GLOBAL COMMISSION ON
HIV and the LAW

SELECTED BIBLIOGRAPHY
THEIR WHOLE LIVES TO LIVE
CHILDREN AND YOUTH
Selected Bibliography

Their Whole Lives to Live: Children and Youth

HIV and the Law: Risks, Rights & Health

September 2012
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Around 2.5 million children across the world are living with HIV. While this statistic demonstrates the ongoing need to provide access to prevention, treatment and support services, it illustrates only one aspect of a larger burden borne by children and young people in the context of HIV and AIDS. Children may be living with HIV-positive parents, caregivers, and siblings or in affected communities. This could result in loss of family income, increased medical expenses, diminished school attendance, stigmatization and marginalization, and children being forced to care for a family member with AIDS or to work to support the family. Children may be orphaned by HIV and AIDS. This could result in the loss of biological caregivers, increased poverty, poor health, depression and limited access to a range of basic human rights.

Additionally, the loss of access to basic services and opportunities for children affected by HIV and AIDS heightens their own risk of infection. This is especially so for children who are forced into situations of vulnerability, such as living on the streets or survival sex. Young girls may be disproportionately affected due to an increase in additional care responsibilities, reduced access to educational opportunities, early marriages, transactional sex and sexual violence. An effective legal response to HIV and AIDS require a broad understanding of the varied ways that HIV and AIDS impacts on children and young people.

This paper examines the role of human rights, law and policy in responding to HIV and AIDS for children and young people. It discusses a number of key issues that have been identified as potential barriers to an effective response including:

- Stigma and discrimination
- Guardianship and models of care for children
- Social protection
- Inheritance
- Age of consent to medical treatment
- Access to prevention services
- Access to treatment and care
- Access to harm reduction measures

The issues selected reflect the areas in which legal complexities exist and in which many countries are still struggling to adopt an appropriate legal and policy framework. An attempt has been made first, to reflect on the diversity of legal approaches to these issues across the globe; second, to discuss the impact of these responses on efforts to protect children from HIV and AIDS; and third, to recommend strategies for strengthening legal and regulatory frameworks that promote the rights of children and young people.
### Legislative Materials

#### Treaty Article


| Nature, Scope & Source of Authority | Commission on Human Rights Resolution 89/57  
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<tr>
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<td>Declaration of the Rights of the Child</td>
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<td>Implemented without vote at a General Assembly by at least two thirds of the Member States.</td>
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<td>Resolutions are not binding and it is up to the Member States to adhere to the recommendations made in the resolution.</td>
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**Substance**

**Art. 1**: definition of a child is anyone who is under the age of 18 unless there is an applicable law which determines the age to be earlier.

**Art. 2**: States shall respect the rights for each child and protect them from discrimination of any kind based on the child’s or the child’s legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

**Art. 23**: State is responsible for protecting and providing for the needs of a mentally or physically disabled child. The child has a right to a full and decent life and the State is responsible for taking care of the health of the child.

**Art. 24**: Children have a right to have the highest attainable standard of health and the State is responsible for providing adequate health care and medical facilities.

**Art. 33**: States shall take all appropriate measures to protect children from the illicit use of drugs and the trafficking of said drugs.

### Legislative Authority


| Nature, Scope and Source of Authority | Funding for HIV/AIDS is decreasing. Certain key populations are increasing in the number of people living with HIV.  
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<td>The Caribbean continues to have the highest prevalence for HIV and AIDS outside of Sub-Saharan Africa and there are increasing HIV infections in the rest of the world.</td>
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<td>Notes the lack of cooperation among countries around the globe.</td>
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<td>Stems from the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.</td>
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<td>Resolution adopted by General Assembly without reference to a Main Committee.</td>
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<td>Resolutions are not binding and it is up to the Member States to adhere to the recommendations made in the resolution.</td>
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**Substance**

Leadership: uniting to end the HIV epidemic-redouble efforts and determinations to halt and begin to reverse, by 2015, the spread of HIV. To scale up efforts for HIV prevention, treatment, care, support, and monetary
contributions.

