



PART X

Accelerating efforts to end the AIDS epidemic as a public health threat

IAVI REPORT

The Newsletter on International AIDS Vaccine Research

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Next Front in HIV Vaccines: Gearing Up for Large-Scale Clinical Trials

by Patricia Kahn and Donald Burke

On 30-31 May 2000, IAVI held a workshop in New York to discuss prospects for establishing large-scale HIV vaccine trial sites in developing countries. Participants were drawn from various government agencies and from African nations not already committed to specific vaccine projects or partnerships but potentially interested in becoming involved.

A working assumption of the

meeting was that at least several Phase III sites will be needed, so that a variety of vaccine designs can be tested against the real-life challenges they will have to meet: HIV strains that vary around the world; different routes of transmission, and populations with different genetic, nutritional and health status.

The past year has already brought more international activity into HIV vaccine trials. Thailand and the U.S.

became the first (and so far only) countries to launch Phase III trials, while Uganda hosted Africa's first HIV vaccine trial, a Phase I study of a canarypox-based vaccine. Kenya and South Africa are expected to follow suit, beginning soon with Phase I tests of the first vaccines specifically targeted to African strains of HIV. And this month, three Latin American countries will start a multi-site Phase II canarypox study.

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NIAID Announces U.S. Sites for HIV Vaccine Trials Network

by Jim Thomas

On 25 May 2000, the U.S. National Institute of Allergy and Infectious Diseases (NIAID) took another step in fleshing out the new HIV Vaccine Trials Network (HVTN) with the announcement of funding for nine U.S. sites. Further information on up to eight international sites is expected at the upcoming International AIDS Conference in Durban, South Africa.

The HVTN is the successor to the AIDS Vaccine Evaluation Group (AVEG) and the HIV Network for Prevention Trials (HIVNET). Under that arrangement, AVEG was a purely U.S. network responsible for early clinical testing of candidate HIV vaccines (Phases I and II), while HIVNET, which included sites both within and outside the U.S., was charged with Phase III trials and testing of other prevention strategies. The HVTN will now handle all three phases of HIV vaccine clinical

testing; trials of other prevention strategies have been spun off to a separate entity, the HIV Prevention Trials Network.

Another change is that HVTN investigators will now have a stronger role in developing and carrying out their own scientific program, whereas previously NIAID played a key role in setting the agenda. The HVTN will be funded at US\$29 million during its first year under a five year renewable grant.

In addition to the nine U.S. sites (which include all 6 former AVEG sites and 2 HIVNET sites), three others will carry out centralized functions. A Core Operations Center, headed by Lawrence Corey at the Fred Hutchinson Cancer Research Center in Seattle, will coordinate the network and its administration. Data management and statistical analysis will also be centered at the Hutchinson, under Steve Self, while

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African Health Ministers Discuss Strategies to Fight AIDS, Boost Vaccine Efforts

by Nicholas Gouédé

Health ministers from member states of the Organization of African Unity (OAU) met in Ouagadougou, Burkina Faso, on 7-9 May 2000, to discuss joint responses to the HIV epidemic. Many of the ministers described the impact of the epidemic and how it has now become the single biggest drain on socio-economic development in their countries.

The meeting, the first of its kind in the history of the OAU, was designed to identify approaches that allow Africa to combat the pandemic within its own means. By the time it was over, delegates had drafted and adopted a plan of action (released two weeks later) that includes a call to "develop South-South cooperation in technology transfer for health care and the fight against HIV/AIDS and [to] develop partnerships between North-South researchers to create national programs for AIDS vaccine development."

"This is a time of great opportunity," UNAIDS Executive Director Peter Piot told the ministers. "National governments and the international community are finally waking up to the impact of the epidemic, and are now deeply serious about reversing the damage of the last decade."

The meeting also provided an opportunity to lay groundwork for political support from the OAU for AIDS vaccine development in Africa. This writer, as IAVI's representative at the meeting, briefed many of the participants about the organization's activities in different parts of the world. Alain Ludovic Tou, Minister of Health from Burkina Faso welcomed IAVI's mission and expressed interest in being actively involved in IAVI work on the continent. Meetings also took place between IAVI and Amina Ndalolo, Minister of State for Health in Nigeria, as well as ministers of health from Mali, Togo, Seychelles, Benin, Tanzania, Lesotho, South Africa, and Côte d'Ivoire.

The OAU appears to be interested in playing a greater role in ensuring that AIDS vaccine development efforts progress more rapidly. Mahamat Habib Doutoum, the Assistant Secretary-General of the OAU, made clear that OAU Secretary General Salim Ahmed Salim was enthusiastic about HIV vaccine development as the best long-term hope to stop the AIDS epidemic. OAU officials reported that they would attempt to implement a comprehensive advocacy and

communication strategy in collaboration with IAVI to secure a real political commitment from the pan-African political body.

Several upcoming meetings will provide new opportunities for African health leaders to support AIDS vaccine development efforts. These include the XIII International AIDS Conference in Durban, South Africa, on 9-14 July 2000; a meeting on AIDS Vaccine Trials in Africa, organized by the National Institute for Pharmaceutical Research and Development (NIPRD), in Abuja, Nigeria, on 25-27 October 2000; and the 12th International Conference on AIDS and STDs in Africa (CISMA), scheduled for 9-13 December 2001, in Ouagadougou.

Moustapha Gueye, president of the Africa Council of AIDS Service Organizations (AfriCASO), circulated a position paper at the meeting on the role of African communities in HIV

vaccine development. He noted that "our governments must fully understand potential new developments, successes, challenges and gaps that vaccine development trials and deployment pose for Africa. Efforts must be undertaken to ensure that our communities understand the development and impact of vaccines and are mobilized and prepared to debate

emerging ethical issues during trials. Any potential vaccine must be both affordable and accessible. It is important that we do not end up with a vaccine program that only industry, science and public health understands and only affordable by northern countries."

The three-day meeting was attended by about 55 delegations from the OAU member states and representatives from UNAIDS, UNICEF, UNDP, UNFPA, as well as delegates from the World Bank, the Economic Commission for Africa (ECA), NGOs, parliamentarian and community groups. It was sponsored by UNAIDS and seven other U.N. agencies, including the African Development Bank. Burkina Faso, which hosted the meeting, is West Africa's second most severely affected country after Côte d'Ivoire. ☺

Nicholas Gouédé is a communications specialist at IAVI and represented the organization at this meeting.

Delegates adopted a plan that includes a call for North-South partnerships to create national AIDS vaccine programs.

