



World AIDS Campaign 2004: Women and HIV/AIDS

Message from the Commonwealth Secretary General

Last year alone, the AIDS pandemic claimed more than 3 million lives and 5 million people – two-thirds of whom are Commonwealth citizens – became infected. The pandemic is having a particularly devastating impact on women. Women and girls now make up half of those infected with HIV globally, and in Africa that figure is 58%.

HIV/AIDS has no regard for the principle of gender equality: young women between the ages of 15 and 19 are 5 times more likely to get infected than young men and less than 1 in 20 pregnant women seeking ante-natal care can obtain the necessary care and drugs to prevent transmission of the virus to their unborn child.

Moreover, women suffer in greater measure from HIV/AIDS-related stigma and discrimination. When a woman's husband dies of AIDS, she often becomes the victim of violence and is deprived of credit, community support networks and land rights.

healthy, empowered women are able to better manage their families, increase household income, protect their health and that of their families and contribute to the development of their community.

It is therefore very appropriate that this year's theme for World AIDS Day on 1 December 2003 should be "Women and HIV/AIDS".

The impact of HIV/AIDS on women has a knock-on effect on economic growth and social development: labour productivity has been cut by up to 50% in the hardest-hit countries. Conversely, healthy, empowered women are able to better manage their families, increase household income, protect their health and that of their families and contribute to the development of their community.

Any effective strategy to tackle the spread of HIV/AIDS must therefore put women at the centre. But for that to happen, many hurdles need to be overcome.

In many societies, women are politically and socially disempowered and are submitted to the authority of men – fathers, brothers, community elders. When it comes to sexual relations, the imbalance of power is even greater.



In order to address the impact of the AIDS pandemic, we must therefore ensure that women are empowered to respond to this challenge. Improving women's rights and deepening the democratic culture of a society can have a direct impact on how families and communities can cope with the crisis.

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An effective response demands that we confront a broad range of economic, legal and social challenges. We need to start with a personal look at our perceptions, beliefs and practices and retune our thinking and action, in order to generate a national response which will strengthen women's rights.



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A Review: Men’s Health, Masculinities and HIV/AIDS

by Joseph Amuzu

Men’s health can be examined from two perspectives. Firstly, the biological and physiological perspective which considers factors closely linked to biological sex – genes, chromosomes, hormones, and the susceptibility of men to diseases. Secondly, a broader perspective which looks at men’s health from the behaviour and lifestyle angle. This includes consideration of what is termed as ‘masculinity’.

Masculinity defines the social conditioning of a male to ‘be a man’. It therefore varies from culture to culture and even between the various social and economic groups within a population, giving rise to the term ‘masculinities’. However, in most cultures, men are expected to be physically strong, emotionally robust and daring, and emotionally and financially independent. These ‘manly’ characteristics translate into non-health-seeking behaviours and attitudes which endanger the health and well-being of men themselves and, in the presence of HIV/AIDS and other sexually-transmitted infections (STIs), the health and well-being of their sexual partners.

Masculinities and implication for HIV/AIDS prevention

The consistently narrow view of what it is to be a ‘man’, mainly focusing on a man’s role as a provider, protector, and seeing him as ‘all powerful’ are compounding public

health problems including the prevention of HIV/AIDS. A vision of masculinity that emphasises dominance, aggression and violence places both men and women at greater risk of HIV infection as women who seek to improve access to health care or practise safer sex, often run ‘into a wall of un-cooperation from men’ (Meursing and Sibindi, 1995).

On the other hand men who take up behaviours thought to be ‘feminine’ are viewed by others to be ‘less than men’. This can lead to low self-esteem and gender-role conflict and strain.

While it is important not to reinforce stereotypes which portray men as universally uncaring and self-centred, it is important to acknowledge that almost everywhere men are under pressure to conform to ideologies that emphasise sexual prowess, encourage them to have multiple sexual partners and exercise their authority over women. Traditional images of masculinity not infrequently encourage men to force sex on unwilling partners, reject condom use and view drinking, substance and drug abuse as a confirmation of manhood. These behaviours drive the HIV/AIDS epidemic.

What can and should be done?

The challenge is to identify and reinforce the kinds of alternative masculinities that lead to greater equality in gender relations, and which

are associated with lower levels of HIV-related risk.

Attention needs to focus on the ways in which boys are brought up. It is important to recognise that all members of the family have an important role in the rearing of boys. Fathers and male family members need to offer a positive role model based on a flexible vision of manhood and including greater respect in relationships with women. There is the need to break the silence that still surrounds sex, sexuality, drug use and HIV/AIDS.

It is important that men perceive the value of taking better care of their own health and that of their partner and their families.

HIV/AIDS prevention and care programmes must respond equitably to the needs of both men and women. The gender perspective must also focus on men and boys in addition to addressing the needs of women and girls.

