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Speech at parallel event to
the 14th Session of the Human Rights Council on

"Better Access to Testing and Treatment for HIV-positive Children"

Co-organised by the Association Comunità Papa Giovanni XXIII and
Caritas Internationalis

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Ladies and Gentlemen, Dear Friends and Colleagues,

On behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS), I would like to extend my sincere gratitude to the organisers of this parallel event for inviting me to share our perspective on the challenges that continue to face access to testing and treatment for infants and children, today, more than a quarter of a century into the global AIDS epidemic.

General increase in access to antiretroviral treatment

Over the past few years, the world has witnessed a momentous effort to increase access to HIV treatment especially in the developing world, where such treatments were previously unavailable or extremely limited. As a result of these efforts, more than 4 million adults and children were receiving antiretroviral therapy in low- and middle-income countries at the end of 2008; that is over one million more people than at the end of 2007.[1] Between 2003 and 2008, access to antiretroviral drugs in low- and middle-income countries rose 10-fold.[2] This increasing access to HIV treatment is reported to have resulted in reduced mortality among people living with HIV, including in middle and low income countries.[3]

[1] World Health Organization, United Nations Children's Fund & UNAIDS *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector* September 2009, p 53. Available at http://www.who.int/hiv/pub/tuapr_2009_en.pdf (accessed on 14 June 2010).

[2] As above.

[3] UNAIDS *AIDS Epidemic Update* December 2009, p 16. Available at http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf (accessed on 14 June 2010).

Limited access to HIV testing and treatment for children: A key challenge

Although overall, there seems to be minimal variations in the level of coverage in terms of access to HIV treatment between adults (43% of those in need) and children (39% of those in need), pediatric HIV infection remains a major cause for concern in the broader global HIV epidemic.[4] While representing only 6% of all individuals living with HIV, it is estimated that children under 16 years of age account for 12% of all new HIV infections and 13% of HIV-related deaths.[5] The relatively high proportion of AIDS-related deaths among children below 16 years of age illustrates the need for timely access to quality care and treatment, a need emphasized by recent data on the benefits of early treatment in infants.[6] Increasing access to HIV testing and treatment for children is particularly pressing in sub-Saharan Africa which is home to about 87.6% of the number of children aged 0 to 14 needing antiretroviral (ARV) therapy.[7]

Several intricate factors are considered to contribute to hampering broader access to HIV testing and treatment for children, especially in low and middle income countries. These include:[8]

- **Operational constraints**, such as limited screening for HIV; the lack of affordable, simple diagnostic testing technologies for children less than 18 months of age (virological tests are typically limited in developing countries); limited training for health care workers; limited availability of affordable and practical

[4] See World Health Organization, United Nations Children's Fund & UNAIDS *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector* September 2009, p 59. Available at http://www.who.int/hiv/pub/tuapr_2009_en.pdf (accessed on 14 June 2010).

[5] Cooke GS, Little KE, Bland RM, Thulare H, Newell M-L (2009) "Need for Timely Paediatric HIV Treatment within Primary Health Care in Rural South Africa" *PLoS ONE* 4(9).

[6] As above.

[7] See World Health Organization, United Nations Children's Fund & UNAIDS *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector* September 2009, p 59. Available at http://www.who.int/hiv/pub/tuapr_2009_en.pdf (accessed on 14 June 2010).

[8] For a general overview of these factors, see Global AIDS Alliance "Campaign to end pediatric HIV/AIDS in Africa 2008-2010: Agenda for action" August 2008. Available at http://www.globalaidsalliance.org/page/-/PDFs/Campaign_to_End_Pediatric_AIDS_FINAL.pdf. See also World Health Organisation, A*ntiretroviral therapy for HIV infection in infants and children: Towards universal access, Executive summary of recommendations,* June 2010. Available at http://www.who.int/hiv/pub/paediatric/paed-prelim-summary.pdf (accessed on 14 June 2010).

pediatric ARV formulations; high level of loss to follow up among mother and their infants; high level of stigma and discrimination which may negatively impact acceptability of HIV testing by pregnant women and mothers.

- **Systems constraints,** such as shortages of health care workers, and problems with procurement and supply chain management; high costs of pediatric diagnostic tools and treatment; poor coordination between national, provincial, and local levels; and

- **Policy constraints,** such as limited focus in national policies and targets for scaling up access to pediatric HIV services; insufficient advocacy and understanding that ART is efficacious in children; the lack of technical guidelines at national level integrating pertinent international recommendations regarding PMTCT and access to HIV testing and treatment for children.

