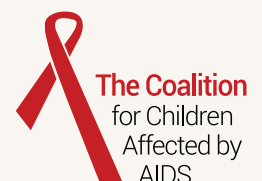


PROTECTION, CARE AND SUPPORT FOR AN AIDS-FREE GENERATION:

A CALL TO ACTION FOR ALL CHILDREN



JULY 20, 2014



We can only achieve an AIDS-free generation by addressing the social and economic factors that continue to fuel and impact the HIV epidemic. Inequity, exclusion, poverty, violence, and stigma continue to increase risk, decrease resilience, and compound the impact of the epidemic. Investing in social protection, care and support systems will improve the access, reach and utilization of proven high impact bio-medical interventions to achieve reductions in HIV related morbidity and mortality as well as reduce new infections. These investments will also enhance the quality of life for children and adolescents who are infected and affected, and mitigate the impacts of HIV that drive new HIV infections.

The UNAIDS HIV Investment Approach¹ provides a clear rationale for the importance of addressing social and structural drivers to reduce HIV and its impact, but to date there has been inadequate investment, fragmented programming and low priority for protection, care and support. We can no longer afford to ignore them.

This call to action is for all who are committed to achieving an AIDS-free generation. It is an opportunity to come together across sectors, to bridge the health, economic and social divide, and adopt a life-cycle approach that will ensure HIV infection is halted from the time a child is planned, through childhood and adolescence, into adulthood. It aims to:

- **Leverage existing evidence and experience** on how protection, care and support of children and adolescents is critical to achieving key HIV outcomes.
- **Propose innovative solutions to challenges**, seizing opportunities to integrate and link the services needed to achieve an AIDS-free generation.
- **Mobilize action**, and equip policy makers and practitioners to develop plans that embed protection, care and support in the HIV response and national development plans to achieve an AIDS-free generation.

INVESTING IN THE EARLY YEARS: START EARLY, START NOW!

Children born into families affected by HIV face a range of challenges. They require integrated services that break down the traditional silos of health, education, protection and social welfare. Each of these services needs to identify HIV affected children and ensure that they are assisted through comprehensive protection, care, and support programmes as early in their lives as possible.

Eliminate new HIV infections among children

What we know: In 2012, there were 260,000 new infections among children. To achieve elimination we must drop this below 40,000 by 2015. While the clinical interventions required to achieve this goal are well articulated,² social and economic barriers continue to hinder access, uptake, and retention in services. Elimination will not be achieved without effective community engagement, and improved linkages between communities and health facilities.³

The benefits of engaging community members, including people living with HIV, as frontline providers, facilitators of demand, and forces to reduce stigma are well documented. This requires mobilization of large numbers of people who must be strengthened and retained.⁴ Social protection can help reduce access barriers, help empower women to adopt health-seeking behaviours,⁵ and reduce financial and social barriers to service uptake.⁶

PROTECTION, CARE, AND SUPPORT interventions can help eliminate new HIV infections among children by:

- Identifying and eliminating social and economic barriers, including exposure to violence and stigma, that impact service uptake and retention.
- Scaling up social protection to facilitate access to services, offset out-of-pocket costs, and protect families and children from destitution.
- Strengthening community action and increasing the capacity of community level providers including caregivers.

Reduce HIV related child mortality

What we know: In 2012, 34% of children (aged 0-14) in need received antiretroviral treatment (ART), a critical life-saving intervention. Peer support for HIV-positive mothers helps reduce infant and maternal mortality,⁷ improves child growth and development,⁸ and increases both infant and maternal ART-adherence. Community level psychosocial support services and economic support for HIV-affected families also have positive impacts on treatment uptake

and retention,⁹ reduce paediatric mortality,¹⁰ and can help close the gap to reaching an AIDS-free generation.¹¹ While multiple supply-side barriers also need to be addressed, social and economic protection, care, and support services for vulnerable children can be more effectively linked with treatment programmes to increase ART uptake and adherence. Community level providers supporting vulnerable children can promote, support, and follow-up referrals for paediatric HIV testing and ART.

PROTECTION, CARE, AND SUPPORT interventions can reduce HIV related child mortality by:

- Supporting community based protection, care, and support networks to promote, identify, refer, and follow-up all children in HIV-exposed families to increase HIV testing, treatment, and retention.
- Supporting health services to link HIV-affected and infected children with social protection interventions and protection, care, and support networks.

