

UNITE FOR CHILDREN
UNITE AGAINST AIDS 

A call to action

Children

**The
missing
face of
AIDS**



Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNICEF-WFP • UNDP • UNFPA
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The Global Campaign on Children and AIDS: *Unite for Children. Unite against AIDS*

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Joint United Nations Programme on HIV/AIDS

UNAIDS

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together 10 UN agencies in a common effort to fight the AIDS epidemic. As the main advocate for global action against AIDS, UNAIDS leads, strengthens and supports an expanded response to the epidemic. It aims to prevent HIV transmission, provide care and support to those living with HIV, reduce the vulnerability of individuals and communities to AIDS, and alleviate the impact of the epidemic.

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A CALL TO ACTION

The world must take urgent account of the specific impact of AIDS on children, or there will be no chance of meeting Millennium Development Goals (MDG) 6 – to halt and begin to reverse the spread of the disease by 2015. Failure to meet the goal on HIV/AIDS will adversely affect the world's chances of progress on the other MDGs. The disease continues to frustrate efforts to reduce extreme poverty and hunger, to provide universal primary education, and to reduce child mortality and improve maternal health.

World leaders, from both industrialized and developing countries, have repeatedly made commitments to step up their efforts to fight the spread of HIV/AIDS. They are beginning to increase the political leadership and the resources needed to fight the disease. Significant progress is being made in charting the past and future course of the pandemic, in providing free antiretroviral treatment to those who need it, and in expanding the coverage of prevention services.

But children are still missing out.

Every day

- There are nearly 1,800 new HIV infections in children under 15, mostly from mother-to-child transmission.
- 1,400 children under 15 die of AIDS-related illness.
- More than 6,000 young people aged 15–24 are newly infected with HIV.

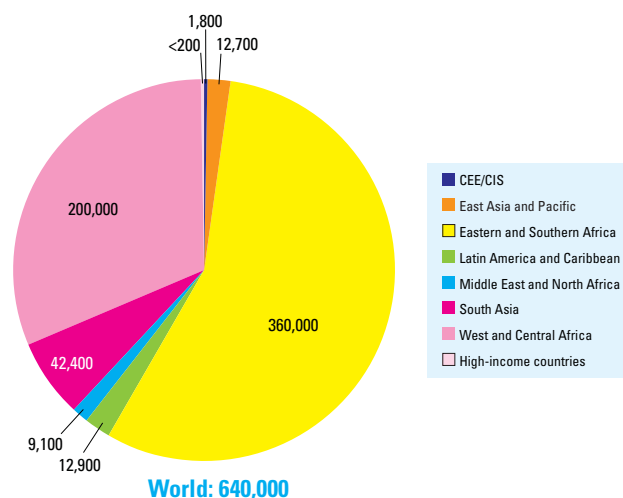
After more than 20 years

- Less than 10 per cent of pregnant women are being offered services to prevent transmission of HIV to their infants.
- Less than 10 per cent of the children who have been orphaned or made vulnerable by AIDS receive public support or services.
- Less than one third of young women aged 15–24 in sub-Saharan Africa fully understand how to avoid the disease.

Millions of children, adolescents and young people in the path of the pandemic are at risk and in need of protection. AIDS is redefining the very meaning of childhood for millions, depriving children of many of their human rights – of the care, love and affection of their parents; of their teachers and other role models; of education and options for the future; of protection against exploitation and abuse.

The world must act now, urgently and decisively, to ensure that the next generation of children is AIDS-free.

New HIV infections among children under 15



Note: The data shown are for 2004. The estimates used have been rounded, therefore the world total is not the exact sum of the rounded regional estimates.

Source: UNAIDS and WHO, *AIDS Epidemic Update: December 2004*, UNAIDS, December 2004.



The Global Campaign will

Provide a child-focused framework for nationally owned programmes around the 'Four Ps' – urgent imperatives that will make a real difference in the lives and life chances of children affected by AIDS.

- **Prevent mother-to-child transmission of HIV**

By 2010, offer appropriate services to 80 per cent of women in need

- **Provide paediatric treatment**

By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need

- **Prevent infection among adolescents and young people**

By 2010, reduce the percentage of young people living with HIV by 25 per cent globally

- **Protect and support children affected by HIV/AIDS**

By 2010, reach 80 per cent of children most in need

Provide a platform for child-focused advocacy on global AIDS issues such as

- Mobilizing international resources to combat HIV/AIDS. This means not only a significant increase in official development assistance overall, but also a bigger proportion allocated to HIV/AIDS and, specifically, to protect, care, support and provide treatment for children affected by the disease.
- Supporting corporations as they develop socially responsible policies and programmes for workers, their children and communities.
- Advocating for governments, donors and international and non-governmental organizations to stand by the commitment to come as close as possible to the goal of universal access to treatment by 2010; and supporting countries in

accessing appropriate and affordable medicines, especially formulations and diagnostics adapted to the specific needs of children.

- Campaigning for education and health services to be strengthened, and for governments and agencies to work towards the elimination of user fees for primary education and, where appropriate, health-care services.
- Putting the protection, care, support and treatment of children, adolescents and young people at the centre of the HIV/AIDS agenda.

Put the missing face of children affected by AIDS at the centre of the HIV/AIDS agenda and make sure that the voices of children and young people are heard on the issues that affect them.

Following the appeals made at the 2005 G-8 Summit, the 2005 World Summit, and other declarations and commitments on HIV/AIDS, UNICEF, as part of its work as a cosponsoring agency of UNAIDS, calls upon every part of global society to join in a campaign to support national efforts to ensure that this is the last generation of children that must bear the burden of AIDS.



