



# **The Road to Melbourne #3 PLANNING FOR ADVOCACY & ACTION**

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# The Road to Melbourne

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- The “Coalition for Children Affected by AIDS”
- Is a collective of funders, supported by technical experts
- Formed out of frustration in 2004 in Bangkok
- Despite the fact that millions of children were living with HIV and AIDS, and many of them had been orphaned by the epidemic, information about their care and support was virtually absent from the IAS 2004 program

# Since then ... 10 years later

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Prior to 2006

Helped define and champion psychosocial support for children

Toronto 2006

Mexico City 2008

Championed the Joint Learning Initiative on Children and AIDS (JLICA) and the link between poverty and child adversity (*social protection*)

Vienna 2010

Family-centred services for children affected by HIV (*key populations*)

Washington 2012

Community action to end paediatric HIV infections (*PLWH*)

... and towards

Melbourne 2014

Children born into families affected by HIV (*Hilton Foundation grantees et al*)

# Activities

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- **2-Year Convening** to formulate issues for attention and action, leading up to IAS Conference
- **Children's Symposium** – 2-day official affiliate of the IAS
- **Research Prize** for research on children at IAS
- **Special Journal Issues** – in Melbourne, launch a special issue of *AIDS* on Children Born into Families Affected by HIV
- **Technical work** – guidelines for support to key populations; materials for community action on PMTCT; support for children for the Global Fund to Fight AIDS, Tuberculosis and Malaria

# Products

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- Meeting presentations and reports
- Two previous special journal issues (JIAS 2010, 2012)
- Information and advocacy materials on PMTCT for community-based groups
- International guidance for care workers assisting families and children of people in key populations to help them manage ethical dilemmas – *Difficult Decisions*

**[www.ccaba.org](http://www.ccaba.org)**



J Int AIDS Soc. 2010; 13(Suppl 2): I1.

PMCID: PMC2890969

Published online 2010 June 23. doi: [10.1186/1758-2652-13-S2-I1](https://doi.org/10.1186/1758-2652-13-S2-I1)

## Visioning services for children affected by HIV and AIDS through a family lens

**VOL 15 SUPPLEMENT 2 (2012)**



## Community Action to End Paediatric HIV Infections

# Young Children: The Challenges

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- The new frontiers for PMTCT – key populations. under-served areas, the poorest families
- Prevention, as well as treatment – reaching vulnerable children BEFORE they are stigmatised, become malnourished or ill, experience neglect or abuse, lose parents or are infected with HIV
- Young children identified through PMTCT, ECD, OVC, Social Protection and other programmes must immediately receive services to support their families and promote their health **and** wellbeing

# PMTCT as an Entry Point

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- Not replicating identification processes – “looking for OVC”
- Children are reached early and their suffering prevented or ameliorated
- Family-based services that contribute to HIV prevention, treatment and mitigation
- Improved efficiency – interventions which prevent harm are usually more cost-effective than rehabilitation





# Young Children Born into Families Affected by HIV

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- The goal is to encourage the integration of services for young children and their families through eg:
  - **The health system** – PMTCT, early infant diagnosis and paediatric treatment etc – and to extend services beyond infancy to 5 years of age
  - **The ECD system** – home visiting, parenting, child care services, and preschool education and stimulation – and to reach out to pregnant women and to children, starting at birth
  - **The OVC system** - encourage support for affected families and children, starting in pregnancy, birth and infancy, and continuing ...
  - **The social protection system** – ensure economic support starts early and includes ECD services

# Three Meetings ...

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- New York in May 2013 considered the evidence
- Cape Town in December 2013 shared implementers' experiences, successes and challenges
- London in February 2014 to formulate the advocacy messages and strategies to be presented at:
  - The Children's Symposium in Melbourne
  - IAS satellites and meetings
  - The Global Partners' Forum, co-hosted with UNICEF

# Highlights – Stephen Arpadi (ICAP)

**While progress is considerable- many HIV infected children go undiagnosed and untreated**

- Antiretroviral therapy coverage for children has increased 9-fold since 2005
  - over 450,000 children started on ARV
- Of the **2 million** children estimated in need, only **28%** are receiving ARV
  - in contrast to 68% of women and 47% of men.
- In some countries >80% of eligible children lack ARV



# Targeting Provider Initiated Testing

## Neglected Portals of Entry to Care

### Health Services

- Children of parents in PMTCT and HIV treatment services
- Children in hospital wards, IMCI/Well-baby clinics, nutrition clinics
- TB services
- Sexual and reproductive health/family planning services
- Program for Immunization

