

Scaling up Efforts
for Children and AIDS



African-European Parliamentary Consultation on Children Orphaned and Made Vulnerable by AIDS in Africa: Reprioritising International Agendas

Cape Town, South Africa,
23 - 24 September, 2004



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Introduction

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The conference in Cape Town on 23 and 24 September 2004, of which you find a report in this booklet, was aimed at designing a Plan of Action to step up efforts on behalf of orphans and children made vulnerable by HIV and AIDS in Africa. The meeting - 'African-European Parliamentary Consultation on Children Orphaned and Made Vulnerable by AIDS in Africa: Reprioritising International Agendas' - has turned out to be successful. Attendants approved the 'Cape Town Declaration', which included a Plan of Action, calling for concrete steps to be taken by parliamentarians in both Europe and Africa. African parliamentarians are asked, among other things, to urge their governments to develop an effective National Action Plan to address the issue, as such national strategies are still absent in many African countries. The legislators are also asked to secure funding to enable the implementation of national plans. And, as parliamentarians are said to be in an excellent position to break the silence about HIV/AIDS, they are emphatically asked to raise their voice about HIV/AIDS and the children who are affected. European parliamentarians are asked to put the item on the agenda in their Parliaments and urge their governments to give adequate support to Africa.

This publication is meant as reference for parliamentarians who attended the conference or who otherwise have already been engaged in the issues of orphans and vulnerable children, as well as an introduction to the issue for those who will join efforts in the coming months or years.

The conference in Cape Town was the prelude of a multi-year campaign that AWEPA will conduct in close cooperation with UNICEF. Seminars on Children Orphaned by HIV/AIDS will take place and AWEPA will organise workshops in each of the national and regional parliaments in Africa and Europe to bring orphans and vulnerable children to the top of the political agenda.

There is no time to be lost. A revitalized, scaled up response to the problem of children orphaned and made vulnerable by HIV/AIDS should be operational as soon as possible. We call on all parliamentarians from both continents to help achieve this goal.

Amsterdam, January 2005.

Dr. Jan Nico Scholten
President AWEPA

A Crisis Running out of Control?

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As of late 2004, more than 11 million children in Africa had lost one or both parents to HIV/AIDS. Efforts embarked on during the past decades to deal with this humanitarian crisis have proven to be insufficient, as the number of AIDS-related orphans is expected to be almost doubled by 2010. Only a dramatic scaling up of the response will prevent an unchecked further loss of life and future for millions of African children.

The Problem

The HIV/AIDS epidemic in sub-Saharan Africa has already orphaned a generation of children. If allowed to develop unchecked, it will orphan generations more. Today, over 11 million children under the age of 15 in sub-Saharan Africa have been robbed of one or both parents by HIV/AIDS (in the context of the HIV/AIDS crisis, the term orphan is defined as a child that has lost one or both parents). In 2010, the number is expected to have grown to about 20 million.

The number of people living with HIV/AIDS continues to increase, as prevention efforts remain insufficient. Cultural practices, traditional attitudes and peer pressure discourage preventive methods, such as the so called ABC approach: abstinence, being faithful to one partner, and using

“OF 40 SUB-SAHARAN COUNTRIES ONLY SIX HAD A NATIONAL PLAN ON ORPHANS”

condoms. The increasing number of children being orphaned has a vicious effect on the incidence of infections itself. Families that lose a parent, or both, have a much bigger chance to fall into poverty. Orphaned children are more likely to drop out of school and lack of education is known to significantly increase the chance of becoming infected with HIV, especially among girls.

The problem of orphans and vulnerable children is further aggravated as a result of traditional coping mechanisms becoming over-stretched. The African extended family has historically formed a resilient system of social security. It is very common for families to raise children who are not members of the immediate family. In nearly every sub-Saharan country, extended families have assumed responsibility for more than 90 percent of orphaned children. But this traditional support system is under severe pressure and in many instances has already been overwhelmed. The prob-

lem of orphans and vulnerable children is aggravated because caregivers of orphans themselves are succumbing to HIV/AIDS.

Absorbing orphans in a family impoverishes households, rendering them unable to provide adequately for children. Children orphaned by HIV/AIDS face a higher risk of malnutrition. They also face stigma and discrimination. Many children end up living in the streets. In Brazzaville, Congo, for instance, almost half of street children are orphans. In Lusaka, Zambia, the majority of children living on the street are orphans. The number of child-headed families is increasing.

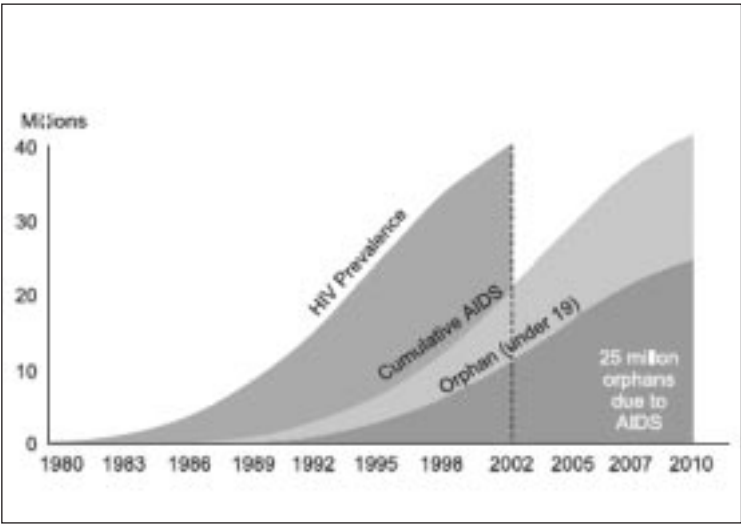
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What has been done so far

Governments in sub-Saharan Africa have so far been slow to respond to the orphan crisis. Other challenges compete for their attention and for scarce public funds. Their reluctance also often reflects a lingering unease about HIV/AIDS itself; taboos and stigma persist even among policy makers themselves and many hesitate to take action against a disease so closely associated with sexual behaviour and promiscuity. When Nelson Mandela in January 2005 publicly announced that his son had died of AIDS, this became world news and was considered to be a remarkable break with a still predominant African tradition of taboo and shame surrounding HIV/AIDS.

Epidemic Curves:
HIV, AIDS, Orphans
(from UNICEF et al.
July 2004)

Source:
UNAIDS/UNICEF,
2003, adapted from
Whiteside, A. and
C.Sunter, 2000



At the international level, the global community, through the United Nations, has emphasised the seriousness of the orphan crisis in sub-Saharan Africa and the urgent need for government action.

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS took place. It paid special attention to children orphaned and made vulnerable by HIV/AIDS and set specific goals for the subsequent

five years in a Declaration of Commitment. However, at the close of 2003, of 40 sub-Saharan countries only six had a national policy on orphans and other vulnerable children, while eight were in the process of making such a plan. Twenty six countries had not yet started the process of designing a plan.

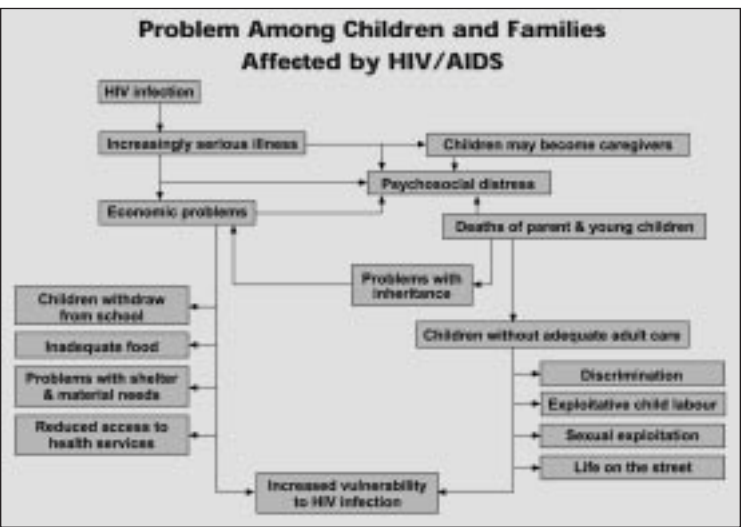
Several other initiatives were taken to fight HIV/AIDS, including efforts specially geared towards addressing the issue of orphans.

On World AIDS Day 2003, the WHO and UNAIDS released a detailed and concrete plan to reach the 3 by 5 target, meaning providing antiretroviral drugs to three million people in developing countries by the end of 2005.

In October 2003, at the Global Orphans and Vulnerable Children (OVC) Partner Forum held in Geneva, UNICEF, UNAIDS, the World Food

“GOVERNMENTS IN SUB-SAHARAN AFRICA HAVE SO FAR BEEN SLOW TO RESPOND”

Programme (WFP) and USAID decided to form a Steering Committee to supervise a rapid scaling up of an effective OVC response. This initiative started with a rapid assessment of the magnitude of the OVC problem, to be followed by analysis and planning of action. The effort came to be



UNICEF et al. July 2004
Source: Williamson, 2000

known as rapid assessment, analysis and action planning process (RAAAP). It entailed a renewed effort to have African countries develop national policies concerning orphans and other vulnerable children, to be laid down in National Action Plans (also see Chapter ‘National Plans under Way in Sixteen African Countries, p 41). Each Action Plan was to establish data on the orphans and vulnerable children crisis, identify gaps in ongoing responses and propose actions to step up efforts.

Soon after the launch of this October 2003 initiative, AWEPA decided to partner with UNICEF to assist in its implementation. To this end, AWEPA decided to begin a multi-year campaign in Africa and Europe to mobilise parliamentarians and gain their support for scaling up efforts on behalf of orphans and vulnerable children.

The first preparations of the campaign began in September 2004, with the Parliamentary Consultation on orphans and vulnerable children in Cape Town. Prior to this conference, sixteen African countries presented drafts of their National Action Plans. The conference itself resulted in the Cape Town Declaration, which contained several clues as to how parliamentarians can contribute to scaling up efforts on behalf of orphans and vulnerable children.

What will be done: the AWEPA UNICEF campaign

In the spirit of the Global OVC Partners Forum held in October 2003 in Geneva, AWEPA will use its network to push the OVC agenda at parliamentary level in Africa and Europe in the most concrete way. The sharpest picture will be presented to the participants in this process and their roles and responsibilities made clear. The campaign has the support of the UNICEF Eastern and Southern African Regional Office (ESARO). In Africa, in partnership with the national parliaments and the national UNICEF offices, AWEPA will organise a workshop in each of the national and regional parliaments. The same will be done in Europe through the sections of AWEPA in the national parliaments and the European Parliament, always in cooperation with UNICEF's national committees and the European office of UNICEF. UNAIDS, WFP and others will be asked to give their input and support.

The final objective of AWEPA's multi-year campaign is to promote a scale up of responses in African countries most affected by HIV/AIDS by mobilising more support at parliamentary level in Africa and Europe.



Cape Town Declaration: Parliamentarians Promise To Do More for Vulnerable Children

At the Parliamentary Consultation in Cape Town organised by AWEPA, parliamentarians from Europe and Africa agreed on a Plan of Action to accelerate responses in support of orphans and other children made vulnerable by HIV/AIDS. The Plan of Action, included in the Cape Town Declaration, calls for commitment of all parliamentarians.

The Plan of Action was included in what is called the ‘Cape Town Declaration’, calling for commitment of all parliamentarians. In this Declaration, parliamentarians commit themselves to do more for orphans and vulnerable children, to some extent in a very personal way. The declaration includes, for instance, a strong call on MPs to adopt an orphaned child or support a child-headed household. The document also urged parliamentarians to stick out their neck by speaking up about HIV/AIDS within their immediate political environment. “Set an example by publicly championing OVC (Orphans and Vulnerable Children) rights within the political party,” the fourth article of the Declaration reads.

Increasing awareness about HIV/AIDS in their constituencies and, by doing so, breaking the taboo and stigma that are still associated with the disease, are considered to be one of the typical tasks for parliamentarians. Attendants of the conference agreed that legislators can also help to

“APPOINT AN OMBUDSPERSON FOR CHILDREN”

scale up support for children affected by HIV/AIDS through concentrating on what is MPs’ core business: the adoption, amendment and introduction of laws. “Review and amend as necessary all legislation relevant to national AIDS policies in order to ensure that the rights of children infected and affected by HIV/AIDS are protected,” as the sixth provision of the Declaration put it.

The Declaration was the result of discussions at several sessions during the conference in Cape Town. Pär Granstedt, Vice President of AWEPA, presented a draft version toward the end of the two-day meeting and after some discussion attendants adopted the text. They agreed that the Declaration, including the Plan of Action, which is an inalienable part of it, should be circulated among all parliaments in Africa and Europe as well as among all AWEPA members.

The initiative came as the latest response by parliamentarians to what is considered to be an increasingly disturbing crisis among Africa’s youngest generations. Over 11 million children under the age of 15 have currently lost one or both parents to HIV/AIDS in sub-Saharan Africa. This figure is expected to nearly double before 2010. Traditional family coping mechanisms are over-burdened and will become even more so in the years ahead. More is needed to cope with this child crisis in sub-Saharan Africa.

