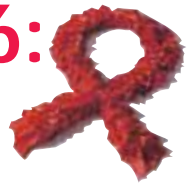


World AIDS Day 1st December 2006: 'STOP AIDS: Keep the promise'



Message from the Commonwealth Secretary General on World AIDS Day



Most people have broken promises, but few have – however unconsciously – caused millions to die in the process.

'STOP AIDS: Keep the Promise' is the slogan for this year's World AIDS Day, and its theme is Accountability.

World AIDS Day comes of age today: it is 19 years old. And a sobering and adult message is clear: the world is strewn with half-kept promises, whose makers are at best half-accountable. Those promises are those of the international community, of governments, of civil society, of local communities – and of us all individually.

Take the international community, which promised more money and better delivery of that money. All developed countries have made moves towards the UN target of 0.7% of national income being spent on meeting the Millennium Development Goals; yet almost all still fall short of meeting it. All have made promises to make their contributions to the Global Fund for AIDS, TB and Malaria and its stated need for US\$ 9.5 billion by 2008. Yet only US\$ 5.9 billion has so far been received. All have promised to harmonise their HIV and AIDS programmes in line with each other and with national programmes; yet still international and national approaches are far apart.

Take national governments, particularly in developing countries which suffer the most with HIV and AIDS. Almost all have kept the promise to develop just one national strategy, one coordinating body and one evaluation body. And yet, many of the strategies are lacking, especially in paying proper attention to the two groups worst hit by the disease – women and young people. Commonwealth advisers have this year looked closely at nine national strategies across Africa, Asia, the Caribbean and the Pacific, and found serious deficiencies in all. National governments, meanwhile, still fail to put their money where their mouth is: in April 2001, 54 African governments pledged to allocate at least 15% of their national budgets to the health sector. They haven't done so.

Take civil society organizations, which are often the frontline providers of HIV and AIDS services in Commonwealth countries. They are also called to be global and national advocates, as we have seen so effectively in the bold actions of groups like the Treatment Action Campaign in South Africa, and in the global civil society lobby which did so much to prompt the UN General Assembly to adopt the Declaration on Universal Access to Prevention, Treatment and Care in June 2006. And yet: civil society organisations have so far to go in building strong partnerships with each other and with government.

Perhaps individuals, too, must shoulder their own responsibility for promises half-made and half-kept.

Meanwhile we in the Commonwealth also struggle to look in the mirror. Yet as a family of 53 nations, we have tried to hold to our own commitments.

We promised to keep the issues of HIV and AIDS at the centre of our work, when our Heads of Government pledged in Durban in 1999 to lead the

fight against the 'global emergency', within our countries and internationally.

We promised to support our member countries in the development of their national strategies for fighting AIDS. In particular, we encouraged them to focus on the situations of girls and young women, on losses of doctors and nurses either by death or migration, and on trade-related intellectual property issues (TRIPS) on access to affordable medicine.

Finally we promised to help on a human scale, and to celebrate human responses to HIV and AIDS. Hence the work of our Commonwealth Ambassadors for Positive Living, a group of over 200 remarkable young people across member countries. All are HIV-Positive, and all work day-in and day-out – talking to schools, scouts, junior football teams and more, and bringing messages of prevention, positive living, compassion and acceptance.

Overcoming HIV and AIDS requires leadership from all parts of society. Without accountability and the full and active commitment of governments, civil society organisations, communities and individuals, we cannot confront and defeat a pandemic that threatens us all.

'A promise made is a debt unpaid', wrote the Canadian poet Robert Service exactly 100 years ago. Some of our debts have been paid; but more haven't, and they are mounting – with interest.

This December 1st, we must reflect on our unpaid debts and unmet promises. No group of countries cares more about that than the Commonwealth, which is home to one-third of the world's people, but two-thirds of its cases of HIV and AIDS. To all Commonwealth countries I ask: have you done your part to 'Stop AIDS'?



From the Director's desk

I am pleased to introduce the latest issue of Linkin on one of the greatest challenges the Commonwealth family is facing – the HIV/AIDS epidemic. AIDS steals lives, destroys families, undermines communities and even reduces economic growth. Regrettably, despite progress in many countries, 60% of people living with HIV/AIDS globally are in Commonwealth countries, mainly in sub Saharan Africa but increasingly in the Caribbean and South Asia. No Commonwealth region is free from the epidemic. Mortality rates in the Commonwealth from HIV/AIDS show clearly the inequalities between rich and poor countries, between rich and poor in the same country, and between women and men. Put simply, people with access to testing and treatment can contract the disease and live, whilst those with no access die fast. In Africa particularly, the majority of people with HIV/AIDS are women, and many are school age girls.

Earlier this year Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, speaking to the Harvard Law School, described the impact of the AIDS epidemic on women and girls in Africa as 'Armageddon' and asked 'How can we ever explain the fact that the funeral parlours and graveyards of Africa are filled with the bodies of young women in their late teens, twenties and thirties?'

Many of the articles in this publication address the linkages between gender and HIV/AIDS, an area of focus for our HIV/AIDS work at the Commonwealth Secretariat. Beyond specific programmes on HIV/AIDS, however, we work to implement the new Commonwealth Gender Plan of Action 2005 – 2015 which will strengthen the rights of women and girls in all areas giving them more autonomy over both their bodies and their lives.

In August, I had the privilege of attending the XVI International AIDS Conference in Toronto, Canada, with my colleagues Dr Joseph Amuzu and Dr Meena Shivdas. With over 26,000 participants in attendance, it was an opportunity to learn, network and recharge the batteries of a group of people determined to change the world. I came away thinking that, finally, it had been accepted that addressing the AIDS epidemic means addressing the rights of women and girls. And the importance of this goes beyond HIV/AIDS. The Millennium Development Goals (MDGs) most off track, including maternal mortality, depend directly upon addressing the social, economic and political status of women. Finally, the tide may be turning. I read with interest recently the recommendation of the High Level Panel on UN Coherence that a new, stronger, UN agency for women be created. We will support that development in every way that we can because a strong global agency is needed to spearhead change.

This issue of Linkin focuses on accountability and HIV/AIDS and I will leave the last word on that to Stephen Lewis: 'history will demand an explanation for the torpor that transfixed the international community while women were being decimated.....'

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HIV/AIDS A Human Rights Issue

Everyone enjoys certain rights, including the right to life and to access the highest attainable standard of health. Many public health issues are also matters concerning fundamental human rights. It is evident that protection of human rights, both of those vulnerable to infection and those already infected, is not only right as a matter of principle, but in practical terms also produces more significant, accurate and appropriate public health responses and results. It is clear that vulnerability to infection, and inability to access treatment and care, continues to be rooted in phenomena that also constitute a failure to respect or fulfill basic human rights: patterns of social, economic and gender inequalities, sexual violence, stigma and discrimination fuel the epidemic.

Everyone enjoys certain rights, including the right to life and to access the highest attainable standard of health. Many public health issues are also matters concerning fundamental human rights. It is evident that protection of human rights, both of those vulnerable to infection and those already infected, is not only right as a matter of principle, but in practical terms also produces more significant, accurate and appropriate public health responses and results. It is clear that vulnerability to infection, and inability to access treatment and care, continues to be rooted in phenomena that also constitute a failure to respect or fulfill basic human rights: patterns of social, economic and gender inequalities, sexual violence, stigma and discrimination fuel the epidemic.

Critical rights implicated include the rights to non-discrimination and gender equality, information about HIV/AIDS, education, health, privacy, employment and social assistance. In particular, respect for sexual and reproductive rights of women is critical to reducing HIV/AIDS. Discrimination against People Living With HIV/AIDS (PLWHA) is a human rights violation and should be addressed in a comprehensive manner, including legally. In addition, a culture of discrimination and stigma has the practical effect of hindering prevention, testing and treatment efforts, and should be publicly addressed.