- Treatment, care and support: eliminating AIDS-related illness and death make treatment more accessible and affordable, provide care for those living with HIV, and commit to reducing high rates of HIV and hepatitis B and C co-infection.

- Advancing human rights to reduce stigma, discrimination and violence related to HIV: implement laws and regulations to promote human rights, review laws and policies that adversely affect HIV prevention, treatment, care and support programmes, or which stigmatise or discriminate. Promote and implement laws and policies to protect and assist key populations.

- Resources for the AIDS response: increase State’s funds for HIV resources, and commit to breaking upward trajectory of costs through efficient utilization of resources. Urge countries that adopted the Abuja Declaration and Framework for Action for the fight against HIV/AIDS, Tuberculosis and Other Infectious Diseases to take concrete measures to meet target of allocating at least 15% of annual budget to improvement in that sector. Recommit to fully implementing enhanced Heavily Indebted Poor Countries Initiative and urge the use of debt service savings.

- Strengthening health systems and integrating HIV and AIDS with broader health and development: commit to strengthening health systems in developing countries and improve access for all communities. Support and encourage development of human capital and research infrastructures. Support the furtherance of the Millennium Development Goals.

- Research and development: commit to investing in accelerated basic research on the development of sustainable and affordable HIV and tuberculosis diagnostics and treatments of HIV and its associated co-infections, microbicides and other new prevention technology. Commit to accelerate research and development for a safe, affordable, effective and accessible vaccine and cure for HIV.

- Coordination, monitoring and accountability: maximizing the response-commit to having effective evidence-based operational monitoring and evaluation between all stakeholders. Commit to revise framework to reflect core indicators indicated in the present Declaration and to develop where necessary, national, regional and global coordination and monitoring mechanisms of HIV and AIDS responses.

- Follow-up: sustaining progress-encourage and support exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to global HIV and AIDS response. Request Secretary-General to provide to the General Assemble an annual report on progress achieved in realizing commitments made in present Declaration and the Millennium Development Goals at the 2013 review of the Goals and subsequent reviews.
### Legislative Authority


### Nature, Scope and Source of Authority

Federal law that is enacted and upheld in all states. U.S. Constitution grants federal courts the ability to adjudicate all cases that fall under a federal law.

- Adopted by all jurisdictions.

### Substance

- Makes it illegal to discriminate on the basis of any disability.
- Prevents employers from discriminating a person on the basis of any disability, requires entities and public transportation to provide adequate services for person who have a disability.
- ADA describes disability qualifications and the responsibilities of employers and other facilities in regards to a person with a disability.
- The non-discrimination rule is stated in Title II, which applies to public adoption agencies, as: ‘*No qualified individual with a disability shall, by reason of such disability, be excluded from participation or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.*’ In Title III, the rule that applies to private adoption agencies (which are considered "public accommodations" under the ADA) is stated as: ‘*No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to) or operates a place of public accommodation.*’

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### Legislative Authority

UN General Committee on the Rights of the Child, *HIV/AIDS and the Rights of the Child, General Comment No.3, CRC/GC/2003/3, (March 17, 2003).*

### Nature, Scope and Source of Authority

- General Comments are not binding.
- Comments provide guidelines for Member States on the interpretation of specific aspects of the convention on the Rights of the Child.
- Purpose of the comment is to identify and then address human rights issues for children, to institute examples of good practices in decreasing the number of children living with HIV and to implement a plan to combat the spread and mitigate the impact of HIV/AIDS on children.

### Substance

The majority of new infections are among children aged 15-24 years old. Discrimination based on parent’s HIV status, the perception that the child is also living with HIV, gender-based discrimination because of the actual or perceived sexual orientation or choices in regards to sexual activity, and discrimination can cause the child to be ostracized by family and friends, which can force them to live in remote areas. All of the discrimination practices described are violations of the Convention on the Rights of the Child.

Member States should provide prevention, care, treatment and support services for children that include HIV prevention, raising awareness, education, child and adolescent sensitive health services, HIV counseling and testing, strategies to prevent mother-to-child transmission, treatment and care, and involvement of children in research.

