



The pandemics of HIV/AIDS and of tuberculosis have drastically changed the world in which children live. Millions of children have been infected with and have died from the two diseases, and many more are gravely affected by the impact on their families and communities. For the most part, these challenges have been perceived as medical problems, but we also must pay careful attention to their impact on all aspects of children's rights: civil, political, economic, social and cultural.

There is a significant relationship between the Caritas HAART for children: campaign for greater access to pediatric HIV and TB testing and treatment and many elements of the United Nations Convention on the Rights of the Child (CRC). Indeed, the Campaign was launched on occasion of the 20<sup>th</sup> Anniversary (2009) of the CRC in order to urge governments and pharmaceutical companies to protect, respect and fulfill the right of children living with HIV or HIV/TB co-infection to the highest attainable standard of health.

Article 24 of the Convention requires States to recognize the right of all children,

without discrimination, to "the highest attainable standard of health" as well as to "facilities for the treatment of illness and rehabilitation of health". States Parties must strive to ensure "that no child is deprived of his or her right of access to such health care ...". Also, it requires States Parties to implement this goal "to the maximum extent of their available resources and, where needed, within the framework of international cooperation".

The right to health is a fundamental component of universally declared human rights and of respect for the central teaching in which Caritas and all Catholic Church-inspired socio-pastoral efforts are rooted: "... so that ... [all] might have life and have it abundantly (John 10:10).

Moreover, failure to uphold the right to health might present a serious obstacle to the realization of other human rights, such as the right to education or to food, and vice versa.

The right to health is recognized in several Human Rights Treaties. All States have committed themselves to uphold the right to health by ratifying at least one of those

## Contents

Dear Friends	1
St. Aloysius Gonzaga	2
Pediatric AIDS from a Human Rights Lens	3
Bertone calls for free and Universal Access to treatment	7
Advocacy by C.I. at the Human Rights Council	8
Prescription for Life in the Christian Brothers Schools	10
Upcoming Events	11
The children's letter writing action	12

## Upcoming Event

INTERNATIONAL AIDS CONFERENCE

<http://www.aids2012.org/>





instruments. As a consequence, governments are expected to make practical provisions, through relevant legislation, policies, and regulations, for all persons living within their respective territories, to enjoy this right. Yet children living with HIV and TB are often ignored in governments' health policies or left out of the prevention, treatment, care and support they deserve.

This second issue of the Caritas "HAART for Children" Newsletter will focus on pediatric AIDS through a "human rights" lens. It looks at the engagement of Caritas Internationalis, and some of its Campaign partners, in advocacy activities at the UN Human Rights Council and other international organizations. It also presents a special "snapshot" of the Campaign's "Prescriptions for Life" Initiative, which promotes a letter-writing action, undertaken by children throughout the world, to call on governments and pharmaceutical companies to develop "child friendly" tests and medicines for use among children living with HIV or HIV/TB co-infection in

low-income countries as essential actions that uphold the child's right to health.

Let's conclude this introduction with the strong appeal of Pope Benedict XVI, articulated on the occasion of the United Nations Day of Prayer and Action for Children, called to mark the 20th anniversary of the Convention on the Rights of the Child: "I make an appeal to the international community to increase its efforts to offer an adequate response to the dramatic problems of infancy. May a generous commitment on everyone's part not be lacking, so that the rights of children may be recognized and their dignity given ever greater respect."<sup>1</sup>

Rev. Msgr. Robert J. Vitillo; Ms. Francesca Merico

1. Pope Benedict XVI, Appeal delivered during General Audience, 18 November 2009, [http://www.vatican.va/holy\\_father/benedict\\_xvi/audiences/2009/documents/hf\\_ben-xvi\\_aud\\_20091118\\_it.html](http://www.vatican.va/holy_father/benedict_xvi/audiences/2009/documents/hf_ben-xvi_aud_20091118_it.html)

*We decided to publish the second issue of the HAART for children Newsletter during the month of June when we celebrate the Feast of St. Aloysius Gonzaga (21 June), who is venerated by many as the patron of people living with HIV and for their Caregivers.*

*Aloysius Gonzaga was a young Jesuit who, during the infectious pandemic that struck Rome in the late sixteenth century, went out into the streets and carried the sick and the dying to the hospital. He washed the patients, dressed them in fresh clothes, fed them and found them a bed or at least a pallet to lie on. Such close contact with a deadly illness proved fatal. Within a few short weeks, Aloysius contracted the infection and died. He was 23 years old.*