HIV affected children not only survive but thrive

What we know: HIV-exposed and infected children have higher rates of developmental delays. They face a range of significant risks to child development, resulting from stresses on physical and mental health, compromised parenting, economic strains, and stigma.¹² The early years present opportunities for protection and risk mitigation.¹³ In concentrated epidemics, children of HIV-positive mothers face higher risks of abandonment and institutionalization.¹⁴ Social protection plays a positive role in improving childhood well being and quality of care.¹⁵ For example, when orphans are placed in an extended family

situation, social protection improves caregiver ability to provide for children’s basic needs. The number of children who have lost parents to AIDS has not declined, and in settings such as Sub-Saharan Africa, where most of the 18 million orphaned children reside, such support is critical. We need to ensure that every contact with young children and their families enables support for infected and affected children, assists families in providing optimal care, and provides effective linkages to ensure children receive coordinated health, education, welfare, and social support services as early as possible. This requires multisectoral strategies and plans, and improved capacity at decentralized levels.

PROTECTION, CARE, AND SUPPORT interventions can help children thrive by:

- Improving the capacity of MCH, ANC, and paediatric AIDS service delivery points to link with community-based early learning, protection, care and support programs.
- Helping community-based early childhood centers identify and refer children in need of HIV services.
- Ensuring that families receiving cash grants also access comprehensive HIV-sensitive social support services.
- Developing and operationalizing early childhood development strategies, plans, and budgets that link multiple sectors, and provide a comprehensive package of services for HIV-affected children.

INVESTING IN ADOLESCENTS: SECOND DECADE, SECOND CHANCE

In 2012, an estimated 2.1 million adolescents were living with HIV. The majority do not know their HIV status, and HIV is now the second leading cause of adolescent death globally and the leading cause of death in Africa.¹⁶ Adolescent girls (aged 15-19) are particularly at risk, accounting for about two-thirds of the 300,000 new adolescent infections. Two million new HIV infections in adolescents could be averted by 2020 through a more holistic, focused investment approach to HIV prevention, treatment and care.¹⁷ A holistic approach would capitalize on the impact of increased investment in development-related interventions targeting adolescents. Protection, care, and support interventions aligned with prevention and treatment programmes will help reduce new infections among the most vulnerable adolescents, and increase ARV uptake, adherence and retention. They will also effectively mobilize communities to address discrimination, exploitation, neglect, and gender based violence, particularly against adolescent girls and adolescents in key populations.

Halve the number of new infections among adolescents

What we know: In 2012, only 27% of adolescent girls (aged 15-19) in least developed countries have ever been tested for HIV and received their results.¹⁸ Very few adolescents who learn they are HIV-negative continue to access prevention services. HIV Testing and Counseling is a critical entry point for protection, care, and support services that reduce adolescent vulnerability, and promote HIV-specific prevention interventions. Across all regions, adolescents in key populations face much higher risk of HIV exposure. Stigma, discrimination, exclusion, exploitation, violence,

and economic hardship hinder their access to prevention, treatment, care, and support services.¹⁹ Linkages with child protection programmes are critical, because exposure to childhood sexual, emotional, and physical abuse is linked to subsequent high-risk behaviours in later years.²⁰ Early sexual debut, age-disparate sex, and transactional sex significantly increase risk of HIV infection. National impact evaluations and randomized control trials have established that social protection programmes reduce risk-taking behaviours and improve adolescent wellbeing.²¹ Adolescents and their families who receive cash transfers report fewer sexual partners and fewer pregnancies. Social protection also increases school enrolment and attendance, which in turn reduces HIV vulnerability.²² While we know that cash transfers work, emerging evidence shows that combining it with care and support interventions significantly reduces HIV risk-taking behaviour among adolescents, including boys.²³ Addressing the structural and social drivers of the epidemic, reducing stigma and discrimination, and improving the wellbeing of families and children affected by HIV are also critical to achieving an AIDS-free generation.²⁴

PROTECTION, CARE, AND SUPPORT interventions can reduce new infections among adolescents by:

- Reducing stigma and discrimination.
- Promoting the uptake of HIV testing, counselling, and prevention services among vulnerable adolescents and key populations.
- Linking adolescents reached through HIV testing and counselling services with protection, care, and support services that reduce their vulnerability
- Integrating social protection as a critical component of comprehensive HIV prevention programming to reduce vulnerability and increase access to services.
- Linking cash transfer programmes with care and support initiatives and improving the evidence base on the most effective combination of interventions.

