

World Vision®



HOPE INITIATIVE



*Will Universal Action
Now Include Children?*

Defining the Problem

The global HIV and AIDS epidemic is having a devastating impact on lives in many parts of the world and is a matter of life and death for millions of people. Children continue to be disproportionately affected by the direct and indirect, or social, consequences of HIV infection and they lag behind other population groups in fulfilling the expectation of ready access to appropriate medical and community-based care. This briefing paper explores these realities, together with ideas for the urgent and sustained action needed to protect the rights and needs of all children affected by AIDS and other orphans and vulnerable children.

Global AIDS pandemic

An estimated 2.5 million people – almost 7,000 people every day – were newly infected with HIV, and 2.1 million people died of AIDS in 2007. Of the new infections, almost 1,200 every day were in children aged 15 years and under.¹

Sub-Saharan Africa remains the most affected region, accounting for 68 per cent of new HIV infections. In the Caribbean, AIDS has become the leading cause of death among adults between 15 and 44 years of age, and a number of countries in the Asia-Pacific region are currently experiencing escalating rates of infection. In Eastern Europe and Central Asia, HIV has spread more quickly than in any other region, with the number of people living with HIV in the region increasing by 150 per cent between 2001 and 2006. Similarly, in Latin America, nearly every country is seeing areas where HIV epidemics are expanding beyond highly vulnerable populations to the general population. In many contexts, more and more women are living with HIV, with revised global estimates showing that women make up a greater percentage of adults living with HIV than previously thought.²

Immediate impact of HIV and AIDS on children

Significant improvements have been made in the last few years in response to the needs and rights of children affected by HIV and AIDS. Progress has been made in providing antiretroviral treatment for children, preventing mother-to-child transmission of HIV, and supporting orphans and vulnerable children.

However, recent reports prove there is still a long way to go before the promise of an AIDS-free generation is fulfilled. UNAIDS estimates that 2.1 million children are living with HIV worldwide. The World Health Organisation (WHO) reports that, of the 1.5 million women living with HIV who gave birth in 2007, only 33 per cent received

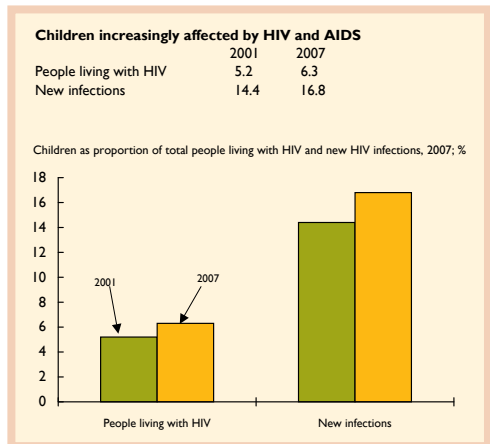
1 - AIDS Epidemic Update. New York: UNAIDS, 2007

2 - Ibid, UNAIDS, 2007



antiretrovirals to prevent transmission to their children. Also, while the number of children with access to antiretrovirals has increased from 75,000 in 2005 to almost 200,000 in 2007, many thousands more need them, and AIDS-mortality among children remains high. Globally, while children account for 6 per cent of all HIV infections, they accounted for 17 per cent of new infections and 14 per cent of deaths in 2007.³

There were 12.1 million children orphaned by AIDS in Sub-Saharan Africa at the end of 2007, over 80 per cent of the global estimate of 15 million.⁴ In some countries, orphans already account for upwards of 15 per cent of all children, with



3 - Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector – Progress Report 2008. Geneva: WHO, 2008

4 - Children and AIDS: Second Stocktaking Report – Actions and Progress. New York: UNICEF, 2008



between one-third and three-quarters of all orphans in those countries due to AIDS. In addition to those children orphaned by the pandemic, millions more children are made highly vulnerable because their parents, relatives and other caregivers are suffering from AIDS or are heavily affected by the pandemic.

