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New Focus on Children at AIDS Seminar

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MEXICO CITY — The global response to the AIDS epidemic has short-changed children, health workers at the International AIDS Conference said here on Wednesday.

Although governments and donors provide large amounts of money for H.I.V. treatment in the developing world, too little of that money reaches children, said Linda Richter, a psychologist in South Africa who delivered the first plenary lecture on children in the history of the conference.

She also said that despite increased efforts to reach pregnant women, too few of them were receiving the antiretroviral drugs that could prevent infection in their infants.

And while the news media have often highlighted the plight of children who have lost parents to AIDS, Dr. Richter said, “children orphaned by AIDS are, sadly, only the tip of the iceberg of H.I.V.-affected children.”

All children in communities severely affected by H.I.V. require psychological, nutritional and other support, she said.

The conference, which ends Friday, is held every other year; this year there are more than 22,000 participants.

A report released at the conference by the Joint Learning Initiative on Children and H.I.V./AIDS, an independent, international study group, urged governments and donors to develop new approaches to alleviate the plight of children in areas hard hit by the epidemic.

Dr. Jim Yong Kim of Harvard University said that about 6 percent to 10 percent of children needing therapy were receiving it, compared with 30 percent of adults. An important factor, Dr. Richter said, is that too few infants are being tested for the infection.

Michel Sidibe, an official of the United Nations AIDS program, said that 1.5 million children had died of AIDS in the past five years and that 15 million children had lost one or both parents to AIDS, the United Nations definition of an orphan. An estimated 2 million children under the age of 15 are living with H.I.V.

Dr. Richter said that in the developing world much of the money for children in AIDS programs went to consultants and overhead costs.

It would be more effective, and more efficient, to give money directly to families and communities, she said, adding that poor people have shown that they make good decisions about getting food and other provisions. In some cases, she said, mothers are unable to take their children for medical care because of financial barriers, including being able to pay the bus fare to treatment centers.

Other speakers said that children would also be better helped by examining the dynamics of families. Studies in Botswana and Tanzania that were cited at a news conference showed that men were often unwilling to care for the sick except when women were unavailable. Over all, the speakers said, at least two-thirds of those giving care to infected people in Africa are women and girls.

Lorraine Sherr of University College London, meanwhile, said that more needed to be done to help families cope psychologically after AIDS deaths. She said she could find only 16 published studies on bereavement in the developing world among those affected by AIDS and that in discussing fathers in affected families, researchers reported only on those who had died.

“We need to know about live fathers,” Professor Sherr said.