

**THE EXPANDED INTER-AGENCY TASK TEAM ON CHILDREN and AIDS**  
**15-16 June 2005**  
**UNICEF, New York**

**MEETING REPORT**

UNICEF convened a meeting of the expanded Inter-Agency Task Team (IATT) on Children and AIDS on 15-16 June 2005. The main goals for the meeting were to inform and advance action on the topics recommended at the 2004 Global Partners' Forum on Orphans and Vulnerable Children. 43 representatives from UN agencies, bilateral donors, and civil society organisations participated.<sup>1</sup>

This meeting followed the initial meeting of the expanded IATT in March 2005, which brought together UN agencies, NGOs, and international partners to accelerate coordinated action and build consensus on priority topics. Significant progress has been made in the past months since the last IATT meeting, including making orphans and vulnerable children a priority in the 2005 UNAIDS paper on resource needs for HIV/AIDS; earmarking 10% of all PEPFAR money for affected children; and provision of technical assistance to help countries finalise national orphans and vulnerable children action plans.

### **I. Summary Recommendations and Action Points**

The 1½ day meeting discussed action in areas identified as priorities at the 2004 Global Partners Forum; each session concluded with follow up action, summarised below.

#### *A. Progress Reporting on Children Affected by HIV/AIDS*

1. Strengthen the Progress Report methodology, including assessing the definition of 'vulnerability'; capturing effort below national level; improving impact and coverage measurements.
2. At country level, the Steering Committee for Orphans and Vulnerable Children will have ultimate responsibility for completing the Report and ensuring data quality. Overall management may eventually be housed in a regional mechanism.
3. Conduct pilot studies in lower prevalence countries to determine the relevance of the Progress Report, in modified form, in such countries.
4. A working group led by UNICEF will finalise the methodology, commence implementation, and report to the 2005 Global Partners' Forum.

#### *B. Social Protection for Children Affected by HIV/AIDS*

1. There is a need to clarify the conceptual framework and identify best practices in social protection for children, caregivers and households affected by HIV/AIDS; this should be on the agenda of the 2005 Global Partners Forum and the next IATT meeting. Consider:
  - incorporating already established social protection mechanisms and systems.
  - emphasising national programmes and systems, but maintaining community engagement
  - finding the right balance between targeting and universality
2. The issue of cost analyses of social protection and other measures needs further attention and will be addressed at the 2005 evidence meeting (see below, section G).
3. The IATT should engage more coherently with GFATM and MAP processes to ensure benefits are reaching children.

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<sup>1</sup> Annex 1 for List of Participants.

### *C. Reducing Education Barriers through School Fee Abolition*

1. Technical knowledge/research on the impact of the abolition of school fees for children affected by HIV/AIDS will be summarised.
2. Evidence will be combined with experiential knowledge from countries that have abolished fees likely through a workshop(s) and development of guidance for countries.
3. Six countries will be selected to operationalise this effort as a World Bank/UNICEF collaboration, to be supported with the experimental knowledge and financial resources. Upcoming meetings will be used by the World Bank/UNICEF to announce the first wave of countries.
4. Country level efforts will be supported with global advocacy, including putting this issue squarely on the Fast Track Initiative agenda, initiated by DFID.
5. The 2005 Global Partners Forum will look at the global response, not only at Africa, and widen the issue to the non-financial aspects of school access.
6. The IATT on Children and AIDS and the IATT on Education will collaborate in supporting the actions above through a working group on behalf of both IATTs to bring together advocacy and programming.

### *D. Targets and Resources*

1. John Stover / Neff Walker requested input from IATT participants on further comments on the package that was costed and what else or how much should be added or included.
2. Discuss with PEPFAR if there is a possibility to co-fund the further refinement of the costing model.
3. Interested IATT members will form as a virtual working group to look further at the costing model, as well as programme costing.

