

# CHOICES

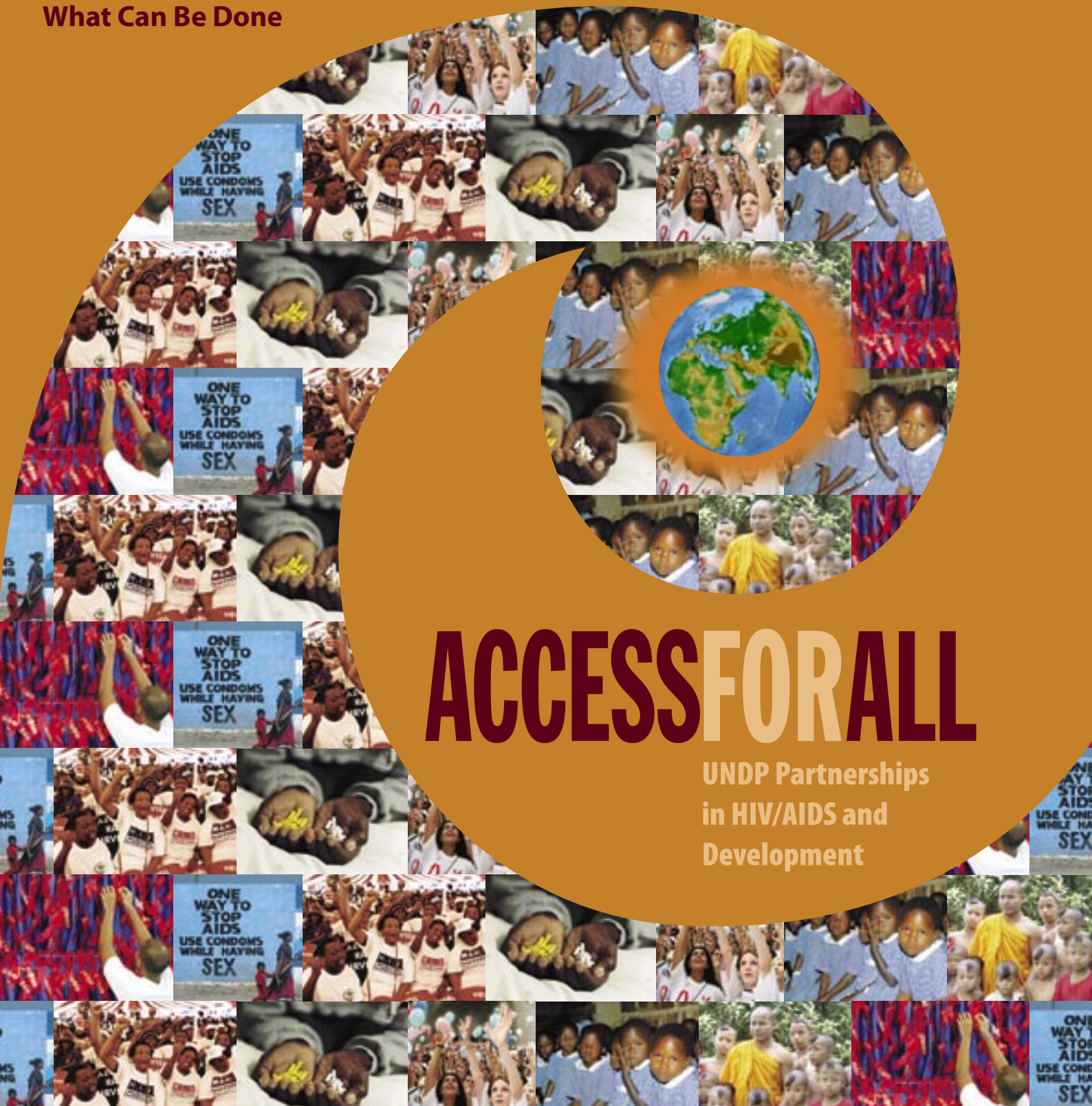
S U P P L E M E N T



**INTERVIEW:**  
Thailand's Mechai Viravaidya

**BREAKING THE SILENCE:**  
HIV/AIDS in the Arab States

**ACCESS TO MEDICINES:**  
What Can Be Done



## ACCESSFORALL

UNDP Partnerships  
in HIV/AIDS and  
Development

# Fighting HIV/AIDS With Medicine and a Message

Photo: UNDP



Djibril Diallo with  
Nkosi Johnson and  
UNDP Goodwill  
Ambassador Danny  
Glover.

It was just four years ago, in July 2000, at the XIII International AIDS Conference in Durban, South Africa, that Nkosi Johnson, an 11-year-old South African boy living with HIV/AIDS, captivated the world as he said, "Care for us and accept us—we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else. Don't be afraid of us—we are all the same."

Nkosi passed away on 1 June 2001 from an AIDS-related illness, but before he did, he helped millions of people understand the needs of people living with HIV/AIDS. With dignity and courage, Nkosi reached people's hearts, and the words he spoke in Durban still resonate.

But three years later, about 38 million people around the world are living with HIV/AIDS—roughly the same number of people who live in either South Africa or Spain. And another 3 million died from the disease last year.

It is entirely possible, however, that many of those who died would still be alive today had they received the treatment that they needed. Yet, while we mourn and remember the people who have died, it remains our collective obligation to ensure that everything is done to stop this global tragedy.

There is still no cure for HIV/AIDS but, unlike in the early years of the epidemic, we now have the means to halt the spread of the disease. However, just like in the early years, lack of knowledge remains one of the biggest obstacles.

Many HIV/AIDS awareness campaigns over the years have been enormously effective, but they have not been enough. Five million people became infected with HIV in just the last year—a number about the size of the entire population of Denmark. About 25 million people are living with HIV/AIDS in sub-Saharan Africa and prevalence rates are rising precipitously in Eastern Europe, Asia and the Pacific and in Latin America and the Caribbean. In some countries, more than three in ten adults are HIV-positive. It is obvious that many people are still not receiving the information and knowledge they need to avoid becoming infected.

We have, therefore, a clear need to reinforce our efforts to ensure people get the message that they can take effective steps to avoid becoming infected, and for people living with HIV/AIDS, we need to promote universal access to antiretroviral treatment.

World leaders universally agreed, at the Millennium Summit, to take action that will halt and reverse the spread of HIV/AIDS by 2015. This goal is one of eight that comprise the Millennium Development Goals, which, as a whole, are a package of goals seeking to reduce extreme poverty and allow people a chance to improve their lives.

Many governments and international organizations have been working to make sure that information about these goals is universally disseminated. To promote these goals on a local—even personal—level, we launched the Africa 2015 campaign to drive home the idea that individuals can take control of their lives and protect themselves against the epidemic. Many artists, musicians, businessmen and women, athletes, politicians and community and municipal leaders have already volunteered in this campaign to promote Goal 6, the goal concerning HIV/AIDS. Youth, in particular, are a pivotal audience that we are working to reach.

The Africa 2015 campaign is only the first and will be followed by an Asia-Pacific 2015 campaign, which in turn will be replicated in Latin America and the Caribbean, Eastern Europe and the CIS countries, and the Arab States.

To underscore the importance of promoting information that will stop the spread of the disease, and to highlight the significant role that UNDP has played in helping developing countries mobilize their response to the epidemic, the UNDP HIV/AIDS division has produced this supplement of CHOICES, UNDP's flagship magazine, for the XV International AIDS Conference in Bangkok, Thailand.

The Bangkok Conference will once again be an opportunity to broaden the fight against HIV/AIDS to ensure that all people can have access to the information and treatment that they require, free of any stigma and discrimination.

Djibril Diallo

# CHOICES

SUPPLEMENT

XV INTERNATIONAL AIDS CONFERENCE  
BANGKOK, 11-16 JULY 2004



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**Print**  
Bleho Media, Thailand

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**Acknowledgements**  
Hakan Bjorkman  
Rajeswary Iruthayanathan  
Maureen Lynch  
Dan Shepard



UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.

This **CHOICES** Supplement has been published by the UNDP HIV/AIDS Group in the Bureau for Development Policy, in cooperation with the Communications Office of the Administrator. For more information, please visit [www.undp.org/hiv/](http://www.undp.org/hiv/)

For information about **CHOICES** Magazine: e-mail: [choices@undp.org](mailto:choices@undp.org)

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Cover Design: The motif is drawn from Thai poetry and signifies new beginnings.

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**UNDP Administrator Mark Malloch Brown met with government, business and community leaders in Botswana, Malawi and Zambia in March to present the Southern African Capacity Initiative (SACI) to help overcome the loss of life due to HIV/AIDS in such key sectors as agriculture, health and education.**

**HIV/AIDS is one of the greatest challenges facing developing countries. What is UNDP's approach to tackling the epidemic?**

Today, 38 million people are living with HIV/AIDS worldwide. AIDS is the leading cause of death in sub-Saharan Africa, accounting for one in four deaths. The Caribbean and some Central American countries are experiencing an epidemic approaching the magnitude of that in Africa. Meanwhile, the fastest increase in HIV infection is now happening in Asia and Eastern Europe and the CIS.

As a trusted development partner, UNDP advocates for placing HIV/AIDS at the centre of national planning and budgets, helps build national capacity to manage initiatives that include people and institutions not usually involved with public health, and promotes decentralized responses that support community-level action. Because HIV/AIDS is a worldwide problem, UNDP supports these national efforts by offering knowledge, resources and best practices from around the world.

UNDP is one of nine co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). For the past several years, we have committed to a multi-pronged approach to address the governance and development challenges of the epidemic, as well as to build capacity across sectors for effective responses.

# Mark

## ADDRESSING

This approach is underpinned by promoting leadership in government, in civil society, in the private sector and in communities. We promote leadership of people living with HIV/AIDS and women's leadership to ensure that they participate in planning and implementing HIV/AIDS responses. We also work with a broad range of partners, including from the media and in the arts, to generate society-wide responses that are gender-sensitive and respect the rights of people living with HIV/AIDS. We also work to strengthen community capacity for action and social change by helping communities to address the underlying causes of the epidemic.

**During the Millennium Summit in 2000, world leaders agreed on eight development goals to reduce poverty and improve lives by 2015. How important is Goal 6—halting and reversing the spread of HIV/AIDS—to achieving the Millennium Development Goals?**

It is no exaggeration to say that unless the world meets the HIV/AIDS Millennium Development Goal, we have little prospect of reaching the other seven goals—which include the overarching target of eradicating extreme poverty and hunger by 2015, as well as achieving universal primary education, promoting gender equality, reducing child and maternal mortality and ensuring environmental sustainability—because the impact of HIV/AIDS is felt across all these areas. When a family is affected by HIV/AIDS, their income falls and children, especially girls, can be pulled out of school. The loss of a family breadwinner often makes it difficult to pay for school fees and supplies. Too often children are sent out to work to provide much-needed income, or girls are kept at home to provide care—limiting their future opportunities by depriving them of an education.

The Declaration of Commitment adopted at the United Nations General Assembly Special Session on HIV/AIDS in June 2001 called for a fundamental shift in the international community's response to HIV/AIDS, recognizing that the scale and severity of the HIV/AIDS crisis is undermining countries' development prospects. As the UN's global development network, UNDP has responded to that call by making HIV/AIDS one of our five core priorities, working across the world to help governments, civil society and communities respond to the multifaceted challenges it raises.



