



**FINAL DRAFT**  
**Orphans and Vulnerable Children Living in a World with HIV and AIDS**  
**SECOND GLOBAL PARTNERS' FORUM**

15-16 December 2004  
Washington, D.C.

**MEETING REPORT**

*“Concerted action is what is required. Every moment spent in deliberation that does not lead to action is a moment tragically wasted.” Nelson Mandela, Johannesburg, 2002.*

The second **Global Partners' Forum on Orphans and Vulnerable Children Living in a World with HIV and AIDS**, convened by UNICEF and the World Bank, took place in Washington, D.C., on 15-16 December 2004. The Forum brought together more than 100 senior-level representatives of bilateral and multilateral donors, UN agencies, non-governmental and faith-based organizations, academic and research institutions and key government representatives.

Participants at the Forum made a commitment to three collective 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/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/AIDS.
- Establish and strengthen the implementation of **treatment targets** for Children and HIV/AIDS within the global treatment response.





## **Background and Purpose of the Meeting**

UNICEF and the World Bank convened the first Global Partners' Forum in Geneva in 2003. The aim was to consolidate, strengthen and monitor global, regional and national responses to the needs of the growing number of children made vulnerable by the pandemic. The Forum aims to bring together senior level decision makers who establish and influence HIV/AIDS' and children's agendas towards attaining the Millennium Development and UN General Assembly Special Session Goals on orphans and vulnerable children. The Forum serves as an opportunity to take stock of progress made in scaling up actions and to make practical and implementable recommendations to accelerate actions and leverage opportunities for children.

The second Forum marked progress in the field of children affected by HIV and AIDS. There is growing endorsement of **The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS**, increasingly seen as a global guide for action. Additionally, worldwide, national and regional consultations on the issue have taken place: sixteen countries in Sub-Saharan Africa have conducted Rapid Assessment, Appraisal and Action Planning processes (RAAAP) to accelerate action; and significant additional funds are being allocated, including those earmarked for orphans and vulnerable children by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the UK's Department for International Development (DFID), amongst others. There has also been increasing attention to children living with HIV/AIDS, particularly through the WHO led Three by Five Initiative, which seeks to massively increase treatment.

Specifically, the meeting aimed to:

1. Provide a global update on the situation of children affected by HIV/AIDS;
2. Highlight progress in the implementation of policy and programme responses, and identify key challenges;
3. Identify global funding gaps and opportunities, as well as mechanisms for ensuring programmes are implemented effectively and funds reach affected communities and groups supporting them;
4. Agree on future role and membership of the Forum;
5. Recommend concrete actions for 2005 and beyond.

## **Process of the Global Partners' Forum**

The Forum agenda combined panel presentations with plenary discussions and working groups. During the first day, participants focused on analyzing the current situation of children and AIDS and the global, regional and country level response to it. There was also a discussion on the need to change the language from 'orphans and vulnerable children' to 'children affected by HIV and AIDS', to highlight that the number of children affected are much larger than orphans. The second day focused on leveraging development instruments, national AIDS programmes and



direct service delivery for children and AIDS, as well as on global funding gaps and opportunities. The meeting ended with commitments to three main actions.

### **A Challenge from the Leaders**

Carol Bellamy, Executive Director of UNICEF, and James Wolfensohn, President of the World Bank, opened the meeting, decrying the lack of political commitment by both rich and poor countries and the need to hold them accountable to promises already made through the Millennium Development Goals, the UN General Assembly Special Session Declaration of Commitment and the 'World Fit for Children' document, amongst others.

**Carol Bellamy** highlighted the declaration in UNICEF's recent State of the World's Children publication that 1 billion children are being robbed of their childhood by a combination of poverty, conflict and HIV/AIDS. It is tragic that the means exist, but currently not the will, to change the situation. We can make a real dent in the HIV epidemic by putting and keeping children, especially girls, in school through the elimination of school fees and other barriers; massively expanding prevention of mother-to-child transmission; extending the lives of parents with HIV and AIDS by ensuring access to treatment; and reducing child mortality by half with simple interventions such as the use of co-trimoxazole. None of these proven actions are being done at scale and, of the \$6 billion expended on AIDS, it is impossible to know how much is being spent on children. There are, however, signs of progress. Thirty-six countries have some form of national strategy in place for orphans and vulnerable children. An additional 32 countries are developing them.<sup>1</sup> Momentously, the US Government and DFID are showing true commitment by earmarking funds to children affected by AIDS. In her key note address, Ms. Bellamy emphasized that it is time to change our thinking and terminology from "orphans and vulnerable children", and to ensure attention to "children affected by AIDS". This includes those living in households that have taken in orphans, those living with HIV themselves, those who have lost access to school, and those whose parents are struggling with a terminal illness.