Four parliamentary categories

The Cape Town Declaration or Plan of Action is subdivided in recommendations for four parliamentary categories: Individual Members of Parliaments, National Parliaments, Regional Parliaments and Parliamentary Fora, and European Parliaments and their Members. In addition, the Declaration includes provisions aimed at the international

donor community. It also provides concrete suggestions as to what legislation should be adjusted or adopted most urgently.

Individual members of Parliament are asked, in addition to making the personal contributions mentioned above, to secure resources for a massive and more effective response to Orphans and Vulnerable Children (OVC). They could also demand public hearings in which each ministry should publicly account for what it has done to ease the plight of vulnerable children.

National Parliaments should review, and if necessary amend, all legislation relevant to HIV/AIDS. More specifically, provision of free primary school education should be secured for all children and access to HIV/AIDS treatments for mothers and children should be increased. Special parliamentary committees dealing with orphans and vulnerable children should be established.

Regional Parliaments and Parliamentary Fora are urged to facilitate information exchange and joint policy initiatives to harmonise responses in their region.

European parliaments could make a meaningful contribution by making sure that pledges by national governments, the IMF, the EU etc. are actually complied with. They could also seek to make care for orphans and vulnerable children a mainstream goal of development cooperation. The latter would also be the right thing to do for the international donor community, which, the Declaration stated, should provide more funds to enable African parliamentarians to become better informed about vulnerable children and HIV/AIDS issues.



Mr. Pär Granstedt, Vice-President AWEPA

Among legislation that should be reviewed or amended are laws against sexual violence, abuse and exploitation, laws regarding the protection of property and inheritance rights for orphans and widows, laws aimed at preventing discrimination against vulnerable groups. The Declaration also recommended to appoint an ombudsperson for children and to establish standards for care and support of children living outside of family care.

For the full text of the Cape Town Declaration see the annex of this conference report.



Nazareth House, Cape Town





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Care to children terminally ill with AIDS, Themba Care Athlone, Cape Town

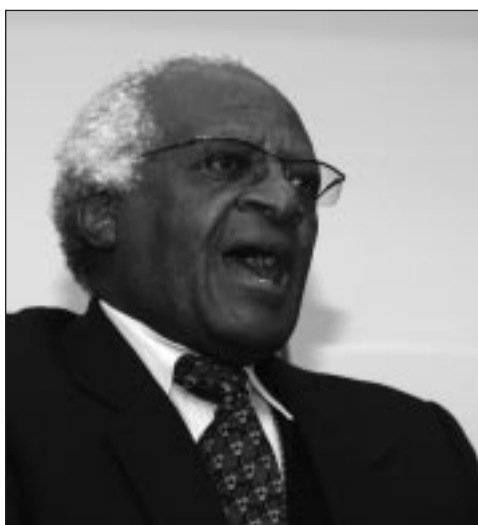


Opening Session

AIDS Could Be More Damaging than Apartheid

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HIV/AIDS could be more devastating to South African society than apartheid has been, Archbishop Desmond Tutu said in his opening speech. The archbishop suggested seeking inspiration from Africa's glorious past.



Archbishop Desmond Tutu

In a stirring speech, Archbishop Desmond Tutu, Chairperson of AWEPA's Eminent Advisory Board, sought to inspire his audience to forcefully address the problem of HIV/AIDS. After saying a prayer and welcoming attendants to the conference, Tutu said HIV/AIDS was probably a problem of unrivaled magnitude to his own country, despite the other ordeals South Africa has gone through in the past. Recalling the first free elections of 1994 after decades of race-based segregation and inequality, Tutu said that what apartheid could not achieve, AIDS might do. "Apartheid could not

destroy our people, but AIDS might," he stated. Tutu praised the audience for "saying you really want to face up to that challenge". He thanked AWEPA for building up coalitions and alliances to address Africa's problems, including the current partnership with UNICEF, the World Food Programme and others to fight the devastating impact of HIV/AIDS on children.

Holy Family

Tutu said that Africa, despite the fact that it is home to some of the world's biggest problems, has a valuable heritage and history to lean on. The Archbishop even went back to biblical times to illustrate the qualities he had in mind. "You know that this Africa, which produces nearly half of the world's refugees, provided refuge in biblical days to the children of Jacob. When there was starvation and famine in the Holy Land, they came to Egypt to find food. When the Holy Family had to flee from persecution,

they came to Africa. Africa you have a glorious past that you want to recover! Some of the greatest saints and teachers of the Holy Church were African. And when sometimes people want to make us a little ashamed of who we are, it is good to remind them. Did you know the man who helped Jesus carry his cross on the first Good Friday was an African?" the Archbishop said.

Tutu recalled Africa's cherished human values. "God has given us the gift of Ubuntu," the Archbishop pointed out, referring to the ancient African word meaning that a human being is only truly human through his

"AFRICA YOU HAVE A GLORIOUS PAST THAT YOU WANT TO RECOVER!"

or her relationship to other people. "We say a person is a person through other persons," Tutu explained. He added that the values of Ubuntu were being expressed in today's hospitality of Africans, which is "a gift that we may be able to give to the world". He ended his speech by saying that the people involved in the conference were showing humanity by their willingness to increase efforts to relief the fate of orphans and vulnerable children.



In Memory of Dr. Beyers Naudé

Dr. Jan Nico Scholten, President of AWEPA, opened the conference with paying tribute to Dr. Christian Frederic Beyers Naudé, the South African clergyman who fought apartheid uncompromisingly and who had died a few weeks prior to the conference in Cape Town. Dr. Scholten said Beyers Naudé's legacy should be an inspiration for politicians in Africa and Europe never to remain neutral in important issues and to take sides with the vulnerable.

Dr. Beyers Naudé played a major role in the history of AWEPA, Scholten pointed out. "During the 20 years of AWEPA's existence, Dr. Beyers Naudé has always been connected to us. He always inspired and stimulat-

Dr. Christian Frederic Beyers Naudé



ed us in the struggle for human dignity, peace and justice. As chairman of the African-European Institute, AWEPA's sister organisation, over a period of twelve years we worked closely together. Under the chairmanship of his



Dr. Jan Nico Scholten, President AWEPA

successor, Archbishop Desmond Tutu, we came to a de facto merger of the two organisations. (...) Beyers Naudé remained interested in the work of AWEPA and I had the privilege of briefing him several times a year on our programmes and our concerns. He always encouraged me to go on. AWEPA will miss his friendship and advice," Scholten stated.

Dr. Scholten told his audience that Beyers Naudé has had an impact in both Africa and Europe. He incited parliamentarians and politicians to take steps against the white minority regime in South Africa. Under his influence, for instance, the Dutch parliament adopted a proposal to

impose an oil embargo against the regime in Pretoria.

Beyers Naudé chose to fight apartheid, Scholten said, accepting the consequences of this choice for his personal life. "He became isolated from his church, which rejected his stance, and from his friends and even his family. He said to others who asked for advice never to be afraid, to go against the stream if needed. (...) May the courageous example of Beyers Naudé stimulate us all, politicians from Africa and Europe, not to be neu-

"MAY THE COURAGEOUS EXAMPLE OF BEYERS NAUDÉ STIMULATE US ALL"

tral but to be resilient in the struggle for justice. Beyers Naudé preached and practiced the gospel of Ubuntu, meaning that you can only be a human being in relation to others. My freedom does not exist as long as my brothers and sisters are not free. May this gospel be with us when we start discussions on children orphaned and made vulnerable by HIV/AIDS. Let us hear their call for help and translate this into concrete action."



A Holistic Approach

The challenge to assist children orphaned and made vulnerable by HIV/AIDS cannot be seen in isolation of the threat of poverty and under-development, according to Dr. Essop Pahad, Minister in the Presidency, South Africa.

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“The health profile of the people shows that diseases, including HIV/AIDS, have a crippling effect on development in the African continent.” And: “The numbers of children who have become orphans because of war, strife and infectious diseases throughout Africa are substantial.” With these quotes Dr. Essop Pahad explained why the South African Government has been seeking to play a proactive role in fighting these social consequences. He stressed, however, that HIV/AIDS cannot be seen in isolation from the “principle threat and challenge that humanity faces”, which is “poverty and underdevelopment”.

Dr. Pahad, Minister in the Presidency with special responsibility for the Office on the Rights of Children, said the South African Government has identified its “moral regeneration programme” as key means to achieve successes in the integration of orphaned and vulnerable children into society. “We can use this programme to draw on the strengths of the African extended family system,” he said.

The Minister in the Presidency acknowledged that, in spite of several accomplishments, challenges remain. “South Africa has seen growth in



Dr. Essop Pahad, Minister in the Presidency, South Africa

“DRAW ON THE STRENGTHS OF THE AFRICAN EXTENDED FAMILY”

the number of child-headed households including those where the parents have died of HIV and AIDS. This undoubtedly leads to unhealthy imbalances in society, because a child in essence requires nurturing, protection, love and care by an adult. We need to find measures that will ensure that children are kept in families, in extended family structures where this is possible.’

According to Dr. Pahad, South Africa cannot limit the definition of

orphaned or vulnerable children to those affected by HIV and AIDS. “Children living in poverty, in the streets, experiencing racism, and so on, are also our priority. Our socio-economic problems cannot be dealt with in isolation; they are inter-related and this requires that we apply a holistic approach. We face the challenge to work towards the eradication of poverty, to increase access to social services, to fight discrimination against children infected or affected by HIV and AIDS, and to provide psycho-social support for children and families affected by HIV and AIDS.”

Assistance of the international community

He stressed that creating a safe environment for orphaned and vulnerable children is a daunting task. The government surely requires the assistance of civil society and the international community, he added.

Dr. Pahad said AWEPA has taken a noble step forward by creating a forum to act as a catalyst for action by governments and communities in Africa to “find sustainable solutions to the challenge posed by the growing number of children orphaned by HIV and AIDS and other socio-economic problems.” According to Dr. Pahad parliamentarians throughout Africa have a role to play by ensuring that in their countries they promote the mainstreaming of a child-centered approach in discussions and decision-making processes. “It should be our duty as parliamentarians to ensure that the constitutional mandate on the protection of children is upheld. I challenge fellow parliamentarians to uphold the aspirations of the African Charter and the UN Convention on the Rights of the Child. Our children deserve a safe environment, one which will allow them to develop and to become active contributors to the development of our continent.”



Archbishop Desmond Tutu, Chair Eminent Advisory Board (EAB), Ms. Mary Robinson (Member of EAB) and Dr. Jan Nico Scholten, during the EAB meeting

‘Europe and Africa Should Exchange Views on AIDS Policies’

Although the fear for HIV/AIDS may have subsided among the general population in western countries, HIV/AIDS is still a truly global problem. The fastest growing incidence of the disease is currently occurring in Eastern Europe. Therefore, European complacency is completely out of place, said Ms. Laetitia van den Assum, Special Ambassador for HIV/AIDS for the Dutch government.

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As one of few countries in the world, The Netherlands in 2004 nominated a special ambassador for HIV/AIDS. In this position, Ms. van den Assum travels around the world, assessing developments regarding HIV/AIDS

“THE EUROPEAN CONTINENT IS HOME TO SOME OF THE FASTEST GROWING AIDS EPIDEMICS IN THE WORLD”

and advising the Dutch government on what should be priorities in Dutch HIV/AIDS policies.

“Unless we change and stop looking at AIDS as a problem of Africa and Asia, we will not be able (...) to win the battle against this disease,” Ms. van den Assum said based on a recent visit to Eastern Europe. “We have allowed ourselves in Europe to be lured into a false sense of security. The European continent is home to some of the fastest growing AIDS epidemics in the world. So there is absolutely nothing to be complacent about.”

The ambassador stressed that every opportunity should be taken for experts and politicians from Africa and Europe to exchange views and experiences on what still is a truly global epidemic and that the conference in Cape Town was such an opportunity. She added that it was up to parliamentarians to take action. Only if parliamentarians and other politicians decide to put AIDS, and AIDS-orphans, on the agenda of their respective countries will these vulnerable groups and their communities have a chance to receive more assistance in dealing with their AIDS related problems.

Ms. Laetitia van den Assum, Special Ambassador for HIV/AIDS, The Netherlands



‘UNICEF Will Redouble Its Efforts’

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Parliamentarians have an important role to play in efforts to improve the lives of children orphaned and affected by HIV/AIDS in Africa. “You have the unique power and responsibility to protect their rights,” Mr. Per Engebak, UNICEF Regional Director for Eastern and Southern Africa, stressed.

In his speech, Mr. Engebak reaffirmed UNICEF’s commitment to being at the forefront in responding to the issue. He called on parliamentarians to quickly translate the plan that would emerge from the conference into actions. “The world has agreed how we should best support orphans and children made vulnerable by HIV/AIDS: through the endorsement of the

“ERADICATE ALL PRIMARY SCHOOL FEES”

inter-agency Global Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS,” Mr. Engebak said. Although the response is not yet complete, necessary key actions have been identified. “These include access to food, education, psycho-social care and the elimination of child abuse and exploitation, as absolute and clear priorities.”