UNDP'S ROLE IN THE RESPONSE TO HIV/AIDS



UN
DP

FAST FACTS 2003

Now two decades old, the HIV epidemic has infected nearly 70 million people since it began. Some 42 million are living with HIV and AIDS and over 25 million have died. Without decisive action, not only will we fail to achieve the Millennium Development Goal of reversing the spread of HIV/AIDS, but worse: the number of people infected is likely to double in less than a decade. International funding to confront the epidemic has begun to grow, but it will take massive, comprehensive and sustained intervention in both high and low prevalence countries to turn the tide.

The Need for a Multi-Sector Approach

The massive escalation of the HIV/AIDS epidemic will not be halted by one-dimensional interventions. The idea that public health measures alone can hold it at bay is refuted repeatedly each year as the virus continues to claim millions of new lives.

The epidemic's advance can no longer be perceived as simply a health-sector concern. In fact, HIV/AIDS is undermining economic stability in hard-hit countries, cutting labour productivity, leaving orphans and school dropouts behind as parents and teachers die and contributing to famine in regions where the disease has killed millions of farm workers. Halting the spread of HIV/AIDS is now one of the international community's eight overarching Millennium Development Goals. And world leaders now recognize that confronting the HIV/AIDS epidemic in affected countries will require a wide range of coordinated actions spanning all sectors of government and society.

Strength in Partnership

As a long-time, trusted partner of developing country governments and civil society groups, the United Nations Development Programme (UNDP) is uniquely positioned to coordinate an effective response to the epidemic and build partnerships. The organization helps place HIV/AIDS at the centre of national development dialogue and builds partnerships between gov-

ernment, civil society and the private sector to address the underlying factors that fuel the spread of the virus.

Areas of support include the formulation of National and Regional Human Development Reports focusing on HIV/AIDS, such as the ones from Burkina Faso and South Asia. By promoting a human rights framework and gender perspective, UNDP encourages professional data collection and transparent public dissemination of statistics and cost, and plays an important role in influencing policy in response to the pandemic.

UNDP is one of eight UN agencies joined in a coalition to respond to the epidemic, UNAIDS. Each agency makes a specific, complementary contribution to the overall work of the coalition. In most developing countries, the UNDP Resident Representative serves as the coordinator for all UN programmes, helping to ensure that country-level responses to the epidemic are coherent and mutually reinforcing.

The Global Fund

UNDP works in close partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, launched in 2001 under the leadership of Secretary-General Kofi Annan and chaired by the US Secretary of Health and Human Services, Tommy G. Thompson. The Global Fund is one of the key sources of financing for the world's response to the epidemic. To date, about US\$2.1 billion has been pledged to the Fund, which has

committed to disbursing up to \$1.5 billion in grants in 2003 and 2004—60 percent of it for the fight against HIV/AIDS.

UNDP's Role:

■ *Creating an Enabling Environment*

Distinct from the roles played by the other UN agencies, UNDP focuses on helping developing country governments meet the tremendous governance challenge posed by the epidemic. That involves creating the enabling environment needed to build a truly multi-sector response to HIV/AIDS. UNDP accomplishes this in three ways: leadership and capacity development; strategic planning and implementation; and advocacy and communications.

■ *Leadership and Capacity Development*

UNDP helps develop national HIV/AIDS strategies to mobilize social and political leadership across all sectors of society and promote a transformation of norms, values and practices. UNDP works with governments, civil society and the private sector to effectively utilize international financial support and address the underlying causes of the epidemic.

In **Cambodia**, for example, UNDP's Leadership Development Programme has brought together senators, government officials, civil society leaders, local community groups, Buddhist monks and journalists to identify factors that help or hinder effective implementation of the country's HIV/AIDS National Strategic Plan. The programme helps develop the capacity of key leaders from all sectors and levels of government to generate, manage, and coordinate large-scale, multi-sectoral responses.

In **Ethiopia**, UNDP is building the capacity of communities and non-governmental organizations, including faith-based organizations, to break the silence around sensitive issues related to HIV/AIDS. Beginning in 2002, UNDP has sponsored leadership development programmes for high-level government officials, civic and religious leaders, and influential journalists. The series aims to spur dialogue and encourage a shift in programme orientation from process to results.

In **India**, UNDP's country office is working with local mass media to publicize the causes and consequences of the HIV epidemic. Through policy dialogue and advocacy work with the national government and other stakeholders, UNDP has helped secure top-level political attention,

adequate resources and multi-sector mobilization for the fight against HIV/AIDS.

In **Tanzania**, UNDP assisted the establishment of a new Tanzanian Commission for HIV/AIDS devoted to mainstreaming HIV-related priorities throughout the government. UNDP helped develop a multi-sector approach to fighting the epidemic, which in turn led to a new programme focused on HIV-related priorities for local governments and universities.

■ *Strategic Planning and Implementation*

UNDP assists in the creation of national HIV/AIDS councils and comprehensive strategic plans. UNDP professionals also help governments integrate, or "mainstream," HIV/AIDS priorities into the budgets and planning of development programmes, debt relief initiatives, poverty reduction strategies and the various sector ministries, ranging from ministries of health, trade and finance to ministries of justice and of public information.

In **Botswana**, for example, UNDP helped launch a National AIDS Coordinating Agency and supported the establishment of District Multi-Sectoral AIDS Committees. UN Volunteer (UNV) specialists have been posted in each district to help with planning and coordination. UNDP is now supporting the formulation of the National Strategic HIV/AIDS Plan 2003-2008, and is helping integrate HIV priorities into the Ninth National Development Plan and Botswana's Poverty Reduction Strategy.

In **Burkina Faso**, UNDP provided technical advice and support for a four-year National Strategic Plan to confront the epidemic and then helped organize a forum where donors pledged \$94 million to finance the plan. UNDP is now focusing on strengthening the National HIV/AIDS Commission (launched with UNDP assistance in 2001), while building managerial capacity among line ministries, district authorities and civil society organizations.

■ *Advocacy and Communication Campaigns*

UNDP helps design communications strategies on issues ranging from the gender relations that can make women and girls vulnerable to infection to the reallocation of public funding for AIDS prevention. Supporting leadership roles for women and for people living with HIV/AIDS, UNDP seeks to spread the values and concepts that can aid an effective response to the epidemic. UNDP also launches initiatives to fight stigma and discrimination

and advocates for legislation to protect the rights of people living with HIV/AIDS.

In **Haiti**, two individuals living with HIV/AIDS have been recruited by UNDP as UNV specialists to undertake an innovative public education campaign: they are the first "public" citizens in Haiti to speak out for the rights of people living with HIV and AIDS and their efforts are helping roll back stigma and discrimination. Meanwhile, UNDP and the Fondation Sogebank, a private Haitian organization, are co-managing a \$67 million prevention and treatment programme financed by the Global Fund. The programme, which has allocated \$25 million for the initiative's first two years, includes 17 projects to be carried out by community groups and other partners.

