



Report on the

THIRD GLOBAL PARTNERS FORUM ON CHILDREN AFFECTED BY HIV AND AIDS

Universal Access to Prevention, Treatment, and Care

February 9-10, 2006

London, England

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**Universal Access to Prevention, Treatment, and Care
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Meeting Report

Introduction

“Children are absent from the world response to the AIDS pandemic. Less than 10% of the world’s children who have been orphaned or made vulnerable by AIDS receive public support or services.” – Ann Veneman, UNICEF Executive Director

“The only way to guarantee a future for the poorest children and children affected by HIV and AIDS is to ensure equity in health, education, and other services.” – Gareth Thomas, Parliamentary Under Secretary of State for International Development, DFID

“We (the youth) are part of the solution – and tell me that I may forget, teach me and I may remember, involve me and I will learn.” – Boniswa Yantol, Youth Ambassador, MADAboutArt, South Africa

The Third Global Partners Forum on Children affected by HIV and AIDS was co-hosted by UNICEF and Britain’s Department of International Development (DFID). Advocates from 45 countries and 96 international organizations met to address the urgent needs for sustained international help for the more than 2 million children under the age of 15 living with HIV and the millions of children and youth whose lives are being challenged and shortened by HIV and AIDS. The Forum symbolized a united world community squarely facing the challenges to scaling up the response, country by country, for children affected by HIV and AIDS and committing to advancing priority actions.

A two-day Technical Consultation preceded the Third Global Partners Forum (GPF) and provided evidence-based recommendations in the six areas of strategic importance to building a comprehensive response for children affected by HIV and AIDS. These areas were: national planning, legal protection including birth registration, communities’ role in the response, education access, health services prevention and treatment, and social welfare. See the forthcoming “Technical Consultation Meeting Report” for details.¹

The Global Partners Forum considered recommendations from the Technical Consultation and recommendations from background papers and invited speakers (see www.aidsportal.org to access papers and presentations). The proceedings highlighted three themes that are central to eliminating barriers to providing effective services and protection for children affected by HIV and AIDS: Integration, Coordination and Scaling up.

Integration – An effective response reaching children and their caregivers in their communities, requires that plans, resources, and support efforts be integrated across sectors and into all levels of operation. National strategic plans for children affected by HIV and AIDS must be integrated within national development plans and Sector Wide Approaches (SWAs) in order to ensure that support for children affected by HIV and AIDS is integrated into services that benefit all vulnerable children.

Coordination - Human and financial resources from governments, donors, and the private sector must focus on sector-specific public approaches and non-government approaches that collectively address the myriad needs of a common target: infants, children, and adolescents most affected by HIV and AIDS. This requires coordination

¹ Technical Consultation Meeting Report on <http://www.aidsportal.org/ckw2/overlay/V2/subjectStartPage.aspx?ctx=ovl&source=ovlnav&ohid=3&ovid=2>

at the international level between the Global Partners Forum and important allied efforts such as the drive for “Education for All” (EFA), the International Working Group on Pediatric Formulations, and the Unite for Children, Unite Against AIDS Campaign. It requires coordination and significant input by such regional leaders as the African Union and regional communities, such as the Southern Africa Development Community (SADC). And, it requires national coordination across sectors – health, education, social welfare – as well as between partners.

Scaling Up - It is now widely recognized that a paradigm shift is needed to take successful projects to scale, address barriers to service access, and to exponentially expand essential services and support beyond current low coverage rates. Scaling up is reliant upon effective integration and coordination. Additionally, resources need to reach the community level so all children and caregivers in need receive quality, comprehensive services and support.

Participants at the Third Global Partners Forum agreed upon a set of actions “to address blockages to universal access to prevention, treatment, care and support for children affected by HIV and AIDS”. Recognizing that both short-term immediate action and longer-term systems responses are needed, the following seven priority actions were identified to bring the response to scale. Different regions will need to identify their priorities for their region based on the epidemiology, stage of the epidemic, and response capacity, but globally, this is where effort should be focused. (See Annex I for detailed recommendations list.)

Addressing the blockages to universal access to prevention, treatment, care and support for children affected by HIV and AIDS

1. Strengthen civil registration to promote child protection and services.
2. Develop social welfare systems with budgetary allocations.
3. Accelerate the existing momentum towards education for all children through the Fast Track Initiative and other financial mechanisms.
4. Integrate and provide routine HIV and AIDS prevention and treatment services for children.
5. Integrate a multi-sectoral response for children affected by HIV and AIDS into development instruments, including Poverty Reduction Strategy Papers.
6. Strengthen capacity, effectiveness and participation of civil society.
7. Strengthen monitoring and evaluation to improve the accountability and performance of national plans through improving data collection for children.

Background and Purpose of the Partners Forum

The First Global Partners Forum was co-convened by UNAIDS and UNICEF in 2003 to mobilize action and monitor progress towards fulfilling the global commitments for children affected by HIV and AIDS laid out in the United Nations General Assembly 2001 Declaration of Commitment on HIV/AIDS and the Millennium Development Goals. The first meeting resulted in endorsement of the *Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (2004)* by nearly 30 organizations.

The Second Global Partners Forum was convened in Washington, DC in December, 2004 by UNICEF and the World Bank, and resulted in commitment to a small number of collective actions:

- Accelerate the abolition of school fees and remove other barriers to education, including through the Education for All Fast Track Initiative.
- Initiate a report card system with indicators to track donor and national government actions and resource commitments to children and HIV and AIDS.
- Establish and strengthen treatment targets for children and HIV and AIDS within the global treatment response.

The Third Global Partners Forum was convened at a unique time due to the opportunity to provide input into the global HIV and AIDS agenda during the UNGASS review in June 2006. The Forum informed the Global Steering Committee to scale towards universal access to AIDS services, set up to inform the review of how to advance the goal of achieving “Universal Access” to treatment and care by 2010, agreed by the G8 and World Summit in 2005.

This year’s Forum brought together more than 150 advocates from around the world, including representative from international organizations, governments, and non-government organizations, to identify the actions required to scale up the response for children affected by HIV and AIDS. The three major objectives of the Forum were to:

- 1) measure progress on commitments from last year’s Forum;
- 2) identify and unblock constraints to expanding the response to children affected by HIV and AIDS; and
- 3) enter into a global compact, in agreement around a manageable, prioritized forward-looking agenda for expanded action based on emerging evidence to meet the needs and rights of children affected by HIV and AIDS.

Participants at the second Forum in 2004 made a commitment to three collective sets of actions:

- 1) **Continue efforts initiated at the first Global Partners Forum**
 - Continue to obtain endorsement, adoption and implementation of *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*;
 - Complete the costing analysis with country validation;
 - Fund existing costed plans and expand adapted RAAAP process to other countries and regions;
 - Ensure that data on Children and AIDS is disaggregated by sex, age, and geographic region.
- 2) **Draw attention to the following actions**
 - Documenting and disseminating lessons learned from programmes;
 - Strengthening national capacity to respond, particularly with weaker ministries;
 - Improving quality assurance in programming for children affected by HIV and AIDS, including through joint reviews and evaluations;
 - Promoting and protecting the rights of children, especially inheritance rights;
 - Exploring the effectiveness of conditional cash grants in supporting families affected by AIDS in sub-Saharan Africa;
 - Applying and promoting the “Three Ones” principle.
- 3) **Commit to a small number of collective actions**
 - Accelerate the **abolition of school fees** and remove other barriers to education, including through the Education for All Fast Track Initiative.
 - Initiate a **report card system** that would use agreed indicators to track donor and national government actions and resource commitments to children and HIV and AIDS.
 - Establish and strengthen the implementation of **treatment targets** for Children and HIV and AIDS within the global treatment response.

A Technical Consultation preceded the Forum on February 7 – 8, 2006, as a result of the recommendation from the Inter-Agency Task Team on Children Affected by HIV and AIDS (IATT)² meeting in June 2005. The IATT members decided that a separate technical meeting was needed to inform the decisions of the high level Partners Forum. (see “Technical Consultation Meeting Report” for details³) The Technical Consultation was attended by more than 150 representatives of civil society, governments, bilateral and multilateral donors, UN agencies and academics from around the world. They discussed six thematic areas and identified priority actions that were fed into the GPF. Additional background papers and presentations provided additional inputs. These were narrowed down to identify the priorities that are actionable and that Partners will be accountable for over the next few years. The papers and presentations can be found at: www.aidsportal.org.

