

Be an Agent for Change: Reach the 'Other Half' of Children affected by HIV by 2015

Every day, 24,000 children under age five die from preventable causes including diarrhoea, malaria, pneumonia and HIV and AIDS. Although HIV and AIDS accounts for just three percent of these deaths worldwide, the numbers are still staggering. In a handful of countries, particularly in sub-Saharan Africa where the prevalence of HIV is especially high, they are devastating.

In 2008, 2.1 million children under 15 were living with HIV and AIDS. More than 430,000 children under 15 were newly infected. That works out to more than 1,000 per day. Ninety percent of these became infected through mother-to-child transmission.

In the same year, 280,000 children under 15 died from AIDS-related diseases. That's more than 700 children per day.

Children also pay a price even when they are not

infected with HIV. Data from 2007 shows that 17.5 million children have lost one or both parents to AIDS, but only an estimated 15 percent of children who have lost a parent due to AIDS-related causes receives care.

Although significant progress has recently been made to ensure people affected by HIV and AIDS have access to the care they need, children and youth have not benefitted from the level of improvement seen by adults. This needs to change.

As part of its global Child Health Now campaign, World Vision is calling for action on behalf of marginalised children and youth who are affected by HIV and AIDS who still lack access to prevention, treatment and care. Actors at the global, regional, national and community levels must take the four steps below to substantially reduce the impact of HIV and AIDS on children and youth.

Together, we can reach the other half by:

- Scaling up prevention of mother-to-child transmission (PMTCT) antiretroviral treatment
- Improving early infant diagnosis
- Providing cotrimoxazole antibiotic therapy to children at high risk of HIV infection
- Providing paediatric antiretroviral treatment



ZAMBIA – Mable has tested HIV negative. Her mother Violet, a widow with five other children to care for, is HIV positive. When Violet learned she was pregnant with Mable, friends referred her to World Vision's Zamtan Prevention of Mother-to-Child Transmission (PMTCT) Clinic, where she received with antiretroviral treatment that improved her health and reduced the risk of transmitting the virus to her daughter. She also received advice on antenatal care and feeding. Photo by Collins Kaumba.

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. We are a federal partnership and work in almost 100 countries worldwide, serving more than 100 million people.



2010: A year of stocktaking and opportunity



2010 is an important year to reflect on progress made towards helping people affected by HIV and AIDS. In 2006, the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS set 2010 as a deadline to provide universal access to prevention, treatment, care and support services to people affected by HIV and AIDS. In 2007, the G8 committed to provide universal coverage of prevention of mother-to-child transmission (PMTCT) and paediatric treatment by 2010.

These promises followed earlier commitments made in 2001 by the UNGASS to provide a supportive environment for children affected by HIV, and by the G8 leaders in 2005 to work with African partners to ensure all children orphaned or left vulnerable by AIDS are given proper support.

Despite these promises, in 2008 only 45 percent of pregnant women living with HIV in low- and middle-income countries in need of antiretroviral treatment received it. Fifty percent of children living with HIV die undiagnosed before their second birthday due to inadequate diagnostic infrastructure and personnel. Only 15 percent of children born to women with HIV were tested within two months of birth. Although cotrimoxazole antibiotic therapy is inexpensive, lifesaving and relatively simple to administer, only an estimated eight percent of children exposed to HIV received it. Only 38 percent of children who need antiretroviral treatment get it.

The recent launch of the draft Joint Action Plan for women's and children's health by the UN Secretary General, is a unique opportunity to accelerate integration between broader maternal, newborn and child health issues with women and children's HIV related issues.

RWANDA — Everina, 10, and her two siblings were left to fend for themselves after their father died of AIDS and their mother abandoned them. World Vision provides her with school supplies, clothes, seeds and agriculture supplies. Photo by Andrea Dearborn.



Barriers to reaching the other half

The barriers that stand in the way of women and their children benefitting from these improvements are simple and using them are simple but deadly. These four main barriers are stigma and discrimination, misinformation, lack of integrated services and weak political commitments. Each one is enough to deny life-saving help.

