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Issue 3

This third issue of the ***HAART for Children Newsletter*** focuses on the 2012 International AIDS Conference (IAC), held in Washington DC from 22 to 27 July 2012, and on various activities of Religious Organizations held in conjunction with the IAC 2012.

For those responding to the global pandemic of HIV as clinicians, social development experts, policy makers, pastoral caregivers, and, most especially persons living with or affected by HIV, the International AIDS Conference is a highly significant gathering. It offers a venue and strategic space to assess where we are, evaluate recent scientific developments and lessons learnt, and collectively chart a course that aims to end the HIV pandemic.

The Conference theme "Turning the Tide Together" highlighted the success achieved by numerous research initiatives, programme interventions, and policy advocacy, to change the course of the epidemic and accelerate additional momentum: *Wider coverage of ARV treatment; Intensified global and country commitment to eliminate new HIV infections among children and keeping mothers alive; Expanding approaches to prevention; Promoting more active community engagement.* While these milestones signaled important progress, the Conference participants were equally conscious of additional challenges, including "financial restraints, persistent scientific mysteries … widespread stigma and discrimination," and resistance to prevention strategies based on the dignity of the human person, lasting values, and responsibility for oneself and others.

The Conference motivated participants to re-commit themselves to HIV/AIDS response. They were encouraged to continue work toward the prevention of mother-to-child transmission (PMTCT), which has been the core concern for many Caritas and other Catholic Church-inspired organizations.

Moreover, this edition of the Newsletter presents the outcomes of a study focusing on the involvement of Catholic Church-inspired organizations in the Global Plan to Eliminate New HIV Infections among Children and to scale up PMTCT programs. The report of this Study was launched at the Catholic pre-conference

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on HIV/AIDS held in Washington DC prior to the IAC.

The Newsletter also includes a report on advocacy efforts by the Ecumenical Advocacy Alliance to promote more research and development of more effective medicines adapted for use with children.

Finally, our readers will find a moving interview with a mother living with HIV who offers hope and inspiration to persist in our efforts to prevent mother-to-child transmission and, as result to eliminate new HIV infections among children. May the Lord inspire and guide your efforts for and with people living with or affected by HIV and AIDS.

Rev. Msgr. Robert J. Vitillo, Special Advisor on HIV and AIDS, Caritas Internationalis
Ms. Francesca Merico

Highlights of the 2012 International AIDS Conference

Aurorita Mendoza

Optimism and hope set the overall tone at the 2012 International AIDS Conference, held in Washington DC. Twenty-three thousand participants from 200 countries acknowledged and commended the remarkable progress in key aspects of the response to the HIV epidemic and expressed the hope that this will trigger a scale-up of efforts to further halt and reverse the spread of the pandemic. Overall, the international community comprehends better what works from both scientific and programme perspectives, and we have established a sufficient body of evidence and good practices to influence more effective HIV prevention and treatment services.

The Conference theme of "Turning the Tide Together" aptly highlighted the success achieved by numerous research initiatives, programme interventions, and policy advocacy to change the course of the epidemic and accelerate additional momentum. The 10 global AIDS targets agreed upon by UN Member States at the UN High Level Meeting on AIDS in June 2011 served as a reference point for tracking the progress that has been made.

The response is showing results

Evidence demonstrated that trajectory of the epidemic could well be taking another direction. This included significant breakthroughs in areas that had previously posed serious challenges, including the following:

Wider coverage of ARV treatment

For the first time in the HIV epidemic, there are now more people on ARV treatment than those seeking access to it. UNAIDS reported that ARV coverage now at 58%, with more than 8 million people in low- and middle-income countries receiving treatment. This trend places within achievable range the goal of 15 million people on treatment by 2015. In his plenary speech, the Director of the US Center for Disease Control, Dr. Anthony Fauci, lauded the availability of 30 antiretroviral drugs at prices within reach of low-resource settings. Optimizing drug regimens continues to be an ongoing effort primarily aimed at manufacturing drugs as fixed-dose combinations with minimal harmful side effects. The most impressive growth in coverage has been in sub-Saharan Africa, where, according to UNAIDS, the need is highest and where now 56% of people living with HIV are on ARV treatment.

