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

Joint written statement* submitted by Caritas Internationalis - International Confederation of Catholic Charities, New Humanity, non-governmental organizations in general consultative status, Associazione Comunità Papa Giovanni XXIII – APG23, the Company of the Daughters of Charity of St. Vincent de Paul, the Dominicans for Justice and Peace - Order of Preachers, Edmund Rice International, the International Volunteerism Organisation for Women, Education, Development - VIDES International, Istituto Internazionale Maria Ausiliatrice – IIMA, VIVAT International, non-governmental organizations in special consultative status

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

[11 February 2013]

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

Paediatric HIV prevention/treatment and social determinants of health

The Associazione Comunità Papa Giovanni XXIII and the undersigned NGOs take note of the report of the United Nations High Commissioner for Human Rights on the right of the child to the enjoyment of the highest attainable standard of health delivered at the 22nd regular session of the Human Rights Council.

Regrettably, the report does not mention explicitly the crucial role of the Social Determinants of Health in determining inequalities that underpin availability, accessibility, affordability, and acceptability of health care for all the children of the world. It also fails to propose clear recommendations to overcome structural and societal obstacles that constitute root causes of poor health.

Population health outcomes, in fact, are significantly influenced by complex, integrated and overlapping social structures and economic systems identified as "social determinants of health".

In 2008, the WHO Commission on Social Determinants of Health,[1] clearly stated that "the poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon....Together, the structural determinants and conditions of daily life constitute the social determinants of health."

In sub-Saharan Africa, more than 1,000 new-borns are infected with HIV every day, despite available medical interventions. Prevention of mother-to-child transmission of HIV (PMTCT) can dramatically reduce the risk of infection for the infant during pregnancy, childbirth, and breastfeeding. Throughout most urban areas of Africa, free medications are readily available. However, approximately 50% of HIV-positive pregnant women in sub-Saharan Africa are not accessing or adhering to the necessary medications to prevent mother-to-child transmission.

Some barriers to PMTCT, which are faced by women, stem from the broader macro-level economic and social conditions. Socioeconomic barriers include: persistent unequal power between men and women; legal discrimination against women; low economic and education status of women; domestic violence and stigma.

Furthermore, paediatric HIV is a large contributor to the high rates of infant and child mortality in many countries, which in fact are among the highest in the world. Only 28% per cent of children living in low- and middle-income countries and in need of anti-retroviral medications are afforded access to them.[2] On an hourly basis, this causes the deaths of 30 children under the age of 15.[3] For children living with both HIV and

[1] Closing the gap in a generation: health equity through action on the social determinants of health: final report of the commission on social determinants of health, World Health Organization, 2008 http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf.

[2] UNAIDS Report Together We Will End AIDS, July 2012.

[3] Dr. Karusa Kiragu, The Global Plan for the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive, presentation given in conjunction with the Catholic HIV/AIDS Network meeting, 13 October 2011.

tuberculosis (TB) the situation is even worse: despite the fact that TB remains the main cause of death among children with AIDS, paediatric drug formulations are not available to treat HIV/TB co-infection in children.

HIV-positive children living in rural or peri-urban slum areas in resource-limited countries do not have access to clean drinking water. Their parents are so poor that cannot always afford to use the little charcoal available at home in order to boil water. These children do not have electricity in their homes and the parents cannot maintain ARVs paediatric fixed-dose combinations in syrup form under refrigeration. Hence, children are administered adult-dose ARV tablets for adults that must be broken into smaller pieces, and this incurs the constant risk of over/ under dosage. These are clear examples of the existing vicious cycle between AIDS and poverty and of the need to address HIV/AIDS in a broader perspective that includes development and equitable opportunities for all.

For these regions to eliminate the vertical transmission of HIV and meet the Millennium Development Goals, interventions need to move beyond the individual-level and address the structural and social barriers that prevent women and children from utilizing PMTCT services and access treatment. Only through a combination of individual, community, and structural interventions will we achieve an AIDS-free generation, which requires the elimination of vertical transmission of HIV throughout the world, including sub-Saharan Africa where the highest rate of such transmission occurs.