Stigma and discrimination

Stigma was the midwife to HIV, there at its arrival into the world in 1981. It is the first barrier expecting mothers, mothers and their young children meet. Stigma and the discrimination it causes leads to exclusion from life saving services by people themselves and by families and service providers. Women living with HIV often hide their new pregnancies rather than attend antenatal clinics because they fear their families or the health workers will pressure them to terminate their pregnancy. Women with HIV sometimes avoid seeking services for their pregnancy and newborn children so they can continue to conceal their HIV status from their husband or partner because they fear being expelled from their home or being abandoned. Service providers may redirect patients with HIV or treat them differently.

Misinformation

Uninformed and untrained workers may follow myths and misconceptions about HIV, pregnancy, childbirth and breast feeding. Outdated or incomplete treatment and care policies may lead to wrong advice and direction being given. Bottom up training is needed so that the people providing treatment, care and support directly to people living with HIV know how and why to provide the services they are responsible for. New and updated procedures and best practice guidance must pass from the top, where Ministries of Health put World Health Organization advice into local context, down to the primary health level where it should define service standards.

Lack of integrated services

To stay healthy and avoid HIV infection being passed to the baby through pregnancy, birth or breastfeeding, a woman living with HIV needs a lot of support, treatment and care. This ranges from information and advice about HIV, health, nutrition and self-care as well as the same support and services all mothers need for pregnancy, birth, breastfeeding, weaning, infant care, immunisation, nutrition and hygiene.



HAITI — Lisandya, 10, Louvenson, 5, and Likandya, 3 lost both of their parents to HIV. Through World Vision HopeChild sponsorship, the children have recently moved into a new home where they live with their uncle and his wife. World Vision pays their school fees, provides food rations, and a World Vision staff member visits regularly. Photo by Andrea Dearborn.

This is called a continuum of treatment and care. If some parts are absent or unavailable the rest may not work properly to keep the mother and child healthy and to prevent HIV transmission to the child. Disconnections often happen when different parts of the continuum of treatment and care are provided in different places, at different times and by different people. The reason for the disconnection may be that essential medical information does not get from one clinic to another or from the laboratory to the doctor. The communication difficulties are particularly great when the woman lives in a rural area or if severe weather damages roads or telephone lines.

Weak political commitments

Decision makers are often far away from the communities they serve and many live in different continents. It can be dispiriting to make progress slowly, to see infant HIV infection rates remain high despite ambitious programmes, to have carefully planned projects undermined by local politics, community apathy or the state of the roads. Nevertheless the persistent commitment of decision makers at all levels is essential for resources to reduce HIV infection transmission to infants and to save young lives.



Ending preventable deaths of children from HIV and AIDS

World Vision's Child Health Now campaign aims to end preventable deaths among children younger than five years of age by 2015. In keeping with that goal, World Vision calls for urgent action in four areas that could save 1.5 million lives a year at very little cost.

Prevention of Mother-to-Child Transmission antiretroviral treatment

This begins about halfway through pregnancy when the expecting mother should be helped to assess her risk of HIV infection. If the risk is significant or if she knows she is HIV-positive, she should be offered antiretroviral treatment to reduce the amount of virus in her blood. This reduces the risk of transmitting HIV to the baby before or during birth or through breastfeeding from one in four to less than one in fifty. Once she knows she is at risk or is infected she can start to receive medical care and treatment to keep her healthy and her infection under control. This is called prevention of mother-to-child transmission plus (PMTCT+). The 'plus' refers to keeping the mother healthy for her own sake.

Early infant diagnosis

The second improvement regards diagnosing HIV infection in very young children. Adult antibody tests do not work because the mother's antibodies are in the child's blood for the first 18 months of life. This makes it impossible to see from antibodies if the child is infected. Diagnosis must be based on finding the virus itself. This requires a more complicated test, usually only available in major hospitals. In fact there is a simple and very low cost way of getting a child's blood sample to a distant laboratory using blood spots dried onto special paper. The problem is getting the results back to the mother and the child's health worker. Many samples and results get lost along the way and the time for communication can be as long as three months. Child and infant deaths can be reduced by three quarters by prompt diagnosis and treatment. Untreated, four out of ten babies born with HIV die in their first year and a further two out of ten in their second year. Early prevention is key.

