CHOICES

MAGAZINE ✦ DECEMBER 2001

Partnerships to Fight Poverty

UNITED NATIONS
AND KOFI ANNAN
SHARE NOBEL PEACE PRIZE

WORLD LEADERS ON HIV/AIDS
From Botswana, India, Jamaica, Lesotho, Peru, Poland and Viet Nam

CONFRONTING HIV/AIDS
In Botswana, Haiti, Poland, Romania, Thailand, Yemen, Zimbabwe and the Caribbean

FROM THE EDITOR IN CHIEF

Photo: E. Diop/UNDP

I listened to how women confront HIV/AIDS in their villages outside Dakar.

The world is still reeling from the impact of the devastating terrorist attacks on the World Trade Center in New York and the Pentagon outside Washington, DC, on 11 September.

This shocking episode of terrorist violence spawned a new unity among Americans and galvanized many other countries around a common cause—the global war on terrorism.

In a *New York Times* editorial shortly after the tragedy, United Nations Secretary-General Kofi Annan explained why. "Terrorism today threatens every society, every people," he wrote, "and as the world takes action against its perpetrators, we have all been reminded of the necessity of addressing the full range of conditions which permit the growth of this kind of hatred and depravity."

The Secretary-General added, "We must confront violence, bigotry and hatred more resolutely. The work of the United Nations must continue to address the ills of our time—conflict, ignorance, poverty and disease."

Perhaps one of the gravest of these ills is the HIV/AIDS epidemic.

As we solemnly commemorate the first World AIDS Day of the 21st Century with the theme "I care… do you?" we do so with the knowledge that, even though the global community may still be reeling from the devastation caused by the terror attacks in the United States, HIV/AIDS continues to exact an enormous human toll across the planet. Sub-Saharan Africa, particularly the countries in the southern portion of the region, has been the hardest hit, suffering skyrocketing rates of infection and mortality. And today, some parts of Asia and Eastern Europe are at risk of increased infections.

Yes, the signals are loud and they are clear. The fight against the scourge of HIV/AIDS must go on with all deliberate speed. We cannot afford to be side-tracked from the two-pronged effort of prevention and treatment, which is the key to beating back the epidemic. It is the only way to keep the disease from further impacting the gains made by developing countries in recent years.

Because of the pervasive nature of HIV/AIDS, all sectors of society must be involved in this struggle. Through its M·A·C AIDS Fund, M·A·C Cosmetics is helping lead the way among the private sector. In Africa, the M·A·C AIDS Fund has worked with the United Nations Development Programme (UNDP) to support the efforts of non-governmental organizations, which help people whose lives have been affected by HIV/AIDS. In October, M·A·C donated US$25,000 to *Action Against AIDS*, a Tahiti-based organization, led by Maire Bopp Dupont. Ms. Dupont, a journalist, was recognized for her courage in the fight against HIV/AIDS during UNDP's commemoration of the International Day for the Eradication of Poverty in 2000. The UNDP-M·A·C AIDS Fund cooperation is just one example of the kind of innovative partnerships that UNDP is leveraging to address the HIV/AIDS pandemic.

We have decided to dedicate this issue of CHOICES to the theme "Confronting HIV/AIDS." It includes interviews with world leaders and an essay on the need to develop results-oriented programmes to end the epidemic by Monica Sharma, who leads UNDP's Special Initiative on HIV/AIDS. Also featured are articles on efforts to help children orphaned by AIDS in Botswana and a programme in Thailand which is turning back the tide of HIV/AIDS in a community battling a pervasive drug problem; commentaries from luminaries, such as Peter Piot, UNAIDS Director, and Fred Sai, Special Adviser on HIV/AIDS and other related Reproductive Health programmes to the President of Ghana; and a first person account from a United Nations Volunteer working on HIV/AIDS prevention in Zambia.

With this issue, we hope to build upon the productive work done during the UN General Assembly Special Session on HIV/AIDS, which took place in June 2001 in New York, and to contribute to the collective thinking about the kind of urgent, well-coordinated action needed to overcome the HIV/AIDS challenge.

Djibril Diallo

Cover: Salina, who contracted the AIDS virus through drugs, has overcome her addiction. She plays with her best friend's children at a rehabilitation centre. Photo: Shahidul Alam/Network/PositiveLives

CHOICES Magazine thanks Positive Lives for use of its photos to communicate the human stories behind the HIV/AIDS epidemic. The project began ten years ago as a uniquie collaboration amongst the Terrence Higgins Trust, Network Photographers, the Levi Strauss Foundation and people living with HIV/AIDS. Information: kevryansyd@msn.com

Coming in March

CHOICES

In an exclusive interview President of Latvia Vaira Vike-Freiberga, the first woman President of any former Soviet Republic, talks about strengthening the role of women in democratic societies. Most of the world's poor, including three-fifths of the one billion poorest people, are women and girls; CHOICES looks at UNDP-assisted efforts to address the "gender differential" in development.

To comment on articles, write to david.todd@undp.org; letters should include writer's full name, address and email address, and may be edited for purposes of clarity and space.

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COMMENTARY

MARK MALLOCH BROWN

The Challenge of HIV/AIDS

We are facing the most devastating global epidemic in modern history. Over 60 million people have been infected. In the worst affected countries one in four adults are now living with HIV/AIDS, a disproportionate number of younger women and girls. More than 80 percent are in their twenties. The result is a devastating hollowing out of communities, leaving only the very young and the very old and thrusting millions of families deeper into poverty.

Meeting this challenge means progress on three fronts: first, preventing new infections and reversing the spread of the epidemic; second, expanding equitable access to new HIV treatments; third, alleviating the disastrous impact of AIDS on human development.

Effectively responding to HIV/AIDS requires a wide range of initiatives under strong national political leadership, including sex education in schools, public awareness campaigns, programmes in the workplace, mobilization of religious and community leaders, action to mitigate the impact on poverty and essential social services, support for orphans and tough policy decisions in ministries of finance to ensure optimal allocation of resources to cope with the crisis.

Under the leadership of Secretary-General Kofi Annan, the United Nations Development Programme (UNDP) is working with our sister agencies in the United Nations family to help achieve real and measurable results in all these areas. UNDP is focusing its work where we can best draw on our comparative advantages as the UN's chief development agency and a trusted partner and adviser to developing countries worldwide.

In particular, that means focusing on the governance challenge of mobilizing actors and institutions well beyond the health sector, using initiatives like our National Human Development Reports to provide better analysis and advocacy, helping governments scale up multi-sector and multi-partner national HIV/AIDS strategies and working to integrating the issue of HIV/AIDS into broader national poverty strategies.

We are also helping build capacity to take national strategies down to the community level where they can have the most impact and assisting governments in raising resources needed to meet the challenge. And as manager of the Resident Coordinator system for more than 130 developing countries, we are playing a pivotal role on the ground in ensuring proper coordination and synergy between the contributions of the various parts of the UN.

And we are responding to the tragedy within our own ranks. It is estimated that at least 3,000 UN staff and their dependents are currently living with HIV/AIDS, and in our offices in the worst affected countries hospital visits and funerals of staff have become a tragic part of daily life. As head of UNDP, I have committed to ensuring that all international and national regular staff shall have access to the new anti-retroviral treatment, regardless of duty station. They are fully covered by our health insurance schemes. I now challenge other international employers, such as large corporations, to do the same for their staff in AIDS-affected countries.

Already many businesses have undertaken innovative schemes that are paying real dividends:

■ *Volkswagen do Brasil* has a comprehensive programme for prevention, training and treatment for workers that has seen a 90 percent reduction in hospitalization and a positive impact on morale and productivity.

■ Anglo-American and other companies in southern Africa have begun exploring direct purchase of AIDS drugs for their employees.

■ Coca-Cola, which with some 100,000 workers is the largest private employer in Africa, has launched important new education and prevention initiatives and begun a partnership with the UN.

But however encouraging, these public and private sector initiatives are only the tip of the iceberg of what can and should be done.

Photo: Gideon Mendel/Network/PositiveLives

Right: At a South African hospital a mother cares for her AIDS-stricken daughter.

The estimate for an adequate global response to HIV/AIDS in low- and middle-income countries is US$7-10 billion annually. That might sound like a large sum of money, but even that would only give us the tools to tackle the direct problems of prevention and treatment. Without increased development assistance and deeper debt relief to support national poverty reduction efforts and shoring up the provision of essential social services, efforts in these areas will be built on sand.

We have all started late and there is a very long way to go. The current spending, from all international and national sources, on HIV/AIDS in developing countries is less than $2 billion a year. A world that spent an estimated $500 billion to tackle the elusive Y2K bug on our computers must be able to do more to tackle a tragedy that has already blighted hundreds of millions of lives. ■

Mark Malloch Brown is the Administrator of the United Nations Development Programme.

Reversing the Epidemic: From Commitment to ACTION

BY MONICA SHARMA

The HIV/AIDS epidemic is the world's most serious development crisis. Nearly 58 million people have been infected, and 22 million are already dead. The epidemic continues to spread, with over 15,000 new infections every day. The devastating scale and impact of this catastrophe is a call of the utmost urgency for each of us to act.

On 27 June 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), adopted the "Declaration of Commitment on HIV/AIDS." The Declaration recognized in clear and forthright terms the driving forces of the epidemic, including social, economic, and cultural aspects; and set specific measurable goals in four key areas: prevention of new infections; provision of improved care, support and treatment; reduction of vulnerability; and mitigation of the socio-economic impact of HIV/AIDS. The global community is challenged to respond to the epidemic in a new way, with strategic attention to its human rights and gender dimensions, greater accountability for results, and courageous and visionary leadership.

In this new context, we have been challenged to work for results at scale. The United Nations Development Programme (UNDP) is a co-sponsor of the Joint United Nations Programme on HIV/AIDS and a long-time trusted partner of developing country governments. We are in a unique position to make a difference in partnership with other UN agencies.

Based on the work done at regional and country levels, UNDP's Strategy on HIV/AIDS focuses on five types of services:

■ *Promoting action-oriented leadership at all levels*, mobilizing well beyond the health sector, stimulating innovative and proactive nationwide policy dialogues on HIV/AIDS.

■ *Supporting countries to strengthen their capacity for action*—to plan, manage and implement their response to the epidemic—developing strategic national, district and municipal HIV/AIDS plans involving participation by all sectors of society, including persons living with HIV/AIDS.

■ *Integrating HIV/AIDS priorities into mainstream development*, including poverty reduction strategies, macroeconomic planning, and budget allocation.

■ *Promoting human rights and gender perspectives* as a normative and ethical framework for all aspects of the response, promoting legislative reform and national policies that support non-discrimination, equality, participation and accountability.

■ *Facilitating access to information and knowledge*, increasing awareness of the epidemic, combating the stigma associated with HIV/AIDS, promoting shared responsibility between men and women for safe sex, and mobilizing all elements of government and society.

