

Global AIDS Response and low prevalence countries

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Action Now, Action How

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Global Overview



- **Proportion of children (under 15) living with HIV and new infections are increasing (year 01-07):**

From 5.2% to 6.3 % increase in living with HIV

From 4.4 % to 16.8% increase in new infections

- **Increase in number of children living with HIV and new infections in 2007:**

New Infections in children (under 15): estimated 370 000 children

Increase in children living with HIV: from 1.6 million in 2001 to 2 million

- **1800 children worldwide become infected with HIV each day - the vast majority of them newborns.**

Children: invisible face of the epidemic

- Although there has been about 40% increase in treatment for the adults but children are not benefiting equally as adults.
- In sub-Saharan Africa, children living with HIV are about one third less likely to receive antiretroviral therapy as adults.

Visibility is even less in the low prevalence countries the invisibility becomes more

Low Prevalence Countries: some challenges

- **Different levels of prevalence may have similar scale of magnitude**

South African and India have different levels of prevalence, yet similar scale of # of infections. Low prevalence can still equal very high numbers of people living with HIV
- **Denial of the problem: inadequate response**

In Bangladesh, I met several rape victims under 15 who were not tested for HIV
- **Global invisibility: Silent increase**

In Karachi, prevalence among injecting drug users rose from under 1% in early 2004 to 26% in March 2005.
- **Higher probability of lower level of awareness**

HIV and AIDS awareness among children was above average (63 per cent in Zambia and 93 % in Uganda) both in the intervention and comparison sites. Where as in India it remains negligible. In neighboring Pakistan, poor knowledge about HIV contributes to rising prevalence in at risk populations
- **Impact of stigma as barrier to detection may be higher**

Only 3% of women and 4% of men in India had ever been tested for HIV, while the proportion of women who had been tested and were given the results of the test varied from 0.2% in Rajasthan to 15% in Goa.

Low prevalence countries: some opportunities



- Response in low prevalence settings can quickly turn the wheel back: making dream of eradicating HIV a possibility
- Cost effective: Strategic response in low prevalence countries may free up the scarce resources by decreasing the disease burden
- Balancing the human lives verses epidemiological argument
- Halting the move from low to high prevalence

Low prevalence countries: Some Strategies



- Mobilizing more resources and their effective utilization
- Balancing needs between countries and within a country
- Supporting domestically identified needs based approach
- Developing close and strategic alliance in service providers, policy advocates and other stakeholders
- Approaching HIV care, prevention and treatment holistically
- Integrating quality and quantitative implementation and monitoring
- Advocating for advancing children on global agenda for HIV interventions

Low Prevalence Countries: some strategies

- Defining OVC in context of low prevalence setting for effective and timely interventions
- Identifying best strategies for various subsets of affectedness and vulnerability
- Understanding the needs and vulnerability of the children in low prevalence settings in context of the country and community leading to programming with a Socio-culturally adaptable and child friendly approach
- Taking proactive measures to respond to the needs of orphans and vulnerable children

Some examples from South Asia

Human face of the low priority for OVC in low-prevalence countries

Rani: Living with HIV

Manavi: living with HIV and three children (two of them are HIV positive)