Cotrimoxazole antibiotic therapy

The third improvement is for children of mothers who have HIV infection, or believe they are at high risk of HIV infection, to be given a low cost antibiotic therapy, cotrimoxazole. This is highly effective in preventing life threatening opportunistic infections. HIV infection of the very young makes them extremely vulnerable to opportunistic infections in their lungs, gut, skin, mouth and eyes. Babies and young children who are constantly sick with one infection after another are weakened and do not grow properly. Most die in their early years. In contrast twice as many young children with HIV reach their fifth birthday if they are treated just with cotrimoxazole. The cost is three cents a day – just US\$10 a year – yet in many countries with the highest burden of HIV less than one child in ten is started on treatment by their second month of life. The main barrier to starting treatment in children is the inaccessibility to the services that could save their lives.

Paediatric antiretroviral treatment

The final improvement is in making suitable treatment available for young children. Six out of every ten children with HIV infection receive no treatment at all. Primary health services need the drugs in single dose form that can be given easily by untrained mothers in unhygienic conditions. On top of that, more work is needed to develop drugs that are safe and effective for children. It is also important to ensure the full reproductive maternal, newborn and child health continuum of care is available and accessible in all settings, especially in harder to reach and marginalised communities.



World Vision's response to HIV and AIDS

Since its launch in 2001, World Vision's HOPE Initiative has continued to significantly contribute to the well-being of children and families affected by HIV and AIDS. In 2009, World Vision's response included work in three key areas:

Protecting the vulnerable:

In Africa, World Vision's partnership with communities, churches and faith-based organisations led to 1.2 million children receiving care and support from more than 4,400 community care coalitions with 73,000 volunteers. Through Channels of Hope, around 34,000 people attended HIV-related church mobilisation activities in Africa and 10,000 participated in Latin America and the Caribbean.

Reducing risk and vulnerability:

HIV prevention for children and youth continues to be a priority for World Vision and is critical to reducing overall HIV rates worldwide. We responded to a need for improved prevention efforts through a revised prevention project model. We also worked with other World Vision sectors to strengthen programme design and implementation, including the development and pilot of the Early Childhood Care for Development model. We reached almost 600,000 children in three regions with values-based life skills education, community prevention activities or strategic behaviour change communication. Along with these prevention activities, our portfolio with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) increased to more than US\$200 million, which will help us continue to expand and improve our HIV programmes.

Advocating for just policies:

Helping affected children and parents advocate for their rights is a key pillar of World Vision's HIV and AIDS response. World Vision reached more than 810,600 adults and children in local-level advocacy activities and made considerable progress in implementing the Vulnerable Child Advocacy model. Our international advocacy efforts focused on ensuring universal access for HIV and AIDS prevention, care and treatment for children. This is a critical issue, as coverage for children remains far behind coverage for adults.

For more details about these programmes, please pick up a copy of the executive summary of the 2009 HOPE Initiative Annual Report.



Young Armenian women work as counsellors with people infected and affected by HIV in the capital Yerevan. Kristina (right) says, "I have realised that I am not alone in this world and life is not over, it can be real and full of joys despite my HIV status". Photo by Gayane Ayyazyan.

Children and youth living with or affected by HIV in the Balkans & Caucasus regions: Towards Youth as Agents for Change

World Vision has released a report that documents the attitudes and feelings of youth and young adults living with or affected by HIV and AIDS in the Russian Federation, Azerbaijan, Armenia, Georgia and Bosnia and Herzegovina. The results suggest that information and support for young people living with HIV in Eastern Europe should aim to overcome limitations of education services and address poverty. Specific targeting of teachers and parents to inform them about living with HIV and engender positive attitudes may help to reduce discrimination and enhance support for young people living with HIV.

For more information, please request a full copy of the report.

Giving youth a voice through photography

Through a partnership with PhotoVoice, World Vision has empowered youth and young adults from the Russian Federation and Bosnia and Herzegovina to make their voices heard, to break down barriers and to end the discrimination that hampers access to prevention, treatment, care and protection. World Vision believes that such projects are key to providing youth with the tools they need to reduce marginalisation and ensure they and their communities are able to reach the other half.

Please visit the World Vision and PhotoVoice joint project Youth as Agents for Change – Direct Voices exhibit in front of the Global Village.