Partnerships for results

National HIV/AIDS strategies, if they are to be successful, require not only this unprecedented social and political mobilization across all sectors, but also a deep transformation of norms, values and practices.

This implies asking different questions when we map current reality. Is every person, at every level, ready to speak openly about sexual relations and the unequal power relations within sexual relationships? Can we create safe spaces where people living with HIV/AIDS can come forward and be included? Can we honestly address collective denial of the epidemic and the fear that fuels it? Is it possible to effectively counter the misconceptions and stigma associated with HIV/AIDS? Are we willing to pursue alternatives for every one living with HIV/AIDS to have access to drugs and treatment?

It *is* possible to stem the tide and reverse the epidemic. But only if we do much more than understand the modes and patterns of transmission. We must evolve ways to make sure that the large-scale action called for at UNGASS celebrates human potential and creates space for deeper transformation. Our watchword should be: reflection and dialogue in every sector, every process, and at every level.

National HIV/AIDS strategies, if they are to be successful, require not only this unprecedented social and political mobilization across all sectors, but also a deep transformation of norms, values and practices.

I am talking about human rights in action: ensuring the dignity and participation of people living with HIV/AIDS, the equality of women, and freedom from discrimination, violence and coercion. Addressing these issues in a meaningful way will make the difference between hope and resignation, empowerment and marginalization, even life and death.

UNGASS challenged us to optimize our existing strategic initiatives and intensify our response, in order to achieve specific goals. UNDP has an unprecedented opportunity to take a stand and make a difference.

Imagine a world where all people infected and affected by HIV and AIDS live with dignity, without facing stigma or discrimination. Imagine a world community that understands the underlying forces driving the epidemic, and where everyone is determined to reverse them. Imagine that everyone invests in a transformation of individuals, societies and systems, with commitment to action and accountability to reverse the epidemic. To imagine less is to yield to the inexorable threat of an unending pandemic. ■

Monica Sharma is Principal Adviser and Team Leader of the Special Initiative on HIV/AIDS in UNDP's Bureau for Development Policy.

WORLD LEADERS SPEAK OUT

On the occasion of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), we asked world leaders, to address the stark reality of HIV/AIDS in their countries and sought their suggestions for the most effective ways to roll back the pandemic.

President Festus G. Mogae of Botswana

Until about three years ago, Botswana was one of the good performers in terms of UNDP human development indices—democracy, empowerment, life expectancy, infant mortality, mortality of under fives, maternal mortality, mortality and morbidity and life expectancy.

But these indices have deteriorated in the last two to three years. Infant mortality is creeping up. The mortality of under fives is creeping up. Mortal morbidity and mortality are creeping up. Life expectancy is coming down. HIV/AIDS is going to have a negative effect on our welfare and on our growth. A lot of our expenditure on education will be wasted. It's going to affect the whole population.

We are trying to face the problem as it is.

For example, we have an orphanage and orphans programme right now. We induce relatives to look after orphans and we care for them too. If I am your cousin and I die, and you can take one, two or four of my children, the government will pay for their education, food, clothing and health. But they will be in your care. You will be their guardian. So these children will grow up having a relative under their roof and we will help you cope with the added number of children.

This two-year-old programme is our first line of action. During the next decade, we will be dealing with the orphans nobody wants to take, the ones who are HIV positive. Our last line of defense will be institutionalization. Inevitably, some of these orphans will be in institutions.

We can only hope that our AIDS-prevention messages will begin to get through to people and that in the near future we will see a decline in infections. We really need a chance at a virus-free generation.

This means increasing the chances of survival for infants and prolonging their parents' lives. Some children are 14 or 15 years old when their parents die. If their parents' lives could be prolonged for another five to six years, it would be better than their leaving their children orphans at that young age.

We have formed a subcommittee of the National AIDS Council, a body in which all sectors are represented—women, men, the army, the churches, people living with HIV/AIDS and non-governmental organizations. We mount campaigns. For example, we target the men on education. Men have the major responsibility, they are the people most likely to use condoms. Men have to play their role in preventing the disease. We also conduct house-to-house counseling for those in need. We use a buddy system of support for people living with HIV/AIDS.

But the truth is that we are allocating resources away from development activities to these much-needed AIDS-related campaigns, which are going to cost money. We have received assistance from institutions like the Turner and the Bill and Melinda Gates Foundations. But we will need more. And it may be years before the development curve points upward once again. ■

President K.R. Narayanan of India

HIV/AIDS is more than a serious public health concern. It is a vital social issue confronting humanity at various levels and which calls for attitudinal and behavioural changes for both preventing the onslaught and coping with the trauma of infection.

In developing countries of the world with their multifarious socio-economic problems, prevalence of large-scale illiteracy and absence of strong health infrastructure, the pandemic assumes the nature of a time bomb ticking to explode any time. The low prevalence rate at present is no reason for complacency and the sheer number of those already infected and the many more affected is enough to

ON THE HIV/AIDS PANDEMIC

push every citizen out of inertia. The response to deal with the challenge should be multi-sectoral with large-scale intervention and participation of every conceivable agency.

The first case in India was identified 15 years ago. Since then our understanding of the virus has advanced considerably. Our programmes are demonstrating that decentralized planning and action for groups identified as "high risk," as well as the general population, has been effective. I am happy to learn that UNDP's approach to this issue is people-centred, focusing not only on those infected by the virus but also on those affected.

I congratulate the United Nations and UNDP for supporting global advocacy through equipping people with information on risks, and costs as well as individual rights. ■

Prime Minister Percival James Patterson of Jamaica

HIV/AIDS is already the leading cause of death in the 30-39 age group in Jamaica. The premature death of people in their most productive years is expected to have a negative effect on all aspects of the social and economic life of our society.

Households suffer dramatic decreases in monthly income. People are unable to purchase goods and services or to sustain savings. HIV/AIDS increases the number of children orphaned by AIDS, who by the age of 15 have lost their mother or both parents to the disease.

A University of the West Indies study estimated that, if the current HIV infection rate of one to two percent of the population is not contained by 2005, the Gross Domestic Product (GDP) in Jamaica will be lowered by 6.4 percent.

In the last few years, there has been an increased demand for health care from people with HIV-related illnesses. Health expenditure is expected to increase by as much as 35 percent as a result of the pandemic. The provision of therapy reduces illness and improves the quality of life for persons living with AIDS.

HIV/AIDS affects disproportionately the younger age groups and therefore reduces the survival and life expectancy of the entire population. The health gains of the past in life expectancy, child and maternal mortality, will be negatively affected, if the rate of infection is not slowed.

The fight against HIV/AIDS starts at the highest level of the country's political commitment and leadership. There is a need for mobilization of all members of society for a comprehensive national response. We need:

■ A comprehensive strategic plan. Its development must take into account prevention, education, behavioural changes, communication and appropriate care and support for people living with HIV/AIDS.

■ Action focused on the most vulnerable groups in our society: young people, adolescents in and out of schools, and individuals with high-risk behaviour.

■ An economic plan to reduce the vulnerability of individuals by ensuring sustainable employment and poverty reduction.

■ Active participation of people living with HIV/AIDS and affected by the epidemic.

■ Availability of life prolonging drugs to treat HIV/AIDS patients at a price our population can afford, to make a significant impact on the pandemic. ■

Prime Minister Pakalitha B. Mosisili of Lesotho

Indications are that over the next 10 years, the HIV/AIDS pandemic will have a very adverse impact on our country. We all know that it focuses on and ravages those in the 15-49 year age group, the prime reproductive and productive years The dependency of old people and children will be acute, because the disease will have dissipated the economically active labour force. There will be reduced output in all sectors—less food production, less economic activity. The socio-economic status of households and families will worsen.

It is estimated that GDP will decrease from 4.4 percent to 3.6 percent by 2015 if the pandemic is unchecked. Our current population of 2.1 million would have increased to 2.8 million by 2015; because of AIDS, it will drop an estimated 23 percent.

All this means a reversal of gains made in development. Without the pandemic, we were estimating a 66 year life expectancy; with it that could be reduced to 31.4 years by 2015.

As children are orphaned, there will be an increase of child-headed households. These children will be assuming responsibilities that clearly encroach on their basic rights as children. They will be very vulnerable.

Prevention is our first line of defence. We will be implementing what we call the First Communications Strategy for Behavioural Change. We have adopted a multi-sectoral approach, focusing mainly on young people. We are promoting safe sex practices, delay of sexual activity and enhanced faithfulness to one's partner, and distributing condoms. We are seeking to reduce mother-to-child transmissions.

We wish to decentralize and improve access to blood screening, and to voluntary counseling and testing so that people don't have to travel long distances for such services. We are examining how we can deal with sexually transmitted infections in a timely and effective manner.

We need to improve access to quality care and support at hospitals, health centres, home and community-based health care. We need to manage stress, provide emotional support and spiritual care for the infected, for the affected and all caretakers involved. We also need to improve our laboratory infrastructure. We need input from our partners in the international community, and technical know-how because HIV/ AIDS is not just a disease, but a developmental threat.

We need social empowerment of the most vulnerable groups—women and children. To provide access to basic services. To ensure food security at household level. To make sure that children will continue to grow. We can only achieve lasting results through community education and empowerment. ■

President Alejandro Toledo of Peru

The HIV/AIDS pandemic has spread throughout Peru. Between 1983—when the first case of AIDS was reported—and December 2000, we had over 11,700 AIDS patients and over 10,600 asymptomatic carriers of the virus. The people who have contracted HIV recently, including an ever-increasing number of women, are in the youngest and economically poorest social strata in the big cities.

According to epidemiological monitoring research, there could be between 70,000 and 100,000 people who have the virus and are asymptomatic carriers and do not know it. We expect between 10,000 and 30,000 people with the virus to develop AIDS within seven years from now. This will present a major challenge to the health system, which today has some 25,000 hospital beds for the whole country.

A high incidence of sexually-transmitted diseases makes it easier to become infected with HIV. Internal and external migration processes, including tourism, create the possibility of inroads by new strains of the virus that are more infectious. This must surely mean that the epidemic will become widespread over the next few years.

So, we expect to have to face up to the following:

■ Increased demand for specialist care, both at doctors' clinics and in urban hospital to which patients are referred. Hospitals could become saturated.

■ The high cost of managing and treating people with symptoms—even greater when one considers the enormous expectations many have of obtaining anti-retroviral treatment to improve quality of life and longevity.

■ The spread of HIV/AIDS among all groups of Peruvian society, especially vulnerable populations such as male and female sex workers, women in general and adolescents.

To confront these occurrences we need to:

■ Drive home the message, based on objectives consistent with the epidemiological reality in our country.

■ Devise strategies that have a scientific basis, founded in research and international and domestic experience.

■ Develop firm political support for activities to combat HIV/AIDS by ensuring multi-sectoral participation.

