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Dear Editor,

We welcome the report Defeating AIDS—advancing global health¹. The think tank generated four scenarios providing a blueprint for forward thinking on the AIDS response. However there is a gaping omission. We note within the 48 page document the word child/children appears 44 times. Ten within the references. Of the 34 mentions in the body text, 31 refer to "mother-to-child" - so children slip in on the backs (or bellies) of their mother. The other three times is the rightful lamentation of slow rollout and inadequate treatment formulations for children. But there is more to children than PMTCT. We would be keen to know if the plans for tomorrow have any specific consideration for children or if the strategy advises that child HIV policies cling to the skirt/shirt tails of the adult policy - despite the fact that children will be the recipients and true users of the next policy. The attention to key populations - men who have sex with men (MSM), injecting drug users, sex workers, prisoners and residents in hot spots are entirely adult referenced. MSM, sex workers, prisoners and drug users may well have children² whose needs may be overshadowed. The worrying statistics on adolescents is an important step, but policy needs to dive further down the age span³ and include younger children in the vision⁴.

The brief urges investment in research and innovation. There is a growing evidence base that children need more than treatment⁵, need combination approaches (e.g. cash+care⁶) to overcome barriers to effective treatment and prevention⁷. Insufficient and narrow programming for children is ineffective at best and detrimental at worst. Sustained, long term⁸ reliable funding is a crucial foundation - eroded by short term quick fix interventions creating instability when withdrawn. There is solid evidence of the effects of adult HIV on child development⁹. We urge policies to include structural interventions that include children. We note that activism and engagement from and for young children is complex and often reliant on advocates to rally on their behalf. The scenarios and allied costs need to take into account additional provision and burden for child inclusion¹⁰. We find the call to action and the global challenge exciting but without specific child inclusion the scenario reads like Hamlet without the Prince.

Yours

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The author and signatories have no conflicts of interest. All are active in HIV/AIDS research and programming.

¹ Piot P et al (2015) Defeating AIDS – Advancing Global Health The Lancet 25th June 2015

² Richter LM, Sherr L, Adato M, Belsey M, Chandan U, Desmond C, Drimie S, Haour-Knipe M, Hosegood V, Kimou J, Madhavan S, Mathambo V, Wakhweya A. Strengthening families to support children affected by HIV and AIDS. *AIDS Care*. 2009;21 Suppl 1:3-12

³ Richter LM, Mofenson LM. Children born into families affected by HIV. *AIDS*. 2014 Jul;28 Suppl 3:S241-4.

⁴ Richter L, Beyrer C, Kippax S, Heidari S. Visioning services for children affected by HIV and AIDS through a family lens. *J Int AIDS Soc*. 2010 Jun 23;13 Suppl 2:11.

⁵ Cluver L, Sherr L, Grimwood A, Richter L, Phelps BR, Bachman G, Desmond C, Behnam NR, Fatti G, Coovadia H. Assembling an effective paediatric HIV treatment and prevention toolkit. *Lancet Glob Health*. 2014 Jul;2(7):e395-6

⁶ Cluver L, Boyes M, Orkin M, Pantelic M, Molwena T, Sherr L. Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study. *Lancet Glob Health*. 2013 Dec;1(6):e362-70.

⁷ Cluver LD, Orkin FM, Boyes ME, Sherr L. Cash plus care: social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. *AIDS*. 2014 Jul;28 Suppl 3:S389-97.

⁸ Stein A, Desmond C, Garbarino J, Van IJzendoorn MH, Barbarin O, Black MM, Stein AD, Hillis SD, Kalichman SC, Mercy JA, Bakermans-Kranenburg MJ, Rapa E, Saul JR, Dobrova-Krol NA, Richter LM. Predicting long-term outcomes for children affected by HIV and AIDS: perspectives from the scientific study of children's development. *AIDS*. 2014 Jul;28 Suppl 3:S261-8.

⁹ Sherr L, Cluver LD, Betancourt TS, Kellerman SE, Richter LM, Desmond C. Evidence of impact: health, psychological and social effects of adult HIV on children. *AIDS*. 2014 Jul;28 Suppl 3:S251-9

¹⁰ Richter L, Beyrer C, Kippax S, Heidari S. Visioning services for children affected by HIV and AIDS through a family lens. *J Int AIDS Soc*. 2010 Jun 23;13 Suppl 2:l1.