



The Road to Melbourne

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Melbourne, 18-19 July 2014

Children and HIV: Star Early, Start Now!

Integration Interventions for Young Children Born into Families Affected by HIV

The Road to Melbourne

- 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 ...

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)

Vienna 2010

Family-centred services for children
affected by HIV

Washington 2012

Community action to end paediatric HIV
infections

... and

Melbourne 2014

Children born into families affected by
HIV

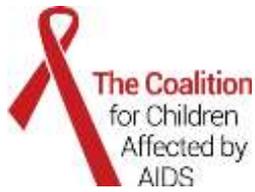
Activities

- **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 best abstract on children at IAS
- **Special Journal Issues** – in Melbourne we're launching 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 on children for the Global Fund to Fight AIDS, Tuberculosis and Malaria; programme brief on young children

Products

- Meeting presentations and reports
- Two previous special journal issues
- Information and advocacy materials on PMTCT, young children
- International guidance for care workers assisting families and children of people in key populations to help them manage ethical dilemmas – ongoing

www.ccaba.org



Journal Issue - 2010



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

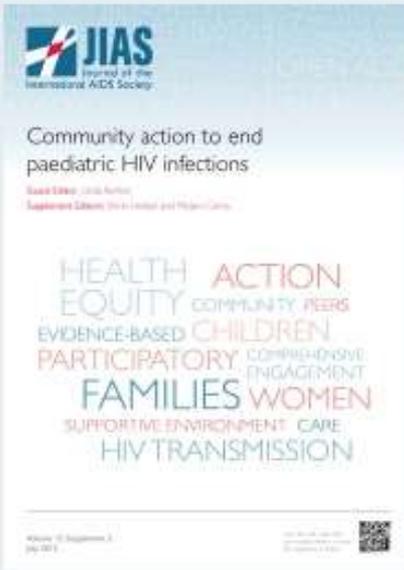
Published online 2010 June 23. doi: [10.1186/1758-2652-13-S2-I1](https://doi.org/10.1186/1758-2652-13-S2-I1)

Family-Centred Services for Children Affected by HIV and AIDS

- The transmission of HIV between family members, vertically and horizontally
- The critical role of the family in prevention, treatment, care and support eg PMTCT
- Men and fathers
- Key populations – families and children (the birth of the Coalition's guidance document)

Journal Issue - 2012

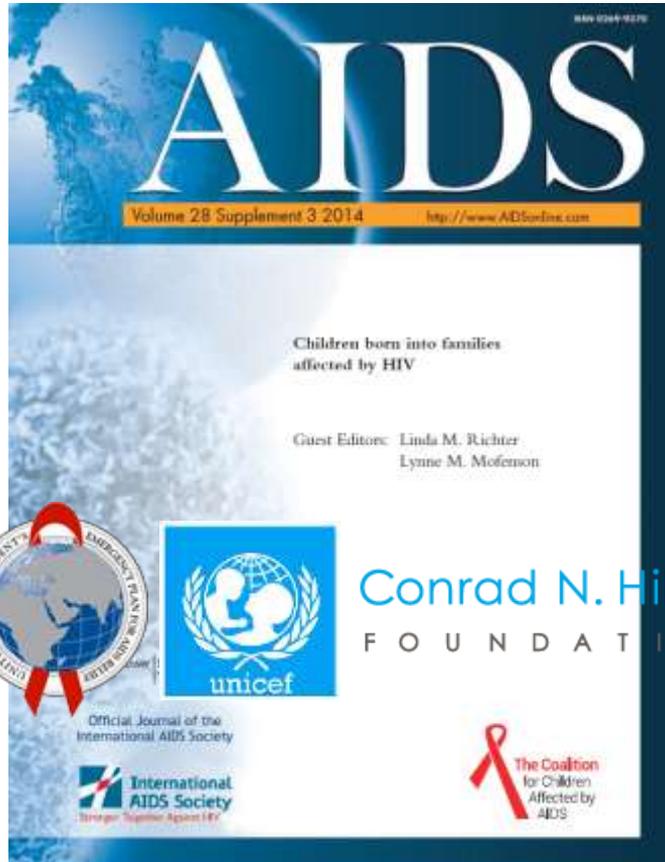
VOL 15 SUPPLEMENT 2 (2012)



Community Action to End Paediatric HIV Infections

- Commentaries by Michel Sidibe and Eric Goosby
 - A research article by affected women in ICW and GNP+
 - A commentary by ICW and GNP+ on language and its affect on people and the epidemic – *eg elimination*
-
- The role of men, family and community in PMTCT
 - Large-scale community programmes – bringing research and programme expertise together

Journal Issue - 2012



Children Born into Families Affected by HIV

- Commentaries by UNICEF, the Office of the Global AIDS Ambassador (PEPFAR) and Steve Hilton (the Conrad N Hilton Foundation)
- A review by affected women in the Community Engagement Working Group (CEWG) of the PMTCT IATT on the importance of integrated interventions for the whole person and the family lifecycle
- From descriptions of problems to interventions (eg family- and school-based), policies (eg WHO feeding) and programmes (eg SA social protection) subjected to rigorous testing