*Of course, we fully recognize the significant differences between the deadly disease of the Middle Ages and the modern-day health challenge posed by HIV. On this day, however, full of hope and confidence, we ask for the intercession of St. Aloysius Gonzaga, as we pray for continued strength and determination to serve all who live with or affected by the HIV pandemic. May this saint also accompany us as we advocate with and for people living with HIV so that they might be fully included in our communities of faith and of society and they might have access to the treatment, care, and support that they need.*



## ***Pediatric HIV: From a Human Rights Lens –***

### **Interview with Prof. Daniel Tarantola**

*Professor of Health and Human Rights – University of New South Wales (UNSW), Sidney: Co-Founder of Médecins Sans Frontières*

*Daniel Tarantola  
Aurorita Mendoza*

Prof. Daniel Tarantola's career includes being instrumental in the foundation of Médecins Sans Frontières and the first doctor to be employed in the field for this organization. Also, he works as a senior policy advisor to the World Health Organization (WHO), a senior associate at the Francois-Xavier Bagnoud Centre for Health and Human Rights at Harvard University and since 2005, is chair of the Initiative for Health and Human Rights, a unique cross-disciplined collaboration at the University of New South Wales, Australia.

#### ***Why is there a gap in the HIV response to children with HIV, particularly children below 5 years old?***

Several reasons have been invoked for the dual HIV pediatric gap: the gaps prevailing between children's needs and response to these needs, on the one hand, and between the attention and care devoted to adults as compared to children, on the other. The early detection of HIV in children is largely constrained by parental fear of stigma and family disruption resulting from the disclosure of an HIV-positive status, whether this disclosure follows the testing of a mother, a father or their child. Community information and education have not persuasively communicated the associated benefits of early diagnosis, safer infant feeding practices, good nutrition and prophylactic treatment that can be offered even with cheap and easily available medicines on the primary care level. And when antiretroviral therapy is prescribed, which should be the case for any newborn and infant diagnosed with HIV, fixed-dose combination pediatric formulation remains unavailable or hard to procure. The net result of these barriers is that infants are diagnosed late, treated late and become severely sick early. To make things worse, due to lack of awareness and training and competing priorities in the formal health setting, a child suspected of living with HIV tends to receive fewer benefits from regular childhood prevention programmes, including infant immunization against killer diseases, even though most vaccines have proven safe and effective in non-immuno-compromized children. Several early assumptions discouraging attention to care and treatment of infants have been now challenged

by the reality, for example, that children born to HIV-positive mothers would soon not survive their early childhood, even if provided with care and treatment. The reality is that a cohort of well-treated children infected perinatally is now growing through adolescence and early adulthood. Another assumption now defeated by reality is that children exposed to HIV around birth would soon become orphans and be deprived from the care of their parents--a pessimistic view now challenged by the efficacy of treatment and long survival of women receiving appropriate care and treatment.

#### ***Where do we stand with child-friendly AIDS medicines?***

The lack of medicines specifically tested in infants and young children was and continues to be a limiting factor too. Typically, children, 18 years old or younger, have been administered a fraction of an adult dose, arbitrarily adjusted on the basis of weight. In an attempt to serve more rapidly the treatment needs of children, it is only in the last decade that the situation has begun to change. There had been few efforts by the pharmaceutical industry to embark in pediatric drug trials, largely because the HIV medicine market for children was judged too small to warrant investments in such research. Since the late 1990s, international regulatory agencies, including the European Medicines Evaluation Agency (EMA) and the U.S. Federal Drug Agency (FDA) have exerted a combination of legal requirements and incentives on pharmaceutical companies which have helped to systematize the conduct of clinical trials of newly developed molecules not only for adults but also for children. Today, a sufficient array of drugs has been tested in children to treat HIV safely and effectively.

#### ***How can we address these shortcomings in the response?***

The majority of the world's children exposed to or living with HIV live on the African continent, where in recent years admirable efforts have been deployed to increase access to HIV testing, treatment, care and support. But the pediatric gaps earlier stated remain wide and poorly attended. Bridging these gaps calls for targeted social, behavioral,



clinical and scientific work:

- From a social perspective, this includes state actors and civil society organizations making it known to everyone—affected communities and care providers alike—that HIV transmission can be prevented effectively and at reasonably low cost and that, among other prevention interventions, chemotherapy administered during pregnancy and around the time of delivery, combined with appropriate feeding practices in the post-partum, can reduce considerably the acquisition of HIV infection by neonates. This implies commitment to offer a quality and sustained HIV treatment to the mother (and the father as the case may be) as well as to the offspring. Publicizing that there is an available, effective and affordable treatment (if not yet a cure) for HIV would go a long way towards eliminating stigma associated with HIV and encourage adults to seek an HIV test for themselves and their children.

