

COMBATING HIV/AIDS

[This document, together with other information on the Special Session on Children, is available on the official site:

<http://www.unicef.org/specialsession>]

“I believe that everyone should fight AIDS also on a personal level. I have pledged not to have sex before marriage because I don’t believe it is worth the risk.”

– *Samantha Mundeta, 18, AIDS activist in Zimbabwe*

“We must all recognize that AIDS is an emergency and treat it as such.”

– *Wisdom Morowa, 17-year-old orphan, Malawi*

“If we can have effective education systems, there is a chance that today’s uninfected children will grow up into uninfected adults.”

– *Donald Bundy, Lead Specialist for School Health and Nutrition, World Bank*

UNAIDS estimates that in 2001, a total of 580,000 children under 15 died of HIV/AIDS, 500,000 of them in sub-Saharan Africa. In that same year 800,000 children contracted the infection; 90 per cent of these children – roughly 2,000 a day – were infants who acquired it from mother-to-child transmission.

Every day, over 6,000 children are orphaned by AIDS, a third of them under five. Overall, life-prolonging AIDS drugs go to only 5 per cent of the population that needs them. And last year a million African schoolchildren lost their teacher to AIDS.

These bleak statistics and others like them formed the backdrop to four panel meetings on AIDS at the Special Session – preventing mother-to-child transmission of AIDS; HIV prevention among the young; orphans and other children affected by AIDS; and strategies to combat HIV/AIDS through education.

This document contains a summary of the following events:

Preventing mother-to-child transmission of HIV
HIV prevention among young people
Orphans and other children affected by HIV/AIDS
Strategies to combat HIV/AIDS through education

◆ PREVENTING MOTHER -TO-CHILD TRANSMISSION OF HIV

In a meeting chaired by Joy Phumaphi, Botswana's Minister of Health, panellists from WHO, UNICEF and the Government of Brazil reviewed the impact of mother-to-child HIV transmission on children's survival and outlined strategies to bring down the toll.

Dr. Jose Martines, Team Coordinator for Neonatal and Infant Health in WHO's Department of Child and Adolescent Health and Development, acknowledged that the impact of mother-to-child transmission has become devastating. Nevertheless, the trend should be reversible if partners work to achieve a four-point strategy: preventing HIV in women of child-bearing age; preventing unintended pregnancies in HIV-infected women; preventing transmission from mother to child; and providing care and support for HIV-infected women, their infants and their families.

Voluntary and confidential counseling and testing plays a key role in identifying the women to benefit. But counseling and testing services are not widely available in developing countries and many countries lack quality health care and infrastructure.

Transmission from mother to child can be reduced by anti-retroviral drugs during the pregnancy, elective Caesarean-section, and replacement feeding in lieu of breastfeeding. Even a single dose of an anti-retroviral during pregnancy can halve the risk of transmission. These scientifically proven interventions are beset by problems however: poor access to antenatal clinics and poor infrastructure for care; limited access to counseling and testing, which may also be poorly accepted; transmission through breastfeeding; and lack of follow-up care. The ways forward would include upgrading health services and especially antenatal clinics, rapid testing with same-day results followed by sound counseling, effective communication and better links to follow-up support.

◆ HIV PREVENTION AMONG YOUNG PEOPLE

UNICEF and UNAIDS hosted a discussion on HIV prevention for the young that combined adolescents and experts as panellists. The group gave their personal views of the impact of AIDS on the young and assigned a key role to adolescents as part of the solution.

The stigma associated with HIV/AIDS and how this affects prospects for preventing the disease was discussed. Stigma is particularly relevant to the young since they account for more than half of all new infections. Myths were flagged as a key source of stigma, notably the persistent myth that the young will turn promiscuous if anyone educates them about sex. The perpetuation of such myths hinders fruitful advances in the battle against AIDS, since the young then end up misinformed or uninformed about the disease. Worse, the myths also increase the stigma associated with HIV/AIDS.

The panellists asked that the media steer away from portraying the HIV positive as 'victims', since such language perpetuates the stigma. "Most of us feel very sick when we are called victims," said Inviolata Mmbwavi, a board member of Kenya's National AIDS Control Council. She referred to several prominent people she knows who keep silence about their HIV status

because they fear that society will perceive them as incapable of functioning. She added that steps have recently been taken to avoid using the term victim, but much still remains to be done. Dr. Peter Piot, Executive Director of UNAIDS, agreed that the media should be encouraged to portray the HIV positive in a more dynamic light and to avoid focusing only on the negative and hopeless lives of the infected.

On adolescent participation in programming against HIV/AIDS, Anick Supplice, director of a Haitian NGO, described how Haitian teenagers have taken part in the UNICEF 'Right to Know' project, which involves the young very closely in defining their perceptions of AIDS. "They are the ones telling us how we should package the messages," said Ms. Supplice. In the Former Yugoslav Republic of Macedonia, the Right to Know project is improving communications in general between parents and teenagers, according to 18-year-old Miodraga Stefanovska. "It brings the adolescents closer to their parents," she said.

Father Clyde Harvey of Community Action Research, an HIV support group in Trinidad and Tobago, discussed his experiences educating young people, caring for the infected, and helping to prevent infection. To his mind, "young people have taught us, and continue to teach us, that if we don't change our attitude we can't help them." He recommends a positive approach when dealing with the young, quoting the methods used by the South African NGO *lovelife*, which emphasizes choices – abstinence, being faithful or using a condom.

