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A future for HIV/AIDS children and AIDS orphans

Report
Social, Health and Family Affairs Committee
Rapporteur: Mr Michael HANCOCK, United Kingdom, Alliance of Liberals and Democrats for Europe

Summary

The world is now entering its 25th year of HIV/AIDS. The disaster affects every continent, in particular Africa. Nor Europe is spared.

Poor countries are hardest hit by HIV/AIDS, but also are children.

There is an urgent need for everyone – and particularly decisions-makers – to address the specific problems of combating the disease among HIV/AIDS children and also to recognise the need to take care of abandoned infected children or orphans children whose parents become AIDS victims.

The report indicates a certain number of measures to be taken: the first amongst them, for Member States, is to introduce a "child perspective" into their HIV/AIDS policies and development aid policies to the third world, in particular Africa.

A. Draft resolution

1. The world is now entering its 25th year of HIV/AIDS. The epidemic is spreading and the statistics on the number of cases and the expected progression of the disease are alarming. The Parliamentary Assembly of the Council of Europe must play an active part in current efforts to raise awareness of AIDS and the need to increase and optimise measures to combat the epidemic. This calls for political will and co-ordination of the activities of all those concerned.

2. Poor countries are hardest hit by HIV/AIDS, but so also are children. There is an urgent need for everyone, particularly decision-makers, to address the specific problems of combating the disease among HIV/AIDS children and also to recognise the need to take care of children whose parents become AIDS victims.

3. According to information from international organisations, across the world, one child under 15 is infected by the HIV virus every minute, five million children under 15 live with HIV and about 15 million children have lost one or both parents from AIDS, 12 million of them in Africa. The disaster affects every continent, but Africa, particularly sub-Saharan Africa, suffers by far the most tragic consequences.

4. Nor is Europe spared. Indeed it is currently experiencing a worrying growth in the number of HIV/AIDS cases, particularly in eastern Europe and the former Soviet Republics. Many young – sometimes very young – persons are affected by HIV/AIDS and the AIDS orphans phenomenon is starting to emerge in Europe, albeit on nothing like the same scale as in Africa. In western Europe, mother-child transmission had practically disappeared, but as a result of migratory flows there has been a resurgence of cases of infected children.

5. The member states must introduce a child dimension into their national and international HIV/AIDS policies and their development aid programmes to the third world, particularly Africa. This means that children's rights and best interests, and the views of relevant specialists and, if possible, the children themselves must always be taken into consideration.

6. Such policies – adapted as appropriate to specific continents and countries – must give priority to:

6.1. systematic free screening of infants before they are 18 months old;

6.2. prevention of mother-child transmission, which means that all future mothers must have automatic access to early screening;

6.3. free access to antiretroviral treatment for mothers and children, which presupposes a reduction in the cost of HIV/AIDS medicines and access to generic and suitable paediatric HIV/AIDS medicines for all;

6.4. measures to prevent the abandonment of infected children and appropriate reception and care facilities for very young children;

6.5. support for individuals in starting and remaining on treatment and appropriate nutrition for infected children. These are crucially important matters, particularly in Africa;

6.6. psychological support and concurrent medical treatment of opportunistic infections affecting HIV/AIDS children;

6.7. the development of research into paediatric HIV/AIDS medicines, vaccinations and diagnostic tools.

7. The right of HIV/AIDS children to education must be recognised and they must be able to exercise this right without discrimination, as well as the right to vocational training, which is essential to help young HIV/AIDS victims find work. Sex education and information and means of preventing the disease and its transmission are crucial, particularly for young persons.

8. Strategies are required for caring for AIDS orphans, in accordance with national circumstances. The first priority must be to maintain children in their own community and environment, while bearing in mind the potential benefits of adoption, particularly international adoption. Primary education for HIV/AIDS children must be free, particularly in Africa.

9. The training of health professionals should not be neglected in order to fight against prejudice and ignorance of the illness and against any possible rejection of treatment which should be punished. Specific information campaigns and activities – preferably peer-based - are required to target minority and migrant groups and raise their awareness about the transmission of the virus.