- From a behavioral perspective, every effort has to be made to induce cultural and practice changes among care providers so that health-seeking behaviors are truly fostered in the communities they serve. From a clinical perspective, health care workers must be given the knowledge and skills to diagnose HIV in children, refer cases when needed, and, as necessary, administer and monitor long courses of treatment of children.

- Scientifically, the rising trend towards conducting clinical trials of potentially useful treatments among children must be sustained. Governments will not be able to shoulder these efforts on their own—they have neither the resources nor the capacity to do so. Here, the private biomedical sector in particular, academic institutions and civil society organizations have crucial roles to play as precious sources of new knowledge and technologies, actors in the delivery of services, and advocates for greater attention by the state to children's health and survival. Non-state actors can play a crucial role in stimulating governmental accountability on their compliance with the best practices in health they have endorsed in such fora as the World Health Assembly and the international human rights obligations to which they have subscribed.

***Can we use the Convention on the Rights of the Child as the human rights platform for holding governments accountable in fulfilling children's health rights?*** The Convention on the Rights of the Child—ratified to-date by all but two states, Somalia and the USA—set out international human rights obligations of the state towards children. The CRC confers children the rights to life, survival, health and development be diagnosed early and receive quality and timely access to prevention, treatment and care: The implementation of the CRC is overseen by a committee of independent experts. In 2003, (General Comment 3) the Committee stressed that “*prevention, care, treatment and support are mutually reinforcing elements and provide a continuum within an effective response to HIV/AIDS.*” Further, the Committee underscored the need “*to ensure that no child is deprived of his or her right of access to necessary health services,*” and called on “*States parties [to] ensure access to voluntary, confidential HIV counselling and testing for all children.*” Unequivocally, the Committee stated that “*The obligations of States parties under the Convention extend to ensuring that children have sustained and equal access to comprehensive treatment and care, including necessary HIV-related drugs, goods and services on a basis of non-discrimination.*” Simply put, the ultimate goal is to act in the best interest of the child.

States have obligations to respect, protect and fulfill all human rights. To respect means that states cannot deny life-saving treatments or procedures to a child in peril of death or worsening health. To protect implies an obligation onto the state to ensure that non-state actors (for example the biomedical industry but also the private health sector) do not violate rights and fulfill their duties. To fulfill rights obliges the state to put in place the structures, budgets and mechanisms conducive to the realization of human rights and the detection and redress of rights violations.

Denying access by children to HIV care and treatment is a blatant demonstration of the failure of the state to deliver its international human rights obligations: the child's right to life is in jeopardy; the conditions are not favorable for the child to achieve the highest attainable standard of health, grow and develop through adolescence and adulthood; ill-health and HIV-related stigma may not allow the child to enjoy all



other human rights, in particular access to education. In short, when the child's right to life and health are being denied, it is not only these rights but all human rights that are in jeopardy.

**How can this be corrected?** A pessimistic or even cynical view of this daunting question would be that states do not care and, if they do, they regard the care and treatment of children exposed to HIV as a low-ranking priority and one that can be best attended to by non-state actors, in particular those operating on the international scale. But little progress would have been achieved in HIV over the last three decades if it had been inspired by a pessimistic or cynical view of human nature and capacity to change.

Optimism, fueled by so many success stories that have marked the history of the HIV epidemics, suggests that state failures may be a result of ignorance, unwillingness or incapacity. I wonder how many ministers of health know about the HIV pediatric gaps and how many are aware of the benefits (in life, health, economic and even political terms) that could accrue from an effective response which fully took children into account. But before putting the blame on state authorities, let us turn the question to ourselves.

***How can we build on the CRC and other existing mechanisms to promote more robust HIV programmes for young children?*** Several mechanisms are in place to monitor progress in the realization of children's rights. State party reports every five years to the UN Committee on the Rights of the Child and a substantive portion of this reporting concerns HIV prevention, care and treatment. Non-state actors may submit a report to the committee independently from the government. Upon reviewing these documents—and others as may be submitted by specialized UN bodies—the Committee examines each report and addresses its concerns and recommendations to the State party in the form of “concluding observations”.

The 1999 Millennium Development resolution passed by the United Nations General Assembly (UNGA) established explicit links between human development and human rights. For unclear reasons, perhaps of a political nature, the 2000 Millennium Declaration Goals did not carry this vision forward.