### *E. Treatment Targets for Children*

1. Achievements have been considerable and this should be clearly communicated, including sharing information and lessons learned.
2. Balance efforts to expand paediatric ART coverage with the need to address low PMTCT coverage.
3. Care, support and treatment for children living with HIV/AIDS should be integrated with other child health programmes as appropriate.
4. The Global Partners' Forum on PMTCT before the ICASA in Abuja, Nigeria in December 2005 will re-launch PMTCT.

### *F. Global Campaign on Children and AIDS*

1. Participants suggested developing a platform that groups could endorse to confirm their support and participation, to be taken up with the Campaign Steering Committee.
2. The need to make a clear link between the Global Partners Forum and the Campaign was emphasised, including using the opportunity of high level participation in the Partners Forum to look seriously at the constraints to achieving relevant Campaign objectives.
3. It is hoped that the Campaign will promote UNICEF's accountability as the convenor of global efforts for children affected by HIV/AIDS.

## *G. Global Partners Forum 2005 and IATT*

1. A small working group will be formed to steer the agenda and objectives of the Global Partners' Forum; identification of the target group; and the Partners' Forum structure.
2. A separate technical meeting to advise the Partners Forum will accompany the high level Forum.
3. The IATT will meet every six months; in light of the year's end Partners Forum, the next meeting of the IATT will be in the first quarter of 2006.

## **II. Summary of Presentations and Discussions**

### A. Progress Reporting on Children Affected by HIV/AIDS

The Progress Report presented by Tamar Renaud (UNICEF) resulted from a recommendation of the Global Partners' Forum to promote: national mobilisation, national monitoring and evaluation, and using the Partners' Forum to monitor and evaluate the global effort. Recognising that external support is limited and only a small portion of HIV/AIDS funds reach children affected by HIV/AIDS, Forum participants acknowledged the lack of coordination and the need for a more cohesive and global approach to helping them. They requested a Progress Report to unify and push their efforts. The Progress Report should serve to direct global and country effort to ameliorate the lives of children affected by HIV/AIDS.

The Progress Report includes the following components: Policy and Planning Effort,<sup>2</sup> Resource Expenditures,<sup>3</sup> Coverage of Services,<sup>4</sup> Impact Data on Children's Well-Being, and a literature review on the evidence on affected children. The session emphasised two important points: that the Progress Report will be completed using existing tools and information collection systems rather than developing new ones; and that the Progress Report is a temporary measure to improve information availability whilst monitoring and evaluation systems are being developed and strengthened. It should not displace efforts to strengthen national monitoring and evaluation systems.

Participants discussed concerns about the term "OVC", which can encourage stigma against children affected by HIV/AIDS. In addition, there was a view that the definition of "vulnerability" must be clarified. Consideration of vulnerability must include caregivers and households. There was recognition of the need to use different definitions for programming than those used for measurement.

#### Action Points/Recommendations:

1. Strengthen the Progress Report methodology, including assessing the definition of 'vulnerability'; capturing effort below national level; improving impact and coverage measurements.
2. National ownership of the Progress Report is key to its success. At country level, the Steering Committee for Orphans and Vulnerable Children (typically convened by a social welfare or children's ministry) will have ultimate responsibility for completing the Report and ensuring data

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<sup>2</sup> The Orphans and Vulnerable Children Policy and Planning Effort Index was created as part of the Rapid Assessment, Appraisal and Action Planning process (RAAAP). It reveals that the majority of national effort is on the consultative process, coordinating mechanisms and national action plans. Increased effort is needed on monitoring and evaluation and policy and legislative review.

<sup>3</sup> Resource Expenditures is evaluated through: UNAIDS Resource Tracking, Making the Money Work, UK NGO Consortium on Orphans and Vulnerable Children (DFID), and the UNAIDS country Response Information System.

<sup>4</sup> To evaluate the coverage of services, coverage surveys are being conducted while formal monitoring and evaluation systems are being developed. The survey is useful when strong national reporting is present. However, there is little direct reporting on orphans and vulnerable children.

quality. Overall management may eventually be housed in a regional mechanism, for example, the AU.

