



Education and awareness are key tools for shaking off the ignorance and stigma that surround AIDS, especially among young women, who remain the most susceptible to infection.

HIV/AIDS: protecting the vulnerable

BY VERENA RINGLER

A decade ago, our TV screens were alive with stories and pictures of children affected by AIDS. Today, millions of youngsters are still living with the fallout of a pandemic that has fractured their families and changed their lives forever. As experts gear up for the July 2010 XVIII International AIDS Conference in Vienna, Austria, the *OFID Quarterly* asks what lessons these children have taught us.

Mpolokeng and Sello are the faces of thousands of children confronted with enormous odds: Both Mpolokeng, an 18-year-old girl, and Sello, an 18-year-old boy, live in Lesotho, where HIV/AIDS prevalence among adults stands at 23.2 percent. Both youngsters recently lost their parents to AIDS; both are heading their households and taking care of younger siblings; and both are struggling to make ends meet. Mpolokeng has had to drop out of school; Sello takes care of the family's few remaining cattle.

Mpolokeng and Sello are just two of an estimated 17 million children worldwide who have lost one or both parents to AIDS. Many more are affected in other ways by HIV/AIDS in their communities. All of them face a complex set of problems.

Governments and experts continue to pay into large programs to combat HIV/AIDS among children – just consider the robust commitment of OFID and UNICEF in 17 countries from Guyana to Angola to Sri Lanka (see box). Medical efforts include prevention of mother-to-child transmission and direct treatment. Celebrity ambassadors like Annie Lennox parade the PR-catwalk to promote the unity of purpose needed in this overwhelming struggle. Three decades into the global spread of HIV/AIDS, the development community realizes just how profoundly HIV/AIDS has challenged us to debunk truisms, break taboos and admit truths.

We know a lot more than we used to: we know children are not merely an extension of adults. We know children deserve to be high on the global AIDS agenda. We know that the current economic crisis is likely to worsen poverty in households, which in turn negatively affects children's wellbeing. We also know that any effort to help vulnerable children needs to involve the whole community in order to avoid abuse and conflict.

On the medical front, we know that pediatric HIV care and treatment needs to become an integral part of infant and child survival and health programs. We know that, fortunately, many lives have

been saved or improved in the past years, and more mothers can access transmission prevention programs to protect their unborn children from infection.

But we also know a massive social effort is needed. Even with antiretroviral treatment becoming more widely available, it is crucial to include human rights, legal, social, psychological, cultural and other perspectives in our effort against HIV.

We further know that the face of AIDS is increasingly young and female. Girls in sub-Saharan Africa continue to be disproportionately vulnerable to HIV infection and account for nearly 75 percent of all infections in young people because of strong social, cultural and economic dependency. Gender-based discrimination and violence are significant barriers to accessing social services and negatively ▶



PHOTO: UNESCO

Peer-to-peer outreach, as in this OFID/UNESCO project in Uzbekistan, has proved an effective means of conveying important messages about HIV and AIDS among young people.

OFID and UNICEF – making a difference



The joint OFID/UNICEF Mother/Child Global Project to Fight HIV/AIDS was launched in 2006 with a number of key objectives: to offer protection, care and support for children made vulnerable by AIDS, including orphans; to provide HIV prevention and life skills development to street children; and, to prevent mother to child transmission of HIV. The initiative covered 11 countries in sub-Saharan Africa, four in Latin America and the Caribbean, and two in Asia.

By the conclusion of the two-year initiative, great strides had been made in all three target areas, with many of the advances the result of capacity building and the scaling-up of responses at both national and community levels. In Rwanda, for example, the establishment of a tracking system for mother-to-child-transmission successfully brought back 400 HIV positive children, who had been lost to follow-up. In Haiti, OFID's grant provided support to a community program offering psychosocial assistance to children and their family caregivers living in Port-au-Prince. And in Sri Lanka and Myanmar, life skills development programs were devised to help support young people and adolescents, especially those most at risk to HIV and AIDS.

◀ impact individual ability to exercise self-protection choices.

Last but not least, we know that peer education harbors a large potential for triggering behavioral change among sexually active teenagers. Current attempts include the Sister-to-Sister program in Malawi, Tanzania and Namibia. Here, female peer counselors (big sisters) supported by young female health workers are trained to deliver intensive classes to girls. The content of such sessions surrounds life skills including sexual topics and how HIV/AIDS infection can be avoided.

