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**U.S. Global AIDS Efforts to Help Orphans & Vulnerable
Children
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JEN KATES: I want to welcome you here to the Kaiser Family Foundation today. I'm Jen Kates from the Kaiser Family Foundation. We thank everyone for coming. It's a great size audience. We're really glad that so many are interested in this topic. And as you know I'm going to be discussing a very important topic, an ongoing challenge that is facing the global community, including the U.S. government, which is the challenge of addressing the needs of children made orphaned and vulnerable due to HIV.

And how do we best do this? What is the right role of the U.S. government? What's the role of NGOs, of the faith community, et cetera. So we're going to hear from an expert panel about this and then dialogue with all of you after that. But first, to get us started with this conversation, we're really fortunate to have one of the premier global health reporters here with us, John Donnelly, who I am very pleased to be able to introduce. John is well-known to many of us as a long time reporter in D.C. and in southern Africa for the Boston Globe and many of us have followed John looking to him for reporting out media coverage on global health when fewer and fewer reporters were doing so.

And more recently he's become -- really upped this and is one of the few U.S. journalists that is really focusing on global health, reporting on the different issues and linking his

John Donnelly to do this work.

In all of his work, for those of you who have read his reporting, you know that he has been traveling around the world, he brings new stories and sheds light on some of the really complex issues. That's very, very hard to do. And so today we are going to focus on the issues that are central to what -- is this your first book? Second book, to a new book that is coming out. It looks like this. It's called *A Twist of Faith*. And it's going to be published next month by Beacon Press. And it looks at the -- from his storytelling that we'll be hearing about, takes on this bigger issue on how do you address children made vulnerable or orphaned by HIV.

And in particular he looks at the role of the faith community in the response. John actually began much of the detailed reporting for this book as a Kaiser Media Fellow, which is a program we run with journalists. His close Boston Globe colleague, Dominic Chavez who is right over there, also a Kaiser Media Fellow is the photographer for this project. And we're seeing the photos going around. And this is the cover of the book as well.

And you can kind of get a sense of that team, the collaboration that they brought to the work. So this afternoon, after we hear from John in a moment, we're going to turn to the panel and I'm also really excited that the protagonist of the book is here on the panel. You don't often get to hear from the

couple of weeks, two or three weeks out from the International AIDS Conference. So it's very, very timely. All of the topics that we'll talk about.

Before we go to the panel though, I'm going to turn this over to John who is going to give us a little bit of a sense of the book. What brought him to this book, what he learned. His journey there. Again it's *A Twist of Faith - An American Christian's Quest to Help Orphans in Africa*. So please join me in welcoming John Donnelly. [Applause]

JOHN DONNELLY: Thank you Jen for the kind introduction. And thank you all of you for coming. And thanks to the Kaiser Family Foundation, sort of my health policy work home in a sense. But today it just feels like plain home because there is so many of you, so many friends out there and I just really appreciate all of you coming. I want to talk about, as we lead up to the panel, some of the difficulties of giving. And especially the incredible difficulties of giving in a foreign place.

Back in 2003, 2004 my wife Laura and I took our three children on a pony trek Malealea Lesotho. We went out and -- I remember for two reasons. One, is that I'm probably the world's worst horseback rider and my kids were like -- it was an overnight trek and my kids are coming behind my little pony and like nicking it in the back and making me go far ahead and I was just incredibly sore. But the second reason I remember it is because I had this great conversation with the owner of the

I said well tell me the history of that. And she said well actually it's sort of a tortured history. We had a lot of tourists come in and a lot of them went to the school nearby and they went in and they fell -- and there were about five or six people in the first year -- and they fell in love with one child in the school.

And the people decided to go and actually give money to the child for schooling, they took him to South Africa. The child grew up in a few years and got a great education and he could never come back to the village. The people in the village sort of ostracized him, said he was a special case, he no longer belonged here and it made for lots of tensions between that child and his family and the rest of the community.

I said wow, what did you do about that and she said well we're actually still so difficult because we now have a community board that sits down and we ask that donations go to one place and then they decide on what to do with the money. But still there are tensions in the community how money from outside is spent. So that is one story about the difficulties. Fast forward a couple of years later I was working for the Boston Globe in Africa and I came back and just after I came back the Globe shut down all its bureaus. There are only five or so but they shut down its foreign operations.

I asked to go cover a conference at Saddleback Church in southern California and there was a lot of reluctance for editors

really sees this. There is this pitching to do a story and all that, but the real conversation happens in between the reporter and the editor often. And I kept saying please, please let me do it and they said no it's about Africa. We're really looking more internally. I said well actually there is a reason to go. One of the speakers is a Senator from Illinois, Barack Obama. And so Barack Obama, in many ways, is the genesis of this book.

He got me to go to Saddleback Church. And I went and listened to Rick and Kay Warren who are these amazing forces and have since have really become real forces of good, I think, in helping AIDS orphans around the world, especially in Africa. But I went to a side session and in this session there are two speakers from different churches. And they were saying that really the way to help kids in Africa, there are two ways. The first way is to adopt the kids. And the second way is to build orphanages.

And I said I just couldn't believe what I was hearing. It's incredible to adopt children. It's an amazing act for a couple to do it. But there are 10, 12, 15 million AIDS orphans in Africa. It's just not going to -- and we have 22,000 international adoptions every year. And orphanages really haven't worked anywhere they've started. Except for very small at risk populations. Maybe younger babies as a safe place. So it made me actually go back to Africa. I had left it and I realized it was actually something I was really interested in, I

And we went to Malawi because we had been there several times and we knew it very well and Madonna was in the news. Madonna was adopting a child. And so I said oh well that's-- even if I flail miserably at this subject at least I have Madonna to fall back upon. And so I went into the man who was in charge of Madonna in Malawi. His name is Penston Kilembe. And Penston Kilembe, we interviewed him for a while and it was kind of a tough interview. He didn't really want to talk about it. And I said but you know, Mr. Kilembe, what I'm really interested in learning about is, are these sort of ordinary Americans, from churches, from synagogues, from mosques who come and want to do good for kids, what do you suggest.

"Ah, I have the man for you." And he goes to his file cabinet, shuffles some things and he hands me David Nixon's card. David Nixon right here. So that set in motion a journey where I followed David Nixon, Dominic and I travelled to Kenya to Uganda to, where else have we traveled Dominic? Ethiopia, thank you, over the next year and then beyond. I followed Americans that we met. We met couples who adopted a baby in Oklahoma City. I went to Oklahoma City and went back to people at Saddleback and elsewhere.

So what I'd like to do is sort of queue up the panel for this discussion. I have just three sort of points that I sort of -- that sort of came from my reporting on faith based groups. One is that the power of the faith based groups is incredibly

giving.

Remittances to Africa are over \$100 billion a year from people in the U.S. Churches give more money, just churches in the U.S. give more money to Africa than USAID gives to Africa. The United Methodist Church, I talked to someone there last week and they train every year 400,000 people to do missions around the world. It's stunning the power that is out there.

Second point is that they're incredibly uncoordinated. You have the top line faith based groups. You have World Vision, Catholic Relief Services, who are obviously incredibly coordinated when they do that. But then you have these community based groups. So you have tens of thousands or hundreds of thousands of them. And they don't coordinate at all. I think it is sort of time to think about how they are coordinated. And especially in this movement, especially here in Washington now where country ownership is all the rage. Where Ambassador Goosby talked about it yesterday at Brookings, where Secretary of State Clinton talked about it earlier this month in Norway, where the Ministerial Leadership Initiative, which I worked on a lot, worked in five ministries of health sort of bolstering country ownership.

There should be a way for faith based groups, no matter how small, fit into a country ownership plan. And the third point, leading up to the U.S. government and when you hear Nicole, I think there should be some way for the United States

orientation session at embassies. It could be faith, you could organize it through faith or organize it through states. You have Wisconsin churches going to work -- farmers from Wisconsin working to help farmers in Kenya in a section in one of the districts of Kenya. Where they're organized and they all through a country plan can somehow pick out missing pieces of the puzzle so that their efforts, which are amazing, build into something. So with that I thank you all for coming and please we look forward to welcoming the panel, thank you. [Applause].