3. There was considerable discussion about which countries would benefit from the Progress Report – the highest prevalence countries only or also those with lower prevalence? It was agreed to conduct pilot studies in lower prevalence countries prior to the next meeting to determine the relevance of the Progress Report, probably in modified form, in such countries.
4. Create a working group to finalise the methodology, commence implementation, and report to the 2005 Global Partners' Forum. UNICEF agreed to be the lead agency on this topic, with participation by other organisations. Other interested parties are: World Vision, FHI, USAID, and Futures Group.

## B. Social Protection and Children Affected by HIV/AIDS

Ting Shen (UNICEF) presented on social protection and how it can be applied to children affected by HIV/AIDS. UNGASS commitments describe what Governments should do. As the ultimate party responsible for children's well-being, the government's role in social protection needs further definition in helping children affected by HIV/AIDS. However, further consensus is needed on how to support and develop an integrated and coordinated approach across government, inclusive of civil society organisations.

As discussed in the *Framework for the Protection, Care, and Support of Children Affected by HIV/AIDS*, the family is the child's primary caretaker and the first step to ensuring children's well-being. The family's ability to protect and care for the child largely depends on its capacity to meet immediate needs, ensure steady income, and maintain the integrity of its economic safety nets. In recent years, the capacity of families to meet their economic needs has been compromised by HIV/AIDS. With increasing demands placed on all members of society in heavily affected countries, traditional social safety nets are not as viable.

With the collapse of the traditional safety nets, many donor agencies and governments have proposed social protection as a method of strengthening the economic capacity of families. However, there are different agency definitions and its application to children affected by HIV/AIDS has not been fully investigated. Despite these shortcomings, there are agreed types of social protection mechanisms: protective, preventive, promotive, and transformative measures.<sup>5</sup> These mechanisms can be applied to the different households caring for HIV/AIDS affected children depending on the family's economic capabilities. Households with caretakers able to provide for their families (poor households) may receive preventative measures while households unable to provide for their families (critically poor households)

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<sup>5</sup> Devereux, S. and Sabates-Wheeler, R. *Transformative Social Protection*. IDS Working Paper, Oct 2004.

- **protective measures** used to assist the chronically poor, such as cash or food transfers, fee waivers, price subsidies, and school feeding
- **preventive measures** used to prevent economically viable individuals from falling into poverty, such as social insurance
- **promotive measures** used to stabilize income and smooth food consumption, such as micro-finance, food related programs, and public works projects
- **transformative measures** used to create legislation and sensitization, such as social child protection policies and AIDS awareness campaigns

may receive protective measures. Promotive and transformative measures are used in both to promote income stabilisation, smooth consumption, and improve social equity.

Although both types of households may benefit from these social protection measures, funding is limited and recently donors have begun to favour food and cash transfers to the critically poor. While there are benefits, the economic implications on the local economies still need investigating. The UNICEF-Eastern and Southern Africa Regional Office (ESARO) is currently assessing the viability of applying social protection mechanisms such as cash transfers to households caring for children affected by HIV/AIDS.

Participants discussed the relevance of social protection and social welfare for children, caregivers and households affected by HIV/AIDS. As discussants, Maia Green and Alexandra Yuster noted that in the context of extreme poverty, which HIV/AIDS magnifies, social risk management (people managing their own risks to pull themselves out of poverty) is not always a solution. We need to be creative about social protection in order to influence debates; simple scaling up current welfare approaches is not working.

The content and quality of current social protection programmes need to be examined. In particular, it is important to consider community level protective services along with targeted financial support. Cash transfers must be considered in the context of effective support mechanisms that will mitigate the risk that cash transfers will lead some to foster children for money. We also need to look at the role and capacities of weak ministries, and national plans of actions for orphans and vulnerable children rather than specific HIV/AIDS programmes. Social protection measures that take advantage of the interest and investment in HIV/AIDS, without being HIV/AIDS exclusive, should be promoted. Pensions are a key poverty reduction tool.

