



Focus on HIV/AIDS Religious groups make common
cause Renewing the community spirit The Wallabies
go back to school

focus





From the Minister

From the earliest days of the HIV/AIDS epidemic, Australia has been prominent in the world's efforts to contain it. As the epidemic continues to gain ground globally, we are dramatically increasing our contribution to the fight against it.

HIV/AIDS is not only a crisis in the lives of millions of people, it is a significant threat to development. The challenge in finding solutions requires high-level political leadership.

In July I announced a \$200 million global HIV/AIDS program to complement and consolidate our existing activities. This almost doubles Australia's projected financial commitment and will deliver help at the global, regional, bilateral and local levels. Globally, Australia will continue the support it has given the United Nations' HIV/AIDS organisation, UNAIDS, since its creation in 1996.

The sharpest increase in Australia's spending on HIV/AIDS activities is in Asia, at the bilateral level. An important example is in India, which has 3.7 million HIV-infected people. The \$18.5 million India-Australia HIV/AIDS Prevention and Care Project, announced this year by the Prime Minister, Mr Howard, began recently and will continue for five years. We are also committing substantial resources to Papua New Guinea to assist in implementing a national HIV strategy.

AIDS strikes people in their most productive years, killing farmers, teachers and workers in manufacturing and transport. It strikes hardest the countries least able to resist. The World Bank has warned that AIDS could halt or even reverse Asia's economic growth. The huge economic cost might be easier to bear if the

disease did not have an even greater human cost. It has orphaned more than 13 million children so far. In Cambodia, one 15-year-old boy in four is likely to die of AIDS.

The incidence of HIV/AIDS worsened last year, the number of infected people world-wide reaching 34.3 million, almost all in developing countries. In our region, Burma, Cambodia, Thailand, parts of India and Papua New Guinea have particularly high infection rates.

Next year in Melbourne, Australia will host the Sixth International Congress on AIDS in Asia and the Pacific. More than 3,000 health experts are expected to attend the congress, seeking to further a regional response to preventing the advance of the epidemic.

In the meantime, we will continue our support of government HIV/AIDS initiatives in Asia and the Pacific region as well as our assistance to local non-government and community-based organisations. Based on Australian public health expertise, our aid program is pursuing innovative responses in partnership with countries in the region.

A handwritten signature in black ink, appearing to read 'Alexander Downer'.

Alexander Downer
Minister for Foreign Affairs

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COVER Cover: A young Lao woman examines a box of condoms handed out at a puppet show touring remote Lao villages — page 25. Photo: Jim Holmes



Australia's aid program is helping countries in the region counter the advance of AIDS with a major new global HIV/AIDS initiative announced by the Government in July this year. The initiative provides \$200 million over six years to assist countries like Papua New Guinea, Indonesia, India and China to prevent the epidemic from devastating the health of their populations and stalling their social and economic development.

Focus on HIV/AIDS

Australia's aid program considers HIV/AIDS one of its highest priorities in the health sector. The World Health Organization estimates that just three diseases – HIV/AIDS, TB and malaria – cause more than 300 million illnesses and five million deaths a year. Most of these deaths can be prevented by interventions that cost as little as one dollar for every life saved. These diseases particularly afflict the poorest in developing countries. Programs to prevent them are therefore both cost-effective and pro-poor.

HIV/AIDS is not just a public health concern. The epidemic threatens to reverse decades of development. The social and economic devastation is already significant in many countries: villagers too sick to harvest their crops, children bereft as parents die, families divided where people with AIDS are ostracised, school teachers and health workers too sick to contribute any longer to the development of their community.

The Government's policy, *Guide to HIV/AIDS and Development*, identifies three objectives: to help prevent the advance of HIV/AIDS, to mitigate the impact of HIV/AIDS on the individual and on society; and to address the social and economic needs created by the impact of HIV/AIDS. The policy recommends that HIV/AIDS projects focus on primary health care

because this is the most effective way to improve the health of the poor.

Australia supports efforts to counter the HIV epidemic at a global, regional, bilateral and community level. In 1999–2000, Australia's aid program allocated an estimated \$20.3 million to HIV/AIDS programs, 12.3 per cent of total health sector expenditure.

At the global level, Australia funds UNAIDS to help promote the international response to AIDS. The international focus on HIV/AIDS and development continues to increase following the UN Security Council's convening of an unprecedented special session on AIDS, as well as South Africa's success in hosting the first World AIDS Congress to be held in the developing world.

At the regional level, Australia provides significant support for regional initiatives in South East Asia and the Pacific. These programs target the epidemic in areas that lie beyond any one government's capacity to manage, for example, where people are moving backwards and forwards across international borders facilitating the spread of the virus.

At the community level, the aid program draws on the extensive experience and commitment of Australia's non-government organisations who work together with people in towns and villages throughout

Asia, Africa and the Pacific. A major new community program is starting in southern and eastern Africa to target prevention and community-based care.

Australia is sharply increasing its direct support to partner countries. In Papua New Guinea, Indonesia, India and China, Australia is proceeding with substantial new HIV/AIDS projects. These projects are identified by partner countries as high priorities, consistent with their national HIV/AIDS strategies, to help them develop their own capacity to counter the epidemic. Australia's own success in HIV/AIDS prevention demonstrates the benefits of government, medical professionals, community groups, and the wider public coming together to devise solutions relevant to the needs of those affected. It is important that the voices of those people living with AIDS and their families be heard.

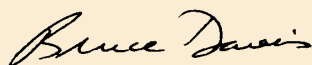
Each of the articles in this edition of *Focus* reveals a different dimension of the reality of AIDS. For example: in Indonesia, religious groups are pulling together in a campaign to encourage people to avoid infection (page 8); sex workers in the Philippines are finding effective ways of educating one another in the use of condoms (page 13); in the Pacific, peer education among young people is proving highly effective at informing young Pacific

islanders about HIV/AIDS preventive measures (page 17); in Africa, where AIDS is devastating entire generations, volunteer carers are helping to look after the sick and rebuild community values (page 20); in remote villages in Laos, a puppet show educates while it entertains (page 25); and in Papua New Guinea, an Australian firm hiring local workers has built nine new health clinics (page 29).

One lesson we can draw from the many inspiring stories presented here is that while the challenges posed by AIDS are great, when people resolve to protect the health

and well being of their families and communities by mobilising their own resources and taking their own initiatives, they have proved highly effective.

It is my hope that Australia's aid program will prove equally creative in pursuing innovative responses to meeting the challenge of HIV/AIDS.



Bruce Davis
Director General



Wallabies Jim Williams, John Eales and Joe Roff surrounded by their fans during a visit to Luthuli High School, KwaZulu-Natal province, South Africa during the Wallabies' South African tour. The Australian Rugby team visited the Australian-funded 'Better Life Options' project which is helping to train young people to educate their peers about HIV/AIDS — story page 23. Photo: Steve Rose/Allsport

Australia helps the world in the fight against HIV/AIDS

Australia's domestic success in the battle to contain HIV/AIDS, and its willingness to share what it has learnt, has made it a leader in the fight against one of the world's worst health and development problems.

HIV/AIDS is still the biggest health and development problem of poor countries, where 95 per cent of the world's infected people live.

Africa is worst off. With less than 5 per cent of the world's population, southern and eastern Africa have nearly 50 per cent of its HIV positive people and 60 per cent of all AIDS deaths have occurred there.

The epidemic's centre, however, is moving to Asia and spreading alarmingly through its huge populations. India has 3.7 million infected people now, and an increase of only 0.1 per cent in the adult population would add more than half a million.

Pacific island countries, too, report increased infection rates. Papua New Guinea faces a major epidemic, an estimated 10,000–15,000 infected already and a rapid increase expected. AIDS related illnesses are the leading cause of death at Port Moresby General Hospital.

Statistics, although grim, don't indicate the epidemic's full impact. Half of all those infected are in their most productive years, and their deaths leave children orphans and countries without workers, with an inevitable impact on poor countries' economic development.

Orphans leave school to look after their siblings, and their lack of education and need to earn money increases high-risk behaviour and exposure to infection. Finally, demands on public health-care services increase, stretching meagre resources.

Australia draws on its own experience

and expertise in its international response to HIV/AIDS. Through its aid program, Australia is working with governments and community groups in the Pacific, South and South East Asia, and Africa.

In prevention, public education, treatment and care, Australia has a broad range of experience and skills to share with developing countries. Australia regards the problem of HIV/AIDS as central to development, spending about 12 per cent of its health aid on HIV/AIDS projects.

Australia's efforts are at four levels – global, bilateral, regional and via NGOs. Globally, Australia has an active role in UNAIDS, the United Nations' organisation set up to tackle HIV/AIDS.

Internationally, as domestically, it takes a comprehensive approach, involving all political and social sectors. Working with a country's NGOs or hospitals, for example, would be ineffective if its government were not fully involved, and donors' assistance would be diluted.



Seafarers in the port city of Kompong Som, Cambodia, learn about HIV/AIDS and how to reduce their vulnerability to the disease.

Just as Australia's overall aid program concentrates on its own region, so do its international HIV/AIDS activities. A third of its HIV/AIDS expenditure went to Indonesia in 1999–2000 and a tenth each to Papua New Guinea and South East Asia. A fifth went to southern Africa because of its extreme problems.

HIV travels with people, knows no borders. Fighting it demands full regional cooperation. Australia supports the Mekong Regional HIV/AIDS Initiative, designed to make multi-country efforts more effective. It concentrates on such things as distributing more condoms; management and prevention of sexually transmitted diseases; more care for affected people; and education programs.

Local NGOs can get grants from the Mekong Initiative for grassroots activities such as health education for sex workers, and prevention projects for truck drivers and fishermen. The initiative also helps multilateral organisations like UNICEF and UNAIDS to improve subregional coordination and other multi-country initiatives.

Bilaterally, Australia works through significant projects in Papua New Guinea, Indonesia, China and India. It will work closely with ASEAN members through the six-year, \$200 million Global HIV/AIDS Initiative.

Significant activities to be funded under this initiative are being developed already, such as support for a second phase of the HIV/AIDS Prevention and Care Project in Indonesia. The idea is that the project will take a longer term, multi-sectoral approach to HIV/AIDS prevention and care, concentrating on emerging problems and high-risk groups.

\$60m FOR PNG SUPPORT

Papua New Guinea's number of reported HIV cases increased by 25 per cent between 1998 and 1999. Because of HIV/AIDS's potential impact on PNG's development, Australia is funding PNG's five-year National HIV/AIDS Support Project, costing \$60 million, which will support Papua New



The Minister for Foreign Affairs, Alexander Downer, launches the Australian Government's new \$200 million Global HIV/AIDS initiative at the Association of South East Asian Nation's Ministerial Conference in July 2000.

Guinea's National HIV/AIDS Medium Term Plan.

Australia has funded already several important anti-HIV/AIDS activities in PNG, including the successful Sexual Health and HIV/AIDS Prevention and Care Project. This involved the national and provincial governments, health authorities and church and community groups, which boosted its success.

For example, the Institute for Medical Research's study of sexual practices led to community self-help groups' being formed in Port Moresby and Lae to provide education and resources. They help vulnerable groups, including sex workers, transport workers, seamen and police.

The aid program's most dramatic relative increase in HIV/AIDS expenditure is in India. A major project (\$18.5 million over five years) began this year in New Delhi and the north-eastern states Manipur, Meghalaya and Mizoram.

In New Delhi the project will improve access to counselling, testing services, improved treatment, care and support

services for people living with HIV/AIDS. It will help, too, to prevent the disease's spread to three high-risk groups: street children, commercial sex workers and prisoners.

In the north-eastern states it will concentrate on injected-drug use, improve state AIDS societies' ability to plan, monitor and coordinate HIV programs, and support NGO and community efforts.

Australia's current project in China is aimed at marginal at-risk populations in Tibet, which is becoming more vulnerable as the epidemic spreads in China and neighbouring countries. Prevention efforts to date have been limited. The project trains health workers, increases awareness of HIV/AIDS and helps authorities develop plans to tackle it.

Involving affected communities throughout HIV/AIDS projects makes communities more effective. This includes affected people, who can contribute much to designing and implementing education and support programs. Supporting the work of NGOs is essential to community

participation, and central to Australia's international efforts.

It gives the people affected by the epidemic power to act, such as providing education for young people in Malawi, home care for AIDS-affected people in Zambia, and the chance of income and self-reliance for affected women in India.