JEN KATES: Thanks John, I could have actually listened to you for another hour or so. I'm sure people will have questions for you when we get to that part. I actually had a little bit of an advantage because I did get to read the book, which isn't technically out yet. And I think some of us did, so it was great to be able to do that prior to this. I'm going to very briefly introduce who is here and then just get into a dialogue with them.

As I mentioned and John mentioned, David Nixon is here. He is the president of the NOAH Project, which this book profiles and describes. But more importantly he is the protagonist of the book and having read it I got to see your passion or hear about your passion and the transformation and things you learned along the way. It's really a book about learning in a lot of ways. And so being able to hear from you directly in your voice will be great.

here for PEPFAR. We have Chip Lyons who is the President and CEO of the Elizabeth Glaser Pediatric AIDS Foundation. And Pauline Muchina, who is the Senior Partnership Advisor at UNAIDS. And each of them have -- bring very different perspectives, but in our prep for this it was -- you had a lot of similar issues and themes come up. So I think it will be interesting to hear about them from different perspectives.

I'm going to start with you, David. I'd love to have this audience hear from you, as would I, what this journey was like for you and what some of the main lessons were that you learned. The challenges and maybe bring us forward a little bit to today. When you read the book you'll realize you kind of left off not too long ago but you kind of wonder where things are today, so David, welcome.

DAVID NIXON, JR.: Thank you. Well, my name is David Nixon, and I'm the Founder and President of the NOAH Project which John profiled in the book, and I've been asked to share a few key things that I've learned through ten years in Africa and the experiences we've had there as well as a couple of stories that really illustrate those lessons that are learned.

A few days ago I was talking with a good friend about this event and they asked me a very good question. They said what are the most important lessons that you learned from Africa, just a few key lessons that you learned in Africa? Can you put that into an elevator pitch? And I said that's a great question.

down. And one of the things that I learned in Africa just reinforces my favorite quote for many, many years, which is "the hardest lessons to learn are the ones you thought you already knew." And that is so true. If you don't believe it just think about it a little while. The first thing that happened to me when I went to Africa, I thought I was not naïve. I had travelled around the world, I had lived in other cultures, I had learned another language, I had lived in Italy for two years. I had been, if you can't tell already, teased incessantly all over the world about my accent.

And I had learned to speak another language so well they didn't know what my accent was or where I was from, which was a nice change. And I had a very, very difficult childhood. Some extreme issues in my childhood and I had experienced extreme selfishness. I had experienced abuse of power. I had experienced a lot of very dark things about people as individuals and about society as a whole. Throughout my career in the military as well. And so when I went to Africa I went on a short term trip with a small group from my church to look into opportunities to work in this country Malawi because it was safe, it was peaceful, it was poor. It had all the right hallmarks what we were looking for, a place where we could take groups.

So we went there and I immediately connected with this group of pastors and they really touched my heart. They had an incredible work ethic, they were sharp guys. All the situation

schedule. I had some resources. And I knew that I felt a passion and I was certain that I felt a calling from God to get involved and do something. And so before the end of that trip I had decided to start this orphanage, and we had actually put the foundation in the ground for the very first building.

Now I was blessed to meet with a doctor who had been working in Malawi for quite a while and his passion was HIV/AIDS and vulnerable children. And he invited me to a meeting of a group called NOVOC. A Network of Organizations for Vulnerable Orphaned Children. And it is a great concept, it's an organization that gathers all of these various organizations so they can share information. Basically share experiences about what works, what doesn't work, while working in this field.

I went to their meeting and I told them what I wanted to do, what my vision was, to help orphans, to provide a safe haven for these children. And they advised me in many ways and one of them in particular told me if you want the government in Africa to take you seriously you need to go out and get started. You need to make footprints on the ground. You need to get something going because you have no idea how many Americans come here and their hearts are touched and they think they want to do something and then it doesn't really go anywhere. It doesn't pan out.

So I took that advice and we got busy. And in the first year and a half we built several buildings, we acquired a piece of land. I thought we were just going great guns. About a year

Children and Women Services Welfare, Mr. Penston Kilembe, that John mentioned to you, and I said look what we've done and we want your permission to open an orphanage. We want you to help us, connect us with people.

And he immediately said to me you will not have a residential orphanage in Malawi. We do not give permission for residential orphanages any more. There are rare exceptions for the largest and the most well established organizations. The reason being so many people come over and start to do that and then they fail. And then the children are left in a worse circumstance than they were to begin with and it leaves a bad impression and it's bad precedent.

And I was crushed. I was angry. I was very upset. And I was very open with the man about it. And he took it well and he said to me I want you to go home and think about this and go home and come back and talk to me when you've had time to think about it.

And the staff who were with me, the Malawians I'd been working with, were wide-eyed. They knew me by this point. They didn't know what was going to happen. But I did. I went back to where I was staying and I prayed about it and I thought about it. And over the course of one night, a very sleepless night I realized the benefits, the possibilities, the wisdom in that approach. Now my initial thought was this guy wants me to do his job. He sees an American coming with resources and passion and

view. Or I should say, to be quite honest with you, I think the Lord changed my point of view.

So I went back the next morning and I apologized and I said okay show me what you want me to do. And he told me what he wanted: a community based approach, education, healthcare education, clean water, all of the basic things that are really core issues in Africa. And so several years later when John met him, he had a color picture of our project on his wall, and when other Americans came with the same vision, passion and a pocketful of money, my phone would ring and he would send them to me and I would find myself trying to convince other Americans of the wisdom of that. And not only that, for those of us who are faith based, but your biblical mandate to cooperate with the local government if they're not asking you to violate God's word.

I believe that God's word is logical, it's pragmatic, there are so many principles there that if we followed them, we would be amazed at the results we'd get and the things we'd uncover. So the moral of that story and the lesson I learned from that is always be curious. Question everything. Especially what you think you know about something. There is always something to be gained by more collaboration. There is always something more you can learn. And it often comes from the last place you ever expected or the one place you never thought of. It is dangerous and inconsiderate to make key decisions without consulting those that are going to be impacted by the decision.

available don't always produce the desired results. Now many years later, actually a couple of weeks before I met John, there was a child named Sautso who was HIV positive and he had been registered with our program at the very beginning and we had been taking care of him, he was on ARVs. We were watching him closely and he became very, very sick. And I was there on the ground in Africa. And I got him to the local hospital and there was a clinic there from the Baylor University and we had all the best care available. We had everything there at hand that you would normally need to save a child, you would think.

And a long story short, there was one tragic misstep after the other. One missed communication after the other, and I watched that child die. And it was very hard. It's still hard for me to take. Particularly because you would think that being right there on the ground, hands on the situation, you could have prevented that. And it was preventable. But all of the circumstances and all of the things that can go wrong behind the scenes went wrong and cost that child his life. And it taught me a powerful, powerful lesson. And that lesson is number two if success is critical, everything must be critiqued. It must be.

People do not do what you expect; they do what you inspect. Clear expectations, reporting and accountability couldn't be more important than when you're trying to save the lives of children who can't speak up for themselves.

My last little story, I thought of this a few days ago.

potentially have huge resources to bring to bear on the problem. Even the military knows there is no substitute for boots on the ground. And a short story there is USAID -- we had a grant from them, a Food for Peace program. We were distributing food to over 11,000 people a day through many partner organizations. And I went out to do a spot check on the feeding program and I went to the rural schools. And they had twice as many children as they had registered when we budgeted the food. And I asked them what was happening and they said well these children weren't going to school until you brought the food program here, now they're coming out of the woodwork. And we have way too many children. Can we get more food?

No, I said the food is budgeted beforehand. What are you doing? We're dividing the food in half. Well what are you doing about the children? They already had 60 children per teacher at best, in some cases 80 children per teacher. Almost no resources, typical story in Africa. And so I said to them, so you're telling me that before the food program there were 60 children coming here for the right reasons, to get an education, and you were doing the best you could. But now because of the food program, you have 120 children coming per teacher every day, and you're just basically refereeing the crowd.