Vulnerability of children to HIV/AIDS resulting from political, economic, social, cultural and other factors should be prevented by the states. Groups that are
particularly susceptible to these vulnerabilities are:
- Children affected and orphaned by HIV/AIDS
- Victims of sexual and economic exploitation
- Victims of violence and abuse

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<td>Nature, Scope and Source of Authority</td>
<td>General Comments are not binding and it is up to the Member States to adhere to the recommendations made in the Comment. Comments provide guidelines for Member States on the interpretation of specific aspects of the convention on the Rights of the Child. One of the main purposes of the comment is to identify the main human rights that need to be promoted and protected in order to ensure that adolescents do enjoy the highest attainable standard of health, develop in a well-balanced manner, and are adequately prepared to enter adulthood and assume a constructive role in their communities and in society at large.</td>
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<td>Substance</td>
<td>Identifies principles that should be implemented in order to ensure that children fully enjoy their rights to health and development: Right to non-discrimination, Appropriate guidance in the exercise of rights, Respect for the views of the child, Legal and judicial measures and processes, Protection from all forms of abuse, neglect, violence and exploitation, Civil rights and freedoms, and Data collection to monitor the health and development of adolescents. The Committee urges States parties (a) to develop and implement programmes that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services where abortion is not against the law, adequate and comprehensive obstetric care and counselling; (b) to foster positive and supportive attitudes towards adolescent parenthood for their mothers and fathers; and (c) to develop policies that will allow adolescent mothers to continue their education. States parties should (a) ensure that health facilities, goods and services are available and accessible to all adolescents with disabilities and that these facilities and services promote their self-reliance and their active participation in the community; (b) ensure that the necessary equipment and personal support are available to enable them to move around, participate and communicate; (c) pay specific attention to the special needs relating to the sexuality of adolescents with disabilities; and (d) remove barriers that hinder adolescents with disabilities in realizing their rights.</td>
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• To reform and consolidate the law relating to children, to provide for the rights of the child, maintenance and adoption, regulate child labour and apprenticeship, for ancillary matters concerning children generally and to provide for related matters. |
| Substance | • Defines “parent” as: “natural parent and includes a person acting in whatever way as a parent”.  
• Defines “child” as: “person below the age of eighteen years”.  
• Outlines the rights of a child; parental duty; care and protection of children; the quasi-judicial and judicial child adjudication; parentage, custody, access and maintenance; custody and access; maintenance of a child; fosterage and adoption; employment of children; institutionalized care and miscellaneous matters. |

The first Opportunity in Crisis report, published in 2002, provided 10 steps to help move countries closer to their prevention goals. This is the second Opportunity in Crisis report and it gives an overview of the current state of the HIV/AIDS epidemic among young people. It divides young people into three age categories: very young adolescents (aged 10-14), older adolescents (aged 15-19) and young adults (aged 20-24). The report also outlines particular issues that each age group faces in relation to HIV. In addition, it outlines successful strategies that have emerged from around the globe for preventing HIV among young adults.

The report recommends renewed attention to the following key steps:
- Provide young people with information and comprehensive sexuality education;
- Strengthen child protection and social protection measures to prevent exploitation of vulnerable children and adolescents;
- Engage young people;
- Engage communities in shaping a positive social environment that promotes health behavior;
- Establish laws and policies that respect young people’s rights;
- Scale up proven interventions for HIV prevention;
- Increase the number of adolescents and young people who know their HIV status;
- Expand comprehensive services for young people living with HIV, paying special attention to adolescents; and
- Strengthen monitoring, evaluation and data reporting on young people, particularly adolescents.