One such NGO project that has received funding from the aid program shows the important role religious institutions play. The Sangha Metta Project in Chiang Mai, Thailand, trained Buddhist monks and nuns to work with local communities on HIV/AIDS prevention, education and care.

Monks in several northern and north-eastern provinces work now with community leaders and women's and youth groups to find ways to manage HIV/AIDS at the local level. Monks and nuns provide counselling and care for people living with HIV/AIDS, run youth camps and maintain a home for AIDS orphans, training them in life skills or offering them work in temples.

Increasingly, monks from Burma and Yunnan province, southern China, are being trained, taking new skills and knowledge home to work with their communities. Governments come and go but religious institutions endure and are valuable conduits to local communities to help manage HIV/AIDS.

HARM REDUCTION

David Hook, an AusAID Health Sector analyst, says Australia offers special expertise in harm reduction for injecting-drug users: 'The Asian Harm Reduction Network, established in Australia in 1995, is now based in Chiang Mai, Thailand. It has more than 500 members and, with Australian assistance, has recently produced a manual to support development of more initiatives in Asia such as blood safety, treatment and care.'

Australia supported the Shalom project in Manipur, which established India's first needle-exchange program. This program not only implemented an approach now being adopted elsewhere in the region but was also the catalyst for adoption of

harm reduction in Manipur's State HIV/AIDS policy.

The local government and the community support it strongly, seeing the issue as affecting them all. A major route for heroin from the Golden Triangle, the north-eastern states have a significant problem with intravenous-drug use and HIV infection, particularly in young people. Recognition and community ownership of HIV/AIDS management is the first step in responding to the epidemic.

Despite Australia's successful education campaigns, experience shows that prevention projects involving behavioural change need continual performance assessment. Although the problems in Thailand and the Philippines, for example, may be similar, very different information and education campaigns may be required.

Education and condom-distribution projects, for instance, will not be effective unless gender questions have been taken into account. The position of women in some societies can make it very difficult for them to insist on protective measures.

Putting resources into structural change to improve women's status by improving their access to education, credit, skills and employment is as much a component of HIV/AIDS prevention strategy, in the longer term, as increasing awareness of sexually transmitted diseases and condom use. Start-up Australian aid funding helped to establish vocational training for women in Mumbai, India. Their market research was so good that the project now pays for itself from the sale of goods they produce.

Similarly, prevention programs won't reach the majority of women if they are directed only to sex workers or other high-risk groups. STD and HIV/AIDS services can be made more available to all women by building them into family planning and maternal health services, as in the Women's Health Training Project in the Philippines.

The project is intended to strengthen health care workers' ability to provide such services, particularly to women of child-bearing age. The integration prevents the embarrassment of visiting STD clinics. A

GLOBAL EPIDEMIC — GLOBAL RESPONSE

The magnitude and nature of the HIV/AIDS epidemic demands a collective international response. Australia has contributed to the international response through support to UNAIDS, of about \$1.5 million every year since it was established in 1996. UNAIDS has particular strengths in international advocacy and facilitating strategic partnerships such as the new International Partnership Against AIDS in Africa.

According to UNAIDS Special Ambassador Dr Mechai Viravaidya, Australia is a bright light in the gloomy picture of HIV/AIDS throughout the world. On a visit to Australia recently, he applauded Australia's management of HIV/AIDS as a public health issue and the understanding and response by all levels of society to the epidemic. He highlighted the success in public education, calling it one of Australia's most valuable exports. ■

successful Papua New Guinea trial with female condoms proved their worth in helping women to protect themselves and their partners.

Education and prevention are most effective with the young. Educating young people has high priority because five young people are infected with HIV *every minute*.

Anti-AIDS clubs and peer educators in Malawi, for example, are teaching primary- and secondary-school children how to reduce the HIV/AIDS risk. Their project, 'Going to Scale', has increased demand for youth reproductive health services, condoms, contraceptives and counselling. The number of people joining the clubs, youth centres and life-skills courses, too, has increased.

The lessons of Australia's domestic experience are having an impact in developing countries. Australia helps communities and governments to recognise the problem, find the right responses, and put them into action. — JC ■

Strategic plans to stop HIV/AIDS must be tailor-made

The Macfarlane Burnet Centre, one of Australia's premier research bodies, has helped develop a guide to strategic planning to combat HIV/AIDS.

The many different approaches of the last decade to stopping the spread of HIV and minimising its impact have made it obvious that no one formula works for all countries. Each has a unique set of circumstances that dictates its specific needs.

However, if no one *formula* will suit all, it may be that a single basic *approach* can be used, and the International Health Unit of the Macfarlane Burnet Centre (MBC) has proposed a series of strategies to combat HIV/AIDS using specific methods suited to different countries.

One element common to the most effective national efforts is that each has been designed to suit the country or region concerned, concentrating on the strengths of its social, religious, political and other factors, as well as how those factors can make people vulnerable to HIV.

With funding from the Australian Government's aid program, MBC has started putting the principles of strategic planning into action in Laos, Zimbabwe, the Pacific Region and the Tibetan Autonomous Region of China.

In the Lao People's Democratic Republic, the focus is on youth and has had to take into account special factors such as borders with countries with high levels of HIV infection, poor health levels, high urban youth unemployment and low government expenditure on health.

In Zimbabwe there is an emphasis on the needs and concerns of women in relation to pregnancy, infant feeding and care of babies under 12 months.

In the Pacific, populations have long



An HIV/AIDS workshop in Laos. Strategies to combat HIV/AIDS in Laos focus on youth.

been seen as vulnerable to HIV/AIDS and the situation needs to be addressed long before it becomes a major problem.

One element common to the most effective national efforts is that each has been designed to suit the country or region concerned

The project in the Tibetan Autonomous Region of China is the first major attempt to get many different local organisations to work together in a united response to HIV/AIDS.

It's important that governments get an accurate idea of how big their national

HIV/AIDS problem is, and what their unique risks and strengths are, so they can estimate the disease's likely effect on individuals, families and society over all.

Each government then needs a strategic plan in which every activity to prevent the disease's spread and reduce its impact is given a level of priority. Those governments must choose the right strategies, find the money and other resources to put them into action, and make sure that they become key parts of the country's over-all development plan.

Using the experience and knowledge gained from these projects, staff from MBC's International Health Unit recently helped develop the guide to strategic planning with UNAIDS, the Joint United Nations Programme on HIV/AIDS. — ML ■

Religious groups make common cause

Religious leaders in Indonesia have been searching their scriptures to find justification for supporting the campaign against HIV/AIDS.



In an innovative AIDS awareness model, Muslims in South Sulawesi, Indonesia, learn from Islamic preachers in mosques about preventing AIDS transmission.

The call to prayer rings out through the loud speakers as the faithful wend their way along the streets to the mosque, prayer mats over their shoulders. It is Friday, the Islamic day of religious observance, when mosques throughout Indonesia often fill to capacity as millions fulfil their religious obligations.

In this predominantly Islamic nation, an innovative AIDS prevention tool is being

tested with the support of Australia's aid program: mobilising religious networks in several Indonesian provinces to educate the community about AIDS prevention.

The province of South Sulawesi has a strongly Islamic heritage. 'Islamic law operated here, as in Aceh and West Java, until 1971,' says Ridwan Abdullah, director of IMMIM, an Islamic preachers'

coordinating agency based in South Sulawesi's provincial capital, Makassar.

Islamic scholars held workshops recently to review Islamic literature and identify principles that support prevention of HIV/AIDS and STDs. They prepared a document urging the teaching of HIV/AIDS awareness, promoting responsible, safe sexual behaviour and advocating tolerance of and compassion for affected people.

Muslim clerics preach HIV/AIDS awareness in their sermons and provide education in mosques, schools and community halls. Although their primary message is abstinence and fidelity, they also offer advice on condom use in specific circumstances. 'That shows how far we've come since then,' Ridwan says.

In largely Christian West Timor, Flores and surrounding islands, similar sentiments prevail. When AIDS was first reported in the region in 1996, Reverend Mesach Beeh, general secretary of GMIT, a Protestant church organisation based in Kupang, realised his church faced a serious problem.

He says he saw a 'moral obligation' to address the issue, and if that meant rethinking what he was teaching his congregation, so be it. The project provided financial support for an education program but, more importantly, it offered information about HIV and AIDS.

As a result he was able to develop an education program for his ministers. The church's basic three-point program for sexual health is ABC: abstinence, being faithful, condom use.

The Catholic Church in the region has

developed a similar approach. 'That community chose to examine cultural and religious values to find the motivation to tackle a totally new social problem,' says Chris Dureau, the project's institutional strengthener.

Provincial public information campaigns, implemented by the Australian-funded Indonesia HIV/AIDS Prevention and Care Project, are intended not only to stop the spread of AIDS by conveying basic AIDS facts to the general community. They recognise also the influence that religion and religious groups still have in developing countries, not only on the community but on key government decision-makers.

As well, they provide a comprehensive network, down to the neighbourhood level, of trusted, educated personnel and volunteers who are familiar with local culture and languages. Local differences are often among the main obstacles to AIDS education in multicultural and multilingual countries such as Indonesia.

Programs funded by the project have reached Indonesian youth. Perkumpulan Keluarga Berencana Indonesia (PKBI – the Indonesian Family Planning Association) has been promoting family planning and providing sex education since 1957.

The project supported the development of AIDS-related publications and training materials, and PKBI now has a nation-wide peer-educator program.

'Before AusAID, there were just seminars,' recalls Sukri, PKBI's Makassar director. 'Now we have an education program for youth about STDs.' High-school students say the program has taught them all they know about HIV/AIDS. PKBI encourages dialogue between children and their teachers, parents, families and religious educators.

As the young are most vulnerable to AIDS infection, district youth leaders are trained too, and assigned to conduct peer education in both their own religious youth groups and more informal settings such as gatherings of school friends, or families and neighbours. – WM ■

An illness, not a curse

A cornerstone of the Indonesia HIV/AIDS and STD Prevention and Care Project, supported by Australia, has been the support of the religious community.

'Before the AusAID program, we thought HIV was a curse from God,' says Rawaden, a 17-year-old Makassar high-school student. 'We had problems letting go of the idea that it was sinners who caught the disease.'

Attitudes have been changing in Indonesia since its first HIV case was reported in 1992. A year after that the Indonesian Government put into action a medium-term plan for HIV/AIDS control.

The Australian Government, through AusAID, supported the plan, which became known as the Indonesia HIV/AIDS and STD Prevention and Care Project. Almost 90 per cent of its \$20 million cost is being contributed by Australia.

The project operates in conjunction with the National AIDS Commission in the provinces of Bali, South Sulawesi and Indonesia's eastern islands and is designed to strengthen Indonesia's effort to combat the spread of HIV/AIDS.

The strategy is to explain to Indonesians what AIDS is, how it is transmitted, how to care for infected people, and to encourage changes in behaviour to stop its spread. Concentrating on the management of STDs and social, cultural and behavioural research, the strategy works at the national, provincial and community levels.

The project has funded about 60 local NGOs in more than 100 HIV/AIDS activities and has devised various ways to get HIV/AIDS prevention information to target communities.

Ridwan Abdullah, whose agency, IMMIM (a Muslim organisation with headquarters in

Makassar) was assigned the task of training Islamic preachers in the province, says that trying to persuade the preachers to promote anti-HIV/AIDS messages was like waving a red rag at a bull.

'But after the Muballig [Islamic preachers] completed their five-day training course, there were only two preachers out of the 312 that we trained who refused to change their views,' he said.

'The condom still remains controversial, however, while the Muballig continue to preach that sex outside marriage is a sin. However, they also emphasise that sex outside marriage without a condom is a bigger sin,' Ridwan said.

The condom controversy is being neutralised, as are other problematic subjects such as mass blood-testing and the labelling of all HIV/AIDS-positive people as sinners. This reduces the stigma and discrimination associated with this still-controversial illness.

Similar activities are being conducted in East Nusa Tenggara. In this province, both the Catholic and the leading Protestant church – the Timor Evangelical Church – have trained preachers to provide outreach to congregations, in church services as well as in other forums such as Bible discussion groups, marriage counselling and youth groups.

The Catholic Church has even produced a special list of questions and answers for AIDS prevention, which is much in demand in Catholic dioceses throughout the country. – GR ■

To educate, first get people's attention

A parade led by drummers and flautists playing traditional instruments and dressed in traditional costumes, ferried along in decorated bicycle rickshaws, makes a powerful statement about the fight against HIV/AIDS, as the people of Makassar found out.



