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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by the Caritas Internationalis (International Confederation of Catholic Charities), a non- governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[10 February 2017]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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The Commitment of Faith-Based Organisations to Save the Lives of HIV-Positive Children and Their Parents

Caritas Internationalis is a global Confederation comprised of 165 national Catholic Church-related organizations working in more than 200 countries and territories in the world. Since 1987, Caritas Internationalis has prioritized, *inter alia*, actions in response to HIV and AIDS and other related illnesses, focusing, in particular, on the economic, social, emotional, and Human Rights-related impact of the pandemic.

In 2009, Caritas Internationalis launched its “HAART¹ for Children”, an on-going advocacy campaign that urges governments and pharmaceutical firms to take action in order to promote and respect the Right to Health of children living with HIV or HIV/TB co-infection. Through this campaign, Caritas advocates for the elimination of new HIV infections among children, and for early diagnosis and treatment of HIV or HIV/TB co-infection among women and children in all parts of the world. The campaign calls on governments and pharmaceutical companies to: develop and provide child-friendly HIV and TB medicines, especially for infants; further develop low-cost and low-technology testing methods to diagnose such infections among children; and scale up programmes aimed at preventing the transmission of HIV from HIV-positive mothers to their babies.

In its December 2016 report, “*Updated Gap Analysis on Pediatric HIV Treatment, Care and Support*”², UNAIDS announced that “*nearly 110,000 children died of AIDS related illnesses in 2015, equal to 2,100 children dying per week*”. The proportion of children living with HIV who receive antiretroviral therapy more than doubled between 2010 and 2014 (from 14% to 32%), but coverage remains notably lower than it does for adults (41%). Only 820,000 of 2.6 million children living with HIV have access to treatment.

Without adequate care and treatment, as many as one third of children born with HIV will die before their first birthday, and half of them will die before they are two years old. Children being treated with Highly Active Anti-retroviral Therapy must take three or more different anti-retroviral drugs several times a day in order to avoid the development of resistance to a single drug and to prevent the virus from progressing into AIDS. These medicines must be formulated differently than those for adults, and in a way that takes into consideration the climactic conditions in the areas in which they will be distributed and used. It also should be noted that, in many low-income settings, clean drinking water, adequate nutrition³, and supply of electricity are not always available on a continuous basis⁴. The lack of child-friendly fixed dose combinations (FDCs), 3 pills in one, adapted to the climate and conditions of resource-limited settings is among the major challenges to paediatric AIDS treatment.

Another major barrier related to treatment of paediatric HIV is the difficulty with detection of HIV in babies younger than 18 months. Several factors may prevent children from being tested: the limited availability of diagnostic tests capable of identifying HIV among infants and adaptable for use in poor settings; the low coverage of prevention of mother-to-child transmission (PMTCT); problems with transportation of specimens and results; the long distances to reach the nearest health centre where a child can be tested; fear of prejudice, stigma and discrimination that a child and their family often face once diagnosed; the lack of knowledge about the importance of testing and treating HIV-infected people and children; weak health and laboratory systems; and lack of capacity in hospitals and clinics to provide follow up with mothers and children after testing. Moreover, scale-up of testing programmes for children requires investment

¹ HAART stands for Highly Active Antiretroviral Therapy, the combination of medicines that helps prolong the lives of both children and adults living with HIV. These medicines also help to prevent mother-to-child transmission of the virus.

² UNAIDS/PCB(39)/16.18

³ See the Joint Written Statement submitted by Caritas Internationalis (International Confederation of Catholic Charities) for the 19th Regular Session of the United Nations Human Rights Council A/HRC/19/NGO/63.

⁴ It has been confirmed that the overall socio-economic situation of people living with HIV is an essential element in determining their effective care and hope for survival. See the Final Report of the Commission on Social Determinants of Health, *Closing the Gap in a Generation – Health Equity through Action on the Social Determinants of Health*, WHO 2008.

in training and technical assistance for paediatric health care providers, improvement of laboratory capacity and facilities, and referral networks and community mobilization.

Also affecting the access of children to ARV treatment is the unacceptable state of health systems in most of the countries hardest hit by the pandemic, and the shortage of skilled healthcare workers, in particular, of paediatricians and nurses familiar with treating children. Unlike adults, children taking ARVs demand constant check-ups and advice from trained personnel in order to receive maximum benefit from and adhere to their respective treatment programs.

These barriers mitigate against the child's Right to the Highest Attainable Standard of Physical and Mental Health recognized, *inter alia*⁵, in the Convention on the Rights of the Child (CRC). In fact, the CRC requires States to recognize the right of children to enjoy, without discrimination, the highest attainable standard of health and access to facilities for the treatment of illness and rehabilitation of health. Moreover, States Parties must strive to ensure that no child is deprived of his or her right of access to such health care services: access to medicines is a fundamental element of the child's right to health under article 24 of the CRC, as interpreted by the Committee on the Rights of the Child in its General Comment on HIV and AIDS.

States have the primary responsibility to enhance access to medicines, and "*denying access by children to HIV care and treatment is a blatant demonstration of the failure of the state to deliver its international Human Rights obligations*"⁶. However, other stakeholders, including pharmaceutical companies, should share this responsibility: the Committee on Economic Social and Cultural Rights confirmed that the private business sector has responsibilities regarding the realization of the Right to the Highest Attainable Standard of Health. Thus, while governments have the primary responsibility for implementing the Right to Health, pharmaceutical companies can exert a profound impact on the realization of this right.

