

HIV Trends: Asia-Pacific (2011)

4.9 million people living with HIV

1.6 million women living with HIV

170,000 Children living with HIV

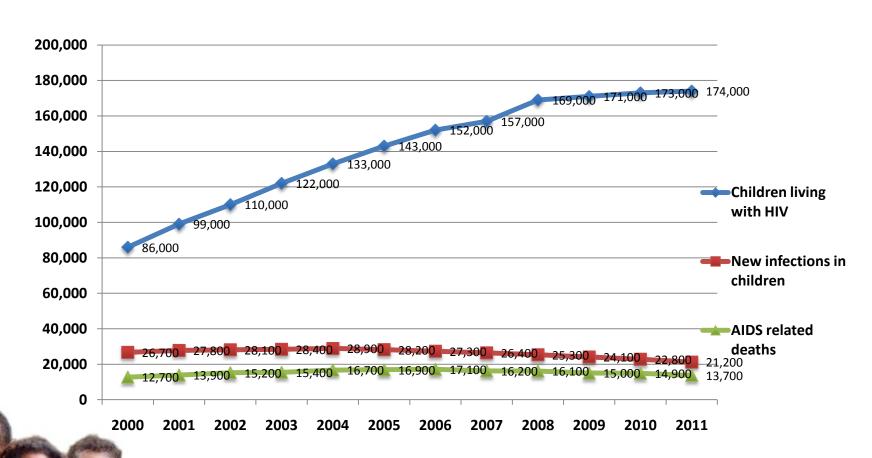
370,000 New HIV infections

310,000 AIDS related deaths

21,000 Children newly infected

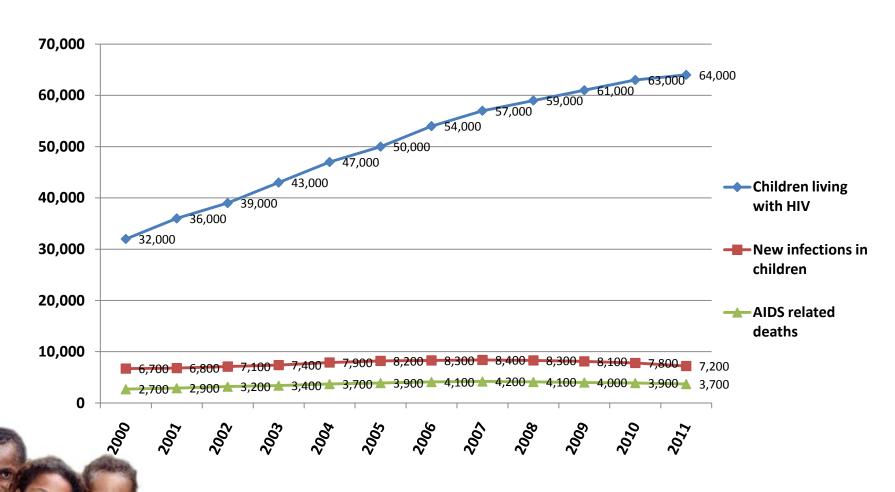
- Stabilizing overall though still growing among MSM and in Indonesia
- HIV increasingly TREATABLE and turning chronic
- New WHO Treatment Guidelines more adults and children will be treated (CD4 <500, previously <350)
- Eliminating new HIV infections in children is now a real possibility in Asia-Pacific

Number of children (0-14) living with HIV, new infections and deaths due to AIDS, Asia-Pacific, 2000-2011



Source: UNICEF HQ 2012 Epidemiological Updates

Number of children (0-14) living with HIV, new infections and deaths due to AIDS, East Asia-Pacific, 2000-2011



Source: UNICEF HQ 2012 Epidemiological Updates

Children and Households affected by HIV in Asia-Pacific

Critical Challenges

- Escalated financial burden on households due to loss of productivity and consequent reduction in household income
- Increased burden on people living with HIV and chronically ill caregivers to pay for health expenses or make up for lost income
- Limited/no access to life saving treatment and care for caregivers and children affected by HIV from migrant populations
- HIV testing without informed consent (especially migrant populations)