So our feeding program had really dramatically impacted the quality of education in that rural community. And I was later meeting with one of the largest non profits in the world,

They need food. To which I responded but don't you have to be aware of how your objective and your drive to meet that objective is impacting that community? That's something that has got to be dealt with. That is something that has got to be resolved. So lesson number three the devil is in the details and he hopes you won't come looking. [Laughter].

To summarize everything up, the faith based groups in general, I've observed, are better at casting vision, inspiring, on the ground intelligence, what's really happening in the communities, what's really happening within the families. And secular based groups are better at resourcing, accountability, reporting, gathering and analyzing data. But what we need is we need the best of both worlds for success. That's really a key. It's not purely a social and a moral problem and it's not purely a material and a developmental problem. It's a complex problem that involves all of these facets. And we have to understand that and we have to share information. And there is so little of that happening.

Faith based and secular nonprofits and government agencies, we all must address the double standard. If we want to get continued funding, whether its public funding or private funding, it's very competitive out there these days. And there is a double standard. If I give someone money for private investment for market activity, they demand reporting, they demand a prospectus. They demand to know your plan. They want

money that goes out through faith-based organizations, there is almost no feedback. What was the real impact. What was the real measured impact. What happened to that money.

I was talking with the leader of another international organization recently and they said to me, we just accept when trying to move into the community ownership model that we are going to lose as much as 20 percent of our revenue to mismanagement and corruption. That's part of the deal. To which I respond that's not acceptable. It's our job to confront those things. Those are the things that are fundamentally undercutting our success all over the third world. And we have to confront them, we have to refuse to partner with them, to fund them or enable them.

And to give you an update then and wrap up, Jen, on where NOAH is at right now, we started the project in 2002 with just me and a small group of pastors. In 2008 we had planted three branch churches, there were over 500 in the local church. We had 345 orphans. We had a private Christian school for orphans. They were coming and getting two meals a day, education, healthcare, extracurricular activity. We were distributing the meals through USAID's Food for Peace program. It was a huge operation. Huge.

In the fall of 2008, I got a call from a senior staff member. And he said to me you really should know what's going on over here. And he was actually the associate director of the

knew I would come and check it out and I would deal with it seriously. And I knew he wasn't lying and I knew he wasn't embellishing.

So I immediately got on a plane, and not even that person knew I was coming to Africa until I walked onto the property. And before I walked onto the property I had formed an investigative team that included a court reporter, long-term accepted missionaries and an independent interpreter. And under the guise of doing a spot check on our USAID program I investigated our organization. And the things that they were trying to hide from me, the top management, that they thought were really horrible they had been hiding from me because they knew that I would deal with it very seriously if I uncovered some of these problems. But what I really uncovered that really took everything else off the table was the fact that there was a 12 year old girl, one of our orphans, who had been found to be, maybe, in a relationship with one of our teachers.

And when I investigated that and interviewed the staff one by one over the course of three or four weeks, what I uncovered was the teacher admitted to me he had made advances towards the girl, and he admitted that the girl had rebuffed him. The other management who ultimately tried to defend their actions said that she had told them that she had actually welcomed his advances. To which, all of that, I said that doesn't matter. You're missing the point. She's a child. That's our

what I would do if I found out, they had exiled the girl back to her village, put her out of the program and given the teacher a written reprimand and hushed the whole thing up.

And so the man who was leading that program I had loved like a brother. I had driven his wife to the hospital to have babies and I had to promptly throw them out of the project along with other senior management. And that could have potentially been the end of the project, and in some of the ways it was the end of the way that it existed. But I believe to this day better that than to continue the way that it was going, to reinforce those fundamental issues that you're going to face all over the third world. Not as a blanket rule, not as a stereotype.

So, in 2008 we had the economy crash, and in 2008 I took my four year old grandson to raise alone as a single parent, and he's been living with me for four years now. And those three things were, wow how can I characterize that-- it's extremely difficult. So the NOAH Project is now reduced to, we have six, five now HIV orphans who have been with us the entire ten years. They're all thriving, they're on ARVS, they're improving actually. Their CD counts are coming down. They're in school, they're doing extremely well. And when I look back at the entire situation, I say, if those five children have survived and they're thriving, that's a success story I can live with. It was all worth it if all I did was save those five children.

But that's not all that we did. One of the most important

was doing, that we will not tolerate corruption. We won't tolerate mismanagement. The quality of the product is so much more important than the quantity. And so I just say to you, passion is more than loving your work, it's doing the hard work because love motivates you. And that's it.

JEN KATES: Thank you, you touched on so many issues, there is a lot we can talk about just alone there. And I'm going to switch. I was going to initially go right to what the U.S. government is, to PEPFAR's policies, to its role right now, but I actually want to, Chip, put you on the spot and start with you, because one of the issues you raised at the end and one that we were-- wanted to make sure was in the discussion was, when we're talking about kids who are orphaned or vulnerable to HIV there is also a huge subset of them that are living with HIV and grappling with the disease themselves, and that is a big part of what your work is about or is the focus of your work. So if you could just broaden that perspective -- bring that into the discussion, and then we'll go to, sort of, PEPFAR's role because that is a major part of its portfolio.

CHARLES LYONS: Thanks, Jen. And thank you. I had a chance to read through the book very briefly, but you've captured much more of it than I had time to get to. Just on a couple of -- maybe the medical aspects of how severely kids are being affected by the pandemic. I don't think it's an overstatement to say 30 years on with the pandemic, kids are still very much being

million plus kids in need of treatment, for ARVs, for their own health. Probably 23 - 24 percent of them actually on treatment.

We've made tremendous strides in terms of access to treatment over the last five, six, seven years. Fifty plus percent of adults who need treatment for their own health, women who need treatment for their own health. Twenty three percent for kids, clearly we're not nearly as effective as we need to be. I don't think there is anything like the community of advocacy and support politically ending up programmatically for kids. I think probably a number of you know that a child who is HIV positive's mortality rate is about 50 percent by age one. As high as 80 percent by age two if they're not given antiretroviral treatment.

You know I struggle a little bit with definitions of OVCs and what the appropriate response is and how you single out and say a child is more vulnerable because they're HIV affected. I mean how can any child not be vulnerable as a result of the HIV in the family. Mother, father, child. So separating that out actually I think is hard to do intellectually, emotionally and even programmatically. We ask ourselves why more isn't being done for kids, and in part when you're talking about a vulnerable child, whether he or she is HIV positive or not, you're talking about the totality of support that that child needs from family care to home, shelter, nourishment, education and so on, and so in that respect so much work is often done vertically.

Characterizing a child orphaned by AIDS, you can't make

one of the challenges, and something that John said that we have to very much keep in mind and then I'll stop, is a question of scale in terms of how we respond to this. There is I believe a UNAIDS or maybe it's a UNICEF number of north of 18 million children who are orphaned, by the definition of losing one or both parents from any cause. Fourteen million plus in Sub-Saharan Africa. About ten, twelve percent of those as a result of HIV and AIDS.

So even it's just ten percent of 14 million, you're talking about a million and a half kids who aren't just vulnerable, they are acutely vulnerable-- their own health, their family circumstances, extended family -- community circumstances. What kinds of integrated solutions are available at that scale to reach and sustain consistent, quality services for those kids. I don't think we have an evidence base that is very strong for that. I don't think there has been the kind of rigorous assessment of that. I think it's a weakness in the argument in the advocacy for OVCs that we haven't done a better job of large scale, really understanding the data and the evidence about what works.

There are a lot of organizations that do pieces, but how do we get the total to add up more than the component parts? And I don't know that we're doing a very good job in answering that question effectively.

