



Statement by His Excellency Archbishop Silvano Tomasi, Permanent Observer of the Holy See to the United Nations and Other International Organizations in Geneva
at the 22nd Session of the Human Rights Council
“Annual full-day meeting on the rights of the child”
Geneva, 7 March 2013

Mr. President,

My Delegation welcomes the focus on the Child’s Right to Health during this Annual Discussion. Allow me to call special attention to the situation of children living with HIV or with HIV/TB co-infection – a topic that could have received more extensive consideration in the Report of the High Commissioner in preparation for this important discussion.

Despite evidence that treatment is very successful in children living with HIV, even in resource-limited settings, there remain significant obstacles to expanding access for children living with HIV to such life-saving and life-enhancing treatment. In fact, only 28% of children living in low- and middle-income countries in need of highly active anti-retroviral treatment, or HAART, are currently able to benefit from such medications, compared with 50% of adults living with HIV who have access to ART.¹ As a result, 30 children under 15 years of age living with HIV die every hour.² For children living with both HIV and tuberculosis (TB), the situation is even worse; despite the fact that TB remains the main cause of death among children with AIDS, pediatric drug formulations are not available to treat HIV/TB co-infection in children.

One major barrier to treating children with HIV is the difficulty of detecting the infection in babies younger than 18 months. In high-income countries, children can be diagnosed accurately within 48 hours of birth. However, the specialized and sophisticated tests that permit such diagnosis among infants are not commonly available in low-income countries because they require expensive laboratory equipment and trained staff. Moreover, scale-up of testing programs for children requires investment in training and technical assistance for health care providers, improvement of laboratory capacity and facilities, and referral networks and community mobilization.

We know, of course, that 90% of HIV infection among children is transmitted from a mother who is living with the virus to her child while still in the womb, during the birth process, or during breastfeeding. Even though interventions are available to prevent the transmission of HIV from mother to child, approximately 330,000 children were newly

¹ UNAIDS, *Report on the Global AIDS Epidemic*, December 2012

² UNAIDS Report, *Together We Will End AIDS*, July 2012.

infected with HIV during 2011³, mainly through mother-to-child transmission. If access to special programs to prevent mother-to-child transmission through early diagnosis of the mothers and through provision of anti-retroviral treatment to such mothers immediately upon diagnosis were increased, the number of children newly infected with HIV would soon decrease. Moreover, the immediate initiation of HAART among children born to HIV-positive mothers would delay the onset of HIV-related illnesses among such children.

Without adequate care and treatment, up to one third of all children born with HIV die before their first birthday, and half of them will die before they are two years old. Yet children treated with HAART, must take three or more different anti-retroviral drugs several times a day in order to avoid developing resistance to a single drug, and therefore to prevent the further progression of HIV disease. These medicines must be formulated differently than those for adults, and in a way that takes into consideration the climatic conditions in the areas in which they will be distributed and used. It also should be noted that, in many low-income settings, clean drinking water, adequate nutrition, and a continuous supply of electricity are not always available and can therefore further jeopardize the quality of treatment that a child can access. Indeed, an insufficient variety of formulations of antiretroviral medicines are available for specific use among children, "*largely because the HIV medicine market for children was judged too small to warrant investments in such research*"⁴.

Mr. President, the above-mentioned barriers thwart the ability of the child to enjoy and exercise his or her right to the highest attainable standard of physical and mental health, recognized, *inter alia*, in the Convention on the Rights to the Child. My delegation speaks her not merely in an abstract or legalistic manner but on the basis of information and lived experience reported by Catholic Church-related organizations engaged in promoting and protecting the child's right to health in every part of the world. A recent study conducted by the Catholic HIV/AIDS Network, an informal network of Catholic Church-related organizations engaged in providing financial and technical assistance support to HIV programs in developing countries reports significant engagement by such programs in efforts to eliminate mother-to-child transmission of the virus, to promote comprehensive and early diagnosis and treatment of those children who have been infected, and to confront the social stigma and ignorance that often obstructs the effective and efficient implementation of such programs. This report was discussed in a parallel event, held on 6 March 2013, in conjunction with the 22nd Session of this Council.

In an appeal on World AIDS Day 2012, Pope Benedict XVI noted with much urgency: "HIV/AIDS particularly affects the poorest regions of the world, where there is very limited access to effective medicines. My thoughts turn in particular to the large number of children who contract the virus from their mothers each year, despite the

³ *Ibid.*

⁴ *Paediatric HIV: From a Human Rights Lens*, Caritas Internationalis HAART for Children Newsletter, Issue 2, June 2012, Interview with Professor Daniel Tarantola.

treatments which exist to prevent its transmission. I encourage the many initiatives that, within the scope of the ecclesial mission, have been taken in order to eradicate this scourge.”⁵

Mr. President, my Delegation sincerely hopes that this Council itself will appeal to the Member States of the United Nations to invest funds and collaborate closely with pharmaceutical companies and research institutes in order to preserve and advance the life and dignity of children living with HIV or with HIV/TB co-infection by providing them with available, affordable, and accessible diagnostic tools and medications and thereby assuring their full enjoyment of the right to health.

⁵ http://www.vatican.va/holy_father/benedict_xvi/audiences/2012/documents/hf_ben-xvi_aud_20121128_en.html