



AIDS INFORMATION EXCHANGE NEWSLETTER

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WORLD AIDS DAY 2003

WORLD AIDS DAY, December 1 2003. "Live and Let Live" remains the theme for 2003-2004 and the campaign focuses on eliminating stigma and discrimination associated with HIV and AIDS. The AIDS epidemic update for December 2003, published by UNAIDS and WHO, states that stigma and discrimination both stymie efforts to control the global epidemic and create an ideal climate for the further growth of the virus. Together, they constitute one of the greatest barriers to preventing further infections, providing adequate care, support and treatment, and alleviating the epidemic's impact. Fear of discrimination is preventing people from seeking treatment for AIDS. People can be deterred from using voluntary counselling and testing services, a linchpin in prevention, treatment and care programmes. Those living with HIV can therefore be left isolated, and deprived of the care and support that could lessen the epidemic's impact. Even when seeking care and support, people living with HIV can experience the harsh repercussions of stigma and discrimination. Those seeking care or counselling may be rejected by the very services that should help them, as recent studies indicate.

"My foster son, Michael, aged 8, was born HIV-positive and diagnosed with AIDS at the age of 8 months. I took him into our family home, in a small village in the southwest of England. At first, relations with the local school were wonderful and Michael thrived there. Only the head teacher and Michael's personal class assistant knew of his illness. Then someone broke confidentiality and told a parent that Michael had AIDS. That parent, of course, told all the

others. This caused such panic and hostility that we were forced to move out of the area. The risk is to Michael and us, his family. Mob rule is dangerous. Ignorance about HIV means that people are frightened. And frightened people do not behave rationally. We could well be driven out of our home yet again".

'Debbie' speaking to the National AIDS Trust UK, 2002

Given the close links between HIV/AIDS-related stigma, discrimination and human rights violations, multiple interventions are needed. It needs to be challenged simultaneously on several fronts:

- ❖ Inside communities, where media-based efforts can be directed at public opinion to improve the environment of people living with HIV/AIDS;
- ❖ In settings such as workplaces, hospitals and clinics, places of worship and education establishments, where equitable policies and educational programmes can counter stigma, discrimination and human rights violations; and
- ❖ In the courts, where people can invoke legal rights and duties in order to promote and protect the human rights of people living with HIV/AIDS.

An example of a successful intervention took place in the district of Lundazi in Zambia. The local chiefs there led by example and went for an HIV test, and thus mobilized community members into following their lead. And they went further, decreeing against widow inheritances and other practices that discriminate against women and girls, leaving them more vulnerable to infection.

Kami, an HIV-positive Muppet, features in the South African TV programme Talkalani Sesame, in which she broaches HIV/AIDS issues with her friends. The aim is to expose the audience, mainly young children aged 3-6, to AIDS-related stigma and discrimination, and to the ways in which people can challenge or cope with it.

The International Community of Women living with HIV/AIDS (ICW) made the following statement for World AIDS Day, December 1 2003:

The theme of this World AIDS Day, as last year's, is "live and let live". Yet ICW would like to challenge the global community to be far more proactive than this in its support for and *solidarity with* those of us with HIV and AIDS, no matter where we live, and to reflect on how much and in so many ways, women and girls with HIV contribute to our families, our communities and our wider societies.

Someone recently said "a woman's work is invisible until it is not done". Last year over 1 million families realised this around the world when they lost a female relative to AIDS. This year how many will that be? "Live and let live" is not enough.

We in ICW call for actions of *solidarity* from the global community, not just to fight the evils of stigma and discrimination, but also to stand up beside us and be counted in public places; to include us in behind-the-scenes discussions which affect our lives; to campaign for gender equity and, most urgently, to strive relentlessly for global access to care and treatment for us all. Prominent global grass roots organisations, such as the World YWCA, the World Girl Guides and Girl Scouts, Amnesty International, the Ecumenical Advocacy Alliance and the International Planned Parenthood Federation have courageously voiced their solidarity with ICW and our members. They recognise that many of their own members are also HIV positive and need, and have the right to, equal care, love, support and solidarity with their other members.

The vision and rights of all HIV positive women are themes common to us all who strive for justice, equity and peace in the world. Let 2004, the year of Women and HIV, be the year when our visions of respect, equity, treatment, peace and justice are at last realised, to transform the lives of us all.

