

**Report on the
Africa Leadership Consultation:
Urgent Action for Children on the Brink,
Johannesburg, 9-10 September 2002**

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1. Introduction

On September 9-10, 2002, a group of prominent individuals who have demonstrated their commitment to addressing the crisis of orphans and other vulnerable children in sub-Saharan Africa gathered in Johannesburg. Their goal was to come up with a set of concrete actions that would ensure a quantum shift in the global response to children affected by HIV/AIDS. Nelson Mandela and Graça Machel convened the meeting, in collaboration with the UN Secretary-General's Special Envoy for HIV/AIDS in Africa, Stephen Lewis, with support from UNICEF and UNAIDS. The meeting brought together individuals from a diverse range of backgrounds: politics, academia, civil society, the private sector, the arts, non-governmental organizations, people living with HIV/AIDS, youth associations and the United Nations family.

The meeting was organized by a planning committee consisting of UNICEF, UNAIDS, USAID, Save the Children-UK, The University of Natal and Hope for African Children Initiative (HACI). A background discussion paper entitled *Future Imperfect: Protecting Children on the Brink* was prepared by Professor Alan Whiteside, Director of the Health Economics and AIDS Research Department at the University of Natal, Mark Stirling and Mbulawa Mugabe (UNICEF), with support from the planning committee. This paper, which highlighted key issues and raised critical questions, stimulated an important discussion, which led to the development of immediate and practical actions to support and protect orphans and other children made vulnerable by HIV/AIDS.

2. Background and purpose of the meeting

HIV/AIDS is having a devastating impact on children. This year, some 800,000 infants were infected with HIV (600,000 through mother-to-child transmission), and some 580,000 children died of AIDS. Every day, HIV infects some 6,000 young people, yet only a fraction of them know they are infected. Today, some 3 million children are living with HIV/AIDS and the population of children orphaned by AIDS stands at over 13 million and will top 25 million by the year 2010. The vast majority of these children and young people live in sub-Saharan Africa.

Although progress is now being made to scale up actions to prevent HIV infection, mainly through the expansion of programmes to prevent mother-to-child transmission of HIV and to reduce the vulnerability of young people, support for the burgeoning population of children orphaned and made vulnerable by HIV/AIDS has been extremely limited. As AIDS and poverty have stretched family and community capacities beyond their limits, the toll on children has become tragically clear: illness, malnutrition and death among young children are on the rise, school participation is declining, and the numbers of street children are growing. A large and growing number of children are experiencing the trauma and distress of losing their parents and are being forced to fend for themselves. In the absence of adult protection, love and support for these children have been made even more vulnerable to illness, exploitation and abuse, and to HIV infection.

Recognizing the magnitude and, to date, faltering response to the "orphan problem", in 2001 at the UN General Assembly Special Session (UNGASS) on HIV/AIDS, the world's leaders declared their commitment to accelerate action to respond to the orphan crisis. Yet despite this expression of commitment, the actual response has been limited in scale, fragmented, and shamefully short of what is required to halt this preventable tragedy. The challenge, therefore, is to reverse this situation. It is to kick-start and put into operation strategies to scale-up actions which will touch the lives of children.

Based on two decades of experience on orphans and vulnerable children (OVC), a "normative framework" for an expanded OVC response is now largely in place. Goals and leadership commitments have been agreed; consensus has been formed on principles and strategies to guide policy development and programming; networking mechanisms are being put in place and used; and operational research, monitoring and evaluation capacities are being strengthened. Yet despite all this, the coverage, reach and impact of OVC responses have remained limited. Limited, partly because many have been overwhelmed by the scale and complexity of the "OVC problem" and have found it difficult to agree on concrete and practical actions that can make a difference in the lives of vulnerable children. Also, limited

by the failure to effectively mobilize the leaderships (decision-makers and opinion leaders), partnerships and resources necessary to take these actions to scale. Finally, limited by the failure to ensure that resources reach the families and communities providing assistance to children affected by HIV/AIDS.