In comparing peer education with education of the young by adults, Ms. Mmbwavi pointed out that even though the young attach more weight to personal experience shared with others of the same age, peer education is not necessarily more effective than any other methods of education and communication. The challenge is to make the young understand they are not invincible. Drawing on her own experience, Ms. Stefanovska said it is often very difficult to convince people that HIV/AIDS could affect them personally. "AIDS is like gossip, not reality," she said.

Father Harvey discussed the approach of the Church in fighting AIDS and the stigma associated with it. The approach needs to change, he felt, and the Church has a long way to go. It is necessary to broaden the issue from 'just sex' to the teaching of valuable life skills.

◆ ORPHANS AND OTHER CHILDREN AFFECTED BY HIV/AIDS

By 2001, AIDS had killed the mother or both parents of 10.4 million children under the age of 15, orphaning some 2.3 million children in 2000 alone.

Nane Annan, wife of the United Nations Secretary-General, opened the meeting by describing the impressive young people she has met in her recent travels around the world who are living in the shadow of AIDS. She singled out three key points: millions of children have been orphaned by AIDS and the numbers are rising; protecting the rights of orphans is a long-term commitment; and she has found that families and communities are responding with great courage.

Peter McDermott of USAID provided a brief overview of the current and projected situation of children affected by HIV/AIDS, noting that children orphaned by other causes as well as AIDS

add to the total numbers. He outlined five key strategies for responding to the crisis for AIDS orphans:

- ❑ Strengthen the caring and coping capacities of families
- ❑ Mobilize and strengthen community-based responses
- ❑ Strengthen the capacity of children to meet their own needs
- ❑ Ensure that governments protect the most vulnerable
- ❑ Create an enabling environment for affected children and families.

Samantha Mundeta of Zimbabwe, representing the International Federation of Red Cross and Red Crescent Societies, shared her experience as a young person living in a country where HIV/AIDS has had enormous impact on the young. She told of her friends and the problems they face, lacking food, schooling and health – very young children “growing up before their time”. Some friends do not possess birth certificates, since no adults were left in the family to apply for the papers.

She also spoke of efforts in Zimbabwe that aim to improve the lives of such children. For example, the Ministry of Social Welfare pays the rent for orphans living in the houses left by their parents. The Red Cross runs peer education programmes, and assigns volunteers to visit child-headed households regularly and see to their welfare.

Wisdom of Malawi spoke as one of his country’s more than 40,000 AIDS orphans. He emphasized the importance of providing schooling without any fees, and of involving young people in the decisions to be made on their behalf. He praised his nation’s task force and policy on AIDS orphans, but reminded everyone that what is most needed is visible action.

Subsequent discussion with speakers from the floor raised concerns about the exploitation of AIDS orphans for child labour, and suggestions of a more active role for the private sector. The participants also discussed the ways in which religious organizations have risen or failed to rise to the challenge of AIDS orphans.

◆ STRATEGIES TO COMBAT HIV/AIDS THROUGH EDUCATION

Riz Khan of CNN International adopted an interactive question and answer format to host a dialogue on the role of education in the fight against HIV/AIDS. After the panellists had shared their experiences, Mr. Khan engaged the audience in discussing the strategies endorsed by governments.

The AIDS pandemic is proving destructive to education systems, stated Donald Bundy, Lead Specialist for School Health and Nutrition, World Bank. The international community has pledged its commitment to basic education for every girl and boy by 2015; AIDS is making that difficult, and may perhaps make it impossible. On the other hand, education provides an opportunity to do something about AIDS. Most children of school age are not yet infected with HIV, and education has a role to play in ensuring most schoolchildren remain uninfected.

Anne Therese Ndong-Jatta, Gambia's Secretary of State for Education, endorsed a formal, structured approach where accurate information is provided to young people in a comprehensive programme. This is offered to Gambian schoolchildren from grade 6 onwards, but the teachers' and students' inhibitions spurred the Government to supplement the formal programme with interactive health education by peers. Ms. Ndong-Jatta rates peer education the most important component of Gambia's strategy.

Dr. Paolo Roberto Teixeira, National Coordinator for Brazil's AIDS programme, underscored the importance of a clear policy and consistent strategy for AIDS. Brazil's policy has included providing anti-retroviral drugs free of charge to all HIV-positive Brazilians. The possibility of treatment has brought back a sense of hope and has helped reduce the stigma associated with HIV and AIDS, which keeps HIV-positive young people out of school in many countries. Dr. Teixeira recommended treatment of HIV-positive teachers and pupils as an important strategy for support the education system.

Stanley Simataa, Deputy Permanent Secretary for Education, Namibia, agreed that schools are a valuable weapon in the fight against HIV/AIDS, but they do not work in isolation. They exist in the context of a larger community, which must be open enough to encourage children to learn about HIV/AIDS. Schools must gain the support of religious and cultural institutions in their community. Moreover, schools do not reach the children who are often most at risk for HIV, such as street children, young sex workers and AIDS orphans. The education sector needs the help of NGOs to reach these children.

Both panellists and speakers from the floor recognized that education systems are faced with two complex but inter-linked demands – to prevent HIV/AIDS and deal simultaneously with its devastating impact on education systems. The group decided on a multifaceted response:

- ❑ Keep the momentum to achieve Education for All. Make sure the schools and teachers are there; make sure that all children go to school; in particular, make sure they include the groups increasingly marginalized, notably children orphaned and affected by HIV/AIDS.
- ❑ Use the school system to deliver education for preventing HIV/AIDS, in formal and informal ways that are responsive and effective.
- ❑ Work with the broader community – religious leaders, NGOs, informal groups – to help raise children from an early age with the values to protect themselves.

Many complex challenges remain, including the issue of teacher-to-pupil transmission. The meeting ended on the hopeful note that education may well prove critical to the fight against HIV/AIDS.