

# Summaries

## **Introduction: Children, AIDS and Development Policy**

*Alex de Waal, Jerker Edström and Masuma Mamdani*

As the impacts of the HIV epidemic on children have become increasingly recognised, we can also see that they play a significant role in the dynamic of the epidemic itself, particularly in Africa. This editorial introduction examines three questions. The first is how best to prevent HIV infections among children and adolescents. Moving beyond behaviour change interventions to 'structural prevention' is needed, along with new operational frameworks. Second, what political preconditions and processes predispose to good public policy in this field? Studies reveal the importance of domestic political context and processes of policy design. Robust policies provide universally relevant services for children, which are also AIDS-sensitive. Third is the question of the costs of interventions and how they can be borne. There is no simple answer to this, with solutions dependent on – or, reflecting – the political choices of those making the determination. However, progress can be achieved with relatively modest resources.

## **Poverty, Food Insecurity, HIV Vulnerability and the Impacts of AIDS in sub-Saharan Africa**

*Stuart Gillespie*

A quarter of a century into the AIDS epidemic in Africa, what do we know about the way in which poverty interacts with the transmission of HIV and the impacts of AIDS? What drives vulnerability to the virus, and to its downstream impacts? There is strong evidence that socioeconomic and gender inequalities condition the spread of HIV while AIDS-related disease and death increases these inequalities – a potentially vicious cycle. Responses need to be grounded, first in broad-based HIV prevention strategies that are tailored to the specific conditions of vulnerability and the drivers of transmission. Second, mitigation needs to be better oriented towards increasing resilience of vulnerable households and communities through enhancing local capacity and providing options and incentives

for safe livelihood strategies, against a backdrop of AIDS-sensitive, state-led systems of social protection and health service delivery. A particular emphasis throughout is needed on the heightened vulnerability of women and children.

## **Between Exceptionalism and Revisionism: Children and Global AIDS Policies**

*Alex de Waal*

Children affected by AIDS have been neglected within the two policy frameworks most relevant to addressing their situation, namely the exceptional global AIDS response and the revived enthusiasm for aid as an instrument for poverty reduction. Both these fields are the focus of vigorous new debates, which are conducted with scant regard to the issue of children and AIDS. This is unfortunate in that the issue presents a clear case in which social protection programmes are both necessary and – in the right circumstances – efficacious. The current high-level controversies over both AIDS and aid focus on ambitious and parallel goals for overcoming the pandemic and achieving economic growth at the expense of the more modest but achievable goal of providing social protection for children in the shadow of AIDS. The issue of children and HIV/AIDS also deserves special attention as a locus in which public policies need to be both integrated and exceptionalist, and for which aid funds can be well spent.

## **Inter-generational Linkages of AIDS: Vulnerability of Orphaned Children for HIV Infection**

*Lucie Cluver and Don Operario*

As the number of deaths associated with AIDS increases steadily worldwide, especially in the developing world, the imperative to address the health and wellbeing of children in families affected by AIDS becomes ever greater. Much has been written and debated about the inter-generational impact of AIDS and the vulnerabilities among orphaned children, but existing studies have not been synthesised in a coherent manner. Based on a

comprehensive review of literature on the inter-generational impacts of HIV, this report finds evidence suggesting that orphaned children and children in AIDS-affected families might experience greater psychosocial distress and educational shortfalls compared with control groups, which usually consist of non-orphaned children. There is also some initial evidence that orphaned children may be at a heightened risk for HIV infection compared with non-orphaned children. Findings merit scientific and policy attention, as well as appropriate levels of support and funding to address gaps in research and practice.

### **Researching the Determinants of Vulnerability to HIV among Adolescents**

*Kelly K. Hallman*

Adolescents in sub-Saharan Africa are among the most vulnerable to HIV. Those who reside in households most affected by AIDS are often the most poor and socially disconnected; and many have also been orphaned by one or both parents. Many orphans and vulnerable children (OVC) and youth HIV programmes do not reach these adolescents in meaningful ways. In addition, most programmes do not address the crucial link between orphanhood status, HIV risk, and the need for social and economic support to mitigate their life circumstances. This is especially true for young females, who generally have greater social, economic and health vulnerabilities, and fewer protective assets in these environments. This article highlights research findings that identify the contribution of social capital, poverty, and orphan status to the adolescent experience in the wake of HIV/AIDS, and consequently, to better inform policies and programmes that target and attend to the needs of young people most at risk.