There are massive new resources available that could be channelled in this direction. However, the current transaction costs are astronomical and there is not enough analysis of opportunity or marginal costs, or what interventions cost under what circumstances. There is significant work to be done on cost analysis. An additional key question is how to do it without undermining the role of the State.

The GFATM is an opportunity for children that has not yet been tapped in a systematic way; the IATT can help to advocate for children with the GFATM. The GFATM has formed a technical review panel to build better competencies to assess children and AIDS programmes, and have asked colleagues on the panel to attend a two day training. It is worth noting that Round 5 of the Global Fund, in coordination with the World Bank, will accept requests for capacity building and human capacity enhancement. However, no social welfare ministry has made the request to increase their capacity.

#### Action Points/Recommendations:

1. There is a need to clarify the conceptual framework and identify best practices in social protection for children, caregivers and households affected by HIV/AIDS; this should be on the agenda of the 2005 Global Partners Forum and the next IATT meeting. In developing the conceptual framework, we must consider:

- incorporating already established social protection mechanisms and systems, e.g., measures taken to address food security crisis in southern Africa and pensions for the elderly.
- emphasising national programmes and systems, but maintaining community engagement
- finding the right balance between targeting and universality

2. The issue of cost analyses of social protection and other measures to protect and support children affected by HIV/AIDS needs attention. This should be addressed at the 2005 evidence meeting that will precede the Global Partners Forum.
3. The IATT should engage more coherently with GFATM and MAP processes to ensure benefits are reaching children. Collaborative monitoring is needed to determine if the money gets to beneficiaries.

### C. Reducing Education Barriers through School Fee Abolition

Donald Bundy (World Bank) and Cream Wright (UNICEF) presented on the relevance of school fee abolition for children affected by HIV/AIDS, following a recommendation from the 2004 Global Partners' Forum. Given the clear links between school enrolment and reduced HIV vulnerability, ensuring school access is key to reducing HIV/AIDS impact, in addition to education's special role in supporting and protecting affected children.

The role of education as a "social vaccine" against HIV/AIDS was described.<sup>6</sup> Targeting and safeguarding the next generation of children who are not sexually active yet provides a window of hope to stop the spread of the epidemic. The abolition of school fees is part of the solution. There is a growing momentum on school fee abolition worldwide, but the majority of countries still have school fees. Among those countries that have abolished fees, experiences vary. In many countries, fees are important columns of the school systems.

School fee abolition is complex; eliminating fees might severely damage the school system unless external investment into the school system is increased and the quality of the education is addressed. Experience indicates that school fee abolition should include measures to address supply issues; put in place adequate revenue substitution; avoid levy substitution; and provide interim measures to mitigate impact on the poor and vulnerable.

However, the abolition of school fees is not a panacea - the most disadvantaged children may remain unreached, for instance in Malawi where 25% of children are still not in schools despite fee abolition. Additionally, more attention should be paid to secondary education to incentivise children. Consideration must be given to the supply side of school fee abolition, and that non-attendance is not only a school fee question but strongly relates to supply issues.

There was broad consensus that

- fees and the abolition of this barrier is just one aspect of getting children into school.
- cannot forget about the countries outside of Africa.
- a comprehensive / cross-sectoral approach is needed that addresses access/supply, quality/quantity, home-based/school-based factors, safety, gender.
- clarity is needed on terminology (user / tuition / school fees etc.), however the need for a clear message should not lead to a simplistic approach.

Cautions were raised about broadening the debate on different kinds of barriers and exact wording, rather than making a strong recommendation and clear statement on the abolition of school fees as soon as possible and to scale up action on the ground in a selected set of countries.

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<sup>6</sup> "Growing Up Global: The Changing Transitions to Adulthood in Developing Countries", <http://www.popcouncil.org/pdfs/ExecutiveSummary.pdf>

We should also be cautious about overburdening the education sector, which is often called upon to be the solution to different problems; this sector should not be driven solely by other sectors but needs to be driving itself. Better cooperation across sectors and partners is needed, including between NGOs conducting advocacy on school fee abolition and implementing agencies and funders supporting fee abolition on the ground.

