

THE MAGAZINE OF AUSTRALIA'S OVERSEAS AID PROGRAM

focus

HIV-AID

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WHILE HIV/AIDS HAS BADLY SCARRED DEVELOPED COUNTRIES IT IS SILENTLY TERRORISING DEVELOPING COUNTRIES, DEVASTATING POPULATIONS AND THREATENING SOVEREIGNTY AND SECURITY.



FROM THE MINISTER

For more than two decades HIV/AIDS has cast a shadow across the world.

Such has been its reach that 42 million people now have the AIDS virus.

Thirty million of those are in Africa where along with taking a destructive social and cultural toll the virus is having a drastic economic impact.

But the Asia-Pacific region is also quickly succumbing, to such an extent that our neighbours in Papua New Guinea are facing an epidemic that could equal that which has confronted the worst-affected parts of Africa.

Some 7.5 million people are living with HIV/AIDS in the Asia-Pacific region and infection rates are rising in the more heavily populated countries with over 3,000 people newly infected with HIV every day.

Australia's concern at the incidence and impact of HIV/AIDS in the region has led to a considerable investment in efforts to combat the infection. We are the leading donor in East Asia and the Pacific.

Three years ago we commenced a six year \$200 million global AIDS initiative and we have spent \$85 million so far on activities aimed at reducing HIV transmission and impact.

In October 2001 when I convened the first ever Asia Pacific HIV/AIDS Ministerial Meeting – of 31 leaders – a process to engender a strong regional partnership on HIV/AIDS was set in motion.

That meeting led to the formation of the Asia Pacific Leadership Forum on HIV/AIDS and Development, which we hope will be the catalyst for effective national and regional action against the epidemic.

In September I affirmed Australia's support for the UN Declaration of Commitment on HIV/AIDS to the United Nations General Assembly Plenary on HIV/AIDS.

While HIV/AIDS has badly scarred developed countries it is silently terrorising developing countries, devastating populations and threatening sovereignty and security.

It is a virus that knows no borders and, likewise, our efforts to prevent and treat HIV/AIDS should be trans-national.

Evidence is clear that committed political leadership, well-resourced prevention programs and widespread access to anti-retroviral treatments can lead to the control and containment of HIV.

Australia has already gained international recognition for its record of achievement in relation to HIV/AIDS.

Next year we will review our HIV/AIDS and development policy in light of shifts in the nature of the epidemic and its impact.

Tackling the causes of the HIV/AIDS epidemic, preventing its spread, and supporting those living with the virus, is a challenge for our whole region.

Although it's a formidable task, it is something we must continue to pursue.

Alexander Downer
Minister for Foreign Affairs

The Minister for Foreign Affairs, Alexander Downer, at the recent Pacific Islands Forum. Seated at his left is the Fijian Minister for Foreign Affairs, Kaliopate Tavola. Photo: Sam Shepherd

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Government aid in focus The Australian aid program is committed to reducing poverty and achieving sustainable development in the Asia Pacific, Africa and the Middle East. Australian businesses and people play a major role in delivering the aid program. Australian expertise, Australian experience and Australian resources are used to tackle poverty. And by investing in development Australia is investing in its future. In 2003–04 Australia plans to spend almost \$1.894 billion on development assistance. The aid program focuses on promoting regional peace, stability and economic development through several hundred large and small-scale projects. Countries Australia is committed to include Papua New Guinea, Fiji, Solomon Islands, Vanuatu, Samoa, Tonga, Kiribati, Tuvalu (the Pacific region); Indonesia, East Timor, Viet Nam, Philippines, China, Mongolia, Cambodia, Thailand, Lao PDR, Burma (East Asia); Bangladesh, India, Sri Lanka, Nepal, Pakistan, Maldives, Bhutan (South Asia); and Africa and the Middle East.

COVER: Phu Cu Province, northern Viet Nam. Secondary school students learn HIV awareness.
Photo: Alice Pagliano 

FOCUS ON

HIV/AIDS



With more than seven million people living with HIV/AIDS in the Asia-Pacific, we have recognised that the virus is one of the key development issues facing our region.

Both Papua New Guinea and Indonesia have seen major increases in the prevalence of HIV/AIDS and we are supporting significant programs that focus on prevention and multi-sectoral initiatives in these and other Asia-Pacific countries.

A sharp rise in injecting drug use in Indonesia, where the practice was virtually unknown ten years ago has sent HIV infection rates skyrocketing and there has also been a jump in HIV amongst sex workers.

The seriousness of the situation led to Australia directing significant resources to Indonesia in 2002-03. Currently, training and targeted assistance for these vulnerable groups are the main focus of our assistance.

In Papua New Guinea, AIDS and related diseases are now the leading cause of death in Port Moresby's General Hospital. In 2000, Australia committed \$60 million over five years to help Papua New Guinea put its comprehensive National Plan for HIV prevention and care into action. It concentrates on education, counselling, community care and support, monitoring the

spread of HIV/AIDS, improving clinical services and medical care and addressing policy, legal and ethical issues.

HIV/AIDS awareness raising campaigns, education and harm reduction programs spearhead Australia's assistance in Viet Nam. In Cambodia, the Asian country with the highest adult HIV/AIDS prevalence, we are currently supporting research into treatment programs in developing settings in partnership with the Cambodian Ministry of Health.

China has been hard hit by HIV/AIDS and UNAIDS estimate that unless effective responses rapidly take hold, 10 million Chinese will have acquired HIV by the end of this decade. Australia is supporting a number of HIV/AIDS prevention projects in China.

The promotion of prevention is central to a comprehensive integrated response to HIV/AIDS and we are also able to share what we have learned from our own successful efforts in targeting those most vulnerable to the virus.

In addition to education and prevention, another emerging element in the global fight against HIV/AIDS is access to anti-retroviral medicine. These drugs can improve the quality of life of those with the virus and maintain their productivity.

In August, the World Trade Organisation agreed to measures

that would allow developing countries greater access to affordable anti-retroviral medicine – something that has the potential to help millions.

While there are some encouraging signs, HIV/AIDS remains a major international development challenge.

A handwritten signature in dark ink, appearing to read 'Bruce Davis'.

Bruce Davis
Director General
Australian Agency for
International Development
(AusAID)

WHAT'S NEW



SPOTLIGHT ON HIV/AIDS

In his address to the United Nations General Assembly Plenary on HIV/AIDS in New York, the Minister for Foreign Affairs, Alexander Downer, highlighted the problem of HIV/AIDS in the Asia-Pacific region.

Mr Downer said there were more than 7 million people living with HIV/AIDS in the Asia-Pacific.

positive negative



'Our concern is that the Asia-Pacific region could become another epicentre of the epidemic, to rival Africa,' Mr Downer said.

He also welcomed the recent World Trade Organisation agreement that will deliver affordable pharmaceuticals to the world's poor.

'It is a life-saving agreement, which gives real hope to the millions who need our help now,' Mr Downer said.

Mr Downer reaffirmed Australia's commitment to the Declaration of Commitment on HIV/AIDS and to working in partnership with governments and organisations, such as the Asia Pacific Leadership Forum on HIV/AIDS, and UNAIDS.

The Minister for Foreign Affairs, Alexander Downer, delivers Australia's statement to the United Nations General Assembly Plenary on HIV/AIDS. Photo: Michelle Poiré/UN/DPI

Through prevention, education and treatment the Australian overseas aid program is helping to stop the further spread of HIV/AIDS in the Asia-Pacific region. A photographic exhibition entitled *positive negative* presents the work of five of Australia's best photographers and highlights some of the most successful HIV-awareness programs. Photographs from the travelling exhibition are featured throughout the magazine and in the photo essay (see page 16). Exhibition photographs are identified with a .

Photo: Alice Pagliano



IRAQ RECONSTRUCTION

Australia has committed a further \$20 million to help rebuild Iraq. The announcement was made by the Parliamentary Secretary to the Minister for Foreign Affairs, Chris Gallus, at the October 2003 International Donors Conference in Madrid.

The conference was attended by 73 nations and was opened by the United Nations Secretary General, Kofi Annan.

Australia has now committed \$120 million to Iraq's humanitarian needs and post-conflict reconstruction.

'Australia's aid to Iraq is addressing the immediate needs of the Iraqi people and has helped avert a humanitarian crisis,' Mrs Gallus said.

'This additional funding will be channelled through a multi-donor trust fund established by the United Nations and the World Bank. Reconstruction funds have contributed to Iraq's needs in agriculture, economic policy and water and sanitation.

'Australia can be proud of its efforts in assisting the people of

Iraq. Our advisers are working with their Iraqi counterparts to assist the important transition to an open market economy. We are co-leading rehabilitation efforts in the agricultural sector. Iraq's winter crops have been harvested, prices set and farmers paid. Australian advisers are also helping to establish a national payments system, prepare the 2004 budget for Iraq, and re-establish the Ministry of Municipalities and Public Works which is responsible for water and sanitation.

'No one underestimates the difficulties facing Iraq, but the conference has given hope to those Iraqis that attended. They are incredibly optimistic and determined to get their country moving, to have a constitution and an elected government. We wish them every success,' Mrs Gallus said.

The Parliamentary Secretary to the Minister for Foreign Affairs, Chris Gallus, announces Australia's contribution of an additional \$20 million in support of Iraq at the International Donors Conference, Madrid. Photo: Shane Fairlie




Lukautim yu yet long
AIDS

Matricia Mari is one of the most positive, inspirational and energetic members of the Madang Provincial AIDS Committee, part of the National AIDS Council in Papua New Guinea. Well known throughout her region she is highly successful in motivating young people to take part in HIV-awareness programs. Photo: Lorrie Graham

ALL THE POSITIVE PEOPLE



STOPAIDS Special Youth Project in Papua New Guinea teaches skills to young people so that they can gain employment. An example is the community nursery in Waigani (a suburb in Port Moresby). Here young people learn to grow a variety of crops which they sell at local markets. Participation in such activities helps to encourage young people to avoid prostitution, drug trafficking and gambling. Photo: Lorrie Graham 

LIVING IN THE WORLD

THERE ARE 42 MILLION HIV-POSITIVE
PEOPLE WORLDWIDE. **UNAIDS**

HIV/AIDS

PREVENTING THE SPREAD

For more than two decades HIV has spread throughout the world with consummate ease. While public health and eradication campaigns have been successful in containing the disease in a number of developed countries, in many developing countries it continues to spread rapidly. There is still no effective vaccine in sight.