# Malloch Brown

## HIV/AIDS CHALLENGES HEAD-ON

**UNDP recently launched the Southern Africa Capacity Initiative (SACI) to address the impact of HIV/AIDS in the worst-affected sub-region. How will this initiative benefit Southern Africa?**

The HIV/AIDS epidemic is Africa's most serious development crisis, with Southern Africa bearing the brunt with one in seven of the adult population living with HIV/AIDS. The scale, severity and impact of HIV/AIDS on these societies is destroying the capacity of governments and communities to function effectively. Fundamentally, what makes the dimensions of the HIV/AIDS crisis so devastating is the way it is intersecting with the challenges of poverty, food insecurity and limited institutional capacity to deliver essential public services. It is increasingly clear that new and innovative interventions are needed to address the loss in capacity across government, civil society and the private sector, if there is to be any real chance of countering the devastating impact of the epidemic.

The Southern African Capacity Initiative is a new scheme designed to address head-on the challenges countries face in the loss of their most productive people, who are vital, both to countries' survival and their future development. In addition to national, bilateral and global prevention and treatment efforts to respond to the HIV/AIDS crisis, SACI aims to address the socio-economic impact of HIV/AIDS in the nine worst-affected countries in the region by accelerating capacity development in critical areas, particularly health care, education and agriculture. At the heart of the initiative is the aim of addressing capacity needs on all fronts: from training and the deployment of UN Volunteers to temporarily offset capacity erosion and train successors, to reducing personnel needs by re-engineering government and the way it delivers public services—and indeed relationships with civil society and the private sector—to introducing new ways of using ICTs to deliver services, to issues of public sector pay and countries' overall economic performance. Throughout, we will be working closely with UNAIDS and other UN partners in each of the affected countries to ensure our work is complementary to broader UN efforts to tackle the HIV/AIDS crisis.

UNDP has opened a new regional centre in South

Africa. Comprising policy advisers and technical experts in the key sectors of capacity building, the regional centre will provide advice to governments, civil society organizations and the private sector. It will also share regional experiences and develop networks of experience, knowledge and best practices that countries can draw on.

**The theme of the XV International AIDS Conference in Bangkok is 'Access for All'. How can countries and international agencies make access for all a reality? What are you hoping the Conference will achieve?**

For access for all to become a reality, we must ensure that governments, civil society and communities have access to the resources they need to effectively implement HIV/AIDS responses. We must ensure that all people living with HIV/AIDS, regardless of race, gender or income, have equitable access to

care and treatment so that they can enjoy longer, healthier and more productive lives. The World Health Organisation's '3 by 5' Initiative—getting 3 million people on antiretroviral treatment by the end of 2005—has a vital role to play in achieving this. We must also ensure that everyone has access to the information and knowledge necessary to protect themselves and others from HIV. Equally important is ensuring respect for the rights of people living with HIV/AIDS, especially the rights of women.

Thousands of people from across the world—representatives from government, civil society, people living with HIV/AIDS, the private sector, international organizations and the scientific community—will gather to learn from each other, share best practices, create new partnerships and influence HIV/AIDS policy and practice. My hope is that this event strengthens the global resolve and accelerates the action that is needed to reverse the epidemic by generating new insights, commitment and leadership. I look forward to this Conference playing a critical role in creating a better understanding of what it will take to reverse the epidemic, so that a world free of HIV/AIDS can one day become our reality.

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



# Putting Human Rights at the Centre of HIV/AIDS Strategies

MARY ROBINSON WITH SHARON JACKSON

**"Placing human rights at the centre of the response means that more attention is paid to non-discrimination, legal protection and equal access to services."**

**H**IV/AIDS has reached the proportion of a pandemic because human rights continue to be violated on a massive scale. During my term as UN High Commissioner for Human Rights, and in the years since, I have seen first-hand how these rights violations fuel the spread of HIV/AIDS. I have met with women in rural areas across Africa who feared losing their homes and being rejected by their families due to their actual or suspected HIV status. I will never forget the elderly man I met in Delhi who was refused hospital treatment for a broken hip because he was HIV positive, or the discrimination against the gay, lesbian and transsexual community recounted to me by a group in Argentina, every one of whom had a personal story of rejection and hardship.

Placing human rights at the centre of the response means that more attention is paid to non-discrimination, legal protection and equal access to services. It means that many more countries must step up to ensure that constitutional and national protections of the rights of those infected and affected by HIV/AIDS are put in place. It is critical that leaders continue to break down the silence around HIV/AIDS and end the 'second epidemic' of stigma and discrimination that further threatens the lives of those infected and affected by HIV/AIDS. Stigma, discrimination and silence prevent people from acquiring vital HIV prevention information or accessing life-saving treatment. Discrimination causes millions of people living with HIV/AIDS to lose their jobs, their homes, their families and their rights.

Meeting the Millennium Development Goal (MDG) to have halted and begun to reverse the spread of HIV/AIDS by 2015 will require commitment by all sectors of society to tackling a disease that is already affecting every sector of society. But it is clear that any progress towards meeting the HIV/AIDS MDG must focus on those most affected—women. It must not be forgotten that in sub-Saharan Africa, the region most affected by HIV/AIDS, 58 percent of all those living with HIV are women.

A gender response must be sensitive to the needs and multiple vulnerabilities of women while recognizing and strengthening their own agency. When women lack social and economic power, their ability to negotiate relationships is compromised. Violence against women fuels the epidemic and enables the exploitation of women, including trafficking and prostitution. The burden of caring for those living with the disease disproportionately falls on women. All of these factors contribute to the spread of HIV/AIDS. That recognition is a first step in finding new and more effective strategies for prevention and treatment.

The World Health Organization and the global community are to be applauded for their commitment to '3 by 5'—making antiretroviral (ARV) treatment available to

3 million people by 2005. But more is required. At least 6 million people need ARVs right now. Political will and resources must be mobilized to meet the '3 by 5' goal and surpass it so that no-one living with HIV/AIDS anywhere in the world will die needlessly for want of treatment.

It is critical that the global community learns from the mistakes of inaction and from the successes of effective interventions implemented by governments and civil society in addressing HIV/AIDS in Africa and elsewhere. For example, in Europe and Central Asia, the increases in new HIV infections, the number of young people affected and the changing pattern of infection from injecting drug use to sexual transmission imply that prevention efforts have been hugely inadequate, and that windows of opportunity for containing the epidemic at negligible levels are rapidly closing. Increased information sharing between countries and commitment to closer regional and international cooperation on data collection, programming and service provision are clearly needed.

So much remains to be done. Fortunately, we increasingly know what works and what doesn't in preventing and treating HIV/AIDS. We know, for example, that comprehensive programmes are more effective than piecemeal prevention projects. We know how important it is to have outspoken leaders, who are also willing to take brave actions, alongside insightful, accurate and sensitive media awareness campaigns. We know that sexual and reproductive health information and services, particularly for young people, and strictly confidential testing and counselling need to be widely available. Needle exchanges as well as needle availability, drug treatment programmes and outreach are also required. We know that gender-disaggregated data must be a feature of HIV surveillance and that an explicit gender focus in national and global programmes on HIV/AIDS is essential to their success. We also know that effective partnerships are critical, between government, civil society, the private sector and academic participants, and between nations at the regional and global levels. We know that people living with HIV/AIDS must be fully involved at all programming and decision-making levels. Finally, we know that long-term, sustainable investment and development are essential to tackle the structural factors that fuel HIV/AIDS risk behaviours, such as unemployment, poverty, drug use, prostitution and violence. The knowledge and the evidence base that demonstrate what works are now widely accepted. Increasingly, the resources that can help make a difference are also available. What is needed now is action.

*Mary Robinson is the Executive Director of the Ethical Globalization Initiative, former President of Ireland and former UN High Commissioner for Human Rights. Sharon Jackson is the HIV/AIDS Coordinator at the Ethical Globalization Initiative.*

# Realizing Our Victories

DR. ALAN BERKMAN

Left the 1998 International AIDS Conference in Geneva frustrated and angry. The slogan of the conference—‘Bridging the Gap’—was right on target, but none of the major players in the conference (the international agencies, governments, the big pharmaceutical companies) offered a vision, let alone a strategy, for making life-saving treatments available to the millions of HIV-positive people in poor and developing countries. As has been true since the beginning of the AIDS epidemic, it was left to HIV-positive people themselves and to advocacy groups to formulate demands, mobilize the political support to challenge the status quo and lead in the development of new policies.

Dramatic changes have occurred between 1998’s ‘Bridging the Gap’ and 2004’s ‘Access for All’ conferences. In the intervening six years, an alliance of NGOs from around the world with a bloc of progressive poor and developing countries has won significant victories:

- It is no longer morally acceptable to do nothing about the death and suffering of millions.
- The broader global AIDS community has accepted that any effective approach to stopping the epidemic must include treatment as well as prevention and mitigation.
- Treatment is feasible and effective in poor and developing countries. Brazil has demonstrated this conclusively; Thailand, Uganda and a number of Latin American countries have taken significant steps towards national scale-up of treatment. International NGOs, such as *Medicins sans Frontières* (MSF), *Partners in Health* and Columbia University’s MTCT+ have shown that treatment programmes can work in a range of settings, including some of the world’s poorest rural areas.
- There is growing recognition that generic antiretrovirals (ARVs) work and are essential if there is going to be access for all who need treatment. At the November 2001 meeting of the World Trade Organization in Doha, the world community clearly articulated that public health is a common good that outweighs the intellectual property rights of corporations or individuals.
- Governments and international agencies have begun to respond to the demands from civil society about action on AIDS. UN Secretary-General Kofi Annan has made control of the global AIDS epidemic his personal priority. He called for the establishment of the Global Fund to Fight AIDS, TB and Malaria and led the UN General Assembly Special Sessions on AIDS in 2001 and 2003.
- A growing number of governments have requested technical assistance from the World Health Organization (WHO), the Clinton Foundation and donor nations, such as the US, to aid them to develop National AIDS Plans that include care and treatment. A small number of countries have actually begun to implement these programmes.

These are real and significant achievements. We should celebrate them and the lives they’ve saved while we are together in Bangkok. At the same time, we have to face other realities: the epidemic continues to spread across the globe and to another generation; the momentum built up in support of expanded treatment access is challenged by geopolitical conflict and global economic slowdown; and the actual pace of the roll-out of treatment is slower than anticipated.

As we gather in Bangkok we need to achieve some consensus among activists as well as policy makers about critical next steps needed to realize our victories. A short list would include:

**Strengthening civil society involvement in the planning and roll-out of HIV treatment.** People living with HIV will be the most powerful and consistent voice for rapid and effective scale-up of treatment. They and their civil society allies are much more likely than governments to demand an open social debate about equity in the roll-out plan to reach the most vulnerable segments of the society. Neither treatment nor prevention efforts will work if stigma remains unchallenged, and empowering HIV-positive people in these programmes will help combat discrimination.

