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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
International Conference on Implications of AIDS for Mothers and Children

“Responding to HIV/AIDS in Children and Women”

Paris, France
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"Responding to HIV/AIDS in Children and Women"

M. de Beauce,
Mme. Dorlhac,
Dr. Nakajima,
Dr. Griscelli,
Dr. Mann,

Your Excellencies and Colleagues in the fight against AIDS,

I am pleased to join with you in this important examination of the implications which the AIDS pandemic is having now and will have in the future for women and children.

While the problems of adult HIV/AIDS are now quite well understood in terms of epidemiological, clinical and social components, the problems of children with AIDS - both the direct and indirect problems - have been largely ignored, and this is especially true in the developing world. With the help of this meeting, we hope these issues will be elevated to a level of greater understanding, greater concern and greater commitment.

UNICEF, of course, has a special interest in these issues, as our work deals with women and children in developing countries, and one of our main focuses is health.

This conference occurs at a time when the HIV/AIDS epidemic is responsible for urgent and pressing conditions. Perhaps most important are the most obvious: first, that a great number of people are dying from HIV/AIDS. Second, HIV/AIDS patients put a heavy new burden on health systems which have already been weakened by such influences as the economic downturn of the 1980s in most developing nations. In countries suffering widespread HIV/AIDS, there is not only a sizable problem in caring for those who have contracted the disease; there is also the problem of dealing with the impact of the epidemic on the health system as a whole - the deterioration of which could adversely affect hundreds of thousands of others, beyond those with the virus.

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In countries affected or threatened by the AIDS epidemic, what is needed, first and foremost, is a serious strengthening of the entire Primary Health Care system including, of course, health education. During the United Nations General Debate on AIDS two years ago, the Secretary-General stated:

"We must work hard to ensure that the rising tide of understandable concern and fear demanding action against AIDS does not wash aside the careful, equally urgent work that the United Nations has led in such areas as child survival, primary health care and community development. This would be especially tragic, not only because such important and dramatic progress has been made in these areas in recent years, but also because the very same infrastructure and techniques which the United Nations and our colleagues have pioneered for major success in these areas are essential to the battle against AIDS."

As these three days of deliberations in Paris begin, we are confronted with several key questions.

What can be done to slow the spread of this insidious disease?

What should be done to deal with the effects of AIDS - the devastated families and communities, the suffering of the afflicted, the already over-burdened health and social service infrastructures which are faced with meeting this new problem in addition to on-going needs?

How do we combat the unjustified stigma too often attached to families and even, potentially, to societies?

How can we especially inform young people who are not yet sexually active about how they can avoid this epidemic - for their own personal health and for the future of their children, and of society as a whole?

The dimensions of the problem for women and children

This morning I would like to highlight some of the implications of AIDS for children and women which will be central in addressing these questions, and I will share with you UNICEF's current and anticipated role in support of countries, working closely, of course, with WHO in the effort.

Awareness about the magnitude and consequences of paediatric AIDS is being raised as a result of improvements in the ability to diagnose HIV/AIDS in children, improvements in reporting systems, and new research findings about transmission from mother-to-child.

HIV-related deaths in infants and small children are overwhelmingly related - over 90 per cent - to the number of pregnant women who are HIV-infected. The problem remains most critical in Africa, where WHO now estimates that over 1 million women of reproductive age are already HIV-infected. Infection rates in women aged 15-49 have reached as high as 25 per cent in some urban areas and high risk groups.

The impact of AIDS on women and children is also already significant in the Caribbean, where women have become increasingly affected as HIV transmission shifts to heterosexual patterns. In one Caribbean nation, 10.5 per cent of pregnant women in a densely populated urban slum near the capital city are already HIV-infected, giving a glimpse of the mortality potential in other parts of this region.

There is every indication that these problems will deepen in the years ahead in Africa and the Caribbean, and that other regions are threatened, as well.