10. Development aid policies, particularly in Africa, should give priority to children and must not allow funding to be swallowed up by torturous bureaucracy. The effectiveness and final destination of funds must be monitored and preference should be given to practical projects, particularly ones managed by NGOs, who are key partners for governments and donors.

11. African governments must be given support in establishing their health systems and measures must be agreed with them to stem the haemorrhage of health-care workers.

12. Lastly, the Council of Europe member states must make substantial contributions to the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

B. Explanatory report by Mr Michael Hancock, Rapporteur

I. Introduction

1. The Social, Health and Family Affairs Committee has been instructed to report on AIDS orphans and vulnerable children (see Doc 10537). Mike Hancock (United Kingdom, ALDE) was appointed rapporteur and was expressly asked by the Committee itself to widen the report to include the situation of children in Africa, as well as in Europe.

2. To a certain extent, this report complements the one produced by Mrs McCafferty (United Kingdom, SOC), the Committee's Vice-Chairperson, which considers HIV/AIDS in Europe, and Mrs Fautrier's report for the Committee on Equal Opportunities for Women and Men on women and HIV/AIDS.

3. The initial motion was concerned with AIDS orphans - which in principle means children whose parents have died of AIDS and who are not necessarily seropositive or AIDS-infected (even though this is generally the case) but have been left to fend for themselves and have often ended up caring for their families – and vulnerable children, meaning children living with sick or dying parents.

4. However, the rapporteur has elected to deal more generally with all the children affected by this scourge and to give a more optimistic title to his report.

5. The rapporteur attended a meeting of the Sub-Committee on Health in Moscow in September 2005, which included a hearing on HIV/AIDS in Russia, organised jointly with the Duma working group on preventing and combating AIDS. Similarly, at a meeting in Paris in March 2006, the Social, Health and Family Affairs Committee was informed of the activities of FXB International (http://www.fxb.org), an association set up to combat poverty and assist AIDS orphans in various countries of the world, particularly in Africa.

6. The rapporteur also visited Romania in June 2006 and thought it helpful to append the report of the visit to this report, since Romania's experience can serve as an interesting case study.

II. AIDS – a global threat

7. AIDS is a world-wide phenomenon and constitutes a global crisis. The planet is entering its 25th year of AIDS. What can be done about it? The first step is undoubtedly to be aware of the problem and not to sweep it under the carpet. It therefore has to be discussed. Yet the recent media obsession with bird flu has relegated AIDS victims, particularly the children, to a very minor place.

8. On 25 October 2005 in New York, the UN launched the "Unite for Children, Unite against AIDS" global campaign to make the world more aware of the plight of children who are HIV-positive or suffering from AIDS, with the specific objective of securing universal access to medicines by 2010. Many leading figures, particularly from the world of arts and entertainment, are associated with the campaign. There is also civil society and business involvement, for example through the Clinton Global Initiative.

9. Participants in the campaign include the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF and UNAIDS. Their web sites - www.theglobalfund.org, www.unicef.org/uniteforchildren/krowmore and www.unaids.org – offer frightening statistics. The rapporteur strongly advises readers to consult them – the figures speak for themselves. The web sites give regular updates on the epidemic. The UNICEF site outlines the main points of the campaign as: the four “Ps”: prevent infection amongst youth; prevention of mother to child transmission; provide paediatric treatment and protection of orphans and vulnerable children.

10. No need therefore to repeat them all in this report. Let us simply recall that according to information from international organisations, across the world one child is infected by the HIV virus every minute, five million children under 15 live with HIV and about 15 million children have lost one of both parents from AIDS, 12 million of them in Africa. The disaster affects every continent, but Africa, particularly sub-Saharan Africa, suffers by far the most tragic consequences.

11. Nor is Europe spared. There are particularly worrying developments in eastern Europe and the former Soviet republics. NGOs are also alerting the public to the alarming situation that is emerging in China and India, especially the rise in the number of AIDS orphans and their tragic situation.

12. A United Nations report in 2005, entitled "Population, Development and HIV/AIDS, with particular emphasis on poverty" highlights the interaction between the AIDS epidemic and poverty. A wide gulf separates rich and poor countries, in terms of ignorance of the problem and access to treatment. The gulf is also widening in Europe.