Children orphaned or made vulnerable by AIDS experience a wide array of problems. These children are less likely to be enrolled in school than children who are not orphaned or made vulnerable, and are more likely to suffer from abuse, discrimination, and exploitation.⁵ The experience of stigma, discrimination and abuse related to AIDS is especially acute in contexts with lower HIV prevalence where reports show substantial evidence of children being denied their rights: forced to sit separately from other children in school, hit by rocks thrown at them by peers, denied medical care, or, conversely, forced to live for years in infectious disease hospitals.⁶ In areas with higher HIV prevalence, households fostering orphans have higher dependency ratios,⁷ or ratios of children and elderly members to working age adults, and lower incomes and savings

5 - Ibid, UNICEF, 2008

6 - See Future Forsaken – Abuses Against Children Affected by HIV/AIDS in India (Human Rights Watch, 2004), Positively Abandoned – Stigma and Discrimination Against HIV-Positive Mothers and Their Children in Russia, (Human Rights Watch, 2005) and others.

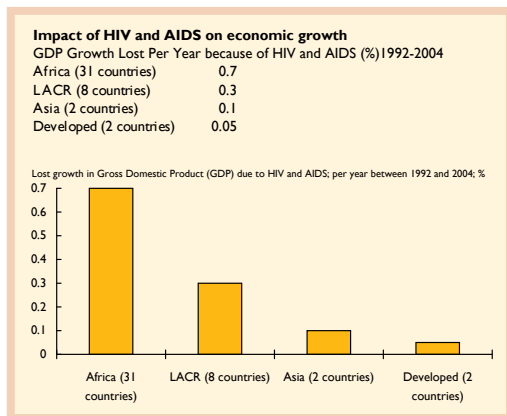
7 - Monasch et al, 'Orphanhood and childcare patterns in sub-Saharan Africa: An analysis of national surveys from 40 countries,' in AIDS vol 18, no 2, 2004

growth rates⁸ than households not fostering orphans. Deprived of parental guidance, provision and protection, many children orphaned or made vulnerable by AIDS experience depression⁹ and may themselves become vulnerable to HIV infection at a higher rate than their peers.¹⁰

In many communities, traditional ways of caring for orphans and vulnerable children, such as the extended family system, are being severely strained by the multiple, mutually exacerbating impacts of HIV and AIDS. The burden of care for HIV-positive adults and for orphaned children frequently falls on elderly people. Many caregivers are poor and do not benefit from social protection measures such as state pensions, highlighting concerns about the long-term well-being, stability and educational opportunities of children in the household. The challenge is to find ways to help communities care for the unprecedented number of children and families rendered vulnerable by the pandemic.

Long-term economic impact

There is growing recognition of the long-term economic impacts of the AIDS pandemic on individuals, households, and countries. In Asia, a major 2008 report found that AIDS is the single largest disease-related cause of death among 15-44 year-olds in Asia, that AIDS will cause a total loss of 180 million years of productive life in Asia between 2002 and 2020, and that, by 2015, AIDS will have caused an additional 6 million households to fall below the poverty line.¹¹



In Africa, the situation is even more dire. The International Labour Organisation (ILO) estimates that, at the end of 2005, 4.2 per cent of the African labour force was living with HIV and that 2.4 million Africans were unable to work due to AIDS. By 2020, the ILO estimates that AIDS will have killed 12 per cent of Africa's labour force, or 58 million people.¹² With access to life-saving treatment still low in many high prevalence contexts, mortality and physical and mental illness due to AIDS are disrupting

8 - Deininger et al. AIDS-induced Orphanhood as a Systemic Shock: Magnitude, Impact and Program Interventions in Africa. World Bank, 2003

9 - Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. New York: UNICEF, 2006

10 - Laurie Garrett. HIV and National Security: Where are the Links? New York, Council on Foreign Relations, 2005

11 - Redefining AIDS in Asia – Crafting an Effective Response. New Delhi: Oxford University Press, 2008

12 - HIV/AIDS and Work: Global estimates, impact on children and youth and response. Rome: ILO, 2006 and author's calculations

organisations and weakening the mechanism through which knowledge and skills are accumulated and transmitted from parents to their children.¹³ These multiple, complex effects have caused substantial loss of economic growth in high prevalence contexts (see chart), a trend that may undermine the progress made in recent development programmes if urgent action is not taken.

International Commitments on Children and AIDS

International action on the impacts of HIV and AIDS on children has been building. In 2001, at the United Nations General Assembly Special Session (UNGASS), world leaders made the first global commitments for children affected by AIDS, resolving that by 2003 they would develop, and by 2005 implement, 'national policies and strategies to build and strengthen government, family and community capacity to provide a supportive environment' for affected children.

