The 2016 HLM on HIV's Political Declaration:
What we need to see on PMTCT, Paediatrics, Children & Adolescents

We, civil society organizations working on behalf of children & adolescents & their families, urge UN country delegations to ensure the following five points are covered in the 2016 High-Level Meeting's Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV and AIDS:

1. **EMTCT**: **Commit to achieve and sustain by 2020 elimination of mother-to-child HIV transmission, with under 40,000 new HIV infections among children, and to take steps towards achieving WHO certification of elimination of mother-to-child HIV transmission. Commit to achieve a 75% reduction in HIV-related maternal mortality.**

   It is imperative to keep global attention specifically on eliminating mother to child HIV transmission (EMTCT) until we have achieved global elimination of mother-to-child transmission, which is essential to ending the AIDS epidemic. EMTCT cannot simply be rolled into a treatment for all approach, as it requires a variety of unique prevention, treatment, and care interventions. States must also create a sustainable infrastructure to maintain elimination, which should be tied into the WHO elimination certification process. We must also continue to focus on the health of HIV-positive pregnant and breastfeeding women, with HIV remaining the primary cause of death among women of childbearing age.

2. **Paediatric Treatment: Commit to have, by 2020, at least 2 million children living with HIV on treatment and virally suppressed.**

   Given low early testing and treatment rates and high mortality among children, there is a clear need to address the specific barriers to progress among children rather than simply including paediatric treatment as a part of the larger body of 90-90-90 work. An explicit numeric treatment and viral load suppression target will give formal recognition to the understanding that 90-90-90 applies to children and will help galvanize the actions needed to meet that goal. Ensuring that at least 2 million children under 15 are virologically suppressed by 2020 will not only help us achieve the goal of an AIDS-free generation, but will also contribute to better health outcomes for them as they grow into adolescence and adulthood.

3. **HIV-sensitive Care, Support & Social Protection: Commit to ensuring 75% of children, adolescents and their parents living with and affected by HIV receive comprehensive care and support– including comprehensive social protection and child protection.**

   Comprehensive care & support—including comprehensive social protection & child protection—have been shown to both improve adherence and retention for children and parents and also enable HIV-affected children to achieve their developmental potential. New evidence also shows that comprehensive social protection (providing some form of cash transfer in addition to other social protection programs—sometimes known as 'cash plus care') improves adolescent adherence and reduces their risk behaviour.

4. **Supporting caregivers so children and adolescents can thrive**: **Commit to strengthening the capacity of families, the community-level child care workforce, and the social welfare workforce, so that together they can meet the developmental needs of children living with and affected by HIV, from pregnancy, to early childhood, and into adolescence.**

   We recognize the critical roles that families and other carers play in caring for HIV-affected children and adolescents – including fostering healthy growth and development. We must ensure programming helps family carers to deal with stresses & support children at each stage of development into adolescence. This requires scale-up of carer/parenting support programs.

5. **Stigma elimination: Commit to a target that 90% of children living with and affected by HIV are free from stigma and discrimination due to their HIV status and/or that of their caregivers.**

   HIV-related stigma and discrimination cause severe psychological distress among children, and can prevent access to education, treatment, and care. Children orphaned by HIV and those living with HIV positive caregivers experience greater stigma and bullying than their peers. Other groups of children being discriminated against include children of parents of key populations, key populations adolescents and children & adolescents with disabilities.

Some facts about children/ adolescents and AIDS

1. **EMTCT**
   - In 2013 an estimated 17.7 million children worldwide had lost one or both parents to AIDS, of whom 15.2 million live in sub-Saharan Africa.
   - Children orphaned by HIV are twice as likely as non-orphans to be living HIV.
   - In 2014, 73% of pregnant women living with HIV were on ART for PMTCT.
   - In 2014, the global mother-to-child HIV transmission rate was 15%.

2. **Paediatric Treatment**
   - In 2014 220,000 children globally were newly infected with HIV bringing the total of children aged under 5 years living with HIV to 2.6 million, 90% living in sub-Saharan Africa.
   - In 2014 150,000 children aged 0–14 died of AIDS-related causes worldwide.
   - Without treatment, about one third of children living with HIV die by their first birthday and half die by their second.
   - In 2014 only 32% of all children living with HIV were accessing treatment.
   - A study of 17,000 children receiving antiretroviral therapy in four African countries, found 51% of children who were enrolled in HIV treatment before their first birthday were lost to follow-up within 24 months.
   - In 2014, only 46% of HIV-exposed infants received early infant diagnostic services within the first two months of life.

3. **HIV-sensitive Care, Support & Social Protection**
   - AIDS-related illnesses are the leading cause of death among adolescents (10–19 years old) in Africa and the second leading cause of death among adolescents globally.
   - In 2014, 56% of new infections among 15-24 year olds and 62% of new infections among 15-19 year olds were among women. In Sub-Saharan Africa this figure increases to 64% and 71%, respectively.
   - There is a direct link between childhood sexual, emotional and physical abuse and HIV infection in later life for both women and men in high prevalence areas.
   - Uneducated girls are twice as likely to acquire HIV as those who have some schooling, and they are less likely to seek help in cases of intimate partner violence, which can increase the risk of HIV infection by 50%.
   - Globally, about 7 in every 10 adolescent girls and women 19–24 years old do not have knowledge of HIV.
   - In some settings, up to 45% of adolescent girls report that their first sexual experience was forced.
   - Adherence: Cash + care reduced treatment non-adherence from 54% to 18% in HIV+ adolescents.
   - HIV-risk behaviour: Cash + care reduced unprotected sex from 49% to 9% in HIV+ adolescent girls and 41% to 15% in a general population of adolescent girls.

4. **Supporting caregivers so children and adolescents can thrive**
   - Teaching parenting/ stimulation to family carers leads to many positive outcomes in children, such as increased school attendance and job prospects on 22 year follow-up.
   - In Eastern and Southern Africa, 40–60% of children orphaned by AIDS are cared for by older people, mainly older women.
   - Caregivers with significant mental health problems are more likely to use harsh discipline with their children, but support for caregivers appears to decrease the harsh discipline over time. Also, when mother depression decreases, child development scores improve.

5. **Stigma elimination**
   - In sub-Saharan Africa, children orphaned by HIV and those living with HIV positive care-givers face an increased risk of physical and emotional abuse and experience greater stigma and bullying than their peers and have higher rates of transactional sex, increased unsafe sexual activity and/or experience sexual abuse.