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LoveTrains will spread the message

SHAMI HARICHUNDER

AS THE final rehearsal for the XIII International Aids Conference kicked off last night, another event of significant importance occurred. It was the launch of the third loveTrain – the world's largest billboard and travelling sexual health centre – at Durban Station.

At the ceremony, held to coincide with the start today of the Aids 2000 Conference at the International Convention Centre in Durban, were some of the city's leading dignitaries, conference delegates and curious onlookers who arrived there to see the brightly coloured and decorated coaches.

When the formalities were completed, those present were given a chance to write on the coaches their messages of hope and words of advice and warning on HIV/Aids – perhaps the most distinguishable feature of the loveTrains. With that the sponsor of the initiative, Spoornet, was able to relay South Africans' messages to the ICC gathering, the largest HIV/Aids-related indaba to be held on the continent and in this country.

The inauguration of the loveTrain last night brings to three the number of similar trains in service. They have been designed and equipped for the purpose of providing outreach services – including clinical, counselling and sexual health education – for adolescents in the most under-resourced parts of the country. Included in the education portfolio are workshops aimed at informing parents about the importance of talking to their children about sex, sexuality, gender relations, the impact of the HIV/Aids epidemic and how to care for those who are HIV positive or who have Aids.

LoveLife is a comprehensive national programme aimed at substantially reducing the HIV infection rate among the country's high-risk 15 to 20-year-olds in the next five years. It has among its patrons First Lady Zanele Mbeki and is funded by the Henry J Kaiser Family Foundation, the Bill and Melinda Gates Foundation, Unicef and Unaid.

The most staggering increase in infection – 65% annually – is occurring among the 15-20 age group, about four million of whom are expected to die of Aids before the age of 35. It was with this in mind that loveLife's focus was determined, and perhaps the thrust of its message is to get adolescents to accept responsibility for their sexual behaviour.

SEE AIDS SUPPLEMENT INSIDE PERSPECTIVES

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R100 000 shot in the arm for orphanage fund

MARK GAYLORD DUBE

IN ANSWER to a call by the United Nations to keep the issue of Aids orphans high on government agendas, a Durban-based health company, Edison Health, has donated R100 000 towards the Aids Orphanage Fund recently set up by Deputy President Jacob Zuma.

Zuma will appoint a national committee to administer the fund, which was set up to help about 40 000 Aids orphans.

Edison's chief executive officer,



Vivian Reddy
... Aids donor

Vivian Reddy, said that in addition to the R100 000, the company would donate also R1-million worth of Tubercul - a treatment for tuberculosis in children. TB is an oppor-

tunistic disease which often accompanies full-blown Aids. The medicine will be distributed among various provincial health institutions.

The orphanage fund will also benefit from a percentage of sales from OraQuick - an oral HIV test marketed by Edison Health. The amount collected should be about R4-million a year.

"It is my belief that local companies should focus on the plight of the more than 40 000 children left behind because of Aids through no fault of their own," said Reddy.

FACT FILE: Groups rallying for support

IN AN effort to try to halt the Aids pandemic, Unicef, UNAids and America's National Black Leadership Commission on Aids, issued a "call for action" at the end of a United Nations symposium on Aids orphans. The three organisations urged governments to "break the conspiracy of silence" surrounding the epidemic and to act with "openness and urgency".

THE United Nations has called on governments

and communities to implement various recommendations including: Greater access to credit, income and property for women; widespread and confidential Aids counselling and voluntary testing; social assistance for those who need it most; support for the psycho-social needs of orphans, and increased community protection

of women's and children's rights.

UNAids, Unicef and BLCA urged that Aids orphans be kept high on the agenda, especially in the countries which are hardest hit. This means making Aids central to development assistance and giving Aids orphans priority when it comes to debt relief.

Youth campaign to be launched at conference

FARHANA ISMAIL

THE United Nations Children's Fund in conjunction with a South African youth organisation, LoveLife, will launch a campaign called "The Progress of Nations" at the International Aids Conference in Durban on Wednesday.

The campaign, dealing internationally with youth and the threat of the HIV/Aids virus, will be piloted by four local youths - three from KwaZulu-Natal and one from Johannesburg. Jody, Precious, Nkanyiso and Kefilwe will be frank when they talk about their lifestyles and the effects of the Aids virus on their lives.

Eighteen-year-old Jody, from Pietermaritzburg said, when he went for the first HIV test, he tested positive. He said his first sexual encounter was during a party where he got drunk. He voluntarily went for a test which came back positive, but when he went the second time, he was told it was negative.

Precious, 16, from Umhlanga was almost raped by her boyfriend. Her father died from Aids.

Nkanyiso, 17, is from Ulundi, has three girlfriends and is sexu-



ally active with all of them. He prefers not using a condom and says "sex with a condom is like eating a banana with the peel".

Kefilwe, 17, from Johannesburg, took care of her mother until she died of Aids, and is currently caring for her 23-year-old brother, who is HIV positive.

Over the past eight years, the United Nation's Children's Fund's Progress of Nations has recorded the devastating speed with which the virus, in less than a generation, became the greatest catastrophe facing the continent of Africa and is now spreading in Asia and parts of Central Europe and Latin America.

One of LoveLife's prominent media campaigns can be seen on the way to the Durban International Airport which reads: "If I have sex, will I die?"

SEE PAGE 11

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Banday Trib
[Sunday, July 9
2000]

'Please love the Aids kids'

PHOTOCOPY
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The voice of reason, the voice of hope. That is what 11-year-old Nkosi Johnson will take to the start of the Aids 2000 Conference in Durban this afternoon. **Liz Clarke** spoke to him

I am an infected child. I have Aids," Nkosi Johnson spoke with a quiet deliberation, far beyond his 11 years. We were sitting on a park bench overlooking the giant scarlet Aids ribbon, an imposing new feat of ironmongery that dominates Central Park at Durban's Workshop shopping mall in the heart of the city. He patted my knee. "But don't be afraid."

"I'm not," I assured him as we watched a group of children chatting, laughing, chasing each other around the flower beds, seemingly unaware of the powerful sculpture looped in blood-red above them.

"Good," he said. "Some people are."

Today his sobering acceptance of a disease that has robbed him of his natural mother and a healthy childhood will herald the opening salvos of one of the most significant meetings in the history of the planet - a confluence of minds and thought that will hopefully come to grips with a pandemic many believe threatens the core of creation itself, certainly in Africa. While the loftier and lateral implications of Aids will be the subject of heated debate in the next few days, Nkosi's message to the world, as he stands small and frail on the podium at the opening ceremony of the Aids 2000 Conference, will be one of simplicity and innocence.

"I know what I'm going to say. I'm not going to rehearse it too much. It will come from here," he said, tapping the

area of his heart with thin hands.

"I will say to Mr Mbeki, my president, and to all of the people: Give AZT to pregnant mothers. I will say to him and to everyone that you must love the children who have Aids."

"Make sure schools have a good policy for them. There must be no discrimination. (He says it slowly because it's a big word for him, but the impact is there). We are sick. We can't help it. Please don't turn away from us."

As he weaves a touch of child-like poetry into his dissertation, his adoptive mother, Gail Johnson, sits beside him, proud of the way he has grasped the enormity and importance of his task.

"It wasn't easy agreeing to let him do this," she said. "I love him and I want to protect him."

"I know I'll cry when he starts to speak. But I also know it's the right thing to do. He knows it, too. He often comforts me and says don't worry, I'll be fine. 'You and me,' he tells me, 'we're both brave'."

