Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 1537 (2007)[1]

A future for children infected with HIV/Aids and Aids orphans

Parliamentary Assembly

1. The world is now entering its twenty-fifth year with HIV/Aids. The epidemic is spreading and the statistics on the number of cases and the expected progression of the disease are alarming. The Parliamentary Assembly of the Council of Europe must play an active part in current efforts to raise awareness of this scourge and the need to increase and optimise measures to combat the epidemic. This calls for political will and co-ordination of the activities of all those concerned.

2. Poor countries are hardest hit by HIV/Aids, but so also are children. There is an urgent need for everyone, particularly decision makers, to address the specific problems of combating the disease among HIV/Aids-infected children and also to recognise the need to take care of children whose parents become Aids victims.

3. According to information from international organisations, across the world, one child under 15 is infected with this virus every minute, 5 million children under 15 live with HIV and about 15 million children have lost one or both parents to the Aids virus, 12 million of them in Africa. The disaster affects every continent, but Africa, particularly Sub-Saharan Africa, suffers by far the most tragic consequences.

4. Nor is Europe spared. Indeed, it is currently experiencing a worrying growth in the number of HIV/Aids cases, particularly in eastern Europe and the former Soviet republics. Many young, sometimes very young persons are affected by HIV/Aids and the Aids-orphans phenomenon is starting to emerge in Europe, albeit on a much lower scale than in Africa. In western Europe, mother-to-child transmission had practically disappeared, but as a result of migratory flows there has been a resurgence of cases of infected children.

5. The member states must introduce a child dimension into their national and international HIV/Aids policies and their development aid programmes to third countries, particularly in Africa. This means that children's rights and best interests, and the views of relevant specialists and, if possible, the children themselves, must always be taken into consideration.

6. Such policies – adapted as appropriate to specific continents and countries – must give priority to:

6.1. systematic free screening of infants before they are 18 months old;

6.2. prevention of mother-to-child transmission, which means that all future mothers must have automatic access to early screening;

6.3. free access to antiretroviral treatment for mothers and children, which presupposes a reduction in the cost of HIV/Aids medicines and general access to generic and suitable paediatric HIV/Aids medicines for all;

6.4. measures to prevent the abandonment of infected children and appropriate reception and care facilities for very young children;

6.5. support for individuals in starting and remaining on treatment and appropriate nutrition for infected children. These are crucially important matters, particularly in Africa;

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1. *Assembly debate* on 25 January 2007 (8th Sitting) (see Doc. 11113, report of the Social, Health and Family Affairs Committee, rapporteur: Mr Hancock). *Text adopted by the Assembly* on 25 January 2007 (8th Sitting).

6.6. psychological support and concurrent medical treatment of opportunistic infections affecting HIV/Aids-infected children;

6.7. the development of research into paediatric HIV/Aids medicines, vaccinations and diagnostic tools for children.

7. The right of HIV/Aids-infected children to education must be recognised and they must be able to exercise this right without discrimination, as well as the right to vocational training, which is essential to help young HIV/Aids victims find work. Sex education and information and means of preventing the disease and its transmission are crucial, particularly for young persons.

8. Strategies are required for caring for Aids orphans, in accordance with national circumstances. The first priority must be to maintain children in their own community and environment, while bearing in mind the potential benefits of adoption, particularly international adoption. Primary education for Aids orphans must be free, particularly in Africa.

9. The training of health professionals should not be neglected in order to fight against prejudice and ignorance of the illness and against any possible rejection of treatment by health professionals, which should be punished. Specific information campaigns and activities – preferably peer-based – are required to target minority and migrant groups and raise their awareness about the transmission of the virus.

10. Development aid policies, particularly in Africa, should give priority to children and must not allow funding to be swallowed up by tortuous bureaucracy. The effectiveness and final destination of funds must be monitored and preference should be given to practical projects, particularly ones managed by NGOs, which are key partners for governments and donors.

11. African governments must be given support in establishing their health-care systems and measures must be agreed with them to stem the haemorrhage of health-care workers.

12. Lastly, the Council of Europe member states must make substantial contributions to the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

13. The Assembly considers that it would be useful to study whether and how the principles outlined in this resolution, as well as in Resolution 1536 (2007) on HIV/Aids in Europe and in Recommendation 1785 (2007) on the spread of HIV/Aids to women and girls in Europe, may be applied outside the European context and therefore decides to continue its studies on HIV/Aids in respect of developing countries and particularly in respect of Sub-Saharan Africa, possibly in close co-operation with the Pan-African Parliament (PAP), the Association of European Parliamentarians for Africa (AWEPA), as well as with competent professional organisations.