



Launch of the Global Campaign on Children and AIDS in Mongolia

Mongolia Low Prevalence Country Meeting
23-25 October 2006, Ulaanbaatar, Mongolia

Good afternoon.

Children are the missing faces in current HIV responses.

Data on children, young people and HIV is scarce. National strategies and policies, such as youth prevention strategies, HIV testing and treatment of infected children, are still lacking. Infant ARV dosage is not widely available and specialist medical and counseling staff is few. And scant attention is paid to keeping children infected and affected by HIV in school. Many suffer from the effects of stigma, discrimination, trauma of illness and death, food, social and economic insecurity. Others are vulnerable to sexual abuse and exploitation.

The Global Campaign has specific targets around the four programmatic “Ps”, aimed at changing the current situation of children and young people:

1. **Prevention:** of new infections among adolescents and young people.
2. **PMTCT:** Increase service coverage to reach HIV positive pregnant women
3. **Paediatric treatment:** Provide antibiotics such as cotrimoxazole to prevent opportunistic infections and anti-retroviral therapy for HIV positive children
4. **Protection, care and support** for children affected by HIV and AIDS.



The fifth campaign “P” is about **partnerships**, of collaboration with governments, UN partners, NGOs, faith-based groups, civil society, the corporate world, sports organizations and others. Collaboration is crucial to achieving our objectives for children. Together we can be bolder in our response to the devastation that AIDS is wreaking on children, and expand vital programmes on prevention, treatment and care.

Today, Mongolia is joining the Global Campaign. We are here to initiate a new partnership to focus in our commitment, resources and attention to children and young people.

So what does launching the Campaign mean in Mongolia?

Compared to its neighboring countries, Mongolia has maintained low HIV prevalence so far. Yet, the socio-economic conditions in Mongolia are conducive to a rapid spread of an epidemic. However, we still have an opportunity to prevent this from happening by acting now.

In Mongolia, young people aged 10-24 account for more than half of the population and 94% of boys and 79% of girls aged 15-24 reported sex with a non-regular sex partner in previous year. Yet only half reported use of condom during last high risk sex. Therefore, we need to reach adolescents and young



people with **prevention** information, skills and services. Targeting prevention interventions to the most at risk has proven cost-effective.

The good news is that, Mongolia, like other low prevalence Asian countries with small numbers of children infected or affected, has the potential to reach all children in need of **paediatric treatment** or **protection, care and support**, thus achieving universal access for all HIV positive children.

Those yet to be born also have a right to an HIV-free life. That is why we must scale up access to **PMTCT** services among pregnant women, and to provide paediatric treatment for those infants born HIV positive. The current efforts to make VCT and PMTCT widely available in Mongolia are important steps being taken that reflect priority given to preventing new infections among children and young people.

To achieve universal access for children and young people is much easier when prevalence is still low. Let us work in partnership to ensure that it remains that way by scaling up prevention interventions to reach the most at risk to ensure those already infected or affected receive due treatment, protection and care.

Thank you.