



THE COALITION FOR CHILDREN AFFECTED BY AIDS STRATEGIC FRAMEWORK 2017-19

INTRODUCTION

The Coalition for Children Affected by AIDS (The Coalition) is a unique group of global donors, United Nations agencies, non-governmental agencies, and independent experts. We work together to enable all children affected by HIV and AIDS to survive and thrive at home, school and in their communities. This includes children and adolescents (aged 0-18 years) infected with HIV and AIDS; those at risk of infection; and children affected by the social and economic impacts of others close to them having the disease.

The Coalition aims to make the HIV sector more effective for children, and to mobilise broader international development sectors to ensure that they better serve children affected by HIV and AIDS. This strategic framework is by and for Members of The Coalition. It outlines our priorities for the period March 2017 - April 2019. For more information please contact Corinna Csaky, Coalition Manager, Corinna.csaky@ccaba.org

STRATEGIC PRIORITIES 2017-19

- 1. Ensure that the HIV sector enables all children affected by HIV and AIDS to survive and thrive through integrated, family-centred approaches, early childhood development, and family strengthening in a stigma-free environment.**
 - Influence major global HIV policies, strategies and processes, including the Start Free Stay Free AIDS Free and 909090 initiatives and the PEPFAR reauthorisation process.
 - Partner with like-minded champions within HIV-focused organisations in order to influence the HIV sector as a whole.
 - Promote the best interests of children at major international HIV events, including the AIDS Conference 2018.
 - Produce guidance on holistic family-centred approaches, early childhood development and family strengthening.
- 2. Ensure that broader international development sectors effectively address the holistic needs of children affected by HIV and AIDS.**
 - Facilitate new conversations and collaboration with thought leaders from within early childhood development, health (including maternal, new born and child health), emergencies, education, child care and protection and social protection.
 - Promote the best interests of children affected by HIV at major international development events, including, for example, the World Health Assembly 2017.
 - Influence major development policies, strategies and process including, for example, the UN Sustainable Development Goal implementation process and the UN humanitarian cluster system.
- 3. Strengthen the voices of networks representing children affected by HIV and AIDS and their parents / carers, so that they can be champions of change.**
 - Work with GNP+ and other interest groups to ensure that networks representing children affected by AIDS and their parents / carers play a prominent role in key international conferences including the AIDS Conference 2018 and other meetings within the beyond the HIV sector.
 - Host a capacity building event for these networks prior to AIDS Conference 2018.
 - Prepare advocacy materials, tools and guidance that can be adapted for use by these networks.
 - Produce communications materials featuring the voices of children affected by AIDS and their parents / carers for use at all levels.
 - Support these networks to fundraise for activities that contribute to The Coalition's objectives.
- 4. Amplify the leadership voice of Members of The Coalition for Children Affected by AIDS.**

- Support Members' role as ambassadors for The Coalition's objectives within their own organisation, networks and events.
- Expand The Coalition's Board Membership and create a new tier of Advocate Membership.
- Produce advocacy briefs synthesising new evidence and best practice on cutting edge issues¹ that members and partners can use to promote our objectives.
- Promote our objectives and materials in high profile journals and other strategic publications, international media, and through webinars.
- Develop and implement a communications plan that includes a revision of The Coalition the website; a quarterly newsletter; and a social media strategy.
- Develop and implement a public campaign strategy including, for example, reaching out to a high profile (child?) ambassador; a film / campaign event; identifying a high profile strategic financial sponsor; commissioning a score card on children and HIV.²
- Ensure that our work is fully resourced, evaluated and documented.

KEY MESSAGES

1.1 SUPPORT 'WHOLE CHILD RESILIENCE': Children affected by HIV and AIDS need *both* medical *and* social, economic and psychological support to avoid, survive and overcome HIV and its impacts. A medical response alone is not enough. Children need a combination of support to address their physical, mental, social and emotional needs and to realise their full potential. Only then can children combat AIDS and HIV effectively. For example, for a child to avoid HIV infection they need positive attitudes and behaviours around HIV, gender and sexuality, which are reinforced by their peers and community; a family with the knowledge and resources to provide for and nurture them; combined with access to quality medical HIV prevention services. Similarly, whilst quality, locally-available HIV testing and treatment services are vital, for them to be effective an HIV-infected child must also have a knowledgeable parent/carer to help them access and adhere to treatment correctly, provide a loving and stimulating environment for them to grow up in, have funds to attend clinic visits, conduct tests and to eat a healthy diet, and receive support from family, friends, and the local community to cope with the challenges around HIV infection. Achieving this 'whole child' approach will require the HIV sector collaborating with those working on education, poverty reduction, social protection, child protection and other development and humanitarian issues to ensure each child affected by AIDS has the right combination of support to enable them to thrive as well as realise their full potential.