JEN KATES: Thanks, I'm actually going to turn it to

authorization all the way through has been key. And I know John talked to a lot of people working here in D.C. at OGAC or in the field in researching the book, it was a key part of the data that you obtained for your information. So, and those of us who work on this issue know that in the reauthorization of PEPFAR it would -- the ten percent set aside, earmarked for orphans and vulnerable children was one of the only ones that was kept in. Some of the goals and targets were updated around supporting care for five million orphans and vulnerable children and connecting back to the other, doubling the number of at risk babies born HIV free. And recently the U.S. government, U.N. system and others joined together to commit to a goal of virtual elimination of mother to child transmission by 2015. That's three years.

So clearly the role that PEPFAR plays is critical and I was hoping you can give us sort of the overview of the portfolio a little bit. And also maybe its evolution over time a little bit too. Because it's changed and where it is now and sort of the general thinking that's already started to come out about what's the best way to provide the support, the care and the services that vulnerable kids really need.

NICOLE BEHNAM: Absolutely. I think it's important, and I was glad you both brought this up, to remember that the HIV pandemic is not solely a medical event. It is also a social and emotional event. And so PEPFAR really seeks to respond to all of those elements, all of these consequences of HIV. And I would

It's certainly not alone, but bears that burden. Over the period of time since PEPFAR began and that we're responding to the consequences of this epidemic on children, certainly there have been quite a few lessons learned. There have been successes, there have been some missteps, there has been evolution as you said and this is the case always and you have efforts.

I enjoyed also reading the book and seeing the evolution that you and your organization went through has well. It is part of the process. One of the things since reauthorization and certainly within the portfolio that I think is important to note is that in order to respond to the needs of children, most important group of interventions, the most important thing you can do is strengthen families and communities. This is probably not new for most of you in the room but it certainly is a message that needs to continuously be brought out. It is something that PEPFAR and the Orphans and Vulnerable Children portfolio is really pushing and looking constantly for ways to do that. From the ground level, the family level all the way up through to national systems, how can we create a protective environment that surrounds children at every part of their development and wherever they go. It's quite a big ambitious goal that we have.

And I should mention that I'm with PEPFAR at OGAC at the State Department, but a lot of the work that the Orphans and Vulnerable Children portfolio does is done through USAID, and my wonderful colleagues are here today, they've been working hard on

intergovernmental agency effort. And each one of those agencies brings something to bear. One of the great things that USAID is good at is this notion of community development. They really have built up the portfolio understanding that communities need to be and are, already were, already are the front line responders to this epidemic. So that's a big emphasis within the portfolio and growing.

Certainly the country ownership piece that Mr. Donnelly brought up is also a huge part of it. And I think what the Orphans and Vulnerable Children portfolio brings to that is absolutely governmental level support, but also the community ownership piece. So much of the work for the Orphans and Vulnerable Children portfolio is at the community level and seeks to build community ownership. And that is something that is there before government programs get there and it's there after -- after any projects or programs leave. So that -- I would say those are two big emphases within the portfolio that we continue to want partners and continue to want to respect the network going forward.

JEN KATES: Thanks. Pauline, I'm going to come to you and then have a couple of more questions before we get to everybody. From UNAIDS' perspective, UNAIDS has also, I mean put forward the goal, the global goal around virtual elimination of mother and child transmission. Actually OVC issues have been a part of UNAIDS' focus. One of the things you and I discussed in

is it -- do we hear -- is it something we, that we heard more about several years ago, has it fallen off the radar, is it back on? What's your perspective on that? And secondly, so there is a lot of other complex issues that vulnerable kids face and one that I would hope you could talk to us about is the gender dimensions too, which hasn't come up yet, but really the different considerations that come up when we're talking about gender and kids being vulnerable.

PAULINE MUCHINA: Thank you very much, Jen, for inviting me.

JEN KATES: [Inaudible].

PAULINE MUCHINA: For inviting UNAIDS to be a part of this conversation. And I am so pleased to be here, and thank you for describing David so well. When I walked into the room I felt like I knew him. So thank you so much, and David, thanks for allowing yourself to be the story to really bring attention to these children in Africa and other parts of the world including your own grandchild. So thank you very much.

I think when you look at the numbers of orphans today, in 2007, according to UNICEF, there were 145 million children who had either lost one parent or both parents. Today, according to estimates from last year, we have 153 million children who have been orphaned. When you look at the numbers and then you look at the resources that are going towards it, you have to wonder what is wrong with us, you know? Because the numbers -- the resources

individual faith based organizations that are doing incredible work to address the needs of orphans and vulnerable children. When it comes to HIV, however, UNAIDS estimates says that only, at least less than ten percent of the children who have been orphaned by AIDS are getting any official support. And when you hear that 11 to 14 million children in Africa have been orphaned by AIDS, then you wonder only 10 or less than 10 percent are getting aid? That also will make you to pause.

Not only that, when you look at the news, I don't know how many of you frequent news websites and everything, and you don't hear the same passion that was there a couple of years ago. It seems like we've all -- kind of, maybe gotten a little bit tired of hearing or talking about orphans and vulnerable children, or I'm not sure what's going on, but you don't hear as much as we used to hear.

And then when you look at the approaches that are taking place, especially with the faith based organizations, in the last five years we've seen a lot of shifting from institutions to helping building the capacity of the communities to be able to take care of the children. But those are not as many as we would love to see happen. In fact, I would like to raise one that I know very well that is working Meru, Kenya, and that is the Center for the Church and Global AIDS. It's a United Methodist related organization. And what they are doing there, they are helping grandmothers to keep their grandchildren at home by

have been left behind by mothers and fathers who have died either of AIDS or other causes. To me those are the kind of organization I would love to see even doing more.

One of the other things I've noticed is that there is more conversation about other social factors, not just the physical part of it but also looking at property inheritance rights of the children. In some African countries when their father die or their mother, they are kicked out of the family, and the relatives take over the property. But I'm seeing, more and more, faith community getting involved with that but not to the extent that we'd love to see happen.

And especially when it comes to gender dimensions.

We would all want to think that children are children. Unfortunately we live in a world where gender inequality and gender discrimination exists. And those gender discrimination and equality have created an environment, which is toxic not only to women, grown women, but especially to children who have lost their protectors who are their mothers and their fathers.

These children are so disadvantaged and at risk of abuse of all kinds, and especially when they're girls they can be sexually exploited, they can be taken away from their homes, forced into child marriage. Cross generational sex is happening especially girls who don't have their mothers to talk to. Together for Girls did the research in Swaziland and they found out that most of the girls who are vulnerable, they were

So unless we look at the whole issue of gender discrimination and also gender based violence, we will continue to have these children be at more risk. Not only of losing their parents and the trauma that goes with that, but also of being exploited in so many ways, and instead of breaking the cycle of poverty and violence, that will continue.

So my appeal to faith based organizations is that-- look at the gender issues. Look at the sexual reproductive health of these children because most of us want to shy away from that, and yet in my opinion, that is the entry point to break the cycle of HIV and AIDS.

Some of these children are already living with HIV, you know. But they are not getting any sexual reproductive health education, so how are they going to manage in this world and relate to other people, being safe themselves and also helping others to be safe. You know, we have to break that fear and talk about sexual and reproductive health for these children.

We have to make sure that they stay in school. It's been proven that where there is education - especially for the girl child - they will delay sexual debut, and also they will have knowledge not to get infected by HIV infection. And also they will know about, you know, family planning so that they don't get unwanted pregnancy. And also they will know their rights so that when there is gender based violence or discrimination they can fight against it and they can stand up - like the girl in your

happen without the effective education that really empower these girls.

And I believe that, you know, this is our opportunity to break that cycle, of having these empowered women. You know, have the society being disempowered because of lack of education. This is our window to have very empowered women in the future and to empower them right now. You know, we don't have to wait until they are women; this is the time to start. Thank you.

JEN KATES: I feel like I'm already at the conference. [Laughter]. Does anyone on the panel want to respond to something they heard or— yeah, David. I saw David writing furiously so I figured—

DAVID NIXON, JR.: I would love to respond to two things that were mentioned, touched on. One is that statistic that only 10 percent are possibly actually getting the aid, and I'd like for everyone to really be aware that, in my experience, which is somewhat limited but it's also extensive and pretty deep, that's really not a supply side issue as many of you would expect. It really is a community issue, a community education issue.