### Community-based

- Orphans and vulnerable children services
- Early childhood centers/schools
- Churches, sports, and other community/youth/organizations
- Home-based testing



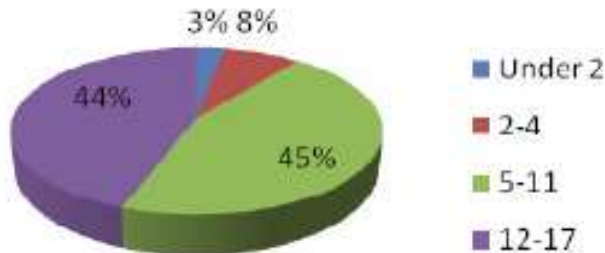
**USAID**  
FROM THE AMERICAN PEOPLE



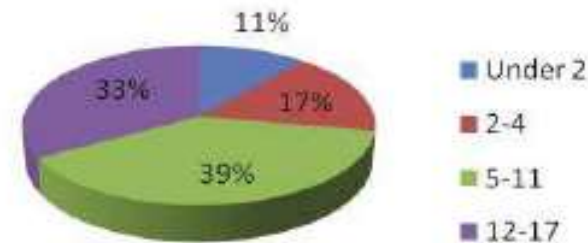
**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

## Historically Under 5's Under-represented in OVC Programs

Average breakdown by age of OVC reached by OVC Track 1.0 programs in Kenya, Namibia, Zambia and Uganda