In responses at all levels to the HIV/AIDS emergency, a number of things have become clear about 'human rights and HIV/AIDS'. These truths inform the approach that the Commonwealth Secretariat takes in its assistance to member countries' national and collective responses. In doing so, expression is given to the shared values that have defined the

Commonwealth as an organisation and to which all its members have committed themselves.

What are these truths?

It has become evident that when human rights inform the content of national responses, vulnerability to HIV infection is reduced and people are able to manage living with HIV or AIDS. When human rights principles guide the process by which local and national responses are implemented the results are tailored to the needs and realities of those affected. Such principles include non-discrimination, participation, inclusion, transparency and accountability. It follows that supportive policy and legal frameworks that focus on the individual's rights, and particularly on those of individuals in vulnerable groups, are essential to effective responses. The human rights of women, young people and children and marginalized groups (including prisoners, MSM and others) must be protected in law if they are to avoid infection and withstand the impact of HIV. However, there is more to a rights-based response than legal protection. There needs to be mobilization of public attitudes towards HIV/AIDS, and towards persons who are infected, so as to build up a culture of respect.

Commonwealth countries that have seen the most effective responses to HIV/AIDS are those where a human rights framework has openly guided the public health response. Policies and programmes in countries that have been the most successful in reducing vulnerability to HIV have developed and implemented policies and programmes in accordance with fundamental rights. In addition to their national laws and policies, the

response of Commonwealth countries to HIV/AIDS takes place within, and is guided by, the framework of international law relating to human rights, in particular the Universal Declaration of Human Rights 1948, the International Covenant on Economic, Social and Cultural Rights 1966, the International Covenant on Civil and Political Rights 1966 (in relation to discrimination and other issues), the UN Convention on the Elimination of All Forms of Discrimination Against Women, and the UN Convention on the Rights of the Child. A number of Commonwealth countries have yet to ratify these universal instruments. However, the adoption and importantly the integration of the letter and spirit of these conventions, commitments and declarations into a national response also works to strengthen a state's ability to protect and fulfill these rights. This is one area where the Human Rights Unit of the Secretariat works to assist members.

Finally, it has also become clear that national and local responses will not work without the full engagement and participation of those affected directly or indirectly by HIV. The Commonwealth Secretariat's activities to assist member countries is based on an approach that reaffirms the position that the realisation of human rights for all is essential to reduce vulnerability to HIV/AIDS, and that respect for the rights of PLWHA drives an effective response, as set out in the 2001 Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS, and as follows from the core values and principles upon which the Commonwealth was founded and operates in the 21st century.



Barriers to antiretroviral treatment in the Commonwealth

In a recent study undertaken by the Commonwealth Secretariat on the barriers to the rollout of antiretroviral therapy (ART) in selected Commonwealth countries, it was noted that stigma and discrimination of Persons Living With HIV/AIDS is the most common issue. Other barriers include the health service itself, poverty and gender inequality, and donor funding mechanisms.

HIV/AIDS Stigma and discrimination

Treatment is not getting to groups such as refugees and displaced people, sex workers, intravenous drug users, men who have sex with men, prisoners and mobile populations as they are commonly discriminated against.

Many people do not access treatment because the designated health centres for HIV/AIDS treatment create and enhance stigma and discrimination. HIV/AIDS stigma and discrimination are worsened by the healthcare workers' attitudes and behaviours, especially towards persons living with AIDS.

Health service factors

Health services are constrained with the finances needed to procure drugs, consumables, equipment and infrastructure as well as the low economic and financial status of the patients. Drug pricing and affordability are crucial issues in ensuring adherence to treatment, and thus minimizing the risk of developing drug resistant strains.

The lack of standardised and consistent policies, strategies and operational guidelines presents a challenge for patients who move from one location to the other and also between the public and the private system. The treatment regimens between the two systems were often different.

National health services are overburdened, understaffed, inadequately trained and under-



funded. The health services lack doctors, nurses and other para-medical staff who are central to sustaining HIV/AIDS treatment.

Poverty and gender inequality

Poverty and gender inequalities are driving factors in the spread and impact of HIV/AIDS, particularly for women and girls. Women's inferior political, social and legal status perpetuates poverty. Discrimination and lack of opportunity in social, economic and cultural spheres of activity, including access to and ownership of land and property, unequal inheritance rights and lack of decent work opportunities exacerbate the feminisation of poverty. Women also bear the brunt of the social and economic impact of HIV/AIDS. Women of all ages – especially older women and adolescent girls – bear unsustainable burdens of care for the sick and dying in their homes, face additional health care costs for HIV-affected family members, and in many cases cope with extra dependants including orphans.

Unless the issues of gender are seriously addressed within HIV/AIDS programmes, progress in halting HIV/AIDS is going to be slow.

Donor funding mechanisms

Even though donor funding was not reported as a serious barrier to

treatment, there were challenges related to the lack of coordination and cooperation of partners and the mechanisms and use of donor funds.

It was reported that technical guidance on how to access donor funding is not readily available and not standardized. Pledged funds are not committed and hence not received by countries, thereby leading to funding gaps. Country policies are too greatly influenced by donors who attach strict conditions to the extent that ART rollout is compromised. Donors are perceived as controlling as funds provided for ART programmes are not flexible enough to be used for the hiring of more health workers to provide the needed services. Linking or integrating ART with different services such as TB, PMTCT and other services is difficult to do in most cases because of donor conditionality, although such integration is seen as critical to help to ensure better compliance and more effective treatment. On this issue, the research recommended that beneficiary countries need to ensure accountability and transparency in the use of donor funds. Countries' own financial commitments need to be optimised thereby ensuring sustainability, and ownership of the problem, and this will ensure that treatment can be provided free of charge to patients.

The Commonwealth remains committed to assist Swaziland's fight against HIV/AIDS

By Dr Joseph Amuzu, Health Adviser, Commonwealth Secretariat

The Commonwealth plays an important role in the lives of the ordinary Swazi. HIV/AIDS has become a massive problem in Swaziland. Periodic surveillance of antenatal clinics in Swaziland shows a consistent rise in the prevalence of HIV infections among women. According to statistics from UNAIDS adult HIV prevalence in 2005 is 33.4 per cent.

The Commonwealth plays an important role in the lives of the ordinary Swazi. HIV/AIDS has become a massive problem in Swaziland. Periodic surveillance of antenatal clinics in Swaziland shows a consistent rise in the prevalence of HIV infections among women. According to statistics from UNAIDS adult HIV prevalence in 2005 is 33.4 per cent.

The Commonwealth is trying to help. In 2004, the Commonwealth Secretariat sent two Swaziland officials to a workshop in Nairobi, Kenya called 'Men, Masculinities and HIV/AIDS'. The purpose of the workshop was to increase the constructive involvement of men in activities and interventions designed to reduce gender inequalities and minimize the impact of HIV and AIDS.

What I saw at the workshop was a real commitment by officials from Swaziland to get a handle on an epidemic that is starting to spiral out of control.

Swaziland took the lead on a workshop shortly after the Nairobi workshop in October 2004. The workshop dubbed, 'Men Can Make a Difference' brought 19 Swazi officials from Government and civil society organisations and other international participants together to examine the impact of HIV/AIDS on women, men, boys and girls for a better understanding of the gender equity and equality issues within HIV/AIDS prevention, care, treatment and support and to develop strategies that will encourage constructive involvement of men in HIV/AIDS programmes.

Swaziland has come a long way in terms of gender equality and getting girls to go to school. The problem now is that many girls aren't staying in school because they are either infected with HIV and/or providing care to their ailing parents and relatives. Girls have the right

It is important that across all levels of the Swazi society, there is a reflection to see a social paradigm in which women and girls will be able to take greater control of their lives.

to enjoy a high quality of education in a gender-sensitive environment.