According to Mr. Engebak, many challenges have to be faced, notably the lack of coordination and the fact that national policies on orphans and vulnerable children are weak, poorly implemented or, worse still, non-existent. “The absence of private sector engagement is also glaring, and all this occurs as family support systems continue to be stretched to breaking point,” he pointed out. But there are good reasons for optimism, the UNICEF Regional Director added. “Country governments own and increasingly are leading the process, involving civil society and community and faith-based organizations, which remain Africa’s greatest assets.”

However, much more needs to be done. Mr. Engebak said it is embarrassing that millions of people have no access to antiretroviral therapy that costs less than \$2 per day and which can delay orphaning. Commitments from the US government and more recently the UK on OVC are to be commended, he said. “The response from Europe is less encouraging. We are still well behind in the target of 35 percent of EC and bilateral development assistance going to the social sectors.”

Parliamentarians

Mr. Engebak believes that parliamentarians can influence the process; in Africa, by continuing to advocate for larger budgetary allocations for OVC in national budgets, and in Europe, by influencing development resource

allocations to OVC programming efforts. “The Global Fund to fight AIDS, TB and Malaria has stated its willingness to fund OVC responses, but still waits for the proposals to be submitted. I want to assure you that UNICEF will redouble its efforts in support of orphans and vulnerable children.”

He described the plan that UNICEF is putting in place. The plan will:

- Raise one billion US dollar for OVC worldwide, the bulk of it for the implementation of national plans of action for OVC in Africa;
- Achieve ‘Education for All’ through the complete eradication of all primary schooling fees;
- Work with UN and government colleagues to ensure that OVC focused actions are entrenched within the second generation of Poverty Reduction Strategy Papers (PRSPs);
- Provide technical support to Country Coordination Mechanisms of the Global AIDS TB and Malaria Fund to ensure that applications for Round 5 include OVC as a principal component;
- Support governments in the development and expansion of social protection schemes to reach more children with essential grants, bursaries and subsidies, and work with donors on the financing of such schemes;
- Lead, galvanise and facilitate the UN response to OVC in sub-Saharan Africa.



Mr. Per Engebak, UNICEF Regional Director for East and Southern Africa

UNICEF will also support African parliamentarians. Mr. Engebak: “They are key in this process to ensure a multisectoral response to the situation of children orphaned and made vulnerable. (...) Decisive action by political leaders has proven to be a common, critical factor in changing the course of the pandemic. Let us not continue to shirk our collective obligations.”



Crucial to Coordinate Flood of Funds and Programmes

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Unrolling the goals of the US President's Emergency Plan and a 4-pronged strategy integrating prevention, care and treatment, Dr. E. Anne Peterson of USAID said she was hopeful that the battle against orphaning through HIV/AIDS would gain momentum.

Describing the critical situation of orphans and vulnerable children Dr. Peterson summed up some devastating statistics from Southern Africa, the most affected region. However, she also said parliamentarians can be proud of the way that their communities have responded: "More than 90% of orphans on this continent live with their extended families; in southern Africa, one out of every five households are caring for one or more orphans." But the burden is becoming too much to bear, she pointed out. The number of orphans in sub-Saharan Africa is rising inexorably.

She praised efforts made so far, such as the commitments made at UNGASS, and national plans many African governments have put in place. She said US president George Bush made a bold step in 2003 when he announced a new \$15 billion dollar 5 year plan to address HIV/AIDS,

"YOUR GOVERNMENTS MADE COMMITMENTS THAT MANY WILL NOT MEET"

known as the President's Emergency Plan. This plan has identified fifteen focus countries, twelve of them in sub-Saharan Africa. Ten percent of the budget is specifically for programmes addressing orphans and vulnerable children. One billion dollars of the President's Emergency Plan will go to the Global Fund to fight AIDS, TB and Malaria.

The US government, Dr. Peterson pointed out, is committed to the UNAIDS 'three ones' principle - one national plan, one coordination mechanism and one monitoring and evaluation system. National governments and members of parliament, she added "must be defining those plans and coordinating mechanisms to enable African governments to effectively coordinate the welcome flood of funds and programmes from the many new sources that are arriving every day."

4-pronged strategy

The US government believes in a 4-pronged strategy for addressing the orphan crisis, Peterson explained. This entails (1) prevention of new HIV infections by mobilising communities around interventions and the ABC approach (abstinence, be faithful to one partner and using condoms); (2) better prevention of orphaning by giving parents essential health care; (3) keeping families together by meeting their needs through economic

strengthening at the household level and vocational training for youth; and (4) care for orphans through social services and protection, especially HIV-positive children.

Dr. Peterson said that, in terms of prevention of new infections, the US government has been vocal in its support for the ABC approach. She said the approach is successful. “New data is showing that the B - be faithful or partner reduction has been instrumental in many, maybe all of the epidemics that have been reversed. In Africa, the importance of ‘zero grazing’ has long been recognised and is just now coming to the awareness of the rest of the world.”

Parliamentarians have “a prime role” to play in ensuring governments meet their commitments, the USAID official said. “At the Rustenberg conference, your governments made commitments that many will not meet, specifically the 2005 implementation deadline for OVC 5 point plans set by the UNGASS Declaration of Commitment. A recent analysis performed by UNICEF and the World Bank suggests that of all the African countries that have developed Poverty Reduction Strategy Papers (PRSPs), only around 30 percent included planned actions for orphans, only around 20 percent included indicators for monitoring of such programmes and none included reference to a specific budget.”

In concluding her speech, Dr. Peterson challenged other donor governments and national governments to work together. “Too often in all the rhetoric and politics of AIDS, we’ve forgotten the children who need our love and help. Children are our future, let’s dedicate ourselves to giving them a future and hope.”



Dr. E. Anne Peterson, Assistant Administrator,
Bureau for Global Health, USAID

Improving Europe's Response to AIDS

AIDS is a global threat and Europe and the United States should understand that it is in their vital interest to combat the disease and its consequences, Hon. Mr. Peter Schieder, representing the Parliamentary Assembly of the 45-member Council of Europe, said.

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“Children are vulnerable and the African children orphaned by AIDS are the most vulnerable among them. They are helpless and frightened. They need help and they need it now. So let us reprioritise our agendas - as we put it in the title of this conference. Let us redraft our agendas, change them, and turn them around. Let us do what it takes to make a concrete and positive difference in these children's lives,” Mr. Schieder, President of the Parliamentary Assembly of the Council of Europe, stated.

Mr. Schieder, who is also a member of the Austrian Parliament, expressed his commitment to take the issue to the parliaments in Strasbourg and Vienna. “I take this personally. I think everyone here does,” he added. “These children have urgent and concrete needs. (...) They cannot be fed on rhetoric.”

The Austrian parliamentarian announced that immediately on his return to the Council of Europe, which is a European cooperative body existing juxtaposed to the European Union, he would ask the Parliamentary Assembly to make a report with recommendations to the 45 Council of Europe member states. In addition to critically analysing Europe's contribution to the struggle against AIDS so far, the report should contain concrete suggestions on how Europe should proceed in the future in order to make its help more focused and efficient. “AIDS is a global threat,” Mr. Schieder went on

to say, “and Europe, together with the United States, should understand that it is in our vital interest to put our full economic and political weight behind the global effort to combat the disease and alleviate its consequences, but especially here in Africa.”

Hon. Mr. Peter Schieder, President of the Parliamentary Assembly of the Council of Europe



Achievements

Action taken by the Council of Europe's parliament, Mr. Schieder emphasized, can have concrete impact indeed. “Over the years, Assembly initiatives have resulted in a number of the Council of Europe's

key achievements, including the European Convention on Human Rights and the de facto abolition of the death penalty on the European continent. A strong parliamentary demand for governmental action at the pan-European level - from a body representing 800 million individual European citizens - certainly has a good chance of being heard and acted upon."

Mr. Schieder urged Africans to cooperate more closely in the struggle against AIDS, both at the community level and among governments. He said he believed the emerging African Union and its Pan-African

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"THE FIRST JOINT ENDEAVORS WOULD ALLOW MEMBERS OF THE PAN- AFRICAN PARLIAMENT'S TO COME TO STRASBOURG"

Parliament would be great opportunities to achieve this. "Our colleagues in the Pan-African Parliament can count on our assistance and advice," he said. "Our assistance and cooperation should be as concrete as possible and I would propose that one of the first joint endeavors would allow members of the Pan-African Parliament to come to Strasbourg and work with our Social, Health and Family Affairs Committee, which also includes a Sub-Committee on Children. Over the years, this committee has been at the origin of a number of initiatives which have led to the creation of new pan-European conventions, policies and measures in the field of public health and the protection of children and their rights. I hope this can be done quickly."

Ms. Mary Robinson and
Dr. Jan Nico Scholten





School girls, Khayelitsha

An HIV positive man working with selfhelp group Wola Nani Embrace, Khayelitsha





AIDS Control Centre Belleville, Cape Town

Khayelitsha



Report of pre-Conference Activities

Report of Parliamentary Exposure Visit on Orphans and Vulnerable Children

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The role of the extended family in helping HIV/AIDS affected children should not be over-romanticised, Hon. Ms. Lindsay Northover, a British MP, found during a 'Parliamentary Exposure Visit' to three projects of child support in Cape Town's townships. She also concluded that many projects to help affected children are successful, though not geared to the scale of the problem.

Prior to the conference, a group of about eight Parliamentarians from Europe and Africa was invited to visit the townships of Cape Town to see for themselves how the local population is dealing with HIV/AIDS. British MP Ms. Lindsay Northover, who took part in what she said was an



Hon. Ms. Lindsay Northover, MP, UK

“impressive” visit to the township of Khayelitscha, reported on what she saw. Three projects were on the agenda of the UNICEF-facilitated exposure visit: the Lizo Nobanda Institute; a Planned Parenthood Association of South Africa project; and an advocacy organisation seeking to help poor township residents.

The Lizo Nobanda Institute, which is associated to the Catholic charity organization Nazareth House, has two orphanages run by foster mothers, a crèche for HIV/AIDS affected children and a hospice for adults. Conditions in the homes were “wonderful”, according to Ms. Northover, and “far better than in

the houses around”. But it was clear that the project would not be able to accommodate all patients seeking assistance. Therefore, the institute was considering to reach out into the community and provide care to adults and children in their own homes.

Children risk losing their house

The Planned Parenthood project in Khayelitscha is already trying to reach people in their homes. The organisation runs a wide variety of projects,

including workers visiting schools and going door to door to be invited in and talk about sanitation, illness and HIV/AIDS. People who are running one of the project's activities told the MPs that trying to keep affected children within the extended family may not be as beneficial in all cases as is generally believed. The organisation encountered cases where "there is the real possibility that they (the orphaned children) will lose

"THE STIGMA ASSOCIATED WITH HIV BECOMES A BLOCK"

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their houses to relatives," Ms. Northover informed attendants to the conference. In some cases, "the extended family was more interested in their house than the children", she added. Extended families in some cases are also known to fail to protect children from abuse. "In many cases girls are being subjected to sexual abuse when they join the extended family, abused by an uncle (...) but perhaps not able to complain about it," Ms. Northover said. As a result, these girls drop out of school and need all kinds of support. Planned Parenthood is seeking to provide assistance to these young women.

During the visit to an organisation that is involved in advocacy to the government regarding social issues, Ms. Northover and her colleagues were struck by the fact that aid targeted to affected families exclusively can have detrimental effects. "If you get a grant for looking after your HIV positive child, that identifies to the community that you've got such a child. The stigma associated with HIV then becomes a block," she pointed out. The advocacy organisation therefore favours basic income support regardless of the individual situation, rather than individual grants. Ms. Northover had once again concluded that HIV/AIDS causes poverty and hits poor people unjustifiably hard. "If everybody is supported, regardless of whether they've got a sick child than that is at least a start."



Report of Parliamentary Contact Group on NEPAD Meeting

NEPAD is a message well received in Europe and the trend to shift focus from aid to trade in most Western countries is one of its challenges. Hon. Prof. Ben Turok, MP, Convenor of Parliamentary Contact Group on NEPAD, reported on the progress of the NEPAD initiative.

The New Partnership for Africa's Development, the programme of the

African Union to fight poverty and accelerate Africa's socio-economic development, was launched in 2001 and is being run by the NEPAD Secretariat. In 2003, a NEPAD Contact Group of Parliamentarians was



Hon. Prof. Ben Turok, MP, South Africa

established in order to popularise NEPAD in African parliaments and among African legislators. Members of the Contact Group met on the eve of the HIV/AIDS conference in Cape Town to discuss progress of the NEPAD initiative.

A 'progress report' written by Dr. Mohammed Jahed, chief economist of NEPAD, recalled that a change in orientation in Europe from aid to trade has occurred. "The NEPAD Contact Group will have to examine how lobbying in Europe for better partnerships will be carried forward," Dr. Jahed said, reflecting on this shift in orientation. Lobbying for resources in the North is just one

of the group's activities. Other priorities will continue to be: to encourage parliamentary involvement with NEPAD across the continent; to promote the cause of women's empowerment; and facilitate capacity building in

"LOBBYING IN EUROPE FOR BETTER PARTNERSHIPS"

general. Attendants, among whom the Speakers of the parliaments of Ethiopia and Lesotho and MPs from all regions in Africa, agreed they would coordinate the Contact Group's activities with those of the Pan-African Parliament.

