

At the 2006 UNGASS Review UN Member States will be evaluated on their performance on the DoC, utilizing UNAIDS Guidelines on Construction of Core Indicators issued in July 2005.

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### **Recommended additional paragraphs to be included in the Draft Political Declaration**

27. Commit ourselves to intensify our efforts to deliver a multi-sectoral response to protect the rights to care, prevention and treatment for children orphaned and made vulnerable by HIV and AIDS by promoting national child-oriented policies and plans; including developing social protection systems to support orphans and vulnerable children their families and carers;

28. Commit ourselves to providing free health care for children, providing cotrimoxazole to all those children known to be living with HIV and eliminating school fees and associated costs of school attendance;

29. Pledge to support research and development on simple and affordable diagnostics and paediatric ART formulations and ensure that children are included in national and international treatment targets;

30. Ensure the full enjoyment of human rights for children orphaned and made vulnerable by HIV and AIDS; intensifying efforts to register all births, providing legal frameworks for children to access services and to protect their inheritance rights and encouraging children's participation in the design of child-focused programmes;

### **Background**

World Leaders will participate in a comprehensive review at the United Nations headquarters between 31 May - 2 June 2006 of progress made on global agreements to reach Millennium Development Goal 6 to reverse the spread of HIV and AIDS by 2015 including:

- Declaration of Commitment on HIV/AIDS (DoC) adopted at the twenty-sixth special session of the UN General Assembly in 2001, which guides national, regional and international efforts to combat the HIV and AIDS pandemic.

- The 2005 World Summit outcomes calling for the development and implementation of a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it and the reduction of vulnerability of persons affected by HIV/AIDS...in particular orphaned and vulnerable children and older persons.

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The UK Working Group on Orphans and Vulnerable Children draws the attention of Member States to the recommendations of the Global Partners Forum for Children Affected by HIV and AIDS on addressing the blockages to universal access to prevention, treatment, care and support for children affected by AIDS, many of which are outlined below. The Working Group also strongly supports the Abuja Call for Accelerated Action Towards Universal access to HIV and AIDS, TB and Malaria, and Africa's Common Position to the High Level meeting of the UNGASS on AIDS which set ambitious goals for 2010 including:

- at least 80% of pregnant women have access to prevention of mother to child transmission (PMTCT);

- 5 million AIDS orphans and 80% of orphans and vulnerable children have access to basic services;

- at least 80% of those in need, especially women and children, have access to HIV/AIDS treatment, including antiretroviral therapy as well as care and support;

**The Working Group asks the UK Government and all Member States to take a strong position at the 2006 UNGASS Review and call for:**

1. Policy, National Planning, Coordination and Monitoring and Evaluation Progress on international commitments must be reviewed at the UNGASS Review including:

- Endorsement by Member States of the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in A World With HIV/AIDS
- Support for the development and implementation of National Plans of Action for orphans and vulnerable children in all highly affected countries
- Integrate a multi-sectoral response for children affected by HIV and AIDS into development instruments, including Poverty Reduction Strategy Papers, national development plans and National AIDS Strategies
- Strengthen monitoring and evaluation to improve the accountability and performance of national plans through improving data collection for children.
- Ensure national monitoring disaggregates by sex and age and includes the core indicators for children affected by HIV and AIDS, and build capacity to ensure information is collected and used to improve practice and to ensure accountability increases around vulnerable children.

- Strengthen national coordination of actions for children affected by AIDS by strengthening coherence across ministries relevant to children affected by AIDS, including those of health, education and social welfare.

## **2. Funding**

The Gleneagles Communiqué stated that G8 countries are committed to ensuring that all children left orphaned or vulnerable by AIDS are given 'proper support'. To meet this commitment all donors must provide significantly increased and sustained funding to provide more and better care for families and to stop more children losing their mothers prematurely to HIV and AIDS.

UNAIDS estimates that between 2006 and 2008 \$6.4 billion is needed to respond to the needs of children orphaned and made vulnerable by HIV and AIDS. This amounts to 12% of the comprehensive response. Additionally a percentage of the estimates for prevention, treatment and care must be targeted towards all children affected by HIV and AIDS.

- Member states must be held to time bound and measurable commitments to earmark national budget allocations of total HIV and AIDS expenditures specifically for all children affected by HIV and AIDS.
- Donors who have committed to explicit spending targets to meet the needs of children affected by HIV and AIDS must be able to demonstrate expenditure through statistical reporting disaggregated by age and gender.

## **3. Paediatric Treatment**

The development and implementation of plans for universal treatment for all by 2010 must ensure children's right to HIV and AIDS treatment.

- Children must be explicitly included in international treatment initiatives and national treatment targets. Member states must be held accountable for meeting treatment targets and tracking treatment distribution by gender and age.
- Member states must ensure equitable access to a comprehensive package of treatment services including; scale up the prevention of mother to child transmission Plus (PMTCT), provision of cotrimoxazole to all children known to be HIV positive and to those born to positive mothers until HIV status is determined.
- Member states must encourage industry to prioritise children's rights over market interests and urgently invest in the development and production of fixed-dose combination anti-retroviral therapy for young children as well as grant voluntary licenses to allow generic production of ARVs and develop simple and affordable diagnostic tests for children and infants.
- To improve health care systems of poor countries to deliver drug treatment, member states must: prioritise the health care sector in national budgets; provide comprehensive treatment guidelines; and training packages on treating HIV positive children for health professionals.
- Make healthcare free and increase investment in health systems. Health systems should provide holistic care, including emotional support and access to home-based care that enables mothers to stay in their homes and care for their children. However, this should be undertaken without increasing the burden of care that women and girls carry, through providing appropriate support and compensation.

#### **4. Prevention**

- Scale up comprehensive prevention for young people including through sexual and reproductive health services for young people.

#### **5. Legal Protection**

- Strengthen civil registration to promote child protection and services especially the critical role of birth registration and an appropriate legal framework to planning and accessing services, as well as ensuring that the rights of the child are met.

## **6. Social Welfare Assistance**

- Develop social welfare systems with budgetary allocations. The international community should support governments in building coherent institutions to deliver social welfare for adults affected by HIV and AIDS and vulnerable affected children including the disabled, sexually exploited, child soldiers and street children.

## **7. Education Access**

- Accelerate the existing momentum towards education for all children through the Fast Track Initiative and other financial mechanisms.
- Eliminate school fees and other associated costs of school attendance for all children.
- Support effort behind Education For All to improve quality education, promote gender equality, enable girls to complete secondary school education and enhance school retention rates.

## **8. Community Mobilisation**

- Strengthen the capacity, effectiveness and participation of civil society to fulfil its complementary role in increasing accountability of government, mobilizing communities, challenging exclusion and AIDS related stigma and discrimination, and delivering services that governments cannot offer and/or to groups that governments cannot reach.

- Encourage children's participation in national and international AIDS activism and the inclusion of child rights advocates in all national governing structures including the Country Coordinating Mechanisms of Global Fund to Fight AIDS, TB and Malaria recipient countries.
- Develop mechanisms for flexible funding to meet community needs. The mechanisms should facilitate flexible, drip fed funding to the community level and should ensure country leadership and coordination as well as lesson learning with state actors.
- Direct long-term financial support to the community level in order to scale up implementation of evidence-based approaches: track resource flows to and impacts at the community level as an essential part of the response. Greater investment by governments and donors in civil society capacity to assess situations, develop plans and improve practices as well as services that improve lives of children affected by HIV and AIDS.