### **Adolescent Girls' Vulnerability to HIV Infection in Dar es Salaam: The Need to Link Protection with Prevention Beyond Behaviour Change**

*Richard Mabala*

Adolescents are *children* who are particularly vulnerable to HIV infection through sexual transmission. In many parts of sub-Saharan Africa, girls are often pressurised into sexual relations which can expose them to HIV. This article is based upon a literature survey and research conducted into adolescents' vulnerabilities in low-income areas of Dar es Salaam, Tanzania. It identifies multiple vulnerabilities of young people, in particular girls, leading to increased risks of HIV infection. While

adolescents' vulnerabilities to HIV infection are often specific – and differ conceptually from vulnerabilities related to having been infected by HIV or affected by AIDS – the contextual sources of these vulnerabilities are complex as well as overlapping. Available behaviour change strategies are inadequate. There is a pressing need for making broader protection and support for adolescents a key component of prevention efforts, and linking relevant prevention strategies with child (and social) protection policies and programmes.

### **How Best to Enable Support for Children Affected by HIV/AIDS? A Policy Case Study in Tanzania**

*Masuma Mamdani, Rakesh Rajani and Valerie Leach*

Much is known about national policies, plans and programmes relevant to children and HIV/AIDS, but it is inadequately systematised and analysed. Policies are important to promoting child wellbeing. But their importance in affecting actual wellbeing varies – some can draw political attention, get translated into programmes, attract resources and are implemented, while others lie on shelves. Why is this? This case study analyses three recent policy/programme developments regarding child wellbeing in Tanzania and examines the political 'drivers of change' that influence policy and action on child wellbeing: the promotion of children's rights, the Primary Education Development Plan (PEDP), and programmes on social protection of vulnerable children. The *central concern* is the best way to enable support for children, and especially the most vulnerable children, given limited resources and often weak administrative structures, within a keen appreciation of the policy/politics dynamic.

### **Formulating and Implementing Socioeconomic Policies for Children in the Context of HIV/AIDS: A South African Case Study**

*Debbie Budlender, Paula Proudlock and Lucy Jamieson*

This article examines how South African policies related to financial and other care for children have been formulated since the mid-1990s. The article focuses on issues relating to the content of the policies, the process through which they were developed, and how process and content influenced each other. The study focuses on three policies: the child support grant, the Children's Act and Amendment Bill, and the foster care grant. The policies differ widely in terms of the stage of the policy process, as well as the way in which policy has

been developed. What is common across these policies is that they are large-scale interventions involving significant amounts of money. What is also common is that they were not designed specifically to address HIV/AIDS-related issues. The article thus examines the extent to which 'mainstream' policies related to poverty relief and basic services address the needs of children affected by HIV/AIDS.

### **Policy Process for Children and AIDS in Cambodia: Drivers and Obstacles**

*Jerker Edström, Jenne Roberts and Andy Sumner, with Choub Sok Chamreun*

What are the drivers and obstacles in policy for 'children and AIDS' in Cambodia? We compare three processes by their (a) discourse and evidence, (b) actors and networks involved, and (c) institutional contexts. In the Policy for Alternative Care for Children, change was driven by global discourses and impeded by formal institutions (with limited participation). For the process of developing a national plan for orphans and vulnerable children under the National AIDS Strategy, progress was driven by actors and institutions (via more participatory structures), but impeded by gaps in evidence and disagreements on framing discourse. For policies on paediatric antiretroviral treatment, strong leadership, management and consultation were crucial to success and ownership, while the specialised health sector focus, low profile and its strategically invited consultation allowed its rapid progress with less 'contestation'. Generally, conflicting discourse, bureaucratic inertia and interests presented obstacles, while leadership, cross-sectoral consultation, local evidence creation and iterative revision drove success. Child participation remains lacking.

