WHAT PARLIAMENTARIANS CAN DO ABOUT HIV/AIDS
Action for Children and Young People
“We can halt the spread of AIDS. We can even reverse it.... Above all, the challenge of AIDS is a test of leadership. Leadership has formed the basis of whatever progress we have achieved so far.”

KOFI A. ANNAN, SECRETARY-GENERAL OF THE UNITED NATIONS

This publication has its genesis in the African Leadership Consultation on orphans and vulnerable children, hosted by Nelson Mandela and Graça Machel, in September 2002. It has been developed by UNICEF, UNAIDS and the European Parliamentarians for Africa (AWEPA) in close consultation with individual parliamentarians and several parliamentary networks, including the Parliamentary Network on the World Bank. This joint report reflects the activities of individual organizations around an issue of common concern. The principles and policies of each organization are governed by the relevant decisions of its governing body. Each organization implements the interventions described in this document in accordance with these principles and policies and within the scope of its mandate.

“We should see the problem of AIDS as an opportunity for us to deepen and broaden our understanding of fellow human beings. We should not stop simply at trying to control the disease or caring for those who have contracted it but [use] it as an opportunity for further developing our humanity.”

AUNG SAN SUU KYI, MYANMAR OPPOSITION LEADER AND NOBEL PEACE PRIZE LAUREATE
WHY PARLIAMENTARIANS?
WHY HIV/AIDS?
WHY CHILDREN AND YOUNG PEOPLE?

Because:
- Parliamentarians – and other elected officials – are leaders.
- You have the mandate and public trust to act in the interests of humanity.
- You command the influence and resources needed to secure progress.
- You bear a special responsibility to set the examples that spur others into action.

Because:
- HIV/AIDS is a global emergency.
- By end-2002, over 20 million people had died of AIDS; another 42 million were infected with HIV, the virus that causes AIDS; and over 5 million more were being newly infected annually, about half of them young people between the ages of 15 and 24.
- HIV/AIDS disproportionately affects children and young people by infecting huge numbers, by killing their parents and by damaging their countries’ economic and development prospects.
- In many countries, HIV/AIDS has already worsened poverty, eroded economic growth, spawned human rights abuses, erased many development gains and imperilled national security and political stability.
- HIV is fully preventable.
- Action by parliamentarians has quelled HIV/AIDS epidemics in countries around the globe.
- At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, and then again at the Special Session on Children in May 2002, almost all the world’s governments committed themselves to time-bound plans of action to meet the Millennium Development Goal of halting and beginning to reverse the spread of HIV/AIDS.
The basics:

- HIV is the human immunodeficiency virus. HIV damages the body’s immune system, weakening it until it can no longer fight off other diseases. People infected with HIV usually live for years without any signs of disease and look and feel healthy. A blood test is the most accurate way for a person to know if he or she is infected with HIV; saliva and urine tests are now also available.
- AIDS or acquired immune deficiency syndrome is the late stage of HIV infection.
- People who have AIDS grow weaker because their bodies lose the ability to fight off illnesses. The most common sicknesses that kill people with AIDS are tuberculosis, pneumonia, diarrhoeal diseases and certain cancers. In adults, AIDS on average develops 7 to 10 years after infection with HIV. In young children the disease usually develops much faster.
- Medicines can help people with HIV/AIDS live healthier and longer lives and can prevent transmission of HIV from mothers to their infants. Yet, as of end-2002, only 5 per cent of the millions living with HIV/AIDS had access to life-prolonging antiretroviral medicines and only 10 per cent to basic care.
- So far, there is no vaccine or cure for HIV/AIDS. But treatment with antiretroviral medicines is effective in keeping people healthy, generally for many years and sometimes indefinitely.
- HIV spreads through unprotected sexual intercourse (the cause of the vast majority of infections); transfusions of unscreened blood; contaminated needles and syringes (most often those used for injecting drugs, but 2 per cent of new infections every year result from the failure to maintain sterilization in health services); and from an infected woman to her child during pregnancy, childbirth or breastfeeding. The virus only spreads when certain bodily fluids – blood, semen, vaginal fluid and breastmilk – of an infected person pass into the body of another person. (Saliva, tears and urine do not spread HIV.) The virus multiplies in the body so rapidly that within hours newly infected persons themselves become infectious.
- HIV is not spread through everyday contact such as shaking hands, kissing, touching, sharing cups or plates, sharing toilets, staying in the same office or house as a person who has HIV/AIDS, or through swimming pools, public baths or bites from mosquitoes or other insects.
- Prevention is fundamental to defeating HIV/AIDS. Every person in every country must know how to avoid getting and spreading the disease and should be empowered to act on this knowledge.
The devastation:

- HIV/AIDS has already caused unparalleled human suffering – and far worse lies ahead.
- More than 20 million people have died of AIDS since the disease emerged in the late 1970s. By 2010, this cumulative toll is expected to double. In 2002 alone, 3.1 million people died, including 610,000 children under the age of 15.
- More than 42 million people are now living with HIV/AIDS – including nearly 12 million still in their teens or young adulthood and 3.2 million children under the age of 15. Overall, almost equal numbers of men and women are infected.
- Young people are at terrible risk. Of the 5 million new infections in 2002, about half were among young people aged 15 to 24. Of these infections, almost two thirds were among young women.
- More than 14 million children currently under the age of 15 have been orphaned by HIV/AIDS. Four out of five of these children live in sub-Saharan Africa. By 2010, as many as 25 million children are likely to be orphaned by this disease.
- People in every region and every country are affected. Dozens of countries are already deep in the grip of the HIV/AIDS epidemic. Many more are on the brink. Sub-Saharan Africa is worst hit, with 17 million people dead and nearly 30 million infected; in four countries, every third adult is infected. One in every 50 adults is infected in the Caribbean, the worst-hit region after sub-Saharan Africa.