Throughout the developing world, HIV/AIDS is predominantly transmitted through heterosexual contact. Sub Saharan Africa

remains the worst affected region in the world with nearly 30 million people living with the virus. Across the African continent the full extent of the AIDS epidemic is not yet known. A great number of people who acquired the virus years ago are only now beginning to fall ill. The death toll will continue to rise over the coming years. The worst of the epidemic's impact will be felt in the course of the next decade or beyond.

The disease is being fought in Africa with varying levels of success.

Awareness and prevention programs have led to a decline in rates of infection in some groups, such as pregnant women in South Africa and Uganda and young inner-city women in Addis Ababa in Ethiopia. However, infection rates among adults in other countries such as Botswana, Lesotho, Swaziland and Zimbabwe may be as high as one person in three.

While Africa remains most affected by the global HIV/AIDS pandemic, easy transmission of the virus, poverty and the absence of widespread prevention programs suggest the Asia-Pacific region could become the next centre of the virus. Already 7.5 million people in the region are living with HIV.

Papua New Guinea has reported the highest HIV infection rates among countries and territories in the Pacific. New figures reveal prevalence rates of over 1 per cent among women attending the Port Moresby General Hospital antenatal clinic. This figure indicates that a greatly accelerated epidemic is underway in the city. Patterns of sexual behaviour and other societal



More than 85 per cent of HIV/AIDS deaths occur among people aged between 20 and 45 years old – the prime employment years. Companies such as the Vinacoal coal mining factory in Quang Ninh Province, Viet Nam, have embraced HIV awareness as a workplace strategy. Photo: Alice Pagliano ♀

issues, such as the low status of women, mean Papua New Guinea could face a crisis.

TAKING ACTION

Australia has long recognised the dangers posed by HIV/AIDS to the economic and social fabric of society. From the start, it has been a leader in the fight against the disease in the Asia-Pacific region. Australia works with neighbouring countries on a one-to-one basis, as well as at a regional level, to introduce HIV-awareness programs. Nearly one-quarter of the 2003–04 Australian aid program's health budget of \$225 million is for fighting HIV/AIDS and other sexually transmissible infections. This is nearly twice the proportion allocated just three years ago and reflects mounting concern about high infection rates.

Australia strongly supports agreements that make anti-retroviral medicines more readily available in developing countries for those with AIDS. At the same time Australia maintains the view that awareness and prevention strategies are critical. The Australian overseas aid program supports many different types of programs to increase people's understanding of HIV/AIDS.

THE IMPACT OF HIV/AIDS ON NATIONAL AND SOCIAL DEVELOPMENT

There is a significant correlation between HIV infection rates and poverty levels. The relationship is a complex one but indications are that the poorer the country, the higher the HIV prevalence, and the greater the income disparity, the more serious the epidemic.

In the Asia-Pacific region more than 800 million people are estimated to live below the poverty line of less than US\$1 a day. Those

most likely to become infected with HIV are generally in the prime productive age group of between 15 and 49 years, and often at the peak of their earning capacity.

Once people with HIV/AIDS become ill their capacity to earn a living inevitably diminishes. The household income shrinks further as other family members leave work to care for them. What little money is left is put towards health care costs.

AIDS deaths, loss of income and health care costs push people deeper into poverty. Many children, left as orphans without either an extended family or social welfare to care for them, become more vulnerable to HIV infection.

The ramifications are far reaching. Countries will have less to spend on capital projects because additional money will need to be spent on health care, training and replacement of staff.

In agricultural communities HIV/AIDS will rob farms of their most productive workers. Children and their grandparents will be left to manage the land. The debilitating effects of the virus will mean farmers simply won't be able to plant their land and over time agricultural knowledge, traditionally passed down from generation to generation, will be lost. On a broader level, the agricultural outputs of small-scale, community-based farming, and the supplementary incomes from wage labour, will not be sustained.

THOSE MOST AT RISK

The Australian aid program is primarily focused on prevention campaigns, including harm reduction programs targeting people at greatest risk. These include highly mobile populations, young people, injecting drug users, sex workers and men who have sex with men.

WHAT IS HIV/AIDS?

THE VIRUS

HIV (Human Immunodeficiency Virus) attacks the immune system. Once a person is infected the virus multiplies rapidly and antibodies are produced. For a varying length of time, the immune system keeps HIV infection in check and the person only gradually develops serious immune deficiency. During this period a person may appear healthy but can transmit the virus to others.

Over time HIV overwhelms the immune system and makes people susceptible to infections that they would normally be able to fight off. These infections

include certain types of pneumonia and tuberculosis. The end stage of HIV is called AIDS (Acquired Immuno Deficiency Syndrome).

TRANSMISSION

HIV spreads in three ways: through sexual intercourse, through blood transmission and from mother to child during birth as well as through breast milk. While the virus may initially spread among vulnerable groups such as injecting drug users, sex workers and their clients, eventually it spreads among the wider population.



University students in Yunnan Province, southern China, learn to become trainers in HIV awareness. Photo: Ingvar Kenne

MOBILE POPULATIONS

HIV travels easily. Wherever people go, the virus goes too. In the Asia-Pacific region, there is significant movement within countries and across borders by transport workers, migrant labourers, seafarers, businesspeople, the armed forces, tourists, traders and government employees. Some relocate or are relocated through natural disasters, war, civil unrest or even trafficking. Away from their familiar surroundings, people can become vulnerable to all sorts of

factors including loneliness, isolation, uncertainty, poor living conditions, poverty and cultural differences. Any or all of these can combine to make transient people more susceptible to HIV infection.

YOUNG PEOPLE

HIV/AIDS affects young people disproportionately. A combination of poor education, a sense of invincibility on the one hand and powerlessness on the other, and access to alcohol and drugs, conspire to make young people vulnerable to HIV infection.

The United Nations estimates young adults aged between 15 and 24 account for half of the five million new cases each year of HIV infections worldwide. One youth will become HIV positive every 14 seconds or 6,000 every day.

For physiological and social reasons, the majority will be women. Young females are in danger because their reproductive tracts are still maturing and delicate tissue can be easily torn, making infection more likely. Socially, women and girls in many developing countries are often discriminated against in terms of access to education, employment, credit, health care, land and inheritance. While marriage or a relationship with an older man may offer a degree of financial security, in areas where HIV/AIDS is widespread there is a higher risk that these older men are infected with the virus. Furthermore, the subordination of women to men in many cultures makes it difficult for women to negotiate safe sex in their relationships.

INJECTING DRUG USERS

HIV thrives in an environment of injecting drug use where needles and syringes are shared. Blood drawn back into a syringe can pass directly into the bloodstream of the next person who uses the syringe – and with dire consequences if the first person has the virus. HIV can also be spread from an infected drug user to others through sexual intercourse.

The United Nations estimates 10 million people around the world inject drugs. The problem has increased in several Asian and Pacific countries, fostered by rapidly changing economic and social conditions. More than half of injecting drug users have already acquired the virus in parts

of Malaysia, Myanmar (Burma), Nepal, Thailand and in Manipur in India. Injecting drug use was relatively unknown in Indonesia 10 years ago but recent surveys indicate this is no longer so. There are now about 1.3 million injecting drug users in the country and 10 per cent of these are in Jakarta. From 1 per cent in 1987 the proportion of HIV/AIDS cases among injecting drug users increased to 13 per cent in 2002.

SEX WORKERS

Sex workers in the Asia-Pacific region are usually young, generally poor, have little or no education and often leave rural areas for the larger cities for economic reasons. Many depend on sex work to support their families back in their villages. There's also a growing group of young people in the cities becoming sex workers to support a 'designer goods' lifestyle. While they may be better educated than sex workers from rural areas, they're no less vulnerable to HIV infection.

Once HIV is introduced into sex worker populations, it's easy to see how it can spread quickly and widely into the general community. In countries where sex work is illegal, sex workers are easy targets for harassment and discrimination. Providing prevention and education programs is difficult in these circumstances.

MEN WHO HAVE SEX WITH MEN

In many countries, it's illegal for men to have sex with men and the practice is sometimes denied outright. Lack of open discussion and public education means many men do not understand the link between unprotected sex and HIV/AIDS. Unwittingly the virus is spread not only among themselves but also to their female partners.



The young and the very young learn about HIV/AIDS in Madang Province, Papua New Guinea. Photo: Lorrie Graham


AUSTRALIA'S RESPONSE

In Australia about one person in every 1,500 has HIV. This rate of infection is considerably lower than in many other countries. This is largely the result of successful education campaigns and community involvement over the past two decades.

In prevention, public education, treatment and care, Australia has a broad range of experience and skills to share with developing countries. As a leading donor in the Asia-Pacific region, Australia draws on these skills in its HIV/AIDS aid programs.

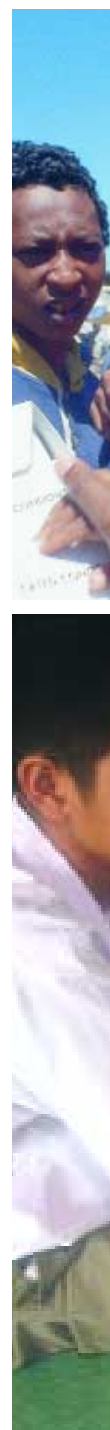
In 2000, the Australian Government committed \$200 million to a six-year global HIV/AIDS initiative to support a variety of programs throughout the region. Many of the programs concentrate on reducing transmission of the virus among drug users in countries such as China, Myanmar (Burma) and Viet Nam. Education programs, as well as improved counselling, community care and support services, are targeted for Papua New Guinea.