III. Europe: re-emergence of a forgotten epidemic

13. The AIDS epidemic is spreading in the new democracies. The main causes are drug - particularly heroin - abuse and sexual transmission. In Romania, apart from the nosocomial infection of children in the years 1985-1990, the disease has mainly been sexually transmitted and the government plans to legalise prostitution to make it easier to curb the epidemic.

14. Many young – sometimes very young – persons are affected by HIV/AIDS and children are starting to feel the consequences. The AIDS orphans phenomenon is starting to emerge in certain European countries, above all Russia. However, it is clearly not yet on the same scale as, for example, in Africa.

15. For many years, AIDS was barely discussed in Russia. Recently though, President Putin has called for a comprehensive national strategy, in which every government department, civil society, the media and the business community would play a part. This is particularly necessary in Russia, where the epidemic is spreading, with 100 new infections each day. A million persons reportedly live with HIV in the Russian Federation.

16. Another badly affected country in this part of Europe is Ukraine, where in 2005 only 2700 of the 17000 persons requiring treatment were actually receiving it. The new parliamentary coalition and the government strongly emphasised on the fight against HIV/AIDS. The budget allocated to the treatment of children has been maximised and a first special nursing home for infected children is going to be opened. Ukraine asks for the support in particular of the Council of Europe and UNICEF for setting up specific foundations in the whole country.

17. At the first regional conference on AIDS in eastern Europe and central Asia, held in Moscow in May 2006, the Executive Director of UNAIDS, Dr Piot, called for more preventive activities to stop the spread of the epidemic from turning into a disaster. The global fund has already allocated 700 million dollars to this area of the world of which 300 million are specifically for Russia.

18. Despite the possibility of treatment to prevent transmission of the disease from mother to child, ignorance and the shame attached to the condition have resulted in the frequent abandonment of children by HIV-positive mothers. In Russia, newly born children who carry the virus are often condemned to remain isolated in hospitals in the absence of places in other settings. Orphanages refuse to accept HIV children. It also appears that there are very few specialist hospitals and facilities across the country to look after them.

19. Children are also abandoned in hospitals in Romania, because children under two may not be admitted to institutions. Numerous children are also abandoned in Ukraine. Abandoned HIV children often suffer other physical or mental disabilities, or come from ethnic minorities.

20. This rejection of infected children often also leads to their exclusion from the normal education system. In Romania, for example, most of the infected children whom the rapporteur met and who had reached adolescence were only just beginning to receive normal schooling, thanks to improved information and greater tolerance in Romanian society, and the main concern was then to offer them mainly vocational tools to enable them to find employment.

21. In western Europe, mother-child transmission has, in theory, practically disappeared. However, a certain number of children are afflicted by AIDS and this is a relatively new phenomenon. Such children are usually to be found in immigrant populations.

22. In France between 1000 and 2000 children are reported to be infected by the AIDS virus. Over the last ten years anti-viral treatments in this country have reduced the risk of foetal contamination from 20 to 1%. The children contaminated since 1996 are therefore ones born outside France - for the most part in Africa. In the United Kingdom in late March 2006, of 6746 children born to (declared) infected mothers, 1388 were HIV carriers.

23. Specialists believe that children must be diagnosed as seropositive before adolescence and have fully absorbed all the risks of transmission before entering puberty. It is generally very difficult for mothers to

explain the situation to their children, since mother-child transmission tends to equate with prostitution, drug addiction or bisexuality. It is often necessary for third parties, such as NGOs, to become involved.

24. During adolescence, there is a rise in at-risk behaviour, such as unwillingness to use condoms and unplanned and unwanted pregnancies. In France, for example, this particularly affects girls of African origin.

25. Specialists have pinpointed a number of particular difficulties of dealing with adolescents. Quite apart from at-risk behaviour, there are certain specific problems connected with mental health, suicidal tendencies and failure to comply with treatment. The children often suffer from associated conditions such as cardiovascular diseases or tuberculosis.

IV. Africa: a continent of orphans?

26. The statistics are frightening: in sub-Saharan Africa, the part of the continent most affected by the epidemic, there are 11 million AIDS orphans. There could be 20 million by 2010. South Africa alone has 1.1 million AIDS orphans. In Malawi they are estimated to number between 850 000 and 1.2 million, and the figure might be as high as 2 million. In Nigeria, the third placed country after India and South Africa in this sinister league table, there are a reported 2 million such children. The rapporteur refers to the web sites mentioned earlier for further statistics.

