



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

**Parallel Report by the Elizabeth Glaser Pediatric AIDS Foundation on the
Report by Zambia under Article 44 of the
Committee on the Rights of the Child**

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Introduction

1. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was created in 1988, and is now the leading global nonprofit organization dedicated to eliminating pediatric HIV and AIDS. EGPAF has been working in Zambia since 2001 in collaboration with the Zambian Ministry of Health and other partners to enhance access to HIV care and treatment services for both adults and children and to build the capacity of the national health program at all levels. EGPAF advocates at the national level for adoption of treatment protocols and supportive policies which ensure all those living with HIV and AIDS in Zambia have access to the highest quality care. EGPAF also conducts operations research to more effectively inform program implementation throughout the country.
2. As detailed below, the HIV epidemic in Zambia has had a particularly heavy impact on children, with significantly higher rates of new infections and mortality and lower rates of treatment than for adults. While good progress has been made in recent years to prevent mother-to-child transmission of HIV, increased efforts are needed to meet the goal of elimination of such transmission and to close the HIV treatment gap between children and adults. In addition to public health challenges, there remain economic, societal, and cultural barriers to an effective HIV/AIDS response that are hindering HIV prevention and treatment among children in Zambia and that should be better addressed by the government of Zambia.
3. The Convention on the Rights of the Child contains several provisions with a bearing on the prevention and treatment of HIV among children, as described in General Comment No. 3 (2003): HIV/AIDS and the rights of the child. Accordingly, EGPAF would like to encourage the Committee on the Rights of the Child to include in its concluding observations to Zambia several issues that were not adequately addressed by Zambia in its report submitted to the Committee or in the List of Issues submitted to Zambia.¹ Our suggestions and brief background on each element are presented below.

The Right to Health (Article 24)

4. Article 24 of the Convention on the Rights of the Child entails a legal responsibility for each State Party to ensure that quality HIV prevention, testing, treatment, and care services are available and accessible to all children. HIV prevention for children includes primary HIV prevention among girls and women, family planning for those living with HIV, and appropriate pre-natal and post-natal health care for mothers and infants. However, data points to a need for Zambia to make a more determined effort to improve pediatric HIV prevention and treatment in order to meet these obligations. For example, while children make up around 8% of the estimated 1.2 million people living with HIV in Zambia, they counted for 15% of total new HIV infections in 2014, and 25% of deaths from AIDS-related causes.²
5. Zambia has made significant progress over the past five years in preventing new HIV infections among children through the scale-up of services for the prevention of mother-to-child HIV transmission (PMTCT) and their integration into mother and child health and family planning services.³ Zambia reduced its final HIV mother-to-child transmission rate from 24% in 2009 to 13% in 2014, resulting in a decline in new infections among infants of 38%.⁴ Further progress is needed, however, to meet the WHO definition of “elimination” of mother-to-child transmission after breastfeeding, which must be under five percent.⁵ Zambia set out a target of meeting this goal by 2016 in its National HIV and AIDS Strategic Framework, but will likely need more time.⁶
6. Reaching the target of eliminating mother-to-child HIV transmission will first require improving HIV education and sexual and reproductive health services for girls and women living with HIV. In

¹ As of the date of submission, Zambia had not yet replied to the List of Issues sent by the Committee on the Rights of the Child.

² UNAIDS, AIDSinfo database: <http://aidsinfo.unaids.org/>.

³ UNAIDS, Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access. http://www.unaids.org/sites/default/files/country/documents/ZMB_narrative_report_2015.pdf, published April 2015, p.16.

⁴ UNAIDS, *2015 Progress report on the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive*, November 2015, http://www.unaids.org/sites/default/files/media_asset/JC2774_2015ProgressReport_GlobalPlan_en.pdf, p.82.

⁵ UNAIDS, *2015 Progress report on the Global Plan*, p.16.

⁶ UNAIDS, *Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access*, p. 23-24.