However, it was not courage or bravery, or campaigning, that made former nurse-turned-catering manager and public relations officer take Nkosi under her protective wing.

"I suppose, in a way, we found each other," she said. "About eight years ago the first Aids care centre, of which I was founder member, began to stutter and stumble and eventually had to close because of lack of funds."

Worried

"Nkosi was a toddler then, about two years old. He had been diagnosed as HIV positive and was a permanent resident. His mother, who had full-blown Aids and later died, could not afford to look after him. She was also worried the community would turn against her and her son because they had Aids. So when the doors closed on the centre, I simply picked him up and took him home. Now I can't imagine life without him."

But mothering a sick child is one thing. Gail also has made it an "overwhelming mission" to help women and children



Brave young Nkosi Johnson, pictured with his adoptive mother Gail Johnson, will speak at the opening of the Aids 200 conference in Durban this week. Nkosi is suffering from Aids, contracted in the womb Picture :GRANT ERSKINE

with Aids and now runs a care centre in Johannesburg's Berea area, which she aptly calls "Nkosi's Haven". She also made it her mission to campaign for a proper schools policy for Aids children in South Africa. "When Nkosi went to school they had no idea how to deal with him." After her initial plea to government officials, it took two years to implement. "But now it's there. That's the main thing."

Illness and Aids are locked in sinister harmony. In his short life, Nkosi has known the outer reaches of not being well. He has suffered from tuberculosis and was struck down with Sydney flu. There are times when health returns - "that's when I play and play", but right now his immune system is under huge pressure, his cell-count is low and he gets exhausted very easily. Each month a anti-retroviral cocktail needed to keep him alive costs R2 200 - a "gift" sponsored by an American donor in Washington.

But the excitement of standing on the podium is temporarily outweighing all other problems. "I have got a new outfit. I'm going to look very smart." He is also

hoping to meet President Thabo Mbeki and "Mr Madiba".

As we leave Central Park, he squeezes my hand. "Do you know, one day I'll get better." The Aids statue suddenly seems awfully large.

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The children left behind

PHOTOCOPY
PRESERVATION

big, buxom, 14-year-old" when she dropped out of school in semi-rural Inanda, north of Durban. "I come from a single mother who has since married. My stepfather did not like me and so I went to stay with my grandmother in Inanda."

To help supplement the little her grandmother earned through broom making, Theresa had no

choice but to look for work, abandoning her schooling.

"Prospects for a 14-year-old girl getting a job were gloomy but I could pass for an 18-year-old because of my then big body," said Theresa.

After months of futile job hunting she met a group of girls in Point Road who told her she could make loads of cash with her sexy

body. And in no time at all she was one of the many child prostitutes thronging Point Road at night.

"I had had sex before without using condoms or contraceptives and was convinced I would never fall pregnant." To this day she does not know who fathered her child, as she has slept with many men.

"When the antenatal clinic told

me I was HIV-positive, I couldn't believe it," she said, her eyes filling with tears. "It was only after I realised I was losing weight that the truth finally dawned on me that I was going to die."

Theresa's mother refused to come to terms with her daughter's HIV status and vowed never to visit her. Her friends deserted her. They did not want to be identified with

someone who was HIV positive.

The only person who did not turn her back on her was her grandmother, who died during the Easter holidays this year.

Said Theresa: "I will be watching what happens at the Aids conference in Durban. It is my hope that a cure will be found soon enough to save Nina, to give her a better life than the one I've had."

The damage being wrought by HIV/Aids has a new face – the millions of children who have been orphaned by the pandemic. **Mark Gaylord-Dube** reports

Nearly every day, four-year-old Nina asks her mother, "Why am I always sick?"

At these times the 19-year-old mother Theresa looks at her daughter with a mixture of sadness and bewilderment. There are no answers. Instead, tears roll down her cheeks.

She hugs Nina, rocks her in her arms, repeatedly saying, "We'll be OK, Nina. We'll be OK."

Nina and her mother have been in and out of Prince Mshiyeni Hospital for the past two years. Both tested HIV positive. The full force of the disease haunts them on a daily basis. Theresa already has full-blown Aids, with all of the accompanying complications, while Nina, not yet suffering from full-blown Aids, has frequent bouts of pneumonia. To add to their heartache, Theresa's friends and family have shunned them and no longer visit them in hospital. Now the hospital wards are their home and the staff their new family.

When Kaizer Chiefs soccer star Doctor Khumalo and his team visited their ward, Theresa could not contain her joy.

"For obvious reasons I will never be able to attend any football matches and to see Khumalo holding my baby was like a dream come true," she said.

When the **Tribune** spoke to Theresa in hospital this week, she expressed her fears for the future. "I shudder to think what will happen to Nina when I am gone," she said. Theresa was, in her words, "a

[Sunday Tribune, July 9, 2000]



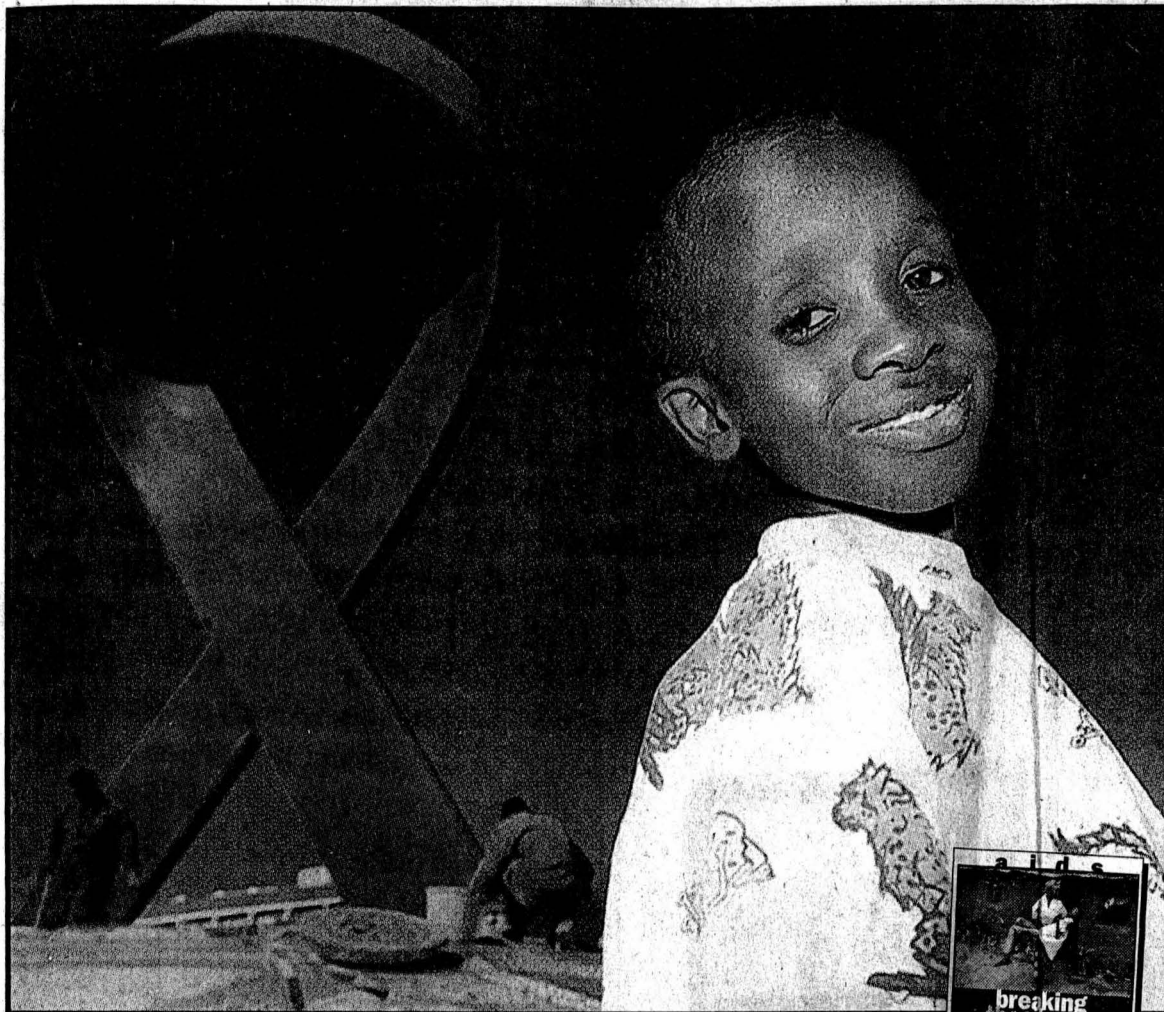
For little Nina, front left, the hospital has become a new home