In June 2006, at the UNGASS Review, world leaders committed themselves 'to address as a priority the vulnerabilities faced by children affected by and living with HIV, to provide support and rehabilitation to these children and their families, women and the elderly...to ensure access to treatment and intensify efforts to develop new treatments for children, and to...support the social security systems that protect them.'¹⁴

At Gleneagles in 2005, G8 leaders agreed to work with African partners to 'ensure that **all children left orphaned or vulnerable by AIDS or other pandemics are given proper support.**' And at their 2007 summit in Heiligendamm, G8 leaders focused further on children and AIDS as they committed to:

- Work towards the goal of providing **universal coverage of prevention of mother-to-child transmission (PMTCT) programmes** by 2010, at an estimated cost of \$1.5 billion
- Work together with other donors towards meeting the needed resources for **paediatric treatments in the context of universal access**, at a cost of US\$1.8 billion until 2010
- Prevent twenty-four million new infections, and to **care** for twenty-four million people, including **ten million orphans** and vulnerable children (in support of national HIV and AIDS programmes globally, individually and collectively over the next few years)

13 - Bell, Clive, Bruhns, Ramona and Gersbach, Hans. Economic Growth, Education and AIDS in Kenya: A Long-run Analysis. World Bank Policy Research Working Paper 4025, October 2006

14 - Political Declaration on HIV/AIDS, Article 32. UN General Assembly, UNGASS Review, June 2006

While national and international action has increased access to care, treatment and support, much more is still needed to achieve the goals of universal coverage and access. The following sections provide an overview of World Vision's response to HIV and AIDS, our calls on governments and donors to greater commitment and action, and World Vision activities at the International AIDS Conference and associated pre-conferences.

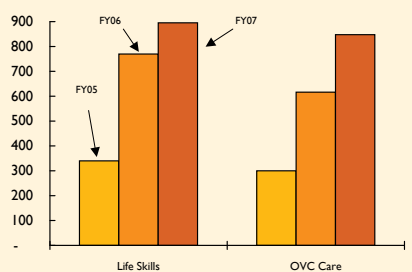
Crafting a Response: World Vision's Response to HIV and AIDS

World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Motivated by our Christian faith, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity, or gender.

Number of children receiving life skills training and OVC receiving some form of care during FY2007

	Life Skills	OVC Care
FY05	340	300
FY06	770	616
FY07*	895	848

of children receiving life-skills training and OVC receiving care in FY 2007; '000s



* Life Skills - FY06 and FY07 explicitly included out-of-school children and youth



World Vision has been helping to prevent HIV transmission among young people and mobilise care for orphans and vulnerable children and people living with HIV for more than fifteen years. In 2000, the HIV and AIDS Hope Initiative was launched as an organisation-wide initiative focusing human, technical, and financial resources on the complex causes and enormous suffering of the AIDS pandemic.

World Vision's core HIV and AIDS response is child-focused, community-based, and emphasises partnerships, particularly with churches and other faith communities. World Vision has identified and developed three project models to address the needs of children and others affected by HIV and AIDS in high-prevalence contexts (HPCs):

- **Community Care Coalitions:** Mobilising and strengthening community-based care and support for orphans, children living with HIV, and other vulnerable children and their households
- **Church/FBO Mobilisation:** Mobilising and equipping churches and other faith communities to respond to the needs of people affected by HIV and AIDS in positive and powerful ways
- **Values-Based Life-Skills Training:** Providing information and strategies that enable children and youth aged 5 –24 years to develop knowledge, attitudes and skills necessary to make healthy life choices and avoid acquiring HIV

Community Care Coalitions

World Vision focuses on strengthening family and community care for orphans and vulnerable children, primarily through support of Community Care Coalitions (CCC) that bring together churches and other faith communities, government, local business, and other NGOs.



Building on efforts already underway in the community, these coalitions recruit and train volunteer home visitors who take responsibility for identifying, monitoring, assisting, and protecting orphans and vulnerable children while referring and linking them to services in their communities. World Vision helps to mobilise these coalitions where necessary, strengthen their technical and general organisational capacities, train and equip home visitors and connect them with material and financial support for their work. Multiple evaluations in Africa have found community-care coalitions to be an effective, scalable model for providing care and support to orphans, their caregivers, and households. In fiscal year 2007, 59,000 volunteer caregivers provided care to 843,000 orphans and vulnerable children and 69,000 chronically ill adults.