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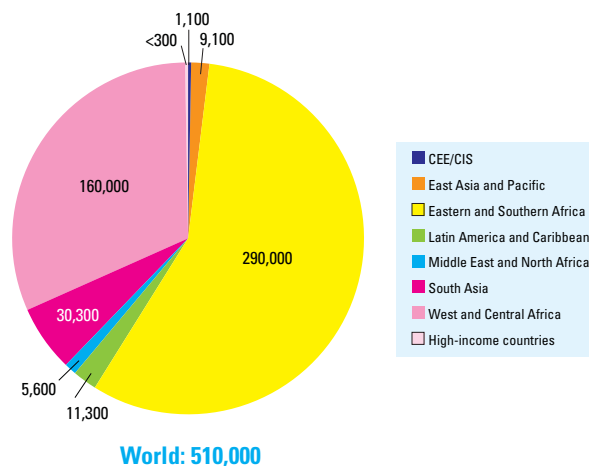
CHILDREN, AIDS AND THE MILLENNIUM DEVELOPMENT GOALS

AIDS is threatening children¹ as never before. Children under 15 account for 1 in 6 global AIDS-related deaths and 1 in 7 new global HIV infections. A child under 15 dies of an AIDS-related illness every minute of every day, and a young person aged 15–24 contracts HIV every 15 seconds.

AIDS has left virtually no country, rich or poor, untouched. In the 54 countries where adult HIV prevalence has reached more than 1 per cent in the general population, HIV/AIDS is directly affecting millions of children, adolescents and young people.² In the hardest-hit countries, health systems are increasingly losing their capacity to treat and care for children and their families. Schools are becoming dysfunctional, losing their teachers due to illness and death. Farmers, men and women, are becoming too sick to farm. Affected families are selling their assets, spending increasing amounts on health care while becoming poorer. Even children who are spared a family bereavement often lose their teachers and classmates, their neighbours and role models to HIV/AIDS.

- The children of sub-Saharan Africa have been hardest hit by AIDS. They account for more than 85 per cent of all children under 15 living with the disease.
- Children under 15 in South and East Asia are the largest group of children living with AIDS and dying from the disease outside of sub-Saharan Africa.
- HIV prevalence is growing rapidly in Eastern Europe and parts of Central Asia.
- In Latin America low national prevalence is disguising epidemics that are concentrated in major urban areas and among certain populations.
- In countries in the Middle East and North Africa potential epidemics are being overlooked, in part because of cultural inhibitions against discussing sexual and reproductive health.

Deaths of children under 15 due to AIDS



Note: The data shown are for 2004. The estimates used have been rounded, therefore the world total is not the exact sum of the rounded regional estimates.

Source: UNAIDS and WHO, *AIDS Epidemic Update: December 2004*, UNAIDS, December 2004.

National governments and the international community have made important advances in tracking the growth of the pandemic and projecting its likely trajectory. Most countries now have plans for large-scale prevention programmes. There have been rapid improvements in AIDS treatment and significant reductions in its cost. The number of people receiving treatment increased threefold in sub-Saharan Africa between 2004 and 2005.³

Political leadership of the fight against HIV/AIDS is growing. Global funding for HIV and AIDS has almost trebled between 2002 and 2004.⁴ Funding for HIV/AIDS programmes in low- and middle-income countries increased from \$300 million in 1996⁵ to an estimated \$6.1 billion in 2004.⁶

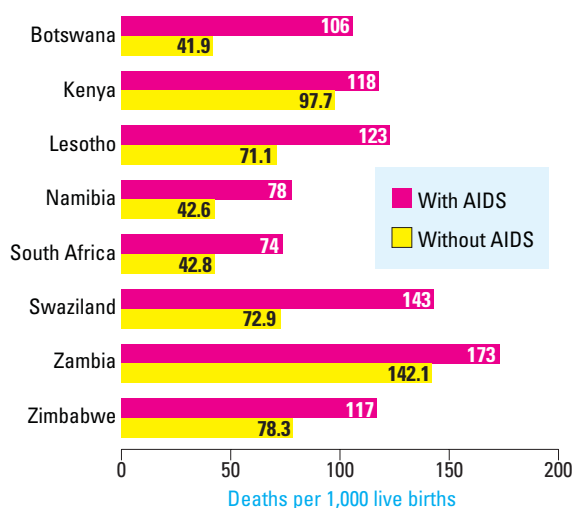
But children have been largely missing from the picture.

- Increasing numbers of children are entering the world infected with the virus, diminishing their chances of survival.
- Increasing numbers of adolescents and young people are contracting the virus every year, threatening their hopes for the future.
- Increasing numbers of parents are dying, leaving infected, affected and vulnerable children, including large numbers of orphans, behind.
- Increasing numbers of children are traumatized as their parents, guardians and teachers sicken and die.

Yet the needs of children are being overlooked when strategies on HIV prevention and treatment are drafted, policies made and budgets allocated. And investments in prevention continue to be pitifully inadequate.

Impact of AIDS on child mortality

Estimated impact of AIDS on under-five mortality rates 2002–2005, selected countries in sub-Saharan Africa



Source: United Nations Population Division, World Population Prospects: The 2004 Revision, database.

A generation of children and adolescents has never known a world free of HIV and AIDS. They will soon inherit the burden of fighting the disease. Although they are most vulnerable to infection, they are more likely than adults to change their behaviour.

Yet very few of them know what to do to avoid the disease. If they did, they could be full partners in the fight to stop it.

The world must act now to keep the next generation free of infection as they pass from childhood through adolescence to adulthood.

