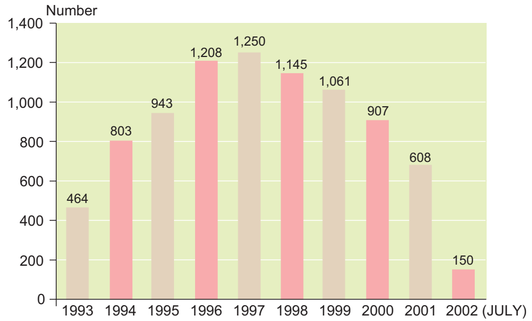
Many of the current national-level prevention of mother-to-child transmission (PMTCT) interventions are focusing on the antiretroviral aspects of components three and four. However, while access to antiretrovirals for both PMTCT and the treatment of advanced HIV is essential, a holistic approach encompassing all aspects is needed to have a long range impact that can alter the course of the epidemic.

Figure 3: Number of AIDS cases of children 0-4 years old from mother-to-child transmission, Thailand



Source: Monthly Epidemiological Surveillance Report. Thailand, Dec. 2002

The success of Thailand in reducing MTCT is a good example of holistic approaches. Figure 3 shows that much of the success in reducing the number of AIDS cases among children between the ages of 0 and 4 already started before the introduction of antiretrovirals in the late 1990's. By the mid nineties, the basis for successful PMTCT had been established through the reduction of HIV prevalence among pregnant women.

The challenge of treating children with HIV

Most children with HIV need a more intensive course of treatment compared to HIV-positive adults, and therefore require unique care and support measures. Without care and antiretroviral treatment, a significant proportion of children living with HIV in poor countries will die before age five - as many as 30 per cent are dying before their first birthday and 50 per cent before the age of two. However, with sustained care and support these children will have a good chance of growing and developing to their full potential. While the price of antiretroviral drugs has come down steeply in the past few years and funding and international commitment for access to antiretroviral has increased (e.g. the 3x5 Initiative and the Global Fund for AIDS, TB and Malaria), the current challenge is to provide treatment for children living with HIV. Current problems include:

- Limited expertise in terms of the diagnosis of HIV in infants and paediatric HIV treatment, and difficulties in quantifying the disease burden among children;
- Lack of simple and cheap screening methods that would facilitate the identification of infected children early enough to prevent and treat opportunistic infections;
- Lack of simplified paediatric liquid formulations for the youngest children who cannot swallow pills;
- Difficulties of monitoring drug toxicities and resistance levels among young children, whose symptoms may be different from those observed in adults;
- Difficulties with instituting a comprehensive treatment and care approach which, given that HIV/AIDS is a chronic illness, is often not available to children;
- Limited human resources and capacity of the health sector to provide clinical and psycho-social care for children with HIV/AIDS; and
- Difficulties in instituting a systematic and comprehensive follow-up system to monitor the health of HIV-positive infants.

Prevention and early action are key

The future course of the epidemic among children and women in East Asia and the Pacific will be determined by the pace by which evidence-based interventions[5], known to be effective in averting or reversing the spread of HIV/AIDS, are scaled up at the national level. The following actions are key to implementing a comprehensive prevention and care strategy aimed at reducing the risks of HIV/AIDS for women and children:

- HIV-prevention efforts that take into account **gender, economic and social disparities,** and that positively influence the extent to which women can exert control over their choices, and subsequently, reduce their vulnerability to HIV;
- Primary prevention of HIV among women of reproductive age expanded through the promotion of research, and increased access to **HIV/AIDS information, life-skills, sexual and reproductive health education** - in and out-of schools - as well as access to HIV-prevention methods that include female-controlled methods, such as microbicides;
- Improve access to diagnosis and **treatment of sexually transmitted infections;**
- Support ongoing programmes targeting **universal education for girls;**
- Facilitate the timely diagnosis of HIV infection through increased access and use of **voluntary confidential counselling and testing,** followed by access to antiretroviral drug prophylaxis for women and newborns, as well as the treatment of opportunistic infections and STIs;
- Integrate **HIV prevention and care into sexual and reproductive health services** and improve referral systems to increase women's and children's access to treatment and care services;
- Increase efforts aimed at preventing new infections among women and children caused by **unsafe blood transfusions and injections;** and
- Capacity-building to improve **clinical and psycho-social care** management for children living with HIV/AIDS.

[5] For further reading on what constitutes a comprehensive package of evidence-based interventions, please refer to "Costing Guidelines for HIV/AIDS Interventions Strategies", ADB-UNAIDS Study Series: Tool 1, UNAIDS and Asian Development Bank, February 2004

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Situation Review on

Women, Children and HIV/AIDS In East Asia and the Pacific

The issue: more women and children are infected

An estimated 1,700 children under the age of 15 are infected by HIV around the globe everyday. Many of these are young children, infected at birth by mothers who are unaware of their HIV status. The number continues to rise as more women are infected by partners who adopt high risk behaviours such as injecting drugs, buying sex, and having multiple sexual partners.