The Road to Melbourne: Young Children Born into Families Affected by HIV

- The methodology
- The issues
- The process forward



Methodology

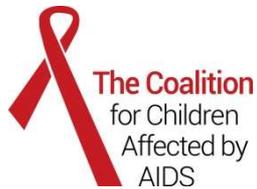
- Identify the issues, based on:
 - The Coalition's path and progress
 - Opportunities in the global HIV and child environment
 - Collaborations eg UNICEF, PEPFAR and the Conrad N Hilton Foundation
- The methodology
 - Host three meetings
 - Define the problem and review research
 - Assemble policy and programme experience
 - Bring research and experience together for knowledge transfer and advocacy
 - Special journal issue and theme of the symposium
 - Align and concentrate Coalition member's effort

Young Children: The Issues

- 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 HTC, PMTCT, ECD, OVC and other programmes immediately receive services to promote their health **and** wellbeing

HTC & PMTCT as Entry Points

- Not replicating identification processes – “looking for OVC”
- Children are reached early and their suffering averted or reduced
- 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

- The goal is to encourage the integration of services for young children and their families through:
 - The health system – PMTCT, early infant diagnosis and paediatric treatment etc – and to extend services beyond infancy
 - The ECD system – home visiting, parenting, child care services, and preschool education and stimulation etc – and to reach down 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 until children enter school

Three Meetings ...

- New York in May 2013 defined the issues and considered the evidence
- Cape Town in December 2013 shared implementers' (govt and civil society) experiences, successes and challenges
- London in February 2014 formulated the findings, advocacy messages and strategies to be presented at:
 - The Children's Symposium in Melbourne
 - The Global Partners' Forum in Melbourne, co-hosted with UNICEF

Meeting 1: The Evidence

1. Young children are neglected, not only in treatment, but also in care and support
2. This has serious deleterious consequences, because the environment and experience most strongly exert their influence in early childhood
3. There are effective, scalable interventions to promote children's growth, health and development in an integrated way

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

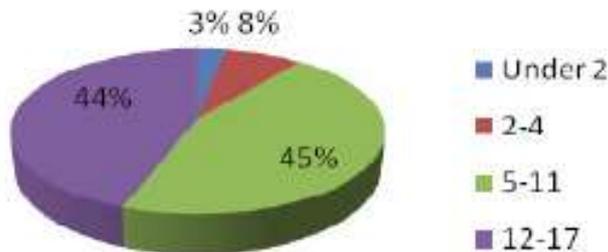
Community-based

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

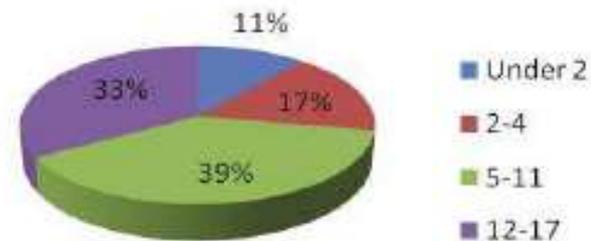


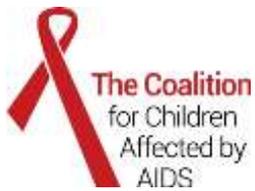
Historically Under 5's Under-represented in OVC Programs