In Asia, national rates of infection are highest in Cambodia, Myanmar and Thailand, but millions are infected in populous China and India. Infection rates in Eastern Europe and Central Asia are skyrocketing, especially among sex workers and their clients and injecting drug users. While industrialized countries have prevented full-scale epidemics, prevention efforts are stalling in most; infection rates in poor and disadvantaged communities, including ethnic and sexual minorities, are soaring.

- For every person infected or killed by HIV/AIDS, a family and a community lose – and so does their nation. In the countries most affected, the sickness and loss of productive adults has already worsened poverty, multiplied the risks of famine and impeded development. Education and health systems have come apart as teachers and health professionals continue to die. Political stability and national security are threatened as the disease fells huge numbers in government, the armed forces and the police. These patterns are likely to be repeated in other countries as increasing numbers die or fall sick.
- HIV has spawned a deadly second epidemic of human rights abuses. Based on their actual or perceived HIV/AIDS status, people have been thrown out of their jobs and homes, denied medical care, imprisoned and even killed. Particular groups, including commercial sex workers, sexual minorities and drug users, have been victimized. Abuses of every kind continue in most countries, a huge barrier to
defeating HIV/AIDS. Both governments and communities have a responsibility to prevent, challenge and redress these violations.

**The how-to of prevention:**

- The spread of HIV through sexual intercourse can be prevented by following the ABCs of prevention: Abstinence – not having sexual relations; Being faithful – having sex with only one, mutually faithful, uninfected sexual partner; Condoms – using condoms correctly and consistently and practising other safe sex methods. Sexually transmitted infections, which multiply the risk of getting and spreading HIV, should also be prevented and treated when they occur.

- The spread of HIV through blood transfusions can be prevented through: Undertaking only essential blood transfusions; using only blood or blood products that have tested negative for HIV; and using sterile needles and other equipment when donating blood or blood products.

- The spread of HIV through needles, syringes and cutting instruments such as razor blades and knives can be prevented through: Whenever possible, avoiding injections in favour of pills or liquid medicine; not sharing needles and syringes; using only new, sterilized, disposable or auto-disable needles and syringes, whether in immunization and health services or elsewhere; sterilization of surgical equipment; and using other universal precautions in health services.

- The spread of HIV from parent to child can be prevented through: Preventing women from becoming infected with HIV; encouraging people to seek voluntary and confidential counselling and testing to determine their HIV status and to get guidance on family planning; providing timely antiretroviral therapy to pregnant women living with HIV, in accordance with medical practices; providing clean and safe delivery services; providing healthy alternatives to breastfeeding for women living with HIV that are feasible, acceptable, sustainable, affordable and safe; and providing treatment, care and support for women living with HIV/AIDS and their families.
Where leaders have shown strong political will and a commitment to act, they have succeeded in reducing the spread of HIV and blunting its devastation.

This is as true of the local level as of the national.

This is as true of poor and middle-income countries as of rich ones.

This is as true of Africa and Asia as of the Caribbean and Latin America.

Decisive action by political leaders is the common, critical factor.

Witness the success of Thailand and Senegal – and the Indian province of Tamil Nadu – in curbing the spread of HIV.

Witness Uganda’s success in reversing its full-blown epidemic – bringing infection rates down among adults from about 14 per cent in the early 1990s to 8 per cent by 2000.

Witness Brazil’s success in promoting condom use and in guaranteeing free antiretroviral treatment to every person living with HIV/AIDS.

“One of the key lessons we have learned from our HIV/AIDS experience is that the leadership must recognize the devastating scale of the epidemic and be willing to discuss openly the enormity of the HIV/AIDS problem.”

PITAK INTRAWITYANUNT, FORMER DEPUTY PRIME MINISTER OF THAILAND
WHAT YOU CAN DO TO DEFEAT HIV/AIDS: A 10-POINT CHECKLIST

1 **Break the silence**: Use the facts to convince your family, your colleagues and the public that HIV/AIDS is a real and present danger; show how the disease is affecting families, communities and the country – and how it has overwhelmed many countries.

2 **Educate and inform, and end ignorance and fear**: Let your constituencies, your peers and the public know clearly and fully how one can and cannot get HIV, what social and cultural factors may put some people more at risk for infection, and that people with HIV/AIDS can live many productive years, particularly if they receive medical treatment, care and compassion. Let people know where they can turn to for care, medical treatment and psychological support.

3 **Prevent prejudice, discrimination and stigma**: Urge compassion and understanding within families and communities, in the workplace and across society. Set a visible example yourself.

4 **Mobilize action**: Influence government, social, religious and traditional leaders and public officials to take positive action and to hold themselves accountable. Establish parliamentary and public forums for debate about issues related to HIV/AIDS. Use your constituency office and political party meetings. Debate issues with communities to develop consensus on national policies.

5 **Create a parliamentary focal point for HIV/AIDS**: Establish a parliamentary committee or strengthen an existing body to take on these responsibilities. Elect or appoint a key person to champion the cause of responding to HIV/AIDS. As part of a comprehensive national strategy, detail the responsibilities of key ministries, such as finance, health, education, labour and justice.

6 **Lobby for HIV/AIDS legislation, national plans and budgetary allocations**: Within a human rights framework, push for new or reformed laws and policies that strengthen HIV prevention, protect those most vulnerable to HIV, and improve care for those living with or affected by HIV/AIDS. Ensure that budgetary allocations make realization of these goals possible, including through advocating for government allocations for HIV/AIDS-related prevention, treatment, care and impact mitigation measures and ensuring that funds are spent appropriately.
7 Give top priority to protecting the people most vulnerable to HIV and people living with HIV/AIDS: Advocate for policies that prevent discrimination, intolerance and human rights violations. Fight to secure the full human rights of people living with HIV/AIDS and others who are stigmatized. Include people living with HIV/AIDS as equal partners in all your work on HIV/AIDS. Give special attention to tackling both the root causes and the immediate problems that make commercial sex workers, men who have sex with men, injecting drug users, migrant workers and refugees and internally displaced people most vulnerable.