Zambia, there are relatively low rates of comprehensive knowledge about HIV prevention among adolescents, with 39% of girls and 42% of boys aged 15-19 able to correctly identify ways of preventing the sexual transmission of HIV and rejecting major misconceptions about HIV transmission.⁷ Early and unintended pregnancies are still common in Zambia, and around 14% of youth reported having sexual intercourse before 15 years of age in 2014.⁸ The Ministry of Health is working to make progress in these areas through a new Adolescent Reproductive Health Strategic Plan.⁹

7. In order to prevent mother-to-child HIV transmission among pregnant girls and women living with HIV, they must start anti-retroviral treatment (ART) as early as possible in the pregnancy and adhere properly to treatment through the breastfeeding period, which is an equally high-risk period for HIV transmission. In Zambia, 86% of pregnant women living with HIV received antiretroviral medicines for PMTCT in 2014. While this number is high relative to an average of 75% in sub-Saharan Africa, it represents a decline from 95% coverage in Zambia in 2012.¹⁰ The decline may be due to the implementation in 2014 of the WHO guidelines on lifelong ART for all pregnant women with HIV, which required some adjustments in terms of counseling for patient acceptance and health systems management. Retention on treatment after delivery remained an issue of concern in 2014, including during the critical breastfeeding period, with only 66% of women retained on treatment post-pregnancy in 2014.¹¹
8. For those infants exposed to HIV during pregnancy or breastfeeding, it is critical to quickly test them for HIV and initiate them on medication. In 2014, an impressive 94% of HIV-exposed infants were tested for HIV within two months of birth, compared to an average of 49% for 21 high prevalence states in sub-Saharan Africa.¹² Yet the link to treatment remains a significant challenge, as only 42% of children were on ART in 2014 in Zambia, as compared to 57% of adults. Among the remaining challenges in linking children to treatment is the fact that early infant diagnosis equipment is mainly in centralized laboratories, leading to a large time lag between testing and the results being given. Many mothers therefore never receive the results, or receive them too late to save the life of the baby. Without treatment, 50% of children with HIV will die by their second birthday, and 80% will die before they turn five. Indeed, in its report to the Committee, Zambia points out that HIV has become a significant cause of deaths in children under the age of five years.¹³
9. In its annual global report on HIV/AIDS, Zambia has described challenges in HIV retention (for children and adults) as including inadequate HIV testing facilities, limited number of ART centers in rural areas, low ARV stock levels, non-youth friendly health services, inadequate follow-up with people living with HIV.¹⁴ Age-appropriate disclosure of HIV status to children, which has been shown to increase adherence among older children, is another challenge.¹⁵ Zambia's report does not, however, highlight specific problems related to pediatric HIV (except to note pediatric ARV stock-outs), pointing to a possible lack of focus on this particularly vulnerable population.
10. Zambia has been taking steps to improve the health care infrastructure that will help in its effort to combat HIV and AIDS. In recent years, and with support from EGPAF, it has put into place an electronic health records system called SmartCare, which has been associated with improved patient tracking and follow-up. Zambia also reports taking steps to collect disaggregated health data

⁷ UNICEF, "Turning the tide against AIDS will require more concentrated focus on adolescents and young people," <http://data.unicef.org/hiv-aids/adolescents-young-people.html#sthash.P4Z0RAMJ.dpuf>, accessed December 2015.

⁸ UNAIDS, *Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access*, p. 10.

⁹ Convention on the Rights of the Child, Consideration of reports submitted by States parties under article 44 of the Convention; Combined second, third and fourth periodic reports of States parties due in 2009: Zambia, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZMB%2f2-4&Lang=en, published 27 January 2015, p.27, 30-31.

¹⁰ UNAIDS, *2015 Progress Report on the Global Plan*, p.15 and UNAIDS, *2013 Progress Report on the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive*, p. 66.

¹¹ UNAIDS, *2015 Progress Report on the Global Plan*, p.83-84.

¹² UNAIDS, *2015 Progress Report on the Global Plan*, p.83.

¹³ Convention on the Rights of the Child, *Consideration of reports submitted by States parties under article 44 of the Convention: Zambia*, p.24.

¹⁴ UNAIDS, *Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access*, p. 31-32.