In order to "*eliminate new HIV infections among children by reducing the number of children newly infected annually to less than 40,000 by 2018 and 20,000 by 2020, to reduce the number of new HIV infections among adolescents and young women to less than 100,000 by 2020, to provide 1.6 million children and 1.2 million adolescents living with HIV with anti-retroviral therapy by 2018, and to provide 1.4 million children and 1 million adolescents with HIV treatment by 2020*", UNAIDS launched the 2016 super-fast track for children and adolescents "Start Free. Stay Free. AIDS Free"⁷. This strategy, which is clearly enshrined in the SDG3 – Ensure Healthy Lives and Promote Well-Being for All at All Ages, aims to "*end AIDS in children, adolescents and young people by 2020*"⁸.

⁵ The Universal Declaration on Human Rights says that "*motherhood and childhood are entitled to special care and assistance*", which is of particular relevance for the scaling up of programmes to prevent the transmission of HIV from mother-to-child, and for the care of children during and after birth. The Declaration adds in article 25 "*All children [...] shall enjoy the same social protection*". The International Covenant on Economic, Social and Cultural Rights, in article 12 paragraph 2, clearly states that access to medicines is an indispensable part of the Right to Health. This means that under International Law, States have a duty to ensure that existing medicines are available within their borders. They also have a responsibility to take measures in order to ensure that much-needed new medicines are developed, become available and are accessible. In the General Comment on HIV and AIDS, the Committee also examined the issue of mother-to-child transmission: "*Infants and young children can be infected with HIV during pregnancy, labor and delivery, and through breastfeeding. States are requested to implement strategies recommended by the United Nations Agencies, including the provisions of essential drugs, e.g. anti-retroviral drugs, appropriate antenatal, delivery and post-partum care, and making voluntary counseling and testing available to pregnant women and their partners. Counseling of HIV-positive mothers should include information about the risks and benefits of different infants feeding options*". Thus, the measures that should be taken by States to prevent the transmission of HIV from a mother to her children include the following: medical protocols for HIV testing during pregnancy; information campaigns among women concerning mother-to-child transmission; the provision of affordable drugs, and of care and treatment to HIV-positive women, their infants and families, including counseling and infant feeding options.

⁶ *Paediatric HIV: From a Human Rights Lens*, Caritas Internationalis HAART for Children Newsletter, Issue 2, June 2012, Interview with Prof. Daniel Tarantola, Professor of Health and Human Rights, University of New South Wales, Sydney, Australia.

⁷ <https://free.unaids.org>

⁸ UNAIDS/PCB(39)/16.18

Recognizing the potential for further and greater engagement of faith-based organizations to facilitate more prompt and effective achievement of testing and treatment goals for children living with HIV and AIDS, the U.S. President's Plan for AIDS Relief (PEPFAR), UNAIDS, and Caritas Internationalis have joined efforts to convene a series of consultations focused on the theme of: "*Early Diagnosis and Treatment for HIV-positive Children – Strengthening Engagement of Faith-based Organizations*".

The first of a series of consultations was held in Rome, Italy, in April 2016, where representatives from Catholic-inspired and other religious organizations serving children living with or affected by HIV joined leaders from UNAIDS, PEPFAR, UNICEF, WHO, the Global Fund to Fight AIDS, TB, and Malaria as well as other groups to discuss challenges and successes in responding to pediatric HIV.

As professionals engaged in the response to the continuing and grave challenges posed by the HIV epidemic, at global, national, and local levels, they gathered from Africa, Asia, Europe, Latin America, and North America, to commit themselves to:

- Address psycho-social and spiritual needs of children and families;
- Deliver testing and treatment services at local community level;
- Utilize the sermons and other educational services, including pastoral and clergy training and formation programmes, to deliver direct, comprehensive, effective, and understandable messages for individuals, families, and communities, in relation to physical, emotional, behavioral and spiritual health and wholeness;
- Shape positive attitudes that counteract fear and tendencies toward stigma and discrimination;
- Integrate value-based sexual and responsible relationship education into their curricula and into preparation for life-changing transitions (adolescence, marriage, death and mourning, etc.);
- Initiate and sustain effective advocacy approaches to address social justice-related barriers and obstacles to universal access to early and sustained testing and treatment for HIV, TB, and other co-infections;
- Increase partnership and collaboration with governments and other civil society actors;
- Assume a critical role in implementing, and monitoring progress in achieving, the Sustainable Development Goals and other international commitments, and to safeguard respect for Human Rights;
- Assure access to treatment and provide social, emotional and spiritual support for arriving migrants and refugees;
- Maintain focus and concern on marginalized, low-prevalence, and/or hard-to-reach populations within their respective countries;
- Contribute to ethical and theological reflection, and ecumenical and inter-religious dialogue, on overcoming obstacles and barriers to effective Early Infant Diagnosis and Treatment of Children living with HIV.

This is the commitment expressed by the unique voice of Caritas Internationalis, other faith communities and related organizations to save the lives of children living with HIV and their parents, and to accompany the empowerment of affected families.