**James Wolfensohn** put this meeting into the context of commitments governments had made in 2000 in Monterey to improve the lives not only of children, but of all people living in poverty. He noted the commitments made by developing and rich countries – mostly around trade and aid – have not been met. Developing countries have done too little on the issue of corruption and developed countries certainly have not delivered on the issue of aid and trade. About \$900 billion per year has been spent on defense, \$350 billion on agriculture and fighting terrorism, as compared to the \$68 billion annually allocated for Official Development Assistance (ODA). "We are operating against this challenging background, against which we are talking about the rights of children and the pandemic and the way it affects vulnerable children--thus we really have a double hurdle to get over."

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<sup>1</sup> Progress report on the global response to the HIV/AIDS epidemic, 2003.





Mr. Wolfensohn noted that we have good experiences in scaling up programs worldwide. “Here many of them we call ‘feel good projects’, projects where you have success, you feel terrific because you have dealt with twenty, thirty, fifty thousand kids, until we come to recognize it’s millions we need to address. The issue of scaling up becomes really the central issue. How do we take the programmes that we all know work? How do we bring together these programmes in which we form a unity between the Bank, the international institutions, and how do we link with Civil Society Organizations and how do we link government, to try to get a concentrated program that has a chance of both strong advocacy, very strong direction, measurement, and above all the issue of trying to advance the response against scale of the problem.” Mr Wolfensohn also emphasized that the World Bank was actively working in more than twelve countries to remove financial barriers to primary education, including the abolition of user fees.

### **Strategic Information**

**Doug Webb**, UNICEF’s regional child protection advisor for East and Southern Africa, emphasized children’s vulnerability starts well before their parents die and the most crucial action period for an orphan is the first twelve months after the parent’s death. He noted that with the expansion of treatment, parents’ lives can be extended, thus delaying orphanhood. Key strategies emerging from the evidence and experience include doing more to support families and communities who are the first line of response to HIV/AIDS. Governments need assistance to scale up national responses and faith-based organizations, as major providers of care, need to be included in national plans for HIV/AIDS. Public health and education services have suffered from personnel loss in many of the most-affected countries and need to be strengthened. A significant concern is the ministries often responsible for caring for orphans and vulnerable children -- such as the ministries of social affairs, women, children -- do not have the power to effect change and need more support and significant capacity strengthening.

**Peter McDermott**, UNICEF’s Chief of HIV/AIDS, spoke about the situation of children affected by HIV and AIDS in Asia, Latin America, the Caribbean, and Central and Eastern Europe, where the situation is markedly different from that found in sub-Saharan Africa, and where less data and programme experience are available. In much of the rest of the world, the AIDS pandemic tends to concentrate in specific groups of people, such as injecting drug users, commercial sex workers, men who have sex with men, and people who have been treated with contaminated blood products. In Central and Eastern Europe, children born of HIV-positive mothers are more likely to be abandoned or institutionalized than other children. There is a need to overcome the barriers to care for these mothers, including reducing medical professionals’ stigmatization of HIV-positive adults and children. In Southern Asia, children affected by HIV/AIDS are a small group in a large population of vulnerable children. However, given population numbers in Southern Asia, a small increase in prevalence means a huge increase in the numbers of persons infected. While there is considerable regional variation in the epidemic, the challenge in all of these regions is to protect children affected by AIDS by getting them onto national and international agendas for action.



## Government Presentations

Government representatives from **Eritrea, Malawi, Nigeria, Cambodia, Honduras and Ukraine** were invited to make presentations on how their governments are implementing the Framework on Orphans and Vulnerable Children. These countries were selected because of their innovative experiences. The main themes of the discussion are presented below:

- **Alternatives to institutional care.** A number of the government representatives discussed their countries' efforts to provide children affected by HIV/AIDS with alternatives to institutionalised care. Her Excellency **Askalu Menkerios**, Minister of Labour and Human Welfare of Eritrea, compared the costs of supporting family fostering (\$306/per orphan/year) with that of housing children in orphanages (\$864/per orphan/year). **Esmie Kainja**, Deputy Director for Social Services of Malawi, discussed support to families through community neighbourhood centres where essentials for early childhood development are provided. One participant highlighted the Swazi experience where GFATM funds were used to pay grandmothers one dollar per day for the care of an orphan. The World Bank presented the idea of conditional cash grants as a possible strategy for funding and remunerating care and support provided by families and communities.

