Recommendations

The Coalition for Children Affected by AIDS (The Coalition) has identified the following priorities, which we regard as critical for tackling HIV and AIDS and their impacts on children:

- Support 'whole child resilience': Provide a combination of medical and social and economic support to enable children to avoid, survive and overcome HIV and its impacts.
- Strengthen families and communities: Ensuring that the parents, carers and communities of children affected by AIDS have the skills, resources and attitudes to support them to prevent and respond to HIV and to realise their potential.
- Help children of all ages and stages: Deliver tailored, age-specific support that matches children's evolving needs as they grow from birth into adulthood.
- Reach the children of adults in key population groups: The children of adult sex workers, men who have sex with men, gay men and injecting drug users need particular support to prevent and respond to HIV and AIDS and to overcome acute stigma.
- Listen to children and their parents/carers: Strengthen the voice of networks representing children, parents and carers affected by HIV and AIDS and empowering them to be champions for change.

Taking Action

- The HIV sector should increase resources for the poorest and most excluded children and provide them with integrated and holistic support that combines economic, social and biomedical interventions, including combination social protection and early childhood development. As a starting point, the IAS should make this a key feature of AIDS conference 2018.
- Broader social and economic development sectors should measure their success by the extent to which they improve outcomes for children affected by HIV and AIDS. As a starting point, this should be included as a standard indicator in programme planning and evaluation across multiple development sectors.
- HIV and broader development sectors should work together to deliver integrated holistic support for children affected by HIV and AIDS, and governments and donors should support them to do so. As a starting point, governments should support a side event on early childhood development and HIV at the World Health Assembly 2018.

Building Whole Child Resilience:

Working together to enable children affected by HIV and AIDS to survive and thrive

The Coalition for Children Affected by AIDS (The Coalition) is a unique group of 24 thought-leaders from within global donors, United Nations agencies, non-governmental agencies, and academic institutions. We consolidate and promote learning from the latest scientific evidence in order to advocate for better funding, programming, policy and research. We seek to enable all children affected by HIV and AIDS to survive and thrive at home, school and in their communities. This includes children (aged 0-18 years) infected with HIV; at risk of infection; as well as children affected by the social and economic impacts of others close to them having the disease.

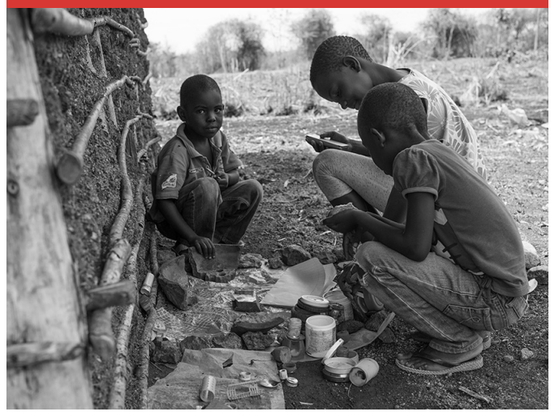
For more information, please visit the Coalition's website at **www.childrenandhiv.org**

"…They are not at school now as there is no money; my child needs food in order to take his drug which has actually helped to stabilize his health; otherwise he gets very weak without food. I do odd jobs to get little money and rent gardens to cultivate some little food, as we were chased away from my rightful place of my late husband."

– Mother of an HIV infected child in northern Uganda

Key Statistics

- AIDS is the second leading cause of death among adolescents globally and the leading cause of death among adolescents in sub-Saharan Africa[1]
- More than 100 adolescents died of AIDS every day in 2015[2]
- Children 0-4 living with HIV face highest risk of AIDS-related death[2]
- Children affected by HIV often have lower school attendance and performance[3]
- HIV-exposed but uninfected children also perform less well than unaffected children on cognitive measures.[3]
- Of the 1.8 million children under 15 years of age living with HIV only half are on treatment.[4]
- Only half of HIV-exposed babies are tested for HIV by the time they are two months old.[5]



Equity, HIV and Children

We are now at a turning point in international development. It is largely the poorest and most excluded children and families who remain out of reach. HIV is no exception. It is largely the poorest and most excluded children and families who are most affected.

