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Foreword

Every 50 seconds a child dies of an AIDS related illness and another becomes infected with HIV. In the time it takes you to read this report 400 children will have lost one or both of their parents to the epidemic. These figures represent a shocking failure on the part of the global community.

As the UN Secretary General, Kofi Annan, stated during the recent *African Summit on HIV/AIDS, Tuberculosis, and other Infectious Diseases*, "HIV/AIDS... takes its biggest toll among young adults... the age group that normally produces most, and has the main responsibility for rearing the next generation."

In June 2001 the United Nations will hold a *General Assembly Special Session (UNGASS) on HIV/AIDS*. This is a landmark meeting at which the heads of government within the UN will sign a *Declaration of Commitment* to addressing the global HIV/AIDS epidemic.

In recognition of the crucial importance of this meeting and the proposed *global health fund*, this Save the Children report looks at:

- how the HIV/AIDS epidemic is affecting children and young people:
- what is being done to address the consequences of the epidemic;
- possible ways forward.

Our priority is to ensure a sustained commitment to the global response.

The International Save the Children Alliance is the world's largest independent movement for children, with organisations in 32 countries working to develop an effective, co-ordinated and scaled-up response to the HIV/AIDS epidemic. We are currently supporting programmes in more than 120 countries to prevent the spread of HIV/AIDS, to care for and support those children already affected, and to alleviate as far as possible the impact of the epidemic on children's lives.

In many parts of the world HIV/AIDS is now the greatest threat to child development. Save the Children calls on the leaders of the international community to recognise the scale of the problem, and to live up to their obligations to all children who are affected.

We demand a sustained commitment, not a quick fix. No one can afford to shirk this enormous challenge.

Mike Aaronson
Director General
Save the Children UK

Executive Summary

Each day approximately 3,500 children are infected by, or die from HIV/AIDS[1]. HIV/AIDS is first and foremost a threat to child development, and crucially, poverty is both a main cause and consequence of the HIV/AIDS epidemic. Save the Children's work concerns the impact that HIV/AIDS is having on children's rights. We are currently supporting HIV/AIDS prevention, care and support, and impact alleviation work in 120 countries across the world.

The United Nations General Assembly Special Session (UNGASS) on AIDS in June 2001, the Declaration of Commitment and the global structures being established are of crucial importance. This report looks at how the HIV/AIDS epidemic is affecting children and young people, what is being done to address this, Save the Children's reaction to the Declaration of Commitment and suggestions for ways forward.

Central to the response is the addressing of two key challenges: the need to protect the rights of children affected by HIV/AIDS and to ensure a sustained, adequately resourced commitment. This requires leadership at the highest levels in government to prioritise the global challenge of tackling HIV/AIDS.

Protecting the rights of all children affected by HIV/AIDS

By the end of 2000, after 20 years of the epidemic, over 13 million children under the age of 15 had lost one or both parents to HIV/AIDS. This figure underestimates the true scale of the problem. The combined number of children aged under 18 who are orphaned or living in AIDS-affected households may be up to nine times this figure, making a total of around *100 million* at the start of the new century. More than one child under 15 is infected with HIV every minute, and every day approximately 1,700 children die from AIDS. Of the estimated 36.1 million people living with HIV/AIDS world-wide, 1.4 million are children. In 2000, 600,000 children were newly infected with HIV. As the epidemic has continued to spread, the global response has been shamefully inadequate, and this can no longer be tolerated.

The HIV/AIDS epidemic is most widespread in the poorest countries in the world. It is essential that *all* governments, particularly those of rich industrialised nations, and the international community step up their commitment to the protection of children's fundamental rights to survival and development. It is only by combating the root causes of poverty that the HIV/AIDS epidemic can be tackled.

[1] Based on UNAIDS figures, December 2000

The most understated impacts of HIV/AIDS are the effects it has on the protection of children's basic human rights, enshrined in the UN Convention on the Rights of the Child, specifically the rights to;

- survival, development and protection from abuse, neglect and economic exploitation;
- participate in decision making in matters concerning them;
- have their best interests as the primary consideration;
- be free from discrimination.

An appropriate response thus demands that children's voices are heard in the planning and implementation of HIV/AIDS programmes, as part of the greater involvement of civil society. Youth representation in the development of national HIV/AIDS plans and poverty reduction initiatives is not an option but a necessity.

Children who are themselves living with HIV/AIDS, or have lost one or both parents to HIV/AIDS, often experience discrimination and exclusion from the community as a result of stigma. The HIV/AIDS epidemic is having a critical direct and indirect impact on the education of children due to exclusion, loss of earnings or the need to re-direct household spending towards medical treatment, which severely limits funds for schooling. Governments must act to ensure that exclusion and discrimination of children affected by HIV/AIDS, for example in relation to access to primary schools, must not be tolerated.

The supply of quality education through the loss of teachers to HIV/AIDS has now reached crisis proportions in many parts of Africa. A World Bank study conducted in Tanzania, projected that 14,460 teachers would die from HIV/AIDS by 2010, costing US$21 million in training for replacements. To ensure that all children have access to a quality education, *governments of developing countries affected by the epidemic must be assisted in the development of country level strategy and implementation plans for HIV/AIDS prevention and impact management in education systems*. The capacity of the education system to protect children is fundamental. For many children HIV/AIDS education starts too late, once they have become sexually active. It is essential to begin informing girls and boys about HIV at a younger age, so that when they do become sexually active, they are equipped with the knowledge and skills that will reduce their risks of contracting STDs, including HIV. The aim within the UN Declaration of Commitment on HIV/AIDS to reduce the prevalence of HIV infection by 2005 in men and women aged 15–24 *necessitates giving today's ten-year-olds effective life skills education.*

HIV/AIDS also affects the survival and development of children through its impact on health, family livelihoods, social welfare and protection. The impact of HIV/AIDS on the health of children relates not only to the growing number of children being infected with HIV, but also to the effects HIV/AIDS has on access to health care for children who are HIV-negative. Families living with HIV/AIDS will spend a much higher proportion of their income on HIV-related treatments, reducing income available for other health care needs, including immunisation. A parent's level of illness may make it very difficult for them to care for and feed their children or travel to health centres to access treatment

for their children. All aspects of the impacts of the epidemic on household livelihoods must be considered in health sector planning.

As the number of affected children increases, the capacity of the community to cope with these children is being stretched significantly, causing the disintegration of traditional support structures and 'social safety nets'. There are a growing number of child-headed households, especially in sub-Saharan African countries, and as livelihoods are increasingly threatened, children are forced to take on a premature adult role. As they are forced to drop out of school and take up work to contribute to family incomes, many children end up working in highly hazardous conditions, sometimes risking severe injury. Thus, the fundamental nature of childhood is changing in seriously affected communities.