### **Politics and Policy Outcomes on Children Affected by HIV/AIDS in Africa**

*Per Strand, Mary Kinney and Robert Mattes*

This article seeks to identify whether any elements of governance or democracy are causal determinants of the effectiveness of policies directed at children affected by AIDS in sub-Saharan Africa. If we can identify any such political factors, we will better understand why some countries respond to AIDS policies more effectively, but such findings would also hold clues for more effective advocacy strategies. Through a series of statistical regression analyses, we find that good governance is the main political determinant of effective policy outcomes on AIDS. However, we find that different elements of

democracy generate better outcomes for non-stigmatised policies such as schooling and immunisation. We conclude with the argument that in order to become politically sustainable, policies directed at children affected by AIDS should be AIDS sensitive in character but universal in application. Only with such a political framing will politics work for the benefit of children affected by AIDS in Africa.

### **Can a Developing Country Support the Welfare Needs of Children Affected by AIDS?**

**A Perspective from Tanzania**

*Valerie Leach*

Analysis of the prevalence of HIV/AIDS in Tanzania shows a poor match between poverty and HIV/AIDS. Targeting AIDS orphans for assistance is therefore not appropriate on the grounds of equity, even if it were feasible and not stigmatising. The programme costed here would support the 'most vulnerable children' defined using criteria including orphanhood, disability and poverty, affecting 5 per cent of all children (nearly 1 million). Costings are estimated on the basis of bringing children living 30 per cent below Tanzania's national poverty line (which is below \$1 a day) to that poverty line. The total cost is estimated at 1 per cent of the government budget and 11 per cent of the funds provided for HIV/AIDS – clearly an affordable sum. While this level of support is acknowledged to be minimal, it would support more equitably than current programmes the most pressing welfare needs of the most destitute children, including many orphaned as a consequence of AIDS.

### **Can a Developing Country Support the Welfare Needs of Children Affected by AIDS? Considering the Issues in Zambia**

*Malcolm F. McPherson*

This article discusses why developing countries with high-prevalence generalised HIV epidemics cannot meet the welfare needs of children affected by AIDS. In accordance with instructions guiding the debate, this article argues that meeting the needs of children affected by AIDS (defined to include primary healthcare, education and social welfare) would impose such a heavy burden on a society that it would divert resources from meeting legitimate needs of others who are deprived. This is both inefficient and inequitable. This point is illustrated by data from Zambia (although data from numerous other countries and sub-Saharan Africa as a whole would serve the same purpose). This argument does

not preclude some help for children affected by AIDS. Yet, the assistance they receive should be consistent with broader support for all the citizens who are ill-fed, ill-housed, in ill-health, poorly educated and otherwise disadvantaged.

#### **Affording Support in the Response to the Welfare Needs of Children Affected by AIDS**

*Chris Desmond*

Families and communities are trying to meet the needs of children affected by HIV/AIDS. More can be done to support them in their efforts. In particular, cash grants to poor families appear to be a relatively efficient means of providing assistance. The question of the affordability is really a question of what is considered enough support. Evidence suggests that some level of cash transfers are affordable and that these will be sufficient to make a difference in children's lives, while acknowledging that more can be done. Furthermore cash grants are potentially less distorting, and even beneficial, to country economies, even if aid-financed. In the end, however, the question of affordability must be linked to local and global inequities which constrain the response.

#### **Financing the Welfare Needs of Children Affected by HIV/AIDS: The Case of Brazil**

*Amy Nunn and Francisco I. Bastos*

Brazil had an early and progressive response to the HIV/AIDS epidemic. Over the objections of international donors, Brazil prioritised AIDS treatment for all people living with HIV/AIDS early in the epidemic, including provision of prophylactic antiretroviral therapy to prevent mother-to-child (vertical) transmission of HIV/AIDS. By providing free and universal access to treatment and care for pregnant women and children living with HIV/AIDS, including drugs to prevent vertical transmission of HIV, Brazil has dramatically reduced paediatric AIDS prevalence. Less is known about the broader welfare needs of orphans and non-orphans affected by HIV/AIDS in Brazil and their associated costs. The authors nevertheless present important health evidence that highlights Brazil's effective response to the welfare needs of children affected by HIV/AIDS. They conclude that Brazil has prioritised, financed and implemented many of the interventions necessary to address the welfare needs of children affected and infected by the HIV/AIDS epidemic.