



COMMUNIQUE
Fourth Global Partners Forum
The Royal Hospital Kilmainham, Dublin, Ireland
6-7 October 2008

We, the global partners, including parliamentarians and government, civil society, UN representatives, donors, researchers, and young people, gathered in Dublin, Ireland, are encouraged by recent progress in global efforts for children affected by HIV and AIDS, but remain seriously concerned about the persistent impact of HIV and AIDS, which makes it impossible for some children to realise their human rights. Over the course of one and a half days¹, we identified areas where there has been progress and where challenges persist.

We recognise that there have been important shifts in global thinking since the last Global Partners Forum in 2006, which contribute to our common vision. We have consensus on *what* needs to be done and that we agree on the need to focus on *how* to ensure that all vulnerable children, particularly those affected by HIV and AIDS, can access the services and support that they need.

This Communiqué captures key findings and priority actions, based on the evidence presented by the Inter-Agency Task Team on Children and HIV and AIDS and the Joint Learning Initiative on Children affected by HIV and AIDS.^{2 3}

Key Messages Emerging From the Evidence⁴

The *reality on the ground* is better understood than ever before:

1. More information and data are now available, leading to a clearer understanding of the major factors that increase the vulnerability of children:
 - a) Poverty increases the impact of AIDS on children and reduces households' ability to cope with additional stress. Death or illness within the household affects the economic well-being of the household. This means that in the most severely affected regions where families and communities are bearing the overwhelming burden of HIV and AIDS, the effects of the pandemic are weakening capacity to provide care and support to children;

¹ The fourth Global Partners' Forum on Children Affected by HIV and AIDS took place from October 6 to 7, 2008 in Dublin, Ireland in order to review progress and build commitment to evidence-based recommendations.

² Synthesis of Evidence, Fourth Global Partners Forum on Children Affected by HIV and AIDS, Dublin, Ireland, 6-7 October 2008

³ Joint Learning Initiative on Children and HIV/AIDS (JLICA)-Advance Summary of Key Findings and Directions for Policy, Dublin, Ireland, 6-7 October 2008

⁴ Inter-Agency Task Team on children affected by HIV and AIDS, regional Inter-Agency Task Teams on children affected by HIV and AIDS, Joint Learning Initiative on Children and HIV/AIDS

- b) The health and survival rate of HIV negative children are greatly increased once the child's HIV positive parent is provided with anti-retroviral treatment and cotrimoxazole ⁵;
 - c) There are age specific and gender related factors that determine a child's vulnerability. For example, girls living outside of family care are particularly vulnerable to early sexual debut and in some settings; they are more likely to be taken out of school to care for sick relatives and are more likely to be subjected to violence and abuse. In addition, girls are biologically more susceptible to HIV than boys of similar age;
 - d) Evidence shows the variable impact of HIV and AIDS in different countries. Different approaches are required to respond effectively to children affected by HIV and AIDS in different regions and in different epidemic settings – both generalised and concentrated. There is no “one size fits all”.
2. Families are absorbing almost all of the costs of care for affected children. Families, including elderly care givers, under stress through chronic poverty, labour constraints and facing the impacts of illness and death need external assistance.
 3. There has been progress in implementing national responses for children affected by HIV and AIDS, as evidenced by more situation analyses, policy development, national action planning, and establishment of coordination mechanisms. However, weaknesses persist in monitoring and evaluation efforts, policy and legislation implementation, and resource mobilisation.⁶ In addition, overall knowledge management systems are weak.
 4. In most countries, social welfare ministries, that are mandated to provide support to children and families, have inadequate human, financial, and institutional capacity and also have limited influence over government priorities and budgets, especially at decentralized levels.
 5. Community and faith based organisations are playing a critical role in caring for, protecting and supporting families and children affected by HIV and AIDS, but need more support and capacity to be fully effective. Their work needs to be better coordinated and aligned with government policy and public services.
 6. In a variety of resource settings, cash transfers as part of a social protection package, are playing an important role in alleviating household poverty and a number of countries are beginning to scale them up, increasing families' access to essential services.
 7. Stigma and discrimination which hamper the ability of children and families to access services are still prevalent and effective responses, including those defined by young people, still need to be implemented.

⁵ Mermin et al. Mortality in HIV-infected Ugandan adults receiving antiretroviral treatment and survival of their HIV-uninfected children: a prospective cohort study. *Lancet*. 2008 Mar 1;371(9614):752-9.

⁶ UNICEF, USAID, Futures Group (2008) OVC Policy and Planning Effort Index in sub-Saharan Africa

8. Progress is being made on implementing the Paris principles of aid effectiveness but there remains a need for external funding to be better aligned with nationally led responses.
9. Transferring money from global, national and district level to caregivers remains a key challenge and there are inadequate resources reaching households. Interventions to support children affected by HIV and AIDS are most effective when they form part of strong health, education and social welfare systems that work together to link prevention, education, treatment and protection.
- 10 It is evident that the contributions of young people in defining and implementing the responses to HIV and AIDS should be central, routine and standardised.