In **Ukraine**, UNDP helped develop a Leadership Development Media Strategy that enrolls key personalities such as sports stars and singers, as well as people living with HIV/AIDS. The strategy has helped generate a nurturing and empowering environment which, in turn, has led to breakthroughs in the depth and breadth of response at both the national and community level. UNDP has also partnered with media producers to generate public dialogue on issues related to gender, stigma and discrimination.

In the **Middle East and North Africa**, UNDP has joined with 17 countries in an initiative to break the silence surrounding the epidemic. Participants from each country attended recent workshops organized by UNDP in

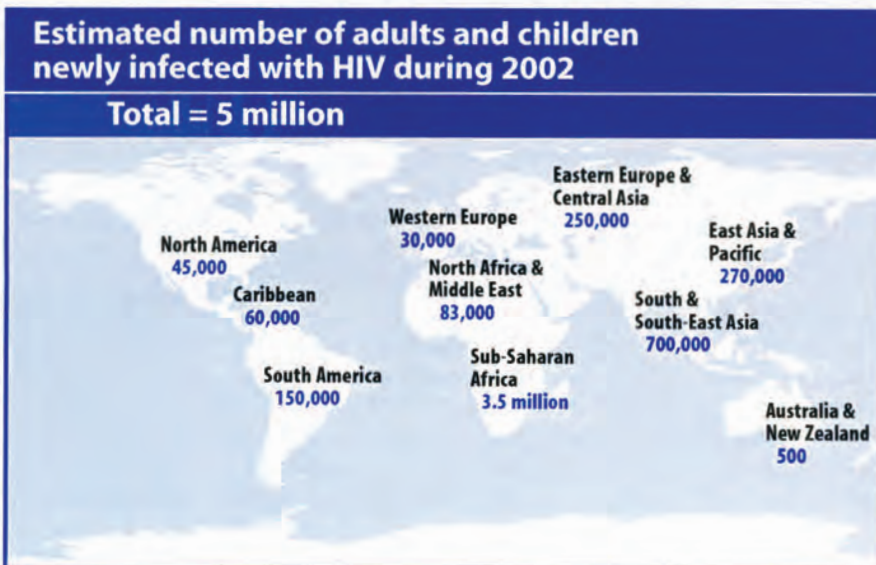
Tunisia and **Yemen**. The workshops brought together UNDP policy advisers, HIV/AIDS experts, civic groups, UNAIDS officials, national HIV/AIDS programme managers and people living with HIV/AIDS. Further outreach initiatives are planned to engage opinion leaders, media and entertainment personalities and leading journalists.

Worst Affected Countries

An estimated five million people were infected with HIV in 2002, including 3.5 million in sub-Saharan Africa alone.

In addition, countries of Eastern Europe and the Commonwealth of Independent States are facing the world's fastest-growing HIV/AIDS epidemic. Estimates of the actual number of HIV infections vary from 1.2 to 3 million people. Up to 90 percent of infections have been attributed to intravenous drug use. UNDP supports a number of flagship initiatives to counteract the spread of HIV/AIDS in this region. UNDP advocates policy change and supports community projects that, once scaled up by governments, can begin to reverse the spread of the epidemic. A major feature of UNDP's work is to enable the exchange of knowledge and lessons learned among various countries

UNDP is launching an accelerated response to the epidemic in worst-affected countries, where health and social infrastructures have deteriorated. UNDP is also working to set up rapid-response logistical support systems that engage all stakeholders and UN agencies.



What Lies Ahead

Reversing the HIV/AIDS epidemic will require a massive reallocation of resources and unwavering commitment to results. In many countries, it will demand a new, more comprehensive approach that addresses the epidemic on multiple fronts, engaging the energies and resources of many institutions and actors that so far have not recognized the need for their full involvement. A trusted organization that can mobilize stakeholders and help countries develop capacity for action, UNDP is well placed to help turn past failure into success. ■



For more information on UNDP and the fight against HIV/AIDS, visit www.undp.org/hiv or contact:

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01 October 2002

U.N. Development Agency Targets Arab States for HIV/AIDS Education, September 27, 2002

(Goal is to broaden awareness, reduce stigma)

The U.N. Development Program (UNDP) is holding a training session on HIV/AIDS September 29 to October 1 to raise awareness about the disease in the Arab states.

The Joint United Nations Program on AIDS (UNAIDS), another participant in the session, estimates that 440,000 people in Arab countries are living with HIV/AIDS.

The session is being held in Sana'a, Yemen, which is considered to be one of the most seriously affected states, along with Djibouti, Somalia, and Sudan, according to a UNDP press release.

The session is intended to create a new approach to address the HIV/AIDS issue. While most of the Arab states do have HIV/AIDS programs in their health care systems, the problem has not been addressed with a broader perspective encompassing business, education and other social sectors. Given the recognition that the spread of the disease can become a major threat to development, UNDP advocates a broad approach to achieve containment of the disease.

Following is the text of the UNDP news release:
(begin text)

U.N. DEVELOPMENT PROGRAMME

UNDP launches brave new initiative in response to HIV/AIDS in the Arab region

New York, 27 September 2002: The United Nations Development Program (UNDP) takes an important first step towards breaking the silence on HIV/AIDS through the launch of its first ever regional project on HIV/AIDS in a three-day workshop in Yemen.

Bringing together a selected group of UNDP Policy Advisors, HIV/AIDS experts, UNAIDS officials, National AIDS Program Managers and people living with HIV/AIDS, the workshop's goals are loud and clear: To bring HIV/AIDS issues to the fore and pave the way to an expanded response.

All Arab countries have reported increases in HIV/AIDS prevalence rates over the past two years, and the number of infections continues to rise steadily. UNAIDS estimates that 80,000 people became newly infected in 2001, bringing the total number of people living with HIV/AIDS in the region to 440,000.

"While the Arab States is generally regarded as a low-prevalence region, this is no reason for complacency. The region must ensure that an appropriate level of response to the HIV/AIDS epidemic is in place," said Zahir Jamal, Chief, Regional Programs Division, Regional Bureau for Arab States at UNDP.

The workshop will take place in Sana'a, Yemen from 29 September to 1 October. The choice of Yemen as the venue for the workshop is no coincidence as the program plans to pay particular attention to the HIV/AIDS concerns of the least developed countries in the region and those most affected by the epidemic, namely Djibouti, Somalia, Sudan and Yemen.

