



# CHOICES

MAGAZINE ♦ DECEMBER 2001

Partnerships to Fight Poverty



UNITED NATIONS  
AND KOFI ANNAN  
SHARE NOBEL PEACE PRIZE



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

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

Photo: E. Dipp/UNDP



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

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

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

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

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

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

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

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

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

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

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

Djibril Diallo

Cover: Salina, who contracted the AIDS virus through drugs, has overcome her addiction. She plays with her best friend’s children at a rehabilitation centre. Photo: Shahidul Alam/Network/PositiveLives  
CHOICES Magazine thanks Positive Lives for use of its photos to communicate the human stories behind the HIV/AIDS epidemic. The project began ten years ago as a unique collaboration amongst the Terrence Higgins Trust, Network Photographers, the Levi Strauss Foundation and people living with HIV/AIDS. Information: kevryansyd@msn.com

Coming in  
March  
CHOICES

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

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**MARK  
MALLOCH  
BROWN**

**COMMENTARY**

# The Challenge of HIV/AIDS

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

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

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

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

In particular, that means focusing on the governance challenge of mobilizing actors and institutions well beyond the health sector, using initiatives like our National Human Development Reports to provide better analysis and advocacy,

helping governments scale up multi-sector and multi-partner national HIV/AIDS strategies and working to integrating the issue of HIV/AIDS into broader national poverty strategies.

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

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

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

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

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

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

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



Photo: Chikoon Mendel/Network/Positive Lives

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

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

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

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

# Reversing the Epidemic: From Commitment to ACTION

BY MONICA SHARMA

**T**he HIV/AIDS epidemic is the world's most serious development crisis. Nearly 58 million people have been infected, and 22 million are already dead. The epidemic continues to spread, with over 15,000 new infections every day. The devastating scale and impact of this catastrophe is a call of the utmost urgency for each of us to act.

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

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

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

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

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

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

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

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

## Partnerships for results

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

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

It is possible to stem the tide and reverse the epidemic. But only if we do much more than understand the modes and patterns of transmission. We must evolve ways to make sure that the large-scale action

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called for at UNGASS celebrates human potential and creates space for deeper transformation. Our watchword should be: reflection and dialogue in every sector, every process, and at every level.

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

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

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

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

# WORLD LEADERS SPEAK OUT

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



**President  
Festus G.  
Mogae of  
Botswana**

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

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

We are trying to face the problem as it is.

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

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

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

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

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

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



**President  
K.R. Narayanan  
of India**

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

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

# ON THE HIV/AIDS PANDEMIC

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

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

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



**Prime Minister  
Percival James  
Patterson  
of Jamaica**

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

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

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

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

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

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

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

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

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

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

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



**Prime Minister  
Pakalitha  
B. Mosisili  
of Lesotho**

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

It is estimated that GDP will decrease from 4.4 percent to 3.6 percent by 2015 if the pandemic is unchecked. Our current population of 2.1 million would have increased

vulnerable.

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

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

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

We need social empowerment of the most vulnerable



**President  
Alejandro  
Toledo  
of Peru**

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

According to epidemiological monitoring research, there could be between 70,000 and 100,000 people who have the virus and are asymptomatic carriers and do not know it. We expect between 10,000 and 30,000 people with the virus to develop AIDS within seven

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

- Increased demand for specialist care, both at doctors' clinics and in urban hospital to which patients are referred. Hospitals could become saturated.
- The high cost of managing and treating people with symptoms—even greater when one considers the enormous expectations many have of obtaining anti-retroviral treatment to improve quality of life and longevity.
- The spread of HIV/AIDS among all groups of Peruvian society, especially vulnerable populations such as male and female sex workers, women in general and adolescents.

To confront these occurrences we need to:

- Drive home the message, based on objectives consistent with the epidemiological reality in our country.
- Devise strategies that have a scientific basis, founded in research and international and domestic experience.
- Develop firm political support for activities to combat HIV/AIDS by ensuring multi-sectoral participation.
- Bring together the various ministries involved in policy for controlling the problem—the advancement of women, work and education, among others—with civil society to lay down standards and launch activities at the national level.

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