Things are changing, from what John told me, in many areas, but we experience a lot of resistance to getting tested. I've known people personally who chose to die with their dignity intact rather than to go and get tested and to be visibly seen to go get treatment. We see families who don't want to treat children for some of the reasons that Pauline mentioned. And so

and having it be effective.

And the thing that you mentioned about gender inequality, it's so powerful, and on the community level, gender inequality really hinders progress in so many ways. It is so powerful because those who are enjoying the status quo don't want things to change and they will actually proactively work to block change because they don't want it. Particularly, forgive me guys, but the men in power who are enjoying the perks even in their society, they don't necessarily want things to change always. And it's very often the women who take the lead and turn the tide.

JEN KATES: Thank you.

NICOLE BEHNAM: If I could just mention one brief also statistic to support that. One of the things in PEPFAR we talk about moving towards an AIDS free generation, and that involved addressing the medical as well as the social and emotional consequences of this epidemic. And so children very easily move from affected to infected. This is part of-- it feels sometimes almost inevitable. There was one study that was done in South Africa that showed that girls who were dually affected by orphanhood and having a sick caregiver were six times more likely to engage in transactional sex-- I don't like that term, it's survival sex-- but than their counterparts from healthy families. So this gender dimension is huge, not only because sexual abuse in and of itself should be addressed, but because really if we're

vulnerabilities must be addressed.

PAULINE MUCHINA: Right. And I think Jen, we talked about the global plan to eliminate the mother to child transmission. If we are talking about having an HIV free generation, there's no way we are going to achieve it if we still have children being born with HIV. And yet, we have the skills and the tools to make it not happen. So that's a very important one, but the other part of it, let's keep their parents alive. If they are alive we won't have more orphans. And the treatment, access to treatment and making sure that women who go in to pick PMTCT also have access to treatment so that they can live long and healthy lives, and they can take care of their children so that they don't become orphans. And I believe that the faith-based groups have the best role in this prevention of mother to child transmission, because all these women are in their congregations. I would love to see faith-based groups just take it on and say we have to keep these mothers alive, and we have to prevent the children who are still in the stomach from being born with HIV. We will see progress if the faith community gets involved in this.

JEN KATES: Wow. I'm ready to sign up [laughter]. One of the issues that's come up from all of you in different ways is how you engage the community and how the programs you design and the— even the outcomes you select are really about what's going to impact the community and how do you make sure that it's a

work in this area to make that transition, and I was hoping, Chip, you could talk a little bit about it because it's not easy work to go from being sort of a main provider to shift and how do you engage the community in those ways.

CHARLES LYONS: It is a lot of work, but it's the right thing to do. The question isn't so much should you try and create or support that transition from an international organization to national partners. It's more- it's not a handoff. It needs to be funded, it needs to be phased, it needs to be well planned, and in the particular case of EGPAF, that was also, though, a condition of a very large grant from the CDC-- the PEPFAR track one from CDC, and I think it's important to emphasize the degree to which there's some policy and strategy changes by PEPFAR with USAID and, in one case, with USAID Forward. It's procurement reform. It's emphasis on direct funding to national partners, but CDC had a component as well.

And so in five countries-- Cote d'Ivoire, Zambia - a former director from Zambia is here- Carl, Tanzania, South Africa and Mozambique, we have helped to launch national organizations in each one of those countries that are affiliated with us but they're independent, they have their own staff, their own Board of Directors and are entirely responsible for a body of work that we've identified with them, a particular province or set of districts or what have you. Still with the same mission focus of ultimately eliminating pediatric AIDS, but doing so in ways that

I couldn't agree more with the emphasis on— that people sort of seized on the idea of being able to eliminate pediatric AIDS, but the health of the mom and the health of parents, and making sure those services comport with W.H.O. guidelines so it's not a two or three day labor, single dose Nevirapine issue, but it's proper testing, counseling, treatment from early in the pregnancy through the breast feeding period.

Making that transition to national organizations is, actually, it's a fascinating amount of work. We're fortunate enough— EGPAF is around 900 staff in 15 countries, and so one of the key components is that we seconded EGPAF staff who across a range of expertise areas -- whether it's program staff, grants management staff, risk management systems -- being able to transfer those national staff to a new organization so that when you're standing up a new organization it isn't just from scratch with entirely new people that have been recruited, but folks that have worked together as a team who are incredibly competent, so knowledgeable in terms of the programmatic requirements, and then also having what's critical is follow-on funding. I mean we can't just wish that this would happen, because it's the right thing to do consistent with country ownership and country leadership, but it is actually funded. In the case of each of those five countries CDC did provide follow-on funding that we assisted in the steps necessary to get that funding.

It's very clear from USAID and CDC that they're going to

organizations. Sometimes there are donor fads, and sometimes you get a glimpse at a real donor future. And I think this is much more about a donor future than a donor fad and figuring out how to do it in the right way and using it— I mean we talk about ownership and leadership, but we should think also about what—the other side of the coin is that what we are going to be needing to respond to effectively is demand. You talked about supply and demand at the community level, but demand from the country level, from the government as well. It's priority setting, right? It's identifying which programs need particular support. And I think there's real opportunity around kids and OVCs and building that capacity at the national level through other organizations and of making sure that OVCs and those related issues are a part of what donors want to support. But listening carefully to what the community or national organizations want to prioritize. They're going to have a sharper sense of what the challenges are around OVCs than anyone sitting in D.C. or Atlanta or some other place. And so, I think as we see those real changes in strategy and policy occurring and we see at the same time tremendous need for more focus and effective response - for kids broadly and OVCs particularly - I think there's opportunity in there along with that -- I'll stop because this, we could go on and on -- around the global plan. And the platform— that's come up dramatically just in the last 12 months and I think represents another real opportunity around

time.

JEN KATES: Thanks. I think it's time to move to your questions, and actually to remind everyone that John is also able to answer a question. I'm going to ask him the first question because you alluded to it a little bit, what you said and told us upstairs. Since you've been looking at the role of the faith community in this response for a long time, what changes have you seen overall? And we were talking about that a little bit. I think it would be important to— yes, unfortunately, you can take that or go stand up there and then we'll—

JOHN DONNELLY: What do I have? Oh, I have a mike.

JEN KATES: We'd like it if you could stand up there. That's great. Then people remember they can ask you questions too.

JOHN DONNELLY: I think actually Saddleback Church is a great example of the changes that have gone on. Saddleback, and especially with Kay Warren, is now talking very much about really asking all churches to not do orphanages except in extreme instances. And so that message has an amazing amount of power. Saddleback is by itself a church that attracts tens of thousands, but they're a real convener of many, many faith based groups. So I see that happening.

I also— I do see a sort of dip that we were talking about earlier about the attention to these issues. So I think, in many ways— and there is almost no coverage of what is really happening

here, Andy and Ellen - in many ways I think it's a communications issue and a way of capturing stories that are out there that are powerful stories that connect to American communities directly. That is a way of being creative and making that bridge evident to Americans as a whole. So that's another thing that I'd like to see happen more. But the changes, I think things have changed quite a bit in the last eight, nine years. I think PEPFAR itself has helped accelerate that change by itself showing by example of what the kinds of programs - community based programs - that they want to fund, the U.S. government does, in general. But I still think that if you're a church or a synagogue in the Midwest or on the west coast and you have this great idea, you won't necessarily know what to do, and so I think there's this real gap in trying to connect them together and give them a way ahead.

JEN KATES: Yeah, Chip.

CHARLES LYONS: John, can I just ask when- they've changed the message and discouraged people from going in the direction of orphanages, what have they encouraged them to do instead of that? Because folks are still going to feel that- a need to respond to kids and so on. So what do they do instead?

JOHN DONNELLY: There's two main efforts as far as I can tell. One is still- the adoption platform from Saddleback and others is still very, very strong. It's still very, very much encouraged. I think there's real value around that among the leaders of the church, but the second thing, the more broader

even- because Kay Warren seems to be in and out of this town every month or so now and I think you'll see her voice coming more to the forefront on those issues of incorporating communities, really listening to communities more.