Intensified global and country commitment to eliminate new HIV infections among children and keeping mothers alive

This issue drew much attention in the Conference and was highlighted as a centerpiece in the visible achievements of the global response to HIV. One year following the launch of the Global Plan towards the elimination of new HIV infections among infants and keeping their mothers alive, more than half of the 22 focus countries is on target to achieve the Global Plan

goals of reducing the number of children infected with HIV by 90% and reducing the number of pregnancy-related deaths among HIV-positive women by 50%.

The plenary presentation by Dr. Chewe Luo of UNICEF emphasized three approaches to ensure effectiveness of programmes to prevent mother to child transmission (PMTCT). The first approach involves the use of the most effective ARV regime, called Option B+ under the WHO PMTCT framework. Dr. Luo urged countries to plan for transitions to this option, which provides ARV treatment regardless of the mother's CD4 level. In this regard, Malawi was cited as the only country currently offering Option B+. A second approach calls for one treatment standard for HIV positive pregnant women to simplify delivery of optimal treatment. The third approach focuses on the integration of PMTCT and ARV services in Maternal Child Health and Community Services that will greatly improve pregnant women's access to HIV services.

Dr. Luo also cast a much-needed spotlight on strategies to test, diagnose, and treat infants living with HIV. Innovative technologies for early infant diagnosis, simplifying ARV dosages, and linking children with HIV to continued pediatric care and treatment in primary health care facilities were proposed as the way forward for addressing the gaps in pediatric HIV care.

During a meeting on the Global Plan convened by the U.S. President's Emergency Programme for AIDS Relief (PEPFAR) and UNAIDS, the call was launched for countries to act beyond scale-up and aim to *eliminate* new HIV infections among children. A key task in this regard will be to address bottlenecks and limitations in human resource capacities among maternal and child health services. Another essential will be to establish vertical linkages that integrate HIV, ARV, maternal and child health services; this will require comprehensive policy setting and effective implementation. The active engagement of actors at national, regional, and facility level, in particular community organizations, was also cited as vital to sustaining quality service delivery and expanding service uptake.

Various other sessions on PMTCT provided valuable information on different initiatives that address the complex dimensions of this issue. Promising results were reported on open trials to evaluate pediatric ARV formulations that could expand ARV options to treat children with HIV. In terms of service delivery approaches, "good practice" interventions such as the following were highlighted: involvement of male and female partners in antenatal services (Tanzania); integration of HIV testing in child immunization services (Kenya); use of SMS technology for rapid delivery of infant HIV diagnosis (Rwanda); audience-tailored communication on breastfeeding for HIV-positive mothers (South Africa); engagement women living with HIV as community volunteers to generate demand (Nepal); programmatic options for scaling up in different settings.

The underlying message was clear: *prevention of vertical transmission is central in order to advance toward the goal of an HIV-free generation.* Without a doubt, the high-level leadership of PEPFAR and UNAIDS, and the unified commitment of the UN and civil society partners to the Global Plan, were identified as vital elements to overcome the multiple challenges associated with service delivery, coverage, pediatric testing and treatment, adherence to treatment and retention in care. The Global Plan has become a platform to demonstrate how consensus and commitment can produce historic health outcomes for women and children in general and the HIV response in particular.

Expanding approaches to prevention

An issue that caused some exciting discussion at the Conference was a general view that "prevention options for individuals can be scaled up for population-level impact", as was reported by UNAIDS. There finally seemed to be some progress beyond the exclusive fixation on promoting and distributing condoms that dominated the discourse on prevention for some thirty years. The reduction in numbers of new infections in 2011 indicates that calls for behavior change in the most severely affected countries has taken hold. Dr. Margaret Chan, Director-General of the World Health Organization, called the AIDS epidemic a "shrinking epidemic" that can be managed with a combination of political commitment and social transformation to support remarkable scientific and medical progress. Optimism was expressed that inclusion of simpler and rapid HIV testing technology, ARV treatment as prevention, or "**TasP",** (defined as *ART for HIV-positive persons to decrease the chance of HIV transmission independent of CD4 cell count* and voluntary medical male circumcision, will have significant impact on reducing the number of new infections at population level.

These discussions, however, also raised some important concerns. While male circumcision has become a simple procedure, the uptake is seriously influenced by cultural and social norms. For any ART-based prevention interventions, *adherence* is critical and ARV effectiveness as prevention is

dependent on an individual's realistic perception of risk of HIV transmission. In terms of TasP, retaining people with HIV within care services will be crucial.. Moreover, the cost of ARV drugs, drug resistance, and safety in their use continue to pose significant challenges.