Young people may find it very difficult to gain access to HIV prevention messages and sexual health services as they become 'out of reach' after having to leave school. The adaptation of outreach and clinic-based structures in order to provide sexual and reproductive health information and services to young people lies at the heart of any sustained response to HIV/AIDS.

In protecting the rights of children affected by HIV/AIDS, Save the Children has been part of a broader group of institutions, led by UNICEF and USAID, that is developing a set of key programming principles to provide a framework for the development of a broader holistic response to orphans and vulnerable children.

The main aspects of these principles are;

- to target the most vulnerable children and communities;
- to give particular attention to the gender-specific needs of boys and girls;
- to involve children and adolescents as part of the solution;
- to strengthen the role of schools and education systems;
- to reduce stigma and discrimination;
- to ensure that external support does not undermine community initiative and motivation.

These programme principles are based on the respect of basic human rights and are fundamental to effective care and support and the development of the coping capacities of affected households and communities. These principles must be disseminated and utilised by governments in planning support for AIDS-affected communities.

Expanding a sustained global response to HIV/AIDS

In order to have an impact on the global HIV/AIDS epidemic, it is essential that sufficient, sustained, global resources *are* mobilised. The proposed global health fund supported by the United Nations General Secretary, Kofi Annan, represents a major opportunity for a greater commitment of financial and technical resources to strengthen the capacity of national health services where they are needed most. Only in this way can the appropriate prevention of HIV transmission and the management and care of people living with

HIV/AIDS be ensured. *The G8 meeting in Genoa in July 2001 is the time to declare this commitment.* A commitment of US$7–10 billion *per year* is the estimate given by UNAIDS of the amount that would be needed for responses to HIV/AIDS alone. This figure would need to be increased to as much as US$30–40 billion to provide a basic package of primary healthcare services, which is crucial to effectively respond to HIV/AIDS.

The proposed fund must promote comprehensive approaches to prevention, care and support, and impact alleviation. It must focus on support for service delivery and capacity building for such approaches as a prerequisite to more targeted responses such as drug donations.

Most crucially, the benefits of increased funding for responses to HIV/AIDS will not be realised without sustained commitment to cover the development and maintenance of health systems. In order for the proposed fund to appropriately support HIV interventions, it is essential that it;

- ensures that greater access to anti-retroviral therapies (ARVs) is only considered within the context of strengthened health systems. ARVs on their own should not be considered as the 'magic bullet' to end this epidemic;
- is balanced in terms of recognising health system development priorities;
- is integrated into existing participatory, nationally owned HIV/AIDS plans and poverty reduction initiatives;
- puts the interests of those most heavily affected above the commercial and macroeconomic interests of the private sector, especially pharmaceutical companies, and the governments of industrialised nations;
- recognises that joint public–private partnership aimed at tackling HIV/AIDS should be governed by a committee with strong representation from developing countries and civil society. The focus must be on meeting government public health priorities, in particular strengthening central co-ordination and district-level capacity for effective service delivery;
- is transparent about how decisions are made and has a publicly accountable administration.

Efforts to prevent mother-to-child transmission require a well-resourced, holistic health system which can provide HIV-positive mothers with the information and support they need to ensure that their infants' nutritional requirements are met.

The dangers of the rapid development of ARV-resistant HIV are very real but can be reduced by the development of appropriate support systems. Adequate capacity to ensure proper voluntary counselling and testing procedures, diagnosis, and appropriate follow-up is essential in order to facilitate correct adherence to drug regimens.

Changes in household expenditure patterns in order to purchase ARVs and other HIV-related drugs need to be carefully monitored through research and integrated into post-test counselling and patient follow-up.

The UN Declaration of Commitment is a vital first step in realising a global sustained response. However, without firm and unqualified commitments of resources to a comprehensive approach to the epidemic, the Declaration risks becoming empty promises. *No Quick Fix* shows that it is essential to balance a desire for rapid responses to the HIV/AIDS epidemic with approaches that take into account the priorities of those most affected. Only then will it be sustainable over the long term. A full commitment to resourcing the proposed global health fund from both the G8 and the private sector will achieve this aim. The only way to ensure that this commitment is sustained is for the proposed fund to focus on the development of the capacity of national health and support systems for both HIV-prevention and caring for those affected by HIV/AIDS.

World leaders currently have a window of opportunity to make a real difference to the lives of millions of children. It is hoped that they will rise to the challenge.

Introduction

At the end of 2000, there were an estimated 36.1 million people living with HIV/AIDS world-wide, of which 1.4 million were children.[2]

As the HIV epidemic continues to grow, the impact on children is becoming increasingly evident. By the end of 2000 over 13 million children under the age of 15 had lost one or both parents to HIV/AIDS.[3] As the number of infected or affected children continues to rise, it is essential that governments, donors, international organisations, non-governmental organisations and international financial institutions step up their commitments to the protection of children's fundamental rights to survival and development.

In this report, we will explore the extent of the impact that HIV/AIDS is having on children, how Save the Children believes this should be addressed and how other recent global responses to HIV/AIDS can contribute to reducing the impact of this devastating illness.

HIV/AIDS and children's rights

HIV/AIDS has many direct and indirect impacts on children, ranging from the psychological impact of losing one or both parents, to less obvious impacts such as reduced access to a quality education and health services. However, for Save the Children, one of the most important, but often understated, impacts of HIV/AIDS is the effect it has on the protection of children's basic human rights.

The United Nations Convention on the Rights of the Child (UNCRC) is underpinned by four major principles;

- the right to survival, development and protection from abuse and neglect;
- the right to have a voice and be listened to;
- that the best interests of the child should be of primary consideration;
- the right to freedom from discrimination.

However, for many children who have been infected or affected by HIV/AIDS, these rights are being compromised for a number of reasons. Children who are themselves living with HIV/AIDS, or have lost one or both parents to HIV/AIDS, often experience discrimination and exclusion from the community as a result of stigma. The growing number of child-headed households also affects the rights of children to education, to rest and leisure, to survival and development, to protection from sexual and economic exploitation, and to protection from abuse and neglect. The deaths of parents and growing poverty are contributing to the growing number of children working in hazardous and exploitative conditions.

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[2] UNAIDS definition of children refers to children under the age of 15. Figures taken from the UNAIDS Epidemic Update, December 2000.

[3] UNAIDS Global Epidemic Update, June 2000

Save the Children is working to increase HIV/AIDS prevention interventions among children and young people, to reduce the impact that HIV/AIDS is having on families and communities, and to see that all children infected or affected by HIV/AIDS have their rights respected, protected and fulfilled.

