

3 January 2007

Mr. James Heenan
OHCHR
Geneva
Switzerland
Email: jheenan@ohchr.org

Dear Mr. Heenan,

I refer to the letter from Mac Darrow, Coordinator, a.i. of the MDGs and Rights to Development Unit, dated 13 October 2006, requesting comments from UNICEF on steps taken to promote and implement programmes addressing the urgent HIV-related human rights of women, children and vulnerable groups in the context of prevention, care and access to treatment as described in the Guidelines on HIV/AIDS and Human Rights.

In October 2005, UNICEF, UNAIDS and a broad range of partners launched the *Unite for children. Unite against AIDS*. Campaign with the goal of putting the missing face of children at the center of the global HIV/AIDS agenda. *Unite for children. Unite against AIDS* provides a framework for nationally owned AIDS programmes around Four Ps – preventing mother-to-child transmission of HIV, providing paediatric treatment, preventing infection among adolescents and young people, and protecting and supporting children affected by HIV/AIDS.

Over the past year, there has been a broad, growing recognition of the need to intensify and accelerate actions towards the goal of universal access to comprehensive prevention programmes, treatment, care and support. Commitment to this goal by 2010 was affirmed by heads of state and government and their representatives participating in the High-Level Meeting on AIDS held at the United Nations in June 2006.

Increasing numbers of children are on treatment as a result of improved testing, lower drug prices and simpler formulations, albeit still too few. In some countries, more women have access to services for prevention of mother-to-child transmission of HIV (PMTCT), but too few receive the services necessary to interrupt transmission of the virus to their children or are themselves able to receive life-saving antiretroviral treatment (ART). Children and their needs are more integrated than before into national policy frameworks, HIV/AIDS plans of action and poverty reduction strategy papers. In several countries, behaviour change has translated into declining HIV prevalence among young people. In addition, the disparity between orphans and non-orphans in access to education is being reduced in several countries.

These are encouraging and measurable advances towards the priorities of Millennium Development Declaration. They were achieved through joint and united action in the international HIV/AIDS community at both national and global levels. They cannot be attributed to any one agency, but the successes translate into significant progress in ameliorating the HIV related human rights standards for children the world over.

More specifically:

- Eight countries (Argentina, Belize, Botswana, Brazil, Jamaica, the Russian Federation, Thailand and Ukraine) on track to meet target of 80% PMTCT coverage by 2010.
- In some high prevalence countries in Eastern and Southern Africa (Namibia, Rwanda, Swaziland and South Africa), trends in ARV access for PMTCT are starting to show increases.
- Since 2004, prices of generic formulations for children have been significantly reduced, by as much as 76% in some cases.

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- Since 2004, prices of generic formulations for children have been significantly reduced, by as much as 76% in some cases.
- Of 24 sub-Saharan African countries that have measured the school attendance ratio of orphans to non-orphans over time, 15 show a decline in disparity.
- Following country-level Rapid Assessment, Analysis and Action Planning, over 20 countries have drawn up National Plans of Action for orphans and vulnerable children.

Levels of commitment toward children and AIDS among a broad range of actors have shown a marked increase. UNICEF, on behalf of the UNAIDS cosponsors, developed Country Fact Sheets to better monitor progress towards the common goals of *Unite for Children*, *Unite against AIDS* and the UN General Assembly Special Session on HIV/AIDS (UNGASS). This is in line with the 'Three Ones' principles of one agreed national HIV/AIDS action framework, one national AIDS coordinating authority, and one agreed country-level monitoring and evaluation system, and in collaboration with the multi-agency Monitoring and Evaluation Reference Group (MERG), The fact sheets compile data from existing monitoring mechanisms and systematically show, for the first time ever, how children are faring in the face of HIV and AIDS. The Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) remain the main monitoring mechanisms employed, but additional information and data are becoming available through tracking tools such as the Inter-Agency Task Team (IATT) PMTCT/ Paediatric Report on Progress for Children. Data consolidation will make it possible to monitor and report annually on progress towards both global and national targets, and will be an invaluable contribution to reporting on universal access. This is a major step forward in the essential task of monitoring the scale and impact of the epidemic, and will provide a strong basis for assessing, analyzing and reacting to information reliably emerging from scientific data.

UNICEF played a key and vital role in convening Global IATT on paediatric treatment, PMTCT, and Children Affected by HIV/AIDS. It supported other agencies such as WHO, UNESCO and UNFPA in their lead roles in the Inter-Agency Task Teams on education and prevention among adolescents out of school. The membership of these Task Teams is broad-based, involving UN agencies, bilaterals, NGOs, academia, faith-based groups, communications specialists and any other groups that show an interest in the Four Ps of *Unite for Children*. *Unite Against AIDS*.

UNICEF, in conjunction with the IATT on PMTCT, has conducted several joint technical missions with WHO and other IATT members to countries with large numbers of children infected with HIV to assist in the scale up of pediatric HIV care and treatment. To date, joint technical missions have taken place to eight countries over the last 16 months. In that time, there has been a significant increase in the numbers of children placed on treatment, and a resulting decreased disparity in treatment access between adults and children, which translates into significant progress in ameliorating the HIV-related human rights standards for children the world over.

UNICEF has also partnered with other organizations prominent in the field of PMTCT and pediatric HIV care and treatment to ensure greater training in pediatric HIV clinical management, psychosocial support, and monitoring and evaluation. As a result, treatment access has been brought closer to children infected with HIV.

Yours sincerely,


Alan Court
Director, Programme Division

cc: S. Houry, Director, Division of Policy and Planning, UNICEF