CHILDREN AND AIDS: MISSING FROM THE PICTURE

AIDS has been a focus of international concern for more than two decades. Yet its impact on children has been little considered. The numbers of children affected were not even counted until recently. One of the first global estimates of the number of children who had lost one or both parents to HIV/AIDS appeared in 1997.⁷ In September 2003, 39 per cent of countries with generalized epidemics still had no national policy in place to provide essential support to children orphaned or made vulnerable by HIV/AIDS.⁸

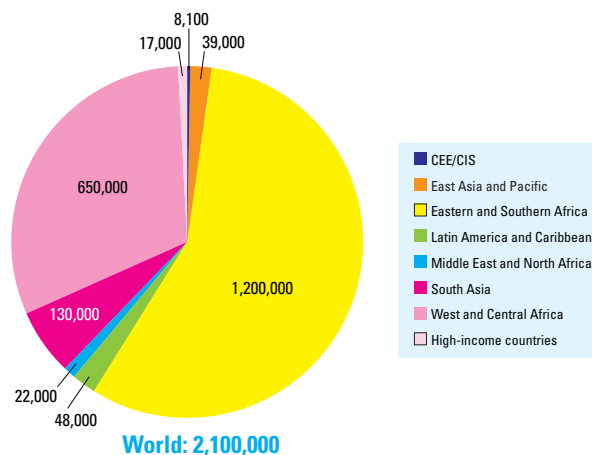
Children are missing from the HIV/AIDS picture in many different ways.

Children are missing their childhood. Children should not have to watch their parents or loved ones suffer and die. Sub-Saharan Africa is home to 24 of the 25 countries with the world's highest levels of HIV prevalence.⁹ It is estimated that globally 15 million children have been orphaned by HIV/AIDS, more than 12 million in sub-Saharan Africa alone. Less than 10 per cent of these children are currently receiving public support and services.

Children are missing the chance to start life free of HIV. Without prevention measures, about 35 per cent of children born to HIV-positive women will contract the virus. Every year an estimated 300,000 children under the age of five die of AIDS-related illness.¹⁰ Children under 15 account for 1 in every 6 global AIDS-related deaths, but they are rarely mentioned in global surveys of the pandemic.

North America and Europe have reduced HIV infections in young children to 1 to 2 per cent by combining antiretroviral treatment with elective Caesarean-section delivery and the avoidance of breastfeeding.¹¹ But in sub-Saharan Africa testing kits and medications have not generally been available or affordable. In 2003, only 10 per cent of low- and middle-income countries with data reported coverage of services to prevent mother-to-child transmission of HIV above 80 per cent.¹² Less than 10 per cent of all pregnant women are being offered services to protect them from transmitting the virus to their children.¹³ As a result, the international target of averting 20 per cent of HIV infections in children by 2005 will not be reached.¹⁴

Children under 15 living with HIV/AIDS



Around 700,000 children under 15 need antiretroviral treatment

Note: The data shown are for end-2003. The estimates used have been rounded, therefore the world total is not the exact sum of the rounded regional estimates.

Source: UNAIDS, 2004 Report on the global AIDS epidemic, UNAIDS, Geneva, June 2004.

Adolescents and women are missing HIV testing. Only 12 per cent of people who want to get tested for HIV are currently able to do so.¹⁵ If testing were more widely available, adolescents and young people whose tests are positive could receive referrals for treatment, support and care, along with opportunities to talk to knowledgeable people who could help them understand what their HIV status means and how they could live productive and fulfilling lives. The most prominent sources of global AIDS funds, however, tend to give priority to treatment of people living with AIDS, rather than to more aggressive prevention tactics.¹⁶

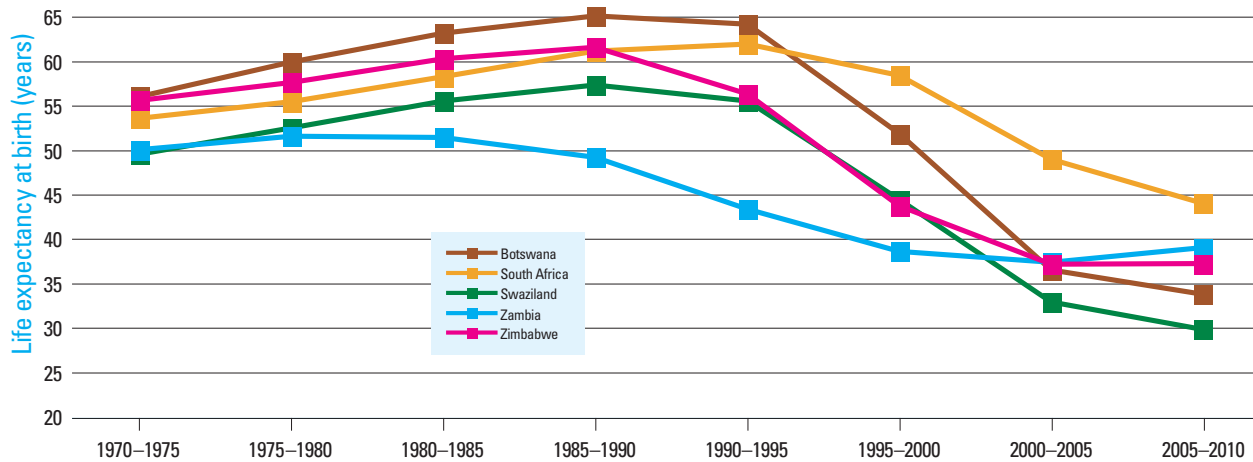
But, women need more than access to testing services. The vast majority of women of all ages in sub-Saharan Africa and elsewhere are HIV-negative.¹⁷ Their biggest need is to remain so. A negative test result is a key opportunity to reinforce behaviours for avoiding infection. The campaign seeks to reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to sexual and reproductive health information, skills and services. These may be made available through formal health services that offer comprehensive and balanced prevention interventions.

Children are missing the medicines they need. Children affected by HIV/AIDS are missing out on measures to keep them healthy, such as antiretroviral treatment and the antibiotic cotrimoxazole that has proved to be effective in decreasing child mortality in HIV-infected children. Less than 5 per cent of young HIV-positive children in need of paediatric AIDS treatment are receiving it. Paediatric formulations in syrup form are on the market, but they are expensive compared to adult presentations, are difficult to handle and are generally bad tasting. Caregivers of young children often have to break and crush adult formulations to administer to children, risking under- or overdosing. While UNICEF is currently purchasing adult antiretroviral fixed-dose combination treatment for as low as \$140 per person, per year, comparable paediatric formulations cost four to eight times more, depending on the age and weight of the infant.