Children and poverty

Over 20 years into the HIV/AIDS epidemic, the global community must finally acknowledge that the fulfilment of rights for children affected by HIV/AIDS requires a dramatic increase in global efforts to respond to the epidemic.

The areas most affected by the HIV/AIDS epidemic are also those which include some of the world's poorest nations. There is widespread recognition that national governments have a responsibility to increase their commitment to addressing the impact of HIV/AIDS on their country's people. However, given that the HIV/AIDS epidemic is most widespread in the world's poorest countries, we all have a role to play in addressing the rapid rise of HIV/AIDS in those countries and in reducing its impact on children.

The international community, including donor governments of rich industrialised countries, the international financial institutions (IFIs) and the UN have a significant role to play in turning the tide of this epidemic. In particular, there is a need for a greater commitment of financial and technical resources to strengthen the capacity of national health services in poorer developing countries to ensure the appropriate management and care of those living with HIV/AIDS. In the broader context, consensus is emerging that the elimination of child poverty is central to responses to HIV/AIDS.[4]

Challenge 1: Protecting the rights of children affected by HIV/AIDS

The scale of devastation caused by HIV/AIDS over the past 20 years is obvious. However, despite the fact that more than 13 million children have lost one or both parents to HIV/AIDS and that 600,000 children were newly infected with HIV in 2000, the global response to the epidemic has been shamefully inadequate.

UNAIDS defines an orphan as a child under 15 years of age who has lost her or his mother (maternal orphan) or both parents (double orphan) to AIDS. Based on this definition the figure of 13 million is projected to rise to 24.3 million in 2010 and to reach 40 million by 2020.

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[4] See International Action Against Child Poverty: Meeting the 2015 Targets, A six point plan for eliminating child poverty, prepared by UK NGOs and Faith Groups, Save the Children UK, London.

However, these figures significantly underestimate the extent of the problem since they exclude the following categories of orphans and other children affected by AIDS;

- paternal orphans;
- orphans aged 15 to 17;
- non-AIDS orphans – i.e. children orphaned as a result of other causes.

Recent research into the orphan situation in one district in Uganda[5] found that the children in these three categories are often as severely affected as orphans that fitted the UNAIDS definition. Indeed, paternal orphans were often more severely affected than maternal orphans. Moreover, the experience of orphanhood often increases the age at which adolescents become independent, due to factors such as disrupted school attendance. Hence, it is argued that 18 years is a more appropriate upper age limit, and is consistent with the UNCRC. The research also showed that children sometimes called 'co-residents', who are not themselves orphans but who shared households with fostered orphans, experienced increased poverty as a result.

A broad definition of AIDS-affected children including all the categories described above, i.e., maternal, paternal and double orphans from all causes under the age of 18, plus co-residents, when applied to the study district in Uganda yielded a total that was *nine times higher* than the one based on the UNAIDS definition of AIDS orphans. If other research yielded similar findings this would give rise to even more alarming estimates and projections than those produced by UNAIDS, i.e., 99 million at the end of 1999, 218.7 million by 2010 and 360 million by 2020.

Frequently, the community's own definition of vulnerability also includes children who are not technically orphans in the Western sense, such as disabled or destitute children. This mismatch between notions of vulnerability and the imposition of external definitions tends to result in a top-down approach that is unlikely to encourage community 'ownership' of programme activities.

HIV/AIDS and children's rights

The abject failure to address the needs, and more specifically the rights, of children infected or affected by HIV/AIDS is all too evident. Although there is a growing recognition of the general impact of HIV/AIDS on children and young people, there is little understanding of how it affects their rights, and how rights violations increases children's vulnerability to HIV infection.

For many children infected or affected by HIV/AIDS, the fundamental principles of the UNCRC, especially the rights to non-discrimination and to survival and development, are often compromised. This results from fear of HIV/AIDS and a lack of understanding of how HIV is transmitted.

[5] Neil Monk for the Association Francois-Xavier Bagnoud, *A Study of Orphaned Children and their Households in Luweero District, Uganda*, February 2000, presented at the XIII International AIDS Conference.

Misconceptions regarding HIV/AIDS result in many children whose parents are living with HIV being stigmatised, whether or not they themselves are infected. This stigmatisation is made worse by the fact that it comes from every section of the community including other children, guardians, teachers and other professionals. This level of stigmatisation has significant impacts on the rights of children affected by HIV/AIDS to survival and development, particularly in relation to their access to education and health care. Teachers often refuse to allow these children into schools. The tragic case of Nkosi Johnson in South Africa was recently brought to the world's attention. This young boy living with HIV was denied his rights to education and freedom from discrimination.

Other, equally significant, reasons for reduced access to education for children, especially girls, affected by HIV/AIDS include loss of earnings or the need to re-direct household spending towards medical treatment denying the funds to send children to school. In addition to this, children whose parents are living with HIV/AIDS often have to leave school to care for their parents. At the same time, the provision and quality of education is affected by the loss of teachers to HIV/AIDS. In many parts of Africa this has now reached crisis proportions. A World Bank study conducted in Tanzania, projected that 14,460 teachers would die from HIV/AIDS by 2010, costing US$21 million in training for replacements.[6]

Governments of poorer countries affected by the epidemic must be assisted in the development of country-level strategic and implementation plans for HIV/AIDS prevention and impact management in education systems which aim to;

- assess, manage and mitigate the impacts of HIV/AIDS on education systems;
- improve the capacity of the education system to reduce vulnerability to HIV/AIDS and promote factors and environments that are inclusive, healthy and protective for individuals, communities and societies;
- strengthen capacities of education systems, especially schools, to implement well-resourced, full-scale HIV/AIDS prevention programmes that specifically address risk behaviours and situations.[7]

How Children's survival and development is affected by the HIV/AIDS epidemic

HIV/AIDS also affects the survival and development of children through its impacts on health, family livelihoods, social welfare and protection.

The impact of HIV/AIDS on the health of children relates not only to the growing number of children being infected with HIV, but also to the effects HIV/AIDS has on access to health care for children who are HIV-negative. As with access to education, stigmatisation and discrimination also threaten

[6] AIDS Prevention and Mitigation in Sub-Saharan Africa: An Updated World Bank Strategy, World Bank, 1996.

[7] HIV/AIDS, Schools and Education: Global Strategy Framework, Inter Agency Working Group on HIV/AIDS, Schools and Education, May 2001.

access to health services by affected families. The reduction and reorientation of the family's income to cover the costs of HIV-related treatments has significant impacts on the health of children. For example, families with one or more members living with HIV/AIDS will spend a much higher proportion of their income on HIV-related treatments, thereby reducing the income available for general health care, including immunisation. Also, the parent's level of illness may make it very difficult for them to provide adequate childcare and food or to travel to health centres with their children.