The Commonwealth Secretariat is trying to work with Commonwealth Ministers to recognise that HIV/AIDS imposes an unequal burden on women and girls, who often have primary responsibility for care of the sick and dying and of orphans. Gender power imbalances can make it difficult for women and girls to negotiate safe sex or refuse unwanted sex, increasing their susceptibility to infection. The organization assists policy makers and HIV/AIDS programme officers in Commonwealth countries to review their HIV/AIDS policies, plans and programmes from a gender and youth perspectives, ensuring that they become gender and youth sensitive, addressing the inequalities, inequities and discrimination against women and the girl child.

It is important that across all levels of the Swazi society, there is a reflection to see a social paradigm

in which women and girls will be able to take greater control of their lives. Women cannot fight these battles alone. Men can and must make a difference as our recent Commonwealth initiatives have been promoting. Facilitating integration of women, men and young people in the global efforts to reverse the HIV/AIDS pandemic will bring us to the realisation of the Millennium Development Goals (MDGs). The Commonwealth is here to support all Commonwealth member countries.





Mainstreaming gender analysis in HIV/AIDS programming in the Caribbean

By Monique Springer, UNIFEM Caribbean

The project, *Capacity Building for Mainstreaming Gender Analysis in HIV/AIDS Programming in the Caribbean* is an interagency response to the escalating prevalence rate of this epidemic, particularly among young women, which is driven by gendered behaviour. The initiative is supported by CIDA, the Commonwealth Secretariat, DFID and UNIFEM. In addition to supporting the initiative through allocation of funds, the Secretariat offered technical assistance towards the initiative and the Gender section was involved in the technical advisory group and the compilation of the training manual and Training of Trainers. The Commonwealth-UNESCO Professor for HIV/AIDS in Education who works out of UWI, St Augustine, has been involved in the Training of Trainers and a regional training programme in Guyana. The Gender Section was part of the Expert group meeting on Gender and HIV policy and the Barbados national training on gender mainstreaming. The Health Section was involved in the national training in Grenada with a view to exploring specific national level assistance.

In order to complement the multi-agency initiative's efforts, the Secretariat has offered technical assistance to PANCAP/CARICOM through placement of a gender expert under the Commonwealth Service Abroad Programme (CSAP-GIDD) to work specifically on integration of the gender dimension in the Caribbean Regional Strategic

Framework for HIV/AIDS. The CSAP gender expert will also work with gender experts at the national level when reviews of national strategic plans get underway.

The multi-agency initiative was developed out of a series of discussions led by UNIFEM to address not only the feminization of HIV, but the need of policy makers to have

a better understanding of the gendered causes and consequences of HIV/AIDS. The need to support capacity building on gender and HIV/AIDS had been reiterated at two meetings convened by UNIFEM in 2004. First, at an Inter-Agency Meeting on Gender and HIV/AIDS held in March, the participants expressed concern for greater attention to be paid to the gender-based vulnerabilities in both prevention and treatment and care programmes. Then, the follow-up UNIFEM Inter-Agency Round Table on 'Gender Assessment of HIV/AIDS Programming in the Caribbean' in July recommended capacity building in gender analysis and planning for policy makers and programmers, both in the governmental and non-governmental sectors throughout the Caribbean.

The objectives of the project are to: advance gender mainstreaming of HIV/AIDS programmes at regional and national levels; investigate gender differentials in the formulation, implementation and impact of HIV/AIDS policies, processes and outcomes; and catalyze and strengthen the understanding of these gender differentials. The project also aims to ensure that national women's machineries, women's organizations, and social and health planners make inputs into, and monitor, HIV/AIDS policy and implementation, consistent with gender equity goals.

Participation in the training component of the project is coming from a cross-section of gender, social, health economic and education planners, as it is felt that these planners, in order to effectively monitor the impact of HIV/AIDS policies, will need to be appraised of the relevant oversight skills best geared to ensuring that government



Training of Trainers Workshop in Port of Spain, February 2006

officials take gender mainstreaming seriously. Participants from women's organizations and organizations of persons living with HIV/AIDS (PLWHA) are also included in the training in the expectation that it should strengthen their monitoring and advocacy roles in ensuring the greatest possible efficacy and impact of HIV/AIDS work.

Under the guidance of an Ad Hoc Working Group, a Training Module was developed through a partnership with the Centre for Gender and Development Studies, UWI, St. Augustine. This training tool was used to build capacity among a grouping of persons with strong expertise in either gender or HIV/AIDS analysis and programme development. 2006-April 2007 in selected CARICOM countries.

Twenty of these gender and HIV managers were trained at a Training of Trainers' Workshop held in Trinidad in February 2006 and they were drawn from various women's organisations, national women's machineries, national AIDS commissions, HIV organisations, and regional institutions (see Appendix 1). The objective of the training workshop was to build a network of trained gender and HIV/AIDS professionals with practical skills of gender mainstreaming in the HIV/AIDS discourse, with the view to participating as facilitators in the follow up training initiatives. As such, these newly trained individuals, as well as the Master Trainers, continued with the training process for this project at the regional and sub-regional levels.

Regional/Sub-regional Training Workshops

There were three sub-regional training workshops conducted during February-May 2006, and they were held in Jamaica, Saint Lucia and Guyana. From a total of 76 participants trained at the training of trainers' workshops and the three regional/sub-regional training workshops, 30 of them will be facilitators at the

national training workshops intended to continue to focus on mainstreaming gender analysis in HIV/AIDS programmes. Some of the auxiliary trainers will be drawn from the Ad Hoc Working Group. Further, a commitment was made by the remaining 46 beneficiaries of these workshops to initiate the dialogue on the need to include a gender perspective into their HIV programmes within their respective organisations. Technical support will be provided continuously through the provision of knowledge products and a monitoring exercise scheduled for December will be used as an instrument to measure the extent to which this commitment is being realised.

Project Outcomes

The overarching results from the gender mainstreaming project have included:

- Seventy-six individuals trained that the training of trainers' workshop, and the three regional/sub-regional training workshops, with 30 of them participating in the various levels of the training programme;
- The production of a CCNAPC Position Paper on Gender and HIV/AIDS in the Caribbean;
- Concrete country commitments through signed agreements from five National AIDS Committees to strengthen their NSPs for HIV/AIDS with gender analysis
- Pledges from five other Caribbean NACs to support the gender mainstreaming process
- Development of a research proposal on Understanding Caribbean Sexual Culture to be conducted

in three countries, based on an invitation by IDRC to submit a proposal.

- Support to the strengthening of gender expertise to CARICOM's HIV/AIDS work through involvement in the selection process.

Lessons Learnt and Recommendations

1. There is a need for more sector specific training, including more focus on certain forms of human rights violations experienced by some of the HIV+ women, and more capacity building within three sectors – education, health and social services. These sectors are pivotal to the efficacy of prevention as well as care and treatment strategies.
2. A more genuine multi-disciplinary approach, bringing together views from specific disciplines with their own expertise and vantage point. Gender specialists need to be included at the planning stage.
3. Better horizontal communication between stakeholders at the planning level to address the complexity of the issues driving HIV and AIDS. New stakeholders may need training to help them understand the complexity of the epidemic and the importance of their role in the response.
4. There needs to be a social marketing campaign to "gender" the epidemics of HIV and AIDS, so that decision makers as well as the general public comes to understand the gendered nature of the epidemic as well as the need for gender-sensitive responses.

In order to complement the multi-agency initiative's efforts, the Commonwealth Secretariat is offering technical assistance to PANCAP/CARICOM through placement of a gender expert under the Commonwealth Service Abroad Programme (CSAP-GIDD) to work specifically on integration of the gender dimension in the Caribbean Regional Strategic Framework for HIV/AIDS. The gender expert is familiar with the multi-agency initiative as she was one of the lead consultants for the compilation of the training manual and the Training of Trainers workshop.



The Commonwealth Youth for Positive Living

The Commonwealth Youth for Positive Living (CYPL) Programme, while still in its infancy stage, has recorded relative success in the fight against HIV/AIDS in Guyana and other Caribbean member states. The programme, an initiative by the Commonwealth Youth Programme Caribbean Centre (CYPCC), piloted in Guyana in 2003, was introduced as a catalyst for behaviour change, especially among young people between the ages of 15-29 years who represent one of the most vulnerable groups of the pandemic.