Process Used to Inform the Global Partners’ Forum

The Global Partners’ Forum (GPF) was an opportunity for advocacy, dialogue, and prioritization that resulted in a set of recommendations to direct global action in six thematic areas. These six areas were identified to ensure follow up to the second Global Partners Forum and from the IATT:

- 1) *National planning for scaled up response*
- 2) *Ensuring children have adequate legal protection*
- 3) *Expanding the role of community organizations within national responses*
- 4) *Improving educational access*

² The IATT on Children Affected by HIV and AIDS is a group of experts that meets regularly to carry out and track progress on commitments made at each Forum.

³ Report forthcoming on <http://www.aidsportal.org/ckw2/overlay/V2/subjectStartPage.aspx?ctx=ovl&source=ovlnav&ohid=3&ovid=2>

- 5) *Improving access to health care services for children and caregivers affected by HIV and AIDS: pediatric treatment and prevention of mother-to-child transmission (PMTCT).*
- 6) *Supporting social welfare interventions.*

On the first day, there were presentations on each area and the recommendations from the technical meeting were shared. On the second day, partners voted on the actions that has emerged from the technical meeting and those that had been raised on the first day through the background papers, speeches, and discussions. Votes were tallied and presented back for verification with the group.

Forum Evaluation

Upon conclusion of the Forum, an evaluation was conducted in which almost 80% of the attendees responded. The results of this survey highlighted the significant momentum generated with near unanimous consensus that the participants will advocate for or directly implement the key priority actions identified at the conclusion of the meeting. As such, the overarching objective of the meeting of accelerating action for the millions of children made vulnerable by HIV and AIDS was met with tremendous enthusiasm.

While the Forum objectives were achieved, participants also indicated there was room for improving the next Forum through two key modifications:

- enabling more discussion and break out session(s) that address regional differences and topical areas of interest;
- enhancing the process of finalizing recommendations through improved technology (e.g. instant voting) or smaller groups focusing on topic areas.

The GPF organizing committee seeks additional feedback and participation in planning the Fourth GPF. To provide feedback and become more involved, please contact UNICEF's HIV/AIDS Section at <nyhq.hivaids@unicef.org>.

A 'Call to Action' by the Leaders

The imperative to focus on the rights of children affected by HIV and AIDS to rapidly scale up proven interventions was underscored by a chorus of senior representatives of UNICEF, DFID, UNAIDS, and youth advocates. They emphasized the need to combine emergency responses to survival needs with sustained commitment to long-term strengthening of national systems to prevent children from missing out on childhood.

Ann Veneman, UNICEF Executive Director, framed the proceedings by pointing out that children are missing from the response to the global AIDS epidemic. The epidemic continues to roll back progress on child survival and undermines development efforts, further contributing to a generation of children who are marginalized, uneducated, stigmatized, and psychologically harmed.

Gareth Thomas, DFID's Parliamentary Under Secretary of State for International Development, underscored the importance of continuing the momentum and commitments made during 2005, including Gleneagles and World Summit commitments on "universal access" to AIDS treatment, a strong commitment by the European Union to evidence based approaches to HIV prevention, and by ensuring the increased resources committed are used effectively.

Peter Piot, UNAIDS Executive Director, explained the essence of the Global Partners Forum: "when the global action and the local action on the ground meet, you get a value-added". There is a global movement to tackle such super-national issues as the price of antiretrovirals for children and long-term, wide-scale ground-level implementation. The complex emergency and long-term needs of children affected by HIV and AIDS must be balanced with combating the underlying "drivers" of the epidemic such as gender inequality, poverty, illiteracy, and stigma and discrimination.

Boniswa Yantol, a MADAboutArt Youth Ambassador, sounded a sobering note that young people in her community “do not take HIV seriously.” She reported on a generation growing up in the high risk environment of HIV and AIDS, being forced to grow up too fast, and her search for creative ways to address fear and denial and to promote HIV prevention. She captured the tone of the meeting that “it is about action, involvement, teamwork and building up team spirit and the power of your own soul.”

Peter McDermott, Chief, HIV and AIDS Section of UNICEF, spoke about the current global situation of children affected by HIV and AIDS, emphasizing that the situation will worsen. He underscored the need to fully operationalize the strategies of the global *Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (2004) and urged momentum on the following priorities:

- Measurable progress in expanding evidence-based interventions. For example, it is known that PMTCT can reduce transmission by more than 40% in some settings, but only 1% of women in West Africa have access to it. While first year mortality among HIV-infected children can be reduced with cotrimoxazole (which costs 10 cents), only 1% of children have access to it.
- Nationally coordinated, multisectoral programs are needed to scale up the response and to promote a life cycle approach for children affected by HIV and AIDS.
- Resources must get to communities, and more donors and governments need to earmark 10% of funds to respond to children affected by HIV and AIDS.
- Children and youth need to more fully participate and partner in scaling up the response.
- There is a need to (re)-focus on primary HIV prevention, particularly among adolescents.

Michelle Moloney-Kitts, Director of Program Services for the Office of the US Global AIDS Coordinator (OGAC). She outlined the contribution of PEPFAR is making as one of the three donors who have earmarked HIV and AIDS fund for orphans and vulnerable children.⁴ She highlighted challenges:

- operationalizing a coordinated response for children across sectors that incorporates children into the Three Ones;
- decentralizing in order to scale up that response, strengthening public systems while mobilizing and engaging communities;
- tailoring approaches depending on the context created by the state of the epidemic and to address gender- and age-specific needs.

Regional Perspectives

The call to translate strategies into concrete actions that are regionally appropriate was echoed by a panel from Africa, Asia, Eastern Europe, and Latin America, which enumerated the challenges and successes of scaling up HIV prevention, care, support, and treatment towards universal access. A common constraint cited across regions is that resources are not reaching the people most in need.

David Kihumuro-Apuuli, Director General of the Uganda AIDS Commission, focused on engaging young people in building their futures. More program interventions are needed on: relationship and sexual pattern formation among 10–14 years olds; reducing the phenomenon of older men infecting young girls; reducing vulnerability of very young girls through economic empowerment; mitigating effects of conflict and slavery; and increasing ARV provision for the majority of women who do not deliver at hospitals.

Loveleen Kacker, Joint Secretary of the Department of Women and Child Development in India, urged participants to consider that low HIV prevalence scenarios in high population countries like India mask the situation of large numbers of vulnerable children, including street children and others living in poverty with low

⁴ The US, UK and Ireland are the only donors to have earmarked funds for orphans and vulnerable children.

human social indices, who are at increased risk for HIV infection. While governments must accept responsibility for HIV as a 'national emergency', it is also important to support non-governmental movements with capacity to reach children where they live.

Valentina Sadovnikova, Executive Secretary, PMTCT Coordinating Council, Ministry of Health in Russia, described the scenario in the region, where HIV is increasingly affecting women. While PMTCT coverage has increased dramatically, key barriers to scaling programs remain, including: stigma and discrimination; separated and abandoned children; weak social support systems; and primary school enrolment among children affected by HIV and AIDS.

Mariangela Galvao Simao, Co-Director, National AIDS Program in Brazil, related the public outcry that resulted when a young girl was denied entrance to pre-school in 1991, which led to the Government establishing anti-discrimination rules. By 1993, more than 6000 children living with HIV were admitted to school. Brazil has also organized forums of teenagers living with HIV and AIDS.

Father Michael Kelly, Professor, University of Zambia, described the transformation within schools and society due to the scale and duration of the epidemic. In any given classroom of 40 pupils, up to 25% are without parents and thus dependent on the weakest members of society, i.e., the elderly, the poor, and women. Priorities are:

- Long-term committed investment through direct transfers to families and communities and through indirect investment for health, education, and social service improvements;
- Long-term promotion and development of sustainable social welfare systems for the poor;
- Break the feminization of the HIV and AIDS epidemic by addressing gender issues;
- Ensure national governments prioritize children affected by HIV and AIDS.

Regional Perspectives: Discussion Among Partners:

Participants discussed the challenge and imperative of moving beyond advocacy to building community-based systems, as well as public infrastructure. The international community, especially UN agencies, can help balance short- and long-term responses, invest directly in communities, and support governments to build long-term sector responses. Programs should be coordinated on a country to country basis and integrated into Poverty Reduction Strategy Papers (PRSPs) and donor and government strategic plans.