Mobilising Churches and Other Faith Communities

In many areas heavily affected by HIV and AIDS, churches and other faith communities are at the forefront in helping families cope, providing care and support for the sick, the widowed, and the orphaned. World Vision views faith communities as indispensable partners in HIV response and uses the Channels of Hope (CoH) process to mobilise the capacity and unmatched moral authority of local churches and faith communities towards positive action on HIV and AIDS.

CoH workshops start with individual religious leaders because of their unique moral authority and mission within the community. All faith leaders from a local community are invited to attend three-day, experiential workshops designed to reduce HIV-related stigma, convey information, and promote compassionate care for people and families affected by HIV. Faith leaders are encouraged to form Congregational Hope Action Teams in their churches, mobilise volunteers, and link with sustainable, community-based organisations such as community care coalitions.

Research in Uganda and Zambia has found Channels of Hope to be effective in reducing stigma and increasing positive action among faith leaders. In fiscal year 2007, some 2,000 Channels of Hope workshops reached more than 59,000 people, including nearly 12,000 faith leaders from 9,300 congregations.

HIV Prevention for Children and Youth Aged 5-24

Experiences in Zimbabwe and Uganda and elsewhere show that prevention efforts focusing on children and youth between the ages of 5 and 24 years of age can have a large and lasting impact.

World Vision's strategy focuses on ensuring that children and youth acquire the values, knowledge, and skills they need to protect themselves as they enter later adolescence and young adulthood. In each region, World Vision identifies age appropriate,



culturally acceptable life skills materials that address HIV prevention in the larger contexts of self-esteem, communication and negotiation, and responsible decision-making. Once the appropriate materials have been secured, WV trains primary school teachers, faith leaders, community volunteers, and peer educators to use the curricula to educate children and youth about HIV. In fiscal year 2007, more than 896,000 children received life skills training.

World Vision is also researching expanded prevention models that go beyond life skills to involve and empower parents, faith leaders, teachers and other leaders as partners to provide the necessary skills and supportive environment for children to stay HIV-free. Examples of these models include HIV prevention through sports, drama and art, providing psychosocial support for children and parents and many others.

Lower Prevalence Contexts

World Vision has launched an expanded focus on HIV-programming in country contexts that have lower HIV prevalence but high risk of expanding epidemics. The Models of Learning programme is currently running twenty-four pilot programmes in ten countries in the Asia/Pacific, Latin America/Caribbean, Middle East/Eastern Europe and West Africa regions with the intention of developing appropriate, scalable, evidence-based project models for each region.

World Vision's Call to Governments and International Donors

World Vision works to empower communities to know and speak up for their rights at local, national, and international levels. World Vision undertakes advocacy at the local, national, regional, and global levels to change the structural factors, unjust policies and practices that negatively impact the lives of children. This advocacy also aims to ensure that effective policies are in place and implemented to guarantee the rights and needs of children, their families, and communities affected by HIV and AIDS.

Earmark 12 per cent of AIDS budget for children: World Vision calls on international donors to ensure an effective national response for orphans and vulnerable children by earmarking 12 per cent of their HIV and AIDS expenditures for the protection and support of orphans and vulnerable children. This is in line with UNAIDS estimates that show that prevention, treatment, and care programmes for children affected by AIDS will require around 12 per cent of total AIDS expenditure between 2008 and 2010.

Care and protection of orphans and vulnerable children: The difficulties facing the millions of children orphaned or made vulnerable by HIV and AIDS are clear. Urgent and sustained action is needed to ensure that the rights and needs of these children are recognised and protected.

Will Universal Action Now Include Children?

World Vision calls on governments, with the support of international donors, to ensure that orphans and vulnerable children receive sufficient care and support by:

- Ensuring that, where national plans of action for orphans and vulnerable children exist, they are fully funded and implemented, including a minimum 'package of services'
- Ensuring that issues related to children affected by AIDS are represented in national development plans, overall national plans of action for children, and the policy plans of ministries such as education, health, and social welfare
- Ensuring that laws, policies, and services are in place to protect the rights of children affected by AIDS, along with the support families and communities looking after these children

Prevention of Mother-to-Child Transmission of HIV (PMTCT): The transmission of HIV from mother to child during pregnancy, childbirth, and breast-feeding can be linked to 90 per cent of all infections in children. Providing a mother with a full range of PMTCT services, including antiretrovirals (ARVs), can reduce the risk of transmission to less than 2 per cent. Yet less than 33 per cent of women have access to these services. There is an urgent need to scale up PMTCT services, adapt programming approaches in line with new research findings and evolving best practices and pioneer family-centred approaches to providing treatment, care and support in countries with generalised epidemics.