The most significant effect of HIV/AIDS on the social welfare and protection of children is the disintegration of traditional support structures and 'social safety nets'. As the number of affected children increases, the capacity of the community to cope with these children is being stretched significantly. There is a growing number of child-headed households, especially in sub-Saharan African countries. As parents' livelihoods are increasingly threatened, children are forced to take on a premature adult role. In seriously affected communities the whole nature of childhood is changing fundamentally.

AIDS from the child's perspective: the case of Catherine

Catherine is ten years old and is HIV-positive. She lives in a crowded slum area of Kampala, the capital of Uganda. Her father and brother have died of AIDS-related illnesses and her mother is HIV-positive.

"I like my sisters because we play together, and whenever I am sick they pray for me," Catherine says. "I don't like children losing their mothers, because when their mothers die these children suffer. I hate seeing children's dead bodies because they make me sad. When my brother died, many people came to our house and they were crying. He was very young.

"When I grow up I want to be a nurse, because they help children when they are sick. I also like helping children who are sick or have problems. I will also earn much more money and build a big house for my mother and my sisters, and will plant many flowers around it."

The death of one or both parents and increased household expenditure on health, places more economic responsibilities on children. Many are forced to drop out of school and take up work to contribute to family incomes. In sub-Saharan Africa, many boys and girls end up working in highly hazardous conditions, for example, in the informal mining industry where they risk severe injury. Growing household poverty and the increased 'demand' for uninfected sexual partners has also increased the numbers of children who are sexually abused and paid as sex workers. This inevitably puts children, especially girls, at extreme risk of contracting HIV. Once out of school, these young people may find it very difficult to gain access to HIV prevention messages and sexual health services as they become 'out of reach'. In South and south-east Asia children who are orphaned may be at greater risk of being trafficked and sexually exploited.

Child-focused and rights based programming

Given that HIV/AIDS is having such an impact on children and young people, it is essential to find effective ways to address this. There are a number of factors that need to be considered in HIV/AIDS programming for children. The most important factor is the need to have a holistic approach. This should involve prevention work, care and support of children and young people living with HIV, and efforts to assist children and young people in coping with the impact of HIV/AIDS on themselves and their families. It is also important to ensure that these responses involve not only young adolescents, but also, where appropriate, boys and girls under the age of 15.

For many children, HIV/AIDS education starts too late, once they have become sexually active. It is essential to begin informing girls and boys about HIV at a younger age, so that when they do become sexually active, they are equipped with the knowledge and skills to reduce their risk of contracting sexually transmitted diseases (STDs), including HIV. The aim within the UN Declaration of Commitment on HIV/AIDS to reduce the prevalence of HIV infection by 2005 in men and women aged 15-24 aged 15–24 necessitates giving today's ten-year-olds effective life skills education. This needs to be achieved through a combination of teacher training, curricula development, and the development of child-to-child approaches. It is also important to recognise that disabled boys and girls become sexually active at an age similar to that of their non-disabled peers. HIV prevention interventions therefore need to ensure that prevention messages are easily accessible for boys and girls with hearing, visual and learning impairments. This is critical, as disabled girls can be particularly vulnerable to sexual abuse.

In order to be truly effective, any response to HIV/AIDS must involve children and young people in decisions around programme planning and implementation. Children and young people themselves can best identify the problems they are facing. Furthermore, their involvement is likely to increase the sustainability of HIV/AIDS programmes because of a greater sense of ownership of the programme and a commitment to ensuring that it works.

Save the Children's response to the HIV/AIDS epidemic is firmly rooted in a child rights framework and aims, in particular, to address the stigmatisation of children and young people infected or affected by HIV/AIDS. This response incorporates issues relating to their protection and development, and aims to promote the participation of children and young people in HIV/AIDS programmes. One of the ways in which Save the Children is trying to achieve this is through working with other key institutions such as UNICEF and USAID to develop a set of principles to guide programming for orphans and other vulnerable children. These principles aim to provide a framework for the development of a much broader response to children and young people affected by HIV/AIDS.

The main aspects of these principles are;

- to foster links between HIV/AIDS prevention activities, home-based care, and efforts to support orphans and other vulnerable children;

- to target the most vulnerable children and communities;
- to give particular attention to the gender-specific needs of boys and girls;
- to involve children and adolescents as part of the solution;
- to strengthen the role of schools and education systems;
- to reduce stigma and discrimination;
- to strengthen the caring capacities of families through community-based mechanisms;
- to strengthen the economic coping capacities of families and communities;
- to enhance the capacity of families and communities to respond to the; psychosocial needs of orphans and vulnerable children, and their caregivers;
- to find sustainable ways to remove children from hazardous and exploitative work;
- to accelerate learning and information exchange;
- to strengthen partnerships at all levels and build coalitions among key stakeholders;
- to ensure that external support does not undermine community initiative and motivation.

These programming principles are based on respect for basic human rights. They are fundamental to effective care and support and to the development of the coping capacities of affected households and communities.

Challenge 2: Expanding a sustained global response to HIV/AIDS

Responding to HIV/AIDS is finally being recognised by key stakeholders world-wide as an issue of utmost urgency. A growing number of initiatives, such as the International Partnership on AIDS in Africa and Hope for African Children,[8] are being driven by the international community to increase efforts to respond to the epidemic.

The UN Secretary-General, Kofi Annan, recently voiced his support for the creation of what he called a global AIDS and health fund[9] of US$7–10 billion a year to address the impacts of HIV/AIDS, tuberculosis and malaria. He sees this fund being used to implement five main objectives related to the global HIV/AIDS epidemic. These are to;

- increase prevention efforts, especially with young people, in order to halt and reverse the spread of the virus;
- step up efforts to prevent mother-to-child transmission through increasing access to testing facilities, anti-retroviral therapies (ARVs) for infected mothers and alternatives to breastfeeding;

[8] Funded by the Gates Foundation, this is a collaborative programme between Save the Children Alliance, Plan International, Care International, the World Conference for Religion and Peace, and key Africa based NGOs such as the Society for Women Against AIDS in Africa.
[9] This fund is scheduled to be launched at the G8 meeting in Genoa in July.

- improve access to care and treatment, especially medical care and treatment, for *all* people, including children and young people, living with HIV;
- prioritise work on developing a vaccine for HIV and ensuring that when a breakthrough comes it will be made available where it is most needed, not just where people can afford it;
- protect those made most vulnerable by the epidemic, especially orphans.

A crisis of support for the fund?

An opening pledge of $200 million was offered by the US to kick-start the proposed fund. The UK has since pledged around $100 million. Further financial commitments are as yet unrealised. In order to successfully tackle the HIV/AIDS epidemic, it is essential that sufficient global resources *are* mobilised, in a sustained manner. Commitments so far represent less than one twentieth of what is needed. The rhetoric regarding resources must be translated into the action that is so urgently required.

