

Our Prescription for Life – Take Action to Help Children Living with HIV

We celebrate the 20th anniversary of the Convention on the Rights of the Child this year on November 20 – Universal Children’s Day – a day during which the world focuses on the welfare of children. Yet, twenty years after the world adopted the convention, some 2.1 million children under the age of 15 are living with HIV globally. Ninety percent of these children live in sub-Saharan Africa. Children under the age of two are especially vulnerable, and large numbers are not being diagnosed or treated. HIV is extremely aggressive in children’s small bodies, and they suffer and die much faster than adults living with HIV do. Far from being unavoidable, these deaths can be prevented.

A prescription for life – you too can make a difference

We know that HIV treatment can make a huge difference and is successful in children. Evidence shows that mortality levels are reduced by up to 75 per cent when infants are tested early and treated within the first 12 weeks after birth. We also know that advocacy on children’s access to HIV treatment has made a real difference already: the number of HIV positive children receiving treatment has increased by over 150 percent in two years. Yet, especially in Africa, progress is still lagging.

For the past year, people, and especially children, from around the world have been writing letters to governments and pharmaceutical companies – demonstrating action at schools, churches and communities to help children living with HIV. The letters, part of our year-long action “Prescription for Life”, aim to keep governments accountable to commitments in the Convention on the Rights of the Child, the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The action also aims to encourage pharmaceutical companies to respond to the need for appropriate testing and treatment for infants and children.

All children living with HIV have the right to diagnosis and child-friendly medications, so we need to keep the pressure on governments and pharmaceutical companies to provide this.

Please join young people around the world – write to your government or to the pharmaceutical companies, asking them to improve access to pediatric HIV testing and treatment.

What will make a difference?

Half of all children born with HIV die before they turn two, unless they get treatment. If we are to see a drop in infant death rates associated with HIV, very young children need to be diagnosed earlier.

PRESCRIPTION: A simple, affordable diagnostic test for infants that can be carried out on the spot.

Today, progress is being seen in many countries in preventing HIV being transmitted from mothers to their babies, and putting children living with HIV on life-saving treatment. But nothing is as important as early and accurate diagnosis. By identifying early and accurately whether a child is living with HIV, countries can help provide essential health services, including HIV care and treatment services when needed. This will translate into real progress on child survival. However, diagnosing HIV in infants is currently difficult, given the limited availability of expensive and specialized laboratory equipment, complex testing, reliable electricity supplies and highly trained staff needed.

The majority of HIV infections in infants come through the transmission of the virus while they are in the womb, during birth, or through breastfeeding. When HIV-positive expectant mothers receive testing and treatment, the chance of transmission is vastly reduced. While services have been increasing, a majority of pregnant women in low and middle-income countries still lack appropriate treatment.

PRESCRIPTION: Access for all HIV-positive expectant mothers to antiretroviral medicines (combined with elective caesarean surgery where advisable and avoiding breast milk when appropriate.)

HIV testing and counseling among pregnant women is increasing with the expansion of provider-initiated approaches in health care settings. In 2008, 21 percent of pregnant women giving birth in low- and middle-income countries received an HIV test – up from 15 percent in 2007. In addition, the percentage of women living with HIV, who received antiretrovirals to prevent HIV transmission to their children, increased by ten percent between 2007 and 2008. The number of health facilities providing pediatric antiretroviral therapy increased from 198,000 in 2007 to about 275,700 in 2008, reaching 38 percent of the 730,000 children estimated to be in need of antiretroviral therapy in low- and middle-income countries. However, increased efforts are needed to expand access to HIV care and treatment services for children.

There are few pediatric antiretroviral formulations to treat HIV in children, especially infants. These formulations are also not suitable in resource-poor settings, while recently developed pediatric formulations have not been registered or approved for use. There are simply not enough treatment options for children.

PRESCRIPTION: Pharmaceutical companies and regulatory authorities need to speed up the processes of registration and develop new, affordable, child-friendly formulations and dosages for antiretroviral medications.

HIV positive children and adults need antiretrovirals to treat the virus. But children need medicines that are formulated differently – smaller volumes of the active ingredients, easier to administer by their caregivers, and easily swallowed, especially in cases of babies, young children and very sick children. The medication also can't require refrigeration because of its use in resource-poor settings. Where formulations are available, they are often more expensive than adult formulations and treatment in children is often started too late to be effective.

While governments have the primary responsibility for implementing the right to health, and the duty and responsibility to ensure that existing medication is available within their borders, it is pharmaceutical companies that can make this happen through their investment in research and development and commitment to providing affordable access to essential medicines.

Governments and pharmaceutical companies can make a difference. But so can you, by reminding them of their obligations and the important role they play in the lives of children living with HIV.

For more information, visit www.e-alliance.ch

Resources:

Scaling up Early Infant Diagnosis and Linkages to Care and Treatment, January 2009: Unite for Children, Unite against AIDS Briefing Paper

Towards Universal Access – Scaling up priority HIV/AIDS interventions in the health sector: report 2009.

Prescription for Life: Take Action to help Children Living with HIV: Ecumenical Advocacy Alliance

A Call to Action: Children – The missing face of AIDS: UNICEF

Children and AIDS: Third Stocktaking Report: UNAIDS, UNICEF, WHO

Global AIDS Alliance

Médecins Sans Frontières

