



World AIDS Day 1st December 2005:

STOP AIDS. Keep the Promise.

Message from the Commonwealth Secretary General on World AIDS Day

The World AIDS Day theme this year, "Stop AIDS. Keep the Promise", sends two strong messages to Commonwealth governments and individuals: the epidemic is far from over, and we all have a responsibility to fight this together in order to bring AIDS to an end.



Almost everywhere in the world people are affected by HIV/AIDS, but none more so than those living in the developing world. Extreme poverty has continued to breathe life into the epidemic that is crippling communities.

Commonwealth countries represent around one third of the world's population, but carry disproportionately almost two thirds of the world's HIV/AIDS burden. Globally, the nine countries most heavily burdened by HIV/AIDS are in the Commonwealth.

Four years ago, Commonwealth members along with other countries around the world committed

themselves to a time-bound set of targets to reverse the spread of HIV/AIDS. For the first time, a global crisis had a global response.

But where are the results? To date, the targets set for 2005 have not been met. By now, 3 million people living in the developing world with HIV/AIDS should have received treatment. Little progress has been made worldwide in reducing the number of new cases of HIV infection. Ninety per cent of young people should, by now, have access to the information they need to stay safe, but do not. Those with HIV/AIDS continue to suffer not only the health consequences but also a social stigma bred of ignorance, which they should not have to bear.

The Commonwealth has a responsibility to get its efforts back on target. We must renew our strategies and programmes to make them work better, especially for women and young girls. We should work harder to tackle the 'brain drain' of doctors and nurses from the developing world, which is tearing apart too many health care systems in the countries whose needs are the greatest. Above all, we want wealthy nations to honour their aid commitment of 0.7 per cent of GNP in order to provide the funding required.

The outlook is bleak. Too many people are dying of HIV/AIDS and not enough is being done about it. Our Commonwealth Youth Ambassadors for Positive Living show us that despite living with HIV/AIDS there is hope and opportunity. The Ambassadors' message to those with HIV/AIDS in Africa, the Caribbean and the Pacific is that they can lead a positive life.

We must renew our efforts to accelerate our programmes and deliver with commitment, and in doing so, reverse one of the greatest human calamities of our time. Each international organisation, government and every individual citizen must play their part in honouring our collective promise.



Ann Keeling
Director, Social Transformation
Programmes Division

Message from the Director

I am pleased that this issue of Link In is on the subject of HIV/AIDS – an important issue for Commonwealth and non Commonwealth countries alike.

I joined the Commonwealth Secretariat in February this year, a year that has seen a number of global events which should have profound results for the poorest people on the planet. These events have included the 10 year reviews of the Cairo and Beijing Global Conferences that reaffirmed the importance of sexual and reproductive health and rights, and also reaffirmed commitments to gender equality agreed by governments a decade earlier. These rights underpin efforts to halt the HIV/AIDS pandemic since the disease continues to rise fastest amongst young teenage girls, who should be sitting enthusiastic in a classroom somewhere and not forced by poverty into high risk behaviour.

I am pleased therefore that in 2005 the Commonwealth launched a new Plan of Action for Gender Equality 2005-2015, with gender and HIV/AIDS as one of its four priority areas. I am also pleased that the Social Transformation Programme Division's AIDS programme has continued to focus on the role and responsibility of men in HIV/AIDS.

Other significant events in 2005 have included the G8 Summit with agreements on debt cancellation and increased aid, particularly for Africa. The World Summit in September then included a review of the Millennium Development Goals (MDGs) which demonstrated that MDG 6, to 'Combat HIV/AIDS, malaria and other diseases' is off track in many Commonwealth countries and regions. There are some excellent examples of progress made in the Commonwealth but these form islands of hope in an otherwise depressing picture. HIV/AIDS will undoubtedly be a topic for discussion at the November Commonwealth Heads of Government Meeting (CHOGM) in Malta and we anticipate Heads of Governments to renew their commitment to fight the disease.

So 2005 has been a year of landmark meetings, pledges, and reviewing progress made against agreed targets. One 2005 target, however, has been missed by miles – the '3 by 5' target promised antiretroviral (ARV) treatment to 3 million HIV/AIDS sufferers in the developing world by the end of 2005. Tragically, less than one million people are likely to receive that treatment, leaving 5 million in Africa alone without the treatment they need. Behind these numbers are real people – husbands, wives, mothers, orphaned children – who will die or have died as a result.

Our messages for 2006 are very simple: that promises made by governments should be kept; that antiretroviral therapy (ART) programmes for the poorest, including women, are still urgently needed; and finally, that there is no cure for HIV/AIDS so prevention remains our first line of defence.

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Managing the Impact of HIV/AIDS on Human Resources in Health

Health officials from five Commonwealth West African countries met in Accra, Ghana from 16 to 18 October 2005 to discuss the impact of HIV/AIDS on human resources in health. Supported by the Commonwealth Secretariat, they successfully developed action plans to mitigate the impact of HIV/AIDS on government health workers already made vulnerable by health worker migration.



Participants at the Accra meeting on managing the impact of HIV/AIDS on health human resources

This work forms part of a wider “Human Resources for Health” programme supported by the Health Section, aimed at both mitigating the losses of health workers from the most vulnerable countries and increasing the efficiency of health personnel in place.

The meeting, titled “Managing the Impact of HIV/AIDS on Human Resources in Health”, the second in the series, was organised by the Commonwealth Secretariat’s Health Section in collaboration with the Governance and Institutional Development Division (GIDD). It was attended by HIV/AIDS specialists, planners and researchers from Cameroon, The Gambia, Ghana, Nigeria and Sierra Leone. South Africa, the United Republic of Tanzania and officials from the ILO/Geneva, UNAIDS/Ghana, WHO/Ghana and the Futures Group/USAID were represented and served as resource persons. Also present at the meeting were the Minister of State for Health of Nigeria, the Directors General of the Ministry of Health, Ghana and the Ghana AIDS Commission, the ILO Director for HIV/AIDS, representatives from the WHO and the West African Health Organisation.