The response for children affected by HIV and AIDS must not occur in isolation from their caregivers. We need to move from ad hoc volunteerism to the strategic development of social welfare systems that include social transfers and other mechanisms to support caregivers, especially grandparents.

More than 50% of orphans live in grandparent-headed households in the most heavily affected region of sub-Saharan Africa. Therefore, any serious response to the protection, care and support of children affected by HIV and AIDS requires a detailed understanding of the households where they live. Programming must address this by ensuring that caregivers are systematically supported through interventions at household and community level, particularly interventions to support older women who are often providing care for children and sick adults. More women are needed in decision making positions to represent the needs of women and children in HIV and AIDS and poverty responses.

Theme 1: Supporting and Sustaining National Responses

Roy Hauya, Deputy Director, National AIDS Commission in Malawi, shared lessons learned from Malawi's experience with planning a national response for orphans and vulnerable children. He emphasized the need for consultative, systematic and multi-sector approaches and a comprehensive approach that includes: 1) coordination among donors and government offices to organize and fairly distribute financial and technical resources, and 2) district-focused implementation planning with community-based monitoring systems.

Doug Webb, Child Protection Advisor for UNICEF’s Eastern and Southern Africa Regional Office, reported on national orphans and vulnerable children (OVC) plans in Sub-Saharan Africa. 16 countries have developed strategic planning since 2004, and an additional 11 lower prevalence countries are mobilizing stakeholders. Key lessons learned during the national OVC strategic plan and budget development processes include:

- The need to define beneficiaries more broadly to include all vulnerable children. Sustainability of planning, programming, and funding is only possible if national OVC strategic plans are mainstreamed into PRSPs, national HIV and AIDS plans, and other sector-specific plans which currently do not prioritize children;
- Donor funds should be aligned and coordination should include all key government sectors, including social services ministries. He suggested a “10 x 10” plan, whereby every government agree to allocating 10% of their national budgets to HIV and AIDS, and that 10% of that allocation would be earmarked for children in need.

Theme 2: Legal Protection for Children Affected by HIV and AIDS

Anand Grover, with the Lawyer’s Collective HIV/AIDS Unit in India, described a range of protective measures and legal issues necessary to move from international conventions to national, enforceable laws that are “domesticated”, i.e., widely known and used as a basis for people to demand their rights. He spoke about the opportunity to use the following legal issues that are relevant to HIV and AIDS as a basis for helping people in developing countries to interpret laws as entitlements:

- The right to PMTCT and other post-HIV-diagnosis treatments under domestic law, including the issues associated with relative merits and legal precedents regarding the competing rights of a mother’s acceptance/refusal of treatment, the rights of unborn children, and the rights of newborn children to treatment;
- Only 50% of children are registered at birth in India. Patterns of exclusion of marginalized people, particularly women, constitute discrimination;
- Legal recourse for those experiencing stigma, including obstacles to attending school due to HIV status;
- The protection of children’s rights, including inheritance and other rights, need to be assured by law. Rights need to be clearly defined, e.g., the rights of unwanted, HIV positive female children or of child sex workers who no one will adopt.

Legal Protection for Children Affected by HIV and AIDS – Discussion Among Partners

Participants debated the effectiveness of laws and legal instruments, including “opt out” clauses for voluntary testing and the fundamental importance of upholding confidentiality in order to erase stigma and discrimination. There was agreement that fast track legal protective systems must be developed for children in need, particularly streamlining ways to address barriers inherent in customary law, to enforce existing protective laws, and to provide guardianship for children who are sexually abused, abandoned, and/or without parents or caregivers.

Theme 3: Communities’ Role in the Response

“Mobilizing and supporting community-based responses” is one of the five key strategies from the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*.

Reji Chandra, Director of Palmyrah Workers Development Society in India, described the “MEALS” steps inherent in effecting community mobilization, i.e., (M) Motivating, (E) Equipping, (A) Accompanying, (L) Linking, and (S) Sustaining the community in demanding rights, upholding civil rights, alleviating poverty, accessing credit, improving community health, and responding to the needs of children affected by HIV and AIDS. Community mobilization has the potential for high reach at low cost. However, quality and

sustainability are necessary to ensure incorporation of community mobilization during scaling up. The following factors will determine quality and sustainability:

- Effective models need to be identified for scale up; a standardized process is needed for transferring these methodologies.
- Community and faith-based organizations need to be strengthened to play an integral role in coordinating and monitoring inter-sectoral responses for children affected by HIV and AIDS.

Hiring from within the community can increase community ownership, promote adherence to quality standards, provide points of referral to more specialized services, and contribute to the local economy.

Ahmed Hussein Ahmed, Director of Children's Services, Ministry of Home Affairs in Kenya, described the community-based cash transfer scheme. The process of community engagement involves identifying children most in need, and collecting and verifying data essential for poverty and orphan mapping processes that are triangulated at community level. The rules and conditions for cash transfers are also established in partnership with children and civil society to increase demand for services and accountability.

Communities' Role in the Response – Discussion Among Partners

There was general consensus that “community” is not a monolithic construct, and the discussion widened to include other elements. The experiences of persons living with HIV and AIDS (PLWHA), sometimes form support groups within the community, could be a starting point for wider community mobilization. Religious leaders should have an integral role in community mobilization, while FBOs should distinguish rights-based services from conditions of faith or belief. Gender mainstreaming requires inclusion of women in male-dominated community groups and processes so community-based assessments and decisions are made with representation of women and children.

Discussions also centered on the importance of including communities in developing progress indicators. The tasks are to: 1) develop community-based indicators to measure progress on that level; and 2) develop indicators for the community to monitor financial and technical resource allocation and utilization.

The Government of Kenya was commended for its bold attempt to initiate a social transfer system using its own funding for the payment system and trial costs, as well as documenting results and the need for further provisions.

Theme 4: Education Access for Children Affected by HIV and AIDS

Gene Sperling, Director, Center on Universal Education, Council on Foreign Relations, spoke on the need for universal access to education. We need to eliminate fees that pose barriers to school attendance for children affected by HIV and AIDS and other children in need within the broader context of EFA and the Millennium Development Goals (MDGs). Evidence from Uganda, Kenya, and Tanzania clearly demonstrates the powerful increase in demand with removal of school tuition. Action to improve educational access must operate within the following parameters:

1. Eliminating school fees is necessary but not sufficient. The entire educational system needs to be realigned, including elimination of fees, provision of incentives, and assurance of quality, to meet the needs of every child, parents/caregivers, and each country.
2. Support the broader movement of Education for All children while keeping the focus on the most vulnerable.
3. There is a need to coordinate efforts on behalf of children affected by HIV and AIDS with education trends. The Global Partners Forum needs to coordinate with the Education for All movement to ensure a shared agenda on behalf of children affected by HIV and AIDS.
4. Education cannot be provided “on the cheap”. The current gap in resources is about \$10 billion per year to reach all children.

Education Access for Children Affected by HIV and AIDS – Discussion Among Partners

Discussions focused on the current structure and quality of education institutions that may not be able to respond to the call for universal access. Schools can serve as multipurpose community centers to promote health, local industry, and agriculture. It is necessary to analyze the costs and benefits of a much broader framework for expanding access to education, inclusive of early childhood development.

Partners agreed that the AIDS community must support efforts to retain girls in school for secondary education and to provide vocational skills training and other livelihood and economic support to adolescents. There was strong consensus to advance this agenda in collaboration with the Fast Track Initiative and global education forums, and through the IATT on Education and AIDS.

Increasing demand and enrolment necessitates the training of larger numbers of qualified teachers to maintain class size and quality. Education sector ceilings for numbers of teachers are also stretched under the impact of absenteeism caused by AIDS. Participants agreed that scale up of “universal access to prevention, treatment and care” should be linked to goals to increase “education for all”.

Theme 5: Health Services: Prevention and Treatment

Diana Gibb, a pediatrician with the Medical Research Council’s Clinical Trials Unit, urged that there are essential, evidence-based treatments that are not reaching scale among women and children. Cotrimoxazole prophylaxis can reduce death among HIV-infected children by 43% at a cost of 10 cents per pill, but is not reaching the majority of those in need. Antiretroviral therapies (ART) have proven to reduce death by five fold, and still most people living with HIV and AIDS, including children, do not have access to ARV. While trials are underway to increase access to ART for children, many more studies are needed to conduct child-friendly and child-focused trials.