World Vision calls on governments, with the support of international donors, to deliver comprehensive and integrated PMTCT services by:

- Ensuring that national PMTCT scale-up plans are produced and implemented, using the 'PMTCT-plus' approach, which incorporates all members of the family
- Reinforcing country-level accountability mechanisms for national PMTCT goals and targets through the appointment of national management teams and the establishment of a functioning co-ordinating mechanism

Paediatric Treatment: Most infants with HIV die before the age of 2, and about one-third will not live to see their first birthday. However, recent studies show that early treatment with ARVs within the first months of life can dramatically improve the survival rates of children with HIV. Paediatric treatment, though, has not kept pace with rapid scale-up of access to treatment for adults, with AIDS-related mortality high among children living with HIV.

World Vision calls on governments, with the support of international donors, to ensure effective and equitable access to services, including diagnosis and antiretroviral treatment for children by:

- Explicitly including children in national treatment targets and plans, and ensuring that children are included when monitoring progress towards universal access
- Improving the coverage and effectiveness of treatment interventions by ensuring the decentralisation of paediatric care from urban, tertiary care centres to more primary clinics
- Ensuring that infant diagnostics for HIV is a priority area for action within the scale-up towards universal access, using the latest technologies

Preventing Infection Among Adolescents and Young People: In recent years, more than half of all new HIV infections—approximately 7,000 every day—have been among youth aged 15 to 24 years. Rapid scaling-up of effective and targeted education programmes for children and young people are critical if HIV prevalence is to be reduced. Peer-to-peer education and life skills programming are key elements in HIV prevention efforts.



Will Universal Action Now Include Children?

World Vision calls on governments, with the support of international donors, to ensure that adolescents and young people have the information and skills to protect themselves from HIV by:

- Investing in age-appropriate and effectively targeted peer-to-peer HIV education and life skills programming

What is World Vision doing at the IAC and Pre-Conferences?

World Vision's goal is to help inform the IAC that the AIDS epidemic is impacting children around the world, that children and communities can play a major role in the response, and that sufficient resources at the community level are needed for them to do so.

Pre-conference: Children and HIV and AIDS: Action Now, Action How

World Vision is a Gold Sponsor of the pre-conference to the IAC entitled 'Children and HIV and AIDS: Action Now, Action How', and staff members are moderating and speaking in several sessions, including:



- The best evaluated front-line programmes: Which should be taken to scale, and what are the barriers and possibilities?
- Closing the gap between policy, research, and local front-line organisations: What information flows from the front-line to the policy arena and why? Does the pattern differ for information flowing in the opposite direction?
- Eliminating service bottlenecks: Early findings from the Africa Regional Resource Tracking Study

Pre-conference: Ecumenical Pre-conference – Faith in Action Now!

World Vision is a sponsor of the Ecumenical pre-conference to the IAC entitled 'Faith in Action Now!' At the pre-conference, Martha Newsome will be making a plenary address on HIV and children, Rev. Christo Greyling will be making a plenary address on faith in action, and Rev. Annie Kaseketi will be making a plenary address on stigma and discrimination. Also, Rev. Isau Chavez will be leading a workshop on the Channels of Hope methodology.

International AIDS Conference: Universal Action Now

The 2008 International AIDS Conference in Mexico City marks World Vision's fourth major involvement in the International AIDS Conference. During the conference:

- World Vision is co-hosting with REPSSI and Antares Foundation a satellite session on 'Strategies to Promote and Sustain Psychosocial Well-being for Caregivers and Children affected by AIDS'
- Three WV-sponsored youth delegates will be attending the Youth Pre-Conference and several youth-focused activities at the main conference, as well as taking part in a youth-led session, organised by the Global Movement for Children, on the Lesson for Life programme
- World Vision staff will be presenting more than twenty-five posters based on their work and research

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