

## **Opening Statement by**

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Distinguished delegates, partners from Government, colleagues from UN agencies

Let me say how pleased I am to see this joint forum happening in Malaysia during my brief visit here. I understand that the annual PMTCT Task Force meeting, for which UNICEF is the secretariat, is being organized jointly with WHO, UNFPA and UNAIDS, to address the enormous challenge of preventing HIV infection in children and women, who are the emerging faces of AIDS in Asia and the Pacific region. And we know that the prevention of HIV infection in children hinges on the effective prevention of HIV in women, whether before or during pregnancy. We also know that this requires a strong engagement of men, or their fathers, who hold most of the reproductive and HIV testing decisions.

While anti-retroviral treatment is now available to interrupt HIV transmission at birth, the world is still grappling with effective strategies to halt HIV from spreading into low-risk groups, namely, pregnant women whose likely source of infection remains their husband or sexual partner. In Asia and the Pacific where HIV is largely driven by distinct sub-populations, there is a huge scope for containing the virus, provided that we act quickly, and that the society, including the health system, is geared up for this challenge. AIDS is the largest pandemic of our time. The linkages between HIV and STI prevention services with reproductive health as well as maternal and child health services are vital, because each plays a key role in educating, detecting and tracking women and men, or couples, who are vulnerable and at risk of HIV.

Last year, UNICEF and UNAIDS launched the Global Children and AIDS campaign worldwide to encourage collective efforts to address, and reduce the impact of AIDS on children, who remain the missing faces in national responses. The failure to step up prevention will bring inconceivable consequences, and we are seeing a generation of children - some 12 million - orphaned by AIDS in Africa. In Asia-Pacific, there are currently an estimated 1.5 million children affected by AIDS, including nearly 200,000 living with HIV. The failure to arrest the growing number, and step up measures to protect and support them from neglect, abuse, exploitation and care, including treatment for those infected will signify the failure to fulfill our obligations to children. And these are symptoms of deeper causes that governments must face up in their aspirations to achieve the Millennium Development Goals

The Global Campaign is built on four primary pillars:

- Preventing new infections among children and young people
- Preventing mother –to –child transmission of HIV
- Providing pediatric treatment and care
- Protecting and supporting children affected by HIV and AIDS.

Of critical importance to the discussion is how to scale up the prevention of mother to child transmission in this region.

The vast majority of roughly half a million children under the age of 15, who die from HIV-related illnesses every year, become infected through mother to child transmission.

Without intervention, between 20 and 45 percent of pregnant women living with HIV will pass the virus onto their child during pregnancy and delivery or through breastfeeding. Newborns who escape infection are most often orphaned at a young age because their mothers have no access to care and treatment.

It is estimated that less than 10 percent of pregnant women have access to treatment to prevent transmission. In Asia-Pacific, it is only six per cent.

## *Check Against Delivery*

Supporting HIV- positive mother and their children goes far beyond providing them with anti-retroviral drugs. It also means preventing new infections among women in the first place; promoting their reproductive health rights, helping them make informed choices on unintended pregnancies; encouraging safe delivery practices; giving advice on infant feeding and providing care and support for the entire family.

It requires the “PMTCT” Plus approach” which embraces prevention education and services, including counseling of couples, underscoring the importance of a holistic approach. It also means looking at longer term and sustained support for both infant and mother to life saving treatment.

As part of the Global Campaign, our target is by 2010 to increase services to prevent mother –to child transmission of HIV to 80 percent of women in need. Achieving the objective in a low prevalence region will require strategic choices, and prioritization in high prevalence pockets of each country. This will mean prioritizing comprehensive PMTCT in municipalities, provinces or states and townships where groups at high risk are concentrated. The linkages between departments often entail effective referrals, information, knowledge and counseling, as well as referral to testing, early diagnosis and treatment. It often entails just asking additional questions to men visiting STI clinics, women visiting ANC clinics and knowledge on the part of health care provider on where to go for the right type of support.

We need to invest in building up teams of counselors and engage people living with HIV, many of them as healthy if not healthier than you and me, thanks to ARV. We need to invest in both primary health and curative care, and in changing the health system’s attitude as well as precaution on AIDS.

To create an enabling environment, we need to firstly, start challenging the dominant role men play in our societies, and seek to put an end to the impunity on violence against women and ensure their rights are respected. .

Secondly, we need to reduce stigma and discrimination that hinders HIV prevention efforts. And we need to make sure that counselling and testing apply not only to women but the couple, as part of not just antenatal care, but services that are intrinsically part of discussions on starting a family.

Thirdly, we need to ensure that treatment is readily available to all who need it. An estimated 660,000 children living with HIV are in need of Anti-Retroviral Therapy, and 2.1 million HIV infected children are in need of cotrimoxazole. The numbers of those actually getting it were tragically low.

Evidence shows that in the absence of any treatment, 30% of HIV-infected children die by the age of one, and 50% die by the age of two. We also know that ART and cotrimoxazole preventive therapy early in the disease process can lead healthy and productive lives.

The good news is that cotrimoxazole, priced as low as 3 US cents per day, can prevent infections in HIV positive children, and reduce mortality by as much as 43% (at 24 month follow up). In the area of pediatric HIV formulas, new research is leading to results. More are available on the global market. The challenge remains one of making them more affordable. UNICEF, in collaboration with other partners, are lobbying for price reductions.

Finally, we need to keep parents alive, and to ensure that they have access to care, support and treatment.

To achieve this ambitious agenda, we need a comprehensive rather than a piece meal approach. The convergence and improved linkages between our health services and our HIV prevention strategies are vital, however challenging. Other than training it requires creative thinking, as well as the right incentives to ensure that we reach the most in need and under served, especially marginalized groups in high prevalence areas.

All this will take time, but we have learned positive lessons from other public health measures. Childhood vaccination, and the use of parent held child growth cards, for instance, took many years to become established as routine.

If we are to succeed, then the dialogue and discussion during this week – the first Asia and Pacific Forum to bring together such wide array of stakeholders, must lead to action. We at UNICEF remain committed to working with you.

Thank you.