A new agenda for children affected by HIV/AIDS

As is so often the case in the provision of health care and deciding research agendas, children have been sidelined in the fight against HIV/AIDS. According to the latest UNAIDS figures, nearly 2 million children live with HIV worldwide, two-thirds in sub-Saharan Africa. In addition, 12 million children in sub-Saharan Africa have lost one or two parents due to HIV/AIDS. Many more live with a parent or carer with HIV. A very small proportion of infected children receive antiretroviral treatment, and prevention of mother-to-child transmission is only given to a third of women. Diagnosis in infancy is difficult and therefore often delayed. Child-friendly medication is lacking. 60% of children in southern Africa live in poverty. Now that HIV/AIDS is evolving from an acute emergency into a chronic epidemic, the way to deliver treatment and achieve prevention needs to change radically from an individualistic approach to a broader strategic one. Children and families need to take centre stage.

In an excellent report, based on 2 years of research and analyses, the Joint Learning Initiative on Children and HIV/AIDS—an independent alliance of researchers, implementers, activists, policy makers, and people living with HIV—has presented recommendations for such a change in direction. Home Truths: Facing the Facts on Children, AIDS, and Poverty, released on Feb 10, points out three broad policies that will make an immediate and longlasting difference to children: support children through immediate or extended families and deliver integrated family-centred services; strengthen community action to support families; and address family poverty through national social protection. Such policies are AIDS-sensitive but not AIDS-directed.

The family is the most important support structure for children. The report argues that the way orphans have been defined (as having lost one or both parents) and have become the centre of attention for many HIV/AIDS policies has been unhelpful, if not damaging. 88% of children labelled as orphans have a surviving parent and overall 95% continue to live with extended families. Additionally, children who live with HIV-positive parents have needs long before their parents die. Children need to stay within a family or kinship structure. Infected children usually live with others who are infected with the virus. The whole family, not the individual, needs to become the unit for support and treatment. The report advocates home health visiting and early childhood development interventions together with strategies to encourage children’s education. The use of schools as intervention platforms misses the opportunity to reach children early and to reach those who are not in education—the majority in some countries. Economic strengthening of families has to be the basis to allow many of these programmes to fully succeed.

The best immediate support for families is given by community groups. International donors need to work with these groups in partnership to avoid duplication, confusion, and waste of time and money. The authors suggest that coordination could be strengthened with a district committee that maintains an active register of community activities and devises a system of accountability that is understood by all and serves the community. All activities should be delivered within a framework that is based on best practice. Communities also have a crucial role to act as a backstop when families break down or when children live in an abusive environment.

Family poverty and undernutrition can be addressed through income-transfer programmes, such as Mexico’s Oportunidades programme or South Africa’s child support grants. These projects are efficient and simple, empower women, and can act as a springboard for other more complex schemes, such as microfinance loans. Such economic support increases school attendance, reduces illnesses, improves growth, and encourages uptake of health services. The largest portion of money is usually used to purchase food. Extreme poverty, rather than HIV infection, should be used as a criterion to avoid stigma and resentment. The report argues that “any developing country, no matter how poor, can afford social protection packages for children”. The positive effect of this policy is now established beyond doubt and no further pilot studies are needed.

To integrate all these strategies, governments need to take the lead with national plans and frameworks to scale-up programmes for children and families. With this approach, society as a whole will be strengthened with intergenerational effects that will go a long way towards, but also go well beyond, tackling the effects of HIV/AIDS. Putting children and families at the centre will show long-term vision with guaranteed future benefits. • The Lancet