

Overview of how HIV & AIDS affect children and women in Asia-Pacific

**Unite for Children,
Unite against AIDS.**

Symposium:

Caring for children & families affected by HIV in
concentrated and low-level epidemics: Government and
community responses that are making a difference!

9th ICAAP

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Bali, Indonesia

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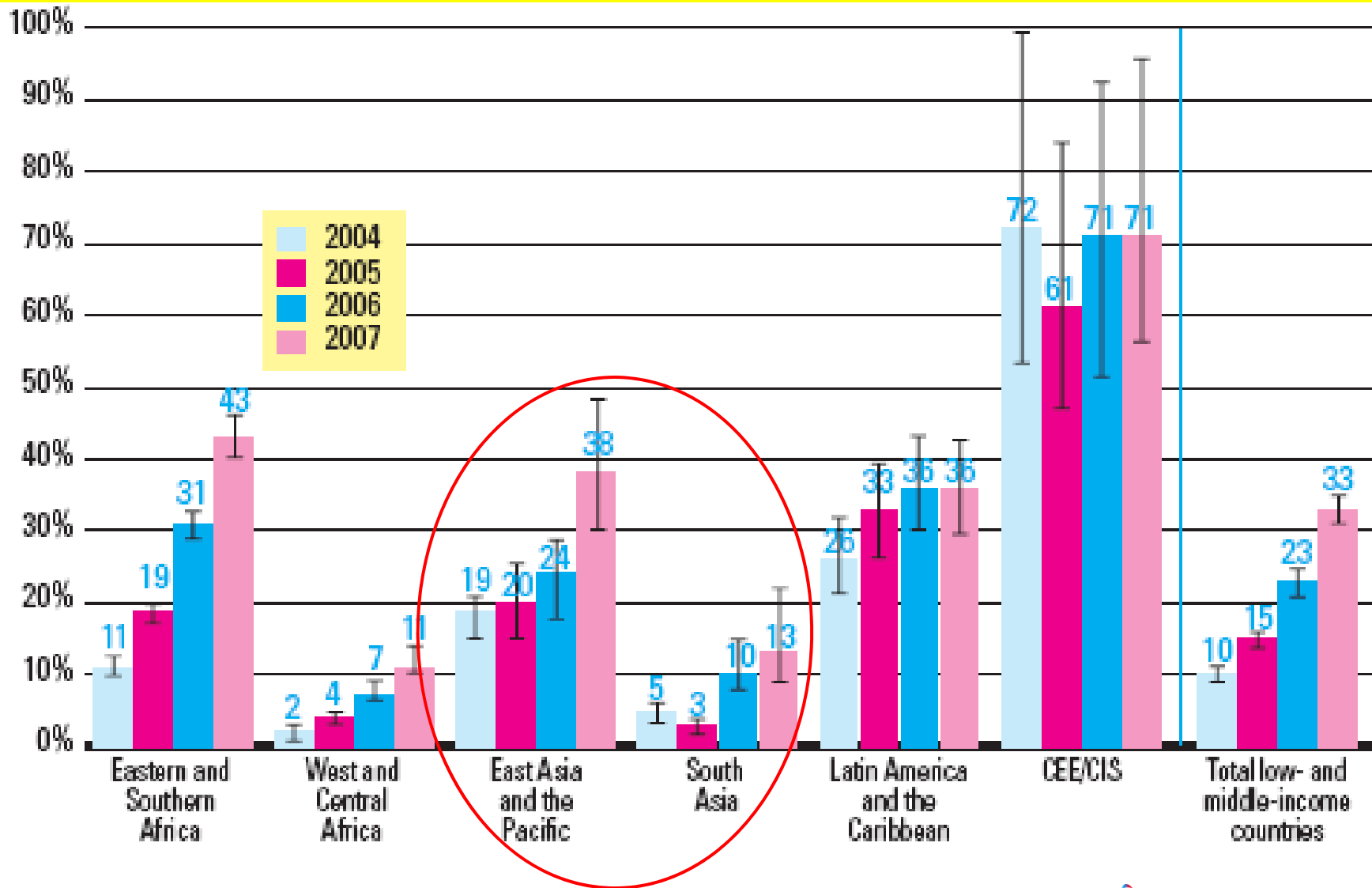
Current Trends – HIV/AIDS in Asia Pacific

- Estimated number of people living with HIV : 5 million, 25% of whom (1.27 million) are young people aged 15 – 24
- Estimated new infections in 2007 : 380,000 (200,000 – 650 000)
- Fastest growing epidemic in Asia – Indonesia (Papua), next to the most severe epidemic, Papua New Guinea
- Estimated number of people living with HIV in Vietnam doubled between 2000 – 2005 : 120,000 to 260,000
- Estimated number of people living with HIV in Pakistan - 51,000 in 2001 and 96,000 in 2007, a concentrated epidemic most severe among injecting drug users

HIV/AIDS and Children in Asia Pacific

- Asia Pacific has 180,000 children, 0-14 years, living with HIV
 - Break down by COs not available, except Cambodia 4,400; PNG 1,100; Thailand 14,000
 - 28% of all infants born to infected mothers are receiving ART prophylaxis
 - 16% in need of ART are receiving cotrimoxazole treatment ARV
 - Majority of children on treatment are in Thailand, Cambodia & India
- Main transmission route among children is mother -to-child, and a small percentage through unsafe blood supply and unsafe injections
- Many are children of injecting drug users, sex workers and men who buy sex, facing dual or multiple discrimination and at the same time making them vulnerable to HIV infection
- With growing feminization of AIDS in the region, children continue to be at risk of infection, and more are facing grim prospects of orphanhood