GLOBAL UPDATE

The global HIV epidemic shows no sign of abating. Five million people became infected with HIV worldwide and 3 million died this year alone, the highest ever. The findings are featured in the AIDS Epidemic Update 2003, a comprehensive new report on the global HIV/AIDS epidemic, issued on November 25 2003 by UNAIDS and WHO, in advance of World AIDS Day on 1 December. According to the new report, an estimated 40 (between 34 and 46) million people are living with HIV worldwide, including 2.5 (between 2.1 and 2.9) million children under the age of 15. Globally, an estimated 5 (between 4.2 and 5.8) million people were newly infected and 3 (between 2.5 and 3.5) million people died of AIDS in 2003.

Speaking at a press conference in London on November 25, Dr. Peter Piot, the UNAIDS Executive Director said: “the world is now mounting a greater response to AIDS through individual initiatives like the US Government’s Emergency Plan on AIDS and the Global Fund to Fight AIDS, TB and Malaria. However, in an effort to scale up treatment, the WHO and partners are developing a comprehensive global strategy to bring antiretroviral treatment to 3 million people by 2005, known as the “3 by 5” initiative.”

In addition to treatment gaps, the report finds that surprisingly little is being done to implement even the most basic cost-effective HIV-prevention efforts. Prevention resources remain scarce, especially in sub-Saharan Africa where, outside of Senegal and Uganda, few prevention success stories can be identified. In many of the hardest hit countries, there are no national orphan programmes in place, coverage of voluntary counselling and testing is threadbare, and prevention of mother-to-child HIV transmission is virtually non-existent.

“With increased focus on the urgent issue of access to treatment, there is also a danger that the equally important issue of prevention will continue to be overlooked,” said Dr. Piot. “There has been an upsurge in the past few years in political support, policy formation and funding on HIV/AIDS. This momentum must be maintained and expanded, for both treatment and prevention, if the epidemic is to be reversed.”

The number of people estimated to be living with HIV rose by 230,000 in Eastern Europe and Central Asia in 2003, from 1.27 million in 2002 to 1.5 million by the end of 2003.

The Update report also notes that close to 40% of countries that have reported on progress made in implementing the Declaration of Commitment on HIV/AIDS (adopted at the UN General Assembly Special Session on HIV/AIDS in 2001) have not yet adopted legislation to prevent discrimination against people living with HIV/AIDS.

SOURCE: http://www.unaids.org/html/pub/Media/Press_Releases01/PR_WAD-EPI_25Nov03_e

TIME TO ACT

“**TIME TO ACT**”, is a new report released on Tuesday November 25 2003 by ActionAid-Asia, and it claims that HIV/AIDS has reached a critical point in Asia, and is threatening millions of lives in India, China and other populous nations. ActionAid-Asia is part of the global development group ActionAid, which works in 40 countries. “It is both a cause and consequence of poverty and human rights violations”, the report said, adding that unprotected sex, drug abuse and unsafe medical practices are the triggers that are helping the epidemic to spread. In Asia 7.2 million people are now living with the virus, five million of them in India and China. An estimated half million people died of AIDS and almost one million contracted HIV in the last year in Asia. But it is the seriousness of localized epidemics in several countries

that make predictions for the spread of HIV really terrifying, according to the report. For example, in many parts of China, which has an estimated 1 million people infected, the public health system is in chaos.

In Afghanistan, government statistics state there are just 15 infections in a population of 22 million. But the figures are “likely to vastly understate the problem in a country beset by conflict, massive movement of people, desperate poverty and a growing drug problem”, said Philippa Sackett of ActionAid Afghanistan. Whilst prevalence rates in Japan remain well below one percent, with just 12,595 infected people, experts fear the actual number is five times higher.

The report says weak laws are failing to protect the right of people living with HIV/AIDS, who are subject to discrimination and stigmatisation and it urges governments to learn from initiatives that have yielded positive results elsewhere, and to work together to ensure that pharmaceutical companies reduce the price of essential medicines. “Compassion and a humane response are necessary to deal with HIV/AIDS”, said ActionAid-Asia’s director, John Samuel. “But compassion cannot be a substitute for government action. Health care is not a matter of charity but a right”, he said.

