

Act now for children and adolescents living with HIV

About 1.8 million children under the age of 15 years are living with HIV. Every day, 400 children are newly infected, and 300 die. Fewer than half of the children needing treatment are receiving it. HIV is the second largest cause of adolescent deaths globally. In 2015 alone, 670,000 young people between the ages of 15 to 24 were newly infected with HIV. To make matters worse, children living with HIV are at serious risk of tuberculosis (TB). In 2015, 210,000 children died from TB. We must act now to ensure access to appropriate testing and treatment for children living with HIV.

As religious leaders and leaders of faith-based organizations, we remind governments of their commitments agreed in the June 2016 United Nations' Political Declaration on HIV and AIDS that there should be "special emphasis on providing 1.6 million children (0-14 years of age) with antiretroviral therapy by 2018."

We call on governments and the international community to take action in six key areas:

- 1. Funded national plans:** Ministries of Health and Finance must review their national and local plans and allocate sufficient funding to ensure that all children and adolescents living with HIV will have access to testing and treatment by 2018 and that by 2020 these children remain on treatment and are virally suppressed.
- 2. Early diagnosis:** Ministries of Health and Finance must prioritize HIV testing as soon after birth as possible for infants of women living with HIV, as peak mortality for babies living with HIV occurs within the first six weeks. Point-of-care pediatric diagnostics must be included in national scale-up plans and introduced as soon as possible.
- 3. Appropriate medicines:** Pharmaceutical and generic drug companies must develop formulations of their drugs that children can swallow, and are palatable, affordable and store well. For their part, Ministries of Health and regulatory bodies must ensure the speedy registration of WHO prequalified medications for

children. Donors must support the Global Accelerator for Pediatric formulations (GAP) which mitigates the risks faced by drug companies in producing medicines for such a relatively small market.

- 4. Access to TB drugs:** Ministries of Health and Finance must prioritize the national roll-out of quality-assured, affordable, child-friendly TB medicines in the correct internationally-recommended dosages that are now available. Pharmaceutical and generic drug companies must urgently develop paediatric formulations of selected drugs to treat multi-drug resistant TB.

- 5. Eliminate stigma:** Ministries of Education and Health must commit to ensuring that all children living with and affected by HIV are free from stigma and discrimination, paying particular attention to ensuring that schools are HIV stigma-free environments.

- 6. Address food insecurity:** Ministries of Health and Finance must commit to ensuring food and nutrition support to enhance treatment adherence and retention in care for children and adolescents living with HIV and TB.

We commit to:

1. Speak out and engage with key stakeholders in support of the rights of children and adolescents living with HIV.
2. Utilize congregational platforms for outreach to encourage community members to make full use of services for children living with HIV.

Signature: _____

Contact: _____





The Live the Promise Campaign

The Live the Promise Campaign of the World Council of Churches - Ecumenical Advocacy Alliance seeks continued priority on the response to HIV and AIDS, the elimination of stigma, and a significant faith-based contribution to the vision of 'getting to zero' – zero new infections, zero discrimination, and zero AIDS-related deaths.

To learn more, please visit www.oikoumene.org/livethepromise



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