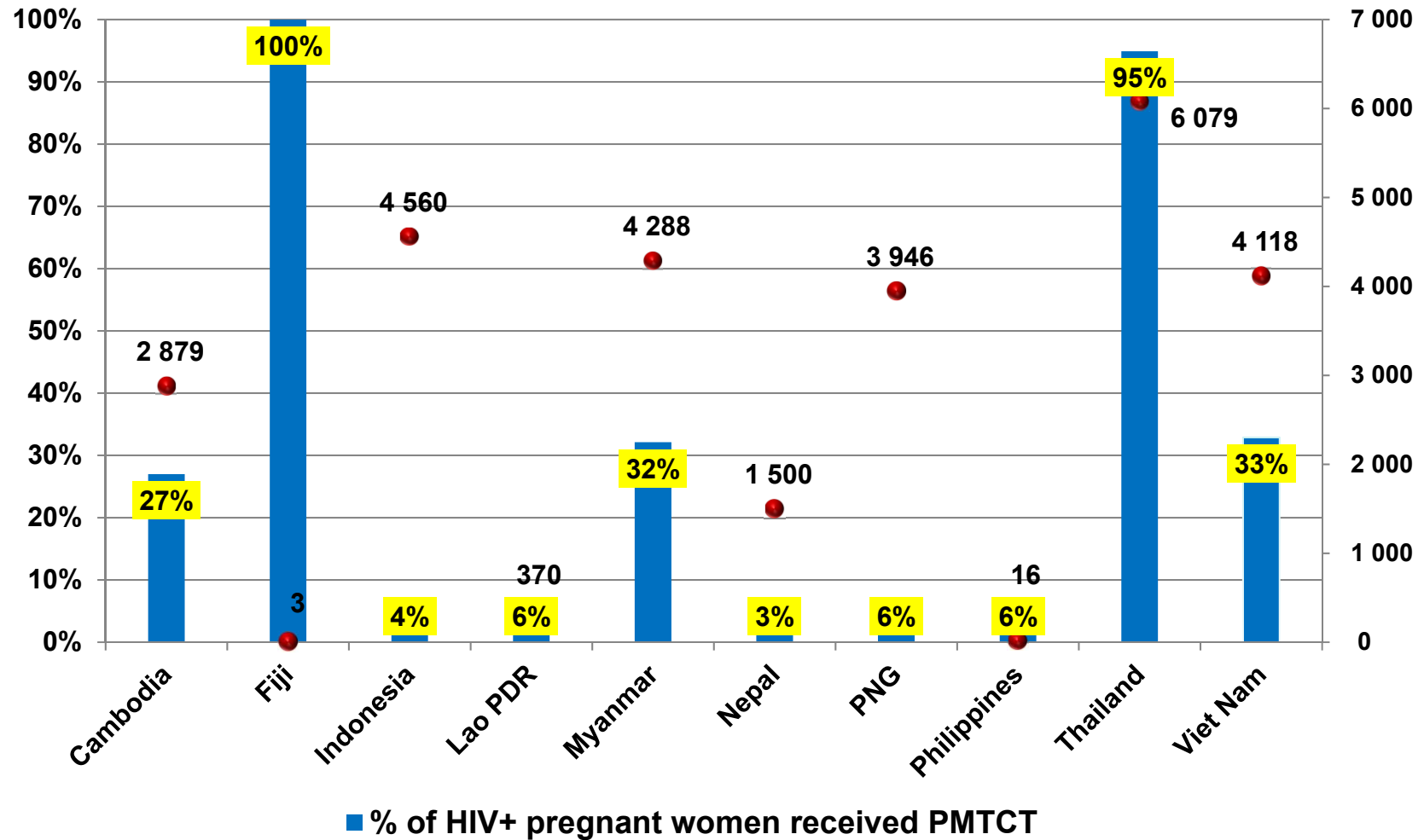
More women are receiving ART for PMTCT



Source: *Children and AIDS, Third Stocktaking Report, 2008, UNICEF*

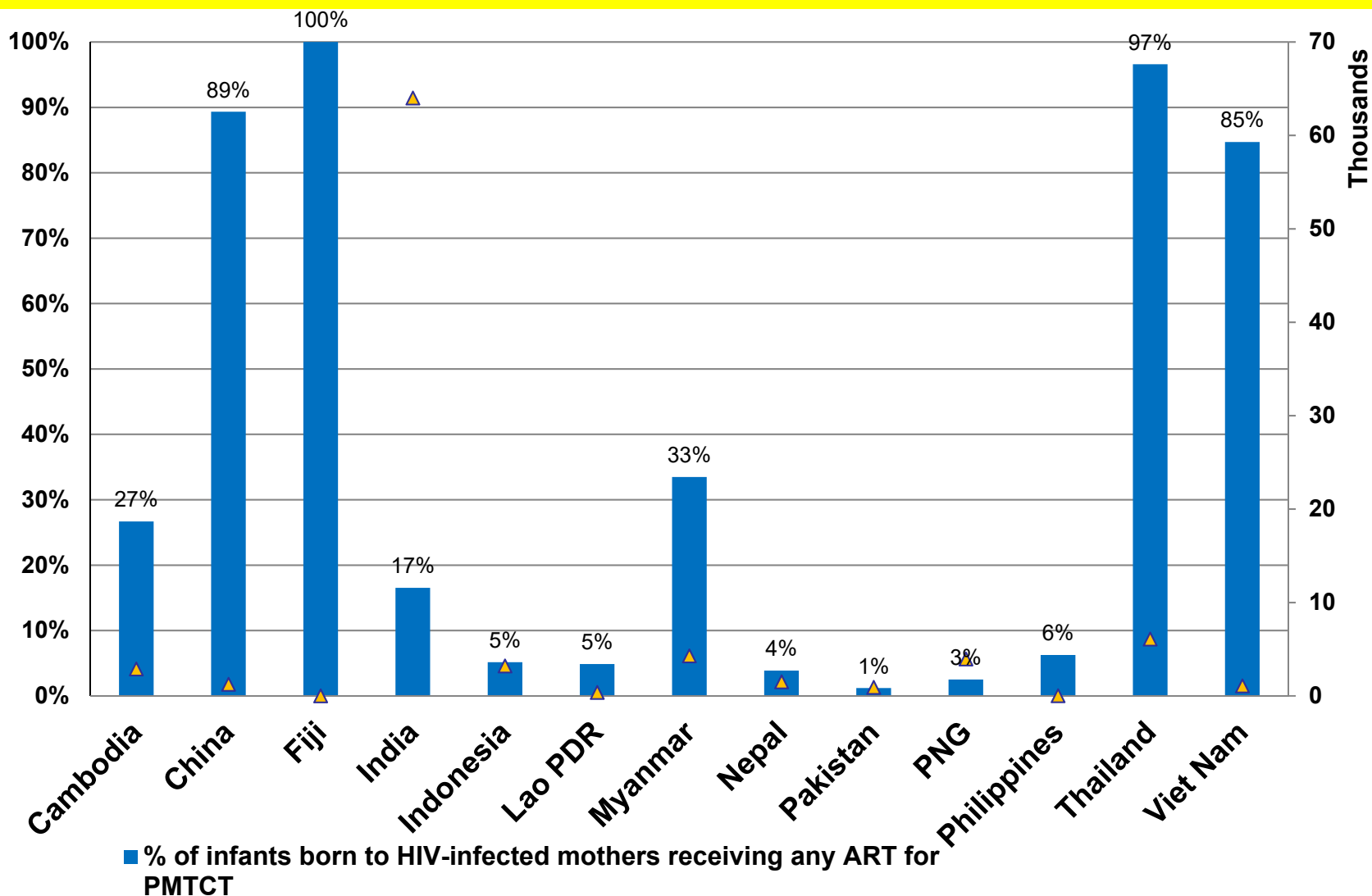
Coverage in Asia-Pacific still low

% of HIV+ pregnant women who received PMTCT