27. The AIDS epidemic has led to higher mortality and reduced life expectancy at birth. In Africa, life expectancy fell from an estimated 50 to 60, or even 65, years according to country in the years 1985-90 to between 32 and 35 in the period 2000-2005. An increase in child mortality is apparent.

28. In Africa, HIV/AIDS is primarily transmitted sexually and then, in the absence of information, screening and medicines, from mother to child.

29. Information and screening are still problem areas. In certain African communities, as in South Africa, it is totally forbidden to talk about sex. In many African countries, in revealing one's seropositivity would mean social exclusion for the individual from community life and for women rejection and loss of the means by which to subsist.

30. Some African countries have followed the recommendations of UNAIDS and shown their political commitment to combating AIDS. One example is Malawi, which in 1991 established a special task force to tackle the problem of AIDS orphans. Its leaders have even become personally involved, with the country's president and vice-president both adopting such children.

31. In response to the scale of the pandemic, certain countries have passed or are about to pass legislation to combat the disease and the discrimination faced by its sufferers, and to improve access to care. Some of this new or proposed legislation includes provisions outlawing the deliberate transmission of AIDS, sometimes even in marriage, leading to criticism from UNAIDS and numerous NGOs, which fear the adverse effects on screening.

32. Western development aid to Africa could become meaningless and serve no useful purpose if the next generation is composed of orphans who have been abandoned and deprived of education. The right of AIDS orphans and vulnerable children to education is a priority. Primary education must be free, which is far from the case at present, and be accompanied by the provision of school meals.

33. Often, the only care these children receive is provided by grandparents, but there are limits to the so-called "grandmother phenomenon". International organisations and international and local NGOs are trying to offer more appropriate responses, the first aim of which is to maintain children in their own communities and environment.

34. Examples include the activities of the international organisation SOS Children's Villages, the community development programmes of FXB International, the work undertaken by FAO, which has established schools in Kenya, Mozambique, Namibia and Zambia to pass on to these children agricultural know-how and basic rules of survival, and the activities of certain local authorities, such as the support given by the municipality of Paris over the last three years under the aegis of Paris Sida Sud to a programme to assist orphans in Burundi, which focuses on access to treatment and free education.

35. At a time when antiretroviral drugs are becoming steadily more available in Africa, the fight against AIDS may be impeded by a shortage of human resources. WHO and the European Union have warned of a

shortage of doctors and nurses in Africa and the massive exodus of qualified health professionals to countries such as Australia, Canada, Belgium, France, the United Kingdom and the United States.

36. In the developing countries, and in particular in Africa, children's access to treatment is even more limited than that of adults. According to UNICEF, only 4% of HIV-positive children receive treatment and millions of children who have lost their parents to HIV/AIDS are uncared for.

37. Failure to prevent mother-child transmission is responsible for 90% of the cases of HIV-positive children.

38. Lack of appropriate facilities and equipment makes it difficult to undertake diagnoses of very small children. Most of the children are infected during pregnancy or breast-feeding. According to Médecins sans Frontières, 50% of seropositive children die before the age of two.

39. Paediatric antiretrovirals are far from generally available. The use of adult drugs creates a risk of incorrect doses, particularly if the sick children are cared for by their parents or grandparents. Medicines in syrup form create problems of storage and access to drinking water. There is also a shortage of medicines to treat associated infections, which are often fatal for persons with low resistance.

40. The available drugs are often free for children but not for parents, which may reduce the likelihood that medicines will be taken. Ensuring that patients keep up their treatment is a real problem and, where they exist, support services for those concerned, in which NGOs are particularly involved, can make a major contribution to access to treatment programmes in Africa.

41. In Burkina Faso, 33 000 are thought to be HIV-positive and 9000 new cases are reported each year. Yet fewer than 200 children are receiving antiviral treatment, even though in 2004 the average cost for a child in the capital's paediatric hospital was less than two euros per day. And according to UNICEF, less than 3% of the 40 000 HIV-positive children in Ivory Coast are receiving treatment.