8 Advocate for effective HIV/AIDS education and counselling: Education and counselling are important for members of parliament, religious and social leaders and communities, and vital for school-age children and young people before they become sexually active. Young people have the right to the knowledge and skills that will enable them to make informed, responsible choices and to save their lives, including using preventive methods such as condoms.

9 Push for strong health and social services: Health and social services must provide universal, non-discriminatory access to voluntary, confidential counselling and HIV testing; control of sexually transmitted infections; youth-friendly and gender-sensitive sexual, reproductive health and family planning services; condoms; blood screening; drug and alcohol rehabilitation; and needle-exchange for injecting drug users. Every effort must be made to expand access to antiretroviral treatment for all who need it, including pregnant women living with HIV. Social services should help strengthen community and home-based counselling and support for people living with HIV/AIDS, their families and caretakers; child protection services; and shelters for women, commercial sex workers and children living on the street.

10 Fight poverty and deprivation: HIV/AIDS and related diseases like tuberculosis thrive on economic hardship, inequality and deprivation. The spread of HIV/AIDS makes even more pressing the need for broad-based human development. More than ever, parliamentarians need to forge national, regional and international partnerships that address the constraints to development, whether these stem from gender inequality, budgetary shortfalls, adverse terms of trade or international debt.
WHAT PARLIAMENTARIANS CAN DO TO PROTECT YOUNG PEOPLE FROM HIV/AIDS
HIV/AIDS is increasingly a disease of the young.

- Nearly 12 million young people, aged 15-24, are living with HIV/AIDS.
- About half of all new infections now occur in young people. Every day, nearly 6,000 young people become infected with HIV – over 2 million a year. While infection rates among 10- to 14-year-olds are not generally known, studies indicate that a significant proportion of younger adolescents are sexually active and are therefore at risk.
- Ignorance about HIV/AIDS is one of the fundamental reasons why young people are vulnerable to HIV. Despite the fact that sexual activity begins in adolescence for the majority of people, surveys among young people in more than 60 countries showed that the vast majority could not accurately say how HIV is transmitted. Half of the teenage girls in the sub-Saharan African nations surveyed believe that someone who looks healthy cannot have HIV.
- Young women are especially vulnerable to HIV. More than twice as many young women as young men are contracting HIV in some developing countries, particularly in sub-Saharan Africa; in a handful, as many as five girls are infected for every young man infected. Girls and women are physiologically more easily infected by HIV during heterosexual intercourse than are men. Older men are also having sex with younger women and girls. The lifelong disadvantages that face girls and women because of gender-based discrimination – including inadequate education, poor pay and employment prospects, and violence, abuse and exploitation by men – make them particularly vulnerable to unwanted, unsafe sex, both within and outside of marriage. Compounding the risks, they are often denied access to critical knowledge and education about sexuality and sexual health. During civil unrest and armed conflict, young women and girls are even more likely to become victims of sexual violence and coercion.
- Disadvantaged and ostracized young people are in greatest danger. Young people who inject drugs, are affected by armed conflict, suffer sexual exploitation, are trafficked, are orphans, or live on the streets or in institutions have even less access to information, skills, services and support than other young people. Boys and young men who have sex with men are very vulnerable because of the multiple disadvantages they face.

Young people are the world’s greatest hope for defeating HIV/AIDS. They are more likely than adults to adopt and maintain safe behaviours. Wherever the spread of HIV/AIDS has slowed or even declined, it is primarily because young men and women have been given the tools and the incentives to protect themselves against HIV.
WHAT DO YOUNG PEOPLE NEED TO DEFEAT HIV/AIDS?

HIV can be prevented when young people, girls and boys alike, have:

1. **Knowledge and information**
   - About sexuality and sexual and reproductive health before they become sexually active – there is overwhelming evidence showing that the more educated young people are about sex, the better are the chances that they will delay having sex or practise safer sex.
   - About transmission, risks and prevention of HIV.
   - About their choices – to avoid sex before marriage, to postpone having sex until they are older, to have safer sex, and to encourage their peers to protect themselves.
   - About the economic and social pressures that cause girls to be particularly vulnerable to unwanted and unsafe sex.
   - About where to get voluntary and confidential counselling and testing, information on preventing infection, care and support if infected, and medical treatment.
   - About their rights and responsibilities in the context of HIV/AIDS.

“It is possible to have a generation without HIV/AIDS – we are the ones to make it possible.”

GRAÇA MACHEL, FORMER MINISTER OF EDUCATION, MOZAMBIQUE
Life skills – because information alone is not enough

- To provide young people with the skills to develop healthy attitudes and the negotiating capacity to make informed, healthy choices about sex, drugs, relationships and other issues, and to avoid physical, alcohol or drug abuse and unwanted or unsafe sex.
- To help young people understand the nature of adolescence, friendship and peer pressure so as to avoid risky situations and behaviours.
- To feel motivated to protect themselves and their peers, and to know that they can make a difference and help stop the spread of HIV.
- To empower girls to have the confidence and ability to negotiate sexual relationships on an equal basis with boys and men.
- To promote responsible behaviours by boys and men.

Youth-friendly services

- That are affordable, welcoming, convenient and gender-sensitive, including health services that provide voluntary and confidential counselling and HIV testing, condoms, control of sexually-transmitted infections and other essential health care and information.
- That provide drug and alcohol use prevention and counselling services.
- That offer psychological counselling for managing grief, stress and discrimination.
- That provide education, support and counselling from other young people in peer-to-peer programmes.