Statistical proportionate breakdown of OVC to be reached with services





**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

The U.S. President's Emergency Plan for AIDS Relief

## **GUIDANCE FOR ORPHANS AND VULNERABLE CHILDREN PROGRAMMING**

July 2012

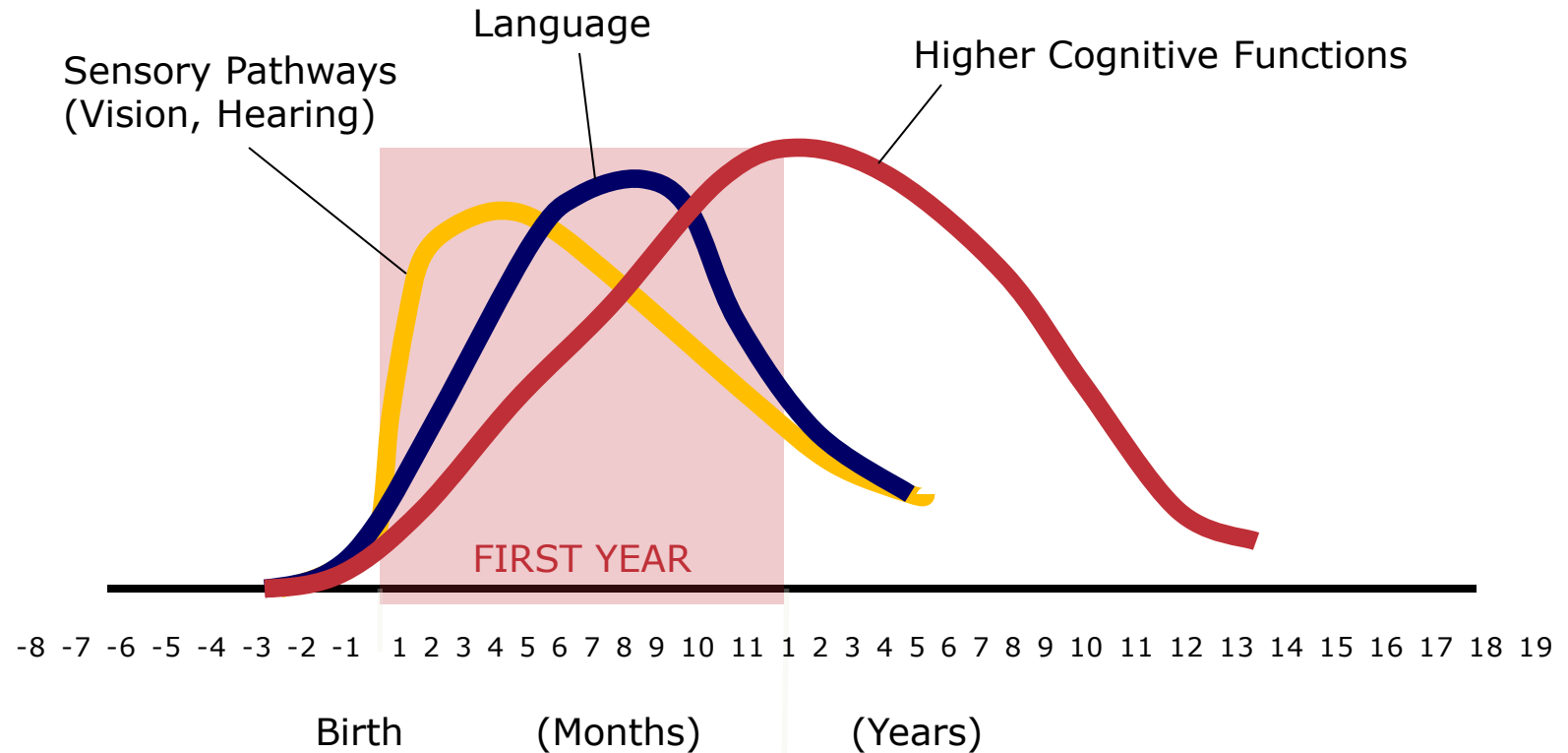


- Establish family based care as foundation
- Expand priority intervention areas to include social protection
- Promote integration across portfolio to address “children in the epidemic”
- Emphasize ages & stages orientation

## Young Children are Especially At-Risk

- Children exposed (in utero) to HIV – i.e. born to a HIV positive mother but not HIV infected – often experience adverse health and cognitive outcomes)
- Between 0 to 6 years – least likely to receive any services and often left unattended at home (Messner & Marcy, 2012)
  - poorest HIV affected children are least resilient to the impoverishing impacts of HIV

# Early Development is Extremely Rapid



Source: C.A. Nelson (2000)