**Holding governments and international agencies to their commitments.** Wealthy nations pledged 0.7 percent of their GNP would go for aid to poor and developing countries; very few have done so. African Heads of State agreed to spend 15 percent of their national budgets on health care and building up the public health system; none have done so. The WHO committed itself to having at least 3 million people on treatment by the end of 2005; they are behind schedule and may not meet their goal.

**Stopping efforts to impose ideological/religious conditions on bilateral or multilateral funds.** The Bush administration is attempting to use the funds designated for expansion of HIV treatment to impose an ideological agenda on AIDS programmes throughout the world. Significant funding is reserved for abstinence-only programmes; and family planning services cannot be offered by programmes even partially funded by the US.

The momentum for treatment access built up over the past six years is being slowed by the friction that inevitably results from institutional change. We must leave Bangkok proud of our accomplishments and with renewed commitment to realizing our victories.



“As we gather in Bangkok we need to achieve some consensus among activists as well as policy makers about critical next steps needed to realize our victories.”

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*Dr. Alan Berkman is a Professor at Columbia University’s Mailman School of Public Health and is the founder of Health Global Access Project (GAP). Health GAP’s mission is to work with partners around the world to make effective HIV treatment available to all who need it.*





**"This is the last train. Political leaders from national level down to community level must assume responsibility in directing the fight against AIDS and no longer see it as a job of health or welfare agencies."**

#### **What are your expectations of the Bangkok AIDS Conference?**

I hope that the Conference will establish very clearly that leaders of all countries must be intimately involved with the issues and solutions of the HIV/AIDS pandemic. It cannot be regarded as a health problem alone but must be seen as a societal problem, a development problem and a human rights issue in which all arms of government, business, civil society and community must be involved.

#### **What is your message to the world leaders?**

My message is very simple. This is the last train. Political leaders from national level down to community level must assume responsibility in directing the fight against AIDS and no longer see it as a job of health or welfare agencies. There must be firm political and financial commitment by governments, and I hope that more enlightened leaders, prime ministers and presidents will see fit to chair their national AIDS endeavours.

It would be wonderful if the present state of affairs, where the talk is big and the money is small, could be reversed.

# Mech

## SEX, CONDOMS

#### **Should people be afraid of condoms?**

For most human beings on earth, condoms are the best means of preventing the spread of HIV/AIDS. It is time to forget embarrassment caused by condoms. It is the only life saver we have, and the condom is a wonderful and friendly product. In fact, today, it is a girl's best friend. If one is embarrassed by the condom, one should be more embarrassed by the tennis ball, which has more rubber in it. Maybe at Wimbledon they should give out condoms while watching tennis matches. I would hope that more people would get involved in condom manufacturing and promotion.

#### **Where and at what stage do you think young people should receive sex education—and why?**

I started my children in kindergarten. They used to go to school with condoms to show their friends. Education is not just provided in schools and by books and teachers. People are learning and being educated by their natural surroundings. Children watch chicken and pigs, buffalos and cows and even monkeys having sex. They start learning about sex well before they are taught about it at school. So perhaps children should learn about animals and themselves and the issue of sex at the primary school level. If it were not for sex none of us would be on earth today. Let us appreciate sex, understand it and let kids have a chance of obtaining a healthier understanding of sex. If we teach kids about guns we should also teach them about sex because unprotected sex kills more people than guns. The millions of people who will die of AIDS due to unprotected sex will be higher than the number of soldiers killed by bullets and bombs during the Second World War.

#### **Thailand has been highly successful in curbing HIV infection. What were the main ingredients of that achievement?**

Thailand entered the early period of HIV/AIDS in denial like most Asian countries. Then along came a smart, educated and honest Prime Minister who agreed to tackle HIV/AIDS head-on. He showed clear political and financial commitment and initiated an era of enlightenment with regard to AIDS. The Prime Minister himself, Mr. Anand Panyarachun, became Chairman of the National AIDS Committee. Sufficient budget was allocated to all government departments that contribute to the fight against AIDS, and businesses were asked to educate their staff and customers. Education on HIV/AIDS was introduced in all schools, from primary level upwards, and it was also provided through religious institutions. The whole society was involved, including the movie industry and



# ai Viravaidya

## AND HIV PREVENTION

mass media. Government-owned radio and TV stations, in particular, were required to broadcast half a minute of AIDS education during every hour of broadcast time. So for several years everyone in Thailand got the message. Through the years since 1991 we have seen a very significant decline in HIV infections, and the rate of new infections today in 2004 is one eleventh of what it used to be in the year 1991. The key ingredients were strong political and financial commitment and an integrated approach where every sector of society and every ministry was involved, right down to the grass-root level.

### **How is Thailand balancing prevention and treatment? Are these priorities competing or mutually reinforcing?**

There is an inherent imbalance between the two worldwide, and Thailand is no exception. In my opinion, there is a genuine need to crank up public education, for which government, business and society have to do more.

Condoms have to be made more available. They must not only be a girl's best friend but society's best friend, society's life saver. I would like to see a formula where 20 percent of the AIDS budget is used for public education and 80 percent for treatment and care. However, this ratio has not been achieved in any country. The more public education and prevention we can provide, the more successful treatment programmes will be. Public education means more than just knowledge on how to prevent AIDS. It also means understanding and the reduction of stigmatization.

**Mechai Viravaidya introduces condoms to students.**



### **What has been the biggest disappointment to you in your fight against HIV/AIDS?**

There have been significant changes and advances made in the fight against AIDS. However, with it came disappointments and lost opportunities. Insufficient funds have been made available for public education and for civil society. We have almost ignored the key roles that the business sector and religious institutions play, and we have overlooked the need to provide income-generating activities for HIV-positive people through microcredit loans.

Most disappointing of all are those people in many countries who claim to be leaders of government and society but show no interest in the issue or merely pay lip service to it.

### **What are the three things Thailand can and should do about AIDS today?**

From the early days of denial to the magnificent 'age of enlightenment' when we were able to bring down new infections so

much, Thailand has slipped into a state of suspended animation with regard to public AIDS education. First, stronger awareness and prevention must be introduced, and government, business, religious, educational and civil society sectors must play a more determined role.

Second, income-generating activities should be provided as well as microcredit loans to HIV-positive people (which has already been started by an NGO in Thailand). HIV-positive people can team up with HIV-negative friends in joint business ventures in which the HIV-negative partner's role is also to provide greater understanding and to reduce discrimination.

Third, since AIDS has no national boundaries, cross-border initiatives to combat AIDS should be intensified, and Thai health facilities should provide more care for our neighbours, namely Cambodia, Laos, Myanmar and even Malaysia. Many other countries can do the same, be it in Asia, Africa or America. These activities must include special emphasis and support for women generally as well as drug users and commercial sex workers.

---

*Senator Mechai Viravaidya is founder and Chairman of the Population and Community Development Association of Thailand.*

# Patents & Access to Medicines

## WHAT CAN BE DONE?

MARTIN KHOR



**T**here was a public outcry a few years ago over how the monopoly granted by patents caused excessively high prices for HIV/AIDS medicines. The cost of treatment using patented drugs was US\$10,000-15,000 per patient per year in developed countries, whereas some generic producers in developing countries were able to provide treatment for as low as \$140. If developing countries are able to make or import these generic drugs at cheaper cost, it would significantly increase access to medicines.

The Trade-Related Intellectual Property Rights (TRIPS) Agreement in the World Trade Organization in 1995 made it compulsory for WTO members to include medicines in their regime for product and process patents. Yet, while mandating that WTO members have to allow patenting for medicines, the TRIPS Agreement does contain some flexibility. For example, if patented drugs cost too much, a government can take measures such as issuing a compulsory license to an agency or company to manufacture or import a cheaper generic version of that patented drug.

At the WTO's Ministerial Conference in 2001, the Doha Declaration on the TRIPS Agreement and Public Health was adopted. It reaffirmed and clarified the flexibilities available under the TRIPS Agreement, and proclaimed: "We agree that the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health... We affirm that the Agreement can and should be interpreted in a

manner supportive of WTO Members' right to protect public health and in particular, to promote access to medicines for all."

If the Doha Declaration is to be of benefit, developing countries now have to establish appropriate provisions in their national patent legislation, fully exercising the options that are provided in the TRIPS Agreement. They also need national policies aimed at providing access to medicines for all.

### A manual to navigate TRIPS

With this in view, the Third World Network (TWN) organized several meetings involving legal experts, NGOs and policy makers to discuss the options available to developing countries for policies and legal provisions that are oriented to meeting public health concerns. The outcome of these meetings was a *Manual on Good Practices in Public-Health-Sensitive Policy Measures and Patent Laws*, recently published by TWN.

The Manual is a 'how-to' book for developing countries, providing policy options to import, produce and export affordable medicines through measures that are consistent with the TRIPS Agreement; model legal provisions for national patent laws that are sensitive to public health concerns, and consistent with the TRIPS Agreement; and proposals for an appropriate institutional and administrative framework to implement the proposed patent laws and policy measures, including for compensation to the patent holder.

### Importing drugs

A country can import a generic version of a patented product by issuing a compulsory license to a company or agency

**"If developing countries make or import generic drugs at cheaper costs, it would significantly increase access to medicines."**

Organization in 1995 made it compulsory for WTO members to include medicines in their regime for product and process patents. Yet, while mandating that WTO members have to allow patenting for medicines, the TRIPS Agreement does contain some flexibility. For example, if patented drugs cost too much, a government can take measures such as issuing a compulsory license to an agency or company to manufacture or import a cheaper generic version of that patented drug.

At the WTO's Ministerial Conference in 2001, the Doha Declaration on the TRIPS Agreement and Public Health was adopted. It reaffirmed and clarified the flexibilities available under the TRIPS Agreement, and proclaimed: "We agree that the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health... We affirm that the Agreement can and should be interpreted in a



to import the drug, and the government has the freedom to determine the grounds upon which such licenses are given. The imported drug can be from a country in which the drug is not patented, or in which the drug is patented (in which case the exporting country also has to issue a compulsory license). The applicant first must negotiate with the patent holder to obtain a voluntary license and, if that fails, then a compulsory license can be granted. Adequate compensation must be paid to the patent holder.

A generic version of the patented drug can also be imported for 'public, non-commercial use' by the government. Under this 'government use' procedure, the prior consent of or negotiations with the patent holder is not required, but adequate compensation has to be paid. This method is suitable if the imported drug is to be used by the government.

There can also be 'parallel importation' of a patented product (i.e. not the generic version) from another country where the same patented product is being sold at a lower price than in the importing country. This is allowed under Article 6 of the TRIPS Agreement on exhaustion of rights, and the Doha Declaration re-affirms this. In this case, there is no need for an importer to obtain a compulsory license, nor to pay compensation to the patent holder.

### Local manufacture

If a drug is patented in a country, generic versions of the drug can be locally manufactured by a local company or agency that has been granted a compulsory license. But before applying for a compulsory license, the applicant must first make a good faith effort to negotiate with the patent holder for a voluntary license. This requirement, however, does not apply if the compulsory license is issued on grounds of public non-commercial use, for national emergencies or situations of extreme urgency and to remedy anti-competitive practices. Compensation, however, must be paid to the patent holder.