A safe and supportive environment

- That ensures consistent and positive emotional connections with a caring adult, whether a parent or other family member, trusted teacher or designated community member.
- That provides young people with a place to talk openly and without fear of criticism about their feelings and ideas about HIV/AIDS, sex, death and other issues – whether at counselling sessions, after-school clubs or recreational events.
- That allows for a voice and a meaningful role in community decision-making, particularly regarding HIV prevention strategies for young people.
- That provides the assurance that they are supported and protected by adults in their community on vital matters, for example, on addressing sexual abuse and sexual exploitation of young people.
- That allows for participation in planning and carrying out programmes meant to help and support them, especially young people with HIV and young people at especially high risk of HIV infection.
- That provides employment skills and opportunities.
- That offers progressive gender norms and role models for both boys and girls.
WHAT PARLIAMENTARIANS CAN DO

End ignorance through honesty
- Break the silence about HIV/AIDS – address young people themselves, parents, teachers, health and social workers, community members, the media, people of influence and parliamentary committees concerned with young people.
- Use country-specific information to demonstrate how many young people are vulnerable, infected or affected nationally and locally. Discuss how and why young people are especially vulnerable to HIV and other sexually transmitted infections – and which young people are most vulnerable.
- Discuss social and cultural issues that are obstacles to prevention, such as gender discrimination, child abuse, sexual exploitation, rape, abuse of domestic workers and injecting drug use.
- Ask young people, including those living with HIV/AIDS and those at especially high risk of infection, about their concerns and hopes.
- Ask young people what information, services and support they need for counselling, prevention, protection, treatment and care.
- Encourage young people to discuss sexuality, peer and adult pressure, gender discrimination, abuse and other issues that affect their risks of contracting HIV.

- Stress that young people are not a ‘problem’ but an invaluable resource who can do much through self-help and volunteer initiatives, such as peer counselling and school and community education projects.
- Advocate for individual and community commitment and action, by young people and adults alike: “What can you personally do, and what can we do together about these issues?”

Stop fear and prejudice
- Call for understanding of the emotional, social and physical needs of young people within families, communities, schools, health services and other places where they most need support from adults.
- Call for compassion, support and protection for young people living with HIV/AIDS, those who are especially vulnerable to infection, and those who have been orphaned or whose parents are living with HIV/AIDS.
- Build bridges between communities and ostracized or marginalized young people so as to end discrimination against them.
- Counter adult prejudices against allowing young people to have access to information, services or preventive methods for reproductive and sexual health, to voluntary and confidential counselling and testing, and to drug and alcohol prevention.
Advocate for supportive policies, laws and budgetary allocations

- For universal coverage with skills-based prevention education in schools and through social groups, community centres and outreach services, including HIV prevention clubs, peer-to-peer counselling, and drug and alcohol counselling.
- To increase the opportunities for girls to enrol and stay in school.
- For gender-sensitive and youth-friendly health and social services, including voluntary and confidential counselling and testing, condoms, sexual and reproductive health services, drug and alcohol use prevention and counselling, and stress and grief counselling.
- To reduce the vulnerability of young people at particularly high risk of HIV infection, including through providing protection and alternative means of living for young people using drugs or involved in commercial sex work.
- To ensure young people’s participation in developing and running peer education and HIV-prevention programmes.
- To protect young people from all forms of abuse, violence, exploitation and discrimination.
WHAT PARLIAMENTARIANS CAN DO TO PREVENT PARENT-TO-CHILD TRANSMISSION OF HIV
Some 800,000 children under the age of 15 contracted HIV in 2002, about 90 per cent through transmission from their mothers.

Some 610,000 children died of AIDS in 2002.

If no preventive steps are taken, approximately one out of three babies born to mothers with HIV will contract the virus. Of these infections, about 15 to 20 per cent occur during pregnancy, 50 per cent during labour and delivery, and another 33 per cent through prolonged breastfeeding.

Sub-Saharan Africa is home to 90 per cent of the world’s HIV-infected children.
The most effective way to reduce transmission of HIV from parents to their children is to prevent young people and adults from contracting HIV in the first place.

- Adolescent girls and women need the support of their partners, families and communities to prevent HIV and other sexually transmitted infections, to practice safe sex and to make informed reproductive decisions. Societies must act to end all inequality and discrimination against girls and women – who must be ensured full access to essential knowledge, education and life skills about sexuality and sexual health.

- Men and adolescent boys need education, skills training and encouragement to take responsibility for their sexual behaviour. They need to understand that negative attitudes and behaviours towards girls and women put everyone at greater risk of contracting and spreading HIV – men and boys themselves, girls and women, and their children.

So that they can make informed decisions about reproduction, all young people need access to a range of vital services.

- The vast majority of girls, women and men in developing countries who are living with HIV/AIDS are unaware that they are infected with HIV. They can only make a fully informed decision about whether or not to have

“Acting against AIDS first of all means speaking about it and breaking the conspiracy of silence; we then must overcome the taboos and prejudice surrounding the disease and its sufferers; after this, we must inform, raise awareness, educate and provide medical, psychological and social case management for patients, to avert their marginalization.”

ABDOULAYE WADE, PRESIDENT OF SENEGAL
children once they know their HIV status, based on voluntary and confidential counselling and HIV testing.

- All adolescent girls and women, but even more so those living with HIV/AIDS – or with partners who are living with HIV/AIDS – need to know the range of choices regarding pregnancy, safe sex, antiretroviral treatment and other means of minimizing the risk of transmitting HIV to their babies. They must have access to quality reproductive health and family planning services – and encouragement from their partners, families and communities to make use of these services.