A commitment of US$7–10 billion *per year* is an estimate given by UNAIDS for responses to HIV/AIDS alone. This figure would need to be increased to as much as US$30–40 billion if we are to be able to provide a basic package of primary healthcare services, which is crucial to effectively respond to HIV/AIDS. This may appear to be a large figure but it is paltry by the standards of global expenditure, currency speculation, and development assistance. The World Bank's recent call to high-income countries to honour their modest pledge of 0.7% of GDP to official development assistance would raise an additional US$100 billion annually, for example. It is unacceptable that the average current expenditure on overseas development assistance from high-income countries is just 0.24% GDP.[10]

Regardless of how substantial the proposed global health fund becomes, we need to recognise that this will not in itself mean that the epidemic can be adequately tackled. The details for the fund still remain undecided. There needs to be clarification of the expected life span of the fund and the degree of sustained support which the fund will represent. Without such long-term commitment, a real impact on the epidemic will be impossible.

The scope of the fund: The importance of the strengthening of health systems

This fund is a welcome move in the response to the HIV/AIDS epidemic, especially given its recognition of the needs of children and young people. The broad approach to tackling the HIV/AIDS epidemic is also a welcome development. All too often responses to HIV/AIDS focus on one specific aspect and fail to recognise the important links between prevention, care and support (including, but not solely, medical treatment), and the complex impact of the epidemic on children, families and communities.

[10] World Bank figures, 2001.

The success of the fund depends on the centrality of the development of health and social support systems. In particular, there needs to be recognition of the importance of infrastructures in sustaining the delivery of good quality health services (e.g. realistic living salaries for doctors, nurses and health assistants, fuel, training, essential facilities for storing drugs). There must also be a commitment to investing in long-term, recurring costs. Without sustained commitments to cover the development and maintenance of health systems in particular, the benefits of increased funding for responses to HIV/AIDS will not be realised.

The fund and other committed resources to HIV/AIDS must take a comprehensive view of the epidemic. This should include STD/HIV prevention work, especially with children and young adolescents, and the provision of drugs to treat opportunistic infections, reduce the likelihood of perinatal HIV transmission and prevent the onset of AIDS. More crucially, the fund must address the impact that HIV/AIDS is having on those both infected and affected, especially children and young people.

As anti-retroviral drugs (ARVs) become more accessible, the strengthening of the capacity of health structures with regard to voluntary counselling and testing (VCT), diagnostics, referral, patient management, drug administration and follow-up are *essential and prerequisite* to ARV use.

A holistic response covers prevention efforts, especially among young people, the physical and psychosocial care of people living with HIV, and the psychosocial effects of HIV on children whose parents are living with HIV/AIDS. Part of this comprehensive approach involves recognition that ARVs are not the only answer to improving the lives of people with HIV. It is equally important for people to have access to basic treatments such as skin creams and paracetamol and to be provided with prophylactics and affordable treatments for opportunistic infections. These more simple means of improving the quality of life for people with HIV are often forgotten in the desire to increase access to ARVs. It is essential, therefore, that provision of the whole spectrum of treatment, including adequate food and nutrition, not just ARVs, is promoted through the use of the fund.

The issue of mother-to-child transmission remains a complex area requiring much more scientific research. Mothers who are HIV-positive should be fully informed about the risks of transmission *in utero*, during childbirth, and through breastfeeding. They should also be able to access voluntary counselling, testing and treatment. This requires a well-resourced, holistic health system to provide good information to pregnant women, not only about transmission of HIV but also about infant feeding. Efforts to improve breastfeeding rates have important implications for the health and nutritional status of infants, including reducing the risk of transmission of HIV.

Save the Children is concerned that mothers should make well-informed decisions about feeding their babies, and health systems and staff play an important role in supporting mothers to do so. If a mother chooses not to breastfeed in order to reduce the risk of transmission through breastmilk, it is

vital that the infant's health and development is not put at risk, for example by inadequate supplies of infant formula, incorrect preparation, or supplementation with inappropriate foods. Adequately staffed and funded health systems are required to give HIV-positive mothers the information and support they need to ensure that their infants' nutritional requirements are met. Attempts to reduce mother-to-child transmission must not expose children to unnecessary risks of mortality from diarrhoea, acute respiratory infection and other diseases. Efforts to support breastfeeding among mothers who do not carry the virus certainly should not be undermined. A holistic, well-functioning health system will ensure that the nutrition, health and development of infants are not overlooked when strategies to minimise the impact of HIV on children are being developed.

In order for a global health fund to have a real impact on addressing the HIV/AIDS epidemic it is essential that it;

- ensures that greater access to anti-retrovirals (ARVs) and other HIV-related drugs is only considered within the context of strengthened health structures;
- is balanced in terms of recognising health system development priorities. The fund must not focus too heavily on the provision of drugs and must take into account holistic approaches to health care;
- is integrated into existing participatory, nationally owned national HIV/AIDS plans and poverty reduction strategy responses by governments and donors to improve the situation of the poorest countries.

Previous experience has revealed that effective health services need to be in place in order for programmes financed by the fund to be sustainable over the long term.[11] Long-term sustainability can *only* be achieved if the fund can be used to support system development and improve the delivery of health services.

Addressing the underlying factors contributing to the epidemic

Save the Children recognises the importance and the urgency of addressing the HIV/AIDS epidemic. However, we also recognise the importance of addressing the underlying factors that contribute to perpetuating the epidemic. One of these underlying causes is the lack of accessible and effective youth-friendly health services for people living with HIV and for those at risk. It is essential that a broad range of integrated primary health care services is provided which are not solely focused on the medical management of any one particular disease. Health care should be delivered within a strengthened national service infrastructure to ensure it is of good quality and universally accessible, and that it makes optimal use of the financial, human and technical resources available.

In order to ensure that the fund has a lasting and positive effect on the HIV/AIDS epidemic, it is essential to balance a desire for results with realistic,

[11] 'The Bitterest Pill of All: the collapse of Africa's health systems', Save the Children UK and Medact, May 2001, London.

sustainable approaches. If we do not achieve this balance, there is a strong possibility that existing health systems could actually be *weakened*. Experience over the last two decades has shown that national health infrastructures have been heavily undermined as a result of donor-driven policies which failed to take into account their impact on existing structures.

During the 1980s, health care in many of the poorest countries in Africa was delivered through 'vertical' disease-specific donor-funded programmes, separate from the national ministries of health and controlled by donors who paid for supplies, training, operations, and recurrent costs. These types of programmes hindered the development of effective, sustainable health systems because they often duplicated existing activities and distracted health personnel by drawing them away from national, government-led programmes and requiring them to focus on the immediate outcomes of individual projects rather than the long-term development of service infrastructure. In addition, these projects were only sustainable as long as donor priorities remained the same. We must learn from these experiences and insist that future funds from either debt cancellation or the provision of support from donors are disbursed through existing national funding mechanisms, such as poverty reduction strategy papers involving all relevant stakeholders, including young people and their communities.