Children and Households affected by HIV in Asia-Pacific

Critical Challenges

- Higher household health expenditure and reduction in food or educational spending
- Education disparities most evident in poorest households with dropout rates higher for children affected by HIV and even more severe for girls than boys
- Increased stigma and discrimination Humiliation by peers and ostracism within the school and community leading to demotivation and falling behind studies and dropout of school system
- Increasing evidence of abuse, exploitation, violence and neglect among children affected by HIV leading to increase exposure to HIV and risk behaviours

Limited psychosocial support to most vulnerable children

Mapping of Social Protection in Asia-Pacific

Study commissioned by UNICEF and undertaken by the Economic Intelligence Unit (EIU) reviewed existing social policies and programmes using Child- and HIV- focused criteria to gain a regional perspective of the extent to which children and households affected by HIV are being supported within national social protection frameworks in Asia-Pacific

Countries reviewed

Bangladesh, Cambodia, China, Indonesia, Nepal, Pakistan, Papua New Guinea, Thailand and Viet Nam

Categories of social protection programmes examined

Social insurance, social insurance, access to social services, and policies and legislation

Coding of each policy/programme: Limited to Extensive

Key Findings - social protection for children affected by HIV

Social Assistance

Social Insurance

Criteria	Provision of cash and food grants for at-risk children (orphans, street children, institutionalised, stateless children) and poor families	Insurance schemes— health, maternal support, nutrition, unemployment— for poor households and vulnerable groups
Bangladesh	Substantial	Moderate
Cambodia	Substantial	Limited
China	Extensive	Substantial
Indonesia	Substantial	Moderate
Nepal	Substantial	Moderate
Pakistan	Moderate	Limited
Papua New Guinea	Limited	Limited
Thailand	Substantial	Substantial
Vietnam	Moderate	Substantial

Source: Economic Intelligence Unit analysis

Key Findings - social protection for children affected by HIV

Social services (Access to)

Criteria	Access to ART for caregivers and children	Employment and livelihood initiatives for chronically-ill caregivers	Availability of healthcare, education, welfare, psychosocial support, livelihood training and alternative care for poor households and vulnerable children (access/ affordability)
Bangladesh	Moderate	Limited	Moderate
Cambodia	Moderate	Substantial	Substantial
China	Moderate	Limited	Substantial
Indonesia	Substantial	Limited	Limited
Nepal	Moderate	Moderate	Substantial
Pakistan	Moderate	Limited	Moderate
Papua New Guinea	Moderate	Limited	Moderate
Thailand	Extensive	Limited	Substantial
Vietnam	Moderate	Limited	Substantial

Source: Economic Intelligence Unit, 2011

Key Findings - social protection for children affected by HIV

Policies, legislation and regulation

Criteria	Explicit rights to access essential services for children affected by HIV	Existence of a legal framework that specifically protects children affected by HIV through inheritance rights, birth registration, school enrolment
Bangladesh	Substantial	Substantial
Cambodia	Moderate	Limited
China	Substantial	Extensive
Indonesia	Moderate	Moderate
Nepal	Substantial	Moderate
Pakistan	Moderate	Limited
Papua New Guinea	Substantial	Limited
Thailand	Extensive	Extensive
Vietnam	Substantial	Extensive

Source: Economic Intelligence Unit analysis

Preferred instruments for disbursements of social protection to children affected by HIV

Bangladesh

Cambodia

China

Indonesia

Nepal

Pakistan

Social assistance

Provision of cash and food grants for at-risk children

China

Vietnam

Social insurance

Insurance schemes—health, maternal support, nutrition, unemployment—for poor households and vulnerable groups

Bangladesh

Cambodia

China

Nepal

Pakistan

Papua New Guinea

Thailand

Vietnam

Social services (access)

Facilitate access to treatment (ART) for caregivers and children; employment and livelihood initiatives for chronically-ill caregivers; access to services, support and alternative care for poor households and vulnerable children

Source: Economic Intelligence Unit, 2011

Trends: Analysis of activity around social protection of children affected by HIV

Social Assistance

Most extensive in developing countries with a robust civil society network

China's national focus on targeting rural households is notable

Social Insurance

Many formal high-coverage programmes preclude children affected by HIV/AIDS

China and Thailand's focus on maternal support and improving access to healthcare for informal workers is notable.