Pictures: THEMBINKOSI DWAYISA



Theresa could not contain her excitement when Kaizer Chiefs soccer players visited her ward before the Vodacom challenge match with rival Orlando Pirates at the weekend

CLINTON LIBRARY PHOTOCOPY



A R250 000 Aids statue, eight metres high, towers above Central Park, at The Workshop shopping centre in Durban's city centre, was officially unveiled by deputy president Jacob Zuma yesterday.

Believed to be the largest in the southern hemisphere, the statue took three weeks to create from mild steel with a surrounding circle of colourful stone mosaic. It was built by a number of local construction companies and financed by

Murray and Roberts. The design is by Young and Satharia. Framed in the picture is Nkosi Johnson, 11, who will open the International Aids conference today.

■ See page three for a full story on Nkosi.

■ Other Aids stories appear on Page 11 and in Perspectives, Section 2 – and look out for our special Aids supplement, sponsored by Spoornet.

Mbeki's speech will be crucial

[Sunday Tribune, July 9, 2000]

TRIBUNE REPORTERS

ALL EYES will be on President Thabo Mbeki tonight when he opens the XIII International Aids conference. Mbeki's sceptical stance on the link between HIV and Aids has been the subject of fierce criticism from Aids activists and scientists and a combative stance from the president could ignite protest from the huge 11 000 delegate conference.

There were no indications yesterday of what Mbeki would say. A spokesman said the president was still writing his address.

A Global March on Aids, led by Anglican Archbishop Njongonkulu Ndungane, will precede Mbeki's speech this afternoon. It will table

demands including:

■ A concrete plan from the UN Aids organisation and the South African government to provide affordable medicines including anti-retrovirals for people living with HIV/Aids by December 1, as well as a plan for compulsory licensing and parallel importing where necessary.

■ An immediate plan to implement Nevirapine/AZT for pregnant women with HIV. On Friday Nevirapine manufacturer Boehringer Ingelheim offered to provide their drug free for five years for this purpose, but yesterday the government appeared to remain wary of the offer. Activists have promised to increase pressure on drug companies to make available affordable drugs

to treat Aids and have promised a series of high-profile demonstrations during the conference.

Meanwhile the World Bank said yesterday at the 13th International Aids Conference that it had set aside \$500-million (about R3,5-billion) for Aids programmes in African countries. Vice-president of the bank's Africa region, Callisto Madavo, said the money would come from the bank's soft loan window, the International Development Association, to fund HIV/Aids programmes on standard terms of 40 years' maturity, including 10 years' grace.

"All that is needed is a sound national Aids strategy developed in a participatory way backed by serious government commitment."

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JULY 9 2000



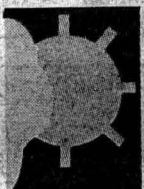
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SCREWING AROUND CAN KILL YOU

MESSAGE FROM THE EDITOR

When you
go to bed
with a killer

[Sunday Tribune, July 9, 2000]

WE MAKE no apology for the slogan that appears under our title today. If, by its shock value, it prevents one person from acquiring HIV, then it will have served a purpose.

The international conference on HIV/Aids which starts in Durban today must remind us all that the moment we start "screwing around" we have signed a death certificate that will be filed away for eight or so years before you die of some Aids-related disease. You will then join the 4.5 million people, many of them the cream of our youth, who will expire within the next 10 years.

You will find many articles on Aids in this issue of the Sunday Tribune. We are not trying to frighten you or dictate sexual morality, but it is essential all of us get it into our heads that unless we stick exclusively with our enduring relationships, there is a good possibility we will suffer a painful and drawn-out death.

And while condoms offer excellent protection from the virus, they are by no means foolproof.

The statistics will tell you it really is not worth taking the chance and as parents we need to preach that message to our children from the earliest possible age. For it is true: Screwing around can kill you!

Love Train comes to town

[Daily News, Monday July 10, 2000]

By PRUDENCE MBATHA,
BARBARA COLE
AND ZANELE ZUNGU

THE long-awaited Love Train arrived at Durban Station's platform 16 on Saturday, coinciding with the opening of the thirteenth International Aids Conference in the city.

There to welcome its arrival were King Goodwill Zwelethini, Minister of Health Manto Tshabalala-Msimang, the Deputy Durban Metro Mayor Mveli Mavundla, and several other dignitaries.

The Love Train, which is sponsored by Spoornet, the state transport utility, forms part of the Love Life initiative, the largest effort launched in an attempt to reduce teenage pregnancy, HIV/Aids, other sexually transmitted diseases (STDs) and to discourage promiscuous lifestyles.

The Love Train, launched by Minister of Transport Dullah Omar on World Aids Day last year, carries messages of hope from leading citizens and personalities on its journey to a new lifestyle for young South Africans in the struggle against HIV/Aids.

There are currently two Love Trains. A third was launched in Durban on Saturday.

When it is not in the spotlight, the Love Train tours the most under-resourced parts of the country,

providing services that include clinical services, counselling and sexual health education for adolescents.

Parents are not left out. They will be offered workshops geared to help them understand the importance of talking to their children about sex, sexuality and gender relations.

Communities will also be informed about the effect of the HIV/Aids epidemic and how to care for those who are already HIV-positive and those who have full-blown Aids.

Awareness

Organised under the auspices of Mrs Zanele Mbeki, the wife of President Thabo Mbeki, and other leading South Africans, including Archbishop Njongonkulu Ndungane and Zwelithini, Love Life is a national programme combining awareness and education, sexual health services and outreach and research.

The Love Train will remain at the Durban Station throughout the conference, where it will serve as an entertainment and sexual health centre for Durban schoolchildren and conference visitors.

Meanwhile, one of the world's leading experts on HIV/Aids has praised the doctors and nurses at Durban's King Edward VIII Hospital as "heroes and heroines".

Miss Sandra Thurman, the Aids adviser to American President Bill

Clinton, who is in Durban for the aids conference, visited the children living with Aids at the hospital - and left in tears at what she saw.

"She was deeply moved by the experience, and regards the doctors and nurses at the hospital as heroes and heroines," said Thurman's press secretary, Mr Jeff Kamen.