Australia is also a driving force behind the Asia Pacific Leadership Forum on HIV/AIDS and Development. The forum provides education on HIV/AIDS for leaders in the region and encourages their commitment to stopping the spread of the virus.

RIGHT: Port Moresby's General Hospital provides comfort to those dying from AIDS-related illnesses. Non-government organisations, such as Anglicare, with the support of the Australian Government, also provide care and support for people with HIV. Photo: Lorrie Graham 



As workers, farmers, teachers, civil servants, police officers, parents and increasingly women are no longer able to fulfil their tasks in society, the social fabric that knits societies together unravels. As AIDS kills people, it kills development and ruins social stability. This makes HIV/AIDS a disaster for humanity and a global political challenge of the highest significance. Marika Fahlen, Director of UNAIDS



WHAT WORKS

The Australian aid program is working on many levels to reduce the rate of infection among the groups considered most at risk. Peer education, raising awareness and helping to build up health infrastructure are just some of the ways Australia is assisting communities to cope with HIV.

PEER EDUCATION

Peer education is seen as a good way of spreading information about HIV/AIDS. For instance, in Laos, Australian aid is supporting peer education in villages for people between 15 and 25 years of

age. The chosen villages are mainly in provinces where there is a significant amount of border traffic with Thailand. The people taking part in the education workshops learn about HIV/AIDS along with other issues relating to sexuality, alcohol and drug use. They also learn how to negotiate the use of condoms. The idea is that each person later talks to five other people about these issues. In time, the program aims to reach as many as 11,000 young people directly and 58,000 people indirectly.

In Yunnan Province in China, Australia is helping train former

drug users to become peer educators among current drug users. The Sunshine Home, for example, forms a bridge between the marginalised world of drug users and 'normal' society into which they return once they 'get clean' (see *Sunshine Home*, page 24). Participants in the program improve their life skills and learn how to avoid high-risk behaviour. Similar programs are underway in Xinjiang Autonomous Region in China and in Indonesia.

Directly targeting other vulnerable groups, such as sex workers, is also proving effective. In Viet Nam, sex workers in the

busy port city of Hai Phong are trained as community volunteers (see *On the Move*, page 22). They hand out leaflets about HIV at strategic points around the city where travelling people such as sailors, truck drivers and bus drivers meet or pass through. Condoms, posters, key chains, stickers and even audio cassettes are all used in a campaign to inform people about the risk of HIV infection. Through their work at the frontline against HIV/AIDS, sex workers are also helping to protect themselves.



COMMUNITY AWARENESS

Australian aid is used in many different ways to make communities aware of HIV/AIDS.

For example, theatre is a very effective HIV education device in some countries. This is because drama is able to break down barriers and taboos about sex and deal with them in entertaining and friendly ways. The theatre company

Wan Smolbag from Vanuatu is well known in the region for its use of humour, improvisation and interactive plays to deliver safe sex messages. In Madang Province in Papua New Guinea the Nubanub, a volunteer theatre group, stages plays about the dangers of unprotected sex which are both amusing and direct in their message (see *Play it Again for HIV/AIDS*, page 14).

In Cambodia women are offered assertiveness training while in Viet Nam programs are in place to increase men's understanding of sexuality, HIV/AIDS and safer sex. In Indonesia transvestites learn how to use condoms as well as how to convince partners to use them.

Sport is also emerging as an effective way to attack the spread of HIV/AIDS. Children coming together for sports training and to compete in games are also taught life skills and about the HIV virus. For example, in southern Africa, 'active community clubs' have been set up to teach children football, netball and cricket. As well as having fun at these clubs, children learn about healthy living, nutrition, hygiene and how to protect themselves from HIV infection.

POLICIES

Australia cooperates with international organisations such as UNAIDS, UNICEF and the World Health Organization (WHO) that are active in helping developing countries to improve their ability to manage HIV/AIDS. This includes

- » providing policy leadership
- » funding workshops on clean needle exchange

[1] Yunnan Province, China – working the street. HIV infection rates among sex workers that cross the border from Myanmar (Burma) are extremely high.

Photo: Mark Henley/Panos Pictures
[2] Everyone wants some. Free condom distribution in Papua New Guinea. Photo: Lorrie Graham

[3] VIETNAM - Aids Awareness Advert Photo: © Jeremy Horner/Panos Pictures

[4] Chiang Rai Province, Thailand. Twelve-year-old boys in Pang Lao School chart the increase in HIV/AIDS cases in their region. Photo: Jeremy Horner/Panos Pictures

- » strengthening methadone programs
- » providing HIV/AIDS training materials
- » training for medical and community care staff
- » offering assistance to departments of health to improve their services
- » building health care infrastructure.

THE WAY FORWARD

The conditions that are typically linked with poverty make people in developing countries significantly more vulnerable to HIV/AIDS.

The bad news is that HIV has already infected millions of people. The good news is that most people do not have HIV. The challenge ahead is twofold. The first is to ensure that measures are in place so those who don't have the virus don't acquire it. The second is to provide for those living with HIV improved quality of life, free from discrimination and prejudice. The leadership and assistance given by Australia through the overseas aid program is going some way towards achieving these goals. E

For further information
www.unaids.org



RESIDENTS OF SIX MILE



Taking a shower under the communal hose at Six Mile. Photo: Lorrie Graham 

The Six Mile Settlement in Port Moresby is home to 18,000 of the most disadvantaged people in Papua New Guinea.

Large numbers of men, some with their families, come to Port Moresby in search of employment and an urban lifestyle. They arrive in the country's capital with high hopes but jobs are scarce. Many who seek work do not find it.

With no money to return to their villages these young men gravitate towards one of the several settlements (squatter camps) dotted around Port Moresby. The Six Mile Settlement is but one example.

With little infrastructure, sanitation is of a very basic standard. The children who live in the camp have limited access to education. In Papua New Guinea, the state-run education system is not affordable for all.

As in other camps, residents build makeshift shelters, find what work they can, and live a hand to mouth existence. With little money coming into the camp a cycle of poverty forms from which few escape.

Yet, at Six Mile, there is a degree of social order and civil administration. With residents from most of Papua New Guinea's provinces represented at Six Mile, conflict between different ethnic clan groups has been a problem.

Since the formation of a community group – the Saraga Peace and Good Order Committee – with sub-committees on youth, women and justice – trouble in the camp has dropped significantly. Settlement leaders come together and work out rules to enable the large disparate group to live together. The evidence indicates that the system is working.

THE SHADOW OF HIV/AIDS

With so many people living in poor circumstances the potential for HIV/AIDS spreading at Six Mile is very high. It's something settlement leaders have realised and are determined to avoid.

Gilman Ivana, a settlement resident, who works with Anglicare's STOPAIDS – an organisation funded by the Australian Government through AusAID – has arranged for awareness training to be conducted on a regular basis. As he explains, 'AIDS is a disease that can affect anyone. AIDS sufferers are just like you and me and we need to educate people about the disease and how it is transmitted.'

STOPAIDS runs reproductive health and condom awareness training sessions for settlement

residents. It also arranges for HIV/AIDS counselling and testing for those who believe they may have been exposed to the disease through their infected partners (many of whom have since died).

In addition, STOPAIDS runs a 'positive living' circle for people living with HIV. This provides moral and spiritual care for victims and gives them confidence. Several members of the support network have volunteered to give talks to communities, such as the Six Mile Settlement (see *Living with HIV*). They talk about how HIV/AIDS has affected their lives and how important it is to face up to the disease. These talks also help to de-stigmatise the disease and reduce the fear many people have about coming into contact with people living with HIV/AIDS.

With a high infection rate in Papua New Guinea, HIV/AIDS clearly has the potential to destroy vulnerable populations, such as those in the settlements around Port Moresby. With the assistance of the Australian Government and a band of dedicated workers in Papua New Guinea, as well as settlement residents themselves, that scenario is less likely. LM

LIVING WITH HIV

Margaret Marabe lost her husband to HIV/AIDS so when she fell ill she knew she had also contracted the virus.

At 29 years of age, Margaret Marabe fell on hard times. Her family and friends rejected her for fear of infection. At this most difficult point in her life Mrs Marabe found an inner strength that made her want to renew her ties with her church and start to look to the future. Mrs Marabe says the turning point was meeting a volunteer from Anglicare's STOPAIDS.

The 'people living with HIV' support network welcomed her warmly and, with encouragement from STOPAIDS, she learnt how to take one day at a time and how to live 'hopefully' with HIV.

These days Margaret Marabe gives speeches to women who could find themselves in a similar position. Women whose husbands may contract HIV/AIDS through unprotected

sex with other partners. She tells her story to encourage women to take responsibility for their health and to insist that their partners use condoms.

Mrs Marabe's HIV-positive status motivates her to work hard every day to battle discrimination. Many people still believe that they can contract HIV/AIDS merely by touching an infected person. Her efforts are helping to de-stigmatise HIV/AIDS and reduce widespread fear and ignorance of the disease.

ABOVE: One of the positive people. Margaret Marabe is a model of successful living with HIV. Photo: Lorrie Graham



USING THE LAW AGAINST HIV/AIDS

With assistance from Australia, the Government of Papua New Guinea has enacted landmark legislation that offers protection from 'discrimination, stigma and promises access to means of protection.'