Some pharmaceutical companies that produce antiretroviral drugs have hesitated to invest in the development of paediatric products because HIV infection among children in industrialized countries has been almost eliminated, while the demand for child-oriented products in low-income countries remains uncertain. This is changing, however, as several companies are developing easy-to-use paediatric three-drug combinations that are generally expected to be available mid-2006. Other critical problems associated with prescribing paediatric antiretroviral medicines are the lack of specific diagnostics for infected children younger than 18 months, ineffective supply delivery systems and the lack of trained medical staff to treat children.



In some countries in sub-Saharan Africa life expectancy is decreasing due to HIV/AIDS



Source: United Nations Population Division, World Population Prospects: The 2004 Revision, database.

Children are missing health services. In sub-Saharan Africa, hospitals are being overwhelmed with caring for AIDS-affected patients. This reduces the ability of health services to care for children with other life-threatening illnesses such as pneumonia, diarrhoea and malaria. Health systems are further undermined by the loss of staff – UNAIDS estimates that death rates among health workers in the most highly affected countries in Africa have increased five- or sixfold as a result of AIDS-related illness.¹⁸ In sub-Saharan Africa, many doctors and nurses, faced with low pay and poor working conditions, are seeking jobs in industrialized countries.¹⁹ Addressing the health staffing crisis is a fundamental prerequisite for placing children at the centre of the global response to HIV/AIDS.

Some developing countries have attempted to finance health care through the introduction of user fees for health services. These fees often restrict poor people's access to vital prevention, treatment and care, and push HIV/AIDS-affected households deeper into poverty. Several countries that have abolished user fees have seen an increase in the numbers of people attending health centres. This also helps boost prevention, treatment, care and support for children and adolescents affected by HIV/AIDS.

Children are missing education. In the worst-affected countries, HIV/AIDS is disrupting the demand for education, the supply of teachers, the resources available for schools and the quality of teaching. Teachers who are not themselves living with HIV may miss work because they are caring for sick relatives. Their morale often falls as colleagues are lost to AIDS and working conditions deteriorate. For the poorest households where the proportion of spending allocated to education is the highest, school fees and the cost of uniforms and educational materials can be prohibitive. As the disease spreads, children are in danger of missing out on the knowledge and confidence necessary to protect themselves and prepare for a full and productive life. In order to address this, the 2005 World Summit resolved to urgently implement a number of quick-impact initiatives, including the elimination of user fees for primary education.

Children are missing clean, safe water and sanitation, and adequate nutrition. In the worst-affected countries, children affected by HIV/AIDS are increasingly missing out on other measures – safe water and sanitation, proper infant feeding practices and nutritional support – to help them survive, develop and grow. Children living with HIV have higher nutritional requirements than others. Malnutrition can weaken the immune system and allow HIV infection to progress much more quickly to AIDS-related illness than it would in a well nourished child. Yet just when children need food most, its availability can drop dramatically in HIV-affected households as adults become ill, are unable to work and have less capacity to grow food. Ailing farmers are less able to work the land and pass on their knowledge to their children, eroding the productivity of current and future generations. AIDS is intensifying chronic food shortages in countries in sub-Saharan Africa.



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Adolescents and young people are missing information. They cannot protect themselves if they do not know the facts about HIV transmission and how to prevent it. More than two decades into the pandemic, surveys have established that the majority of young people still have a limited understanding of how HIV is transmitted or how to protect themselves from the virus. In none of the 34 countries in sub-Saharan Africa with recent surveys were more than half of young women aged 15–24 aware of critical prevention and transmission methods.²⁰

The prevention of HIV infection works best when adolescents and young people can control their health and their future, are empowered to make informed choices and possess the skills needed to change their behaviour.



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Children are missing from poverty reduction strategies. HIV/AIDS is driving increasing numbers of children, adolescents and young people into poverty. It is making children hungry, in poor health, traumatized and less likely or able to go to school. Increasingly it is leaving adolescents and young people without a means of earning a living.

A recent review in 19 sub-Saharan African countries assessed how HIV/AIDS is being addressed in poverty reduction strategy papers. The review focused on children and young people affected by HIV/AIDS and found that, as policy documents, poverty reduction strategy papers do not demonstrate a strong commitment to children, young people and HIV/AIDS. Both national HIV/AIDS plans and poverty reduction strategies are stronger on proposed policy actions than on budget allocations and clear statements of targets to be achieved for children, young people and HIV/AIDS. The situation of children who have been orphaned or made vulnerable by AIDS receives little attention.²¹ The absence of attention to HIV prevention and impact mitigation in poverty reduction strategies is of concern given the potential long-term impact of the pandemic on children and the need for a sustained response.



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TURNING THE TIDE

The campaign will focus on four key result areas, known as the 'Four Ps', derived from the child-related articles of the Declaration of Commitment from the United Nations General Assembly Special Session on HIV/AIDS in 2001. They have been the subject of growing local, national and international action over recent years, but have still to gain sufficient momentum to make a real difference in reversing the spread of HIV/AIDS among children, adolescents and young people.