Charles Gilks, Director/Coordinator, Treatment and Prevention Scale-Up, WHO, provided the sobering perspective that while mother-to-child transmission has been virtually eliminated in Europe and North America, this known intervention has not been scaled in resource deprived countries. There is a shift from a specialist approach to delivering PMTCT as a public health approach, identifying multiple points of family-friendly care and building referrals to treatment. There is also a critical need for HIV tests to achieve early diagnosis among children and to determine when treatment is needed by a child to restore immune system functioning, particularly as children grow. The challenge of addressing the needs of growing children underscores the tremendous need for widespread, user-friendly fixed dose formulas for children.

Chewe Luo, Senior Health Advisor for UNICEF, focused on the importance of scaling up PMTCT programs sufficiently to make a difference at the population level. To date, only nine countries in Africa have scaled up PMTCT, and only Botswana has accomplished national ARV coverage. Scale up was possible thanks to national leadership, the use of population-based targets, sufficient human resources, decentralized management, service structures that reach remote areas, and service design that reaches women where they are.

Health Services Prevention and Treatment – Discussion Among Partners

Participants were concerned that children are also becoming infected through pathways other than via mother-to-child transmission. Quality sexual and reproductive health services need renewed attention linked with community mobilization to not miss the critical opportunity to prevent HIV infection among adolescents. Partnerships with drug companies should result in affordable, widely accessible generic pediatric formulations and the pediatric D4T, 3TC, Nevirapine combination (known as pedimune or “mini pills”). Mechanisms for

registering, licensing, and providing oversight are needed. A major breakthrough is still needed on child-appropriate diagnostic tests.

Theme 6: Social Welfare

Gareth Thomas, DFID's Parliamentary Under Secretary of State for International Development, described the context of child poverty and how the irreversible effects of poverty on children are further exacerbated by AIDS. He also emphasized how older caregivers living in poverty are caring for increasing numbers of grandchildren and other children and struggling for basic subsistence.

Each country needs to plan and donors need to help support responses including:

- Develop systems of social welfare to provide a framework for the interventions needed to reach and protect vulnerable children and adults with multiple needs;
- Ensure actions to address needs in the short term while strengthening the systems needed for the long-term, including supporting recurrent costs;
- Provide support that can enable households to respond to their own priorities, such as nutrition to make ARV therapy more effective and more palatable;
- Macro-economic policy must be coordinated with well-conceived social policy.

He urged participants to recognize that social investment is strongly associated with growth. Developed countries invest as much as 30% of GDP in social security and other social welfare systems that provide regular cash grants to those most in need. Social transfer schemes are affordable: seven African countries providing \$.50 per day to the poorest 10% of people would cost about 0.1% of GDP (constituting less than 5% of current donor assistance).

It is the state's role to strengthen national systems of social security for poverty reduction and provision of basic rights. Systems of social transfers (including old age pensions and cash transfers) are necessary protection against the worst effects of poverty. Social transfers can provide cash to families to help children attend school and seek routine health care and immunizations.

Francie Lund, Director, Social Protection for Women in Informal Employment: Globalizing and Organizing, described the increased social assistance being provided by the South Africa government and the positive effects of cash grants. In South Africa, 13 % of overall government spending now provides child support grants for 0–7 year old children in poor households. Five million child recipients benefit from \$1 per day as well as from elderly pensions. Studies show that child nutrition improves when cash from child support grants or pension funds infuses household incomes via women, and new social assistance for younger children that is available to mothers has positive effects on children's nutrition and school attendance. Challenges remain to scale up operationally. Governments need to craft national social welfare frameworks and design cash transfers and conditional cash transfers to meet specific social goals.

Social Welfare – Discussion Among Partners

Participants discussed the need for social services that improve children's quality of life beyond providing cash grants, food baskets, and other "handouts". These are needed to retain children in school and to provide psychosocial support to children and their caregivers, which require long-term sustainable donor assistance. No country has managed long-term growth without social investments that include education, health, and social transfers as part of a core assistance package. This indicates that governments have to choose to invest adequately in social assistance. Social assistance is a right and an entitlement, not a "handout", yet for too long it has been considered inappropriate in the south.

Platform for Urgent Action

Representatives of donor agencies, government, implementing organizations, academia, and civil society provided analytic summaries of the GPF proceedings. The panel reflected the diverse perspectives of different stakeholder groups that are imperative to effect action, outreach, and support on national-to-community levels. Highlights of the panel discussion follow, underscoring the themes of integration, coordination, and scale up that framed the agenda for children affected by HIV and AIDS.

Stephen Kidd, Social Development Advisor, Policy Division, DFID, set the stage for developing a consensus platform for urgent action by formulating the “Three Frees” - the right to free health, free education, and freedom from hunger - as central tenets of action for children affected by HIV and AIDS. He summarized that a rights-based approach was key to *integrating* efforts for children affected by HIV and AIDS within national development plans and frameworks.

Zola Skweyiya, Minister of Social Development in South Africa, urged others to follow the example of South Africa in establishing the “right to social welfare” within the Constitution. Systematic outreach to the poorest households through comprehensive social welfare services must be *coordinated* with community-based incentives to ensure coverage and quality of services.

Joy Phumaphi, Assistant Director-General, Family and Community, WHO, highlighted the need to create an HIV and AIDS free generation. The implications for *scaled up* public action include: the need for partnerships that reach communities to identify children in need of early diagnosis, protection of inheritance and other child rights, and access to treatment, a continuum of care, food subsistence, adolescent health and HIV prevention, and education. *Integration* of services must be assured at the community level.

Lennarth Hjelmaker, HIV and AIDS Ambassador, SIDA, confronted the complexity that needs unpacking to make progress for children affected by HIV and AIDS. These issues cannot be easily simplified because children’s matters touch on every aspect of society. It is important that the agenda is based on rights, including the rights for adequate sexual and reproductive health and HIV prevention, and rights of already-infected children. The common agenda must include *coordinated* multilateral action, *integrating* efforts across sectors, and *large scale* systems development. Such multilateral action includes all important partners, including finance ministers, to participate in a global “think tank” to urgently advance *expanded* action.

Mohamed Naseer, Director, Social Affairs Department South Asian Association for Regional Cooperation (SAARC), urged that children affected by HIV and AIDS be addressed as a “cross-border problem”, with all sides coordinated through *coordinated* regional policies, regional advocacy, and regional action, including strengthening surveillance systems and regional resource mobilization. National governments should be held tightly accountable for progress and for sharing experiences and lessons learned to inform regional *scale up*. SAARC members are forwarding a regional strategy for increasing access to affordable treatments with UNAIDS and national governments.

Mary Clarke, Child Advocate from Jamaica, presented the priorities in her region, including the need for advice, help with coping, and psychosocial support. Children living with HIV, who are surviving due to treatment, are now becoming vulnerable adolescents in need of programs to provide HIV prevention support while building their self-esteem and emerging sexuality. Intensified HIV prevention programs should be *scaled up* in a way that meets the age- and gender-specific needs of children and youth affected by HIV and AIDS. Training for teachers, health services staff, and youth in safer sex negotiation, emotional intelligence, resilience, and life skills is also needed.

Jon Simon, Director, Center for International Health and Development, Boston University School of Public Health, described the important roles of the academic community to advocate, analyze, and question the status

quo to move towards more evidence-based and rigorous programs and policies during *scale up*. The global agenda must address the following “non-equivalencies”:

- Political will does not equate political action. We need concrete budget allocations, implementation plans, and *coordinated*, expanded action.
- Family-centered care does not equal family-friendly care. “Families” differ in capacity and context; vigilance is needed to avoid shifting more pressure for care onto already overburdened elderly and poor women.
- Failure to build high-quality, effective institutional care does not equate the failure of all institutions to provide high-quality care for children affected by HIV and AIDS.
- School attendance does not equal quality education. Removal of school tuition and fees is only a first step to providing quality primary and secondary education to more children in resource-constrained families.

Platform for Urgent Action – Discussion Among Partners

The discussion reinforced the participants’ sense that the Partners Forum should set a common agenda to speed up, scale up, and incorporate evidence-based approaches into collective planning and action. Key themes included the need for:

- integrating the needs of children affected by HIV and AIDS into regional workshop activities led by UNDP and World Bank on HIV and AIDS and PRSPs and other development plans. There is a need to track short and long-term resource allocation by national governments and international donors;
- bold and immediate action to increase the reach of education, health, and social welfare systems, coupled with government-led coordination so that national budgets, plans, and participating sectors promote technical excellence;
- the Global Partners Forum to be inclusive of all partners (including pharmaceutical companies, ministers of finance, the private sector, civil society, affected children and youth) and all regions;
- country-specific definitions of “children in need”, “affected children”, and “vulnerable children” which will lead to variations in protection, care, and support approaches.