3. Aims and Objectives of the Consultative Meeting

Against this backdrop, the purpose of the consultation was to brainstorm and propose concrete actions that would trigger a quantum (significant and sustained) shift in the OVC response in sub-Saharan Africa. More specifically, the aims of the consultation were to:

- develop consensus on priorities for a scaled-up emergency response to the OVC crisis in sub-Saharan Africa; and
- propose actions to be taken within the next 12 months to mobilize the leadership, partnerships and resources required to deliver on the promises made at the UNGASS to children affected by HIV/AIDS in Africa.

4. Process of the consultation

On the evening of September 9th, participants gathered for an introductory reception hosted by Carol Bellamy, Executive Director of UNICEF, and Graça Machel. This was an opportunity for participants to be briefed on the task ahead and to informally interact on the substance of the meeting. Participants were asked to focus their thoughts on what should be done to overcome the inertia and inaction that has so far characterized the response to the OVC crisis in Africa. The purpose of the meeting was not to spend the precious time reiterating the dismal situation of OVC but to focus on concrete critical priority actions to scale-up responses over the next 12 months. In doing so, participants were to draw from the Challenge Paper that was prepared for the meeting (see Annex 5) and from their own experiences.

Carol Bellamy invited Graça Machel to reflect on the situation and provide an overview of the challenges ahead. In her presentation, Ms. Machel noted that current responses to the OVC situation in Africa are patchy, isolated and disjointed; are mainly the initiatives of NGOs and communities themselves; and that the public sector has been conspicuously under-engaged in addressing the challenges of OVC across much of sub-Saharan Africa. Ms. Machel drew attention to a disconnect between various actors, which fragments efforts and weakens the synergistic effect of actions for OVC. She called for a broad social movement to energize interventions for OVC across various sectors and levels of society.

Carol Bellamy chaired the proceedings of the meeting on the 10th. The Archbishop of Cape Town, Njongkulu Ndungane, and the Mufti of Uganda Muslim Supreme Council, Sheikh Shaban Mubajje, opened the meeting with prayers and reflections. The Archbishop enjoined the meeting to scale up interventions on orphans so that the aggregate sum of these actions would provide respite to OVC and their families. The Mufti, drawing from the Koran, underscored the virtues of providing and caring for orphans.

The former President of South Africa, Nelson Mandela, opened the meeting. He challenged the gathering to waste no time in using the meeting as a stepping-stone to practical actions for the orphan crisis in sub-Saharan Africa. He cautioned that “every moment spent on deliberation that does not lead to decisive action is a moment tragically wasted – [because] we have reached such an advanced stage in the spread of the AIDS pandemic that there is almost no time for merely feeling, thinking and talking” (see Annex 4).

Professor Alan Whiteside presented the keynote address. He mapped out the situation, responses to date, and consequences of the OVC crisis. Drawing from data presented in the *Children on the Brink 2002 Report*, UNICEF/MICS data, and the Challenge Paper, he presented evidence on the scale, velocity and consequences of the OVC crisis. The presentation exposed the striking gap between the size and seriousness of problem and the inadequacy of the response. Among the key conclusions Professor Whiteside stressed that the OVC crisis is big, rapidly growing and long term; that current responses are inadequate; that contrary to myth, an increasing number of families and communities are not coping; and

that development gains are being reversed and the Millennium Development Goals will not be met if HIV/AIDS is not directly and substantively addressed. Following the presentation, the group's discussion highlighted the following points:

- Prevention of HIV infection is clearly the most effective means of preventing orphaning due to AIDS. Consequently, community-based actions to extend HIV/AIDS care and support should also emphasize prevention.
- OVC programmes should build on the principle of keeping mothers alive as long as possible, thus keeping families intact, delaying orphaning and enhancing child survival, development, growth and care. The PMTCT-plus initiative provides a unique opportunity for providing treatment and care to mothers, partners and their children.
- Although knowledge of the impact of HIV on children (especially the dimensions of orphanhood) remain incomplete, there is an increasing amount of solid evidence and data that should be used to guide planning and programming for OVC, from national to community levels.
- The failure of African governments, civil society, private-public partnerships and international agencies to meet the challenges of OVC is a profound reality and needs to be addressed. Child-focused priorities need to be set; public discussion about HIV/AIDS and its consequences for children needs to be heightened; communities and civil society actors need to be sensitized and mobilized; and leaderships – within government, politics, civil society and communities – need to take on much stronger roles in leading and facilitating action for children affected by HIV/AIDS. Governments have a critical role to play in providing this leadership, and they should be more accountable for doing so.
- Concern was raised regarding the limited reference to children and young people infected and affected by HIV/AIDS by the Africa Union (AU) and key regional institutions (SADC, ECOWAS, etc.) and within the New Economic Partnership for African Development (NEPAD). This silence is also common at the country level where Poverty Reduction Strategy Papers (PRSPs) and national planning documents also say little about the actions needed to prevent HIV infection and to address the needs of children and young people infected and affected by HIV and AIDS.
- The relationship between poverty, HIV/AIDS and orphaning is complex and needs to be further analyzed. OVC programming is an aspect of the broader poverty alleviation response. However, while this is a critical long-term perspective to the problem, it should not be used to frustrate short-term or immediate action that will directly touch the lives of orphans before the poverty problem is solved.
- HIV/AIDS is deforming the demographic profiles of nations with enormous implications for parenting and care. There is an urgent need to conduct analysis of these demographic shifts and their implications for grandparents and young people who are heads of families and households.

The discussion led into a presentation on the goals and commitments made for orphans and vulnerable children by governments, as Member States of the United Nations. This discussion was led by Michel Sidibe, Director of Regional and Country Support at the UNAIDS secretariat, Geneva, who reminded the group of the commitments made to orphans and vulnerable children by the world's governments in the UNGASS *Declaration of Commitment (DoC) on HIV/AIDS* (2001) and the *World Fit for Children (WFFC)* declaration of the UN Special Session on Children (2002). In particular, he highlighted the importance of the goal as a rallying tool to be used by leaderships; that the goal stresses the importance of a) building capacities within families and communities to ensure care and protection for OVC; b) ensuring that OVC have access to essential services (health, education, welfare, etc.); and c) that governments are obligated to develop policies and programmes that address the needs of OVC and to report on progress towards achieving the UNGASS/WFFC goals.

Following the presentation on the goals and commitments for OVC, participants were divided into four discussion groups. In orienting the groups, Mark Stirling requested each to consider the “OVC problem/response gap”, the lethargy of the current response, and the commitments made by governments – and to propose five actions which, if undertaken within the next twelve months, could signal and facilitate a scaled-up response to the unfolding orphans crisis. The groups were also requested to advise on what mechanisms should be put in place to monitor follow up on these agreed actions. Rapporteurs were requested to present the groups’ summary conclusions in plenary.

5. Action Points

The presentation of the results of the group discussions at plenary produced striking similarities, in terms of the priority actions that will be required to accelerate the OVC agenda over the next twelve months. These were captured and synthesized by Stephen Lewis and are summarized below:

- a. **Parliamentary debates on OVC.** In order to sensitize and promote national leadership and place OVC at the centre of public policy and action, national parliaments should hold a dedicated session to assess and debate the OVC crisis, the adequacy of the national response to date¹, and to define actions required to strengthen the OVC response and to achieve DoC/WFFC commitments. To support this process, UNICEF and UNAIDS were requested to urgently develop tool kits to inform and guide country parliamentary discussion and action for children affected by HIV/AIDS. It was also suggested that a session be proposed for the upcoming AWEPA (European Parliamentarians for Africa) meeting in November 2002 (South Africa) on how to confirm and facilitate these parliamentary sessions.
- b. **Monitoring and reporting country progress on OVC.** Within the UNGASS Declaration of Commitment (DoC), governments committed themselves to acting on the OVC goal (para 65-67) by ensuring that national OVC policies and strategies were in place by the end of 2003; that they are under full implementation by 2005; and that country reports would be made annually to the UN Secretary-General to enable his report to the General Assembly on progress in the implementation of the Declaration of Commitment. Governments need to be supported to establish the capacities and procedures to prepare and disseminate these reports; government and parliaments should be supported to discuss progress, needs and actions; and the media, civil society organizations, NGOs and development partners should be engaged to monitor progress and mobilize public attention to the situation and needs of OVC. In support of this, UNICEF and UNAIDS should provide guidance on a core format for monitoring and reporting on progress in implementing the national OVC response. Support should also be provided to regional (e.g. SADC, ECOWAS) and continental (Africa Union) institutions to prepare and disseminate progress reports.
- c. **Campaign on education.** Education is fundamental to securing the future of every child and OVC are increasingly being denied this right. To respond, a campaign to ensure that every child is in school is required. Building on the *Dakar Declaration* and the *Convention on the Rights of the Child*, this campaign must address the reasons why children are dropping out or being excluded from school (i.e. stigma, fees, uniforms, lack of food or parental or community support, etc.); must use the media, influential leaderships and civil society organizations to arouse public consciousness and support; and must develop accountability at all levels – from national policy-

¹ Within this guidance parliaments should be encouraged to review progress made by governments in undertaking the following key actions:

- Conduct situation analyses of the magnitude, scope and impacts of HIV/AIDS on children and young people, the adequacy of current responses and opportunities for expanded action.
- Develop national strategies, action plans and budgets to respond to the OVC crisis. Such should include both immediate emergency and longer term developmental responses and be integrated within the national development plan (especially PRSPs, SWAPS, etc) with specific OVC related budget items clearly identifiable.
- Review and revise laws, and orient systems that administer justice, to ensure non-discrimination (gender, HIV/AIDS, orphan status), protection from exploitation and abuse, and protection of children’s and women’s property and inheritance rights.
- Establish national and sub-national coordination mechanisms to enable government and NGOs to share experience and coordinate efforts.

makers and budget decision-makers to local administrators and school-based staff – to act for children. An element of this campaign would be to ensure that schools become safe places for children, in particular young girls.

- d. **Resources mobilization.** There is an urgent need to mobilise resources specifically for OVC and to ensure that these get to people caring for and serving orphans and vulnerable children. Here, several actions are required. First, better estimates of the resource requirements of “an adequate OVC response” need to be calculated and used to orient and monitor OVC resource mobilisation efforts. Second, mechanisms need to be strengthened to track the disbursement and channelling of resources for OVC related services (health, education, etc.), and families and communities caring for OVC. Third, successful experiences in overcoming constraints to moving resources in support of family and community-based OVC initiatives need to be shared and taken to scale. And fourth, the Global Fund on AIDS, TB and Malaria (GFATM) should be requested, by UNICEF’s Executive Director, to: a) include OVC support as a component and assessment criteria for applications to the GFATM; and b) encourage Country Coordination Mechanisms (CCMs) to call for applications that respond to the OVC crisis.
- e. **Faith-based organizations.** Whilst it is recognized that religious organizations are present and working in every community across Africa, their potential for breaking the silence, stopping the stigma, and mobilising action to prevent HIV and care for orphans, vulnerable children and families affected by HIV/AIDS has not been fully realized. To tap this potential, a campaign is required to mobilize and equip religious leaderships with the knowledge, skills and support required by them to act for children and young people affected by HIV/AIDS. Support will be required to follow up on the recommendations of the “African Religious Leaders Assembly” of 10 June 2002 (Nairobi); the Archbishop of Cape Town and Ms. Machel agreed to lead an initiative among their constituents in southern Africa; and UNICEF was requested to assist with the development of religious leaders resource materials: i.e. “what religious leaders should know and do about HIV/AIDS and children”.
- f. **Young people’s participation.** Promote information and advocacy campaigns, using media and entertainers, to encourage young people to participate in the debate and action on OVC, and to lead the responses in schools and youth organizations.
- g. **PMTCT Plus and OVC.** Keeping parents alive and healthy is clearly a core strategy to prevent and delay orphaning. In this regard, the PMTCT-Plus is an important initiative to expand access to quality care and support for HIV-infected women, and as such needs to be solidly supported to move to scale. In doing so, more attention is required to strengthen the linkages between PMTCT-Plus and community-based OVC initiatives – particularly in providing medical care and support for families living with HIV/AIDS, the targeting of welfare assistance, and in ensuring family counseling and support, and succession planning for children.
- h. **Registration of OVC.** The meeting agreed that acknowledgment and recognition of the circumstances and special needs of children orphaned and made vulnerable by HIV/AIDS is key to mobilising appropriate action and to measuring the adequacy of responses, especially at the community level. Two actions were proposed. First, community and national OVC identification systems should be developed and supported where appropriate, based on the assumption that community members already know who the orphans are. Identification should confer special protection measures and visibility for OVC and should facilitate entitlements and the protection of rights of access to social services. The system, which should be country and community specific, could build on experiences with identification and registration systems in Rwanda in the aftermath of the genocide and experiences from refugee children. As OVC vulnerability starts long before orphanhood, any such identification system needs to be community driven, and should not stigmatize children. Second, all children should be provided with a “book of life” in which birth, medical and guardianship history can be recorded. This could be a combination of a birth certificate and medical record card. It could also include the rights of the child and their entitlements.