The meeting established a new Steering Committee representing all regions of the continent and Prof. Turok was re-elected as the group's Convenor. Future activities will include, among other things, Regional NEPAD Forums, coordination with regional NEPAD desks, informing MPs and encouraging them to become involved and inform their constituencies about NEPAD.



Declaration of Central African Women Parliamentary Meeting

The Network of Women Parliamentarians of Central Africa (RFPAC), established in 2002 with support from AWEPA, convened in Cape Town to discuss its role in the combat against AIDS and on behalf of orphans and vulnerable children. On behalf of the network, Hon. Ms. Brigitte Mebande, President of RFPAC for the year 2004, issued several recommendations:

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To African parliaments:

Create a judicial and institutional structure to protect children affected by AIDS from discrimination and stigmatisation;

Ensure that funds allocated for the struggle against AIDS are being spent properly (and not on other purposes such as buying expensive cars or hiring expensive experts);

Ensure that at least 15 percent of national budgets is allocated to health-care.

With regard to the two issues of a) polygamy and b) transmitting HIV knowingly or deliberately as a crime, it is important to analyse the existing legislation in those countries that face these two issues in the light of international examples and discuss how this can be applied/changed practically in the African context.

To governments:

Establish a ministry for the struggle against AIDS;

Ensure budgets to fight AIDS are being fairly distributed over all provinces;

Coordinate activities of Non Governmental Organisations and ensure their efforts cover the entire country;

Support and encourage activities of African researchers and traditional healers and help them secure patents and copyrights.



Hon. Ms. Brigitte Mebande, President of the Réseau des Femmes Parlementaires d'Afrique Centrale (RFPAC)

To the Network's international partners:

Step up their efforts to end conflicts and war, the major sources of improv-

erishment and dispersal of HIV/AIDS;

Make all possible efforts to help find a vaccine against HIV/AIDS and reduce the costs of anti- retroviral drugs;

Support efforts to augment health budgets, particularly those relevant to the struggle against AIDS.

The Network of Women Parliamentarians of Central Africa works to improve the political, social and economic position of women, to promote true democracy and to safeguard peace and social justice.



Session 1:

The Reality of Orphans and Vulnerable Children

Pan-African Parliament Committed to Join Efforts for Orphans

The Pan-African Parliament, one of the youngest legislative bodies in the world, is committed to supporting the quest for a better life for orphans and vulnerable children, its First Deputy President, Hon. Mr. Jerome Sacca Kina¹, indicated.

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Hon. Sacca Kina, who said he spoke on behalf of the Pan-African Parliaments' President Hon. Ms. Gertrude Mongella and of himself, pointed out that the Pan-African Parliament is keen on being part of the solution that must be found to stop the deteriorating HIV/AIDS crisis on the African continent. "It aspires to be the spokesperson of the voice of the African people," he said, referring to the Pan-African Parliament. Mr. Sacca Kina said one of the parliament's strengths is its diversity. It comprises men and women from at least 45 countries and "thanks to this diversity, the capacity of the parliament to help resolve Africa's problems (...) is beyond doubts," Mr. Sacca Kina pointed out.



Hon. Mr. Jerome Sacca Kina, Deputy President, Pan-African Parliament

The Deputy President added that solving the HIV/AIDS crisis, which represents one of the most notorious obstacles to the social and economic development of Africa, is among the major priorities of the AU. It is up

"IT IS NECESSARY TO ADOPT A POLICY AIMED AT REDUCING SOCIAL STIGMA"

to parliamentarians and politicians to act, he said. "It is necessary, given the situation, to adopt a policy aimed at reducing social stigma and to ensure that leaders and politicians commit themselves to the struggle. (...) The majority of African governments for several reasons has been

¹ Subsequently we were informed that Hon. Jerome Sacca Kina tragically passed away on 7 January 2005.

reacting slowly to this crisis. We call on members of national and regional parliaments and members of the international community to bring the necessary solution to this grave problem.”

Mr. Sacca Kina said it was the parliamentarians’ task to adopt legislation, both at the national and regional level, enabling an effective battle against HIV/AIDS. “The Pan-African Parliament has been deeply engaged in the quest for finding a solution regarding this disease,” he pointed out. “It is committed to cooperate with national, regional and international communities to improve the conditions of the people of Africa.”



Nelson Mandela Children’s Fund: Targeting Child-Headed Households

Mr. Adern Nkandela, Project Manager at the Nelson Mandela Children’s Fund, called for a holistic approach in addressing the problem of AIDS-related orphans and vulnerable children. Failure of households to provide proper care to vulnerable children is to a large extent the result of poor socio-economic conditions these households live in. Therefore, the issue of HIV/AIDS and vulnerable children should be approached with socio-economic conditions and community relations in mind.

The Nelson Mandela Children’s Fund seeks to approach the problem of AIDS orphans and vulnerable children in the wider socio-economic situation. “We understand very well that there is a very great influence (on the condition of orphans and vulnerable children) from socio-economic circumstances, from community values and the social networks in the community in general,” Mr. Adern Nkandela explained. “It is because of economic circumstances that households lose the capacity to look after their children.” Children in these households have no access to education and are often engaged in “inappropriate economic activities”, he explained.

Mr. Nkandela is manager of the Goelama project, one of the activities of the Nelson Mandela Children’s Fund in South Africa. Goelama is a Tswana/Sotho word referring to the nurture and protection of the young

“IT IS BECAUSE OF ECONOMIC CIRCUMSTANCES THAT HOUSEHOLDS LOSE THE CAPACITY TO LOOK AFTER THEIR CHILDREN”

and vulnerable. The Goelama project attempts to strengthen community-based social and financial support systems for orphans and other vulner-

able children through, first, trying to ensure that children receive supervision from a caring and responsible adult, preferably from their own extended family. If this is not possible, other community-based support systems must be initiated. Large-scale institutional social services such as orphanages are not part of local custom, nor are they affordable given the scale of the crisis. Therefore, these initiatives require support from outside of the communities. Financial support from Goelama is directed to local organisations that can provide community-based, grass roots programmes in the regions with the highest rates of HIV/AIDS infection and the lowest level of social support.

The Nelson Mandela Children's Fund prefers to work with local partners that take a holistic approach, meaning they take the wider socio-economic factors into account. The fund's target groups are child-headed households, traumatised children and abused children. "Since we seek to help orphans as members of their community, we put strong emphasis on working with these communities," Mr. Nkandela said.

Government's role

The fund also keeps in mind the role of the donor community and the government. "We're looking for support from the donor community, we're looking for corporate responsibility from the business world," Mr. Nkandela pointed out. He added that it should be the government's role to provide safe homes, health services, family care etc. A very practical point, he stated, is the issuance of birth certificates. A birth certificate often is the document that opens the door to state support. Governments should ensure these documents are being issued and administrated correctly, he said.



Mr. Adern Nkandela, Project Manager NMCF

Money Is Not Enough

Western donors are wrong to believe that HIV/AIDS can be fought by providing money alone, according to Prof. Alan Whiteside, Director of the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu Natal, South Africa.

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Prof. Whiteside told the story of his gardener Mbuso Tom, who fell ill and died of AIDS in his early 30s in 2004, leaving a seven-year-old daughter. He said the girl's future, and that of her generation, was rather bleak given that the HIV/AIDS epidemic was still getting worse in Africa. "HIV prevalence is continuing to rise in many countries across our continent," Whiteside said, referring to a recent survey showing that HIV prevalence in 2003 in South Africa had grown to 27.9 percent among pregnant women. In his own region, the province of KwaZulu Natal, infection rates are even worse: 37.5 percent of pregnant women are HIV infected. "Ladies and gentlemen, the reality is that we have a HIV curve that will turn into an AIDS curve, that will turn into an impact curve. (...) many children will lose their parents. The reality is that we have to care for many millions of orphans," Whiteside said.

One of the consequences of orphaning, the professor pointed out, is lower school attendance. And when orphans are less likely to attend school, they will also be more easily exposed to infection, because it is a known fact that attending school is a protection against HIV infection, especially for girls. Orphans are also more likely to be underweight, or to become children living in the street. A high proportion of them will

become engaged in low-paid economic activities. In Addis Ababa, for instance, 87 percent of child domestic workers were orphaned. Many of these children suffer from exploitation and abuse.

In KwaZulu Natal, Whiteside's research has shown, most orphaned children live in urban areas. He said this had a positive side effect, because children in urban areas are probably more likely to be reached by aid workers.

Capacity problem

Whiteside emphasised that providing money is not the sole answer to

Prof. Alan Whiteside, Director, Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu Natal



the HIV/AIDS crisis. “I want to say to western governments, to western parliamentarians and to some of the donors here: frankly I believe you have lost the plot with regard to this epidemic. There is a belief that large sums of pledged money will deal with HIV/AIDS. And I stress ‘pledged’ because sometimes it is pledged and doesn’t flow. My fellow African colleagues will understand. HIV/AIDS needs more than money.” One of the issues that will not necessarily be solved by providing money, he

“FRANKLY, I BELIEVE YOU HAVE LOST THE PLOT WITH REGARD TO THIS EPIDEMIC”

explained, is the capacity problem, resulting from the loss of large numbers of officials and economically active persons dying from HIV/AIDS. Many organisations, including Whiteside’s university department, are faced with the problem of finding qualified staff.

The professor said that efforts made by parliamentarians and AWEPA to refocus the struggle against HIV/AIDS, as was being discussed at the conference, was “a thrilling initiative”. “I believe it will make a difference,” he said. “I was told that the difference between a politician and a statesman is that a politician looks to the next election and the statesman looks to the next generation. I believe that the people in this room are statesmen and stateswomen. Because we are talking about the next generation. And we have to.”



Fighting AIDS through Meals at School

Providing free meals at school is a very effective way to reduce the incidence of HIV among young people. Political leaders who seek to scale up the response to the HIV/AIDS problem could do so relatively easy and fast through supporting meal-at-school programmes, according to Ms. Sheila Sisulu, Deputy Executive Director UN World Food Programme (WFP).

When Peter Piot, head of UNAIDS, visited HIV-positive women in Malawi a few years ago and asked them what they needed most, he got a clear, and to some extent surprising, answer: “Food! We need food,” the women told the UN official, Ms. Sisulu recalled in her speech. “Not drugs, not clothes and not even relief from the oppressive stigma and discrimination. They were hungry - and their kids were hungry,” Ms. Sisulu said, adding that access to the basic provisions of life is clearly a prerequisite for people to

cope with the consequences of HIV/AIDS infection.

In addition to food, a second basic need that should be met, Ms. Sisulu pointed out, is education.



Ms. Sheila Sisulu, Deputy Executive Director, UN World Food Programme (WFP)

“Helping children to attend school longer - especially girls - has a proven record for interrupting the spread of HIV,” she said. Girls who have attended school start having sex later than those who don’t. “There is a growing evidence base showing the protective effects of education on the HIV incidence of school-aged girls. For instance, studies show that HIV spreads twice as fast among uneducated girls in Zambia; young rural Ugandans with secondary education are three times less likely than those with no education to be HIV-positive; and Kenyan girls who stay in school are four times more likely to be virgins than those who drop out.”

Take-home rations

An effective way to enhance access to both food and education is to combine the two. “One of the ways to ensure that orphans and other children made vulnerable by HIV and AIDS get education, is by offering a nutritious meal in school,” Ms. Sisulu said. “We know that providing a healthy meal at school can increase enrolment, boost attendance and improve academic performance. We know that when a school feeding programme is in place, the whole community tends to get involved, giving our partners an opportunity to pass on information about AIDS prevention, health,

“FOOD! WE NEED FOOD”

hygiene and nutrition. And we know that providing take-home rations to the most vulnerable children can help offset the cost of sending them to school - a major issue in families where the breadwinner has AIDS.”

Ms. Sisulu said that WFP would continue to promote school feeding programmes “whenever and wherever possible”. She stressed that programmes to provide meals at school “are being recognised as one of the easiest, quickest and, more importantly, one of the most effective interventions to scale-up in the fight against HIV and AIDS.”

Ms. Sisulu called on parliamentarians to insist that children will be well nourished and have access to information and education. “We must

insist that they (children) have forthright information and education on how to protect themselves against HIV and sexually transmitted infections and then make it available,” she stated. “If it means setting aside our own personal beliefs then so be it.”

HIV/AIDS Impacts Electoral Process

HIV/AIDS has impact on the functioning of democracy and the electoral process in particular. People living with AIDS and their caregivers find it more difficult to vote, because of practical hindrances and the stigma associated with AIDS, Mr. Kondwani Chirambo, manager of the South African IDASA institute, pointed out. He called on parliamentarians to develop special arrangements aimed at increasing turnout among HIV/AIDS affected citizens.