The two-day meeting focused on tools, models, frameworks and systems to measure and mitigate the impact of HIV/AIDS on health workers. Participants discussed challenges in developing and implementing a short term ‘country specific action plan’ for the worst affected and most vulnerable states in the West African region.

According to Professor Agyemang Badu Akosa, President of the Commonwealth Medical Association, and Director General of the Ministry of Health, Ghana, who welcomed

participants, one of the major problems facing the health sector was its dwindling human resources. He said that in most districts in Africa one person had to double as the Medical Superintendent of a district hospital and as the District Director of Health Services responsible for the health of over 100,000 people. “Many of the health personnel are burnt out because of work overload, thereby compromising the quality of health care. The HIV/AIDS situation is compounding the attrition of health human resources.”

In her keynote address, Dr Gladys Ashitey, Deputy Minister of Health, Ghana said: “HIV/AIDS alters an organisation’s operating environment through increased absenteeism, retirements on medical grounds, frequent replacement of the dead, numerous funerals leading to increasing costs, and inability to achieve service delivery”. Dr Ashitey urged participants to address health service challenges such as strengthening human resource information systems, and to use HIV/AIDS programmes as an entry point to strengthen the health system.

At the end of the meeting, participants were unanimous in their agreement that lack of data was a major constraint to mitigating the impact of HIV/AIDS in the health sector in particular, and the public sector in general. They all agreed to take the necessary steps immediately to collect basic data on staff in the health sector.



A cross-section of resource persons and participants at the Cape Town meeting on managing the impact of HIV/AIDS on health human resources



International Institute on Gender and HIV/AIDS

Background, History, Current Initiatives and Future Plans

The Commonwealth is about promoting human rights, peace and democracy and assisting balanced and equitable development. The impact of the HIV/AIDS pandemic has virtually halted development, brought economic growth to a standstill and set development goals back many decades. This impact shows marked gender disparities.

Out of the 39.4 million people globally living with HIV/AIDS, half are female. Commonwealth women and girls are disproportionately infected and affected. Women and girls make up almost 57 per cent of all people infected with HIV in sub-Saharan Africa. Seventy-six per cent of young people aged 15–24 years living with HIV are female. Women are twice as likely as men to contract HIV. Men make the key decisions in heterosexual relationships, with implications for women's ability to exercise safety in sexual and social intercourse. Women lead in domestic work and the provision of care to the sick and the elderly, with implications for an HIV/AIDS-induced increase in the burden of care for many women. Women thus bear the brunt of the social and economic impact of HIV/AIDS.

The Social Transformation Programmes Division (STPD) addresses HIV/AIDS in the Commonwealth through policy work, advocacy, and the provision of tools and materials, best practices and technical assistance to catalyse change. All three Sections of STPD (Education, Gender and Health) have ongoing programmes on HIV/AIDS working with a range of governments, civil society organisations, academia and international partners.

Milestones in the work on gender and HIV/AIDS:

- **2002:** Gender mainstreaming in HIV/AIDS published
- **2003:** East African workshop on gender mainstreaming in HIV/AIDS
- **2004:** SADC IIGHA launched
- **2005:** follow-up in SADC
- **2005:** involvement in the Caribbean
- **2006:** South Asian intervention launched

To contribute to redressing the issues of unequal gender power relations and reducing the spread and impact of HIV/AIDS on women and girls, the Secretariat is involved in a series of activities to mainstream gender in HIV/AIDS. These activities assist countries to share

experiences and strengthen their national response to HIV/AIDS through the incorporation of gender sensitive principles into national HIV/AIDS policies and practices.

In 2004, the gender mainstreaming workshops that were conducted in the Southern African Development Community (SADC) region in partnership with Dalhousie University, Canada, and SADC partners, particularly the Human Sciences Research Council (HSRC) of South Africa, were transformed into an annual borderless and roving International Institute on Gender and HIV/AIDS (IIGHA) – a virtual institute for the promotion of gender mainstreaming in HIV/AIDS interventions. The concept moves away from the 'bricks and mortar' notion of an institute, to a mobile institute that can move to different regions and bring together different stakeholders. The inaugural IIGHA was held in Johannesburg in June 2004, and was attended by 88 participants, including senior policy makers, researchers, activists and advocates from Botswana, Lesotho, South Africa and Swaziland.

The Division's work on gender and HIV/AIDS, which is led by the Gender Section, has been driven by the outcome of the IIGHA. Follow up to the SADC IIGHA has included a roundtable at the 7th AIDS Impact Conference in Cape Town. Activities to consolidate lessons learned from the initiative and its follow-up were held at the Pan-African Conference on Gender and HIV/AIDS convened by the Social Aspects of HIV/AIDS Research Alliance (SAHARA) network in Dakar, October 2005. The Dakar meeting consolidated the Secretariat's interventions and explored ways of sustaining the outcomes from national-level follow-up work.

The lessons learnt from the SADC initiative are now being brought to the Caribbean where the Secretariat is part of a multi-agency initiative led by UNIFEM on gender mainstreaming in HIV/AIDS interventions. In the Caribbean, the emphasis is on the training of trainers from key sectors of government and civil society, and gender mainstreaming in HIV/AIDS interventions. A two-day meeting in Barbados has finalised the training manual and the pilot training of trainers workshop will take place shortly.

Skills-Building in Gender and HIV/AIDS: the Next Steps at Dakar

3rd SAHARA Conference, Dakar, Senegal, 10-14 October 2005

The Social Aspects of HIV/AIDS Research Alliance (SAHARA) is a response to the HIV/AIDS epidemic in Africa, a critical vehicle for facilitating the sharing of HIV/AIDS-related research, expertise and knowledge, and for conducting multi-site research within the African context. It has been a valued partner of the Commonwealth Secretariat's Social Transformation Programmes Division (STPD) in implementing the Inaugural International Institute of Gender and HIV/AIDS (IIGHA) in Southern Africa and facilitating a meeting on the impact of HIV/AIDS on health human resources in Cape Town, South Africa.

As a critical part of this 3rd Annual Conference, SAHARA, Dalhousie University and the Commonwealth Secretariat identified and organised a gender mainstreaming thematic workshop. The Conference brought together over 400 stakeholders interested in the social aspects of HIV/AIDS in Africa.

