

Invest in the Early Years of Children Living with HIV

While diagnosis, treatment and social protection are critical, there is irrefutable evidence that a supportive early childhood environment is also imperative if children are to experience optimal cognitive, physical, emotional and social development. Though children are resilient and often can withstand pressure, unrelenting, multiple traumas become increasingly difficult to overcome.¹

Negative influences during early childhood can be irremediable. For example, HIV and AIDS can cause delays in the development of physical and intellectual abilities. In addition, the experience of having a chronic illness can affect a child's sense of self. Furthermore, emerging evidence suggests that HIV-negative children whose mothers are HIV-positive fare worse than other children. Possible causes for this include the effects of ARVs in utero as well as the effects of parental stressors on the child.²

Every human being is entitled to a positive early childhood. An early, integrated approach to achieving this goal is more efficient, more cost-effective and more productive for everyone in the long-run.

KEY ACTIONS REQUIRED

- **Ensure that children living with HIV receive early integrated services to improve their well-being and to ensure optimal development.**
- **Create a comprehensive package of services for early childhood development that takes into consideration children living with HIV.**
- **Political leadership should invest resources for the implementation of early integrated interventions that benefit children living with HIV.**
- **Ensure that mechanisms are in place to reduce stigma and discrimination barriers to early years services.**

1. Betancourt et al. "Mental health and resilience in HIV/AIDS-affected children – a review of the literature and recommendations for future research." *Journal of Child Psychology and Psychiatry*. Vol. 54, Issue 4, pages 423–444, April 2013

2. Sugandhi et al. "HIV-exposed infants: rethinking care for a lifelong condition" *AIDS*. Vol. 27 (Supplement 2), pp. S187-S195. 2013