Priority actions:

Given the evidence and gains of recent years, participants to the Fourth Global Partners Forum agreed on the following actions to accelerate the implementation of programmes to support children affected by HIV and AIDS:

1. **Keep children and parents living with HIV alive and well.**
 - a. Support and expand access to anti-retroviral treatment and prevention and treatment of opportunistic infections for children, parents and caregivers, using family centred approaches and improve access to early infant HIV diagnosis as well as nutritional support, including in emergency settings;
 - b. Accelerate scaling up prevention of parent to child transmission programmes.
 - c. Improve linkages between clinic based and community based care.
2. **Strengthening families and communities as units for prevention, care and support.**
 - a. Scale up and link programming on care, prevention, treatment and support, including promoting integrated family-centred programming. Encourage the use of different entry points to identify vulnerable families (e.g., community children's care groups, NGO supported programmes, schooling, PMTCT, prenatal and postnatal services, family care and treatment, microfinance, drug prevention and harm reduction programmes, cash transfers, social transfer distribution sites, programmes encouraging active engagement of men, etc.)
 - b. Scale up access to primary prevention within families, including HIV status awareness through couple counselling and testing and age appropriate messaging;
 - c. Use the resources and programmes focused on children affected by HIV and AIDS to reach communities and families and build/strengthen systems for strengthening overall child wellbeing. In areas of widespread poverty and high HIV prevalence, there is high convergence of these sources of vulnerability. In this regard, promote and advocate for AIDS sensitive, rather than AIDS exclusive programming.
3. **Increase effectiveness of programmes, services and funding**
 - a. Strengthen the leadership and capacity of government, including at decentralized structures, to deliver effective and sustainable programmes. Develop professional human resources for social welfare;

- b. Support the development and implementation of comprehensive national social protection programmes including cash and other social transfers, family support services, early childhood care, alternative care; hold African governments accountable to the Kampala commitment of 2% of GDP allocated for social protection.
- c. Promote and advocate for child friendly legal protection accompanied by legal aid. Address domestic violence and abuse
- d. Sharpen operational guidance and standardise definitions and strengthen regional bodies and fora to support country level implementation.
- e. Promote and advocate for evidence based planning, including establishing clear targets, scaling up implementation and monitoring and evaluation;
- f. Improve the effective use of existing resources through better harmonisation and coordination and alignment to national responses, including those directed at economic security or supported by NGOs, FBOs and CBOs. Mobilise more and predictable funding from donor and domestic sources. Ensure existing resources reach the most vulnerable communities, households and children, including review of the incentives for community providers;
- g. Encourage partnerships between civil society, and Government, including parliamentarians by building civil society capacity to participate in national responses. Support civil society engagement and accountability in channelling funds to communities;
- h. Strengthen care options such as kinship care, foster care and domestic adoption so that institutional care is the last resort for children and a temporary solution;
- i. Strengthen the monitoring and evaluation of national responses by supporting development of national routine data collection systems and evaluations such as Demographic and Health Surveys (DHS), AIDS Indicator Surveys (AIS) and Multiple Indicator Cluster Survey (MICS), disaggregated by age, gender and locality;
- j. Accelerate integration of children and HIV/AIDS issues in national sectoral and development plans to advance sustainability and national ownership.

4. Human rights for vulnerable children

- a. Support the development and implementation of comprehensive national and community strategies and actions that will combat violence, stigma and discrimination directed at children and young people living with and affected by HIV and their households;
- b. Support development of mechanisms and institutions for active participation of children and young people in prevention programmes and services that support orphans and children who are made vulnerable by HIV and AIDS, including development of appropriate measurements for effective partnerships;
- c. Increase access to youth friendly services and quality education, especially for girls. Insist that governments ensure education for all. Where school attendance is low, implement mechanisms to improve access by children orphaned and vulnerable (such as abolishment of school fees and local charges);
- d. Advocate for legal protection of human rights of children, particularly children of marginalised populations and children infected with HIV, and work to remove legal barriers.

We, the participants at the Fourth Global Partners Forum held in Dublin, Ireland, on 6th and 7th October 2008 pledge to put our collective weight behind these agreed actions. We emphasize the need to maintain development assistance for the benefit of children, even in the context of the global economic crisis. We support the implementation of priority actions and will closely monitor and evaluate the progress achieved to hold ourselves accountable to children affected by HIV and AIDS, in whose name we held this Forum. The Global and regional IATTs will monitor and report on progress over the next two years.

These priority actions are situated against the backdrop of other global commitments and in that regard, we global partners hereby reaffirm:

The Convention of the Rights of the Child and the global goal of Education For All.

The Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS in 2001, specifically, commitments to increasing the availability of Prevention of Mother-To-Child Transmission services, paediatric treatment and prevention programmes.

The Development Goals as set out in the Millennium Declaration adopted by the United Nations General Assembly in 2002.

The commitments adopted at the Second and Third Global Partners Fora on children and HIV and AIDS and recognising that these commitments are still an ongoing and integral response to children affected by HIV and AIDS.

The Political Declaration on HIV/AIDS adopted by the United Nations General Assembly in 2006.

and recognise:

‘The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS’ endorsed in the Second Global Partners Forum in 2004.

‘The Enhanced Protection for Children Affected by AIDS; A Companion Paper to, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, 2007