Commitments for Collective Action

Commitments for collective action were identified through an interactive two-step process whereby participants first advocated for key priority issues within each of the themes, and then voted on recommendations distilled from the Technical Consultation outcomes, background papers, and discussions, with additions by participants.

The list below captures initial results of voting, an overview of priority actions agreed upon by theme, major points of disagreement, and additional ideas arising during this process (see Annex I for final recommendations):

Strategic Area 1: National Planning

Priority Action: Integrate children affected by HIV and AIDS into development instruments, including PRSPs.

- As countries work to expand and integrate efforts on behalf of children affected by HIV and AIDS, each country will need to move from a focus on “what” needs to be done to critical decisions about “how” best to achieve scaleable results.
- Technical and financial assistance is needed urgently at national and district levels in order to convert national Orphans and Vulnerable Children strategic plans into action.
- Some participants advocated for strengthening monitoring and evaluation systems in order to ensure program outcomes and financial accountability of resources spent at the district level.
- Ensure macroeconomic guidelines allow governments to respond to the crisis they are facing - raising budgetary ceilings to allow teachers and health workers to be hired.

Strategic Area 2: Legal Protection

Priority Action: Advocate for civil registration (i.e., both birth and death certification); the secondary priorities are to remove financial fees for birth registration and improve inheritance rights and programs to counter stigma and discrimination.

- There is a need to more widely adopt legal provisions against discrimination that pose barriers to children affected by HIV and AIDS accessing essential services.
- The expanded response should be implemented in the context of “human rights principles”.
- Improved birth registration and elimination of fees are key to achieving universal access to services.
- New appropriate technologies are needed to administer birth registration and access to services.

Strategic Area 3: Communities’ Roles

Priority Action: Direct, long-term financial (and technical) support channeled to community levels; the secondary priority is to develop flexible pooled funding to ensure resources reach communities.

- There is a need to more actively promote participation of young people in planning and implementation.
- Civil society must be empowered as community guardians, monitoring resource management from national to community level.
- Flexible funding pools are a mechanism to ensure that resources from government and donors are coordinated in a concerted and strategic way.
- Communities have a central role in monitoring progress on the ground.

Strategic Area 4: Education Access

Priority Action: Eliminate school fees; the secondary priority is to support girls to complete secondary school education.

- There is a need to monitor the specific inclusion of children affected by HIV and AIDS into EFA on global, national, and decentralized levels.
- Removing school fees for the 45 million children currently not attending school must be coupled with a plan to finance education. Countries have macroeconomic ceilings so that increases in expenditure for education “robs” resources from other needed public services.

Strategic Area 5: Health Services

Priority Action: Develop guidelines and training modules on pediatric ARV, cotrimoxazole prophylaxis, and nutrition; the secondary priority is to increase distribution of cotrimoxazole to eligible children.

- There was some alarm that the top priority must include a re-intensification of HIV prevention efforts including PMTCT Plus.
- Similar to other topics, discussion centered on the need to strengthen public health services (e.g., antenatal clinics and hospitals) while also strengthening methods of community-based service delivery.

Strategic Area 6: Social Welfare Assistance

Priority Action: Strengthen social welfare structures, systems, and human resources in order to provide social welfare, including social transfers.

- Budget allocations for social welfare must be increased.
- Long-term assistance is needed to build social services structures and systems.
- Children cannot grow nor learn without food. There is an urgent need to address food insecurity.

Other Areas for Urgent Action: The Forum participants struggled to limit the list of priority actions, recognizing the risk of producing a long list that is not actionable. Additional priorities include:

- Expand support for economic livelihood strengthening.
- Improve food security so that families can adequately care for their children.
- Accelerate roll out of free therapeutic and prophylactic ARV, cotrimoxazole, PMTCT, especially for most vulnerable women and children. Provide food to those receiving treatment and therapy.

- Scale up comprehensive primary prevention among adolescents and integrate HIV prevention, reproductive health and sexual health into all health services geared to adolescents.
- Lift people out of poverty through the reduction of subsidies by trade tariffs. Trade negotiations are critically needed to eliminate subsidies and reduce tariffs so that government resources can flow to caring for their own people.
- Improve coordination of effort to increase effectiveness of response, particularly ministries of social affairs, health, education, civil society and development partners.

These outcomes were formulated into the major recommendations of the Global Partners Forum, included in the annex. Though these are not binding agreements, they represent the GPF participants' commitment to tackle the barriers to scaling up the response.

Closing Remarks

Through the Technical Consultation, the background documents, presentations, group discussions, advocacy, and voting, the group clearly moved from a diverse group into a community working from a common agenda informed by evidence and developed by consensus. GPF debates focused on *how* best to accomplish goals rather than *if* increased action was an imperative.

The collective action plan to “Unite for Children Unite Against AIDS” will forward the global agenda by addressing the complex sets of children’s needs at every age through integrated and coordinated multi-sector approaches to implement a continuum of care and support. Communities and affected children and caregivers must be central partners during planning, implementation, and evaluation. Operational monitoring and evaluation systems that capture progress on national and community-level program indicators must be established over the next year. The role of civil society, private foundations, and the private sector will also be critical to ensuring resources “get to base” and are used effectively on behalf of children in need.

There was cause for considerable optimism. Since the first global consultation on orphans and vulnerable children in 2002, there have been tangible improvements for children affected by HIV and AIDS and increased financial commitments. There has been an increase in data and methodology to track progress on children’s indicators. And there have been a wide range of important developments, such as the Orphans and Vulnerable Children RAAAP Initiative, the Commission on HIV/AIDS and Governance in Africa, and EFA, which are gaining momentum and providing important opportunities for children affected by HIV and AIDS.

The real work begins now – it is up to the GPF participants who defined an ambitious agenda for global action to turn the recommendations into collective action.

Annex I.

Global Partners Forum for Children Affected by HIV and AIDS Priority Recommendations

Addressing the blockages to universal access to prevention, treatment, care and support for children affected by AIDS.

The Global Partners Forum sought to unpack the blockages to scaling up AIDS related services for children affected by HIV and AIDS. It identified seven areas where a greater focus on affected by HIV and AIDS is needed, and prioritized actions within each. The Global Partners Forum identified the following as priorities for global action:

1. Strengthen civil registration to promote child protection and services.

The Global Partners Forum recognizes the critical role of birth registration and an appropriate legal framework to planning and accessing services, as well as ensuring that the rights of the child are met.

- 1.1. **Advocacy campaigns for civil registration, especially birth registration:** UNICEF to work with WHO, UN Statistics Division, and civil society⁵ to support governments to develop innovative means to increase the levels of civil registration, for example, conditional cash transfers or through combining health and birth registration cards. Gather data on the impact of low birth registration, including links with secure inheritance rights and reducing stigma. Gather evidence of good practice, such as decentralization of the registration process, for example using child health services for registration.
- 1.2. **Support governments to remove barriers to birth registration, including fees.** The Inter-Agency Task Team (IATT) on Children Affected by HIV and AIDS to support governments to remove costs to individuals in order to increase demand for birth registration. Concurrently inform the public of the importance of birth registration, make civil registries accessible, and develop other incentives for birth registration.

2. Develop social welfare systems with budgetary allocations.

As a matter of urgency, the international community should support governments in building coherent institutions to deliver social welfare for the most vulnerable, including children and adults affected by HIV and AIDS.

- 2.1. **Strengthen systems and human resources to deliver social welfare, including social transfers:** The IATT on Children Affected by HIV and AIDS to work with the ILO, World Bank, and civil society to strengthen national social policy capacity and improve co-ordination between ministries and other partners that tackle child poverty and deliver social protection. Develop plans to implement national social welfare programs in selected countries with the support of international partners. Support these countries to develop appropriate systems to deliver large-scale social transfer, including monitoring and accountability mechanisms.
- 2.2. **International community to support those countries developing their social welfare systems:** UN agencies identify how best to provide technical support to countries committed to strengthening their social welfare systems, and report back to the next Global Partners Forum. Donors make clear where they can scale up long term and predictable investment in ministries responsible for social welfare, including for a proportion of the recurrent costs of social transfers.