1.2 HELP CHILDREN OF ALL AGES & STAGES: Children affected by HIV and AIDS need tailored, age-specific support that matches their evolving needs as they grow from birth into adulthood. For example, the first 1000 days of life are a particularly vital window of opportunity in which the right stimulation, nutrition, medicine, care and nurturing can enable an infant exposed to and/or living with HIV to survive and thrive across their lifetime. Attention should be paid to issues of disclosure, stigma, gender, education, stimulation and response care, including play. Similarly, young children need a nurturing family environment, early education on HIV to combat stigma and prevent infection later on, as well as age-appropriate medical care for those already infected with HIV. Achieving this will require the HIV sector working together with other development sectors to design joined-up programmes of support that evolve with children as they grow, in what development practitioners call a 'life-cycle approach.'

1.3 STRENGTHEN FAMILIES & COMMUNITIES: The parents, carers and communities of children affected by HIV and AIDS need the skills, resources and attitudes to support them to prevent and respond to HIV and to realise their potential. For example, an unborn or new-born child needs a mother / father/ carer with the knowledge, funds and support to ensure they receive the right nurturing and medical care to prevent the vertical transmission of HIV, stimulation to grow their curiosity and insight, and nutrition to develop healthily (early childhood development). Similarly, children need help from family and friends in order to access and stay on HIV treatment and to build resilience against adversity, shocks, early sexual debut and sexual violence. Most often a child can only attend school or access any kind of economic or social support if it is made freely available by the government and if they

¹ E.g. the effects of HIV on children on the move; HIV and early childhood development; how to protect children from HIV in emerging centres of burden, the children of key populations affected by HIV

² An example of this is the scorecard on child nutrition developed by TheirWorld <http://theirworld.org/news/nutrition-and-early-childhood-development-in-east-and-southern-africa-a-snapshot-of-equity-gaps-and-opportunity>

have a parent / carer to champion their development and wellbeing. Since in very low resource settings, it is often local people who design and run the clinics, schools and other services necessary to prevent and respond to HIV and its impact on children, people in the child's own community need the positive attitudes and resources necessary to make these effective for them and their families. Moreover, a child's peers and community leaders are vital in tackling the stigma facing many children affected by AIDS. Achieving this will require collaboration between those working on HIV, social protection, education, health and broader development to design programmes that strengthen families and communities as a whole, and to measure their success, in part, by the extent to which they prevent and respond to HIV and its impact on children.

1.4 LISTEN TO CHILDREN AND THEIR PARENTS/CARERS: Children affected by HIV and AIDS and their parents / carers know best how to improve their lives. Many have organised themselves into networks that, with the right support, can advise us all on the best approaches, and create change in their own communities. For example, in many countries children and youth have organised themselves into networks that raise local awareness of HIV and to tackle the stigma that surrounds it, whilst mothers, fathers and grandparents have created community-based organisations to give emotional and practical support to parents/carers and children affected by AIDS and to champion their rights in decisions around treatment, care, laws, policies and funds that affect them. Very often these groups are at the forefront of cutting-edge solutions. Governments, donors and NGOs need to give children affected by AIDS and their parents/carers the space and resources so that their voices are more prominent in decision-making, financial planning and service development including at the global level.

1.5 REACH THE CHILDREN OF ADULTS IN KEY POPULATION GROUPS: The children of adult sex workers, men who have sex with men, gay men and injecting drug users need particular support to prevent and respond to HIV and AIDS and to overcome acute stigma. These children face a double burden: both the affects of HIV and AIDS and entrenched exclusion by way of association with their parents. Stigma against these children and their parents is leaving them without education, health or protection. General social and economic development programmes, including those tackling HIV and AIDS specifically, often do not reach these children. Whilst targeted support for HIV-affected adults may be in place, invariably it is not designed to also address the needs of their children. The HIV sector needs to work with broader social and economic development sectors to ensure that these highly vulnerable children are supported.