Focus areas

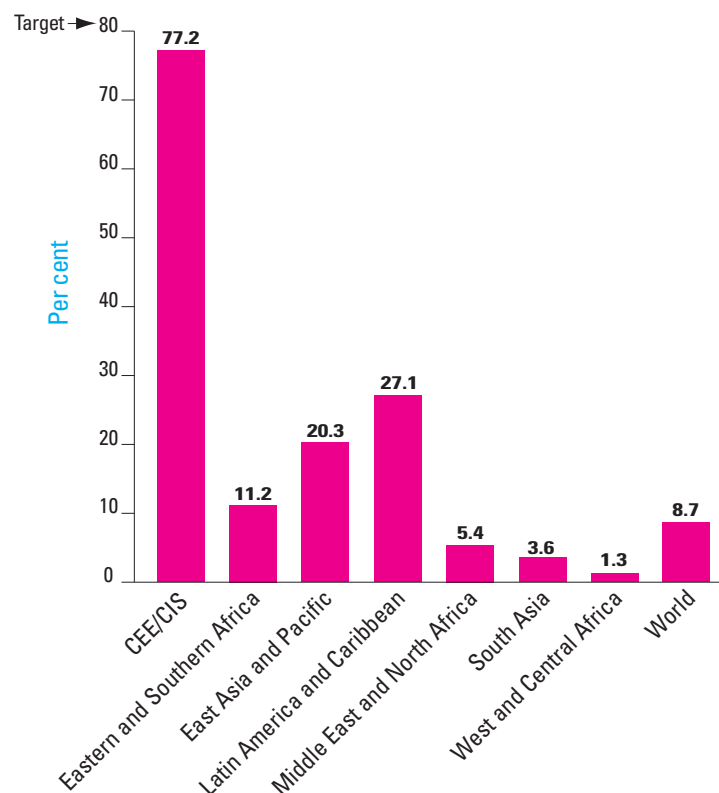
- Prevent mother-to-child transmission of HIV
- Provide paediatric treatment
- Prevent infection among adolescents and young people
- Protect and support children affected by HIV/AIDS

Prevent mother-to-child transmission of HIV

By 2010, offer appropriate services to 80 per cent of women in need

In their efforts to prevent mother-to-child transmission of HIV, most of the hardest-hit countries have been unable to overcome the various challenges to making new medicines for the prevention of mother-to-child transmission (PMTCT) available to all the women and children who need them. Although pilot PMTCT projects have achieved remarkable results, governments should urgently scale up PMTCT services to ensure that there is quality national coverage. They should provide more leadership, commitment, resources

Coverage of prevention of mother-to-child transmission of HIV



Note: The data shown are for 2004. The target for 2010 is 80 per cent coverage of PMTCT services to women in need.

Sources: USAID, UNAIDS, WHO, UNICEF and the Policy Project, *Coverage of selected services for HIV/AIDS prevention, care and support in low- and middle-income countries in 2003*, Policy Project for USAID, Washington, D.C., June 2004; UNAIDS, *Resource needs for an expanded response to AIDS in low- and middle-income countries*, UNAIDS, Geneva, August 2005.

and action to bring the benefits of this effective and affordable intervention to all children and families that need them.

First and foremost, we must keep parents alive and provide the necessary support for families affected by the disease.

Major actions to be supported in collaboration with governments, UN agencies, and non-governmental, faith-based and civil society organizations

- Technical assistance and advocacy for the development of policies, guidelines, training programmes and referral linkages to achieve national coverage of a comprehensive package of prevention, treatment, care and support services.
- National goal-setting, programme planning and strategy reviews that are data-driven and based on typology of the epidemic, existing capacities, lessons learned and global policies.
- Technical assistance and other support for integration of PMTCT interventions and HIV/AIDS treatment programmes into maternal and child health services; strengthened capacity to identify and provide services to women and children living with HIV, including access to HIV testing, antiretroviral treatment and treatment of opportunistic infections.
- Procurement services, demand and supply forecasting, and technical assistance for strengthening national supply management systems where needed.
- Provision of post-rape care and post-exposure prophylaxis in emergency-affected countries with generalized epidemics.



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Provide paediatric treatment

Target: By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need

The course of HIV/AIDS is particularly aggressive in children. Without treatment, care and support, HIV multiplies and destroys the defences to infection, leaving the child less able to resist pneumonia and other opportunistic infections. The antibiotic cotrimoxazole provides highly effective protection against these opportunistic infections and can postpone the need for antiretroviral treatment. In some settings, it has been shown to reduce mortality in children living with HIV/AIDS by more than 40 per cent.²² Currently, an estimated 4 million children need cotrimoxazole.²³ Priced as low as \$0.03 a day, cotrimoxazole is a low-cost intervention that could make a real difference to children living with HIV/AIDS. Countries need to include cotrimoxazole as part of their basic health services.

In addition, the *Unite for Children. Unite against AIDS* Campaign will support the commitments by both the 2005 G-8 Summit and the 2005 World Summit to coming as close as possible to universal access to treatment and promoting long-term funding for the development of diagnostic kits and drugs. These formulations and diagnostics should be adapted to the specific needs of children.

Major actions to be supported in collaboration with governments, UN agencies, and non-governmental, faith-based and civil society organizations

- Cotrimoxazole prophylaxis for all infants born to HIV-infected mothers, from six weeks after birth until infection has been ruled out; for all infants known to be infected, whether symptomatic or not; and for all symptomatic HIV-positive children.
- A public health approach to paediatric treatment, promoted through increased linkages to relevant child survival programmes – including vitamin A supplementation; immunization; counselling and support on optimal, safe infant and young child feeding practices; oral rehydration therapy for diarrhoea; antibiotic treatment for pneumonia; and insecticide-treated mosquito nets in malarial areas.

- Clinical screening and HIV testing for children born to women living with HIV (after PMTCT interventions during pregnancy and delivery) and to children in paediatric care units, therapeutic feeding centres, primary care facilities, and adult tuberculosis and antiretroviral care points.
- Community capacity for treatment preparedness, literacy and adherence, symptomatic treatment (pain, oral thrush), and palliative care and support.
- Access to all appropriate and affordable testing kits and medicines, especially those adapted to the special needs of children.

Prevent infection among adolescents and young people

Target: By 2010, reduce the percentage of young people living with HIV by 25 per cent globally

There is increasingly clear evidence of the effectiveness of balanced and comprehensive prevention strategies for keeping adolescents and young people free of infection and helping them to avoid risk. They need access to schools, because a good basic education ranks among the most effective and cost-effective means of HIV prevention. They need voluntary counselling and testing, which can help adolescents and young people to choose safe behaviour whether they are HIV-positive or not. Young people need practical help in the form of youth-friendly health services through which they may seek advice and obtain treatment for sexually transmitted infections. For the most marginalized young people, such as those who inject drugs, specialized prevention services are also essential.