⁵ Civil society includes Faith Based Organizations.

3. Accelerate the existing momentum towards education for all children through the Fast Track Initiative and other financial mechanisms.

- 3.1. **Eliminate school fees for all children:** The IATT on Children Affected by HIV and AIDS and the IATT on Education and HIV/AIDS work together to harness political momentum around children and AIDS to strengthen commitment to the removal of user fees through the Bold Initiative on the Abolition of School Fees and Education for All. Partners ensure that governments receive the necessary technical support to develop and implement fee abolition policies that consider the multiple barriers facing vulnerable children, including those affected by HIV and AIDS. Education, Finance and Planning Ministries to build sound fee abolition considerations into financial and planning instruments such as sector budget support (SWAp), Education Sector Strategic Plans, PRSPs, and national development plans.
- 3.2. **Support effort behind Education For All to improve quality education, promote gender equality and enhance school retention rates:** IATT on Education and HIV/AIDS to identify and disseminate knowledge about what works in enhancing school retention of vulnerable children, particularly those affected by HIV and AIDS. IATT on Education and HIV/AIDS to mobilize for increased engagement of parent teacher associations, boards of governors and other community groups including children, to support the educational access of children affected by HIV and AIDS and to act as a watchdog to increase Government accountability.
- 3.3. **Enable girls to complete secondary school education:** IATT on Education and HIV/AIDS to evaluate and disseminate knowledge about the barriers to girls' secondary education and on the benefits of secondary education in the prevention of HIV. Use this evidence to encourage the expansion of the Education for All commitment to include strategies to ensure girls' transition to and completion of secondary or vocational education.

4. Integrate and provide routine HIV and AIDS prevention and treatment services for children.

- 4.1. **Integrate guidance on paediatric treatment and care into child and maternal health:** WHO and UNICEF to develop simple generic guidelines and training on paediatric ART, cotrimoxazole and nutrition and integrate into modules within Integrated Management of Childhood Illness (IMCI), PMTCT, TB and HIV and AIDS care training.
- 4.2. **Integrate the distribution of free cotrimoxazole to eligible children into health services:** WHO and UNICEF to develop decentralized plans to scale up provision through broader pediatric care, including through clinics, home-based care and youth friendly centers.
- 4.3. **Scale up PMTCT Plus:** endorse the 2005 Abuja Call for Action in order to ensure universal access to PMTCT Plus interventions by 2010
- 4.4. **Scale up prevention for young people:** IATT on HIV/AIDS and Young People to strengthen comprehensive prevention, including through sexual and reproductive health services for young people.
- 4.5. **Pediatric ART formulations and diagnostic availability:** Donors, funding institutions, the World Bank and Global Fund to Fight AIDS, TB and Malaria (GFATM) to develop secure funding agreements to support local and generic production of pediatric formulations, and to provide secure funds for bulk purchasing of ART. All partners to encourage and support pharmaceutical companies to develop appropriate formulation for pediatric ART.

5. Integrate a multi-sectoral response for children affected by HIV and AIDS into development instruments, including Poverty Reduction Strategy Papers.

Align national responses for children affected by AIDS with broader development processes, in recognition of the Paris Declaration, the Global Task Team recommendations and in light of the commitments to Universal Access. Strengthen national coordination mechanisms in order to ensure comprehensive responses to children affected by AIDS across relevant Ministries

- 5.1. **Integrate action for children affected by AIDS into development instruments:** UNICEF to work with UNDP and World Bank to integrate HIV and AIDS strategies into PRSPs and other development planning processes, ensuring that this includes action for children affected by HIV and AIDS. UNICEF to work with regional partners to develop regionally specific guidance on good practice on appropriate interventions for vulnerable children through different entry points in life cycle (antenatal care, early childhood development, schools). Governments to develop accountable national plans for action, including national framework to facilitate civil society engagement in policy and planning.
- 5.2. **Strengthen national coordination of actions for children affected by AIDS:** UNICEF and UNAIDS to review good practice in countries successfully coordinating their actions on children affected by HIV and AIDS across government ministries. UNICEF and UNAIDS to support other countries to improve their coordination mechanisms, strengthening coherence across ministries relevant to children affected by AIDS, including those of health, education and social welfare.

6. Strengthen capacity, effectiveness and participation of civil society.

The Global Partners Forum recognizes that to maximize the effectiveness of the government response, civil society has a complementary role in increasing accountability of government, mobilizing communities, challenging exclusion and AIDS related stigma and discrimination, and delivering services that governments cannot offer and/or to groups that governments cannot reach.

- 6.1. **Develop mechanisms for flexible funding to meet community needs** WB, GFATM, and bilateral donors to work with country partners to develop appropriate long-term funding mechanisms with country partners. They should support the Three Ones principles, be sensitive to the country context, complementing/coordinating existing funding to civil society. The mechanisms should facilitate flexible, drip fed funding to the community level and should ensure country leadership and coordination as well as lesson learning with state actors.
- 6.2. **Direct long-term financial support to the community level in order to scale up implementation of evidence-based approaches:** UNAIDS to work with UN agencies and national governments to track resource flows to and impacts at the community level as an essential part of the response. Greater investment by governments and donors in civil society capacity to assess situations, develop plans and improve practices as well as services that improve lives of children affected by HIV and AIDS. Civil society organizations adopt code of conduct and governments accredit and monitor civil society.

7. Strengthen monitoring and evaluation to improve the accountability and performance of national plans through improving data collection for children.

- 7.1. **Ensure national monitoring disaggregates by sex and age and includes the core indicators for children affected by HIV and AIDS, and build capacity to ensure information is collected and used to improve practice and to ensure accountability increases around vulnerable children.** International community should expand funding to research consortia to undertake operational research on what works and social research into the underlying dynamics of vulnerability, and ensure the dissemination of results to policy makers. UNICEF to support fora in country to share information around lessons learned and innovations to improve effectiveness. UNAIDS to support governments to improve civil society monitoring. Promote effective child participation in evaluations that affect them.

Annex II**Global Partners Forum on Children Affected by HIV and AIDS 2006
Participants List**

ABDILLAHI, M. Abdallah
Minister of Health, Djibouti

AHMED, Ahmed Hussein
Director, Children's Services,
Ministry of Home Affairs, Kenya
childk@nbnnet.co.ke

AL-HERBISH, Suleiman J.
Director-General, OPEC Fund, Austria
info@opecfund.org

ALI, Omar
Executive Secretary,
HIV/AIDS Coordinating Body, Djibouti
omaryabeh@yahoo.fr

ALLI, Benjamin
Programme on HIV/AIDS and
the World of Work, ILO, Switzerland
alli@ilo.org

ALVAREZ-GARRIDO, Gonzalo
First Secretary, Spanish Embassy, UK
gonzalo.agarrido.mae.es

APUULI-Khumuro, David
Director General, AIDS Commission
Uganda
apuulik@yahoo.com

ARMSTRONG, Christopher
Team Leader, HIV/AIDS Policy Branch
CIDA, Canada
Christopher.armstrong@acdi-cida.gc.ca

ASLETT, Anne
International Development Director,
Elton John AIDS Foundation, UK
anneaslett@ejafuk.com

AUBOURG, Diana
Exec. Director, Save Africa's
Children/Pan African Children's Fund,
USA
daubourg@saveafricaschildren.org

BASSANI, Bilg e
Chief Executive Officer, FXB, USA
bbassani@fxb.org

BEGALA, Jane
Senior HIV/AIDS Associate/
Development Specialist

Futures Group, USA
jbegala@futuresgroup.com

BEGER, Gerrit
Project Officer, UNICEF, USA
gbeger@unicef.org

BEKKERS, Paul
Ambassador HIV/AIDS, Ministry of
Foreign Affairs, The Netherlands
paul.bekkers@minbuza.nl

BELL, Martin
Ambassador, Humanitarian
Emergencies
UK

BENN, Christopher
Director of External Relations
The Global Fund to Fight AIDS,
Tuberculosis and Malaria, Switzerland
christoph.benn@theglobalfund.org

BELL, William
Head of Protection, Save the Children
UK

BERMEJO, Alvaro
Executive Director,
The International HIV/AIDS Alliance, UK
abermejo@aidsalliance.org

BIDWELL, Hon. Belinda
Chairperson, National Assembly Select
Committee on HIV/AIDS, The Gambia