All adolescents
in need access
and stay on ART

What we know: Between 2005 and 2012, the estimated number of AIDS deaths in adolescents increased by 50%, despite significant decreases in all other age groups. While this may in part be due to improved paediatric treatment coverage, poor retention in adolescents, low HIV testing and counseling coverage, and poor adolescent uptake and adherence all need to be addressed. HIV Testing and Counseling programmes need to be more effectively linked with protection, care, and support services that improve adolescent access and retention in

treatment. This can occur through peer support groups, economic and psychosocial support, and programmes supporting prevention among HIV-positive adolescents. Stigma, discrimination, and exclusion fuel the HIV epidemic and prevent access to treatment. Protection, care, and support programmes can empower adolescents to access key services, navigate disclosure issues,²⁵ and improve adherence rates.²⁶ Economic strengthening initiatives, including village savings and loan schemes, can also increase ARV uptake and retention.²⁷

PROTECTION, CARE, AND SUPPORT interventions can increase adolescent uptake and retention in treatment by:

- Strengthening the capacity of HIV testing and counseling services by linking adolescents living with HIV to protection, care, and support services that support disclosure, treatment adherence, and psychosocial wellbeing.
- Improving the ability of community level protection, care, and support providers to identify and address treatment barriers, promote treatment retention, and tailor existing treatment models to the particular needs of key adolescent populations.
- Scaling up social protection to increase treatment uptake, adherence and retention.

HIV affected
adolescents
are protected
and thrive into
adulthood

What we know: Adolescents are at higher risk of acquiring HIV because of failures to protect them. Parents, caregivers and communities aided by social and child protection programmes, including economic empowerment, can help reduce economic and social exclusion of girls and key adolescent populations, thus reducing risk behaviours.²⁸ Economic support strengthens family care for adolescents, which in turn has a positive effect on adolescent attitudes towards risk-taking behavior.²⁹ Protection, care, and support programmes can empower adolescents to access key services, change behavior, and eliminate harmful social norms, attitudes and practices, such as child marriage. Young people (aged 15-24) make up 40% of the world's unemployed population.³⁰ The lack of predictable income increases social exclusion, and

can fuel the spread of HIV. Cash transfers, income generation schemes, vocational training, and other economic strengthening initiatives for adolescents need to be part of the protection, care, and support response.

PROTECTION, CARE, AND SUPPORT interventions can help adolescents thrive by:

- Providing cash transfers and parenting support to caregivers.
- Strengthening linkages with child protection services to prevent exploitation of vulnerable adolescents.
- Increasing income generation and economic empowerment initiatives for adolescents.

LOOKING AHEAD:

Government leaders, policy makers, researchers and practitioners should seize opportunities to ensure PROTECTION, CARE AND SUPPORT is a priority, now and in the post-2015 agenda. Specifically, they should:

- Ensure that child focused AIDS-free generation targets are embedded in national development policies, plans and budgets. These targets should be aimed at virtually eliminating paediatric HIV, reducing the number of HIV infections among adolescents by half, reducing AIDS deaths among children (0-19 years) by 90%, and ensuring that children grow up with comprehensive protection, care, and support services in an environment free from HIV related stigma and discrimination.
- Explore ways to ensure that social protection programs contribute maximally to the achievement of an AIDS-Free Generation for children. Particular focus should be on leveraging reductions in new HIV infections and AIDS deaths among children and adolescents.
- Increase investment and attention to connecting children and families affected by HIV with essential services and community based support. This can be achieved by strengthening the capacities of community-based organizations and their relationship with local service providers.
- Address the social and economic drivers of the epidemic. More emphasis needs to be placed on the drivers of HIV risk and infection for both children and adolescents. Particular focus should be on pockets of exclusion where HIV infection is still driven by marginalization, barriers to services and challenging legislation. Achieving an AIDS-free generation will require that critical HIV services are not only included in key health and social service sectors but also accessible to at risk marginalized populations.
- Strengthen research and evaluation to identify and understand gaps, inform policy and strategy reforms and document success. Additional evidence is needed on the impact of social protection on treatment uptake, adherence, and retention for children and adolescents; and on how social protection measures could be leveraged to reduce adolescent vulnerability and risk to HIV infection.
- Support and strengthen mechanisms that enable children and adolescents to participate in the design, implementation and oversight of HIV-related programs that affect them.

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