The country's Minister for Health, Melchior Pep, is working with AusAID advisers to build the necessary regulatory frameworks to enforce the legislation. He is strongly promoting the new laws and is working hard to stop the spread of HIV/AIDS. 'If many of our younger generation are infected now and many are at risk of contracting HIV/AIDS, Papua New Guinea will lose many of its talented and able people in the next 10 to 15 years. I want to sincerely thank the people and the Government of Australia for the assistance. Together we can make a difference in containing, and preventing further, the spread of HIV/AIDS.'

NATIONAL AIDS COUNCIL

Approximately one quarter of Australia's international HIV/AIDS assistance is in Papua New Guinea.

Projects under the auspices of the National AIDS Council work across all sectors of government, and with all levels of the community. These include churches, youth groups and non-government organisations.

The National HIV/AIDS Support Project underpins the work of the Government of Papua New Guinea in its aim to reduce the impact of HIV/AIDS across the country. It focuses on:

- » raising awareness through education and information to promote behaviour change
- » improving counselling and community care and support

- » monitoring the spread of HIV/AIDS
- » improving clinical services and medical care
- » providing policy advice.

The Australian Government is providing \$60 million over five years to support these activities.



PLAY IT AGAIN FOR HIV/AIDS



How do you teach people about a subject that's not spoken about in the home, that can't be delivered in writing due to high illiteracy rates, and that elicits fear at every mention? Put it in a play and ham it up! That's what the volunteer

theatre group Nubanub decided to do when the National AIDS Council's Madang Provincial AIDS Committee set them the task.

The volunteer theatre group travels around Madang Province putting on plays at the local markets and other community meeting places. Crowds gather three or four deep around the fenced-off grassy 'stage' for the free entertainment. And entertaining it is. A well-known local actor takes on the persona of 'AIDS' who tries to entice young people into sexual relations and then dooms them to a life of illness.

The play, delivered with humour and wit, enthralls the audience for the full 45-minutes. By the end of the play everyone has been thoroughly entertained but also, more importantly, everyone has learnt some vital lessons. For

example, the audience is left in no doubt as to the possible consequences of unprotected sex. Free condoms reinforce this message and by distributing them so openly and casually, resistance to using condoms is eroded – part of the National AIDS Council's strategy.

The Government of Papua New Guinea is serious about dealing with the spread of HIV/AIDS. The endorsement of condom use in a conservative and religious country clearly shows this. Overwhelming evidence indicates that the main method of HIV infection is through unprotected heterosexual relations.

Traditional performance art in full flight.
Photo: Lorrie Graham

A PLACE FOR CARING



There are no technically-advanced facilities for people living with HIV/AIDS in Papua New Guinea. Patients coming to the end of their lives are admitted to the country's state-run hospitals, and are sometimes placed in the infectious diseases wards, along with tuberculosis sufferers. For people with depleted immune systems, this action only exacerbates their condition.

As part of Australia's aid commitment to Papua New Guinea, the Australian Government has donated \$250,000 for the construction of a drop-in centre for HIV-positive

people. The centre, which will be managed by the non-government organisation Anglicare, will provide counselling and support. It will also run awareness-training workshops and distribute information and condoms.

At the dedication ceremony, former Prime Minister, Sir Mekere Morauta, said, 'AIDS threatens the future of this great country. If we do not do something serious to stop the spread of this disease, Papua New Guinea faces a future without its children. Today's ceremony marks the beginning of a big step in the right direction. We must work hard to ensure we

continue in this direction to stop the spread of AIDS.'

Anglicare hopes that the financial contribution from the Australian Government will enable the centre's main building to be completed by early 2004.

For more information contact
acpngpom@global.net.pg

The drop-in centre for HIV-positive people will provide support for many families. Photo: Lorrie Graham 



HOHOLA YOUTH

HAVE THE EDGE

The Hohola Youth Development Centre is improving the prospects of hundreds of teenagers in Port Moresby, Papua New Guinea.

The self-funded school, run by the De La Salle Brothers, draws its 300 students from all over the capital. They come to Hohola because the fees are lower than those at state-run schools. Another attraction is the vocational training that supplements the students' academic record.

Employment is extremely tight in Port Moresby. Each year more than 25,000 school leavers compete for a few thousand jobs. With practical skills to offer, Hohola students often find they have the edge among their peers. And it's a workable self-generating system, as the School Principal, Brother Leo Scollen, explains, 'We teach the students practical skills such as

basic mechanics, carpentry and upholstery. Goods made by the students are sold at the Ela Beach markets and the funds are returned to the school so that we can buy the materials for the next project.'

At the moment the school is repairing dozens of chairs for Parliament House – a high profile assignment that is testimony to the school's reputation for quality craftsmanship.

The coeducational school is different in other ways too. Sex education classes are part of the normal curriculum, which is not a given in schools in Port Moresby's traditionally conservative society. Volunteers from STOPAIDS come to the school and talk to the


students on a range of subjects, including sexually transmissible infections (STIs) and HIV/AIDS.

The Hohola Youth Development Centre provides a safe haven. Many of the school's students come from poor backgrounds, which make them more vulnerable to HIV/AIDS. The awareness training and vocational skills at Hohola go a long way towards preparing them for healthy and useful lives. **LM**

The Hohola Youth Development Centre is run by the De La Salle Brothers. For further information contact Brother Leo Walsh at <bro_leo_walsh@hotmail.com>

ABOVE LEFT: Sex education class. Volunteers from STOPAIDS come to Hohola and talk to the students on a range of subjects, including sexually transmissible infections (STIs) and HIV/AIDS. Photo: Lorrie Graham
ABOVE RIGHT: Students at Hohola learn a variety of vocational skills, including music. Photo: Lorrie Graham



Many women don't know they're HIV positive until their husbands fall ill and they decide to be tested. The virus in Papua New Guinea is most commonly transmitted through heterosexual relations, followed by mother to child transmission during birth or through breast milk. Photo: Lorrie Graham 




Phu Cu Province, northern Viet Nam. Secondary school students learn HIV awareness.
Photo: Alice Pagliano 


Through the work of five of Australia's top photographers *positive negative* shows a range of HIV prevention, education and treatment activities in Papua New Guinea, Viet Nam, Indonesia, Thailand and China. Each is supported by Australia's overseas aid program. The exhibition calendar is on page 31.

POSITIVE


NEGATIVE





[1 & 5] The HIV/AIDS Ambulatory Care Project, Bamrasnaradura Hospital, Bangkok, Thailand, is a collaboration between the Thai Ministry of Health and Albion Street Centre, Sydney. The project is making it possible for people living with HIV/AIDS in Bangkok to receive medical care and counselling. Photo: Stephen Dupont 


[2] Many young men living on the streets of Hanoi, Viet Nam, are in desperate need of assistance. Often drug users and HIV positive they live rough and tend to avoid social contact. The Red Cross HIV/AIDS program is reaching out to these young people and in many cases helping them reclaim their lives (see *Change is Possible*, page 23). Photo: Alice Pagliano 

[3] The use of alternative medicine is a part of everyday life for many Indonesians. It also assists many people

living with HIV, such as this woman receiving acupuncture to soothe her headaches. Photo: Jack Picone 

[4] The House of Love in northern Thailand creates a stable home environment for HIV-positive women and children (see *House of Love*, page 20). Photo: Stephen Dupont 

[6] Kerobokan Prison, Bali, Indonesia (see *Committed for Life*, page 21). Photo: Jack Picone 

[7] Bar girls or sex workers in the red light districts of the southern provinces of China, such as Yunnan Province, are most at risk from HIV infection. Many are ignorant of the dangers and do not have access to condoms. With assistance from the Australian Government, the Yunnan Red Cross, through volunteers, is educating these vulnerable young women. Photo: Ingvar Kenne 





HOUSE OF LOVE

The men carrying the stretcher do not look up. Later it's learnt that the small body under the sheet was Mil Jaa*, an 18-year-old hill tribe girl from northern Thailand.



Children orphaned through AIDS find stability, security and emotional support in the House of Love. Photo: Stephen Dupont 

Sold into prostitution at age 10, Mil Jaa had never experienced the caring love and compassion of others – until she came to the House of Love.

Serving as hospital and hospice for HIV-infected young women, and in some cases their children, the House of Love was established in 1994 by the American Baptist missionary and nurse, Kimberly Jo Brown, with the help of seed funding from AusAID. Today it's home for up to 50 women and children who are HIV positive, or have full-blown AIDS. All occupants belong to Thailand's Akha, Karen and Lahu tribal groups.

Thailand's hill tribe people face an uncertain future as their numbers grow and land for traditional self-supporting agriculture becomes scarcer. Particularly vulnerable are hill tribe girls, most of whom are illiterate and often stateless. With few options to earn a living, they are easy prey for exploitation within Thailand's sex industry.

Once recruited by brothels, the girls are at high risk of contracting the deadly HIV/AIDS virus, and many do, mostly while still in their teens. As carriers of the feared disease they are treated as outcasts, ostracised even by their own families.

Kimberly Jo Brown and her staff see their main role as providing a stable home environment, an atmosphere of encouragement and an emphasis on the dignity and worth of the individual. Without this vital emotional support, the young women would have little if any chance of building new, independent lives.

Sustained by proper nutritional and medical care, women and children at the House of Love can achieve improvements in health and general prospects. As regular

medication reduces the various illnesses associated with HIV/AIDS, they are able to take on new challenges.

The women are encouraged to acquire new skills, including handicrafts, and to take Thai language classes to equip them better for future employment. Responding to treatment, HIV-positive orphans are able to go to school. As a further measure, the House of Love runs education campaigns in hill tribe villages to promote understanding so that communities will more readily accept and care for orphans.

From the moment the visitor arrives at the House of Love it's clear the occupants value the opportunity to begin life anew. As 26-year-old Alu Saeyang, whose infant also is HIV positive, says, 'I no longer feel ashamed of my history. I feel cared for and able to develop trust in others and in myself. Laicheung, aged 20, is equally frank, 'The only way I could make money was as a prostitute. Now, because of the House of Love, I do not need to return to the brothel to survive.'