ABOVE Even young children joined in the 5 km AIDS awareness community fun walk on Candlelight Memorial Day, with a little support from a becak driver.

ABOVE RIGHT Members of the Wirabuana cavalry battalion with two of their award-winning posters joined the fun walk. One poster promotes non-discrimination with a play on words along the lines of 'AIDS doesn't split hairs, whether long, short or otherwise', while another promotes safe sex using the symbol of a pistol with a condom on the barrel and the words, 'Remember me'.



messages, including one holding bunches of 'balloons' – inflated condoms. It was clearly not your usual student demonstration!

This entertaining spectacle was the result of an initiative by the Australian-funded Indonesia HIV/AIDS and STD Prevention and Care Project, involving government and several Islamic, gay and sex-worker NGOs. The march had brought together 81 diverse groups from across the province.

The reason? To commemorate International Candlelight Memorial Day and take the message of non-discrimination and 'working together to prevent AIDS' to a wider community.

The Candlelight 2000 campaign in South Sulawesi used several influential methods of ensuring community involvement, promoting awareness of the danger of discriminating against those living with AIDS, as well as educating in AIDS prevention. Aside from the 'fun walk' through the provincial capital's streets, these included mobilising religious networks to provide direct outreach, the mass media, and an evening of commemoration and entertainment. – WM ■

The hundreds of people who gathered, as usual, for a quiet Sunday morning on the beach-front of Makassar, capital of Indonesia's South Sulawesi province, were startled by an extraordinary sight earlier this year.

Suddenly the peaceful routine of casual fishing, jogging and watching the world go

by was enlivened by a colourful and noisy parade of more than a thousand people. Bemused citizens saw Islamic preachers and head-scarf-wearing women walking with Christians, gays, transvestites, sex workers and even the military.

Each group was waving home-made banners or posters with AIDS-prevention

Anatomy of a campaign

Indonesia's national HIV/AIDS campaign is in only its second year but has made major progress already in building awareness and increasing knowledge of HIV/AIDS prevention.

'AIDS – *Nanti Dulu*' (Wait and Think), phase one of Indonesia's national campaign to fight HIV/AIDS, began in December 1998. A more informational approach was developed for phase two, 'AIDS – *Kita bisa kena, kita juga bisa cegah* (Anyone can get it, we can all prevent it), launched in November 1999.

The mass-media component is designed to create community awareness in a relatively short time. Its effect is extended by information referrals and counselling of at-risk groups

Five television advertisements have been produced and two more are being planned, as well as four radio ads, each in three provincial dialect versions.

The electronic media campaign is backed by national print advertising and a range of publications – about 200,000 of them – on specific topics, such as sex and AIDS, drugs and AIDS and people living with HIV/AIDS. Stickers, T-shirts and caps bearing the campaign's logo have been distributed

widely. A national mailing program is nearing completion.

A national billboard-design competition for youth is planned to create an AIDS-education message. It will be promoted in youth-oriented magazines and other print media. The winning entry will be exhibited in Jakarta.

The campaign has established ties, too, with MTV and Levi's at a rock concert in Jakarta, and other sponsorship opportunities in the provinces are being explored.

There have been some encouraging results already. Awareness of phase two television advertisements has been assessed at 67 per cent of the target group. After seeing them, high-risk respondents' acceptance of the view that 'HIV could happen to me' has increased and there has been a significant increase in knowledge of the relationship between sharing needles and infection.

New strategies and resources for phase three are on the drawing board, including a billboard and mini-bus advertising program designed to raise the campaign's profile in the provinces. A pilot program – a toilet-door advertising strategy that uses a mirror to heighten personal perception of risk – is being tested in Jakarta for future use in other cities.

There are plans for an interactive voice-response system to enable people to respond to advertisements, using a national toll-free information line. The service is expected to provide recorded information on HIV/AIDS and offer both a counselling and referral service as well as publications. – TT ■



Education and meditation reduce the onslaught of AIDS

Buddhist monks and nuns of Chiang Mai, Thailand, are working with villagers to help prevent the advance of HIV/AIDS in the Sangha Metta project.



The traditional role that Buddhist monks and nuns play in social welfare extends into helping villagers to stop the spread of HIV/AIDS.

Early morning. Through the dawn silence, a temple bell sounds. Saffron-robed monks and white-clad nuns move gracefully to the temple to chant the ancient scriptures of the Buddha and wish all living beings peace and happiness.

Inside the temple sits Laurence Maund, a Sydneysider who left Australia 26 years ago to seek ordination as a *bhikkhu* (Buddhist monk). Now 55, he left behind him a successful career as a stage director, his credits including *Hair*, *Godspell* and *Jesus Christ Superstar*.

Today he lives in Chiang Mai where, a layman once again, he manages Sangha Metta, a project where Buddhist monks and nuns help villagers prevent the advance of AIDS.

I ask Laurie why he started Sangha Metta. 'In Thailand, the life of every village centres on the temple. I thought if we could use existing community resources, and the traditional role monks and nuns play in

social welfare, then we could really start to help people learn about AIDS.'

This simple idea has proved extremely successful in a highly religious country where last year alone, AIDS claimed more than 66,000 lives. The great respect given to monks in Thailand means that a gesture as simple as a monk accepting and eating alms from a woman with AIDS can make a powerful impression on villagers, helping to overcome fear and discrimination.

'Many villagers with AIDS cannot afford costly patent drugs. The monks teach villagers where to find herbal medicines in the forests, with older monks passing their knowledge on to young novices,' Laurie says. Many hospitals in Thailand are now also encouraging people to use traditional medicines to treat AIDS symptoms such as colds and a variety of infections.

In Northern Thailand, many people contract HIV from injecting drugs with dirty needles. The Golden Triangle of

Burma, Thailand and Laos is the world's major source of opium. But the dangers of drugs go much further. Amphetamine and heroin habits lead some boys and girls to sell sex to buy drugs.

On the principle that young people often learn best from their peers, the monks and nuns of Sangha Metta encourage the street kids to debate the perils of substance abuse among themselves. Sangha Metta provides support to help them start new lives.

Buddhadasa, one of Thailand's most revered forest monks, taught that meditation can help treat diseases of the body and the mind, saying, 'We have to realise that our breathing affects our nervous systems, our thoughts, our awareness and our body.' The Sangha Metta monks and nuns see many people with AIDS suffering from depression, loneliness and despair who learn through meditation to experience a greater calm and a new appreciation of life.

'Meditation can help people overcome fear. It can help them access health services where previously they were too frightened to identify as HIV positive,' Laurie says. 'It can give them a new confidence about living with AIDS.'

As for the future? 'We've only just begun,' Laurie laughs. 'We've started to train 80 monks from Shan State, Burma, and we've been approached by monasteries in Cambodia, Laos and as far away as Bhutan.'

The project has been so successful in Thailand that Australia is funding its extension to include Burma and China. — DH ■

A safe haven where hope battles disease

Kirsten Hawke meets the sex workers at the forefront of fighting the spread of HIV/AIDS and STDs in the Philippines.

Geena proudly points around the room at the colours adorning the walls of the health clinic in Tondo, walls she helped to paint.

'Green is for hope, because we all hope for a better future. Purple is for the bruises on our bodies. Yellow is for the envy we feel for those who have better lives. Pink is for love,' she smiles, 'and blue is to calm our emotions after a long day on the streets.'

Geena, 26, is a former sex worker who used to service the men in Tondo – mainly truck divers and wharfies who had moved from the countryside in search of work.

Tondo, in the centre of the city, is one of the most depressed slum areas in the whole of Manila. People have built makeshift houses of tin and scrap materials which look ready to collapse. It has a reputation for extreme poverty and violence. Local aid workers say, 'you should never go there at night'.

There is, however, another side to Tondo. The Remedios AIDS Foundation, funded by the Australian Government, is a beacon of hope for the local sex workers, who are taking responsibility for stopping the spread of disease in their profession.

It would be an understatement to say that life is hard for them. The local truckies and wharfies earn only 500 pesos (\$5) a day, so the sex workers are lucky to get 100 pesos for their services. On bad days, when the workers aren't paid, the local sex workers are paid – literally – peanuts or sweets.

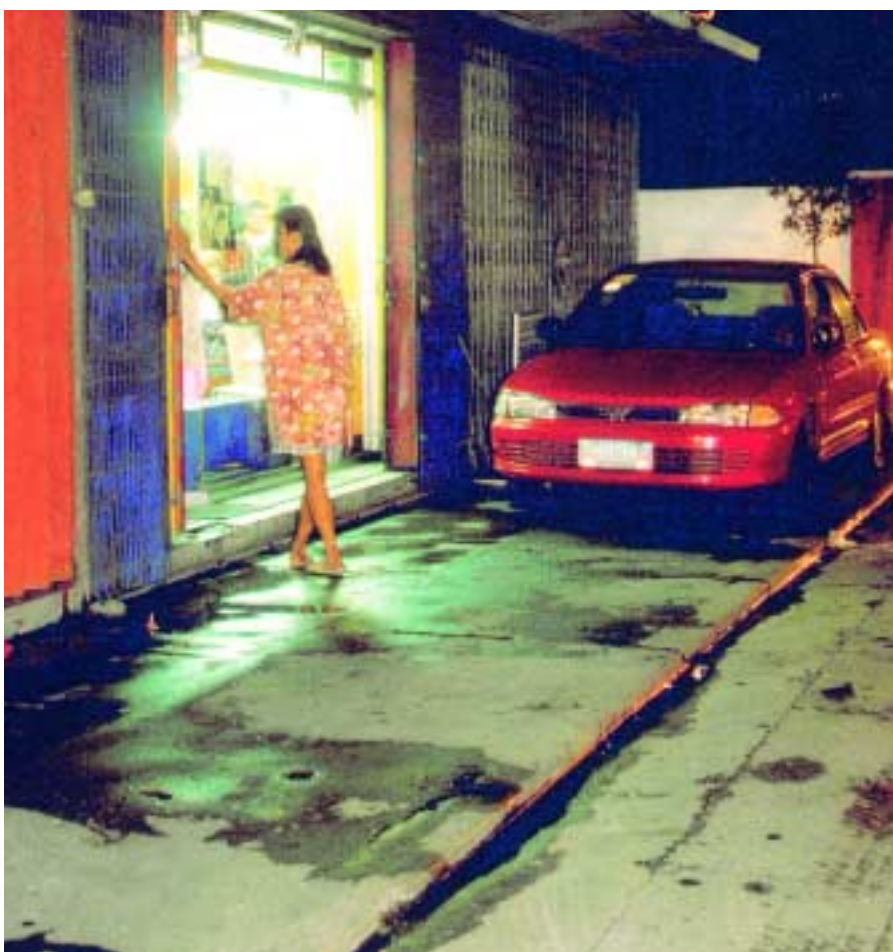
Young girls move to the city in search of work as maids, or they are runaways,

leaving home because of family problems or violence. On the outer islands, such as the Visayas and Mindanao, the wages are less than 50 cents a day, so Tondo is a place where girls have a chance of earning a 'decent living'.

However, because each girl serves three to five men a day without using condoms,

sexually transmitted disease including HIV/AIDS is rife in the community and throughout the Philippines. Male rituals like 'baptism' for 18-year-old boys involves sex workers 'christening' high-school students. Locally known as 'vinyag', it's a custom that spreads disease rapidly.

Geena is a strong young woman who



In Tondo, one of the poorest parts of Manila, a group of sex workers and volunteer doctors are making a difference in the fight against HIV/AIDS. Photos: David Haigh

leads a team of 20 sex workers. She has given up the business but is committed to helping young sex workers in Tondo, to support them and stop the spread of disease.

'All the girls here do outreach activities in bars to let other sex workers know how to spot the symptoms of an STD and what to do about it. We carry cards full of information, which we can slide discreetly into their hands while they are in nightclubs. We hand out condoms and we empower the girls with negotiation skills so they can make sure the clients actually wear them.'

On nights that aren't so busy, Geena takes the clinic staff to the nightclubs and they set up a makeshift clinic in a back room: 'We test the girls and treat them. We use the time to talk to them about safe sex with clients.'

The existence of the clinic is controversial because of the social stigma surrounding STDs, so the local girls have come up with a creative ploy that conceals the clinic and allows them to come and go without suffering the local community's discrimination.

Rowena, another former sex worker, explains: 'There is a lot of social stigma surrounding STDs, so we came up with the idea of a beauty parlour as a façade so nobody would know that we operate as a sex clinic.'