Of course, for Catholic Church-related organizations, all engagement in HIV prevention activity should remain faithful to the Catholic teaching that sexual activity should be restricted to a permanent and mutually faithful marriage between one man and one woman and should strive to accompany people as they develop the skills and maturity to observe this teaching.

Visible community engagement

The vibrancy of how communities have engaged in the HIV response was palpable, particularly at the Global Village. As the hub for networking and experience-sharing, the Village offered "living proof" of extraordinary and central role assumed by different communities in order to expand the focus the HIV response beyond an exclusive focus on public health.

Numerous sessions highlighted the involvement of the community as a key component in successful HIV interventions, whether behavioral or biomedical. Consistently better health outcomes were reported in settings where community-based organizations have been given space to keep stakeholders accountable to their commitments, create a caring and non-stigmatizing environment, serve as programme implementers, generate demand for quality health care, protest against discriminatory policy and practices, and provide accessible healthcare. For these reasons, the need to continually strengthen community support systems to enable them to play these roles was a focal theme in both plenary and oral sessions. A proposal that generated great interest and debate was to vertically and formally link community-based organizations (CBOs) to government structures. These linkages would take the most appropriate form for the respective community context, such as, informal cooperation arrangements or formal representation of government officials in community organizations. Such structures would facilitate the adoption and institutionalization of community initiatives into government programmes.

The faith community was highly visible at the Conference. A total of 7 Inter-Faith Pre-Conference events, 12 oral sessions, 33 poster presentations, 24 events in the Faith Zone in the Global Village, were collaboratively sponsored by various religious networks in an effort to share their vast experience in the HIV response.

In preparation for the International Conference itself, the Catholic Pre-conference on HIV and AIDS was convened on 21 and 22 July on the campus of the Catholic University of America. The focus of the Pre-conference was on how faith and spirituality anchor and propel a Catholic Church-inspired response to the epidemic. Those engaged in Catholic Church-inspired HIV programs had the opportunity to further ground their work in Catholic values and doctrine, share lessons learned, identify ongoing challenges, and become more acquainted with models and experiences from across the globe.

The countless heartwarming stories from all parts of the world of how community-based actions have enriched HIV prevention and treatment interventions were the best evidence that communities are indispensable partners in the global HIV efforts.

Filling the gaps

While these milestones indicated that the HIV response is on the right track, cause for concern also was expressed that areas essential to long-term sustainability are lagging behind. The IAC Chairs urged all stakeholders to address head-on the challenges of "financial restraints, scientific mysteries, resistance to evidence-based HIV prevention strategies, and widespread stigma and discrimination".

Improving efficiency and effectiveness

As HIV prevention and treatment need to reach a greater number of people in a climate of limited resources, the push for greater efficiency and effectiveness was heard from high-level speakers, including Dr. Jim Kim of the World Bank, Bill Gates, and Dr. Eric Goosby, Ambassador and Global AIDS Coordinator for the United States of America.

With better information now established on cost-effective interventions, countries need to allocate their resources more strategically by focusing on high-impact interventions. Different sessions indicated high-impact, value-for money interventions to include ART for treatment and prevention, PMTCT, and male circumcision. However, across many of the programmes discussed at the Conference, it was not fully evident that cost-effectiveness is factored in during the design and planning process. Wide coverage, high intensity and community mobilization to drive demand were viewed as three factors, that, when combined, could improve cost-effectiveness.

There was a strong call for greater attention to gain efficiency in programme delivery. "Making service delivery a science"

was the advice of Dr. Kim. In addition, countries need to forecast their resource needs, an obligation in the context of economic uncertainty and financial instability. Likewise, better coordination among donors is needed to decrease transaction costs for countries. Towards this end, the leadership of both PEPFAR and the Global Fund to Fight AIDS, TB, and Malaria (GFATM) are coordinating more closely, both at global and country levels, in order to better focus on populations in need and on quality of services.

While driving down programme costs is the aim of many programme managers, achieving a balance between economy and quality is less easy. However, costing tools and information are now available to assist programme managers in making more strategic decisions on resource allocations. A common theme with respect to efficiency and effectiveness was "targeting for high-impact", a strategy rooted in "knowing your HIV epidemic".