But many governments have not provided access to the full range of options known to be successful in HIV prevention. The *Unite for Children. Unite against AIDS* Campaign will urge governments to deploy every possible proven strategy to prevent infection among adolescents and young people.

Major actions to be supported in collaboration with governments, UN agencies, and non-governmental, faith-based and civil society organizations

- National and subnational programmes for behaviour change that provide age-relevant, gender-sensitive sexual and reproductive health information, skills and services to reduce child and adolescent risk and vulnerability to HIV infection.
- Increased access to youth-friendly health services that offer counselling, testing, outreach, referral and control of sexually transmitted infections.
- School- and community-based life skills interventions supporting balanced and comprehensive prevention strategies that promote abstinence, faithfulness, partner reduction and consistent condom use.
- Prevention of HIV transmission through injecting drug use.

- Data-driven development of legislation, policy and strategies for programmes on children, adolescents and young people and AIDS, with special attention to the disproportionate and specific vulnerabilities of young women and girls.
- Support standardized age- and sex-disaggregated assessment and analysis of risks and vulnerabilities to HIV infection of adolescent girls and boys in emerging, concentrated and generalized epidemics.
- Include HIV/AIDS risks and vulnerabilities in rapid assessments and, where relevant, programme responses in all emergency-affected countries.
- Provision of post-rape care and post-exposure prophylaxis in emergency-affected countries with generalized epidemics.

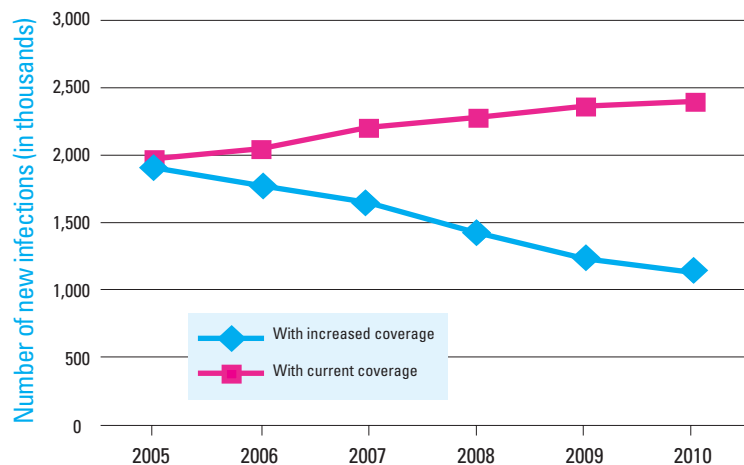
Protect and support children affected by HIV/AIDS

Target: By 2010, reach 80 per cent of children most in need

Communities and families must be the primary beneficiaries of an increased global response, and national strategic planning must start with them. Funds need to be invested in community-led initiatives. A mix of economic incentives must be provided to meet the short- and long-term needs of households and communities – including cash grants, small loans, emergency financial aid, opportunities to earn money, and funds to pay community outreach workers and care coordinators. Hiring from within the community and coordinating government services with community-led initiatives can help boost the local economy while reinforcing community ownership of support to children orphaned or otherwise affected by HIV/AIDS.²⁴

Care and support for vulnerable children has tended to focus on meeting their material rather than their social and psychological needs. More effort is required to provide orphans and other children traumatized by HIV/AIDS with counselling and social and psychological support. To date, non-governmental and faith-based organizations, as well as community groups, have pioneered assistance

Increasing primary prevention will reduce the number of new infections among young people (aged 15–24)



Note: The targets for prevention activities vary depending on the type and level of the epidemic. While in countries with generalized epidemics many interventions have 80 per cent coverage targets, in other countries coverage targets are lower.

Source: UNICEF calculations based on 'The costs and impact of implementing a comprehensive HIV prevention, treatment and care package for children' (unpublished manuscript), UNICEF, UNAIDS and WHO, 2005.

to children and communities in this area. Significant funds are needed to expand proven responses from pilot interventions to nationally scaled programmes.

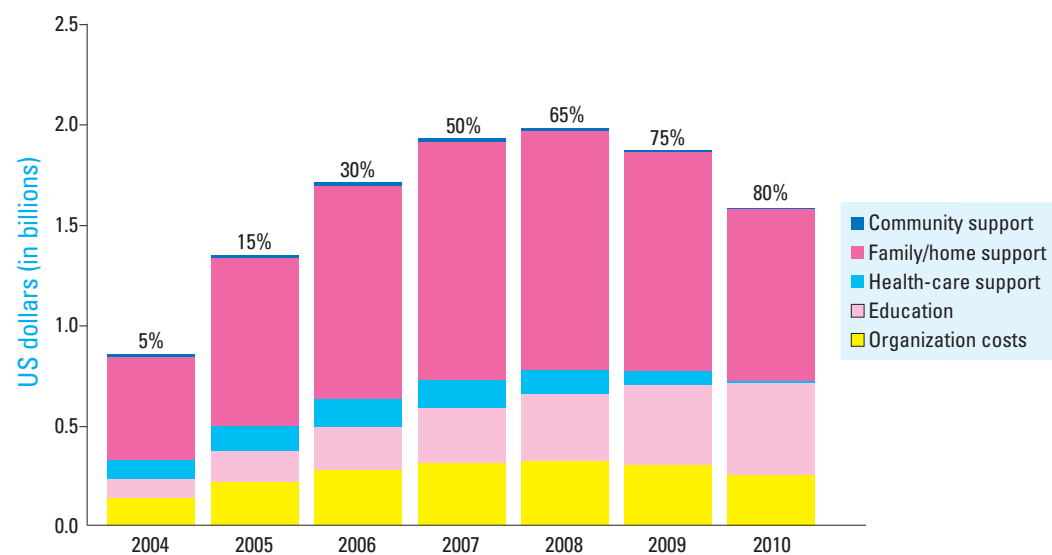
The *Unite for Children. Unite against AIDS* Campaign will also advocate for improved birth and death registration systems – at present it is often difficult for children and extended family members to obtain official records proving that they are orphans, which can make them ineligible for such benefits as food aid or free medical care. The Campaign will support programmes following five key strategies laid out in the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*.