■ Bring together the various ministries involved in policy for controlling the problem—the advancement of women, work and education, among others—with civil society to lay down standards and launch activities at the national level.

■ Promote solidarity and support for people affected by the epidemic, to give them better access to health care and lower costs for medicines, special tests and examinations, not forgetting anti-retroviral treatments. ■

President Aleksander Kwasniewski of Poland

My country has succeeded in curbing the spread of the HIV/AIDS phenomenon. Over the past several years new cases of infection have stabilized at around 600 a year. There have been just over 7,000 cases since the epidemic began. The gravity of the problem was understood quite early. Hence the consensus—across all political lines—to approach it in the most serious manner and to work out a long-term, adequately funded strategy to combat the disease.

Poland during 1999-2003 is implementing its second National Programme of Preventing HIV Infection and Providing Care for People Living with HIV and AIDS. It details obligations and principles of cooperation between the central government, local authorities and non-governmental organizations.

Poland's educational programmes are of good quality and implementation is entrusted to well-prepared educators who are reaching more of the population. We have a wide network of counselling centres where anyone can request to be tested, anonymously and free of charge. All HIV/AIDS patients are entitled to free treatment, including the latest that medicine in Poland has to offer. Pregnant women suffering from HIV/AIDS, as well as their children, receive special medical attention and care. Preventive activities are aimed at high risk groups, such as prisoners and drug addicts.

In Poland we are fully aware that fighting HIV/AIDS is not merely a medical issue. To succeed we have to address unemployment, homelessness, drug addiction and the commercial sex trade. A lot remains to be done with regard to social attitudes towards the question of HIV/AIDS and how to promote better understanding of it. Fortunately, we can count on the support of the media, which have been working with a great sense of purpose to break down mental barriers over the long term.

I pay considerable attention to international cooperation and to implementing a global strategy of combating HIV/AIDS. The problem, after all, is not limited to just a few countries—it is a threat to our civilization as a whole. I also believe that Poland has the potential to become a coordinator of HIV/AIDS prevention activities in Central and Eastern Europe. For many years we benefited from the possibilities made available to us by foreign countries to acquire relevant knowledge; today, we are ready to share our experience and skills with colleagues from the region. ■

Deputy Prime Minister Pham Gia Khiem of Viet Nam

Since the first case of HIV infection was detected in 1990, Viet Nam has been carrying out its HIV/AIDS prevention programme. The government's priority has been to implement a national strategy. Initial reviews of the last 10 years show that we have achieved encouraging results in slowing down the prevalence of HIV/AIDS. Today about 60 percent of the population has a basic knowledge of HIV/AIDS and how to prevent it. The result has been less stigmatization of HIV-infected people.

The prevalence rate in Viet Nam has been low. So far, some 36,000 people been tested HIV positive out of a total population of 78 million. But, if the current rate of infection continues unabated, it will be a challenge to our development, affecting our economy, work force, society, culture and public health.

Clearly HIV/AIDS prevention is a long-term and urgent socio-economic task. The Vietnamese Government's strategy is to achieve prevention, by strengthening education and the dissemination of information, in order to enhance awareness and bring about steady reductions in high-risk behaviours within communities.

At the same time, the government is seeking to deploy adequate resources to control potential harm—to ensure safety in blood transmission and access to condoms and sterilized needles.

We seek to mobilize all sectors of society to prevent and control the HIV/AIDS pandemic. We need to expand voluntary counseling and HIV testing services, and enchance the quality of care for infected people. We also need to support research on HIV/AIDS and ensure adequate access to necessary medications and their affordability to the population.

We seek to encourage compassion and sympathy toward HIV postive people, do away with prejudice and stigma against them, and take measures to protect those working in HIV/AIDS-related environments.

Still another important aspect of government leadership is integrating HIV prevention with the effort to prevent drug abuse, particularly among the young. Our experience shows that the two are mutually reinforcing.

Finally, our aim is to maintain and broaden international cooperation and coordination with neighbouring countries to prevent cross-border HIV infection and related problems. This is an indispensable component of the strategy of the Vietnamese Government in combating HIV/AIDS. ■

CONFRONTING HIV/AIDS

A House of Hope in BOTSWANA

STORY AND PHOTOS BY CHRISTINA STUCKY

PALAPYE, BOTSWANA

The high-pitched sounds of toddlers singing the Botswana national anthem emanate from behind a closed door covered with children's drawings. These cheerful voices contrast with the sound of serious matters being discussed by the adults next door, but the discussion will affect their lives, their futures. The grown-ups are community leaders in Palapye, a small town a few hours' drive from the capital Gaborone. The topic is how the district is handling the HIV/ AIDS pandemic.

The 50-odd children are orphans who spend their days at the House of Hope. Some have lost their parents to AIDS-related illnesses, some may even be HIV positive, though none has been tested. Community leaders in the Serowe/Palapye district are responding to the growing need to care for children orphaned by AIDS.

As part of an initiative of the Serowe/ Palapye Multi-Sectoral AIDS Committee, the House of Hope was opened in November 1999, to deal with the after-effects of AIDS, according to Klaas Motshidisi, the volunteer chairman of the House of Hope. This response is one of many examples across Botswana of people addressing the HIV/AIDS pandemic in their own backyards—with the assistance of the Botswana Government and organizations like the United Nations Development Programme (UNDP).

Botswana's 36 percent HIV prevalence rate is the highest in the southern African region. According to UNDP's *Human Development Report 2001*, 150,000 women aged 15 to 49 are HIV positive. Given a population of only 1.6 million, these figures indicate that few families remain unaffected by HIV/AIDS in Botswana.

Many sectors—one aim

But with the assistance of UNDP, Botswana is proving that a "multi-sectoral approach" is perhaps the most effective answer to fighting the spread of AIDS and dealing with its consequences.

"AIDS affects all people, all genders, ages, ethnicities in all regions. In a sense, it's a comprehensive epidemic. To be able to respond effectively, one needs to mobilize effectively," says Macharia Kamau, UNDP Resident Representative in Botswana. "A multi-sectoral response just makes good sense. It's the right thing to do."

A classroom of children orphaned by AIDS.

HIV/AIDS can no longer be dealt with simply as a disease under the auspices of a health ministry. Every sector, both private and public, is affected. "The spread of AIDS is also about what is going on in people's communities, homes and bedrooms," says Kamau.

The catalyst for Botswana's comprehensive response, and a key element in the government's successful approach to HIV/ AIDS, came straight from the top, from President Festus G. Mogae. He chairs every meeting of the National AIDS Council, which includes all government departments and ministries, and the National AIDS Coordinating Agency (NACA), which monitors the government's HIV/AIDS programme.

UNDP supported the launch of NACA a year ago and helped build its capacity to fulfill its role. Approximately 25 agencies and community groups report to NACA, including one designed to involve men in the effort.

In addition, UNDP has helped Botswana finance studies on the impact of HIV/AIDS, leading to more effective responses. The goal is to mainstream HIV/ AIDS in all ministerial programmes, dealing with the impact of AIDS on their own staffs, as well as on their clients.

While national response is crucial, the involvement of local authorities, districts and chieftaincies is vital to maintaining the campaign's momentum.

The linchpin of the local response are multi-sectoral AIDS committees, which pull together key stakeholders at a district level—from mayors to school teachers, nurses to youth leaders, local chiefs to businesswomen.

In districts like Serowe/Palapye, two United Nations Volunteers, Jean-Pierre Tshamala, a Congolese, and David Saliadie, from Botswana, are working with district managers.

Local HIV/AIDS committees are the conduit by which national directives reach the grassroots, Kamau notes. UNDP supports the process vigorously and works to strengthen the response of non-governmental sectors.

Still, such efforts mean little unless individuals become involved. Tshamala says that many Botswana are still in denial about AIDS. Saliadie adds that people living with AIDS are now being encouraged to speak openly in the community about their status.

Motshidisi and his colleagues at the House of Hope are acquiring an entirely new vocabulary. Sitting in a slightly cramped room at the House of Hope, elderly men like Motshidisi speak of "anti-retrovirals" as if talking about the weather.

Their commitment to helping their community is apparent, as he and other volunteers who form the home's steering committee outline plans for expanding support for people living with AIDS, with help from local businesses, church groups and individuals.

A school teacher, paid by the House of Hope, is busy next door teaching the children songs and expanding their vocabulary. A nurse, seconded from the government, conducts regular check-ups of the children and assists with a fledgling home-based care programme. A social worker regularly assesses children at the House of Hope on a volunteer basis.

More volunteers come in and out of the House of Hope depending on its needs. For example, when the garden or its poultry are in need of assistance, the home draws help from the district's agricultural department.

"The biggest success by far has been getting the Botswana Government to adopt in an effective, committed and political way the multi-sectoral response," says Kamau.

Though maintaining momentum is an on-going challenge, the volunteers at the House of Hope are doing a great deal to ensure that the "multi-sectoral approach to HIV/AIDS" is translated into reality for thousands of people living with AIDS in Botswana. ■

Christina Stucky is the southern Africa correspondent for Neue Zurcher Zeitüng.

Centre top and bottom: Pulling together as a community.

Right: President Festus G. Mogae of Botswana is chair of the National AIDS Council.

CONFRONTING HIV/AIDS

A Silent Threat in YEMEN

BY MOHAMMED HATEM AL-QADHI

SANA'A, YEMEN

Lack of surveillance and reporting in Yemen has made it difficult to estimate the magnitude of HIV/AIDS in the country. The younger population, aged 20-49, appears to be the most affected by the epidemic. Commercial sex workers, illegal in the country, have also been hit hard; HIV rates of seven percent among those identified by police have been reported.

Discussion of sexual matters in Yemen is generally taboo. Little is known about the prevalence of extramarital sex or the use of condoms, which could prevent transmission of HIV. Official data indicates a low rate of HIV infection in this country of 18.7 million. By the end of 2000, only 960 HIV positive cases had been reported.

According to a HIV/AIDS Situation and Needs Assessment Report released by the United Nations Development Programme (UNDP) in June 2001, because AIDS is largely under-diagnosed, and health services are limited, we see "only the tip of the iceberg."

"The health system in general is weak," says James Rawley, UNDP Resident Representative in Yemen. "We cannot focus exclusively on HIV/AIDS. We have to work with many partners to improve the health system at large. We must also help create the conditions for sustained economic growth, so that the country has more resources to invest in better health."

Underground cases

UNDP is helping to plan an appropriate strategy to counter HIV/AIDS and to develop awareness about care and support of people living with AIDS.

The World Health Organization (WHO) estimates that behind each reported case of HIV infection in Yemen, 15 others are underground or hidden. Unofficial reports suggest over 5,000 cases in all. Risk factors include inadequate monitoring and screening of blood donations and transfusions, and lack of trained health workers and laboratory facilities. Other contributing factors include rural-urban migration, poverty, illiteracy and unemployment.