- i. **Deepen knowledge of the OVC situation, responses and consequences.** Further research, analysis and scenario projections are required to improve understanding and support planning for the future impacts and consequences of the demographic shocks caused by AIDS, especially for orphans and children made vulnerable by HIV/AIDS. There is also need to better communicate this understanding. To do so, it was suggested that film and visual media could be better used to portray the future impacts of the epidemic on societies and to make clear that bold decisions now on HIV/AIDS prevention, care and support, and management of the OVC crisis will have profound impacts on the nature, strength and cohesion of future societies.

6. Follow-up mechanisms

To follow up, UNICEF will put together documentation on the outcome of the consultation meeting (this report). This will be shared with the participants, who will further disseminate it to their constituents. UNICEF will, within six months after the consultation, compile a progress report on the implementation of the key actions agreed by the consultation meeting and will, within one year, facilitate another meeting of the participants to take stock. In addition, UNICEF will explore possibilities of dedicating the *State of the World Children 2003* report to the issue of OVC.

A steering committee, chaired by a senior African and facilitated and supported by international child-focused agencies, will be set up to ensure follow-up of the key action points agreed upon at the consultative meeting.

Annex 1.

Consultation Meeting Programme

Time	Session
Monday 9th September 2002	
1900-1930	Dinner hosted by Carol Bellamy, UNICEF Executive Director <ul style="list-style-type: none"> • Opening statements by Carol Bellamy & Graça Machel
Tuesday 10th September 2002	
0830-0930	Session 1. Opening <ul style="list-style-type: none"> • Prayers and reflections • Keynote address – Nelson Mandela
0930-1100	Session 2. The challenge: the OVC situation, responses and consequences – Alan Whiteside
1100-1115	Tea/coffee break
1115-1300	Session 3. Goals and commitments: the promises made to children – Michel Sidibe
1300-1400	Lunch
1400-1530 1530-1630	Session 4. Critical actions <ul style="list-style-type: none"> • Group work to brainstorm and propose key actions for next 12 months • Plenary feedback and discussion of group work
1630-1700	Session 5. Summary and closing – Steven Lewis and Graça Machel