The government can also assign to a public or private agency the right to locally manufacture a patented product without the patent holder's permission, provided it is used for a public non-commercial purpose. Compensation has to be paid.

### Exporting drugs to low-capacity countries

A local producer of generic versions of patented products under a compulsory license or government-use provision may export a portion of its output. However Article 31(f) of the TRIPS Agreement requires that this production shall be "predominantly for the supply of the domestic market", and thus there is a limit to the amount that can be exported. This restriction does not apply when the compulsory license is granted to correct anti-competitive practices.

This restriction is a problem for developing countries with insufficient or no drug manufacturing capacities, as they may find it difficult to import the required medicines since there is a limit on the amount that potential exporting countries can supply to them.

The Doha Declaration asked the WTO to find an 'expeditious solution'. In August 2003 the WTO General Council adopted a decision on a 'temporary solution' in the form of an interim waiver to the Article 31(f) restriction, such that countries producing generic versions of patented products under compulsory licenses would be allowed to export the products to eligible importing countries without having to limit the exported amount.

However, the decision also obliges importing and exporting countries using the waiver process to undertake measures and fulfill several conditions, which are difficult to comply with.

The importing country has to notify the WTO about the drug that it requires and confirm it has insufficient or no manufacturing capacities to produce the drug. Finally, it must take measures to prevent the re-exportation of the products.

The generic manufacturer in the exporting country will need a compulsory license and the exporting country must notify the WTO of the compulsory license and its conditions. The products must be labeled or marked through special packaging and shaping of the products.

The waiver is an 'interim solution' and a 'permanent solution' was to be found by the middle of 2004, but it is unlikely this deadline can be met.

### Other measures

The policy options have to be backed up with the appropriate provisions in the national patent laws. The Manual provides model provisions for parallel importation, compulsory licensing and government use, as well as exceptions to patent rights, accompanied by detailed explanatory notes and examples of the relevant legal provisions in various countries.

Finally, the Manual has a section discussing the establishment and operation of an institution (or competent authority) to process compulsory licenses. It also examines how 'adequate remuneration' or compensation to the patent holder can be fixed, and the experience of various countries is examined.

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*Martin Khor is Director of the Third World Network, which is involved in development and environment issues. The Manual on Good Practices in Public-Health-Sensitive Policy Measures and Patent Laws is available through TWN at [twynet@po.jaring.my](mailto:twynet@po.jaring.my).*

# Leadership

MONICA SHARMA



**"It is leadership from within, not leadership imposed from the outside that is key to generating a sustainable response to the epidemic."**

**W**hile major strides have been made to scale-up the response to the HIV/AIDS epidemic, it is not sufficient. In 2003 alone, 5 million people were newly infected with HIV and AIDS claimed 3 million lives. We are at a crossroads in the response to the epidemic. We can continue doing the same things again and again, hoping to reverse the epidemic, or we can choose to create a legacy that is free of HIV/AIDS. This requires exploring new ways to achieve a different set of results.

HIV/AIDS is not just about a virus, it is also about sex and sexuality, stigma and discrimination, gender power relations, silence, death and denial. It is in this context that the world must respond, and indeed these commitments were made by Heads of State and reflected in the UNGASS Declaration of Commitment on HIV/AIDS. Since the Declaration there have been more than 10 million new infections worldwide—clearly we need a new response.

Moving from commitment to action raises basic questions. Starting with ourselves, we should ask:

- What will it take for each one of us to address HIV as a personal challenge, to take a stand in our family, our community or our workplace?
- How do our actions perpetuate gender inequalities that fuel the epidemic?
- What will it take for men and women to openly discuss sexuality and how their actions create love and respect or entrench harmful practices?
- How do I embrace and care for friends or family members without stigma and discrimination?
- What can I do to support those who have the courage to challenge negative paradigms and create new possibilities?

The persistence of HIV/AIDS relates to the response to date. Globally, there is more money available to address HIV/AIDS today than ever before. The technology to provide treatment to those who need it is available. Yet less than 7 per cent of those who need treatment in developing countries have access to it. There are far fewer human resources, institutions and networks than needed to respond to the epidemic, particularly in developing countries. And where these exist, their capacity is often strained and overstretched. We thus need to consider:

- How do we empower our institutions and networks, and the people who work in them?
- How do we encourage people and institutions to innovate, generate breakthrough results and acknowledge everyone's contribution, so that institutions deliver effective and caring services?

- What actions are needed so that money is made available where it is needed most—in the hands of people and for the facilities closest to people?

## **Leadership and capacity development to address HIV/AIDS**

The devastating effect of HIV/AIDS on development goals requires innovative and effective responses championed by dynamic and committed leadership at all levels of society. Successes in reversing the epidemic in a handful of countries share a common feature—committed leadership. It is leadership from within, not leadership imposed from the outside that is key to generating a sustainable response to the epidemic. The Leadership for Results programme is a key UNDP contribution in response to the HIV/AIDS challenge. It generates action in four strategic domains: (1) institutions, systems and structures, (2) communities, (3) individual values, attitudes and norms and (4) individual behaviour and actions.

## **The answer lies within individuals**

Nothing short of a new level of leadership and commitment for change in development practice will suffice in rolling back the HIV/AIDS epidemic. Building leadership competencies for overcoming institutional inertia, generating innovations and producing breakthrough results is essential for halting the epidemic. Leadership is about partnership, bringing together leaders from government, civil society and the private sector to generate individual and collective commitments for actions that address the underlying causes of the epidemic and empower others to act. For example, in Senegal, 65 percent of participants in the UNDP-supported leadership development programme chose to get tested for HIV; and in Cambodia, Buddhist monks who participated in the programme addressed stigma by mobilizing community-based organizations.

## **The answer lies within communities**

Halting the spread of the epidemic requires approaches that transform harmful individual and community norms and values. Because of the sensitivity and complexity of the issues related to HIV/AIDS, the solutions most likely to succeed are ones that are rooted in people's daily interactions, attitudes and behaviour. Working with civil society partners, UNDP promotes facilitated community conversations that bring together men and women, young and old, rich and poor, to discuss and take action to address HIV/AIDS. The entire process—from analysing the issues connected with HIV/AIDS to coming up with solutions and taking appropriate actions—is generated within the community and resides there. In Ethiopia, for the first time, male and female community members are speaking openly about traditional practices that have been unquestioned for many years, including female genital mutilation and wife sharing.



# FOR AN AIDS-FREE WORLD

## The answer lies within institutions and partnerships

Countries continue to be challenged to mainstream strategic, multisectoral and multilevel responses to HIV/AIDS that address the root causes fuelling the epidemic. To reverse the course and impact of the epidemic, it is essential not only to make the case for HIV/AIDS as a development challenge, but also to generate and implement responses that include the voice and concerns of people. In countries where the epidemic is well advanced, like those in Southern Africa, we need to radically reconceive the way in which we deliver social services to the most vulnerable communities. The rich diversity and resilience of civil society—including community-based organizations, informal associations, development NGOs and women's networks—already deeply engaged in home-based care and treatment, should be given the space and resources to play a critical role in both the redesign and delivery of services.

## The answer lies within culture

Artists and the media are a powerful force for social transformation and can shape individual and collective attitudes and behaviour to reverse HIV/AIDS. They are ideally placed to generate icons and metaphors to help create a new social reality, to challenge stigma and discrimination and to bring about society-wide shifts in norms and values that fuel the epidemic. Artists and the media can bring into the public domain the actions, stories and images of ordinary people who achieve the extraordinary—with the power to change the course of the epidemic. In India, a network of print journalists drew public attention to the gender dimensions of HIV/AIDS and made visible the contributions that women make to the HIV/AIDS response.

## The answer lies within enabling trade policies and practices

Major breakthroughs have been made in drastically reducing the cost of life-saving HIV/AIDS drugs, from over \$1,400 just three years ago to less than \$140 today. Yet, the complex web of restrictive intellectual property rights patents and bilateral, regional and multilateral trade agreements can keep the lowest cost drugs out of reach of the poorest and most vulnerable populations. People living with HIV/AIDS need to be brought into the centre of the trade and access response. Enabling trade agreements and health policy measures that promote human development

are essential if we are to achieve our ambitious goals of access to treatment for all and not just the privileged few.

## The evolving response

Whether it is treatment, voluntary counselling and testing or prevention, we have the basic technologies and skills to provide services for all. Our efforts must and do focus on how treatment can reach the largest number of people—WHO's '3 by 5' initiative is an example of this. The challenge, however, is to ensure that action based on technology and skills is integrated with innovation and action to address underlying causes and transform harmful norms and practices.

At national, regional and global levels, strategic partnerships are needed to scale-up HIV/AIDS responses. We need to creatively engage artists and the media as partners

**In Ethiopia, for the first time, male and female community members are speaking openly about traditional practices that have been unquestioned for many years, including female genital mutilation and wife sharing.**



in addressing HIV/AIDS, since they have the means to reach out across all sectors of society.

Individuals and communities have already generated breakthroughs in challenging the epidemic. At the national level, governments, civil society, international organizations and the private sector continue to make strides in the response. The articles that follow provide examples of such actions, illustrating a shift in addressing HIV/AIDS that involves all sectors and addresses the underlying causes of the epidemic. These stories span all regions and depict breakthrough actions that are needed to turn around the HIV/AIDS epidemic.

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*Monica Sharma is Director of UNDP's HIV/AIDS Group at the Bureau for Development Policy.*





# Standing Up & Speaking Out

**Muny Vansaveth, a Cambodian monk, openly discusses HIV/AIDS and its impact on the community.**

## **Norea, Cambodia**

**V**enerable Muny Vansaveth's orphanage in the province of Battambang is like no other. The peaceful silence of this holy place is broken by lively giggles and other noises of children sporting traditional orphan haircuts: shaved, save for a tuft at the front and back.

An orphan himself, Muny Vansaveth set up the home to care for children who had lost parents to AIDS. Since the orphanage opened in 1992, he has cared for over 300 orphans as well as 58 adults with HIV/AIDS. Many of these children and adults were ostracized by their communities, and all have experienced the dire poverty that pervades this city. They have been affected by domestic violence, civil war, genocide and HIV/AIDS.

Last year, Muny Vansaveth was trained to facilitate UNDP's Community Conversations programme in his province. The programme takes its roots in African traditions—with communities meeting to discuss issues of concern and collectively agreeing on how best to address them. Community Conversations create a powerful communication space for community members and help them to identify the real nature of their problems and find their own

solutions. The programme was launched for the first time in Asia in partnership with the Cambodian National AIDS Authority and implemented in seven provinces: Sihanoukville, Pursat, Beanteay Manchey, Battambang, Siem Reap, Svay Rieng and Kampot.

"People need to communicate," Muny Vansaveth explains, "I am able to use my position in society to tell them to be open-hearted and not to exclude people. I ask them to use compassion, and to look after the children of those infected. Most of the time, we just have to explain the scientific facts about the disease and reassure people that they won't catch it just by being near those infected. It is a simple process."

Here in Battambang province, farmers, carpenters, brothel owners, sex workers, people living with HIV/AIDS and teenagers come together with Muny Vansaveth every month to openly discuss the disease and its impact on their community.