Yemen is host to some 60,000 refugees. The majority are Somalis, followed by Eriterians and Ethiopians. Some live in camps and others are scattered in the cities. Sexually-transmitted diseases (STDs) among refugees could be an additional factor in spreading HIV.

"We are working in Yemen on two levels, advocacy and public awareness," Rawley said. "In addition, we are helping authorities conduct scientific studies and surveys to get a better grip on the extent of the epidemic at this time."

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNDP allocated US$227,000 to support HIV/AIDS awareness campaigns in Yemen for 2000-2001. UNDP has also organized major workshops, in collaboration with WHO, to educate the public about how HIV/AIDS is spread.

A growing concern

Following the HIV/AIDS Situation and Needs Assessment Report, which focuses on the city of Sana'a, UNDP, WHO, UNAIDS and the Government of Yemen will carry out surveys in a number of major urban centres, including Taiz and

Photo: Mohammed Hatem Al-Qadhi/UNDP

Photo: Radhika Chalasani/UNDP

Top: Mobile theatre targetting school students.

Bottom: Teeming with people in the walled city of Sana'a.

Photos: Mohammed Hatem Al-Qadhi/UNDP

Top: UNDP ResRep James Rawley (far left) and other Yemeni officials inaugurating the three-week training workshop on strengthening capacity of health education for school students.

Left: Mobile theatre activities and drama on HIV/AIDS awareness.

Hodeidah in the North, Aden in the South, and Hadhramout in the Eastern region, to get a better grasp of the disease in the country.

"I am quite confident that if the Yemeni authorities come up with a comprehensive plan based on the best scientific information available, done in a participatory way, UNDP can convince the international community that it should be supported," Rawley said.

A number of senior government officials have attended HIV/AIDS awareness events. This is important, Rawley noted, because there remains a wide range of misconceptions about how HIV/AIDS is transmitted and how to treat persons who are HIV positive.

UNDP held two school exhibitions of photographs in Sana'a in March 2000. UNDP also provided technical assistance to a mobile theatre launched by Partners for Development (PAD), an international non-governmental organization, in May and June 2001. "We were assisted by UNDP in developing our plans," said Cindy Issac, PAD coordinator. The troupe has spread 30 HIV-awareness messages throughout the country.

UNDP and UNAIDS have also carried out surveys on the question of STDs in a Yemeni prison. Six HIV positive cases were found, out of 2,922 tested in the Sana'a Central Prison last year. In addition, UNDP supports a monthly newspaper called "AIDS."

In August, a three-week training workshop was launched to strengthen health education and HIV/AIDS awareness among schools. The event was sponsored by the Education Bureau in Sana'a with support from UNDP. "We have 2.8 million students in the primary and secondary education system, and such activities will certainly be of great help to them," said Dr. Abdulaziz Habtoor, Yemen's Vice Education Minister.

The emphasis in Yemen, Rawley said, is on catching the epidemic while it is still at an early stage. "Otherwise, it will get out of hand because the conditions that help spread the epidemic exist here." ■

Mohammed Hatem Al-Qadhi is a journalist with The Yemen Times.

CONFRONTING HIV/AIDS

Working Together in THAILAND

BY CHERIE HART

Photos: Patrick Brown/UNDP

People living with HIV/AIDS at the Mae Chan Hospital's day-care centre.

MAE CHAN, THAILAND

Sitting solemnly under a tree on the banks of his fish pond, Takham Huaychai tearfully recalls losing his only son Kaset to AIDS six years ago. In keeping with Buddhist practices, he organized a feast, but no one came except for a few monks. Neighbours were afraid the food might give them AIDS. In the days before his death, Kaset, the outcast, had attempted suicide several times.

Today is a new day in Mae Chan, a northern Thai community of 100,000 lowland farmers and hill tribe villagers. Ostracism towards people living with HIV/AIDS has dissipated. Neighbours rally around the ailing. Through innovation, collaboration and compassion, the community is changing attitudes and the course of HIV/AIDS in their own backyard.

The town is winning a battle. On the front lines fighting against the epidemic is an unlikely army of monks, students, ex-commercial sex workers, nurses, doctors, patients and even puppeteers.

Their achievements have received worldwide attention. The decline in new HIV infections in the community has been so dramatic that the United Nations Development Programme (UNDP) is promoting the "Mae Chan model." A recent workshop to bring the Mae Chan experience to other countries attracted participants from rural communities in Cambodia, China, Laos and Viet Nam.

Never too late

"Mae Chan has shown that even if people are dying, you can still turn the community around. It is never too late," says Lee Nah Hsu, manager of UNDP's Southeast Asia HIV and Development Project. "What makes Mae Chan special is that it is the first time in the history of the epidemic that so many sectors of a community have banded together to fight against HIV/AIDS." The community's success is documented at www.hiv-development.org.

Located in Chiang Rai province—part of the infamous drug trading Golden Triangle—Mae Chan had rampant drug use, a free flow of cross-border traffic with Laos and Myanmar and was a hotbed of brothels. It was an ideal breeding ground for HIV/AIDS. "So many people were dying in their own families, soon there would be no one left if they didn't work together," said Hsu.

The first death from the virus happened there in 1989—a brothel owner. The community had never seen anything like it. Just a few years later, the community had the fastest infection rate in the entire country. HIV there has infected more than 20,000 people—or one-fifth of the population. The Chiang Rai province, of which Mae Chan is part, has 10 percent of Thailand's HIV/AIDS cases with less than two percent of the country's 62 million people.

Community involvement

At the epicentre of the battle against HIV/AIDS was Dr. Somsak Supawitkul, then the director of Mae Chan's only community hospital. Faced with too many patients and not enough beds, he knew early on that he was not in a position to prolong everyone's life or offer costly drugs.

Using the hospital as the central hub of operation, he began to build a coalition of groups involved in health care, counseling and education. Their goal was to break down the isolation of sufferers, improve their physical wellbeing, and inform the community about methods of transmission.

Dr. Somsak and his wife Bongot, the head nurse at the hospital, championed a holistic approach aimed at caring for both body and spirit. They created a daycare at the hospital so people living with HIV

The Power of Information Campaigns

An intense public information campaign begun in the early 1990s managed to curtail the spread of HIV/AIDS in Thailand. By mobilizing government support, the private sector and non-governmental organizations, Thailand illustrated that the spread of HIV could be reduced, even after a slow start.

At first, in the early 1980s, HIV/AIDS was perceived as a foreigner's disease. But when the number of infected surged from five to nearly 300,000 between 1985 and 1990, HIV/AIDS became a national priority. The foundation for a national anti-AIDS campaign was firmly in place because of Thailand's 10-year history of promoting condom use.

Mechai Viravaidya, known as *Mr. Condom* had celebrity status as a famous family planning leader in Thailand. He was given the newly created job of running the HIV/AIDS information campaign. The country was soon flooded with HIV/AIDS information through the press, schools and the private sector. The results were quick and impressive. Sexual behaviour changed dramatically.

According to the World Bank, condom use in brothels rose from 14 percent in 1988 to 90 percent in 1992. The numbers of male STD patients showing up to public clinics dropped from 220,000 in 1988 to 20,000 in 1995. While an estimated 200,000-400,000 people have been saved from HIV infections from the powerful education campaign, nearly 1,000,000 people in Thailand live with the virus today and 289,000 have died since the start of the epidemic. ■ *—By C.H.*

Left: Grinding medicinal herbs.

Above: Puppet theatre.

Bottom: Dr. Somsak Supawitkul with monks who counsel AIDS patients at Mae Chan hospital.

could talk to one another and receive counseling. Today, at the hospital, HIV-infected persons sit side-by-side and chat while grinding herbs for medicines and making embroidered cloth handbags, baskets and other handicrafts to sell.

Dr. Somsak also turned to the Buddhist monks for help. Recognizing that they had their finger on the pulse of the population, he encouraged them to talk to the community about safe sex and HIV/AIDS. He also asked that they share their herbal remedies for symptomatic relief from infections.

At first, the monks were reluctant, but in time they realized they needed to join the battle. The dying were on their doorsteps. Dr. Somsak cleared a small room in the hospital where today more than 60 monks regularly take turns counseling those living with HIV/AIDS.

The monks incorporate direct prevention messages in their sermons, pay home visits to HIV-infected people, provide counseling, and assist in producing and distributing herbal medicines.

Village committees have been set up to encourage families to take care of their infected relatives at home. Health workers and volunteers deliver food and herbs to HIV/AIDS sufferers. Such actions have kept HIV/AIDS patients visible in their communities and decreased alienation.

Education reduces infection

Another key element of community involvement is village meetings where people with HIV/AIDS, including commercial sex workers, tell their stories.

Sompong Yana, 34, said he was infected by his wife, who was a commercial sex worker. She and their nine-year-old son died two years ago. Sompong now visits schools, youth centres and groups of housewives to encourage them to use condoms. "I know I am going to die. But I want to share my experience, and educate young people," he says.

Youth also play an important role in HIV/AIDS education. The *Sang Fan Wan Mai* (Make Dreams New Day) youth group with members as young as 14, holds regular puppet shows in village schools and community centres. Other groups produce skits in the Chiang Rai night market before crowds of a thousand or more. The shows and puppet theatre talk about HIV/AIDS, unprotected sex and drugs.

With the various sectors working together, the epidemic is stabilized. Education programmes have helped reduce the known infection rate among commercial sex workers from 50 percent in 1991 to 20 percent today. In 1993, 21-year-old males entering military service in the province had an 18 percent infection rate. Last year, it had dropped to 1.7 percent.

Dr. Somsak remains modest about the progress made. "Even now, we still cannot make any dramatic change in the HIV situation. We can only stabilize the situation. We can help people with HIV/AIDS to be more happy and healthy, and to live within the community."

Such prevention saves lives. The Mae Chan model offers hope. ■

Cherie Hart is UNDP's regional communications officer in Bangkok, Thailand.

