



Equity, HIV & Children

Reaching All Children in the HIV Response



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Key Statistics

- AIDS is the second leading cause of death among adolescents globally and the leading cause of death among adolescents in sub-Saharan Africa¹
- More than 100 adolescents died of AIDS every day in 2015²
- Children 0-4 living with HIV face highest risk of AIDS-related death²
- Children affected by HIV often have lower school attendance and performance³
- 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



We are now at a turning point in the fight against HIV and AIDS. It is largely the poorest and most excluded children and families for whom advances made in HIV prevention, treatment and care remain out of reach. Achieving global targets, including Start Free Stay Free AIDS Free, 909090, and several of the Sustainable Development Goals, requires tackling the social and economic barriers that prevent excluded groups from accessing and benefitting from HIV services.

“I would love to see more programs done, not just medical, but in the total world of a child — be it nutrition, education, psychosocial support, economic empowerment — so that we are able to raise a generation which is empowered in every aspect of life. If that generation can be empowered in every aspect of life, I think we will be able defeat AIDS.”

– Clara Banya
HIV positive mother &
Coalition Ambassador

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

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

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

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

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

What Will it Take?

The HIV sector and broader social and economic development sectors need to work closely together. HIV suffocates progress towards the Sustainable Development Goals. With increasing numbers of HIV positive mothers living longer with the disease, there are entire generations at risk of infection and less likely to thrive across a lifetime. Furthermore, with funding for HIV decreasing, we must look elsewhere to meet the changing needs of people affected by HIV and AIDS. Achieving global targets means addressing the social and economic barriers that prevent excluded groups from accessing and benefitting from HIV testing, treatment and prevention services. This includes, for example, education, social protection, gender, child protection and social justice.

A medical response alone is not enough. There is a wealth of evidence to show that holistic programming — combining social, economic and biomedical interventions — is the best way to achieve both global HIV targets as well as broader development goals. Children need this combination of support to address their physical, mental, social and emotional needs and to realise their full potential. Integrated, holistic support for children and their care-givers underpins the equitable achievement of both HIV and broader development targets. Without this, medical interventions are far less effective and fail to reach the most vulnerable and excluded children.⁶

The views and participation of children and caregivers directly affected by HIV and AIDS must shape and deliver effective programmes and policies. Children affected by HIV are the next generation with the potential to lead us all to becoming AIDS-free. Furthermore, adults living with HIV have been shown to be more likely to access and adhere to treatment if the needs of their children are met first.



“When I had my daughter, I was married and very young. I didn’t have any social or economic support. I relied on my daughter’s father to look after us. That is a problem in places where parents have no money and can’t afford to have food on the table or where there is high unemployment. It perpetuates things like domestic violence and abuse and also affects children’s well being. Mothers may default on medication or taking their children to clinics for immunizations. There are issues for these children of being looked after properly, getting school uniforms and just having someone care for them.”

– Florence Ngobeni
HIV positive mother &
Coalition Ambassador

⁶ Rochat, T. et al. *The Amagugu intervention for disclosure of maternal HIV to uninfected primary school-aged children in South Africa: a randomised controlled trial*. The Lancet. Published online August 23, 2017.

What You Can Do

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.
- **Strengthening 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.



“The biggest gap is communications skills. Many parents and caregivers still can’t communicate with children. We still have parents who can’t tell their children about their HIV status.”

– Jacquelyne Alesi
HIV positive mother and
Coalition Ambassador

The Coalition for Children Affected by AIDS (The Coalition) is a unique group of 26 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 and follow us on Twitter at [@childrenandhiv](https://twitter.com/childrenandhiv).