Slide by Center on the Developing Child,  
Harvard University

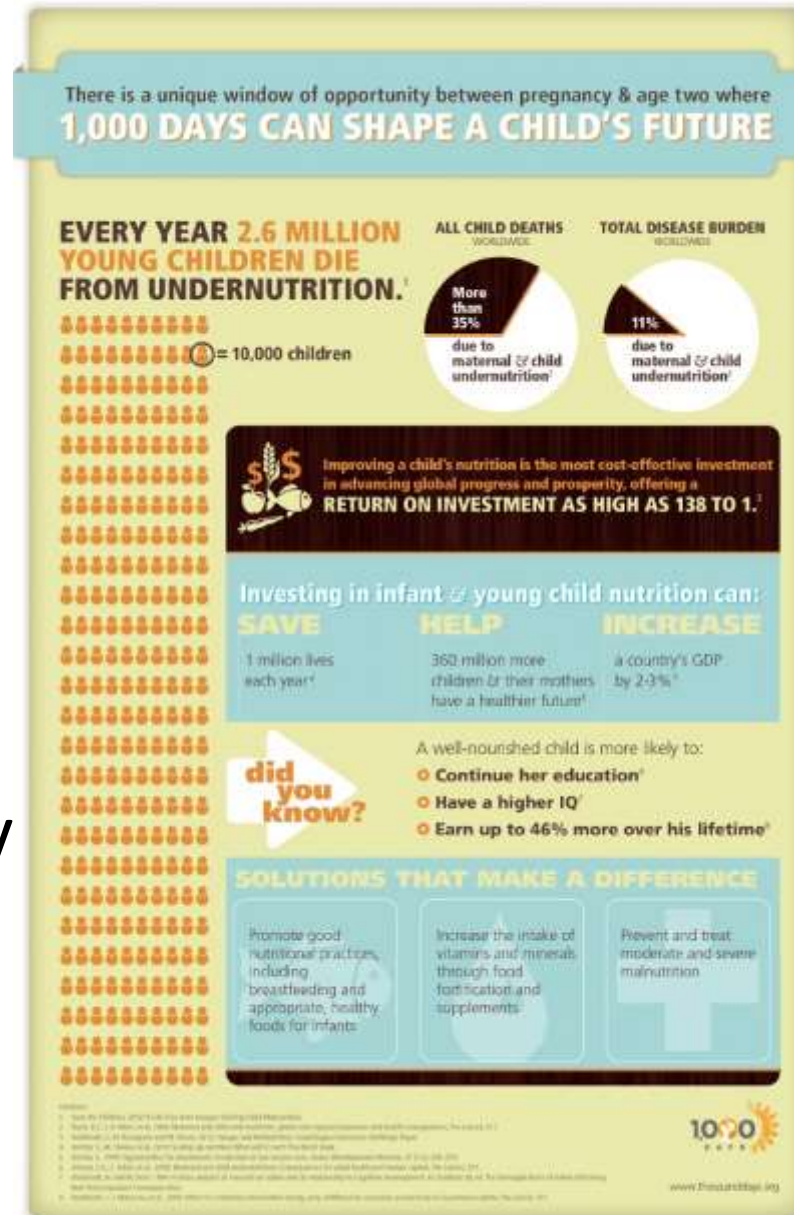


