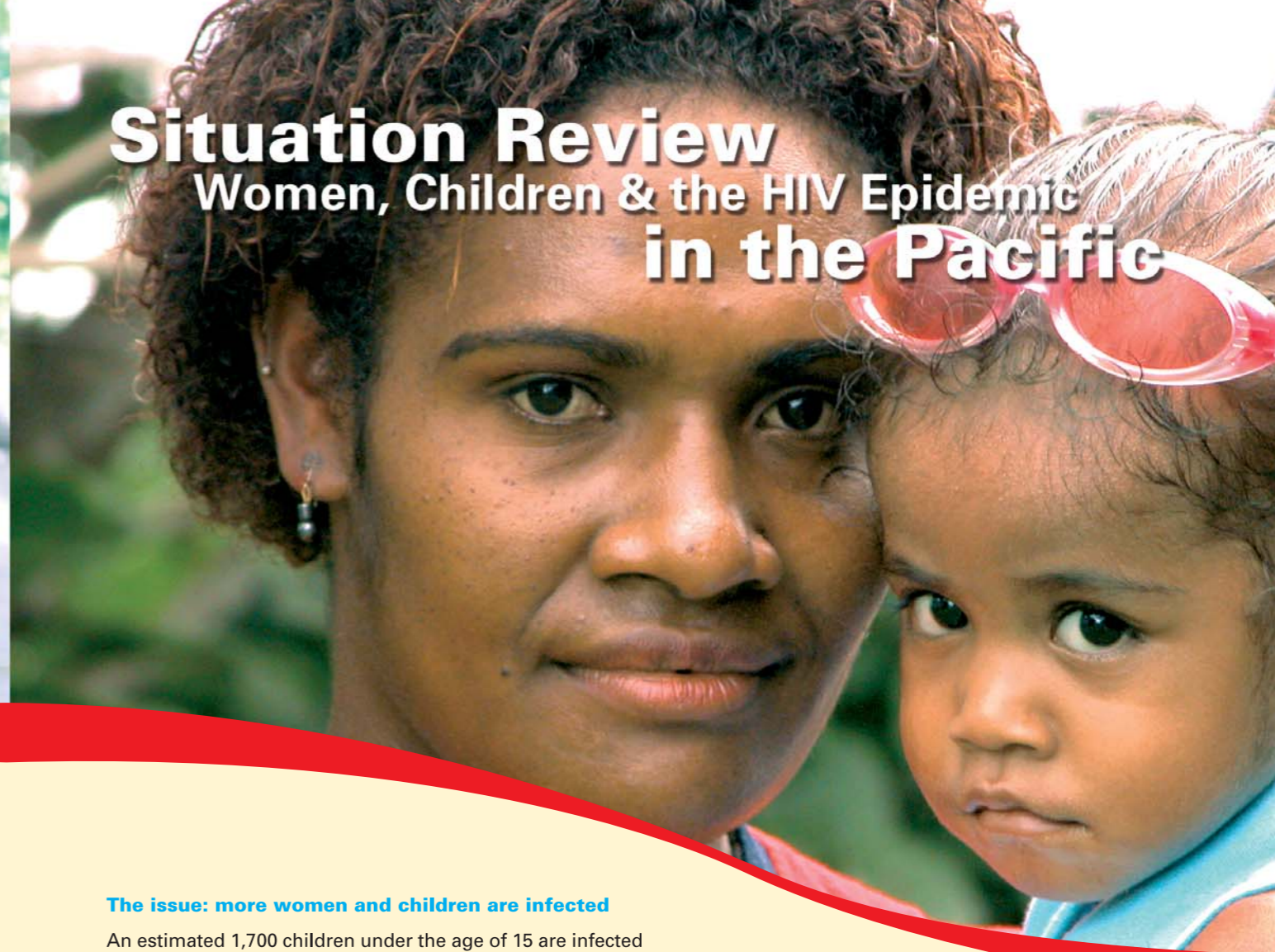




UNICEF/Gabriel Accascina/1998

Situation Review

Women, Children & the HIV Epidemic in the Pacific



control over their choices, and subsequently, reduce their vulnerability to HIV;