For a PDF copy of the ActionAid report “**Time to Act**”, please contact AA offices or send a note to the moderator of AIDS_Asia: aids_asia@yahoogroups.com

Web page: http://groups.yahoo.com/groups/AIDS_ASIA/

NEWS ITEMS:

- The British and US governments are to set up a Special Joint Task Force on HIV. This announcement was made after a roundtable meeting on HIV/AIDS hosted by the British Prime Minister and attended by representatives from the governments of Ethiopia, Kenya, Nigeria, Uganda and Kenya. President Bush also took part in the meeting, which was the only significant diversion from talks on the war in Iraq and international terrorism during his three and half day visit to the UK. Chris Bain, the new Director of CAFOD, also took part in the roundtable discussions as did Noerine Kaleeba, the founder of TASO, and Mick Matthews from the UK International Consortium on AIDS and Development. Assunta Wagura from the Kenyan Women with AIDS organisation (KENWA) also contributed to the discussions.
<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2429>
- People living with HIV/AIDS, treatment advocates and health care providers across South Africa were celebrating at the news that the South African Government had finally approved a plan that promises eventually to deliver comprehensive care to the five million HIV-positive people in the country, including providing antiretroviral treatment to those people who need it.
<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2424>
- The Brazilian Government has announced that it has negotiated a 75% discount on the top US price of the protease inhibitor atazanavir (Reyataz). Brazil will pay \$3.25 per capsule for the drug, compared with a US price of up to \$13.80 per capsule. This represents a daily price of \$6.50.
<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2418>
- Health and Development Networks (HDN) are working together with the International Federation of the Red Cross and Red Crescent (IFRC), the Global Network of People living with HIV/AIDS (GNP+) and INAIDS on the 3-year IFRC Global Campaign against HIV/AIDS-related stigma and discrimination called ‘The Truth About

AIDS. Pass it on...’, launched in 2002. As part of this project, the Stigma-AIDS eForum is currently hosting a series of structured discussions on various issues around stigma and HIV/AIDS. It aims to provide a place where knowledge, experience and practical solutions about stigma and HIV can be discussed and shared. The first discussion on stigma, HIV/AIDS and drug use has already been completed and a summary of these discussions can be found at:

<http://archives.healthdev.net/stigma-aids/msg00043.html>

The second discussion, focusing on aspects of internal or self-stigma and HIV/AIDS, starts very soon and will run through World AIDS Day. Don’t miss the chance to be part of this learning opportunity, to have your say and to share your experiences with others. To join this forum, send an email to: join-stigma-aids@healthdev.net

“Stigma takes away hope, friends, family, your way of life and your expectations for the future”. (Anon, Stigma-AIDS eForum, 2001)

- Asian AIDS Action (AAA) is inviting proposals for funding from NGOs engaged in AIDS projects with the South Asian community and/or the Asian American Community at large. The NGO / agency may be based in the US or anywhere in Asia, and the project may be based in the US or in Asia. AAA is also open to NGOs with projects in other parts of the world that focus on the Asian Diaspora. For further details please email Kim Singh, Executive Director Asian AIDS Action at: asianaids@juno.com
- News from the **Global Fund Observer (GFO) Newsletter**: According to an analysis by the Fund, the number of people who will receive treatment with antiretroviral drugs as a result of implementing Round 3 grants is less

than with Rounds 1 and 2. The number to be treated by the end of Year 5 will be 232,000 via Round 1 grants, 284,000 via Round 2 grants, and 176,000 via Round 3 grants. This suggest that, at a time when WHO is increasing its emphasis on treating 3 million by 2005 (3 by 5 initiative), Fund applicants are not yet increasing their emphasis on treatment.

- Speaking in late October at the Brookings Institution in Washington DC, the Fund’s Executive Director Richard Feachem said that the remorseless advance of HIV/AIDS has reversed his lifelong effort not to be come a ‘health activist’. “I have never seen anything intrinsic about health that makes it more important than anything else in development”, he said. “I always say if you have another development dollar then educate a girl and definitely don’t give it to a doctor. But along comes AIDS and AIDS is: the house is burning down. And all the previous fire plans, the structural renovations, the redecorating the living room, - all the things we do to our development house, -don’t matter. The house is burning down.”