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



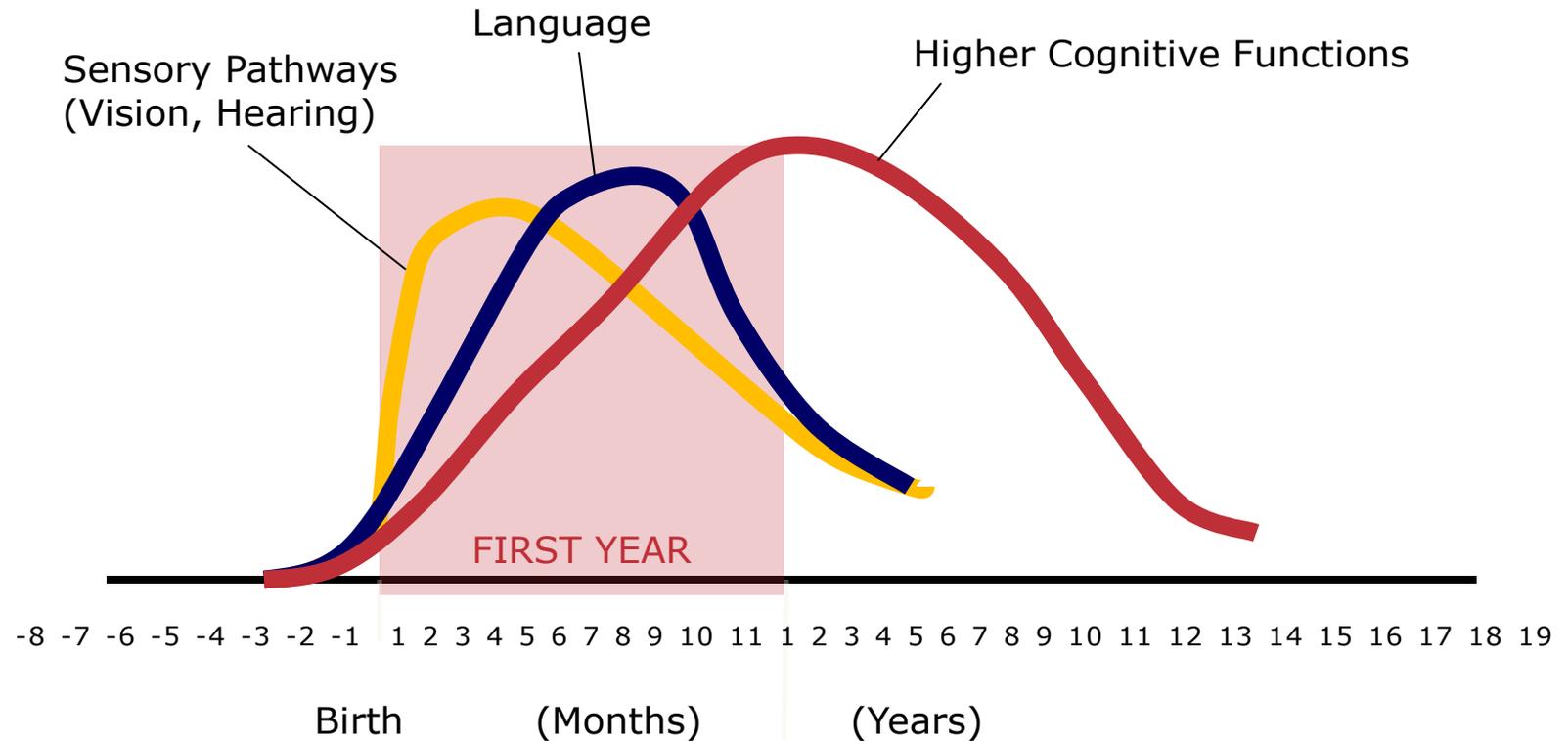


Highlights – Pia Rebello Britto (UNICEF)

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

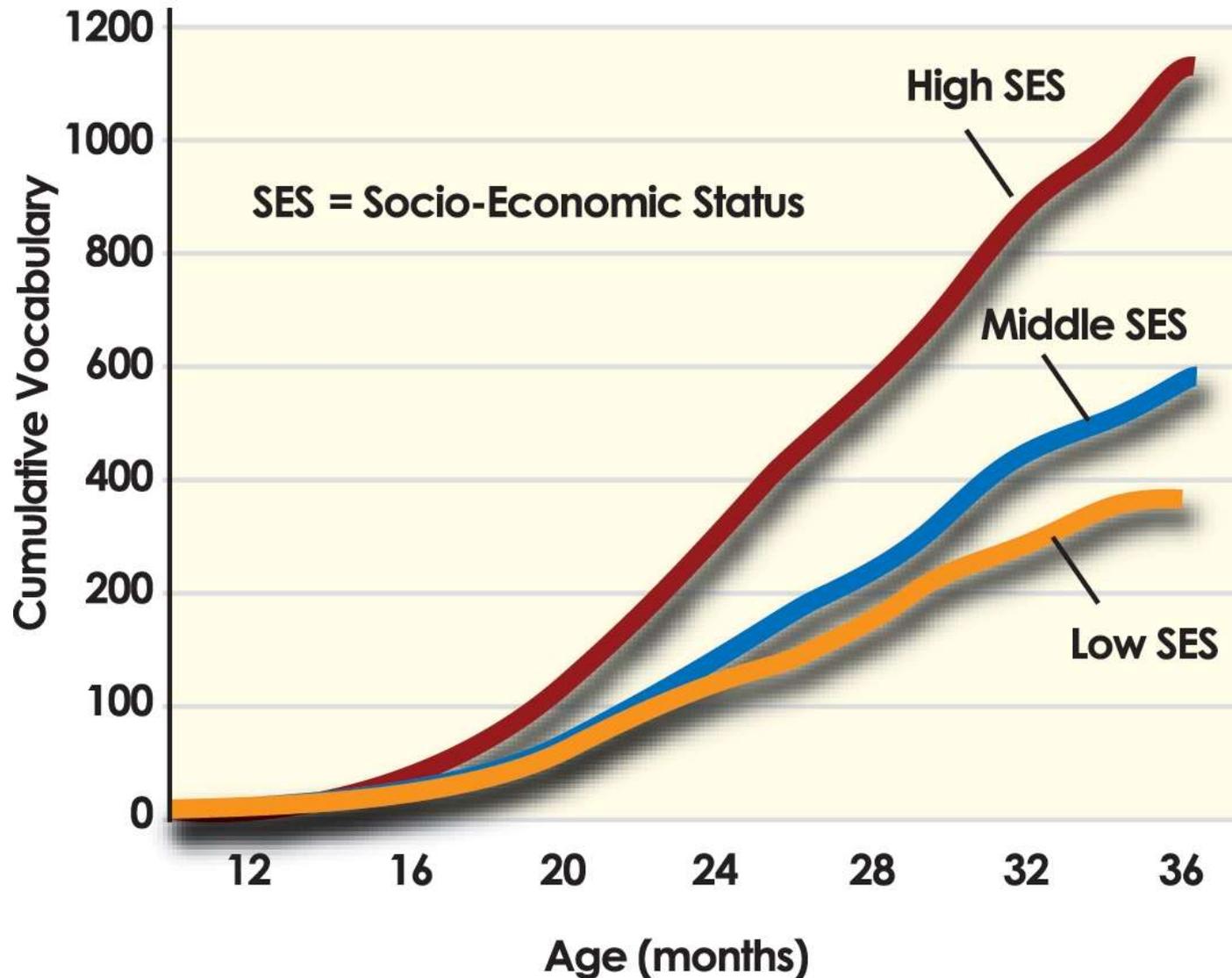
The first 1000 days – a unique window of influence