Source: Country reports, Joint Global Reporting on the Health Sector's Response to HIV/AIDS, 2009, prepared by www.aidsdatahub.org

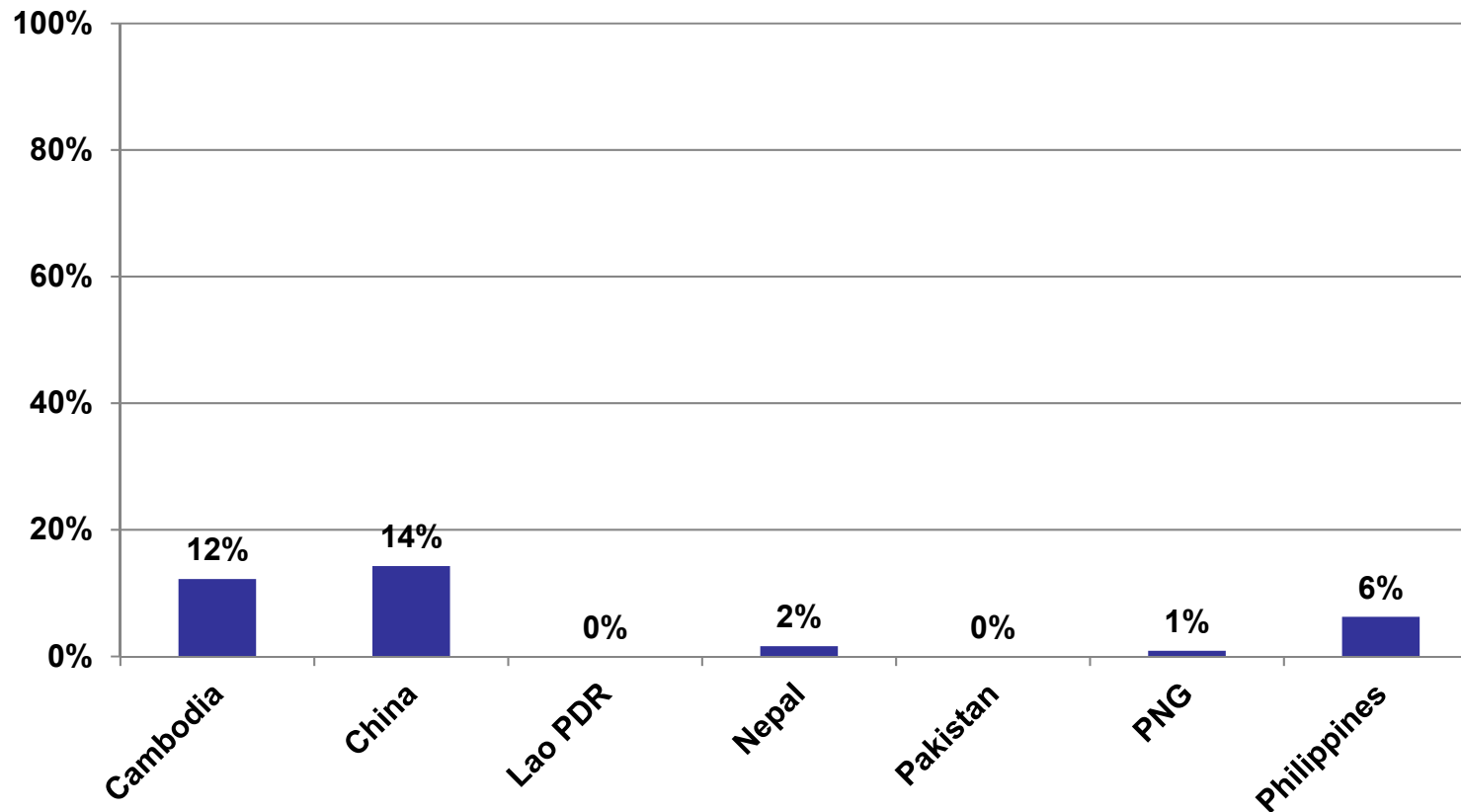
% of infants receiving any ARV prophylaxis for PMTCT, selected countries in Asia, 2008



