

Pre-conference Symposium on Children and HIV/AIDS Rapporteur Summary

Children and HIV/AIDS: action now, action how?

1-2 August 2008, Mexico City, Mexico

BACKGROUND

This pre-conference symposium was a 2-day event held on the 1st and 2nd August 2008, covering a range of topics around HIV/AIDS in children. HDN reported from the event, making a substantial contribution towards the rapporteur session during the closing session on the final day.

The symposium was hosted by the Coalition on Children Affected by AIDS, The Teresa Groupo and La Casa de la Salheld, and included a number of plenary, sub-plenary and parallel sessions. The event had three key underpinning themes:

HDN KCs will be allocated specific presentations to attend and report, also developing an overview of ONE of the three underpinning conference themes:

- knowledge and skills exchange
- models that can work right now
- global cooperation

Four HDN Key Correspondents attended and reported from the event, and presented reports during the final rapporteur session¹:

- Chitra Ahanthem (India)
- Sheila Coutinho (Uganda)
- Elena Obieta (Argentina)
- Leslie Snider (United States)

SUMMARY REPORT

The following summary is a descriptive, topic-focused review of the main points to emerge from the event.

1. KNOWLEDGE SKILLS AND EXCHANGE

¹ As part of HDN's Children and HIV project, funded by Irish Aid and the Bernard van Leer Foundation

Firstly, there seemed evidence of regional inequity at this symposium. Even if we know that numbers in Africa are shamefully high, experiences from Latin America or Asia seem muted. Voices of children, who should be considered not as objects of our programmes, but as people in their own right, were lacking – many participants asked for those voices to be heard.

“Whatever you do for me without me you are against me”, said Rafiki Callixte from Les Enfants de Dieu from Rwanda.

Second, regarding front line organizations & institutions, key issues that were discussed included evidence-based practice and evaluation programmes. Dominant models focus on community based care, with different approaches, including capacity building of existing CBOs, mobilization and empowerment of existing CBO are strategies that also work. Evaluation is central, but *needs* currently outpace recourses. Given the fact that it takes time to show impact (here, the benefits of investing in children), plus the emphasis on evidence based assessment of impact, it is vital to ensure that partners are brought together to agree outcomes and the way to measure them.

Therefore, one strategy shown not to work is the investment of large amounts of money too rapidly. Other potential failures are programmes imposed by donors, which don't give enough time for developing community ownership or local funding without capacity. We should remember that that capacity building and monitoring complement each other.

The third factor is political commitment. Maybe for the first time in this kind of meeting, 'zero tolerance' for corruption was heard. Accountability and transparency of donors, governments and the community is critical. Experiences from the field, where collaboration between local community based organizations (CBOs), International Donors and Governments has been demonstrated as achievable, do work. Examples from Dominican Republic, Botswana, Uganda, South Africa or Paraguay exist, and have shown impact at reducing MTCT or access to food, education, and immunization.

For families, integration within a holistic framework is vital, and has been shown to be successful. HIV has already disrupted children lives – they catch HIV often within the loving relationship of a family. Work on attachment shows that early separation causes severe and long lasting emotional trauma. Let's not make things worse, by – as we heard this week - the trauma of moving pregnant women to one place, a baby to another, and not properly supporting looking after Grandmothers, who are often the real backbone in home based care. Provision of social support here is vital.

These points are linked to the idea of bottom-up, family-centred approaches rather than top-down models. We have an opportunity, with the progress in paediatric AIDS treatment, to embed treatment with psychosocial support and social protection. We must remember, “there is no treatment without engagement” as according to one speaker this week.

On the final day, one presenter suggested that the term 'orphans and vulnerable children' (OVC) is like a Russian doll. Opening one, there is another, and another; it seems difficult to reach the actual child, surrounded as they are by many layers of complexity.

A final comment: if prevention works, if treatment works, what does not work? What are we waiting for? Act now!

2. MODELS THAT CAN WORK RIGHT NOW

The UN Special Envoy on HIV/AIDS to Africa, Elizabeth Mataka said in the opening plenary session that, “We have the medicines, what we need is the political will. We need to put our resources towards meaningful implementation of child rights conventions in terms of the right to education, the right to health and the right to nutrition”.

One of the messages we can take home from this 2 day symposium is that of hope, courage and determination – the strides taken by Botswana, Malawi, Nigeria, Namibia, Zimbabwe, at national levels of Governance through political support for funding and budget allocation, and practical programs of cash transfers, building health care set ups and supporting family and community level responses. A case in point was the increased funding by the Kenyan Government and donors. Here, the Government allocated Ksh. 48 million (around US\$ 695,652) in 2005/6, increasing after the implementation of a National Plan of Action, to Ksh. 579 million (US\$ 8,391,304) in 2008/9.