Rowena is in charge of perms, nails and facials. The beauty salon she runs is the front room of the sex clinic. She has seen her two closest friends die of AIDS-related illness. In tears, she says, 'Nobody knows how many people have HIV. My friends were both artists and they were very talented people. I can't believe they're gone.'

Still, the sadness of losing friends to AIDS doesn't dampen Rowena's enthusiasm for her satisfying role at the clinic.

Although the clinic receives Australian aid funds through the Remedios AIDS Foundation, Rowena says, 'I charge for hair dyeing, perming, make-up and massage – all things related to beauty. I can earn an



Dr Rene Francia discusses health practices with a sex worker in Tondo. The clinic is disguised as a beauty parlour so that the workers can attend without attracting any stigma.

income of around 4,000 pesos (\$120) and we use it to buy extra materials for the clinic, like syringes, slides and testing equipment.'

Australian funding this year of \$100,000 has enabled the clinic to expand and operate a new laboratory for testing for STDs. Dr Rene Francia says, 'The girls are tested for syphilis, herpes, gonorrhoea and HIV. We don't discriminate between HIV and other STDs because of the social stigma.'

Dr Francia says that despite the lack of statistics on the real impact of STDs in the Philippines, he believes it's high. 'I would say that out of the average 27 pap smears I do a week, only one would be normal.'

The Australian Government has supported the Remedios AIDS Foundation through AusAID since 1997. When the health service began it was a mobile clinic but, with Australian funding, it has slowly established itself in premises so the sex workers know where they can go for reliable treatment and advice.

Dr Francia says, 'Before the clinic was properly established, girls were self-diagnosing and treating their STDs. They would self-medicate with douches of Seven Up, Colgate toothpaste or vinegar.'

'Now they can come to the clinic to receive proper treatment. A lot of STDs have similar symptoms, so if you don't

know exactly what you are treating you can easily undertreat the disease and the girls are still contagious.

'Now with the laboratory we can let girls know what they have immediately and they walk out of the clinic with the correct treatment.'

Dr Francia works in the clinic every day from 4pm to 10pm. His full-time job is as a doctor in a local hospital during the day. Both he and executive director Nenette Ortega emanate absolute commitment and enthusiasm for the clinic and are quick to say they wouldn't want to be doing anything else.

'Both Rene and I started off volunteering here. We just loved the community atmosphere – the clinic really is a family for the girls,' Nenette says. 'I love it so much that I've stayed on as the executive director. The low wages really don't matter, because I wouldn't be doing anything else.'

Despite the social stigma and the difficult nature of their work, the sex workers of Tondo are making a difference.

As Nenette says: 'These girls are empowered. They are committed to making sure their friends don't die from disease and they want to make sure they stop its spread within the community.'

'The work is rewarding and it's essential. Why would you want to do anything else?' ■

Why Maire broke her silence

Infected despite her low-risk status, excellent education and solid knowledge of reproductive health, a Tahitian studying in Fiji has taken a courageous stand.



Maire Bopp-Dupont receives her award in New York from UN Secretary General Kofi Annan, on the UN International Day for the Eradication of Poverty.



Since going public about her HIV status, Maire Bopp-Dupont has spoken to many groups in the Cook Islands, Fiji, Papua New Guinea and Tahiti.

In the second half of 1998, Maire Bopp-Dupont, then 23, a Tahitian studying journalism and history/politics at the University of the South Pacific, Suva, had repeated bouts of illness.

On her university doctor's advice she saw medical specialists in Suva, thinking she'd be back on her feet in a week, return to her studies and take her degree late in the year.

Instead she became so ill she thought she'd die and wanted only to see her family for the last time. Her father and brother flew to her side and, three days before they took her back to Tahiti, she learned that she was HIV-positive.

After treatment, she felt strong enough in December to attend the Pacific Islands

News Association's annual conference, being held in French Polynesia for the first time.

On the last day of the conference Maire disclosed her HIV status to the assembled journalists.

She had been living in a stable relationship with a young man in Tahiti for about two years before going to study in Suva.

She said later, 'I was not aware of the contamination until I got sick ... My partner got sick at the same time last year [1997] and, although we had broken up just a few weeks before that, I came back to my country, Tahiti, and stayed with him for a month in the hospital.

'I was never told about the origin of his

sickness — neither from the doctors nor from his own mouth — and only knew that he was very, very sick.

'I never bothered asking him about his situation because I thought, as partners, we had shared so much in years that, if there was something that I could be affected by, he would tell me.

'Well, he didn't tell me at that time and, a year after, I got sick too.'

A spokesperson for a non-government organisation called ACT UP (the AIDS Coalition to Unleash Power), said of Maire's 'coming out', 'By going public about her HIV status, especially to members of the media, Maire provides us all with an opportunity to understand more about HIV/AIDS.

'She has given HIV/AIDS a face in the Pacific, a history, a name. It is a brave move. We should all learn from Maire's experience.'

Maire said also, 'I decided to speak out because I realise how hard it is to get through this experience and I also feel that these others may not be lucky as I am. I am lucky in a way that, all around me, my family – aunts, uncles, cousins, parents, brothers – were all so receptive and gave me all the support.'

'Also my friends – I have now come to realise who my friends are. I want to speak out because HIV/AIDS is not something you [only] get through prostitution, homosexuality or just casual sex. You can also get it through stable relationships ...

'People should know HIV/AIDS is here. I hope those with HIV/AIDS will have the strength to speak out for those who are weaker.'

Since 'going public', Maire has spoken to many groups in the Cook Islands, Fiji, Papua New Guinea and Tahiti.

RETURN TO FIJI

In October 1999, to coincide with other regional events, UNAIDS brought Maire back to Fiji for an intensive round of advocacy work. She was a resource person at two workshops – one for regional health-care providers and one for church youth leaders.

A program was organised by the university's School of Journalism and the Fiji Centre for Health Promotion. Maire spoke to and answered questions from groups such as school students, doctors, health workers, journalists and community groups.

She conducted talk-back radio shows, was interviewed extensively by the media and filmed television spots for a sexual-health campaign for the Health Ministry.

A video, *Maire*, was launched at that time and has since been distributed widely and discussed by various groups in the Pacific. *Maire* has also been shown in Papua New Guinea to help the PNG

National AIDS Council with HIV/AIDS education and prevention.

Maire was awarded the PINA 1999 Media Freedom Award, which is for outstanding efforts in promoting and defending freedom of information and expression, 'for her courage in speaking out about her HIV-positive status and in recognition of her contribution towards generating open discussions about important issues that affect the lives of Pacific Island people'.

Maire was chosen from the Pacific area by the United Nations to receive an award in New York on the UN International Day for the Eradication of Poverty, in October, for her contribution to breaking the silence about HIV/AIDS, and mobilising others in the fight against it.

She was chosen for the award both in her own right and on behalf of other HIV-positive people in the Pacific contributing to 'breaking the silence about HIV/AIDS'. ■



Peer educators a real success story in the Pacific

One of the most effective weapons in the HIV/AIDS battle is the action group drawn from the very community that needs help. Many such groups create themselves.

'The AIDS Task Force of Fiji is doing great work in the Pacific,' according to UNAIDS's Country Adviser for the Pacific, Steven Vete, a Tongan specialist working in Suva.

'It's going from strength to strength,' he said. 'In fact, it's one of the best success stories in AIDS work in the Pacific.'

Known as ATFF, the task force was formed, more or less informally, in Fiji in 1994 by a group of people concerned about the inroads HIV/AIDS could – and, in fact, was beginning to make into Fiji's population.

'Initially it ran peer-education programs targeting sexually active young people,' Steven said. 'That included male and female sex workers in Suva.'

Over the years it had established a good reputation among a wide variety of groups, such as the military, women's groups, research institutions and international agencies. 'Those international agencies often select some of the peer educators of the task force to represent the youth of the Pacific at international meetings,' Steven said.

When Australia's Pacific Regional HIV/AIDS Initiative was established in 1997, one of its three interlinked projects had been to support the task force through the Australian Federation of AIDS Organisations (AFAO).

Much of AFAO's work is done through community organisations and its task was to 'work in partnership with the ATFF to share their experience in community AIDS education with non-government

organisations from across the Pacific,' according to Steven Vete.

'The ATFF has been providing fourth-year medical students from the Fiji School of Medicine with training in interpersonal communication skills. It's also the Pacific representative of the Asia Pacific Community AIDS Organisations.

'In fact, it's one of the best success stories in AIDS work in the Pacific.'

'In 1997, Australia provided funds through the AFAO for the task force to strengthen NGOs that were active in AIDS in other Pacific Island countries. So far, peer educators from Samoa, Tonga, Kiribati, Marshall Islands, Solomon Islands and Nauru have been trained in outreach work, interpersonal skills, AIDS issues and other essential subjects.

'They do a five-week training course in Suva. Then they return to their countries and start conducting outreach work among their peers. An important part of the training is the back-up they get in the form of visits from ATFF trainers.

'The task force is involved in other areas, too, of course. One of them included a three-country survey of men who have sex with men. Another is

training peer educators at the University of the South Pacific.'

With the help of the UNAIDS theme group and technical advice from the World Health Organisation and the Secretariat of the Pacific Community, the task force has set up a user-friendly reproductive/sexual-health clinic to cater for the sexually active population of the hub of the Pacific.

'The coordinator, Jane Tyler, tells me she thinks one reason why the task force is so successful is that it has the continuing support of partners.

'Another very important factor, she says – and I agree – is the dedication of the young peer educators.' ■

STRATEGY FOR THE PACIFIC ISLANDS

The threat to the Pacific region became apparent in the mid-90s, which led to the 1997 regional strategy. Perhaps the most important aspect of the strategy was that it recognised that the battle with HIV/AIDS and other STDs had to be extended from being merely health-related to a development matter, involving all levels of government and the community.

The number of recorded cases of HIV infection in the region is still relatively small, but its populations are vulnerable and the time for action is well before the problem gets out of hand, not after. – ML ■

One Small Bag makes one big difference

When a popular community theatre troupe turns its collective hand to producing radio soap operas, its message reaches far and wide.



Helen Ravua (left), Merinda Tari and Noel Aru learn their parts during rehearsals for another episode of *Famili blong Sarah*, Wan Smolbag's highly popular radio soap.

If a man uses a condom he will get sick and women who use the contraceptive pill will get cancer – at least, that's what some young men and women think in the Pacific island country of Vanuatu, and it discourages them from taking any precautions.

It's the kind of myth that is being addressed by a theatre troupe from Port Vila, the capital of Vanuatu, on the island of Efate.

Wan Smolbag – One small bag (all an actor needs to carry a costume) – is the name of an enterprising and highly creative

group of Ni-Vanuatu (Vanuatu-born) who have been working in community theatre since 1989. Funding by the Australian Government has given Wan Smolbag the impetus to begin a long-running radio series, and their messages are reaching much larger audiences.

The troupe of 11 full-time actors produces programs whose educational content is couched in that universally favourite format – the radio soap opera. The first eight pilot episodes of *Famili blong Sarah* – Sarah's family – were aired in September last year.

THE GARDENS CAN WAIT

Since then, Wan Smolbag has produced dozens of episodes and spent months on this immensely popular community project. On a remote island called Banks, people even rushed home from their gardens to hear the pilot series.

The company knows it's popular because members of Wan Smolbag travel around Vanuatu asking people for their views. Members work with the communities to feed ideas into the scripts.

'We have focus groups who go around the villages with tape recorders, finding out what the people think of the show, and talking about family planning,' says scriptwriter Jo Dorras. 'It takes a long time to turn opinions around.'

By talking to people in the villages, Wan Smolbag finds out about some of the myths people believe about reproductive health, and incorporate them into the soaps, educating people gently and humorously into safer practices.

Wan Smolbag's show is aired both day and at night on FM radio to catch young people in town, and AM radio for the islands, extending what is already a highly valuable contribution to the sexual health of the people of Vanuatu.

Reproductive-health awareness is not the only area of community education that Wan Smolbag is involved in. The group has also performed plays about electoral rights, domestic violence and preserving the environment. ■

Africa's calamitous epidemic

If you are an Australian, you can expect to live about 78 years, but if you are a Zambian your life expectancy is 37. In 1991, it was 49. In a mere nine years, 12 years of life has been shaved off the average Zambian's life span.

The cause of this drastic decline? The rate of HIV/AIDS infection.

These grim statistics reflect the reality of HIV/AIDS in Africa. Before you turn the page, perhaps thinking, 'the problem is too overwhelming for Australia to make any difference', remember: a small difference is still a difference. Certainly, to do nothing through fear of the size of the problem is to have made no difference at all.