*Sajjad Akhtar, Do Girls Have a Higher School Drop-out Rate than Boys? A Hazard Rate Analysis of Evidence from a Third World City, 33 Urban Studies 49 (Feb. 1996).*

Previous research in urban Pakistan showed that girls had a lower participation rate in schools than boys. However, this study states that boys have a higher probability of dropping out of school than girls. The reason why a child is withdrawn from school is based on the child’s attributes and the situation at home at the time that they are withdrawn. A hazard rate analysis was used by the author to estimate the conditional probabilities of withdrawal at the different education levels. The data is based on a sample survey of drop-outs and enrollees in high schools in Karachi, Pakistan. Karachi’s population was about 8 to 9 million in 1987-1988.

*Cynthia B. Lloyd, Barbara S. Mensch, & Wesley H. Clark, The Effects of Primary School Quality on School Dropout among Kenyan Girls and Boys, 44 Comp. Educ. Rev. 113, (May 2000).*
This study examines the elements of primary school quality affecting the likelihood of dropout among Kenyan girls and boys. The authors surveyed both in- and out-of-school adolescents in three very different districts within Kenya (Kilifi, Nakuru, and Nyeri). Elements that contributed to whether or not a child was withdrawn from the school included characteristics of adolescents’ parents (education, marital status, whether or not the adolescent was living with them), and characteristics of the residential household. Individual and family factors such as age, mother’s education, religion, and parents’ marital status all contributed to the likelihood of the adolescent’s withdrawal from school. Typically, the effect of these factors affected girls more than boys and that those who start school late are just as likely to withdraw as those who entered earlier.


This report considers the increasing issue of children being abandoned by their parents in Eastern Europe and Central Asia as a result of the parents passing on the HIV positive status to the child. The key factors that increase the likelihood of a parent abandoning their child are unwanted pregnancy, poverty, lack of family support, drug and alcohol use, fear of the infant having birth defects or disabilities, and an inability to support the costs of caring. The report also discusses risk behaviours that increase the possibility of young adults in Eastern Europe and Central Asia being exposed to HIV. For example, the largest mode of HIV transmission in Eastern Europe is injecting drug use with the majority of young adults having experimented with injecting drugs before the age of 18. As a result of stigmatisation and discrimination, children who are living with HIV are often not allowed to attend school and are ostracized by their peers.


The objective of this report is to provide decision makers, programme managers and advocates for children with guidance for framing and analysing available evidence and responses, and in setting priorities for the protection and care for children in the face of HIV and AIDS in East Asia and Pacific. The report provides a critical review of existing frameworks, with reflections and regionally contextualised examples of evidence and experiences. Positions are taken on how these frameworks may be utilized, and recommendations are offered for future programming and policies. In essence, this work details selected and evaluated responses that policy makers may choose to adapt to their particular situations. This paper begins by setting the regional context on children and HIV, including a review of policy and framings of children and HIV and AIDS in international debates. This is followed by a review of issues, policies and current responses in the region for the protection and care of children linked to HIV. This review covers areas such as social protection, alternative care, legal protection, stigma reduction and strengthening the institutional environment. Gaps, constraints and suggested priorities are then summarised for each, followed by an overall concluding discussion.
This article states that if cash transfers succeed in increasing children’s presence in school, their benefits may multiply by reducing HIV risk, and increasing children’s access to additional services. The authors argue that cash transfers can be implemented in combination with other services to achieve broader objectives, building synergies in impacts and programme operations. In addition to promoting school enrollment and attendance, and preventative health-care activities, options under discussion or underway include early childhood development, after-school programmes, child protection and other social welfare services, information, education and communication activities, savings schemes, life skills training, voluntary testing and counselling, ART counselling and services, home-based care, micronutrient and food supplementation and nutrition counselling. AIDS-affected families are diverse with respect to poverty level, education, household structure, stage of illness progression, ability to work, dependency ratios and access to assets. This argues for a mix of approaches rather than a single approach: food and nutrition programmes; public works and livelihoods support programmes are all important options for assisting families. The authors argue that cash transfers appear to offer the best strategy for reaching families who are the very poorest, most capacity constrained and at-risk, in large numbers, relatively quickly, in a well-targeted and systematic manner, compared to alternative approaches.