The monk starts the conversation by telling them the story of Komsat, who is married with two children. Komsat migrated to Phnom Penh, where he often frequented karaoke bars. When Komsat returned to his village, he became very ill and discovered that he was HIV-positive.

"Komsat's story is not just Komsat's. It is now our story



"I was brought to Kuwait with the promise of the job of a housemaid, but was received with rape and forceful entry into the sex trade," says Inoka Priyangini from Sri Lanka. "I have managed to escape from the clutches of my recruiters, but not from unwanted pregnancy and HIV."

Trafficking networks have lured millions of women and trapped them in a net of exploitation and violence. Often, by the time victims are rescued, they are HIV-positive. The 'South Asia Court of Women on the Violence of Trafficking and HIV/AIDS'—organized by the Asia Human Rights Women's Council, UNDP and UBINIG Dhaka—provided a forum for women from across South Asia to explore the roots of violence and vulnerabilities faced by trafficked women and children, and to build on the strengths and strategies of survivors and resisters.

The audience of 3,000 heard unforgettable stories, such as Ms. Priyangini's, of the violence of trafficking and the vulnerability of survivors to HIV/AIDS. The intense personal testimonials of 40 women and girls from Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka visibly moved the audience as their words reflected the extreme deprivation, gender inequality, violence and powerlessness that many women in the region face.

Najma, 10, from Pakistan, was sold into bonded labour; Rakhi Biswas from West Bengal, India, was trafficked into a brothel in Mumbai; and Rita Rai from Nepal, was thrown out of school when authorities discovered that she was HIV-positive. Their testimonies prompted passionate calls for an end to discrimination against women and girls and enforcement of laws to punish traffickers.

Gopal Sivakoti Chintan, a lawyer and human rights activist from Nepal, was overwhelmed by the testimonies. He confessed that it had been a significant experience for him as he had never before heard such moving testimonies or expert witnesses, which led him to question his role in society as a lawyer and activist who had thus far believed in the system—believed that the umbrella of protection extended to all.

Feryal Ali Gauhar from Pakistan stressed the overwhelming need to empower people in the entire region, and address the effects of inherent social norms like patriarchy, which fuel unsafe mobility and displace large groups of vulnerable people whether unemployed, landless or refugees. She called on people present to take a hard look at the forces that were responsible for this appropriation of knowledge, resources and people and to examine the role of the media in sensationalizing violence and portraying women as objects and commodities.

In a silent show of solidarity, hundreds of women in black held aloft placards, banners and lamps to focus attention on the various forms of violence against women. But the Court did not only hear 'testimony' about powerless lives—there were also stories of empowerment, resistance and emancipation.

*By Rie Debabrata, UNDP Regional HIV and Development Programme, South and North East Asia.*



In a silent show of solidarity, hundreds of women in black held aloft placards, banners and lamps to focus attention on the various forms of violence against women.

and we are all Komsat. So what happens next?" asks Muny Vansaveth to spark the discussion. The villagers then discuss the story and the impact that Komsat's HIV status would have on him and his family. "If you were Komsat," questions Muny, "how do you think people will react when they know your status, and what are you going to tell your wife?"

The conversations highlight issues such as stigma and discrimination, and enable people who are living with or affected by HIV/AIDS to add their voices and share their experiences.

Some monks, however, have recently criticized this work, claiming that it is sanctioning immoral behaviour. Muny Vansaveth does not agree. He believes that people living with HIV/AIDS deserve to be helped and that this is consistent with Buddhist principles and teachings.

"This innovative approach is based on the vision and recognition that communities have the capacity to care, change and sustain hope in the midst of the epidemic," says Daouda Diouf, who helped to develop this unique programme. "The creation of 'spaces' of trust and mutual respect are critical, where genuine interaction can stimulate sustainable changes from within the community that are vital for its livelihood."

### Success in reducing prevalence rate

Through strong political leadership, Cambodia has scored some notable successes and was able to lower HIV prevalence rates from 3.9 percent in 1999 to an estimated 2.6 percent in 2002. However, Cambodia remains the worst affected country in the region and is facing an epidemic that has the potential to reverse the development gains made since peace returned to the country.

Current trends are showing an increase in the spread of the virus through heterosexual and mother-to-child transmission. HIV is increasingly spreading to rural communities in Cambodia, and in 2003 about 5 percent of pregnant women in rural areas tested positive. The epidemic directly and indirectly affects almost every family in Battambang.

Community Conversations are now at the centre of the response to HIV/AIDS in Cambodia. Community members and leaders are standing up, talking about HIV/AIDS, and saying no to its spread and its consequences on people's lives.

*By Severine Leonardi, Programme Coordinator in UNDP Cambodia.*

# Turning Crisis into Opportunity



Lesotho's Prime Minister Pakalitha Mosisili was first to be tested for HIV in remote Qacha's Nek.

## Qacha's Nek, Lesotho

It might have been the very inaccessibility of this cold and remote mountainous town that made it the perfect place for Prime Minister Pakalitha Mosisili, along with the Archbishop of Maseru, and several other ministers and high-ranking government officials, to initiate a public campaign for HIV testing—starting with themselves. If, after all, they could be tested for HIV in Qacha's Nek, they should be able to access voluntary counselling and testing anywhere in Lesotho.

Lesotho is taking aim at the HIV/AIDS epidemic with a sense of national resolve and confidence that stems from a series of events that have energized the momentum for change. As a country undergoing a transformation, Lesotho held elections in 2002 that demonstrated to the people of Lesotho and to the world that this country, an island surrounded by South Africa, is still a strong fortress with a vibrant history of self-reliance and tenacious sovereignty. Lesotho is making great strides economically and socially—it is the largest exporter of textiles to the United States in sub-Saharan Africa, and it has a functional literacy rate of 85 percent and rising. Lesotho also has a high proportion of women in senior elected and appointed government positions.

Against this backdrop, more people in the country see a need for the Government to become increasingly active in executing an effective response to the HIV/AIDS epidemic, which affects almost a third of the population. More communities are demanding essential services and the Government is responding by attempting to make these services accessible for all.

Three strategic imperatives guide the government response to ensuring that all those who are HIV-negative remain negative; enabling those who are HIV-positive to live long and productive lives; and improving the quality of life for everyone. The Universal Voluntary Testing campaign that was launched by the Prime Minister on 6 March 2004 in Qacha's Nek was the first step. The Ministries of Health, Local Government and Agriculture are continuing efforts to roll-out testing, and the programme will be scaled up to include other districts.

Guiding this testing campaign is a policy framework that reflects many months of deliberation, analysis and innovation by the Government, the UN and donor partners. The result is a comprehensive, detailed and practical guide for shifting the response to HIV/AIDS: *Turning a Crisis into an Opportunity: Scaling Up the Fight against HIV/AIDS in Lesotho*. The Prime Minister has made this guide the centrepiece of the government's policy, based on the belief that each citizen, in each aspect of their lives, is an agent for transformation. The framework provides the government, traditional leadership and partners in civil society with tools for action.

A profound and significant transformation of key influential decision-makers in government has brought about this institutional change. Today, many of Lesotho's top government officials know their HIV-status. The veil of secrecy has been lifted and the potential for discrimination is greatly reduced. Several officials remarked that this knowledge has brought relief as well as optimism for the future, and many have encouraged their families and colleagues to also find out their status.

At the Ministry of Trade and Industry, Cooperatives and Marketing, employees from drivers to directors to ministerial nominated staff were trained to perform rapid HIV tests and pre-and post-test counselling. On 1 March 2004, amidst celebration and singing, over 80 people from the Ministry were tested, including the Minister, Hon. Mpho 'Meli Malie, and the Assistant Minister, Mr. Mothejoa Metsing.

Change is also taking place at the community and district level. In Qacha's Nek, before the testing campaign was launched, 600 people known as community change agents were trained to mobilize communities, perform testing and provide counselling and referrals. UNDP continues to provide support for the campaign.

*By Catherine Moat, UNDP HIV/AIDS Group, based in South Africa.*





Customary practices such as *hlatswa dirope* (sister bearing children with the husband of her barren sister) are being actively discouraged as a result of the community conversations.

**T**oday more than 5 million South Africans are living with HIV/AIDS, and one in 5 adults is HIV-positive. HIV/AIDS has had a devastating impact on the country, but South Africans are working to challenge the epidemic.

In partnership with the South African Government and the Royal Danish Embassy, UNDP's HIV/AIDS and Poverty Programme has achieved resounding success in mobilizing leaders across different sectors and galvanizing local communities to engage with each other in responding to HIV/AIDS. The programme is underway in three large provinces – Limpopo, KwaZulu Natal and Eastern Cape.

### Communities are leading the way

As part of the programme, community conversations on HIV/AIDS are taking place, through story-telling, role-playing and drama. This approach creates interactive spaces for facilitated reflection, and is based on consultations with communities. It sharply contrasts with methods that group people together for awareness-raising lectures.

Community conversations are helping to address the fear, stigma and silence that fuels HIV/AIDS, and are enhancing the ability of households to mitigate the impact of the epidemic. The conversations started modestly in 2002 and have already empowered several communities into action.

In a village in Mbizana in the Eastern Cape for example, a group of women have come together to give support to child-headed households. Some communities have successfully negotiated for support to their Home Based Care initiatives, and for support to orphans and child-headed households from their local municipalities.

Community facilitators working at the village level have commented that the conversations have helped to challenge stigma and discrimination. In some regions, there have been significant shifts in mind-sets regarding customary practices that could contribute to the spread of HIV/AIDS.

Customary practices such as *hlatswa dirope* (sister bear-

ing children with the husband of her barren sister) are being actively discouraged as a result of the Community Conversations. Other practices that have been reduced include *ho kenela* (wife inheritance). These changes are strongly recommended by women in these communities.

Some communities are already drawing up community development plans—reflecting their own development priorities—to help inform local authority plans. Communities in KwaZulu Natal Province (Sisonke District) for example, are already using local level structures to articulate their concerns.

"We always thought for communities and consulted them superficially, but with this approach, we are learning to value their input more and more," said one municipal planner.

### Leadership at all levels

Based on the premise that committed and capable leadership is needed at all levels for an effective response, UNDP launched the 'Leadership Development for Results' initiative in South Africa in 2002. The Programme's key partners are drawn from government departments, district and local municipalities, local media, NGOs, civil society organizations, faith-based organizations, traditional leaders, and local community leaders.

The programme has given participants the opportunity to explore their own beliefs and perceptions about HIV/AIDS, their own individual responses, and the responses of their communities and organizations they work for. Most of the leaders trained in this methodology have accepted the ownership and responsibility of addressing HIV/AIDS, and now have the tools to do so.

There is an increasing understanding across the country that everyone has the responsibility to address HIV/AIDS. Generating an extraordinary nationwide response to the epidemic—and strong partnerships to support communities and community-based organizations—may already be underway.

*By Gift Buthelezi, Dolly Mphuthi, Mothomang Diabo and Dumisani Magadla, UNDP South Africa.*

# South Africa Communities Lead the Way

Communities in Ethiopia are abandoning long-held practices such as bride-sharing as a result of Community Conversations.