CONFRONTING HIV/AIDS

The Hard-hit CARIBBEAN

BY OLNEY DALY

BRIDGETOWN, BARBADOS

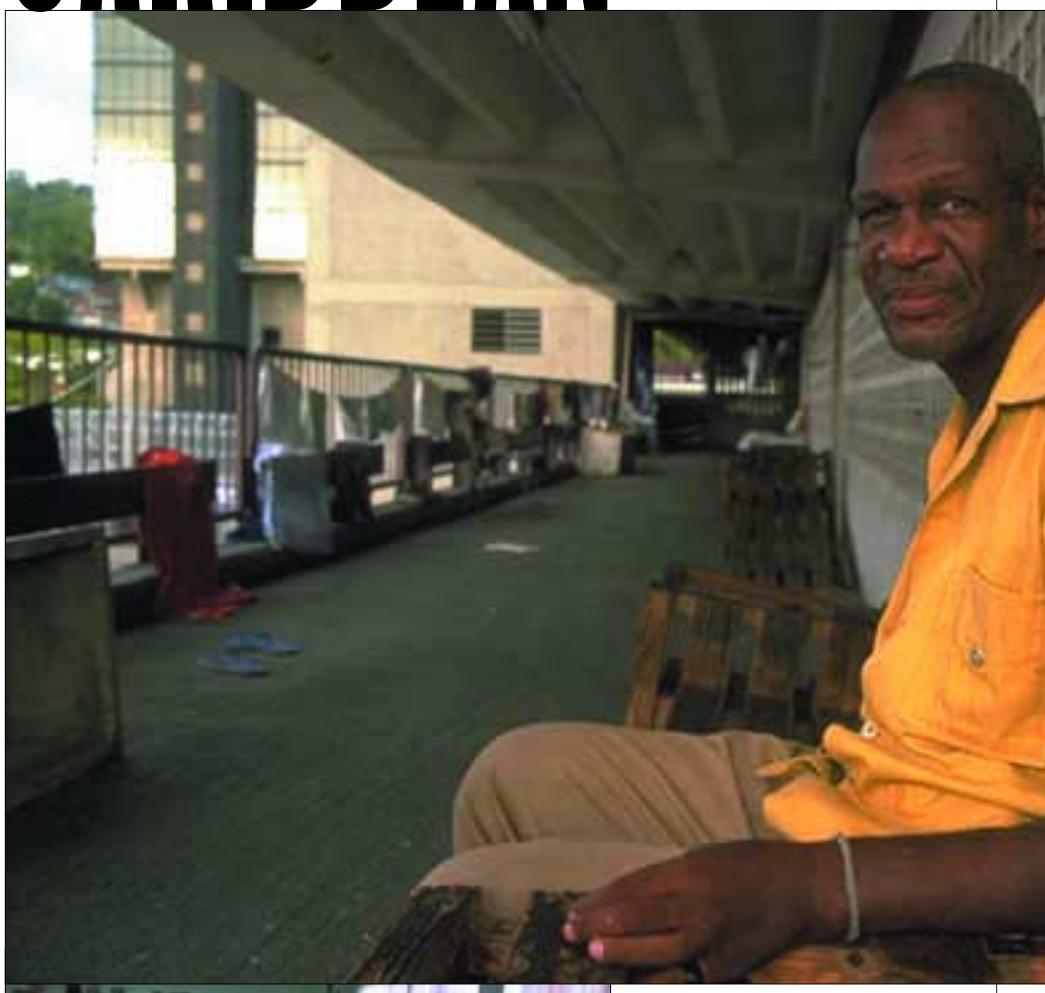
The Caribbean is regarded as one of the territories hardest hit by the HIV/AIDS pandemic, which has become a major cause of death among men and women in the 15 to 44 age group in several countries. There are an estimated 500,000 people living with HIV/AIDS in the region.

The World Health Organization (WHO) reports that more than half the Caribbean's HIV/AIDS victims are under 25 and that as many as 60 percent of the newly infected are in the 15 to 24 age range. This infection rate is estimated to be second only to that of sub-Saharan Africa.

Barbados and the Organization for Eastern Caribbean States (OECS) member states—former British Territories that gained independence between 1966 and 1984—are part of this Caribbean grouping. Together these islands have a population of approximately one million people. And based on the experience of sub-Saharan Africa, it is expected that the epidemic will deepen already high levels of poverty existing here.

Poverty pervades many of the countries, notably the Windward Islands of Dominica (28 percent), Grenada (32 percent), St. Lucia (25 percent) and St. Vincent and the Grenadines (37 percent). An increase of HIV/AIDS-related illnesses is placing enormous stress on families and households, impacting the sub-region's economic development.

As Small Island states of the Caribbean region, Barbados and the OECS are faced with special obstacles in monitoring the spread of the disease. While medical services are available, obtaining records of diagnoses of HIV/AIDS is difficult. With small populations, ranging from 5,000 in Montserrat and 70,000 in Antigua and Barbuda to 120,000 in Grenada and St. Vincent and the Grenadines, and the stigma attached to the disease, there is a noted reluctance to seek diagnosis locally.



Photos: UNAIDS/B. Press

Top: At a homeless shelter on a Caribbean island: the face of dignity.

Bottom: HIV/AIDS awareness is part of the curriculum at this teacher training school in Trinidad. Standing left is instructor Dale Delecia.

The United Nations Development Programme (UNDP), in collaboration with the UN Theme Group on HIV/AIDS, has been working with the region's governments on an integrated strategy of advocacy and intervention, with an emphasis on reaching young persons with a prevention message. The goal is to address both cultural and institutional barriers, seeking commitment at the highest political levels for policy changes, general education and a more secure environment for people living with AIDS.

Cultural norms concerning sex in the Caribbean work to inhibit HIV/AIDS prevention. Parents, older persons, church groups and some educators are concerned that sex education might increase sexual activity among young people. This sentiment persists, despite recent UNAIDS studies that reveal that HIV and sexual health education promotes safer practices and does not increase sexual activity.

Indeed, UNDP has found that informed young people in the region have shown a remarkable propensity to adopt safe behaviours and become influential and effective role models for their peers. This discovery is one reason for UNDP's current emphasis on advocacy aimed particularly at youth.

UNDP will soon launch a regional programme which will spread the word about HIV/AIDS and its prevention, through popular theatre, workshops for drama groups, and an inspirational CD called *Voices of Caribbean Youth*.

There will be a transfer of skills, as trained community drama groups collaborate with non-governmental organizations to form a network that reaches from the national level to local communities. It is estimated that at least 16 communities in each country will benefit. Documented response to the dramatizing of the HIV/AIDS prevention message will be used as resources for further medical or advocacy interventions.

The pilot project will begin in four countries: Anguilla, Barbados, Grenada and St. Vincent and the Grenadines. UNDP is continuing its core emphasis on the importance of poverty reduction to rolling back the HIV/AIDS pandemic.

"We plan to reach approximately 100 communities with this programme, which is part of a wider poverty reduction strategy," says Anne Forrester, UNDP Resident Representative in Barbados. ■

By Olney Daly, programme manager for Poverty and HIV/AIDS in UNDP Barbados.

Photo: PSI

An excellent reminder of important sexual and reproductive health messages. This group advocates condom use in a festive way.

Haiti Battles Both Poverty and HIV/AIDS

PORT-AU-PRINCE, HAITI

Each passing day, one is more and more aware of the devastating scope of the HIV/AIDS epidemic and of the toll it will take on future generations in Haiti.

This island nation has a population of eight million people, 70 percent of whom are poor, 50 percent illiterate and 70 percent unemployed. The combination of high rates of poverty, illiteracy and unemployment increases people's vulnerability to the AIDS virus.

Haiti, the poorest country in the Americas, has the highest rate of infection of that region, and 67 percent of all the cases reported in the Caribbean. Since the advent of the epidemic in the 1980s, some 300,000 Haitians have died from it; more than 160,000 children have been orphaned, and about 260,000 currently live with the virus.

Faced with the gravity of this situation, the United Nations Development Programme (UNDP) is working with the Haitian authorities and civil society representatives to combat the epidemic. The scourge of HIV/AIDS was declared "Public Enemy Number One" by President Jean-Bertrand Aristide at the official launch of a 2001-2006 National Strategic Plan aimed at mobilizing to roll back HIV/AIDS and sexually-transmitted diseases (STDs).

Thanks in particular to public awareness campaigns organized by a broad cross-section of society, the number of persons living with HIV/AIDS in Haiti has started to decline, according to official figures released by the Ministry of Health—from 6.2 percent in 1993 to 4.5 percent in 2000.

Haiti is also taking part in trials to assist in the development of an effective vaccine against HIV/AIDS, through the Haitian Study Group on Karposi's Sarcoma Syndrome and Opportunistic Infections (GHESKIO) whose head, Dr. William Pape was honoured by UNDP last year for his contribution to the struggle against the pandemic.

The political crisis in Haiti recently led to a large reduction in international assistance. UN Secretary-General Kofi Annan has expressed concerns about Haiti's increased vulnerability to the spread of HIV/AIDS, adding that efforts must be made to help the country.

UNDP, as part of a broader effort of the Joint United Nations Programme on HIV/AIDS, is concentrating on public advocacy with decision-makers, and on information, education, communication and social mobilization activities through the involvement of volunteers from among people living with HIV/AIDS.

In addition, UNDP is helping to prepare a strategic national plan to fight HIV/AIDS and to create an ethical and legal code to guarantee the rights of persons affected by the pandemic. Also, given the link between the spread of HIV/AIDS and Haiti's spiral of poverty and social exclusion, UNDP is involved in efforts to promote a jobs programme to help people escape the conditions, which would otherwise lead to more vulnerability to the pandemic. ■

—By Roromme Chantal, an information assistant with UNDP Haiti.

CONFRONTING HIV/AIDS

Front Line Action in POLAND

BY BEATA PASEK

WARSAW, POLAND

"I don't have any used syringes. Somebody has stolen all," Anka was almost begging. In a worn-out black T-shirt and torn jeans, she looked helpless and desperate, standing in the middle of a vacant square, squeezed between Warsaw's main railway station and a Holiday Inn hotel. "I really don't have any," she repeated.

"You know it's an exchange. Go and find some," Grzegorz Kalata said, patiently but firmly. Kalata comes to the square—a meeting point for local drug users—almost every evening. He is a streetworker from Monar, Poland's leading chain of non-profit detoxification centres.

Under a harm reduction programme, partly sponsored by the United Nations Development Programme (UNDP), Kalata gives disposable syringes and needles, bandages, condoms and antiseptics to drug addicts who meet at the square. In return, he collects used syringes and needles in a plastic container, usually full by the end of his visit.

After scouring the grass at the site, Anka came back with four used needles. Kalata gave her seven new ones and a package of bandages. On average, Kalata gives out some 200 needles and 150 syringes during an evening.

"Our principle is one for one plus one," said Jacek Charmast, the supervisor of Monar streetworkers in Warsaw. "We want drug users to collect needles and give them back to us, instead of using them many times or scattering them around. It's helped enormously. I remember times when junkies were sharpening needles on a box of matches."

Photos: Czarek Sokolowski/UNDP

Harm reduction

Anti-AIDS organizations in Poland focus on harm reduction programmes in high-risk populations such as intravenous drug users, commercial sex workers and homosexuals to limit the spread of the disease to the general population, relatively unaffected so far.

"Poland has all conditions for growth of HIV/AIDS, such as poverty, unemployment, limited health education at schools as well as a growing number of drug users and commercial sex workers," said Marc Destanne de Bernis, UNDP Resident Representative in Poland. "So far HIV/AIDS is mostly limited to drug addicts but there is always a possibility that it can spread to the general population. That's why special attention is paid to harm reduction."

Since 1995 between 500 and 600 new HIV/AIDS cases have been officially registered every year. There are over 7,000 in all, according to statistics supplied by the State Hygienic Institute in Warsaw. The total number of HIV-positive cases is estimated to be almost 20,000.