During the symposium, an important underlying theme was how the African experience can inform other regions of the world as one to be learnt from, adapted and pursued. And yet there remains an absence of such initiatives and commitments in many parts of Latin America and Asia by donors or governments, on the grounds that there is low prevalence of HIV/AIDS in these regions. Does this then mean then we have to wait for continents and countries and regions to reach a high level of prevalence, and that we wait for more children to be affected/infected and made vulnerable to HIV, before there is a response?

On practical terms, how do we look at implementation of existing government policies, programs and schemes on the ground from paper to trigger off effective national plans of action? Civil societies will have to step in to make a pitch for accountability and zero level tolerance for corruption. The experience of Kenya and Namibia where even in extreme situations of conflict and ethnic clashes, civil society stepped in to protect children, should be an inspiration for all of us. As Ms. Sirrka Ausiku, Ministry of Gender Equality and Child Welfare, Namibia puts it, “Civil societies have to make the Government obliged to respond.”

According to one presentation yesterday, it is peer pressure at national Government levels that now, more than ever before, that could tip the balance for countries committed to UNGASS, and realization of the Millennium Development Goals.

All stakeholders in the fight against HIV & AIDS: program people, community leaders, affected/infected and vulnerable communities, civil society representatives, public health experts, religious groups, human rights groups and the media, should keep Governments under pressure to ensure meaningful and robust responses - for it is the Governments that will stay on long after funders have moved on.

3. GLOBAL COOPERATION TO SUPPORT IN-COUNTRY EFFORTS

During the symposium, Stream Three aimed at identifying the issues encountered during the international efforts to support in country OVC efforts.

Michelle Sidebe of UNAIDS, emphasised that “Children HIV/AIDS issues continued to have wide gaps and were not yet central to the programmatic response both at the national and global levels. Only 17 countries globally were on track of achieving the UNGASS goals. Generally, consensus existed on the need for international efforts to support in country OVC interventions to address the looming crisis that was at times referred to as a time bomb. This intervention would require collectively, sustainable, predictable funding to give the current vulnerable children a chance to develop to their full potential.

Political will, good and transparent accountability systems have lead to a big paradigm shift from viewing the OVC crisis as a “feeling of fatality to that of hope”. This was observed in Zambia by Elizabeth Mataka, the UN Special Envoy for AIDS in Africa. The different governments must ensure the establishment of sustainable safety nets to address the needs of vulnerable households. All other efforts to improve these safety nets programs would be to compliment the unique efforts of the each government. Jim Kim of Harvard University, mentioned that some governments felt frustrated to be handled like extended NGOs by global partners who sort to support their in country OVC programs. It is therefore imperative that global support must compliment efforts of different governments and not come with there own agendas and blueprints of one size fits all syndrome.

The vital role NGOs, as part of civil society, had played in supporting – and pressing – Governments to provide basic services to the poorest and most vulnerable in society, was acknowledged. But, the notion suggested this week that civil society is now in a position to push – and partner – Governments is a truly significant, and we need to capitalize on this.

Most of the interventions of the NGOs are supported international partners. However these NGOs had different funding sources with different lifespan and reporting schedules and requirements. These often make it difficult for the Governments to coordinate and provide national evidence based reporting to the global partners. If this is not done, there is a danger for not earning the trust of the international partners. This would in turn create the snowball effect of not getting more funds to scale up in country efforts.

One unique example is the established of the Civil Society Fund in Uganda. Several development partners have come together to pool resources for implementing OVC interventions nationally. This should help to support the coordination and collaboration among the various Civil Society Organizations to ensure the equitable distribution of OVC resources in terms of geographical coverage, the variety of services delivered; the minimization duplication of efforts and more importantly to ensure that all eligible OVC children and their families access services.

Good governance and political leadership – especially from an enlightened and effective Parliament – are crucial in the development of policies that have true impact. Brendan Howlin, Speaker of the Houses of Parliament in Ireland, emphasized the needed to involve the legislature in all the countries funding OVC interventions. This was important because they determine policy and vote on budgets. The challenge he observed was that many a

times the people making the votes may not have a clear understanding for programs to benefit from their vote.

CLOSING

The role of family as a haven for support was emphasised this event, and Professor Linda Richter reminded delegates that "...we have seen ourselves as related to children, and somehow ignored the families who are truly related to the child".

HDN Key Correspondent Team
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