# The First 1000 Days

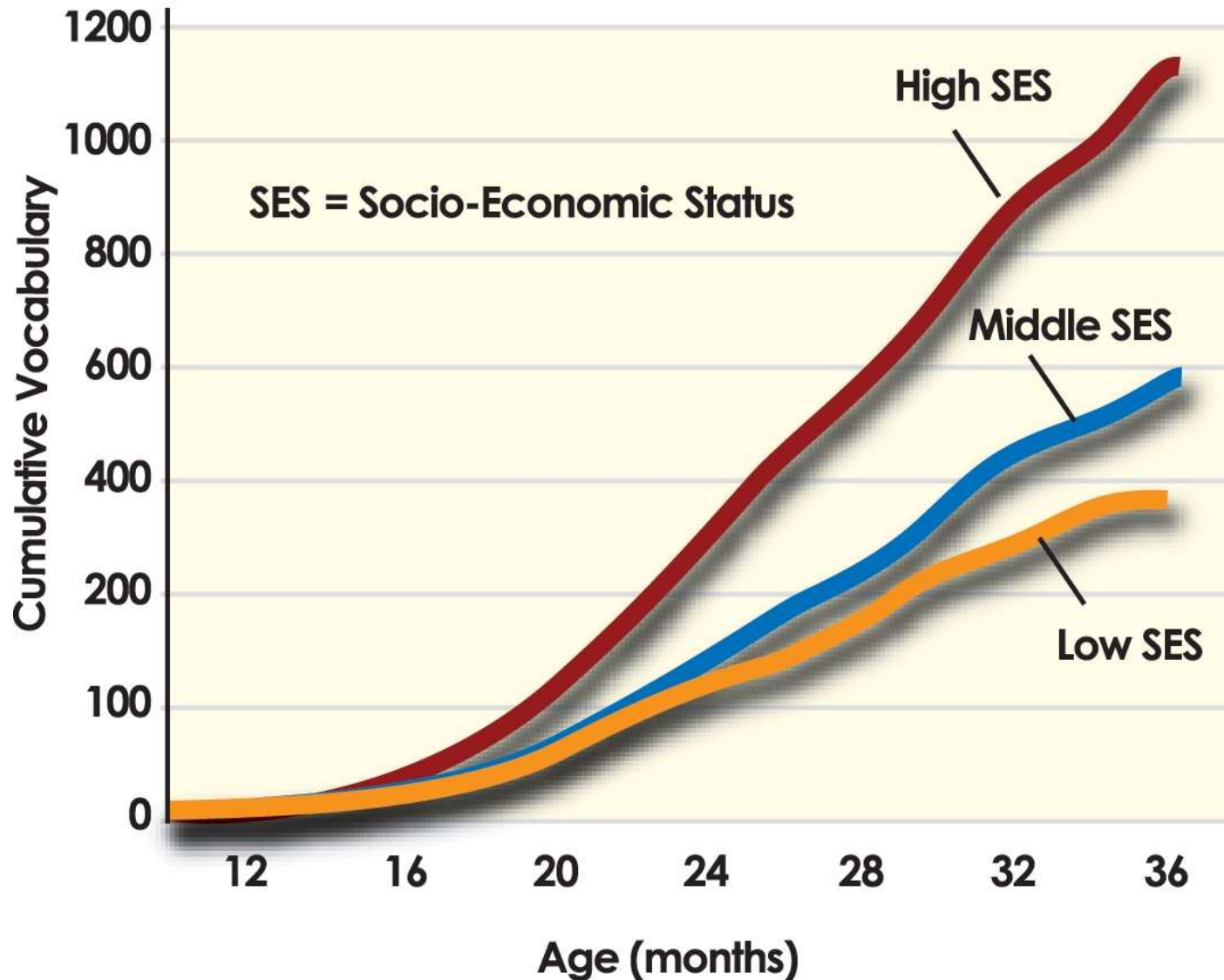
The first 1000 days – a unique window of influence