A large randomized trial in Malawi shows that schoolgirls whose families received monthly cash transfers had a significantly lower HIV infection rate than the control group. The two-year experiment in Zomba, a district in southern Malawi, offered cash to households with schoolgirls aged 13-22 who had never been married. This study was designed to examine the causal effect of cash transfer programs, which exogenously change income and schooling for young women, on their risk of HIV infection. Results of the study suggest that the program substantially reduced the progression of both HIV and HSV-2 among program beneficiaries. The findings here suggest that cash transfer programs that focus on adolescent girls can empower them to steer away from risky sexual behavior and thus reduce their risk of HIV infection. They also indicate that while ABC campaigns might no doubt be effective in fighting the disease, empowering girls financially can also lead to reduced risk – not just by reducing their sexual activity or having safer sex, but also by enabling them to choose partners who are less likely to be infected with HIV.

This paper examines a particular manifestation of the vulnerability of African children orphaned due to AIDS: “property grabbing” as it is referred to in Africa. Property grabbing is the dispossession of orphans and widowed
parents (predominantly mothers) by relatives and others. The underlying premise of this paper is that orphans should not be left destitute and so should continue to have access, through inheritance or from surviving parents, to the household property on which their livelihoods depend. Four illustrative case studies (Uganda, Kenya, Zambia and Malawi) are presented, explaining the factors underlying property grabbing and the legal frameworks that allow such practices to take place. The first objective is to describe the extent of property grabbing, in particular where the phenomenon appears to be exacerbated by the AIDS pandemic. The second objective is to argue that a policy imperative exists for governments and donors to mitigate the destitution of widows and orphans created by property. The third objective is to make practical suggestions for steps to mitigate the extent of property grabbing.


This report is an update of the 2003 report called, _Africa’s Orphaned and Vulnerable Generations: Children Affected by AIDS is an update of the 2003 report Africa’s Orphaned Generations_. It is meant to shed light on the circumstances of children affected by the AIDS epidemic and to encourage action. The report shows how the AIDS epidemic continues to affect children disproportionately and in many harmful ways, making them more vulnerable than other children, leaving many of them orphaned, and threatening their survival. The report contains new and improved research on orphans and vulnerable children, including what governments, NGOs, the private sector and the international community can do to better respond. Africa’s Orphaned and. It incorporates new and refined estimates of the number of children orphaned in sub-Saharan Africa, as well as current research on the impact of AIDS and orphanning.

_Sarah Flicker et al., Falling Through the Cracks of the Big Cities: Who is Meeting the Needs of HIV-positive Youth?, 96 Canadian J. of Public Health 308 (July-Aug. 2005)._

Canadian youth identified areas of support they thought were lacking in Canada due to the lack of resources for HIV positive youth in Canada. Three major themes emerged: 1) Personal feelings about HIV; 2) Barriers to full participation in society; and 3) Specific support needs. Survey respondents identified a wide range of emotional responses to their HIV status however feelings of isolation, loneliness and hopelessness were dominant. They also described a number of social and structural barriers to their full participation in society including difficulty accessing appropriate support services. In general, the youth had very mixed feelings about both youth- and AIDS-serving organizations. The authors suggested that more new and effective specialized health and support services are necessary in order to support the needs of youth living with HIV.

After many years of a weak official response to HIV/AIDS, the government of Kenya has recently taken aggressive measures to energize its fight against the disease, including the passage of legislation designed to facilitate the importation of cheaper, generic antiretroviral drugs and the first steps to removing tariffs on imported condoms. In this report, Human Rights Watch suggests that equally aggressive measures must be taken by the government to ensure protection of the rights of children affected by HIV/AIDS. Because HIV/AIDS so often impoverishes and stigmatizes the children it affects, and claims the lives of so many in their extended family, these children are at high risk of having to eke out livelihoods on the street or in other potentially dangerous situations. AIDS-affected children face many obstacles to staying in school and thus to fulfilling their right to education. They are further disadvantaged in many cases by the unscrupulous and unlawful appropriation of property they are entitled to inherit from their parents, and in Kenya they are rarely able to take legal action to protect their inheritance rights. These problems are compounded in Kenya by apparently poor access of children and young adults to appropriate and clear information about HIV/AIDS, which puts children at risk of being unable to protect themselves from HIV transmission.