Dr. **Raisa Moiseenko**, Head of the Mother and Child Unit of the Health Department in Ukraine, and His Excellency **Luis Cosenza**, Minister of the Presidency in Honduras, stated institutions still remain a reality, albeit an expensive and undesirable one. National standards of care are particularly important where these institutions are housing many vulnerable children. Dr. Moiseenko made the point that HIV-positive mothers tend to be injecting drug users, and, having little support to care for their children, often leave them behind at the hospital where they delivered. Health workers are being trained and stronger foster systems are being developed to reduce the number of children in Ukrainian institutions.

- **Education** was mentioned as a strong protective mechanism for children orphaned and made vulnerable by HIV and AIDS. Keeping girls in schools was raised as a particular challenge. Mr. Cosenza of Honduras highlighted the role of school feeding as an effective way of keeping girls in school. Attention to abuse and exploitation of girls in schools was also highlighted.
- **Political commitment.** Senator **Jon Ungphakorn** of Thailand highlighted the important role that AIDS activists play in pushing governments to act. For example, in Thailand AIDS activists demanded and secured universal health coverage and pushed for local access to generic anti-retrovirals. Her Excellency **Obong Rita Akpan**, Minister for the Federal Ministry of Women Affairs of Nigeria, emphasized the need to support ministries of women, children and gender, who tend to lack power although they may have the will to effect change. There was broad agreement this is a problem which requires increased attention, particularly if we are to strengthen social welfare mechanisms.



- **Faith-Based Organizations.** His Excellency Dr. **Hong Sun Huot** of Cambodia emphasized the key role of Buddhist monks in providing financial and psychosocial support to households affected by HIV and AIDS and in helping to reduce stigma and discrimination against infected and affected persons. This reinforced an important conclusion of the first Forum, where a presentation revealed the significant potential and reach of FBOs in effectively channelling funds to those in need.<sup>2</sup>
- **Funding.** All participants agreed opportunities are being missed when PRSPs and GFATM-funded programmes do not include measures in favour of children affected by AIDS. Better mechanisms need to be found for getting money to those providing services to children and their families.

### **Rapid Assessment, Analysis and Action Process**

**Doug Webb** of UNICEF presented the Rapid Assessment, Analysis and Action Process, whereby 16 countries in Sub-Saharan Africa were asked to galvanize institutional change at national scale. The five principles of *The Framework on Orphans and Vulnerable Children* served as the starting point for each government to work with civil society to analyze and improve their plans and cost them. Lessons learned include the need to empower the focal ministries and to ensure they take ownership of the process, connect plans with ongoing development processes, involve civil society, assure quality, and develop simple assessment, monitoring and evaluation tools. The adaptation of this approach in other regions with lower HIV prevalence will have to be carefully considered.

### **Launch of Toolkit on Orphans and Vulnerable Children**

**Maurizia Tovo**, one of the coordinators of the World Bank's Orphans and Vulnerable Children Thematic Group, presented the web-based Orphans and Vulnerable Children Toolkit, developed by the Bank to help task managers and government officials integrate orphans and vulnerable children's issues into their projects across a range of sectors. The toolkit does not focus only on children affected by HIV/AIDS, but on all vulnerable children. It links to a wide array of relevant resources and provides step-by-step guidance on how to assess the situation in a country and develop an appropriate response. It also suggests specific sectoral interventions which have proven effective. The toolkit can be accessed at [www.worldbank.org/ovctoolkit](http://www.worldbank.org/ovctoolkit). It is a work in progress as the World Bank expects to conduct regular updates to ensure the toolkit remains relevant.

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<sup>2</sup> Foster, Geoff. Study of the response by faith based organizations to orphans and vulnerable children. World Conference of Religions for Peace and UNICEF. 2004.