It is only later, thanks to pressure from certain nation states and civil society that the connections between development goals and human rights were made explicit. MDG 4 (reducing child mortality rates), MDG5 (improving maternal health) and MDG6 (combating HIV/AIDS, malaria, and other diseases) are relevant to HIV prevention, treatment and care of children and their mother. Specific references to the prevention, treatment and care of children exposed to HIV are not spelt out in the MDGs. They can however be found in a document of similar international value: the 2001 UNGA Declaration of Commitment on HIV/AIDS and the related monitoring indicators spanning across HIV-related policies, interventions and age-groups. National and Global Indicators have been formulated to increase national accountability, and this with a notable success. Among others, National Core Indicators 4 and 24 refer to the percentage of adults and children with HIV known to be on treatment (disaggregated by age groups) and National Indicators 5 and 25 to the reduction in mother-to-child transmission of HIV. Realizing that these indicators were insufficient to monitor the coverage and quality of HAART in infants and young children, new indicators for HIV testing, access to HAART and nutritional support are being added to the existing panoply. In field tests, these indicators have proved feasible and useful although technically hard to measure for reasons of lack of standardization (what test should determine infection in infants and older children and when? What nutrition criteria would best suit the purpose of monitoring action for children?) and ethics (how to test children for HIV while ensuring the appropriate supportive environment and causing no harm?). In addition, the core indicators include attention to HIV policies with direct bearing on the rights and health of children living with HIV. Thus, mechanisms exist to stimulate state accountability with regards to children's rights, including in the context of HIV. The extent to which these mechanisms will stimulate greater state accountability will depend on both the governmental commitment to human rights and the ability of non-state actors to remind governments of their obligations through information sharing, advocacy and direct inter-action across sectorial boundaries.



***What roles can we play to urge more effective government action?***

**Can we do more to increase awareness?** How many of us can truly say we have gathered the evidence needed to convince national policy makers and that we have been able to do so in understandable terms to a Minister who has been in office for six months and will likely be replaced in another six? All of us, concerned with HIV and child survival, growth and development, have to begin to talk convincingly to others rather than to each other. Let us first make sure that if ignorance there is, it does not result from a failure in imparting information rather than a lack of interest in receiving it.

**Can we stimulate willingness to act?** Assuming knowledge has been duly transferred, a lack of willingness on the part of policy makers may result from their reluctance or fear to engage in a domain where they assume that all available forces are already mobilized and funds flow generously from international donors. Why bother, then? Evidence will show that in spite of these resources, in most sub-Saharan African countries (the situation is somewhat different in Asia and Latin America) the pediatric HIV gaps are not narrowing. They are not stalling. They are in fact widening. The tragic loss of children to families already affected by HIV should, in itself, be a convincing argument for doing more in this area. But if this argument does not suffice to invigorate policy makers, they should be presented with the evidence (qualitative, quantitative, in whatever form) that a child who has received good quality care remains an asset to the family, the community and the nation. In contrast, a chronically sick child who does not benefit from timely and quality prevention and treatment may increase demands on the family and on health services as untreated HIV becomes more severe, requires more costly treatment and draw more heavily on family and state resources. Health and Human Rights advocates could package these messages effectively as the failure of the state to look after its own children. Unwillingness is seldom brought forward without mention of its alleged cause: incapacity. Such a message should not be directed to the nation-state alone but also to all other states, which have a human rights obligation to engage in international cooperation and the sharing of scientific

technologies. Unwillingness is seldom brought forward without mention of its alleged cause: incapacity.

**Can we do more to enhance capacity?**

There is little point in denying that sub-Saharan countries often have sub-optimal health systems. They are, for the most part, poorly equipped and suffer greatly from weak structures, shrinking human resources, rising costs and unpredictable financing. These constraints—and more—were often cited when HAART for adults was scaled-up on the African continent. Yet, a decade later, ways were found to alleviate some of these barriers. The stronger cooperation between state and non-state actors, the greater the progress that took place. This energy now has to be expanded to pediatric HIV, learning from the many projects—often developed as small scale initiatives—that have accumulated experience and knowledge around creating an effective continuum and two-way referral between hospital-based pediatric HIV services and community primary health care. The technology can now support this effort: fixed-dose combination therapy specifically intended for children, simple diagnostic testing technologies for children less than 18 months of age, innovative communication devices. These have to be made available, applied locally on a limited scale, and then more widely used. To increase coverage, most health systems will need to engage in re-skilling their work force. Pediatric HIV prevention, care and treatment will expand only if incorporated in the ongoing transformation of wider health systems. For reasons of efficiency and sustainability, it is indeed critical that such interventions not only impact on pediatric HIV but also help strengthen other health services targeted at children.



