Global Community Consultation on Draft General Comment No. 26

Elizabeth Glaser Pediatric AIDS Foundation

Chapter III. Section B. 29 **The right to the highest attainable standard of health (art. 24) on page 5**

There have been incredible gains made around the HIV epidemic in the last few decades, with programs aimed at eliminating vertical transmission of HIV and increasing treatment access resulting in 2.7 million infections averted in children since 2001.[[1]](#footnote-1) However, despite that progress, 1.72 million children are living with HIV today, and 160,000 were newly infected in 2021.[[2]](#footnote-2) In many cases, children are more at risk than adults to see their HIV infection worsen and potentially die of it: for infants not on treatment, peak mortality occurs between 2 and 3 months old; and while children (aged 0-14) account for 4% of new HIV infections, they make up 15% of deaths.[[3]](#footnote-3)

A strong case can be made that HIV/AIDS can and should be framed as an environmental justice issue due to the intimate connection that exists between natural resource allocation and the transmission and progression of HIV/AIDS.[[4]](#footnote-4) The General Comment No. 26 draft, specifically chapter III, section B – the right to the highest attainable standard of health (art. 24) - outlines a comprehensive depiction of the rights of children at the intersection of health and environment. Children living with HIV and other infectious diseases are at even greater risks not to receive optimal care or worse – to be made even more vulnerable than they already are – with climate change threatening their health, nutrition, and their families' livelihoods.

Language specifically addressing the importance of vulnerable populations that include children living with HIV and other infectious diseases would help to ensure there is accurate prioritization of this population given their heightened vulnerability. With the biological, social and political vulnerabilities children face in comparison to adults, their representation and prioritization in conversations around the environment is imperative. It is important to understand that children have weaker, underdeveloped immune systems compared to their adult counterparts. They also have less representation and increased stigma about their importance as actors and access to pediatric specific drugs, doses and regimens is severely underprovided and many clinicians are not trained in pediatric medicine.

Furthermore, countries with high pediatric HIV burden are predominantly located in geographic areas in the Global South that are expected to be hit especially hard by climate change. According to a [National Library of Medicine article](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7810285/), the overlap between climate change and HIV/AIDS is of paramount global public health importance, particularly since both disproportionately impact regions of global vulnerability such as sub-Saharan Africa (SSA) and Southeast Asia (SEA) that are heavily impacted by both HIV and climate change. With the Global South more vulnerable to a large portion of the impacts from climate change like drought, unpredictable seasons, other severe weather and agriculture and food security, children living with HIV that are located in the Global South are facing an even more increased risk than individuals living elsewhere. Projections show that climate change is expected to alter the geographic range and burden of a variety of climate-sensitive health outcomes and to affect the functioning of public health and health care systems. If no additional actions are taken, substantial increases in morbidity and mortality are expected in association with a range of health outcomes over the coming decades, including heat-related illnesses, illnesses caused by poor air quality, undernutrition from reduced food quality and security, and selected vector-borne diseases in some locations. Communities and geographies will be differentially affected, warming will be uneven, creating different hazards in different locations. Children in communities with unstable health care systems face an increased risk for poor nutrition, decrease in access to sustainable treatment and vaccines and a significant decline in ability to seek testing.

To understand the impact that climate change can have on children’s right to health, one only needs to look at how the COVID-19 pandemic exacerbated existing inequalities, created additional setbacks and pushed back the AIDS response, especially access to medicines, treatment and diagnostics. [Country data reported to UNAIDS](https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf) show that HIV testing and referrals to treatment were badly affected by COVID-19 during 2020 reversing decade long progress for children and adolescents living with HIV. This real-world experience exposes how under-investment in public health systems and restrictions on other essential public health services impact the youngest patients in need.

The presence of the AIDS epidemic in children and the consequences of the changes in the environment could combine to create some of the worst humanitarian scenarios imaginable. Floods affect access to daily medication required to survive or the ability to get to a clinic and seek testing or access essential services. Floods can also increase the potential risk for HIV transmission between pregnant and breastfeeding women and infants due to lack of service availability. Exposure to air pollutants through inhalation is particularly harsh for children because their lungs are small and still developing until around the age of 18, which means the vulnerability of immunocompromised children exposed to polluted air is even larger. Nutrition, quality of food and food security may lead to increased risk of mortality and potential reduction in efficacy of treatments. Some pediatric medications require particular refrigeration or storage methods that are put at risk by climate change. The list goes on.

Recognizing all of the impacts climate change may have on this specifically vulnerable population, it is vitally important that decision-makers prioritize children living with HIV and other infectious diseases as these initiatives are being built, so national governments are able to combat existing vulnerabilities rather than exacerbate them. For example, policies designed to cut greenhouse gas emissions must be paired with policies that ensure sustainable, reliable and clean alternative energy sources are properly implemented that consider the specific impacts on children. Reducing these inequities now – providing vulnerable children with access to safe water; good nutrition and food security; strong and accessible health systems; and well-functioning child and social protection systems – will give disadvantaged children a better basis for coping with the effects of climate change in the future.

While the world comes together to address the issues and impacts of climate change, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) seeks to ensure children are prioritized, specifically as a group more highly susceptible to the negative effects of climate change in matters that pertain to health, access to nutrition and infectious disease treatment. We want to ensure the highest attainable standard of health in any environment for children living with HIV and other infectious diseases. We want to ensure no child is left behind.

**To ensure that countries are prepared to properly protect and empower children living with HIV and other infectious diseases, General Comment No. 26 should include language safeguarding this population. In Chapter III Section B. 29, EGPAF urges for the inclusion of children living with HIV and other infectious diseases to be more concretely specified.** Children living with HIV and other infectious diseases should be protected and represented in this declaration of environmental rights to ensure they have access to the highest attainable standard of health. As noted above, life-saving medicines, treatments, vaccines, food quality and security, and public health systems are immensely threatened at the hand of climate change and the dangers are more pronounced for children than adults. Climate change will not affect all equally. Because of the risk associated with children living with HIV and other infectious diseases and vulnerable geographic regions, existing inequities will only worsen if we don’t address the unique environmental needs of this specific population. Children continue to be underrepresented across global health and development issues. This is an opportunity to break that cycle.

1. Global Commitment, Local Actions, UNAIDS, 2021 pg. 15 [↑](#footnote-ref-1)
2. *UNAIDS, Global AIDS Update, 2022 pg. 130* [↑](#footnote-ref-2)
3. UNAIDS, Global AIDS Update, 2022 pg. 43 [↑](#footnote-ref-3)
4. Lieber M, Chin-Hong P, Whittle HJ, Hogg R, Weiser SD. The Synergistic Relationship Between Climate Change and the HIV/AIDS Epidemic: A Conceptual Framework. AIDS Behav. 2021 Jul;25(7):2266-2277. doi: 10.1007/s10461-020-03155-y. Epub 2021 Jan 15. PMID: 33452659; PMCID: PMC7810285. [↑](#footnote-ref-4)