

**Inter-Faith Consultation on Children and HIV
Welcoming Speech, 15 January 2008
Anupama Rao Singh
Regional Director
UNICEF East Asia and Pacific Regional Office**

Distinguished guests
Ladies and gentlemen

On behalf of UNICEF, I am very pleased to welcome you here today for this the first East Asia and Pacific Inter-Faith Consultation on Children and HIV.

For more than twenty years, as the AIDS epidemic has spread around the world, the harsh impact on the lives of those infected, their families, their communities, and society has a whole, continues to be enormous.

For many living HIV positive, it remains a daily struggle to get adequate medical treatment and care, to continue to earn a living and keep a job, and to cope with the isolation and shame imposed by ongoing stigma and discrimination.

For children, the impact can be even worse.

- For the youngest child in high prevalent areas, the risk of getting the virus from their parents through mother to child transmission continues to pose a grave risk.
- And if a child is born positive, in many countries, access to pediatric treatment is still too expensive and out of reach.
- For those children whose parents are sick and dying, or who are already orphaned, the lack of adequate support, care and protection mechanisms continues to puts them in danger of exploitation, abuse and entrenched poverty.

In the Asia and Pacific region alone, more than 1.5 million children are already infected or affected by HIV and AIDS. And for millions of others, especially young adolescents, the danger of getting infected remains. Far too many of our young people are still ignorant about how HIV is transmitted and how they can protect themselves.

Yet, tragically, children are scarcely visible in the HIV/AIDS response.

It is for this reason that in 2005, UNICEF, in partnership with UNAIDS, globally launched the Unite for Children, Unite Against AIDS Campaign. It seeks to put children at the center of our response.

The four primary pillars, which form the basis of a comprehensive response, are:

- Prevention of infection among adolescents and young people
- Prevention of mother-to-child transmission
- Pediatric treatment
- Protection and support for children affected

A critical component – which we refer to as the fifth P – is partnership. Clearly, no one can tackle the magnitude of the AIDS epidemic alone. The scope and depth of its impact requires a concerted effort by all sectors of society that capitalizes on respective strengths and seeks to build a comprehensive response.

Your partnership, as faith based organizations, is critical. Without tapping into the strong roots you have within communities; your large social networks; the respect and trust of your constituents; as well as the moral and ethical know-how to work for positive social change, we can not succeed in this fight.

Many of the organizations and institutions you represent have already been at the forefront of the response to HIV and AIDS. We applaud your efforts and welcome your continued collaboration.

We hope that this consultation will provide a forum to build on past experiences, learn from what has and what hasn't worked and strengthen the networks between us.

There is no doubt, that together we have the potential to do much more, especially in reducing stigma and discrimination, increasing awareness and contributing to systems of care, protection and support.

This morning I want to highlight four key strategic areas we hope can be explored in more depth during this meeting.

They are:

1. building a supportive environment
2. mobilizing a community based response
3. strengthening the capacity of families; and
4. ensuring access to essential services

1. Firstly, to succeed in stemming the further spread of the virus it is critical that we create an environment of tolerance, respect, and knowledge. As we know, in many communities, ignorance, fear, and stigma and discrimination continue to be our worst enemies. They prevent us from establishing a supportive environment where people have access to knowledge to protect themselves, they prevent people getting tested and accessing the services. Ultimately, we need to forge a supportive environment where everyone, especially children, has access to equal treatment and the same basic human rights as everyone else.

Tackling stigma and discrimination is not easy. Yet faith based organizations are among the most influential social forces in our society. Your moral authority, leadership and compassion can play a critical role in shaping a society's values.

Already, in this region, much work has been done by faith based organizations. Let me name just a few examples.

- The Asian Interfaith Network on HIV/AIDS has established a broad network that has had great success in changing attitudes and pushing social boundaries.
- The Pacific Conference of Churches in adopting the Nandi Declaration, has demonstrated the will to confront taboos in conservative cultures.
- The Asian Moslem Action Network has moved the agenda forward through its advocacy and social awareness programmes.
- The Buddhist Leadership Initiative has been instrumental in engaging religious leaders in a community based response.

2. Secondly, we know from experience that the impact of HIV extends beyond the individual and their family to the larger community. It is critical then that our response includes and builds on community participation.

By engaging the community, we have the potential to maximise the numbers of people reached, address deep seated prejudices, and mobilise a much larger and sustainable response.

Already, many communities tend to serve as the safety net in the provision of essential services to orphaned and vulnerable children. We must support and build on these practises.

For example, the Sangha Metta project in Thailand, which sought the active involvement of Buddhist monks in their local communities, has provided spiritual, material and emotional support to many of those infected and affected. It has also demonstrated that stigma and discrimination is contrary to local values and beliefs.

The success of Sangha Metta inspired the formation of the Buddhist Leadership Initiative in Lao PDR, Cambodia, Vietnam, China, Myanmar and Mongolia, where a partnership between

Government, the churches and communities, with support from UNICEF, has helped many people.

3. Thirdly, family is a fundamental link between a child and their wider community and society. It is also a key point of reference in all major religions. It can provide ideological support, the social structures for families to interact with the wider community and the rituals and ceremonies in which key family events are enacted.

For families affected by HIV, fundamental questions about the purpose and meaning of life, as well as emotional stress can be enormous. As these questions are at the heart of religious teachings, faith based organizations are uniquely placed to provide comfort and support for those struggling with the impact of HIV in their lives.

Already many good initiatives are underway in this region to strengthen the capacity of family. Examples range from the Salvatorian Pastoral Care for Women and Families project, which works to develop child-friendly parishes through community-based interventions. To the Anglican Church in Papua New Guinea, who seek to work through the influence of the clergy and their wives in addressing stigma and providing counseling to affected families.

4. Finally, access to essential services lies at the heart of scaling up an effective response to HIV and AIDS. Availability, affordability, accessibility and acceptability are basic criteria for our success. The extent to which these criteria are met by existing services system varies between countries and within countries.

Faith based organization can and are playing a very important role in the provision of essential services dependent on the circumstance and context. For example, in some parts of the Pacific, the church actually delivers many of these services directly. In other countries, faith based organizations are mobilising support for more progressive social policies and advocating for better public services for the poor and marginalized.

In summary, there is a lot of ground to cover the next three days. We at UNICEF are very grateful you have taken the time to be here, share your insights and experiences, and be part of this larger effort to forge a more united response to the impact of HIV and AIDS, especially on children.

We realise this is just the beginning but we very much look forward to strengthening our collaboration and building on what has already started.

Thank you.