As Manager of the Governance and AIDS Programme of the Institute for Democracy in South Africa (IDASA), Mr. Kondwani Chirambo presented an analysis of the effect of AIDS and orphan care on the participation in elections. AIDS affects the electoral process in several ways. Firstly, the disease attacks and diminishes the voting population. A large number of citizens eligible to vote fail to participate in elections because they die before election day. Especially in countries lacking an efficient registration system this phenomenon can lead to perceptions of ghost-voting and fraud. Mr. Chirambo pointed out that his institute looked into the electoral process of Zambia and noticed that 4 million people were expected to show up at the polling stations but that only 1.7 million actually voted. Some observers concluded that the population was apathetic to elections but this may actually be wrong. “We asked the question: are we sure that all the people who were counted were actually there? Do we have systems that can tell us the accurate number of eligible voters at the time of elections?” Mr. Chirambo said. He added that research by IDASA in Malawi showed that in 1999 100,000

Mr. Kondwani Chirambo, Manager for the Governance and Aids Programme, Institute for Democracy in South Africa (IDASA)



people on the voters role in one of the two regions of the country had actually died at the time of the election.

Fear of stigma

40 A second level of impact is perceived loss of interest in politics. Mr. Chirambo's institution asked people living with AIDS and their caregivers whether politics still meant anything to them. The answer was: Yes, we are still interested. "We want to express ourselves, we want to vote for a party that gives us treatment, we want to vote for a party that takes care of our orphans," Mr. Chirambo said the voters had told his researchers. "But there is an issue of stigma and discrimination," he added. Many people living with AIDS said they experienced physical obstacles to participate in elections. People who are bedridden, for instance, have a hard time reaching polling stations or can't wait in line for hours. In South Africa, special arrangements are available for the disabled, who can vote ahead of the actual voting day. However, many people living with HIV/AIDS said they refrained from using these possibilities, because it would identify them as HIV infected in their community and they feared the stigma. Fear of stigma was not only reported by those infected but by their caregivers as well. "The issue of stigma and discrimination seems to be a very big issue," Mr. Chirambo stated, addressing parliamentarians. "You need to look into it, because it does not just affect people who are living with AIDS, but also people looking after orphans." He called on parliamentarians to re-examine the issue of bringing out special votes, such as absentee ballots or other arrangements, for people living with AIDS in order to increase turnout among HIV/AIDS affected people.

Mr. Chirambo also said he supported the idea of providing free education and free school meals as a means to support orphans and vulnerable

"WE WANT TO VOTE FOR A PARTY THAT GIVES US TREATMENT"

children and "to build the next generation of democrats". The scholar called on politicians to be more open about the role of HIV/AIDS in their own lives. "Is it closed out? Is it denial?" he said, "People living with HIV/AIDS will not be able to relate to the political dynamics as long as they cannot see their condition reflected in the leadership."

Session 2:

Practical Action and Parliamentary Monitoring.

National Plans under Way in Sixteen African Countries.

Mr. David Alnwick, Regional Advisor HIV/AIDS, UNICEF ESARO, reported on the initiative to develop national plans to increase support to orphans and vulnerable children. This effort started in October 2003. In late 2004, sixteen African countries were engaged in making a national action plan. “We’re not aiming for the perfect plan,” he said. Being pragmatic and implementing measures quickly is a major priority.

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Mr. Alnwick spoke on behalf of four agencies that formed a steering committee to accelerate the response to the issue of orphans and vulnerable children. In addition to UNICEF, the four agencies include UNAIDS, the World Food Programme (WFP) and the United States Agency for International Development (USAID). Mr. Alnwick stressed that the four agencies do not exclude any other aid agencies. They simply decided to take the lead in finding ways to do more for orphans and vulnerable children and do it quicker. This initiative has been dubbed ‘Rapid Assessment, Analysis and Action Planning process (RAAAP)’.

“The story starts in Geneva in October 2003, when many agencies and experts, as well as institutions looking at the problem of orphans and vulnerable children came together for the first time and agreed on a framework of action,” Mr. Alnwick pointed out. “Basically, the agreement was to avoid institutionalisation as much as possible and to seek support for orphans and vulnerable children within families and in communities.”

The framework of action the agencies agreed on identified five focal areas:

- Strengthen family capacity to cope with the issue of orphans and vulnerable children;
- Support community based responses to support vulnerable households;
- Ensure access to services such as education, health care and birth registration;
- Improve legislation and ensure that resources are better funnelled to the local level;
- Raise awareness about HIV/AIDS, and means to prevent infection, at all levels of society.

As a first step to implement the framework, the four agencies decided to start working with sixteen countries in Africa. “There is nothing particularly exclusive about this, and of course work is under way in other coun-

tries,” Mr. Alnwick stated. “The agreement was to work together with these sixteen countries to try to enhance the planning process.” Governments led a steering group to assess how many orphans there were in each country and what work was under way to support them. “In fact, in

“THE AGREEMENT WAS TO AVOID INSTITUTIONALISATION”

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most countries listed we discovered that government agencies were not entirely sure about the range of activities that were under way. So it was useful to make a stop and assess what was working, what was working well and what needed to be enhanced.”

After a year, the sixteen countries had their national plans roughly 70 to 80 percent finished, Mr. Alnwick reported. The plans, presented at a special session prior to the conference in Cape Town, were all different.



Mr. David Alnwick, Regional Advisor HIV/AIDS,
UNICEF ESARO

“There is no one size fits all,” he stated. But all plans have in common that they seek to tackle the issues of how to ensure access to education, health care, food, clothing and psychological support. Protection against abuse is another common characteristics. Access to schools was impeded by school fees, or, in countries where primary education is free, by lack of means to buy the school uniform. Most plans acknowledged the tremendous opportunity that schools offer to catch two birds with one stone: provide education and food, by giving free meals to pupils. “Not just school lunch, it was pointed out, but maybe also school

breakfast and school supper,” Mr. Alnwick reported.

Most plans put the state in the driver’s seat as provider of education and health care, but also attributed a significant role to civil society. Mr. Alnwick: “Indeed there was a little bit of concern that in some countries too much was being asked of civil organisations. (...) I think that it is very important for you as parliamentarians to ask yourself in your own countries what the proper role of the state should be and what can be expected from civil society and non-governmental organisations.” Other policy areas parliamentarians could look into are whether to abolish school fees or to provide bursaries for orphans.

A team of six experts analysed several of the national plans and made suggestions for improvement. Many plans were found to be rather weak in

several areas. First, some were not budgeted, meaning they said what should be done but failed to indicate how much money was needed for these activities. Second, there seemed to be insufficient attention for monitoring and evaluation mechanisms. Monitoring and evaluation is necessary, Mr. Alnwick explained, especially to ensure that funding is distributed to all regions and to grass root level. The main point made was the need to mainstream OVC responses, linking them with broader development activities.

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Implementation

The sixteen countries agreed in Cape Town that the national plans should be finalised within two months from then. Representatives also stated that parliamentarians could play a role in ensuring the plans would gain approval of the entire government, and not just of the relevant ministries. “Often, the ministries given the responsibilities to coping with orphans are relatively weak ministries and need help,” Mr. Alnwick said. “I think this is where the work of parliamentarians comes into place.”

The final stage should be the implementation of the plans. “We do not want to just work on paper. Things can happen now, and are happening now. We’re not aiming for the perfect plan. Action is already under way. It needs to be rapidly expanded. We need to strengthen human resources and capacity to support these plans.”



Ethiopia Developed a Draft Action Plan

Parliamentarians in Ethiopia could make a major contribution to enhancing care for orphans and vulnerable children by advocating for a national OVC policy and supporting implementation of a National Action Plan. Dr. Bulti Gutema, Director of Social Affairs, Ministry of Labour and Social Affairs, Ethiopia, informed the conference about the draft action plan developed for his country.

In response to the call of UNICEF, UNAID, WFP and USAID to develop a Rapid Assessment and Action Plan for a Coordinated Response on OVC,

“PARLIAMENTARIANS PLAY A KEY ROLE IN AWARENESS CREATION”

Ethiopian authorities formed a taskforce to make such a plan. The taskforce started its work by assessing the situation regarding orphans and vulnerable children in Ethiopia. It found that little data were available, but

that 2.2 million people were infected by HIV, 200,000 of whom children under five, and that Ethiopia had 3.8 million orphans, or 13 percent of all Ethiopian children. The number of orphans was expected to grow to 5 million in 2010.

A delegation of Ethiopian officials developed a draft National Action Plan. Total costs of the National Plan were estimated at US \$ 13 million.

After analysing current responses, experts identified several gaps, including the following:

- Low level of awareness about OVC issues;
- Decline in the mutual support mechanism;
- Absence of a specific OVC policy;
- Lack of complete national data on OVC;
- Lack of legal provisions against discrimination based on HIV/AIDS infection.

Subsequently, several “Key Immediate Actions” were identified:

- Conduct a comprehensive situation analysis for the country at large on OVC;
- Produce and disseminate a National Action Plan;
- Produce a National Guideline on the care and support for orphans and children made vulnerable by HIV/AIDS;
- Capacity building of all actors at all levels for the implementation of the National Action Plan through training etc.;
- Create an enabling legal environment through training for courts, police and local administration officials;
- Strengthening coordination mechanisms and networking among OVC actors;
- Ensure service delivery to OVC such as education, health care, psychological support, food, shelter and clothing;
- Establish monitoring and evaluation mechanisms.

Dr. Bulti Gutema, Director of Social Affairs,
Ministry of Labour and Social Affairs, Ethiopia



The taskforce and the officials working on the national plan also paid ample attention to the role of parliamentarians. It said parliamentarians had attempted to assess the situation regarding orphans in 478 of the country's 547 districts during their vacation. They also played a key role in “awareness creation” during their recess period. Another positive assessment has been that parliamentarians are found to be strongly committed to work on HIV/AIDS in

general and are willing to learn from experiences of parliamentarians in other countries. Parliamentarians could improve their role in five areas, according to the experts:

- Ensure active involvement of parliament in the coordination and implementation of the National Plan of Action;
- Advocate for resource allocation for OVC by the national government;
- Ensure that OVC interventions are mainstreamed in plans of individual ministries;
- Advocate for OVC policy formulation;
- Continue to mobilise communities in their respective constituencies.

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Identifying Gaps and Opportunities in South Africa

As part of the rapid assessment process, the government of South Africa in 2004 analysed its OVC policies and identified the gaps in its approach. A national plan was under development in late 2004, earmarked to adjust and improve the country's response to the issue of HIV/AIDS-related orphans and vulnerable children. Dr. Connie Kganakga, Chief Director of the HIV & AIDS Unit of the National Department of Social Development, presented the highlights of the plan at the conference.

Dr. Kganakga said that an analysis of South Africa's response to HIV/AIDS and OVC showed a wide range of initiatives. These include providing security grants, implementation of the National Strategic Plan for HIV and AIDS 2000-2005, and priority programmes for the prevention of Mother to Child Transmission. Forging partnerships between government and civil society, and the establishment of child care forums, are also activities that already have been embarked on, as well as distributing food parcels.

The researchers collected a list of gaps and challenges. These included, among other things:

- A national or official consensus on the definition of 'orphan' and vulnerability at policy and community level;
- Fast tracking of service delivery in the areas of birth and death registration;
- Develop the capacity (financial and human) to deliver the services and policies at the local level;
- Coordinated and integrated approaches by government and non-govern-

ment organisations;

- Coordinated Information Systems to ensure accurate data about OVC;
- Psychosocial care to OVC in communities.

On a more optimistic note, there would be good opportunities in using faith based organisations' potential for breaking the silence and decreasing stigma and discrimination, Ms. Kganakga said. Churches and other religious organisations could be very effective in mobilising action to prevent HIV. They can play a key role in providing care and support to orphans and vulnerable children as well. "A campaign is needed to

"A CAMPAIGN IS NEEDED TO MOBILISE AND EQUIP RELIGIOUS LEADERSHIPS"

mobilise and equip religious leaderships with the knowledge, skills and support required by them to act for children and young people affected by HIV and AIDS," Ms. Kganakga pointed out when referring to elements of the national plan. Another step forward would be to better communicate about services and support systems already in place. Many people affected by HIV/AIDS seem to be unaware of their existence or seem unable to gain access to them.



Dr. Connie Kganakga, Chief Director: HIV& AIDS Unit, National Department of Social Development, South Africa

In terms of concrete action, the South African national plan envisions a long list of initiatives:

- To establish a representative body comprising government and civil society organisations that will coordinate responses to the issue of orphans and vulnerable children. This representative body could build on the Action Committees for Children Infected and Affected by HIV and AIDS that are already in place at the district, provincial and national level.
- To strengthen the existing processes on policy and legislative framework development and amendment on children in general and OVC in particular. Participation of civil soci-

ety, communities and children themselves in revising legislation should be increased.

- To strengthen the institutional and government capacity to provide services to children. The Home Affairs and Social Development ministries

should process the birth and death registration, as well as social grants. In addition, awareness needs to be raised on discriminatory practices of some schools to exclude children who cannot pay school fees or school uniforms. The rollout of anti-retroviral therapy should be hastened.