Major actions to be supported in collaboration with governments, UN agencies, and non-governmental, faith-based and civil society organizations

- Strengthening the capacity of families to protect and care for children by prolonging the lives of parents and providing economic, psychosocial and other support.

- Mobilizing and supporting community-based responses.
- Ensuring access for orphans and vulnerable children to essential services, including education, health care and birth registration, and providing assistance to governments in their efforts to eliminate user fees for primary education.
- Ensuring that governments protect the most vulnerable children through improved policy and legislation, and through channelling increased resources to families and communities.
- Raising awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

Resource requirements for support of orphans and vulnerable children in sub-Saharan Africa



Note: The percentages shown for each year are the coverage levels of care and support for orphans and vulnerable children. Coverage is assumed to increase to a target level of 80 per cent by 2010. Although the number of children needing services increases, the unit costs of those services drop due to economies of scale. Therefore the estimated costs actually decrease in 2009 and 2010.

Source: UNICEF calculations based on paper by Stover et al., 'Resource needs to support orphans and vulnerable children in sub-Saharan Africa' (draft), February 2005.

PRIORITY ACTIONS

1. Mobilize resources

Global funding for AIDS was an estimated \$6.1 billion in 2004. Thus, the means exist, both financial and technical, to protect children from the spread of HIV/AIDS and to ensure that no more children, adolescents or young people are infected, affected, orphaned or denied their rights by the pandemic.

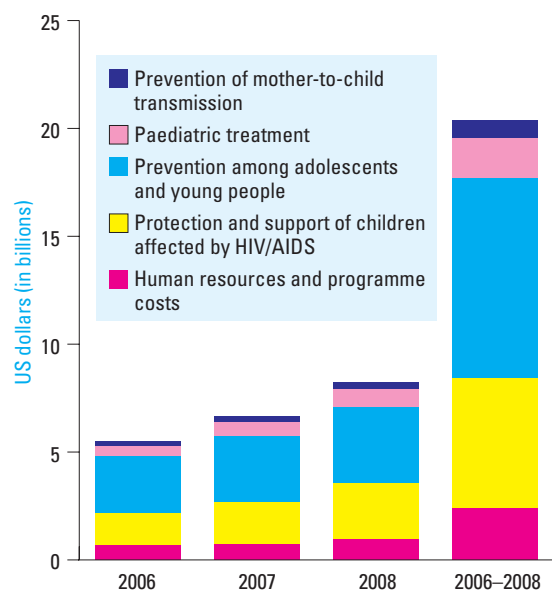
But we must act decisively. Every minute we delay is a minute during which more young people will become infected and more children will die of AIDS-related illness.

UNAIDS estimates that more than \$55 billion will be needed over the next three years, \$22 billion in 2008 alone, to make progress towards MDG 6. UNAIDS notes that while recalculations will be necessary on an ongoing basis, there is currently a huge funding gap in the available global resources.²⁵ This is especially true for children; currently, only a small proportion of those in need of treatment and those in need of care and support are receiving it.

At the Millennium Summit in 2000, world leaders called for greater global commitments to deal comprehensively with the debt problems of developing countries. Debt relief for these countries will free up resources that should be used for development purposes, including the fight for children infected and affected by AIDS.

The Campaign will provide a platform for the World Bank, United Nations Development Programme, UNICEF, non-governmental organizations and others to intensify their advocacy around the urgent necessity of reaching these children within national poverty reduction and HIV/AIDS strategies.

Projected costs of scaling up the 'Four Ps'



Note: The total costs of implementing the 'Four Ps' from 2006 to 2010 are estimated to be \$30 billion based on the assumption that costs in 2009 and 2010 will be at least as much as costs in 2008. The costs for prevention are for child-specific activities only, or the pro rata share for children of broader prevention activities.

Source: UNICEF calculations based on *Resource needs for an expanded response to AIDS in low- and middle-income countries*, UNAIDS, Geneva, August 2005.

2. Foster corporate social responsibility

Private and multinational companies are an untapped source for achieving the Millennium Development Goals, including the goal for HIV/AIDS. Many companies employing staff in countries with high HIV prevalence have programmes in place for their employees and their families. But the greatest role for the corporate sector in the fight to protect children against the impact of AIDS goes beyond their internal policies and practices to their fuller relationship with the community.

There are multiple avenues open to companies that might want to partner in the *Unite for Children. Unite against AIDS* Campaign. They can strengthen communities and support families by sponsoring educational HIV prevention and support programmes; they can invest in research and development for treatments, buy local products and develop local talent. They can lend their voices and sponsorship to media campaigns that inform children about how best to protect themselves from HIV. Companies can also contribute to improving distribution systems in countries by applying their expertise in forecasting, inventory planning and stock replenishments, as well as logistics.

In short, they can approach the issues of children and young people affected by HIV/AIDS as their own concerns, supporting efforts to prevent the transmission of the virus and efforts to care for and support children living with the disease.

The *Unite for Children. Unite against AIDS* Campaign will support ongoing efforts by UNAIDS, the International Labour Organization, the Global Business Coalition on HIV/AIDS and others, by highlighting positive examples of corporate social responsibility and by offering guidance to companies that want to improve their support for children and families infected and affected by HIV/AIDS.