Involving men more fully in HIV prevention is therefore essential if rates of HIV transmission are to be reduced. Successful HIV risk reduction programs have targeted men’s behaviour in such diverse countries as, Australia, Great Britain, Senegal, Thailand and Uganda. In Zimbabwe, the teaching of life skills and responsibility has been incorporated into the primary school curriculum, using HIV as an entry point. In parts of Africa, Central America and Asia, long-distance truck drivers have been encouraged to

reduce the number of sexual partners and more consistently practise safer sex. There are successful programmes among army recruits. Men have been encouraged and helped to play a much greater role in caring for orphans and sick family members in parts of Africa.

National governments and development institutions can learn from these examples, but must also recognise that involving men in work on gender equality and health must look beyond programmes targeted at men's behaviour. There is a need to initiate dialogues between women and men about the structures of inequality that determine the distribution of morbidity and mortality, and the role that the politics of masculinity plays in maintaining such structures.



Workshop on men and masculinity held for Commonwealth Secretariat Staff

Refor Lloyd. *Men's Health*. A public health review. Dec 1998.

Peter Aggleton, *Men's role in HIV/AIDS prevention*. Paper prepared for an Expert Group meeting on "The HIV/AIDS Pandemic and its Gender Implications". Nov 2000.

Commonwealth Secretariat, Briefing Paper: *Men, masculinities and gender mainstreaming*. Oct 2003.

The Care Economy, social protection and HIV/AIDS

by Cindy Berman

Who cares for the carers, and why is it taken for granted that women provide, and will continue to provide, care and support to family members and loved ones, with no sense of the cost and value of this work to society and the economy in general?

It is primarily women who provide the unpaid household care work in the home (known as the Care Economy) – work which includes cooking, cleaning, fetching water, washing, caring for the young, sick and elderly in the home.

When HIV/AIDS is introduced into the home, unpaid care work escalates dramatically, since in addition to existing unpaid care work, HIV/AIDS related care involves caring for the sick and dying in the home; hospital and clinic visits; preparing for and attending funerals; taking on additional dependants – either

sick family members or orphans (to name a few), whilst at the same time coping with the loss of loved ones and income lost through the illness or death of household breadwinners.

The costs of care have essentially been downloaded from the public health and social service sector to the household, as a result of structural adjustment programmes, debt, poverty, the attrition of human capital in the public sector, and the depleted capacity of the health services to cope with the impact of HIV/AIDS. Yet the value of the time, energy and resources required to perform these tasks is unrecognised socially and economically and is often unaccounted for in systems of national accounts, despite its critical contribution to the economy and to society in general.

One of the most devastating features of HIV/AIDS is that it affects the most active and productive members of society. The epidemic threatens the livelihoods of many breadwinners and their families and communities who are dependent upon them. This has had an enormous impact on poverty – at household, community, and national levels.

Social protection to compensate for the loss of income has therefore become increasingly urgent in societies heavily affected by the pandemic – particularly for women and girls – who have borne the brunt of the multiple social and economic effects of the HIV/AIDS epidemic. Households face simultaneously a loss of income and additional burdens of care, because the breadwinners have become infected with HIV/AIDS, and are either too sick to work or have died.



Microbicides: Women's "armour" in the fight against HIV/AIDS

by Janey Parris, Consultant, Commonwealth Medical Trust

Despite the overwhelming evidence of women's powerlessness in sexual relationships there is as yet, more than twenty years after AIDS was first recognised, no prevention strategy that is female-controlled. Microbicides have the potential to provide women with invaluable control to protect themselves from sexually transmitted infections (STIs), including HIV.

What are microbicides?

The word "microbicides" refers to a range of different products that share one common characteristic: the ability to prevent sexual transmission of HIV and other sexually transmitted diseases (STIs) when applied topically. A microbicide could be produced in many forms, including gels, creams, suppositories, films or a sponge or ring that releases the active ingredient over time. They are intended for use vaginally or rectally and may provide protection against STIs for several hours or even days. According to the International Association of Physicians in AIDS CARE (IAPAC), the definition of microbicides also includes therapeutic interventions that can block or prevent infection, as well as amplification of the body's