Source: Country reports, Joint Global Reporting on the Health Sector's Response to HIV/AIDS, 2009, prepared by www.aidsdatahub.org

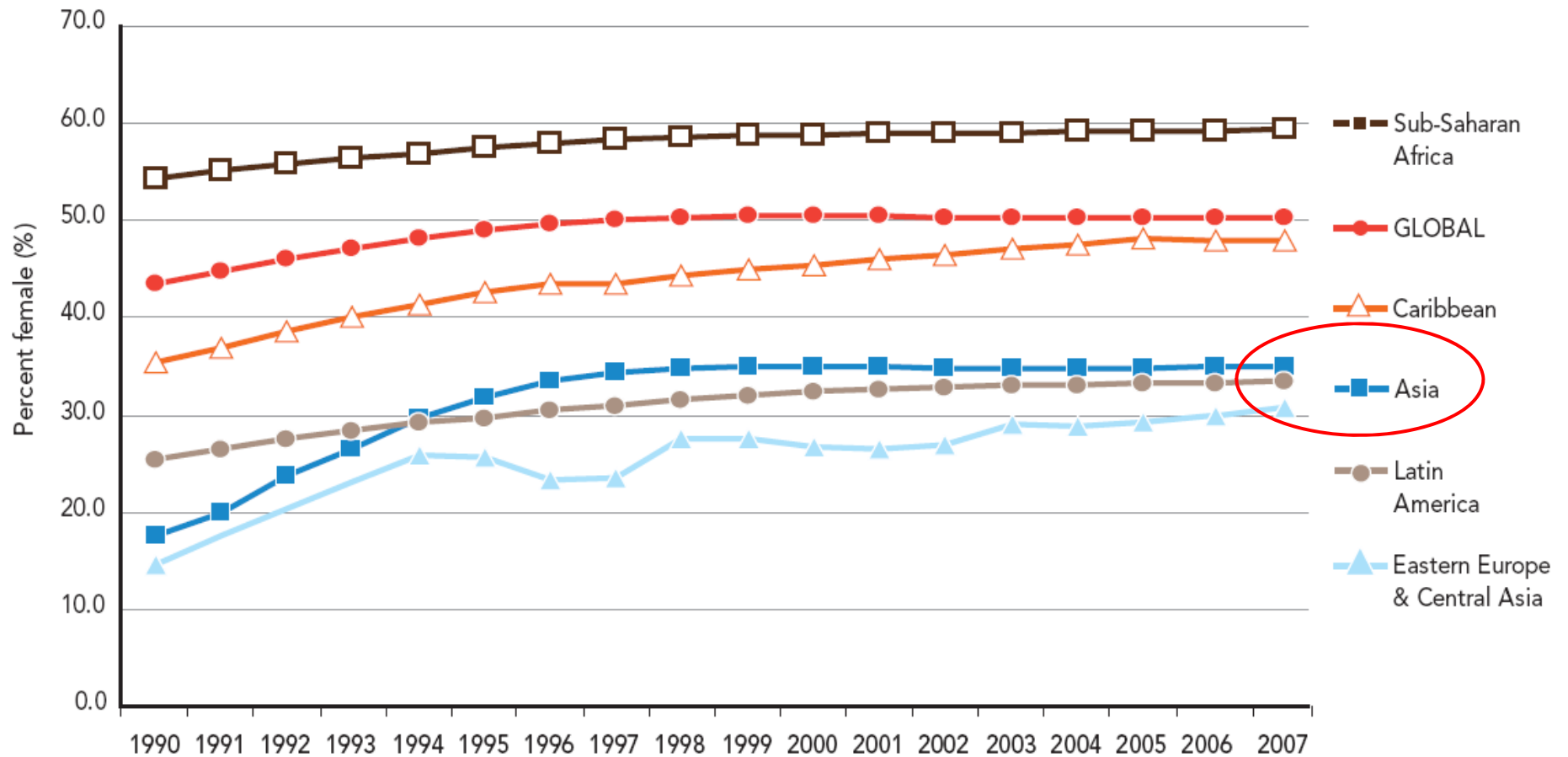
Coverage even lower for HIV+ women receiving ART for their own health and survival