### Yabelo, Ethiopia

Until about two years ago the residents of Yabelo district in Ethiopia's Oromiya Region enjoyed multiple sexual relations very casually, simply as a matter of custom. "We always thought having multiple sex partners was part of our culture and we practised it without second thoughts," said Gero Gelma, before explaining that a wave of behavioural change is sweeping across the area.

Now life is no longer the same, as Gero attested at the launch in Addis Ababa of an 'upscaling Community Conversations' programme, aiming at innovative steps to reverse the spread of the HIV/AIDS epidemic throughout Ethiopia.

Community Conversations is one of UNDP's core contributions to the HIV/AIDS response in Ethiopia. Since July 2002, UNDP and local partners have been implementing Community Conversations as a pilot project in two districts, Alaba and Yabelo in Southern Ethiopia.

Community Conversations is a methodology that provides people and communities with the means of identifying their own problems and finding their own solutions to the challenges of HIV/AIDS. Aided by skilled local facilitators, communities can openly talk about 'taboo' subjects such as gender, sexual relations and harmful traditional practices. While exploring the implications of HIV/AIDS, they are identifying their own cultural norms, the underlying values that are fuelling the epidemic and the social capital within the community to overcome them.

After the introduction of Community Conversations in Southern Ethiopia, remarkable shifts in attitudes and behaviours have been recorded: young girls are refusing to undergo female genital mutilation (FGM) although the practice has existed for centuries; men and women visit the local voluntary counselling testing centre despite the social stigma surrounding getting tested; and communities abandon long held practices such as bride-sharing and support AIDS orphans by their own means.

Stephen Lewis, Special Envoy of the UN Secretary General for HIV/AIDS in Africa, who recently visited Alaba, noted the exceptional value of Community Conversations.

"The results of the Community Conversations supported by UNDP in the South are highly improbable but startling. It is astonishing to witness the communities talk about the most sensitive elements of their culture and society and see behavioural change happening in such a short time. In Alaba, where FGM was 100 percent prevalent, the prevalence has dropped to 15 percent in just two years!"

"I have never heard about the Community Conversations before I came here. To see men and women discussing together is truly amazing. What helps to spread the virus is the secrecy and refusal to talk about issues of sex, polygamy, FGM, abduction, etc.—the way you talk openly about these issues here will stop the passage of the virus. You should be proud of what you have achieved," he added.

The Ethiopian Government has recognized the value of Community Conversations as a contribution to the national HIV/AIDS response. In the recent official launch of the Community Conversation methodology the President of Ethiopia H.E. Girma Wolde Georgis proclaimed: "In combating the HIV/AIDS epidemic, Community Conversations demonstrate that we all, as members of our community and as citizens of our country, need to unleash the leadership potential that resides in all of us: to take a stand for a better future, to understand the nature of our problems, to identify solutions to problems and to take action."

The President noted that since the speed and pattern at which HIV/AIDS is affecting Ethiopians is exceeding the results of the efforts, a paradigm shift in perspective needs to take place and the efforts undertaken need to address the underlying causes of the problem.

Due to the extraordinary results in terms of generating behavioural change, UNDP and the Ethiopian Government are currently in the process of scaling up the approach to all 550 districts of the country before 2006. And the process of enrolling partners, mobilizing resources and training partners has already begun, a process that is helping to transform the response to HIV/AIDS in Ethiopia.

*By Signe Frederiksen, HIV/AIDS Programme Officer in UNDP Ethiopia.*



## Kyiv, Ukraine

It was dusk and nearly one thousand people in Lavra Gallery were rocking to the music of Victor Pazlik, one of Ukraine's most famous pop stars. The roaring audience had come together on World AIDS Day to hear seven prominent Ukrainian pop stars play their music and tell the people of the country that the time had come for each of them to take responsibility for responding to HIV/AIDS.

The UNDP-sponsored concert was one of many events held in Ukraine where large numbers of people came together to break the silence and stigma associated with HIV/AIDS, which is growing at an alarming rate across Eastern Europe.

The HIV prevalence rate in Ukraine is more than 1 percent of the adult population, the highest in Eastern Europe. With the number of reported cases 20 times higher than it was five years ago, Ukraine is on the threshold of a national epidemic. If the rate of infection continues to rise at the current pace, the number of people living with HIV/AIDS could reach 1.44 million by 2010.

### Generating a national response

"The insidious nature of the virus is that it attacks men and women in the prime of their life," says Douglas Gardner, UNDP Resident Representative in Ukraine. The epidemic could have major implications for the future of Ukraine's development as the majority of cases occur in young people between the ages of 20 and 39.

Faced with this urgent development threat, the Government of Ukraine has committed itself to fighting the spread of the epidemic. The President and the Parliament of Ukraine have been instrumental in generat-

ing a national response to address HIV/AIDS and have established a commission headed by the Vice Prime Minister to determine priority directions for HIV/AIDS activities and oversee implementation of government programmes. "The national response to HIV/AIDS is gathering pace. It is bringing together fresh coalitions of people, leaders and institutions who want to stop the further spread of this virus and provide care for those in need," says Mr. Gardner.

UNDP has provided important support to the efforts of the Government and its partners by bringing together leaders from across the country, helping media organizations and artists form a response to the epidemic and facilitating partnerships between government and NGOs.

At the centre of UNDP's support is its Leadership Development Programme, which brings together key leaders in government, media and civil society to address the underlying



issues affecting the HIV/AIDS epidemic. To date, over 500 people have participated in the programme, with another 200 currently enrolled. By identifying the primary drivers of HIV/AIDS, and the strengths that people can capitalize on in addressing its spread, the programme has been able to generate a number of breakthroughs in the depth and breadth of the response to the epidemic. Many participants have reported changes in both their personal and professional lives.

"At the seminar, I realized that my behaviour and my lifestyle do not guarantee that HIV won't affect my family, so I have started to actively work on prevention in my own city. This programme helped me to understand the importance of the contribution of each of us. I've understood that from my own position I can change the course of events," said one participant at a Leadership Development Workshop.

### Raising awareness

One initiative, developed by a participant who decided to stop using drugs after attending the workshops, was the creation of the Rubikon Theatre, which produces plays about drug use and HIV/AIDS. With former drug users playing lead roles, performances are given for people living with HIV/AIDS and their families, drug users, medical workers and schoolchildren. "Now it's easier for me to speak about my status. I've met people who treat you like a person despite the status. I've learned more about my rights. I have new ideas that will soon be implemented. And I'm sure I can change the situation for the better," says Sasha, an HIV-positive participant in the programme.

These initiatives have helped turn a largely negative dialogue into one that conveys a sense of life and hope. The discussion of the epidemic has shifted from merely focusing on simple prevention and dissemination of information to analysing and transforming social, cultural and environmental factors affecting its spread. This unusual momentum is helping to build the capacity of the country to arrest the epidemic and ensure a bright future for the people of Ukraine.

*By Helen Petrozzola, Programme Manager and Dimitri Vasylev, Information Manager in UNDP Ukraine.*

**On World AIDS Day Ukrainian pop stars perform and spread the message that personal responsibility is key to addressing HIV/AIDS.**



# Breaking the Silence

## HIV/AIDS in the Arab Region

Cairo, Egypt

**A**fter Zohira Marrah contracted HIV from her husband in 1996, she found herself ostracized by her society. But rather than admit defeat, she resolved to help bring HIV/AIDS into the open, so others would not have to face the stigma of the disease. “When I saw my husband dying of AIDS, I decided to fight this,” Ms. Marrah says. “I should let everyone know that HIV/AIDS exists in the Arab world. They have to know about it and how it is transmitted.”

Ms. Marrah is the founder and president of Al Hayat (Life, in Arabic), a non-governmental organization dedicated to dispelling misconceptions about the epidemic and encouraging people living with HIV/AIDS to seek medical and social support. Al Hayat is one of only four such associations of people living with HIV/AIDS in the Arab region.

Throughout the Arab world, denial and lack of knowledge have created a barrier of silence around HIV/AIDS, which has resulted in the stigmatization of people living with HIV/AIDS and their exclusion from society. Finding people living with HIV/AIDS who are willing to publicly share their experiences has eluded many who have sought to give voice to the more than 480,000 persons living with the disease. Still, there are a few brave individuals who stand against stigma and discrimination and are breaking the silence surrounding HIV/AIDS in the region.

The Arab region, with a population of about 300 million, is still under-researched when it comes to HIV/AIDS,

and statistics and prevalence rates, if available, are still often unreliable.

Yet, despite relatively low prevalence rates, all Arab countries have reported increases in infections over the past several years, and the numbers continue to rise. While prevalence rates in the Arab region generally remain low, recent studies show some disturbing trends. The region is surrounded by countries suffering high prevalence rates and there are significant population movements between the sub-regions due to poverty and conflict. Furthermore, sexual behaviour

patterns among youth in the region are changing and drug use is on the rise. These facts, coupled with an ominous silence surrounding HIV/AIDS, provide a perfect environment for the epidemic to thrive.

To raise awareness about the epidemic and its underlying causes, UNDP launched the HIV/AIDS Regional Programme in the Arab States in September 2002. In addition to promoting awareness, the programme is also working to engage citizens in various sectors of society in forging an

effective response to the epidemic.

“Our first HIV/AIDS regional programme in the Arab States aims to break the silence by involving arts and media personalities, NGOs, religious leaders, youth organizations and all government sectors,” said Rima Khalaf Hunaidi, Assistant Secretary-General and Director, UNDP Regional Bureau for Arab States. “The key is to generate a genuine sustained commitment to building the leadership capacity of all these stakeholders.”

*“When I saw my husband dying with HIV/AIDS, I decided to fight this. I should let everyone know that HIV/AIDS exists in the Arab world. They have to know about it and how it is transmitted.”*

**Opposite page:** Zohira Marrah contracted HIV from her husband and is now working to address stigma and discrimination against HIV-positive people.



Speaking at a UNDP-sponsored Arts and Media Conference on Leadership in July 2003, film star Hussein Fahmy, an actor with over 100 films, former Chairman of the acclaimed Cairo Film Festival and a UNDP Regional Goodwill Ambassador in the Arab region since 1998, called the silence surrounding HIV/AIDS a crime. "There is a silence related to the disease," he says. "Artists have a duty to break this horrible barrier of silence. I think it is a crime against society if we keep silent about it and pretend this disease doesn't exist."

Other artists who have participated in the programme include Egyptian singer Hakim, who is working on a song about HIV/AIDS and how it can be prevented. Syrian novelist and scriptwriter Hani Saadi wrote a drama series on HIV/AIDS and Sudanese singer Walid Hemaïd held a concert dedicated to the cause. Eskander Soukni, a Libyan painter, is planning a special exhibition of his work, dedicated to raising awareness about HIV/AIDS.

Recently, journalists and TV producers have also produced substantive coverage on the epidemic. UNDP has completed a short documentary on HIV/AIDS to be aired on national and satellite television networks in Arab countries. In addition to testimonials by people living with HIV/AIDS, the film features Arab icons addressing HIV/AIDS from multiple perspectives, emphasizing the need for more open discussion.

Amr Moussa, Secretary-General of the League of Arab States supports this endeavour. Mr. Moussa acknowledges that HIV/AIDS has not figured prominently in the Arab League's agenda.

