

Children and AIDS

Fourth Stocktaking Report 2009

UNITE FOR CHILDREN
UNITE AGAINST AIDS 

The Fourth *Stocktaking Report*, produced by UNICEF, in partnership with UNAIDS, WHO and UNFPA is an annual report that examines data on progress, emerging evidence, case studies of best practices and current knowledge and practice for children as they relate to the 'Four Ps':

- Preventing mother-to-child transmission of HIV
- Paediatric HIV care and treatment
- Preventing HIV infection among adolescents and young people
- Protecting and supporting children affected by HIV and AIDS



Children are now much higher on the global AIDS agenda. And we see a major shift in commitments including the Global Fund to Fight AIDS, Tuberculosis and Malaria's Board decision to increase support for PMTCT. Children and families are highlighted in the new UNAIDS Outcome Framework and PEPFAR's commitment to the 80% universal access target for PMTCT.

Since 2005, many lives have been saved or improved as evidence is used to tailor responses and maximise both scale up and quality. Interventions such as combination prevention efforts with young people, early infant diagnosis of HIV and antiretrovirals (ARVs) for the prevention of mother-to-child transmission of HIV (PMTCT) are now an integral part of the global HIV response.

In terms of results we have seen substantial increases in access to PMTCT. In 2008, in low- and middle-income countries, 45% of pregnant women living with HIV received antiretroviral drugs to keep them from passing the virus to their babies. That represents an increase from 35% in 2007 – and from just 10% in 2004. We need to focus on harmonizing actions within maternal, newborn and child health services and making community-based interventions integral to national scale-up plans.

To be effective, paediatric HIV care and treatment need to become an integral part of infant and child survival and health programmes. Many countries have made progress in access to early infant diagnosis, but, a positive diagnosis of HIV on its own does not *guarantee a child access to life-saving treatment*. Loss to follow-up of mothers and children after birth represents both avoidable child death and a massive loss of investment as children identified as in need and who have been referred to services do not access them.

Girls in sub-Saharan Africa continue to be disproportionately vulnerable to HIV infection and account for nearly 75% of all infections in young people because of strong social, cultural and economic dependency. Gender based discrimination and gender-based violence are significant barriers to access to services and negatively impacts individual ability to exercise self-protection choices.

The current economic crisis is likely to worsen poverty in households which in turn negatively affects children's wellbeing, reducing households' ability to cope with additional stress. Child-sensitive social protection is a key intervention to reaching children affected by AIDS. It can support poor households to cope and reduce the risk of chronic poverty which drives children into orphanages, can prevent hazardous child labour and other forms of abuse, as well as supporting greater access to health and education.

The Fourth Children and AIDS Stocktaking Report can be accessed at <http://www.uniteforchildren.org/>