

# CHOICES

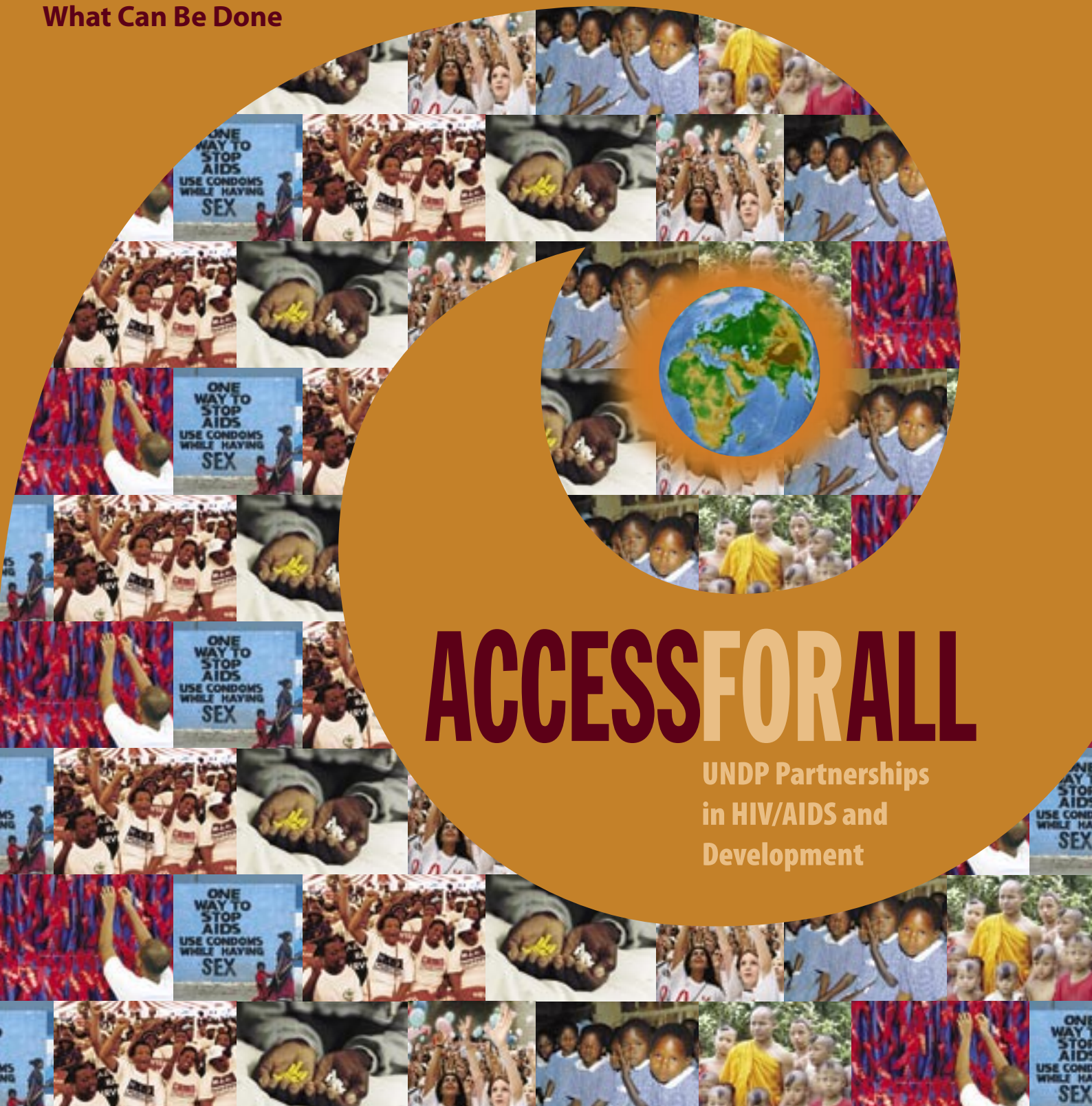
S U P P L E M E N T



**INTERVIEW:**  
Thailand's Mechai Viravaidya

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

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



## ACCESS FOR ALL

UNDP Partnerships  
in HIV/AIDS and  
Development

# Fighting HIV/AIDS With Medicine and a Message

Photo: UNDP



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

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

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

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

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

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

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

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

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

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

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

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

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

Djibril Diallo

**CHOICES**  
SUPPLEMENT



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

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# Mark

## ADDRESSING

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

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

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

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

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

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

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

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

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

# Malloch Brown

## HIV/AIDS CHALLENGES HEAD-ON

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

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

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

UNDP has opened a new regional centre in South

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

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

**The HIV/AIDS epidemic is Africa's most serious development crisis, with Southern Africa bearing the brunt with one in seven of the adult population living with HIV/AIDS.**

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

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

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

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



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

MARY ROBINSON WITH SHARON JACKSON

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

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

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

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

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

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

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

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

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

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

# Realizing Our Victories

DR. ALAN BERKMAN

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

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

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

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

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

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

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

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

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



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

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



# Mech

## SEX, CONDOMS

### Should people be afraid of condoms?

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

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

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

**"This is the last train. Political leaders from national level down to community level must assume responsibility in directing the fight**

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

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

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