- To create and establish mechanisms for monitoring and evaluating responses to OVC. A National OVC Database should be established, collected information should be reviewed on a regular basis to reveal trends in the situation of vulnerable children.
- To strengthen partnerships with faith based organisations and other civil society organisations providing psycho-social support to children, communities and families affected by HIV/AIDS.
- To advocate for the establishment of a regional SADC OVC Forum.



Parliamentarians for OVC: The Kenyan Experience

As of the end of 2003, there were an estimated 1.7 million orphans in Kenya. More than a third of these lost their parents to HIV/AIDS. In 2003, the UNICEF office in Kenya was the first institution to embark on a strategy of engaging with parliamentarians and challenge them to make commitments to respond to the worsening orphan situation. The exercise, which costed about US \$ 350,000, had huge impact. It might be taken as an example for similar initiatives in other countries.¹

The UNICEF Kenya Country Office, with support from the Eastern and Southern African Region Office (ESARO), in 2003 embarked on an ambitious plan to help the country's politicians take on the challenge of making decisive actions to change the course of events affecting orphans and children made vulnerable by HIV/AIDS in the country. UNICEF opted for the general presidential and parliamentary elections as a platform to do this.

The aspiring political candidates and the general public were made aware, through various media sources, including a fact sheet, of the magnitude of the orphan crisis in Kenya. The fact sheet also called on the candidates to make a number of specific commitments to children in their constituencies. More than 350 parliamentary candidates signed the commitment and further pledged their support for the general well being of orphans and vulnerable children. A total of 100 of these were elected to

¹ This chapter is based on, and contains excerpts from 'Working with Parliamentarians for Orphans and Children made Vulnerable by HIV/AIDS: The Kenyan Experience, UNICEF ESARO, September 2004, and is partly based on the presentation 'The Kenyan Experience' by Hon. Prof. Christine A. Mango, MP, made at the AWEPA conference in Cape Town.

parliament and some went on to comprise the Committee on Orphans and Vulnerable Children (OVC) within the Kenya National Assembly. The Committee was specifically put together to champion the cause of OVC in Kenya, with an initial focus on the constituencies of the respective MPs.



Hon. Prof. Christine A. Mango, MP, Kenya

Multimedia campaign

A professional advertising/communication company was contracted to develop the supporting multimedia campaign that included the following elements and processes:

- Adverts in the popular daily newspapers. Half-page adverts depicting the potential magnitude of the orphans situation in 2005 and 2010. Centre-spread adverts in Sunday newspapers during the launch of the campaign and post-launch, full-page advertisements twice a week invited the public to challenge the nominees and assure their commitment by signing 'campaign coupons'. MPs

signatures were sent to UNICEF Kenya Country Office (KCO) and after four weeks were included in a full-page advert on the order they were received (on a first-come first-listed basis);

- Radio spots to complement the print campaign. In addition, the country's top comedy group included serious skits about the situation of children orphaned and made vulnerable by HIV/AIDS in their routine. The objective was to call upon the general public to make sure that their parliamentary candidates had these children on their election agenda;

- Telephone scratch cards from Safaricom, a leading mobile phone company in Kenya, carried the following message: It's in your hands - the future of Kenya's one million children orphaned by AIDS. Lobby your parliamentary candidate to include this on his agenda. Check newspapers for more information;

- Posters and banners were printed and displayed in all public places across the country, with a clear message on the magnitude of the orphaning crisis and the possible consequences of not taking care of these children;

- Billboard messages on four major highways offered six life/career choices for the three orphans pictured; Thief? Prostitute? Drug dealer? Farmer? Biologist? Accountant?' A tagline at the bottom read: 'The future of one million children orphaned by AIDS is in your hands'.

Tremendous momentum

The campaign built tremendous momentum during and after the election period, which UNICEF needed to maintain. To this end, they had to embark on a strategy to keep MPs and the public engaged on the issue. So UNICEF further established a fund to support grass-roots initiatives to be implemented by community based organisations (CBOs). Applicant CBOs and activities were selected by the MP, in consultation with other stakeholders at the constituency level. Grants up to a maximum of US \$ 10,000 were

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“THE FUTURE OF ONE MILLION CHILDREN ORPHANED BY AIDS IS IN YOUR HANDS”

allotted per constituency. This facility was only open to MPs that appended their signatures to the campaign. Of a total of 40 proposals submitted, 28 were approved and funded. The funds were used for education (school fees and uniforms, books) health care (user fees), nutrition support, shelter, and income generating activities.

The MPs who were the focus of the campaign have continued to play an instrumental role on legislative issues regarding OVC in Kenya. Some of the MPs have been able to successfully get support for their respective constituencies by using this campaign as a platform for social mobilisation. For instance, they have gone to constituencies, garnered the support of the people and gathered relevant information on the OVC situation at that level. This information has reportedly been useful in making a case for the actual needs of the OVC in respective constituencies.

The parliamentary committee on OVC, which was formed as a result of the campaign, considers itself playing more than just a linking role between key structures, but rather as a gatekeeper that will hold the stakeholders accountable, regarding the improvement of the lives of children in the country.

Ms. van den Assum,
Special Ambassador
for HIV/AIDS,
and Hon. Speaker
Tjitendero, Namibia





New housing in Khayelitsha

Shopping centre, Khayelitsha





Cleaning project in Khayelitsha

Shopping centre, Khayelitsha



Session 3:

Commitments on Parliamentary Action.

‘Renewing A Sense of Urgency’

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Countries engaged in developing National Action Plans to scale up support and services for orphans and vulnerable children exchanged ideas at a special meeting in Cape Town on 22 September, prior to the main Parliamentary Consultation. They also agreed on next steps to be taken.

At the special meeting prior to the Parliamentary Consultation on orphans and vulnerable children in Cape Town, representatives of sixteen countries, donors, international NGOs and scholars discussed what progress had been made in one of the youngest initiatives to scale up the response to orphans and vulnerable children: the OVC Rapid Assessment, Analysis and Action Planning process (OVC RAAAP), an exercise launched in January 2004 on the initiative of UNICEF, UNAIDS, WFP and USAID. The meeting in Cape Town proved to be successful, its initiators said, in that it renewed a sense of urgency on the OVC issue and that it allowed countries to exchange experiences and share plans. “This generated motivation and solidarity,” according to a summary of the special meeting (*for the full report on the OVC RAAAP meeting on 22 September in Cape Town see annex*).

The goal of the OVC RAAAP process is to stimulate countries to step up their efforts to provide support to orphans and vulnerable children and to

“ACTION PLANS NEED TO BE TRANSFORMED INTO WORKING PROPOSALS”

lie this down in concrete national action plans. In addition, the OVC RAAAP process aims to find funding for implementation of the plans.

At the special meeting in Cape Town, sixteen countries presented their individual country action plans. Ten of the country plans had been reviewed by independent experts and their findings were presented at the meeting as well. A panel of donor representatives and NEPAD experts gave feedback on the plans. The main point made was the need to mainstream OVC responses, linking them with broader development activities.

Several conclusions and recommendations were made.

Attendants stressed the importance of a monitoring and evaluation mechanism. “Agreed indicators must be integrated into the country plans,” they said. More work is needed on costing and budgeting of the plans. Countries should also learn from each other and share information and documentation on the issue.

At the country level, the national action plans need to be transformed into working proposals. They should also be presented to ministries, cabinet teams, local donors etc. by the country teams that developed them, the experts concluded. The OVC response must be integrated into national macro-economic processes.

At the regional level, there remains a need for technical assistance to some countries including programme costing, monitoring and evaluation.

Several next steps are due to be taken at the global level as well. UNICEF and its three partners that initiated the OVC RAAAP process will inform donors such as the World Bank and the Global Fund for AIDS, TB and Malaria that national plans are now in existence and that proposals for funding will follow.



Practical Action, Nutrition and Gender Dimension Needed

Food is a major factor in fighting HIV/AIDS. This was one of Ms. Mary Robinson's main conclusions after listening to the debates and presentations at the conference in Cape Town. She called on parliamentarians to organise a "social movement for food" to help affected children.

Wrapping up her personal impressions of three days of debate about how to improve the lives of AIDS-related orphans and vulnerable children, Ms. Robinson, President of the Ethical Globalisation Initiative, said she was struck by the enormity of the task as well as the high level of commitment among professionals dealing with affected people. Large numbers of individuals, organisations and associations have shown commitment to find ways to enhance and strengthen the response, she pointed out. "This kind of work can often be extremely debilitating and relentless but this shared commitment that we all have shown will help us collectively to

Ms. Mary Robinson, President, Ethical Globalisation Initiative



deal with the pain and the frustration and the terrible situations,” Ms. Robinson stated.

She added the Cape Town Declaration was “a crucial starting point” for creating momentum across Africa in response to the huge problems.

Practical step

Listening to the debates and stories about the reality of the harsh problem of children orphaned and made vulnerable by AIDS, she said she was struck by the great importance many speakers tacitly adhered to food and nutrition when dealing with the HIV/AIDS epidemic. These issues merit more attention, according to Ms. Robinson. She had heard stories about families that were very loving and caring but still couldn’t provide sufficient care for affected children simply because they hadn’t enough food and clothing available. In other cases, all children in a family suffer from reduced food and support as a result of orphans being incorporated into

“ENSURE THAT ALL HOUSEHOLDS WILL HAVE MEMBERS THAT ARE WELL FED”

their homes. “What we can do as an immediate and practical step,” Ms. Robinson went on, “is to ensure that, as part of our social development programmes, all families are fed and have access to food and nutrition. By this I do not mean just the basic staples but I mean a serious commitment to good nutrition and adequate food security. This will ensure that all households will have members that are well fed. It will ensure that child-headed households have a sufficient and full supply of food.”

In addition to raising the issue of food security, Ms. Robinson, who is a member of the AWEPA Eminent Advisory Board, said she believes steps need to be taken to end the phenomenon of child-headed households, because “while it is important to keep siblings together, it is also important to protect the rights of the child.”

The issue of food is also crucial because it has a “significant gender dimension”, Ms. Robinson said. If there is sufficient food available in families, “it will free up women from the emotional turmoil of not being able to feed their families, from the rage of their partners for not providing.”

“Let’s ensure that by the end of 2005, we have a social movement for food for all orphans and affected children and families.”

Annex

Cape Town Declaration

on an Enhanced Parliamentary Response to the Crisis of Orphans and other Children made Vulnerable by HIV/AIDS in Africa

Preamble

The purpose of this Declaration is to define a range of actions and policies that parliamentarians commit to, in realizing the rights of children orphaned and other children made vulnerable by HIV/AIDS in Africa. This Declaration was adopted by the participants at the **African-European Parliamentary Consultation on Children Orphaned and Made Vulnerable by AIDS in Africa: Reprioritizing International Agendas**, organized by AWEPA in Cape Town, South Africa, 22-24 September 2004, in cooperation with UNICEF, the Dutch EU Presidency, the North-South Centre of the Council of Europe, and the Nelson Mandela Children's Fund, with additional financial support from DFID, Finland, Trocaire, Concern, the British Council and the Lutheran World Federation. The consultation was attended by delegations from some 25 Parliaments in Africa and 15 Parliaments in Europe, plus international experts and NGO representatives.

Declaration

In a context where over 14 million children under the age of 15 have lost one or both parents to HIV/AIDS and where this figure is likely to nearly double by 2010, anywhere from 15 per cent to over 25 per cent of the children in a dozen sub-Saharan African countries will be orphaned. Traditional family coping mechanisms are over-burdened, and will become even more so in the years ahead. The impacts of HIV/AIDS represents the single biggest threat to child development in sub-Saharan Africa.

Mr. Pär Granstedt and
Hon. Tjitendero



Recognising the severe and unprecedented implications of HIV/AIDS on socio-economic development and the serious threat for the reversal of development achievements in sub-Saharan Africa;

Reaffirming the Declaration of Commitment on HIV/AIDS adopted by the UN General Assembly Special Session on HIV/AIDS on 27 June 2001, with specific emphasis on the goals 65-67 which relate to the rights of orphans and other children made vulnerable by HIV/AIDS;

Endorsing the inter-agency Framework the Protection Care and Support of Orphans and Children Living in a World with HIV/AIDS (2004) and the strategies outlined therein;

Noting the development of the National Plans of Action for Orphans and Vulnerable Children in African countries and their urgent need for implementation and support;

Reaffirming our commitment to achieving the Millennium Development Goals;

Realising that prevention of HIV infection and providing treatment and care to those affected is fundamental to supporting children and families;

Noting that the respect, protection and fulfilment of child rights is integral to supporting and caring for those affected by HIV/AIDS;

Realising that the increased access to treatments for HIV/AIDS must be achieved with the maximum benefits to children;

Also noting with deep concern that many children, especially those affected by HIV/AIDS are being denied access to basic services, most importantly education, health care, due to chronic poverty, stigma and discrimination;

Stressing that children orphaned and made vulnerable by HIV/AIDS are themselves more vulnerable to HIV infection and so are in need of special care and protection;

Noting that children living with disabilities are especially vulnerable to HIV and the impacts of HIV/AIDS;

Recognising that parliamentarians, depending on our skills, abilities, socio-political and other context specific factors have great responsibilities and potential, which have yet to be galvanized around the issue of orphans and other children made vulnerable by HIV/AIDS (OVC).