The desire to see rapid results in response to disbursements from the fund raises concerns that a large proportion of this fund will be used to support the provision of ARVs. While welcoming such increases in access to HIV-related drugs, Save the Children is concerned that this will result in a disproportionately small amount of funding being made available to address other, equally important, elements of the HIV epidemic, such as prevention efforts and the development of effective, sustainable and youth-friendly health services.

No quick fix: Increasing access to drugs through strengthening systems

While recognising the importance of increasing access to anti-retroviral therapy (ARVs) for people living with HIV/AIDS, Save the Children believes it is crucial that there are adequate support services to ensure proper voluntary counselling and testing procedures, diagnosis, and appropriate follow-up to facilitate correct adherence to drug regimens.

There have been moves in some countries (e.g. Brazil and India) towards making generic brands of HIV-related drugs accessible to other developing countries which cannot afford the drugs produced by big pharmaceutical companies. These moves have prompted a great deal of debate about reducing the costs of ARVs. Perhaps the most significant factor in this debate is the recent dropping of the court case by the 39 pharmaceutical companies against the government of South Africa regarding the 1997 Medical Act which has brought into greater focus a number of issues around access to HIV-related drugs.

ARVs and appropriate care? The case of Komal

Komal is a young HIV-positive Nepali man in his mid-20s. He used to work as a migrant labourer in northern India. He returned to Nepal and sought treatment for his illnesses in Kathmandu, at the general hospital. When it was found that he was HIV-positive he was prescribed ARVs but was not told anything about them. His mother bought him one month's supply and was aghast at the cost. Half-way through the month's course, Komal went to see his doctor, who told him what the drugs were, that he would have to take them for the rest of his life, and that there could be side effects. With this new information Komal decided to stop taking the drugs immediately. He now has HIV-related illnesses yet continues his work on HIV education.

Is this appropriate health care for people living with HIV/AIDS? Unless health systems are strengthened, cases such as Komal's may well become the norm in developing countries. ARVs should be affordable to all who need them, and should be accessible through health systems that can provide them effectively and safely.

The recent events represent an important step forward in procuring greater access to HIV-related drugs, which must be seen as a medium- to long-term goal. But there are also a number of concerns around what this greater access may mean for preventing further spread of the HIV epidemic. These include the impact of greater access to HIV-related drugs on the development of drug-resistant strains of HIV and the rise of more risky sexual behaviours.

Growing evidence in the UK and the US points to the development of strains of HIV that are partially or fully resistant to ARVs.[12] This development of resistance occurs in clinical settings where patient–service provider interaction ensures the highest feasible levels of adherence to drug regimes under current practice guidelines. Nevertheless, even in these circumstances, adherence is incomplete; in the US adherence is especially poor amongst young people.[13]

In high-prevalence but resource-poor settings, there are two major challenges to consider. The first is the inability of poor health service delivery systems to effectively manage the administration of complex drug regimens. The second is the dire need to expand the accessibility of appropriate voluntary counselling and testing (VCT) services.

The reduced costs of HIV-related drugs will bring them within reach of many more people, but still only a small minority in most resource-poor settings where they are most needed. In these contexts there is neither extensive training on AIDS case management nor a widespread culture of drug

[12] Discussed by Roger J. Pomerantz in the Journal of the American Medical Association, September 1999.

[13] This issue has been widely discussed and further information on it can be found in the report of Adherence to New HIV Therapies: A Research Conference, which was organised by the Forum for Collaborative HIV Research in November 1997. Also Francois Xavier-Bangoud Center (2000), Adherence issues for children, youth and families: a family focused approach, Newark.

adherence in the absence of patient symptoms.[14] This, combined with anecdotal reports of ARV 'prescription anarchy' (e.g. in Zimbabwe and India), implies that drugs are being prescribed based on their availability and their relative affordability according to each patient rather than on clinical assessment and suitability of regimen, which can differ considerably. Inevitably ARVs are, and will increasingly be, available on the black market and countries need to urgently investigate ways to control and regulate drug supply within the informal health structures. *While not a rationale for denying people access to these drugs*, there is a strong possibility that inconsistent access, prescription and use of HIV drugs will accelerate the development of ARV-resistant strains of HIV.

Even with rapid and unpredictable price changes for ARVs, the costs are likely to remain prohibitively high for the patient. The increasing availability of ARVs and subsequent rise in demand needs to be monitored carefully, as it is likely that expenditure patterns in affected households will alter as money is diverted towards drug purchase. As patterns of treatment-seeking behaviour for both informal and formal AIDS treatments change, there may be adverse affects on livelihoods and thus child development in heavily affected areas. Changes in household expenditure need to be carefully monitored through research, and integrated into post-test counselling and patient follow-up to ensure that patients receive the best care possible, without irreversible adverse affects on families.

Improving health service delivery systems must be a priority

The priority for increasing appropriate and affordable access to HIV-related drugs should focus, first and foremost, on improving health service delivery systems, as a prerequisite for effective ARV administration. This is true in developed as well as developing countries. Even then, attention should still be given to providing HIV/STD prevention services and the treatment of opportunistic infections within primary health care settings. As well as ARVs, it essential that people living with HIV/AIDS also have access to simple antibiotics, painkillers, clean water and adequate nutrition, so that they will enjoy a minimum standard of quality of life.

The increased availability of HIV-related drugs may also result in greater risk behaviours. In San Francisco, for example, studies have revealed that rates of HIV infection among men who have sex with men (MSM) have begun to rise again.[15] One of the reasons given for this is the changed perception of HIV/AIDS by MSM. Research by the San Francisco Department of Health has shown that as MSM no longer perceive HIV/AIDS to be a fatal condition, high-risk sexual behaviour is increasing. In the UK, incidence rates of sexually

[14] As testified by anecdotal evidence of difficulties with adherence to directly observed treatment short courses (DOTS) for TB treatment, where patients typically end treatment before the end of the six month period. This allows the rapid development of multi-drug resistant TB.

[15] The San Francisco Department of Public Health and AIDS Research Institute/UCSF Response to the Updated Estimates of HIV Infection in San Francisco, 2000.

transmitted infections including HIV are rising once again, and are the highest since testing HIV became widely available in 1985.[16]

What this reveals is that prevention messages need to be able to respond to changes within the epidemic. In particular, as ARVs and other HIV-related drugs become more accessible, it is important to develop more caring and sophisticated prevention interventions, with correct information on the role of ARVs, rather than using messages based on fear.