## Health and Food as a Response

**Chewe Luo**, Senior Health Officer of UNICEF; **Siobhan Crowley**, Medical Officer, HIV/AIDS Department of World Health Organization and **John Powell**, Deputy Executive Director of the World Food Programme, provided an update on the state of health and food for children affected by HIV. Dr. Luo noted 1,800 children are infected each day, mostly because we are failing to prevent HIV infection in mothers, and then failing to identify HIV-positive pregnant women for the prevention of mother-to-child transmission. Significant difficulties also lie in treating the existing 640,000 HIV-positive children who require antiretrovirals. There are no global benchmarks, limited diagnostics, few paediatric formulations of antiretrovirals, and a lack of medical capacity and expertise to deliver antiretroviral therapy to children. However, even without antiretrovirals, mortality can be reduced by 40 per cent amongst HIV-infected children with the provision of co-trimoxazole. Dr. Crowley highlighted the difficulty of treating adults, even where health structures exist and antiretroviral drugs are available. The challenges lie in providing adequate education, food and community sensitization to counteract people's fear of knowing their serostatus. Mr. Powell mentioned one of the main causes of non-adherence to antiretroviral therapy is the lack of food.<sup>3</sup> He also emphasised education is one of the biggest safeguards against HIV infection, and school food and nutrition programmes are helping keep attendance high in selected settings.

Discussion centred on the need to adopt long-term development approaches to treatment, in addition to rapidly increasing access to treatment.

## Education as a Response

The session, moderated by **Mahmood Ayub**, Director for Operations of the World Bank's Africa Region, explored the real progress that has been made in ensuring access to education for orphans and vulnerable children. **Donald Bundy**, acting Sector Manager for Education in the World Bank's Human Development Network, showed that primary school age children, even in the worst-affected communities, are largely uninfected and represent a window of hope into the future: if these children could grow up free of HIV it would change the face of the epidemic in a generation. He pointed to a number of studies that have shown that basic education can be the social vaccine that protects these children. UNICEF and the World Bank, together with many other partners are working with more than 30 governments in Africa to help ensure education for all vulnerable children as part of an Africa-wide effort to *Accelerate the Education Sector Response to HIV/AIDS*. As a contribution to this effort, **Pelucy Ntanbirweki**, Project Officer for Social Policy for UNICEF-Swaziland, shared information on the *Sourcebook on Orphans and Vulnerable Children*<sup>4</sup>, a resource that documents how countries have in practice used the education system to protect vulnerable children and ensure they have equitable access to education. As an example, she described a program in Swaziland where schools serve as

<sup>3</sup> New England Journal of Medicine, July 2004

<sup>4</sup> The Sourcebook can be downloaded at <http://www.schoolsandhealth.org/OVC/orphans-intro.htm>



neighbourhood care points for vulnerable children and how the Swazi child-to-child census helped to identify vulnerable children out of school. Professor **Karega Mutahi**, the Permanent Secretary for Education in Kenya, gave a presentation grounded in the reality of the national launch of universal primary education in Kenya in 2003, and described the triumphs and challenges faced in helping an additional 1.3 million children to go to school. He emphasised the particular challenge of including those who had been least served previously: nomadic children, children living in slums, those with disabilities and orphans. Participants rallied around the need to remove financial barrier to education, and recognized that, while such initiatives are costly and require substantial and systematic support, they offer a proven and practical approach to securing the future for millions of orphans and vulnerable children.

### **Leveraging Development Instruments, National AIDS Programmes and Direct Service Delivery to Benefit Children**

This discussion, moderated by **Shanta Devarajan** and **Debrework Zewdie**, respectively Chief Economist and Director of Global AIDS in the World Bank's Human Development Network, explored the challenges and trade-offs between direct emergency approaches to the AIDS epidemic and the longer-term approaches which strengthen national systems. The discussion was contextualized by the "three ones" principle, wherein each country should have one national AIDS plan, one coordinating body and one monitoring and evaluation system. Poverty Reduction Strategy Papers, the World Bank's Multi-country HIV/AIDS Programmes (MAPs), and the US Government's Emergency Programme for AIDS Relief (PEPFAR) were presented as examples of approaches to planning and funding prevention and care. The PEPFAR model has direct reach, aiming at providing treatment for two million and care for 10 million people, but due to its emergency approach, it invests less in strengthening government response systems. PRSPs and MAP funds, although investing significant sums in strengthening government systems in the long term, have not reached HIV-affected communities, nor addressed the issue of children affected by HIV/AIDS. Mr. Devarajan cautioned participants about the risks of undermining development in the long-term through emergency approaches. There was some agreement that the burden of reporting for civil society organizations should be reduced, since, though good service-providers, civil society organisations may not have the skills and time to fulfil donors' onerous reporting schedules.