Coping with the flat lining of funding

For the past 30 years, AIDS programmes have relied on funding from the international community. Low-income countries rely on external aid to finance the needs of their national HIV programmes much more than do other health sectors in those same countries. At the Conference, the nagging issue of how to fund scaled-up programmes was frequently raised. The message was clear: Funding to support the research, prevention, and treatment demands over the next few years cannot be met by international funding alone. UNAIDS reported that for the first time domestic spending for AIDS has grown by more than 15%, with 41% coming from sub-Saharan Africa. Furthermore, domestic resources of low- and middle-income countries now support more than 50% of the global response. A growing list of middle and low-income countries, including Brazil, Russia, China, India, South Africa, and Botswana, are already financing a large proportion of their AIDS programmes.

Leaders of both the Global Fund and PEPFAR stressed that the future will see a transition to domestic funding. The shift to national ownership and to domestic investment is clearly the way to sustain the HIV response.

Towards this end, some countries have begun innovative financing mechanisms. For example, Zimbabwe presented a home-grown resource mobilization strategy in the form of the AIDS levy, whereby 3% on all taxable income is directed for AIDS programmes, managed by a multi-sectoral National AIDS Council. Kenya likewise is exploring a percentage of ordinary government tax revenue to be earmarked for support of HIV programmes. The Dutch Postcode Lottery sells lottery tickets with 50% of every ticket sold going to "good causes," including civil society organizations working in global health.

The concept of a "Global Health Tax" on tobacco and alcohol was presented as a possible mechanism to fund universal access to ART and, at the same time to potentially reduce the public health burden of non-communicable diseases associated with tobacco and alcohol consumption. Modeling performed on the 20 countries with the highest HIV burden suggested that 10 of these could fully fund universal access over the coming years with funds left over to treat other diseases, if relatively modest distribution taxes on alcohol and tobacco were applied in the respective country.

Sharing of responsibility between the international community and countries will need to be sustained in the short term, as the shift to national ownership for AIDS financing will need to roll out over time.

Road ahead

The Conference largely contributed toward a re-commitment aimed at a more effective HIV/AIDS response and inspired new energy and purpose in light of substantial scientific and programmatic progress. A common "mantra" heard during the conference was that of "An *AIDS-free Generation"* which finally appears to be an achievable and shared goal at global level. Participants were encouraged to continue work in the prevention of mother-to-child transmission, which has been the core programme for many Caritas and other Catholic Church-inspired organizations.

The Conference ended with the key words that will mark the work ahead – ***"Engage. Scale up. Innovate"***

Mothers living with HIV – How I share the virus with my own daughter

Francesca Matera

I told my husband the very first day I found out. He said he didn't want to hear anymore about the issue of HIV and AIDS in his house and told me not to take the children in for tests. It was when I told my family that I was actually offered some help. All my life I was never ill. It was him who was sick every now and then and he used to tell me that it was like that since his childhood. Of course I believed him but later, after developing an interest in the stories about HIV and AIDS I started realizing it might be something. I told my husband first because I wanted to save his life. If he had been diagnosed first, it might have been very hard to handle the situation or he could remained in denial.

Does your child know about the virus?
No. She is still too young.

To what extent does the virus and the antiretroviral treatment affect the life of your child? Although my child is still very young and knows nothing about the virus, the fact that she is taking drugs each and every day affects her because she wonders why in the same house only she takes the drugs. Why her doesn't brother take any at all? I think this also affects her much.

Have you explained to her the complexity of your condition?
She is less than 9 years old. I don't think she could understand. But sometimes she does ask, "Mum, when are we going to stop taking these drugs? You know I'm tired of taking them every day." When she reaches, I think 12 or 13, I will tell her. But for now, I like asking her some questions, just to see how deep her knowledge is.

What will you tell her if she asks you how you contracted the virus?
It's not an easy thing to tell my child about her HIV status. She, as a child, has got her expectations about her future. When we hear about somebody being infected with HIV, all we think is that that person doesn't have a future. But if God is keeping my child alive and in good health, the same God is going to fight for me. It's not my battle. I need wisdom so that my child will accept what happened. I will be open with her on how she contracted the virus. She always tells me that when she grows up she wants to become a nurse. It is with these expectations that we can face the future. As of now, I don't have the right answer but God will guide me and he will see me through.