This article tells the story of Katlego who is one of the 2,000 teenagers living in Botswana with HIV because they were too old to participate in the country’s national programme to prevent mother-to-child transmission, which began in 1999. Young adults and children living with HIV face stigma and discrimination because of HIV status and because there is a lack of education about HIV. Katlego does public speaking about HIV and is part of a club that provides emotional and psychological support in addition to medical treatment for teenagers living with HIV.


Restrictions have been placed on the ability of adolescents to obtain human immunodeficiency virus (HIV) testing independent of their parents. Although some states have given adolescents the right to consent to HIV testing independently, many states have remained silent on the issue or have compromised these rights by providing for parental consent or notification when adolescents seek testing. This article examines existing policies and explores whether policies that require adolescents to obtain parental consent, or that permit or mandate parental notification, may deter them from obtaining needed HIV testing.


This investigation assessed change in the use of HIV testing by minors after removal of the parental consent requirement in Connecticut. This requirement was removed in 1992 after a group of teens successfully mobilized a campaign to alter existing legislation and obtain the right to consent to testing. In this study, HIV counseling and testing records for 13- to 17-year-olds who accessed publicly funded testing sites were analysed.
period to the 12-month period thereafter showed an increase by 44% in the number of visits. The number of HIV tests increased twofold, and visits and tests of minors at high risk tripled. In contrast, over the same time period, the number of antibody tests conducted among 18- to 22-year-olds visiting publicly funded sites in Connecticut decreased. Minors identifying as White, non-Hispanic (as compared to non-Hispanic Black, Hispanic, and "other" categories) showed the greatest increase in visits to HIV test sites as well as in actual tests received. The authors of the study suggest that its results support the idea that minors should have the right to consent to HIV testing.


South Africa has broadened the mandatory reporting obligations by requiring any person who is aware of a sexual offence having been committed against a child to report this to the police. Given that it is a sexual offence to have sex below the age of 16 researchers conducting research with teenagers in which they may become aware that they are engaging in sex or sexual activity and are under the age of 16 will be obliged to inform the police of this fact. The issue of reporting under-age sex is very complex because there are various categories of under-age sex. The authors argue that researchers should not comply with the mandatory reporting obligations for underage consensual, non-exploitative sexual activity. The authors state that because the mandatory reporting of underage sex/activity (even consensual and non-exploitative activity) may alienate children from services and "punish" them by reporting their conduct to the police, advocacy is needed for a change to the Sexual Offences Act to ensure consistency with the approach taken in the Children's Act which enables such children to access sexual and reproductive services.


This article discusses contradictory laws in Africa about children and young adults ability to access contraceptives. According to the article, the Children’s Act states that no one can refuse sell condoms to a child over the age of 12, that they should provide condoms free of charge and that contraceptives other than condoms can be provided to adolescents aged 12 years or older without the consent of their parents or caregivers. In addition the Choice on Termination of Pregnancy Act of 1996 allows children of the same age to have abortions without parental or guardian consent. However, the Sexual Offences Act contradicts these other acts by making it illegal for any child between the ages of 12 and 16 to engage in “consensual sexual penetration”. The article emphasizes that criminising sex will not deter adolescents from having sex and will increase the risk of that group contracting HIV. It also emphasizes sex education and access to contraceptives.


Although this is a contentious issue, the authors have found that South African school staff and students generally support the distribution of condoms in schools but are confused about governmental policy. They state that the
national policy of allowing schools to decide whether condom distribution is beneficial is only one sentence in a national DOE document. Lack of awareness and statements of government officials against condom distribution further obscure actual government policy further confuse school staff and discourage them from allowing condom distribution. The South African government's contradictory actions reflect the presence of deeply divergent forces in society. Many in South Africa have supported expanding children's rights to reproductive health services, reflecting the desire in the post-apartheid era to expand individual rights in response not only to injustices of the past, but also to the harsh realities of the present. The authors suggest various areas of improvement such as increasing condom distribution in schools, build on existing programmes to provide awareness on the use of condoms and increase their use, increase education in communities about condom use and methods of proper condom use.