- Primary prevention of HIV among women of reproductive age expanded through the promotion of research, and increased access to HIV and AIDS information, life-skills, sexual and reproductive health education - in and out-of schools - as well as access to HIV-prevention methods that include female-controlled methods, such as microbicides and female condoms;
- Improve access to diagnosis and treatment of sexually transmitted infections;
- Support ongoing programmes targeting universal education for girls;

- Facilitate the timely diagnosis of HIV infection through increased access and use of voluntary confidential counselling and testing, followed by access to antiretroviral drug prophylaxis and treatment for women and newborns, as well as early recognition and treatment of opportunistic infections and STIs;
- Integrate HIV prevention and care into sexual and reproductive health services and improve referral systems to increase women's and children's access to treatment and care services;
- Increase efforts aimed at preventing new infections among women and children caused by unsafe blood transfusions and injections; and
- Capacity-building to improve clinical and psycho-social care management for children living with HIV and AIDS.

The issue: more women and children are infected

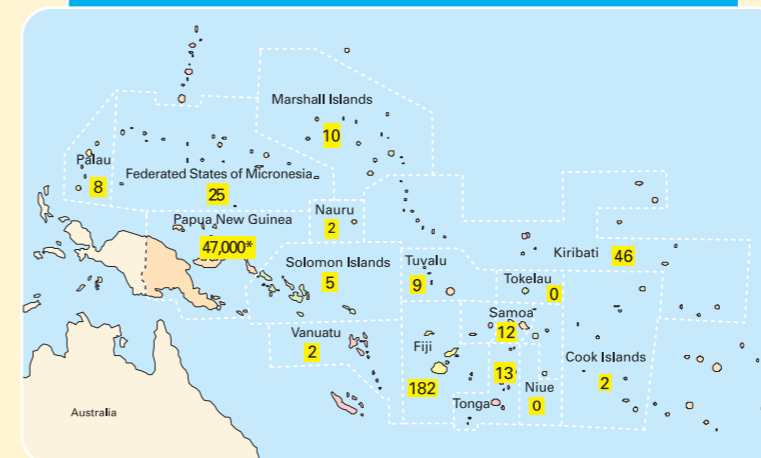
An estimated 1,700 children under the age of 15 are infected by HIV around the globe everyday. Many of these are young children, infected at birth by mothers who are unaware of their HIV status. A host of social and economic factors are exacerbating the vulnerability of young women and if they are already living with HIV, they often suffer more severe stigma and discrimination than males

The Pacific Islands are not being spared. Though data are limited, 1,028 HIV cases have been reported in the Pacific Island countries (excluding Papua New Guinea). Although the total number is still low compared to other countries in

the region, the trend in new infections is a major cause for alarm. These countries also report high rates of sexually transmitted infections (STIs), a known risk factor for HIV transmission. Unprotected sex represents the primary risk, and the majority of new infections occur among young adults.

In the Pacific, although the number remains small, the number of HIV reported cases among pregnant women continues to rise.

Figure 1- Estimated AIDS cases in Pacific Island Countries



* estimated median figure

AIDS Section Public Health Programme, Secretariat of the Pacific Community (www.spc.int/aids) - 7th June 2005

Figure 1 shows the number of HIV and AIDS cases reported in 15 Pacific Island countries and territories. In neighbouring Australia, the number of women living with HIV/AIDS has increased from 800 to 1,000 between 2001 and 2004-out of a total of 14,000 cases, whilst New Zealand has reported close to 200 cases of women infected out of a total 1,400 cases.