"They demonstrate that even in the hardest-hit areas, it is possible to deliver quality care."

Thurman, who also visited patients at the Ark Christian Ministry, told journalists that as people witnessed the effect the HIV/Aids plague had on communities, "our sense of urgency mounts".

"Today, as I looked into the eyes of countless children, I was reminded that they do not need more talk, they need action. Now - before it is too late."

Despite the celebrations after the announcement of new and effective therapies made at the last Aids conference "the stark reality is that this pandemic is out of control - and far from over".

Last year alone, nearly 6-million people became infected with HIV and nearly 3-million people died of Aids. In Africa, Aids had claimed more lives than all the armed conflicts on the continent combined, she said.

"In just a few short years, Aids in Africa has wiped out decades of hard

work and steady progress in development and will soon double infant mortality, triple child mortality, and slash life expectancy by 20 years or more.

"And yet, what we are seeing in Africa is just the tip of the iceberg."

And a report just released by the national Progressive Primary Health Care (PPHC) project said that hostel dwellers in KwaZulu-Natal faced a "high risk" of contracting HIV/Aids because of the overcrowding, poor maintenance of facilities, and the rapid development of shacks within hostel premises.

Education

In partnership with the Durban Metro North Central and South Central Councils, the PPHC had carried out an extensive HIV/Aids education campaign focusing on nine hostels around the province.

The report said that the main objective of the campaign was to disseminate information which would translate into behavioural changes among the hostel dwellers who were at high risk, and the empowerment of the hostel community with the relevant information that would promote responsible, safer sexual behaviour.

It also sought to create a supportive environment for those who were already affected by or infected with HIV or who were living with Aids.

Mbeki mum on his Aids stance

By ISHANI BECHOO
AND ISMAIL SUDER

PRESIDENT Thabo Mbeki failed to break the silence over his controversial views on whether HIV caused Aids, at the colourful opening of the 13th International Aids Conference in Durban yesterday.

His address was eagerly awaited, because he was expected to clarify his feelings on the issue here.

However, Mbeki may have also sparked further controversy with his statement that "we could not blame the high number of deaths in our country on a single virus alone".

He said there was no substance to the allegation that there was any hesitation on the part of the Government to deal with the problem of HIV/Aids.

Mbeki quoted the World Health Organisation's 1995 figures on global mortality, saying that poverty was the world's biggest killer.

On his question on whether HIV caused Aids, Mbeki said we should speak to one another honestly and tolerate each other's points of view, so that everyone's voice was heard.

"The question which I and the Government raised was akin to grave criminal and genocidal misconduct."

He said that, when he asked what could be done about HIV/Aids and whether safe sex, condoms and anti-



PICTURE: PURI DEJEE

President Thabo Mbeki opening the XIII International Aids Conference in Durban last night

retrovirals were a sufficient response to a health catastrophe, he received responses from several scientists. "Some eminent scientists decided to respond to our humble request and used their expertise to answer our questions. They differed about various matters, but graciously agreed to jointly answer all our questions."

He said one of the things the scientists would look into was the reliability of HIV figures. The scientists would report back to him at the end of the year.

Mbeki also side-stepped the issue of anti-Aids drugs and the issue of

making them accessible to South Africans.

He told the crowd of more than 10 000 people that the people of South Africa had hoped that the conference would be followed up by a programme of action and the dispersing of the cloud of despair that was currently present here.

"The certainty that we would achieve a better life for all our people is only half-a-dozen years old. Persons often overestimate what can be achieved within a passing day," he said.

One of the highlights of the spectacular and entertaining opening ceremony was an address by Nkosi Johnson (11), the longest surviving child with HIV. Nkosi was born with HIV.

He said: "We are normal human beings, we can walk, we can talk; we have hands just like any one else. We are all the same."

He also called for the Government to make treatment accessible to people with HIV. "The Government must start giving AZT to all infected mothers and children," he said.

Earlier Ms Winnie Madikizela-Mandela criticised the Government for "not taking HIV/Aids seriously", saying "we knew it was coming south, yet did nothing".

Speaking at the start of the Treatment Action Campaign (Tac) and Health Global Access Coalition

march outside Durban City Hall, Madikizela-Mandela said instead of following the examples of Uganda and taking serious action, South Africa had wasted time with *Sarafina*, Virodene and right-wing United States scientists.

Meanwhile, three foreign delegates attending the World Aids Conference in Durban were mugged at the weekend.

A Japanese scientist, Dr Shandu Tamazaki, who lost his way after leaving a hotel last night, was attacked in upper West Street by several youths who ran off with his wallet.

In the second incident, an American journalist, Ms Ulysses Toraza, was walking in Palmer Street at 9pm yesterday when a 16-year-old youth snatched her handbag.

Police who were on patrol gave chase and arrested the youth.

On Friday night, Ms Elli Kaplina (65), from Germany, was mugged in the corner of Farewell Street and West Street and robbed of her bag. Youths, believed to be street children, were apparently involved in the robbery.

Police spokesman Captain Vish Naidoo said: "All the delegates to the Aids conference were advised to stick together in groups and avoid walking on their own, particularly at night."

Youth most vulnerable to Aids

By PRUDENCE MBATHA

IT WAS a truly glittering moment when African-American movie star Danny Glover arrived at Durban Station's platform 16 yesterday where the Love Train is standing, in a bid to show his support for Aids awareness.

Flanked by Dikembe Mutomba, NBA basketball player for Atlanta Hawks, Glover said: "I know the epidemic mostly affects the young people of South Africa; they are the ones who are most vulnerable. I am here to show my support, and to fight the struggle for our children."

Glover also had his chance to sign his message for the youth on the train, chat and sign autographs for his young fans.

Radio deejays from East Coast Radio, Y-FM and GHFM were all broadcasting from the station and Ukhozi FM kept the visitors on their feet with the music they were playing.

Pupils from Uxolophambili Secondary School and Wozanazo Primary School also had their chance to be educated about relationships, sex and

correct condom usage by specially-trained Love Life life-skills educators.

DJ Rude Boy Paul of YFM said that young people were very negligent and that they should start being responsible with their sex lives.

"But, of course, if a girl is raped, then it's a completely different story where she has no control over whether she gets the virus or not. That is why I think the excuse that rapists use about women wearing short clothes and asking for it has to stop. I believe a woman has a right to wear whatever she feels comfortable in," said Paul.

SABC 1 TV presenter Miss Thembi Skhosana said she feels that with the Aids awareness message coming from celebrities and public figures, more young people are going to heed the message that Aids is there, because young people look up to these people.

Glover also said that South Africa is the most appropriate place for Aids awareness campaigns such as LoveLife and the hosting of the Aids conference as the epidemic is at its highest here.

[Daily News, Wednesday, July 2, 2002]

Mbeki calls poverty 'biggest killer' at Aids forum

ADELE SHEVEL AND AFP

Durban - Extreme poverty was the world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, President Thabo Mbeki said yesterday.

Speaking at the opening of the 13th International Aids Conference he said: "We could not blame everything on a single virus." But he steered clear of the causal link between HIV and Aids, while emphasising the need to be able to ask questions in a tolerant environment.

Mbeki said it was vital to understand the essence of what would constitute a comprehensive response in contexts such as South Africa, which is characterised by high levels of poverty and disease.

