

JOINT MEETING OF THE EXECUTIVE BOARDS (UNICEF, WFP, UNFPA, UNDP) ***Children and HIV/AIDS: Background Paper (DRAFT)***

Nature and Magnitude of the Challenge of Children Affected by HIV/AIDS

The HIV/AIDS pandemic is having a devastating impact on children. More than two million children are living with HIV/AIDS. And between 2001 and 2003, the global number of orphans due to AIDS increased from 11.5 million to 15 million. The most affected region is sub-Saharan Africa, where AIDS has orphaned an estimated 12.3 million children. In some Asian countries with large populations and growing epidemics (e.g., China, India), the number of orphans and children affected by HIV/AIDS will grow dramatically. The impact of HIV/AIDS on orphanhood will continue to increase through 2010, although an increase in access to antiretroviral therapy could bring projected figures down.

Orphaning is only one aspect of the impact of HIV/AIDS on children. Other children are made vulnerable by having an ill parent, being in poor households that have taken in orphans, being discriminated against because of a family member's HIV status, or living with HIV themselves. An estimated 2 million children are living with HIV/AIDS themselves. AIDS-related stigma and discrimination touches many affected children, and those living in child headed households are especially vulnerable. Agencies are increasingly aware that programmes should not single out children orphaned by AIDS, but should direct their efforts towards households and communities where HIV/AIDS is making children and adolescents vulnerable.

Children affected by HIV/AIDS may be at a disadvantage in accessing essential services, resulting in disparities between children orphaned and made vulnerable by HIV/AIDS and other children. Stigma and discrimination can lead to disparities in access to services, economic stability, and psycho-social well being for affected children. In some countries, they have lower school enrolment, attendance and completion rates than other children and are at risk of poor nutrition and health. They also may be at greater risk of abuse and exploitation, and typically orphans and vulnerable children have significant psychosocial needs and the support systems to meet those needs are weak or, in extreme cases, non-existent. Extended family networks will continue to be the central social welfare mechanism in most countries. Grandparents and other older caregivers have an important role in caring for orphans, and their burden is notably increasing.

Commitments to Addressing Children Affected by HIV/AIDS

The Millennium Development Goals provide the overall objectives for the international community. The indicator specific to children affected by HIV/AIDS is: 'the ratio of school attendance between orphans and non-orphans'. Countries have also signed up to commitments to address the needs and rights of orphans and other vulnerable children. The United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment, signed by 189 countries, contains several paragraphs relevant to children orphaned and made vulnerable by HIV/AIDS.¹ The broad thrust of the Declaration is that governments must develop and implement national policies and strategies, strengthen governmental, family and community capacities, and ensure that children affected by HIV/AIDS enjoy access to education, shelter, food and good nutrition, safe water and sanitation, and health and social services on an equal basis with other children.

In the first Global Partners Forum in October 2003, convened by UNICEF, a broad range of agencies sponsored the endorsement of a *Framework for the protection, care and support of orphans and*

¹ See UNGASS 2001 Declaration of Commitment, paragraphs 65, 66, & 67.

vulnerable children living in a world with HIV and AIDS. This *Framework* has become the normative basis for responding to the needs and rights of children affected by HIV/AIDS. It has been widely endorsed by UNAIDS cosponsors and many others, and welcomed by international partners. Catalysed by the *Framework*, an increasing number of countries are conducting national assessments and consultations on orphans and vulnerable children, with rapid assessments and action plans being completed in 16 sub-Saharan African countries under the leadership of UNAIDS, WFP, UNICEF, and USAID.

UN Responses: Examples of Collaborative Action

While global, regional, and national commitments are increasing, progress on operationalising them has been unacceptably slow. A recent coverage survey² reports that only 3% of orphans and vulnerable children are benefiting from publicly provided basic services in all regions but Eastern Europe. The UNICEF publication *Africa's Orphaned Generation*³ reports that well under half of sub-Saharan countries have completed national situation analyses and established national coordination mechanisms for children affected by HIV/AIDS. Additionally, current resource tracking does not allow a determination of how much funding is targeting children affected by HIV/AIDS; funders like the Global Fund to Fight AIDS, TB and Malaria do not track resource allocations by age and sex.

A number of actions are being taken to respond to the slow progress for children affected by HIV/AIDS, as described below. Accelerating knowledge generation, resources, advocacy and partnerships should lead to accelerated action globally, regionally, and nationally in support of action on the ground. UN agencies are working with partners to define specific targets on processes, funding, and impact to promote coordination, accountability, and effectiveness in pursuit of measurable results for children.