The overall goal of the gender mainstreaming in HIV/AIDS activity was to develop an understanding of the role of gender in the HIV/AIDS pandemic and then to build skills for effectively addressing gender in HIV/AIDS.

The sessions focused on issues of gender research and covered: gender and research ethics, design, implementation and the importance of integrating gender at all stages of the research process. The application

of analysis to existing studies added practical skills to the capacity of participants. The sessions explored some contemporary debates surrounding gender mainstreaming in HIV/AIDS policy and practice, and brought into context the development of gender-based thinking and gender mainstreaming in the recent past.

Following the theoretical exploration, experience-based presentations from East, Central, West and Southern Africa served to link the theory on current approaches to gender mainstreaming with discussions on what is actually happening regionally in sub-Saharan Africa, with a focus on policy, research and implementation.

The Commonwealth Secretariat, facilitated by Dalhousie University,

chaired a skills building and capacity building session using gender-based analysis to facilitate gender mainstreaming. The session began with an activity to get participants questioning their own assumptions about gender roles, values and expectations. This was followed by an examination of gender-based analysis with case studies and a checklist.

The Commonwealth Secretariat also facilitated a skills building session on "Men Can Make A Difference in HIV/AIDS: Men As Partners." This interactive session began with a reality check using current data on the relationship between gender and HIV/AIDS from research conducted in South Africa. It was followed by a session on "what it means to be a man", after which a presentation on masculinities and their implication for the spread and the mitigation of the impact of HIV/AIDS was discussed. The final activity helped participants to consider men's behaviour and how aggressive masculinities could be transformed into alternative positive masculinities to help stem the tide of the HIV/AIDS epidemic.

A cross-section of the conference participants





Women Sex Workers' and HIV/AIDS Prevention

Women sex workers are mainly portrayed and treated in public discourses and policies as vessels of moral hazard, vectors of disease and objects of pity. Their everyday lives are often beset by oppressive power relations and they tend to be socially excluded, as their presence might trigger moral panic in communities. Consequently, they find themselves perceived as a public health threat to be monitored. While women sex workers have been identified as active agents in HIV/AIDS prevention and are increasingly seen as partners in health interventions, their economic situation and socio-cultural realities largely shape their life conditions and determine their access to health information and services.

According to analysts, despite sex workers becoming the focus of much bio-medical and social research and health programmes since the beginning of the HIV/AIDS pandemic, the stigma associated with sex work and other barriers to self-organisation often prevent the empowerment of sex workers. However, a case study of Women Sex Workers and HIV/AIDS Prevention in India, presents a different picture. It records the experiences of women sex workers associated with Sampada Grameen Mahila Sanstha (SANGRAM), an NGO based in Sangli in the Indian state of

Maharashtra. These women, who operate out of certain areas in the two states of Maharashtra and Karnataka, have made considerable headway towards taking control of some of the social and health threats in their lives.

The women formed a collective in 1996, and called it Veshya AIDS Muqabla Parishad (VAMP) (or Women in Prostitution Confront AIDS), in an attempt to reclaim the term 'veshya' ('whore' in local parlance), by giving it a different meaning. The VAMP women's efforts to mobilise in order to speak out

about HIV/AIDS and protect themselves from infection, brought them into direct confrontation with ambiguous laws and policies and state agents who generally subscribed to societal perceptions of women as either 'madonnas' (virtuous women) or 'whores' (women without morals).

Through their actions to prevent HIV/AIDS infection and help colleagues living with HIV/AIDS to cope with their health and social problems, the VAMP women have questioned common perceptions of women sex workers, particularly the notion that women sex workers are vectors of infection and therefore should be treated as significant threats to the social fabric. They have also drawn attention to the idea of risky behaviour in HIV/AIDS infection as opposed to high-risk groups, and focused on responsibility in sexual relations. In so doing, they have shattered the culture of silence that surrounds sexual relations and HIV/AIDS in public discourses. Five thousand women sex workers from western Maharashtra and southern Karnataka are now members of the VAMP collective.

Issues for consideration in Health Interventions among Sex Workers

In general, a primary focus on sexual health ignores women sex workers' other health problems and undue emphasis on disease prevention ignores the other occupational health hazards of sex work. These include violence, psychological abuse, injuries resulting from overuse of the mouth, hands and arms, and exposure to cold for street-workers in northern countries like Canada, where women may wear scanty clothing at below-zero temperatures. Sex workers are vulnerable to violence and trauma, and despite having less power than brothel managers and clients, are still held responsible for enforcing condom use. These factors, as well as entrenched views about female sexuality, often place women sex workers at a greater risk of infection and make them vulnerable to abuse. In many countries male sexual privilege and societal double standards about male and female sexuality and behaviour, often guide health interventions among women sex workers resulting in biased targeting of women sex workers who are seen

as 'immoral' and therefore assumed to be a threat to public health and safety. Those who intervene also may not want to jeopardise the entrenched power structures in the sex worker community, in order to ensure that some headway can be made with project implementation. The notion of 'risk' and the way it is interpreted in sexual behaviour also has a bearing on the success of health interventions.

Given the dominant ideas on sex work that inform health interventions, there is a tendency to put the onus on those with the least power in the sex industry to implement safe sex practices. While the assumption made is that women sex workers are in a position to negotiate condom use, the move could also stem from the fact that state and non-state institutions find it easier to target a 'high risk group' such as sex workers than to focus attention on the 'risky behaviour' of their clients. Although outreach with clients is attempted, enforcing condom use among them would entail long term public

education and awareness campaigns.

A human rights-based approach to health interventions encourages state and non-state actors and institutions to better integrate sex workers' health with work-related issues and address the problems in sex workers' lives in a holistic manner. A rights-based approach to sex work is also advocated by sex workers who are activists and who seek to be part of the debates about their lives. Their perceptions of sex work and health status and their relation to their bodies and the tactics they employ to protect themselves from infections and abuse, provide first hand accounts of the sex industry and the women who work in it. The mobilisation and collectivisation efforts instituted by women sex workers have been documented and analysed. These studies reveal that not only does collaboration with sex workers provide insights into the sex industry but it also opens up areas for health interventions and participatory research.