The programme advocates for positive behavioural changes among youth who are infected with and affected by HIV/AIDS and does so through an approach called Positive Living. This approach requires an individual to be cognizant of his/her sexual and behavioural practices which can put him/her at risk of HIV infection; and through the exercise of self-discipline, adopt healthier and safer sexual and behavioural practices and continue adherence to those positive behaviours. In essence, positive living is about embracing behaviours that are beneficial to one's physical, sexual and reproductive, intellectual, psychological, social, emotional and spiritual health.

In Guyana, significant strides have been made in extending the programme into schools. Thus far, an agreement between the CYPCC and four city schools has seen the implementation of a 12-week outreach programme which is currently being conducted simultaneously. The sessions

focus on changing risky behaviours, delaying gratification and making healthy choices and generally to cultivate a culture of positive living among school-aged youth. These sessions began in September and will conclude in November 2006.

Work has also been done in Region Three (Essequibo Islands West Demerara) and in Berbice with two respective groups of young people at "Life after Testing HIV Positive" workshops, which were aimed at equipping the participants with the tools to be effective HIV/AIDS counsellors and care-givers in their respective communities.

In March 2006, a three-month training programme was launched at Mercy Wings Vocational School with the aim of changing risky sexual behaviours and providing tools for positive living to a vulnerable group of teenage under-achievers.

Additionally, 25 new members are presently undergoing training in behaviour change and positive living in a two-phase certifiable training, at the end of which they will be appointed as Commonwealth Youth for Positive Living.

A similar programme, the Youth Ambassador for Positive Living (YAPL) was started in The Bahamas in 2004. The YAPL functions to develop young Bahamians as responsible youth and community leaders. Training and counselling are offered in the areas of HIV/AIDS prevention education and care and support, Drug and alcohol abuse, peer-counselling and peer-leadership

skills. In October 2005, the CYPCC facilitated a workshop for 25 YAPL members in behaviour change and discipline over a three-day period. The training coincided with Ambassador's Week of activities and culminated with a graduation ceremony at which the group was presented with certificates.

The CYPCC continues to lend technical support to the YAPL Bahamas in the publication and distribution of its quarterly newsletter and the purchasing of T-shirts for the groups' year round outreach activities.

The CYPLs have also collaborated with the National HIV/AIDS Programme Secretariat of the British Virgin Islands in the planning and execution of its annual HIV/AIDS Youth Summit. Since the inception of the Summit in 2004, two teams of CYPLs have travelled to the island to facilitate sessions in positive living, advocacy, behaviour change and HIV/AIDS awareness with young people between the ages of 12-18 years.

In October 2006, 30 Dominican youths were exposed to training in behaviour change and discipline during a two-day Self-Development Training workshop facilitated by the CYPCC. The training was the first in a series of training the group is expected to undergo as part of their peer-education training. Technical support will also be offered to the National HIV/AIDS Prevention Unit when they launch a Behaviour Change Campaign targeting young men between the ages of 16-20 years, later this year.



CYPL Natasha conducts a session on condom usage and safety at a youth camp in Madewini, Guyana



CYPL Keeran Williams facilitates a session on the importance of information in fighting the spread of HIV/AIDS



CYPL Odinga McDonald facilitates a session on the Elements of Positive Living with a group of youths from the Guyana Industrial Training Centre



Participants engaged group discussions on the Tools of Discipline during a Self-Development workshop in Dominica, Oct, 2006



Youth Ambassador for Positive Living- Bahamas Chairman, Keith Kemp, conducts a workshop session with participants

Testimony of a Young Positive Ambassador

by Grace Mfume, Zambia

“Being a Young Ambassador for Positive Living (YAPL) has exposed me to a lot of activities outside Zambia such as sharing experiences on HIV/AIDS and cultural values... the programme has particularly helped to give a face to HIV/AIDS and to encourage young people who are living with the virus to live positively”, said Grace Mfume, a member of the Network of Zambian People Living with HIV/AIDS and also a young Ambassador of Positive Living under Commonwealth Youth Programme Africa Centre.

People such as Grace and the valuable work that he does to give a human face to HIV/AIDS need to be supported and encouraged. AIDS can be stopped if all the promises made are fulfilled.

“My name is Grace Mfume. I am a member of the Network of Zambian People Living with HIV/AIDS and also a young Ambassador of Positive Living under Commonwealth Youth Programme Africa Centre. I am currently working with Kara Counseling and Training Trust. I was born in 1974 on the 17th of March and am the first of 5 children born to my parents.

It was my dream that one day, I will grow up to be a loving mother and a wife. It so happened that in 1997, I met a man of my dreams and we decided to get married, and he insisted that we take an HIV test. I did not like the idea because I thought I was very healthy and that the Voluntary Counseling & Testing (VCT) was for the people who are sick and commercial sex workers. We stopped talking to each other for over two months. We reconciled and finally agreed to go for VCT. The outcome was that my test result came out positive and he was negative.

After the HIV test my life changed – the man who said he wanted to spend the rest of his life with me all of a sudden had nothing

to do with me. Our relationship came to an end right at the counseling center. I did not blame him because he did not have a lot of information on HIV/AIDS.

I continued visiting my counselor and searching for more information on HIV nutrition and other opportunistic infections. My counselor referred me to Hope House, Kara Counseling Skills Training. I did my positive living course and there I received a lot of emotional support from other people living with it. From Hope House I was introduced to NZP+ and later to the CYP Youth Ambassadors for Positive Living (YAPL) programme.

I needed to do one more thing before I could be fully involved in the HIV/AIDS programme – to inform my parents that I was HIV positive. It took me one year to just reveal my status. My immediate family had no problem in accepting my situation but other relatives had problems accepting my status and then things changed in my life again.

They started mistreating me in such a way that I nearly ended up in depression. They gave me my own soap, bath basin, cup, spoons and toothpaste etc. They needed to protect themselves from me and later told me that “prevention is better than cure”.

I managed to overcome the stigma because of the counseling I had received on HIV/AIDS. The counselor

warned me about the consequences of revealing my status. I thank God because he made my life easier.

After all the problems associated with accepting one's status and dealing with societal acceptance, I joined Kara Counseling as a volunteer in outreach work. Later, in the year 2000, I was trained in psychosocial counseling, youth and child counseling. I am now working with Kara and enjoying work with young people.

Being a YAPL has exposed me to a lot of activities outside Zambia such as sharing experiences on HIV/AIDS and cultural values. The programme has also helped other young people throughout the Commonwealth – especially in reaching out and making them understand the dimensions of the HIV/AIDS pandemic. I think the programme has particularly helped to give a face to HIV/AIDS and to encourage young people who are living with the virus to live positively.

I think the potential of the YAPL programme is great and would like to suggest that it be scaled up and emphasis put on capacity building of the Youth Ambassadors – so that we can expand our outreach, particularly to rural communities in our countries.

Lastly, I would like to encourage you to just go ahead and do your HIV/AIDS test – be open about it because it is the only way other people are going to be protected.”



Commonwealth Health Ministers Meeting Geneva, 21 May 2006, Concluding Statement

Commonwealth Ministers of Health held their 2006 Meeting in Geneva, Switzerland, on Sunday, 21 May. The theme of the Meeting was 'Human Resources for Health'.

Taking place on the eve of the World Health Assembly, the meeting was chaired by Hon Rosie Winterton, Minister of State for Health of the United Kingdom, and attended by Ministers and representatives of 45 Commonwealth countries and territories. Representatives of other partners including UN, regional and civil society organisations working in health were also present.

Health Ministers were saddened by the news of the sudden illness of Dr Lee Jong-wook, Director-General of the World Health Organization (WHO), and sent their best wishes to him and his family.