About half of new infections come from intravenous use of drugs. There are an estimated 60,000 drug users in Poland.

UNDP set up its anti-HIV/AIDS programme in 1995. "We have managed to establish a partnership with the government, non-governmental organizations (NGOs), donors and the UN community," de Bernis said. "Such partnership is a key to success."

"The challenge was to help the government discover NGOs, which were there already and knew what had to be done. This is where UNDP came in," said Joanna Kazana, supervisor of UNDP's anti-AIDS programme in Poland. "We started working with the NGOs and demonstrated that they were professional and financially accountable."

UNDP became the first institution to give money to *Be With Us*—an association of people living with AIDS; the association opened a hotline and a centre for HIV-positive people. UNDP also gave money to the TADA Association, which promotes safe sexual behaviour among commercial sex workers and homosexuals.

Opposite: Policing Warsaw by night.

Left: Used needle exchange.

Below: Joanna Kazana supervises UNDP Poland's anti-AIDS programme.

The prestige of having UNDP as a sponsor raises the self-esteem and effectiveness of the group, say TADA activists.

Since 1997 UNDP has been giving grants to NGOs conducting harm reduction programmes on condition of recipients securing funds from other sources. Co-donors include the Soros Foundation, Levi Strauss and Stefan Batory Foundations and the Governments of Denmark, the Netherlands and the United Kingdom.

Last year the Polish Government contributed US$100,000 to support UNDP's grant-giving capacities.

Harm reduction has proved effective. Almost one-third of drug users who do not take part in the programme get infected with HIV, while only two percent of participatants end up infected.

Though Poland is making progress, other former Soviet bloc countries are experiencing a surge in the spread of HIV/AIDS, due to more open borders, growth of organized crime and weakened police control since the collapse of communist rule.

According to the Joint United Nations Programme on HIV/AIDS statistics, last year the number of people in Eastern Europe and Central Asia living with HIV jumped to more than 700,000 from 420,000 in 1999. The actual total is probably much higher because of unreported cases.

In partnership with the International Harm Reduction Development Programme of the Soros Foundation, UNDP has trained police, prison administrators, NGO activists, teachers, health care employees and social workers from Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Romania, the Russian Federation and Ukraine.

Workplace discrimination

UNDP is examining cases of hidden discrimination in workplaces. "Employers don't know what to do when they have an HIV-positive employee, if someone needs a separate desk, a separate computer," said Kazana.

UNDP is also urging the Education Ministry to teach the general public about AIDS prevention and safe sexual behaviour. Activists agree that in the traditional Roman Catholic society where centres for HIV-infected people were burnt in the 1980s, such programmes are of special importance.

Incidents at the Warsaw-based Monar underline the need for public consciousness-raising.

"We just got a phone call from an orphanage that they want us to take an HIV-positive one-month-old baby because they are afraid that it would threaten other kids and they do not know what to do with it," said Monar worker Renata Szewczyk. "But they have doctors and nurses there. How could they not know?"

Much remains to be done. New areas of planned UNDP activity include expansion of harm reduction efforts in prisons and working with trade unions and employers on proper treatment of HIV-positive people. ■

Beata Pasek is an Associated Press *correspondent in Warsaw.*

HIV/AIDS Counseling for Teens in Romania

BUCHAREST, ROMANIA

In Romania, young people are the ones most exposed to the virus that causes AIDS. Yet they are often reluctant to consult a doctor. The United Nations Development Programme (UNDP) is helping to make a difference by providing information and confidential advice to youth on sensitive issues such as sexually-transmitted diseases (STDs), unwanted pregnancies and HIV/AIDS.

The project—Electronic Information, Communication, Dissemination of Materials and Counseling on HIV/AIDS for Young Men and Women between the Ages of 15-25—is run by the Romanian Society for Education on Contraception and Sexuality (SECS). Its Internet address is www.sexdex.ro.

The site was launched in March 2001. It has quickly become one of Romania's most popular Web sites and is expected to have around 100,000 visitors during its first full year of operation.

A doctor specializing in youth counseling provides information and confidential advice to visitors. The site also offers chat and a peer education forum. Future plans include video for confidential face-to-face counseling.

This site is an excellent model for replication around the world—communicating with youth at modest cost. The payoff will be in helping them avoid mistakes that are presently costing millions of lives. ■

—By Dan Dionisie, national programme officer for governance in UNDP Romania.

CONFRONTING HIV/AIDS

Women and Girls Bear the Burden in ZIMBABWE

BY LEWIS MACHIPISA

HARARE, ZIMBABWE

When Mariah's husband died last year of AIDS, she decided not to tell anyone, for fear of isolation.

"I first knew of my HIV status when my husband got ill. We both went for HIV testing and we were counseled and given our results. We were both found HIV positive," recalls the 35-year-old mother of three. "My husband got worse and finally died late last year. His relatives insisted that I should be inherited by one of his brothers. This is when I decided to tell them that I was HIV positive and that my husband had died of AIDS."

Then all hell broke loose.

"My in-laws started accusing me of having killed their son and they told me that I should leave their family and go back to my own relatives," Mariah adds. She was kicked out of her rural Mutoko home, 200 kilometres from the capital city Harare, and separated from her three young children.

Mariah's story is a common one in this Southern African nation. Family members do not usually have a constructive attitude towards HIV positive individuals, especially when they are female. In fact, due to gender-specific roles, women and young girls are more likely than men to bear the negative consequences of the HIV/AIDS epidemic, according to a community-based study conducted by the United Nations Development Fund for Women (UNIFEM) in Zimbabwe.

Photo: Studio Azzurro

Right: Women and children are most vulnerable to HIV/AIDS.

Unequal burden of care

Women and young girls are becoming the primary caregivers of other relatives who have HIV, and are the ones who assume the responsibility of caring for the orphans left behind when both parents die of AIDS.

Due to the increased number of AIDS patients in Zimbabwean hospital wards and the cost of caring for them, hospital authorities have resorted to discharging these patients and encouraging Home-Based Care (HBC).

Women once again find themselves in a dilemma of taking care of these terminally ill patients. "The majority of care givers are women in child bearing ages who have no previous experience in caring for patients with AIDS, and usually experience practical nursing problems with their patients due to inadequate information on HBC," the UNIFEM study points out.

Zimbabwe is severely affected by the HIV/AIDS epidemic. One in four sexually active adults are infected.

Photo: Suzette Michell/UNIFEM

Solidarity among women: from New York to Harare.

The UNIFEM study was carried out in the five Zimbabwean provinces of Mashonaland East, Manicaland, Midlands, Matabeleland South and Mashonaland Central. It found that even young children, 76 percent of whom are young girls, are being taken out of school to look after sick relatives or children orphaned by AIDS.

"Of the orphans, the hardest hit is the girl child," says Martha Mahonde, programme officer, UNIFEM Southern African Regional Office. "She takes over after the parents die. The girl drops out of school and takes over the responsibilities of the family, even if she is younger than the boy child."

This scenario perpetuates the long-standing educational imbalance between boys and girls, which in turn jeopardizes the girls' opportunities in life, thus exposing them to greater economic exploitation and a higher risk of infection.

Mahonde was shocked to find out that some traditional practices which were thought to be dying survive. "In Plumtree (a town in southern Zimbabwe near the South African border) truck drivers have sex with young girls in the belief that it minimizes their chances of being involved in an accident!"

Rural areas hardest hit

To address the issues related to HIV/AIDS and gender, UNIFEM conducted a two-year (1999-2001) global pilot project titled "Gender Focused Interventions to Address the Challenges of the HIV/AIDS Epidemic." In addition to Zimbabwe, UNIFEM did community-based studies in Barbados, India, Mexico, Senegal and Viet Nam.

"When I went out into the rural areas, what really touched me was, that despite being the poorest of the poor, women are going out of their way to make a difference," says Mahonde. She believes that while there is quite a lot of money for HIV/AIDS, it is not reaching the remote areas where it is needed most.

"Maybe we are spending too much time strategizing on how to do the work, meetings and conferences. It's time to make that bold move to the rural areas where people are desperate for our help," she says.

The aim of the pilot project is to build the capacity of women's organizations to zero in on the new emerging challenges of HIV/AIDS in a gender-responsive manner, and to expose the legal and social issues that hinder adoption of preventative measures in matrimonial settings. The project is core funded by the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund.

The UNIFEM study recommends that the Zimbabwean Government develop gender-sensitive, multi-sectoral programmes and strategies to empower women and girls and enable men to assume their responsibility to prevent HIV/AIDS.

"Of paramount importance is the need to disseminate, and translate into vernacular languages, the vast amount of information so far gathered in different researches on HIV/AIDS," the study urges.

Breaking the dependence mould

But even if women had the knowledge about HIV/AIDS, strategies to lessen their economic dependence on men are key because without economic independence, the majority of women would still not be able to use this knowledge, the study stresses.

"This highlights the helplessness expressed by most women, who admitted that due to their economic dependence on men, they are unable to negotiate safe sex."

The study's conclusion: "A gender-sensitive approach to addressing HIV/AIDS will allow the safeguarding of women's interests, enhance their rights, thus creating an enabling environment within which women will effectively contribute in the fight against HIV/AIDS." ■

Lewis Machipisa is a correspondent with Inter Press Service (IPS) *based in Zimbabwe. This edited article appeared earlier this year in* SHAAN, *an independent publication of* IPS, *with support from UNIFEM.*

Diane Abbott is a Member of Parliament (MP) of the House of Commons, United Kingdom. An MP since 1987, she specializes in economic and foreign affairs. She is also a member of the Board of Advisers for CHOICES Magazine.

Diane Abbott

Rolling Back HIV/AIDS: The 21st Century Challenge

As I write this article, the world's media are saturated with the pictures and commentary about the tragic terrorist attack in New York and Washington. I don't think that anyone will ever forget those pictures of the Manhattan skyline wreathed in smoke and the dreadful pictures of people jumping from burning buildings. As I write, the death toll in New York is almost 5,000, and by the time you read this, it will almost certainly be higher.

These outrages are amongst the most tragic and brutal acts of my lifetime. And yet if we stand back and look at the HIV/AIDS epidemic, it is a global emergency as serious as terrorist atrocities in the United States.

We all grieve for the thousands of people who have died in New York and Washington in supremely horrible circumstances. But by the end of the year 2000, 36.1 million people around the world were living with HIV/AIDS, often in great tragedy and suffering. And 90 percent of those persons are in developing countries, most of them in sub-Saharan Africa.

Because the terrorist atrocities in the US were covered so minutely by TV and the rest of the media, they have made an indelible imprint on the world's imagination. And the democratic countries of the world are united in believing that no effort is too great, no expenditure is too high, in order to defeat terrorism. But if terrorism is a threat to democracy and civilization, so too is HIV/AIDS.