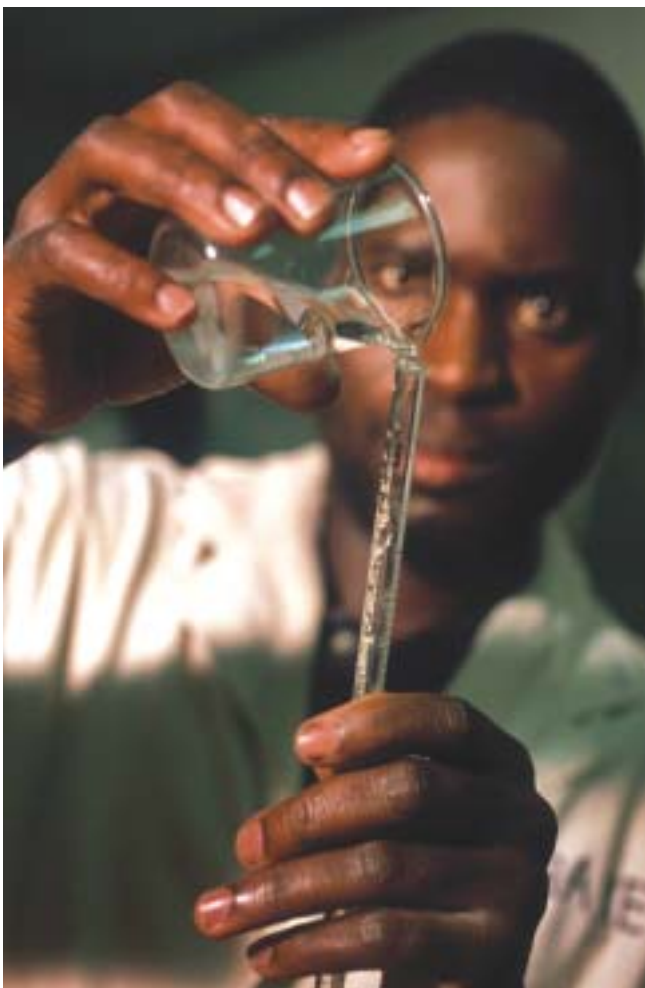
natural defences to prevent infection through sexual acts. Researchers are currently studying substances that may:

- Kill or otherwise immobilise STI pathogens
- Block infection by creating a barrier between the pathogen and the vagina (and possibly the rectum)
- Prevent the infection from taking hold after it has entered the body by fortifying innate immune defences

Scientists are working on products that would combine these agents, making them stronger and more likely to prevent disease transmission.

Why are microbicides so important for HIV prevention?

- They offer a female-controlled prevention method against STIs including HIV and will put the power in the hands of women to protect themselves
- They are acceptable to both women and men – they do not prevent 'skin to skin' contact as is the case with the condom
- They could help to protect women living with HIV from other STIs which could pose an even greater danger to an already challenged immune system
- They could provide an option for HIV positive women to protect their partners who may not use condoms
- It is possible that microbicides could become available before a vaccine for HIV



Microbicide Development: What progress?

Scientists are currently testing many substances to see whether they help protect against HIV and/or other STIs but no safe and effective microbicide is currently available to the public. At least sixty of these substances are being seriously pursued, eleven of which have proven safe and effective in animals and are now being tested on humans. Researchers say that the ideal microbicide will have to withstand varying temperatures and also function within varied pH ranges (ranges of alkaline and acidic levels) in the vagina. In addition it should not kill the natural beneficial lactobacilli that reside in the vagina and regulate vaginal health.

So what's the hold up?

Inadequate financial resources for research and development (R&D). According to the Global campaign for STD/HIV Prevention Alternatives for Women roughly \$75 million per year would be required to make the "five years to the market" scenario a reality. The Global Campaign for Microbicides (GCM) has said that "investment in microbicide R&D must expand dramatically – and quickly – if the promise of microbicides is to be realised. In the short term funding must come from the public sector – governments and philanthropic donors – because it is not in the economic self-interest of pharmaceutical companies to fill the R&D gap".

Advocacy for microbicides

Given the importance of microbicides in STI/HIV prevention, it is imperative that the necessary funding be provided with urgency. Advocacy is therefore an essential element of the process of microbicide development and several organisations are involved in activities

to accelerate product development and availability.

Organisations such as The International Partnership for Microbicides (IPM) and The Alliance for Microbicide Development have been established to accelerate discovery, development and accessibility of microbicides, identification of critical gaps in R&D and the expansion of the breadth and level of public and private sector funding, through advocacy. More importantly, women living with HIV are themselves the most vocal advocates for microbicides. They believe that a broad-acting microbicide against multiple STIs would help prevent these dangerous infections in HIV-positive women, and others may even promote healthy vaginal conditions to ward off yeast infections and vaginosis.

The Global Campaign for Microbicides believes that "the goal of developing a safe, effective microbicide depends on more than good science. It requires the commitment of policy-makers, the public and the private sector to invest the necessary resources". Advocacy must extend beyond ensuring that

a microbicide is produced. It must include research, policy work and political activism to ensure that microbicides are widely available and correctly and consistently used by individuals at risk of HIV and STIs, especially women.

Conclusion

Since microbicides will fill the undoubted need for a reliable and acceptable woman-controlled method of STI protection, it is critical that efforts be made to increase funding for, and investment in, microbicide research and development. International advocates include The International Partnership for Microbicides, The Alliance for Microbicide Development, The Global Campaign for Microbicides, and The Global Microbicide Project. Such international effort does not absolve any interested individuals and organisations from playing an advocacy role in helping to increase political will, lobbying for additional financial resources and educating the public, who are key stakeholders in HIV/STI prevention.