The three-day workshop provides participants with an opportunity to learn from colleagues in the Arab region as well as from other regions. Through practical engagement, and exchanging tips on effective leadership in the fight against HIV/AIDS, participants will utilize tried and tested approaches that UNDP has applied successfully in other regions of the world.

http://www.usembassy.it/viewer/article.asp?article=/file2002_10/alia/A2100113.htm

02/03/2012

In spite of the fact that most countries in the region have national HIV/AIDS programs, breaking the silence, mobilizing leadership at all levels and overcoming stigma and denial remain key issues. Furthermore, several national HIV/AIDS programs are still based within the framework of medical and health sector approaches. It has, however, been globally recognized that HIV/AIDS is the world's most serious development challenge. UNDP recognizes that a successful response to the HIV/AIDS epidemic requires the formulation of powerful national AIDS plans that are truly multi-sectoral, results-oriented, and coordinated at the highest level of government.

Moving forward, the objective therefore of the Arab States Regional HIV/AIDS Program is to create heightened awareness and build commitment and leadership in the fight against HIV/AIDS. The Program aims to implement a series of high-priority, catalytic regional interventions that will pave the way for country level follow-up. A crucial feature of this Program is a comprehensive response towards "Breaking the Silence" and increasing the visibility of the HIV/AIDS epidemic while decreasing the stigma and discrimination associated with it.

For further information, please contact Walid Badawi, tel: 967-1-415-506 in Yemen, Nadine Shamounki, UNDP Communications Officer, tel: 212-906-5171 or Nicholas Gouede, UNDP Press Officer, tel: 212-906-6801 in New York.

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners.

(end text)

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AIDS orphans in sub-Saharan Africa: a looming threat to future generations



While the tragedy of the HIV/AIDS epidemic has been drawing increased media attention, one the most troubling aspects of it – the long-term impact on African societies of some 11 million AIDS orphans in sub-Saharan Africa – has been featured less often.

There are more than 34 million orphans in the region today and some 11 million of them are orphaned by AIDS. Eight out of every 10 children in the world whose parents have died of AIDS live in sub-Saharan Africa. During the last decade, the proportion of children who are orphaned as a result of AIDS rose from 3.5% to 32% and will continue to increase exponentially as the disease spreads unchecked. As a result, the disease is in effect making orphans of a whole generation of children, jeopardizing their health, their rights, their well-being and sometimes their very

survival, not to mention the overall development prospects of their countries.

The AIDS epidemic contributes to deepening poverty in many communities, since the burden of caring for the vast majority of orphans falls on already overstretched extended families; women or grandparents with the most meagre resources. Such households are expected to earn 31% less than other households. Without a real safety net, street life is the recourse for many orphans, who often suffer from poor health, trauma and psychological distress, making them more vulnerable to abuse and exploitation.

The overall situation has reached alarming proportions also because women have moved from the periphery to the epicentre of the HIV/AIDS epidemic in sub-Saharan Africa. Averaging over 55% of all people living with HIV/AIDS, girls and women are disproportionately affected. Meanwhile, constraints on their access to education and treatment, coupled with their inability to find paid employment, are causing rural households often headed by women to slide further into poverty.

With AIDS-ravaged economies starting to crumble, urgent national strategies are needed to strengthen governmental, community and family capacities and to redouble international cooperation to reverse the tide of this global calamity. "We're all struggling to find a viable response, and there are, of course, some superb projects and initiatives in all countries but we can't seem to take them to scale," says Stephen Lewis, the UN Secretary-General's Special Envoy for HIV/AIDS in Africa. "In the mean time, millions of children live traumatized, unstable lives, robbed not just of their parents, but of their childhoods and futures."

What is often overlooked is the ripple effect the epidemic will have on future governance, social structures and growth of the worst hit countries in sub-Saharan Africa. Dramatically high mortality rates will result in the depletion of much of the labour force, both in urban and rural areas, with the losses having a profound impact on the very foundations of economies and state administration. Undoubtedly, sub-Saharan Africa is not alone in facing this challenge – several countries in Asia are beginning to feel the early impact of the "lost generation" of children orphaned and made vulnerable by AIDS. With the toll

<http://www.un.org/events/tenstories/06/story.asp?storyID=400>

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of AIDS orphans threatening to reach 25 million by the year 2010, this problem should remain at the centre of attention of all concerned – governments, the public and the media -- to stem the spread of this scourge.

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Africa: Benin Gets Mosquito Nets to Protect Pregnant Women And Children From Malaria

PRESS RELEASE

New York — Benin is moving to protect pregnant women and small children from malaria with insecticide-treated bed nets with funds from the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis distributed by UNDP.

The initiative will help Benin's progress towards achieving Goal 6 of the Millennium Development Goals, which calls for reversing the spread of HIV/AIDS, malaria and other major diseases.

UNDP is providing the Ministry of Health with 240,000 bed nets and 3,000 litres of insecticide to treat them, a \$632,000 initiative supported by the Global Fund. The announcement came at a ceremony last week marking Africa Malaria Day in Cotonou, the capital, on 26 April.

Malaria is a major killer, claiming at least one million lives each year worldwide. About 90 per cent of the deaths are in sub-Saharan Africa, most of them children under the age of five. Hundreds of millions of people are infected with malaria, which is transmitted by mosquitoes, mainly in poor rural areas in developing countries.

Benin's Minister of Public Health Yvette Céline Seignou Kandissounou said that the bed nets will strengthen the Ministry's efforts to combat malaria. "This support will help get many children under five and pregnant women sleeping under treated bed nets by the end of next year," she said. The target is to have 60 per cent of these vulnerable groups protected by then.

The Minister thanked the Global Fund for its support in helping the Government tackle this health challenge, noting that only 4 per cent of children under five and pregnant women were protected by bed nets three years ago. She observed that 44 African heads of state and government pledged in 2000 to reduce malaria's toll.

The new support, she said, will also help to re-treat the bed nets, which lose their effectiveness as the insecticide wears off. While 84 re-treatment centres were set up around the country in the past eight years, many are not able to treat nets due to a lack of insecticide.

Ms. Kandissounou announced plans to provide treated bed nets, at a subsidized price, as a part of pre-natal consultations. She said the Ministry aimed to include bed nets and insecticides used for treatment on its purchasing list of essential medications, a step that will help promote wider distribution and improve service at health clinics. She also said that it is vital to reduce or eliminate import duties on bed nets.

The prevalence of malaria in Benin is high with 114 cases per 1,000 inhabitants, according to last year's national Millennium Development Goals report, noted Moustapha Soumaré, UN Resident Coordinator and UNDP Resident Representative.