AUSTRALIA'S EFFORTS

What is the Australian Government, through its aid agency AusAID, doing to help?

AusAID works primarily through Australian NGOs which work, in turn, with partners in the recipient countries to conduct the projects. HIV/AIDS has a flow-on effect – many different types of problems arise in its wake – so the projects supported by Australia tackle a variety of issues.

They look at the present – how to support those with HIV/AIDS, how to help individuals face their illness, how to get communities involved, how to make people understand that they themselves are at risk. They look, too, to the future – how to get the message across to the next generation in a way its members truly understand. — KL ■



Children whose parents are members of the Family AIDS Support Organisation (FASO) in Zimbabwe are looked after at a creche run by the organisation.



Schoolgirls at St Michael's, Zomba, Malawi, who are members of the school anti-AIDS club sing an HIV/AIDS prevention message. Photo: Simon Stroud/UNICEF



Patricia Nyamabvene, a community care-giver (right), visits a family affected by HIV/AIDS.

Renewing the community spirit

Local volunteers in Zimbabwe caring for AIDS patients at home are doing far more than just alleviating suffering.



Rudo Mauchaza, a voluntary care-giver in Zimbabwe.

Enter the voluntary care-givers. With funds provided by Australia, PLAN International and its local partner train voluntary care-givers in the AIDS patients' own communities.

The volunteers are asked to work two days a week but often work longer. One said, 'We have a very challenging task. The nature of our service requires devotion. Although we are employed to work two days a week, the ever-increasing demand for our services often means we work longer hours, sometimes seven days a week.'

The families of HIV/AIDS patients are not the only ones who benefit. Most of the volunteers are women who feel that taking

part in the program will earn them a guarantee of community help if they themselves are infected in the future.

There are other gains. The project provides basic training, certainly, but perhaps more significantly the women feel that their contribution gives them an important role in the community.

Because of the volunteers' work, AIDS patients and their families find help and support, but equally important is the renewal of the community's sense of obligation – AIDS patients and children who lose their parents to HIV/AIDS remain a part of their community.

— RMCK/BM/KL ■

In the Zimbabwean communities around Mutare and Mutasa the faces of the AIDS patients light up; their voluntary care-givers have arrived.

The volunteers bring basic food, wheelchairs, walking sticks, crutches, ambulance tickets, basic drugs and another vital ingredient – care and attention.

HIV/AIDS puts a big strain on the affected family and is a large burden in particular on the members who look after the victims. They often have their own children to look after as well.

In many families, both parents have HIV and their children can be orphaned before they are old enough to look after themselves. Most orphans are looked after by the extended family but within 20 years the number of HIV/AIDS orphans is expected to double, stretching families to breaking point.



HIV-positive women in Zimbabwe belonging to the Family AIDS Support Organisation (FASO) come together to work on their embroidery which they sell to tourists to generate income.

It's not just them – it's you and me

Peer education is central to a project Australia is funding in Zimbabwe through Australian Volunteers International and its local partner, the Zimbabwe AIDS Prevention Project.

Peer educators are people their audience can identify with – not someone famous, but someone just like the person standing next to them. For young people, someone their own age. For others, it might be someone from the same background, profession or community.

The peer educator is someone about whom those listening can say 'They are just like me. They understand me, we speak the same language. And maybe what they say is true for them, is also true for me'.

'I never thought I could openly discuss sexual issues with other colleagues and family, but this project has helped me feel free to talk about these things because it can be a matter of life and death,' commented a factory worker in Zimbabwe, after peer educators had visited his factory.

One of the biggest difficulties in educating people about HIV/AIDS is getting them to believe that they themselves are at risk. Until they believe this, people won't change their behaviour.

This is why peer education, when well used, can be such a powerful tool. People are more likely to believe the message and be more comfortable discussing the issues.

Peer education is central to a project Australia is funding in Zimbabwe through Australian Volunteers International and its local partner, the Zimbabwe AIDS Prevention Project (ZAPP). The project targets factory workers and is run with the cooperation of factory employers. They too, have a stake in preventing the spread of HIV/AIDS. Many employers face the decimation of their workforce as employees



Actions speak louder than words. Workers in Zimbabwe learn about HIV/AIDS through the antics of local theatre company Masters of Dance and Drama.

succumb to illnesses associated with HIV/AIDS.

The project uses a variety of approaches: theatre, peer educators, testimonials by people living with HIV. All of these methods drive home the message – HIV/AIDS can affect *you*. They also help overcome people's reluctance to talk about personal matters. The factory workers feel more comfortable discussing intimate issues with their peers who pass on information they received during training.

Verna Mzezewa, the project coordinator, said, 'After receiving the training, many of the peer educators become role models and are more determined than ever to make a difference

to the impact of the epidemic in their workplace and families.'

By encouraging people to discuss the issues, it also helps to reduce the stigma attached to HIV/AIDS. People realise *they* might be affected and it helps gain greater acceptance for those who are already affected. In doing so, this project makes a difference, not only to the lives of those it seeks to educate, but to the educators themselves.

One of the educators who regularly gives testimonials about living with HIV said, 'through this project, I was able to understand how to practise living positively, and not be afraid to tell others about AIDS'.
– KL/RMcK ■

Memory boxes hold keys to the past for the future

People who succumb to AIDS usually leave grieving loved ones. In Soweto they weave something of themselves into physical objects that they can leave behind.

Memory boxes — how could such a small thing hold a person's life? The thought seems overwhelmingly sad, yet this is also a tale of purpose renewed, a sense of community rekindled and lives not lost to the silence that can descend on those who are diagnosed with HIV/AIDS.

At the AIDS Counselling Care and Training Organisation (ACCT) at Baragwanath Hospital, Soweto, HIV-positive people meet to share experiences and work on their memory boxes.

Into these boxes, decorated lovingly by hand, will go photographs and certificates ... all the mementos of their lives, with small gifts for the future, a legacy for children and loved ones.

Being diagnosed as having HIV/AIDS can be a very isolating experience. On a continent still grappling with the reality of the disease, people who declare their status can face rejection by partners, friends, communities. Their infection can fray the fabric of a community at a time when support is needed most.

ACCT's work is supported by AngliCORD through the Australian-funded Soweto HIV/AIDS Care and Support Project for Women. The project provides counselling and training for women's groups, men's groups and peer-support workers.

It also provides outreach services to the families and communities of HIV-infected people, who often face severe consequences if they disclose their status.

When work on the memory boxes began it was seen as way to leave



Keys to the past — and the future. Glen Mabusa, project manager, Soweto HIV/AIDS Care and Support Project for Women with HIV/AIDS, holds the memory box of Maki Luvhugu. Photo: Nona Bennett

something for the children. What began as a legacy has come to mean much more to those involved. In coming together, these people have recreated the sense of community many have lost because of their HIV/AIDS status. They share their hopes and fears and find friendship and support.

When 34-year-old Maki Luvhugu was finding it a physical struggle to finish her memory box, the other members of the group rallied to help. At Maki's memorial service, ACCT presented the box to her 11-

year-old son and eight-year-old daughter.

In the creation of their boxes, the men and women face their illness and find a renewed sense of purpose — and value — in life. What they leave behind will be for their children.

Memory boxes leave behind something of the presence of those who made them. The spirit of the hands that created them and the group who supported them live on, records of lives that have not disappeared into the silence. — KL ■

The Wallabies go back to school

On their last tour of South Africa, the Vodafone Wallabies went back to school to see an important lesson being taught about HIV/AIDS.

Few Rugby fans will forget the Wallabies' thrilling last-minute victory over the Springboks in South Africa in August.

Nor will Joe Roff, Jim Williams, Peter Parker or their captain, John Eales, forget the time they spent with kids at Luthuli High School, in KwaZulu-Natal province.

They took a break from training to see how the Australian-funded YMCA 'Better Life Options' project was helping to train young people to educate their peers about HIV/AIDS.

'This was a great opportunity to see first-hand how Australians are helping to educate the people of South Africa about this growing problem,' Eales said.

'It was fantastic to meet some of the local school children and encourage them to stay safe. More people are living with HIV/AIDS [there] than anywhere in the world and it is through supporting education programs such as these that we can all make a difference.'

The program uses workshops, theatre, training, classroom and after-school activities to help young people in KwaZulu-Natal protect themselves and others.

Statistics produced by the South African Department of Health show that KwaZulu-Natal province has the highest incidence of HIV/AIDS not only in South Africa but in the world.

About 1.25 million HIV-positive adults and 55,000 children live in this province alone. An estimated 71,000 people are expected to contract AIDS in KwaZulu-Natal this year and more than 50,000 are expected to die of it.

Of women attending pregnancy clinics, 32.5 per cent were found to be HIV-positive in 1999. The national average was 22.4 per cent.

'Australians should be proud that they are helping such a good cause,' said Eales.

'Australian Volunteers International and the YMCA are doing a fantastic job through the dedication and hard work of Australians like Lisa Renkin and South Africans like Mpume Zama, the regional coordinator of the program.'

BUILDING ON SUCCESS

Australia has provided about \$400,000 to support the project for the last two years. The Australian Government will help build on the success of this project by funding the KwaZulu-Natal HIV/AIDS Outreach Project, which will be managed also by Australian Volunteers International. The project will help give young people access

to counselling, training and care at drop-in centres in their own areas.

The Wallabies' appeal is universal. Lisa Renkin, an Australian project team member, said the school was still buzzing after their visit.

'The players were great, really open and genuinely interested, asking lots of questions and getting involved in the workshop,' she said.

'The visit even prompted me to watch the Rugby on TV — my first game ever — and how cool the Aussies won!'

When the kids were asked who they would support in the coming rugby match, an overwhelming chorus of 'the Wallabies' clearly pleased the players. — JC ■

AusAID would like to thank Australian Rugby Union for their kind assistance in organising the Wallabies' visit to the school and for their permission to publish this article and photographs.



Joe Roff with some of the children from Luthuli High School, KwaZulu-Natal province, South Africa.
Photo: Steve Rose/Allsport

Young Vietnamese learn the techniques of protection

In Viet Nam, young people are at the forefront of the fight against HIV/AIDS. Jacinta Cubis joined some of them at an education workshop in Hanoi.

In a crumbling colonial building, on a steamy afternoon on the outskirts of Hanoi, a group of young Vietnamese gather round two voluntary trainers. The girls crowd around Lan, 21, and the boys around Thuan, 23. Equipped with plastic bananas, they take the teenagers through the stages of fitting a condom.

There's no giggling or cheeky comments as Lan takes the cover off the banana to reveal a plastic penis. Rather, the girls watch intently as Lan explains the intricacies of the task.

'It's a bit hard to imagine this being taken so seriously by people their age in Australia or America, isn't it?' says Nina McCoy, a technical adviser with the Red Cross HIV/AIDS Prevention Youth Peer Education Program in Viet Nam.

Hung, 23, another volunteer, has been involved with the program for more than two years. After attending a workshop as a participant, he began to help – putting up butcher's paper, organising seating and food for the groups. Eventually, he was selected for training by the Red Cross and has been a youth trainer for two years.

A photographer by day, he is happy to volunteer his time to help others, postponing his tertiary studies.

The Australian and Vietnamese National Red Cross Societies run the program, with the support of the Australian Government. Nina and her Vietnamese colleagues work with Red Cross branches in Hanoi and Ho Chi Minh City to educate young people about HIV/AIDS. The program trains

trainers who pass on their skills to young volunteers like Lan, Thuan and Hung.

'We're working in the areas where young people are most at risk of contracting HIV/AIDS,' said Dr Nguyen Thi Y Duyen, the senior program officer.

200,000 CASES IN A DECADE

According to the Government of Viet Nam, the first HIV case was reported in 1990. After that the number of reported HIV infections and AIDS cases grew rapidly. The Government of Viet Nam estimates that between 165,000 and 200,000 people will be infected by the end of this year.

'The virus has been spread through sharing needles and injecting drug use in 65 per cent of the identified positive people,' said Jamie Uhrig, an HIV/AIDS consultant who has worked in Viet Nam for seven years. The Government of Viet Nam

estimates that up to 50 per cent of infections will have been transmitted sexually by the end of this year.

In Ho Chi Minh City, dedicated young people like Rang, a trainer with the Youth Union, is helping to set up and run counselling courses in the poorest areas.

'Volunteers work in the centres one night every week, offering advice and support to HIV infected people,' said Rang. 'People can telephone or drop in for help.'

