

The spoken text shall prevail

Presentation by Her Royal Highness the Grand Duchess of Luxembourg at the 54th Annual Meeting of National Committees for UNICEF, 4th of May 2009, Mondorf-les-Bains, Luxembourg

Dear Mrs Veneman, Ladies and Gentlemen, Dear friends of UNICEF,

May I first express my gratitude to you Mrs Veneman for welcoming me with such kind words at this very special Meeting of National Committees for UNICEF and to all who have come to Luxembourg on this occasion. This event is very special since **UNICEF-Luxembourg is celebrating its 30th anniversary, this year.**

I truly hope that you will have a very successful meeting in the interest of the children of the world: OUR CHILDREN. It is an honor to have been asked by UNICEF to act as Eminent Advocate for Children and by our National Committee to assume the role of Patron. I assure you that these two tasks are very close to my heart and have helped me realize the importance of UNICEF achievements over the years, in protecting the interest of children worldwide.

Although so much has been done, it is essential to remain focused on the challenges ahead: one of them is the HIV pandemic as unfortunately the numbers are not decreasing.

According to UNAIDS most recent report 2007, an estimated 33 million people are living with HIV. During that same year, 2.7 million new HIV infections were recorded.

It is true that we are making some progress in understanding this challenge, but we still have a long way to go in containing its expansion!

Although people from all walks of life are affected, HIV/AIDS is hitting hard at the most vulnerable sections of our society: it is the poor, the illiterate, the marginalized, especially women and children who bear most of the burden of the HIV pandemic. Mothers and children are being 'infected' or 'affected' by the Aids virus in greater and greater numbers, every single day. Their situation is dramatic as a mother with HIV will not give up the responsibility of caring for her children easily.

She often is the sole parent, the wage earner, the provider of food, the organizer of daily life, the nurse to other sick members of the family- including her own children. Relentless demands continue to be placed on her, at a time when her own health and strength are failing.

She carries the grief and guilt that she probably will not see her children grow up. If she has passed HIV on to one of her children, she will have to witness their illness while trying to make something out of their difficult life, worrying as to what will happen to them if she dies first...

The biggest fear of the mothers I have met with HIV is not their disease. They have learnt to live with it, as long as they are feeling well. What terrifies them most is the reaction of other people, for despite information about their illness being available now for nearly 20 years, these women as well as their children, still face harassment, rejection, isolation and sometimes even physical aggression.

How then will they explain to their loved ones their fight for survival? Do they tell their neighbours? Do they tell their children's school? Is there anyone they can truly trust or is it safer and wiser to struggle on alone?

These women do not ask for sympathy. They need to be understood and supported in their trial, so that they may have the possibility to love and care for their children for as long as they can, without carrying the added burden of ignorance, fear and prejudice.

And what shall we say of the children who live with HIV every day? They are not always ill themselves, but their family life often includes a mother, father, brother or sister who has the virus. Do they have access to medication? If not, how can we help them come to terms with the loss of their loved ones? Who will protect and help them to develop and feel secure?

These children need, more than others, to play, laugh and cry, to make friends, like all other children, to feel included in the world they live in, without the added stigma that the HIV infection continues to provoke.

AIDS is threatening children as never before! In 2007, it was estimated that 2.1 million children under age 15 were living with HIV. Since 2005, more than 15 million children under 18 have lost one or both parents to AIDS and prospective numbers are going up to 18 million by 2010. Millions have experienced deepening poverty, school dropout and discrimination as a result of the epidemic.

The tragedy of the AIDS epidemic raises great interest in the media, but its consequences in developing countries on the short and long term are often overshadowed. As you maybe know, when UNICEF appointed me as Eminent Advocate for Children in 2007, I chose to dedicate my action to mainly two causes: AIDS-orphans and Child-soldiers, two plagues which are truly heart-breaking. Indeed, millions of orphans are left on their own. In some countries, one family out of ten.

These children have to take on overwhelming responsibilities to avoid the separation of their brothers and sisters; their inheritance share is often taken away from them. Many are homeless.

I remember the story I was told of a little boy aged 10 whose inheritance, a piece of land and a small hut; were fortunately not taken away. Whilst visiting an exhibition of photographs on AIDS-orphans at UNESCO, I saw the picture of this "little boy" pointing at his small piece of land with a determined look. He told the photographer: "I have lost all my family, my parents and brothers and sisters to AIDS, but I will go on. I will attend school in the morning and take care of my land in the afternoon!" What an example of courage!

We all have to protect these children, as they are easy preys and victims of child abuse and exploitation through the horror of prostitution, children hard labor, enrolment into guerilla armies as child soldiers, where all too often the girls enrolled are used as sex-slaves.

So what can we do?

UNICEF is working with communities that provide an environment where children and their families are supported and protected, and where their rights are respected. It is my firm belief that without this community involvement there is little prospect that the programs can produce any tangible results. Strengthened social protection is needed to ensure that those affected by HIV can access services. Social welfare ministries, who are often mandated to provide support to children and families, have inadequate human, financial, and institutional capacity and also limited influence over government priorities and budgets, especially at local levels.