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

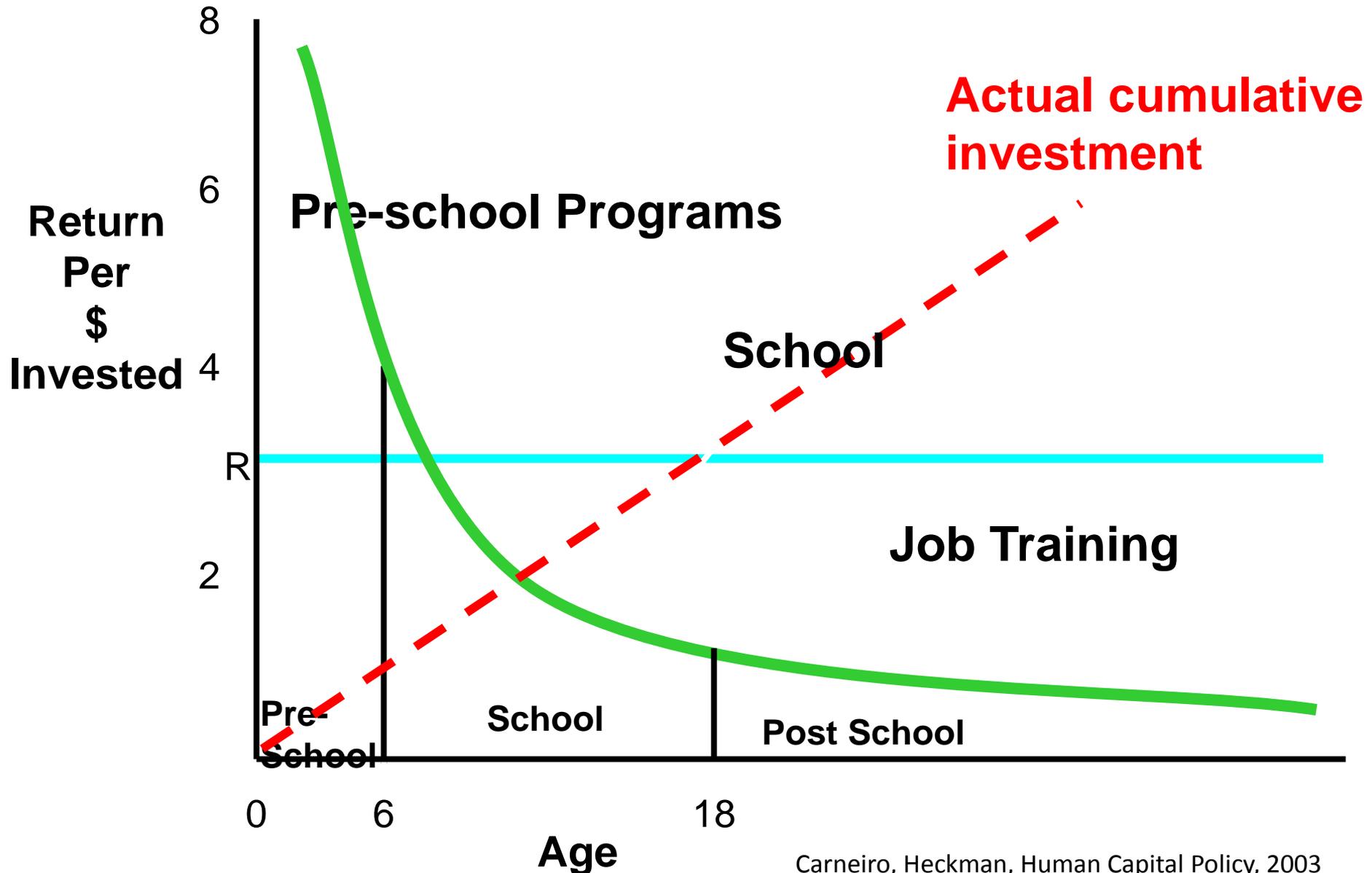


Inequalities Set in Early



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

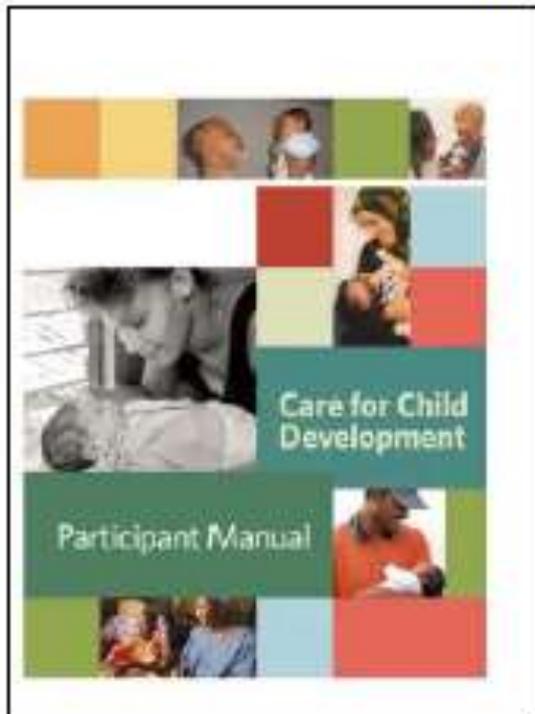
Returns Highest in Early Childhood



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)



WHO/UNICEF Nutrition & Development



Recommendations for Care for Child Development

**NEWBORN,
BIRTH UP TO 1 WEEK**

**1 WEEK UP
TO 6 MONTHS**

**6 MONTHS
UP TO 9 MONTHS**

**9 MONTHS
UP TO 12 MONTHS**

**12 MONTHS
UP TO 2 YEARS**

**2 YEARS
AND OLDER**

**Your baby learns
from birth**



PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.



COMMUNICATE

Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.