Children risk losing their mothers – a new generation of AIDS orphans



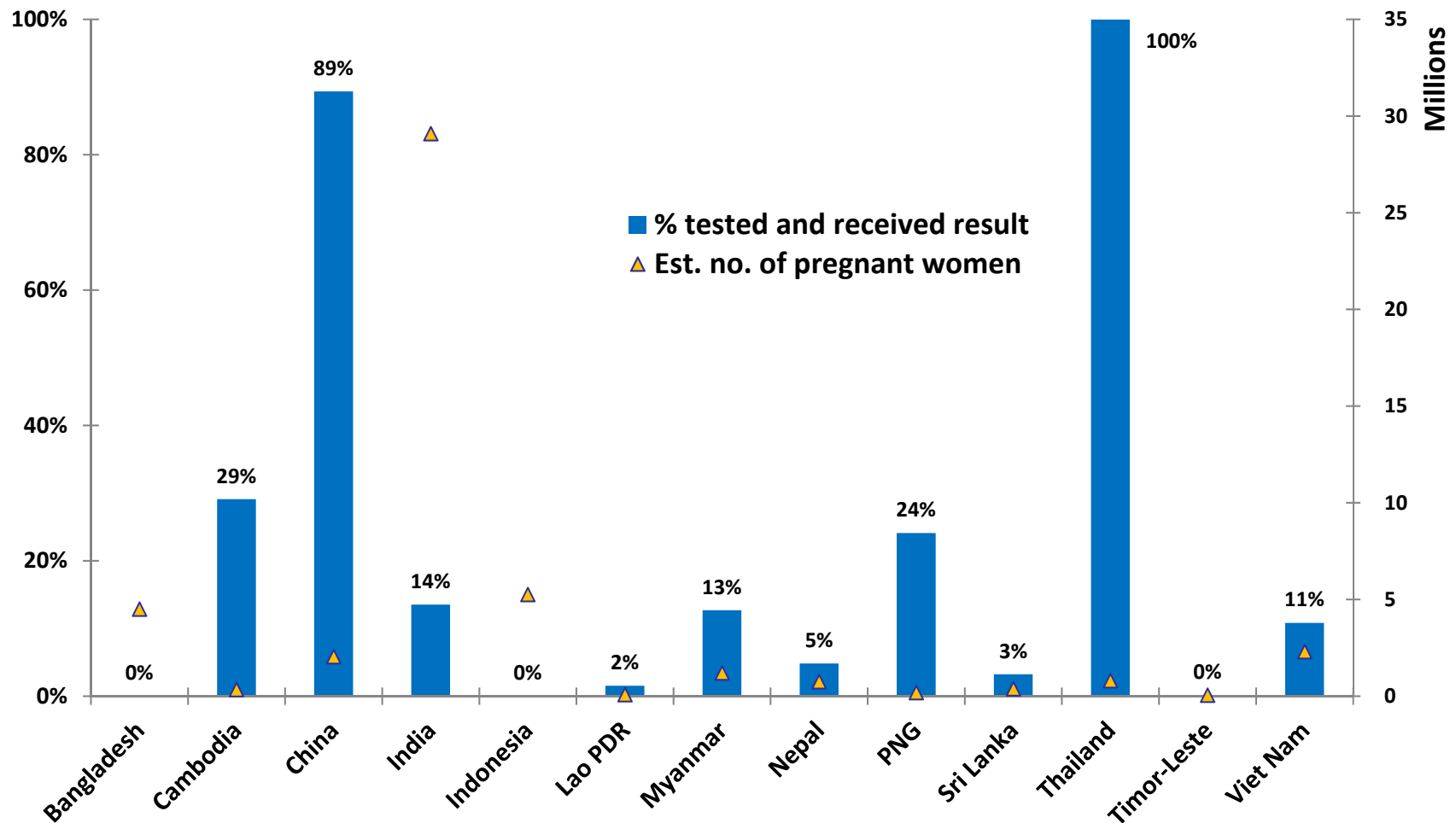
Source: Country reports, Joint Global Reporting on the Health Sector's Response to HIV/AIDS, 2009, prepared by www.aidsdatahub.org

HIV and Women - globally half of adults living with HIV are women, about one-third in Asia



Source: 2008 Report on the Global AIDS Epidemic, UNAIDS

% of pregnant women tested for HIV and received results by estimated no. of pregnant women, selected countries in Asia, 2008



Note: Data from China is based on reported number of pregnant women

Source: Country reports, Joint Global Reporting on the Health Sector's Response to HIV/AIDS, 2009, prepared by www.aidsdatahub.org

