

Written Statement submitted by: Association Comunità Papa Giovanni XXIII; ...

Title: 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 of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Health, submitted by Mr. Anand Grover, as well as the outcomes of the Expert Consultation on Access to Medicines as a Fundamental Component of the Right to Health, held on the 11<sup>th</sup> October 2010. Such recommendations have the potential to advance efforts aimed at reaching the highest attainable standard of physical and mental health, especially for children living with HIV or HIV/TB co-infection.

As stated with regret by the Special Rapporteur, no representatives of pharmaceutical companies attended the consultation even if access to medicines is fully recognized as a shared responsibility. As indicated in Report A/63/263, pharmaceutical companies are among those sharing this responsibility, especially in view of their evident impact on the ability of Governments to realize the right to the highest attainable standard of health.

The undersigned NGOs actively participated in the Expert Consultation and delivered a statement entitled Access to Medicines for Children Living with HIV and HIV/TB Co-Infection. In such statement, they emphasized the lack of attention paid to children who are living with HIV and HIV/TB co-infection despite the strong appeal in Article 24 of the Convention on the Rights of the Child that *States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services*, the General Comment No. 3 of the Committee on the Rights of the Child entitled HIV/AIDS and the Rights of the Child, and the Resolutions of the Human Rights Council related to this issue, for example the Resolution 16/28 adopted by consensus by the Human Rights Council during its 16<sup>th</sup> Regular Session.

As recalled by the Special Rapporteur, children, among others, are often discriminated against, ignored or underestimated, in terms of access to medicines. Worldwide, children account for 18% of HIV-related death and 15% of HIV infections each year. At the end of 2009, UNAIDS estimated that 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. The death rate among untreated HIV-positive children is very high: indeed, 50% of such children die before their second birthday. The mortality rate of untreated children living with HIV reaches 80% by five years of age. Of HIV-infected infants, 90% are born to mothers who never were tested and never received prophylaxis to prevent mother-to-child transmission. Even if the HIV status of infants could be determined immediately after birth in order to start treatment of infected children without delay, in 2009, only the 6% of children born to women living with HIV in low- and middle-income countries were tested within their first two months of life. This precarious and tragic situation continues to occur despite commitments by Governments and the International Community to ensure that pregnant women and their infants have access to effective treatment and, where appropriate, to breast-milk substitutes to reduce mother-to-child transmission.

The obstacles in access to appropriate diagnosis and treatment of children living with HIV or with HIV/TB co-infection, and to means of prevention of vertical transmission of HIV by pregnant

women living with the virus are many and various. First of all, high levels of stigma make women reluctant to undergo voluntary testing and counselling in the event of a positive test result: husbands and other family members often react negatively and even violently to the news. Second, there is still lack of accessible fixed dose combinations of antiretrovirals for infants, and early diagnostic tests are still too expensive. Third, health systems in developing countries, especially in Sub-Saharan Africa, where HIV prevalence is significantly higher than in other parts of the world, are very fragile and lack specialized personnel. HIV has exacerbated these already difficult situations.

APG23 and ... acknowledge that access to medicine is an issue that also concerns adults. Infants and children, however, must be counted among the most vulnerable, and lack both voice and influence to address even their most basic needs. Too often issues and needs related to children remain among the lowest priorities within the public health and welfare agendas.

For these reasons, the undersigned NGOs call upon the Special Rapporteur to engage even more forcefully in appeals and recommendations to Governments to take effective action in:

- Accounting for actions taken to ensure access to medicines for children living with HIV in the national reports forwarded to the Committee on the Rights of the Child and to the Universal Periodic Review;
- Developing national HIV/AIDS Strategic Plan which focus on PMTCT and integrate PMTCT programmes into existing public health systems;
- Building national and local laboratory capacity to facilitate HIV and TB diagnosis in infants and children, including skilled staff, and support and/or develop door-to-door and home-based testing for children and their families, always accompanied by counselling;
- Investing in innovative financing mechanisms that aim at promoting research and development of paediatric testing and medicines (in particular paediatric triple fixed dose combinations adapted for infants living in poor settings) and that aim at providing further medicine access at affordable prices to developing countries on a sustainable and predictable basis;
- Negotiating with the pharmaceutical industries to make necessary paediatric medicines locally available at the lowest cost possible;
- Developing National Essential Medicine Lists for Children which include paediatric fixed dose combinations both for HIV and TB;
- Seriously addressing the determinants of health that negatively influence access to medicines for children with HIV and for all children;
- Increasing efforts to achieve MDGs 4 and 5 by respecting previously-made commitments to fully fund basic health care for women and children and to sustain funding for national health plans based on a primary health care approach;
- Working to ensure that intellectual property rights agreements, such as TRIPs, do not undermine access to essential drugs, life-prolonging and life-saving medicines 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 Domestic 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.