Global and Regional Action

The Inter-Agency Task Team on Children Affected by HIV/AIDS has been revitalised to promote inter-agency action. The IATT plays a critical role in ensuring the effective implementation of the global agenda for children affected by HIV/AIDS as articulated in the *Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. The membership of the IATT is being expanded to include priority partners outside of the UN family. The IATT will strengthen joint action with specific deliverables; the expanded IATT will ensure linkages between the different IATTs relevant to children and HIV/AIDS, specifically prevention amongst young people; care, treatment and support for children living with HIV; and education and HIV/AIDS. The revitalisation of the IATT will include the establishment of regional IATTs on children affected by HIV/AIDS where appropriate.

UNICEF and the World Bank are convening the second annual Global Partners Forum to generate commitment, resources, and coherence in programming for children affected by HIV/AIDS. The Forum will bring together approximately 80 senior representatives of bilateral and multilateral donor agencies, UN agencies, civil society organisations and key government representatives. The meeting will aim to: provide a global update on the situation of children affected by HIV and AIDS; highlight progress in the implementation of policy and programme responses, and identify key challenges; and identify global funding gaps and opportunities, as well as mechanisms for ensuring that programmes are implemented effectively and that funds reach affected communities. High level participation from UNAIDS cosponsors will be crucial to the Forum's success in accelerating action for children.

² E.g., Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003, USAID, UNIAIDS, WHO, UNICEF, POLICY Project, 2004.

³ Published by UNICEF November 2003.

Recent assessments of the response for children affected by HIV/AIDS reveal specific capacity gaps amongst UN, civil society, and government agencies critical to developing and implementing national action plans. UN agencies and regional NGOs are collaborating to build skills to support national action through regional workshops with broad based participation. Recent skills building workshops in Kampala and Dakar will be followed with the first non-Africa workshop in Asia in 2005.

Monitoring and evaluation is an area of particular weakness in planning and programming. In light of this, UNICEF and other UN agencies, through the UNAIDS Monitoring and Evaluation Reference Group (MERG), have developed and agreed upon a set of indicators for national monitoring; they will be published by UNAIDS as guidelines to inform country level monitoring. In order to address other information and capacity gaps, UNICEF and partners developed of an estimate of the cost of meeting the basic needs of orphans and vulnerable children as recommended by the Global Partners Forum in 2003.

National Action

UNICEF, UNAIDS, USAID and WFP joined forces to lead the *Rapid Assessment, Analysis and Action Planning* (RAAAP) of national responses to orphans and other vulnerable children in 16 countries in sub-Saharan Africa, with involvement by a broader range of UN agencies at country level. The RAAAP is an effort to move the agenda forward at a national level and fulfil the obligations in the UNGASS Declaration of Commitment. The overall objective of the RAAAP exercise is to catalyse and identify immediate key actions to scale-up national multi-sectoral responses for orphans and vulnerable children in the most-affected countries. It has provided the opportunity to revive or establish coordination mechanisms and provide a starting point for situational analysis and national action planning. A milestone was reached in September 2004 in Capetown, where governments shared national action plans with UN agencies and donors; technical assistance is now underway to help finalise plans and prepare them for proposal development and implementation.

In April 2004, key donors endorsed the Three Ones principle⁴, which is increasingly important against a background of proliferating international initiatives in reducing duplication and increasing the effectiveness of HIV/AIDS funding and planning. The June 2004, the UNAIDS Programme Coordinating Board reinforced the importance of the Three Ones principle for the UNAIDS cosponsors. The PCB provides recommendations which will promote coherence between national action planning for children affected by HIV/AIDS and national HIV/AIDS plans, as well as relevant sectoral plans, in support of the Three Ones principle.

UN Theme Groups on HIV/AIDS are playing an increasingly important role in many countries, though effectiveness depends on the quality of leadership and the degree of cohesiveness of the group. Different agencies play the role of Chair or co-Chair, which increases collegiality and coordination. It also enables the UN to speak with one voice in other coordinating mechanisms such as the Global Fund's Country Coordination Mechanisms. The CCA/UNDAF process should make it easier for agencies to strengthen the synergies of their respective programmes and promote the Three Ones, though there is progress to be made on this front.

