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Comunità Papa Giovanni XXIII

associazione internazionale di fedeli di diritto pontificio – www.apg23.org

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Human Right Council, Thirteen session, Agenda Item 3

Access to medicine for children living with HIV and HIV/TB co-infection”

The Association Comunita’Papa Giovanni XXIII, Caritas Internationalis, Dominicans for Justice and Peace (Order of Preachers), IIMA and VIDES wish to express their urgent concern about the right to health and access to treatment of children living with HIV and with HIV/TB co-infection. Due to the urgency of the matter, these organisations forward the present statement under the general debate on Item 3 of the agenda of the 13th session of the Human Right Council being aware that the annual full day meeting on the rights of the child will focus instead on the topic of violence against children.

Recalling the resolution A/HRC/RES/12/24 on “Access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”, the article 24 of the Convention on the Rights of the Child, the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights, as well as the commitment pledged by Member States to achieve within 2015 the Millennium Development Goal number 4 amongst the others,

By signing and ratifying the Convention on the Rights of the Child, States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and access to treatment of illness and restoration of health. States Parties are committed to pursue full implementation of this right and to take appropriate measures to, inter alia, reduce infant and child mortality.

2, 1 million children under the age of 15 years are living with HIV in the world¹. Of these children, 730,000 need anti-retroviral treatment but only 38% of them received it at the end of 2008². More than 800 children died every day from AIDS in 2007. Without treatment, approximately one third of sero-positive children will die before reaching the first year of life and half of them before reaching the two years.

Only 45% of pregnant women in the world have access to Mother to Child prevention programmes in spite of the proven cost-effectiveness of such an intervention³.

In rich countries, where 1% of HIV positive children live, Highly Active Antiretroviral Treatment has drastically reduced child mortality and morbidity associated to HIV. Yet, in Sub-Saharan Africa, where 90% of sero-positive children of the world live, treatment is available only for a minority of HIV positive children.

Until recently, no formulations of anti-retroviral drugs were available for paediatric use. Children treated with HAART were receiving tablets for adults that caregivers had to break with the



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risk of over or under-dosing. Even now, there is a lack of “child-friendly” fixed-dose combinations. The few paediatric formulations produced by big pharmaceutical companies are in form of syrup which needs refrigeration and are still too expensive.

Moreover, one major barrier related to paediatric treatment of HIV infection is the difficulty to diagnose the infection in children younger than 18 months. The only valid diagnostic test, the Polymerase Chain Reaction (PCR), for early diagnosis of HIV infection is far too expensive and still out of reach for many health services in the low income countries.

The same considerations can be applied to the diagnosis and treatment of Tuberculosis, the most frequent opportunistic disease in HIV infection and one of the top killer diseases in the world. TB can be treated and cured with the right medicines but investment is often not made in producing treatment for children with HIV/TB co-infection because most of these cases are in poor countries, which are less profitable for pharmaceutical companies.

Children have been neglected to a significant degree in global and national efforts to combat HIV/AIDS. There is a need to increasing research and developing medicines of good quality that can be affordable, child-friendly and adapted to the contexts where HIV positive children live.

By signing and rectifying the Convention on the Rights of the Child, Member States committed themselves to implement and respect the rights of children including the right to Health and to be accountable to the international community for their actions. Governments have the primary responsibility to enhance access to medicines for children.

Hence, the Association Comunita’Papa Giovanni XXIII, Caritas Internationalis, Dominicans for Justice and Peace (Order of Preachers), IIMA and VIDES wish to make to the Member States the following recommendations:

- To exercise pressure and carry out negotiations with pharmaceutical companies and laboratory manufacturers to produce child-friendly fixed-dose anti-retrovirals and diagnostic tests for early diagnosis of HIV infection in children
- To identify early HIV diagnosis as a priority activity in child health programming
- To provide HIV counselling and testing as part of the routine package of screening tests during pregnancy and delivery care
- To integrate Prevention of Mother-to-Child Transmission (PMTCT) programmes into existing public health systems
- To develop National HIV/AIDS Strategic Plans which focus strongly on PMTCT and on diagnosis and treatment of babies and children infected with HIV and HIV/TB co-infection
- To increase funds for research on paediatric diagnosis and treatment of HIV/AIDS.
- To take measures to increase food security in children since lack of food is another major barrier to children’s access to medicines



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- To address seriously the determinants of health which influence negatively the access to medicines of children with HIV and all children in general
- To give account on actions taken towards access to medicine for children with HIV in the national reports forwarded to the Committee of the Rights of the Child and to the Universal Periodic Review.
- To increase efforts to achieve MDGs 4 and 5 by committing to fully fund basic health packages for women and children's health and to sustain funding for evidence-based national health plans based on a primary health care approach,
- To work to prevent and ensure that intellectual property rights agreements such as TRIPS do not undermine access to essential drugs, life-prolonging and lifesaving medicines and vaccines
- Strengthening national health systems and taking measures expeditiously to confront the brain drain phenomenon.
- Mainstreaming equal treatment of women at all levels and promoting empowerment of women and their access to better healthcare
- To honour the previous financial commitments taken at international level and implement at national level the numerous declarations agreed upon at the United Nations regarding the respect of all human rights and especially the right to health and the right to development.

"The Association Comunita' Papa Giovanni XXIII, Caritas Internationalis, Dominicans for Justice and Peace (Order of Preachers), IIMA and VIDES are international Catholic organisations present worldwide. They are all committed, according to their respective mission, to removing the causes of poverty, injustice and marginalisation. The direct involvement with people living with or affected by HIV/AIDS, especially in Sub-Sahara Africa, urges these organisations to advocate so that the fight against HIV epidemic can be put as a top cross-cutting priority in the agenda of international dialogue and decision-making process. "

[1] UNAIDS, 2009 AIDS Epidemic Update, November 2009, Geneva, Switzerland

[2] Children and AIDS, Fourth Stocktaking Report, UNICEF, 2009, p. 10.

[3] UNAIDS, 2009 AIDS Epidemic Update, November 2009, Geneva, Switzerland, p. 9.