In Africa HIV/AIDS is an emergency which threatens development, social cohesion, political stability, food security and the entire democratic process. We need an international governmental mobilization against HIV/AIDS in the same way that the governments of the world are mobilizing against terrorism.

We need to see politicians giving their personal commitment and taking concrete action. National governments need to develop, implement and finance plans for combating HIV/AIDS. National leaders need to confront stigma, silence and denial around HIV/AIDS, eventually moving to integrate HIV/AIDS prevention, care, treatment and support into the mainstream of development planning.

National governments need to set themselves clear targets in fighting HIV/AIDS, such as reducing the number of HIV/AIDS cases, ensuring that young men and women have access to information and education about HIV/AIDS, and reducing the number of babies born infected with HIV/AIDS.

The fundamental elements of an effective response to HIV/AIDS are the care, support and treatment offered to victims. All governments need to be brave in challenging the drug multinationals and intellectual property regimes in order to ensure that poor people have access to affordable medicine.

It has been said recently that the war against terrorism will be the first war of the 21st Century. This is a noble aspiration. But it is equally important to make the war against HIV/AIDS the other key war of the new Century. And just like the war against terrorism, the war against HIV/AIDS is one we cannot afford to lose.

At present, nobody in the US Congress or British Parliament is giving any thought to the cost of a successful war against terrorism. This is quite correct. But we also need to fund the war against HIV/AIDS with a similar lack of regard for costs. Adequate and effective funding on a huge scale is vital. The life chances of some of the poorest people on the planet depend on it. And as a British Member of Parliament, I will certainly be doing my best to keep the international HIV/AIDS crisis at the top of the British political agenda. ■

Fred Sai

Health Promotion and Prevention are Priorities

The HIV/AIDS pandemic continues its devastating course through the developing countries of the world, with the poorer countries of sub-Saharan Africa carrying a disproportionately high load of both deaths and infections. Parts of Asia and some countries in Eastern Europe are also threatened with an increasing incidence of infection. The more advanced industrialized countries are coping with the problem far more successfully.

The differences serve to remind us of what has been known about the control of infectious and communicable diseases for ages. Diseases which arise or are maintained in a community because of adverse social, cultural, economic or general environmental conditions cannot be eradicated or controlled until those conditions change. Even where a certain measure of control is possible through technical interventions the gains cannot be maintained if the background conditions are not removed or improved.

Vaccination, where available, may help to shorten the journey to success. Treatment of infected individuals, by itself, will not eradicate or completely control an infectious disease. The over optimistic anticipation of success from biotechnological interventions has led to unexpected problems, such as the explosive rise in sexually transmitted diseases (STDs), the emergence of antibiotic resistant tuberculosis and the resurgence of malaria in countries where these were thought to be under control.

Such examples should inform our approach to the fight against HIV/AIDS. This is a condition for which there is no vaccine as yet, or cure. What is worse the period between infection and the appearance of any signs of disease could be five to 10 or more years. During this time, the infected individual can go on infecting others. With no vector and no other host, the spread of HIV is due entirely to human behaviour.

How then do we approach the relatively difficult task of promoting healthy behaviour and preventing infection with HIV?

Although all parts of society are affected, the poor, the uneducated and the economically deprived are at the highest risk.

In Africa HIV prevalence is higher in women than men. Young women are at particularly risk because they are usually less educated, are economically less well off and many cultures permit them few rights or empower them to be able to negotiate sexual relations on an equal basis. Their relative physical powerlessness is also preyed upon. Programmes to alleviate poverty, to provide basic education for all and to change customary treatment of girls and women will be of help.

Young men throughout the world play a major role in fuelling the epidemic. Semi-literate, unemployed youth are particularly vulnerable. They have a particularly low perception of risk, and therefore require special attention. Education and gainful employment should buttress specific lifestyle change programmes aimed at them.

There are specific preventive measures that need to be propagated and encouraged. Education programmes for the masses to

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know how the infection is spread are needed. So is education to help overcome the tendency to shun, stigmatize or discriminate against those infected and their relations.

So far the condom, used effectively, is the only known technology to provide protection from infection.

Some religious faiths condemn advocacy of condom use under any circumstances. They claim, falsely, that this leads people to be promiscuous and makes youngsters want to experiment with sex. They claim, rightly, that abstinence and fidelity in marriage are the only sure way to avoid infection. It is their right and responsibility to advocate moral uprightness. But they should also allow that there are human beings who cannot follow their teachings, but who should not be sentenced to death for refusing to do so.

World leaders at the United Nations General Assembly Special Session on HIV/AIDS pledged to lead the fight against the pandemic. Without high level, high profile political leadership success is unlikely. Such leadership should ensure the development, implementation and funding for comprehensive anti-HIV/AIDS plans and programmes. ■

Peter Piot

The Fight against HIV/AIDS: The UN at Work

HIV/AIDS is the most serious epidemic confronting the world. Since its first appearance some 20 years ago, countries have struggled to come to grips with its immense impact on every aspect of life. To date an estimated 60 million people globally have been infected with HIV/AIDS.

After years of denial and inadequate activity at all levels and regions, a coordinated international effort is now led by the United Nations, from the highest level onward: the UN Secretary-General has made the fight against HIV/AIDS his personal priority; it is a preoccupation of the UN Security Council; and at a special session in June the UN General Assembly issued a Declaration of Commitment outlining specific leadership and coordination targets to be met over the decade.

The Declaration is a unique and extremely important part of the process. In clear and forthright terms it recognizes the epidemic's driving forces and stresses the need to address HIV/AIDS by strengthening respect for human rights—particularly of those most vulnerable to infection. Its visionary approach calls for all people infected and affected by HIV/AIDS to be able to live with dignity, without stigma and discrimination, in societies that understand the epidemic and are determined to reverse the forces that drive it.

The Declaration covers a range of specific goals and targets for preventing new infections; providing improved care and supporting and treating those infected and affected by HIV/AIDS; reducing vulnerability, especially among groups which have high or increasing rates of infection or who are at greatest risk of infection; and mitigating the socio-economic impact of HIV/AIDS. Most targets are expressed in a manner that will simplify monitoring and accountability for governments, the UN system and all partners involved in national responses to the epidemic. Equally important, the Declaration calls for resources commensurate with the challenge and specifies follow-up at national, regional and global levels.

To contribute to raising the huge resources needed—in the order of US$7-10 billion a year in low- and middle-income countries as compared to the $2 billion spent this year—the international community, with considerable support from the UN, is now establishing a global fund for HIV/AIDS, tuberculosis and malaria. The fund's ultimate goal will be to reduce the impact of HIV/AIDS, tuberculosis and malaria in the world's hardest-hit areas by raising, managing and disbursing resources to countries most in need. So far, it has received more than $1.5 billion in pledges from governments, foundations, the corporate sector and individual donors.

Established in 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS) is a new partnership in the UN system that brings together the eight UNAIDS co-sponsors (United Nations Children's Fund, United Nations Development Programme, United Nations Population Fund, United Nations Office for Drug Control and Crime Prevention, International Labour Organization, United Nations Educational, Scientific and Cultural Organization, World Health Organization and the World Bank) and the UNAIDS Secretariat to work together under a common strategy and a unified budget and workplan. At the country level, UNAIDS operates through Theme Groups on HIV/AIDS, which increasingly include the national government, representatives from civil society, and bilateral development agencies. Through such coordination, all UNAIDS co-sponsors now support a wide range of AIDS activities in nearly all developing countries and nations in transition. UNAIDS has also been instrumental in supporting the development of national multi-sectoral strategic plans on AIDS—the basis for countries' response to the AIDS epidemic.

A key to UNAIDS' success is its ability to develop global, regional and national partnerships to fight the epidemic. One example is the International Partnership against AIDS in Africa (IPAA)—a coalition led by African governments harnessing the resources of the UN, donors and private and community sectors to deal with AIDS on that continent. Equally innovative partnerships involve non-governmental organizations, such as that between the International Federation of the Red Cross and Red Crescent Societies and the Global Network of People with HIV/AIDS, as well as the private sector, with MTV, Coca-Cola, and the Global Business Council on HIV/AIDS, using their strengths in marketing, distribution and communication in the worldwide fight against AIDS. Work with a number of leading research-based pharmaceutical companies has contributed to lowering drug prices.

These are but a few UN initiatives now bearing fruit in the war against the AIDS epidemic. There are hundreds, if not thousands more. So although HIV is still spreading at alarming rates and there is yet no vaccine or microbicide, there is room for much hope. Two decades on, we know what works and through joint action and partnerships, we now have an historic opportunity to commit the political will and the billions of dollars required to change the course of the epidemic. ■

Dr. Peter Piot is Executive Director, Joint United Nations Programme on HIV/AIDS.

Mobilizing Women Against HIV/AIDS

BY BRIGITTE SYAMALEVWE

LUSAKA, ZAMBIA

My happy life crashed one day in 1992. I discovered through voluntary testing that I was HIV positive.

I went through a gamut of emotions—denial, self-pity and anger. Later, I decided to mobilize other women in a similar predicament to stand up for our rights and to support one another in the battle against HIV/AIDS.

My introduction to the tragedy of HIV/AIDS was through the children at the Ibenga Secondary School, a boarding school four hours outside Lusaka in Zambia's Copper Belt where I was teaching French and counseling kids. The kids were giving me funeral notices and were grieving. I realized that their parents and relatives were dying from AIDS. I, too, decided to get tested. When the doctor told me that I was HIV positive, I held my seven-year-old son who was with me, and said, "I hope I will still be around when you grow up." That was 10 years ago.

I tried to talk to my husband but he was not in a listening mood. I suffered for two years. I was ostracized. I became angry with my husband: he is a pastor and a respected person in the community. The more we quarreled about the issue, the more I felt that women had to be revolutionary to be heard. In Zambia, three teachers die every day from AIDS.

I formed the *Society for Women Against AIDS* and began mobilizing rural women to support one another. In 1994, at a conference in Lusaka, a government official declared that the state was helping HIV positive people. I stood up and said, "I am a woman living with HIV. I have not received any help from the government." It was an emotional moment for me. But the next day, my revelation was all over the media in Zambia and my husband's anonymity ended. He became hostile towards me. It was a difficult time for our 11 children.

I began mobilizing women in the Copper Belt to rekindle the spirit of voluntarism that poverty had snuffed out. I reached out to sex workers to seek justice for them. Between 1997-2000, I helped develop training materials for volunteers on health and sanitation and sexuality, many of which were used on radio and TV. In 1999, the Ministry of Education asked me to become a UN Volunteer to help develop and influence policy on HIV/AIDS.

Continuing my voluntary work, I started the *Ibenga Orphans Support Group*, which now comprises 169 orphans from 60 households in distress. A US-based non-governmental organization, *Life AIDS International*, gave us US$100 worth of food seeds and fertilizers. My husband and I adopted nearly 40 children, between the ages of five and 17. I encouraged other women to do the same. As a member of the National AIDS Council in Zambia, I am now pushing for free health care from the government.