The right to health is closely linked to other fundamental human rights, most notably access to potable water and adequate hygiene, the right to food and the right to education, and relates closely to the social determinants of health as societal conditions in which people are born, grow, live, work and age.

Action on these determinants, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies. Social and structural interventions that focus on education, employment and job security, health care, housing, income and social inclusion are needed to address the root causes of HIV vulnerability in a comprehensive manner.

Socio-economic factors (i.e., social determinants of health), which form “the basic foundation of a society”, have the greatest influence on health-seeking behaviours and should be given greater priority in the approach to decrease paediatric HIV infections. In this regard, it is crucial that any study on the right to health of children takes into account the Resolution 14[1] of the 62nd World Health Assembly, and the Rio Declaration on Social Determinants of Health.

Among children who are at risk of, and often experience, denial of their right to health are orphans and vulnerable children, children living and working on the street, as well as children belonging to minority groups such as indigenous populations and Roma, migrants, children with disabilities, children in armed conflicts etc. Specific attention should be given to their particular conditions and needs.

In many developing countries, the main root causes for violation of the right to health and denial of access to treatment are the lack of an enabling international and national environment and the existence of structural obstacles (financial, economic, political etc.).

For this reason, the implementation of the Right to Development is essential for the respect, protection and fulfilment of the right to health and for addressing the social determinants of health.

Infants and children must be counted among the most vulnerable, and lack both voice and influence to address even their most basic needs. Too often issues and needs related to children remain among the lowest priorities within the public health and welfare agendas.

For these reasons, the undersigned NGOs call upon the Human Rights Council to engage even more forcefully in appeals and recommendations to Governments to take effective action in:

- Addressing the Social Determinants of Health as they are crucial for achieving global public health;
- Keeping the promise to release 0.7% of ODA in 2015 in order to achieve the Millennium Developments Goals by 2015 and maintaining such commitments in the post-2015 development Agenda;
- Establishing a post-2015 Development Agenda that takes into account the removal of structural and societal obstacles to global health;
- Implementing speedily and concretely the Right to Development of individuals and peoples by creating an enabling environment at national, regional, and international levels;
- Focusing on global governance reform to enhance inclusiveness, equality of voice, transparency and accountability;
- Reinforcing the role of the State in the provision of basic and essential health services necessary to health through increases in health and social welfare budgets and reduction of military expenses;
- Cancellation of the foreign debt for those countries that are unable to satisfy, and thus are stranded by their debt obligations;
- Investment in research on social determinants of health to provide more evidence-based knowledge on how such determinants influence population health and health equity;
- Assurance of universal access to ART (antiretroviral therapy) for adults and children living with HIV/AIDS;
- Taking urgent and concrete measures to address climate change and environmental degradation;
- Accounting for actions taken to ensure access to medicines for children living with HIV in the national reports forwarded to the Committee on the Rights of the Child and to the Universal Periodic Review;
- Development of national HIV/AIDS Strategic Plans that focus on PMTCT and integrate PMTCT programmes into existing public health systems;
- Capacity-building in national and local laboratories to facilitate HIV and TB diagnosis among infants and children, including skilled staff, and support and/or development door-to-door and home-based testing for children and their families, always accompanied by counselling;
- Investment in innovative financing mechanisms that aim to promote research and development of paediatric testing and “child-friendly” antiretroviral medicines (in particular paediatric fixed dose triple combinations adapted for infants living in poor settings) and that facilitate expanded, sustained and predictable access to medicines at affordable prices in developing countries;
- Negotiation with the pharmaceutical industry to make needed paediatric medicines locally available at the lowest cost possible;
- Development of a National Essential Paediatric Medicine Lists which include paediatric fixed dose combinations both for HIV and TB;

- Ensuring that agreements on intellectual property rights, such as TRIPS, do not undermine access to essential drugs, life-prolonging and life-saving medicines and vaccines;
- Support for and promotion of negotiations toward development of innovative research and development processes designed to deliver products addressing priority health needs of developing countries, including those of children.