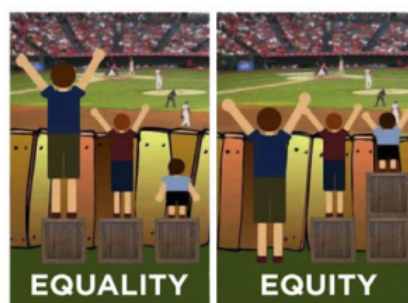


CALL FOR PAPERS

CHILDREN AND HIV: EQUITY NOW REACHING ALL CHILDREN IN THE EPIDEMIC



The adoption of the new UNAIDS strategy document coincides with reaching the millennium development goals, launching of the Global Plan and the commencement of the sustainable development goals. At this nexus, the equity needs for children affected by HIV are heightened. Children and adolescents are still vulnerable to HIV infection by any failures in PMTCT rollout. Children are still vulnerable to HIV effects by any shortcomings in HIV testing and treatment. Children are a major group underserved by treatment rollout. More children than ever before are growing up in HIV affected families while girls in high burden countries account for 80% of new infections in adolescents

Shocking gaps still exist

- There remain undeniable and shocking gaps between need and provision for children, adolescents and families—and between adults and children in the treatment response. What does it mean, then, to try to look at *all* children in the HIV epidemic?
- We hear and use many terms: ‘most excluded’, ‘most vulnerable’, or ‘hardest to reach’, and ‘the last mile’. But where do we really stand as regards access? If only 20% of households are receiving support and only 30% of children are on treatment, we are a long way from the finish.
- Children and families who are currently and traditionally left behind by large-scale responses are left behind for a variety of reasons. In low-income settings, they may be affected by the most extreme poverty, and therefore unable to access treatment or care programs, in the way these are currently organized. They may be forced underground by criminalization or by severe stigma. Some people’s needs may be so complex that they are left behind.
- Are we asking these families to wait their turn, when they may be most in need? If we respond to their needs, does it mean abandoning responses that will reach higher percentages of children and families?
- What should we be doing differently? A new vision may be needed – beyond increasing access to testing treatment and care for children
- What does it take to enable existing health and social welfare systems to ensure that all HIV affected children are reached with services to foster survival and broader well-being?

The IAS Conference in Durban (AIDS 2016) will be the culmination of research and practice examining HIV and understanding the equity issues for children. This special issue aims to provide a collection of papers highlighting an equity agenda for children, interventions to promote child treatment on all fronts and analyses of pathways to reach children and adolescents. Children and adolescents have had to wait in line behind adult treatment, adult testing, adult roll out and adult care.

This special issue, to be published in *AIDSCare* will aim to put children and adolescents first and gather the literature and discuss research to improve multiple outcomes.

Potential topics include research focusing on achieving equity in the following areas:

- A new vision and a new agenda for children and adolescents
- Children and carers from key populations
- Innovations to benefit all children/families (social protection, cash transfer, parenting)
- Family- centred care, holistic care, broader vision and support interventions
- Community – clinic linkages
- Children born into HIV affected families – including HIV positive children
- Early interventions
- Closing the treatment gaps - Why are the gaps so persistent and how may this change?
- Carers and caregiving
- Most excluded groups
- Choices between equity and efficiency in caring for and/or treating children
- Benefits and hazards of targeting

Studies need to both provide high quality research as well as a justification for supporting an equity agenda. We seek a discussion of problems as well as solutions. We are interested in empirical studies of high quality, both quantitative and qualitative. Systematic reviews are also welcome. The Journal will be launched at AIDS 2016, Durban SA.

Guest Editors Prof Lorraine Sherr, Dr Ashraf Grimwood, Prof Marie-Louise Newell

Advisory Group Dr Tamsen RoCHAT, Prof Linda Richter, Dr Chris Desmond, Prof Lucie Cluver

Intention to submit Please email intention to submit to l.sherr@ucl.ac.uk

Manuscripts Due **1st^h February 2016**

How to submit All manuscripts need to be submitted on the AIDSCare website. The special issue is labelled EQUITY Special Issue. Please visit <https://mc.manuscriptcentral.com/ac-phm-vcy> for full instructions for online submission. The title of your manuscript needs to start with the words EQUITY Special issue: *(then your title)*. Manuscripts need to be prepared in APA referencing style. Manuscripts can take the form of short reports (maximum 1,500 words or full length maximum 3,000 words). This excludes abstract, references tables and figures. Further details and discussion with guest editorial board at l.sherr@ucl.ac.uk