¹⁵ Elizabeth Glaser Pediatric AIDS Foundation, *Haba na haba technical bulletin: Spotlight on technical assistance provision at the Elizabeth Glaser Pediatric AIDS Foundation*, http://b.3cdn.net/glaser/d0fe2d2b0e1261c1c7_mlbraud7i.pdf, June 2014, p.20.

on children, which is critical to “monitor access to activities, the equity of that access, the appropriateness of focusing on specific populations, and meaningful change over time.”¹⁶ Further challenges Zambia identified with the national health care system include inadequate medical staff and weak logistics management in the supply of drugs and medical supplies.¹⁷

11. Improving prevention and treatment of pediatric HIV will also require increasing domestic financing for health. Under the Abuja Declaration of 2001, African Union heads of state pledged to allocate at least 15% of their domestic spending to the improvement of the health sector, with an emphasis on the fight against HIV/AIDS, tuberculosis and related infectious diseases. Zambia remains far from meeting this goal, with only five percent of spending allocated to health care in 2013.¹⁸ Zambia’s Revised National HIV and AIDS Strategic Framework includes as a target to increase domestic financing of the HIV response to 20%.¹⁹

Suggested recommendations to the Government of Zambia:

- Take all necessary measures to achieve, by 2020, elimination of mother-to-child HIV transmission, including by strengthening the health care system’s capacity for testing and treating all pregnant and breastfeeding women living with HIV;
- Improve access to high-quality, age-appropriate, and adolescent-friendly health services and education for sexual and reproductive health and HIV/AIDS, including confidential services;
- Expand early initiation and long-term retention on antiretroviral treatment among children;
- Increase domestic spending on healthcare, particularly on endemic diseases such as HIV/AIDS, including investment in health care workforce and logistics management in supply chain and medical supplies; and
- Ensure sufficient resources are available for designing, implementing, monitoring and reporting on programs to reduce maternal and child mortality and morbidity, such as pediatric HIV.

The Right to Non-Discrimination (Article 2)

12. Stigma and discrimination seriously impact the lives of children living with or affected by HIV, including by interfering with effective HIV prevention; impeding adequate care, treatment, and psychological support; deterring children’s access to education and social services; and fostering exclusion by their family, community, or society.²⁰ Children living with HIV in particular suffer from the impact of stigma as they are more sensitive than adults to negative feedback from others, especially from peers or authority figures. Children are also impacted by stigma and discrimination targeted against adults as they are dependent on parents or healthcare workers for their treatment and psychosocial support.²¹
13. As elsewhere in the region, HIV-related stigma and discrimination pose an important barrier to accessing HIV prevention, treatment and care services in Zambia.²² Zambia reported that only 18.7% of women and 27.2% of men aged 15-49 have accepting attitudes toward people living with HIV/AIDS.²³ As a result, Zambia has created a target in its Revised National HIV and AIDS Strategic Framework to reduce HIV related stigma and discrimination by 50%.²⁴

¹⁶ Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p. 11 and UNAIDS, Global AIDS response progress reporting: Guidelines 2014. http://www.unaids.org/sites/default/files/media_asset/GARPR_2014_guidelines_en_0.pdf, published December 2013, accessed 20 November 2015, p.13.

¹⁷ Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p.9.

¹⁸ WHO Global Health Observatory Data Repository: <http://apps.who.int/gho/data/node.main.75?lang=en>

¹⁹ UNAIDS, [Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access](#), p.23-24.

²⁰ Convention on the Rights of the Child General Comment No. 3, *HIV/AIDS and the rights of the child*, CRC/GC/2003/1, [http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/309e8c3807aa8cb7c1256d2d0038caaa/\\$FILE/G0340816.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/309e8c3807aa8cb7c1256d2d0038caaa/$FILE/G0340816.pdf), p.3.

²¹ Deacon H, Stepney I, “HIV/AIDS, Stigma and children: a literature review,” *Human Sciences Research Council*. 2007, p.2.

²² NZP+, GNP+, *People Living with HIV Stigma Index Zambia Country Assessment 2009*, published 2011, p. 8.

²³ UNAIDS, [Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access](#), p.3-5.