## Cardinal Bertone calls for free and Universal Access to Treatment for HIV/AIDS -

Vatican Information Service

On 22 June 2012, Cardinal Secretary of State Tarcisio Bertone S.D.B. delivered the opening address at the eighth International AIDS Conference, being held at the San Gallicano Institute in Rome under the title: "Long live mothers and children".

In his remarks the Cardinal noted that maternal mortality in Africa is, to a large extent, associated with AIDS. "We can no longer tolerate the death of so many mothers", he said. "We cannot think of thousands of children as a lost generation. Nothing is lost; Africa has sufficient resources; it is the continent of hope. Thus we need to make a joint effort ... to protect women in their role as mothers".

"The Church, which is present in countries where the pandemic exists, is extremely concerned at this tragedy of our times. It is a tragedy which swallows many human lives, weakens entire societies, burns up the future. We must do more. The more the infection spreads among women, who are the mainstay of families and communities, the greater the risk of social breakdown in many countries. The sickness of women, of children, of men, becomes the sickness of a whole society".

The Cardinal then recalled how thirty per cent of HIV/AIDS treatment centers in the world are Catholic.

Church activities in this field, he said, include "awareness raising campaigns; prevention and health education programmes; support for orphans; distribution of medicines and food; home help; hospitals, centers and communities for the assistance of AIDS sufferers; collaboration with governments; assistance in jails; catechism courses; help systems over the internet, and the creation of support groups for the sick".

"I would", the Secretary of State said, "like to make an appeal to the international community, to States and to donors: let us ensure that AIDS sufferers are given prompt, free and effective treatment. Access to treatment should be universal. Let us do this beginning with mothers and children. Here, in the name of the Holy Father, I speak for so many suffering voices, for so many sick people who have no voice: let us not waste time, but invest in the necessary resources. ... Studies by the World Health Organization confirm that ... universal access to treatment is possible, scientifically proven and economically viable. It is not a utopia, it is possible. ... Yet we cannot conceive of universal access to treatment without taking account of the weakness - especially the economic weakness - of the majority of African people. What is needed is free access to treatment".



## Advocacy by Caritas Internationalis at the Human Rights Council –

Stefano Nobile

The city of Geneva is known and recognized worldwide as international hub for Humanitarian Affairs and Human Rights. In fact, the Palais des Nations (Palace of the Nations), the building of the United Nations Office in Geneva hosts, among others, the United Nations Human Rights Council. This inter-governmental body, the successor to the former Commission for Human Rights, is *«responsible for strengthening the promotion and protection of Human Rights around the globe and for addressing situations of Human Rights violations»* and *«has the ability to discuss all thematic Human Rights issues and situations that require its attention throughout the year»*.

The Human Rights Council meets in regular sessions three times per year, and its work involves discussions on well-defined specific Human Rights-related issues, such as Right to Health, Right to Food, Extreme Poverty, and Right to Development. Every issue – 36 thematic and 10 country mandates - is followed by a renowned expert, who is recognized for his/her efforts and commitments in favour of a specific Human Rights-related problem. These experts are called “Special Rapporteurs” or “Independent Experts”, and are expected to present an annual report to the States that are Members of the Human Rights Council. Reports usually focus on areas of Human Rights Law or policies that, in the view of the Special Rapporteur or Independent Expert, are not sufficiently promoted, protected, or implemented. Member States, other International Organizations, and Non-Governmental Organizations – including Faith-Based Organizations such as Caritas Internationalis – are entitled to express their opinions, suggestions, and remarks in relation to the report.

In response to discussions or reports related to the Right to Health, Caritas Internationalis, focuses on the needs of persons living with HIV, in particular children living with HIV or with HIV/TB co-infection, with the aim of addressing the gap between the world of policy- and decision-makers, such as those engaged at the

UN, and the felt needs of people living in the “real” world in which the poorest of the poor also may be living.

The latest statements made by Caritas at the various Human Rights-related meetings in Geneva included the following: «Food and Health: A Life-Saving Combination for Adults and Children Living with HIV», and an «Appeal for Urgent Attention to the Situation of Children Living with HIV or with HIV/TB co-Infection».