BLOOMBERG, Anthony
UNICEF Representative
Democratic Republic of Congo
abloomberg@unicef.org

BODIPO-Memba, Ana
Health Science Specialist, USAID, USA
Abodipo-memba@usaid.gov

BOEHMER, Hans
Head of Human Development Group,
Policy Division, DFID, UK
h-boehmer@dfid.gov.uk

BOWEN, Winston
Director of Programmes,
Child Development Agency, Jamaica
childdev@anbell.net

BRETT, Bill
Director, ILO
UK and Ireland
brett@ilo-london.org.uk

BROWN, Elizabeth
Executive Director, MADAboutART
United Kingdom
madaboutart@blueyonder.co.uk

BULL, David
Executive Director,
UNICEF National Committee, UK
davidb@unicef.org.uk

CAIRNS, Jim
Director, Advocacy and Action for
Children
World Conference on Religions for
Peace, USA
jcairns@wcrp.org

CASTLE, Chris
HIV/AIDS Focal Point, UNESCO,
France
c.castle@unesco.org

CHAMPETIER DE RIBES, Gilles
Charge de mission, Ministry of Foreign
Affairs, France
gilles.champetier@diplomatie.gouv.fr

CHANDRA, D. T. Reji
Director, Palmyrah Workers
Development Society, India
rejichandra@eth.net

CHENG, Wing-Sie
HIV/AIDS Regional Advisor,
UNICEF East Asia and Pacific,
Thailand
wscheng@unicef.org

CHRISTIANSEN, Thea
Head of Section, Department of UN
Affairs, Ministry of Foreign Affairs,
Denmark
thechr@um.dk

CIROMA, Hon. Hajya Inna Maryam
Minister, Federal Ministry of Women's
Affairs, Nigeria

CLARKE, Mary
Child Advocate, Jamaica

COOPER-HOHN, Jamie
President, The Children's Investment
Fund Foundation, UK
jamie@cooperhohn.com

COSTIGAN, Aine
HIV and AIDS Consultant
Development Cooperation, Ireland
accostigan@yahoo.ca
CRAISSATI, Dina
Education Advisor, UNICEF, USA
dcraissati@unicef.org

CROCIATELLI, Maurizio
Development Corporation, Italy
Maurizio.crociatelli@esteri.it

CROWLEY, Isabel
Programme Funding Officer, UNICEF
USA
icrowley@unicef.org

D'ALLESANDRO, Christina
HIV/AIDS Advocate, Save the Children,
UK
c.dallesandro@savethechildren.org.uk

DANPULLO HAMISU, Rabiatu
Director of Children's Services
Ministry of Social Affairs, Cameroon
rdanpullo@yahoo.com

DAVID, Ben
Health Advisor, Africa Policy
Department DFID, UK
ben-david@dfid.gov.uk

DECK, Norman
Chief, Global Challenges Section
UNODC, Austria
norman.deck@unodc.org

DE WAAL, Alex
Fellow, Global Equity Initiative
Harvard University, USA
dewaal@fas.harvard.edu

DHALIWAL, Mandeep
Stigma and Discrimination Working
Group, Global Steering Committee, UK
mdhalawal@gmail.com

DONKOH, Bemma
UNHCR Switzerland
donkoh@unhcr.org

DUNN, Joanne
Chief, Child Protection, UNICEF Kenya
jdunn@unicef.org

EGGE, Kari
Director, Programme Support
Department
UNAIDS Switzerland
eggek@unaids.org

FORSTER, Norbert
Under Secretary, Ministry of Health and
Social Services, Chair National AIDS
Executive Committee, Namibia
nforster@mhss.gov.na

GAINSFORD, Rieced
Youth Ambassador
MADAboutART, South Africa

GALVAO SIMAO, Mariangela
Co-Director, National AIDS Program
Brazil
mariangela.simao@aids.gov.br

GIBB, Diana
Professor, University College
London, UK
d.gibb@ctu.mrc.ac.uk

GILKS, Charlie
Director/Coordinator of Treatment and
Prevention Scale-up, WHO,
Switzerland
gilks@who.int

GILLESPIE, Stuart
Director, RENEWAL IFPRI, USA
s.gillespie@cgjar.org

GNARIG, Burkhard
Alliance Secretariat,
Save the Children International, UK
burkhard@save-children-alliance.org

GOINGS, Stella
Africa Bureau, USAID, USA
sgoings@afr-sd.org

GORNA, Robin
Senior AIDS Advisor and Team Leader,
Policy Division, DFID, UK
r-gorna@dfid.gov.uk

GREEN, Maia
Senior Lecturer
University of Manchester, UK
maia.green@manchester.ac.uk

GRIFFITHS, Melanie
Policy Division, DFID, UK
m-griffith@dfid.gov.uk

GROVER, Anand
Professional Lawyer, Advocate,
Project Director, Lawyers Collective
HIV/AIDS Unit, India
anandgrover@gmail.com

GUERARD, Sabrina
Ministry of Foreign Affairs, France
sabrina.guerard@diplomatie.gouv.fr

GURNEY, Larry
Chief Executive, MADAboutART, UK

HARRISON, Kate
International HIV/AIDS Alliance, UK
kharrison@aidsalliance.org

HAUYA, Roy
Deputy Director, National AIDS
Commission, Malawi
Hauyar@aidsmalawi.org.mw

HIRSCH, Dean
President and Chief Executive
World Vision International
dean_hirsch@wvi.org

HJELMÅKER, Lennarth
HIV/AIDS Ambassador, SIDA, Sweden
lennarth.hjelmaker@foreign.ministry.se

HONG, Sun Huot
Senior Minister and the Chairperson
of the National AIDS Authority,
Cambodia
procure.pcu@bigpond.com.kh

HULSHOF, Karin
Director, Programme Funding Office
UNICEF USA
khulshof@unicef.org

JESPERSEN, Eva
Chief, Social and Economic Research,
Innocenti Research Center, UNICEF
Italy
ejesperesen@unicef.org

KAALUND-Jørgensen, Lise
Senior Advisor, Technical Advisory
Service, Ministry of Foreign Affairs,
Denmark
liskaa@um.dk

KACKER, Loveleen
Joint Secretary, Department of Women
and Child Development, India
jscw.wcd@nic.in

KASTBERG, Nils-Arne
Regional Director, The Americas and
Caribbean Regional Office, UNICEF
Panama
nkastberg@unicef.org

KEAN, Stuart
HIV/AIDS Policy Advisor
World Vision International, UK
stuart.kean@worldvision.org

KELLY, Michael
Professor, University of Zambia
Zambia
mjkelly@zamnet.zm

KGANAKGA, Connie
Chief Director of HIV/AIDS
Department of Social Development
South Africa
Malega.kganakga@socdev.gov.za

KIDD, Stephen
Social Development Advisor, Policy
Division, DFID, UK
s-kidd@dfid.gov.uk

KIDDEN, Mary
Minister, Ministry of Culture, Social
Welfare, and Religious Affairs, Sudan

KIM, Jim
Division of Social Medicine and Health
Inequalities, Harvard University, USA
jkim@partners.org

KISTING, Sophia
HIV/AIDS and the World of Work, ILO
Switzerland
skisting@ilo.org

KIVELÄ, Tapani
Counsellor, Embassy of Finland, UK

KLINKERT, Els
Ministry of Foreign Affairs, The
Netherlands
els.klinkert@minbuza.nl

KRAUSS, Steve
Head, HIV/AIDS Section, UNFPA, USA
kraus@unfpa.org

LAAKKONEN, Heimo
National Representative, UNICEF
Kenya
hlaakkonen@unicef.org

LAMPTEY, Peter
President, Institute for HIV/AIDS
Family Health International, USA
plampzey@fhi.org

LASTSCHENKO, Michel
Deputy Head of Minister's Private Office
Belgium
michel.lastschenko@diplobel.fed.be

LAUGHARN, Peter
Executive Director
Bernhard Van Leer Foundation
The Netherlands
Peter.Laugharn@bvleerf.nl

LEBLANC, Henri
UNICEF National Committee, France
hleblanc@unicef.fr

LEGRAND, Jean-Claude
Regional Child Protection Advisor,
UNICEF Senegal
jclegrand@unicef.org

LINDEBERG, Anne
Regional HIV/AIDS Advisor
Embassy of Sweden in Zambia
SIDA Zambia
anne.lindeberg@sida.se