"However, in light of the increasing infection rates, which I have just learned about from the various UN reports, and starting immediately, we will give this issue the increased attention that it deserves," said Mr. Moussa.

*By Laila Saada, graduate student of Journalism and Near Eastern Studies at New York University.*



# a new WAVE of leadership

## The Caribbean

**T**he Caribbean region has the highest HIV/AIDS prevalence outside sub-Saharan Africa. In a population estimated at just 34 million, over half a million people (2 percent of adults) are living with HIV/AIDS—and the AIDS death rate is alarmingly high.

In 2003, UNDP launched an innovative Leadership Development Programme to respond to HIV/AIDS in the region. The initiative works to build partnerships between different sectors and levels of society, and inspire and empower people with the leadership skills to respond to the epidemic.

Through the programme, people from all sectors of society—including government, NGOs, the private sector, faith-based organizations, people living with HIV/AIDS and civil society organizations—have come together in an intensive nine-month process that has enabled them to undergo a profound change in the way they understand their role in society and their ability to make a difference.

They have engaged in projects throughout the region, addressing issues such as HIV/AIDS prevention, education, stigma and discrimination, HIV/AIDS in the workplace, financial management and improving patient care for people living with HIV/AIDS.

In St. Kitts and Nevis, programme participants have educated youth on HIV/AIDS and the current situation in the country. They have also carried out numerous initiatives, including a needs assessment of health-care providers, a survey of maternal child health clients in district clinics and a sensitization workshop on the prevention of mother- to-child transmission, to make a difference in the national response.

To address stigma and discrimination, participants in Jamaica took parents and 15 school principals to a hospice for people living with HIV/AIDS. For many it was their first experience relating to persons living with HIV/AIDS.

In addition, a diverse group of participants was identified and trained to continue to build local leadership capacity and transform national and regional responses to HIV/AIDS in the Caribbean. They are committed, in their personal and professional lives, to actively contributing to reversing the epidemic. The group has worked with primary school children, youth, policy makers, people living with HIV/AIDS, health-care providers, field and factory workers, prisoners and women in low-income circumstances.

As a result of the programme, there is not only an increased commitment to challenging HIV/AIDS in the Caribbean, but also a strengthened capacity for personal leadership. This transformation demonstrates the potential and power of people to make a difference once they are able to believe in themselves, once they can begin to visualize a better tomorrow.



# A PEOPLE'S HEALTH SERVICE

SIPHO MTHATHI

BUILDING

"In a country where 600 lives are lost to AIDS each day, the antiretroviral roll-out plan represents real hope for millions who live with HIV and their communities."

## South Africa launches AIDS treatment plan

On 17 November 2003, the South African Cabinet approved an operational plan for HIV/AIDS care and treatment. This plan details the Government's ambitious goal to provide treatment to 1.4 million people within five years and to improve substantially the infrastructure of the health service. If this is implemented as planned, South Africa will soon have one of the world's largest AIDS treatment programmes.

In a country where 600 lives are lost to AIDS each day, the antiretroviral roll-out plan represents real hope for millions who live with HIV and for their communities. The national Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment recognizes the negative impact AIDS has had on an already ailing health-care system and aims to spend at least 36 percent of the total budget of the programme in building a better health infrastructure. The ARV roll-out provides the necessary impetus for improving South Africa's health-care system in its entirety.

## Civil society's role in shaping policies to realize human rights for all

The Treatment Action Campaign (TAC) was launched in 1998, with the objective of campaigning for greater access to treatment for all South Africans living with HIV/AIDS, by

raising public awareness and understanding about issues relating to the availability, affordability and use of HIV/AIDS treatments. To achieve this, TAC has worked to break barriers to treatment access at all levels.

In 2003, TAC successfully forced Glaxo Smith-Kline and Boehringer Ingelheim to give voluntary licences to producers of generic AIDS medicines to sell their products in South Africa and neighbouring countries through a case TAC brought forward to the South

African Competition Commission. This has resulted in further price reductions of medicines in the medium and long term.

In its five years of existence, TAC has also ensured that government implements a National Mother-To-Child Transmission Prevention Programme that has since been integrated in national reproductive care programmes.

## Roll-out of antiretroviral treatment to build a People's Health Service

In January 2004, TAC launched a campaign for a People's Health Service. TAC recognizes that in working to provide quality health care to people living with HIV/AIDS, we need to address the existing challenges and work for all-round improvement of the health-care system. An improved health-care system will provide better quality care for people with AIDS.

Major attempts to improve South Africa's health-care system have been made, but much work remains. The immediate objective of the People's Health Service campaign is to ensure successful roll out of the antiretroviral plan. The long-term objective of the campaign is a unified health service, in which the public and private sectors are complementary to each other and the systemic inequality between the two is narrowed. Currently, the private health system undermines the public health sector on several counts. It is characterized by exorbitant prices, rendering health care unaffordable for many, such that 80 percent of the population has to depend on the under-funded, over-burdened public health system. Some of the remaining challenges include: the building of meaningful involvement of communities with health services; and ensuring that national, provincial and local governments comply with the constitutional obligations to provide all people in South Africa with access to health-care services that respect their autonomy and dignity.

## ARV roll-out opportunity for a truly collaborative approach to health-care provision

A real partnership is required to build a People's Health Service and for the success of the ARV roll-out. Such areas as creating the demand for, and adherence to treatment, promoting openness and fighting stigma and discrimination have to be tackled on a consistent, major scale. A National Treatment Literacy campaign, giving clear and accurate messages about treatment, must be undertaken collaboratively. Such a campaign must sustain prevention messages, but it must also give enough information to people who will use treatment, and who will support those who use treatment for better outcomes.

TAC has geared itself to lead such a campaign from civil society's side, to work with government and to mobilize other social groups and communities to take responsibility for the successful roll-out of ARVs.

*Sipho Mthathi is the National Treatment Literacy Programme Coordinator for the Treatment Action Campaign.*



# Feminization of the Epidemic

NOELEN HEYZER



**D**uring the 16 Days of Activism Against Gender Violence campaign in Kenya last year, it was the men who took to the roads. Men of all ages boarded buses to spread the message that men have a responsibility to end violence against women and halt the spread of HIV/AIDS. 'Men

Working to Stop the Spread of HIV/AIDS' proclaimed banners and T-shirts, as the caravan rumbled through towns and villages, bringing song and dance, megaphones and truths, to communities across the country.

One of the most promising approaches to combating the spread of HIV/AIDS among women and girls is the mobilization of men as partners in striving for gender equality. Such movements are not only beginning but also growing, as we are witnessing in countries in Southern Africa, Latin America and Asia.

This kind of solidarity is critical for women facing the crisis of HIV/AIDS. Ten years ago, women made up 38 per cent of adults living with HIV worldwide. Today, according to the latest UNAIDS update, nearly half of all adults living with the disease are women; in some regions it is more than half. This trend is likely to continue without a concerted effort to reduce gender inequalities.

The rising rate of infection among women reflects the ways in which women—especially young women—are biologically as well as socially and economically vulnerable to the epidemic. Many women lack the power to refuse unwanted sex or negotiate safe sex, often because of their fear of violence. Women with no other source of livelihood often have little option but to engage in sex work or transactional sex. In many societies, women simply lack sufficient information about HIV/AIDS and how it is transmitted because awareness of their reproductive systems is equated to sexual experience – another source of stigma.

Women also bear the extra burden of caring for the ill and dying, both in their families and their communities. In some cases they are becoming too exhausted or too sick themselves to work or provide for their families.

These women urgently need treatment. In much of the developing world, only pregnant women have had access to antiretrovirals – a short course to reduce the chance of transmission during delivery. Women might give birth to healthy babies, only to die without treatment themselves soon after.

The WHO '3 by 5' campaign, which seeks to provide antiretrovirals to 3 million people living with AIDS by 2005, is thus critically important. However, unless the campaign takes gender relations into account, women will not be able to access this treatment. Cost is one issue; if there is only one dosage per family, as is often the case, it will go to a man rather than to a woman. Stigma, fear of being tested, and the inability of many women, especially those with young children, to spend long hours traveling or waiting are additional factors that limit women's access.

In Brazil, for instance, widely viewed as a model in terms of universal access to antiretrovirals, many rural women are still underserved. "Women don't have the same mobility as men," said Astrid Bant, UNIFEM regional adviser on HIV/AIDS. She estimates that in rural areas, only about one third of women with HIV are registered with the national health programme. The rest never make it to testing facilities. "In some states," she says, "90 per cent of pregnant women don't go for prenatal care because it is too far away. They aren't being tested, so they don't learn about their status and they are not introduced to prevention programmes."

The feminization of the epidemic is devastating and tragic. Yet it also provides the key to reversing its spread. Effective strategies must focus on enhancing gender equality and empowering women. And while political will is critical, so is the provision of adequate resources. The world community owes it to women and girls to pay close attention to what they are telling us about their situation – and their needs, hopes and visions of a better future. We can amplify their voices and use their words to guide our work and policies.

Visiting UNIFEM headquarters in March, Esther Mwaura Muiru, who works with GROOTS, a community organization in Kenya, brought a message from HIV positive women that all should hear: "Don't cry for us," she was told, "we all, everyone of us, have responsibilities. The women providing care in the home are responsible for looking after the sick; the donors are responsible for funding; policy makers are responsible for implementing policies. If we all meet out responsibilities, together we can turn back AIDS."

*Noelen Heyzer is Executive Director of the United Nations Development Fund for Women (UNIFEM).*

**"One of the most promising approaches to combating the spread of HIV/AIDS among women and girls is the mobilization of men as partners in striving for gender equality."**

# Dr. Anthony Pramualratana

Thailand Business Coalition on AIDS

## *BUSINESS RESPONDS TO THE EPIDEMIC*

**What are you most proud of in terms of the achievements of the Thailand Business Coalition on AIDS?**

In the last decade, the Thailand Business Coalition on AIDS has approached and worked with more than 3,000 businesses in Thailand. I am proud that since our establishment in 1994 we have had the opportunity to directly or indirectly get involved in the establishment of business responses to AIDS in over a dozen countries in Africa and Asia. Through this time I have met businessmen and women whom I call 'committed diamonds' in their response to HIV/AIDS. My gratitude and great respect go to these men and women from both large and small enterprises. For

**What should business do in response to HIV/AIDS? Can you give a best practice example from Thailand?**

There are numerous good examples of how companies effectively manage HIV/AIDS in the workplace. Best practices include businesses conducting regular HIV/AIDS awareness and education programmes, policies and procedures that effectively and compassionately manage employees living with HIV/AIDS, and regular community outreach programmes related to HIV/AIDS. Other examples include businesses that do not conduct pre- or post-employment compulsory testing and do not terminate employees purely on the basis of HIV status.

Many businesses in

Thailand and Asia undertake these practices for three inter-related reasons, either because they have staff who are HIV-positive or because of the organization's values of corporate responsibility, or finally because they find that addressing HIV/AIDS in the workplace is a good management practice.

