



On Population, Sustainable Development and Reproductive Health

World AIDS Day **1 December 2000**

HIV/AIDS: the toll on children and young people

“The virus is already wiping out almost at a stroke, the substantial reductions in child mortality that were achieved in the 1980s and the first part of this decade. AIDS is well on its way to producing tens of millions of orphans”, Carol Bellamy, Executive Director of UNICEF

AIDS in the developing world is taking an increasingly heavy toll on children and young people, eroding the progress made over recent decades in children’s health and survival. According to UNAIDS, more than 4.5 million children under the age of 15 have been infected with HIV since the beginning of the AIDS epidemic, and over 3 million of them have already died. It is estimated that every minute, six young people under the age of 25 become infected with HIV. Mother-to-child transmission of the virus is now the major source of infection of children under 15.

Article 24 of the Convention on the Rights of the Child recognises “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health” and states that the international community is committed to reducing infant and child mortality.

Even when children are not infected themselves, AIDS has a devastating effect on their emotional and physical well-being. Studies have also shown that a family’s average income falls drastically when a family member has AIDS, leading to a decline in children’s school education and food consumption, as health care expenses eat into families’ budgets.

With the largest ever number of young people in the world and more than half of all new HIV infections occurring in people under 25, their sexual and reproductive health needs must be addressed in order to safeguard the well-being of the next generation.

AIDS orphans

To date, 13.2 million children have been orphaned by AIDS, a figure which is expected to rise to 40 million by 2010. 95% of the world’s AIDS orphans are in Africa. The rise of children who have lost one or both parents to AIDS is taking a heavy toll on individuals, families and communities. The phenomenon of children headed households is becoming increasingly prevalent as children have to assume ever greater responsibilities: looking after siblings, doing household chores and farming as well as caring for sick or dying parents.

Children orphaned by AIDS suffer physical, emotional and educational setbacks. They have an increased chance of being malnourished and risk having to forego their education in order to look after family members, or because families can no longer afford to send them to school.

The stigma and the social isolation which can accompany AIDS can also lead to orphaned children's increased risk for acquiring the virus as their vulnerability makes them more likely to be sexually abused and exploited for prostitution. In this respect, girls are particularly at risk.

The multi-dimensional impact of AIDS means that grandparents increasingly have to take on the responsibilities of parenthood again as they are forced to care for their grandchildren. This is putting great strain on elderly people who themselves often depend on younger generations for their livelihood and well-being.

Mother-to-child-transmission of HIV

Mother-to-child-transmission (MTCT) is now the major source of HIV infection in children under 15. Infection can occur during pregnancy, in childbirth and during breastfeeding. This is especially worrying given that there are currently an estimated 14 million women of childbearing age who are HIV positive and trends show that the risk of infection for women is increasing worldwide.

The best way to prevent MTCT remains ensuring that women are not infected in the first place. This involves the promotion of safe and responsible sexual behaviour in couples, access to reproductive health care, and knowledge of HIV/AIDS as well as other sexually transmitted infections (STIs), the presence of which is known to increase the risk of HIV transmission considerably. Crucially, and most problematically, it requires empowering women and girls in order to improve their social and economic status and thus enable them to protect themselves.

While prevention remains the key to preventing mothers and children becoming infected, infection from mother to child can be reduced. Firstly, voluntary and confidential testing and counselling must be available. Subsequently, interventions such as short and relatively inexpensive anti-retroviral drug regimes, advice on breastfeeding and support for alternative feeding methods can reduce the risk of transmission by half. The provision of reproductive health care is therefore crucial in order to reduce the chance of pregnant women passing the virus to their children.

Protecting young people: Education and information

"peer education is the most powerful yet underused tool we have to confront HIV/AIDS",
Nineteen year old Hortense Bla Me, President of Côte d'Ivoire's 100-member Children's Parliament

The international community has agreed on specific targets for the reduction of the spread of the virus calling on governments to ensure that, by 2005, at least 90% of young men and women aged 15-24 'have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection', (Key Actions for the Further Implementation of the ICPD Programme of Action).

There is a clear consensus on the need to work with young people to ensure they have the knowledge and means to protect themselves from infection. This involves increased access to education on the virus and on prevention, through schools, community-based groups and peer educators, as well as better access to health services.

Girls often become infected at a younger age than boys because they are biologically, socially and economically more vulnerable to infection and unprotected or coercive sex. Recent studies carried out in Africa show that girls between the ages of 15 and 19 are 8 times more likely to be HIV positive than boys of the same age.

The role of the EU

Health, HIV/AIDS and Population (HAP)

In recent years poverty reduction has been brought to the heart of European Community development policy. The EC has placed greater emphasis on health, HIV/AIDS and population (HAP) interventions targeting poorer communities in developing countries. As a result, aid to these sectors has grown from 1% of total EC development assistance in 1986, to a current 8%. EC commitments to HAP related activities in developing countries between 1990 and 1998 amounted to €3.4 billion. The Community's emphasis is on basic health services and the development of comprehensive reproductive health, HIV/AIDS and population programmes. The evolution of the EC's HAP policy has led to the recognised need for new ways and additional investments to tackle the three most devastating communicable diseases in the developing world: HIV/AIDS, Malaria and Tuberculosis.

The Commission's accelerated action against these diseases, a joint initiative with WHO and UNAIDS, is a clear indication of the importance it attaches to health interventions and of its focus on an integrated approach to investment in health for poverty reduction.

In the fight against HIV/AIDS, prevention still remains the EC's principal long-term response. The Commission's new initiative places a strong emphasis on the nexus between HIV/AIDS and reproductive health aiming at effectively increasing access to, and utilisation of, existing reproductive health care services. The Commission argues that this will necessarily involve working through NGOs and community based organisations as well as the private sector and traditional providers. It has identified a number of reproductive health interventions to prevent HIV/AIDS, such as the social marketing of condoms and the prevention and treatment of STIs, which has been proven to be a key factor in reducing HIV transmission rates. Mother-to-child-transmission of the HIV virus will be addressed through existing safe motherhood programmes as well as by stepping-up sexual and reproductive health and HIV/AIDS information and education campaigns targeted at young people.