JEN KATES: Yes?

DAVID NIXON, JR.: If I could make a brief comment on that. I'd like for everyone to really be aware- coming from a faith based organization, I feel that I can say this emphatically: Faith based organizations who aren't privy, who aren't really plugged in, who aren't getting on board with a community based model, the very isolated so to speak, you may have all the best intentions in the world and you may have great resources and you may have very good people on your team, but you can very easily do a lot more harm than good. This is something that we talked about upstairs. Two specific examples, very quickly, I had invited a team from another organization - after lengthy discussions, which they didn't like to begin with about what they planned to do - I invited them to come, and part of their activity was bringing a team of doctors, and I specifically told them you are not to discuss, you are not to touch in any way, shape or form the HIV/AIDS subject, because there are very strict policies about counseling before testing, a lot of things that are there for very good reasons. They agreed to that. At the end of their day, the physicians came and handed me a cardboard box and there was a- it was getting dark and there was

said, "What is this you're giving me?" Well, it was waste that they wanted me to dispose of and then through our discussion I learned that they had been testing for HIV anyway, because they thought that was what needed to happen. They thought they were there with the resources that needed to get done and that very easily could have gotten us into serious, serious trouble with the local government. It could have eliminated our ability to minister in that area in the long term if they found out that we had violated those policies.

Another instance: they came with a huge amount of money, and they thought everyone's hungry, let's give out lots of food. They went to every local market and bought all the food they could find. They took large trucks and went out into what they thought were poor communities and gave the food out hand over fist. The police had to come and stop violence from breaking out, and the long term effect, the local people who had worked hard, who had done all the right things, who were working for their families, then went to the markets and found them empty. And to this day, I have not been able to convince those people of the harmful effect of what they thought was doing good. So there are many cautionary tales that need to be shared and heeded.

JEN KATES: Thank you. Okay. I don't even know where to begin. So, I actually— people's hands are up, which is great. I want to point out someone in the front here, Gillian Huebner, who's from USAID, the Office of Vulnerable— Orphans and

effort that the U.S. Government and other partners are engaged in, and since you're here, maybe you could just update everyone on where— there's a plan coming out, so please.

GILLIAN HUEBNER: Yeah. Thanks.

JEN KATES: You can stand up. Yes.

GILLIAN HUEBNER: Alright, I'll stand up. Five foot two and taller. Thank you all. This is really encouraging, and I think speaking to the fatigued part and the difficulty of keeping momentum, keeping an eye on these children, the vast number of them and also the tricks of coordination within faith based communities, but also within the government. I mean the government assistance portfolio to vulnerable children - not just including orphans and vulnerable children affected and infected by HIV/AIDS - is really big. We have about 2.8 billion dollars per year, and that doesn't include the child survival money. So this assistance is stove-piped by categories of vulnerability. So you have your children affected by HIV/AIDS, children who are trafficked, children in forced labor, children who are separated or unaccompanied as a result of disaster and conflict; these are all separate funding lines, all different pieces of legislation, all different agencies implementing programs.

So we, in December, with a goal to get a bigger bang for the proverbial buck, hosted an evidence summit on children outside of family care. And we felt that that "child outside of family care" was a real galvanizing idea. Any American with a

in labor or orphaned as a result of HIV/AIDS - the most vulnerable tend to be outside of family care. And also, when you look at kids outside of family care, you realize that the protection burden is depending heavily on the community where a family doesn't exist. And it also sort of brings the focus into the lens on a child protection system which is an element- we think in terms of health care systems, we don't think as easily in terms of child protection systems, but in countries that provide good support to kids, they exist. So we're trying to hone in on how we can build these sustainable systems over time.

So an outcome of the evidence summit on children outside of family care was that ten senior U.S. Government leaders from across the agencies decided to develop a national action plan for these kids by July.

JEN KATES: Next week.

GILLIAN HUEBNER: Next week. [Laughter]. So we're actually on track; we've gotten there. We have a draft and it's going through the interagency clearance process. But in order to bring everybody together around measurable ideas and actions, we're focusing on two core priorities. The first one is reducing the number of children outside of family care, and the second is reducing the number of children who experience violence, exploitation, abuse and neglect. So that reaches across all of these categories. And we are working closely with faith based groups.

supportive of our strategy. And we've been working with the Christian Alliance for Orphans as well to work on core messaging. So it does feel like, from different corners, people are coming together, and I think that's really exciting having worked in— I was a child soldiers person for a while, and so now, getting used to the HIV/AIDS language and what not, I mean these are the same kids really. I mean if you don't have HIV/AIDS now but you're trafficked, well, you're probably going to be one of those— you know, in your portfolio in the coming weeks. So I think thinking broadly like this is hopefully going to help us all raise all the— what do they say? All those rise together.

JEN KATES: Thank you.

GILLIAN HUEBNER: So, thanks.

JEN KATES: Thanks. And thanks for coming since your plan is due out next week. Alright, questions, others. Yeah, right here.

BUCK BUCKINGHAM: Hi, I'm Buck Buckingham from the Office of Global Health and HIV at Peace Corps, and I had the privilege of meeting with John at the beginning of this project, and then the really moving privilege of reviewing the book. And I had to put the book down when I read the story about the boy who died. And it was telling to me that the only person on the panel who talked about caregivers was Pauline. And that's part of the change in narrative that we need, because if you're going to keep an HIV positive child healthy in Africa you need to keep the

mainline churches like the Episcopal Church that I go to in Silver Spring, Maryland, most of the congregation is the age of grandparents. And I think we need to be talking to people in churches about caring for grandparents, because they're the other orphans of this epidemic. They were relying on their children to be there social security, and they now, instead, are caring for their kids.

KATIE SCHENK: Hi, I'm Katie Schenk with Population Council. Thank you so much for this really important conversation. It's really fascinating to hear these different insights. In particular, I'd like to ask— to respond to something that David had said. To really, to thank you for your honesty and for your frankness. In the lessons that you've learned and the weaknesses that you point out as well as the strengths. And I think these serve to highlight that although we have made tremendous progress, we still have so much to learn. We still have an enormous amount to learn about what to do and how to do it. And how we can do it better, and how we can do it more cost effectively. And so much of what we are doing is so unknown, and I would like to ask— I think I would like to ask Nicole really, what is the role here of the U.S. Government in building that evidence base? And really a lot of what we've talked about today, really many of the speakers have alluded to the need of us needing to come together, but come together behind what? How are we going to build the evidence for all these

building that research base, driving the evaluation portfolio, piloting these new ideas, driving it forward then? How can we make that happen?

NICOLE BEHNAM: That's a great question. I— and I want to also compliment Gillian and P.L. 109-95 for continuing that discussion with the evidence summit that they held in December. But it's a huge — I don't want to say weakness — it's a challenge. It's a challenge to the portfolio in general because we do have some evidence of what works, and a lot of it is about family strengthening, caregiver strengthening, and thank you for bringing that up. But we need larger studies, we need more rigorous studies, and we need to come together on this.

I think one of the things that's— that I'd like to highlight from this whole discussion is just how much every single type of organization, every single community matters in this. When we talk about vulnerability, we're talking about something incredibly complex, but that doesn't mean there aren't answers. It doesn't mean there aren't solutions. It's just that those solutions involve so many different players, so many different people, organizations to support it. There is no pill for vulnerability. There is just no single solution, but there are multiple solutions that can come together and just surround children.

I mean I think strengthening families has to be first and foremost what we do and one of the things— I used to work with

then here I am at 35,000 feet now. But one of the things that used to really work for me— I mean I went through the same humbling process that Mr. Nixon went through in the book. It's an incredible— it'll beat you up, but you need to be beaten up by understanding what you can and can't do, what you have control over, what you don't, how much you don't know, how much you need your local colleagues-- you're incredibly dependent on them. But one of the things that would really help when I was having conversations with people of faith - you really just wanted to do something, they just wanted to do something - I would say, what is it, if you— if something happened to you and your children were left behind, what do you want to have happen to those children? Do you want them to end up in an orphanage? Do you want them to end up— where do you want them to go? And to a person, it was always I want them to stay in our extended family. I want them to be in a family.