For further information and ideas on the part you can play you may visit the following web sites:
www.imp-microbicides.org; www.microbicide.com; www.gmp.org; www.global-campaign.org.

From the Director's Desk

Latest statistics on HIV/AIDS reveal that of the 42 million persons living worldwide with HIV, 60 per cent of them are in Commonwealth developing countries and that nine of the most seriously affected countries are member states of the Commonwealth. It is a recognised fact that women and girls are those most gravely affected. The theme for the 2004 World AIDS Campaign, which is "Women and HIV/AIDS", is therefore timely as it highlights the plight of women and draws attention to existing gender inequalities and the power relations between men and women which continue to drive the epidemic.

At the UN General Assembly High Level Meeting on HIV/AIDS held in New York in September of this year, participants heard of progress in meeting the commitments made at the United Nations General Assembly Special Session on AIDS of June 2001. There has been movement on several fronts and in relation to establishing an enabling policy environment for the implementation of the HIV/AIDS Declaration of Commitment. However, much remains to be done. HIV/AIDS/gender policies are non-existent in many Commonwealth countries and where they do exist, they have not been fully translated into effective action.

The Secretariat, in order to address gender and HIV/AIDS policy and policy implementation gaps, has in place mechanisms to assess its projects to ensure they do not perpetuate existing inequalities, but positively seek to redress imbalances. Our own recent work focuses upon helping Commonwealth governments move from policy to practice. Through its Inter-divisional AIDS Steering Committee collaboration across Divisions for HIV/AIDS activities is enhanced. The focus remains multi-sectoral action, with attention to gender equality, for prevention and care as well as impact mitigation.



The impact of HIV/AIDS on...

Agriculture

- In Swaziland AIDS-affected households' production of maize is 16 bags vs. 35 in non-affected ones.
- In Malawi, 87% of the population earns a living from agriculture and about 80% of the country's food comes from subsistence farming. Adult HIV prevalence is 16%. The impact of this on food security is further exacerbated by drought, debt and poverty.

The Economy

- Most people with HIV/AIDS are 15-45 years old – people in the prime of their working lives.
- Absenteeism, decline in productivity, recruitment, training and health care expenditure all account for losses of 6-8% or more in enterprises, and threaten viability of small scale businesses
- A recent World Bank report warns that HIV/AIDS causes far greater long-term damage to national economies than previously assumed because of the destruction to human capital and its formation.

The Education Sector

- Due to a lack of adequate funds within the family and at the national level, AIDS orphans are sometimes unable to benefit from any formal education.
- Economic hardship in AIDS-affected families may require children to leave school and find employment at an early age.
- Investment in children's education becomes a lesser priority.

Small States

- Small Island Developing States (SIDS) are identified by the United Nations as most vulnerable in the HIV/AIDS pandemic as their small populations cannot withstand the loss of human capacity.
- Caribbean small states – 20% of the Commonwealth – are grappling with the highest prevalence of HIV/AIDS of any region outside of sub-Saharan Africa.
- In 2002, the Ministry of Education in Swaziland indicated that the foremost reason for teacher loss to their education system was not due to migration or career change, but to death.

Women

- Because gender inequalities are a driving force behind the AIDS epidemic, women and girls are often unable to negotiate safe sex or refuse unwanted sex.
- Women bear the brunt of the social, economic and poverty impact of HIV/AIDS through:
- Loss of income from male breadwinners; additional health care costs; additional dependants (orphans and other family members); denial of the right to inherit property and land.

The Public Sector

- A Swaziland Pilot Survey estimates it will lose a third of its 33,000 civil service in next decade. One of its central agencies has already lost 400.
- Zambia has been losing 1,000 teachers per year and is unable to train sufficient replacements.

National Security

- In many conflict settings combatants are involved in sexual exploitation of women, regular relations with sex workers and, in some places, high levels of sexual violence against men and women with increased health risks to such countries.
- High levels of HIV/AIDS in the military can undermine its overall preparedness. (Ministries of Defence in Sub-Saharan African countries heavily affected by HIV/AIDS report infection rates of 50%-60% amongst their armed forces.)

Youth

- In Lesotho up to 51% of young women and 23% of young men are estimated to be living with HIV.
- 200,000 of the 250,000 AIDS orphans in the Caribbean live in Haiti.
- In Botswana, a 15 year old now has about an 80% chance of dying of AIDS.
- In Trinidad & Tobago, HIV rates are five times higher in girls than in boys aged 15-19.

Factors which help to reduce the spread of HIV/AIDS

Political Leadership

- Political leaders have contributed to successful prevention and care programmes implemented in Botswana, Brazil, Senegal, Thailand and Uganda. Some of these countries are already reporting reductions in infection rates.

Human Rights & Legal Issues

- Protection of human rights has been shown to bolster prevention programmes. The success of prevention campaigns depends on tackling stigma and discrimination.