Annex 2.**List of Participants**

1. Carol Bellamy, Executive Director, UNICEF
2. Agnes Binagwaho, Office of the First lady, Rwanda
3. Awa Coll-Sek, Minister of Health, Senegal
4. Eduarda Cipriano, Fundaçao Para O Desenvolvimento da Comunidade, Mozambique
5. Tstsele Fantana, Director HIV/AIDS Department Debswana, Botswana
6. Geoff Foster, Advisory Board, Family AIDS Care Trust (FACT), Zimbabwe
7. Stefan Germann, Advisor – Strategic Partnerships, REPSSI (Salvation Army) Zimbabwe
8. Holo Hachonda, Youth Communication Coordinator, Zambia Integrated Health Programme
9. Keith Hansen, AIDS Campaign Team for Africa (ACTAfrica) Africa Region, World Bank
10. Urban Jonsson, Regional Director, UNICEF, East and Southern Africa
11. Jeanette Kagame, First lady, Rwanda
12. Michael Kelly, Professor School of Education, University of Zambia
13. Boggie Khutsoane, Chief Executive Officer, Women in Law and Development
14. Angelique Kidjo, Entertainer, UNICEF, Special Representative
15. Femi Kuti, Entertainer, UNICEF Special Representative
16. Stephen Lewis, UN Secretary-General's Special Envoy for HIV/AIDS in Africa
17. Peter McDermott, Principal Adviser, USAID, Africa Bureau
18. Lediana Mafuru Mng'ong'o Member of Parliament and Chair of the Parliamentary AIDS Coalition, Tanzania
19. David Matovu, Member of Parliament, Uganda
20. Bongzi Mkhabela, Chief Executive, Nelson Mandela's Children Fund, South Africa
21. Promise Mthembu, International Community of Women Living with HIV/AIDS (ICW+)
22. Sheikh Shaban Mubajje, Mufti – Uganda Muslim Supreme Council
23. Njongonkulu Ndangane, Archbishop of Cape Town, South Africa
24. Eric Ogwang, Head of Legal Aids – Children Legal Action Network, Nairobi Kenya
25. Joy Phumaphi, Minister of Health, Botswana
26. Rakesh Rajani, Executive Director HekiElimu, Tanzania
27. Allan Rosenfield, Dean Mailman School of Public Health, Colombia University, New York
28. Rima Salah, UNICEF Regional Director West and Central Africa
29. Michel Sidibe, Director, Country and Regional Support Department, UNAIDS, Geneva
30. Theo Sowa, Office of Graca Machel
31. Mark Stirling, Chief, HIV/AIDS Unit, Programme Division, UNICEF Headquarters, New York
32. Sandra Thurman, President International AIDS Trust, USA
33. Doug Webb, Policy Adviser, Save the Children Fund, UK
34. Alan Whiteside, Director, Health Economics and AIDS Research Department (HEARD), University of Natal
35. Pat Youri, Executive Director, Secretariat, Hope for Children of Africa Initiative (HACI)

Resource Persons

1. Mark Connolly, Child Protection Adviser -OVC, UNICEF Headquarters
2. Jean-Claude Legrand, Regional Advisor -Child Protection, UNICEF, West and Central Africa Regional Office
3. Sisonke Msimang, consultant, South Africa
4. Mbulawa Mugabe, Project Officer, HIV/AIDS, UNICEF Uganda
5. Stanley Ngalazu Phiri, Project Officer, Child Protection – OVC East and Southern African Regional Office

Annex 3.**Statement by Carol Bellamy, UNICEF Executive Director to
Africa Leadership Consultation: Urgent Action for Children on the Brink,
Johannesburg, 9 September 2002**

Dear Colleagues and Friends.

It is a pleasure – and a personal privilege – to join you for this vitally important consultation. We are here because we are deeply concerned: concerned about the plight of children in Africa, of the mounting adult mortality and orphan crisis that is disfiguring this continent, and concerned about the inadequacy of the response. We are here to discuss this crisis and to, together, propose ways forward to invigorate and expand the movement for Africa's children, especially her orphans.