Source: Economic Intelligence Unit, 2011

Country responses to specific needs of children infected by HIV and their families

China, Indonesia and Thailand





China: Response to specific needs of children infected by HIV and their families

Child-sensitive services

- HIV/AIDS policy Four Frees and One Care (2003) addressed access to free PMTCT services, ARV treatment and living support and education for children orphaned by HIV/AIDS
- Regulation on Free treatment waiver of school tuition for children orphaned by HIV and free testing and treatment

Social Assistance

Provision of financial subsidies to families who care for children orphaned by HIV/AIDS

• China:

Response to specific needs of children infected by **HIV** and their families

- First policy for children affected by AIDS
 (2009) extended cash grant benefits from
 those orphaned by AIDS to all children
 affected by AIDS (Children in communities
 not just child welfare institutions)
- In 2010, Government of China and UNICEF launched a five-year HIV sensitive child welfare project in 12 counties in HIV hardhit areas (Yunnan, Sichuan, Xinjiang, Shanxi, and Henan province) with services extended to all children. The project will feed into the development of a comprehensive child welfare system



China: Progress and Results



Lessons learned from three pilots supported evidence based advocacy with policy makers at both the provincial and national level and led to:

- National policy stipulating that all orphaned children and those without caregivers would receive a monthly allowance (600 Yuan (USD 90) for those living in family settings, and 1000 Yuan for those living in institutions)
- Family is the best environment to raise children
- The policy, a landmark achievement called for special funds from both central and provincial governments to support most vulnerable children in the community
- Policy benefitted over 714,000 children nationwide (2010) - 96% coverage of all reported children who are orphans

Indonesia:

Response to specific needs of children infected by HIV and their families

- Social protection for children in the form of cash and food grants for at-risk children, and antiretroviral treatments for mothers and children are substantial
- HIV-sensitive social services are limited, though there has been significant expansion in the provision of ART to adults
- Other social services including the provision of health care, education, welfare, work options for the chronically ill, and psychosocial support remain limited

- Thailand:
 - Response to specific needs of children infected by HIV and their families
- Social assistance provision devolved to local and regional governments. Local initiatives focused on targeted subsidies to households
- Treatment for caregivers and children is extensive. More than 96% of population have access to universal health care

Thailand has the most extensive social protection provision in place for HIV-affected children. Limited employment and livelihood opportunities for chronically ill caregivers. Explicitly stated rights of access for vulnerable children to essential services

The Global Fund 2010 grant (US\$ 42 million)

- UNICEF Thailand supported the government to strengthen child-focused services, including those specifically related to HIV prevention, care and treatment, for vulnerable children
- Expected outputs: Increased access for 113,000 vulnerable children in 29 provinces and 1,860 sub-districts, of whom approximately 61,000 of these vulnerable children are children affected by AIDS
- Target population includes:
 - Children directly affected by HIV and AIDS (CABA)
 - Children made vulnerable by other causes and living in communities with high HIV prevalence
 - Ethnic minority children who do not have Thai citizenship and are less able to access routine essential services.

To address needs of children affected by HIV, social protection approaches need to become **child sensitive** to respond to the patterns of child poverty and vulnerability and recognizing the long-term benefits of investing in children. When sensitive to children, social protection can address both the economic and social aspects of deprivation

HIV- sensitive social protection refers to a

"Strategic and systemic social response to poverty, marginalization and associated harms, which also protects vulnerable children in the face of challenges posed by HIV through links with other other sectoral or issuefocused programmes"

Source: Integrated Social Protection Systems – Enhancing Equity for Children, UNICEF Social Protection Strategic Framework, March 2012

Desired outcomes: HIV-sensitive social protection

- Ensuring progressive universal application of social protection interventions, including adjusting the design to respond to the additional and specific needs of children infected by HIV and their families
- Targeting a range of context-specific vulnerability indicators including poverty, education status, orphan status etc.
- Addressing not only economic causes and consequences of HIV but also broader social interventions such as community-based care and support to remove stigma and social exclusion of marginalized groups affected by HIV and AIDS



Priority Considerations Child- and HIV- sensitive Social Protection

- Children's susceptibility to risk of infection from sexual abuse, drug abuse and exploitations
- Continued access to education, health care, nutrition as well as pre-ART and ART care to manage disease progression of parents and siblings including vulnerable groups such as information and mobile populations
- Enhanced caregiver's capacity through training or support to manage the needs of affected children
- Sensitivity to the psychosocial needs of children affected by HIV in social work monitoring



Thank You

UNICEF EAST ASIA AND PACIFIC REGIONAL OFFICE