²⁴ UNAIDS, [Zambia country report: Monitoring the declaration of commitment on HIV and AIDS and the Universal Access](#), p.23-24.

Suggested recommendations to the Government of Zambia:

- In consultation with people living with HIV, take additional steps to combat and prevent stigma and discrimination against children living with HIV/AIDS.

The Right to Survival, Life, and Development (Article 6)

14. Child marriage creates a heightened risk for HIV acquisition among girls. Typically, such marriages occur between young girls and older men, who have already had several sexual partners and thus a higher exposure to HIV. Child marriages are also associated with higher levels of intimate partner violence, known to increase the risk of HIV, and an unequal power balance that can prevent girls from exercising decisions about using protection as well as seeking HIV testing or treatment.²⁵ Early marriage usually halts girls' education, which is also associated with a higher risk of HIV and a lower likelihood of seeking help in cases of intimate partner violence.²⁶
15. Zambia has one of the highest child marriage rates in the world, with 42% of women aged 20-24 years married before they are 18. In some regions of Zambia the rate is as high as 60%.²⁷ While the minimum age for marriage is 21, inconsistencies among different laws and between statutory and customary law enable girls to be married at puberty.²⁸ In recognition of the connection between high rates of child marriage, teen pregnancy, withdrawal from school, and HIV, the government of Zambia is working to ensure all national laws consistently prohibit child marriage.²⁹ In 2013, the government also launched a national campaign to raise awareness about the dangers of child marriage and to elicit the support of traditional leaders and communities in ending the practice.³⁰

Suggested recommendation to the Government of Zambia:

- Continue to work at the community level and with traditional leaders to ensure full enforcement of the ban on child marriage and to protect those children already married.

The Right to an Adequate Standard of Living (Article 27)

16. The particular vulnerabilities of children living with or affected by HIV mean that they often require state support to obtain a sufficient standard of living for their full development. Children living with HIV must have adequate levels of nutrition and safe water in order to tolerate ART and stay healthy. Material assistance and support programs also help children stay longer in school and can protect girls from early marriage, relationships with older men, transactional sex, or prostitution, all of which increase their risk of contracting HIV.
17. Social protection programs are particularly important for children heading their own households or otherwise without legal guardians. Estimates of children in Zambia who have lost one or both parents to AIDS range from 290,000-680,000 children.³¹ Some of these children become de facto head of household, and some are forced to live on the streets. There is evidence that after the death of a father with HIV, widows and their children risk being rejected by the family and losing their homes, especially if the mother and/or children are also HIV positive. Children who lose both parents – especially girls – are at even greater risk of losing their homes and other inheritance if there is no written will or other (properly enforced) legal protection against such “property grabbing.”

²⁵ Peter Piot et al, A UNAIDS–Lancet Commission on Defeating AIDS—Advancing Global Health p. 7.

²⁶ “Goal: promote gender equality and empower women,” at http://www.unicef.org/mdg/index_genderequality.htm.

²⁷ Child Marriage Around the World: Zambia. Girls Not Brides Web site. <http://www.girlsnotbrides.org/child-marriage/zambia/>. Accessed November 19, 2015.

²⁸ Girls not Brides, Country Fact Sheet: Zambia, <http://www.girlsnotbrides.org/wp-content/uploads/2015/06/Fact-sheet-Zambia-national-strategy-May-2015.pdf>, accessed December 2015.

²⁹ Rate of teenage pregnancy at 28% and school dropout rate of adolescent girls due to pregnancy or child marriage 46%, as cited in Demographic Health Survey Zambia 2007

³⁰ Girls not Brides, Country Fact Sheet: Zambia, <http://www.girlsnotbrides.org/wp-content/uploads/2015/06/Fact-sheet-Zambia-national-strategy-May-2015.pdf>, accessed December 2015.

³¹ UNAIDS, AIDSinfo database: <http://aidsinfo.unaids.org/>.