**All pregnant women and adolescent girls living with HIV/AIDS must have access to the full range of methods for reducing the risks of transmitting HIV to their infants, including antiretroviral treatment, safer delivery practices and safer ways of feeding infants.**

- A short course of antiretroviral medicines during pregnancy reduces by half the risk of passing HIV to the baby.
- Safe delivery practices that prevent unnecessary exposure of the baby to its mother’s fluids and tissues may also reduce transmission.
- New mothers must have guidance on how to weigh the risk of passing on HIV to their infants against the risk of denying them breastmilk. Only if other types of feeding are acceptable, feasible, affordable, sustainable and safe should HIV-positive mothers choose these alternatives. Otherwise, mothers should exclusively breastfeed their babies for the first six months, giving no other food or drink of any sort. Other strategies for lowering the risk of HIV infection include preventing and promptly treating breast problems, as well as sores or thrush in an infant’s mouth.

**All mothers living with HIV/AIDS need treatment, care and support.**

- Mothers living with HIV/AIDS and their families need to be reassured that they and their babies (if also infected) can still live long, healthy lives. The foundation for this is ensuring that the mothers get treatment, care and support, nutritious food and good health care.
- They and their children need acceptance, support and care from their families and communities, including prevention and treatment of infections and illnesses, antiretroviral therapy, psychosocial and nutritional support and appropriate health care.
- It is fully possible to ensure that babies who have HIV live long, healthy and happy lives. For babies to have the best chance, they need good nutrition and regular health care, including all childhood immunizations, growth monitoring, prompt medical attention when health problems occur, and early childhood care and development services. All babies, with or without HIV, have a greater chance of surviving and thriving if they have a mother to care for them.
Advocate and mobilize action:
- Discuss the issue in parliamentary committees concerned with health, social and women’s issues, as well as political, community and women’s groups, men’s and young people’s associations, and health and social workers.
- Use national and local data to show the current situation and to project likely trends.
- Raise debates about what men and women, communities and the government can do to prevent parent-to-child transmission.
- Help people understand how gender-based inequality, poverty and discrimination put women and their babies at greater risk of HIV.
- Emphasize the crucial role of men and adolescent boys in preventing parent-to-child transmission by being responsible in their sexual behaviours.
- Advocate for the information, support and full range of services that women and adolescent girls, families and communities need for counselling, prevention, treatment and care.
- Explain how, with care and support, people living with HIV – including children – can live longer and better lives by ‘living positively’.
- Prevent prejudice and discrimination by calling for compassion and understanding within families and communities, and for supportive, non-discriminatory treatment at government offices and public services, particularly at health clinics and other places where women and girls seek support, services and care.

Advance services and support – and empowering policies and laws:
- Use your influence in the legislature to advance policies, laws and budgetary allocations for women-friendly health, social and support services – both for protecting women from getting infected and for preventing transmission to their children. These services include voluntary and confidential counselling.
and testing, services for family planning, reproductive health and safe motherhood, and antiretroviral treatment and other means of preventing transmission to babies.

- Advocate for prevention education on parent-to-child transmission to be provided in health clinics and through women’s groups and community centres.

- Secure legislative and policy changes to protect the property, inheritance and work rights of women and girls and strengthen their position in society and the household; to protect women and girls from all forms of abuse, violence, exploitation, discrimination and trafficking; and to prevent discrimination against their use of reproductive health, family planning and counselling services. It is important to examine whether existing legal and social systems reinforce gender discrimination. The goal must be to empower women and girls to assert their rights, negotiate sexual relations on an equal basis with men and generate their own sources of income.
WHAT PARLIAMENTARIANS CAN DO
FOR ORPHANS AND OTHER
VULNERABLE CHILDREN
HIV/AIDS has killed one or both parents of 14 million children currently under the age of 15. The numbers continue to escalate. By 2010, the total number of children orphaned by AIDS is expected to reach 25 million.

Currently, four out of five orphans live in sub-Saharan Africa – but large increases are already occurring in China and other populous countries in Asia.

HIV/AIDS is exceptional in that it generally kills both parents. Because HIV is mainly sexually transmitted, if one parent is infected there is a high chance that the other will also become infected. The outcome is not just more orphans but also more orphans who have lost not one but both of their parents.

Traditional systems of caring for orphans are being overwhelmed. In many societies relatives care for orphans, but with the massive rise in the number of orphans, they are increasingly unable to cope.

When bereft of parental or other responsible care because of their parents’ severe illness or death, children are at grave risk – of hunger, of dropping out of school, of losing their inheritance, of drug abuse, of sexual and mental abuse, of HIV.

Orphans and other children made vulnerable by HIV/AIDS are often stigmatized, isolated, discriminated against, disinherited and deprived of basic human rights to education and health.

No less vulnerable are children who have been orphaned by causes other than HIV/AIDS, or those who are especially vulnerable because of poverty, discrimination, sexual exploitation, abuse or violence.

Orphans, children whose parents are severely ill from HIV/AIDS and other vulnerable children can live better, healthier and fuller lives when ensured support from families, communities and government. Empowered by support, they – like all children and young people – are a source of hope for defeating HIV/AIDS and for building a better future.
WHAT PARLIAMENTARIANS CAN DO

Break the silence, end ignorance and prejudice and mobilize action:

- At parliamentary committees, political meetings, discussions with non-governmental organizations and public forums, draw attention to how HIV/AIDS has orphaned millions of children – and made them and other children vulnerable to HIV.
- Explain how severely children are affected mentally, economically, socially and physically – in lifelong ways – as their parents fall sick and die of HIV/AIDS.
- Press for detailed information and data to monitor the situation of orphans and other vulnerable children.
- Document and publicize how children orphaned by HIV/AIDS are often stigmatized and discriminated against, and prevent, challenge and redress such abuses.
- Investigate whether traditional orphan-care systems are coping and examine what support government and communities must provide to ensure good care for orphans and other vulnerable children.

“Crucial to the survival of children and the future are policies that support children living with HIV and affected by HIV/AIDS...Economic policies and other measures should be measured for their friendliness to children in the HIV/AIDS situation.”