- The UNGASS Declaration of Commitment on HIV/AIDS (June 001) recognises that "respect for the rights of people living with HIV/AIDS drives an effective response."
- National instruments addressing HIV/AIDS include:
- Malaysia: Code of Practice on Prevention and Management of HIV/AIDS at the Workplace, 2001
- Namibia: Namibian HIV/AIDS Charter of Rights
- South Africa: Code of Practice on Key Aspects of HIV/AIDS and Employment, December 2000

Strategic Partnerships

Commonwealth Secretariat signs MOU with UNDP Swaziland

The Commonwealth Secretariat and UNDP Swaziland have embarked on a partnership for peace and development in Swaziland through the establishment of a memorandum of understanding. The memorandum will open the way for the development of joint legal and constitutional reform, economic development, and HIV/AIDS programmes that will allow UNDP and the Commonwealth Secretariat to more comprehensively address urgent development challenges facing Swaziland.

At the core of the partnership, the Commonwealth Secretariat and UNDP will build Swaziland's institutional capacities to plan, implement and coordinate multi-sectoral strategies in order to reduce the spread of HIV/AIDS and mitigate its social and economic impacts. The emerging programme will look at all aspects of the HIV/AIDS crisis in Swaziland, including youth participation, governance and public sector responses, and care provision for persons living with HIV/AIDS.

Cameroon

The Government of Cameroon presented its agenda for wide-ranging reforms to international partners at a meeting sponsored by the Commonwealth on Friday, 31 October 2003.

The meeting, which was held under the auspices of the Commonwealth Secretariat in London, gave the Government of Cameroon a platform to seek technical and financial support from its international partners for the co-ordinated implementation of the reforms. The reforms cover election management, human rights, the rule of law, the independence of the judiciary and decentralisation.

The Commonwealth Secretary-General pleased that the Cameroonian Government has

embarked on a wide-ranging reform programme with the assistance of the Commonwealth, appealed to the international partners to support the reform process and its implementation both financially and with technical assistance.

The meeting was attended by representatives from Canada, France, Germany, Italy, South Africa, United Kingdom, United States of America, the African Development Bank Group, British Council, European Commission, La Francophonie, United Nations, Commonwealth Foundation, Commonwealth Local Government Forum, Commonwealth Magistrates' and Judges' Association, and Commonwealth Parliamentary Association.

Commonwealth Foundation support for HIV/AIDS organisations

The Commonwealth Foundation provides support to civil society organisations (CSOs) working in the field of HIV/AIDS by giving them grants to learn from each other, receive training and share experiences through courses, workshops, conferences and exchange visits. The Foundation believes that only through co-operation, mutual learning and sharing can the HIV/AIDS crisis be tackled. Below are some examples of co-operation we have supported recently.

Civil society in two parts of the Commonwealth severely affected by HIV/AIDS are pooling their mutual learning. From Kolkata, India, a four person civil society team recently went to study programmes for children and youth infected and affected by HIV/AIDS in KwaZulu Natal, South Africa. The participants came from the Child in Need Institute, which supports children abandoned on the streets, slum dwellers, children of sex workers and child labourers in West Bengal.

The response of the faith community to HIV/AIDS is important. Among organisations

recently supported by the Foundation are the Botswana Christian AIDS Intervention Programme, an inter-denominational organisation that has mobilised church communities to respond to HIV/AIDS. 'BOCAIP' provides training in home-based care and counselling at a number of HIV/AIDS centres in Botswana. They were able to pass on their considerable expertise to other church-based CSOs at a symposium of the Pan-African Christian HIV/AIDS Network held in Kenya in September 2003. They then went on to attend the International Conference on AIDS and STIs in Africa, along with another organisation which received support from the Foundation, the Zambia National AIDS Network, a body which facilitates co-operation between and develops the capacity of AIDS service organisations in Zambia.

The Southern African Network of AIDS Service Organisations has developed a programme to address the issue of stigma and discrimination in the region. The Foundation supported Southern African AIDS service organisations to plan this at a meeting in Zambia in 2003. Practical training remains vital too. A staff member from the India-Canada Collaborative HIV/AIDS Project was recently supported to attend a training Programme on the Prevention of Mother to Child Transmission of HIV/AIDS in Uganda.

Recognising that HIV/AIDS is not an issue that can be 'ghettoised', the Foundation has also supported activities where HIV/AIDS issues feature as part of a broader picture. These include a national level Youth Seminar on a Youth-Friendly Sexual and Reproductive Health Programme, held in Malaysia, and a study visit to Kolkata on preparing a specialised curriculum for educating sex workers by a civil society team from Bangladesh.

The Foundation has also given support since its inception to Para 55, the group that brings together various Pan-Commonwealth associations to work on HIV/AIDS issues.