PLAY Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. *Sample toys: shaker rattle, big ring on a string.*



COMMUNICATE

Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.



PLAY Give your child clean, safe household things to handle, bang, and drop. *Sample toys: containers with lids, metal pot and spoon.*



COMMUNICATE

Respond to your child's sounds and interests. Call the child's name, and see your child respond.



PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.



COMMUNICATE

Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". *Sample toy: doll with face.*



PLAY Give your child things to stack up, and to put into containers and take out. *Sample toys: Nesting and stacking objects, container and clothes clips.*



COMMUNICATE

Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.



PLAY Help your child count, name and compare things. Make simple toys for your child. *Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.*



COMMUNICATE

Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. *Sample toy: book with pictures*

- Give your child affection and show your love
- Be aware of your child's interests and respond to them
- Praise your child for trying to learn new skills

Cape Town, Dec 2013

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

Implementation Experience

- Although there are multiple entry points, they are not yet being used to the full
- The youngest children, from birth, are still falling through the cracks
- We must reach young children of key populations
- The workforce must be developed & accredited
- Government and civil society must find better ways of working together
- Advocacy is needed to increase demand by parents

Nutrition Services for Families

Partners In Health Abwenzi Pa Za Umoyo

Neno is a rural district in Southwestern Malawi. Since 2007, Partners in Health has worked with the Ministry of Health to operate **2 hospitals** and **11 health centers** serving Neno's 137,000¹ residents.

Each month, the **HIV Nutrition Program** provides likuni phala food rations to around **1,100** patients and provides these rations to:

- Patients initiated on ART for 4 months

- TB patients for 4 months

- HIV-Positive pregnant women for 3 months before and 6 months after birth

- Exposed Infants from 6 months until 18 months

Integrating Early Childhood Development into Formal and Informal Health Services in Kenya and Mozambique

Program for Appropriate Technology in Health (PATH), 2201 Westlake Avenue, Seattle, WA 98109

Essential Package



Photo credits: Debjcet Sen, Svetlana Drivdal

Care for Development



Photo credits/sources: Alberto Cinquenta, Svetlana Drivdal, UNICEF

MOTHERS OF THE FUTURE

A PROGRAM TARGETED AT SEX WORKERS WHO ARE MOTHERS

Entry Points	Program Outputs
PMCTCT Prevention of Mother to child transmission	Targeting mothers who are pregnant or who have thought of pregnancy. Promoting testing and offering support through small groups
ARV THERAPY	Advocating for treatment when necessary Support with adherence and access
EARLY INFANT DIAGNOSIS	Mothers who have given birth- promote testing with group support Promote access and adherence to treatment through support groups; meds reminders and check in's
HOME VISITS	Follow up visits to homes to make sure the mother and child is not at risk of violence; abuse and have support
PSYCHOSOCIAL SUPPORT	Support groups; appropriate referrals
PARENTING/CAREGIVER SKILLS	Themed intervention to empower the capacity of mothers to care for their babies appropriately



PROGRAMME INTEGRATION

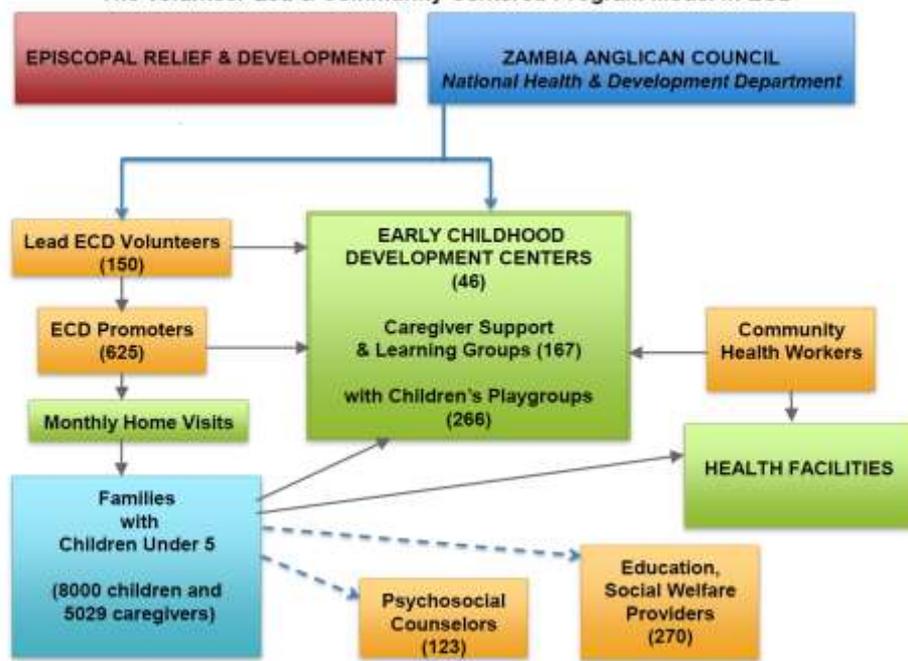
Our entry point is Early Childhood Development

Going into family homes to “play with the children” is non-threatening and non-stigmatising.