- In Canada, things have moved steadily (though not as rapidly as was originally anticipated) regarding the issuing of a compulsory license permitting Canadian generic companies to produce patent-protected drugs at cost price for export to poor countries heavily impacted by diseases such as HIV/AIDS. As of 30 August 2003, this has been permitted under a World Trade Organisation agreement, and Canada is the first country to make moves to put it into effect. Statements of support have been made by Canada’s outgoing and incoming premiers, and by the main opposition parties. Even the US and the major pharmaceutical companies have indicated that they will not oppose the move, at least publicly. However, it is

expected to take several months to get the legislative changes approved. Some other drug-producing countries such as China (and unlike Canada) already have legislation in place that would permit them to issue compulsory licenses. It might be that the first compulsory license for export will come from a country other than Canada.

- The foundation run by former President Bill Clinton has announced that four generic drug companies (Cipla, Ranbaxy and Matrix in India, and Aspen in South Africa) will produce “take-two-per-day” combination pills of antiretroviral drugs for under \$140 per person per year, based on guaranteed high volumes to be shipped to nine countries in the Caribbean, plus Mozambique, Rwanda, South Africa and Tanzania. Every such price reduction means that treatment-related Global Fund grants can go further. If prices could be brought down to \$99 per patient year, and if these prices could be made available in all poor countries, the cost of first line drugs to implement WHO’s ‘3 million people by 2005’ target would be only £300 million annually, thus permitting funders to concentrate primarily on more complex components of care and treatment.

- Many of the women attending the **11th International Conference of HIV Positive People** in Kampala Uganda in October of this year joined in making the following declaration to world leaders, governments, businesses, the United Nations, religious groups, pharmaceutical companies and civil society organisations:
 - AIDS is killing the world’s workers and leaders, -women men and our children
 - Commitment statements are not enough
 - Take up your responsibilities as leaders
- Now is the time for global united action
- Our demands are affordable and must be resourced. We are ready: you just need to act
- We women of the world want human rights upheld:
 - **TREATMENT FOR ALL NOW.**
- **Red Cross Red Crescent launches fund to treat staff and volunteers with AIDS.** A fund to address the unprecedented challenge that HIV/AIDS is posing to the work of the Red Cross and Red Crescent was launched on Friday November 28 2003 by the Federation of Red Cross and Red Crescent Societies and represents another step forward in the organisation’s efforts to support its own people living with AIDS. The Masambo Fund will provide access to anti-retroviral therapy to Red Cross and Red Crescent staff and volunteers, many of whom are working on the HIV/AIDS frontline, but are dying through lack of treatment. The fund is named after a long-serving staff member of the Zimbabwe Red Cross’ home-based care programme which provides support to families living with HIV/AIDS. Masambo died in late 2001 but it was her story, presented to the International Federation’s General Assembly shortly afterwards, that led to the decision to create such a fund. Money for the Masambo Fund will be raised through voluntary annual contributions by each Red Cross and Red Crescent society, the International Federation’s Secretariat and other donations. It is hoped that with a minimum of contributions, at least 300 people will be helped to get onto treatment initially. Each person will be guaranteed five years of drug supplies with priority given to people in countries where there is no other funding option. www.ifrc.org

- In the previous edition of the AIDS Information Exchange Newsletter, mention was made of the book “**The Reality of HIV/AIDS**” by Ann Smith of CAFOD’s HIV Support Section and Fr. Enda McDonagh, who was Professor of Moral theology at Maynooth in Ireland. A review by Julie Clegg from the Department of Theology and Religious Studies, Glasgow University, was recently published in the Journal of Political Theology. The following are some extracts from the review of the book: *The Reality of HIV/AIDS* is the result of a collaborative project by two agencies: the Irish Catholic Agency for World Development, Trocaire, and the Catholic Agency for Overseas Development of England and Wales, CAFOD. The book aims to present not only the essential facts of the pandemic that underlie its status as the greatest contemporary challenge to human development, but also the ethical and theological challenges it presents to humanity. The first of the book’s seven chapters examines the impact of the pandemic on various parts of the globe and how the infection is crippling the economies, health-care systems and education provision of large numbers of developing countries.