One recognizable pattern of HIV transmission starts with sudden increases among groups that practice high-risk behaviours, following which the epidemic spreads to the general population. This pattern has been seen in parts of East Asia and the Pacific. Sex workers, their clients and/or injecting drug users no longer form the bulk of new infections in countries such as Thailand, Myanmar, Cambodia, and parts of Viet Nam and China. The epidemic profile is shifting towards wives infected by their husbands who are often their only sexual partners.

The growth of HIV prevalence among pregnant women – as the virus infects groups with low risk behaviours – is thus a sign that the epidemic is encroaching on the general population. HIV prevalence among women of reproductive age in East Asia and the Pacific is showing an upward trend (see figure 1). The estimated number of HIV positive women has gone up by 24 per cent from 518,900 to 646,000 between December 2001 and 2003. In China, women accounted for 39 per cent of all HIV cases in 2004[1]. Increased infection of wives leads to increased HIV transmission to newborns. Reliable country-level data on the numbers of children infected is very limited, but UNAIDS estimates a total of about 168,000 children in the Asia and Pacific region were living with HIV by the end of 2003, up from 136,000 at the end of 2001. Regular assessments are needed to gather information on the numbers of children infected as well as those affected by HIV/AIDS.

[1] A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China, State Council AIDS Working Committee Office & UN Theme Group on HIV/AIDS in China, 2004

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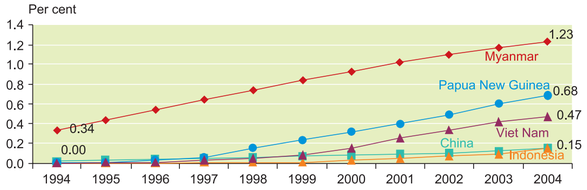
Figure 1 shows a continuous rise of infections among pregnant women in some countries which will result in more infants being infected at birth. Moreover, many young people have become trapped by drugs and adolescent girls remain vulnerable to sexual abuse, and to being drawn into the sex trade.

Figure 1: HIV prevalence among pregnant women in selected countries



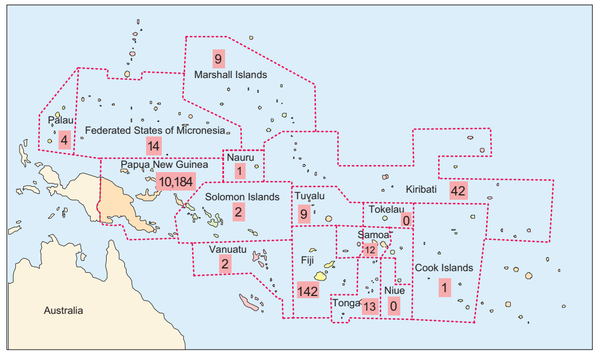
Source: UNAIDS/UNICEF/WHO Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Diseases, 2004

Available data for Papua New Guinea and the eastern Indonesian province of Papua, for instance, reflect a rapidly growing epidemic similar to that experienced in sub-Saharan Africa. In Papua New Guinea the high levels of HIV among pregnant women show an increasingly generalized epidemic. In late 2003, 1.4 per cent of pregnant women in Port Moresby and 2.5 per cent in Lae, in the central highlands, were found to be HIV positive. By 2004, Papua New Guinea had reported 10,184 cases, about half of them women, including 855 children below the age of 18. Behavioural surveillance data indicate that cultural factors (in particular the high level of sexual partner exchange among young people) are fuelling the epidemic.

Even the Pacific Islands are not being spared. Though data are limited, 940 HIV cases have been reported in the Pacific Island countries (excluding Papua New Guinea). Although the total number is still low compared to other countries in the region, the trend in new infections is a major cause for alarm. These countries also report high rates of sexually transmitted infections (STIs), a known risk factor for HIV transmission. Unprotected sex represents the primary risk, and the majority of new infections occur among young adults. Figure 2 shows the number of HIV/AIDS cases reported in 15 Pacific Island countries and territories. In neighbouring Australia, the number of women living with HIV/AIDS has increased from 800 to 1,000 between 2001 and 2004, and New Zealand has reported close to 200 cases of women infected.