The governance of the fund

In order for the fund to meet the needs of those people it is intended to help, it is essential that the governance structure includes people with direct experience of the issues the fund is trying to address. Strong representation from developing countries and civil society on the decision-making body of the fund is essential, if we are to avoid the fund being dominated by vested commercial interests or by prevailing Western macroeconomic views. In addition, there is a need to ensure that decisions about how fund money is to be spent remain transparent and that the administration of the fund is publicly accountable.

With regard to appropriate representation, there is a further concern. Commitment to date for financing the fund has come mostly from joint public–private partnerships, which, while welcome, raises some concerns about how this might contribute to vested interests of the powerful players, such as pharmaceutical countries, being put before the needs of those most affected by this epidemic.

Save the Children's Response[17] to the United Nations Declaration of Commitment to combating HIV/AIDS:

One of the most significant developments in the global response to HIV/AIDS is the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. This is the first time that HIV/AIDS has been discussed in such detail at this level of the United Nations.

The key output of this meeting is a Declaration of Commitment, signed by all of the heads of government within the United Nations, outlining an agreed global response to HIV/AIDS.

This Declaration[18] covers a broad range of issues. Of special significance are the aspects of;

- comprehensive responses to the epidemic;

[16] Figures from the Public Health Laboratory Service, June 2001.
[17] Save the Children UK places this response along side and within the response of the UK NGO AIDS consortium, of which we are a member. This response, however, does not necessarily represent the views of the Consortium members.
[18] Based on the draft of the Declaration of Commitment shared on 11 May 2001.

- increased prevention efforts, especially among young people;
- increased access to ARVs and other HIV-related drugs;
- increased attention to gender issues;
- respect of human rights;
- participation of the local community in national strategies;
- incorporation of HIV/AIDS into humanitarian assistance programmes;
- greater financial and technical resources to support interventions.

Comprehensive responses to the epidemic:

The Declaration of Commitment acknowledges that while prevention of HIV infection must be central to responses to the epidemic, for these to be effective they must also address the care and support of people living with HIV. Save the Children would fully support this, as we believe that an effective and sustainable impact on the development of the epidemic requires the implementation of comprehensive interventions. Save the Children would stress, however, that these responses also need to have a strong focus on children infected and affected by HIV/AIDS, especially those *indirectly* affected – as all too often the needs of these children are forgotten.[19]

Increased prevention efforts:

One of the goals of the Declaration of Commitment is to reduce HIV prevalence among men and women aged 15–24 in the most affected countries by 25% by 2005 and to reduce global HIV prevalence among this age group by 25% by 2010. To achieve this, Save the Children believes it is essential to increase prevention work with younger children. Life skills education, starting around the age of ten, which includes sexual and reproductive health and HIV/AIDS is essential. This can be achieved through a combination of teacher training, curricula development, and child-to-child education approaches.

Increased access to ARVs:

The UNGASS Declaration calls for a substantial increase in the availability of ARVs and other essential drugs for the treatment of HIV and opportunistic infections by 2003. Save the Children believes that this must be situated within the context of strengthened health systems, and increased availability of ARVs should therefore be seen as a catalyst for systems development.

Increased attention to gender:

Another significant aspect of the Declaration is the importance it gives to addressing gender issues. The Declaration highlights the need to challenge gender stereotypes and attitudes and gender inequalities in relation to HIV/AIDS. One of the ways in which it suggests this could be achieved is through encouraging more active involvement of men and boys in HIV/AIDS

[19] See Save the Children UK (2001) Children Affected by HIV/AIDS; rights and responses in the developing world, Working Paper no.23, London.

programming. The Declaration also suggests the implementation of measures to increase the capacities of women and young girls to protect themselves from the risk of infection through gender-sensitive prevention education and through the provision of reproductive health services. The Declaration also sets out a commitment to reduce women's vulnerability to HIV infection through the elimination of all forms of violence against women and girls. Save the Children strongly supports this commitment to addressing the issue of gender, sexual violence and power relations, and feels that in order for there to be an effective and sustainable response to the epidemic these issues must be addressed as an integral part of all HIV prevention programmes.

Respect for human rights:

Respect for human rights as an integral part of the response to the HIV/AIDS epidemic is another aspect of the Declaration which Save the Children considers is an essential factor in achieving sustainable responses to the global HIV/AIDS epidemic. It is essential that moves to improve human rights also include moves to improve the rights of children, as laid out in the UN Convention on the Rights of the Child. In particular, increased respect for human rights needs to focus on the revision of non-discriminatory legislation to protect the best interests of children affected by HIV/AIDS.

Participation of the local community in national strategies:

The Declaration addresses the involvement of local communities in the development of national strategies to respond to HIV/AIDS. Save the Children believes that truly effective and sustainable responses must involve high levels of participation by the communities they are aiming to help. Given the level of the impact of the HIV/AIDS epidemic on children, it is essential that this community participation involves representation from children and young people.

Incorporation of HIV/AIDS into humanitarian assistance programmes:

The Declaration aims to address HIV/AIDS issues in regions affected by conflict. Aims include the implementation of measures to incorporate HIV/AIDS prevention, care and awareness interventions in humanitarian assistance programmes. These interventions are to be targeted at humanitarian workers, United Nations personnel and the populations in areas affected by conflict. This is a significant area of work that has often been neglected in previous responses to HIV/AIDS. This is particularly significant for a number of reasons. First, military personnel tend to have 2–5 times higher HIV infection rates than their civilian counterparts.[20] In addition, there are reports and evidence from Bosnia and Rwanda of women being raped through an abuse of power during conflict. Also, HIV/AIDS is often not the greatest concern for people affected by conflict. Greater and more immediate concerns include displacement, access to adequate food and nutrition, and survival during and beyond the conflict. As a result, people in conflict-affected

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[20] UNAIDS estimates from Militaries and AIDS, UNAIDS, 1996

areas are likely to engage in greater risk behaviours. Given the number of countries affected by conflict, it is essential that efforts to reduce HIV transmission in such areas be increased dramatically. This needs to involve military personnel, with a particular focus on child soldiers, refugees and internally displaced persons, especially children and women.

Greater financial and technical resources to support interventions:

The final commitment within the Declaration is for greater resources to support responses to the global HIV/AIDS epidemic. It is proposed that these resources will come from a number of sources, including the development of a US$7–10 billion fund to combat HIV/AIDS and other infectious diseases. There are also calls for developed countries to commit 0.7% of their Gross National Product for overall development assistance, and for the full, speedy and effective implementation of the enhanced Heavily Indebted Poor Country Initiative. Although this commitment to increased resources is welcome, there are a number of factors that need to be considered in the utilisation of these resources. The first is that there must be a rapid and real commitment of these resources to tackling the HIV/AIDS epidemic. All too often, developed countries agree to provide resources but fail to live up to their commitments. It is also essential that additional resources committed to the response take into account existing national funding structures, such as poverty reduction initiatives, so that responses are sustainable over the long-term and respond to national rather than donor-driven priorities.

