United Nations A/HRC/19/NGO/25

General Assembly

Distr.: General
16 February 2012

English only

Human Rights Council
Nineteenth session
Agenda item 2
Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General

Joint written statement* submitted by Caritas Internationalis (International Confederation of Catholic Charities), a non-governmental organization in general consultative status, the Associazione Comunità Papa Giovanni XXIII, a non-governmental organization 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.

[10 February 2012]

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

Appeal for urgent attention to the situation of children living with HIV or with HIV/TB co-infection

Caritas Internationalis (International Confederation of Catholic Charities) joins with the Associazione Comunità Papa Giovanni XXIII to take note of the Report A/HRC/19/37 submitted by the UN High Commissioner for Human Rights, Ms. Pillay, on the protection of Human Rights in the context of HIV and AIDS.

The co-signatory NGOs affirm the observation by the Madame High Commissioner that "HIV continues to constitute a global emergency that poses formidable challenges to development, progress and stability, and requires an exceptional and comprehensive global response". At the same time, we regret that the Report lacks sufficient attention on the situation of children living with HIV or with HIV/TB co-infection.

UNAIDS and WHO estimated that, during 2010, 390,000 children were newly infected with HIV, and that 2.01 million children were living with HIV at the end of 2010. Of the latter only 22% had access to appropriate antiretroviral treatment in accord with recommendations by the World Health Organization. The death rate among untreated HIV-positive children is very high: 50% of such children die before their second birthday. The mortality rate of untreated children living with HIV reaches 80% by the time such children reach five years of age.

Approximately 90% of HIV-infected infants are born to mothers who were never tested and never received prophylaxis to prevent mother-to-child transmission (MTCT). Even if the HIV status of infants could be determined immediately after birth in order to start treatment on infected children without delay, in 2009 only the 6% of children born to women living with HIV in low- and middle-income countries were tested within the first two months of life. This precarious and tragic situation continues to occur despite commitments by Governments and the International Community to ensure that pregnant women and their infants have access to effective treatment and, where appropriate, to breast-milk substitutes to reduce MTCT.

With regard to HIV/TB co-infection, WHO estimated that a third of HIV-positive people around the word are co-infected with TB. More than 250,000 children develop TB, and 100,000 children will continue to die each year from TB. Paediatric TB is a neglected disease and can have devastating long-term effects on children, including loss of sight and hearing as well as total paralysis.

There are many and varied obstacles to achieving access to appropriate diagnosis and treatment of children living with HIV or with HIV/TB co-infection, and to means of prevention of vertical transmission of HIV by pregnant women living with the virus. First of all, high levels of stigma make women reluctant to undergo voluntary testing and counselling in the event of a positive test result; husbands and other family members often react negatively and even violently to the news. Second, there is a continuing lack of accessible fixed dose combinations of antiretrovirals for infants, and early diagnostic tests are still too expensive. Third, health systems in developing countries, especially in Sub-Saharan Africa, where HIV prevalence is significantly higher than in other parts of the world, are very fragile and lack specialized personnel.

Moreover, it is necessary to call attention to the overall socio-economic situation of people living with HIV as an essential element in determining effective care and hope for survival. The lack of access to food and to safe drinking water can present a major obstacle to effective treatment. When asked why she and her children are not availing themselves of life-saving antiretroviral medications, an HIV-positive African woman living in a slum, most likely would respond that, if forced to choose between food and medicine, she will

choose food. And, even if she has access to food, she may find it necessary to spend her meagre amount of available money for transportation in order to reach a distant clinic. Then, she probably would have to spend all day waiting in order to meet with a health care worker who, in the end, may simply give her a prescription to buy the medicine, which she cannot afford anyway. Therefore, it is necessary to consider access to medicine in the broader context of the Social Determinants of Health and to bear in mind that human rights are interrelated and mutually reinforcing.

All these obstacles call for immediate and effective action by the Office of the High Commissioner for Human Rights, the all members of the Human Rights Council, by States Parties to the Convention on the Rights of the Child (CRC) and by all relevant stakeholders, including pharmaceutical and generic companies, manufacturers, UN entities, other international organizations, NGOs, and persons living with HIV.

For these reasons, the co-signatories call upon Madame High Commissioner and her Office to engage more forcefully in appeals and recommendations to Governments to take effective action by:

- Accounting for actions taken to ensure access to medicines for children living with HIV;
- Developing national HIV/AIDS Strategic Plan which focus on PMTCT and integrate PMTCT programmes into existing public health systems;
- Building national and local laboratory capacity to facilitate HIV and TB diagnosis in infants and children, including skilled staff, and support and/or develop door-to-door and home-based testing for children and their families, always accompanied by counselling;
- Investing in innovative financing mechanisms that aim at promoting research and development of paediatric testing and medicines (in particular paediatric triple fixed dose combinations adapted for infants living in poor settings) and that aim at providing further medicine access at affordable prices to developing countries on a sustainable and predictable basis;
- Taking measures to increase food security in children as part of a comprehensive response to HIV and AIDS as lack of food is a major barrier to children's access to medicines;
- Negotiating with the pharmaceutical industries to make necessary paediatric medicines locally available at the lowest cost possible;
- Seriously addressing the determinants of health that negatively influence access to medicines for children with HIV and for all children;
- Increasing efforts to achieve MDGs 4 and 5 by respecting previously-made commitments to fully fund basic health care for women and children and to sustain funding for national health plans based on a primary health care approach;
- Working to ensure that intellectual property rights agreements, such as TRIPs, do not undermine access to essential drugs, life-prolonging and life-saving medicines and vaccines.

Universal access to testing and treatment, particularly for children living with HIV or HIV/TB co-infection, could serve as an unquestionable “litmus test” for measuring the commitments made by States to promote integral human development and health for all, but most especially for the poorest and most marginalized people.