For the fortunate few who come under the care of the House of Love, there is hope for the future. But for many others with the HIV virus in Thailand, fate will not be so kind. According to UNAIDS an estimated one million of Thailand's population of 62 million are HIV positive.

HIV/AIDS is now the major cause of death in Thailand, although figures are not reliable, especially in rural areas, due to reluctance to report the real cause of death. **GE**

***Names of the three Thai women mentioned in this article have been changed.**



COMMITTED

FOR LIFE



Bali's picture postcard beauty masks an underlying social problem. Increasing drug use is exacerbating the spread of the AIDS virus – particularly among its prison populations.

About 3,000 people in Bali are infected with HIV. They're mostly drug users, sex workers and gay men. In Indonesia, the spread of HIV is increasingly caused by injecting drug use.

Recent surveys in Bali show 30–50 per cent of injecting drug users are HIV positive. This alarming statistic shows why the work of a local organisation, Yakeba, is so important. Every day,

led by a very determined young woman, herself HIV positive, the small team from Yakeba visits one of Bali's two prisons to educate and support prisoners locked up for drug-related offences.

In Kerobokan Prison's H Block about 50 male drug addicts, some HIV positive, participate in the Yakeba program. As a group they discuss how to control their cravings and 'get clean' – a big ask given that drugs are available inside. At individual counselling sessions they receive valuable support, recognition and friendship.

They also learn about the spread of HIV, how to avoid risky behaviour and how to help break down the AIDS stigma.

HIV/AIDS is very much a hidden issue in Indonesia. Many people are too frightened to admit their HIV status because they fear they cannot cope with the added burdens of discrimination and alienation.

The Yakeba program offers pre-test counselling for prisoners contemplating taking an HIV antibody test and special support to those who test positive. Importantly, Yakeba stays in touch with program participants once they're released from prison. The group helps the men to adjust to normal daily life and resist returning to drugs or other risky behaviour that could spread the AIDS virus.

Supported by Australia's overseas aid program through AusAID, the program is showing strong signs of success. JE

For further information
<www.yakeba.com/indonesia> or email
the Yakeba Recovery Centre
<yakeba@hotmail.com>

The men of H Block in Kerobokan Prison, Denpasar – Bali's cellblock for drug-related offences. Photo: Jack Picone

INDONESIA ADDRESSES HIV/AIDS

Throughout Indonesia there are small but growing pockets of dynamic community groups offering counselling and education services for people living with HIV/AIDS. Support is also extended to the families and friends.

Like anywhere, the face of HIV/AIDS is varied in Indonesia. These groups are helping university

students, men and women selling sex to survive, women whose husbands have given them the virus, and young adults trapped by drug addiction. While HIV/AIDS in Indonesia does not discriminate between rich or poor, as in most countries, those living in poverty are more at risk and make up most of those infected.

Support groups take on many

different forms. They may be transvestites teaching each other or their partners how to use condoms. Alternatively, they may be natural medicine clinics teaching people how to stay healthy through diet and meditation. They may be members of community groups living with HIV/AIDS, supporting each other and trying to break down barriers in society, including in the

health sector – or they may be police chiefs publicly backing a new methadone program. Each one is a sign that Indonesia is beginning to tackle seriously HIV/AIDS and its underlying social problems.

For further information email Spiritia Foundation, Indonesia Network of People with HIV/AIDS Secretariat, at
<yayasan_spiritia@yahoo.com>



ON THE MOVE



VIET NAM: Preventing HIV/AIDS among Hai Phong's mobile population.

Ms Sau has been a vendor at May Chai fishing dock for many years. She still works at the docks but has a different role – educating Hai Phong's mobile commercial population about HIV/AIDS.

With a population of over 1.7 million, Hai Phong is one of Viet Nam's largest cities and its third largest port.

The port has a highly mobile population of truck drivers, dockworkers and seafarers who spend their lives working on the highways, docks or at sea. For long periods they're away from their families and a stable community life. Many have low education levels and practise high-risk sexual behaviours. In such circumstances HIV infection can flourish.

The Australian Government, through AusAID, has provided almost \$700,000 to support World Vision's work in educating the people of Hai Phong about HIV

risk factors. The project is community-based and relies on volunteers.

Ms Sau is just one of 280 AusAID-funded volunteers working as 'education peers', among Hai Phong's transient population. She is informing people about HIV/AIDS and safe sex around the port. As one who has lived and worked with seafarers for more than 20 years, she understands their lifestyle.

The community volunteers are trained in interpersonal communication and counselling skills as well as taught about sexually transmissible infections (STIs) and HIV/AIDS.

Mr Tien Dzung, part of the project team, explains that the volunteers are drawn from the communities the project is targeting – they too are at high-risk.

'The problem at the beginning is community discrimination to HIV/AIDS – many people are very

shy and closed to talking about sex,' Mr Dzung says. 'People such as Ms Sau, who are part of the community, can talk to these high-risk groups. Once the door is open, we can then distribute HIV/AIDS information and educate people about HIV/AIDS prevention.'

The community volunteers are also using creative approaches to reach target groups.

For instance, Ms Sau uses poetry to educate seafarers, while other volunteers have composed songs with key HIV/AIDS messages, which they've put on cassette tapes. They're ideal for truck drivers during their long trips.


Music has also helped volunteers reach about 1,500 drivers and community members through three highly successful mobile music shows conducted at Niem Nghia Bus Station, Truck Station No.1 and Binh Passenger Dock.

The project is helping to change attitudes. Safe sex is gaining acceptance and discrimination against HIV-positive people is breaking down.

While efforts have been concentrated on transportation hubs, the educational message about HIV/AIDS has carried right across Viet Nam. As one bus station operator comments, 'It is like a drop of oil in water, it spreads out all over.'

According to Mr Dzung, there is strong anecdotal evidence that the project is working. 'In Thien Loi area, a hot spot with great bars, restaurants, hairdressing salons and karaoke parlours, our target groups are actually approaching volunteers to request condoms.'

There is no doubt that the 'continuous efforts of the volunteers are making a real difference in preventing the spread of HIV/AIDS in Hai Phong,' Mr Dzung says. **D-HN**

A long distance truck driver takes some HIV-awareness literature from a volunteer. Photo: Alice Pagliano 

VIET NAM HIV/AIDS FACTS



The first case of HIV was diagnosed in Viet Nam in 1990. The virus has spread quickly to all 61 of the country's provinces. Now there's about 70,000 people living with HIV/AIDS, the majority of them young – aged 20–29 years – and predominantly male.

It's believed many HIV-positive people have not been diagnosed – but of those who have, 60 per cent have become infected by sharing needles and syringes when injecting drugs. Many others have become infected through unprotected sex with an HIV-positive person. Officially there are 10,380 people living with HIV and 5,795 people have died from AIDS nationwide.

CHANGE IS POSSIBLE

Minh is 28 years old and lives in Hanoi, the capital of Viet Nam. He first started using drugs when he was at university. In the beginning he smoked heroin but progressed to injecting it, mainly because it was cheaper. When Minh was 22 he became unwell. A blood test revealed that he was HIV positive – the result of sharing drug-injecting equipment with his friends. After many attempts, and with the support of his family, Minh managed to stop using drugs and gradually regained his health.

Through his friends Minh learnt about an HIV-awareness program run by the Red Cross. The Australian Red Cross has been working in partnership with the Viet Nam Red Cross on an HIV/AIDS program in Hanoi since

1995. The program not only provides information about the virus and how it's spread, but also teaches life skills to young people in high-risk groups, such as drug users and sex workers. Like other HIV-awareness programs, it also strives to fight the discrimination experienced by people living with HIV/AIDS. Above all, it provides care and support networks for those with the virus and their families.

With the help of youth facilitators trained in communication and outreach skills, the program continues to establish relationships with vulnerable young people. Evaluations show that the community workshops, peer support and home visits have had a beneficial impact on the lives of program participants. Workshops


are practical. Discussions clarify risk factors for HIV and promote good health and nutrition. But perhaps the most important aspect of the workshops is the emotional support that they provide. The need for acceptance is overwhelming.

Many participants speak about 'no longer feeling alone' and having found 'a sense of hope'. It makes a very big difference feeling cared for and part of a group working together. Through their involvement with the Red Cross program, some participants have become workshop facilitators or peer educators. They want to share information about HIV transmission with others in the community. They feel it's important to let people know that they can turn to the Red Cross

program, and that change is possible in their lives.

Minh is glad he attended the Red Cross workshops and today he is a youth facilitator. 'I want to work with people with HIV and AIDS to help them to improve their lives. It is good to have responsibilities in life,' he says.

Clare Murphy, Australian Red Cross

Many people with HIV find themselves abandoned and isolated. As part of the Red Cross HIV/AIDS program in Hanoi, volunteers make home visits. They provide medical assistance and much needed emotional support. Photo: Alice Pagliano 



CHINA AIDS UPDATE



It's just over two years since the first national AIDS and STIs (sexually transmissible infections) conference was held in China at the International Convention Centre in Beijing. That conference was significant for putting AIDS on the agenda and facilitating a public discourse. The question is – what has happened since?

The spread of AIDS in China is of enormous concern, believes Professor Kong-Lai Zhang, Director of China AIDS Network and Vice President of the Chinese Association for STI and AIDS Prevention and Control. On the up side, the level of AIDS awareness is rising and the willingness of policy makers to take appropriate action is encouraging. 'We are

working on a five year plan aimed at educating people about AIDS and implementing preventative strategies,' he says.