World Vision at the International AIDS Conference

July 16 → 17

Symposium on Children and HIV: Family Support First Austria Centre Vienna

Friday
08:30-10:00

Opening Key Note/Plenary

Moderator: Dr. Natalia Kanem, President, ELMA Philanthropies

Presenters:

1. Civil Society Address: Ms. Elizabeth Mwenya, Network of Zambians Living with HIV and AIDS
2. Introducing the Keynote Speaker: Dr. Stefan Germann, World Vision International/ CCABA
3. Keynote Address: Mr. Michel Sidibé, Executive Director, UNAIDS

Saturday
14:30-15:45

Training for CBOs and NGOs: Building a Monitoring and Evaluation Capacity on programming for children affected by HIV and AIDS

Stream 1: Skills-building and knowledge exchange parallel session

Moderator: Dr. Jane Chege, World Vision

Presenter: Ms. Natasha Nel, Inside Out, South Africa

Children affected by HIV in Eastern Europe: out of orphanages and into families

Stream 2: Connecting Research to Policy to Practice parallel session

Moderator: Ms. Olga Rudneva, Elena Franchuk ANTIAIDS Foundation

Presenters:

1. Ms. Olga Dudina, "Children Plus" Project, All-Ukrainian Network of PLHA, Ukraine
2. Ms. Nicoleta Manescu, Romanian Angel Appeal Foundation
3. Ms. Marina Adamyan, World Vision International, Middle East/Eastern Europe Regional Office (MEER)

Multi Faith Preconference Technical University Vienna

Afternoon

Break Out Session

Examples of combating stigma and discrimination in an interfaith context led by the World Vision Channels of Hope team from the MEER region.



July 18 → 23

International Aids Conference

Sunday
12:00-18:30
Monday-Thursday
10:00-18:30

World Vision International Booth
Signing of Child Health Now petition and petition to Austrian Government, information materials, giveaways (postcards), meeting point for World Vision delegates

Venue: Booth 468, Exhibition Area E

Monday
11:00-12:30

Community and home-based care of children affected by HIV and AIDS — models of caregiver support and training
Community Skill Development Workshop
Chair: Olivia Dix, Diana Princess of Wales Memorial Fund
Presentation by World Vision staff: “Mobilization of community-based support to buttress the development and maintenance of those services — World Vision Africa region’s model” — Richard Wamimbi Wotti, World Vision East Africa Region

Venue: Mini Room 5

Monday
16:30-18:00

Positive-Negative: Coping strategies and life choices of sero-different couples
Moderator: Christo Greyling, World Vision International

Venue: Global Village Session Room 1

Wednesday
11:00-12:30

Skillsbuilding: WEWS02 Sero-difference: Experience about sex and relationships
Moderator: Stefan Germann, World Vision International

Venue: Mini Room 2

Thursday
10:00-11:00

Reaching the Other Half Press Conference
Presenters:
1. Stefan Germann, World Vision International
2. Marine Adamyman, World Vision MEER
3. Stuart Kean, World Vision UK

Venue: Press Conference Room 2

Thursday
16:30-18:00

The Role of Families in HIV Prevention, Treatment, Care and Support Symposium
Presentations in this session:
Chairs: Stefan Germann, World Vision International, John Miller (CCABA)
Presentation by World Vision staff: “Children of especially marginalised groups: family vulnerability and the prevention of vertical transmission” — Marine Adamyman World Vision MEER

Venue: Global Village Session Room 1

Global Village

Sunday
18:00-21:30
Monday-Thursday
08:30-20:30
Friday
08:30-12:00

“Youth as Agents for Change — Direct Voices Russia and Bosnia Herzegovina”
Photo Exhibition Truck in front of the Global Village
Photography by young people living with HIV in St. Petersburg, Russia, and young Roma people in Bosnia Herzegovina.

Meeting and discussion with the young photographers at the truck.

Venue: Global Village

Monday-Thursday
14:00-16:00
Sunday-Friday
08:30-20:30

World Vision Middle East Eastern Europe Booth
Information stand on HIV programming in the countries of the Middle East, Eastern European region. Giveaways, information material.
Main contact: Maia Woodward, World Vision MEER



Monday
09:30-11:00

Stop AIDS — Give Children a Chance
Photo Exhibition and Guided Tour (in German)
World Vision Austria has organized portraits of children and families in different African countries who are affected by HIV and AIDS. The photos show the dignity and courage of those children and are a strong expression of their will to live.
Interactive guided tour by Lisa Sterzinger, World Vision Austria

Venue: Child Networking Zone, Global Village

12:15-13:15

Family Support First — Key messages from the Symposium on Children and HIV
Discussion
Presentation and discussion with Stefan Germann, World Vision International, Steering Group Member of CCABA (Coalition on Children Affected by AIDS).