After the initial shock, when you eventually came to terms with your condition, what did you think of your life then? All that came to my mind was death, because I could see a lot of people by then dying because they couldn't access treatment and I didn't know that the ARVs (antiretrovirals) can be of much effect that one could stay alive for more than 10 years. So death was what I saw and it was the first thing that came to my mind.

What or who gave you the strength to carry on?
It was a testimony that I heard on the radio. It was a program called "Wings of Hope". A lady told her story and this made me want to go and get tested for HIV. If the results turned out to be positive, then I thought I could still live well, seeing that the lady who gave her account was as healthy as any other person. I told myself that all will be well also with me. I started having faith.

Have your feelings towards life changed now?
Yes, I have good feelings now because I have a life, and life in its full abundance because of the drugs and the friends I found through the Community of Sant'Egidio's DREAM program.

Over the past seven years, who would you say has been the most important person in your life and why?
My daughter Melinda. She gives me courage and hope that we too can live long. She is a testimonial in my life. As I said she was born HIV positive and started getting treatment at 9 months. Raising a child from that time to this moment when she's almost 9 years old is not an easy road. I have passed through thick and thin every day, every moment, every hour, every month every year I live I see God's work in her.

My child would have died if DREAM didn't come to Malawi. My child is a living evidence, I hope for many mothers. She's a pillar and a friend when I'm lonely. She's always there for me even though she's still young.

If a friend came to you to ask you advice, saying that she's scared because she has contracted HIV, what would you say to her?
I would give her my own testimony. It's not easy to convince a man. Men are always tough-minded. But we too need to be strong. I would ask her this question, "Do you want life or death?" If she answers life, then together we could talk to her husband and explain that when one goes for an HIV test its for the benefit of the whole family. There is still a life for those who are diagnosed with HIV and AIDS. The fact that now we can access free treatment it's a guarantee that there is life. We would talk to her husband calmly, explaining what HIV and AIDS are and how the family can live with them.

When did you decide it was the right thing for you to be involved in the fight against HIV and AIDS and why did you chose the community of Sant'Egidio?
Soon after I knew about my HIV status, and then after some months on treatment. It was when I realized the treatment made me go back to being a normal person.
When I was without hope, the community of Sant'Egidio gave me hope and reassurance. They took me with all my misery. They loved me from the very first day and promised to care for me both physically and spiritually. The Community has been my pillar all these years. When people from my country had no answers to my situation, denied me the friendship I needed, I found comfort in the Community.

What is the most striking thing you have done since contracting the virus? Help other women.
What makes you most proud about yourself? Thanks to my work, many women now realize that they too can help fight HIV in their village, across the nation and throughout world.

You have seen death with your own eyes and you have fought hard against it. No doubt, you have fought the most important battle of your life. How has all this changed your attitude towards life itself?
HIV is like any other disease. At first it was like a death sentence. This is because I didn't know much about it. What I can say is that many are suffering because they know too little about the virus. We need to work together on all the issues of HIV and AIDS. With treatment, life is there. Without treatment HIV means guaranteed death.

Who was Pacem before she contracted the infection?
Pacem was just like any other person. She was a woman who minded her own business. She was always negative towards people living with HIV and AIDS.

Who is Pacem today?
Pacem today is a mother of two kids who has strong feelings that she can change society with her voice and make the impossible become possible.

Ms Becky Johnson
Msgr Robert J. Vitillo
Ms Finola Finnan
At the IAC Catholic Pre-Conference
Credits: Catholic Charities USA

Upcoming Events

- **CHAN annual meeting** – Geneva, 17 – 19 October 2012
  The Catholic HIV/AIDS Network (CHAN) annual meeting is taking place in Geneva from 17 to 19 October 2012.

- **Universal Children's Day** – 20 November 2012
  The United Nations' (UN) Universal Children's Day is an occasion to promote the welfare of children and children's rights all over the world. It is held on November 20 each year
  http://www.un.org/en/events/childrenday/

- **World AIDS Day** – 1 December 2012
  "World AIDS Day on 1 December brings together people from around the world to raise awareness about HIV/AIDS and demonstrate international solidarity in the face of the pandemic. Between 2011-2015, World AIDS Days will have the theme of "Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS related deaths". The World AIDS Campaign focus on "Zero AIDS related deaths" signifies a push towards greater access to treatment for all; a call for governments to act now. It is a call to honor promises like the Abuja declaration and for African governments to at least hit targets for domestic spending on health and HIV.