42. Patients must receive comprehensive medical, nutritional, psychological, social, economic and legal support and treatment. In Africa, hunger and malnutrition are major obstacles to treatment; it is impossible to take medicines without eating, because of secondary effects.

V. Conclusions

43. The Parliamentary Assembly of the Council of Europe must play an active part in current efforts to raise awareness of AIDS and the need to increase and optimise measures to combat the epidemic. This calls for political will and co-ordination of the activities of all those concerned.

44. Poor countries are the hardest hit by HIV/AIDS and so also are children. The reporter believes that a child dimension must be introduced into national and international HIV/AIDS policies and development aid programmes to the third world, particularly Africa. This means that children's rights, and the views of relevant specialists and the children themselves, must always be taken into consideration

45. Such policies – adapted as appropriate to specific continents and countries – must emphasise:

- Prevention of mother-child transmission, which means that all future mothers must have automatic access to early screening;

- Free screening for children before the age of 18 months;

- Measures to prevent the abandonment of infected children and appropriate reception and care facilities for very young children;

- Free access to treatment for mothers and children, and particularly to generic and paediatric HIV/AIDS medicines;

- The development of research into paediatric HIV/AIDS medicines, vaccinations and diagnostic tools;

- Support for individuals in starting and remaining on treatment and psychological and nutritional support and counselling;

- The right of HIV/AIDS children and orphans to free education;

- Sex education and information, particularly for young persons, on how to prevent the disease and its transmission;

- Vocational and professional training for young persons with HIV/AIDS and assistance with finding employment.

46. Strategies are required for caring for orphans, in accordance with national circumstances. The first priority must be to maintain children in their own community and environment, while bearing in mind the potential benefits of adoption, particularly international adoption.

47. The training of health professionals should not be neglected in order to fight against prejudice and ignorance of the illness and against any possible rejection of treatment which should be punished. Specific information campaigns and activities – preferably peer-based - are required for minority or migrant groups.

48. Development aid policies and programmes, particularly in Africa, should give priority to children and must not allow funding to be swallowed up by torturous bureaucracy. The effectiveness and final destination of funds must be monitored and preference should be given to practical projects, particularly ones managed by NGOs, who are key partners for governments and donors.

49. African governments must be given support in establishing their health systems and measures must be agreed with them to stem the haemorrhage of health-care workers.

50. Finally, the rapporteur hopes that Council of Europe member states will make substantial contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Appendix: Romania as an example

Report on a study-visit by the rapporteur, Mike Hancock, to Romania on 12 and 13 June 2006

1. The rapporteur, Mike Hancock (United Kingdom, ALDE) visited Romania on 12 and 13 June 2006 (Bucharest and the surrounding area). Inter alia, he met Mr Panait, President of the National Authority for the Protection of Children's Rights, Professor Mircea Ifrim, President of the Health and Family Affairs Committee of the Romanian Parliament, and Doctor Streinu-Cercel of the "Matei Bals" Institute for infectious diseases, sector 2, Bucharest (http://www.cnlas.ro), where the rapporteur visited the different wards. He also met Mr Buraga, Director General of the Ministry of Health, and the deputy Mayor of Bucharest, sector 2, Mr Dan Cezar Ionescu, and his collaborators.

2. He also met infected children in two family-type placement Centres, "Snagov House" in Snagov, Ghermanesti Village, and "Thursday House" in Voluntari, Pipera Village.

General picture

3. On 31 March 2006 Romania's population included about 5,100,000 children up to 18 years of age.

4. Since 1 January 2005, the date of the latest reform of the child protection system, the National Child Protection Authority, currently headed by Mr Panait, has been responsible for children at risk and the protection and promotion of children's rights.

5. The National Authority for the Protection of Children's Rights is not responsible for adoption, however, which falls within the exclusive remit of the Romanian Adoptions Office. To date, international adoption remains virtually impossible since Romania changed its legislation at the request of the European Union, as part of the country's accession process.

6. Responsibilities and services for children are gradually being transferred to the towns and municipalities (responsibility for preventing parents from abandoning their children is one example of this trend). A child protection committee has been set up in every county and in each of Bucharest's six sectors.