### **Costing the Response to Orphans and Vulnerable Children**

**Neff Walker**, of UNICEF's Strategic Information section, presented the preliminary results of an exercise to measure the cost of services for orphans and vulnerable children conducted by UNICEF and the Futures Group. The cost estimates are based on the provision of education; health care; family, home and community support; and administration. Median costs were estimated using current practice by service delivery organizations in the 22 countries with the largest numbers of orphans, as well as current spending practices of select donors and large international implementing agencies, such as WFP. The costing was based on a full package of



interventions with no judgements made on the quality of interventions. The paper estimated per-orphan costs to be significantly higher than current expenditure by governments and international organizations. The remaining challenges in finalizing the analysis include: costing actual country plans in selected African countries, including the cost of systemic change (such as boosting social welfare); costing quality interventions rather than current practice; and working with countries on defining vulnerability, so as to estimate the number of children being targeted. The costed items should be seen as a menu to be used as appropriate, rather than an entire package (i.e. different children will need different services in different areas). Mr. Walker warned that the costed list of items should not be seen as a guide for action, but rather as an advocacy tool.

### **Global Level Funding Gaps and Opportunities**

His Excellency **Gareth Thomas**, Parliamentary Under-Secretary of State for International Development, opened the session by emphasizing the UK government's commitment to HIV/AIDS and describing its £150 million pledge to orphans and vulnerable children, 80 per cent of which will be spent in Africa. UNICEF will receive £44 million, £89 million will go through DFID's own country programmes and £2.4 million will be spent in a trial of treatment for children with HIV. In addition, the UK will double its contribution to the GFATM and increase funds for programmes of condoms distribution, education, breaking down stigma, and increasing medicines and research. H.E. Thomas acknowledged the challenges of HIV/AIDS are very broad and include women's rights and education, among others. The UK will continue to support RAAAP processes in Africa, strengthen agreements on paediatric guidelines and indicators for orphans and vulnerable children, press for the inclusion of children and AIDS in PRSPs, and include orphans in social protection and education programmes, including in post-conflict situations. The UK joins the US government as the second government to earmark funds for children and AIDS; the US government has committed 10% of PEPFAR, or \$1.5 billion, for children affected by AIDS.

The round table on funding gaps and opportunities included **Jon Lidén** of GFATM, **Jean-Louis Sarbib** of the World Bank, **Carol Bellamy** of UNICEF, **Dean Hirsch** of World Vision, and **Anne Peterson** of USAID. The discussion focused on three areas: increasing overall allocations to Children and AIDS, ensuring current allocations make a difference in people's lives, and effectively disbursing funds to those providing services to people and families affected by HIV/AIDS. Strategies for **increasing allocations** included demonstrating impact to ministers of finance so they would be more willing to commit national resources to children and AIDS, provide technical assistance to increase attention to children in PRSP planning processes and GFATM allocations, and pro-actively involve the private sector in fundraising. To ensure the **funds make a difference**, participants recommended focusing on a few simple and large-scale interventions such as school fees, financially supporting carers, and providing cash benefits to the most vulnerable families. Human capacity requires concerted investment. Forgotten groups, such as persons affected by conflict, need to be included in HIV/AIDS plans. Finally, to



**effectively disburse funds**, panellists suggested using faith-based and community-based organizations, and giving them and other implementers the ability to focus less on reporting and more on quality work. There is also a need to track resources to monitor expenditure patterns and ensure that resources reach those actually providing the services.

### **What can the Global Partners Forum Achieve?**

**Jack Chow**, Assistant Director General of WHO, opened the session by citing the 3 x 5 Initiative as an example of how to set achievable, clear, time-limited goals which allow organizations to marshal resources and coordinate partners at the community level. He highlighted the importance of accountability. The group broke into small groups to answer the questions presented below:

*1) How do we ensure a coherent and accountable global response?*

Work within existing frameworks was deemed essential, in particular the Millennium Development Goals, UN General Assembly Special Sessions, and *The Framework on Orphans and Vulnerable Children*. Participants recommended focusing efforts on large-scale, proven interventions, such as the abolition of school fees and other barriers to education, and appropriate investment in innovative approaches such as piloting conditional cash transfers to families affected by HIV/AIDS in sub-Saharan Africa. The importance of developing, documenting and disseminating best practice and lessons learned was emphasized.