The second chapter places the infection in Christian perspective, and turn to scriptural and theological insights into the questions of profound human meaning raised by HIV/AIDS such as suffering, death, sex and healing. In dealing with the reality of HIV/AIDS, such as the fact that large numbers of female commercial sex workers are at risk of infection, Christians face some difficult choices when deciding how best to respond. Complex moral issues are raised concerning gender justice, sexual education, economic liberation and public health risks. The third and fourth chapters indicate the sort of multifaceted comprehensive response

that is required in terms of prevention, care and advocacy in such complex and compromised circumstances...

The final part of the book looks specifically at Christian responses to the infection/pandemic by considering the role of the Church as teacher, servant and prophet. As teacher the Church is engaged in community education programmes at grass root level and offers a national and international voice through the statements of Bishops’ Conferences and the Vatican. While there have been expressions of compassion and solidarity for those affected by the virus, the book does not overlook the rigorist insensitivity of a Church that places sexual rules over the person. This is just one way in which one sees the brokenness of the Catholic Church. Another would be the degree of denial at work in a Church that shirks its priests and religious infected with the virus. Its brokenness is also revealed through those in its ranks whose irresponsible sexual behaviour is putting others at risk of infection.

As servant the Church fares better. It has been active throughout many communities in providing support in health, education and general ministering to the needs of those afflicted. Nevertheless, there is a dark side here too, for some Catholics have been prevented from offering genuine service, love and support through prejudice against those whose sex lives do not conform to Catholic teaching. In its prophetic role, denouncing injustice and discrimination, and campaigning for the marginalized and oppressed the Catholic Church has also been active. But again, its words have not always been put into action, and prophecy has been misconstrued as reiterating high ideals or setting unattainable standards of behaviour.

The Reality of HIV/AIDS offers Catholic readers an enormously rich resource for understanding and tackling the pandemic. The authors have unparalleled experience of working with and providing a truly pro-life response to HIV/AIDS and the book is a clear and concise distillation of the theological and practical issues at stake. This courageous work leaves its readers in no doubt that the body of Christ and his Church are living with HIV/AIDS, but it offers hope that, for all its brokenness, Catholicism can still be part of the solution.

(The book is £4.50 and available from CAFOD's Resources Department, Romero Close, Stockwell Road, London SW9 9TY. UK. Email: resources@cafod.org.uk)

- **The Care of Orphans and Vulnerable Children:** this was the theme of a conference held in South Africa from the 9th to the 12th of November 2003. Some of CAFOD staff took part in the conference, among them was Jo Maher from the HIV Support Section in CAFOD, and she writes the following about the conference: "the delegates were almost all from faith-based organisations (FBOs) of the 13 Southern and East African countries responding to children and their families. The purpose of the conference was to bring representatives of the FBOs together to network with and learn from each other. The different organisations demonstrated a wide range of responses from palliative care to psychosocial support, residential and mobile and home-based care, advocacy for child and family rights and youth participation, to name only a few. The Conference, which was co-hosted by the UK-based charity HopeHIV and CAFOD's partner the AIDS Office of the Southern Africa Catholic Bishops' Conference (SACBC), will shortly issue a statement of commitment to the issues that the conference raised in the

plenaries and the many workshop sessions.

- The Catholic Bishops of **Myanmar** have written a **Pastoral Letter on HIV/AIDS and the Response of the Church** to all Priests, Religious and Faithful in Myanmar. The following are some extracts from the Bishops' letter:

Myanmar is among the countries of South East Asia that are affected by HIV. Although the incidence of infection varies widely between different States, no area of the country is free of HIV. Thus to a greater or lesser extent all dioceses are affected by HIV. The virus has no respect for age, gender, ethnicity or religious belief. All communities within Myanmar, rural and urban, Christian, Buddhist, Animist and those of no religious belief are all affected. The immediate vectors of infection are well identified: blood, sexual fluids and breast milk. The underlying causes of infection for the majority of people in Myanmar are linked to poverty and powerlessness.