Venue: Child Networking Zone

13:15-15:00

OVC Advocacy and Child Participation in Mozambique
Presentation and discussion with Jaime Chivite, World Vision Mozambique, Advocacy Austrian Development Agency (ADA) funds the organisation of child parliaments in Northern Mozambique. Child-led and community-led advocacy are a strong intent to enforce the implementation of Mozambique's national action plan on OVCs.
Presenter: Jaime Chivite, World Vision Mozambique

Venue: Child Networking Zone

Wednesday
14:00-15:30

“Inclusion for all”: An innovative approach to HIV and STI prevention among children with disabilities
Presentation and Discussion
Discussion focusing on the assessment in India and share best practices and lessons learnt on World Vision's first HIV and Disability Project. IFA aims to mindfully include people with disabilities into our HIV and AIDS Programs by working with DPOs, healthcare workers, peer educators and government.
Presenter: Karen Sodoma, World Vision Canada

Venue: The Disability Zone

Wednesday
18:30-20:30

Project Romania - I am: HIV Grows Up
Film Screening
Documentary highlighting the heroism of the kids in Constanta, now young adults and the early caregivers and responders to the crisis in Romania. A non-promotional film that highlights, among others, the World Vision HIV programme.
By invitation only.



Side events supported by World Vision

Thursday
9:00-12:30

OVC Advocacy and Child Participation in Mozambique
Presentation and Discussion
Presentation and discussion with Jaime Chivite, World Vision Mozambique, Advocacy, Austrian Development Agency (ADA) funds the organisation of child parliaments in Northern Mozambique. Child led and community led advocacy are a strong intent to enforce the implementation of Mozambique's national action plan on OVCs.
Presenter: Jaime Chivite, World Vision Mozambique

Venue: Caregivers Networking Zone

Saturday
17:15-18:00

Prayer of the Religions
Austrian churches and religious communities invite you to join in collective prayer: Texts from the sacred writings of world religions on the subjects "justice" and "human dignity" will be read and mediated in prayer.

Venue: Karlsplatz, square in front of the Vienna University of Technology

Tuesday
18:30-19:30

Prayer of the Religions
Austrian churches and religious communities invite you to join in collective prayer: Texts from the sacred writings of world religions on the subjects "justice" and "human dignity" will be read and mediated in prayer.

Venue: Votive Church

Tuesday
18:30-22:15

Human Rights March and Rally
The Human Rights March and Rally on July 20 will be a historic event where thousands will join in solidarity with human rights defenders around the world. Headlined by Annie Lennox and the SING! Campaign, the March and Rally is an opportunity for all people whose human rights are affected by HIV to make their voice heard.

18:30-20:00 Pre-march activities at Schottentor (e.g. Prayer of Religions)

20:00-20:30 March from Schottentor to Heldenplatz

20:45-22:15 Rally and live performance by Annie Lennox at Heldenplatz

23rd June – 23rd July

Stop AIDS Give Children a Chance!
Photo Exhibition
The exhibition shows African children and youth affected by HIV and AIDS. Nevertheless, these images tell of their pride and will to live. Guided tours with World Vision workers are available on request for school classes and groups (€3,- per person).
Free admission.

Venue: Foyer of Dschungel Wien - Theatre for young audiences





UGANDA - As part of his Community Care Coalition (CCC), Pastor Stanley has been instrumental in combating the stigma against Orphans and Vulnerable Children (OVC) and People Living with HIV and AIDS (PLWH) in his community. Two women from his congregation participated in Channels of Hope training for religious leaders which aims to lower the stigma of HIV and AIDS and care for the OVCs and PLWH. Before World Vision worked with the churches in the Katwe area, almost 90% of the leaders of faith-based organisations believed HIV was a curse from God. Now, that has decreased by 33%. Churches and other faith-based organisations have significant moral influence on the community, so when faith leaders change, the community changes. Photo by Paul Bettings.

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Be an agent of change: Reach the other half by 2015
Join the Child Health Now campaign and do your part!

www.childhealthnow.org



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