Also recognising that inaction constitutes negligence in the responses to orphans and vulnerable children;

Acknowledging that Parliamentary leadership is necessary on three levels:

- within families and communities and among community leaders;
- within political parties and among catalysts and capacity builders such as provincial and district community or local government committees, non-governmental organisations, the media, and grassroots support

organisations;

- within national, regional and international governmental bodies, including parliamentary committees and networking structures, and among international donors, international financial institutions, UN bodies, international private sector and civil society;

Realising that in regional parliaments, such as in the ECOWAS, EAC and SADC regions, in the Pan-African Parliament and the ACP-EU Joint Parliamentary Assembly, as well as the European Parliament and the Parliamentary Assembly of the Council of Europe, action is needed to create awareness of the OVC crisis and galvanise effective action;

Acknowledging that both African and European parliamentarians need to be involved in advocacy for mobilisation of resources, monitoring international partner commitments, including the IMF, the World Bank and other UN agencies, and the Global Fund to fight AIDS TB and Malaria, and helping to hold them accountable to their pledges and commitments on OVC;

Plan of Action

We have agreed on the following actions to accelerate and scale up the responses at national, regional and international level, in support of orphans and other children made vulnerable by HIV/AIDS;

For Members of Parliament:

- Participate in awareness raising meetings on the basic facts of the situation of children and HIV/AIDS, and develop skills on how to advocate more effectively for legal and policy frameworks to better address the OVC crisis
- Secure resources for strengthening constituency outreach efforts and sharpening skills on issues related to OVC, including for promotion of more information sharing and collaboration between communities and their elected representatives
- Develop media relations skills and use them to speak out often about OVC issues, aiming particularly to reduce stigma and discrimination
- Set an example by publicly championing OVC rights within the political party, and by either personally adopting a child or supporting a child-headed household or OVC-supporting agency or organisation
- Call for public oversight hearings that require every ministry to account for its actions to address the OVC crisis

For National Parliaments:

- Review and amend as necessary all legislation relevant to national AIDS policies in order to ensure that the rights of children infected and affected by HIV/AIDS are protected. More specifically to:
 - Provision of free primary school education for all children, and remov-

ing other barriers to school attendance such as provision of female hygiene products and other basic needs;

- Securing the recognition of community schools and ensuring provision of related financial and technical support for their development;
 - Promotion of gender-sensitive school policies, including the waiver of uniforms for girls, who are at greater risk than boys of leaving school, and reversing policies that expel pregnant girls from school;
 - Facilitation of support for and endorsement of (non-institutional) community-based care for orphans and children without guardians or care givers;
 - Supporting decentralization processes that involve devolution to local governments and inclusive ‘engagement’, via good governance practices, stimulation of community participation and consensus building;
 - Supporting the development of female economic empowerment programmes (credit and other micro-finance programs) and female literacy programmes, while removing barriers to access to such programmes;
 - Placing a strong emphasis on children’s rights and the empowerment of young people to express their concerns and to have a voice in programme planning;
 - Introducing initiatives for food security programmes and targeted health insurance;
 - Ensuring safe and effective interventions that increase access to HIV/AIDS treatments for mothers and children are given high priority.
- Establish a specific portfolio committee to deal with OVC issues in every parliament
 - Initiate or strengthen the monitoring of national HIV/AIDS and OVC programmes to ensure that funding reaches intended beneficiaries at the grassroots level
 - Hold annual public hearings and town hall meetings on OVC issues, as part of an overall public outreach and information sharing among government, parliament, civil society, and the private sector
 - Strengthen monitoring and evaluation mechanisms for OVC assistance programmes at national and sub-national levels
 - Seek ways to integrate the implementation of national plans of action for OVC into national level macro-planning processes, such as the Poverty Reduction Strategy Papers and bilateral budgetary support agreements

For Regional Parliaments and Parliamentary Fora:

- Regional parliamentary bodies, as well as women’s parliamentary caucuses and networks, should play a significant role in facilitating information exchange and joint policy initiatives to harmonise and catalyse the OVC response in their region
- Each region should establish informal regional parliamentary networks on OVC, which are sufficiently resourced to allow them to meet on a regu-

lar basis to discuss OVC issues and share information, strategies, and best practices

- Regional parliamentary bodies should meet with relevant regional and international non-governmental organisations, to develop policy recommendations to ensure that OVC, including those affected by armed conflict and other causes of displacement, have access to adequate care and support

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For European Parliaments and their Members:

- Ensure political accountability by monitoring government compliance with international commitments and obligations, including in relation to the IMF, the World Bank, the EU and G8 action plans, pledges and other measures
- Initiate the reopening of parliamentary debate on the level of budgetary resources available for development cooperation, and the concentration within that budget of resources toward initiatives to address the OVC crisis and HIV/AIDS
- Participate actively in policy dialogue with colleagues from African parliaments, in order to maximise a coordinated and informed response to the challenge presented by the growing numbers of OVC in Africa

For the International Donor Community:

- Provide financial resources to enable African parliamentarians to become better informed on OVC and HIV/AIDS issues, so that they become more active in both parliamentary and constituency work
- Provide financial resources to enable African parliamentarians to engage in regional dialogue among themselves and with European colleagues on the development of joint strategies based on shared information, experiences and good practices
- Initiate reviews of all development cooperation resources, including in

Ms. Mary Robinson
and Archbishop
Desmond Tutu



the context of the OECD-DAC Peer Review, to assess their adequacy and level of prioritisation from an OVC perspective

- Review with international financial institutions the macro-economic planning processes, such as PRSPs and other plans submitted to them, from the viewpoint of action for orphans and vulnerable children and other HIV/AIDS issues as ‘investment in people’.

Recommendations for legislation to be reviewed/amended

- Create, where appropriate, the position of ombudsperson for children
- Prevention of discrimination against vulnerable groups in the workplace, schools, and healthcare facilities
- Protection of property and inheritance rights for orphans and widows
- Protection against sexual violence, abuse and exploitation
- Establishment of standards for care and support of children living outside of family care
- Renewal of social protection policies to ensure that the most vulnerable children are being reached.

We here agreed to introduce and discuss this Declaration and Action Plan with parliaments, committees, political parties and other relevant bodies for debate and for action.

AWEPA will circulate to all its members, and all the parliaments in Africa and Europe.

AWEPA, UNICEF and the North-South Centre will continue to work together to implement this Declaration and Action Plan.



Déclaration du Cap

sur le renforcement de l'action parlementaire pour faire face à la crise des orphelins et les autres enfants rendus vulnérables par le VIH/SIDA en Afrique

Préambule

L'objet de cette Déclaration est de définir un nombre d'actions et une politique générale auxquels s'engageraient les parlementaires, afin d'assurer les droits des orphelins et des autres enfants rendus vulnérables par le VIH/SIDA en Afrique. Cette Déclaration a été adoptée par les participants à la **Consultation Parlementaire Africaine-Européenne sur les Enfants rendus Orphelins et Vulnérables par le SIDA en Afrique : Repenser les Priorités des Programmes Internationaux**, organisée au Cap, Afrique du Sud, du 22 au 24 septembre 2004, par l'AWEPA en partenariat avec l'UNICEF, la Présidence néerlandaise de l'UE, le Centre Nord-

Sud du Conseil de l'Europe, Nelson Mandela Children's Fund, et avec un soutien financier complémentaire de la Grande Bretagne, la Finlande, Trocaire, Concern, The British Council et la Fédération Luthérienne Mondiale. Des délégations parlementaires représentant 25 parlements africains et 15 parlements européens ont assisté à la Consultation, avec des experts internationaux et des représentants d'ONG.

Déclaration

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Puisque 14 millions d'enfants de moins de 15 ans ont perdu l'un de ses parents ou ses deux parents à cause du VIH/SIDA, et puisque ce chiffre risque de doubler d'ici 2010, entre 15 et 25 pourcent des enfants risquent de devenir orphelins dans une douzaine de pays d'Afrique subsaharienne. Face à cette crise, les mécanismes traditionnels au sein des familles pour faire face au problème sont déjà surchargés, et le deviendront davantage au cours des années. Les conséquences du SIDA constituent la plus grande menace au développement de l'enfant en Afrique subsaharienne ;

Conscients de l'impact grave et sans précédent du VIH/SIDA sur le développement socio-économique et de la menace de renverser toutes les réussites dans le domaine du développement en Afrique Subsaharien ;

Réaffirmant la Déclaration d'Engagement sur le VIH/SIDA adoptée par l'Assemblée Général des Nations Unies, lors de sa Session Extraordinaire consacrée au VIH/SIDA, le 27 juin 2001, visant en particulier les objectifs 65-67 relatifs aux droits des orphelins et des autres enfants rendus vulnérables par le VIH/SIDA ;

Approuvant également les objectifs et les stratégies définies dans le Cadre pour la Protection, les Soins et le Soutien aux Orphelins et Enfants Vulnérables Vivant dans un Monde avec le VIH et SIDA (2004) ;

Prenant note de l'élaboration de Plans d'Action nationaux en Afrique pour les orphelins et les enfants vulnérables (OEV), et du besoin urgent de soutien dans la mise en œuvre de ces politiques ;

Réaffirmant notre engagement à la réalisation des Objectifs du Millénaire pour le Développement ;

Conscients que sont fondamentaux au soutien des enfants et des familles la prévention de l'infection du SIDA et l'accès pour ceux qui sont atteints au traitement et au soin ;

Prenant note que le respect, la protection et la réalisation des droits de l'enfant sont indissociables du soutien à ceux qui sont touchés par le VIH/SIDA ;

Convaincus que l'accès accru aux traitements du VIH/SIDA doit se faire au maximum pour le bien des enfants ;

Prenant note également avec profonde inquiétude que de nombreux enfants, en particulier ceux atteints du VIH/SIDA, n'ont pas accès aux services de base, dont l'éducation et les soins médicaux, à cause de la pau-

vreté endémique, de la stigmatisation et de la discrimination ;

Soulignant que les enfants rendus orphelins et vulnérables par le VIH/SIDA sont eux-même plus susceptible à l'infection et en conséquence ont besoin de soin et de protection ciblés ;

Reconnaissant que nous les parlementaires, selon nos compétences, habiletés, et autres facteurs socio-politiques, avons un grand potentiel et une grande responsabilité, qui peuvent être mobilisés pour la cause des orphelins et enfants rendus vulnérables par le VIH/SIDA ;

Conscients que l'inaction relève d'une irresponsabilité grave ;

Conscients que le leadership parlementaire est nécessaire sur trois niveaux :

- Au sein des familles et des communautés et parmi les notables de la communauté;
- Au sein des partis politiques et parmi les catalyseurs et ceux qui sont impliqués dans le renforcement des capacités : les commissions de communautés provinciales et de government local, les organisations non-gouvernementales, les médias, les organismes de soutien de base, ... ;
- Au niveau du gouvernement national, régional et international, y compris au niveau des commissions parlementaires, des réseaux, des bailleurs de fonds internationaux, des institutions financières internationales, de l'ONU, du secteur privé international et de la société civile ;

Notant qu'il est nécessaire d'entreprendre des actions de sensibilisation au niveau des parlements régionaux tels que les Parlements de la CEDEAO, de la CEA, de la CDAA, le Parlement Panafricain et l'Assemblée Parlementaire Paritaire ACP-UE, ainsi que le Parlement Européen et l'Assemblée Parlementaire du Conseil de l'Europe ;

Conscients de la nécessité d'impliquer les parlementaires africains aussi bien que les parlementaires européens dans des actions de lobbying et de mobilisation des ressources ainsi que dans le monitoring des engagements pris par les organisations internationales y compris le FMI et la Banque Mondiale, l'ONU et le Le Fonds Mondial de la Lutte contre le SIDA, la Tuberculose et le Paludisme, en les aidant à respecter leurs promesses et engagements envers les OEV ;

Plan d'Action

Nous nous sommes entendus sur la mise en œuvre des actions suivantes pour promouvoir des réactions aux niveaux national, régional et international, en faveur des orphelins et des enfants rendus vulnérables par le VIH/SIDA ;

Pour les Parlementaires :

- Participer aux campagnes de sensibilisation sur la réalité des enfants et

du VIH/SIDA, et développer les capacités de lobbying afin de faire évoluer les cadres légaux et politiques pour mieux prendre en compte la crise des OEV ;

- Renforcer les moyens dont disposent les communautés pour leurs actions sociales et renforcer leurs capacités en matière de connaissance de la réalité des OEV, y compris la promotion de l'échange d'information et la collaboration entre les localités et les élus ;
- Développer leurs compétences en matière de relations avec les médias et les utiliser pour prendre la parole ouvertement sur les OEV, particulièrement en vue de réduire la stigmatisation et la discrimination ;
- Donner l'exemple au sein du parti politique en parlant publiquement pour attirer l'attention sur la situation des OEV, et soit en adoptant un enfant, soit en soutenant un ménage géré par un enfant ou une organisation de soutien pour les OEV ;
- Lancer un appel pour le contrôle public qui oblige chaque ministère à rendre compte de ses actions faisant face à la crise des OEV.