Challenges and Opportunities for the Catholic Church in Myanmar: the Church is in a privileged position of being able to reach people worst affected by HIV, in villages and towns where, often, no NGO has access and where locally-based or government led HIV-related care and prevention programmes are non-existent. Church personnel have the potential to provide at least basic care and support for people infected and affected, to educate about the infection and how it can be prevented, and to reduce the stigma and discrimination suffered by people infected and affected by HIV. HIV raises one of the biggest taboo subjects: sex. Thus open discussion of sexual health and sexual behaviours is difficult. Within church circles this taboo may be stronger. (The Letter goes on to highlight the needs of both those infected and affected by HIV and AIDS.)

How can the Church Respond? All who hold positions of leadership in the Church (bishops, priests, religious, catechists and lay leaders) need to be well informed about HIV and also about the ethical and moral questions raised by HIV. In every diocese, the Church must look to support all those within their geographic region who are affected by or vulnerable to HIV, and not just to Catholics or Christians. Bishops and priests are public

figures in the communities they serve, they can lead by example in what they say and in what they do, for example:

- ❖ Every Sunday, priests and bishops have an opportunity to speak out. They can use their sermons to condemn any form of discrimination against people affected by HIV, to educate their communities about HIV and AIDS, and to address some of the root causes of infection in Myanmar.
- ❖ Bishops and priests can make sure that they and their parishioners are not judgemental in their words or actions, and that people living with HIV and their families are always welcome in the liturgies and wider activities of their Church communities.
- ❖ Bishops and priests can encourage the diocese to seek alternative employment opportunities for young men and women whose present work options heighten their vulnerability to HIV.
- ❖ Bishops and priests can visit people sick with AIDS, bringing them the sacraments and offering support to them and their families.
- ❖ Bishops and priests can enable and encourage the HIV-related work of sisters and lay catechists. There are many examples where clergy say, “our people don’t need to know about HIV/AIDS”, or “our people would be scandalised if we talked about sex”. In other instances, priests or bishops have stopped lay people from raising awareness about HIV, telling them they are not qualified to discuss these moral questions and even preventing them from giving scientifically proven sexual health information about HIV prevention. Such negative attitudes need to change if the Church is to offer any meaningful response to HIV/AIDS.
- ❖ Bishops and priests can work in collaboration with leaders of other Christian churches and other faiths to offer a united response to the epidemic.

We are aware of the magnitude of the task ahead of us. We share a common ideal with all who are working to eliminate the stigma and discrimination attached to HIV and we know that it is only through our mutual collaboration that we can realise the World AIDS Day Campaign aspiration to “Live and Let Live”.

The letter then goes on to request all parish clergy to offer prayers in their parishes on Sunday December 7th for all who are living with HIV and AIDS. They also suggest some special prayers which might be used.

Our Prayer is always full of Hope”, this is the message from the African Catholic Bishops in which they promise concerted action on HIV/AIDS, support and care for the those living with HIV and AIDS and the elimination of the ‘damaging myths of stigma and discrimination’. Their common message was published on December 1 2003 in the name of all the Catholic Church Leaders in Africa and was prepared and approved at a two-day seminar which took place during the 13th Plenary Assembly of **SECAM** held in Dakar, Senegal from September 30 to October 13 2003. The theme of the two-day seminar was **“To Shepherd the Church, the Family of God in Africa, in the Age of AIDS”**. The 2003 Message underlines the seriousness of the threat posed by the HIV/AIDS pandemic, and the two page Action Plan outlines over 20 carefully prepared objectives and strategies of the Church in facing the challenge of HIV and AIDS in Africa.

SECAM, founded in 1969, is the Symposium of the Catholic Episcopal Conferences of Africa and Madagascar.

For further information: <http://www.sceam-secam.org>

RESOURCES:

“Building Resilience in Children Affected by HIV/AIDS”, by Sister Silke-Andrea Mallmann CPS, as part of Catholic AIDS Action, Namibia.. The book is published by Maskew Miller Longman. Further information: info@caa.org.na website: www.caa.org.na

“Courage to Care”, a practical and reflective approach to dealing with the HIV/AIDS crisis, produced by the Catholic Institute of Education of the SACBC. The book is structured with each chapter beginning with an authentic story of the experience of HIV/AIDS. Based on the story, a particular aspect of living with HIV/AIDS is discussed. The reader is encouraged to reflect on how these issues challenge us and carry the seeds of Hope.