A Guide to HIV/AIDS on the Commonwealth Secretariat website

HIV/AIDS has swept across the world over the past two decades, killing millions and bringing about untold suffering. Although much has been done to stem the tide of HIV/AIDS, the disease continues to kill increasing numbers of people and shows no sign of abating.

The Commonwealth is acutely aware of the devastating impact of this disease and the extent to which it is threatening populations, particularly those of small states. The Commonwealth Secretariat is especially concerned because two-thirds of the world's HIV-infected people are Commonwealth citizens.

The Commonwealth Secretariat's website (www.thecommonwealth.org) is the organisation's key resource for explaining the action that the Commonwealth is taking to combat the HIV/AIDS global epidemic. On World AIDS Day, 1 December 2005, the Commonwealth Secretary-General's World Aids Day Message will be posted on the homepage of the site.

The Secretariat has also developed a HIV/AIDS portal that brings together all the work that the Secretariat is undertaking through its departments. The portal can be accessed at www.thecommonwealth.org/hiv aids.

The areas of HIV/AIDS work covered by the portal are: **Health, Education, Gender, Youth and Government and Institutional Development.**

The Health Section of the site provides key facts about HIV/AIDS. For example, the magnitude of people living with HIV/AIDS in the world at the end of 2004 was 39.4 million, two thirds of them being Commonwealth citizens.

The Education Section explains how the Commonwealth seeks to mitigate the impact of HIV/AIDS on education systems by providing support systems for schools, teachers, pupils and their families, providing education materials on HIV/AIDS and by determining the effects of HIV/AIDS in order to help shape future policy. To quote Mr Winston Cox, Commonwealth Deputy Secretary-General: "With no cure for AIDS,

education is currently the most effective way to fight the spread of the virus".

The Governance and Institutional Development Division (GIDD) section of the HIV/AIDS portal has information about how a number of activities have been implemented that enable Commonwealth governments to better appreciate and tackle the wide-ranging human resource implications of the HIV/AIDS pandemic. Altogether there have been four pan-Commonwealth and regional workshops in Kenya, Scotland, Botswana and Belize. Information on the outcomes of these workshops is available from the site.

The Gender Section of the site explores how the Commonwealth Secretariat seeks to contribute towards raising awareness about gender and HIV/AIDS. Commonwealth Gender Ministers have noted that training in gender-sensitive measures, education and public awareness in HIV/AIDS and women's human rights are priorities. The new Commonwealth Plan for Gender Equality 2005-2015 identifies Gender and HIV/AIDS as one of its four priority areas.

On the Youth Section of the portal the Commonwealth Youth Programme's flagship HIV/AIDS intervention initiative, Youth Ambassadors for Positive Living (YAPL) is explained. The Youth Ambassadors are HIV positive young people who work with other young people to educate them about HIV/AIDS issues and to provide them with support and counselling where necessary. They talk to peer groups in schools, universities, youth clubs and other youth organisations. They also participate in media and publicity campaigns. Through their work, the Youth Ambassadors act as role models to show their communities how people with HIV/AIDS can still be active citizens

and make positive changes in their communities.

Don McKinnon, Commonwealth Secretary-General, highlighted the work of a youth ambassador in his 2004 Commonwealth World AIDS Day Message.

"Kousalya, a young HIV positive woman from India, joined the Youth Ambassadors programme because her dreams had been shattered after learning she was infected with HIV/AIDS and she didn't want that to happen to any other woman". This story is one of many personal accounts on the site from young people helping in the battle against HIV/AIDS.

The Commonwealth HIV/AIDS portal also has a list of links to key organisations working to combat HIV/AIDS. These links include: **[UNAIDS](#), [Para55](#) and [UNIFEM](#).**

Moving away from facts and figures to a more personal reflection on the battle against HIV/AIDS, the site includes a poem by Dr Eddie Mhlanga, Head of Community Obstetrics of the Department of Obstetrics and Gynaecology at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal, South Africa. The poem illustrates how men can make a difference in the fight against HIV/AIDS.

The Commonwealth Secretariat HIV/AIDS portal is the first stop for those wanting to know about the work that the Commonwealth Secretariat is mounting against HIV/AIDS. It contains a wealth of information and resources and is constantly growing.

On Commonwealth Day 2006, the site will contain many new features drawn from the work of the various Commonwealth Divisions in the last year, as well as the Secretary-General's message. So don't forget www.thecommonwealth.org/hiv aids, the Commonwealth Secretariat's online resource in the battle against HIV/AIDS.



Commonwealth Health Ministers Meeting

GENEVA 2005

The Commonwealth Health Ministers Meeting took place in Geneva, Switzerland, on 15 May 2005. Ministers discussed health priorities including strategies to halt the rise of maternal deaths. The Meeting focused on the theme “Investing in Maternal Health: Cost and Benefits”. Ministers of Health discussed three aspects of the theme – costing maternal deaths and measuring progress in improving maternal health; improving human resources for health; and the impact of HIV/AIDS on maternal health. Mr Winston Cox, Commonwealth Deputy Secretary-General, opened the

Meeting, which was addressed by Dr Lee Jong-wook, Director-General of the World Health Organisation (WHO). Also present were representatives of partner United Nations organisations and non-governmental organisations involved in health. Commonwealth Health Ministers present at the Meeting sent a message to Commonwealth Heads of Government (printed below) stressing the importance of political will, human rights, gender equality and strong health systems in the fight against maternal and child health and HIV/AIDS.

Message to Commonwealth Heads of Government

“We, the Health Ministers of the Commonwealth, recognise the rights of mothers and children to the highest attainable standard of health as set forth in internationally agreed human rights instruments including CEDAW, the Convention on the Rights of the Child, ICPD, and the Millennium Declaration. In particular, the Millennium Development Goals (MDGs) include specific commitments to reduce maternal mortality by three-quarters, and under-five mortality by two-thirds, of their 1990 levels, by the year 2015.

