

## **Urgent Attention Should Be Paid to Access Testing and Treatment for HIV-positive Children and Children Living With HIV/TB Co-Infection**

The Association Comunità Papa Giovanni XXIII and Caritas Internationalis welcome the report 17/43 submitted by the Special Rapporteur Mr. Anand Grover on the Expert Consultation on Access to Medicines.

The undersigned NGOs actively participated in the event, emphasizing the lack of attention paid to children who are living with HIV or HIV/TB co-infection despite the strong appeal in Article 24 of the CRC, and the General Comment 3 of the Committee on the Rights of the Child. In this regard, we welcome the Human Rights Council Resolution 16/28 recently adopted.

As recalled by the Special Rapporteur, children are often discriminated against, ignored or underestimated, in terms of access to medicines. Children account for 18% of HIV-related death and 15% of HIV infections each year. At the end of 2009, 2.5 million children were living with HIV, among whom 1.2 million urgently needed antiretroviral therapy, but only 356,000 were receiving it at that time. 50% of HIV-positive children die before their second birthday.

The obstacles in access to testing and treatment of children living with HIV or with HIV/TB co-infection, and to means of prevention of vertical transmission of HIV continue to be the

following: lack of accessible fixed dose combinations for infants; early diagnostic tests that are too expensive; high levels of stigma; very fragile health systems in developing countries, especially in Sub-Saharan Africa, that, *inter alia*, lack specialized human resources.

Mr. President, access to medicine also concerns adults, but infants and children are the most vulnerable: too often they remain among the lowest priorities within the public health and welfare agendas.

Therefore, we call upon the Special Rapporteur to engage even more forcefully in recommending to Governments the followings:

- Account for actions taken to ensure access to medicines for children in the national reports forwarded to the CRC and to the UPR;
- Develop national HIV/AIDS Strategic Plan which focus on PMTCT and integrate such programmes into existing public health systems;
- Build national and local laboratory capacity to facilitate HIV and TB diagnosis in infants and children;
- Invest in innovative financing mechanisms that aim at promoting research and development of paediatric triple fixed dose combinations adapted for infants living in poor settings;
- Negotiate with the pharmaceutical companies to make necessary paediatric medicines locally available at the lowest cost possible;
- Develop National Essential Medicine Lists for Children which include paediatric fixed dose combinations both for HIV and TB;
- Address, in a serious manner, the social determinants of health that negatively influence access to medicines;
- Increase efforts to achieve MDGs 4 and 5 by respecting previously-made commitments to fully fund basic health care for women and children;

- Work to ensure that intellectual property rights agreements, such as TRIPs, do not undermine access to essential drugs and vaccines.

Finally, since HIV prevalence is significantly higher in developing countries, particularly in those of the Sub-Saharan Africa, the undersigned NGOs would like to remind States of their promises to dedicate, by 2010, at least 0.51% of Gross National Product to efforts in attaining the Millennium Development Goals as an intermediate step to reach the 0.7% level by 2015.

Universal access to testing and treatment, particularly for children living with HIV or HIV/TB co-infection, could serve as an unquestionable "litmus test" for measuring the commitments made by States to promote integral human development and health for all, but most especially for the poorest and most marginalized people.

Thank you Mr. President.