Communication is the essence of the AIDS awareness program and Professor Zhang is at the forefront of a team of experts which has already made a significant impact on public education. Posters, websites,

emergency hotlines and public rallies are all components of the awareness campaign. 'The number of diagnosed AIDS cases is increasing dramatically,' says Professor Zhang. 'Our campaign to educate the public is aimed not only at AIDS prevention but also at eradicating discrimination against those with an HIV status. Discrimination prevents people reporting their condition and this makes planning difficult. It's important that people with HIV/AIDS become part of the campaign and feel free to participate in our strategies.'

Drug use is one of the most significant causes of AIDS in China, followed by unsafe sex practices and illegal blood collection according to Professor Zhang. But, as far as communicating key prevention messages is concerned, there is some good news – the word is getting out, especially among young city dwellers. 'But we cannot become complacent,' he warns. 'We are a long way from reversing the growth pattern but we know that with increased awareness and with a supportive government we can make changes.'

Peter Davis is a freelance writer and photographer

ABOVE LEFT AND LEFT: A bicycle rally outside the Workers' Stadium in Beijing commemorates World AIDS Day.

Photos: Peter Davis

RIGHT: China–Myanmar (Burma) border, Yunnan Province. Mangshi experimental village for, as the sign says, 'drug suppression and anti-AIDS'. Drugs crossing the border are a major problem and have contributed massively to a rise in HIV transmissions in the region.

Photo: Mark Henley/Panos Pictures



SUNSHINE HOME

The increasing problem of drug use among young people in China is a social, economic and health issue. With HIV/AIDS spreading rapidly among this group, Chinese authorities recognise more support and prevention education is needed.

For more than a year the Australian Government has funded the Sunshine Home in Kunming, Yunnan Province. Supported by the Australian Red Cross, the project tackles both drug use and HIV awareness.

The overriding aim is to encourage drug users to 'get clean'. Many ex-drug users are trained as peer educators. With their experience of drug addiction they're able to communicate with current drug users and convey the HIV prevention message effectively and with credibility.

Those who manage to stay off drugs also receive training in life skills. Some learn how to earn an income so they can reintegrate into Chinese society with a little more ease.

In short, the Sunshine Home offers a bridge from the marginalised world of drugs and high HIV risk to the 'normal' world to which the majority would like to return. As one ex-drug user describes the place, 'It's a warm home where we can exchange ideas and start a new life.'

For more information
<yrchiv@public.km.yn.ch>



AGAINST THE ODDS

In Soweto, South Africa, where poverty is high and education and health care is low, it's estimated two thirds of the residents have HIV/AIDS.

'South Africans love to sing. We sing when we are happy and we sing when our hearts are breaking,' explains Barbara Campbell-Ker, Executive Director of the Witwatersrand Hospice in Soweto, South Africa.

Arriving at the hospice, beautiful melodies and rhythms of South African songs fill the air. It's a welcome that seems to soothe the overwhelming sadness of such a place. For the country's HIV pandemic is heartbreaking.

The way to the hospice is along suburban streets lined with small brick houses. Behind and around these lie thousands of tin shanties without adequate water or sewers. It's strictly a no-frills place yet, as the *only* hospice in the sprawling township of nearly four million, its few palliative care beds are precious. They used to be taken by cancer patients. Now they're for AIDS patients.

The hospice struggles to cope with a rising infection rate and an

endless queue of terminally ill. Although the challenges are enormous, the hospice carers are determined and remarkably hopeful. Barbara Campbell-Ker likens their job to the starfish analogy. (Thousands of starfish stranded on the seashore are dying. A man begins to throw them back into the sea one by one. His friend questions him, 'There are too many, what difference can you make?' The man picks up a starfish and, as he throws it back, answers, 'I can make a big difference to *that* starfish.')

The work of the hospice staff extends to the wider community where the stigma of AIDS often leaves many infected with the virus abandoned by family, friends and workmates. With little money, food, medicine or support they become sicker and their children – many of them also HIV positive – become homeless.

In a David versus Goliath battle against poverty, fear and ignorance,

the hospice is making some gains. With funding and support from the Australian Government's overseas aid program, it has trained a small army of dedicated nurses and volunteer community-care workers to look after people with HIV in their homes. The service is vital, as many of the sick cannot physically reach medical assistance. Not only do they have no money for transport, they simply have no strength to walk. And while the community-care workers principally attend to the sick, they also watch over the children. For the very young this attention is much needed.

So far 45 volunteers have been equipped with simple medical kits and undertaken training. The courses cover basic anatomy; the cause, transmission and consequences of HIV; patient management; pain control and hygiene. In any one year, each community-care worker may make up to 420 home visits.

The hospice carers also oversee several daycare centres where those with HIV and their families can seek respite, a nutritious meal, medical assistance and friendship.

The fit and the sick can share a sense of purpose as they make handicrafts together for a small but vital income.

Working at the community level gives the nurses and volunteers an opportunity to pass on valuable information. Open-air community meetings discuss the effects of HIV/AIDS, the importance of safe sex and the dangers of sharing needles. Barriers are gradually broken down. Staff choose to wear bright, easily identifiable t-shirts in an open declaration of their close association with the AIDS hospice. Leading by example in such small but bold acts encourages people to embrace, not shun, those with the virus.

In South Africa, where every day 250 babies are born HIV positive, the picture is bleak but not hopeless. Community education and grassroots participation can make a difference. The work carried out at the Witwatersrand Hospice in Soweto is testimony to that. JE

For more information email
Barbara Campbell-Ker at the Hospice
Association of the Witwatersrand
<Barbara@hospicewitz.co.za>

ABOVE LEFT: 'As I lay dying' – the grim reality of AIDS. Photo: Jo Elsom

ABOVE RIGHT: One of the many volunteers ready to do her part in the community to raise awareness about HIV. Photo: Jo Elsom



Gaye Hart, AM. Photo: ACFOA

NOT JUST A HEALTH ISSUE

Gaye Hart, AM, is the President of the Australian Council for Overseas Aid (ACFOA). With member organisations that work across 132 countries, she is aware, more than most, of the devastating effects of HIV/AIDS on local communities. Here's what she has to say.

Organisations that are members of ACFOA are involved with thousands of local communities that have been affected by HIV and AIDS. I hear stories of hope and stories of despair. Reports from our members working in Africa are particularly staggering – children under 10 struggling to keep their younger brothers and sisters fed and clothed, sick families overburdened by orphans, local economies on a downward spiral because local labour is not available. HIV/AIDS is not just a health issue – it cuts across the core of the work we do.

Project support can make a difference to people's lives. Many members are engaged in a variety of HIV education and support programs, but HIV must be addressed in all development programs. What I want to say is that HIV-positive people and carers must be supported so that they can continue to work and support their families. All development programs – whether implemented by government or by non-government organisations – need to provide a structure that includes prevention

activities while also encouraging and supporting HIV-positive people.

Stigma about the disease has to be combated, and time and again we understand how important partnerships and networks are in this. Strong local leaders are vital in bringing their concerns to bear on provincial and national decision makers. ACFOA members are keen to encourage ongoing government support for initiatives that strengthen leadership and collaboration in HIV responses – such as the Asia Pacific Leadership Forum on HIV/AIDS and Development.

A recent development that is moving non-government organisations (NGOs) away from focusing exclusively on prevention and care programs, is the fact that anti-retroviral treatments are becoming available in developing countries – especially through the use of generic drugs. If anti-retroviral drugs are available, even at a moderate cost, NGOs have to work through issues of affordability and who gets access. For example, ACFOA members

have been examining policies for treatment of local field staff and their families who may be HIV positive.

Direct project support in Asia, Africa and the Pacific has to be backed up by changes on the international scene. Australia along with 148 other nations has adopted the 'millennium development goals' – one of which is to halt the spread of HIV/AIDS by 2015. Making substantive progress towards this goal requires new levels of commitment.

It's imperative to find the same kind of resources that have been found for national security objectives to address an epidemic that is crippling families and threatening to de-stabilise whole countries and economies.

ACFOA members are encouraging the Australian Government to join other wealthy nations, such as the United States, the United Kingdom, France and New Zealand, in supporting the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. This fund enables developing countries to make their own decisions about

the most effective strategies for tackling HIV/AIDS, as well as facilitating the scaling-up and strengthening of their existing responses. We need large-scale solutions – this epidemic goes way beyond the scope of any one government's aid program.

ACFOA (Australian Council for Overseas Aid) is an independent association of some 80 Australian non-government organisations (NGOs) working in the field of international aid and development. For more information <www.acfoa.asn.au>

VIEWPOINT is a forum for readers to express their ideas and perspectives on overseas development issues. Views do not necessarily reflect the ideas and policies of the Australian Government. Readers who would like to contribute should send their articles (not exceeding 500 words) with contact details to the Editor, *Focus*, Public Affairs Group, AusAID, GPO Box 887, Canberra ACT 2601 or email <focus@ausaid.gov.au>

EDUCATION



WHAT TEENAGERS DON'T KNOW MAY KILL THEM

INDIA: In a country where half of all new HIV infections are among young people, and misconceptions about the virus are rife, there's a danger that what young people don't know may kill them.

An innovative HIV/AIDS education program is changing the situation. Elinor Sheargold, with others from UNICEF Australia, travelled to southern India to see for herself.

We met ten-month-old Sirischai bouncing on her cot in Tambaram Hospital in Chennai, southern India. Both her parents were dead from AIDS. Like many other men, her father, a truck driver, had acquired the AIDS virus from sex workers in one of India's larger cities. Returning home after one of his long haulage trips, he had infected his young wife and unborn child.

We would hear this story all too often during our five-day visit to southern India. 'We' were a four-person UNICEF team, visiting the country to learn more about the

disease affecting nearly four million of its inhabitants, including many children like Sirischai.

After negotiating our way through Mumbai's morning traffic, past trouserless children playing by the roadside in sewage-laced puddles, we arrived at Infant Jesus High School. Here, grades 9 and 11 students were learning about HIV prevention and life skills under an innovative program initiated by UNICEF.

