

April 2009



Children, AIDS and the economic crises: What do we know? What can we do?

HIV exacerbates the challenges for developing nations and the most vulnerable

Current forecasts for economic growth demonstrate the truly global nature of the economic crisis. Evidence from past economic crises indicate women and children often face the largest burden of negative health and welfare impacts. In some cases the crisis threatens to undermine the gains in children's development and rights that have been made over the last few decades ([UNICEF](#)).

HIV exacerbates the challenges for developing nations and their people face, especially children made vulnerable by AIDS or other causes. Although HIV has no socioeconomic boundaries, the vast majority of people living with HIV in the world are in low- and middle-income countries, and poorer regions of the world bear a substantially greater burden of HIV disease. Sub-Saharan Africa has some of the highest rates of extreme poverty in the world and is home to just over 10% of the world's population - but accounts for more than two thirds (68%) of all people living with HIV. Households affected by AIDS are more likely to be poorer than equivalent households not affected by the virus and improving the income levels of those households is extremely challenging for the poorest quintiles ([UNAIDS](#), [UNICEF](#)). The recent G20 commitment to invest in social protection aims to provide global support and address the impact of the crisis on the poorest nations.

What is Social Protection – and how does it relate to Children?

Social protection describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups. ([IDS](#)). Child sensitive social protection interventions aim to improve comprehensive child-well being measured by health, survival, education, protection and development outcomes ([UNICEF](#)). Overall, to achieve comprehensive social protection outcomes, social and economic support instruments must be combined with case management, alternative care and other services ([UNICEF](#)).

Where AIDS and poverty merge: a crisis for “children and AIDS”¹

The already poor and most vulnerable will suffer the most. The World Bank has estimated that around 53 million people will enter poverty as a result of the food crisis alone, but perhaps more concerning is the increase in the depth of poverty. Nine out of ten families who have become poorer as a result of the increase in food prices were already living in poverty to begin with. Recent research shows that economic recessions in Africa and low-income Asia can have negative consequences for children, leading to increases in infant mortality and reductions in school enrolment and nutrition. ([UNICEF](#))

Where AIDS and poverty merge, children's vulnerabilities and those of their caregivers are amplified. AIDS places increased economic burden on households to pay for drugs and funerals, decreases school enrolment, and places special burdens on women and girls, who are often AIDS care providers, to supplement or earn additional incomes ([UNAIDS](#)).

Historically, decreased public spending by government has impacted on investments in the health and social protection sector - the combined results will be increased numbers of families living in poverty, as well as the depth of poverty of already poor, including AIDS-affected households.

¹ The Children and AIDS strategy, championed by UNICEF and its partners, encompasses what is known as the “4 P's”: **P**ediatric AIDS treatment and support, **P**revention of mother to child transmission of HIV, **P**rotection of children made vulnerable by HIV and AIDS and **P**revention of HIV Infection among adolescents.

POLICY BRIEF – HIV AND AIDS

What needs to be done for children and AIDS?

Strengthen social protection systems to respond to the needs of all vulnerable children, including children affected by AIDS. Global AIDS responses have increased the evidence base around social protection systems strengthening, emphasizing an “AIDS sensitive, but not AIDS exclusive” approach which recognizes the need for establishing systems which respond to the vulnerabilities of all children ([Global Partners Forum](#)). To strengthen systems and ensure efficiency and effectiveness, knowledge about how children’s vulnerabilities are linked to the crises, strategies for implementing context specific social protection interventions and mechanisms for preventing vulnerabilities which overburden social protection systems must all be explored.

Defining vulnerability to HIV

Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. These factors may include: (1) lack of knowledge and skills required to protect oneself and others; (2) factors pertaining to the quality and coverage of services (e.g. inaccessibility of service due to distance, cost or other factors); and (3) societal factors such as human rights violations, or social and cultural norms. These norms can include practices, beliefs and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV. ([UNAIDS](#))

Continued health system strengthening must remain a priority for governments: Past financial crises have shown states decrease expenditure in the health sector directly impacting on women and children’s health. Increased global investments in PMTCT have shown a decrease in infection of children from their HIV positive mothers ([UNICEF](#)). Similar investment in early infant diagnosis and paediatric HIV drugs are showing positive impact of general child survival ([CHER Study](#)). To expand access to health services it will be critical to understand access barriers while building on the evidence which demonstrates improved health outcomes through the integration of MNCH, AIDS and reproductive health services.

Place women and girls more front and centre in the AIDS response. Risks of HIV infection amongst girls and women are likely to increase where socio-economic and gender

inequities are greatest. Recent studies in Botswana, Swaziland, Malawi, Zambia and Tanzania have shown links between acute food insecurity and unprotected transactional sex among poor women. ([IFPRI](#)) It is critical that we work to mobilise communities, including men, to ameliorate women and girls vulnerabilities HIV and AIDS; expand public health interventions, including but not exclusive to health systems; better understand and address the drivers of the epidemic; and improve strategic information production and use ([UNAIDS](#)).

Build the evidence base for continued and expanded investments

Funding for AIDS has increased steadily, but there is little data which explicitly draws the links between the economic crises and “children & AIDS,” including the impact on care givers. This information is needed to better inform AIDS responses, economic crises responses and long term social protection and health systems planning. We must better understand:

- How the specific vulnerabilities of children, especially girls, compounded by the economic crisis?
- How are “children and AIDS” issues prioritized in national budgets?
- How have AIDS resources/programmes contributed to health and social protection system strengthening?
- What are the affects on AIDS commodities?

For more reading

- [G20 Communiqué – 2 April 2009](#)
- [Social Protection for vulnerable children in the context of HIV and AIDS: Moving towards a more integrated vision](#)
- [Global Study on Child Poverty and Disparities](#)
- [World Bank - Global Economic Prospects 2009](#)
- [IDS in Focus Policy Briefing 7 – Policy Responses to the Global Financial Crisis](#)
- [Children in times of Economic crises: Past Lessons, Future Lessons, ODI](#)
- [Aggregate Shocks, Poor Household and Children: Transmission Channels and Policy Responses](#)

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