- **Human Rights Day** – 10 December 2012
  "The United Nations' (UN) Human Rights Day is annually observed December 10 to mark the anniversary of the Universal Declaration of Human Rights. It is an occasion to raise awareness on human rights.

Getting to Zero – Engagement of Catholic groups in the Global Plan

Francesca Matera

On July 21st, the results of a new important study focusing on the involvement of faith-based organizations in the fight against HIV and AIDS were revealed at the Catholic AIDS pre-conference held in Washington DC. The event took place in conjunction with the 19th International AIDS Conference (IAC2012) which also took place in Washington DC between 22-27 July 2012.

From the report it emerged that Catholic Church-related organizations contribute a significant level of engagement in implementing the *Global Plan towards the Elimination of New HIV Infections in Children by 2015 and Keeping their Mothers Alive* in 22 focus countries∗. This is good news for agencies such as Caritas Internationalis, which invests considerable efforts in providing both physical and spiritual care to mothers and children carrying the virus. Their reach is global and includes remote communities and regions that are normally hard to reach.

On a less positive note, however, they expressed concerns about being often overlooked by governments in the formulation of national-level planning and policy setting. For the purpose of the research, a survey was distributed among some 50 organizations, of which 13 were selected for follow-up interviews. The study sought to identify Catholic programs responding to HIV in the 22 *Global Plan* focus countries. It aimed to ascertain the extent of their involvement in the plan, to assess opportunities for increased engagement and to identify the challenges faced by these organizations at local level in contributing to achievement of targets in the surveyed countries.

If 95% of participating organizations said they were delivering HIV-related services to mothers and children and followed national AIDS program guidelines, so far only 17.5% said they were engaged in scale-up to implement the plan in their respective countries.

Overall, the study also highlighted a general **lack of awareness** in the Prevention of Mother-to-Child Transmission (PMTCT) at community level. Partly this is due to **poor mobilization** from the local media, religious and community leaders, to promote awareness about PMTCT; in addition, **discrimination**, **stigma**, **inequality between women and men,** and a general sensitivity around the subject of HIV are to blame. Women also identified the **lack of support** from their husbands or partners as a major barrier to accessing prevention programs. Other limiting factors include **inadequate funding** (such as would be required to guarantee consistent supplies of drugs), **poor nutritional support** for persons on anti-retroviral treatment and **difficult access** to health infrastructure due to the large distances involved and a lack of transport.

In 2010, approximately 390,000 children were born with HIV and more than 700 died each day as a result of the infection. Most of them were from low- and middle-income countries. In June 2011, the Joint United Nations Program on HIV/AIDS (UNAIDS) launched the *Global Plan* in response to the failure to address the needs of mothers and children living with HIV. The Plan focuses on 22 priority countries[1] with the highest rates of mother to child transmission of the virus and aims to reduce the number of new infections by 90%.

UNAIDS recognizes the valuable role played by Faith-Based Organizations (FBOs), such as Caritas, in efforts to implement the Plan, especially in view of their position of trust within the community and, in particular, the family-centered approach taken by Catholic Church-related organizations. FBOs also have a strong presence at all levels of society and are thus able to reach the poorest and most marginalized areas in many countries. They offer holistic as well as medical support, often have political influence, and can count on a large number of committed volunteers.

∗ Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

Faith Based advocates call for better medicines to children

Francesca Matera

According to the latest World Health Organization (WHO) estimates there are 2.5 million children infected with HIV of which only about a fifth have access to life-saving drugs.

No doubt these are worrying figures. Furthermore, what happens to the two million who go untreated remains a dilemma. The question is tricky, and so is the answer, says Pat Zerega, a member of the Ecumenical Advocacy Alliance (EAA) team that negotiates with pharmaceutical companies for improved medication and better access to treatment for infants.

There are children for whom it is simply impossible to get treatment, either because health centers are too far without appropriate means of transportation or because equipment for testing in remote clinics is inadequate.

Another crucial obstacle to effective care is the lack of child-friendly drugs, an issue that Pat Zerega and her fellow campaigners have often raised during the last three international AIDS conferences. If the market only makes adult doses available, it means parents have to manually cut pills, thus compromising the success of the antiretroviral (ARV) therapy due to under- or over-dosage.

