



# NOTES FROM THE 2008 INTERNATIONAL AIDS CONFERENCE MEXICO CITY

August 3-8, 2008



## WHERE DO WE CURRENTLY STAND WITH HIV/AIDS PREVENTION AND TREATMENT?

- Still no vaccine, and trials, including microbicides remain unsuccessful or show no change
- For every 2 people on treatment 5 more are becoming infected – Peter Piot, UNAIDS
- Injection drug use is on the rise in many parts of the world, and is also adding to spread of disease
- Overall more people are gaining access to treatment and support, but much is lacking, especially as relates to children



## FOCUS ON CHILDREN'S ISSUES

- First year that children's issues were included in a plenary session- Dr. Linda Richter (more specifics later)
- HIV and teachers- more studies being conducted, unions and organisations being made of positive teachers. Overall mobilisation slow, and there are not enough unions. Brief discussion also on children living with HIV/AIDS. Should Noah consider a role in any of this? Also see film *Courage & Hope- African Teachers Living Positively with HIV* (Available in library)
- UNAIDS and UNESCO reports- education must have a bigger role in HIV/AIDS

(Report available in library)



## CHILDREN'S ISSUES CONTINUED

- Examples of advocacy in India, working with OVC, and families
- SAATHII- India <http://www.saathii.org/>
  - Identify fact or issue
  - Information Gathering
  - Aim and Objective
  - Identify targets- who to go to with goal? Who is relevant?
  - Identify Resources- Case studies
  - Action Plan- action and stigma, maintain confidentiality
  - Implement, monitor and evaluate
  - Change institutionalized? The changes must be changed at an institutional governmental level to have long term impact
  - Matrix and Problem Tree (used for Noah communities?)



## CHILDREN'S ISSUES CONTINUED

- “It took HIV/AIDS to expose to us that children were unprotected”- Minister of Health, Lesotho
- Discussion on civil versus human rights: example given of mandatory testing of all infants, might have been a violation of civil rights, but said not to be a violation of human rights. In the face of such insurmountable deaths, government of Lesotho took this approach.
- Discussion on role of parliament, and how it is often forgotten in the discussion on government's action or lack there of. (Centrality of parliament). European perspective, aid budget is of course viewed as a “soft option” for elimination when economies are in trouble.
- Interesting statistic: 10 billion estimated for universal primary education for the world in 5 years. This is spent in three weeks of the Iraq war



## LANCET DISCUSSION

- “Politics matters just as much as programmes”
- AVAHAN Programme?
- Dr. Jessica Ogden, discussion on causal pathways and emphasis on not forgetting a cultural/social science approach
- Available online to download for free
  - <http://www.thelancet.com/collections/hiv2008>



## JLICA AND MAIN DISCUSSION ON CHILDREN (THE JOINT LEARNING INITIATIVE ON CHILDREN AND HIV/AIDS) [HTTP://WWW.JLICA.ORG/](http://www.jlica.org/)

- Data focuses always on 0-14 years of age and is therefore difficult to link data to other indicators
- Most “orphans” have a surviving parent
  - 90% live with extended families
  - 80% of orphans have a surviving parent (Sherr, 2008)
- HIV prevention is failing children – vertical transmission still remains far too high
- Only 8% of newborns are tested
- Only 4% of babies exposed received co-trimoxazole early (also receiving more than one dose?)
- Less than 10% percent of children are on ARTs



# JLICA AND MAIN DISCUSSION ON CHILDREN CONTINUED

- AFFECTED Children- argument for a small gap between many of the “orphans” and other equally vulnerable children in communities, and labels have only continued to create undesirable effects, stigma and too many targeted programmes
- Overall all of this has individualized the challenge rather than created a global or regional issue
- Focus specifically on “orphan” is missing the much bigger picture of many more children at are AFFECTED
- 15% of households being supported
- FAMILY, FAMILY, FAMILY (Will PEPFAR Change, what about Noah’s approach?)
  - 1. Support children through families- Policies on capacity of families, many have ignored clusters?
  - 2. Family centered services- Family focused prevention, adult ARV materials (after all keeping adult alive is in the best interest of the child), primary health care
  - 3. Social Protection- Deepens poverty, fewer resources, need insurance and protection- Resources to Households NOT to intermediaries
  - 4. Expand income transfers- avert borrowing and sale of assets



# JLICA AND MAIN DISCUSSION ON CHILDREN CONTINUED

- Lorraine Sherr- Presentation on strengthening families, echoing Linda Richter's statements on not excluding the family, and highlighting the importance of taking a family approach
- Jerker Edstrom- Uni Sussex, Institute for International Development
  - Orphan girls are more sexually active
  - There is a great impact on child when parent of the same sex dies
  - High risk behavior in adolescents
  - Orphaning and poverty- sexual risk (In one study in Tanzania 75% of a local group of sex workers interviewed were also orphans)
  - Schools can also be places of sexual risk, possibly link to study on violence in schools?
  - However further participation in education does lower sex risk
  - Incredibly important to have activities outside of just home and school



## WHAT TO SAY

- Finally watch what we say?
  - Children affected by HIV/AIDS – Not Orphans
  - People Living With HIV (PLWH) – Not infected, not victims
  - Response to AIDS – No more ‘fighting’
- AIDS, the acquired immunodeficiency syndrome, is a fatal disease caused by HIV, the human immunodeficiency virus. HIV destroys the body’s ability to fight off infection and disease, which can ultimately lead to death. Currently, antiretroviral drugs slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.

**SEE UNAIDS TERMINOLOGY IN LIBRARY FOR  
MORE DEFINITIONS**