HIV/AIDS will cause severe and chronic, often untreatable illness in hundreds of thousands of children around the world, and will intensify the challenge for child health programmes to retain their effectiveness and credibility, let alone extend their reach. This occurs, unfortunately, at a time when severe economic conditions and adjustment policies in most developing countries are causing a decrease in allocations to health budgets.

Of particular significance to those monitoring otherwise rapid global improvements in child survival and development is the fact that, since nearly all infants who are born HIV-infected die before age five, the impact on under-five mortality rates (U-5MR) in some countries will be significant. Experts now predict that in some areas with high HIV infection rates in pregnant women, child survival gains made since the 1960s will be negated, and even reversed. Preliminary data from a study UNICEF is undertaking indicate that in ten African countries most seriously affected by HIV/AIDS - countries which today have a combined population of 137 million, a combined under-5 population of 26 million, and nearly 7 million births annually - this new disease may cause an increase of over 2.5 million additional child deaths during the 1990s. The study estimates, furthermore, that the disease will continue to accelerate, with about half a million additional child deaths in these ten countries annually by the year 2000 - a figure which will still be increasing. The more detailed highlights of this study will be presented by Ms. Elizabeth Preble Wednesday at 2:30 P.M.

An examination of what is predicted for these ten countries gives an indication of the potential dimensions of the broader impact of HIV/AIDS on children and women. The U.N. has projected that the under-5 mortality rate would decline from 164 per 1,000 live births in 1988 to 130 by the year 2000 without the impact of HIV/AIDS. However, the U-5MR was probably already 166 by 1988, because of HIV/AIDS, and is predicted to rise to 185 by the year 2000 - 55 points above the UN projection.

The socio-economic status and quality of life of women and children is seriously affected, both directly and indirectly, by HIV/AIDS. When women or children suffer HIV/AIDS illness, the impact is obvious. However, these vulnerable groups also suffer indirectly in countries where high HIV/AIDS mortality in the productive age groups further strains health and social services, the economy, education systems, etc.

*These countries are Burundi, Central African Republic, Congo, Kenya, Malawi, Rwanda, Tanzania, Uganda, Zaire, and Zambia.

Conditions for afflicted women and children are grim indeed. As many women with AIDS in Africa have already lost family ties, and public facilities are inadequate or non-existent, it is sometimes their own children who care for them in the children's last family experience before they themselves become orphans. And the most dramatic effect is seen in this emerging group of AIDS orphans, the survivors of families with AIDS. In these ten countries their numbers will increase by the year 2000 to a cumulative total of over 5 million AIDS orphans. As a consequence 10 per cent of the population under age 15 will be orphaned.

Addressing the problems - present and future

There are few countries in the world which have not yet officially reported cases of AIDS to the World Health Organization. With the help of the WHO's Global Programme on AIDS, nearly every developed and developing country in the world has organized a national AIDS control programme, and in the developing world, resource mobilization meetings have raised financial resources from a wide range of donors.

UNICEF, in collaboration with the WHO, assists these programmes primarily by using UNICEF's skills and experience in social mobilization. A little more than a year ago, when Dr. Nakajima and I spoke at a conference of health educators, he told the group: -

"We must recognize that most of the world's major health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but they have to be transformed into effective action at the community level. Parents and families, properly supported, could save two-thirds of the 14 million children who die every year - if only they were properly informed and motivated."

He also quoted what he called an apt slogan: "AIDS - don't die from ignorance".

UNICEF's strong emphasis on social mobilization and empowerment of people through low-cost health knowledge arises from a profound appreciation of the point which Dr. Nakajima was making: that changes in human behaviour can save and improve lives; that education and social mobilization can help bring about life-saving and life-enhancing behaviour change.

Thus UNICEF actively promotes effective health education by national and local authorities to empower people to avoid unsafe sexual behaviour and other behaviour which can spread AIDS. UNICEF has extensive experience in utilizing creative, low-cost, broad-reaching channels to reach people in the developing world with important health messages.