7. The deinstitutionalisation of children is continuing; 170 old-style institutions have been closed down, including those with more than 100 children, the Legans for children under three years old and treatment centres for children with disabilities. Priority is given to reintegrating the children into their families or, in the broader perspective, developing family-type structures and training child minders.

8. Romania has chosen to prohibit the placement in institutions of children under two years of age, which explains the recent trend for mothers to abandon their children in hospitals in particular after delivery.

The HIV/AIDS epidemic

9. In the years from 1985 to 89 and 91 to 92 a large number of children in Romania were infected, through the use of contaminated blood products and reusable syringes. In spite of investigations carried out inter alia by the Atlanta Centre (USA), the exact reason has never been elucidated. These nosocomial infections ceased in 1994.

10. Geographically, AIDS cases are very unevenly spread in Romania, especially among children. On 31/12/1989 there were 167 cases of children with AIDS in the region of Constanza, compared with 1,578 cases on 31/12/2004. On 31/12/2004 the Bacau region had 359 cases of children infected with AIDS, the Grurgiu and Galati regions had respectively 412 and 386 cases.

11. The number of HIV-positive patients in need of care is increasing. In its new report (1.August 2006), Human Rights Watch mentioned more than 7200 HIV children and youth between age 15 and 19.

12. According to some of the people we spoke to, the virus is now transmitted mainly through sexual relations and, in particular, through prostitution. The government is apparently considering legalising prostitution in order to help keep the spread of AIDS under control.

13. Since 2000, combating HIV/AIDS has been declared a national public health priority, and this was followed by the approval of a national plan for universal access to treatment and care. Approved in 1999, the national strategy for the supervision, control and prevention of HIV/AIDS was reviewed for the period 2004 to

2007. Since 2002 a multidisciplinary national committee combining several ministries, civil society, trade associations, the private sector and international organisations has worked under the authority of the Prime Minister.

14. Many of the children infected in the past have been abandoned by their parents. They have spent years in institutions. They often also suffer from other diseases or disabilities. Thanks to antiretroviral treatment and food supplements, we are witnessing a stabilisation of their state of health and an increase in their life expectancy. The 13-15 age group (born between 1987 and 90) has a high long-term survival rate.

15. On 31 March 2005 there were 3,390 HIV-infected children under the responsibility of the welfare and child protection services (3,258 are purportedly under ARV treatment).

16. According to Mr Panait the child protection system (i.e. the public and private residential institutions and child minders), now has 556 children with HIV/AIDS in its care. 435 of these children are in the 14-17 age group and 74 are over 18.

17. As AIDS was considered as a transmissible and terminal disease, many of these children were never sent to school. Since 2000 they have received schooling either in the normal school system or, failing that, at home. Children with HIV/AIDS continue to be stigmatised and excluded from the school system, although to a lesser degree than in the past.

18. Public acceptance of the illness has progressed, but not enough, particularly in the villages. Programmes have been set in motion to change mentalities. Sex education and AIDS prevention are taught in schools.

19. According to the Human Rights watch report, fewer than 60% of HIV children attend any form of schooling. The report also mentioned cases of harassment and abuses by teachers, pupils and their parents if the HIV status of children becomes known.

20. The treatment is free and as well as medication the children receive psychological support. Even after their 18th birthday they remain in the care of the child protection system until they have completed their studies. The main concern right now is preparing them to lead an independent life, teaching them occupational skills that will help them find jobs and homes and enter the social mainstream.

21. Human Rights watch report noted that HIV children face discrimination in access to necessary medical services (for example dental care, mental health care etc). It pointed out cases of refusal of treatment by doctors. It underlined also that access to antiretroviral treatment varies from county to county.

22. Mr Panait informs us that there are now almost no cases of mothers infecting their babies. Doctor Streinu confirmed that fewer than 10% of HIV/AIDS cases today are the result of mother/child transmission; three years ago Romania had the highest level of infected newborn babies in Europe. When visiting the "Matei Bals" hospital the rapporteur witnessed the arrival of two HIV-infected babies, barely two weeks old, who had been abandoned by their parents. The decrease in transmission from mother to child is explained inter alia by the advice given to women during pregnancy and the free HIV/AIDS test they are given. Infected mothers can also receive free treatment in the nine specialised regional Centres.