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For details on how to apply for a grant from the Commonwealth Foundation, contact the Foundation to request a copy of its guidelines for grant-seekers, or view these on the Commonwealth Foundation's website, www.commonwealthfoundation.com

AIDS Management on the Pharmacy Agenda

In August this year over 200 pharmacists from 40 Commonwealth countries attended a symposium and workshop on the subject of the management and treatment of HIV/AIDS.

This event, held in Ocho Rios, Jamaica, was co-hosted by the Commonwealth Secretariat and the Commonwealth Pharmaceutical Association (CPA) and was a highlight of the 8th CPA Conference.

CPA was established in 1970 and since then has held major conferences in Australia, India, Trinidad & Tobago, Kenya, Zimbabwe and Canada. The overriding theme of the Ocho Rios Conference was "Partners in Development", a reflection of the Commonwealth theme for 2003, and, according to CPA President John Bell, this emphasised the collaborative role pharmacists have to play in ensuring better community health outcomes. This is especially so in the fight against AIDS, he said, where "collaboration with patients, carers and other health care workers is the key to successful HIV/AIDS management".

Speaking at one of the plenary

sessions, Dr Yitades Gebre, Senior Medical Officer of Jamaica's Ministry of Health, told delegates that factors driving the pandemic include unequal socio-economic development and high population mobility, a high level of poverty and unemployment, and widespread injectable drug use and needle sharing.

Also having an effect on AIDS prevalence are early sexual initiation and a lack of knowledge among adolescents, particularly young women, living in developing countries, and sexual behavioural factors, which can be economic, social, biological or cultural. For example, women may first have sexual intercourse or a first marriage at a young age. There is often a large age gap between spouses; in some countries it is not unusual for a 45 year old man to have a 12 year old wife.

Dr Gebre went on to describe the impact that HIV/AIDS is having. There is a demographic impact. Life expectancy is falling. Some 68 million people will have died by 2020 in 45 most affected countries. An impact on households arises in terms of family dissolution, loss of income, and poverty when one or other spouse dies. In particular the death of a mother reduces the family unit's security whereas the death of a father will reduce income.

Kingston based pharmacist Ms Dahlia McDaniel stressed the important role pharmacists have in both medication management and counselling on prevention strategies. Prevention might be achieved through public health communications

exhorting the public to abstain from sexual activity, to delay sexual debut and to use safer sex methods. A way to achieve this is to provide effective sex and AIDS education which should be introduced to schoolchildren early, before sexual activity takes place and with the involvement of parents. Mothers have a special part to play as they are most often the primary carer in the family.

Dr Joseph Amuzu, Chief Programme Officer at the Commonwealth Secretariat, talked about the need for a multi-sectoral approach to combat the disease. Such an approach requires the participation of all sectors, he said. This includes governments, non-governmental organisations, businesses, and communities and people living with the disease. It should involve all levels – international, pan-Commonwealth, national and local communities – in addressing the causes and impact of the pandemic.

A major outcome of the symposium and workshop is the preparation of a statement on the role of the pharmacist in the prevention and treatment of HIV/AIDS – The Ocho Rios Statement.

The Statement details opportunities for pharmacists at the international, national and individual level to work collaboratively and effectively; and it also lists strategies to improve health outcomes by working with governments, consumers and communities and other stakeholders.

The Ocho Rios Statement will be officially launched on World AIDS Day, 1 December 2003. From that date, it can be accessed on the CPA website at www.commonwealthpharmacy.org

Study Tour by Pacific Youth

The Commonwealth Youth Programme, South Pacific Regional Office (CYPSP) and UNICEF arranged a Study Tour to Africa and the United Kingdom for ten young Pacific HIV/AIDS activists/professionals. This took place in July 2003 and covered South Africa, Kenya and Zambia as well as the Commonwealth Secretariat in London. The African leg of the tour included visits to HIV/AIDS programme sites in company with representatives of the CYP Centre, Lusaka, Zambia.

Dr. Ayoade Olatunbosun-Alakija and Mr Jovesa Speith UNICEF HIV/AIDS & Adolescent Development Officers accompanied the group.

The purpose of the study tour was to give the students an opportunity to learn more about existing youth HIV/AIDS programmes and document lessons learned by countries worst affected by the epidemic. They were expected to develop an advocacy tool for young people in the Pacific involved with HIV/AIDS programming; and to conduct a post-study

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comparative analysis of successful programmes and develop strategies pertinent to programmes in the Pacific region. The ten students stated that they had benefited from their tour and would use the knowledge gained to increase the capacity of partner NGOs and the media to implement effective HIV/AIDS strategies, to amplify national level youth participation in HIV/AIDS programming and to incorporate effective behavioural change models into existing HIV/AIDS initiatives in the Pacific region.

We wish them every success and look forward to learning of progress with their plans.