UNICEF is now helping governments deliver AIDS-prevention messages through these channels to men and women of childbearing age to prevent them from becoming HIV-infected and, in turn, infecting their future babies. For

example, a series of seminars for journalists in Tanzania was funded by UNICEF, and has enabled journalists to provide accurate information about HIV/AIDS. In Kenya, UNICEF supports a national women's organization and the Christian Health Association of Kenya in training of health workers, community leaders and church leaders in HIV/AIDS awareness. In several Caribbean countries, with UNICEF funding, HIV/AIDS prevention messages have been added to adolescents' health and family life programmes.

Because many young women become infected with HIV soon after beginning sexual activity, UNICEF-supported school health education programmes which include AIDS prevention are a key element in reaching the critical adolescent age group. A large proportion of AIDS cases occur in people in their twenties, and we know that many people were actually infected several years before symptoms manifest. It is clearly important to reach adolescents before they contract the virus. School health programmes have been found to be cost-effective, to offer wide coverage, and to deeply pervade the community social structure, through multiple channels: teacher-child, child-child, child-parent and teacher-parent. UNICEF is supporting such programmes in Burundi, Central African Republic, Kenya, Rwanda, Uganda, and other African countries. Programmes for out-of-school youth are also being planned in Kenya and Rwanda with UNICEF support. Thanks to the courage and commitment of the Ugandan government, AIDS prevention messages now reach nearly all primary and secondary schools in Uganda.

Another major related health education initiative was launched this year by WHO, UNICEF and UNESCO. The cornerstone of the Facts for Life initiative is a jointly published collection of 55 priority maternal and child health messages on 10 themes, including a section on AIDS. Facts for Life presents knowledge on which parents can act, arranged in a direct and usable style. It is basic knowledge which has broad official backing from medical experts, and it is knowledge which every family, by right, should have.

In addition to prevention, UNICEF is helping governments to understand the magnitude and character of the socio-economic impact of HIV/AIDS on families, which will help governments and non-governmental organizations find policy and programme responses to the problems of care for those suffering directly and indirectly from HIV/AIDS.

It is indeed time that this meeting on the implications of AIDS on women and children should take place. The problems associated with HIV/AIDS, like any disease, do not honour political boundaries, and international collaboration is an imperative if we are to combat this disease and its effects.

Slowing the spread of HIV/AIDS and softening its devastating impact without draining existing public health and social services will be challenging, indeed, but many opportunities are already available. With creative, determined efforts, great strides are possible.

Key challenges

This conference represents a formidable international gathering of government officials and health experts coming together to set the course on an issue which is perhaps long overdue for intensive global collaboration. Among all of the intricacies of the problems and opportunities before us, two challenges stand out as key.

First and foremost, we must slow and, hopefully, even prevent, the spread of this disease.

Secondly, we must confront the newly emerging challenge of caring for the families and individuals - especially children and women - who were infected with HIV virus earlier, and who have already progressed to serious disease or have been orphaned by AIDS. This group is rapidly increasing, and the problem, in terms of human suffering and negative impact on communities and societies, demands a humane response of caring.

Our first line of defense in meeting these challenges is an effective Primary Health Care infrastructure, including an extremely strong component of health education. Affected countries will be dealt a heavy blow - it will be as if they are hit by a massive hurricane. We must help these countries brace for the oncoming dilemmas through strengthening the entire PHC system, including a great acceleration of health education incorporating strong messages on AIDS prevention.

Governments and Non-Governmental Organizations (NGOs) need to begin planning for the needs of millions of AIDS orphans. This will require integrated policy analysis and programme planning with health, education and social welfare sectors. International providers will need to assist these agencies with technical and financial resources to begin this essential work.

You - we - gathered in this room, have the potential - we have the responsibility - to address these challenges with all of the expertise and creativity at our disposal. This includes a responsibility to keep the effort in an overall Primary Health Care context. It is up to us to ensure that new public health interest and resources attracted to this cause have a synergistic effect on existing maternal and child health care.

Can we meet the intricate challenges presented to our era by this painful new disease? For the future of the children - and of our world - working together, I think we can.

Thank you.