Home Visitors visit vulnerable families weekly. These visits include:

Early Education	Early cognitive stimulation Social skills	Pre-school activities with a variety of toys and equipment Play sessions at Toy Library with bigger group of children
Parenting support	Strengthening empathic relationships Non-violent discipline	Weekly group workshops Modelling and discussions
Nutrition	Improve family food security Screen for malnourishment	Assist to establish food garden Monthly food parcels Regular weighing and measuring of children
Health	Disabilities and illness IMCI Maternal	Inclusion of all abilities in programme Encourage and assist with referrals to hospitals and clinics Encourage treatment adherence Share information with caregivers Encourage early clinic visits Screen for depression
Protection	Awareness Safety	Community meetings and conversations to raise awareness of children’s rights Links with government services

The Volunteer-Led & Community-Centered Program Model in ECD



Survive & Thrive Project Background

Young children, ages 0 to 5 years, in two high-density, high-HIV prevalence areas of Lusaka are supported to adequately realize their full cognitive, social, emotional, and physical potential

PROJECT OBJECTIVE 1:

Parents, caregivers, and ECD teachers have the knowledge and skills to actively support the developmental needs of their children, especially children exposed to HIV in utero

PROJECT OBJECTIVE 2:

Two Lusaka-based clinics which serve vulnerable communities demonstrate increased capacity to assess and respond to the developmental needs of HIV-exposed, positive and/or vulnerable children

PROJECT OBJECTIVE 3:

EOPAF through its national profile will work to promote ECD knowledge and skills throughout Zambia

Survive & Thrive initiated in 2012 with support from the Conrad N. Hilton Foundation

- ECD linkages with clinical services, such as PMTCT and pediatric HIV care and treatment, will allow for greater numbers of exposed and HIV-infected children to



Coalition's Cape Town Statement

“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.”

London, Feb 2014

- Work of partners – among others, USAID/PEPFAR, the Conrad N Hilton Foundation, UNICEF, WHO, Consultative Group on ECCD, ICW/NEPHAK, IATT PMTCT CEWG
- Focus on messaging, advocacy, dissemination and follow-up
 - Coalition statement **Start Early, Start Now**
 - Coalition programme brief **Now More Than Ever**



The Mamma Zamma Kiss uses a marshmallow twist to develop physical closeness between mama and child. ©USAID/Tash McCarroll



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

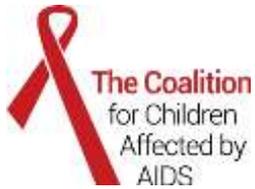
PEPFAR supports Objective 1 (Build Strong Beginnings) of the [Action Plan for Children in Adversity](#) (APCA) through comprehensive programs that promote sound development of children through the integration of health, nutrition, and family support.

PEPFAR Special Integration Initiative for the Youngest Children

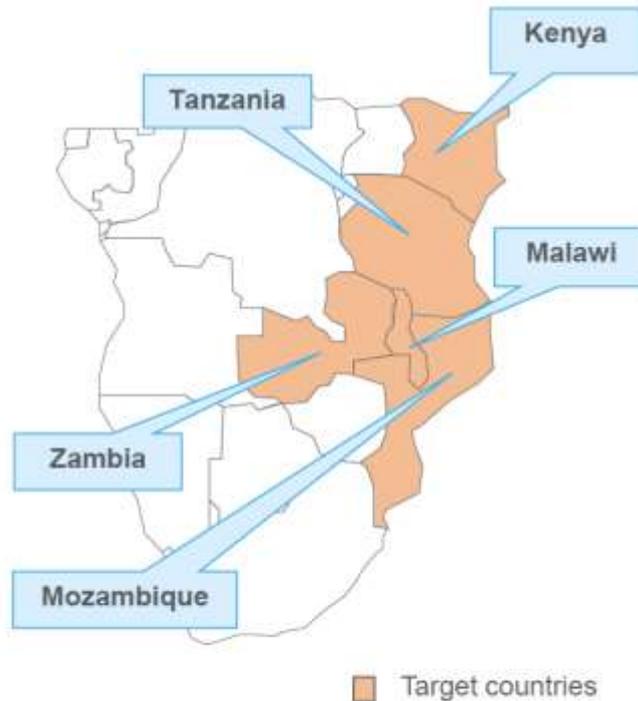
4 Countries - Lesotho, Malawi, Swaziland, Zimbabwe

Integration of OVC programmes with pediatric treatment and PMTCT to promote:

- Attachment
- Cognitive development
- Nutrition
- Family strengthening
- Parenting skills
- The retention of HIV+ children and caregivers in treatment



5 Focus Countries and Three Strategic Areas



3 Strategic Areas:

***Supporting Caregivers To Meet the Development Needs of Children 0-5 years**

***Strengthening CBOs and Services for Families**

***Developing More Effective Practice and Policy (including learning and knowledge sharing)**



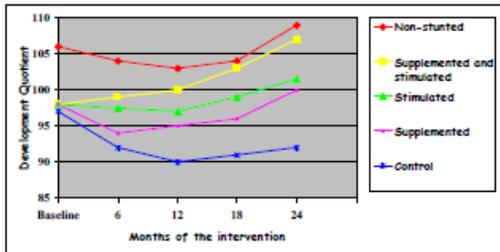
Conrad N. Hilton Foundation

5

Monitoring, Evaluation and Learning (HSRC)

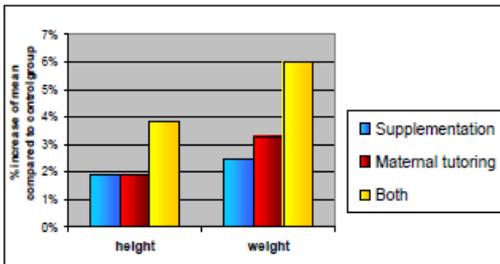
- Improve training and mentoring
- Target especially vulnerable children and families with sufficient intensity and duration

