



# THE BRAVEST BOY I KNOW

A UNAIDS publication with pictures by Sujean Rim  
Discussion guide





## Summary of the book

The book features two delightful eight-year olds living in Africa: a girl called Kayla and a boy called Kendi. Kendi is living with HIV, but seems as happy as any other child. The story focuses on their carefree life at school, at home and in the countryside. The book also discusses Kendi's feelings about being unwell sometimes, and about his mum's support when he takes medicine. Kendi is full of dreams and imagination, and has worked out how to deal with the challenges that come with living with HIV. And Kayla adores him, describing him as the "Bravest boy I know".

This little book is deliberately light, friendly and positive. It may be useful as a discussion starter for many audiences, especially children aged five years and over, including children living with HIV, parents, other family members, caregivers and friends, as well as health-care providers, teachers and other support professionals.

What is HIV and how do children acquire it? HIV stands for "human immunodeficiency virus", and is the virus that causes AIDS. AIDS stands for "acquired immunodeficiency syndrome". More than 3 million children are living with HIV like Kendi, and most acquired it from their mothers during pregnancy, delivery or breastfeeding. Without medical intervention, children born of mothers who are living with HIV have a 35–45% chance of acquiring HIV, but with intervention the chance is reduced to 5% or less. HIV infection is more aggressive among children, due to their immature physiological development, especially their weaker immune systems. Therefore, without treatment, half of children living with HIV are likely to die by the age of two.

## What are the most recent developments about HIV and children?

In 2011, world leaders came together and committed to change the trajectory of HIV among children. Special focus was put on the 22 countries where 90% of HIV-positive pregnant women live. The aim is to reduce the number of new HIV infections among children by 90% before the end of 2015. They also committed to reducing deaths among pregnant women and children due to AIDS-related illness by 50% within the same time period. The results are encouraging. There has been rapid momentum in scaling up access to HIV prevention and treatment services for women and children. As a result, there was a 37% reduction in new HIV infections among children between 2009 and 2012.



## What are the challenges?

While a lot of progress has been made, success is still not 100% and some children like Kendi acquire HIV. In 2012, around 260 000 [220 000–320 000] children under 15 years old in low- and middle-income countries contracted HIV. Globally in 2012 there were a total of 3.3 million [3.0 million–3.7 million] children under 15 years old living with the virus. Children living with HIV need support and action. They need to receive care and treatment, and their parents also need support.

## How can children deal with HIV?

Fortunately, science has made rapid progress over the past few years. However, treatment for children is expanding much less rapidly than for adults. In 2013 the World Health Organization (WHO) issued new recommendations outlining how children living with HIV can benefit most from antiretroviral treatment.

The WHO guidelines recommend earlier treatment and recommend that all pregnant women have access to treatment and that all children under five years old start treatment immediately. These guidelines are designed to bring HIV care and treatment closer to the patient and into the community.

There is no cure for HIV, but antiretroviral treatment slows down the progression of the virus in children. Parents like Kendi's mum, and other caregivers, should seek the advice of health-care providers on how to support children living with HIV.

## How to manage treatment for children

Since no one medicine can suppress HIV alone, children will take several medicines every day once treatment starts. It is best to discuss with health-care providers how to manage the situation with schools and other family members. Health-care providers can also advise on when to inform children that they have HIV, and when to inform others, such as teachers. In some cases, children may have side-effects and may feel sleepy or vomit or have muscle aches or other discomfort. It is best to help children feel free and comfortable enough to tell a trusted adult when they have concerns. At all times, it is most advisable to keep the children's interests at heart.

## How can this book be used?

This book can be used to help people understand HIV among children and especially to understand that children bounce back and do well when on treatment. HIV-positive children can go to school, play and live like any other children. They, and their families, need care and support, not stigma and discrimination.

For parents, caregivers, teachers and health-care providers: if a child has acquired HIV, you can take comfort in knowing that there is hope. Treatment is now available and it means that children can survive and thrive. There are many adults alive today who became infected with HIV at birth and have grown into adulthood. People living with HIV can enjoy a better quality of life because of new HIV medicines, better care and more support.

## For more information please see the following:

UNICEF

[http://www.unicef.org/aids/index\\_introduction.php](http://www.unicef.org/aids/index_introduction.php)

WHO

<http://www.who.int/hiv/topics/paediatric/en/>

Elizabeth Glaser Pediatric AIDS Foundation

[http://b.3cdn.net/glaser/305990cb4bb75d064f\\_wdm6b02j2.pdf](http://b.3cdn.net/glaser/305990cb4bb75d064f_wdm6b02j2.pdf)

Your ministry of health officials or health-care provider

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**Programme on HIV/AIDS**

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