In its response to the report of Mr. Olivier de Schutter, Special Rapporteur on Right to Food, Caritas was joined by other 17 NGOs, and noted that, since nutrition is linked intrinsically to health and to life, the Right to Food cannot be separated from those concomitant rights, especially with regard to the special dietary needs of adults and children with severe illnesses, notably HIV and AIDS. Caritas quoted evidence of proven links between adequate nutrition and improved outcomes for treatment. In fact, HIV-infected children need 50-100% additional energy than the daily energy needs of a child who is not living with the virus, and adults living with HIV require an additional 20 to 30% of caloric energy compared to the needs of HIV-negative adults. Caritas also pointed out most of the countries with alarming Global Hunger Index scores also are burdened with the highest prevalence rate of HIV. Thus Caritas Internationalis requested Mr. De Schutter to take into account the special nutritional needs of people living in developing countries, especially in those regions of the world that face simultaneous challenges of high HIV burden and hunger. We also appealed to the Special Rapporteur to become even more intensively engaged in the promotion of national food systems that prioritize human needs, especially for people who have special dietary requirements due to severe illness. Caritas concluded that food insecurity is a clear violation of the right of all to a standard of living adequate for proper physical and mental development, and to the enjoyment of the highest attainable standard of health.





All persons should enjoy access to systems that contribute to food and nutritional security and to healthy life, and that take into account the special dietary needs of adults and children affected by severe illnesses and, in particular, of those living with HIV.

In conjunction with a report on the protection of Human Rights in the context of HIV and AIDS, submitted by Ms. Navanethem Pillay, United Nations High Commissioner for Human Rights, Caritas Internationalis and other 6 NGOs expressed regret that the Report lacked sufficient attention to the situation of children living with HIV or with HIV/TB co-infection. In fact, while 2.01 million children were living with HIV at the end of 2010, only 22% of them had access to appropriate antiretroviral treatment in conformity with recommendations by the World Health Organization. Caritas pointed out that the High Commissioner seemed to have ignored or forgotten the situation of children living with HIV or with HIV/TB co-infection. Making the point that the many and varied obstacles to appropriate diagnosis and treatment of children living with HIV or with HIV/TB co-infection must be overcome, and that vertical transmission of HIV from HIV+ mother to her child must be prevented, Caritas called for immediate and effective

action by the Office of the High Commissioner for Human Rights, all the Members of the Human Rights Council, by States Parties to the Convention on the Rights of the Child and by all relevant stakeholders, including pharmaceutical and generic companies, manufacturers, UN entities, other International Organizations, NGOs, and persons living with and affected by HIV. In fact, Caritas insisted that 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 progress made toward achievement of the commitments made by States to promote integral human development and health for all, but most especially for the poorest and most marginalized people.

The Caritas voice is one that speaks with and on behalf of the poorest of the world, and will continue, with your help and support, to place their vital needs before the Member States of the United Nations and its related Agencies, and to urge Governments, International Organizations, and all relevant stakeholders to make decisions that are centred and based on the dignity and rights of all human persons.

*The Caritas network includes 164 national member organizations, operating in more than 200 countries and territories of the world. In addition, in each country, there may be several local (diocesan) Caritas agencies. This network participates in and benefits from ongoing exchange between national, and local Caritas organizations. This is facilitated by the 7 regional Caritas structures and by the Caritas Internationalis General Secretariat and International Delegations, which assist members to advocate at regional and global levels (UN agencies and Regional Economic and Parliamentary structures, among others).*

*The overall network is highly engaged in providing a person-centred response to HIV/AIDS and TB and other global health challenges and dedicates significant resources to advocacy, awareness campaigns and provision of social, economic, development and humanitarian actions in the field.*



## Promoting the “Prescription for Life” Initiative in the Christian Brothers Schools –

Br. Brian Bond  
Executive Director  
Edmund Rice International  
Geneva

*“Action on behalf of justice and participation in the transformation of the world fully appeared to us as a constitutive dimension of preaching of the Gospel.”*

- ‘Justice in the World’ Synod of Bishops #19

A little over four years ago the Congregation of Christian Brothers (or Irish Christian Brothers as they are known in some parts of the world) established an NGO called Edmund Rice International (ERI) in order to work through the Human Rights Council of the UN in Geneva to advance the Rights of Children, particularly in regard to education, and to promote care for the Earth. The Christian Brothers are mainly involved in education, particularly in the running of schools, and are present in approximately 30 countries - mainly English speaking - educating perhaps a quarter of a million students worldwide.

In my experience our Christian Brothers’ schools have been very good at fund raising for worthy causes, but not so good at seeking to change the way the world is or challenge the unjust structures that oppress many of those for whom we work.

One of the tasks of ERI therefore has been to educate members our own network about what we do, about what is possible and to explain how they can be involved in that. In other words it is to shift focus of our network from a purely charity/service model to one that includes a justice focus.

