 75% of orphans are currently attending school, for girls this percentage is 81.3% whereas for boys it is 70%.

Source: UNAIDS, UNGASS Country Reports, 2008

Scaling up the 4 Ps in East Asia-Pacific

1. Integration of four Ps around local epidemics

The HIV/AIDS epidemic and circumstances of children vary greatly across the region and within countries. Available resources do not permit countries to take on all aspects of the response with equal force nor does the epidemiology warrant such an approach. National delegations and their partners will need to consider how they will give priority to the four Ps to achieve greatest impact and reinforce other needed services.

2. Improve the continuum of prevention, care, treatment and support – increase access to all essential services

3. Improving evidence based approaches

4. Resource Mobilization

Putting children first

First, **strengthening communities and families** is crucial to every aspect of a child-centred approach to AIDS

Second, interventions to support children affected by HIV and AIDS are most effective when they form part of **strong health, education and social welfare systems**. This includes operational linkages within the health system itself, between HIV, STI, reproductive health and MCH

Thirdly, **the challenge of measurement to demonstrate progress**

Thank you for all you are doing