#### Action Points/Recommendations:

- Technical knowledge / research on the impact of the abolition of school fees for children affected by HIV/AIDS should be brought together, building on existing World Bank and UNICEF studies.
- This foundation should then be combined with the experiential knowledge gained in other countries that have abolished fees, likely through a workshop(s) that brings together practitioners and develops guidance for countries undergoing this policy shift.
- Six countries will be selected to operationalise this effort as a World Bank/UNICEF collaboration, with an eye to additional countries over the next several years. An action plan should be launched as soon as possible in countries where governments are 'ready' to abolish the fees and then accompany those countries during the process. Support them with the experimental knowledge as well as financial resources. Upcoming meetings (such as the FTI July meeting and the Millennium Summit) can be used by the WB / UNICEF to announce the first wave of countries working to abolish school fees.
- Country level efforts will be supported with global advocacy, including putting this issue squarely on the Fast Track Initiative agenda at their next meeting, seeking to make it part of the FTI framework. DFID will follow up.
- The 2005 Global Partners Forum will look at the global response, not only at Africa, and widen the issue to the non-financial aspects of school access.
- The IATT on Children and AIDS and the IATT on Education will work together more closely on this issue in supporting the actions above. A working group on behalf of both IATTs will focus on improving collaboration between the advocacy and the programming activities.

#### D. Targets and Resources

John Stover (Futures Group) and Neff Walker (UNICEF) presented the newly developed costing model used to estimate financial resources required for support to orphans and vulnerable children in Sub-Saharan Africa. Key questions which were preliminarily agreed upon in order to develop the model were:

- Who needs public support?
- What support services should be provided?
- How will support be provided?
- What are the unit costs?

The basis for the costing was to define the need for double, near, and half of single orphans living under the poverty line. At present, the cost estimate does not include children orphaned by AIDS outside of

Africa. Participants discussed the details of the costing exercise including the size and contents of the basket of basic services covered, the need to factor in the number of children per family, how services were costed as some require local and community action, and what assumptions were made about who would provide services.

There was broad consensus that while there are still details to be defined and necessary evolution and refinement of the methodology over time, the costing model is a major step forward and a useful tool for future planning. It positioned the issue of orphans and vulnerable children strategically for the global process of defining resource needs for children affected by HIV/AIDS.

Action Points/Recommendations:

- John Stover / Neff Walker requested input from IATT participants on further comments on the package that was costed and what else or how much should be added or included.
- Discuss with PEPFAR if there is a possibility to co-fund the further refinement of the costing model.
- Interested IATT members will form as a virtual working group to look further at the costing model, as well as programme costing.

#### E. Treatment Targets for Children

Doreen Mulenga (UNICEF) presented on ARV treatment targets for children, reporting on progress since the 2004 Global Partners Forum where this was identified as a priority for follow up. Treatment for children was not even on the radar screen a few years ago. Over the past year, however, a number of changes have taken place on the state of the science, identification of key challenges, as well as practical solutions. WHO has made a strong commitment on getting everyone on treatment – including children. Finally now, there are clear figures to use as a basis for planning and discussion:

- Even with full coverage of PMTCT, 300,000 children will be infected in breastfed populations.
- 640,000 children are currently in need of ARV treatment, 4,000,000 children in need of cotrimoxazole. Current ARV coverage is about 1%.
- By 2010, 5.1 million children will be in need of cotrimoxazole prophylaxis.

Participants pointed out the need for continued access to clear information on who is treating children, estimates on who will treat them in a year's time and a plan on how to increase the number.

The challenges are significant: mortality rates for small children are significant and existing drug formulations for children are far more expensive than adult formulations. Children respond well to treatment, but they have to be treated differently than adults. Even where ARVs are not available, there are many cost effective interventions possible, such as cotrimoxazole, an antibiotic that reduces infant mortality by 43% – however, access to those interventions is a problem.