Hence partly, or even mainly, as an awareness raising exercise for members of our own network, ERI decided to promote the Caritas letter-writing initiative which is seeking improved testing to detect the presence of the HIV virus and thereby prevent its transmission during childbirth, and to press for a greater availability of suitable medication for HIV-infected children.

We attempted to involve as many of our schools as possible in the campaign. It sounded a simple idea to send out some information about the issue, include some lesson plans for teachers

and ask that students be encouraged to write letters to governments or to be sent to Caritas for forwarding to pharmaceutical companies – but it proved to be not quite as simple as that.

Obtaining authorization to involve students in an advocacy campaign was sometimes difficult. Some authorities raised concerns about the ethics of involving schoolchildren in ‘political’ activity, whilst others were nervous about getting involved in any activity that they thought might invite controversy.

Ensuring the materials reached those teachers who were likely to act upon also proved difficult.

Schools are busy places with many issues demanding the attention of a school principal on any given day. Many had limited awareness or understanding of the work of ERI with the result that promoting the campaign was not a priority for them and the material was not passed on.

Even when the material was passed on, it still required the individual teacher to find space in the curriculum to present the issue – something that was not always possible.

An important learning for us was that having personal contact or a relationship with someone in the school proved far more effective in gaining a positive response than sending the material to a person one had never met!

Nevertheless, we did manage to involve a number of schools in the campaign, ranging from those from developed nations such as Australia, England and Ireland among others, to countries that were particularly affected by the issue of HIV/AIDS, such as Kenya, Tanzania and Zambia. More than a thousand letters have been written to this point, but the campaign is ongoing with the hope and expectation that more schools and students will be involved over time. Our hope is that schools will increasingly come to see that educating their students in justice and global citizenship is an essential element of the curriculum in a Catholic school.



“Therefore a Catholic school should be sensitive to and help to promulgate Church appeals for peace, justice, freedom, progress for all peoples and assistance for countries in need. And it should not ignore similar appeals coming from recognized international organizations such as UNESCO and the United Nations.”

- Congregation for Catholic Education “The Religious Dimension of Education in a Catholic School” #45 (1988)

Overall our experience of involvement with the campaign has been very positive. We have been encouraged by the feedback that the children’s letters have made an impact and contributed to addressing the challenge presented by HIV/AIDS.

We have also been encouraged by the gradual growth in understanding leading to action for justice that has taken place in many of our schools and grateful for the opportunity to raise the profile of ERI that involvement in the campaign has provided. We look forward to building upon the foundations that have been laid.

## Upcoming Events

### ◆ International AIDS Conference – 22 – 27 July, Washington D.C. USA

The International AIDS Conference is the premier gathering for those working in the field of HIV, as well as policy makers, persons living with HIV and other individuals committed to ending the pandemic. It is a chance to assess where we are, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward. The AIDS 2012 programme will present new scientific knowledge and offer many opportunities for structured dialogue on the major issues facing the global response to HIV. A variety of session types – from abstract-driven presentations to symposia, bridging and plenary sessions – will meet the needs of various participants. Other related activities, including the Global Village, satellite meetings, exhibitions and affiliated independent events, will contribute to an exceptional opportunity for professional development and networking.

<http://www.aids2012.org/Default.aspx?pagelId=369>

### ◆ Catholic Pre-Conference on AIDS – 20-22 July, Washington D.C. USA

A first Panel, “**Faith, Spirituality, and Pastoral Care in the midst of HIV**”, will discuss some best practices for pastoral care in the midst of HIV. Thirty-one years into the HIV epidemic has brought many changes in the pastoral lives of disciples responding to this reality. There have been many advances in the clinical care and support for those living with or affected by HIV. Many of us remain in this work responding to a Gospel call to heal. How does our faith nourish our journey? How can we best integrate prayer, scripture, and sacraments into our ministry caring for those living with HIV, caring for the caregivers, and caring for ourselves? A second Panel, “**Future Sustainability of Church-Sponsored HIV Programming: Holding on to Hope in the face of Funding Cutbacks and Flat-lining**”, will discuss about the funding cutbacks for AIDS programmes in the face of the global economic crisis and in an effort to indigenization of AIDS services. Religious organizations often find themselves in a dilemma – how do they maintain a commitment to and partnership with persons living with or affected by HIV whether or not external funding is available? A series of workshops will also take place during the Pre-Conference: 1. HIV in the Americas – Good Practices to be Shared; 2. What about Male Involvement in Prevention of Vertical Transmission?; 3. Challenges Ahead: The Need for a Person-Centered Response to the HIV Pandemic; 4. Different Strategies in Different Cultures; 5. The Religious Community Working Toward Zero New Infections Among Children.