270 (pregnancy)  
+ 365 (year 1)  
+ 365 (year 2)  
= 1000 days

A period of marked susceptibility to environmental influences for future health, wellbeing, social relations and productivity

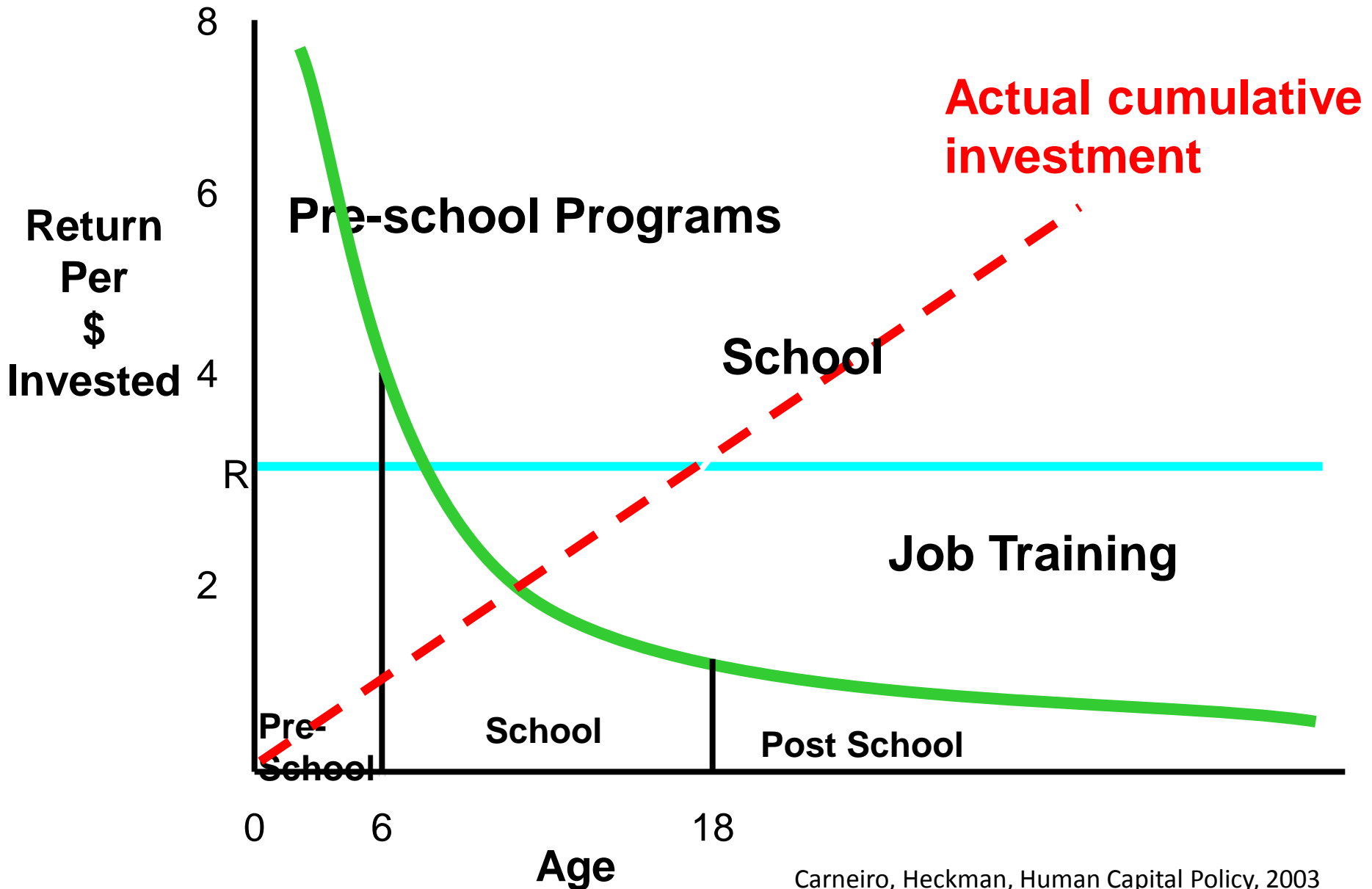


# Inequalities Set in Early



Children's vocabulary by socioeconomic status – birth to 3 years

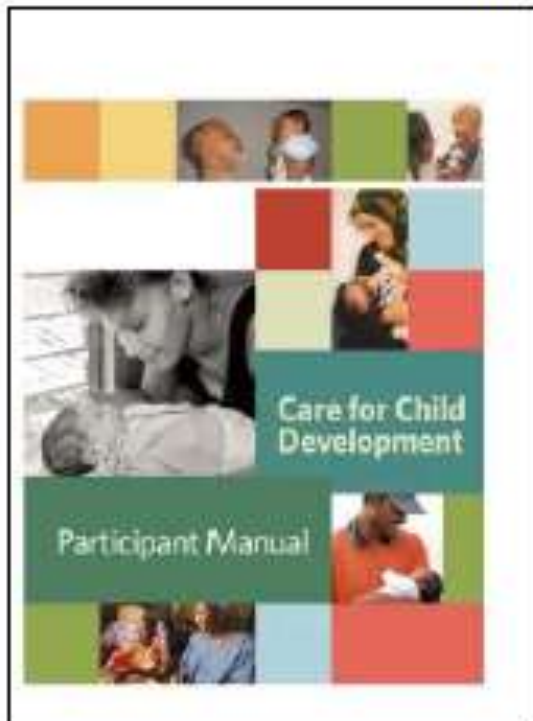
# Investment Returns



# Highlights – Nigel Rollins (WHO)

## WHO/UNICEF tools

- For health professionals and CHWs to enhance skills to support care for development



- For community health workers to build their skills to support integrated child care (health, feeding and development)



# The intervention: Care for child development

- Starts with improving the **skills of health providers and others who work with families**
- Provides tools for **counselling families on play and communication activities**
  - to stimulate the child's learning
  - to strengthen caregiving skills and the interaction between caregivers and their children
  - to prevent and solve problems in care
- Demonstrates the use of principles of child development to improve routine care practices, including the **feeding of newborns and young children**



## Meeting objectives:

- Share promising approaches and models of integrated programming
- Examine experiences of what works and what doesn't
- Identify structural barriers
- Understand what it will take to scale up integrated programmes



