

# 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.**

The Coalition for Children Affected by AIDS believes that children need to be made a higher priority in the international response to HIV & AIDS. We bring funders and technical experts together to advocate for the best policy, research, and programs for children because children are a vulnerable population that has too often been overlooked.

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