This paper reviews 83 studies that measure the impact of curriculum-based sex and HIV education programmes on sexual behavior and mediating factors among youth under 25 years anywhere in the world. The authors state that two thirds of the programmes significantly improved one or more sexual behaviors. They argue that the evidence strongly shows that programmes do not hasten or increase sexual behavior, but instead delay or decrease sexual behaviors or increase condom or contraceptive use. Effective curricula incorporated 17 characteristics that describe the development including the goals, objectives, and teaching strategies of the curricula themselves and their implementation. Programmes were effective across a wide variety of countries, cultures, and groups of youth. In addition, the authors state that replications of studies also indicate that programmes remain effective when implemented by others in different communities, provided all the activities are implemented as intended in similar settings.


This report considers how the needs of these children are understood and responded to by the professionals involved with their care as looked after children. A number of cases were considered in the research, reflecting HIV positive children and young people looked after in foster care placements and residential children's homes. The research includes the experiences of unaccompanied asylum seeking children (UASC). Through the case examples, areas of professional awareness and understanding about HIV, policy and practice guidance, and consideration of risks of harm to young people, including risks of onward transmission of HIV, are explored. The practitioners and young people interviewed offered many of the recommendations, which include training and awareness; the need for policy and practice changes, especially on confidentiality and information sharing; the responsibility of the looked after children's sector to de-stigmatise HIV; and that all discriminatory practice be dealt with accordingly.

The author suggests that employing social protection systems have the potential to contribute significantly to a comprehensive HIV response plan. The basis of this paper arose out of a UNAIDS business case on social protection, which explained why social protection is critical to the realization of Universal Access to HIV prevention, treatment, care and support. It is stated in the paper that HIV-sensitive social protection involves three broad categories: financial protection, access to affordable quality services, and policies, legislation and regulation. It is the author’s assertion that social protection programmes can promote human rights and assist key populations to address their needs.


This paper considers the epidemiological characteristics of how HIV/AIDS affects children, their coping mechanisms and the current knowledge of the impact of HIV on children. The paper highlights the fact that the different definitions of orphans contribute to underestimation of children that are orphaned as a result of HIV/AIDS. It also discusses the extended family safety net, the role of the community, impact in the home as a result of parental illness, the economic impact, and the effect on migration, education, health, nutrition, psychosocial impact, and the role of vulnerability.


The number of children in sub-Saharan Africa who are orphaned because one or more of their parents have died as a result of AIDS is increasing. In many countries an increasing number of families are being headed by women and more children are living on the street as a result of HIV/AIDS. The report offers recommendations for improving the situation, mainly to allow families and communities to build a more protective environment for orphans. It emphasizes that families need to have the ability to protect and care for orphans vulnerable by HIV/AIDS, communities need to be strengthened and mobilized because of they are the secondary level of support behind families, ensure orphans access to essential services, increase governmental protection of children, and raise awareness to support children affected by HIV/AIDS.

The report describes developments affecting legal environments related to people living with HIV and most-at-risk populations. It provides examples of human rights based approaches, and sets out an agenda for action relating to advocacy, community mobilisation, law reform and law enforcement. In particular it emphasizes focusing on empowering the communities so that they can affect laws and policies and have access to the legal system, law enforcement can protect key populations from violence and discrimination, and repeal punitive laws that encourage violence or discrimination.


The purpose of this report is to provide guidance to education ministers, professional staff, school principals, teachers, and curriculum developers to develop and implement a sexuality education programme and materials in their school. The report emphasis that the programme should be developed locally and tailored to address the area’s specific beliefs, attitudes and skills that affect sexual behavior. It provides information about salient sexual and reproductive health issues and concerns affecting children and young people and what a sexuality programme is, what it is intended to do, and possible outcomes. Volume one discusses issues that have to be addressed to introduce or strengthen sexuality education.