UN Theme Groups provide the opportunity for UN agencies to play a role in promoting the Millenium Development Goals through PRSPs and other macroeconomic instruments, building on UNICEF, UNAIDS, and World Bank efforts to increase the role of PRSPs in addressing HIV/AIDS. For example,

⁴ One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad-based multisectoral mandate; one agreed country-level Monitoring and Evaluation System.

Ethiopia's Theme Group is working to align the PRSP with the MDGs, including attention to HIV/AIDS and children affected by HIV/AIDS. Much work remains to be done to ensure that PRSPs reflect the way that HIV/AIDS relates to poverty, particularly emphasising the impact of the pandemic on the growing number of vulnerable children and young people, who will be critical to poverty reduction efforts.

UNDP is working with UNICEF and others on a decentralization and HIV/AIDS programme that aims at integrating HIV/AIDS activities at sub-national levels. In the Dominican Republic, the municipal level is set to implement 10 "Child Friendly Municipalities" across the country including in UNICEF's programmes. The decentralization and HIV/AIDS programme will enhance UNDP and UNICEF's role in addressing HIV/AIDS at the municipal level, including reaching children orphaned by AIDS, children living with HIV/AIDS, and other vulnerable children.

Partnerships between UN agencies has increased momentum to provide prevention, care, support and treatment for children and adults living with HIV/AIDS. In the context of the 3 by 5 Initiative, WHO, UNICEF and others are collaborating to increase knowledge and action on paediatric HIV care and treatment, an area that has so far been neglected. At a September 2004, Global Consultation on Paediatric HIV Care and Treatment and subsequent paediatric formulation meeting in November 2004, it was agreed to convene a group of technical experts, academics and research institutions and programmers in the field to provide strategic information on the use of paediatric ARVs. UNICEF and WHO have agreed to improve collaboration at all levels to ensure that children are represented, but specifically at the country level. The agencies are identifying countries for focused action to improve collaboration on the ground on paediatric HIV/AIDS, as well as prevention of maternal to child transmission (PMTCT) and PMTCT Plus where relevant. Specific areas of collaboration will be determined on a country-to-country basis.

UN agencies are revitalising their commitment to PMTCT Plus to prevent vertical transmission of HIV infection. Prevention of maternal to child transmission was originally conceived as a means of preventing mother to child transmission with a focus on saving the life of the child; it has broadened to expand families' access to ART along with nutritional support, to save and improve women's lives, and to ensure that infants and young children benefit from the love, care and protection of their parents for as long as possible. The Prevention of Mother To Child Transmission-Plus initiative is currently being pioneered by several agencies as an example of how to implement the full continuum of prevention, care, support, and treatment for parents and children. UNICEF, WHO, UNFPA, the World Bank, and UNAIDS are collaborating on advocating for a comprehensive approach to prevention for women and children, including jointly developing advocacy tools.

Children affected by HIV/AIDS may be at risk of poor nutrition. WFP, UNICEF and others are coordinating action in several countries to improve immediate and long-term food security at community and household levels through food production and preservation, life skills training, income generation, and where appropriate, food assistance. School feeding programmes are proving to be especially relevant: not only do they ensure that orphans and other vulnerable children get at least one good meal per day, they also act as an incentive for these children to enrol and attend school. Furthermore, school feeding programmes facilitate community linkages, are cost effective and offer an excellent opportunity to rapidly scale up national responses. WFP and UNICEF are also increasing their activities in food supplementation for pregnant women and for people living with HIV/AIDS who are taking ART.

Gaps and Challenges in the Response

To date, the response for children affected by HIV/AIDS is primarily in families and communities. Small-scale grassroots programmes have been implemented by thousands of individuals, community-based agencies, faith-based organizations and non-governmental organisations. A 2003 study of the role

of faith based organisations⁵ assessed the faith-based response in six countries and revealed the extensive reach and potential of faith based organisations (FBOs) to protect and support orphans and vulnerable children. These efforts provide insights and lessons about programming. However, organized interventions have reached only a fraction of the most vulnerable children in the hardest hit countries. It is estimated that less than three percent of orphans and vulnerable children receive public support for basic services.⁶ The role of governments in protecting the rights of their youngest citizens has also been minimal to date. And while resources for children affected by HIV/AIDS have increased in recent years, funding remains small compared with that devoted to other aspects of the pandemic.