The onset of the rainy season, which provides ideal breeding conditions for malaria-carrying mosquitoes, adds to the risks and makes the bed net initiative all the more timely, he said. He noted that the Government had designated UNDP as the recipient of the resources from the Global Fund and said that his office would make every effort to merit that trust.

For further information please contact Gisèle Adissoda, UNDP Benin, or Nicholas Gouede, UNDP Communications Office.

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Burkina Faso: Country Gets \$26m for Action Against HIV/Aids And Malaria

New York — The Global Fund for the Fight Against AIDS, Tuberculosis and Malaria is giving US\$26 million to ramp up efforts against HIV/AIDS and malaria in Burkina Faso, one of the west African countries most seriously affected by HIV/AIDS.

The UNDP Burkina Faso office will be the channel for the money, beginning with \$14 million for the first two-year phase. Health Minister Alain Bedouna Yoda, UNDP Resident Representative Christian Lemaire, Global Fund representative Tina Draser and members of civil society groups joined in the recent signing ceremony for the grant in Ouagadougou, the capital.

Surveys indicate that 6.5 per cent of those 15 to 49 years old are living with HIV/AIDS, according to UNAIDS. Young women 15 to 24 are particularly vulnerable, with an estimated 8 to 12 per cent living with the virus, and more than half of commercial sex workers are infected.

Burkina Faso, one of the world's poorest countries, with an average income of \$215 a year, lacks resources to scale up action against HIV/AIDS. The funds will go towards improvements in medical treatment, including anti-retroviral drugs, strengthening community organizations that provide medical treatment and psychological, emotional and moral support for patients living with HIV/AIDS, and expansion of the national programme to prevent mother-to-child transmission.

In the case of malaria, the death rate among children under five is 1,444 per 100,000, one of the highest in Africa. The funds will help improve medical care, supply medical districts with anti-malaria drugs, and train health professionals in handling difficult cases.

The broader aim is to improve prevention through wider distribution of insecticide-treated bed nets to protect against mosquitoes carrying the disease and reduce deaths of children under five hospitalized with severe malaria. The funds will also go towards home care for pregnant women with uncomplicated malaria.

Mr. Lemaire paid tribute to the Government and members of the country coordinating mechanism for the Global Fund grant for their trust and gave assurances that UNDP would facilitate the use of the funds for the intended beneficiaries.

The additional assistance will help Burkina Faso step up progress towards Millennium Development Goal Six, which calls on countries to halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases by 2015.

For further information please contact Theophane Kinda, UNDP Burkina Faso, or Nicholas Gouede, UNDP Communications Office.

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Congo: Students from the two Congos alert each other against HIV/AIDS

Original published date: 13 Sep 2002

Country: Congo, Democratic Republic of the Congo

Content format: News and Press Release

Language: English

Source: UN Development Programme

Young people in both the Congos are alerting one another about the deadly risks of HIV/AIDS and how to prevent infection in an initiative supported by international and private sector partners.

Nearly 250 students and teachers in the Republic of the Congo and from the neighbouring Democratic Republic of the Congo gathered recently at a conference in Brazzaville to expand the project.

First Lady Antoinette Sassou Nguesso told the participants that awareness and prevention are inextricably tied to an effective response to HIV/AIDS. "One without the other will not work, while together there is synergy," she pointed out.

Impetus for the project originally came from Brenda Bowman, wife of the US ambassador. UNDP, the Congo Government, the US Mission, and two companies, Chevron Texaco and CMS Nomeco, are providing support. The goal is to reach all students by next year with messages from peers about responsible behaviour for preventing HIV/AIDS.

According to the National Programme for the Campaign Against HIV/AIDS, 12 per cent of people ages 15 to 49 in Brazzaville are infected with the virus, while the rate in Pointe Noire, the country's main port on the Atlantic, is 20 per cent. The group most vulnerable to new infection with the virus is young people ages 15 to 25 years.

The project is using two strategies. One is participatory education, which includes training sessions for students and teachers together, and the other is peer education, carried out through Family Life Clubs for students. Since its launch last year, the project has trained 1,939 teachers and 3,099 students in 64 of the clubs.

"A new perspective on HIV/AIDS took hold among students during the meeting," said Jacques Bandelier, UNDP Deputy Resident Representative. To make concrete progress against the epidemic, he urged them to be models for responsible behaviour for their peers.

"UNDP has added an anti-HIV/AIDS component to all our projects in the Congo, for example, a training programme for managers of women's funds includes information on family planning and HIV/AIDS," he noted.

Click here for information on UNDP action against HIV/AIDS. For further information, please contact Guili Tsoumou, guili.tsoumou@undp.org, UNDP Republic of the Congo, or Nicholas Gouede, nicholas.gouede@undp.org, UNDP Communications Office.

13 Sep 2002

Cote d'Ivoire: Côte d'Ivoire Steps Up Anti-TB Campaign With New Global Fund Grant

New York — Côte d'Ivoire is stepping up its programme against tuberculosis with help from a US\$2.9 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNDP is the principal grant recipient and will manage the funds.

The money will go towards strengthening tuberculosis screening and improving patient care in 45 districts, increasing public awareness and community involvement in the National Programme to Fight Tuberculosis, and reinforcing its administration at all levels.

Civil conflict during the past two years disrupted the country's health services and economy, adding obstacles to efforts to counter the disease even as recovery begins.

Tuberculosis claims about two million lives worldwide each year, and it forms a lethal combination with HIV/AIDS, each speeding the other's progress.

TB is a leading killer of people living with HIV/AIDS. Public Health Minister Mabri Toikeuse emphasized that the grant will "provide relief and give hope." He noted that the fight against TB and HIV/AIDS are closely linked, and underlined the need for development partners to work together to "optimize" their efforts. Mr. Toikeuse is also president of the Global Fund Country Coordinating Mechanism.

The national tuberculosis programme is a part of wider efforts to reduce poverty, noted UNDP Deputy Resident Representative Claudio Caldarone, and it should be able to prevent a rebound of the disease as the country recovers from conflict.

A key aim is to extend the World Health Organization's DOTS (Directly Observed Therapy Short-course) anti-TB strategy to the 45 target districts. DOTS encompasses five elements: political commitment, health centres equipped to provide accurate diagnoses, an adequate supply of anti-tuberculosis drugs, short-course treatment directly observed by health workers, and systematic monitoring of every patient treated.

The tuberculosis funds follow a September 2003 Global Fund grant of \$18 million to strengthen the national HIV/AIDS programme. So far, the programme has set up a project management unit and adopted a treatment scheme that conforms to national policy on access to health care and the latest recommendations of the World Health Organization. It also prepared guidelines for small projects by civil society organizations and community groups and a training plan.