He reiterated the government's campaign against Aids including a sustained public awareness drive; a more focused programme to target the reduction and elimination of poverty and improved nutritional standards and a concerted fight against opportunistic diseases.

South Africa is said to have the largest number of HIV-infected

people of any country in the world, with sub-Saharan Africa the most infected region. This has been forecast to have dire social and economic implications on the country and the region.

Peter Piot, the executive director of Unaid, the UN agency on Aids, has appealed for \$3 billion - close to a tenfold increase - to fight the pandemic in Africa, where the infection rate reaches as high as one in three adults.

He said it was time to "get serious" about funding to fight Aids in sub-Saharan Africa.



Peter Piot, the executive director of Unaid

PHOTO: SIFU HILTON-BAKER

Aids debate is 'free speech'

MBEKI DEFENDS HIS QUESTIONING OF AIDS

*AIDS stand is a freedom of
expression issue, reports
Nicholas Phythian from
Reuters in Lomé.*

South African President Thabo Mbeki yesterday defended his decision to open the Aids debate to a dissident group questioning the origins of the disease.

And three American Aids activists, including a member of Mbeki's controversial Aids Advisory Panel, hailed the president as a "hero" for encouraging debate on whether HIV caused Aids.

Mbeki said the Aids debate was an issue of free speech that took on special significance in the context of his country's post-apartheid history.

"Exclusion of ideas, simply because they are different from mine, I don't think is very healthy," Mbeki said during a news briefing at the annual Organisation of African Unity (OAU) summit in Togo.

Tolerant

"I think really people need to be tolerant," he said. "In our own case, just in terms of the political transition in South Africa, we would not have achieved what we achieved if we excluded certain views."

Mbeki was widely criticised for including on his Aids advisory panel the United States-based scientist Dr Peter Duesberg, who believes the disease which destroys the body's immune system is not caused by HIV.

He also came under fire for refusing to give pregnant women in the public health sector the anti-HIV drug AZT.

"At the moment, as I say, we are faced with a situation where there is not any prescription that has worked," he said.

"We need to listen to all points of view because ... here is a world faced with this challenge for a period of 15 years now.

"Solutions have not been found and therefore it would seem only natural that whatever point of view is given, we should listen to it because we are all battling to find a solution."

Mbeki said that given the history of the controversy, he was not surprised by the outcry.

Meanwhile, Professor Charles Gesheker, a historian at California State University and one of 30 experts advising Mbeki on Aids policy, urged the media to question Aids figures.

Catch-all

"Aids in Africa has become a catch-all name associated with malaria, tuberculosis ... and other maladies," he said at the Aids conference in Durban.

Often people in the developing world who lost weight rapidly, had a fever and a persistent cough and diarrhoea were classified as having Aids.

"Let's be careful about the numbers, let's scrutinise the facts," said Gesheker.

He was accompanied by two women who are campaigning for the anti-retroviral drug AZT to be banned.

Ms Lynn Gannett told how she had been involved in research trials on the effects of the drug from 1987 to 1990, and that she subsequently resigned because of the gross irregularities she had witnessed.

AZT was a toxic drug created 30 years ago to treat cancer. "AZT should be banned immediately. It is life-destroying. It causes muscle wasting and kills DNA."

She said Mbeki should be considered a hero for promoting the Aids debate.

Ms Christine Maggiore, who founded the American Foundation for Aids Alternatives after she was diagnosed HIV-positive in 1992, agreed.

Maggiore said she was initially told she had seven years to live and contemplated a future of medicine, isolation and eventual death. She started asking questions when she had several HIV tests which showed different results, including that she never had the virus.

Maggiore said she opted to remain unmedicated and went on to have a healthy baby without taking AZT.

"I want you to know that I am not unusual. I know hundreds of people like me." - Sapa, Reuters

Daily News, Wednesday, July 12, 2000

PHOTOCOPY
PRESERVATION

CLINTON LIBRARY PHOTOCOPY

'Tackle Aids on a larger scale'

A U. N. body has called for a war of liberation against HIV/Aids, writes Medical Reporter Ishani Bechoo.

A WAR of Liberation is needed in a struggle against HIV/Aids, which has led to Kenyan orphans being herded like cattle and kept in a room, unfed and barely clothed.

According to Dr Urban Jonsson, regional director of the United Nations Children's Fund (Unicef), there was a need to tackle the epidemic on a much larger scale. Speaking on the eve of Unicef's Progress of the Nations 2000 report, Jonsson said in Durban yesterday that the Aids situation was so bad in poor countries like Kenya that guardians of Aids orphans paid a person to keep children in a room "like cattle" during the day when they went to work.

The report, to be released at the 13th International Aids Conference by Unicef executive director - Ms Carol Bellamy - today, sheds light on the social forces behind the spread of HIV, particularly among the 13-to-24 age group where infection levels have reached crisis levels. The report found that HIV infected six people under the age of 25 every minutes.

Jonsson said what was shocking was that despite huge awareness campaigns, a large number of girls still did not believe that men with HIV could look healthy. In Chad, Niger and Nepal this constituted 80% of girls, the report said. "A smaller number of girls (50%) in parts of Africa cannot believe you can contract the virus through sexual intercourse. They do not understand the basics of infection," he added.

"Our response to HIV/Aids must be of a larger scale, a war of liberation," Jonsson said.

He said in sub-Saharan Africa an unlimited budget was available for armed conflict that had killed 200 000 people in the past year. "HIV/Aids has killed two million people - 10 times more than armed conflict, and therefore deserves 10 times more resources. The difference between that war and the war against the epidemic is that we allowed so many people to die before we attacked."

Jonsson said one of the biggest challenges facing the continent was for African governments to become operationally prepared to respond to the general demands of the people. "There needs to be a link between the needs of the people at community level and the preparedness of government at national level. Governments must work out how to channel their resources to meet the needs of the community. HIV/Aids is a community issue."

He said Unicef's approach to the epidemic was that there would not be a second chance. "Governments have to use their resources tomorrow, not the next day because we do not have time," he said.

Unicef spokesman Mr Neville Josie said young people would start to play a role in the fight against the epidemic. Jonsson said many young people in Africa were giving up hope, quoting his experience in Malawi "where young people have said that they are all going to become infected sooner or later".

He said the establishment of extended families would help curb the Aids orphans problem in Kenya.

"Youth prevention is one of our five priorities. We also believe in the strategy of community capacity development to understand their own situation, to be able to analyse where they have a problem and capability to take action and also to monitor the result of the actions."

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Your Views

7

DAILY NEWS WEDNESDAY JULY 12 2000

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Aids caused by ignorance

IT IS rather erroneous to imply that Aids is an indignation from God towards His very own. Such a loosely-thrown insinuation reflects fanatical beliefs with no scriptural basis prevalent in our society. What such people are saying is that God enjoys pain and suffering, that He is hell-bent on avenging wrong-doers.

Individuals are living lives they have chosen to live – an inherent birthright. On a more realistic note, our calamities are either self-inflicted or inflicted by fellow beings.

The Aids disease is rampant, owing to ignorance and unrestricted lifestyle. No person wants to be told how to live his or her life, but we need to take full responsibility for how we live this very precious life. A substance abuser and a nicotine addict know fully well that the very addiction is itself a death sentence. Similarly, if we do not regard the Aids virus as a serious life-threatening dilemma, the battle against it will be a lost one.

Any person who knowingly inflicts

on an unknowing person the virus, is no different from a cold-blooded murderer. But when a child or a partner unknowingly becomes infected with the virus, are they convicted sinners as some would like to believe? What of those who are infected through blood transfusion?