In some developing countries 1 in 7 pregnant women is at risk of death, and in some developed countries it is 1 in 2,800. This is one of the major public health disparities in the world. It constitutes a global tragedy that requires urgent action.

We, the Health Ministers of the Commonwealth, therefore reaffirm our commitment to safe motherhood, the sexual and reproductive health of women, child health and rights, and gender equality, in an integrated manner using the continuum of care.

We acknowledge the vulnerability and marginalisation of women and children and recognise their specific health needs, and are concerned by the widening inequalities between and within countries, since almost all who die and become disabled are poor and powerless. We therefore assert that maternal and child health is not only a health issue, it is also a political, economic and development issue.

We are convinced that continued political leadership at the highest level, combined with concerted action, will lead to reduced maternal and child mortality, as demonstrated by a number of our member countries using appropriate cost-effective interventions.

We therefore commit ourselves to addressing maternal, neonatal and child health as a public health priority. We will strengthen the capacity of our health care delivery systems to render them more responsive to those in need.

We acknowledge that maternal, neonatal and child health cannot be addressed in isolation. We recognise the need to mobilise additional resources and remove barriers in our countries so as to improve access to sexual, reproductive and neonatal health care, and HIV/AIDS prevention, counselling, treatment and care services. We further encourage the adoption of the ‘Three Ones’ Principle, namely, one national co-ordinating body, one national strategy, one monitoring and evaluation system, to address HIV and AIDS.

We further recognise that these services require adequate human resources, and note with concern the impact on health services of the international migration of health professionals. We urge developed and developing countries to work together to find appropriate mechanisms to support human resource development for health. We have begun this process with the development of the Commonwealth Code of Practice and seek support to take this further, as well as other approaches to address this issue.

We reaffirm that the MDGs can only be achieved with the full commitment and leadership of governments, and by the mobilisation of required domestic and international resources, as well as strengthened partnerships among governments, civil society organisations, the private sector and the international community.

We acknowledge the work of the Commonwealth Secretariat on maternal health issues. We request that the Secretariat strengthen its work on Human Resource Management, including support for member countries in their efforts to develop and retain appropriately skilled human resources for health.

We strongly endorse the Commonwealth Secretariat’s work on HIV/AIDS and improving maternal, neonatal and child health. We urge the Secretariat to continue its work in these areas.

Geneva, 15 May 2005



Photo gallery of the 2005 Commonwealth Health Ministers Meeting





Overview of the Commonwealth of Learning (COL) and its health programme

COL has focused on addressing the Millennium Development Goals (MDGs), in three of which health plays a major role: reduction of infant mortality, improvement of maternal health, and combating HIV/AIDS, malaria and other diseases. The MDGs are an important aspect of COL's current three year plan (2003-2006) and also cut across all open and distance learning (ODL) work areas. Visits to the World Health Organization (WHO), Geneva, in 2001 resulted in determining that COL would liaise with WHO country offices in identifying key players, mainly in-country non-governmental organisations (NGOs), who are addressing the health concerns of disadvantaged groups. Once WHO has identified the NGO, COL's role has been to work with that organisation to give it the ODL skills and technology to reach all levels of society with cost-effective, culturally and linguistically appropriate health information. These activities have aided the NGO's capacity to create its own audio and video learning content. Delivery has been in the form of radio, television and village cinema events (projector, screen, gas generator and DVDs) concerning health issues, which the NGOs have created in the form of skits and dramas. The work has served to strengthen the WHO/Ministry of Health to NGO link by having the WHO provide health information from its vast information resources on world health, to the targeted NGO. The NGO can customise this information to the language and culture of the target group, utilising the ODL skills and technology that COL has provided. These activities with COL have supported the NGOs in addressing donors with qualitative case study models, using digital images, audio and video, describing work they are undertaking within their region/country. Those NGOs with which COL has shared its expertise in ODL, now reach entire

countries and regions with quality training delivered through radio, television and village cinema events.

During the current three year plan (2003-2006), COL has worked, through the WHO Country Representatives (WRs) in The Gambia, Papua New Guinea, Sierra Leone, Solomon Islands, Sri Lanka and Swaziland, to identify mainly NGOs that have the capacity to reach all sectors of society. A description of the work is outlined below.

Health Activities in the Three Year Plan 2003-2006 for Initiative 1

Outputs

- South Africa – Valley Trust – Ongoing support on video productions concerning health issues in KwaZulu Natal. Video productions utilised in health events both locally and through national broadcaster.
- The Gambia – Nova Scotia – Gambia Association (NSGA) – Enhancement of Peer Health Education project – 40 per cent of population reached. Ongoing and reinforcement of health messages.
- Sierra Leone – Nova Scotia – Sierra Leone Programme (NSSLP) – Five videos produced for target groups. Delivered to rural areas and to truckers sensitising them to issues of AIDS.
- Swaziland – The AIDS Information and Support Centre (TASC) – Media unit implemented, training conducted and videos and audio programmes produced and aired on TV.
- Sri Lanka – Sarvodaya – Health Media Unit established with Sarvodaya. Delivery of information (water and food safety) to tsunami affected groups on the Eastern shore of the country. Health pilot defined for North of the country (delayed).



- Solomon Islands – Solomon Islands Development Trust (SIDT) – Implementation of a health activity with WHO/COL/SIDT to address HIV and malaria issues throughout Solomon Islands.
- Kiribati – Kiribati Video – Ongoing support for productions concerning health issues related to HIV/AIDS.
- Papua New Guinea – Anglicare HIV/AIDS – Planning completed for activity in 2006 budget year with WHO, Anglicare HIV/AIDS.
- East Africa – Planning underway with WHO country offices to undertake a health-based activity in 2006 in the region.



Capacity building of institutions to use ODL to deliver health-based materials – Collaboration between Commonwealth of Learning and the World Health Organization

South Africa – COL/WHO HIV Stigma Training in South Africa

In its current three-year plan COL highlighted applying ODL to health in recognition of its relevance to the MDGs. The framework for COL's activities in health has been to align COL's efforts to WHO's priorities, specifically communicable diseases with an emphasis on HIV/AIDS. COL's expertise in ODL and training has brought a valuable element to WHO by reaching greater numbers of disadvantaged groups with health-based information and training. An example of this collaboration was an activity in KwaZulu Natal Province, South Africa that addressed the issue of HIV/AIDS stigma.