Dr. Ayode Olatunbosun-Alakija leader of the Pacific Youth Study Tour to the Commonwealth Secretariat

Para55 Group... looking forward

The Para55 Group, which consists of over 30 Commonwealth professional associations and other relevant civil society organisations, was formed in 2000 to promote and monitor the implementation of actions called for by Commonwealth Heads of Government in paragraph 55 of their Durban Communiqué (November 1999). This states that HIV/AIDS constitutes a global emergency and that all sectors should co-operate to tackle the problem.

Following a recent in-depth review of its strategies and objectives the Para55 Group is now in the process of reshaping its work programme and refining the thrust of its activities. New arrangements will include the election of a Steering Committee to ensure that the work of the Group is better focussed.

During the coming year three meetings will be held on HIV issues that have a major effect on women and the HIV/AIDS epidemic.

The topic for the first meeting, which is scheduled to be held in late spring, will be *HIV/AIDS and Human Rights*. If a woman is unable to insist that her husband or partner use a condom when she has reason to believe that he has been engaging in sexual activities elsewhere, her human rights, most especially her right to life, are violated. In instances where women or their husbands or partners lose their jobs because they are HIV-positive their rights are again violated. A girl-child may have been denied the right to education because so many members of her family may have died from AIDS that she must stay at home to provide care for those

left behind some of whom may be ill. It may even be that she may have to decide to engage, in unsafe sex with older men in exchange for food, books or school fees. Looking at *HIV/AIDS and Human Rights* through a gender lens will be one aspect to be considered at the meeting; other possible issues will include ensuring non-discrimination under the law and ensuring the rights of persons in detention and other vulnerable groups.

The second meeting will focus on access to treatment including anti-retroviral drugs. It is already known that one of the most effective measures for the prevention of mother-to-child-transmission (PMTCT), once the mother is infected, is to give anti-retrovirals to the mother and newborn at the time of birth. A mother will have no hesitation in agreeing to such treatment to prevent her infant becoming infected, yet in most cases, the mother will not be offered further anti-retroviral treatment for the sake of her own health.

The third meeting will look at the impact of HIV/AIDS on young carers. While grandparents may be

called on to bring up grandchildren when the parents, their own children, have died, in many cases older children, usually girls, will have the responsibility of bringing up their younger brothers and sisters. This will entail finding means of feeding them and taking care of them. In addition they may have to look after adults who are ill as a result of HIV infection. In both cases a heavy burden will be placed on the children concerned – one for which they have had little or no training and one for which they may find little in the way of support.

Members of the Para55 Group recognise that their national affiliates in the most affected countries have an important role to play in working to ensure that issues related to Women and HIV/AIDS and the vulnerability of women of all ages is taken fully into account when policies and programmes are developed to address the HIV/AIDS epidemic. These three meetings therefore will seek to provide members and affiliates with information for needed action.

www.para55.org

15th Conference of Commonwealth Education Ministers, Edinburgh, Scotland

The United Kingdom were hosts to the 15th Conference of Commonwealth Education Ministers held in Scotland from October 27 – 30, 2003.

Guided by the theme of Access, Inclusion, Achievement – Closing the Gap, some forty-eight of the fifty two current members of the Commonwealth sent delegations to the four day event which was complemented by a Parallel Symposium organized by the British Council and a Youth Summit which brought together youngsters from many Commonwealth nations.

A communiqué issued by Ministers affirmed “education as a crucial means for adapting to and directing change, reducing poverty, ensuring security, improving health and well-being, enhancing economic prosperity and personal security and safety, promoting fairness, justice and peace and achieving environmental sustainability”. Ministers also acknowledged the unique value of the Commonwealth in attaining the individual and collective goals and aspirations of member countries.



Delegation from India



African choir at opening ceremony



Joint session with the Parallel Symposium



Minister of Education, Sports, HRD and Youth of St.Lucia



South African Minister of Education with his teachers

Planning Ahead for the quadrennium – July 2004 to June 2008



Commonwealth Secretariat Strategic Planning Session

The Commonwealth Secretariat is engaged in developing its new 4-year strategic plan – 2004 to 2008, and 2-year operational plan 2004-2006. The Secretariat has adopted a highly participatory approach, entailing a series of facilitated workshops which focus on the mission of the Secretariat and seek to identify member countries' critical priorities

and needs. These are then used as the basis for in-depth discussions on possible thematic areas for attention, given the Secretariat's areas of comparative advantage, its strategic external partnerships, and the improved efficiencies and effectiveness which can result from greater internal collaboration and multi-sectoral approaches.

Staff members of the Social Transformation Programmes Division have been participating in all the workshops to ensure that the human and social development aspects of the Secretariat's work are taken into account throughout the Secretariat's new 4-year strategic plan, including in the areas of peace, democracy and equality; global consensus-building

on the challenges of globalisation; sustainable development and poverty reduction; and the Secretariat's corporate management, governance and accountability systems and communications and information. In addition the core work of the three sections – education, gender and health – will be addressed in a separate session looking at human and social capital protection/development.