The implications of promiscuity, multiple partners and casual lifestyle must be made known. Education is vitally important if we earnestly desire to bring people out of ignorance.

If more financial assistance and incentives were given to community-based projects on a national scale, the lesser the onslaught of pestilence would be.

Come on Government. Your long-term investment should be the citizens of this country. Their well-being should be your priority. The Government cannot continue to depend on NGOs when they manipulate the purse strings.

Ms PREMATURA SINGH
Durban

Aids will end black majority

- MINISTER'S GRIM PREDICTION

Some good news is the beginning of a vaccine trial.
Elijah Mhlंगा, Ishani Bechoo, Thabo Masemola and Sapa report

THE scourge of Aids could turn the black majority into a minority in South Africa, Minister of Welfare and Population Development Zola Skweyiya has warned.

However, this could change with the announcement that vaccine trials for HIV-Aids will start in KwaZulu-Natal within six months.

Professor Malekgapuru Makgoba of the Medical Research Council said yesterday participants for the trials would be drawn from KwaHlabisa, in the northern part of the province. The province has the country's highest number of HIV-Aids infections.

In a separate trial in Britain, Kenyan sex workers and a British MP are helping in the campaign to provide a vaccine.

Liberal Democrat legislator Mr Evan Harris, MP for Oxford, would be among 18 volunteers who would be given the vaccine, Professor Andrew McMichael of Oxford University said in Durban.

Approval for a first phase of human trials of the vaccine, which aims to protect against the A subtype of HIV, the most common strain in east Africa, was given yesterday by the Medicines Control Agency, the regulatory authority in Britain.

The inspiration for the vaccine came from a group of Nairobi sex workers who fascinated Aids researchers because they never became infected. The lucky prostitutes turned out to have primed T cells that gave them immunity.

Makgoba said the South African vaccine was developed in partnership with United States scientists.

Local medical authorities, backed with R11-million from the European Commission (EC), would embark on an intervention campaign aimed at informing the population about clinical trials of HIV/Aids vaccines.

Skweyiya told a World Population Day ceremony in the Valley of a Thousand Hills that the fact that Aids was associated with poverty was an unpopular truth that needed to be faced.

"The truth is this disease is associated with poverty and in South Africa poverty faces black people... the effects of Aids will turn us into a minority."

He said Aids deaths would fundamentally change the characteristics of the country's population over the next 10 years, with the average life expectancy dropping to 40 years.

KwaZulu-Natal Premier Lionel Mtshali supported Skweyiya, saying: "HIV-Aids and poverty are inextricably linked. Poverty causes the conditions in which HIV flourishes and HIV-Aids causes further impoverishment to already poverty-stricken communities."

Deputy President Jacob Zuma said at the weekend that the best

news that would come out of the world Aids conference, as far as he was concerned, was the start of the Aids vaccine trials. Zuma said this news would give hope to those living with the disease.

The Medical Research Council and the National Aids Convention of South Africa (Nacosa), with the University of Pretoria, will educate South Africans so they can make an informed decision about potential participation in vaccine trials and eventual vaccination.

Dr Ashraf Grimwood, of Nacosa, said the four-year project was known as SA HIVAC (South African HIV Vaccine Action Campaign).

It would become a model that could be used in other countries. It would involve the full participation of local communities.

Grimwood said the first phase of planned trials, to measure efficacy

and safety, could begin in Johannesburg or Durban by the end of the year, and would involve about 20 people. The research would also involve people and organisations already involved in the search for an Aids vaccine.

Aids experts at the 13th International Aids Conference have said that a cure for Aids is still a long way off.

Dr Lieve Franssen of the EC said Europe backed the information campaign because the EC wanted to change the perception of politicians and pharmaceutical companies that there would not be a market in poor nations for a vaccine. The private sector never invested adequately in developing a vaccine because it did not believe there would be a market because of poverty.

Other developments at the conference yesterday were:

□ Doctors are cautiously taking patients off their Aids drugs for a few weeks at a time to see if breaks in therapy are safe and perhaps even more effective than giving the gruelling treatment continuously.

□ South African doctors said women who had to breastfeed their babies should do so for six months without giving them anything else to try to reduce the risk of infecting their offspring with the AIDS virus.

□ Members of the international organisation Act Up yesterday shouted slogans in an effort to interrupt a speech by a World Health Organisation representative. Act Up is lobbying for anti-retrovirals to be made accessible to all nations.

□ Women were getting angry that nobody had developed a way for them to protect themselves from Aids and other sexually-transmitted diseases, said activists.



CELEBRITIES IN THE FIGHT AGAINST AIDS: South African author and Goodwill Ambassador for the United Nations Development Programme, Nadine Gordimer, is followed by American movie star Danny Glover as they make their way through the crowd at the Love Train at Durban Station

PICTURE: MARILYN BERNARD

SEE STORY ON PAGE 3

[Daily News, Wednesday, July 12, 2000]

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KERRY CULLINAN

FUNERALS for the young and gifted are held every week. We are burying teachers and politicians, trade unionists, doctors and students.

This year alone, we can expect some 120 000 Aids funerals. In 10 years' time, the epidemic could claim up to 635 000 people in a single year.

Overall, at least 3.5-million South Africans are already infected with HIV, a disease for which there is no cure.

The best-case scenario predicts six million South Africans will be HIV-positive in 10 years' time.

There is an impending catastrophe. And it is our youth – those in whom a nation invests for the

The impending catastrophe

future – who are bearing the brunt of this catastrophe.

A recent survey of students at the University of Durban-Westville showed that about 26% of women and 12% of men aged 20 to 24 were HIV infected.

In students between the ages of 25 and 29 (mainly post-graduates), the figure was 36% of women and 23% men.

About 60% of adults who become HIV infected will do so

before they turn 25. Young women are particularly at risk.

Easier

Physiologically, it is easier for a woman to contract HIV than a man. Young girls often face sexual advances from older men who may already be infected.

Thus, almost three times as many girls as boys between the ages of 15 and 19 are becoming HIV-positive.

This figure evens out in the 20-24 category.

Young people are also losing their parents to the disease. In five years' time, about 800 000 children under the age of 15 will be orphaned by Aids.

In 10 years' time, there will be about 1.95 million Aids orphans.

Many orphans will end up living on the streets where they will be vulnerable to sexual abuse and thus to HIV.

Orphans' educational opportunities will be reduced, and a lack of parental support and guidance will mean that many will be more likely to develop anti-social tendencies.

While poor households with few reserves are hardest hit by HIV/Aids, no one will be untouched by the epidemic.

For businesses, however, the most significant costs are likely to be indirect. These will arise from:

- lower productivity as a result of sickness;
- absent employees who are either sick, caring for sick relatives or attending funerals;
- lost skills, training and recruitment costs.

Cost

It will be costly for companies to retrain highly-skilled employees – 15% of whom are expected to be

HIV-positive by 2010. The markets for certain goods and services – especially non-essential goods – may decline as households have less disposable income. However, the market for health and funeral services will increase. But this will result in a greater burden on the state as demands on the public healthcare system increase and there are more paupers' burials.

Economic growth is likely to be affected by the loss of skilled work-

ers, a decline in savings as families use up their resources on healthcare, and by a reduction in government investment in infrastructure as its HIV/Aids spending increases.