WHO HQ and COL partnered with an NGO (Valley Trust) in that Province to develop its capacity to adapt and create effective training and delivery of information to groups located in rural areas. The Valley Trust is now able to create cost effective video-based information addressing a host of health issues and also effectively to reach greater populations with stigma information that traditional face-to-face training cannot.

The Gambia – Peer Health Education – Addressing Health and HIV/AIDS Stigma/Prevention Issues

COL has worked with the Nova Scotia Gambia Association (NSGA) supporting this NGO with both the technology and training to document its work in peer health education in The Gambia. The NSGA is now utilising both radio and video to train peer health educators throughout the country. With a gas generator and a data projector, video productions produced locally by the Association are taken upriver and shown in villages in the evening. People view Gambian skits and discussions concerning HIV/AIDS in a localised context. It is relevant and powerful. This also allows the NGO to do its work more effectively, which in turn attracts outside funders who utilise the NGO for activities related to HIV/AIDS and malaria prevention. The project has aided the NSGA in reaching every secondary school in the nation with training for young peer health educators. Travelling drama troupes and village cinema events have reached nearly half the population. Due to the success of the NSGA work, the Canadian International Development Agency

(CIDA) has funded the NSGA to replicate the peer health education project in Sierra Leone.

Sierra Leone – Peer Health Education

The work with the NSGA in The Gambia has resulted in a highly successful peer health education model that has reached the entire secondary school sector in the country. CIDA has funded the NSGA to implement the model throughout Sierra Leone. The project will also include training of truck drivers concerning HIV/AIDS and will utilise professional footballers as role models for young Sierra Leoneans. COL has partnered with the NSGA during the last five years in reaching all regions of the country with information concerning HIV/AIDS and infant/maternal mortality.

Swaziland – Health Media Addressing HIV/AIDS

Work with a Swaziland-based NGO, The AIDS Information and Support Centre (TASC), resulted in a dialogue between COL and WHO HQ and Dr David Okello, the WHO Representative in Swaziland. Swaziland is a priority country for



support due to its high incidence of HIV/AIDS. The first phase of the project has been completed (November 2004). TASC has delivered health information to the national television company and developed case studies for use in its training of community care workers.

Sri Lanka – Addressing Malaria Prevention

In Sri Lanka, COL worked with Dr Kan Tun, the WHO Representative to address issues concerning communicable diseases. Dr Kan Tun selected the NGO (Sarvodaya), to target regions for its training in priority health issues. COL employed its ODL expertise to aid Sarvodaya's capacity to create malaria-based information through the creation of a Health Media Unit. The information created by Sarvodaya has been delivered via radio, television and mobile units travelling with projector and generator to the villages. This model has proved to be especially effective especially in the wake of the December 2004 tsunami. Since the tsunami, Sarvodaya has liaised with the WHO to deliver safe water and food information to the affected eastern shore, including Tamil held territory.

Solomon Islands – Health Media Addressing HIV/AIDS and Malaria

COL, working in partnership with the WHO Solomon Islands Office and the Pacific Regional Office in Suva, Fiji, has centred a health-based activity with a local NGO called Solomon Islands Development Trust (SIDT). The activity will focus on health issues in the rural areas of Solomon Islands. Rates of malaria in Solomon Islands are amongst the highest in the world. The project will focus on delivering health information to isolated groups utilising village cinema (data projector, screen, gas generator, and DVD player) with video productions completed by SIDT.

Kiribati – Enhancing the work of Kiribati Video

COL has been actively working with the technical vocational education sector in the Pacific in the last five years. One of the projects centred at the Tarawa Technical Institute in North Tarawa, Kiribati, supported a small media organisation called Kiribati Video (KV), as a trainer and producer of high quality health media. COL has enhanced KV's video production facilities (December 2004) as a first phase and will look to KV

as a valuable resource for health based video productions for the Pacific region in the future.

Papua New Guinea – Addressing HIV/AIDS among Youth

This activity is presently being planned with the WHO country office in Port Moresby. The project will be implemented in late 2005.

Besides the work at the country level with WHO, COL has also been involved with internal staff training at WHO.

COL/WHO National Professional Officers (NPOs) and 3X5 Planning and Training (Completed in December 2003)

Recently, COL was asked by the WHO office in Tunis to facilitate the development of the training curriculum for National Professional Officers, adding the element of ODL to the curriculum. COL also worked with WHO Headquarters staff on input into training elements of planning for the treatment of 3 million persons living with AIDS by the year 2005 (the 3X5 effort).

Pharmacists: Keeping the Promise

On World AIDS Day 2005, the Commonwealth Pharmaceutical Association (CPA) is reaffirming the commitment of its members to play an active public health role in the fight against HIV/AIDS. The CPA's "Ocho Rios Statement on the Role of the Pharmacist in the Prevention & Management of HIV/AIDS", launched on World AIDS Day 2003, identified strategies for individual pharmacists and national associations to achieve specific goals.

At the core of the Statement is the patient/pharmacist relationship. Pharmacists play a vital role in the care and treatment of HIV/AIDS patients, and all patients, through counselling and providing advice on medicines and encouraging patient concordance with prescribed treatment regimens. As respected members of their communities, pharmacists are in the privileged position of being able to take the lead in helping to reduce community stigma and discrimination often directed towards their HIV and AIDS patients.

On World AIDS Day 2004, the CPA and the International Community of Women Living with HIV (ICW), launched their Joint Statement "Pharmacists Listen to HIV Positive Women" following discussions throughout the Commonwealth in which pharmacists listened to the needs and concerns of HIV positive people, and discussed how they could strengthen relationships with their HIV/AIDS patients.

Over the last two years the CPA has disseminated the Ocho Rios Statement, and more recently the

CPA/ICW Statement, to its member associations in 41 Commonwealth countries. The Association encourages pharmacists to gain representation on national decision-making bodies and to collaborate with academic institutions and the pharmaceutical industry to keep abreast of research and information on the most recent medicines approved for the treatment of HIV/AIDS.

