

**Regional Partnership Forum on Children and HIV and AIDS
Opening Speech
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**Ms. Cathy Bowes
Director
Office of Public Health, U.S. Agency for International Development
Regional Development Mission/Asia**

Distinguished guests, fellow participants,

It is a pleasure for me to represent the United States Government and to be with you at this important occasion to further discuss our response to children and HIV/AIDS in Asia.

It was an honor for us to participate at the initial regional conference in Hanoi, Vietnam two years ago.

It is important that we follow up on the strides that have been made and continue the strategic endeavor of addressing children and HIV/AIDS.

The U.S Government is committed to improving the lives of children vulnerable to, infected and affected by HIV/AIDS. The heart of the President's HIV/AIDS emergency plan is to work shoulder to shoulder with partners in host nations in support of the national strategy in each country.

The U.S Government has a long history of addressing orphans and vulnerable children's needs in Asia. The Displaced Children and Orphans fund a U.S Agency for International Development Program was established in 1989 and has provided more than \$160 million in support in over 40 countries. It continues today by increasing access to social services, improving quality of national standards promoting social and economic integration of orphans and vulnerable children and strengthening the capacity of families and communities in working with these children.

Most of you know in January 2003, President Bush announced the Presidential Emergency Plan for AIDS Relief, PEPFAR to fight HIV/AIDS. In Asia the Emergency Plan is implemented in Cambodia, Vietnam, India, Nepal, Pakistan, Burma, China, Indonesia, Laos, the Philippines and PNG.

This emergency plan pays considerable attention to children 14 years of age and younger. In 2007, PEPFAR treated 86,000 children through Pediatric AIDS interventions, a 77% percent increase over the number of children on PEPFAR supported treatment in 2006 and supported training or retraining of approximately 214,900 individuals in the 15 focus countries to care for orphans and vulnerable children. Funding for treatment and care services for orphans and vulnerable children totaled more than 289 million in these countries.

Under the Emergency Plans the U.S Government supports the following services:

1. Advocacy and social mobilization to create a supportive environment for children affected by HIV/AIDS and reduce stigma and discrimination.

2. Helping OVC's acquire the skills and knowledge to protect themselves from HIV infection including providing life-saving prevention education to out-of-school youth.
3. Therapeutic economic psychosocial and other risk reduction support to OVC, their families and caregivers.
4. Working with governments to protect the most vulnerable children through improved legislation and by channeling resources to communities, and
5. Helping OVC's access to education, to vocational training, health care, with registration, legal services and other resources.

However despite the strides many challenges remain:

For a start, prevention of mother to child transmission treatment can reduce by 50% the number of children acquiring HIV from their mothers yet worldwide less than 10% of HIV positive women benefit from PMTCT services.

OVCs are in most countries the responsibility of poorly –resourced ministries.

OVCs are in most cases perceived as an increased burden to communities already stressed by many factors including HIV/AIDS.

And then there is the complex nature of OVC programs – children have many needs and specifically in Asia, how do we reach most at risk children that are very stigmatized such as the children of people in prostitution, IDUs and PLWHAs?

And how do we link families in with complete continuum of care, treatment and prevention where no continuum exists.

In meeting these challenges it takes leadership and coordination, it takes supporting the relevant ministries working with the global fund on OVC issues, training leaders on OVC issues and how to advocate for this vulnerable group, and teaming with other international organizations to advocate, coordinate and support strong leadership.

I thank you very much for your attention. I wish you a very productive forum. I look forward to your recommendations to inform our collaborative effort to prevent children from HIV infection and to respond to the needs of those impacted by HIV/AIDS.

Thank you.