One of the greatest concerns for Save the Children in relation to this Declaration of Commitment is the short time scales envisaged for the achievement of commitments. For example, as many of the targets are to be met by 2003 or 2005, there is a risk that the interventions developed will not be sustainable in the long term. In addition, the desire for rapid results may mean that it will not be feasible for responses to respect human rights, including children's rights, and to involve the community in developing national strategies.

There are also questions around the resources to support these responses. While the Declaration sets out a number of ways in which resources could be found to support the responses, it is not clear what level of commitment to this there is from the industrialised nations. As we have already seen, the proposed US$7–10 billion fund is already experiencing difficulties gaining political agreements and financial commitments from the industrialised nations. In addition, it is essential to ensure that there are appropriate and representative mechanisms in place to support the disbursement of these resources. The mobilisation of resources may be a relatively simple exercise compared to their effective disbursement and utilisation.

Conclusion

It is essential to balance a desire for rapid responses to the HIV/AIDS epidemic with approaches that take into account the priorities of those most affected and which will be sustainable over the long term. Only a full commitment to resourcing the global health fund from both the G8 and the private sector will achieve this balance. Sustainability will only be achieved if the fund focuses on developing the capacity of national health and support systems to do HIV-prevention work and to care for those affected by AIDS.

It is a daunting challenge but one which must be faced.

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Selected Save the Children UK publications

Gender, HIV/AIDS and Emergencies
Refugees and displaced people need access to gender-sensitive education on HIV/AIDS and the means to prevent it. They also need access to services for the treatment of sexually transmitted diseases (STDs) and HIV/AIDS. This article makes recommendations on how this can be achieved by agencies working in disaster and emergency situation.

Gender and HIV/AIDS - Guidelines for Integrating a Gender Focus into NGO Work on HIV/AIDS
Drawing together information from a variety of sources, this text aims to provide a practical resource to carry out research and to plan HIV/AIDS interventions more effectively. These guidelines aim to help identify some of the issues which relate to the vulnerability of different groups to HIV/AIDS by enhancing understanding of gender relationships and roles, and the spread of HIV/AIDS.

Learning from Experience - Young People and HIV/AIDS
This newsletter, aimed at staff and other practitioners, contains articles about HIV/AIDS initiatives in SC UK programmes across the world.

Children Living with HIV/AIDS in South Africa - A Rapid Appraisal
Report on children affected by AIDS in South Africa which shares the lessons learnt from the experiences of selected models of care and support. The information accrued provides the data for a series of recommendations that will hopefully provide a framework for action for both government and civil society.

Overview of Vulnerable Children in Zimbabwe
This paper is a background document on the vulnerability of young people in Zimbabwe to HIV/AIDS and sexually transmitted diseases. The paper is designed to raise awareness on the issue of HIV/AIDS, reproductive health, sexual abuse and exploitation concerned with the vulnerability of young people to HIV transmission. The paper makes a number of recommendations about the future needs of young people with respect to HIV/AIDS prevention and reproductive health care. Recommendations are also made on ways of coping with the impact of HIV/AIDS on young people in affected communities.

The Impact of HIV on Children in Thailand
Research was carried out to examine the situation in Thailand of children at risk from HIV infection and children already affected by HIV. This report explores a range of recommendations for action. Also included are sections on lessons learned from experience in Africa, the future of the Thai epidemic, economic impacts and the impact on the Thai education system.

HIV/AIDS and Children - A South Asian Perspective
This study in South Asia aims to raise key research and policy questions with regards to HIV/AIDS and children by analysing different existing projects

through case studies and identifying gaps and difficulties in implementing work.

HIV/AIDS Prevention Strategies for School Age Children - Examples and Possibilities
This report presents points of views and discussions around HIV prevention education in Thailand, China, Nepal, Pakistan and India. It aims to gain an understanding of programmatic interventions in reducing the incidence of HIV/AIDS in children in south-east Asia at a micro level and to assess its relevance and significance in South Asia programming.

Participatory Rural Appraisal - Handbook to Promote HIV/AIDS Prevention
Handbook using Participatory Rural Appraisal to establish programmes raising awareness of HIV and AIDS in rural communities, produced by Save the Children and Chiangmai University, Thailand.

Learning to Live - Monitoring and Evaluation for HIV/AIDS Programmes with Young People

The specific aims of this handbook (2000) for practitioners are;
- to provide an introduction to the concepts which underlie project monitoring and evaluation;
- to demonstrate how these principles are practically applied in projects addressing HIV/AIDS;
- to provide an overview of existing good practice in key sectoral areas, and how these practices have been identified;
- to provide examples of methods and procedures which can be used in monitoring and evaluating HIV/AIDS projects;
- to encourage the use and adaptation of these methods by project staff, in order to provide learning which can be used:
  (a) to improve programming and
  (b) to advocate for the expansion and adoption of effective projects by others.

Children Affected by HIV/AIDS: Rights and responses in the developing world

This working paper (2001) examines the situation of children affected by HIV/AIDS living in resource poor countries, and analyses the nature of the responses to this. It explores a range of different programming responses for children affected by HIV/AIDS and draws out useful examples of good practice for Save the Children UK and other programming organisations. This paper initiates discussion on, and explores possible solutions for, integrating a framework of children's rights in the context of HIV/AIDS programming.

The Bitterest Pill of All: The collapse of Africa's health systems

This report (2001) looks at the proposed establishment of a multi-billion dollar package of initiatives aimed at tackling major diseases, such as HIV/AIDS, TB and malaria, in poor countries. It argues that lessons from the last 30 years of are learned before such vast resources are committed and reviews the impact of two decades of economic and health sector reform on infant health in Africa.

Children's Right to Health and the Role of Pharmaceutical Companies

This position paper (2001) looks at the effect that collapsing health systems have had on access to essential drugs and the role of pharmaceutical companies in creating and controlling children's access to medicine.

Joint Public Private Initiatives: meeting children's right to health?

This report (2001) looks at the extent to which new forms of international co-operation in the field of health, so-called public private partnerships, meet children's rights. It examines four characteristics of joint public private initiatives using a child rights framework and makes recommendations for the principles and governance mechanisms that should be applied to all JPPIs in the field of health.

Right Angle No. 33, Summer 2001
This quarterly magazine is a resource for adults working with young people on global rights issues. Issue No. 33 focuses on HIV/AIDS and young people.

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