Health Ministers received an address delivered on behalf of Dr Lee by Ms Joy Phumaphi, WHO Assistant Director-General, Family and Community Health Cluster. A keynote address by Dr Timothy Evans, WHO Assistant Director-General, Evidence and Information for Policy, focused on the challenges to the achievement of the Millennium Development Goals (MDGs) posed by shortages in human resources for health.

Ministers expressed their concerns about the crisis in human resources for the delivery of health care caused by the global shortage of more than 4 million health professionals. They noted that without urgent action to improve the situation, the highest standards of health would become impossible

for many countries. They reaffirmed their belief in the value of consensus and collective action to address the strengthening of health systems across the Commonwealth. In particular:

- They noted the human resources constraints on health care delivery, the high burden of avoidable and preventable diseases and the wider social determinants of health linked to poverty, environment, lifestyle and conflict.
- They endorsed an all-inclusive approach to health workforce policy development, integrating a gender perspective and considering the roles of all health staff, including doctors, nurses, other care-givers, researchers and support staff.
- They emphasised the importance of managing health worker migration issues to protect the human resources of the most vulnerable countries. This should include implementing best practices in retention strategies and in attaining self-sufficiency, facilitating the re-integration of returning migrants into the health workforce, and encouraging bilateral agreements between countries as well as partnerships with civil society organisations.
- In terms of training and investment in the work force, Health Ministers underlined the need to build regional capacity for training of

health workers. They recognised that the Commonwealth had an important role in taking forward the recommendations of the 2006 World Health Report, including aiming to ensure that 50 per cent of international assistance funds are dedicated to health systems, and 50 per cent of that is dedicated to strengthening the national health workforce; including a focus on expanding training capacity.

- They recommended the promotion of best practice in ensuring that sufficient resources are allocated to health at the national level, as well as the exploration of innovative ways of accessing financing for healthcare workforce development.
- They highlighted that international assistance programmes should not impose constraints on health workforce expansion.
- They agreed to continue to work together to deepen implementation of the Commonwealth Code of Practice for the International Recruitment of Health Workers, including further assessment of the options on compensation set out in the Code of Practice, so as to benefit the poorest and most vulnerable Commonwealth citizens. They urged the Secretariat to develop an Action Plan to assist in this work.



Gender Mainstreaming and HIV/AIDS

Gender mainstreaming is the most efficient and equitable way of using existing resources for combating HIV/AIDS by focusing on the real needs of the whole population. It is also required to implement a number of international and Commonwealth mandates. The ultimate goal of gender mainstreaming is to achieve gender equality. It requires that both men's and women's concerns are considered in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally. Gender mainstreaming does not, however, automatically remove the need for womenspecific programmes or for projects targeting women, which will often remain necessary to redress particular instances of past discrimination or long-term, systemic discrimination.

Because gender mainstreaming cuts across government sectors and involves other social partners, it requires strong

leadership and organisation. The Commonwealth approach to gender mainstreaming is through the Gender Management System (GMS). The GMS is an integrated network of structures, mechanisms and processes put in place in an existing organisational framework in order to guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of an organisation's work. It is intended to advance gender equality and equity through promoting political will; forging a partnership of stakeholders including government, private sector and civil society; building capacity; and sharing good practice. The goal of a GMS for HIV/AIDS is to ensure the integration of gender into all government policies, programmes and activities that impact on the epidemic.

If you are interested in learning more about Gender Mainstreaming and HIV/AIDS, visit the Commonwealth Secretariat at www.thecommonwealth.org

WORKSHOPS AND CONFERENCES

Education Key to Combating HIV/AIDS in Africa

HIV/AIDS remains a major health, social, economic and developmental challenge with Sub-Saharan Africa disproportionately affected. HIV/AIDS have affected the supply of educators because of the relatively high incidence of this disease impacting on teachers. It has made millions of children orphans, thereby increasing the responsibility of schools and teachers.

HIV/AIDS remains a major health, social, economic and developmental challenge with Sub-Saharan Africa disproportionately affected. HIV/AIDS have affected the supply of educators because of the relatively high incidence of this disease impacting on teachers. It has made millions of children orphans, thereby increasing the responsibility of schools and teachers.

There is increasingly clear evidence that providing children and adolescents with access to schools is among the most effective and cost-effective means of preventing HIV. Quality education influences not only the acquisition of knowledge, but also the development of constructive attitudes, skills and behaviour needed to develop personal and societal responses to the epidemic.

'Good Practices in Education Sector Response to HIV/AIDS in Africa' was the theme of a regional workshop organised by the Human Sciences Research Council of South Africa on behalf of the Commonwealth Secretariat, and the

Association for the Development of Education in Africa (ADEA) in Boksburg, north of Johannesburg, South Africa. The three-day workshop, which was held in September 2006, was attended by 40 officials and technical experts from the Secretariat, ADEA, local universities and non-governmental organisations from Commonwealth African countries.

The workshop provided a forum for the sharing, presentation and reviewing of effective responses to HIV/AIDS in Africa. A set of practical suggestions aimed at assisting Commonwealth member countries' education sectors in combating the global epidemic and its impact were made.

Targeting Young People Key to Combating AIDS

Spreading awareness among young people is a key to combating but young people have not been targeted "well enough and soon enough". Professor David Plummer, the Commonwealth/UNESCO Chair on

HIV/AIDS made this point during a presentation on 'Deepening Our Understanding of HIV/AIDS Education in the Caribbean' on 24 July 2006 at the Commonwealth Secretariat in London, UK.

He was speaking on his first visit to the Secretariat since he took up the post of Commonwealth-UNESCO Chair at the University of the West Indies in October 2005. This academic position is supported by the Commonwealth Fund for Technical Co-operation.

In his talk, Professor Plummer highlighted the evidence in support of HIV awareness-raising programmes that target education in the Caribbean, the second most severely affected HIV/AIDS region in the world.

"The Bahamas, for example, has a low HIV prevalence during early teenage years. Other Caribbean nations have broadly similar patterns," he said.

"These low HIV levels raise the important possibility that if children can be kept uninfected into adulthood, then HIV can be largely

removed from the population in the space of as little as a generation. This period of low HIV prevalence among children is referred to as the 'window of hope'. However, Professor Plummer prefers to call it a "world of hope".

He also put the spotlight on the 'feminisation' of the epidemic. He pointed out that in Trinidad and Tobago, HIV infection levels are six times higher among females between 15 and 19 years of age than males in the same age group. Similarly, teenage girls in Jamaica were two-and-a-half times more likely to be infected

with HIV compared to their male counterparts.

"We must write men into the picture more strongly before we can deal with HIV," stated Professor Plummer. "HIV awareness programmes should focus on the formation of safe behaviours from the outset rather than attempting to change entrenched risky behaviours."

Professor Plummer, also made a plea for better research. "We need to develop skills and sustainability in AIDS research, which will lead to richer discourses."

Steps in the right direction are already being taken. From December 2006, the University of the West Indies will offer a part-time, two-year masters programme in health promotion, which will use the issue of HIV/AIDS as its chief educational vehicle. "This one-of-its-kind course will have 12 to 25 students in the first batch," said Professor Plummer. "Down the line, we hope to invite experts from Commonwealth countries to share their knowledge with our students so that comparative analysis can be done."

Young People Making a Difference in Camps in Northern Uganda

The Commonwealth Youth Programme (CYP) is working with young people in some of the camps for internally displaced persons in Northern Uganda to try to reduce the incidence of HIV/AIDS in the area.

A Peer Group Educators' Workshop organised by the CYP took place in Koro, Gulu district, on 6-7 March 2006. Some 31 young people aged 12 to 25, including 15 females, participated in the training, which was aimed at reducing the spread of HIV/AIDS by encouraging behaviour change among young men and women.

The workshop sought to assist the participants in establishing a common understanding of the basic facts about HIV/AIDS, including its transmission and prevention, and of the role of young people as agents in the reduction of HIV/AIDS prevalence in their communities.