LOUDON, Mark
Consultant, South Africa
mark@loudon.co.za

LUND, Francie
Director, Social Protection
WIEGO, South Africa
lundf@ukzn.ac.za

LUND, Ragne Birte
Ambassador, Children's Issues,
Ministry of Foreign Affairs, Norway
ragne.birte.lund@mfa.no

LUO, Chewe
Senior HIV/AIDS Health Advisor
UNICEF, USA
cluo@unicef.org

MACDONALD, Rhona
Coordinator, Access to Essential
Medicines Campaign, Medecins Sans
Frontieres, UK
rhona.macdonald@london.msf.org

MACLEOD, Ian
HIV AIDS Regional Advisor, South Asia
UNICEF Nepal
imacleod@unicef.org

MAHDI, Ali
Child Advocate, Sudan
alimahdi@sudanmail.net

MAHY, Mary
Strategic Information Section
UNICEF USA
mmahy@unicef.org

MARTIN-Daihirou, Alice
Deputy Chief, School Feeding Service
World Food Programme, Italy
alice.martin-daihirou@wfp.org

MARTYNENKO, Natalija
Staff Diplomat, Ministry of Foreign
Affairs, Ukraine
martynenko@moz.gov.ua

MASON, Elizabeth
Director, Department of Child and
Adolescent Health and Development,
WHO Switzerland
masone@who.int

MATHAI, Rabia
Senior Vice President
Global Program Policy, Planning,
Strategic Partnerships, CMMB, USA
rmathai@cmmb.org

MCDERMOTT, Peter
Chief, HIV/AIDS Section, UNICEF USA
pmcdermott@unicef.org

MCHIELA, A. F.
Principal Secretary, Ministry of Gender,
Child Welfare and Community Services,
Malawi

MCNEILL, Judith
Grants Director, Comic Relief, UK
J.macneill@comicrelief.org.uk

MEDEGAN KIKI, Valentine
Permanent Secretary of NACA (CNLS)
Benin
mvkiki@yahoo.fr

MERCIER, Eric
HIV/AIDS Regional Adviser
West and Central Africa, UNICEF
Senegal
emercier@unicef.org

MHISHI, Mr.
Director of Social Services, Ministry of
Public Service, Labour and Social
Welfare, Zimbabwe

MILLER, Thomas
International Executive Director and
CEO, PLAN International, USA
tom.miller@plan-international.org

MILLS, Michael
Lead Economist, World Bank, UK
mmills@worldbank.org

MOLONEY-KITTS, Michele
Director, Program Services
Office of the US Global AIDS
Coordinator, USA
moloney-kittsma@state.gov

MONTGOMERY, Michael
Senior Children's Rights Advisor
CIDA, Canada
micheal_montgomery@acdi-cida.gc.ca

NABORS, Blake
Special Assistant to Executive Director
UNICEF USA
bnabors@unicef.org

NAJIB, Ikhlass
Head of Grants Unit, OPEC Fund,
Austria
I.Najib@opecfund.org

NASEER, Mohamed
Director, Social Affairs Department
South Asian Association for Regional
Cooperation, Nepal
dirmal@saarc-sec.org

NEBOUT-AJOBI, Christine
AIDS Minister, Côte d'Ivoire

NEHMEH, Ranya
Personal Assistant to the Director
General, OPEC Fund, Austria
r.nehmeh@opecfund.org

NGUIKU, Wanjua
Children's Officer, Ministry of Home
Affairs, Kenya

TINGSANON, Peeramon
Acting Permanent Secretary
Medical Officer, Bureau of AIDS, TB,
STIs, Department of Disease Control,
Thailand
sheissine@yahoo.com

NJORGE, Mary
World Food Programme, Italy
mary.njoroge@wfp.org

NOACK, Patrick
Consultant, UK
proack@patricknoack.net

NKWE, Goitseone
Director, Department of Social Services
Ministry of Local Government,
Botswana
gnhkwe@gov.bw

O'NEILL, Vincent
Principal Development Specialist,
Development Cooperation, Ireland
vincent.oneill@dfa.ie

OTIENO, Mary
Technical Adviser, HIV/AIDS & Young
People, UNFPA USA
motieno@unfpa.org

PAJIN, Leire Iraola
State Secretary for International
Cooperation, Spain
Betriz.merida@mae.es

PAKKALA, Leila
UNICEF Representative, Mozambique
lpakkala@unicef.org

PARAHA, Jalal
Deputy Secretary, Ministry of
Community Development, Papua New
Guinea

PETERSEN, Todd
Chief Executive, Help Age International,
UK
tpetersen@helpage.org

PHUMAPHI, Joy
Assistant Director-General, Family and
Community, WHO Switzerland
phumaphij@who.int

PIOT, Peter
Executive Director, UNAIDS
Switzerland
piotp@unaids.org

QUINLAN, Tim
Research Director, Health Economics
and HIV/AIDS Research Division,
University of Kwa Zulu-Natal
South Africa
quinlant@ukzn.ac.za

QUINN, Maura
Executive Director
UNICEF National Committee, Ireland
maura@unicef.ie

SADOVNIKOVA, Valentina
Executive Secretary, PMTCT
Coordinating Council, Ministry of Health
Russia

SEITLHAMO, Boipelo
Marang Child Care Network, Botswana
seitlhamob@yahoo.com

SHAH, Jinal
Policy Division, DFID, UK
j-shah@dfid.gov.uk

SHAKYA, Clare
Social Development and Livelihoods
Advisor, Global AIDS Policy Team
DFID, UK
c-shakya@dfid.gov.uk

SHCHERBINSKA, Alla
Member, National Coordination Council
on the Prevention of the Spread of
HIV/AIDS in Ukraine;
Director, AIDS Center
ukrcenter@aids.org.ua

SHUMEI, Zhou
Programme Officer, Department of
Foreign Affairs, Ministry of Civil Affairs,
China

SIMON, Sara
Policy and Advocacy Coordinator
CARE International, Switzerland
simon@careinternational.org

SIMON, Jon
Chairman, Dept of International Health
Director, Center for International Health
& Development, Boston University
School of Public Health, USA
jonsimon@bu.edu

SKWEYIYA, Zola
Minister of Social Development, South
Africa

SPERLING, Gene
Director, Center on Universal Education
Council on Foreign Relations, USA
gsperling@cfre.org

STEVENSON, Rosemary
Head, Africa Policy Department, DFID,
UK
r-stevenson@dfid.gov.uk

TEMIN, Miriam
Policy Adviser, UNICEF USA
mtemin@unicef.org

THOMAS, Gareth
Parliamentary Under Secretary of State
for International Development, DFID,
UK
g-thomas@dfid.gov.uk

TSENILOVA, Zhanna
Head of International Relations
Department, Ministry of Health, Ukraine
Tsenilova@moz.gov.ua

TURKINGTON, George
Head of UN and Commonwealth
Department DFID, UK
g-turkington@dfid.gov.uk

VAN HAAREN-Agyeman, Jolijn
Project Officer,
UNICEF, Benin
jvanhaarenagyeman@unicef.org

VENEMAN, Ann M.
Executive Director, UNICEF, USA
aveneman@unicef.org

VESELSKIY, Victor
First Deputy Minister of Health, Ukraine
moz@moz.gov.ua

WARIO, Hukka
Permanent Secretary, Ministry of Home
Affairs, Kenya

WEAVER, Richard
Senior Public Policy Officer, HIV/AIDS,
Tearfund, UK
richard.weaver@tearfund.org

WENTAO, Yang
Deputy Director, Social Welfare
Division
Ministry of Civil Affairs, Henan Province
China

WHITESIDE, Alan
Professor, Health Economics and
HIV/AIDS Research Division, University
of Kwa Zulu-Natal, South Africa
whitesid@ukzn.ac.za

WIESEN, Caitlin
Senior Policy Advisor, UNDP, USA
caitlin.weisen@undp.org

YAMAMOTO, Naoko
Counsellor, Japanese Mission to the
UN
USA
naoko-yamamoto@un-japan.org

YEPOYAN, Tigran
Project Officer, UNICEF Russia
tyepoyan@unicef.org

YODA, Alain
Minister of Health, Burkina Faso

YONTOL, Boniswa
Youth Ambassador, MADAboutART
South Africa

YUSTER, Alexandra
Child Protection Advisor, UNICEF USA
ayuster@unicef.org