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



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preventing women or mothers from getting infected in the first place should be the top priority

Figure 2 - Mother-to-Child Transmission of HIV

| Country | Cumulative number of HIV positive pregnancies | Infant Outcomes | | |
|--------------|---|-----------------|-----|-----|
| | | Pos | Neg | Unk |
| Fiji | 17 | 8* | 4 | 5** |
| Kiribati | 7 | 7 | 0 | - |
| Samoa | 2 | 2 | 0 | - |
| Tonga | 0 | 0 | 0 | - |
| Tuvalu | 1 | 1 | - | - |
| Vanuatu | 1 | 1 | 0 | - |
| FSM | 2 | 2 | - | - |
| Marshall Is. | 1 | - | - | 1 |
| Total | 31 | 21 | 4 | 6* |

*6 have died, 2 on treatment ** 2 awaiting confirmatory tests, 3 less than 6 months of age

For the Pacific Islands with a national HIV prevalence below 0.1 per cent (considered low prevalence) there is currently a remarkable window of opportunity to halt the impending AIDS epidemic. Proactive responses including: regular sentinel and behaviour surveillance; cross-sectional surveys, the screening and management of STIs; public education; and focused, targeted outreach will substantially reduce disease burdens over the coming years. Public knowledge of HIV and AIDS can be an initial indicator in regard to the level of action needed.

Strategies to prevent mother-to-child transmission

In June 2001, the United Nations General Assembly Special Session on HIV and AIDS generated an unprecedented level of global leadership, awareness and resource mobilization in response to the HIV and AIDS emergency. A Declaration of Commitment adopted at the Special Session specifies time-bound goals and indicators to measure progress and to ensure

accountability. In the Declaration, governments including all Pacific Island countries determined that together with partners, they would reduce the proportion of infants infected with HIV by 20 per cent by 2005, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women receiving antenatal care have access to:

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

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

Component I: Preventing HIV infection in all people, particularly young women.

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

men's responsibility for stemming the spread of HIV. This should be the main focus for all Pacific Island countries in their efforts to thwart the epidemic.

Component II: Prevention of unintended pregnancies among HIV-positive women.

Strengthening reproductive health and family planning services so that all women, including those that test HIV positive, are given the means and the support to avoid unintended pregnancy.

Component III: Reduction of HIV transmission from HIV-infected women to their infants.

Increasing the access to voluntary and confidential HIV counselling and testing, antiretroviral drugs to reduce the transmission of HIV from mother to child, safe delivery practices, and counselling and support for safer infant-feeding methods.

Component IV: Provision of a continuum of care and support for infected women, children and families.

Improving access to prevention, antiretroviral therapy, early diagnosis and treatment of opportunistic infections, psycho-social support and economic and legal support.

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

The challenge of treating children with HIV

Children are susceptible to HIV not only from mother-to-child transmission, but also from unsafe blood transfusions and injections. A rapid expanding epidemic could present great challenges to policy makers in terms of ensuring high-quality protection and care both for children infected and affected, particularly considering the stigma attached to the disease. Most children with HIV need closer supervision of treatment compared to HIV-positive adults, and therefore require unique care and support measures. Without care and antiretroviral treatment, about 60% of children living with HIV in poor countries will die before 5 years of age. However, with sustained care, support and treatment, these children will have a good chance of

growing and developing to their full potential. While the price of antiretroviral drugs has come down steeply in the past few years and funding and international commitment for access to antiretroviral has increased (e.g. the Global Fund for AIDS, TB and Malaria), there remains several challenges:

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

Prevention and early action is the key

The future course of the epidemic among children and women in the Pacific will be determined by the pace by which evidence-based interventions,¹ known to be effective in averting or reversing the spread of HIV, are scaled up at the national level. The following actions are key to implementing a comprehensive prevention and care strategy aimed at reducing the risks of HIV and AIDS for women and children:

- HIV-prevention efforts that take into account gender, economic and social disparities, and that positively influence the extent to which women can exert