As valuable members of the multi-professional healthcare team, pharmacists are contributing to the achievement of the Millennium Development Goal to halt and begin to reverse the spread of the major diseases, including HIV/AIDS.

The Commonwealth Pharmaceutical Association will continue to "keep the promise".

Both Statements referred to in this article can be accessed on the CPA website:

www.commonwealthpharmacy.org

Commonwealth Secretariat assists earthquake victims in Pakistan

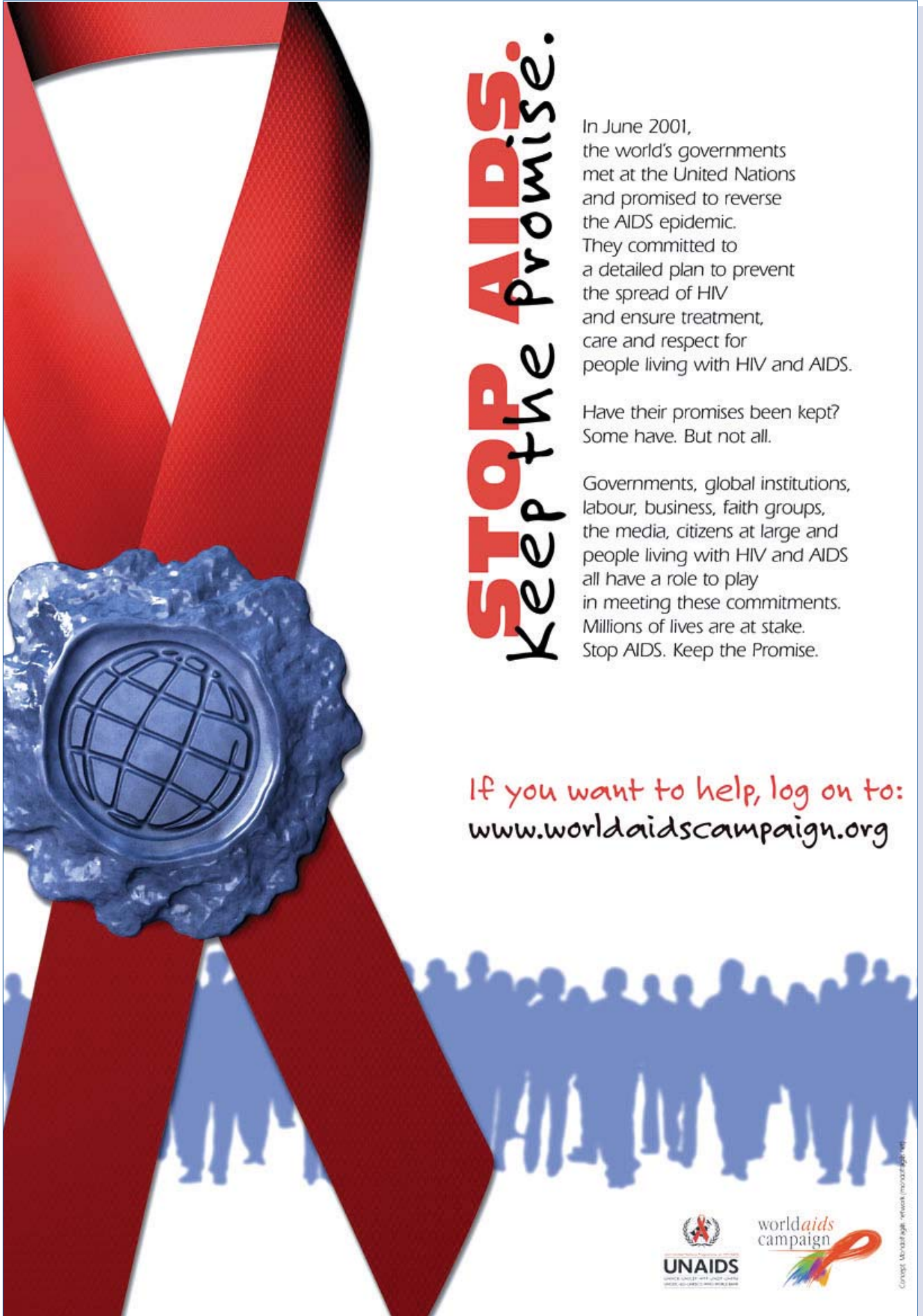
Immediately following the devastating earthquake which rocked Pakistan and India, the Commonwealth Secretariat deployed a team of medical experts to Pakistan. The advance medical team from the Secretariat and two voluntary medical doctors from Malaysia and Nigeria arrived in the country to carry out an initial assessment of the emergency medical needs as well to provide medical care for the sick and injured.

Commenting on the deployment, Secretary-General Don McKinnon said, “We are drawing on medical volunteers with wide-ranging expertise from within the

Commonwealth family to assist Pakistan cope with the emergency following the disaster. The Government of Pakistan has informed us of priority areas where it requires assistance and we will tailor our deployment to fill this need.”

The medical experts, who were deployed under the Secretariat’s Commonwealth Service Abroad Programme, are spending between one to three months working in Pakistan. They were provided with medical kits and health equipment to assist their work in areas where they are most needed.







STOP AIDS. Keep the Promise.

In June 2001, the world's governments met at the United Nations and promised to reverse the AIDS epidemic. They committed to a detailed plan to prevent the spread of HIV and ensure treatment, care and respect for people living with HIV and AIDS.

Have their promises been kept? Some have. But not all.

Governments, global institutions, labour, business, faith groups, the media, citizens at large and people living with HIV and AIDS all have a role to play in meeting these commitments. Millions of lives are at stake. Stop AIDS. Keep the Promise.