"Our partnership with the Global Fund strengthens UNDP's significant role in supporting the social aspects of sustainable human development in Côte d'Ivoire," said Abdoulaye Mar Dieye, UN Resident Coordinator and UNDP Resident Representative. "UNDP promotes integrated development at the community level to help achieve the Millennium Development Goals, focusing on HIV/AIDS, education -- particularly for girls -- and urban safety."

For further information please contact Marie Josiane Ogou , UNDP Côte d'Ivoire, or Nicholas Gouede , UNDP Communications Office.

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Congo-Brazzaville: Business leaders grapple with HIV/AIDS

PRESS RELEASE

Brazzaville — Business leaders in the Republic of the Congo are learning about HIV/AIDS, particularly the rights of workers living with the disease.

In partnership with UNICONGO, the national business association, and under the patronage of First Lady Antoinette Sassou Nguesso, UNDP recently organized HIV/AIDS awareness workshops for such leaders in the country's two major cities -- Brazzaville, the capital, and Pointe Noire.

Ms. Sassou called the workshops a major step in raising awareness about the disease and said that the workplace is "one of the ideal places for campaigning against HIV/AIDS."

More than 100 chief executives and heads of human resources and company medical services participated in the workshops. They discussed the impact of the epidemic on business, arrangements for people living with HIV/AIDS, human rights and ethical issues relating to HIV/AIDS in the workplace and practical steps for implementing HIV/AIDS programmes.

Participants urged parliamentarians to integrate HIV/AIDS awareness and prevention activities into plans and budgets in all sectors and to ensure protection of the rights of people living with HIV/AIDS and those affected by the disease.

To follow up, UNDP is supporting a project on HIV/AIDS in the workplace, and focal points from participating companies will set up a network to support the initiative.

More than 7 per cent of adults ages 15 to 49 are living with the deadly disease, according to the Joint UN Programme on HIV/AIDS, and more than 50,000 children have lost one or both parents to the epidemic. In Pointe Noire, the economic capital, the prevalence rate increased from 10 per cent in 1996 to 14 per cent in 2000.

"Parliament has a role to play in the campaign against this scourge," said Jacques Bandelier, interim UNDP Resident Representative.

As representatives of the people, parliamentarians should support and join in steps to promote HIV/AIDS information and awareness, he said, and they need to enact laws to protect the rights of people living with HIV/AIDS and those affected by the disease.

Parliamentarians adopted a declaration on 1 December, World AIDS Day, making a commitment to support a comprehensive campaign against the epidemic.

For further information please contact Guilli Tsoumou, UNDP Republic of the Congo, or Nicholas Gouede, UNDP Communications Office.

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United Nations Development Programme

Communications Office

PRESS RELEASE

HIV/AIDS CRISIS DRIVES DOWN LIFE EXPECTANCY, HUMAN DEVELOPMENT RANKINGS IN SUB-SAHARAN AFRICA

Bangkok, 14 July 2004—The AIDS crisis has cut life expectancy in many African countries to less than 40 years, making it the biggest factor in the dramatic decline of overall human development indicators in the continent, according to this year's Human Development Index, to be released worldwide tomorrow.

The grim statistics on declining human development trends in much of sub-Saharan Africa were disclosed at a panel discussion here today at the XV International Conference on AIDS. Sub-Saharan Africa is home to just over ten percent of the world's population – and to almost two-thirds of all people living with HIV. In 2003, an estimated three million people became newly infected, and 2.2 million died. UNDP's 2004 Human Development Index shows that 13 sub-Saharan Africa countries have suffered dramatic reversals in human development since 1990, a decline largely attributable to the AIDS pandemic. In seven of these countries, the rising prevalence of HIV/AIDS since 1990 has driven life expectancy down below 40 years.

Life expectancy and HIV/AIDS rates in selected sub-Saharan African countries

Country (HDI rank)*	1990	2002**	HIV prevalence (% ages 15 to 49) ***
Central African Republic (169)	47.2	39.8	13.5 %
Lesotho (145)	53.6	36.3	28.9 %
Mozambique (171)	43.1	38.5	12.2 %
Swaziland (137)	55.3	35.7	38.8 %
Malawi (165)	45.7	37.8	14.2 %
Zambia (164)	47.4	32.7	16.5 %
Zimbabwe (147)	56.6	33.9	24.6 %

*Human Development Index 2004 (175 countries, plus Hong Kong and the Occupied Palestinian Territories)

**Latest available verified data, incorporated in 2004 Human Development Index.

***Source UN AIDS, 2004

“In all these countries, AIDS is reversing the hard-won development gains of recent decades,” said Elizabeth Lwanga, deputy director of the United Nations Development Programme’s Regional Bureau for Africa. “We need an unprecedented and holistic response to this crisis, which is taking a devastating toll on our communities, and on the capacity of our public institutions.”

In Swaziland and Lesotho, AIDS prevalence rates now exceed 30 percent for the population between 15 and 49 years, the most affected group. In Botswana, infection rates for the same age group have climbed to 37 percent. Zimbabwe’s prevalence rate in that key population sector is 24.6 percent. In Zambia, the rate is 16.5 percent.

Some countries in the region are also struggling with crisis or post-crisis situations, another debilitating obstacle to development.

The five countries with the lowest levels of human development in this year’s global rankings are: Guinea-Bissau, Burundi, Mali, Burkina Faso, Niger, and Sierra Leone.

Sierra Leone, still recovering from a devastating civil war, has been ranked at the bottom of the global Human Development Index for seven straight years.

The Human Development Index has been an integral part of the annual Human Development Report since the report’s first edition in 1990. The Index covers 175 countries, plus Hong Kong and the Occupied Palestinian Territories. The Index focuses on several measurable dimensions of human development – including life expectancy, infant mortality, school enrolment, and literacy, as well as income - which together present a fuller view of a country’s development than do purely economic data alone.

The 2004 Human Development Index, along with additional press materials and the complete text of the 2004 Human Development Report, can be accessed by journalists at: <http://hdr.undp.org/presskit/>

For further information, please contact:

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United Nations Development Programme (New York) »

11 MARCH 2003

Senegal: From Arts to Civil Service, Leaders in Senegal Mobilize Against HIV/Aids

New York — Leaders in Senegal - from government and business to the arts and media - are embarking on initiatives against HIV/AIDS to reinforce the country's success in limiting the spread of the deadly disease.