Twenty years into the pandemic we are seeing, with brutal effect, the impacts the HIV/AIDS pandemic is having on Africa. Today, over 11 million children in Africa are orphaned, many millions more are living in families touched by HIV/AIDS, nearly 3 million children are today living with AIDS in Africa, and the pandemic steamrolls on with over 7,000 children and young people being infected daily. While, on the one hand, we must recognize and applaud the recent increase in global attention to HIV/AIDS, the reality also is that this is not yet making a dent in the threat to Africa's children.

The silence that surrounds children affected by HIV/AIDS and the inaction that results is morally reprehensible and unacceptable. If this situation is not addressed, and not addressed now with increased urgency, millions of children will continue to die, and tens of millions more will be further marginalized, stigmatized, malnourished, uneducated, and psychologically damaged.

The implications of this are monstrous. The profound trauma of losing a mother or both parents has devastating long-term implications, not only for a child's survival, well-being and development, but for the stability of communities – and, ultimately, nations themselves. And by creating millions of orphans as it kills the very men and women vital to the functioning of society, HIV/AIDS sows the kind of political instability that can lead to strife and outright war.

It is an increasingly common sight to encounter groups of children wandering through the streets of Africa, children growing up without the care, love and protection of adults, and who as a result, are more often than not malnourished, denied their right to basic education – and ultimately marginalised. Disconnected from societal norms and increasingly vulnerable to violence, sexual exploitation and political opportunism, children and young people can easily turn to crime as a mode of survival.

My friends, I have the highest hopes for our meeting tomorrow. Drawing on the deep and diverse collective experience and wisdom in this room, my hope is that our ideas will trigger a quantum shift in our collective response to the orphan crisis.

To move forward we need to recognize the failure of not seeing the crisis for what it is. For failing to talk loudly about its impacts on children. And the failure of not mounting emergency and development responses commensurate with the problem. What is disturbing about this failure is that it represents a silence – the OVC crisis is not talked about and not acted upon. Why?

- Why ? - Partly because the problem of HIV/AIDS has been hidden. There are time lags between HIV infection, death and orphaning which mask the crisis
- Why ? - Partly because leaders have been overwhelmed by the size and complexity of the crisis – resulting in action paralysis.
- Why ? - Partly, because it means talking about what fuels the epidemic.

- Why ? – Partly, because the OVC crisis reflects cleavages within society and highlights a number of failures of governments in delivering on their promises.
- And partly, because the OVC crisis requires rethinking and the shifting of priorities and budgets.

There is no doubt there are many reasons for this silence. But, the bottom line is, they must no longer be used as an excuse for inaction. The human costs of this conspiracy of silence – both immediately and in the longer term – have been far too costly for Africa and its children.

Friends, from my own experience – reinforced in recent weeks by my impressions of the vast humanitarian crisis unfolding in much of southern Africa – tells me three things.

- Firstly, that we need to reinvigorate the Global Movement for Children on the African continent.
- Secondly, that we cannot act on behalf of children in Africa without directly, honestly and boldly addressing HIV/AIDS.
- And thirdly, that traditional African strengths such as the extended family and community structures are collapsing under the weight of HIV/AIDS. Let me be frank: Families and communities in many parts of Africa are no longer coping.

In my opinion, leadership is key in changing all this, in agitating, leading and mobilising this movement for children. And this leadership, to be effective in touching the lives of the many millions of children touched by AIDS, must be broad based and embracing of government and civil society, community groups, NGOs, activists and politicians, civil society, the private sector and international community, and involving children and young people themselves. Uniting this leadership and movement there must be a common vision, of building a strong and stable Africa and of ensuring that in doing so we invest in, protect and nurture Africa's most precious resource, her children.

This leadership must be articulated in practical ways – not merely in sermons, statements and declarations – but in ways that touch the lives of children. This leadership must lead the way to halt rising levels of young child mortality and malnutrition; reverse rising rates of school push out and exclusion; and stop the exploitation and abuse of children. This leadership must give confidence, inspiration and material support to individuals, families and communities who day-in-day-out are trying hard to serve children but often lack the resources, information and advice and solidarity required to sustain and complete their efforts. These results for children are, and must be, the true and only indicators of the mobilization of Africa's leaderships for children.