The challenges hindering the realisation of increased access to testing and treatment for children (and adults) may be exacerbated in the context of the current economic crisis with its corollary of limited funding for health and signs of shifting donor support away from HIV-related treatment programmes. This may be happening at a time when the new guidelines on "Antiretroviral therapy for HIV infection in infant and children" published this year by the World Health Organisation calls for earlier and more accurate HIV diagnostic and treatment in infants and children.[9] The implementation of these guidelines in middle- and low-income countries is likely to result in higher numbers of children in need of HIV testing and treatment, and in increased pressure on already overburdened health care systems.

Limited access to pediatric testing and treatment: a human rights issue

Our gathering here today, in margin of the session of the Human Rights Council is a recognition that access to HIV testing and treatment for children is an important human rights issue. The *"right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health"* is

[9] World Health Organisation, A*ntiretroviral therapy for HIV infection in infants and children: Towards universal access, Executive summary of recommendations,* June 2010. Available at http://www.who.int/hiv/pub/paediatric/paed-prelim-summary.pdf (accessed on 14 June 2010).

guaranteed under article 24 of the Convention on the Rights of the Child.[10] Further elaborating on the content of the rights of the child in the context of HIV, the Committee on the Rights of the Child stressed in its General Comment No 3 that

"The obligations of States parties under the Convention extend to ensuring that children have sustained and equal access to comprehensive treatment and care, including necessary HIV-related drugs, goods and services on a basis of non-discrimination."[11] In realizing these objectives, The Committee on the Rights of the Child calls on States parties to, among others, *"negotiate with the pharmaceutical industry in order to make the necessary medicines locally available at the lowest costs possible."*[12]

To be considered to fulfill their obligations under this the Convention on the Rights of the Child, States have to ensure that all necessary programmatic and other measures are taken to

- prevent HIV infection in women of child bearing age;
- ensure that all women living with HIV have access to HIV testing and appropriate regimen and services for reducing mother to child transmission of HIV (MTCT); and
- ensure that all children born of women living with HIV have access to testing and treatment as provided under pertinent international guidelines.

For a holistic approach to access to pediatric testing and treatment[13]

In this perspective, UNAIDS has called for a holistic approach in responding to HIV among young children that addresses the health needs and rights of both women and children. In its ***Outcome Framework 2009-2011***, UNAIDS urges all stakeholders to *"**prevent mothers from dying and babies from becoming infected with HIV** […] as an integral part of sexual and reproductive health services and reproductive rights for*

[10] Convention on the rights of the Child, Article 24.

[11] Committee on the rights of the child, *General Comment No.3 (2003) HIV/AIDS and the rights of the child,* CRC/GC/2003/3, 17 march 2003. Available at http://www.unhchr.ch/tbs/doc.nsf/(symbol)/CRC.GC.2003.3.En?OpenDocument (accessed on 14 June 2010).

[12] As above.

[13] This section includes paragraphs that are broadly taken from Avert, "Treatment for children with HIV & AIDS". Available at http://www.avert.org/hiv-children.htm (accessed on 14 June 2010).

women, their partners and young people."[14] This priority is essential to realizing the objective of the millennium development goals, especially those related to combating HIV and AIDS (MDG 6) and reducing child mortality (MDG 4).

While stepping up efforts to prevent mother-to-child-transmission would decrease the need for pediatric treatment, specific attention should be paid to improving testing and treatment facilities for children, and appropriate, child-friendly ARVs should be made much more widely available.

The wider provision of cheaper, simplified drug formulations, fixed-dose combination tablets (or syrup) and low-cost generic versions of pediatric drugs would all have immense benefits. While there have been welcome increases in recent years in the number of children receiving ART, the vast majority go untreated. Governments, international organisations and donors need to focus on achieving much wider treatment coverage.

The degree to which HIV-related stigma can affect poor levels of testing and adherence to therapy indicates how negative attitudes towards those living with HIV need to be tackled. Efforts to maximise adherence should be strengthened and delivered before and alongside treatment.

General improvements in the health systems of developing countries would allow for greater resources to be allocated towards treating children. Many countries lack the resources and capacity needed to help children living with HIV, and suffer from a shortage of healthcare workers that are trained to test and treat children.

If such improvements are made, the problems of HIV among children could potentially be minimised and the hopes of Universal Access brought within reach. At present, though, progress is not happening fast enough. Greater advocacy, funding and effort are required if the challenges surrounding HIV testing and treatment for children are to be overcome.

Thank you very much for your attention.

[14] UNAIDS "Joint Action for results: UNAIDS Outcome Framework 2009-2011" Updated version, March 2010. Available at http://data.unaids.org/pub/Report/2010/jc1713_joint_action_en.pdf (accessed on 14 June 2010).