'Every week, infected people can get together at Club Thursday to talk about things, watch a video or listen to a speaker.'

Dung, another volunteer, runs Club Thursday from a ramshackle room in a poor part of the city. When asked why he had volunteered he said, 'I'm infected myself. I want to help others like me. Living with HIV/AIDS is twice as hard if you have to do it alone.' – JC ■



Volunteer trainer Lan (left) shows a young participant how to use a condom. Photo: Jacinta Cubis

Mr Number One does his number

With no access to TV or cinemas, Lao villagers enjoy the novelty of the arrival of a puppet troupe, but there is more than entertainment on offer.

Dawn breaks in the north of Luang Prabang province. A small boy sits expectantly in front of an empty stage framed by mountains, waiting for the fun to start. The puppet troupe is in town!

This child is not like Australian children. He has little access to education, may not be able to read and is likely to be malnourished because his family doesn't have a year-round rice supply.

He is also at risk of contracting HIV/AIDS or having a family member die from it. This is why the puppet troupe is here to tell children like him and their families what AIDS is and how to prevent it.

The curtain goes up and there is a hush of anticipation in the crowd.

The puppets Nang Vone and her daughter Nang Pok talk about how they prevent HIV by using condoms, telling the audience stories:

'I know it is the way for protection from AIDS,' says Nang Vone. 'You know, a husband who really loves his family must use a condom all the time during sex. This will protect him and his family from the disease – and it's also used for family planning.'

By using real situations, the stories help Lao people understand how to stop the spread of HIV infection. Often the problem is that people who contract HIV do not know about safe sex and the community does not understand how the disease is passed on. A common misconception is that it is by mosquito bite.



Waiting for the show to start. A puppet troupe visits remote villages in Laos to help villagers understand how HIV is transmitted and how to avoid infection. Photo: Jim Holmes

Other stories that the puppet troupe tell help people to understand that it's not easy to tell who has HIV – it could be anyone, especially if they don't use condoms when they have sex.

As the afternoon goes on, 'Number One' condoms are given out to the audience. They contain information in Lao and pictures about how to use the condoms. These condoms are available all over the country from local pharmacies and are very cheap – as little as 20 cents for a packet of three. Often this is all that many Lao people can afford.

Australia has provided \$250,000 to support the social marketing of Number One condoms in Lao PDR. The Ministry for Information and Culture's puppet troupe is supported by Australia, UNICEF, the Australian Red Cross and Population Services International.

That evening, the audience gets to meet Mr Number One Condom as he prances around the stage with people in AIDS and STD costumes. The sun sets on another big day for the troupe. Tomorrow there will be another child waiting for the show to start. – AC ■

Royal leadership helps break down the barriers

Geoff Manthey, UNAIDS Country Program Adviser in Cambodia, enlisted the support of the King and Queen of Cambodia to help reduce prejudice against people living with HIV.

Misunderstanding and prejudice, even by average 'educated' Australians, were two of the main challenges facing Geoff Manthey in his HIV/AIDS work on the Gold Coast with the Queensland AIDS Council back in 1988.

A result was that his work often began with 'basic training', explaining that you can't 'catch AIDS' from casual contact with

infected people, and that people with HIV are not 'bad people', they should be treated with the same respect as anyone else.

'There is also enormous prejudice and discrimination directed towards Cambodians living with HIV,' Geoff says, 'and until this prejudice and discrimination are overcome it is impossible to have a truly effective national response.'

However, there is already strong leadership in Cambodia. Last year Geoff organised an audience with the King and Queen of Cambodia for four Cambodians with HIV/AIDS. That's the sort of meeting that helps to break down barriers and show the population at large that people with HIV are not to be feared.

The HIV epidemic in Cambodia is one



Geoff Manthey (third left), UNAIDS Country Program Adviser in Cambodia, looks on as a demonstration of condom use generates some humour among Phnom Penh sex workers.



Geoff Manthey looks in on AIDS patients in Phnom Penh hospital during the distribution of food packages on World AIDS Day last year.



Volunteers of an NGO care and support program in Phnom Penh receive their certificates earlier this year.

of the worst, if not *the* worst, in Asia. UNAIDS estimates that 170,000 Cambodians – 3.2 per cent of the adult population – are infected already.

Still, Geoff says, the situation is not all doom and gloom. 'Recent behavioural studies have reported increased condom use with sex workers, a fall in some STD rates and the HIV-infection rate among sex workers and their clients. The data is still early, but the fact that we can improve condom-use rates and bring down STD rates is an achievement in itself.'

Australia has a well-educated population with access to good health and social services. In Cambodia, most children don't finish primary school, health services need strengthening urgently and there are no social safety-nets.

Cambodia has emerged only recently from 30 years of conflict, during which a quarter of the population died. The country's and its people's ability to battle a major AIDS epidemic is very limited.

Geoff puts it this way: 'In Australia we have a problem. In Cambodia we have a national emergency.'

'In Australia, treatment activists are working to ensure better access to anti-retroviral drugs. In Cambodia, we are fighting to make even paracetamol available for people dying of AIDS.'

Geoff is working to support the Cambodian response to HIV. His role is to give technical support to 10 UN agencies, which in turn support 13 ministries of the Royal Government of Cambodia, and 20 provincial AIDS committees.

UNAIDS tries to make sure that Cambodia's HIV/AIDS response is strategically planned, well-resourced and based on sound technical experience. UNAIDS works closely with AusAID and other bilateral agencies. For example, the Australian Embassy in Phnom Penh is financing the translation into Khmer of a UNAIDS publication on AIDS in the workplace.

Geoff says that for World AIDS Day in Phnom Penh this year there is a plan to wrap the Independence Monument in a huge red ribbon. — PL ■

People living with HIV take centre stage

Efforts to spread information in India about HIV/AIDS face daunting cultural barriers, but a new film shows promise of overcoming them.

Look carefully. This isn't your usual video cover ... because this is not your usual video. It is a film about people living with AIDS in India and it was funded by the Australian Government through its international aid agency, AusAID.

The makers of the film *that lovedance*, Mona Mishra and Ramesh Venkataraman, work with a New Delhi NGO, Positive Life. As its name suggests, it works specifically on matters of concern to people living with AIDS.

For the two filmmakers, a film about people living with AIDS fills a gap in public information about AIDS. 'The film addresses people's attitudes towards HIV. While the Government allows the people living with AIDS a courteous, token presence, *lovedance* puts them centre stage,' Mona says.

The film is based on true experiences of people with AIDS. It does much to raise their profile and provide positive messages.

Mona and Ramesh travelled the country interviewing people about their experiences. Their stories formed the basis of the characters and the film's storyline. Being based on real people's lives, the film goes to great lengths to tackle many of the problems of living with AIDS and attitudes to HIV and AIDS in an Indian context.

One of the attitudes prevalent in India is stereotyping and blame. 'While one or other group is often targeted as being the vector of the infection,' says Mona, '*lovedance* allows audiences from all classes to identify with HIV, irrespective of which "group" they belong to.'

As an educational tool, the film has to



An intimate scene from *that lovedance*, a film about people living with AIDS in India.

appeal to a wide audience to get the messages across.

Another important topic raised in *that lovedance* is that of sexuality and safe sexual practices. In a culture where it is considered improper to kiss or hold hands in public, how do you begin to raise awareness of safe sex practices? And yet these are some of the messages that need to get across.

'Sexuality has to become a part of our conversation ... knowing about condoms may not drive people to use them unless condoms become a part of our sexual "*lovedance*";' Ramesh believes.

Of the Australian aid program's role in the production of *that lovedance*, Mona says, 'Issues around care and support are

still pretty much on the back burner [in India] ... [The Australian aid program] saw value in the lives of people living with HIV ... and the value in generating a space for conversation about people living with HIV. And we are grateful for that.

'The role of donors in HIV work is crucial. Their understanding of the complexity of HIV and the issues involved informs the projects they fund, so the more open and progressive they are, the better-informed they keep themselves, the better the projects they fund are run.'

Australia has funded more than a dozen projects to help with HIV and AIDS in India. Funding *that lovedance* is only one of many innovative approaches to educating the community. — CE ■

Construction company comes back for more

In some of the most mountainous country in PNG, a small Victorian construction company completed nine STD clinics in 10 months.

In only its second job in Papua New Guinea, Webstar Pty Ltd showed that the Australia/Papua New Guinea partnership can generate big dividends in the fight against sexually transmitted diseases.

Webstar had done only one job in PNG before – building the PNG Department of Agriculture and Livestock's quarantine laboratory in Port Moresby. Successful completion and the enjoyment of working in PNG led the company to bid for the challenging job of designing and constructing the nine clinics for \$2.3 million.

STDs are a major factor in the spread of HIV/AIDS in PNG. Ninety per cent of all HIV cases are transmitted by heterosexual contact, the rest by mothers to their children. The clinics are intended to make a big contribution to improved prevention of HIV infection and other STDs.

Allan Webster, of Webstar Pty Ltd, has

demonstrated a successful way of working in PNG. His construction teams were drawn mostly from unemployed men in the squatter settlements around Port Moresby. Many had criminal pasts and had completed only primary school, so they were unable to find employment.

Allan trained them to complete each task with minimum supervision and built up a strong, reliable network of staff who have better access now to employment opportunities.

Allan has some great stories about the challenges of construction work in some of the remotest parts of the country. The bad state of the roads around Tari and Ialibu, in the Southern Highlands, added to the complexity.

When the container convoy headed for Baiyer River, Western Highlands, he found that some local people had removed the timber from the Baiyer River bridge to stop

neighbouring villagers crossing from the other side. Webstar had to negotiate with the local people to weld steel plates across the bridge. The bridge is still functioning.

As Allan's men were about to start work on the clinic in Mendi they found that only four of the five containers in the convoy had arrived. The last one had been hijacked on the highway.

After four days of negotiation with local people, the villagers released it – minus only a few bits of plastic piping.

Allan says working in PNG is as much about developing good relationships with staff and the recipients of the buildings as the commercial side. It's crucial to get feedback from the hospital staff, to ensure that they know what's happening, and when. Building clinics that were very much appreciated by the communities gave his team of labourers a great sense of pride too.

HIGH INFECTION RATES

Tininga Clinic, in the Western Highlands province, is one of three large STD clinics constructed by Webstar. It is located discreetly at the back of the Mt Hagen Base Hospital grounds, where people can visit without walking through the main gate.

Western Highlands province has recorded the second-largest number of HIV infections in PNG. This means an intensive role for the STD clinic and the hospital. Mt Hagen has the busiest STD clinic in the country.

Australia will build more STD clinics in other provinces of PNG in a new project which began in October. — JD ■



One of Webstar's nine new STD clinics under construction in PNG.

AIDS in Tibet – assessing the risk

Assessing and minimising the risk of HIV/AIDS in China's remote region of Tibet is a complex task. Last October, journalist and photographer Peter Davis visited the region to report on some of the strategies supported by the Australian aid program.



Dr Jiang Zhu Gang, Vice Director of the Disease Control Institute of the Lhasa Regional Health Bureau displays some of the AIDS awareness posters designed by students at the University of Lhasa.

'Life is precious – we need to protect it.' This is the slogan of a poster designed by university students in Lhasa for an AIDS awareness campaign in Tibet.

'The students came up with many creative ideas,' explains Dr Jiang Zhu Gang, Vice Director of the Disease Control Institute of the Lhasa Regional Health Bureau. 'Developing an awareness campaign is a crucial part of our strategy to combat the spread of AIDS and the response to these posters has been very encouraging.'

With the support of the Australian Government, the Macfarlane Burnet Centre (MBC) in Melbourne has developed an AIDS task force to assess the risk of AIDS in Tibet and to develop and help implement appropriate intervention strategies.

'We know that there have been a few identified cases of AIDS in Tibet,' says Dr Alison Morgan, a task force liaison officer who has spent the past two years living with her family in the Tibetan city of Shigatse.

'Our fear is that unless appropriate strategies are taken, AIDS could blow out in Tibet in much the same way it has done in other developing nations.'

There are many unknowns about AIDS in Tibet. The likely risks are from the large floating population of migrants and seasonal workers in the cities, and from the prevalence of sexually transmitted diseases.

One person who knows the situation well is Dr Damien Morgan (no relation to Alison). He's a Community Health



A Lhasa street sweeper takes a good look at an HIV leaflet she has found. Photos: Peter Davis

Education and Training Officer at MBC who has spent some time researching the social fabric of Tibet.