Also adapted for AusAID-supported self-help groups in rural villages, the UNICEF program works with local and government partners to train high school teachers and others in the fundamentals of HIV/AIDS prevention. Teachers also learn about human reproduction, basic anatomy and personal hygiene in ways that are relevant and easy to pass on to students and peers.

Girls and boys crowded around us asking for autographs as if we were 'Bollywood' stars. They told us that the lessons in human biology and about HIV/AIDS prevention were especially important to them now that they were in their mid-teenage years. Many were facing early marriage and had questions they felt they couldn't ask their parents.

For some of the boys and girls the consequences of emerging sexuality were so critical that they had created posters, songs and plays to take out into the urban slums. Raising awareness of HIV issues in the community had become for them a social responsibility.

The HIV/AIDS awareness program was working well in schools, but how was it helping

young people who did not attend school? Our next visit was to the Dharavi urban health centre on the edge of Mumbai's Dharavi slum – the largest slum in Asia, housing more than 600,000 people.

Here the program not only teaches teenage girls how to protect themselves from the AIDS virus but also helps them improve their prospects through courses, such as in tailoring and English language skills.

'We get many things from this program – how to be confident, how to take care of ourselves, how to make decisions. We learn personal hygiene and information about nutrition,' said Saira, who hopes to become a beautician after she completes her course at the centre.

Once shy and inhibited, these girls now show a confidence that has come with their increased knowledge and improved skills. 'Before we used to cover our faces with our scarves. Now we walk proudly and openly,' Saira told us.

The success of the AIDS education program in southern India has seen it expand from just 30 schools nine years ago to more than 1,750 secondary schools state-wide today. Moreover, there are now 96 education colleges in Mumbai running the program, with the Government of India taking over the lion's share of funding and management from UNICEF. Elinor Sheargold, UNICEF Australia

UNICEF is committed to halting and reversing the spread of HIV/AIDS by 2015 – a key millennium development goal. For more information about UNICEF's HIV/AIDS programs <www.unicef.org>

Elinor Sheargold with teenage students in Mumbai. Photo: UNICEF

DIALOGUE BETWEEN WOMEN AND MEN

CENTRAL MOZAMBIQUE: In countless bars, restaurants, market places and homes, a group of women is taking the message about the HIV epidemic to the people – particularly men.



At dusk in Chimoio, the capital of Manica Province in Mozambique, a group of young women walk into one of the many drinking bars or *quiosques* in the town. They're wearing t-shirts with 'OMES' emblazoned on the front and back. Soon they're surrounded by the men at the bar. There is an exchange of banter and much laughter. Each woman sits with a small group of men and the talk turns to the HIV epidemic. With a quarter of adults in the province already infected with the virus, most people know someone with the disease.

The 'OMES' women answer questions about HIV, correct misunderstandings about how it's spread and describe its effect on people. They give out condoms. The women are knowledgeable and engaging, and speak about sexual relations between men and women without embarrassment. The audience is attentive. After about 45 minutes the women move on to the next bar, leaving behind HIV information leaflets and the address of the 'OMES' counselling centre.

The irony is that, under 'normal' circumstances, the men would not listen so attentively to these women or seek their counsel. Women don't usually command the respect of men in this community. Yet these effective community HIV activists and educators are not only female – they're also sex workers. Here, as is the case in many other places, sex work is stigmatised. Women, in particular unmarried mothers, the widowed and the divorced, who move into sex work invariably do so because it provides the only viable means of support for them and their children. 'Respectable' women in the community are often hostile towards them and men (many of whom are clients) regard them as immoral.

Gender inequality is a fundamental driving force of the AIDS epidemic. Women's economic dependence on men makes women less able to protect themselves, while social norms limit their access to information about sexual matters. At the same time, greater social acceptance of

high-risk male sexual behaviour can expose both men and their partners to infection.

In 1994, recognising the great risk of HIV, a group of sex workers established 'OMES' – *Organização da Mulher Educadora de SIDA* (Portuguese for 'Women's AIDS Education Organisation') – to educate themselves and the community about the epidemic. The OMES women have first-hand knowledge about the risk that HIV poses to their community. They have lost many of their friends to AIDS and some of them are infected with the virus.

For nearly a decade OMES has been the main source of information about HIV in Chimoio, a city with a population of 170,000. Nearly a quarter of the adult population is infected with HIV.

Since 2000, OMES has received funding from AusAID through the Burnet Institute's Centre for International Health. This funding has enabled OMES to expand its HIV-education activities in Chimoio and start up activities in Catandica. The latter is a town

of some 12,000 people on the main transport route between Malawi and the port city of Beira.

The OMES women have created an influential role for themselves within their communities in Chimoio and Catandica. They have been able to transcend their identities as sex workers and gain respect from their communities for their work as HIV activists. Already their hard work has led to higher rates of condom use by sex workers and their clients. Over time it's hoped that the women's efforts will contribute to more equal relationships between women and men in Manica Province. **Tamara Kwarteng and Robyn Whitney. Centre for International Health, Burnet Institute, Melbourne**

Community HIV activists in Chimoio, Manica Province. Photo: Tamara Kwarteng

VOLUNTEERING



MAKING HEALTH CARE A LITTLE BETTER

Before Klara Henderson took her place at Sydney University to study a masters degree in international health she decided to travel. Her interest in public health in developing countries took her to Kenya and Uganda where, for some months, she worked as a volunteer. Here she describes her experiences.

I'm standing in a little tin shed in Nairobi, Kenya. The only light comes from a small hole in the roof. Queues of people wait outside, quiet and resigned. There is an old blind woman and a baby so dehydrated that she cannot take her mother's milk. I'm helping to hand out the medicines the doctors and nurses are prescribing.

My colleagues and I discuss politics – 'What do I think of Nelson Mandela?' The pills come in small, plain, plastic bags without branding. As the nurses give the instructions a question begins to

rise in my mind – why in this country that is devastated by HIV are none of the drugs anti-retrovirals (ARVs)?

I know of people in Australia who are HIV positive and taking ARVs. I also know that they're very important once the immune system becomes depressed. What passes through my hands this day is mostly for malaria and ulcers.

A few days before, I'd arrived in Nairobi at the Jommo Kenyatta Airport on the flight from 'Jo'burg'. The city is a fantastic combination of high rise buildings, tropical trees and red dust.

I'm here independently. My purpose is to immerse myself in what it means to work in health care in a developing country. I want to experience and understand first hand.

Officers at the Australian High Commission in Nairobi tell me that there are many Australians living and working in Kenya, and quite a few in the health sector. They suggest I contact an Australian doctor working in one of Nairobi's slums. So it's this doctor I first help by handing out medicines for malaria and ulcers.

I stay on in Nairobi to be part of a campaign to improve access to essential medicines for Kenyans. The campaign is run by a coalition of local and international non-government organisations. Although we campaign for all essential medicines, anti-retrovirals (ARVs) are at the top of the list. Kenyan doctors are deeply frustrated because they're unable to obtain life-saving drugs at the right price for the many people in need.

The campaign coalition is a mix of East Africans, Americans,

French, Canadians and an Australian. Some are pharmacists, doctors, 'people living with HIV/AIDs', journalists and businesspeople. The Kenyans naturally take the leadership role – they've particular insights, knowledge and much determination.

A few months after I leave the country, the Government of Kenya changes the legislation to allow generic ARVs to be imported. Barriers still exist to their use – for instance, they need to pass registration – but at least it's progress. The campaign is working.

Like in Kenya, I do not see ARVs for sale or distributed in the slums of Kampala, Uganda. I do however see a wonderful project providing food and shelter for about 40 street-children – and, encouragingly, education on HIV protection. The children learn songs and dances about the 'deadly virus', which they happily perform for me.

It's my last day in Africa and I look back and see two clear signs for hope. One is the group of children learning how to protect themselves from HIV infection. The other is a country making changes to allow better care for its citizens living with HIV. It looks like the future will be a little better.

Klara Henderson's trip to East Africa was self-funded.

For further information about volunteering as part of a non-government organisation or as part of the Australian Youth Ambassadors for Development (AYAD) Program contact <www.aid.gov.au>

Klara Henderson among friends in Kampala. Photo: Petra Schafer

BUSINESS NEWS



[FROM LEFT]: Mr Alan March (AusAID), Associate Professor Nick Crofts, Associate Professor Peter Deutschmann and Dr Sekai Shand (World Vision). Photo: AusAID

COMBATING HIV/AIDS IS ONE OF THE AID PROGRAM'S HIGHEST PRIORITIES. THIS SEMINAR HAS PROVIDED A VALUABLE OPPORTUNITY FOR HEALTH PROFESSIONALS IN THE ASIA-PACIFIC REGION TO DISCUSS WHAT IS BEING DONE TO COMBAT HIV/AIDS, THE CHALLENGES AND THE WAY FORWARD. **THE PARLIAMENTARY SECRETARY TO THE MINISTER FOR FOREIGN AFFAIRS, CHRIS GALLUS**

SHARING EXPERTISE

Australian health experts learn about the Australian Government's Asia-Pacific HIV/AIDS strategies.

At the recent Australasian Society for HIV Medicine's 15th Annual Conference in Cairns, about 600 health professionals from non-government organisations, industry and academia shared their knowledge and expertise on HIV/AIDS.

As part of the conference, AusAID brought together 60 key stakeholders at a seminar designed to strengthen strategic alliances and partnerships with the private sector and academia.

Stakeholders learnt more about how Australia's overseas aid program is combating HIV/AIDS internationally, and how they can contribute more of their specialist knowledge as part of efforts to fight HIV/AIDS in the Asia-Pacific region.

The seminar highlighted Australia's involvement in various regional forums building strong partnerships to promote research, information sharing and access to new and innovative treatments and care.