I mean we all know that family matters. How to build up those families, how to make sure that children stay in families, how to make sure that children are not vulnerable even within those families, these are things that we need evidence for what works. And we rely on academics, we rely on small organizations, we rely on large organizations, we rely on the government, and we all have to come together for that. One thing going forward within the PEPFAR portfolio is that we are having a renewed emphasis-- it was always there-- but a new emphasis on having

but thank you.

PAULINE MUCHINA: When you talk about evidence, there is already evidence on the ground that family, community is the best place for these children. But it is so hard for us to accept that, and it's so hard especially - and I will speak as a Kenyan now - that it's so hard for people who feel they have more to give, and they come into a country, they don't listen to the local communities. They just want to do what they think is best for the community, and yet, the evidence says you have to listen to the community. It has to be country led. It has to be country ownership, and yet, day after day, like the days of the missionaries, we continue to do the same thing again and again. Walking all over the cultures and the experiences of the local community. So that's something that we have to pay attention when we come to that.

I also want to make an appeal to the faith based groups. UNICEF says that their funding to orphans has declined dramatically. Maybe because of the economic situation, maybe because donors have different interests now, but we don't see the same commitment from the faith based groups to advocate. During PEPFAR I, they led the way in terms of advocacy, but now you have to really push them to- I mean I'm a faith pastor, and I belong to my church, I belong to CCIH Board of Directors, and I can see how difficult it is for the faith based community to get back to advocacy. So this is my appeal: that we need to advocate. Not

community in the countries, tell them not only to— I mean, say yes, but they don't only need to focus on the needs, their physical needs, but also the advocacy issue because when you advocate you also deal with the laws that should be protecting these children. If you don't advocate for those laws to be implemented, who will advocate for them? So that's one role also the faith community could really help push.

JEN KATES: Wow! We had a ton of hands just went up. [Laughter]. Yes.

BETSY BASSAN: Hi, Betsy Bassan, Panagora Group. I want to just— I think we're all like daunted by the scale of the issue and the magnitude of the required response. And in thinking about that, come back maybe especially to PEPFAR. Program integration, Chip Lyons, you used that term, and I think that we're all looking for that and maybe a little less because I think the evidence is there, but that we build evidence by these kinds of multi-sectoral programs --whether its education and HIV/AIDS or agriculture and HIV/AIDS or what have you-- and there's been a promise of that to come for a very long time. But as someone who studies things like the procurement forecast, they're not there to the extent at all that they should be to really help tackle this problem. I mean education is one of the biggest ones that we know if we cross from that sector to OVCs and into the communities through PTA and other mechanisms that are available on that platform, we could achieve so much.

we're waiting for evidence, because I'm thinking in my lifetime, can I expect to see those multi-sectoral programs that we're waiting for. And then I also think with the faith based activities, why can't the country operational plans create entry points for those resources to be more easily and constructively programmed and really help to give those that want to come with so many resources and good intentions a quicker route to success for the use of their funds. So those are really my two questions. Thank you.

JEN KATES: Any takers on- David?

DAVID NIXON, JR.: Just the last point that you mentioned. I've given that a great deal of thought, and it's the two sided coin of the great American spirit. We think- I have the freedom and the liberty, I have the ability, I have the resources, why can't I forge ahead, cut through the bureaucracy and get something done? And so people are naturally really resistant to the idea of there being some sort of an organizational thing in place that says, okay, this is your skill set, this is where the need is, this is where we'd like to see you plug in, we'd like to help you out. There's a lot of resistance to that. I've tried to be an advocate among other faith based groups, and I've hit brick wall after brick wall with people who have really good hearts and a strong drive to do something, but they don't want to hear anything about information sharing, regulation, best practices.

deliver very efficiently. And you can understand it kind of on a certain level, because it's a part of a very strong personal conviction. I want to do this thing; I don't want to just write a check. I want to be engaged, I want a relationship, I want a- I want to travel, I- and so, there's a conflict there, and I do worry at times, does everyone have to be beaten up by that process before we- and the short answer might be yes to a certain degree. Or at least those that see themselves playing that very particular, almost personal leadership role. I think they kind of do. I mean that's one of the things that's important about the book, and we were talking earlier. I just- I hope it gets a really wide distribution and a really wide readership so that they can get a sense of the push back on some of their emotions and instincts by virtue of reading a book as opposed to taking three years and multiple trips and missteps and so on. And that's where the honesty - your honesty - and the accuracy within the book are really very encouraging in that respect.

DAVID NIXON, JR.: And I have to say- I'm sorry.

JEN KATES: Yeah.

DAVID NIXON, JR.: I feel very passionate about the issue, because ultimately it's not the efficacy of what we're trying to do that's suffering; it's the children who are suffering. They are paying the price for our ignorance and our kind of clumsy attempts to go in and crusade on their behalf.

NICOLE BEHNAM: Can I just briefly respond to the point

NICOLE BEHNAM: Sorry?

FEMALE SPEAKER 1: The multi-sectoral programming.

NICOLE BEHNAM: The multi-sectoral programming, yes. And I would say I come— I spent years actually outside of the HIV/AIDS world and came in to PEPFAR a lot later than many of you. I have to say that for vulnerable children, the PEPFAR portfolio actually is far more multi-sectoral than many of them. And many of them tend to be narrowly issues-based and, you know, the OVC portfolio does bring in — make an attempt to bring in — education, child protection, health and nutrition, all of these different sectors into one. It's certainly not always done perfectly, but speaking to that, there is also forthcoming guidance that we hope will be out very soon where we've also been gathering a lot of the evidence that does exist, and you know, there's more than we think.

There is actually more than we think. It tends to be context specific often, which is just like, you know, vulnerability is also often context specific. What works can be context specific, but it's out there more than we think. So there's no reason— it's true, we don't need to wait, but one thing we do need is for those of you who are on the ground, whether it's with local organizations, with some of the larger INGOs — secular or faith based — to tell us what you think works and what needs to be studied and how we can do that together. Certainly the U.S. Government can be a coordinator and a convener

JEN KATES: We have a couple over here.

VERONICA SWAIN: I also want to thank you all. It was very, very informative what you said. And particularly I want to thank you, Pauline. I lived in Tanzania. My name is Veronica Swain, and I worked in a faith based organization there. We worked through the Catholic Church. Now, my question and what I want to really emphasize is the prevention. We had a program and we did all three: the prevention and then the counseling and working with the HIV/AIDS persons, plus the family plan for the orphans and the connected people. And I think that the hardest thing was the prevention. We had Youth Alive; we had groups going out to other churches, to local communities. People don't want to listen, and the prevention- we don't want more AIDS patients. We want to stop the- from spreading, and that I think, in all of the programs, I think that has to be the biggest part. Because we found how difficult it was - and especially with the youth - to get them, you know, to get them to really be involved and to listen. So I'm just saying all parts are important, but I think that prevention is really, really important. So, thank you.

JEN KATES: Let's take a couple- let's get some more questions out, too.

JEAN CAPPS: Is this on? Can you hear me?

JEN KATES: Yeah.

JEAN CAPPS: I'm Jean Capps. I'm an independent eval-

evaluations. And I'd like to say some of the models you were looking for, for community based programming existed in those programs, probably are still being supported. I'm a little bit out of that. But I have spent 25 years in the Child Survival and Health Grants program and know that there are ways of demonstrating what works as you were looking at it from the business model. And, not saying that the money should all go to health, but we have some models, we have some examples of evidence based, population based studies that could be done in a cost effective way that would empower the local governments and local authorities and local faith based organizations to monitor the progress of their programs and what they're trying to do. And a number of your faith based colleagues are involved, so I'll be happy to share some of that information with you.