I have broken my silence around HIV/AIDS. Denial remains a problem in Zambia. I want an AIDS-free generation. I believe through volunteering and working with people, we can help roll back this pandemic that is robbing some of our best and brightest people. ■

Brigitte Syamalevwe (second from right in photo) is a United Nations Volunteer with the Ministry of Education, Zambia.

United Nations and Kofi Annan Share Nobel Peace Prize

Photo: Eskinder Debebe/UN/DPI

The Secretary-General and Mrs. Annan greet staff at UN Headquarters.

UNITED NATIONS, NEW YORK

The United Nations and the Secretary-General Kofi Annan were jointly awarded the Nobel Peace Prize for 2001 on 12 October for "their work for a better organized and more peaceful world."

"The end of the Cold War has at last made it possible for the UN to perform more fully the part it was originally intended to play," the Nobel Committee in Oslo, Norway said in its citation. "Today the organization is at the forefront of efforts to achieve peace and security in the world, and of the international mobilization aimed at meeting the world's economic, social and environmental challenges." This year marks the 100th anniversary of the Nobel Prize.

Annan, who has devoted almost his entire working life to the UN, was lauded for "bringing new life to the organization." The citation said he "has risen to such new challenges as HIV/AIDS and international terrorism, and brought about more efficient utilization of the UN's modest resources."

Annan launched the International Partnership against AIDS in Africa (IPAA) under the umbrella of UNAIDS in December 1999. It is the UN's answer to involving a wide spectrum of constituencies in participating in and promoting a multi-pronged approach to fight the pandemic. To support the IPAA, UNDP, with funds provided by the M·A·C AIDS Fund, created the Working Group on HIV/AIDS in Africa in March 2000 to launch a global advocacy campaign to raise awareness about and resources for the escalating needs generated by HIV/AIDS in Africa. Of the award, Annan said: "It honours the UN but also challenges us to do more and do better, not to rest on our laurels." Annan, the first leader to be elected from the ranks of UN staff, became Secretary-General in 1997.

"It is a wonderful and richly deserved tribute to both the SG's tireless efforts to reform and revitalize the UN, and to all staff and colleagues across the UN system in helping him do so successfully," said UNDP Administrator Mark Malloch Brown. ■

HOPE

Coming to Terms with the Truth

BY SOMMAI PUNYAKAMO

CHIANG RAI, THAILAND

Prior to 1986, I was living and working in Bangkok. I led an exciting life and I was one of those whose behaviour was considered at risk. People then had heard of a disease called HIV/AIDS and were afraid. I realized my life was no longer safe. I decided to become a monk to revitalize my poor health and review my new role in life.

HIV/AIDS is an extraordinary disease because it makes use of a person's vulnerability. Much like our own shadow, it follows us everywhere.

Photo: Patrick Brown/UNDP

Unfortunately, society today still has the wrong attitude towards HIV/AIDS. Even when they do not show any physical signs of the disease, HIV/AIDS patients are poorly treated. I compare people with HIV/AIDS with a glass that has a crack in it. Despite the crack, the glass can still be used for a long time if one knows how to take care of it. Similarly, when one gets deficiency in immunities due to poor health —we should learn how to nurture life—so it will stay with us as long as possible.

I learned this after visiting the Phrabathnamphu Temple, Bamrath-naradoon Hospital and Khao Sanam Chang Temple in 1993. The idea there was to set up a hospice to serve the dying. But villagers opposed the initiative. This resistance proved to be a blessing in disguise.

Talking with patients, I learned that what they most wanted was not to be shut away, but to spend the final stage of their lives among relatives. There really was no place like home. They needed moral support from their families.

A hospice was built to shelter only those with full-blown HIV/AIDS in their final days. What the patients wanted most were compassion and courage from their families. We monks at the Phrabathnamphu Temple and the Mae Chan Hospital Public Health Office worked to create this nurturing "home environment" at the hospice for AIDS patients and the community.

Teams of volunteer monks cover 17 sub-districts in Mae Chan. We counsel AIDS patients and their families, educate the community and have set up patient groups to share information. Religious groups provide funds and basic items to patients and have initiated herbal therapy. We also arrange home visits and provide Dhamma Raksa counseling at the Mae Chan Hospital every Monday to Friday. HIV/AIDS is like a huge rock in society. Only if everyone in society keeps breaking the rock into smaller pieces will it eventually become dust. Only then will this powerful disease disappear. ■

Sommai Punyakamo is a monk in the temple Wat Kiu Prao in Chiang Rai, Thailand.

M·A·C Funds AIDS NGO in Tahiti

The M·A·C AIDS Fund has donated US$25,000 to the United Nations Development Programme (UNDP) to continue helping men, women and children affected by HIV/AIDS. The contribution was in conjunction with the opening of a new M·A·C cosmetics store in Tokyo in October.

UNDP is giving the money to *Action Against AIDS*, a non-governmental organization (NGO) led by Maire Bopp Dupont, the 26-year-old HIV-positive journalist from Tahiti who was honoured at UNDP's annual "Race Against Poverty Awards" ceremony in October 2000. Action Against AIDS runs education and training programmes on HIV/AIDS for people in Tahiti, including homosexuals and commercial sex workers.

The M·A·C AIDS Fund—established in 1994—gives to charities and organizations, which help adults and children affected by HIV and AIDS. M·A·C's primary fundraising tool is the *Viva Glam* lipstick. To date, over $22 million has been raised worldwide through the sales of three lipstick shades, as well as *Kids Helping Kids* greeting cards.

The Fund has an ongoing relationship with UNDP. Last year, M·A·C contributed $500,000 to help jump start UNDP's awareness campaign for HIV/AIDS in Africa. Recently, the Fund provided an additional $250,000 through UNDP to NGOs in Angola, Botswana, Democratic Republic of the Congo, Mozambique, Swaziland and Tanzania to provide essential services to adults and children affected by HIV/AIDS. ■

—By I. Rajeswary, a communications officer with UNDP New York.

RONALDO

UNDP GOODWILL AMBASSADOR

HIV/AIDS Does Not Recognize Borders

Being poor is hard enough, but poverty added to a deadly disease is nothing short of a disaster for families and whole communities.

As UNDP's Goodwill Ambassador to combat poverty, I am deeply aware of the link between poverty and AIDS. Poor people suffer more from disease, and HIV/AIDS creates more poverty.

Being poor is hard enough, but poverty added to a deadly disease is nothing short of a disaster for families and whole communities. Since HIV/AIDS is found especially among the youngest and most active, the more it spreads, the more people in the prime of life must stop working and support those who depend on them. The results are devastating for low-income families. HIV/AIDS is becoming a major development problem affecting all sectors of society and, even worse, it is wiping out the progress made thus far.

While it has been possible to contain the spread of HIV/AIDS in rich countries through prevention campaigns and investment in research and treatment, things have been very different in many poor countries. In the poorest countries, many have no access to information that could prevent infection, and those who are infected do not have the drugs that could give them a few more precious years to live.

Many of those afflicted are found in the most impoverished areas and among the most vulnerable groups. Efforts to raise awareness and help with prevention must be concentrated in the weakest sectors.

Photo: UNAIDS/Chris Sattlberger

In my native Brazil, intensive HIV/AIDS education and prevention campaigns have demonstrated that it is possible to reduce the intensity of the epidemic and keep it from spreading unchecked. Another essential part of the programme implemented in Brazil has been the determined approach of the government to promote the production of drugs that help to combat the effects of the disease.

The active participation of the government and the allocation of reasonable budgets to prevent and combat the illness are bearing fruit. Undoubtedly, Brazil still has much to do, but the country has been able to turn a national disaster into a public health problem. My country can serve as an example to other nations on the road to development.

The solution has to do with the assistance given by rich countries to the poorest countries and with national government policies. The solution also lies in information and mobilization on the issue, and those are areas where I have a major responsibility.

As a soccer player, I have a duty to tell my fans to protect themselves. As a young person, I can speak on the issue to my generation. As a father, it is my duty to be prepared to talk about AIDS with my children. Talking about HIV/AIDS with our children will involve talking about issues concerning sexuality and drugs. We should be prepared to face those issues in accordance with our own beliefs and values, in terms appropriate to every age because, unfortunately, AIDS is part of our world and the world of our children.

It is also important to teach the younger generation that all who live with HIV/AIDS must receive the same treatment, no matter what their origins, and that each infected person has the right to live free of discrimination. Our children will be better equipped to face the disease and will feel freer to talk and learn about it.

Finally, it is my duty as a UNDP Goodwill Ambassador to make an urgent appeal to the rich countries and private companies to mobilize even more against HIV/AIDS in the poorest countries. The developed countries must give greater support to the fight against poverty and its worst consequences. As far as HIV/AIDS is concerned, the rich countries must understand that it is not enough to contain the epidemic at home. Urgent action is needed worldwide for two reasons: out of solidarity, and because—let's not fool ourselves—HIV/AIDS does not recognize borders. ■

Brazilian soccer star Ronaldo has been UNDP Goodwill Ambassador since February 2000.

MATTERS OF FACT

Photo: Jack Picone/Network/PositiveLives

An AIDS memorial in Sydney.

AIDS has so far cost the world more than **$500 billion** compared to the $7-10 billion a year needed to combat it. Less than **US$2 billion** is spent annually on HIV/AIDS prevention and care in developing countries. Of all adults living with HIV/AIDS, some **47% or 16.4 million** are women. To date, **13 million** have been orphaned by HIV/AIDS, and the number will reach 40 million by 2010. Life expectancy in the 35 worst affected countries in Africa is estimated at 48.3 years—6.5 years less than it would have been in the absence of AIDS. In sub-Saharan Africa only **0.1 percent** of people living with HIV/AIDS have access to drug treatment. China and India will have at least **10 million** persons who are HIV positive by 2005. In Latin America and the Caribbean, nine of the 12 countries with the highest HIV prevalence are in the Caribbean basin. As of end 2001, an estimated **40 million** adults and children were living with HIV/AIDS: **28.1 million** in sub-Saharan Africa; **6.1 million** in South and Southeast Asia; **1.4 million** in Latin America; **1 million** each in East Asia and the Pacific, and Eastern Europe and Central Asia; **940,000** in North America; **560,000** in Western Europe; **440,000** in North Africa and the Middle East; **420,000** in the Caribbean and **15,000** in Australia and New Zealand. Global estimates of new HIV infections in 2001 were **5 million.** Total number of deaths due to HIV/AIDS in 2001 estimated at **3 million**.

Sources: ***UNAIDS Global Report on HIV/AIDS 2001; Report on the Global Epidemic, June 2000; Human Development Report 2001*; speeches of the UN Secretary-General; *World Population Prospects: The 2000 Revision; UNAIDS Fact Sheets.***