23. However, according to the government report on the application of the national AIDS control Strategy, the battle against vertical transmission is hindered by the geographical disparities and the fact that only about 20% of future mothers consult a doctor before giving birth and about 40% of pregnant women have their first prenatal consultation late in their pregnancy. The national Strategy pays particular attention to the Roma community, where awareness of the problem is low.

24. Doctor Streinu estimates the total number of HIV/AIDS patients treated in his hospital at about 11,000. The cost of treatment is about 500 dollars per month, plus 2 euros per day for food. Patients are screened for HIV/AIDS on various occasions, including pregnancy, marriage, when they give blood, etc. There are between 250 and 400 new cases of AIDS among teenagers under 18 years of age each year.

25. The teenagers infected experience psychological problems and health problems linked to opportunistic diseases, particularly cardio-vascular disorders. It is not easy to get young people to take their medicine regularly. Another problem is resistance to treatment and Doctor Streinu expressed regret at the delay in getting resistance tests onto the market.

26. The money Romania uses to combat AIDS comes from the state and district budgets, the Global Fund to fight AIDS, Tuberculosis and Malaria, and from various NGOs, including: ARAS (Romanian Association Against AIDS), Save the Children, Fundatioa pentru Dezvoltarea Popoarelor, Health Help Romania, SERA Romania, the Cuvioasa Parascheva Foundation in Ialomita, Children in Distress and the "Alaturi de voi" Foundation in Iasi.

27. For the people the rapporteur spoke with, geographically speaking a satisfactory level of care is provided all over Romania; the hospitals and Institutes for infectious diseases that exist in the counties provide care for HIV/AIDS patients, be they children or adults. In Bucharest there are two such institutes, called "Matei Bals" (mentioned earlier) and "Victor Babes". In Iasi there is a special hospital for HIV/AIDS children in the terminal stage of the illness. Two similar private centres for HIV children in Constanza are run by NGOs.

28. The Human Rights watch report also raised a certain number of legal questions which were not dealt with in depth by the rapporteur during his visit but which deserve consideration and discussion i.e. the right of children to know their HIV status without parental consent, the mandatory medical testing provided by the Romanian law for certain jobs and criminalisation for the knowing transmission of HIV.

29. Romania has a cross-disciplinary programme entitled "fighting HIV/AIDS", financed by the above-mentioned Global Fund. The following list of recent activities is an illustration of what this programme involves:

- establishment of a "Hansel and Gretel" family-type home for 8 HIV/AIDS children in Petrosani (Hunedoara county) in December 2005 and extension of the day-care centre (30 places) established in 2003. Cost of project: 164,000 dollars;

- opening in March 2006, in Bucharest, sector 3, of a set of services for children: "Casa Soarelui", composed of a residential centre with 12 places, a day centre with 50 places and a counselling centre for children and parents. Cost: 100,000 dollars from the Global Fund plus 1.5 billion Lei;

- opening in Iasi in February 2006 of a home for 25 HIV/AIDS children. Cost: 182,000 dollars from the Global Fund;

- training programmes for staff on preventing HIV transmission (300 specialists trained), information and advice on screening tests and specialised training for staff working with HIV/AIDS children;

- information sessions for children in placement centres (7,500 children reached) and training for 200 HIV/AIDS children to help them develop the ability to lead an independent life.

30. Other action Romania has taken includes:

- a national programme to train child care workers to work with children with disabilities and HIV/AIDS children;

- opening special services for HIV children (family-type houses, day care centres, counselling centres) under PHARE programmes.

Conclusions

31. The sharp increase in HIV/AIDS cases Romania experienced in the period 1985 to 1991 paradoxically helped it to prepare for the pandemic currently affecting the whole world, including the new Council of Europe member states.