The output of these workshops will be used as the basis for developing the draft 4-year Strategic Plan and 2-year Operational Plan which will be submitted to the Executive Committee/Board of Governors for their consideration and approval in early 2004.

Retirement of Dr Paul: Tribute by the Director of STPD



Dr. Rosemarie Paul, Deputy Director and Head of the Health Section retires from active service with the Commonwealth Secretariat in January 2004.

It is with very mixed feelings that we bid an adieu to our very fine colleague from Trinidad and Tobago.

On the one hand, we wish her all the best in reaching those beautiful shores of her home land and its especially fine weather- something she has not been able to experience here in London! On the other hand, we are going to face a very large void in not having the ever competent and energetic presence of Rosemarie with us.

I recall when I was first informed that I was to become the Director of the Social Transformation Programmes Division, which would incorporate the former Human Resources Development Division where Rosemarie headed the Health Programme. Rosemarie was on another floor. I went to visit her, expressing my initial doubts that I could be able to handle a double amount of “everything” – staff, work plans, appraisals and budgets in the planned merger. Rosemarie just looked up at me with that matter of factness that we have grown to appreciate so much, and said “Why?

All you have to do is delegate to your deputies.... End of story”.

And she was one of those Deputies. And an awfully fine one. In fact a fabulous one. Rosemarie’s sense of competence always left us feeling very confident about any of the typical hazards that emerge at the Secretariat. Ministerial meetings were prepared well in advance. No “lastminute.com” with Rosemarie. Equally her work plans were faultless and so were those of her staff. Her strategic planning principles were lessons to us all. Her staff meetings were crisp and efficient – a lot like Rosemarie.

But Rosemarie is a lot more than efficiency and effectiveness. She is humorous, spontaneous and generous with her time and her efforts. She likes to get on with it. She has taken the Health Section to great heights. It has become a pivotal part of the Secretariat terrain and landscape – with its new and focused emphasis upon HIV/AIDS and women’s health.

But more than all of that, Rosemarie has been a good friend, a support and someone to laugh with on a daily basis. We know her government has been itching to get her back. We have been most reluctant to let her go. But we have to, and with her departure, we lose a great deal.

But she will have new challenges on the horizon in T and T. And we wish her the best on behalf of all the staff, not only in STPD but across the Secretariat.

Best to you Rosemarie.

Upcoming Events

First meeting of the Global coalition on women and AIDS

The Commonwealth Secretariat has been asked to host the first meeting of the Global Coalition on Women and AIDS on 2nd February 2004 at Marlborough House. UNAIDS is convening a high-level Steering Committee of around 20 well-known personalities in order to scale up the global response to HIV/AIDS for women and girls, whose lives in many countries have been devastated by this pandemic. The Social Transformation Programmes Division is closely involved in this initiative.

Workshop on Human Resources for Health

A workshop to develop strategies and systems to manage Human Resources for Health will be organized in Ghana for the five Commonwealth countries of West Africa. This is being planned for the end of January 2004. The Commonwealth Secretariat will be working in collaboration with the World Health Organisation. It is hoped that one of the outcomes of the workshop will be the implementation and monitoring of the Code of Practice for International Recruitment of health workers.

EnGENDERing Development and Democracy

From 3-5 December 2003, the Commonwealth Secretariat in partnership with the Commonwealth Parliamentary Association, the British Council and the Commonwealth Foundation will be hosting a workshop on “EnGENDERing Development and Democracy” in Abuja, Nigeria, in the wings of CHOGM. The workshop aims to bring together parliamentarians to share experiences on the barriers and challenges they face, to sensitise parliamentarians of their role in ensuring gender equality is articulated in public policy issues related to development and democracy, and to raise awareness of the role civil society can play in partnership with politicians in addressing policy issues and affecting change. Participants will be drawn from across the Commonwealth, Civil Society Organisations including the Commonwealth Business Women’s Network. There will be specific sessions dealing with critical issues emerging from the Commonwealth, including HIV/AIDS, economic empowerment and conflict and peace.



WORLD AIDS DAY

Monday 1st December 2003

Women and HIV/AIDS

- W**orking together to fight discrimination.
- O**rganising effective activities within your community.
- R**esponding to needs of those living with HIV/AIDS.
- L**istening to each other's thoughts and feelings about HIV/AIDS issues.
- D**elivering messages of compassion and hope to those affected by HIV/AIDS.
- A**ssertively promoting HIV and AIDS awareness and education.
- I**mplementing HIC and AIDS prevention programmes in our communities.
- D**rawing on parents and teachers to promote safer sex.
- S**trengthening the worldwide effort to stop the spread of HIV and AIDS.
- D**isseminating helpful information.
- A**ctively protecting the human rights of those living with HIV and AIDS.
- Y**ou—making a difference and increasing AIDS awareness.

**By the time you would have read this, at least
10 persons would have died of AIDS worldwide**



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