KENNETH KAUNDA, FORMER PRESIDENT OF ZAMBIA
Develop supportive laws and policies:
- Introduce or reform policies and legislation to define standards of protection and care for orphans and other vulnerable children based on the best interests of each child and the right of children to family life. Fostering and adoption, birth registration, protection of inheritance and property rights and provision of community-based care are among the key issues that need to be addressed.
- Convince other legislators and communities of the wisdom of implementing community-based solutions and responses.
- Explain to them the compelling reasons why orphans and other vulnerable children should not be sent away or institutionalized. Orphanages and other institutions should only be a last resort. Institutions deprive children of the close relationships, personal care and psychosocial and cultural connections that families and communities provide. It is more cost-effective to provide support to families and communities with caring for orphans and other vulnerable children than to finance orphanages. Children’s rights to a family or family-like environment should be fulfilled.
- Show them why programmes and policies that address orphans should include all other vulnerable children – to promote equitable treatment of all children and to shield children, especially those orphaned by HIV/AIDS, from stigma and discrimination and other human rights violations.
- Advocate for policies and laws to prevent discrimination against orphans and other vulnerable children, to protect the inheritance and property rights of orphans and widows, and to protect orphans and other vulnerable children from abuse, violence, exploitation and discrimination.
Ensure essential support:
- Promote and strengthen family and community-based care, including preventing institutionalization, and providing ways to de-institutionalize children and to keep siblings from being separated.
- Ensure that all children have access to quality social services, including health, nutrition, water and sanitation, education, psychosocial support and shelter, without discrimination against orphans and other vulnerable children.
- Ensure that orphans and vulnerable children have equal access to education and receive the support they need to stay in school through, for instance, financial support or the abolishing of school fees.
- Wherever practical, and taking into account the capacity of the child, ensure that orphans are involved in planning and implementing orphan services. Orphans are often mature and wise beyond their years and capable of making correct decisions about their own and their siblings’ protection and care.
Give special priority to hard-hit communities for improving health, nutrition, water and sanitation, education, psychosocial counselling, agricultural productivity services and schemes for income-generation.

Strengthen and support community efforts to identify and monitor vulnerable households and to provide care and support for orphans and other vulnerable children.

Advocate for mechanisms to provide economic support to parents, families and households in distress, for example, through tax relief, reduction or abolition of school and health charges, and providing grants for community-based orphan care.
WHAT PARLIAMENTARIANS CAN DO TO PROVIDE TREATMENT, CARE AND SUPPORT FOR CHILDREN AND YOUNG PEOPLE LIVING WITH HIV/AIDS
Forty-two million people worldwide were living with HIV/AIDS by the end of 2002, including nearly 12 million young people aged 15 to 24 and 3.2 million children under the age of 15 – and every day the numbers of progressively sick people increase. They all need treatment, care and support to cope with the traumatic health, emotional and social impact on themselves, their families and other loved ones.

Treatment with antiretroviral therapies and other medications is essential to provide additional years of healthy life to people living with HIV/AIDS and to make HIV a manageable, chronic disease. But most people with HIV/AIDS in developing countries do not receive even basic medical care. Even fewer have access to the life-prolonging antiretroviral therapies.

People living with HIV/AIDS have fundamental rights to health and life. These should be respected, protected and fulfilled. Furthermore, children, families, communities and nations benefit in innumerable ways when people with HIV/AIDS are enabled to live longer and fuller lives. When parents’ lives are prolonged, children are responsibly cared for longer. Losses to household and national income are postponed. The blows to overall development prospects from the premature deaths of so many productive adults are delayed, allowing coping mechanisms to be put in place.

Where they have been ensured care and support, including protection from discrimination and other abuses, people living with HIV/AIDS have been leaders in combating the disease. They have helped break the silence about HIV/AIDS and given the issue a real, human face. They have fought both inaction and abuses. They have mobilized their communities, the media and government. With their personal knowledge of the issue, they have encouraged sound policies and responses on every challenge posed by HIV/AIDS.

Providing treatment, care and support for people living with HIV/AIDS is not just morally the right thing to do – it is also essential for successful prevention. Worldwide experience shows that HIV/AIDS epidemics cannot be defeated where treatment, care and support are lacking. It is only when people do not fear losing their jobs, families, friends and social standing because they have HIV/AIDS or are perceived to be at high risk, and when they can access confidential, voluntary counselling and testing and medical care without fear, that prevention efforts can succeed.
“Although we do not have a cure for AIDS, we do know that consistent and courageous policies can halt the spread of the disease and let those infected with HIV live a normal and dignified life. To meet these objectives, our commitment must contain four essential elements: prevention, treatment, human rights and resources.”

JOSÉ SERRA, FORMER MINISTER OF HEALTH OF BRAZIL
Advocate for treatment, care, support and protection:

- Explain to other leaders, at international, regional, national and local levels, the many reasons why providing treatment, care and support is essential.
- Advocate for all the elements that are needed to provide meaningful treatment, care and support: voluntary and confidential counselling and HIV testing; essential medicines and supplies; quality medical treatment, including with antiretroviral therapies; prevention of parent-to-child transmission; economic and social support to families and caregivers; support for improving home- and community-based care; and legal and policy steps to prevent, challenge and redress any form of discrimination or abuse.
- In every forum, emphasize that people living with HIV/AIDS have the same human rights and responsibilities as all other citizens, including protection against discrimination in any form. Explain that prejudice and fear drive people with HIV/AIDS to avoid seeking counselling, testing or care, and how this perpetuates the epidemic. Call for compassion and clear thinking across society – from families and communities, employers, government officials, from every quarter. Set a powerful public example by your own supportive actions towards people living with HIV/AIDS.
- Call on all public officials to fulfil their responsibility by providing treatment, care and support without discrimination to people living with HIV/AIDS, including in hospitals and other health services, schools, government offices and the legal system.
- Press for a clear, substantial role for self-declared individuals and associations of people living with HIV/AIDS in all national and local efforts pertaining to HIV/AIDS, whether in policy-making, delivery of services, public rallies or the response from the private sector.
Act to strengthen services, support and protection for people living with HIV/AIDS, their children, families and caregivers:

- Through budgetary allocations and policy changes, strengthen health services to ensure universal access for all people with HIV/AIDS to voluntary and confidential counselling and testing, good medical care, information and methods for preventing parent-to-child transmission, and antiretroviral therapies.