Our experience: Integrating play and communication into health and nutrition interventions



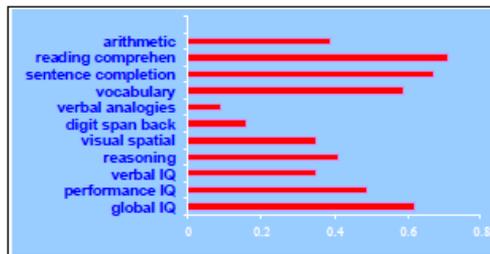
- Stimulation and better nutrition improve **child development**

The Jamaica Project, Grantham-McGregor, et al. (1991)



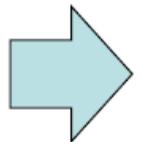
- Stimulation and better nutrition improve **child growth and development**

The Bogota Project



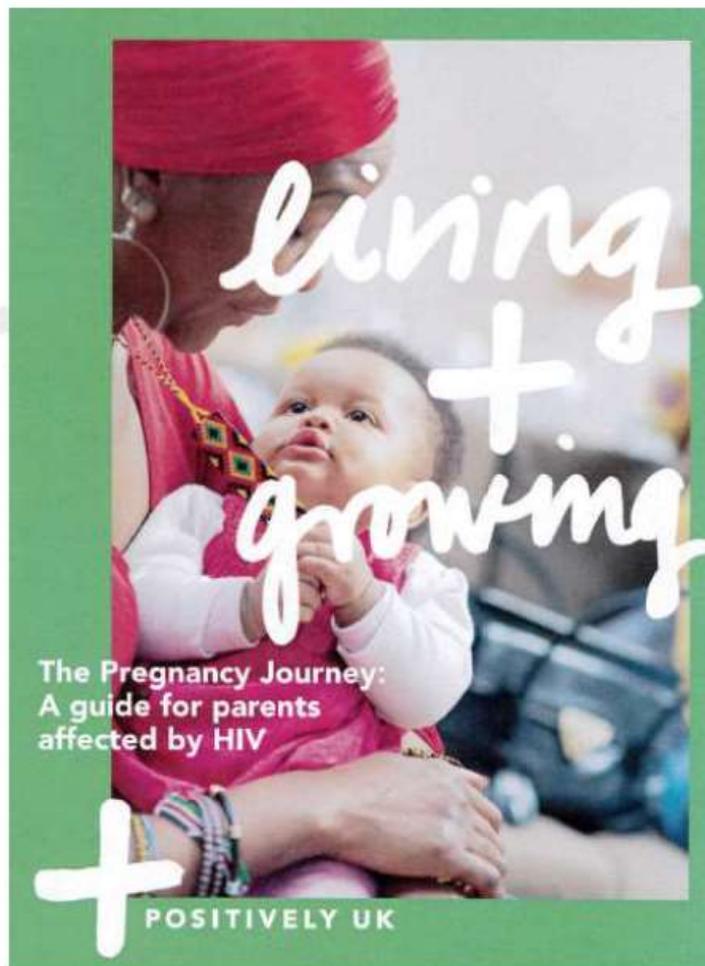
- Benefits of early stimulation on cognitive measures are **sustained**

The Jamaica Project, Walker, et al. (2005)





Community-based Examples of Early Childhood Development Integration



- The Power of Peer support
- Recognising the importance of follow-up of mothers and infants.
- Providing a continuum of care from pregnancy to delivery and beyond.

PEPFAR – Long-term outcomes

Evidence of impact: health, psychological and social effects of adult HIV on children

L. Sherr^a, L.D. Cluver^b, T.S. Betancourt^c, S.E. Kellerman^d,
L.M. Richter^e and C. Desmond^f

Predicting long-term outcomes for children affected by HIV and AIDS: perspectives from the scientific study of children's development

Alan Stein^a, Christopher Desmond^b, James Garbarino^c,
Marinus H. Van IJzendoorn^d, Oscar Barbarin^e, Maureen M. Black^f,
Aryeh D. Stein^g, Susan D. Hillis^h, Seth C. Kalichmanⁱ, James A. Mercy^j,
Marian J. Bakermans-Kranenburg^d, Elizabeth Rapa^k, Janet R. Saul^l,
Natasha A. Dobrova-Krol^d and Linda M. Richter^m

Modelling the long-term impacts on affected children of adult HIV: benefits, challenges and a possible approach

Christopher Desmond^a, Faikah Bruce^b, M. Tomlinson^c,
Marguerite B. Marlow^c, J. Lawrence Aber^d,
Rachid Ouifki^b and Alex Welte^b





Difficult Decisions:

A Tool for Care Workers

Managing Ethical Dilemmas

When Caring for Children and Families of Key Populations:

People Living With HIV, People who use Drugs, Sex Workers,
Transgender People, Gay Men, and other Men who have Sex with Men

POCKET GUIDES:

To Handling Ethical Dilemmas in the Field

1 STEP 1: SEPARATE FACTS FROM ASSUMPTIONS.

What are client(s)' health, care, and support needs? Preferences? Quality of life? What is the context? What are the things you know are facts? What are the things that you are assuming—and is your bias making you less objective? Is there anything else you need to find out?

2 STEP 2: WHAT ARE THE ETHICAL PRINCIPLES IN CONFLICT? WHY IS THIS AN ETHICAL DILEMMA?

Example: Confidentiality versus Health & Wellbeing
Example: Fair and Equitable Access versus Quality

3 STEP 3: EXPLORE OPTIONS AND CONSIDER THEIR STRENGTHS AND WEAKNESSES.

What are your options to address the ethical dilemma(s)? What good or what harm might come from these options?