*2) How can we effectively raise political commitment?*

Participants proposed initiating a report card system which would track countries according to their actions on Children and AIDS. Such a system could provide a coherent method for tracking and assessing responses, as well as increasing political commitment. To complement such a system, national champions could be encouraged to facilitate commitment to Children and AIDS. Awareness-raising campaigns with mass media could target high-ranking government officials, particularly those in a position to make financial allocations, such as finance ministers.

*3) How can we scale up effective action?*

Including children affected by HIV/AIDS in existing plans, mechanisms and funding initiatives such as PRSPs, PEPFAR, MAP, GFATM, and 3x5 was seen as a necessary way to scale up. Participants mentioned the need for specific targets, such as access to free education, nutrition, treatment, care and support, and for the need to earmark at least 10% of all HIV funds for children affected by HIV/AIDS. Reducing barriers to education, especially through abolishing fees, is a priority. There was also a specific call to implement plans from the first round of the RAAAP, and to build on lessons learned to expand such processes in other countries.

### **Role and Function of the Global Partners' Forum**



Participants agreed on the usefulness of the Global Partners' Forum in providing updates on the situation of Children and AIDS and in helping to set a collective agenda for moving forward. There was a call for moving beyond global discussions to action-oriented meetings which lead to the practical implementation of services for families and individuals. Suggestions for improving the Forum included:

- 1) forming a steering committee to set the agenda for the Global Forum,
- 2) using the yearly meeting to present key documents or innovative practice, and
- 3) allowing more time for group discussion and input.

In order to link the Forum to the reality on the ground, it was suggested that regional and country-level workshops be held and linked to the yearly Global Forum. An annual "state of the science" meeting should be held two to three weeks before the Global Partners' Forum so that results could be shared at the Forum.

In order to increase the participatory nature and relevance of the Global Partners' Forum as a spring-board for action, UNICEF will include participation from members of the Global Partners' Forum in the Inter-Agency Task Team on Orphans and Vulnerable Children. The Team, which will meet regularly throughout the year, will focus its workplan on the implementation of the three action targets agreed at the Forum and will help to facilitate national and regional workshops that feed into the yearly forum.

### **Commitments**

The last session of the day was moderated by **Laetitia Van der Assum**, HIV/AIDS Ambassador of The Netherlands. It served to synthesize the consensus recommendations made over the course of the meeting:

- 1) Continue efforts initiated at the first Global Partners Forum**
  - Continue to obtain endorsement, adoption and implementation of *The Framework on Orphans and Vulnerable Children*;
  - 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/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 for an initial set of countries. UNICEF and the World Bank, in particular, committed themselves to partnership in this area, and invited others to join them.
- Initiate a **report card system** that would use agreed indicators to track donor and national government actions and resource commitments to children and HIV/AIDS. One indicator could be the inclusion in PRSPs of issues related to vulnerable children, including children affected by HIV/AIDS. Such a system could provide a coherent method for monitoring progress using agreed-upon indicators.
- Establish and strengthen the implementation of **treatment targets** for Children and HIV/AIDS within the global treatment response.

### Closing Address

The United States' Global AIDS Coordinator, Ambassador **Randall Tobias**, gave a closing keynote statement emphasizing the epidemic's human face. He highlighted PEPFAR's focus on treatment, prevention and care to reach 10 million people infected and affected by HIV and AIDS. PEPFAR operates through scaled-up capacitation of community- and faith-based groups. The U.S. Government was the first to commit 10% of PEPFAR to children affected by HIV/AIDS. Ambassador Tobias highlighted the importance of working within the context of the “Three Ones” principle and of collecting strategic information.

There was a strong feeling throughout the meeting for more emphasis to be placed on results in communities and families. The challenge lies not only in raising funds, but in implementing action which results in measurable outcomes for families and communities. Existing initiatives, programmes and processes, such as PRSPs, PEPFAR, 3x5, and GFATM, need to be better used to target Children and AIDS. Broader initiatives such as sector-wide reforms in education, health and social welfare need to be strengthened to reach those in need. We need to work at scale and be held accountable for progress in meeting the needs and protecting the rights of children affected by HIV and AIDS.



## ANNEX A: PARTICIPANTS LIST

### GLOBAL PARTNERS FORUM FOR CHILDREN ORPHANED AND MADE VULNERABLE BY HIV/AIDS

Convened by UNICEF and The World Bank

DATE: 15-16 December 2004

The World Bank, Washington D.C.

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**His Excellency Dr. Jesús Gracia**

Special Ambassador for HIV/AIDS  
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**His Excellency Lennarth Hjelmåker**

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**Ambassador Randall Tobias**

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