Health systems are also weak in many settings where the burden of AIDS is the greatest. Thousands of faith-based organizations and community-based organizations are trying to fill in the gaps.

Reaffirming the importance of community home-based care provided by women and girls is essential to halt and lessen the impact of HIV. The contribution of mothers and young people in providing care and "Caregivers supporting Caregivers", have been critical. As a result of many conversations with the experts and fieldworkers I have met, I would like to mention some key challenges that we face for children in need.

As Mrs Veneman stressed in her introduction, a true difficulty is maintaining support for child protection and struggling against budgetary cuts in the fields of national health and social protection systems, as the economic crisis has led to severe decrease in national spending in these sectors.

Another challenge is creating an "AIDS-free generation": the youngest children exposed to HIV – those under one year old – are not diagnosed in time and do not receive treatment. Every year, thousands of young children die of HIV-related causes, without ever having been diagnosed. With early-infant-diagnosis in the first 6 weeks, a baby can quickly be put on treatment. We know that mortality is reduced by 75% if the treatment is given in the first 12 weeks.

Another key challenge in the fight against AIDS is the prevention of HIV infection among young people and adolescents: "in many countries in the developing world, up to two-thirds of all new infections are among people aged 15-24. Overall it is estimated that half the global HIV infections have been in youngsters under 25 years - with 60% of infections of females occurring by the age of 20. Thus the hopes and lives of a generation, the breadwinners, providers and parents of the future, are in jeopardy."

This is part of the World Health Report that the World Health Organisation published in 1995. 14 years later, the essential elements of this story have not changed. In some cases, the situation will have become worse. Among young people, the issue of girls infected is particularly concerning: in Southern Africa, adolescent women are 2 to 4.5 times more likely to be infected than males of the same age. Globally the "feminisation of the epidemic" has been recorded – women and young girls should be at the centre of the HIV and AIDS fight. For this reason, I firmly believe that young men and boys need therefore to be fully involved and to be informed so as to take responsibility for their actions with more awareness of the consequences. They should not engage in sexual behaviour that puts women and girls at risk. Violence against women and girls should not be tolerated. Additionally, they should be committed to the importance of education for their daughters.

Zimbabwe has developed a behavioral change communication strategy that recognizes that sexually active young people need support in avoiding multiple partnerships and that young people who are not sexually active need support in delaying sexual initiation.

Uganda is systematically mentioned as a best practice by International organizations as one of the rare countries which have seen its infection rate decreasing dramatically – from 19 to 6% - since 1986: a strategy called "ABC" had been developed. 3 letters for 3 key messages. A for Abstinence or delayed sexual relations if young and single. B for Be Faithful to your sexual partner. C for Condom: when A and B are not possible! This strategy was supported by an intensive awareness campaign through media, posters and street plays...

These examples show us once more that education is essential. Schools continue to be a main entry point for children to receive basic support. Work by faith-based organizations and community-based organizations also constitute a good deal of the response. These efforts though, are not being adequately integrated into national social protection action plans. And legislative support for children affected by AIDS, as well as the response by the social welfare sector, - which is by and large under-resourced - is in need of strengthening.

Governments need to implement social protection responses that support the family and ensure the delivery of services such as health care, social services and education which can reduce the strain on caregiving and improve the school enrolment of girls.

For AIDS-orphans, specific measures should be taken to ensure their protection and care. AIDS is a large cause of orphanhood in countries such as Lesotho, Swaziland, Zimbabwe and South Africa. AIDS-orphanhood is not the only driver of vulnerability among children though, and in low-income countries with high HIV prevalence, social protection strategies for all most-at-risk households need to be considered. These strategies, while not AIDS-exclusive, are AIDS-sensitive. While just over 40% of households of children affected by AIDS received basic external support like education support, clothing or psychosocial services in Swaziland in 2007, 30% of households in Zimbabwe did, and only 1% in Sierra Leone. It is even worse for the orphans as statistics are lacking. Much work remains to be done.

During my trips for UNICEF, UNESCO and with members of the Luxembourg-Cooperation, I have seen for myself the tremendous work being done by the many NGOs and government organizations who are searching for new ways of tackling the dilemma of this pandemic.

I stand before you today, to further consolidate our partnership in responding to this major challenge, particularly in the dramatic situation of vulnerability of the orphans of this pandemic, and the stigma that continues to be associated with it.

For those families and children already living, under the dark shadow of AIDS we must try to let some light shine back into their lives.

There is so much to be done. That can and must be done!

Ladies and Gentlemen,

I could never forget the faces of the children with HIV and the AIDS orphans that I have met during my trips to various countries. I have learned so much from them; they have moved an

inspired me with their extraordinary optimism, courage and strength. For them and for all the children around the world, we have to keep moving forward, with determination.

Thank you to all, those here today and around the world who have already done so much!

As Margaret Mead, the famous anthropologist said: "Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has".

Thank you for your attention.

Maria Teresa