Orders to :CIE Book Orders. PO Box 2083,
Southdale 2135, South Africa. Information:
info@cie.org.za

“Prevention or Care? What works best in the fight against HIV?” What is the best way of fighting AIDS? What is the right balance to strike between health education, treatment of the virus and caring for people living with AIDS? It is essential in countries where funds are scarce to find the most cost effective method of combating the virus. The World Health Organisation (WHO) together with Copenhagen University looked into the most effective methods of tackling the epidemic in Africa.
<http://www.id21.org/health/h5ac2gl.html>

“HIV/AIDS: the Social and Economic Impact of a Pandemic”, looks at the epidemic through the perspective of 12 topic pages. Resources on diminished workforce, reduced household income, strained government health budgets and weakened healthcare delivery systems are presented, as well as the impact of the virus on vulnerable groups such as orphans, farm workers, women, youth and people living in post-conflict societies. <http://www.developmentgateway.org/node/130685/special/hiv>

“AIDS on the Agenda”, adapting Development and Humanitarian Programmes to Meet the Challenges of HIV/AIDS by Sue Holden, and published by Oxfam GB, in association with ActionAid and Save the Children UK. The author considers three possible responses to the problem: a) do nothing, b) try to specialise in direct AIDS work or c) adapt core programmes and internal systems to respond to the impact of AIDS. The author argues for the third approach as the essential initial response. The problems inherent in the ‘mainstreaming’ approach are dealt with frankly and constructively. Cost: £14.95/\$23.95. Email: publish@oxfam.org.uk
Address: Oxfam Publishing 274 Banbury Road Oxford OX2 7DZ, UK
or www.oxfam.org.uk/publications

The UK Consortium on AIDS and Development has published the first co-ordinated approach for NGOs seeking to manage HIV and AIDS in the workplace. **“Working Positively”** offers NGOs workplace guidelines for HIV and AIDS. NGOs often work in some of the highest HIV and AIDS prevalence areas in the world and typically employ staff from local communities. Good workplace policies and programmes including treatment can help mitigate the impact of HIV and AIDS on an organisation, while at the same time lessening the overall impact of the epidemic and can help NGOs increase their credibility with government, partners and community members. **“Working Positively”** is available on <http://www.aidsconsortium.org.uk>
Address: Richard Walker, Communication & Administration Officer, UK Consortium on AIDS & International Development. The Gatehouse, New City Cloisters, 196 Old Street London EC1V 9FR

Manual: Nutrition and HIV/AIDS: A Training Manual

RCQHC, FANTA, and LINKAGES, August 2003

Intended to complement materials used in institutions of higher learning to improve the quality of training in nutrition and HIV/AIDS. The manual provides a comprehensive source of information on nutrition and HIV/AIDS, and provides instructors with technical content, presentations, practical exercises, and handout materials that can be used for planning and facilitating courses and lectures. The intended users of the manual are instructors of masters or undergraduate level students of medical or health sciences, applied human nutrition, dietetics or home economics, and food technology and agriculture. It is expected that students exposed to these materials will acquire enhanced knowledge and skills in the nutritional management of clients infected with HIV.

<http://www.fantaproject.org/focus/preservice.shtml>

Food and Nutrition Technical Assistance Project, Academy for Educational Development, 1825 Connecticut Avenue., NW, Washington, DC 20009-5721, Phone: (202) 884-8000, Fax: (202) 884-8432, e-mail: fanta@aed.org

This newsletter is produced by way of response to CAFOD partners and friends who express a need for information. Please share your copy of AIE with as many people as possible. Any comments which would help to make the newsletter serve your needs better will be gratefully received by HIV Support Section staff at:

CAFOD, 2 Romero Close, Stockwell Road, London SW9 9TY, England.

Fax: + 44 020 7274 9630. E-mail: hiv@cafod.org.uk

The newsletter may also be downloaded from the CAFOD website: www.cafod.org.uk

Views expressed in this newsletter do not necessarily represent the opinion or official position of CAFOD

The newsletter is available in English and Spanish



Peace at
Christmas
and during
this coming
year

Jim Ann
Monica Jo
Alec &
Elaine

HIV Support
Section