These activities began to take shape at a workshop earlier this year in which eight ministers learned the need for emotional intelligence - traits such as empathy, motivation, persistence, warmth and social skills - vital for effective interpersonal relations and leadership in dealing with the epidemic. UNDP organized the event in partnership with the Ministry of Health and the National Council for the Campaign against HIV/AIDS.

Subsequent events brought together 120 high-level representatives from 14 ministries, civil society, the private sector, and the arts and media. "If Senegal is cited as an example in containing HIV/AIDS, it is still possible to do better if everyone tries and every sector is fully committed," Health Minister Eva-Marie Coll Seck told the group.

During three sessions in June, July and September participants learned techniques for effective leadership and organizational change, based on emotional intelligence.

UNDP and the UN family are committed to providing technical and financial resources, in addition to support by other partners and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to help Senegal attain the objective in its national plan for 2002-2006 of maintaining gains against the epidemic, Ahmed Rhazaoui, UNDP Resident Representative and UN Resident Coordinator, told the group.

The aim is to keep the infection rate for adults below 3 per cent, improve the quality of life for people living with the virus, reduce the socio-economic impact of the epidemic and make anti-retroviral treatment and medication against opportunistic infections available.

Dr. Moustapha Gueye, UNDP Senior Policy Advisor, and Dr. Ibra Ndoeye, Executive Secretary of the National Council, noted that though the prevalence rate is low, Senegal is at a crossroads and faces great challenges in mobilizing every level of society and all sectors of government against the epidemic.

Between the sessions, participants developed practical initiatives drawing on lessons learned. Three journalists, for example, have launched "Pens for Life against HIV/AIDS" to mobilize a dozen leading writers to support the campaign against the epidemic.

Participating artists are seeking a breakthrough in community HIV/AIDS awareness programmes based on the arts through an initiative next year.

The Ministry of Tourism plans to mobilize 19 tourism organizations to carry out awareness-raising activities for their members.

The Ministry of Civil Service is organizing a campaign against stigmatization of people living with HIV/AIDS by putting in place a legal framework of protection. Private sector leaders are planning to set up committees in their enterprises over the next two years to support the campaign against the disease.

Leadership training enables those in top positions in every sector to better understand, listen and mobilize to achieve effective and lasting results at the local, regional and national level and thus progress towards Millennium Development Goal 6 - halting and then reversing the spread of the epidemic by 2015.

For further information please contact Katy Sarr, UNDP Senegal, or Nicholas Gouede, UNDP Communications Office.

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Togo: Vulnerable Women And Girls Get Help Against HIV/Aids

PRESS RELEASE

New York — UNDP and the Government of Togo are helping poor and illiterate women and girls - the group most vulnerable to the HIV/AIDS epidemic -- learn how to avoid infection and improve access to care for those infected.

Surveys confirm the heightened vulnerability of girls: the infection rate among boys age 15 to 19 is eight per cent, while the rate for girls is 30 per cent. The rate of infection among adults in Togo more than tripled between 1997 and 2001, rising from two per cent to seven per cent.

Studies funded by UNDP have found that more than 90 per cent of Togolese know how the AIDS virus is transmitted and how to prevent infection, but poverty and illiteracy are obstacles to effective prevention.

UNDP is allocating US\$100,000 for the project, being implemented in partnership with the Ministry of Social Affairs, Promotion of Women and Child Protection.

Ashira Assih-Aissah, Minister of Social Affairs, Promotion of Women and Child Protection, said that the project is targeted at the most vulnerable groups. In addition to poverty and illiteracy, other risk factors for women and girls include low social and economic status, migration from rural areas and prostitution, she noted.

The project will work at the community level to increase awareness of risky behaviour and help vulnerable groups find alternatives by mobilizing civil society to help improve social, political and cultural attitudes. It will also target assistance to women selling products and working as porters in markets, helping them promote their businesses, gain access to small loans and improve their livelihoods.

Akouavi Assagbavi, representing an organization of women market porters in Lomé, said: "No one is concerned about our well-being, and we are exploited because many of us are illiterate." The project will help her organization's members advance their own interests and open access to loans and better jobs, she said. It will also help those infected with HIV, who face poverty and neglect, regain self-esteem.

UNDP assistance to Togo on HIV/AIDS focuses on support for strategic planning and integration of the campaign against HIV/AIDS into the national poverty reduction strategy, said Cécile Molinier, UNDP Resident Representative. These efforts include steps to strengthen the anti-HIV/AIDS component in poverty reduction activities in local communities, with a focus on women, human rights, advocacy and information and communication.

The UN system in Togo is finalizing a joint project against HIV/AIDS that will support an integrated community response in Vo, Kozah and Tône districts, noted Ms. Molinier. The initiative will promote information and awareness against risky behaviours, access to medical and psycho-social care, and help prevent mother-to-child transmission.

For further information, please contact Essi Amegee, UNDP Togo, or Nicholas Gouede, UNDP Communications Office.

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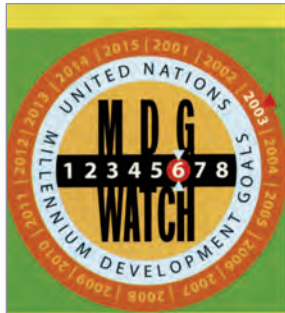
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6. Combat HIV/AIDS, malaria and other diseases

UNITED NATIONS, NEW YORK

The world marked World AIDS Day on 1 December 2002 with seminars, cultural and sports activities and hope amid grim statistical data which show the raging epidemic claiming more millions of lives and outsmarting efforts to control it.

In Burundi, UNDP and other UN country team members joined the government, civil society groups and young artists in sponsoring events to raise awareness about the impact of the disease on women and development. The activities focused on the role of community leaders in their efforts to fight stigma and discrimination against people living with HIV; in Thailand, UNDP and other UN agencies provided support to the National Students Network for AIDS Prevention to organize awareness raising events in Bangkok on the theme "Live and Let Live: Thai Teens to Combat Stigma and Discrimination," which is also the theme of the 2002-2003 World AIDS Campaign.

The World AIDS Day activities highlighted how the epidemic had spread to every corner of the world. A new UNAIDS report, "AIDS Epidemic Update," indicated that 42 million people around the world are now living with HIV/AIDS and that the vast majority of them are in Africa.

In 2002 alone, there were five million new HIV infections and 3.1 million deaths. The report revealed that for the first time, half the people living with HIV/AIDS are women, mainly as a result of sexual intercourse with infected men. According to UNAIDS, of the 38.6 million adults living with HIV worldwide, 19.2

World AIDS Day: New Priorities Needed to Reverse Spread of Disease

BY NICHOLAS GOUEDE

million are women. These figures include both those who are infected with HIV and those who have AIDS. Of the 4.2 million adults newly infected this year, two million are women. Women accounted for 1.2 million of the 2.5 million deaths from AIDS in the world last year.