'There is still a lot of work to be done but we do know that a huge number of people coming to Tibet are engaging in commercial sex, much of which is unsafe,' Damien says. 'Many of these people come from some areas of China where AIDS is already widespread.'

'We are very concerned about the growing incidence of STDs like gonorrhoea and chlamydia because HIV spreads more easily in the presence of another STD.'

Lhasa in particular has a rapidly growing sex industry, no public information, poor management and surveillance of STDs and limited condom availability. Blood supply is another major problem. Blood in Tibet is not screened for HIV. All this combined produces a climate of high risk for an outbreak of HIV/AIDS.

After two years living in Tibet, Dr Alison Morgan is aware of much anecdotal evidence relating to the spread of the commercial sex industry in Tibet.

'I know of young women from poor rural areas lured to the city by promises of work in the growing hospitality industry,' she says. 'They soon find out that they are required to do much more than serve at tables. Some of them become trapped, unable to afford the fare home.'

Walk through areas of Lhasa or Shigatse at night and the prevalence of the commercial sex industry soon becomes obvious. Many sex workers ply their trade through nightclubs or hairdressing shops.

Negative attitudes towards sex workers are another factor in the risk of HIV/AIDS. 'Sex workers are reluctant to attend clinics for treatment because of the stigma associated with their work,' says Alison. 'These negative attitudes need to be tackled with appropriate sensitivity in an education and awareness campaign.'

The AIDS Awareness Week that was held in Lhasa in mid June represented the first crucial step in such a campaign. Fifteen thousand pamphlets were distributed, graphic posters and banners in Chinese and Tibetan languages were suspended from

street lamps, free condoms were distributed to sex workers and 30 university students participated in a bike ride alongside a van broadcasting safe sex messages.

'Members of the task force have been encouraged by the success of the activities,' says Dr Jiang Zhu Gang. This was the first time such an activity has been staged in Lhasa. It attracted significant coverage in the local media.'

'Tibet is often seen as too far and too hard,' says Dr Alison Morgan. 'But at this early stage we seem to be having some success. We have not experienced any problems in promoting the sensitive issues and we are keen to build upon the impetus we have already established.'

In 2001, Damien Morgan will return to Tibet for the next phase of the Australian aid program-supported project. This will involve working alongside local health authorities to develop and implement their response to the HIV threat. 'We also hope to run some training programs in STD diagnosis and management and we want to get a safe blood supply up and running.' ■

World Bank ups the ante to combat HIV/AIDS

Recognising HIV/AIDS as a central development problem, the world's biggest aid body, the World Bank, has acknowledged that world efforts have been inadequate.

Earlier this year, World Bank President James Wolfensohn declared war on HIV/AIDS. AIDS is now the world's fourth-greatest killer. More than 34 million people are infected, almost all in developing countries.

The bank has committed almost \$2 billion already to more than 81 HIV/AIDS-related projects in 51 countries but, according to Mr Wolfensohn, the effort and resources devoted to the epidemic by the bank and other donors are grossly inadequate.

The bank will make available another \$1.85 billion initially in concessional funds to support new initiatives tackling

communicable diseases, particularly HIV/AIDS.

For instance, it wants to allocate another \$925 million for a comprehensive AIDS program for Africa, to improve the quality and scope of basic public-health services such as surveillance, education, prevention and treatment. Sub-Saharan Africa has suffered most, losing more than 13 million people already. Another 24 million are infected.

The emphasis will be on helping governments deliver these services more effectively and local non-government organisations will be used to improve that delivery.

This sharp increase in funding for HIV/AIDS initiatives emphasises the fact that AIDS is not just a health problem, but a serious barrier to economic and social development.

The bank has a key role, with governments, civil society, the private sector and other international organisations, in reducing HIV/AIDS's damage to countries, communities and individuals. — RB ■

AUSTRALIA AND THE WORLD BANK

The World Bank is the world's largest provider of development assistance. It gives large-scale financial help and promotes coordination to help developing countries combat major development problems such as HIV/AIDS. In 2000–01, the Australian aid program will provide \$113.4 million to support the World Bank's lending arm, the International Development Association. Australia's support of the World Bank extends the reach of the Australian aid program.

The World Bank is very interested in learning from Australia's experience of implementing the AIDS Ambulatory Care Project in Thailand. The Bank intends to participate in an Australian peer review of the project. This will give AusAID and the World Bank an opportunity to share experiences in designing, implementing and evaluating HIV/AIDS projects. ■



Luckia Makaude (left), Agatha Kapfuyawanza and AusAID's Rosemary McKay ran a project in Zimbabwe funded by Australia that supports families affected by HIV/AIDS. The World Bank wants to allocate another \$925 million for a comprehensive AIDS program for Africa, to improve the quality and scope of basic public health services.

A young ambassador's first posting



Todd Harper: 'The idea of working with young Cambodians in a proactive way is very appealing.'

'A vast array of mixed emotions,' said Todd Harper, 27, describing how he felt about being selected as an Australian Youth Ambassador for Development.

The young Launceston man is off to work with UNAIDS in Cambodia, educating local youth in safe sex and HIV/AIDS. Todd has never been abroad but is excited at the prospect of his first trip out of Australia and doesn't think homesickness will be a problem.

'The idea of working with young Cambodians in a proactive way is very appealing and I think knowing that I can make a difference in the lives of these people will outweigh any feelings of homesickness,' he said.



The Minister for Foreign Affairs, Mr Alexander Downer meets Kylie Anderson, a former Youth Ambassador who worked in Fiji, at the Adelaide Show earlier this year.

'I've done cross-cultural training and used the skills in my work with diverse communities in Australia, but it will be great to use these in another country.'

Todd will be an HIV/AIDS youth advocate and work on educating young Cambodians about 'responsible sexuality', which includes HIV/AIDS awareness and minimisation, safe sex and sexual awareness.

'I'll be implementing training programs for young people and establishing links between them and the United Nations, the Government and non-government organisations,' he said.

Todd has a Diploma of Community Services and several years' experience in

HIV/AIDS education and prevention with young Tasmanians. He is an outreach worker with Anglicare in Tasmania, working with people on accommodation-related matters. Last year he served as a member of the inaugural Tasmanian Youth Consultative Committee, liaising with young people, the Government, NGOs and media on youth matters.

'I can't wait to go to Cambodia and start working with the young people there,' he said. 'I'm sure the experience will open my eyes to a whole new spectrum of life.' ■

Senator Patterson welcomes Cambodia's paralympic team

The Cambodian paralympic athletes received a special welcome to Sydney when the team arrived to compete in the 2000 Paralympic Games.

When the Cambodian Paralympic team arrived in Australia for the Sydney 2000 Paralympic Games in October, Australia's Special Representative for Demining, Senator Kay Patterson, was there to welcome them at a special reception.

'The Cambodian Paralympic team is a great example of hope and persistence over adversity,' Senator Patterson said.

'The Howard Government has been proud to provide financial support to the Cambodian team for their Paralympic quest, and I commend the commitment of the team and their Australian team manager, Chris Minko.'

Ten out of the 11 Cambodian Paralympic volleyball team members have lost limbs to landmines laid in Cambodia during decades of civil war. Their journey has been full of hardship and has made big demands of every single team member.

The Australian Government has not only supported the Cambodian team financially, but has also provided substantial help with demining, the manufacture of prosthetics and training for mine awareness across Cambodia.

Volleyball is a popular therapeutic sport for landmine survivors in Cambodia, where landmines have injured one in

384 Cambodians. So far, Australian aid has helped cut by two thirds the number of people killed or maimed by landmines.

The wider Australian community can contribute to demining in Cambodia by supporting the Government's successful *Destroy A Minefield* program.

Destroy A Minefield is an Australian Government initiative whereby the Government works with the community to clear minefields in Cambodia. The program is now being conducted within World Vision. For more information on *Destroy A Minefield*, visit www.ausaid.gov.au or call 13 32 40. ■



Warn Sekun (left), a member of the Cambodian Paralympic team, presents a ceremonial scarf to Senator Kay Patterson, Australia's Special Representative for Demining while Chris Minko, the team manager, explains its significance. Senator Patterson was welcoming the team at a special reception in Sydney.



snapshots

FURTHER ASSISTANCE TO MALUKU

The Minister for Foreign Affairs, Mr Alexander Downer, has announced that Australia will provide a further \$1 million towards food and relief assistance for people affected by the ongoing civil unrest.

'The security and humanitarian situation in Ambon and the Maluku provinces remains of deep concern,' the Minister said. 'Australia regrets the ongoing loss of life and destruction of property. We continue to discuss the issue with the Government of Indonesia.'

Since the escalation of civil disturbance in January 1999, estimates indicate that more than 2,500 people have been killed and more than 5,000 injured. More than 400,000 people have been displaced and over 18,000 houses and 1,000 public buildings destroyed.

Australia will assist the relief activities implemented by Action contre la Faim (AcF), an international non-government organisation. These include bringing food and medical supplies to an estimated 200,000 people. AcF has a longstanding and well established humanitarian operation in Maluku.

This brings the Government's commitment to relief efforts in the Malukus during the past 18 months to \$6.4 million.

AUSTRALIA TO HELP VICTIMS OF MIDDLE EAST CONFLICT

Australia will assist the United Nations Relief and Works Agency (UNRWA) and International Committee of the Red Cross (ICRC) to help people affected by the recent violence in Palestinian territories.

The Australian Government is deeply

concerned at the loss of life and injury resulting from the violent confrontations occurring in recent days in the West Bank, Gaza and parts of Israel.

The Minister also expressed concern at the damage the violence has done to Israeli-Palestinian relations at a time when a final settlement to outstanding issues in the peace process appeared increasingly close.

'It is imperative that a ceasefire be put in place as soon as possible to stop the deaths and injury and that negotiations resume to conclude a comprehensive peace agreement that would act as a barrier to such outbreaks of violence in the future,' the Minister said.

The Australian aid program's contribution of \$500,000 will be disbursed equally between ICRC and UNRWA to assist them in providing drugs, first-aid supplies, medical equipment and emergency food aid.

FLOOD AID IN CAMBODIA, VIET NAM AND LAOS

Widespread flooding along the Mekong river in Cambodia, Viet Nam and Laos, caused by the early arrival of heavy rainfall has devastated crops and disrupted life throughout the region.

The Mekong reached record levels in Cambodia, affecting bordering provinces and Phnom Penh. About 600,000 people and 100,000 hectares of rice crops are affected.

The situation is very bad in Viet Nam's Mekong delta, where 60,000 people have been relocated. Although most have lost food stores, another 500,000 people have stayed in their flooded homes because there is very little high ground to move to.

In Laos, at least four major rice-producing provinces have been badly

affected and are short of food.

Australia's overseas aid program will give the Australian Red Cross \$530,000 to help flood victims with emergency food, clothing, shelter and household kits and to prevent the spread of infectious diseases and improve hygiene.

BUILDING EAST TIMOR'S FIRST PARLIAMENT HOUSE

On the first anniversary of the popular consultation in East Timor, Australia will help design and construct a Parliament building for the legislature of an independent East Timor.

The Minister for Foreign Affairs, Mr Alexander Downer, said the new parliament would be designed to reflect East Timor's culture and its leaders would be very much involved in that design.

The building would not only be suitable for the normal functions of a modern parliament, but would also be an important symbol of East Timor's culture, independence and democratic hopes.

It would be a symbol, too, of Australia's friendship with East Timor's people and its promise to help them become one of the region's strong democratic nations.

1,000 STUDENTS RETURN TO STUDIES

Australia has helped 1,000 East Timorese university students return to study, taking short courses in English and computer training. Fifteen Australian teachers went to East Timor from August to September to teach the two-month courses. Australia also provided the University of East Timor with 500 desks and chairs, white boards and computers for the courses.

business news

The Australian aid program, administered by AusAID, generates a significant demand for qualified and skilled consultants to work on HIV/AIDS projects and project-preparation teams.

For nearly two decades HIV/AIDS has been a major global concern. For many years Australia has received international recognition for its approach to dealing with the epidemic. It has been transferring our knowledge of HIV/AIDS and skills in dealing with it to its developing-country partners via aid projects.

Still, the epidemic continues and Papua New Guinea, for example, is of particular concern to Australia now.

The rate of infection in PNG is increasing rapidly. The epidemic there is at a quite different stage of maturity from that in Indonesia or Thailand. As well, the social and cultural settings in PNG are quite different from those in other countries in which the Australian aid program is active.

Different approaches, therefore, are needed for HIV/AIDS projects in each of the countries with which AusAID works.