# + 16 Organizations & Gov Reps



## MOTHERS OF THE FUTURE

A PROGRAM TARGETED AT SEX WORKERS WHO ARE MOTHERS



**INTEGRATING EARLY CHILDHOOD DEVELOPMENT INTO FORMAL AND NONFORMAL HEALTH SERVICES IN KENYA AND MOZAMBIQUE**



**Integration of HIV-Exposed Infant services in rural Rwanda**



### Integration

### Catholic Relief Services



Household Health



Child Health



Nutrition



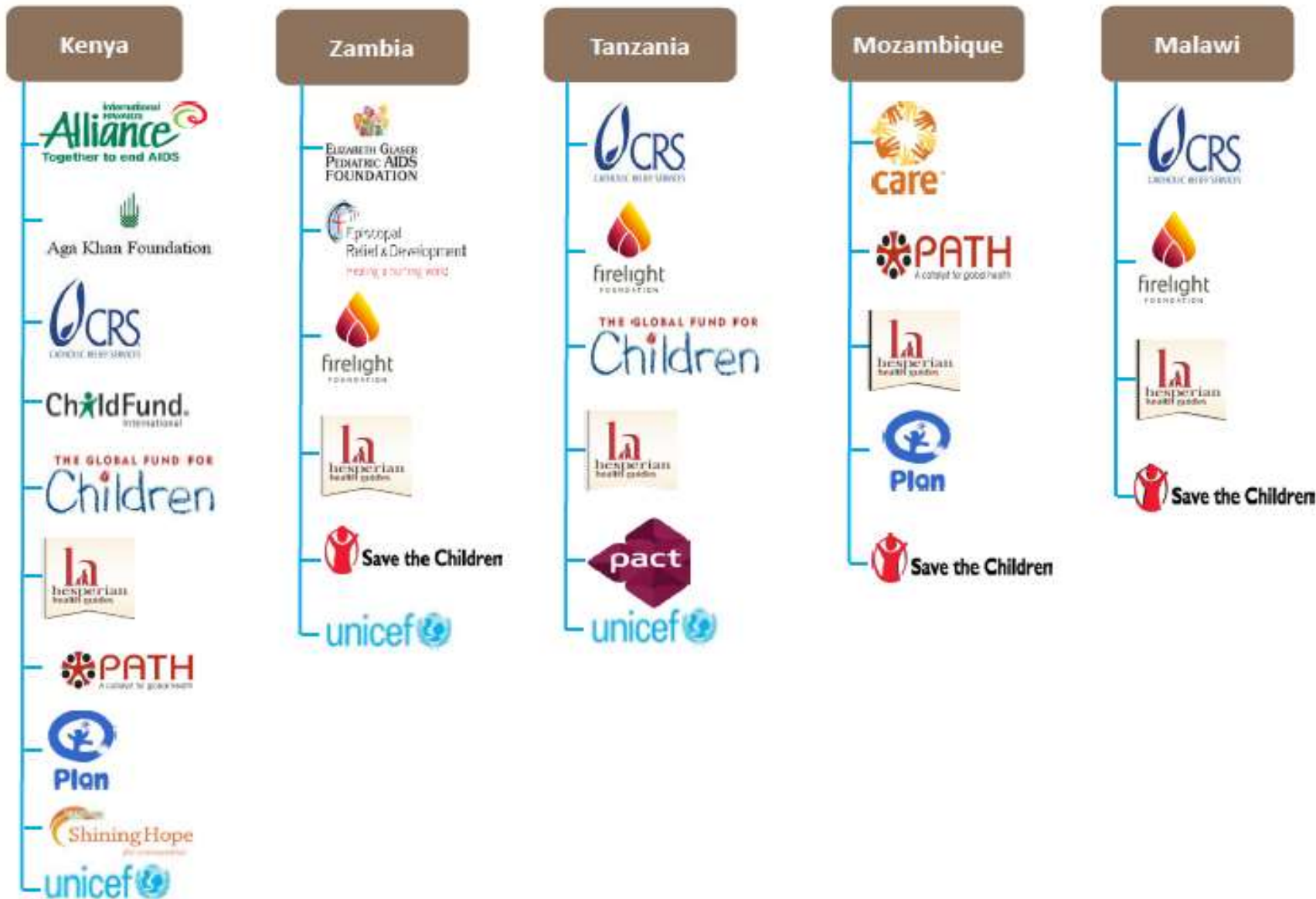
Protection and Parenting Support



Water, Sanitation and Hygiene



# Hilton Foundation Partners





# What We Learned

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- Hilton Foundation's 14 (now 16) implementing partners, together with others, are championing the Coalition's focus on young children in families affected by HIV
- Heard examples of successful, integrated interventions in homes, communities, clinics, child care centres and preschools
- Integration with health, social protection, livelihood strategies, education, water and sanitation services

# Key Themes

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- Multiple entry points to integrated interventions
- Reaching the youngest children – birth to 3 years
- Children of key populations
- Workforce development
- Stronger linkages between governments and civil society
- The need for advocacy

# The Critical Link - Infancy

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THE CRITICAL LINK



Pregnancy

Birth

Infancy

Childhood

Adolescence



# Coalition's Cape Town Statement

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***“Start Early, Start Now***

***Meet the needs of children born into families affected by HIV”***

Nelson Mandela was a resolute, unapologetic advocate for children, saying ‘there can be no keener revelation of a society’s soul than the way in which it treats its children’—his determination to help the children of the world will live on.

We know with good evidence that any child born into a family affected by HIV faces immediate and longer term biological, environmental and psychosocial challenges. We know that if these challenges are not addressed early, they threaten a child’s ability to cope and thrive.

We also know that there are proven interventions that can prevent and mitigate the damaging effects of HIV and AIDS. By integrating clinical and developmental interventions for young children born into families affected by HIV and AIDS, we can provide children at risk with a strong foundation for the rest of their lives.

“There were a number of emerging opportunities for integration of early childhood development and HIV services discussed during the Coalition meeting. Efforts to prevent mother-to-child transmission of HIV (PMTCT) present an ideal entry point for early identification of HIV infected and affected children and greater promotion of infant well-being. Early child development expertise and programmes should be integrated with other caregiver-focused and pediatric HIV initiatives to improve a multitude of outcomes for children and families.

As the HIV and AIDS community gathers this week in Cape Town for ICASA, one of Mandela’s most famous quotes comes to mind: ‘Give a child love, laughter and peace, not AIDS.’ The Coalition calls on governments, implementers and other stakeholders to join our effort to stop HIV and AIDS from impacting another generation of children in Africa and around the world.”