For the Pacific Islands and other countries such as Timor-Leste, Mongolia and the Philippines with a national prevalence below 0.1 per cent (considered low prevalence) there is currently a remarkable window of opportunity to halt the impending scourge of AIDS. Proactive responses including: regular cross-sectional surveys; sentinel and behaviour surveillance; the screening of STIs; public education; and focused, targeted outreach will substantially reduce disease burdens over the coming years. Public knowledge of HIV/AIDS can be an initial indicator in regard to the level of action needed. The latest Demographic and Health Survey (2003) of Timor-Leste, for instance, showed that only two per cent of men and women could identify two or three ways of preventing HIV/AIDS. In the Philippines, a national survey showed that only 53 per cent and 44 per cent of women and men, respectively, are aware that the sharing of food does not transmit HIV/AIDS. Only 19 per cent of young adults, in a separate survey in December 2004, could correctly identify

Figure 2: Reported HIV/AIDS cases in 15 Pacific Island countries, 2001-2003



Note: The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations
Source: Secretariat of the Pacific Community, May 2004

ways to prevent HIV transmission, whereas 32 per cent said HIV could be transmitted through saliva. A previous survey in 2002 found that 73 per cent of young people in the Philippines believed they could never get HIV and AIDS, and 28 per cent believed AIDS was curable.

Children and HIV/AIDS

Children are susceptible to HIV not only from mother-to-child transmission, but also from unsafe blood transfusions and injections. Surveillance systems established so far have not yet captured the scale of the problem and only a few countries in the region, Cambodia (7,300), Myanmar (7,600) and Thailand (12,000), have reported on the estimated number of children infected.[2]

Although HIV is spreading among the young, a larger number of children are left with the prospect of becoming orphans as AIDS progresses among adults. The collection and reporting of data on children affected or orphaned by AIDS is lacking in most countries due, in part, to the difficulty of arriving at a reliable estimate of numbers of children orphaned by AIDS in concentrated or low-level epidemics - the state of many countries in East Asia and the Pacific. UNICEF, USAID and UNAIDS estimate that over two million children in the region have lost both parents, although it is not known what proportion is a result of AIDS[3]. Recent assessments conducted by UNICEF indicate that the number of children affected by HIV/AIDS is approximately 289,000 in Thailand, 265,000 in Viet Nam, 52,000 in Cambodia and 40,000 in Myanmar.[4]. Official data from China show about 76,000 children have lost both parents to AIDS, and current estimates project a dramatic escalation of orphans due to AIDS in China, reaching between 150,000 and 260,000 by 2010. The rapidly expanding epidemic presents the great challenge to policy makers of ensuring high-quality protection and care both for children infected and affected, particularly considering the stigma attached to the disease.

[2] Report on the Global AIDS Epidemic, UNAIDS, 2004
[3] Aggregates of countries in East Asia and the Pacific from "Children on the Brink", USAID, UNAIDS and UNICEF, 2004
[4] HIV/AIDS: A New Development Challenge, Susan Hunters, 2004

Strategies to prevent mother-to-child transmission

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS generated an unprecedented level of global leadership, awareness and resource mobilization in response to the HIV/AIDS emergency. A Declaration of Commitment adopted at the Special Session specifies time-bound goals and indicators to measure progress and to ensure accountability. In the Declaration, governments determined that together with partners, they would reduce the proportion of infants infected with HIV by 20 per cent by 2005, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women receiving antenatal care have access to:

- information, counselling and other HIV prevention services;
- voluntary and confidential counselling and testing, and effective treatment (antiretroviral therapy and infant feeding support) to reduce mother-to-child transmission of HIV; and
- access to treatment for opportunistic infections and HIV, especially anti-retroviral therapy and the provision of a continuum of care for HIV-positive women and their families

Approximately two thirds of HIV transmission from mothers to newborns occurs during pregnancy, labour or delivery, with the remainder occurring as a consequence of breastfeeding. The rate of mother to child HIV infection in developing countries, in the absence of measures to interrupt transmission, can be as high as 45 per cent. There are four components, recommended by UN specialize agencies to facilitate the effective prevention of mother-to-child HIV/AIDS transmission. These are:

Component I: Preventing HIV infection in all people, particularly young women. Even though there is a compelling need to prevent infection among young children who acquire HIV from their mothers, preventing women or mothers from getting infected in the first place should be the top priority. This will involve educating women and men about HIV/AIDS and ways of reducing HIV risks, providing access to condoms, buttressing women's role in society and in the households, and increasing men's responsibility for stemming the spread of HIV.

Component II: Prevention of unintended pregnancies among HIV-positive women. Strengthening reproductive health and family planning services so that all women, including those that test HIV positive, are given the means and the support to avoid unintended pregnancy.
Component III: Reduction of HIV transmission from HIV-infected women to their infants. Increasing the access to voluntary and confidential HIV counselling and testing, antiretroviral therapy, safe delivery practices, and counselling and support on infant-feeding methods.

Component IV: Provision of a continuum of care and support for infected women, children and families. Improving access to prevention, antiretroviral therapy, early diagnosis and treatment of opportunistic infections, psycho-social support and economic and legal support.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