Pour les Parlements Nationaux :

- Revoir et amender autant que nécessaire la législation relative à la politique nationale du SIDA afin de protéger et garantir les droits des enfants touchés ou atteints du SIDA. Plus spécifiquement:
 - Pourvoir gratuitement l'enseignement primaire pour tous les enfants, tout en s'attaquant aux autres obstacles à leur scolarisation, en fournissant des produits d'hygiène féminine et autres nécessités de base ;
 - Garantir la reconnaissance des écoles communautaires et la mobilisation des ressources financières et techniques nécessaires à leur développement ;
 - Promouvoir des politiques scolaires intégrant la dimension genre, y compris retirer l'obligation de porter l'uniforme pour les filles (qui ont une plus grande probabilité de quitter l'école) et remettre en cause la politique d'expulsion de jeunes filles enceintes ;
 - Faciliter la mobilisation des ressources en faveur des structures communautaires de prise en charge des OEV ;
 - Soutenir les processus de décentralisation qui s'accompagnent de dévolution de pouvoir au niveau local et de gouvernance inclusive, grâce à des pratiques de bonne gouvernance, de stimulation de la participation communautaire et de recherche de consensus ;
 - Appuyer les initiatives économiques de responsabilisation des femmes (les programmes de micro-crédit etc.) et des programmes d'alphabétisation pour les femmes, et éliminer les obstacles à ces programmes ;
 - Mettre l'accent sur les droits des enfants et le renforcement des capacités des jeunes de s'exprimer, en particulier pour contribuer à la planification des programmes les concernant ;
 - Introduire des initiatives pour des programmes de sécurité alimentai-

- re et d'assurance maladie ciblés ;
- Assurer la priorisation des interventions qui augmentent l'accès au traitement pour les mères et les enfants.
- Mettre sur pied dans chaque parlement une commission chargée de la question des OEV ;
- Initier ou renforcer le monitoring des programmes en faveur des OEV et de lutte contre le SIDA afin de s'assurer que les bénéficiaires de base ont accès aux fonds ;
- Organiser des forums annuels sur les problèmes des OEV, dans le cadre d'auditions publiques et de sensibilisation du public qui favorise le partage d'information entre les gouvernements, les parlements, la société civile et le secteur privé ;
- Renforcer les mécanismes de monitoring et d'évaluation des programmes relatifs à la prise en charge des OEV aussi bien au niveau national que local ;
- Trouver les modalités d'intégration des plans d'actions nationaux dans les processus nationaux de planification budgétaires tels que les Documents de Stratégie de Réduction de la Pauvreté et les accords bilatéraux de soutien budgétaire.

Pour les Parlements Régionaux et les Forums Parlementaires :

- Les parlements régionaux ainsi que les réseaux de femmes parlementaires devraient jouer un rôle important de facilitateur d'échange d'information et d'initiatives politiques conjointes pour harmoniser et encourager les réactions à la problématique des OEV dans leur région ;
- Chaque région devrait mettre sur pied des réseaux parlementaires sur les OEV, qui auront suffisamment de financement pour leur permettre de se réunir régulièrement pour discuter et échanger sur les stratégies et meilleures pratiques concernant les OEV ;
- Les institutions régionales parlementaires devraient initier le dialogue avec les organisations non-gouvernementales régionales et internationales afin de développer une série de recommandations politiques pour garantir aux OEV l'accès aux soins et au soutien, y compris pour ceux qui sont victimes de conflit armé et d'autres causes de déplacement.

Pour les Parlements Européens et leurs Membres :

- Assurer le contrôle politique en surveillant la conformité de leur gouvernement aux engagements et obligations internationaux, y compris ceux relatifs aux plans d'action, pactes et autres mesures du FMI, de la Banque Mondiale, de l'UE et du G8 ;
- Encourager la réouverture du débat parlementaire sur l'allocation des ressources budgétaires disponibles pour la coopération au développement et le pourcentage de cette allocation qui sera consacré aux initiatives dans le domaine du VIH/SIDA et des OEV ;

- Participer activement au dialogue politique avec leurs collègues dans les parlements africains, afin de maximiser une réaction concertée et bien informée au défi présenté par le nombre croissant d'OEV en Afrique.

Pour la Communauté Internationale des Bailleurs de Fonds :

- Fournir les ressources financières nécessaires pour permettre aux parlementaires africains d'être mieux informés sur la réalité du VIH/SIDA et des OEV, afin qu'ils puissent devenir des vecteurs de sensibilisation de leur électorat et entreprendre des actions concrètes dans le travail parlementaire ;
- Fournir les ressources nécessaires qui permettront aux parlementaires africains de dialoguer au niveau régional et avec leurs collègues européens afin de développer des politiques et stratégies conjointes basées sur des informations, des expériences et des bonnes pratiques partagées ;
- Initier un réexamen de toutes les ressources de coopération au développement, y compris dans le contexte de l'examen par les pairs du CAD/OCDE, afin d'évaluer leur pertinence dans le contexte des OEV ;
- Réexaminer avec les institutions financières internationales les processus de planification macro-économique, tels que les Documents de Stratégie de Réduction de la Pauvreté, de la perspective de l'action entreprise pour les OEV et d'autres initiatives concernant le VIH/SIDA comme l'investissement dans le capital humain.

Recommandations sur le Réexamen et l'Amendement de la Législation :

- Créer, dans le cas approprié, une fonction de médiateur pour les enfants ;
- Lutter contre la discrimination, la stigmatisation et les préjugés dont sont victimes les groupes vulnérables dans les lieux de travail, les écoles et les centres médicosociaux ;
- Veiller à la protection des droits fonciers et d'héritage des orphelins et des veuves ;
- Veiller à la protection contre la violence sexuelle, l'abus et l'exploitation
- Etablir des normes de soin et de soutien des enfants vivant en dehors du milieu familial ;
- Revoir les politiques de la protection sociale afin de s'assurer qu'elle atteigne les enfants les plus vulnérables.

Nous nous engageons à introduire et discuter cette Déclaration et ce Plan d'Action dans nos parlements, nos comités, nos partis politiques et d'autres structures appropriées pour le débat et l'action.

L'AWEPA s'engage à faire circuler cette Déclaration au sein des parlements européens et africains.

L'AWEPA, l'UNICEF et le Centre Nord-Sud vont poursuivre leur collaboration dans la mise en œuvre de cette Déclaration et ce Plan d'Action.



OVC Rapid Assessment, Analysis and Action Planning meeting

22 September 2004, Cape Town, South Africa

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- i) This full-day meeting has marked an important milestone in the OVC RAAAP process, underlining the two fundamental goals of the exercise - the achievement of a scaled-up, region-wide response to the problems faced by orphans and vulnerable children due to the HIV/AIDS pandemic, and the funding of the national plans of action. Sixteen of the seventeen sub-Saharan countries which have taken part in the RAAAP exercise since January 2004 made presentations of their individual country action plans for the coming period¹. Other participants included donors², international NGOs, academia and partner agencies.
- ii) Ten of the country plans had been reviewed in an independent review (August 2004), the report of which was circulated and presented at the meeting.
- iii) A panel of donor representatives (SIDA, DFID, USAID, the Dutch government) and NEPAD gave feedback on the question of funding the country plans. The main point made was the need to mainstream OVC responses, linking them with broader development activities. Donors also recognized the need for harmonization in their support to national programmes.
- iv) Next steps towards implementation of the action plans and resource mobilization

The following issues were singled out as key points for the coming months: Prioritisation of actions at national level.

The importance of a monitoring and evaluation mechanism - agreed indicators must be integrated into the Country Plans.

More work is needed on costing and budgeting of the plans. Each government needs access to the relevant costing tools. Resource tracking should be an area of focus, and implementation constraints must be identified.

Resource tapping for multi-sectoral implementation. Every country must identify and access funding sources for up-scaled programming.

UNICEF and other international actors must assure good, technical programme support for implementation of the plans. Countries must also learn from each other; better inter-country sharing and dissemination of information and documentation is necessary.

Finally, follow up action points were clarified:

¹ These countries were Namibia, Zimbabwe, Tanzania, Nigeria, Swaziland, Rwanda, Ivory Coast, Malawi, Ethiopia, Zambia, Lesotho, South Africa, Uganda, the Central African Republic, Mozambique, Kenya and Botswana

² USAID, DFID, SIDA, the Netherlands, JICA, Ireland Aid

Country level

Several of the country plans need further refinement, especially around M&E and costing;

The RAAAP country plans need to be transformed into working proposals. They should also be presented to ministries, cabinet teams, local donors etc by country teams for endorsement. The OVC response must be integrated into national macro-economic planning processes.

Regional level

A study on social safety nets for OVC is on-going;

There remains a need for significant technical assistance to some countries, including programme costing, monitoring and evaluation and technical areas such as psychosocial support;

Progress in up-scaling the national responses should continue to be monitored in regional annual review meetings.

Political pressure to see a paradigm shift in coverage for OVC must intensify. African government representatives must play a leadership role. Discussions in the AWEPA meeting will be the first step in this intensified advocacy process.

Global level

A statement defining costed actions within the seventeen countries will be presented to donors at the 2nd Annual Global Partners' Forum on OVC in December 2004;

UNICEF and partners within the OVC steering committee will impress upon donors such as the World Bank and the GFATM that national plans are now in existence, and that proposals for funding will follow;

Discussions will take place with WHO on the integration of child treatment and the 3x5 initiative with the national plans of action on OVC;

Important policy dialogue between relevant actors must take place. Consensus is needed on the nature of up-scaled responses. Are additional funding mechanisms needed to get money to the base?

This meeting proved to be an successful mechanism for:

renewing a sense of urgency on the OVC issue;

countries to exchange experiences and share plans. This generated motivation and solidarity;

country delegations to re-commit to scaling up the OVC response;

the identification of priority actions;

defining links with available resources at national and international level; galvanizing support from the international community.

The true measure of success in the longer-term, however, will be increased coverage of services to orphans and vulnerable children in sub-Saharan Africa.

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The African-European Parliamentary Consultation on Children Orphaned and Made Vulnerable by AIDS in Africa: Reprioritising International Agendas, was organized by AWEPA in Cape Town in cooperation with UNICEF, the Dutch EU Presidency, the North-South Centre of the Council of Europe, and the Nelson Mandela Children's Fund, with additional financial support from DFID, UNAIDS, Finland, Trocaire, Concern, the British Council and the Lutheran World Federation.

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Selected AWEPA Publications

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Occasional Paper Series: Sustainable Democracy and Human Rights

- #1: *Consolidation of Democracy and Human Rights in Emerging Democracies: Focus on Newly-Elected Politicians*, 1996
- #2: *Standardization of Practice in the Selection, Training and Deployment of International Election Observers*, 1997
- #3: *Truth and Reconciliation in Democratic Transition: the South African Example*, 1998
- #4: *Achieving the Advancement of Women in the Post-Beijing Era*, 1998
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- #6: *Parliamentary Action on the Beijing + 5 Review Process*, 2000
- #7: *Parliamentary Gender Handbook: South Africa*, 2001
- #8: *Parliament as an Instrument for Peace*, 2001
- #9: *Os “Laboratórios” do Processo Moçambicano de Autarcização. The “Laboratories” of the Mozambican Municipalisation Process*, 2001
- #10: *Debt Relief and the HIPC Initiative in African Countries*, 2002
- #11: *The Impact of HIV/AIDS on the Future Generation of Africa*, 2002
- #12: *The Cohabitation between the Local State Bodies and the Local Authorities in Mozambique / A Coabitação entre os Órgãos Locais do Estado e Órgãos do poder local (autarquias) em Moçambique*, 2004

International Human Rights Conferences

- *Human Rights, Conflict Management and Refugees: Parliamentary Roles and Responsibilities*, Durban, South Africa, December 1998
- *Youth Development and Security: Parliamentary Action for African Renaissance*, Eastern Cape, South Africa 8-10 December 1999
- *Aids and the Next Generation: From national policy to local implementation*, Northern Province, South Africa, 27-29 November 2000
- *Parliament and the AIDS Budget: Resources for Community Empowerment*, Rustenburg, South Africa, 14-16 November 2001
- *Capacity Mobilisation on HIV/AIDS at Local Constituency Level: The Role of Parliament*, KwaZulu Natal, South Africa, 13-15 November 2002
- *Political Will for Health and Development: What Parliament Can Do*, Gaborone, Botswana, 10-12 September 2003

AWEPA Mission Statement

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AWEPA works to support the well functioning of Parliaments in Africa, and to keep Africa on the political agenda in Europe.

Action is undertaken for human resource development with parliamentarians and other elected representatives, and institutional capacity building within parliaments and decentralized authorities.

This includes attention to: the key role of well-functioning parliaments with regards to democracy, human rights and peaceful conflict management; the attainment of gender equality at all levels of political decision-making; African-European sharing of parliamentary experience; and building parliamentary networks at national, regional and inter-regional levels, as fora for political and non-governmental interaction.

AWEPA also informs and mobilizes European parliamentarians on policy issues in African-European relations, development cooperation and democratization in Africa.

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