4 STEP 4: DECIDE ON THE OPTION THAT CAUSES THE MOST GOOD OR LEAST HARM.

How do you feel about this decision? How does the client feel? Do you need to talk to someone about this? Remember, if your first option doesn't work, revisit your other options.

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Coalition Statement & Brief



Now more than ever!
A need to reach the youngest children affected by HIV and AIDS

© ROYAL MOSES

There is an urgent need to ensure that children affected by HIV and AIDS receive early integrated services to improve their long-term development.

- Only 39% of HIV exposed children are tested for HIV within two months of birth
- Too many children are lost in the gap between prevention of mother-to-child transmission (PMTCT) and orphans and vulnerable children programmes
- Children of the most stigmatised or most marginalised parents are too often overlooked
- Long-term benefits can be realised and we can stop and even reverse delays as early as possible

The years from birth to six present challenges as well as opportunities for HIV protection and risk mitigation. We know that HIV poses a biological risk for child development. However, the youngest children are too often missed in HIV testing and treatment efforts as well as in early learning programmes. In particular, those that are largely invisible and excluded from interventions such as children of sex workers, and of people who use drugs.

What is needed is an early, integrated approach. This will not only protect children but will also help them thrive. Decades of hard evidence, bolstered by groundbreaking neuroscience, prove the health, social and economic benefits of focusing on the early years.

To achieve this, an integrated package of services must be delivered across the health, HIV, education, early child development, protection and social welfare sectors. It ensures that children continue to be cared for starting from birth. Such an approach will, in the long run, be more efficient and cheaper.



Priority actions for early, integrated interventions

1. Implement early development programmes for the youngest children affected by HIV and AIDS
2. Integrate services for health, nutrition, HIV, parenting, economic support and early childhood development (ECD) for families affected by HIV
3. Keep children and families in care, don't lose them
4. Build capacities of families and communities to promote the development of children
5. Lobby government for policies and proper financing for early integrated interventions to be included in national plans and key sectoral ministries, e.g. education and health
6. Demand and support local health services to partner with community-based care, support and ECD services to reach the youngest children.

START EARLY, START NOW!

THE MELBOURNE STATEMENT
ON YOUNG CHILDREN BORN INTO
HIV-AFFECTED FAMILIES

July 18, 2014

Invest in the early years

It's one of the best investments that can be made – and this is particularly true for HIV affected children and families.

Starting early with the right interventions at the right time lays the foundation for children to thrive, and saves money in the long run. In this way, the effects of HIV are mitigated early.

• Good evidence to start early.

Decades of robust evidence bolstered by groundbreaking neuroscience research prove the short and long-term benefits—health, social and economic—of focusing on the earliest years of a child's life, from birth to five years of age. For children affected by HIV, these earliest years present particular challenges as well as opportunities for protection and risk mitigation. We know that HIV-exposed and infected children experience higher rates of developmental delays. Physical and mental health challenges, HIV-specific economic burdens and stigma are some of the stresses that make parenting more difficult, and thus affects children.

• Youngest children are too often missed in HIV testing and treatment as well as in early learning programs.

Only 39% of HIV exposed children are tested for HIV within 2 months of birth – a lost opportunity to get children onto treatment early. We'll need to ensure that we don't overlook the children of the most stigmatized or most marginalized parents. We must no longer wait for children to arrive back on our doorstep years later, when they've undergone hardship and are sick or harmed.

Integrate HIV programs by building connections between health facilities and communities to provide more comprehensive support to enable young children to not only survive, but to thrive.

Children don't come to services one piece at a time, and so they should not be served piece by piece, but rather as a 'whole child'. Integration of services offers the hope of breaking down the traditional silos of health, HIV, education, early child development, protection and social welfare sectors. This means much more attention to identifying children and families in need and to providing them with an essential package of services.

• It pays to integrate programmes. New multi-sectoral approaches focussing on early childhood development can help us ensure that:

Programs preventing mother to child transmission are linking mother-child pairs with early years support, and reaching back to ensure healthy pregnancies and foetal development, and reducing loss to follow-up;

Paediatric antiretroviral treatment programs are connecting with a range of interventions that can enrich the support that children are receiving, including linking to crucial community-based early learning, care and support programs;

By supporting models for early childhood development, health and nutrition within communities affected by HIV and AIDS, we are able to better identify HIV exposed children and link them to testing and treatment.

Extend the benefits of early interventions to all young children, including the most marginalized.

All Children: Children born into families affected by HIV face particular challenges, but all children benefit from early interventions, especially those in high prevalence contexts. And, in all of our countries, the most marginalized populations will require a concerted focus on the youngest children to prevent harm and maximize potential.

Expand Access via Health System: The broader health system already sees mothers and young children and is thus well placed to deliver integrated interventions for young children and their caregivers within both facility and community settings. For instance, we are already seeing maternal and child health services forming similar linkages, expanding their reach to offer non-clinical services such as parenting support, and guidance on early learning and cognitive development of young children.

These priority actions will help all children get the best start in life.

1. Demand and support partnerships between local health systems and community-based care & early child development programs to reach the youngest children, especially under three years of age.
2. Integrate early childhood interventions into Global Fund applications, including specific targets for reaching the most marginalized populations.
3. Create policies and budgets for national plans that support early integrated intervention.
4. Position early childhood development at the heart of the post-2015 development agenda.

Happy 10th Birthday!