**“Prescription for Life”: take action to help children living with HIV. The children-letter writing action of the HAART Campaign -**

Andrea Bottini

The HAART for Children Campaign proposes several advocacy actions aimed at preventing the cycle of death and illness due to HIV-related diseases among children living with the virus. Indeed, one such action is “Prescription for Life”, a letter-writing initiative that encourages children to become engaged in advocacy on behalf of their peers; this action is being promoted by Caritas Internationalis (CI) and the Ecumenical Advocacy Alliance (EAA).

“Prescription for Life” encourages young people, especially those between 11 and 16 years of age, as well as university students, to write letters to the Ministries of Health of their respective countries as well as pharmaceutical company executives. The letters request these key decision-makers to promote additional research and product development in order to provide better and more appropriate access to medicines for children living with HIV. Suggestions also are supplied for students and youth groups who wish to raise awareness about these issues in local newspapers and other media.

The three ‘prescriptions’ advocated through this initiative are: 1. A simple, affordable diagnostic test for infants that can be carried out at point of health care delivery; 2. Access to antiretroviral medicines for all HIV-positive pregnant women, combined with elective caesarean surgery where advisable and the avoidance of breast-feeding when appropriate.; 3. Encouragement of pharmaceutical companies and regulatory authorities to speed up the process of registration and development of new, affordable, “child-friendly” formulations and dosages for antiretroviral medications.

Several organizations are engaged in the children’s letter writing action. Among them, the Edmund Rice International of the Christian Brothers (a Catholic religious order of men who specialize in education of youth), encouraged their students to write letters to government officials and directors of pharmaceutical manufacturers and promoted the HAART campaign among students in Africa,

Latin America and the Caribbean. Several of these letters were selected for the Ecumenical Advocacy Alliance exhibit (on the children letter writing action) organized at United Nations Headquarters, in New York, on the occasion of the 20th Anniversary of the Convention on the Rights of the Child (20 November 2009).

The Prescription for Life initiative has resulted in a large number of letters. The content of these letters is extremely powerful and moving.

Keke, a South-African student, wrote about the difficulty that parents face when seeking to find child-friendly medicines for their children who are living with HIV: *‘We children die from many things and it’s hard for our parents to see us children dropping down because they can’t find proper medications for us.’* Then she called upon the Ministry of Health of her country: *‘We need your support, so that we can live longer as our parents. Please help those homeless and children who are infected’.*

Another student from the same school writes about the link between the right to health and the right to adequate nutrition: *“Some of these children do not have money to afford proper food”*. She also says that HIV affects children in many different ways and talks about the difficulties experienced by HIV-infected parents when they search for employment.

Chloe from the Republic of Ireland, wrote to Glaxo-Smith and Kline, one of the big “pharma” companies. Thanks to the information shared by her teacher with the entire class, Chloe showed her awareness of the high prices charged for medicines developed to treat HIV and pointed out that: *‘many people who suffer [from this disease] live in developing countries; therefore they are not able to buy these treatments’*. Chloe and her classmates expressed the understanding that high prices are not the only obstacle to full access to medicines for children. Another major problem is, in fact, that pharmaceutical companies are not producing enough child-friendly pills. Chloe wrote: *“I know that you are already helping a lot of people living*



*with HIV, but you need to do more for children”.*

*Sophie, also from Ireland, wrote: ‘Some children do not have the chance to speak out, so I write to you on behalf of them, so that more research and medicines can be carried out in order to relieve the suffering of helpless HIV-positive children and babies’.*

*Nhan, from Vietnam, wrote: ‘We can not forget children living with HIV just because most of them live in poor countries with few people to speak out for them’.*

Letters written by children serve as tools to inform their peers, as well as their parents, about the urgent need to access to testing for both HIV and TB infections and to appropriate treatment for mothers and children. These same letters also raise consciousness among children about their own rights and advise them how to

approach governmental representatives and pharmaceutical companies in order to arrange meetings with them.

Through this initiative, children are learning that Campaign-based advocacy is worth the effort: important people in pharmaceutical companies and in governments read the children’s letters from around the world. These people have significant power to make a difference for hundreds of thousands of women and children living with HIV infection or also with TB infection who are not able to get access to the proper medicines.

Such letters, written by children and young people, also have gone on display at the United Nations and other international centers to remind people of the importance of making available early diagnosis and treatment for children living with HIV and TB.

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