The intensity, too, of Australia's involvement differs from country to country. The breadth and depth of the project begun recently in PNG (about \$60 million over five years) reflects our special relationship with PNG, and the relatively small-scale project in India (about \$20 million over five years) concentrates on specific states and does not try to match the scope of the PNG project.

All projects are intended to strengthen the capacity of developing countries' governments and communities to provide the services needed to control their HIV/AIDS epidemics.

Many projects, such as the one planned for China in 2001, are intended specifically to improve their counterpart agencies' capacity to deal with the epidemic.

Because aid program projects use different approaches to suit the various needs of partner governments, they call for a wide variety of types of expertise, including that in team leadership; medical technology; information, education and communication; institutional strengthening; epidemiology; counselling and palliative care; harm reduction; and sexually transmitted diseases generally.

PROJECT MANAGERS PROMINENT

The Australian aid program relies heavily on Australian project-management companies. Those most likely to have contracts for HIV/AIDS projects or to bid for contracts for HIV/AIDS feasibility studies and projects include ACIL Australia (Melbourne), SAGRIC (Adelaide), GRM (Brisbane), Hassall and Associates (Canberra), and AusHealth International (Sydney).

Even if contracts have been signed for projects, new or extra consultants may be needed. Projects usually last a minimum of five years, in the course of which some personnel changes are inevitable.

AusAID needs help, too, in selecting contractors for HIV/AIDS projects. If you are not included in the bids submitted for a contract you may be interested in participating in the selection process. Watch the Current Tender Opportunities page on AusAID's web site to find out when HIV/AIDS projects are put to tender and phone the contracts officer, whose name is published as the contact for that tender.

That officer will advise you on the selection process and ways in which you may assist that process.

WHERE TO LOOK

If you are interested in participating in Australia's overseas HIV/AIDS projects, contact the companies listed above. You may be interested also in registering as a potential consultant to AusAID. You can register by entering your details on our Consultants Register:

www.ausaid.gov.au/business/default.cfm

Keep an eye on AusAID's business web site for specific information about coming projects:

www.ausaid.gov.au/business.default.cfm.

For additional information about doing business with AusAID, please contact Sherrie Choikee, Business Liaison Unit, AusAID on (02) 6206 4046. ■





global education

WHAT'S GLOBAL EDUCATION?

Global Education deals with what's happening in the world's developing countries and our ability as a nation to influence the future. Through its Global Education projects, the Australian aid program gives access to many resources for Australian primary and secondary school students and their teachers to explore development world-wide and Australia's response to it.

CLASSROOM RESOURCES ON HIV/AIDS

HIV/AIDS is an enormous challenge to developing countries, stripping families of members in their most productive years and leaving many children orphaned. Global Education materials about HIV/AIDS are available to help with class discussion. The Global Education website (<http://gloaled.ausaid.gov.au>) has several

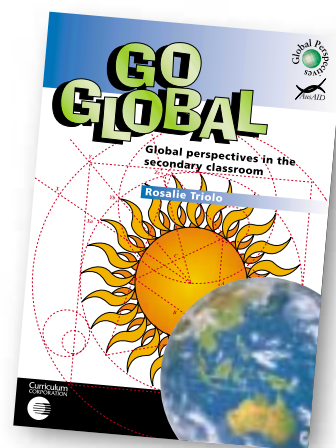
case studies of HIV/AIDS, designed for Health and Development curriculum and Studies of Society and Environment. They show how HIV/AIDS affects the lives of individuals, communities and countries.

Other facts, figures and educational material on HIV/AIDS can be found on these websites:

- UNAIDS (www.unaids.org/) gives statistical information on many countries, fact sheets and links to useful news articles;
- UNICEF (www.unicef.org/) has an AIDS quiz and forum for discussion; and
- World Bank AIDS Economics (www.worldbank.org/html/schools/issues/aids.htm) offers data on, analysis of and tools for responses to the global problem.

LATEST RESOURCES

- *Go Global*, the new secondary book in the Global Perspective series, has arrived. *Go Global* offers a variety of teaching and learning activities with an emphasis on active, creative and cooperative learning. Designed for

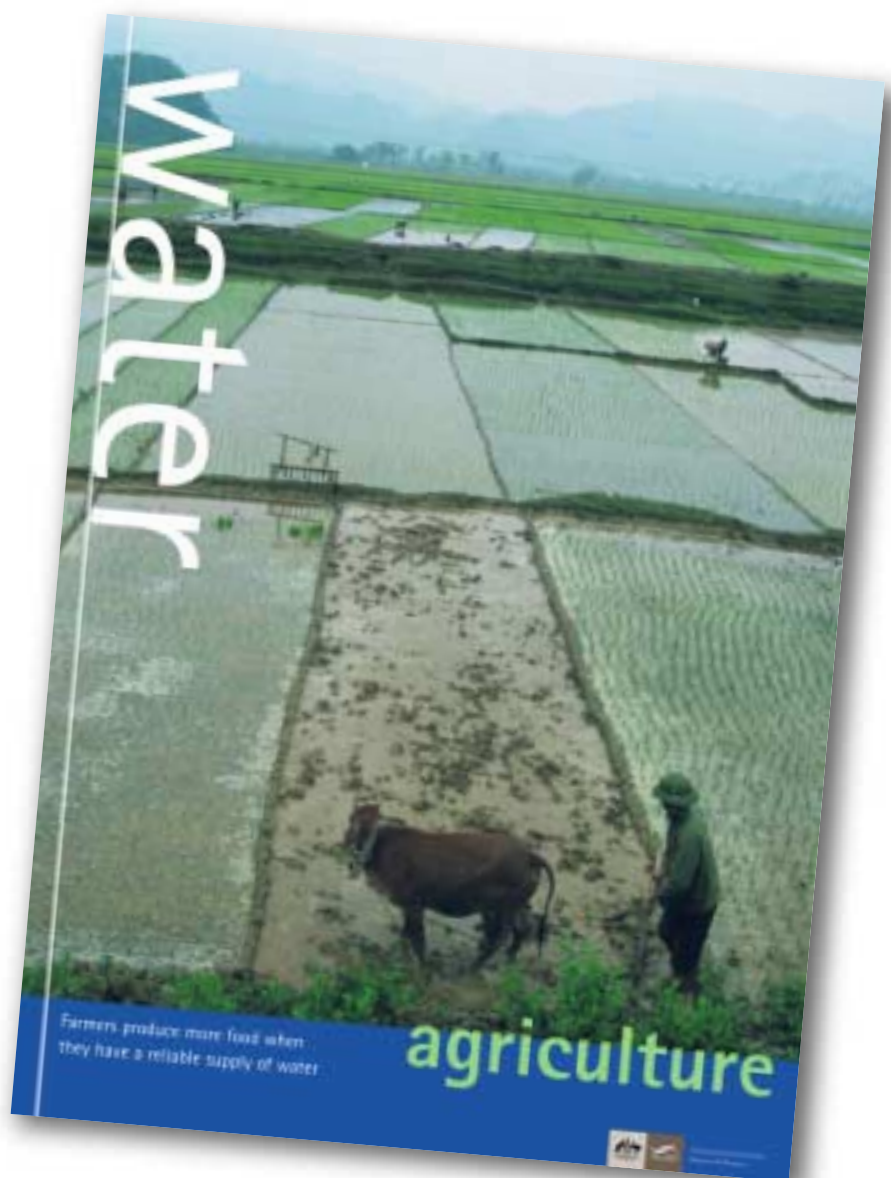


secondary schools, it can be used in all areas of the curriculum. It is available from Curriculum Corporation on 1800 337 405 or 03 9207 9600 or sales@curriculum.edu.au

- Two videos, *Far from home* (primary version) and *Rebuilding shattered lives* (secondary version) examine the lives of the world's refugees, internally displaced persons and asylum-seekers. Dealing mainly with East Timor and Cambodian refugee camps, the videos show what it's like to be a refugee, where the world's refugees are, who looks after them and how they became refugees. The videos include teachers' notes and student activities. To obtain copies, contact Classroom Videos on 02 99138700 or www.classroomvideo.com.au/
- See the Global Ed website under resources for other videos: <http://globaled.ausaid.au>
- The latest case studies on the Global Ed web site cover such topics as food security, world poverty, the role of Australia's foreign aid, sustainable economics in Papua New Guinea, the changing economy of Vietnam, and literacy and health in China. You can find these, and lots more, on the web site at <http://globaled.ausaid.gov.au>

NEW INFO-MAIL

Join Global Ed's new quarterly info-mail and be informed about the latest web-site resources. Info-mail will list the latest case studies (with direct links), indicating how they relate to key areas of learning in the Australian School Curriculum. Other new resources such as classroom videos and publications will be reported too. To subscribe, go to the Global Ed website (<http://globaled.ausaid.au>), click on Mailing List and fill in the blanks. ■



Four posters on the theme of water are available free from the Global Education Program. They illustrate the relationship between water and four areas: agriculture (above), health, the environment and work.

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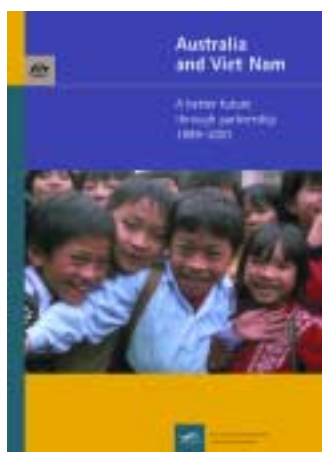
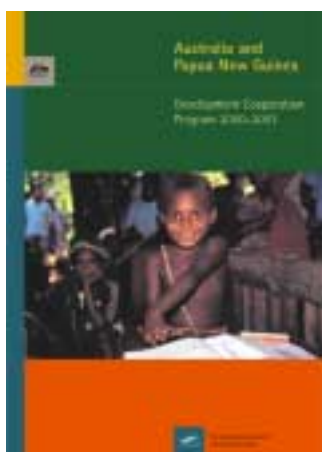
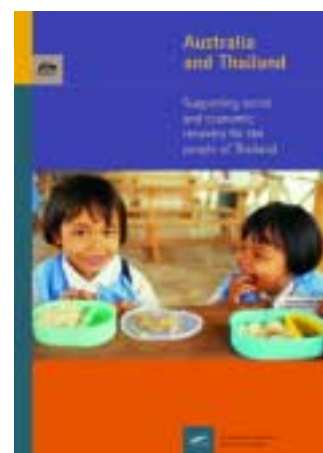
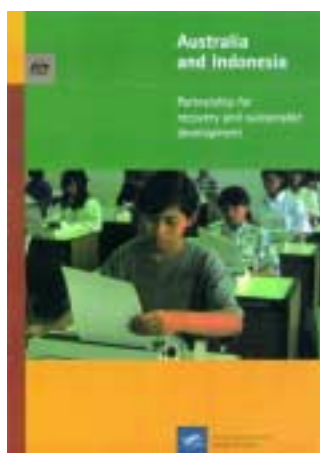
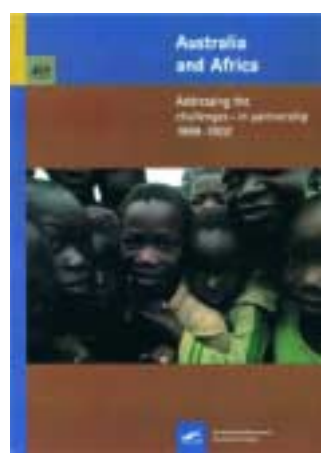
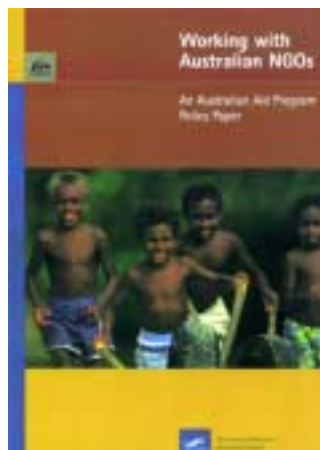
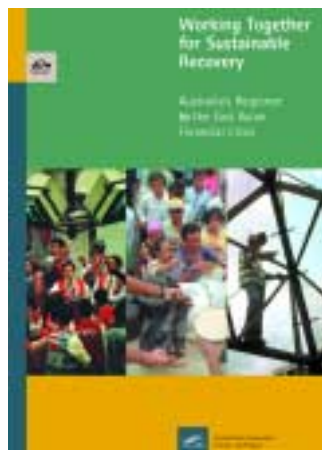
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