- Promote home- and community-based care, community HIV/AIDS clinics and peer-support and counselling groups for people living with HIV/AIDS. Encourage the sharing of care responsibilities between men and women, boys and girls. Promote support and counselling groups.

- Develop or reform laws and public policies to protect people with HIV/AIDS and their families from any discrimination or abuse and to secure their inheritance, property, land and employment rights.

- Take steps to buffer people with HIV/AIDS and their families from economic and other losses. Such support might include food and income subsidies, as well as guidance on making wills and ensuring children’s well-being on the death of one or both parents. Priority should also go to making certain that children do not drop out of school because of the pressures on their families.
UNIVERSAL-LANDS AND OTHER INTERNATIONAL ORGANIZATIONS

International Labour Organization (ILO)
4 Route des Morillons
CH-1211 Geneva 22, Switzerland
Tel: 41-22-799-6486
Fax: 41-22-798-6349
E-mail: iloaids@ilo.org
Website: http://www.ilo.org/public/english/protection/trav/aids/

Joint United Nations Programme on HIV/AIDS (UNAIDS)
20 avenue Appia
CH-1211 Geneva 27, Switzerland
Tel: 41-22-791-3666
Fax: 41-22-791-4187
E-mail: unaid@unaid.org
Website: http://www.unaid.org

Office of the High Commissioner for Human Rights (United Nations)
OHCHR-UNOG
8-14 Avenue de la Paix
CH-1211 Geneva 10, Switzerland
Tel: 41-22-917-9000
E-mail: InfoDesk@ohchr.org
Website: http://www.ohchr.ch/hiv/

UN-AMICAALL Partnership Programme
11-13 Chemin des Anémones
CH-1219 Châtelaine
Geneva, Switzerland
Tel: 41-22-917-8597, 8308
Fax: 41-22-917-8078
E-mail: mina.mauerstein-bail@undp.org

Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL)
P.O. Box 60401
Katutura
Windhoek, Namibia
Tel: 264-61-224-730
Fax: 264-61-227-890
E-mail: alliance@iway.na
Website: http://www.amicaall.org

United Nations Office on Drugs and Crime (UNODC)
P.O. Box 500
A-1400 Vienna, Austria
Tel: 43-1-260-60-0
Fax: 43-1-260-60-5866
E-mail: unodc@unodc.org
Website: http://www.unodc.org/unodc/drug_demand_hiv_aids.html

United Nations Educational, Scientific and Cultural Organization (UNESCO)
7 Place de Fontenoy
75352 Paris 07 SP, France
Tel: 33-1-45-68-1000
Fax: 33-1-45-67-1690
E-mail: oai@unesco.org
Website: http://www.unesco.org/education/html/hiv-aids.shtml

United Nations Development Programme (UNDP)
One UN Plaza
New York, NY 10017, USA
Tel: 1-212-906-5000
Fax: 1-212-906-5364
E-mail: enquiries@undp.org
Website: http://www.undp.org/hiv/
WHAT PARLIAMENTARIANS CAN DO ABOUT HIV/AIDS

United Nations Children’s Fund (UNICEF)
3 UN Plaza
New York, NY 10017, USA
Tel: 1-212-326-7000
Fax: 1-212-303-7954
E-mail: nyhq.hivaids@unicef.org
Website: http://www.unicef.org/aids

United Nations Population Fund (UNFPA)
220 East 42nd Street
New York, NY 10017, USA
Tel: 1-212-297-5000
Fax: 1-212-370-0201
E-mail:hq@unfpa.org
Website: http://www.unfpa.org/hiv

The World Bank/The World Bank Institute
1818 H Street NW
Washington, DC 20433, USA
Tel: 1-202-473-1000
Fax: 1-202-477-6391
Websites: http://www1.worldbank.org/hiv_aids/
http://www.worldbank.org/wb/governance/
parliament/courses.html

World Health Organization (WHO)
20 avenue Appia
CH-1211 Geneva 27, Switzerland
Tel: 41-22-791-2111
Fax: 41-22-791-3111
E-mail:info@who.int
Website: http://www.who.int/hiv/en/

PARLIAMENTARY NETWORKS AND UNIONS

Asian Forum of Parliamentarians on Population and Development (AFPPD)
Payathai Plaza, Suite 9-C, Payathai Road
Bangkok 10400, Thailand
Tel: 662-219-2903/2904
Fax: 662-219-2905
E-mail:afppd@inet.co.th
Website: http://www.afppd.org

Forum of African and Arab Parliamentarians on Population and Development (FAAPPD)
P.O. Box 72
Amman, 118321, Jordan
Tel: 962-6-566-4121 Ext. 117
Fax: 962-6-560-7613
E-mail:info@faappd.gov.jo
Website: http://www.faappd.org.jo

Inter-European Parliamentary Forum on Population and Development (IEPFPD)
Secretariat IEPFPD
c/o IPPF EN
146 Rue Royale
B-1000 Brussels, Belgium
Tel: 32-02-250-09-64
Fax: 32-02-250-09-61
E-mail:info@europarlyvoices.org
Website: http://www.iepfpd.org