Clearly the OVC crisis is a catastrophe of unprecedented scale and hurt. As such, we need to ensure that OVC are considered in all development planning and action. We also need to ensure that the immediate needs of this large and growing population of marginalised children are met. Here the messages must be clear – these children need food and shelter, access to medical care, counseling and psycho-social support, and protection from abuse and violence. They need to live under the protection and care of adults, and they also need the space and respect for their right to be able to express themselves and be involved in decisions that affect their lives.

From my travels these last weeks, there is one priority that stands out, and that is education, and particularly for girls.

Only education can empower young people with the knowledge they need to protect themselves and their communities. Only education can combat the discrimination that helps perpetuate the pandemic. And only education can help children and young people acquire the knowledge and develop the skills they need to build a better future.

That is why UNICEF is challenging governments, local leaders, teachers and young people to help transform schools and education systems – centred not only on reading and writing, but on preventing the

spread of the disease while supporting those affected by it – and strengthening the communities where they live.

This means using schools to promote more youth participation and commitment; more services aimed at youth; more parental involvement; more education and information, not only for young people but for families and communities; more protection for girls, orphaned children, and young women; and more partnerships with people with HIV and AIDS.

My Friends, each of us has the power to help make the world a better place for children – a place where every child can grow to adulthood in health, peace and dignity. Your work here in Johannesburg is a testament to what we can achieve when that power is put to work. Our challenge tomorrow is to think creatively and devise actions that will fundamentally and irrevocably ensure a quantum shift in the global response to children affected by HIV/AIDS.

Thank you.

Annex 4.**Statement by Nelson Mandela,
Call To Action on Orphans and Vulnerable Children,
Johannesburg, 10 September 2002**

This is one group of people whom nobody needs or has the right to lecture on the magnitude of the challenges and the crisis posed by the HIV/AIDS pandemic. It is rather for me to thank all of you for giving your valuable time to attend and to contribute to this consultation on what I regard as one of the most urgent aspects of the pandemic.

The expertise and experience that you collectively bring to this meeting and this entire venture represent one of the clearest signs of hope in a battle of such enormity that it can easily give rise to despondency.

But it is the effects on children that are probably the most heart-rending and that pose the greatest challenge to our sense of compassion and caring.

Children are the most vulnerable sector of society. They are affected by actions over which they had no control and in which they had no part. It is that cruel reality that keeps one awake at night when pondering all the aspects and implications of the pandemic.

We have reached such an advanced stage in the spread of the AIDS pandemic that there is almost no time left for merely feeling and thinking and talking. We are in the middle of a war that is wrecking havoc and destruction. Concrete action is what is required every day and every hour.

This meeting, too, should, lead to immediate and urgent practical outcomes. Of course, we need to do careful planning and deliberation about the actions we shall take, but every moment spent on deliberation that does not lead to decisive action, is a moment tragically wasted.

I am confident that such an experienced group of people as those gathered here, needs no reminder of the need to follow up today's meeting with such concrete and practical steps.

All of you are engaged in an on-going way with combating HIV/AIDS. I know that you will use today to seek for practical outcomes and that you will incorporate those outcomes in the work you do on a daily basis.

This meeting must come up with concrete and practical ideas about what can be done to mobilize and use the resources and the people of Africa and the world in response to the needs of children orphaned by HIV/AIDS.

This group is small enough for us to have meaningful discussions without unnecessarily spending time and energy on theory and intellectual debates. Those present here are specialists, policy-makers and practitioners acutely aware of the urgency of the challenge to action.

I once again wish to thank you for your attendance and pay tribute to the important work you are doing in your various fields of activity. Together we can and must win this war against the most serious scourge humankind has faced in centuries. Today's work will be important to advance that struggle.

I thank you.