I'm also a member of CCIH, so maybe we've seen each other there [laughter] a few times as well. So, yeah, we're the ones with the horns and tail, come around and try to figure out whether your program worked or not.

I wanted to say something about Charles. I wanted to say please listen to him about pediatric AIDS. Lulu Muhe at WHO and I had this conversation a couple of years ago. The evidence is overwhelming. If a child actually has AIDS, if they're not under treatment by age two, they're dead. By one you've got a better chance. And better yet, if you get them as newborns. The challenge is you're going to have to deal with maternal, newborn

But it's very important because the statistics two years ago was that the average age of children on treatment was four years, at which case most children who had AIDS are already dead. So we need to do something about that, and that does— if you are sincere about— I know you're sincere, I don't doubt your sincerity [laughter]— but we really have to get on board. But it will involve dealing with the health sector, and it's no day at the beach, but that's what we're trying to do.

I would just like to show you a bracelet I have from an evaluation that I did in Malawi in 2008. I have— this was made by a youth group that was put together by a faith based organization on a sub-grant to the sub of the sub of the Malawi bridge project and the youth group was so dedicated to what they were doing for AIDS prevention that they wanted to keep going knowing that their funding was ending. So this was one of— they sold it to me I'm sure at foreigner's prices, but I kept it on there so I won't forget them.

And that's the issue of sustainability, and I don't want to monopolize the time here, but there are— there is knowledge out there. In this particular case, there was a lot of prevention that was going on there for orphans and vulnerable children, but it's buried in the result of a prevention PEPFAR program. You would never find it if you were looking in the OVC programs. So there are a number of us who would be happy just to let you know what we know and give you some pointers, so you

or winding down, so why don't we take three more questions and then see if our— let's just get some more questions out and kind of wrap up.

AGOROM DIKÉ: My name is Agorom Diké, Chair of the Caribbean American Faith Based Leadership Council. One of the problems I hear coming out of the discussion is the idea of integrating our efforts and I've been aware that there are so many faith based institutions, church groups, you have those with the Catholic church, the Baptists, they have a direct link, an organization down in the Caribbean region, but we have a number of independent churches that are coming down to do mission work in terms of HIV. What are the best ways in which we can get all these efforts to be collaborated so that we don't have resources being wasted, but resources being brought to the region in a more organized manner? And another question is how involved are you in the Caribbean region in terms of your global efforts?

JEN KATES: So let's get a couple more questions out, and then we'll answer them in group.

AYESHA IBRAHIM: Hi, my name is Ayesha Ibrahim, a public health fellow with UNAIDS. I'd like to thank you guys for hosting this panel. It's been very educational, edifying to say the least. But my question is, for the upcoming international AIDS conference, how will you and your respective organizations use as a platform to really speak to the faith based organizations about their power and the impact that they can have

[inaudible]?

JEN KATES: And one last question. Yeah.

MARK ENGMAN: Mark Engman, US Fund for UNICEF. You talk a lot about the involvement of communities and country ownership. I'm wondering if you could talk a little bit about how you get children and youths themselves to be part of the voices in the programs and the policies and really to make a formal part, not just happenstance.

JEN KATES: So we have great questions. One is about how to better collaborate and coordinate and are you working in the Caribbean region. The question about the conference and getting a voice involving kids themselves. So, who wants to start?

PAULINE MUCHINA: Okay, UNAIDS is working in the Caribbean. We have several offices in the Caribbean. We are also working with young people and engaging them. We have a program called Crowd Out AIDS, and that program and UNICEF— you know about Crowd Out AIDS. And so we are trying to get the voices of the young people themselves. Rather than being told what to do, they are actually saying how they would want to see the programs run for them. And that has been really fascinating to see.

And we are also using sports. A lot of young people like playing sports. Like for the International AIDS Conference we have a youth sports event; soccer tournament and basketball tournament using sports stars to talk to young people, and we'll

phenomenal just organizing it. We have more [inaudible] sports and others.

The last thing I would like to say is the issue of prevention because I think if you— if we are to break the cycle of HIV, prevention has to happen. We cannot treat ourselves out of this epidemic. And the only way to do it is comprehensive HIV prevention. You can't just stick with one method of prevention and think that you're going to help yourself or really save the community. It has to be comprehensive. We have even to be better, even as faith based community, about talking about female condoms, for example. We are afraid to talk about male condoms, what about female condoms? And we have to not also be afraid to talk about sex. And most faith based groups are afraid of talking about human sexuality and sex, and yet, by speaking about it, then you teach the young people how they can stay safe either by delaying sexual debut or by using prevention tools that are accessible to them.

And also preventing violence against girls, you know, because that's one of the mode of transmission for most girls in some parts of Africa. So we need the faith based community to take the lead in condemning gender based violence, that would also be a form of prevention, in my opinion.

JEN KATES: Anyone else? David?

DAVID NIXON, JR.: As far as the AIDS conference and having a platform, I'd just love to have a platform [laughter].

Malawi there, there's so much that needs to be talked about. How to get kids on board, well, really is to model by example and education. And those sound simplistic, but the— really, immediately what comes to mind is what everyone's talked about working with the caregivers. That has to be a synergistic relationship. Not just us giving the caregivers resources, but asking them to be in relationship with us: Come and get education, share with us, dialog with us on a regular basis.

The healthcare professionals who are treating our HIV/AIDS orphans actually require now, that the guardian come with the child or they will not see the child because they want to initiate that dialog with the caregiver. We have to attack that at the community level. If the children aren't seeing it modeled, they won't learn it. And the other thing is education. I'd love to see more education in the local government schools with regard to these issues and it breaks my heart that we had to close our school in 2009 due to lack of funding because it was a fantastic way to keep our fingers on the pulse of what was happening with the children. What they saw in the community, what their feedback was; the children are an extremely valuable source of information if you know how to filter that.

And how to coordinate - the gentleman from the Caribbean organization, I believe - what I learned, three main sources: go to the local government. We often shy away from them, because they tend to be viewed as corrupt or ineffective or what have

briars. You go, and you digest the information and you measure that against what you know to be true. Other local organizational heads, faith based organizations, government organizations. Do the homework, and call the people up. Most of them, I have found, really surprised me-people who are heads of very large, very busy organizations welcome people like us contacting them and saying this is my issue, can you give me an answer or direct me to someone who has one.

JEN KATES: Now to- I want to actually respond to the woman who asked about the conference and getting- elevating or projecting the information. Two things: one is this is being webcast, so you can watch this. Others can watch it later on, and so if you feel like this got at some of those issues, I think share it with others who weren't here. And the conference itself, we're actually - Kaiser Family Foundation's webcasting- the official webcaster for the conference. We're webcasting the plenaries and many of the special sessions. There are several that have faith based discussions that are the emphasis, so there'll be an ability to get that information beyond the 25,000 people that come. But as an attendee for many of these conferences, you can go to your one thing at one time, and there's a zillion things you're missing. So I think there's opportunities to bring this conversation forward.

PAULINE MUCHINA: There's also the pre-conference.

JEN KATES: Right.

PAULINE MUCHINA: And there is also the interfaith service that's also happening.

JEN KATES: Right.

PAULINE MUCHINA: So those are the others.

JEN KATES: There's a lot of—

NICOLE BEHNAM: And there's an Orphans and Vulnerable Children PEPFAR session.

JEN KATES: Right.

NICOLE BEHNAM: A satellite session from 7:00 to 8:30 that Wednesday, whatever that date is. I forgot.

JEN KATES: The 25th.

NICOLE BEHNAM: Yes.

JEN KATES: Yes.

NICOLE BEHNAM: And that's the kind of— a good place for dialog as well. We'd really welcome that from faith based organizations.

JEN KATES: So I'm going to bring us to a close because I know people are filtering out, but this is actually— we wanted to end up at the conference, so I'm glad we did. Because that's right next— around the corner, and a lot of us will be part of that, either there or watching. But I want to really thank our panelists for being here, for sharing their views. Really dynamic panel, and particularly I want to thank David and John: for David being willing to share his story and have it told, and then John just for all of the work you've done to really make

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