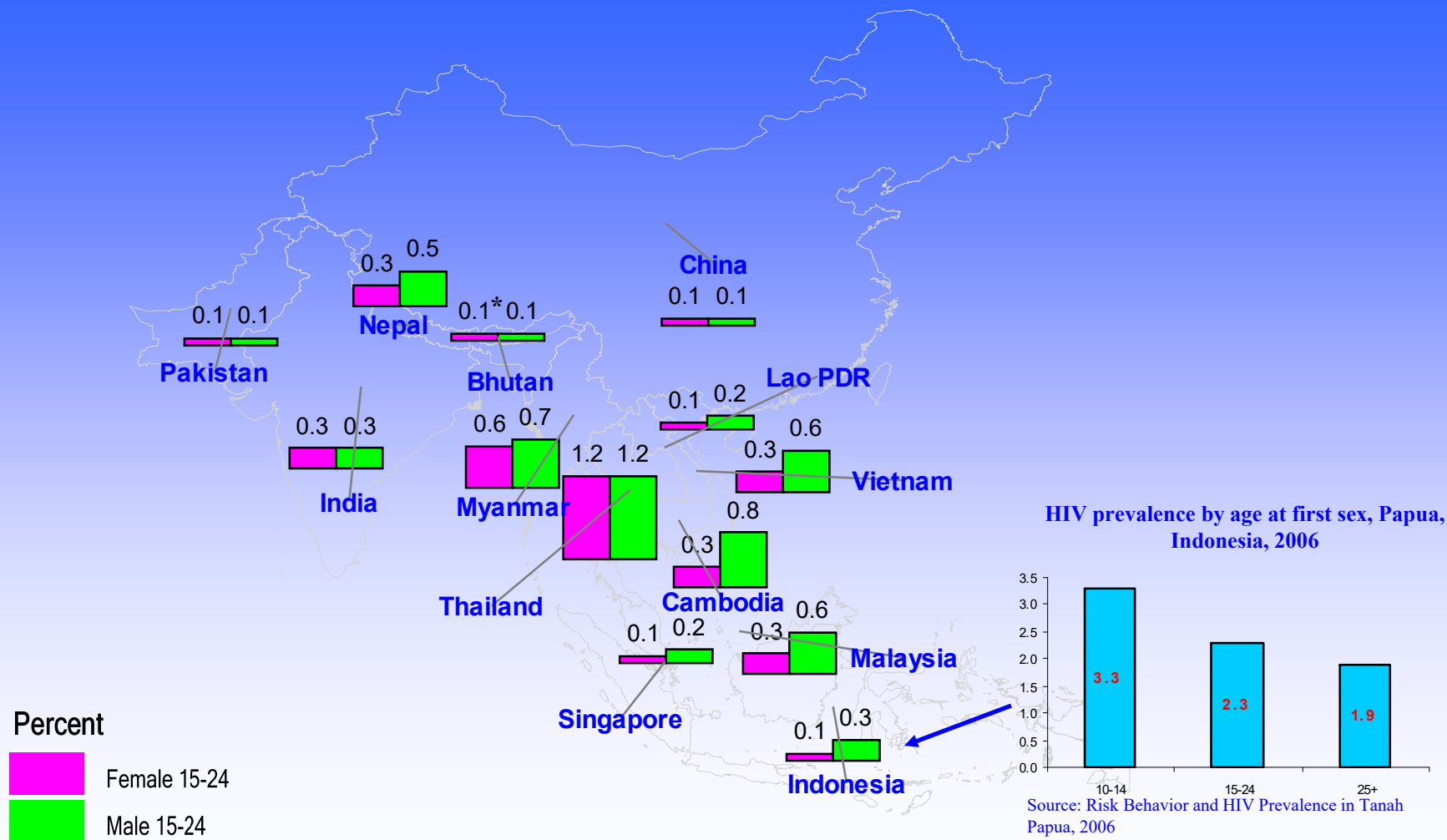
Feminization of AIDS in Asia Pacific

Major source of infection among women is through partners

- **Cambodia** - more than 43% of new infections were among married women and more than a third of new infections were from mother-to child (2008 data)
- **Malaysia** – nearly one-fifth of newly infected persons in 2006 were women and girls compared to barely 5% a decade ago
- **China** - the estimated number of women living with HIV increased by 67% from 2005 to 2007, slightly more than men
- **Myanmar** – the male to female ratio of reported cases changed from 8:1 in 1994 to 2.2:1 in 2006
- **Thailand** - HIV prevalence is increasingly found in women infected by their husband or sexual partner. Young people aged 15-24 years now constitutes more than 60% of all new HIV infections

Sources: UNGASS Country Report – Malaysia; January 2006 to December 2007, January 2008; UNAIDS/WHO, 2008 Report on the global AIDS epidemic - China, July 2008; Report from the Technical Working Group on HIV Estimates and Impact Analysis in Myanmar Mandalay August 15-16, 2007; 2008 Cambodia HIV/AIDS Programme comments for consideration for the CPD; WHO, UNAIDS and UNICEF. Epidemiological fact sheet on HIV and AIDS: Thailand, July 2008

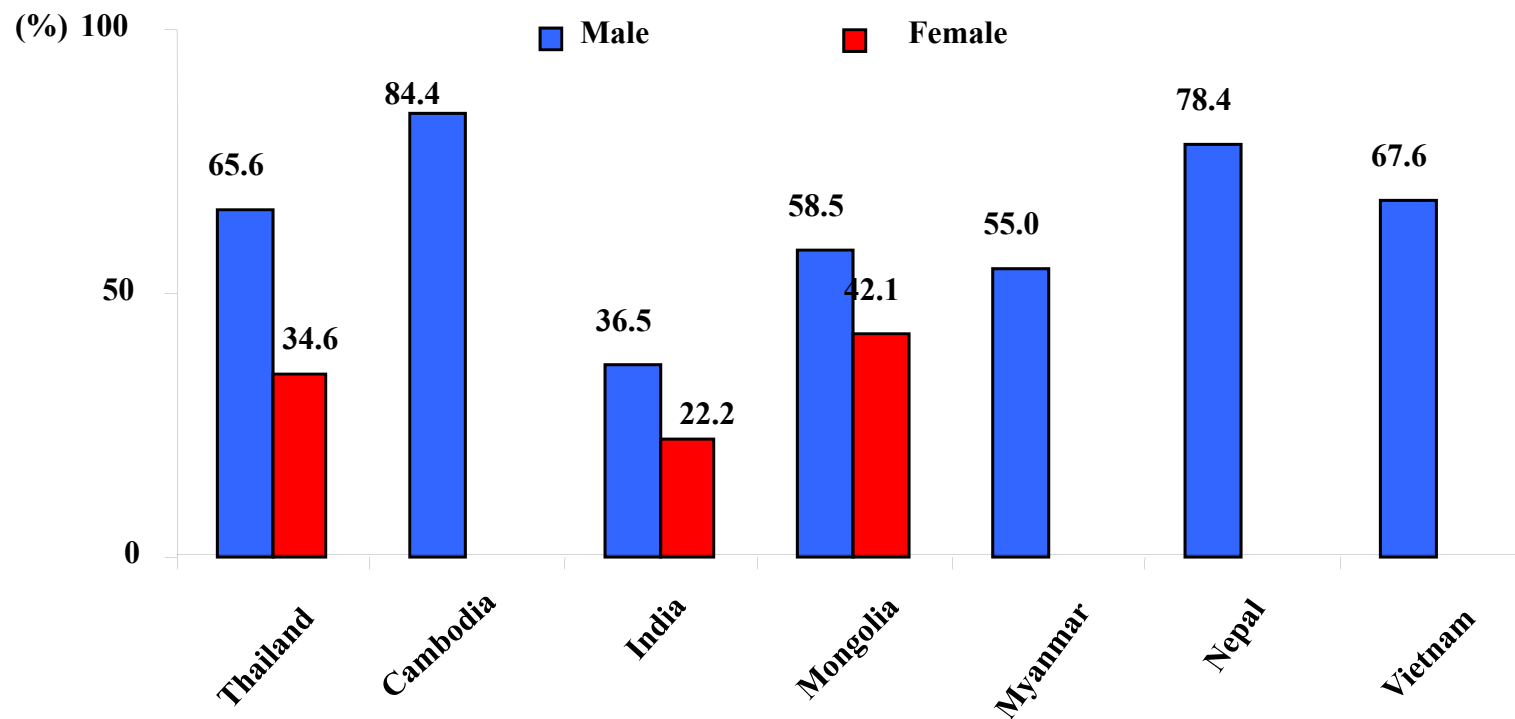
HIV prevalence among young people (15-24) by sex