Despite advancements in the overall response, HIV and AIDS remains a leading cause of death and deprivation amongst children and adolescents. HIV is the second leading cause of death among adolescents globally and the leading cause of death among adolescents in sub-Saharan Africa.[4] And with so many children in Africa having an HIV positive mother there are entire generations who are more at risk of infection and less likely to thrive in all other areas of their lives both now and in the future.

Achieving equity for children affected by HIV and AIDS is vital for reaching global development goals. Achieving global HIV targets, such as the Start Free Stay Free AIDS Free Framework or 909090, means tackling the social and economic barriers that prevent excluded groups from accessing and benefitting from HIV services. Furthermore, adults living with HIV are more likely to access and adhere to treatment if the needs of their children are met first. Equally, HIV suffocates progress towards most if not all of the Sustainable Development Goals. And whilst funding for HIV decreases we must look elsewhere for how to meet the needs of people affected by HIV and AIDS.

What Will it Take?

There is a wealth of evidence to show that children affected by HIV and AIDS need integrated, holistic support, which combines biomedical, economic and social interventions. A medical response alone is not enough. Children need a combination of support to address their physical, mental, social and emotional needs and to realise their full potential. For example, for a child to avoid HIV infection they need positive attitudes and behaviours around HIV, gender and sexuality, which are reinforced by their peers and community; a family with the knowledge and resources to provide for and nurture them; combined with access to quality medical HIV prevention services.[5] Similarly, whilst quality, locally-available HIV testing and treatment services are vital, for them to be effective an HIV-infected child must also have a knowledgeable parent/carer to help them access and adhere to treatment correctly, provide a loving and stimulating environment for them to grow up in, have funds to attend school, clinic visits, conduct tests and to eat a healthy diet, and receive support from family, friends, and the local community to cope with the challenges around HIV infection.

Psycho-social support is vital in this regard. It is not only essential for children and their caregivers in and of itself. Psycho-social support is also a defining trigger for enabling the hardest-to-reach children affected by HIV to access and benefit from HIV, health, education and other services. Integrating psycho-social interventions within a broader programme of holistic support, is a key strategy for delivering biomedical, economic, and social development targets. For example, psycho-social support to prospective and new mothers and infants improves early childhood development outcomes [6]; psycho-social support, when combined with cash transfers and educational interventions leads to far higher HIV prevention and adherence to treatment in adolescents[7];and psycho-social support to parents living with HIV, on HIV and disclosure, leads to better outcomes for their children overall.[8]

"... I am taking care of him well, as he eats at the right time, and I do not forget the time for his drug intake; i.e. 8 am in the morning and 8 pm in the evening daily. Another very important aspect of care is that, a child who is ill, you must first give him love; love him so much, do not disturb him, but handle him gently, as the child is sick, if you handle him badly, then it is not good at all; that is how my child is now" [9]

– Mother of an HIV infected child in northern Uganda

[1]WHO (2014) Health for the World's Adolescents. http://apps.who.int/adolescent/second-decade/.

[2]Unicef (2016) *For Every Child End AIDS: Seventh Stocktaking Repor*t https://www.unicef.org/health/index_93540.html

[3]Pufall et al (2014) *The impact of HIV on children's education in eastern Zimbabwe.* AIDS Care. 26(9): 1136–1143.

[4]WHO (2014) Health for the World's Adolescents.

[5]JLICA, (2009) *Home Truths: Facing the facts on children, AIDS and poverty* http://childrenandhiv.org/wp-content/uploads/2017/03/Final-JLICA-Report.pdf

[5]JLICA, (2009) *Home Truths: Facing the facts on children, AIDS and poverty* http://childrenandhiv.org/wp-content/uploads/2017/03/Final-JLICA-Report.pdf

[6]Richter, L. et al. (2016) *Early Childhood Development: The Foundation of Sustainable Development*. The Lancet, 389 (10064): 9-11.

[7]Cluver, L. et al (2016) *Combination Social Protection for Reducing HIV-Risk Behavior Among Adolescents in South Africa*. JAIDS 72(1): 96 -104

[8]Rochat, T. et. Al (2017) Parenting and HIV. Current Opinion in Psychology 2017, 15:155–161

[9]Mmatsatsi Bejane, S. et. Al (2013) *Primary caregivers' challenges related to caring for children living with hiv in a semi-rural area in south Africa*. Africa Journal of Nursing and Midwifery. 15. 68-80.