If you want to help, log on to:
www.worldaidscampaign.org



Concept: M. B. H. / Light. Network: M. B. H. / Light. Net

CAREER OVERVIEW

Name: David Plummer



The breadth of this CV reflects a deeply held belief that a broad range of skills and experience and a sound philosophical framework are fundamental to developing effective health and human services. The approach includes a fundamental interest in stigmatized health issues (eg sexual health) and disadvantaged populations (eg Indigenous Australians and Ageing). The following areas are some of the most rewarding aspects of my career:

- My early involvement with Australia's HIV/AIDS response resulted in being elected the **First National President of the Australian Federation of AIDS Organisations (AFAO)**. AFAO is Australia's peak community/non-government AIDS body. During my time as president Australians embarked on unprecedented behaviour changes which lead to a dramatic reduction in HIV transmissions. This is a milestone public health achievement, recognized around the world.
- My involvement in developing the discipline of **venereology/sexual health** including being one of the first Fellows of the Australasian College, and founding the journal 'Venereology – the International, Interdisciplinary Journal of Sexuality and Health' which I edited for over 10 years.
- My work with **Indigenous Australians** on key health issues, including being a member of the National Indigenous Australians' Sexual Health Committee, the peak Federal Government advisory body as well as serving on its NSW counterpart and developing statewide education.
- My commitment to exposing the health effects of **stigma, marginalization and social inequality**, and in particular innovative work on gender bias and racial prejudice. I have been a member of Amnesty International for many years.
- Recognition of my contributions to health sociology by being appointed as an **Editor of the Journal of Sociology** in 2005
- My work in **gender**, particularly problematizing masculinity; deconstructing taboos concerning misogyny and homophobia; and research into dominant (sometimes extreme and counterproductive) forms of masculinity.
- **Health policy, service development & management.** In 1998 I was appointed Associate Professor in Community Health, Public Health and Health Services Management at the University of New England. In 2005 I was appointed to be the **Commonwealth / UNESCO Professor in HIV/AIDS Education at the University of the West Indies**, based Trinidad and Tobago and covering 16 Caribbean countries and territories. I have had the privilege of overseeing and managing the establishment and development of a range of innovative health programs. In Australia I have had extensive national input into policy development in HIV/AIDS, STI and Indigenous health. Internationally I was team leader for planning and evaluating multimillion-dollar programs in Indonesia, Thailand and Papua New Guinea. At a community and grass roots level I have served as a founding board member and/or founding medical director in a number of community level health services and non-government health bodies.
- On 26 January 2003 I was made a **Member of the Order of Australia (AM)** 'for service to community health as a contributor to the development of policy, education programs and clinical services to combat HIV/AIDS and sexually transmitted diseases.'



Aids Doesn't Kill. Your Attitude Kills.

A poem by Nikhil Parekh



Nikhil Parekh is an Indian Poet. He has written poems and poetry books on topical issues such as anti- terrorism, world peace, the global environment, HIV/AIDS and others. He has won several major international awards and his poems have been published in several state-of-the-art, prestigious international literary magazines and journals. Internet at his websites: www.nikhilparekh.com and www.writesight.com/writers/nikhilparekh

Compassionately shaking hands with them; wont in anyway enshroud every ingredient of your blood with the most unforgivably cancerous of disease; wont in anyway annihilate you forever and ever and ever from the trajectory of this fathomless Universe,

Profusely intermingling your shadow with theirs; wont in anyway diminish you beyond the threshold of disparagingly dolorous oblivion; wont in anyway obfuscate your integrity with the clouds of tawdry salaciousness,

Tirelessly talking with them; wont in anyway make you the most delinquently inferior organism on this boundless earth; wont in anyway char your inimitably distinctive identity,

Amiably kissing them on their rubicund lips; wont in anyway evaporate every ounce of immunity from your body; wont in anyway transform you into the most treacherously cursed entity alive,

Uninhibitedly fondling their silken hair; wont in anyway jinx you with even the most infinitesimal parasite on this limitless earth; wont in anyway trounce you to your dolorously fetid grave,

Mischievously nibbling at their innocuous ears; wont in anyway numb each of your senses to even the tiniest trace of sound; wont in anyway engulf each brilliant day of yours with hopelessly asphyxiating blackness,

Jubilantly adventuring with them in the inscrutable forests; wont in anyway sap you of untamed powerhouse of effulgent energy; wont in anyway make you an impotent pinch of mud fretting for an infinite lifetime,

Profoundly staring into the whites of their impeccable eyes; wont in anyway blind you forever from every conceivable iota of pleasure and panoramic light; wont in anyway pulverize you into inanely impoverished nothingness,

Eclectically sketching their harmlessly nimble silhouette; wont in anyway vengefully deteriorate you into a pool of

insipid nothingness; wont in anyway render you as the most ignominiously slandered artist alive,

Holistically eating with them in the same bowl; wont in anyway metamorphose you into an ocean of endlessly lambasting tears; wont in anyway inundate the walls of your stomach with venomously aggrieved poison rather than the celestial fruits of the Creator Divine,

Unflinchingly entwining your fingers into theirs; wont in anyway horrendously deplete you of every ounce of your strength; wont in anyway impede you from symbiotically coalescing with the rest of eternally fructifying living kind,

Uninhibitedly drinking water from their unfinished glass; wont in anyway transform every ingredient of your Omnipotent blood into unbearably vindictive venom; wont in anyway truculently slain the royal seeds of virility from your endowed life,

Unassailably blending every breath of yours with theirs; wont in anyway defeat you the slightest in any philanthropic quest of your blessed life; wont in anyway abruptly snap the fangs of your miraculously proliferating existence,

Immortally bonding every beat of your heart with theirs; wont in anyway make you the most abhorred criminal of this globe; wont in anyway metamorphose every definition of true love into sadistically betraying hatred,

Paradoxically; whereas doing all the above things with them wont in anyway harm you the tiniest; but their not receiving the same from you would definitely make them die the most ghastliest of death;

a death which would not be a result of their suffering from HIV/AIDS, but an extinction which would be the most horrifically gruesome; a death which would be the most perpetually criminal; caused due to opprobrious disdain and neglect by you; you and only you; who was none other than their uncaring fellow human kind.



For information and contributions to **Link/n** newsletter or queries, please write to: The Editor, **Link/n** Newsletter, Health Section, Social Transformation Programmes Division, Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX, UK.

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