The approach within the UN family is to strengthen government capacity to provide treatment for children. Investment and training in community response and care and support systems are also important factors for getting more children on treatment. In this respect, many faith-based organisations are providing ART to children in their health care facilities.

#### Action Points/Recommendations:

- Achievements have been considerable and this should be clearly communicated, including sharing information and lessons learned.<sup>7</sup>
- Efforts to expand paediatric ART coverage should be balanced with the need to address the low PMTCT coverage.
- Care, support and treatment for children living with HIV/AIDS should be integrated with other child health programmes as appropriate.
- The Global Partners' Forum on PMTCT before the ICASA in Abuja, Nigeria in December 2005 will be used to re-launch PMTCT.

#### F. Global Campaign on Children and AIDS

Peter McDermott (UNICEF) described the Global Campaign on Children and AIDS, to be launched in October 2005. There is clear justification for launching a global campaign: the need to make a programmatic paradigm shift by mobilising resources and commitment to tackle HIV/AIDS and support the attainment of the MDGs, UNGASS, WFC, MTSP goals. The Campaign seeks to tackle what was reported in the Secretary General's report: that progress in this area is limited.

The major goals of the Campaign are to:

- Put children more centrally on the HIV/AIDS agenda
- Change public policy to meet the needs of affected children
- Scale up responses
- Raise more than \$1 billion additional to do so
- Leverage significant additional resources

In terms of what the Campaign will specifically support, Peter described the four "Ps":

- **Paediatric treatment:** Paediatric HIV drug formulations, including cotrimoxazole to prevent opportunistic infections in infants must become widely available
- **PMTCT:** drugs to prevent mother-to-child-transmission and voluntary testing and counselling services must be widely accessible.
- **Prevention:** limit the spread of AIDS through forthright national leadership, widespread public awareness and intensive prevention efforts to protect children and adolescents from infection
- **Protection, care and support for children affected by HIV/AIDS:** Provide basic services including education, healthcare, nutrition and psycho-social support to more mothers, children and adolescents affected by HIV/AIDS

The Campaign will be launched following further consultation, strengthening partnerships, and developing specific Campaign strategies. UNICEF will operationalise the Campaign by generating

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<sup>7</sup> See, for example, "Exploring current practices in paediatric antiretroviral roll-out and integration with Early Childhood programmes in South Africa: a rapid situational analysis".  
<http://www.popcouncil.org/pdfs/horizons/sapedmtg05.pdf>

resources to support intensified programming on the ground; leveraging resources of other actors for children; and conducting advocacy/public policy dialogue.

Action Points/Recommendations:

- In order to strengthen collaboration with the IATT on the Global Campaign, participants suggested developing a platform that groups could endorse to confirm their support and participation, to be taken up with the Campaign Steering Committee.
- The need to make a clear link between the Global Partners Forum and the Campaign was emphasised, including using the opportunity of high level participation in the Partners Forum to look seriously at the constraints to achieving relevant Campaign objectives.
- Participants hope that the Campaign will help promote UNICEF's accountability as the convener of global efforts for children affected by HIV/AIDS.

#### G. Looking Ahead: Global Partners' Forum 2005 and Next IATT Meeting

Miriam Temin (UNICEF) gave an overview of the Global Partners' Forum and announced that UNICEF and DFID would be the next co-conveners. As the Partners' Forum enters its third round, there are a number of aspects that need to be strengthened, including clarifying participation, setting objectives, making the management more participatory, and accommodating a broader set of objectives with a separate technical meeting to advise the decision making within the Partners Forum. It was agreed that a technical meeting would be an important aid to high-level decision-making.

Candidate topics for the 2005 GPF include: the Progress Report, the Global Campaign and the "four Ps", follow-up to the topics discussed at the present meeting (June 2005 IATT meeting), attention to the role of caregivers, and the challenges of scaling up.