* Refers to <0.1

% of young people (15-24) who reported the use of a condom during last higher-risk sex, 2005-2006

Note: Higher-risk sexual intercourse refer to with a partner who was neither a spouse nor who lived with the respondent



Source: Thailand National Sexual Behavior Survey, 2006; Cambodia Demographic and Health Survey 2005; India National Family Health Survey, 2005-2006; Mongolia STI/HIV/AIDS KAP Survey among Youth in Mongolia; Myanmar Behavior Surveillance Survey 2003 General Population and Youth; Nepal Demographic and Health Survey 2006; Vietnam AIDS Indicator Surveys 2005.

HIV & Young People in Asia Pacific

- **Over 95% of all new infections occur among most-at-risk populations (ages 20 – 39)**
- **Programmes for low-risk youth absorb over 90 per cent of youth prevention resources, but avert less than 5 per cent of HIV infections among young people**
- **Coverage of HIV services for groups most-at-risk has remained more or less stagnant in Asia**

Source: Report on the Commission on AIDS in Asia: Redefining AIDS in Asia, Crafting an Effective Response, Oxford University Press, Delhi, March 2008

Summary of HIV/AIDS in Asia Pacific

Overall prevalence is low but conditions exist for further increase

Huge number of men buying sex

Increase in infection among women

The younger face of AIDS

Children affected by AIDS – potentially a new generation of MARPs without strong social protection

Stigma and discrimination

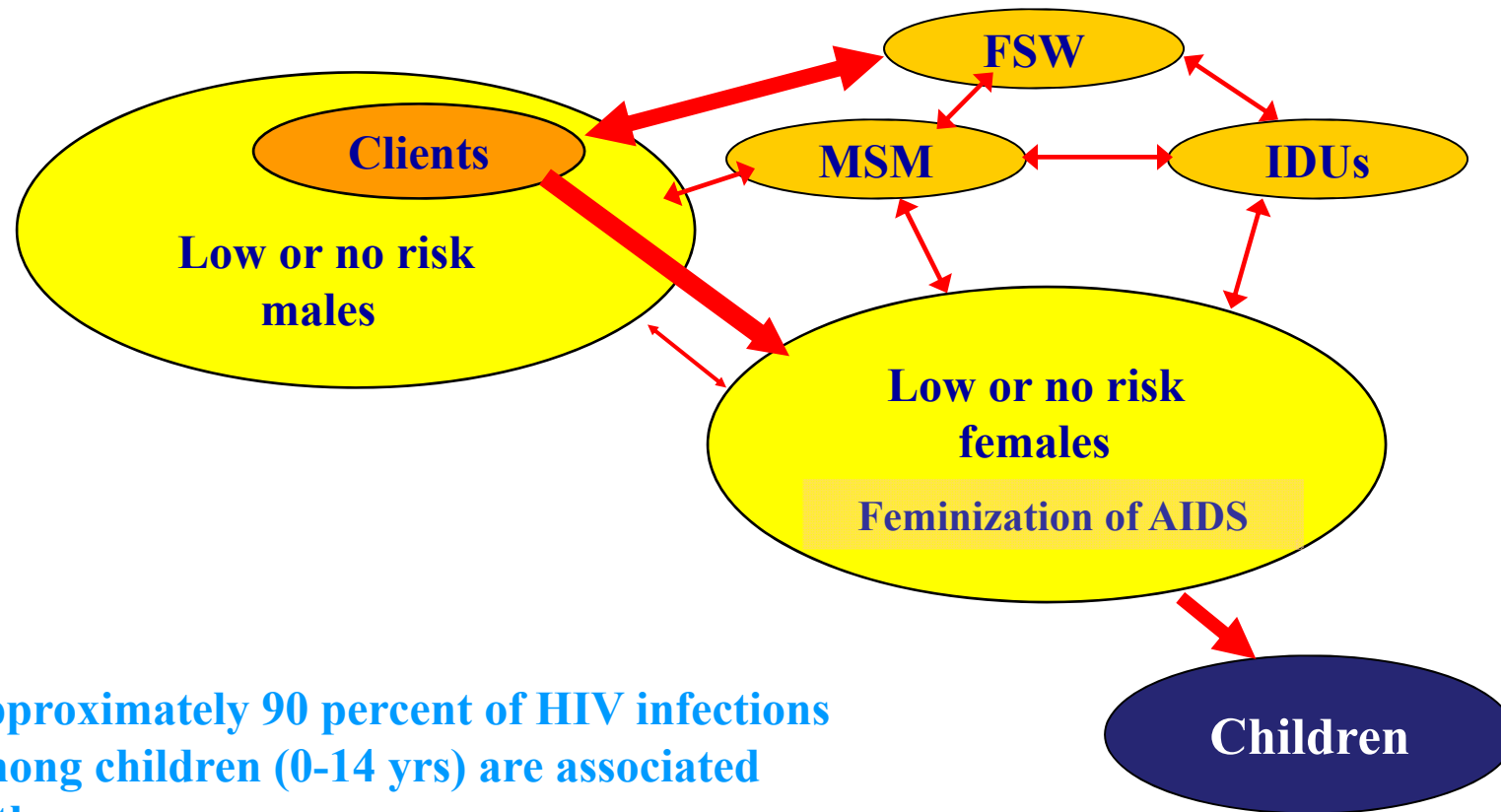
Predominant vectors of HIV transmission in most Asian countries are one of three main risk behaviours