32. In Romania today efforts need to be stepped up in the following areas:

- improving information to combat transmission of the virus, which is mainly sexually transmitted and to combat prejudices;

- developing sexual education for young people;

- developing efforts to stop transmission from mother to child, particularly in remote areas and among ethnic minorities;

- ensuring in the whole country free and equal access to antiretroviral treatment;

- support to children and adolescents who have difficulty following the treatment assiduously and ensure appropriate treatment to those who suffer from opportunistic diseases, particularly cardio-vascular diseases;

- resistance to the treatment and the late arrival of resistance tests are a problem;

- although there has been some progress, infected children continue to be stigmatised and efforts must be kept up to fight discriminations and to make sure they are not excluded from the school system;

- ensuring vocational training of young people HIV/SIDA;

- mothers must be given financial and psychological support to dissuade them from abandoning HIV/AIDS children (who often have other disabilities);

- and developing structures to care for children and adolescents in the terminal stage of the illness.

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Members of the Committee: **Mr Marcel Glesener** (Chair), Mrs Christine McCafferty (1st Vice-Chair), **Mrs Helena Bargholtz** (2nd Vice-Chair), **Mr Cezar Florin Preda** (3rd Vice-Chair), Mr Vicenç Alay Ferrer, **Mr Jorodd Asphjell**, Mr Miguel Barceló Pérez, Mr Miroslav Beneš, Mr Andris Berzinš, Mr Jaime Blanco, Mrs Raisa Bohatyryova (alternate : **Mr Oleksandr Stoyan**), Mrs Monika Brüning, **Mr Saulius Bucevičius**, Mrs Sanja Čeković, **Mr Igor Chernyshenko**, **Mr Dessislav Chukolov**, **Mrs Minodora Cliveti**, Mr Imrie Czinege, Mrs Helen D'Amato, Mr Dirk Dees, Mr Stepan Demirchayan, Mr Karl Donabauer, Mr Ioannis Dragassakis, Mr Claude Evin, Mrs Sonia Fertuzinhos, **Mr Paul Flynn**, Mrs Margrét Frimannsdottir, Mrs Doris Frommelt, Mr Renato Galeazzi, Mr Jean-Marie Geveaux, Mr Stepan Glăvan (alternate : **Mrs Gratiela Denisa Iordache**), **Mr Igor Glukhovskiy**, Mrs Claude Greff, Mr Ali Riza Gülçiçek, **Mr Michael Hancock**, Mrs Olha Herasym'yuk, **Mrs Sinikka Hurskainen**, Mr Ali Huseynov, Mr Fazail Ibrahimli, **Mr Mustafa Ilicali**, **Mrs Halide Incekara**, Mr Denis Jacquat (alternate **: Mr Alain Cousin**), **Mrs Krinio Kanellopoulou**, Mr András Kelemen, Mrs Katerina Konečná, Mrs Marie-José Laloy, Mr Slaven Letica, **Mr Jan Filip Libicki**, Mr Gadzhy Makhachev, Mr Bernard Marquet, Mr Ruzhdi Matoshi, Mr Paddy McHugh, Mrs Ljiljana Milićević, Mr Philippe Monfils (alternate**: Mme Fatma Pehlivan**), **Mr Donato Mosella,** Mrs Nino Nakashidzé, **Mr Conny Öhman**, **Mrs Vera Oskina**, Mrs Lajla Pernaska, Mrs Adoración Quesada (alternate : **Mrs Bianca Fernández-Capel**), Mr Walter Riester, Mr Andrea Rigoni, Mrs Maria de Belém Roseira, Mr Alessandro Rossi, Mrs Marlene Rupprecht, Mr Fidias Sarikas, Mr Walter Schmied, **Mr Gianpaolo Silvestri**, Mr Hans Kristian Skibby, Mrs Anna Sobecka, Mrs Darinka Stantcheva, **Mrs Ewa Tomaszewka**, Mr Oleg Tulea, Mr Alexander Ulrich, Mr Milan Urbáni, Mrs Ruth-Gaby Vermot-Mangold, Mr Aleksandar Vučić, Mrs Angela Watkinson (alternate **: Mr Nigel Evans**), **Mr Bart van Winsen**, Mrs Gisela Wurm, Mr Victor Yanukovych (alternate **: Mr Ivan Popescu**), **Mrs Barbara Žgajner-Tavs**, N. ….

N.B. The names of the members who took part in the meeting are printed **in bold.**

Head of the Secretariat : Mr Geza Mezei
Secretaries to the Committee: Mrs Agnès Nollinger, Mrs Christine Meunier