In sub-Saharan Africa, approximately 3.5 million new infections occurred in 2002, while the epidemic claimed the lives of an estimated 2.4 million Africans. In Asia, relatively low HIV/AIDS prevalence rate hide the fact that almost one million people in Asia and the Pacific contracted HIV in 2002, and an estimated 7.2 million people are now living with the virus. A further 490,000 people are estimated to have died of AIDS in the past year.

UNAIDS Executive Director Dr. Peter Piot points to some hopeful signs, including successful AIDS awareness

campaigns in Africa. "HIV prevalence has dropped among young inner-city women in Addis Ababa and young pregnant women in South Africa," he said. Other signs of hope show that leadership within inter-governmental organizations can play an important role in the fight against AIDS.

In his annual World AIDS Day message, UNDP Administrator Mark Malloch Brown urged greater efforts to begin to reverse the spread of HIV/AIDS. "Halting the spread of HIV/AIDS is one of the eight Millennium Development Goals—and it is no exaggeration to say that unless the world meets this one, it has little prospect of meeting the others, particularly the overarching target of halving extreme poverty by 2015." ■

Nicholas Gouede is a Communications Officer in UNDP New York.

GLOBAL SUMMARY OF THE HIV/AIDS EPIDEMIC

December 2002

Number of people living with HIV/AIDS

Total	42 million
Adults	38.6 million
Women	19.2 million
Children under 15 years	3.2 million

People newly infected with HIV in 2002

Total	5 million
Adults	4.2 million
Women	2 million
Children under 15 years	800,000

AIDS deaths in 2002

Total	3.1 million
Adults	2.5 million
Women	1.2 million
Children under 15 years	610,000

Source: UNAIDS/WHO (2002): AIDS epidemic update



March 2003 CHOICES 19



Mayors from Africa and the African Diaspora commit to a roadmap for urban development

Accra, Ghana, 3 June – Hundreds of mayors and elected officials from around the world met in Accra to discuss how cities can lead the way to strengthen economic opportunities between Africa and the Diaspora.

The three-day conference, held under the auspices of H.E. John Dramani Mahama, President of Ghana, featured the adoption of the Accra Declaration and Plan of Action to empower cities and strengthen ties between Africa and the Diaspora for socio-economic growth and sustainable development.

The mayors at 4th World Summit of Mayors and Leaders from Africa and of African Descent agreed to promote city twinning agreements, sharing of best practices, training programmes for professional growth and development, a stronger AIDS response, public - private partnerships, women's empowerment, youth development initiatives, and early childhood education and higher education programs.

The Lord Mayor of Accra, Dr. Alfred Vanderpuije, Summit host and President of the Global Alliance of Mayors and Leaders of Africa and of African Descent, which co-organized the event, said: "Addressing AIDS must be part of our economic and social development efforts since Africa is the hardest hit region. I am proud that Ghana has seen major reductions in HIV infections and AIDS-related deaths."

Innovative initiatives at the Summit included an agreement between the Accra Metropolitan Assembly and Microsoft Corporation to promote e-governance, tele-health, call center management, and IT training. The Ford Foundation, a Summit partner, supports efforts to reduce poverty and injustice, strengthen democratic values, and promote international cooperation.

Edison Learning, another Summit partner, presented their services for helping cities improve school system management and raise student achievement. The National Association for Equal Opportunity in Higher Education forged partnerships for education exchanges with several mayors.

The Summit featured a pact between FIRA Barcelona International Exhibitions & Services and Accra to launch the SMART Congress and Exhibition Fair in Ghana next year, a first on the African continent. The 100 Resilient Cities initiative, pioneered by the Rockefeller Foundation, showed how cities can become more resilient to the physical, social and economic challenges.

"This Summit will bring closer cooperation between mayors in Africa and mayors of African descent in Latin America, the Caribbean, and the United States, and also bring us closer to ending the AIDS epidemic by 2030," said Dr. Djibril Diallo, Senior Advisor to the Executive Director of UNAIDS, and CEO of the African Renaissance and Diaspora Network, another Summit co-organizer.

Following a series of regional consultations, 18 mayors declared their commitment to achieving ambitious targets on HIV by 2020, by signing the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic. The Paris Declaration calls for a faster, focused approach to significantly reducing new HIV infections and eliminating discrimination, and reaching the "90-90-90" targets by 2020: ensuring that 90% of people living with HIV have a test and know their status; that 90% of people who know their HIV-positive status have

access to sustained treatment; and 90% of people on HIV treatment have suppressed viral loads—keeping them healthy and reducing the risk of HIV transmission.

On behalf of the President of Ghana, Vice President Kwesi Amissah-Arthur encouraged the assembled delegates to support the Fast-Track approach to ending the AIDS epidemic. "As a member of the UNAIDS Lancet Commission, President Mahama strongly endorses the Paris Declaration by mayors worldwide for fast-tracking cities' AIDS response as a key strategy to end AIDS by 2030. I call on you all to sign and implement the Paris Declaration. Together we will bring an end to the epidemic," he said.

Mayors newly signing the Paris Declaration in Accra represent cities from across Africa, Latin America and the United States. The Paris Declaration is an opportunity for cities to transform their societies by putting people at the centre of the response to HIV and tuberculosis and addressing underlying issues including poverty, discrimination and violence against women and girls.

The cities will be supported in their efforts by the United Nations Joint Programme on HIV/AIDS (UNAIDS) and its partners in the Fast-Track Cities initiative, the City of Paris, UN-Habitat and the International Association of Providers of AIDS Care (IAPAC).

Organized by the Global Alliance of Mayors and Leaders from Africa and of African Descent, the African Renaissance and Diaspora Network, Inc., in partnership with the City of Accra, la Asociación Nacional de Alcaldes de Municipios con Población Afrodescendiente (AMUNAFRO), and UNAIDS, the World Summit of Mayors represents a major event in the follow-up to the Third Summit of Mayors held in September 2013 in Cali and Cartagena, Colombia, which resulted in the conclusion of agreements between businesses, municipalities and communities valued at US\$1.8 million.

For further information, contact: Nicholas Gouede | UNAIDS New York | tel. +1 646 666 8017 |

UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030. Learn more at unaids.org and connect with us on Facebook and Twitter.



The Fourth World Summit of Mayors and Leaders from Africa and of African Descent was held from 1 to 3 June and was hosted by the Lord Mayor of Accra, Alfred Vanderpuije



African mayors and mayors of African descent from more than 30 countries participating in a global conference in Accra, Ghana.

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