So, our knowledge about HIV/AIDS and how it relates to children has vastly improved. But how can we harness these insights and turn them into positive action? Rachel Yates, UNICEF's Senior Adviser on Children and HIV/AIDS, and a development practitioner of many years experience, summarizes the lessons learned and points to the way forward:

Lesson One: Children living with AIDS need access to treatment. By the end of 2008 only an estimated 275,000 were receiving treatment out of a total of 730,000. Whilst this represents an increase of nearly 40 percent over 2007, the gap is still huge.

Lesson Two: Children need the love and support of families and communities. Institutional care such as orphanages should be a temporary measure and a last resort.

Lesson Three: Orphans and other vulnerable children are often at a disadvantage when it comes to accessing basic services such as education. Keeping boys and girls in school is very important to ensure continuing access to education and also to keep children in a supportive environment where they can get access to other services (e.g. life skills for HIV prevention and psycho-social support for children who have lost parents).

Lesson Four: Protecting children from all forms of abuse is crucial. Children affected by AIDS are often at higher risk of being driven into harmful child labor, or of being physically and sexu-

ally abused. Supporting community child protection committees can be a way to help safeguard children at risk of abuse.

Lessons Five: Adolescents and young people need comprehensive and correct knowledge about HIV and how to avoid transmission. Many young people continue to be infected. In 2007 an estimated 45 percent of new cases were found among young people age 15-24.

Mpolokeng and Sello, the two Lesotho teenagers, would probably agree with Rachel Yates about her emphasis on a robust combination of social and medical interventions. After all, these two teenage orphans know the particularly vicious circle opening up for children affected by HIV. Can you go to school? Can you escape stigma and sidelining in your community? Can you avoid the avenues to violence or illegal activities? Can you pursue a career? Do you get information, support, and counselling – and do your non-affected peers get the same?

Thus, Mpolokeng and Sello would likely not be surprised to hear the tale of 15 HIV-positive children at the Mai Hoa Centre near Ho Chi Minh City in Vietnam. On a Monday morning in September 2009, they were excited to be starting high school. “But when we got to school, the parents of the other children were just standing there and then they started taking their children home. I was so sad. Because I knew they were scared of us, scared of our disease,” 12-year-old Tuyen told a reporter of the United States National Public Radio. Jesper Morch, Vietnam’s UNICEF representative, took the incident as a reminder that “the misconceptions, the myths, they exist anywhere and at any time. Stigma and discrimination is close to unavoidable.”

Mpolokeng and Sello might also relate to the gender factor which Linda Richter, a Swedish expert on the topic, explores: “While girls are, overall, more vulnerable than boys, studies of school drop-out, child labor, children’s time-use, trafficking and sexual exploitation show that boys are also vulnerable and should not be neglected. Moreover, neglect for boys’ care may contribute later to the violence men perpetrate on women and children.”

Mpolokeng and Sello might furthermore subscribe to the best practice package for fighting the impact of HIV/AIDS everywhere: this mix includes high level government ownership and sustained leadership in fighting HIV, donors with a good understanding of local politics and the policymaking process, the involvement of and support by civil society organizations, as well as accountability and political pressure. A successful process also needs committed, dynamic individuals, consultative practices, and the availability of resources.

Despite the great challenges they face in their own lives in Lesotho, both Mpolokeng and Sello possess what especially vulnerable children need: an astounding resilience. These two orphaned teenagers have hopes and dreams for the future. The reason for that is a large, ongoing participatory effort of providing child-headed households in the country with cash grants. Mpolokeng and Sello are two of the recipients. “My greatest wish is to go back to school so that I can become a teacher and help other children learn and grow,” says Mpolokeng. Sello, now an experienced herd boy, voices his passion, saying: “Cows are my life. Now, I can buy a new cow. My cattle make sure that we survive and that my younger brother and sister can stay in school.” ■

Lessons learned about children and AIDS

- Children living with AIDS need improved access to treatment.
- Institutional care such as orphanages should be a temporary measure and a last resort.
- Children should be kept in school to ensure access to vital psycho/social services.
- It is crucial to protect children affected by AIDS from abuse.
- Adolescents and young people need to be taught about HIV and how to avoid infection.

Further Reading: The Fourth Stocktaking Report on Children and AIDS, a joint annual effort by UNICEF, UNFPA and WHO, is published at www.uniteforchildren.org, a site also offering teaching and advocacy kits. The BetterCareNetwork, <http://www.crin.org/bcn/>, deals with best forms for protection and care for children, which exclude orphanages.