Although HIV prevalence in Uganda is much lower than it once was, it still remains high, with AIDS still claiming tens of thousands of lives each year. As most of these are young adults, the pandemic depletes the country's labour force, and weakens educational and health services. Deaths among young adults also leave behind thousands of orphaned children and grandparents,

placing an additional burden on the community.

Workshop participants shared perceptions and clarified the meaning of HIV/AIDS, pointing out the medical facts versus traditionally held beliefs and myths associated with the disease. They discussed the signs and symptoms of AIDS, modes and prevention of transmission, and the psychological and economic impact of HIV-positive diagnosis to the individual, the family and community.

The young people also shared views on other sexually transmitted infections (STIs) including their signs and symptoms, and mode of infection, relationships between STIs and HIV, and the predisposing factors and risky behaviour that can contribute to HIV infection. Workshop facilitators also addressed concerns raised concerning the stigma of HIV and the role of youth in the management of HIV.

Valencia Mogegeh, Regional Director of the CYP's Africa Centre, who facilitated the workshop along with Programme Manager Marian

Kpakpah, said: "It is hoped that following the training, which identified and addressed general misconceptions and provided factual information, the peer educators will increase awareness on HIV/AIDS among youth in their communities, through youth-led sensitisations and community meetings."

Gulu is a district in Northern Uganda that has been affected not only by the ravages of HIV/AIDS, but also armed conflict and abductions perpetrated by the rebel Lord's Resistance Army over the past 18 years. Nearly 1.4 million people have been forced to flee their homes, around 80 per cent of them children and women. More than 500,000 people in Uganda's Gulu and Kitgum districts have been displaced by the fighting and are living in temporary camps.

The CYP has identified areas for further strengthening towards the overall objective of developing a full fledged HIV/AIDS intervention programme in Gulu district.



Commonwealth Secretariat at the XVI International AIDS Conference in Toronto, Canada

The Social Transformation Programmes Division (STPD) of the Commonwealth Secretariat have been engaged in gender mainstreaming in HIV in Africa, Asia and the Caribbean. This has included the implementation of gender mainstreaming training for policy makers from key line ministries and nodal agencies, research institutions and CSOs. Partnership with leading agencies in the regions has ensured sustainability of the interventions. Our intervention in Asia has seen the commissioning of policy reviews which will culminate in the convening of two regional policy dialogues which will pave the way for implementation and partnerships.

In the light of the above, the International AIDS Conference in Toronto, 13-18 August 2006 provided a platform to showcase our work and brought together stakeholders to a panel addressing the challenges in global policy responses to HIV/AIDS.

Given the scale of the International AIDS Conference and the opportunity it offers for presentations, networking and dissemination of information and publications, STPD also collaborated with the Commonwealth Parliamentary Association to convene a satellite session.

STPD participation in Toronto was led by Ann Keeling, Director, the Director of the Division. Also represented were Joseph Amuzu

(Health Adviser) and Meena Shivdas (Gender Adviser), RoseMarie Endeley (Adviser, Caribbean & Mediterranean, GIDD).

Ann Keeling successfully chaired the gender panel on 14 August 2006 which had the following speakers, Olive Shisana, Human Science Research Council, Sisonke Msimang of the Open Society Initiative for Southern Africa, Meena Seshu, Sangram, India, Joanne Csetse, Canadian HIV/AIDS Legal Network, Jennifer Gatsi, International Community of Women Living with HIV/AIDS, Namibia.

The panel was well attended by government and non government representatives and other participants and partners. The session raised key

questions for consideration at the policy level and pointed to strategies that would help interventions to take into account women's particular needs and interests during planning and implementation. We distributed CDs which contains our publications and those of our partners.

On 15 August 2006, Ann Keeling made a presentation at the Commonwealth Parliamentary Association pane where she provided an overview of the HIV/AIDS situation in the Commonwealth and urged parliamentarians to consider pro-active responses. The sessions were well attended and provided the Secretariat with an opportunity to interact with parliamentarians and other stakeholders.

Pharmacists – the untapped resource in the fight against AIDS

Ivan Kotze, Vice-President Commonwealth Pharmaceutical Association and Chief Executive Officer, Pharmaceutical Society of South Africa

With the scourge of AIDS threatening our planet, it is critical that all health care resources should be effectively and efficiently used. In South Africa, as in many other parts of the world, this is crucial because of the desperate shortage of health care professionals.

The National Department of Health developed both a strategic and an operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa. In particular, 2006 has been marked as the year of accelerated HIV and AIDS prevention.

The main question is how to achieve the objectives set by using

a very limited supply of health care professionals.

One solution to the problem is to make more use of pharmacists, whose skills and knowledge are often underutilised. While not every pharmacist will be involved in all the services necessary to prevent or manage HIV and AIDS, every pharmacist may be involved in some aspect of the campaign.

Community pharmacists in particular are ideally situated to play an important role in prevention of HIV infection. Traditionally, condoms have always been sold in pharmacies, but the role of the pharmacist goes beyond supply of condoms.

Pharmacists educate consumers and supply information. This is important in the promotion of safe and healthy sexual behaviour.

It is also possible for pharmacists, through their professional interaction with clients, to advise on the management and control of sexually transmitted infections that impact on HIV infection. Pharmacists, who have received specific training, have the knowledge to participate actively in the syndromic management of sexually transmitted infections. The Pharmaceutical Society believes that it is appropriate to set in place mechanisms to allow these pharmacists,

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HIV/AIDS and the Commonwealth Dental Association

By John M G Hunt OBE FFGDP(UK) BDS, European Vice-President, Commonwealth Dental Association

The emergence of the Human Immunodeficiency Virus (HIV) a quarter of a century ago and the increasing prevalence of other blood born diseases, such as hepatitis, has posed significant challenges for dentists and other health care professionals. Patients, and all those who provide their care and treatment, need to be assured that rigorous procedures are in place to prevent the spread of infection within a dental practice. The importance of such measures was highlighted in the late 1980s by the case of an HIV positive dentist in Florida who, allegedly, infected six of his patients with the human immunodeficiency virus. Much controversy still surrounds this episode but there is little doubt that it concentrated minds and led to even higher standards of cleanliness and sterilisation in dental practices.

The emergence of the Human Immunodeficiency Virus (HIV) a quarter of a century ago and the increasing prevalence of other blood born diseases, such as hepatitis, has posed significant challenges for dentists and other health care professionals. Patients, and all those who provide their care and treatment, need to be assured that rigorous procedures are in place to prevent the spread of infection within a dental practice. The importance of such measures was highlighted in the late 1980s by the case of an HIV positive dentist in Florida who, allegedly, infected six of his patients with the human immunodeficiency virus. Much controversy still surrounds this episode but there is little doubt that it concentrated minds and led to even higher standards of cleanliness and sterilisation in dental practices.

Not surprising, therefore, that HIV/AIDS and infection control have been regular topics for discussion and education at meetings of the Commonwealth Dental Association (CDA). This interest began in 1992 when the CDA contributed to a workshop on the subject in Jos, Nigeria in conjunction with the WHO and the World Dental Federation (FDI). In 1994 a meeting on the subject was held in Trinidad and it has continued to be on the agenda on many subsequent occasions including the CDA's Triennial meeting in Kenya in 2004 when we again partnered with the FDI and other organisations to help deliver the message of 'universal precautions' especially to those in the developing countries in Africa. It is impossible to be sure that a patient is not carrying the disease so the dentist is encouraged to think that every patient may be infected and eliminate the risk of



transmission by adopting uniformly high standards of infection control.

The importance of such 'universal precautions' was demonstrated in dramatic fashion at a seminar during the 'Peoples Forum' at the Commonwealth Heads of Government meeting in Malta in November 2005. The seminar was organised by the CDA, the Commonwealth Nurses Federation, the Commonwealth Pharmaceutical Association and the Commonwealth HIV/AIDS Action Group. During one of the sessions on 'HIV/AIDS Access to Treatment and Care' we heard from the immediate past Chairman of the International Chair of Women Living with HIV/AIDS. She is married with two teenage children and was diagnosed HIV positive some 4 years ago.