UN agencies have a unique role to play in building government, community, and family capacity to protect and support children affected by HIV/AIDS along the lines of the UNGASS Declaration of Commitment. Much more inter-agency work is needed if the rights of children affected by HIV/AIDS are to receive the priority they deserve. Challenges for UN agencies include advocating for and increasing government commitment and action; building knowledge on programme linkages and effectiveness; scaling up good practise; integrating responses into social sector programming; strengthening capacity within the UN system, government, community, and civil society organisations; and increasing resource flows especially to communities.

Future Priorities

While the response has not yet been commensurate with the need, many of the tools for an effective response for children affected by HIV/AIDS are in place. There is a great deal more that the UN family can do to maximise these opportunities, with the goal of enabling countries and communities to protect and support children affected by HIV/AIDS.

Priorities for UN agencies are programmatic, advocacy, research, and fundraising, including leveraging existing funds including the Global Fund to Fight AIDS, TB and Malaria. This includes scaling up programming priorities at country level where UN agencies can play a pivotal role, including: expanding the role of governments in responding to children affected by HIV/AIDS; developing the use of social protection mechanisms for AIDS-affected families; increasing the role of education systems in supporting and caring for vulnerable children; and care, treatment and support for children living with HIV/AIDS. Programming will be informed by the life cycle approach, promoting programmes that are responsive to the age-related needs of infancy and early childhood, middle childhood, and adolescence.

UN agencies can support programming priorities with capacity building, technical assistance, and monitoring and evaluation. UNDP has a comparative advantage in creating an enabling human rights and resource environment at the national level and in strengthening socio-economic capacity at the community level, while UNFPA can play a critical role by expanding the reach of HIV prevention interventions to ensure that children who are marginalised due to HIV do not become the next wave of HIV infections. WFP is well positioned to scale up access to education through school feeding programmes for children affected by HIV/AIDS, and WFP and UNICEF are working together to increase programming in key areas such as school food and nutrition. UNICEF continues to serve as convener of UN efforts, as well as providing intellectual and programmatic leadership and advocacy.

UN agencies can make better use of existing institutional mechanisms to protect and support children affected by HIV/AIDS. Increasing commitment and capacity in UN Theme Groups at country level is

⁵ World Council of Religion and Peace and UNICEF, 2003.

⁶ Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003. USAID, UNAIDS, WHO, UNICEF and the POLICY Project, June 2004.

one way to increase the role of CCAs/UNDAFs in promoting coherent action for children living in a world with HIV/AIDS. At global and regional level, the IATT on children affected by HIV/AIDS can support programming with advocacy, fundraising, and expanding the knowledge base. Ensuring the link with other IATTs concerned with children, young people, and HIV/AIDS (on PMTCT, paediatric HIV, HIV/AIDS and Education, and prevention amongst young people) will help to promote coherent approaches across the continuum of priority actions for children and HIV/AIDS.

At country level, UN Theme Groups can do more to help create and integrate national plans for orphans and vulnerable children into HIV/AIDS plans and programmes, as well as development plans. HIV/AIDS plans should be part of PRSPs in light of the relationship between the pandemic and poverty. While many interim PRSPs have included HIV/AIDS as an issue, the vision of how countries will scale up responses to mitigate the negative effects of HIV/AIDS on human capital, economic growth, and children has been poorly articulated. If there is to be better support and funding for HIV/AIDS through national governments, it is vital that PRSPs respond to HIV/AIDS.

There are specific opportunities in the short term to promote commitment and action for children affected by HIV/AIDS, including the revitalised and expanded IATT on children affected by HIV/AIDS⁷ and participation in the December 2004 Global Partners Forum. Recommendations for concrete action coming out of the meeting will drive the agenda for 2005 and beyond. At country level, UNICEF, UNDP, WFP and UNFPA can make better use of common country processes such as the CCA, UNDAF, PRSPs, as well as proposals for funding (e.g., Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank MAP, PEPFAR, etc.). More collaborative efforts are needed for agencies to work to their respective strengths and be strategically positioned to contribute to a sustained, effective response for children affected by HIV/AIDS.

Next Steps

An interim review of UNGASS in mid-2005 and a more comprehensive report in early 2006 will reveal the extent to which global commitments have inspired action at country level. While progress has been significant, there remains an immense challenge in enabling countries to develop and implement national action plans. Recommendations of the Secretary General's report must stress scaled up, effective action to protect and support children affected by HIV/AIDS, including expanding the coverage and quality of responses for children and keeping parents alive.

⁷ There is broad agreement amongst members of the IATT on Orphans and Vulnerable Children to change the name of the group to better reflect the particular vulnerabilities of children affected by HIV/AIDS.