While it is too late to save those already infected by HIV, there is still a considerable opportunity to prevent new infections among teenagers who are still learning sexual behaviour, and are thus more open to safer sex options such as condoms. They are our future, and they are the focus of the national LoveLife prevention initiative.

All statistics from *The Impending Catastrophe* A resource book on the emerging HIV/Aids epidemic in South Africa produced by Abt. Assoc. (South Africa) and published by LoveLife. The full report is available at www.lovelife.org

Destitute Feroza finds a place to die

ANSO THOM

IT IS impossible not to notice how thin Feroza Mohamed is. The several layers of clothing she wears fails to protect her frail and disease-ridden 27-year-old body from the Highveld winter.

Mother of six-year-old Ismail, Mohamed arrived at Nkosi's Haven, in December HIV-positive, destitute, shunned by her Muslim family and three months pregnant.

Nkosi's Haven is a Johannesburg shelter for HIV-positive mothers and their children.

"I lived in a squatter camp in Germiston when I read about Nkosi's Haven in the newspaper. I was very ill and wanted a place to leave my child when I died," Mohamed says, showing signs of fatigue even though the interview has been going for less than five minutes.

Last month, Mohamed was rushed to Coronation Hospital on the backseat of Nkosi's Haven director Gail Johnson's rickety Fiat Uno.

"I was bleeding and it was chaos when we arrived at the hospital. Gail was shouting, trying to get the nurses to come and help me. They were concerned about me, not aware that I had already given birth. I told them that something had come out and slid underneath the seat."

Nursing staff retrieved the premature baby from underneath the seat. He was barely breathing and gave up the fight a few hours later.

"I think it was probably better that way. I wouldn't have been able to pick him up or feed him," she says.

Mohamed's face immediately lights up when questioned on Ismail.

"It is important for me to know that he will be with me in my last hours. I'm fading away bit by bit."

"I prepare him every day. When I told him he would have to stay at Nkosi's Haven with the women when I die, he said I needn't worry as he would stay with his friends. Then he looked at me and said: 'Mommy, I'll pray for you. You won't die.'"

So, why has a 27-year-old Muslim woman risked being shunned by her community rather than keeping quiet about her HIV status?

"I felt I had disgraced my church and could sense that people were looking at me differently when I went to mosque. It used to kill me and I thought I had disgraced Allah."

"But my need to feel free was much greater. Free from this burden I was carrying inside me. Obviously I contracted the virus through sex, but I don't know from whom."

"I have no contact with my family. Both my parents have died. My time is short and I am sleeping a lot."

"We have lost three women in a short time and I know I am going down the same road. These women are my family and the only place I will die is here. I wish I could fight, but I'm tired of fighting."



Feroza Mohamed

PICTURE: THYS DULLAART

The abc of HIV transmission

ANSO THOM

EVEN though there is no cure for HIV/Aids, it is easily preventable.

You can only get HIV if you get infected blood or sexual fluids into your system.

Some people talk about "shared body fluids" being risky for HIV, but there are no known cases of HIV caused by sweat, saliva or tears.

To infect someone, the virus has to get past the body's defences such as the skin and saliva.

If your skin is not cut, it protects you against infection from blood or sexual fluids. Saliva also contains chemicals that can help kill HIV in your mouth.

HIV is passed on in the following ways:

Penetrative sex

Anal and vaginal sex are known as "penetrative" sex. Although penetrative sex is generally more risky than oral sex, there is evidence that HIV can be contracted through oral sex.

Having anal or vaginal sex is only safe if you are in a stable monogamous (faithful) relationship in which:

- Both of you are uninfected (HIV negative).
- You both consistently

only have sex with each other.

□ Neither one of you gets exposed to HIV through drug use or other activities.

□ You or your partner wear a condom.

If you have unprotected sex with somebody under 45 years the chances are one in five that person is HIV-positive and you are at maximum risk of being infected.

The only sexual activities that are completely safe are kissing, masturbation and mutual masturbation.

Oral sex

Saliva helps to protect you during oral sex. Oral sex is only a risk to either partner if there are open sores or blood (bleeding gums) in the mouth.

However, it is still best not to ejaculate (come) in anyone's mouth.

Pregnancy

The HIV virus can pass into the baby if a pregnant mother is HIV-positive.

But not all HIV-positive mothers give birth to babies who are HIV-positive. With no treatment, about 25% of the babies of HIV-infected women are born infected.

The HIV virus can be passed on to the baby through breast milk if a mother is HIV-positive. But not all

breastfed babies will get the HIV virus.

Blood

The HIV virus can pass from one person to another through his or her blood.

However, blood cannot pass through the protective barrier of your skin.

Blood can only be passed through your skin if you have open cuts or sores, but it can pass into your body through the mucous membranes in or on your mouth, vagina, penis, anus and eyes.

Sometimes sick people are given extra blood through a blood transfusion.

In South Africa blood transfusions are considered safe because all blood is supposed to be tested before it is given to sick people.

The HIV virus can be passed on in very small amounts of blood, such as when people share razor blades that are not properly cleaned.

Injecting drugs while sharing needles can also pass on the virus. You can get infected by tiny amounts of blood.

Aids is not spread by kissing, laughing, sneezing, coughing, hugging, touching, shaking hands, mosquitoes, plates, cups, spoons, toilets, baths, showers or swimming pools.

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HEALTH MINISTER DEFENDS PRESIDENT

Mbeki back in firing line

PHINDILE NGUBANE
PATRICK LEEMAN & REUTERS

PRESIDENT Mbeki came under fresh criticism from Aids activists yesterday after ducking an opportunity to end a damaging debate over the causes of the disease.

Mr Mbeki, who has been attacked by activists and health experts for appearing to give credence to dissidents who deny that the HIV virus causes Aids, was back in the firing line after his opening speech to the 13th International Aids Conference in Durban on Sunday.

His eagerly awaited speech gave no insight into whether Mr Mbeki believed that HIV led inevitably to Aids.

"I was hoping, and praying that he would find a way to gracefully back out of this madness," said Mr Phil Wilson, of the African-American Aids Initiative.

"The house is on fire and Mr Mbeki is sitting around trying to decide whether it was started by a lighter or a match," Mr Wilson said.

"He talks about a plan. He doesn't talk about action. This should have been a call to action."

The chief organiser of the conference, Prof Hoosen Coovadia, said the speech had disappointed a lot of people.

"In our national struggle to come to grips with the epidemic, perhaps the most intractably puzzling episode has been our president's flirtation, with those who, in the face of all reason and evidence, have sought to dispute the aetiology of Aids."

But the government said yesterday it would not apologise for its view that HIV could not be looked at as the sole reason behind the Aids scourge.

Speaking at a press conference, Health Minister Manto Tshabalala-Msimang said the government would not respond to "narrow sectoral agendas and interests".

"We reiterate our view that it is inappropriate to blame everything around this epidemic on the HIV virus," she said.

"Clearly the relationship between HIV and other social ills afflicting our society, such as poverty and disease, particularly TB and STDs, is complex. We reaffirm, unapologetically, our view that a comprehensive response in our country needs to recognise this reality."

Prof Roy Anderson, a renowned Aids expert at Oxford University, said he too saw the speech as a lost opportunity.

"I was disappointed to put it bluntly," he said.



Pop princess warms to prince's advances

LONDON - Pop star Britney Spears wants to marry Britain's Prince William after all.