In a very moving address she reminded us that around 40 million people were living with HIV at the end of 2004 of whom about two-thirds are Commonwealth citizens. UNAIDS has identified marriage as a risk factor for women in Africa, and in sub-Saharan Africa 76% of the young people with HIV are girls. Young women are especially vulnerable, through physical factors, through their lack of education, and their poor social, legal and economic status in society. Many are subject to violence, abuse, and exploitation – all of which increase their risk of HIV infection. By the end of 2003 there

were at least 15 million AIDS orphans who are vulnerable to poverty, exploitation and themselves becoming infected with the virus. They are often forced to leave the education system and head a family.

She estimated that only 1 million of the 6 million people who need treatment have yet been able to access it and women, particularly, face huge treatment access issues. Unless women are kept alive, their children too will be orphaned, exacerbating the crisis yet further. Governments were urged to provide access to treatment and care for all people living with HIV/AIDS including anti-retroviral drugs and home-based care and support.

Since the early days of HIV, some twenty five years ago, the picture has changed dramatically. Millions of people around the world have become infected with the virus, and many have died. But, thanks to anti-retroviral therapy, many are now surviving and leading more or less normal lives. This and the rising prevalence of other blood borne pathogens demands the highest standards of infection control in all health care settings. It also raises some interesting ethical questions. Should HIV positive health care workers be forced out of medicine, dentistry or nursing? Should they be required to reveal their status to patients or to other staff? How does this conflict with anti discrimination legislation? These and other questions will continue to be discussed; the Commonwealth Dental Association through its meetings and its newsletters and its cooperation with other organisations will continue to provide a forum for such debate. World Aids Day serves as a timely reminder that we will be busy for some time to come.



Launch of poster campaign in Uganda for Africa

By Regina N.M. Kamoga of the organisation CHAIN in Uganda

It is now twenty-five years since the first case of AIDS was documented in the United States. Since then huge efforts have been made by various international, regional and local stakeholders to combat the pandemic. Despite this work HIV/AIDS is still a global challenge and has become one of the worst pandemics in history - resulting in the infection of almost 60 million people, leading to 25 million deaths. The threat of this pandemic is still very real and even after 25 years there are more infections than ever before, more deaths than ever before and a growing number of children continuing to be orphaned as a direct result of HIV and AIDS.

It's against this background that the Commonwealth Foundation and the Community Health and Information Network (CHAIN) developed and disseminated an HIV/AIDS awareness poster to all Commonwealth African countries. The aim is to create awareness and strengthen health partnerships at the international, regional and national levels as well as to encourage community participation in the fight against HIV/AIDS. The poster has been translated into Luganda (for Uganda) and Swahili as well as French and Portuguese. On 16 June 2006, the poster was officially launched at the Ministry of Health in Kampala, Uganda, at an event officiated by the Minister of Health, Dr Stephen Malinga, and other relevant governmental and non-governmental organisations. The launch was well attended by key figures in Uganda including the Commonwealth Foundation Civil Society Advisory Committee representative for East and Central Africa, Warren Nyamugasira, and senior officials from the Ministry of Health and Ministry of Education. There were also members of parliament, representatives from NGOs, people living with HIV/AIDS, the media and uniformed forces present to support the launch.

Mr Nyamugasira spoke at the launch and emphasised that HIV/AIDS was one of the most devastating life-threatening diseases and a permanent killer in the Commonwealth. He said the presence of antiretroviral drugs had however enabled those living with HIV/AIDS to have a better and prolonged life.

In his remarks Dr Malinga commended the Foundation and CHAIN for spearheading the campaign against HIV/AIDS, and specifically for developing and disseminating



a user-friendly poster to create awareness and strengthen health partnership and community participation in the fight against the pandemic. He appealed to all partners in comprehensive HIV/AIDS prevention, care and treatment to take advantage of the poster to widely distribute and disseminate its message, and called upon them to re-intensify prevention efforts because of the threat of complacency due to antiretroviral therapy. He encouraged people to go for voluntary testing and counselling as a first step in the fight against HIV/AIDS.

CHAIN will continue to advocate for good leadership and governance in the fight against HIV/AIDS and stress the need to have meaningful involvement of Persons Living with HIV/AIDS in policy development and implementation.

Through continued partnership developments with the Foundation, CHAIN will place emphasis on the human rights approach and involvement of women and youth in programme development and

implementation. The Pan-Commonwealth HIV/AIDS Network being launched by the Foundation will, it believes, make a significant contribution in the fight against this pandemic.

Community Health and Information Network (CHAIN) is an international not-for-profit organisation, registered as a charity and company in the UK and Uganda. Set up in 1998, CHAIN promotes the empowerment of people living with HIV/AIDS. Its work is mostly undertaken in Africa where it has offices in Kigali, Rwanda, and in Kampala, Uganda.

The organisation runs both national and international HIV/AIDS health programmes, with a focus on capacity-building and strengthening networks and partnerships of grassroots NGOs operating in the HIV/AIDS sector in Africa. Providing up-to-date information on HIV and AIDS prevention, care and treatment, the main thrust of CHAIN's efforts is to galvanise key stakeholders in the struggle against HIV/AIDS.



Successful Pacific Workshop for Nurses on HIV/AIDS

A ground-breaking event for nurses and midwives from the Pacific region took place at the Pasefika Inn in Apia, Samoa from 30 August to 1 September. This was a very successful Workshop on *Strengthening nursing and midwifery in the management of HIV/AIDS in the South Pacific* organised by the regional nursing body, the South Pacific Nurses Forum (SPNF) and the Commonwealth Nurses Federation.

The Hon. Mrs Gatoloai A Gidlow, Minister of Health, Samoa, opened the Workshop, which attracted 22 nurses and midwives from eight developing countries in the region. Representatives from WHO and UNICEF made key presentations at the Workshop, which was held immediately prior to the 13th Full Meeting of the SPNF.

On the first two days sessions covered the Pacific concern about the pandemic; the roles of nurses and midwives; strategies for prevention; management of people living with HIV/AIDS (PLWHA); women and girls and HIV/AIDS; reproductive health; strategies for regional action; social costs; human rights; access to treatment and rehabilitation programmes; care for carers and workplace safety.

Mrs Alumita Bulicokocoko, the CNF Board Member for the Pacific Region, opened the third day with a presentation on "The CNF perspective and action on HIV/AIDS". This was

followed by country reports on the AIDS situation and a series of open discussions.

The main resolutions from the Workshop were as follows:

- that SPNF should be recognised as the voice of regional nurses regarding health issues including HIV/AIDS.
- that nurses of South Pacific countries should collectively advocate for a stronger commitment by their countries to prevention, provision of care for PLWHA and care of carers.
- that SPNF should advocate for increases in health budgets of island countries to cater for caring of health professionals, who deal with HIV/AIDS patients as part of their health services commitment.
- that nurses, midwives and national nurses associations should form or help to form self-help groups, which



would make available counselling and support for individuals and communities affected by HIV/AIDS.

- that there is a need to see that female and male condoms become more accessible.
- that the next SPNF in Fiji in 2008 should host a follow up to this regional forum for nurses and midwives, who deal with HIV/AIDS in the homes, the community and workplaces.

The organisers wish to thank the Commonwealth Foundation, the Commonwealth Secretariat and UNICEF, who made this Workshop possible by providing funding assistance. The efforts of the officers and staff of the Fiji Nursing Association and the Samoa Nurses Association, who dealt with much of the administrative work so capably, are also acknowledged.

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Pharmacists – the untapped resource in the fight against AIDS

when competence has been demonstrated, to initiate therapy according to Standard Treatment Guidelines.