**Do businesses have a role in fighting stigma and discrimination?**

Yes, the private sector definitely needs to address stigma and discrimination in the workplace. But business coalitions and their networks cannot do it alone. This is a key area for strategic partnerships between government, the private sector and civil society. The private sector employs most of the adult population around the world. We experience on a weekly basis workplace situa-

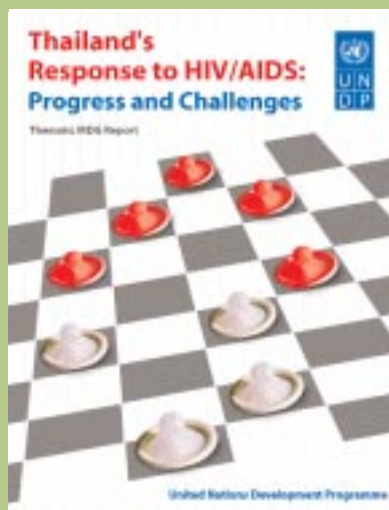


**"Prevention is cheap and works extremely well. I would ask businesses: What will you do with your first HIV employee case? What will you do to address discrimination against people living with HIV/AIDS in the workplace? What will you do if you have HIV?"**

readers of this article I would say: Go in search of these committed individuals in your own country, as they are not hard to find. When you do find them, give them guidance and assistance to work on HIV and AIDS. They will be great advocates and implementers of positive and compassionate change in your society. Lessons learnt from working on AIDS will make us all better human beings.

tions where employees are fearful of colleagues that are rumored to have HIV. The private sector has a 'captive audience' in their employees. They have a controlled working environment where awareness, education and non-discrimination messages can be shared—and perhaps much better than in the larger community.





# THAILAND: A Look at What Went Right

comprehensive prevention programmes have saved millions of lives. However, unless past efforts are sustained and new sources of infection are addressed, the striking achievements made in controlling the epidemic could now be put at risk.

*Thailand's Response to HIV/AIDS: Progress and Challenges* provides a comprehensive history of the response to HIV/AIDS in Thailand from the beginning of the epidemic to the present day and answers the question asked by so many around the world: "What went right in Thailand?" It also provides an honest assessment of the remaining challenges and makes powerful recommendations for what needs to be done.

The report shows that although the spread of HIV/AIDS has slowed, the brunt of the impact has yet to be felt and the epidemic will continue undermining human development and divert resources away from other key priorities. It also shows that the recent evolution of the epidemic in Thailand is reason for concern, with new patterns of transmission and factors fuelling the epidemic.

Thailand is one of very few developing countries in the world that has managed to reverse the spread of the HIV/AIDS epidemic. Its well-funded, politically supported and

The report concludes with a crucial chapter on the way forward and focuses squarely on key policy messages, which include the need to:

- Ensure strong political leadership to put HIV/AIDS back on the radar screen
- Revive the multisectoral response to draw non-health ministries, NGOs and the private sector into the response
- Decentralize the response to Provincial and Tambon authorities
- Address stigma and discrimination with a human rights approach
- Develop new prevention/education efforts to respond to the new phase of the epidemic
- Involve the education system to influence the values, attitudes and behaviour of young people from an early age
- Focus on social, economic and gender issues crucial for effective prevention
- Focus on reducing HIV transmission among drug users
- Meet the challenge of providing access to ARVs for those who need it

The report is being produced as part of UNDP's efforts to promote policy dialogue in Thailand on the Millennium Development Goals. A 'spin-off' of the main MDG report for Thailand, this 'thematic' MDG Report on HIV/AIDS will be launched at the XV International AIDS Conference in Bangkok on 12 July 2004.

## Do you think South-South collaboration among business communities has a role to play in the global response?

Of course it does. Examples of Daimler-Chrysler and Standard Chartered Bank come to mind. They have a comprehensive programme in South Africa and saw a clear business reason to roll this programme out on a global basis. Many of the businesses that belong to the Global Business Coalition on AIDS have begun to implement their HIV/AIDS programmes in a serious and committed way in their various country offices.

However, the prevalence of the epidemic in Southern Africa and Asia is different and this difference results in many Asian workplaces placing less importance on their programmes. HIV/AIDS in Asia may never be as serious as in Africa (though rates in Eastern Europe, India and China may be proving this wrong), and advocacy messages may have to be different.

In Asia we have found that effective human resource management, such as education, non-discrimination and continuation of employment, are key factors of good management.

## What advice would you give to business communities in the early stages of the epidemic?

Prevention is cheap and works extremely well. I would ask businesses to ponder the following questions: What will you do with your first HIV employee case? What will you do to address discrimination against people living with HIV/AIDS in the workplace? What will you do if your employees refuse to work with a colleague rumoured to have HIV? What will you do if you have HIV? I certainly hope this will never happen to a business. But can you be sure? Dedicated awareness and education of your staff can prevent this form of unpreparedness. Sustained success in businesses and the workplace will need a coordinated effort in the private sector, supported by a willing national government and NGOs operating in the country. I urge both governments and NGOs to reach out to the private sector to get them on board. Many businesses want to get involved but don't know who to contact, what choices they have to contribute back to the society they operate in, or where to go for assistance.

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*Dr. Anthony Pramualratana is Executive Director of the Thailand Business Coalition on AIDS*

# UNDP Resources

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. It is on the ground in 166 countries, supporting them to create their own solutions to global and national development challenges. Responding to HIV/AIDS is one of UNDP's five core priorities – integrated into its overall mission to provide developing countries with knowledge-based policy advice and operational support. As one of the nine cosponsors of UNAIDS, UNDP focuses on helping developing country governments to create an enabling policy, legislative and resource environment for an effective response to HIV/AIDS. UNDP works on the governance challenge of planning, coordinating and implementing multi-sectoral HIV/AIDS action.

## UNDP GLOBAL HIV/AIDS PROGRAMME

### HIV/AIDS Group

Bureau for Development Policy  
304 East 45th Street  
New York, NY 10017  
USA  
<http://www.undp.org/hiv>

## UNDP REGIONAL HIV/AIDS PROGRAMMES

### HIV/AIDS Regional Programme in the Arab States

World Trade Centre  
1191 Corniche El Nil/ Boulaq  
Cairo  
Egypt  
<http://www.undp.org/rbas/regional/aids/>

### Regional HIV/AIDS Programme for South and North-East Asia

55 - Lodi Estate  
New Delhi-110003  
India  
<http://www.hivanddevelopment.org/>  
<http://youandaids.org>

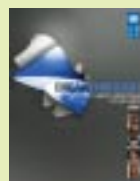
### South-East Asia HIV and Development Programme

United Nations Building  
Rajdamnern Nok Avenue  
Bangkok 10200  
Thailand  
<http://www.hiv-development.org/>

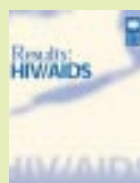
### Regional Project on HIV and Development in sub-Saharan Africa

PO Box 6541  
Pretoria, 0001  
South Africa  
<http://www.hivdev.org>

## HIV/AIDS Publications



Breakthrough: UNDP's Response to HIV/AIDS  
2004



UNDP HIV/AIDS Results  
2003



UNDP Policy Note: HIV/AIDS and Poverty Reduction Strategies  
2002



Migration and HIV in South Asia  
2004



Law, Ethics and HIV/AIDS in South Asia: A study of the legal and social environment of the epidemic in Bangladesh, India, Nepal and Sri Lanka  
2004



Thailand's Response to HIV/AIDS: Progress and Challenges  
2004



Understanding the Links between Development Planning and HIV/AIDS  
2003



The Impact of HIV/AIDS on Human Resources in the Malawi Public Sector  
2003



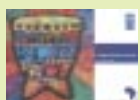
# on HIV/AIDS



HIV/AIDS: Implications for Poverty Reduction  
2002



Transforming the Response to HIV/AIDS: An Ethiopian Experience  
2003



Swaziland: Leadership for Results  
2003



YouandAIDS: The HIV and Development Magazine for Asia Pacific, March edition  
2004



Mainstreaming HIV Prevention in the Military: A case study from Cambodia  
2004



Mapping HIV Vulnerability along Kampong Thom, Siem Reap, Odor Meanchey and Preah Vihear, Cambodia  
2004



From Challenges to Opportunities: Responses to Trafficking and HIV/AIDS in South Asia  
2003

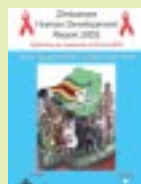


Conceptual Shifts for Sound Planning: Towards an integrated approach to HIV/AIDS and poverty  
2002



## HIV/AIDS Regional and National Human Development Reports

Commonwealth of Independent States  
Reversing the Epidemic - Facts and Policy Options  
Regional Report  
EUROPE & CIS  
2004



Redirecting Our Responses to HIV and AIDS  
ZIMBABWE  
2003



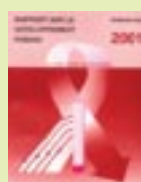
HIV/AIDS and Development in South Asia 2003  
Regional Report  
SOUTH ASIA  
2003



The Challenge of HIV/AIDS: Maintaining the Momentum of Success  
UGANDA  
2002



Societal Aspects of the HIV/AIDS Epidemic in Cambodia  
CAMBODIA  
2001



The Fight Against HIV/AIDS  
BURKINA FASO  
2001




SADC Regional Human Development Report  
Regional Report  
SOUTHERN AFRICA  
2000












Towards an AIDS-Free Generation  
BOTSWANA  
2000

## MATTERS OF FACT

A volunteer pins up ribbons bearing the names of people who died of HIV/AIDS, during Singapore's AIDS Candlelight Memorial in Singapore, 18 May 2003.

In the **one**-minute that it takes to read these facts, **10** more people will become infected with HIV. 

AIDS has killed more than **20 million** people worldwide.  Since world leaders committed to reversing the AIDS epidemic in 2001

(UNGASS), an estimated **13 million** new HIV infections and **8 million** AIDS deaths have occurred.  In 2003 alone, **3 million** people died and nearly **5 million** became infected.  Less than 7% of those who need treatment in developing countries receive it.  In 2000, patented antiretroviral treatment ranged from **US\$10,000–\$15,000** per patient per year—today, generic medicines can cost as little as **US\$140**.  HIV/AIDS is a global epidemic—in 54 countries at least **1%** of adults are living with HIV/AIDS, and in 27 countries prevalence rates exceed **4%**.  **Nine** out of the **10** countries with the highest prevalence are in Southern Africa.  Ten years ago, women worldwide made up **38%** of people with HIV—now, close to **half** of adults living with HIV are women.  In sub-Saharan Africa nearly **6 in 10** HIV-positive adults are women—young women aged 15–24 are **twice** as likely to become infected as men of the same age.  Today, **38 million** people are living with HIV/AIDS: **25 million** in sub-Saharan Africa, **6.5 million** in South and South-East Asia, **1.6 million** in Latin America, **1.3 million** in Eastern Europe and Central Asia, **1 million** in North America, **0.9 million** in East Asia, **0.6 million** in Western Europe, **0.5 million** in North Africa and the Middle East and **0.4 million** in the Caribbean.

*Sources: Report on the Global HIV/AIDS Epidemic 2004; UNAIDS Fact Sheets; Progress Report on the Global Response to the HIV/AIDS Epidemic 2003 (UNAIDS); World Health Report 2004 (WHO); Clinton Foundation press release.*



Photo by Roslin Rahman—AFP/Getty

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