18. Zambia reports that its Public Welfare Assistance Scheme (PWAS) is designed to “assist the most vulnerable in society to fulfill their basic needs particularly health, education, food and shelter.” It targets the most “vulnerable and destitute” part of the population including orphans and vulnerable children and households affected by HIV/AIDS, among others.³² Zambia also reports, however, that children in rural areas deem they have insufficient access to food and clean water.³³ Indeed, only 19% of households with orphaned and vulnerable children received basic external support in caring for the child in 2010-2014.³⁴

Suggested recommendation to the Government of Zambia:

- Take steps to identify and ensure sufficient allocations for the social protection of children in vulnerable situations, including children living with or affected by HIV/AIDS, child-headed families, and children deprived of a family environment.

The Right to Education (Article 28)

19. To prevent HIV among adolescents, it is particularly important to protect children’s access to education through the secondary level. Studies have shown that the longer girls stay in school, the later they are likely to begin sexual relations, get married, or get pregnant; the more likely they are to engage in safe practices when they do become sexually active; and the greater the chance of achieving economic independence – all of which will help protect them from HIV infection.³⁵ For example, in Zambia 65% of women aged 20-24 with no education and 58% with primary education were married or in union at age 18, compared to only 17% of women with secondary education or higher.³⁶

20. Primary education has been free in Zambia since 2002, and the government has made an effort to decrease other costs, such as by making the wearing of uniforms optional.³⁷ Yet only 46% of children are attending secondary school, with high rates of dropout caused primarily by “early marriages, pregnancies, children being orphaned and financial constraints.”³⁸ Zambia is taking steps to reduce dropout rates, including through financial support for orphaned children and others in need and creating a re-entry policy for girls who become pregnant.³⁹ Further steps to keep girls in secondary school as long as possible will maximize HIV prevention benefits.

Suggested recommendation to the Government of Zambia:

- Take further steps to improve rates of secondary school attendance, including by eliminating the direct and indirect costs of education through secondary school.

The Right to Birth Registration (Article 7)

21. The right to registration at birth and the resulting recognition as a person before the law are critically important for children living with or affected by HIV. Birth registration is needed for children to fully enjoy their other rights, such as education, health care, inheritance, and social protection, all of which contribute to the health, development, and well-being of children living with or affected by HIV.⁴⁰ Ensuring children’s status as a legal person can also reduce their

³² Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p.20.

³³ Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p. 31.

³⁴ UNICEF, “UNICEF Data: Protection, Care And Support For Children Affected By HIV And AIDS,” <http://data.unicef.org/hiv-aids/care-support.html#sthash.UESTNG7j.AEDuezy.dpuf>, accessed December 2015.

³⁵ Karen Ann Grépin and Prashant Bharadwaj, “Secondary education and HIV infection in Botswana,” *The Lancet*, Vol.3, Number 8, August 2015.

³⁶ Girls not Brides, Country Fact Sheet: Zambia, <http://www.girlsnotbrides.org/wp-content/uploads/2015/06/Fact-sheet-Zambia-national-strategy-May-2015.pdf>, accessed December 2015.

³⁷ Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p.33.

³⁸ UNICEF Data: Monitoring the Situation of Children and Women: Zambia Country Report, <http://data.unicef.org/countries/ZMB.html#sthash.TMzYAMKP.dpuf>, accessed December 2015 and Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p.34.

³⁹ Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p.34.

⁴⁰ Committee on the Rights of the Child, General comment no. 3 (2003): HIV/AIDS and the rights of the child, p.10.

vulnerability to abuse and exploitation, especially those who have lost one or more parents to AIDS.⁴¹ The birth registration rate in Zambia is currently only 14%, meaning 86% of children may not be able to fully enjoy their other rights under the CRC.⁴² Zambia reports that it is considering legal and policy changes to facilitate greater birth registration, including the elimination of fees and improving service delivery.⁴³

Suggested recommendation to the Government of Zambia:

- Quickly enact all necessary legal and policy changes to enable expedited, local, and free birth registration.

⁴¹ Convention on the Rights of the Child General Comment No. 3, [HIV/AIDS and the rights of the child](#), p.41.

⁴² UNICEF, *The State of the World's Children 2015*

⁴³ Convention on the Rights of the Child, [Consideration of reports submitted by States parties under article 44 of the Convention: Zambia](#), p.18.