Voluntary counselling and testing is another area in which some pharmacists have chosen to become involved. Pharmacies are often seen as accessible, non-discriminatory settings for such testing. The pharmacists who offer this service have undergone extensive training and are ideally situated to perform screening services. They have access to a network of medical practitioners for referral of patients should it be necessary for further tests or therapy. If a consumer tests negative, it is important that the consumer should be encouraged to maintain his or her negative status, so support and information from the pharmacist is vital.

Even if a pharmacist is not permitted to initiate therapy for the many possible opportunistic infections that

may occur in patients, they are able to advise patients on seeking medical attention. Through experience, it is often possible for pharmacists to observe the signs of these infections, or to discuss the symptoms with the patient, and to suggest that patients should consult a medical practitioner.

When it becomes necessary for the patient to receive antiretroviral (ARVs) medicines, pharmacists again play an important role. Patient adherence to treatment regimens is essential, and pharmacists stress the importance of this every time that they dispense ARVs. Pharmacists can also advise patients on how to minimise or prevent the side effects that sometimes discourage patients from taking the medicines.

Pharmacists are ready, willing and able to join the struggle!

Para55 Commonwealth HIV/AIDS Action Group at the XVI International AIDS Conference, Toronto, Canada, 13 – 18 August 2006

Established to promote the implementation of Paragraph 55 of the Communiqué issued by the 1999 Commonwealth Heads of Government Meeting in Durban, South Africa.

- 1) HIV and AIDS is one of the greatest leadership challenges of our time. Despite increasing political commitment and financial resources for HIV and AIDS, rates of HIV infection continue to rise, and millions of people do not have access to essential health services and commodities. Stigma and discrimination are the biggest barriers to scaling up the AIDS response.
- 2) In spite of the remarkable expansion in the delivery of antiretroviral therapy, only 20% of those in need have access to this life-saving and life-long treatment. UNAIDS estimates that only one in five people have access to comprehensive HIV prevention services. It is well established that AIDS is having a devastating impact on fragile and fragmented health systems in low and middle income countries. There are now 40.3 million people living with HIV and in 2005 alone, there were 3.1 million preventable deaths due to AIDS. '60% of people living with HIV are citizens of Commonwealth countries.
- 3) 2005 bore witness to unprecedented political commitment to reversing the tide of AIDS in low and middle income countries. Leaders of G8 countries, UN Member States and Health Ministers of the African Union all committed to a massive scaling up of HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access by 2010 for all who need it.² In June 2006, a special session of the UN General Assembly reviewed the progress on the 2001 Declaration of Commitment, at this meeting universal access commitments were explicitly affirmed by 192 Member States.
- 4) In order to deliver on these promises, the focus must now be on expanding country level implementation of AIDS programmes. Achieving universal access to HIV prevention, treatment, care and support at country level will require a comprehensive, multi-sectoral response that concretely addresses stigma and discrimination and strengthens community systems and health systems.
- 5) In order to deliver on universal access commitments, financing for the AIDS response has to be predictable and long-term. Fiscal and monetary constraints imposed by the International Monetary Fund, and by national governments continue to restrict the significantly increased investment in health care systems that is needed if we are to achieve the 2010 commitment to universal access to comprehensive HIV services, as well as broader MDGs.

Recommendations:

- In line with commitments made at High-Level Meeting on AIDS in June 2006, all nations, including Commonwealth countries, should set annual targets towards achieving universal access to HIV prevention, treatment, care and support by the end of 2006.
- All nations, including Commonwealth countries should invest in scaling up comprehensive HIV services which include specific investment in interventions to reduce stigma, discrimination and gender inequality.
- The International Monetary Fund should re-examine policies relating to national 'budget ceiling' and facilitate the urgent mobilisation and distribution of resources required to rapidly increase investment in health services in low and middle income countries.
- Commonwealth countries with high and medium HIV burden should provide timescales for the increase investment in health to the level of at least 15% of GDP.
- All nations, including Commonwealth countries, should work to support the development of the UNITAID International Drug Purchasing Facility with the aim of increasing predictable financing for the Global Fund, driving down the price of essential medicines and commodities, increasing access to essential medicines, particularly generics in developing countries and improving their timely procurement and distribution.
- National governments should develop and resource national AIDS plans which strengthen community-level provision of HIV prevention, treatment, care and support and ensure that these are incorporated within national AIDS plans. This should include developing and supporting new cadres of community health workers and simplified, standardised approaches to delivering essential health services. Guidelines, tools and training for health care and community workers in low and middle income countries should be developed for effective HIV prevention, treatment, care and support.
- National governments and international donors should take urgent measures to treat, train and retain health care workers, including community health workers through the provision of treatment, better wages, housing, benefits and safe working conditions.
- Commonwealth countries must fully utilise their shared vision, knowledge, resources and experience to ensure universal access to comprehensive HIV services is achieved across the Commonwealth by 2010.

1 UNAIDS, AIDS Epidemic Update, December 2005

2 2005 World Summit Outcome document, A/RES/60/1

3 The Gleneagles Communiqué, G8 Gleneagles Summit, July 2005



Welcome, Florence Malinga

Mrs. Florence Mugoya, Malinga joined the Commonwealth Secretariat as an Education Adviser on 2nd October 2006. She holds a BA (Hons) degree with a Diploma in Education of Makerere University Kampala. She also holds a Masters degree in Education Management (M.Ed) from Makerere University. She has an International Diploma in Education Planning and Administration from NIEPA, India and a Certificate in Education Policy Analysis and Planning from Harvard University, USA.

She has been the Commissioner for Education Planning in the Ministry of Education and Sports in UGANDA. She has spear headed the planning process in the country and particularly implementation of UPE and the establishment of the SWAP process in the Education Sector.



Farewell, Rawwida Baksh

Rawwida was at the Secretariat for 10 years and colleagues remember her as the 'gender' person, constantly lobbying, networking and pushing the agenda. The Commonwealth Plan of Action for Gender Equality 2005-2015, attests to her expertise, dedication and perseverance. She pioneered the Gender Management System and got gender mainstreaming going at the Secretariat. She also set the bar for cutting edge publications. She was the Secretariat's face at meetings of Women's Affairs Ministers down the years and national women's machineries around the Commonwealth were familiar with her work. Her efforts to advance women's rights and gender equality have been appreciated across the Commonwealth. She will be missed.

Rawwida now heads the Women's Rights and Citizenship Program at the International Development Research Center in Ottawa, Canada. The Secretariat will continue to work with Rawwida in her new role. Wishing her, her partner Georgios Kokolas, and her children, Kahlil and Scheherezade, the very best for the future.

Upcoming Commonwealth Secretariat activities

Jan 07	Policy Dialogue on HIV/AIDS in South East Asia	Singapore	Workshop to share the policy reviews undertaken in 3 countries to identify areas for future cooperation and advocacy.
24-25 Feb 07	UN Commission on the Status of Women (UN-CSW) + Annual Consultation of NWMs	New York	Consultative meeting of NWMs held in the wings of the UN-CSW.
March 07	Training of Doctor/Nurse Teams in Anti-Retroviral Therapy (ART) in the African region	TBA	HIV/AIDS Clinical Updates for doctors and nurses.
29 April-4 May 07	4th African Conference on Social Aspects of HIV/AIDS Research	Kisumu, Kenya	STPD/Partners Roundtable on Gender Mainstreaming & Men's Involvement in HIV/AIDS in Africa
13 May 07	Commonwealth Health Ministers Meeting	Geneva, Switzerland	Annual meeting held on eve of World Health Assembly. More info on Commonwealth website
11-14 June 07	8th Cw Women's Affairs Ministers Meeting (8WAMM)	Kampala, Uganda	Triennial event



For information and contributions to **LinkIn** newsletter or queries, please write to: The Editor, **LinkIn** Newsletter, Health Section, Social Transformation Programmes Division, Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX, UK.

Tel: + 44 (0) 20 7747 6290 Fax: +44 (0) 20 7747 6287 Website: www.thecommonwealth.org/education

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