A small working group will form to steer the agenda and objectives of the Global Partners' Forum; identification of the target group; and the Partners' Forum structure.

As the working arm of the Global Partners' Forum, the IATT provides an important complement to the high level gathering. There was agreement that the IATT should meet every six months, though the information shared through emails should be more regular. More information from regional IATTs would help ensure IATT proceedings are grounded in country realities. Working groups on the different topics was considered appropriate, as is the idea of a rotating co-convenor/meeting place. In light of the year's end Partners Forum, the next meeting of the IATT will be in the first quarter of 2006. A co-convenor was not yet identified.

#### H. Information Updates

Research on children affected by HIV/AIDS: Neff Walker (UNICEF) announced that UNICEF will develop an informal network of donors and researchers to track data on children affected by HIV/AIDS.

This group will create a research database and track projects to determine which areas of study need further investigation for future support. UNICEF will solicit partners to help develop this issue.<sup>8</sup>

Monitoring and evaluation: John Williamson (Displaced Orphans and Children's Fund) shared his interest in forming a working group to develop a better measurement of community capacity than what is currently in the monitoring and evaluation guide, and better measurement of the effectiveness of programs aimed at strengthening this component. For those interested, please contact John at [j.williamson@mindspring.com](mailto:j.williamson@mindspring.com).

Psycho-social impact of HIV/AIDS on children: Mary Mahy (UNICEF) will convene a meeting on measurement of psycho-social impact of HIV/AIDS on children on July 28, 2005. Please contact her at [mmahy@unicef.org](mailto:mmahy@unicef.org) for more information.

Rapid Assessment, Analysis, and Action Planning (RAAAP): Jane Begala (Futures Group) provided an update on the RAAAP. Of the 16 countries completing action plans, they collectively needed technical assistance in developing costing and M&E components. The Futures Group provided direct assistance to 11 countries and virtual assistance to two countries with planning and costing. They held workshops for national governments and key donors to develop plans and budgets for orphans and vulnerable children, which were well received and empowered national governments to take ownership of the issue. A second series of RAAAP exercises will be conducted in an additional set of countries.

Child Protection and HIV/AIDS: Michael Montgomery (CIDA) reported that CIDA and UNICEF will develop a companion document to the *Orphans and Vulnerable Children Framework* describing the role of child protection in responding to affected children, similar to the *Role of Education for Orphans and Vulnerable Children* companion document. A reference group will be established; contact Alexandra Yuster at [ayuster@unicef.org](mailto:ayuster@unicef.org) within two weeks if interested in participating.

Faith Based Organisations and Institutional Care: Alexandra Yuster (UNICEF) reported that UNICEF and Christian Aid are developing a document on institutional care as a last resort, geared to FBOs. If any organisation would like to distribute copies, contact Alexandra at [ayuster@unicef.org](mailto:ayuster@unicef.org). In addition, the Ontario Human Rights Commission is hosting a day of discussion on this topic. For those interested, visit their website: <http://www.ohrc.on.ca/english/index.shtml>.

Samantha Donovan (ILO): ILO has completed 15 country profiles on *Combating Child Labour and HIV/AIDS in Sub-Saharan Africa*. The country profiles can be accessed on their website: <http://www.ilo.org>.

PEPFAR update: PEPFAR countries are currently planning for the fiscal year 2006 funding cycle. In a recent development, USG is asking countries to earmark 10% of their PEPFAR budget for children affected by HIV/AIDS; this will be a significant increase from current funding levels of 4-7% for children. The US Government Working Group on Orphans and Vulnerable Children is developing guidelines to help countries plan for the increase in available funds.

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<sup>8</sup> A good source of articles on children affected by HIV/AIDS is [http://www.ids.ac.uk/sourcesearch/bvl/bvl.cfm?d=b&bvl=BVL\\_OVC](http://www.ids.ac.uk/sourcesearch/bvl/bvl.cfm?d=b&bvl=BVL_OVC).

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