Inter-Parliamentary Union
5, chemin du Pommier
Case Postale 330
CH-1218 Le Grand Saconnex
Geneva, Switzerland
Tel: 41-22-919-4150
Fax: 41-22-919-4160
E-mail:postbox@mail.ipu.org
Website: http://www.ipu.org

European Parliamentarians for Africa (AWEPA)
Prins Hendrikkade 48-G
1012 AC Amsterdam, The Netherlands
Tel: 31-20-524-5678
Fax: 31-20-622-0130
E-mail:amsterdam@awepa.org
Website: http://www.awepa.org/
Southern African Development Community
Parliamentary Forum
SADC Forum House
Parliament Gardens, Love Street
off Robert Mugabe Avenue
Private Bag 13361
Windhoek, Namibia
Tel: 264-61-249-321
Fax: 264-61-254-642
E-mail: info@sadcpf.org
Website: http://www.sadcpf.org

The Parliamentary Network on the World Bank
66 avenue d’Iéna
75116 Paris, France
Tel: 33-1-40-69-3017
Fax: 33-1-47-23-7436
E-mail: secretariat@pnowb.org
Website: http://www.pnowb.org

INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS

Global Network of People Living with HIV/AIDS (GNP+)
Central Secretariat
P.O. Box 11726
1001 GS, Amsterdam, The Netherlands
Tel: 31-20-423-4114
Fax: 31-20-423-4224
E-mail: info@gnpplus.net
Website: http://www.gnpplus.net/

International HIV/AIDS Alliance
Queensberry House
104-106 Queens Road
Brighton, BN1 3XF, United Kingdom
Tel: 44-1273-718-900
Fax: 44-1273-718-901
E-mail: webmaster@aidsalliance.org
Website: http://www.aidsalliance.org/

KEY DOCUMENTS

AIDS Epidemic Update
(UNAIDS and WHO, published every December)
http://www.unaids.org

(UNAIDS, UNICEF and USAID, 2002)
http://www.unicef.org/aids/

Declaration of Commitment on HIV/AIDS: “Global Crisis – Global Action”
(United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001)
http://www.un.org/ga/aids

Handbook for Legislators on HIV/AIDS, Law and Human Rights
(UNAIDS and IPU, 1999)

International Guidelines on HIV/AIDS and Human Rights
(UNAIDS and OHCHR, 1998, with 2002 update)
http://www.unhchr.ch/hiv/guidelines.htm

Parliamentary Action Plan on HIV/AIDS
(AWEPA, 2002)
http://www.awepa.org/

Report on the Global HIV/AIDS Epidemic
(UNAIDS and WHO, published every second year in July)
http://www.unaids.org

Young People and HIV/AIDS: Opportunity in Crisis
(UNICEF, UNAIDS and WHO, 2002)
http://www.unicef.org/aids/
acceptable, feasible, affordable, sustainable and safe infant-feeding options: Acceptable: family and community support exists for replacement feeding. Feasible: the family knows how to correctly prepare infant formula and has the time to do so at least eight times per day. Affordable: the family can afford to purchase, prepare and store infant formula without an adverse impact on the resources used for the family’s food and health care. Sustainable: a long-term, reliable supply of suitable breastmilk substitutes and a dependable system for their distribution exists, so that infants have sufficient quantities for as long as they need them – for at least six months and preferably for longer – without any interruption. Safe: the family has access to a reliable supply of safe water for mixing or diluting feeds and for washing utilities and cups, and the replacement feeds are nutritionally sound, free of germs and can be stored safely or be made up one feed at a time.

acquired: in the context of AIDS, it means an illness you can catch.

AIDS: acquired immune deficiency syndrome, the disease caused by HIV.

antiretroviral treatment: treatment with medicines that suppress the growth of HIV in the human body.

blood screening test: a special blood test that shows the presence of antibodies – proteins produced by the body to fight off foreign substances – to HIV in the blood of a person, indicating infection with HIV.

confidential: private or anonymous. In the context of HIV testing, confidential results are only revealed to the person being tested, not to their families, employers or other community members without the person’s informed and express permission.

deficiency: having a shortage of something. People living with AIDS have a shortage of the blood cells that fight disease.

discriminate: to treat people differently (unfavourably or badly) because, for instance, of their race, gender, sexual orientation or religion, or because of their health status, e.g., living with HIV/AIDS.

HIV: human immunodeficiency virus, the virus that causes AIDS.

immune: to have a high degree of resistance to disease (in contrast, humans with ‘immunodeficiency’ have a shortage of the blood cells that resist disease).

living positively: a mental attitude and physical plan that helps people with HIV/AIDS live longer, better lives.

orphan: a child who has lost one or both parents.

prejudice: to ‘pre-judge; to have negative feelings or ideas about an individual or group of people before knowing or trying to find out the truth about them.

stigma: an accusation or label that disgraces or hurts a person. People with HIV/AIDS often suffer emotionally because of prejudice and a lack of compassion from others.

stigmatize: to describe or identify in unfavourable terms. People who are ignorant of the facts about HIV/AIDS may stigmatize those with the disease.

syndrome: a group of signs and symptoms of a sickness that, when they appear, indicate that the illness is present.

trafficking: the illegal transport of human beings, in particular women and children, for the purpose of selling them or exploiting their labour.

UNAIDS: Joint United Nations Programme on HIV/AIDS. UNAIDS supports and strengthens the HIV/AIDS-related work of its eight co-sponsoring United Nations agencies.

voluntary: in the context of HIV testing, being tested out of free and informed choice (not being forced to by employers, health care workers, family, etc.).

vulnerable: because of structural factors, such as poverty, discrimination or hostile laws, to not be in a strong position to guard against the risks of contracting HIV.
“We have reached such an advanced stage in the spread of the AIDS pandemic that there is almost no time left for merely feeling and thinking and talking...Concrete action is what is required every day and every hour.”

NELSON MANDELA