Injecting drug use

Unprotected paid sex

Male to Male sex

Protecting children in the context of the spread of HIV in Asia



Approximately 90 percent of HIV infections among children (0-14 yrs) are associated with mother-to-child transmission

Source: Dr Tim Brown, FHI and East-West Center, Hawaii, USA

AIDS Orphans and Vulnerable Children in Asia-Pacific

- **1.75 million** children who have lost one or both parents to AIDS in Asia Pacific (11% of AIDS orphans globally, 1.3 million in South Asia and 450,000 in East Asia and the Pacific, 2005 estimates)
- Estimated **67.5 million orphans due to all causes** in Asia Pacific
- 151,000 children (0-14) are infected with HIV in the region
- Children affected by AIDS is estimated based on adult HIV prevalence and fertility rates, regional figures not known
- Vulnerable children (to risks and threats to HIV) estimate is not known
- Not all of these children are in need of protection care, support but the majority are, especially children of MARPs, whom we can begin to identify and work with.

Sources: *The State of the World's Children, 2009, UNICEF; A profile of UNICEF's response in the East Asia and the Pacific, 2007, UNICEF EAPRO; SAARC Regional Strategic Framework for Protection, Care and Support of Children Affected by HIV/AIDS; Dr. Tim Brown, ICAAP 2005, Kobe)*

Childhood Poverty and Impact of HIV/AIDS

- Households affected with HIV do have lower incomes, and often experience lost productivity and economic decline related to increased expenditures, especially on health
- Poverty is a major factor in reduced access to education in the region
- Orphans are less likely to attend school than non-orphans
- Paternal orphans have lower school attendance than non-orphans (Cambodia)
- Older orphans appear more vulnerable to school drop out (Thailand)

Source: Protection and Care for Children Faced with HIV/AIDS in East Asia and the Pacific: Issues, Priorities, Responses in the Region, 2009, UNICEF EAPRO.

Response to HIV and Children

- Children most at risk of HIV are those in poverty and those that are vulnerable due to their situation (children of CSWs, IDUs, MSM with female spouses, and men who buy sex)
- Address the multiple vulnerabilities faced by children infected with or affected by HIV
- Greater social protection of these children contribute to HIV prevention
- Social protection measures for children and families linked to health sector response in terms treatment and care of adults and children is urgently required

Scaling up strategies in response for children

- Linking PMTCT with maternal child health, sexual reproductive health and STI programmes to strengthen continuum of HIV prevention and care, along with improved partners counseling and referral
- Strengthening VCT services for couples at ANC, RH and STI clinics
- Engaging women and men living with HIV through self-help groups to reduce loss to follow up to treatment and care

- Advocating community-based, faith-based and multi-sector approaches for care and support of children and families affected by HIV & AIDS
- Supporting high-level advocacy on linkages within health system and with social support services (social welfare system)
- Supporting national assessments of burden of HIV on children within the context of overall situation of orphans and vulnerable children


- **Combination of prevention and protection measures work best to address multiple vulnerabilities facing children**

Regional Frameworks – Asia Pacific




REPORT
Protection and Care for Children Faced with HIV and AIDS in East Asia and the Pacific:
Issues, priorities and responses in the region



SAARC REGIONAL STRATEGIC

Framework for the
Protection, Care and
Support of Children Affected
by HIV/AIDS



Policy Level Progress in Asia and Pacific in 2008

**National Plans of Action for
CABA/OVC Piloted/Implemented**

**Cambodia, PNG, Indonesia, India,
Philippines, Nepal, Thailand**

**Assessment of needs and
impact of HIV on children**

**Thailand, Cambodia, Indonesia,
India, Lao PDR., Nepal, Malaysia,
China, Myanmar, Viet Nam,
Pakistan**

What governments and civil society can do?

- Low and concentrated epidemic – decision on targeting vs. universality given limited resources
 - Stronger social protection policy and implementation
- Improved surveillance and assessment – to identify most at risk children and adolescents
 - Stronger social support to children infected and affected by AIDS, and all orphans and vulnerable children who are poor
- Improved operational linkages between health and social sector, manage referrals and community support for large scale impact
 - Strengthen evidence on AIDS impact on children and put children on costed National Strategic Plan for protection, prevention care and support



Thank you!

United for Children Against AIDS