

**The role of the  
health sector in  
strengthening systems  
to support children's  
healthy development in  
communities affected  
by HIV/AIDS**

**A REVIEW**



**World Health  
Organization**

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## Preface

This document is a review of the scientific evidence and practice experience in providing what has come to be called psychosocial programming and support for children infected with and affected by HIV, and their caregivers. A great deal of attention is currently focused on psychosocial support programmes for children living in communities affected by HIV/AIDS. Psychosocial support programmes include a range of interventions such as awareness raising, counseling, group experiences for children, opportunities for recreation, and the like. However, several technical consultations, as well as the available evidence and experience, suggest that it is necessary, in the face of the combined effects of the HIV/AIDS epidemic and poverty, to support the psychosocial well-being of vulnerable children through as many avenues as possible. Efforts to promote the psychosocial well-being of vulnerable children require conditions and assistance that go beyond psychosocial support programmes, and there is now a strong call for integrated services to families and children affected by HIV/AIDS. Amongst these services, the health sector plays a critical role, in providing direct comprehensive services to affected children and families. However, health systems also have the potential to play a powerful indirect role by assisting and supporting community-based initiatives to provide assistance to the most affected children and their families.

This review covers the reasons for the shift in

focus from psychosocial support programmes to the psychosocial well-being of children, and from psychosocial support programmes to the need to strengthen services, especially health services. The psychological well-being of children is the outcome of many conditions and processes in addition to psychosocial support programmes. In addition, a broader and stronger response, emanating from and supported by the health sector has the potential to have a far greater impact on the psychosocial well-being of children than can be achieved with stand-alone psychosocial support programmes. Although the greatest wealth of research and experience comes from sub-Saharan Africa, because of the concentration of the epidemic in the region, the arguments made, evidence adduced and conclusions reached regarding the support of children are applicable to all contexts. The review takes as its starting point, the consensual strategies outlined in the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. Access to services, including for health, is one of the five key strategies. Health services can assist vulnerable children and families, as well as provide the infrastructure, organizational capacity and integrative approaches needed to draw together the many efforts at the family and community level to respond to the hardships of children affected by HIV/AIDS, and their caregivers.

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## Executive summary

Children have not, to date, received due attention in the global effort to prevent, treat and ameliorate HIV/AIDS. The impact of the HIV/AIDS epidemic is experienced most severely at the household level because it severely exacerbates poverty and the supportive caregiving systems of families. The epidemic is having a progressive and cumulative effect on children by depleting their care resources through parental illness, death, destitution and an increased burden of care by families. This is occurring in a context of generally poor access to services and insufficient support from governments and the international community. In desperate attempts to be of assistance, uncoordinated and sometimes inappropriate actions are being taken to help vulnerable children. Much of the current effort is restricted to orphans, despite the fact that many other children are deeply affected by the epidemic and in very difficult circumstances. Under these conditions, there is widespread consensus that strengthening systems to support children living in communities affected by HIV/AIDS is the best option for achieving population-level improvements in children's health, psychosocial well-being, and educational development. The health sector is well placed, through its relatively systematic approach and infrastructure that reaches into most affected communities in developing countries, to lead multi-sectoral responses that facilitate the holistic

greatest proportion of children born to parents living with HIV/AIDS are, themselves, uninfected. In general, though, the survival and development of these children is precarious. Most children will outlive their caregivers, bearing a large portion of the burden of care for a chronically ill parent, and/or suffering the resulting family deprivation. Children who have to care for ill parents or suffer neglect as a result of the incapacitation and disability of parental illness, and children in families which foster in affected children are themselves additionally prone to poverty and even destitution. However, many of these children remain invisible to the best resourced organizations, who limit the greatest part of their resources and intervention efforts to orphaned children, not all of whom are vulnerable. Because of the way orphans are identified in the context of the AIDS epidemic, as maternal, paternal or double orphans, the majority of orphans have, and are living with surviving parents; many others are in the care of close and affectionate family and need little additional assistance. Only time heals the terrible experience of losing a parent during childhood. The families that take them in, however, have to stretch their meagre resources among increasing dependents, and caregivers are often desperately in need of material, social and spiritual support. Many children are doubly disadvantaged by HIV/AIDS, co-occurring as it

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