16th Regular Session of the Human Rights Council – 28 February-25 March 2011 – Item 2, General Debate

Joint Written Statement submitted by: Caritas Internationalis (International Confederation of Catholic Charities); Association Comunità Papa Giovanni XXIII; International Catholic Child Bureau; International Institute of Mary Our Help of the Salesians of Don Bosco; International Volunteerism Organization for Women, Education and Development

Title: Greater Access to Testing and Treatment for Children Living With HIV/AIDS – Comments on the Report of the Secretary General "The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)"

Caritas Internationalis (International Confederation of Catholic Charities) (CI), the Association Comunità Papa Giovanni XXIII (APG23), the International Catholic Child Bureau (BICE), the International Institute of Mary Our Help of the Salesians of Don Bosco (IIMA), and the International Volunteerism Organization for Women, Education and Development (VIDES International)[1] welcome the report of the Secretary General entitled "The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)" which provides detailed results of the analytical study on HIV/AIDS-related human rights.

The undersigned NGOs note with appreciation that, as a consequence of the contribution made at the consultation on "The protection of Human Rights in the Context of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)", held on 25 October 2010, specific reference is made, in the above-mention report, to the rights of children living with HIV, and, in particular, to the urgent need of children living with HIV and with HIV/TB co-infection to access to testing and treatment appropriate to their needs.

Worldwide, children account for 18% of HIV-related deaths and 15% of HIV infections each year. Today, an estimated 2.5 million children are living with HIV, and 730,000 urgently need antiretroviral therapy (ART), of which only some 275,000 currently receive. 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. The mortality of an untreated pediatric patient is very high during the first 2 years of life[2]. Indeed, 50% of children living with HIV who are not treated die before their second year of age. The mortality rate of children living with HIV reaches 80% by age 5[3].

While acknowledging that national and international efforts have resulted in important progress in the number of children receiving ART, it nonetheless is evident that those children currently on treatment still represent only a small proportion of those who need it.

Moreover, we acknowledge commitments made by States, as well as by civil society, to provide pregnant women with access to antenatal care, information, counseling and, when necessary, other HIV-related care in order to reduce mother-to-child transmission of HIV (PMTCT), to increase the availability of and access to effective treatment for women and infants living with HIV, as well as

[1] In collaboration with Edmund Rice International.

[2] Kellerman S, Essajee S, (July 2010) HIV testing for children in resource-limited settings: what are we waiting for?, PLoS Medicine Volume 7/ Issue 7/e1000285; UNICEF (2009), Children and AIDS, 4th Stocktaking Report 2009, New York: UNICEF; UNAIDS (2009) Report on the global HIV/AIDS epidemic 2009, New York: UNAIDS; WHO, UNAIDS, UNICEF (2009) Towards universal access: Scaling up priority HIV/AIDS interventions in health sector: Progress report 2009, Geneva: WHO, UNAIDS, UNICEF.

[3] Kellerman S, Essajee S, (July 2010) HIV testing for children in resource-limited settings: what are we waiting for?, PLoS Medicine Volume 7/ Issue 7/e1000285; Newell ML, Brahmbhatt H, Ghys PD (2004) Child mortality and HIV infection in Africa: a review, AIDS 18 Suppl 2; S27-34.

to ensure effective interventions to women living with HIV. Such measures should include, among others, voluntary and confidential counseling and testing, with informed consent, access to treatment, especially life long antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care[4]. However, the tragic fact remains that 90% of HIV-infected infants are born to mothers who were never tested and never received PMTCT prophylaxis.

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 counseling 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-Sahara 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.

All these obstacles call for immediate and effective action by all members of the Human Rights Council, by States Parties to the Convention on the Rights of the Child (CRC) and by all relevant stakeholders, including pharmaceutical and generic companies, manufacturers, UN entities, other international organizations, NGOs and persons living with HIV.

Moreover, the undersigned NGOs would like to call attention to the overall socio-economic situation of people living with HIV as an essential element in determining their effective care and hope for survival. The lack of access to food and to safe drinking water can present a major obstacle to both effective access to and use of medicines. When asked why she and her children are not availing themselves of life-saving anti-retroviral medications, an HIV-positive African woman living in a slum, most likely would respond that, if forced to choose between food and medicine, she will choose food. And, even if she has access to food, she may find it necessary to spend her meagre amount of available money for transportation in order to reach a distant clinic. Then, she probably would have to spend all day waiting in order to meet with a health care worker who, in the end, may simply give her a prescription to buy the medicine, which she cannot afford anyway. Therefore, it is necessary to consider access to medicine in the broader context of the social determinants of health and to bear in mind that human rights are interrelated and mutually reinforcing.

In view of the above-cited considerations, the undersigned NGOs submit the following recommendations to governments:

1. To account for actions taken to ensure access to medicine for children living with HIV in the national reports forwarded to the Committee of the Rights of the Child and to the Universal Periodic Review;
2. To invest in innovative financing mechanisms that aim to promote research and development of pediatric testing and drugs (in particular pediatric triple fixed dose combinations adapted for infants living in poor settings) and that aim to provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;
3. To negotiate with the pharmaceutical industries to make necessary pediatric medicines locally available at the lowest cost possible;
4. To develop National Essential Medicine Lists for Children which include pediatric Fixed

[4] A/RES/60/262 (2006), Political Declaration on HIV/AIDS, Resolution adopted by the General Assembly, 27.

Dose Combinations both for HIV and TB;

5. To seriously address the determinants of health that negatively influence access to medicines for children with HIV and for all children;
6. To increase 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;

To work to prevent and ensure that intellectual property rights agreements, such as TRIPS, do not undermine access to essential drugs, life-prolonging and life-saving medicines and vaccines.