What the EAA asks of big pharmaceutical firms mirrors in many ways the main objective of Caritas' own HAART campaign for Children: a more effective response to the urgent needs of children living with HIV. The means by which this goal is to be achieved include strengthening strategies for early diagnosis and treatment for infants, lowering the cost of ARVs and reducing the number of deaths caused by AIDS-related diseases.

In July, Zerega and other members of the EAA team sat at a round-table with five multinational pharmaceutical companies to discuss the issues surrounding pediatric HIV care.

Msgr. Robert Vitillo, Caritas Internationalis' special advisor on HIV and AIDS and a key member of the EAA team, was also there. His take on the situation is clear: the attitude of large companies and governments towards the issue has changed over the years, for the better. It is now widely accepted that though large-scale marketing of children's drugs isn't as profitable, there is still a need for it. Thus far the campaign has been a success. But much still has to be done if we want to achieve the goal of eliminating new infections in babies by 2015, a target which Caritas shares with the EAA, the Global Fund for HIV and AIDS and many other NGOs.

Beyond the call for child-friendly doses and heat-resistant drugs – because in some remote parts of Sub-Saharan Africa electricity for refrigeration is unreliable – Fr. Vitillo believes the EAA may have to extend the focus of its advocacy to companies providing diagnostic equipment. Testing for infections without proper kits and inadequate or insufficient medical training makes the task of care workers much harder.

"The companies with which we spoke said that if the required types of diagnostic equipment were developed by others, they would try and get hold of them and support the training of workers in the clinics where the testing needs to be done," said Vitillo.

Last but not least, researchers must find ways to make the drugs palatable for children. Ulysses Burley, a young doctor and member of ELCA, seem to have taken the latter to heart. However safe and healthy the medication can be, one can't make a 3-months-old swallow a pill. So can it be dissolved in milk? Does it taste good enough so a 1-year-old can take it? These were only some of the questions addressed to industry professionals during the meeting. And they appeared not to have come unprepared. "Just about everyone was receptive," said Burley. "If they didn't have things in the pipeline, they had plans for things."

"A number of companies with which we spoke heard our message loud and clear, and are developing medications that are heat-stable, in granular form, that also can be sprinkled on food, because some of the current medicines are very bad-tasting," added Vitillo, who didn't fail to raise the issue of drugs' safety for the very young. "Some medications are approved for children 3 and up, and only a few for children who are younger," he pointed out.

"Some companies say that they are doing research on formulations for use with younger children but this will take some time; on the other hand, if we don't treat these children early, most will not live beyond their second birthday," says Vitillo. Zerega, Burley, and Vitillo expressed varied, but generally positive assessments of the degree to which their counterparts at pharmaceutical firms are listening attentively during the dialogues.

"I've been involved in these negotiations at four conferences, and the pharmaceutical companies are now very aware of the need to address children – that's a new space from the other conferences," says Zerega. "In the past, they were telling us things like: 'That's really just too hard to do.' But there's been a change, and it's on all of the research and development agendas."

But even where consensus can be forged, obstacles remain to reaching the 2 million children living with HIV who are currently going without medication. "As people of faith, we're always dealing with the poor, the marginalized, the most disenfranchised — and the children in this issue have been marginalized and disenfranchised partly because in the Northern countries, there's a lack of children who've been impacted," says Zerega, "so research on that wasn't part of the early push to respond to AIDS, or the ability to treat mass numbers of children living with HIV."

"The frustration," according to Vitillo, "comes from the fact that it that takes a lot of time to develop and test, to know that medications will be safe and effective."

"Faith communities will continue the call for better medication and more access for children and continue serving them on the ground, through hospitals, orphanages, and other institutions that make us uniquely suited to raise these issues," concluded Zerega.

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 is 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.

Pope Benedict XVI has appealed to health care workers worldwide "... to undertake, or continue, a decisive action aimed at preventing illnesses as far as possible and, when they are present, at curing the small patients by means of the most modern discoveries of medical science as well as by promoting better standards of hygiene and sanitation, especially in the less fortunate countries. The challenge today is to ward off the onset of many pathologies once characteristic of childhood and, overall, to encourage the growth, development and maintenance of good health for all children"

http://www.vatican.va/holy_father/benedict_xvi/speeches/2008/november/documents/hf_ben-xvi_spe_20081115_hlthwork_en.html

We're on the Web!
www.caritas.org

For further information on the HAART FOR CHILDREN Campaign & your feedback, Please contact:

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