Associate Professor Nick Crofts, the Director of the Centre for Harm Reduction and the Deputy Director of the Macfarlane Burnet Institute for Medical Research and Public Health, told the forum how Australian-led trials of new treatment and prevention programs in South East Asia may significantly advance the region's response to the spread of HIV/AIDS.

Ways in which industry experts can become involved in supporting further regional cooperation on HIV/AIDS include:

- » Peer reviews of project designs
- » Nominations as technical members on a Technical Assessment Panel (TAP), including in-country assessments of activities in their implementation phases
- » Working with non-government agencies and private sector organisations that are implementing projects on the ground
- » Tendering for contracts
- » Submission of papers to AusAID to assist in the revision of the HIV/AIDS and development policy. **LM**

Associate Professor Peter Deutschmann, the Executive Director of the Australian International Health Institute at the University of Melbourne, spoke of the importance of Australia's leadership role in the Asia-Pacific region.

He said it was critical that Australian expertise continues to play a supporting role for developing countries grappling with the spread of HIV/AIDS.

For further information

<www.ausaid.gov.au/business>

INBRIEF



UNITED NATIONS: EDUCATION THE KEY TO COMBATING YOUTH HIV RATES

According to *State of the World Population* 2003, a report from the United Nations Population Fund, HIV/AIDS has become a disease of the young because of poverty, gender inequality and a lack of information and services.

According to the report, many teenage girls find it difficult to refuse unwanted sexual advances or to insist on adequate protection — particularly with older partners.

Half of all new HIV infections and at least a third of the more than 333 million new cases of curable sexually transmissible infections each year affect people aged from 15 to 24 years.

Even more concerning, only a very small percentage know they're infected and most don't know how HIV is transmitted.

The United Nations report argues that locally driven, culturally sensitive projects including life-skills education, sex education and peer counselling, with access to services and job skills training for youth of all ages, have the best success rates.

The report is available online at www.unfpa.org

STAR STUDDEN CONCERT TO MARK WORLD AIDS DAY

Headline acts including U2's Bono, Beyonce Knowles, the Corrs, Queen and African stars such as Youssou N'Dour, Ladysmith Black Mombaza and Angelique Kidjo will take part in an HIV/AIDS benefit concert in Cape Town, South Africa on 29 November.

The concert will be broadcast free around the world via television, radio and webcast on World Aids Day, 1 December and aims to raise AIDS awareness by reaching a global audience of two billion people.

The campaign has been dubbed '46664 Give 1 minute of your life to Stop AIDS'. The number was the ID of former South African President, Nelson Mandela, during the 18 years he served as a political prisoner.

'I was known as just a number. Millions of people today infected with HIV/AIDS are classified as just a number. They too are serving a prison sentence for life,' Mr Mandela said.

For more information visit www.46664.com

positive negative

A PHOTOGRAPHIC EXHIBITION EXPLORING HIV/AIDS IN THE ASIA-PACIFIC REGION

This thought-provoking exhibition examines how Australian aid is helping to fight HIV/AIDS in the Asia-Pacific region through prevention, education and treatment. The exhibition showcases work from five of Australia's best photographers: Stephen Dupont, Lorrie Graham, Ingvar Kenne, Alice Pagliano and Jack Picone.

For more photographs from *positive negative* see the December issue of *Australian Women's Weekly*.

VENUE	DATE
Sydney Opera House	1-7 December
Federation Square, Melbourne	16-23 December
Queen Street Mall, Brisbane	3-9 January
Garema Place, Canberra	17-24 January
Rundle Mall, Adelaide	2-9 February
Cultural Arts Centre, Perth	15-22 February

HIV/AIDS SUPPORT FOR ASIA-PACIFIC GOVERNMENTS

A new Australian funded HIV/AIDS advocacy kit '*Dare to Care, Care to Dare: Fight HIV/AIDS Save Lives*' was launched at the 59th Commission Session of UN-ESCAP on 2 September in Bangkok, Thailand.

The kit is a how-to action guide detailing a multi-sectoral approach to HIV/AIDS prevention and care to help the governments of South-East Asia and the Pacific respond to the HIV/AIDS pandemic.

CUT-PRICE HIV/AIDS MEDICINE

The current price of drugs to fight HIV/AIDS will be reduced by as much as half by 2008.

A deal negotiated by the Clinton Presidential Foundation will see the price of a course of three drugs drop to US\$0.38 cents a day.

The breakthrough has the potential to help two million people in South Africa, Rwanda, Mozambique, Tanzania and several Caribbean nations.

Four drug manufacturers have signed the deal, three from India and one from South Africa.

Currently about 4.7 million people, or 11 per cent of the South African population, are infected with HIV/AIDS.

For more information visit <http://www.clintonpresidentialcenter.com>

UNITED NATIONS' COMMITTEE TO CONSIDER MEN'S ROLE IN HIV/AIDS

The 48th session of the United Nations Committee on the Status of Women, in March 2004, will debate for the first time how conventional male traits contribute to the spread of HIV/AIDS.

The United Nations' Division for the Advancement of Women (DAW) says men have traditionally advertised their sexual prowess by having multiple partners, and by displaying aggression and a lack of responsibility in sexual relations.

It says these 'typical' male behaviours contribute to the spread of HIV/AIDS.

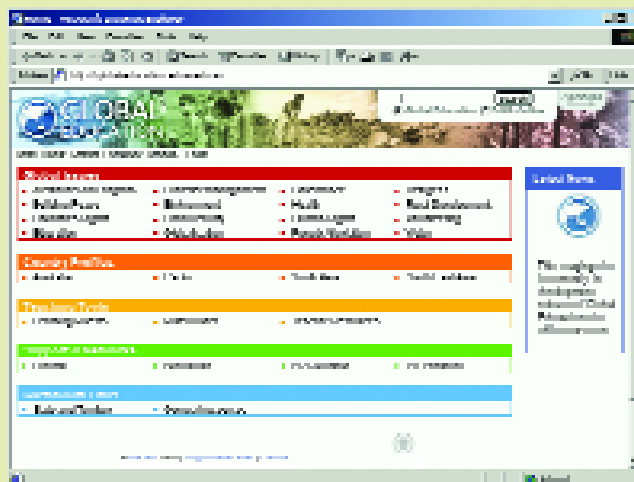
DAW has already conducted a month-long online discussion on the issue involving 314 representatives from 70 countries.

For more information visit: <http://www.un.org/womenwatch/daw>

Hai Phong, Viet Nam. Many teenage girls find it difficult to refuse unwanted sexual advances or to insist on adequate protection — particularly with older partners. Photo: Alice Pagliano

GLOBALEDUCATION

The new global education website www.globaleducation.edna.edu.au



The association between truck routes and HIV infection has led to the National Highway One Project in Viet Nam, funded by the Australian Government's overseas aid program and implemented by World Vision (see also *On the Move*, page 22). The project aims to prevent the spread of infection by increasing awareness of HIV among truck drivers and their communities and by encouraging a change in behaviour. Due to the nature of their work, mobile groups such as truck drivers have limited access to health services and to health care information. This makes them a group vulnerable to HIV/AIDS infection.

A survey of truck drivers passing through the project locations has found that the HIV-awareness materials have been distributed as far away as Ho Chi Minh City and Hanoi. The demand for condoms is increasing and they are becoming more readily available. One villager commented, 'Sex without a condom is like walking barefoot.'

The Global Education website www.globaleducation.edna.edu.au has a section on HIV/AIDS, including several case studies designed for the 'Health and Development' curriculum and 'Studies of Society and Environment'. These case studies show how HIV/AIDS affects the lives of individuals, communities and countries. **AB**



Loading up at the long distance bus station, Ho Chi Minh City, Viet Nam.
Photo: Mark Henley/Panos Pictures

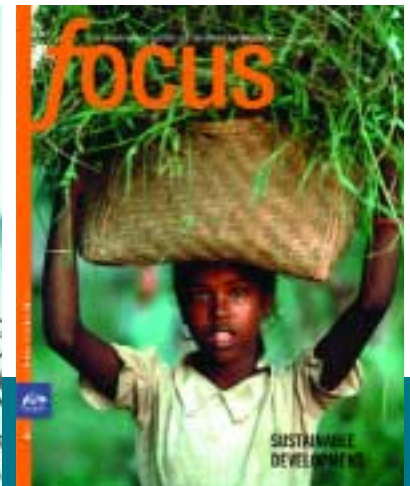
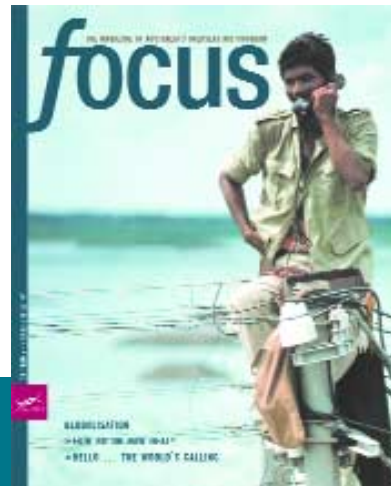
CLASSROOM RESOURCES

HIV/AIDS poses an enormous challenge to developing countries. It strips families of members in their most productive years and leaves many children orphaned. World AIDS Day on 1 December is an opportunity to discuss in the classroom HIV/AIDS as a global phenomenon.

Ninety-five per cent of HIV/AIDS infections are in developing countries. HIV/AIDS threatens to reverse years of development and put at risk the political stability and economic security of these countries. It attacks and destroys communities, and disrupts food production. Heavy burdens are placed on already weak health services.

The AIDS virus knows no bounds. It travels freely around the world. Many countries have found that transmission of HIV first occurs along transport routes, passed between truck drivers and sex partners picked up at different truck stops, and so in turn, to their families.

Teachers should contact AusAID for professional development in global education tel: (02) 6206 4969



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