3. Come as close as possible to universal access to treatment

The *Unite for Children. Unite against AIDS* Campaign will provide a platform for continued and intensified advocacy for increased pharmaceutical research and development of better and cheaper diagnostics and paediatric formulations for HIV-positive children by governments, academic institutions and pharmaceutical companies from both industrialized and developing countries.

The Campaign will support affected countries in accessing appropriate and affordable medicines, especially formulations and diagnostics adapted to the special needs of children. World leaders at the 2005 G-8 Summit and the 2005 World Summit committed themselves to developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010. The *Unite for Children. Unite against AIDS* Campaign provides a means of supporting this global effort.

4. Strengthen education and health services

User fees for primary education and health-care services represent major obstacles in the international efforts to protect, support and care for the millions of children threatened by HIV/AIDS. The *Unite for Children. Unite against AIDS* Campaign will advocate for education and health services to be strengthened, and for governments and agencies to work towards the elimination of user fees for primary education and, where appropriate, health-care services.

This has the potential to enable millions of vulnerable and at-risk children to attend school, benefit from a safe environment and obtain information that could protect them from HIV/AIDS and its impact.

The Campaign will also generate resources and mobilize technical assistance in support of innovative approaches to remove or reduce the associated costs of primary schooling, such as uniforms and books, and in support of those interventions, such as providing school meals, that will increase attendance and completion rates and the overall health of children. The Campaign will also support efforts to preserve and expand the capacity of health services to provide treatment, prevention measures and health care to the increasing numbers of children and adults infected with HIV and vulnerable to opportunistic infections.

5. Put the care and protection of children first

There are specific and overarching frameworks for the care and protection of children affected by HIV/AIDS that guide the *Unite for Children. Unite against AIDS* Campaign.

Serving as a reference point, the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* sets the standards for the care and protection of children affected by the disease. An 'effort index' is being developed to monitor government commitment to the Framework; and the annual Global Partners Forum, along with other forums within the context of the 'Three Ones' (One action framework as the basis for coordinating the work of all partners; One national coordinating authority, with a broad-based, multisectoral mandate; and One country-level monitoring and evaluation system) will provide the means to monitor and report on progress in this area.

The overarching approach to the care and protection of children – whether they are affected by HIV/AIDS or not – is the full implementation of the Convention on the Rights of the Child and its Optional Protocols. If all articles in the Convention were incorporated into national law and implemented, there would be less need for specific measures to protect children affected or infected with HIV. Thus, the *Unite for Children. Unite against AIDS* Campaign will provide a platform for continued action and advocacy to promote the implementation of the Convention on the Rights of the Child and other international conventions.



MEETING THE CHALLENGE THROUGH PARTNERSHIP

HIV/AIDS shows no signs of weakening its grip on human society. New epidemics are growing with alarming speed, and children continue to be left out of efforts to combat the pandemic. We can make a difference by taking bold and decisive action to prevent new infections and improve the quality of care and treatment for those who are HIV-positive.

In 2005, the Secretary-General of the United Nations reaffirmed that the only way to achieve the Millennium Development Goals was to break with business as usual and dramatically accelerate and scale up action until 2015.²⁶ This will only be possible if all stakeholders in the fight against HIV/AIDS work together in partnership. The *Unite for Children. Unite against AIDS* Campaign will support such partnerships to advance action for children, adolescents and young people affected by HIV/AIDS.

The Organization of African First Ladies is an example of the leadership that will be needed if AIDS is to be stopped. Through their campaign 'Treat Every Child as Your Own', 40 African First Ladies focus on making sure that there will be no new infections among the youth of Africa. With global support and representing every part of the continent, they work at national and regional levels.

Meeting the challenge demands strengthened partnerships among a multiplicity of actors. The 2001 Declaration of Commitment on HIV/AIDS included a long list of those with a critical role in the fight against HIV/AIDS: governments; the UN system; intergovernmental organizations; people living with HIV/AIDS and vulnerable groups; medical, scientific and educational institutions; non-governmental organizations; the business sector, including generic and research-based pharmaceutical companies; trade unions; the media; parliamentarians; foundations; community organizations; faith-based organizations; and traditional leaders.²⁷

The HIV/AIDS community has expanded to include the US President's Emergency Plan for AIDS Relief, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and the World Bank Multi-Country HIV/AIDS Program for Africa, as well as a significant increase in responses from civil society and faith-based organizations.

Coordinating the contributions of all these actors is a daunting but essential task. Unless it is successful, there is a danger that isolated interventions will lead to the proliferation of small projects that are not linked to wider and longer-term programmatic, sectoral or national interventions. The number of international contributions to the fight against HIV/AIDS often strains the capacity of national coordinating bodies, leaves gaps in national responses and increases the risk of duplication.

The *Unite for Children. Unite against AIDS* Campaign will provide a platform for all agencies involved in halting and reversing the spread of HIV/AIDS among children, adolescents and young people. It will help ensure that the children's face of HIV/AIDS is represented at every level of the 'Three Ones'.

Time is short

Some countries have managed to slow the epidemics and limit the damage it causes among children, their families and communities. They face the challenge of sustaining these efforts.

But too many other countries have failed to stem the spread of this devastating disease. Their leaders and governments must act now to prevent further infection and provide treatment, care and support to all children and their families affected by HIV/AIDS.

The magnitude of the problems of children affected by HIV/AIDS dwarfs the scale of the existing response. Children and adolescents around the globe are increasingly at risk of infection, and many of those affected by HIV/AIDS are being left to grow up alone, grow up too soon, or to not grow up at all.

Every minute that passes another child under 15 dies of an AIDS-related illness and another four young people aged 15–24 become infected with HIV. This simply does not have to be.

Governments and agencies, activists and scientists, corporations and community workers, families, children and young people must join the many who are already working towards an AIDS-free generation, when

- Not one more child will die of AIDS,
- Not one more child will be infected with HIV, and
- Not one more child will lose a parent or a teacher or a friend to a pandemic that must be stopped.

**Unite for Children.
Unite against AIDS.**

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