After weeks of resisting the shy overtures of the son of the heir to the British throne, the US pop princess told a British newspaper in an interview yesterday that the idea of becoming a real princess appealed to her.

"Marry Prince William? I would love that," Ms Spears told the Sun.

"After all, who wouldn't want to be a princess?" she said, adding that she found the royal teenager "cute".

"I'm definitely going to invite him to a concert - I would love him to come."

"I'm glad he seems like a normal guy and I can sympathise with him," Ms Spears was quoted as saying.

Prince William, who became something of a pin-up himself in his coy advance to the chart-topping singer earlier this



PRINCE WILLIAM
Wrote to Britney



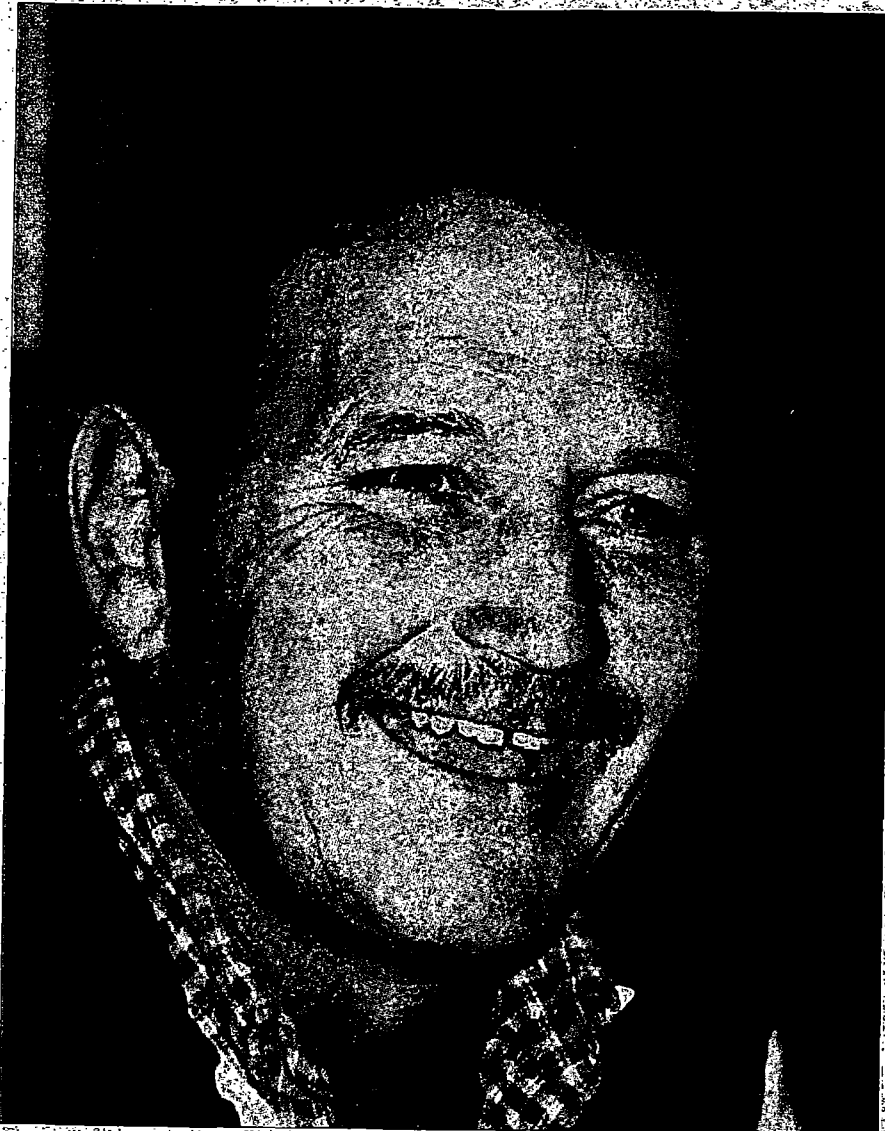
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Hospersa's vision to stamp out Aids



HOSPERSA PRESIDENT GAVIN MOULTRIE

OUR vision is to decrease the impact of HIV/Aids in the workplace and communities around us.

Mission

Our mission is to work, collaborate, strengthen and build on existing partnerships, for example

- ☐ Workshopping on strategies with the inter-ministerial committee.
- ☐ Local governments and national government
- ☐ Private sector
- ☐ Business sector
- ☐ Communities
- ☐ NGOs
- ☐ CBOs
- ☐ International

To address HIV/Aids related issues and to brought about sufficient behavioural changes that will result in a falling off in the rate of HIV/Aids cases and a decline in the incidence of the disease

Hospersa's key achievements

- ☐ Involvement as stakeholder in the partnership against Aids which was launched by the then Deputy President in October 1998 and the development of the Government Aids Action Plan under the auspices of the Ministerial Committee of HIV/Aids.

Education and training

- ☐ Hospersa members attend education and training workshops hosted the National Department of Health and other NGOs.

- ☐ Hospersa is also involved in advocacy, counselling, guidelines for HIV/Aids and standard policies and programmes, and involvement in the workplace.

Campaigns

- ☐ Key role player in the celebrations of World Aids Day, 1 December 1999, held at Pretoria Church Square.

Achievements

- ☐ Strengthening of condom distribution among those at risk:
- ☐ Distributed condoms to factory management and workers
- ☐ Youth talks on do's and don'ts of condoms.
- ☐ Officials had educational talks on condoms

Dissemination of Information

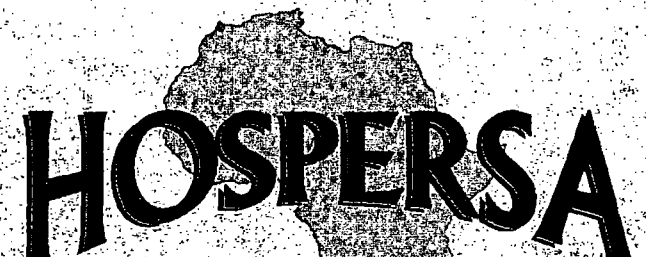
- ☐ Hospersa publications:
 - ☐ Nursing Today
 - ☐ Hospersa Update
 - ☐ Hospersa Website
 - ☐ Pamphlets
 - ☐ Editorials in mainstream newspapers
 - ☐ Advertisements in mainstream newspapers
- ☐ Increase employer and employee awareness through training
- ☐ Exhibitions at international Aids Conference and World Aids during 1999
- ☐ Participate in Satellite Global Nursing
- ☐ Participation in the conference hosted by DENOSA and the international nursing community on 8 July 2000 as part of the international Aids conference.
- ☐ Involved as a stakeholder Department of Health by attending meetings and task teams

All our concern

THE HIV/Aids epidemic is a public health concern and has become a human rights issue, a trade union issue and a developmental issue. We need to strive together to eliminate it from our society.

There are many things which a Trade Union can do to fight against Aids, including the following:

- ☐ Educating workers about Aids and the prevention of the disease
- ☐ Providing support to individuals suffering from Aids

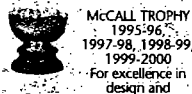


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Aids: Infected and Affected

UP TO 40 percent of the workforce will be infected with HIV by the end of 2000. South Africa is in the midst of an explosive AIDS epidemic, which has increased 30-fold since 1990, with no signs of stabilising.

With more than 4.2 million South Africans infected, we have come to realise the intensity of the situation.

With the disease being fuelled by migration, new infections in young women and high levels of other sexually transmitted diseases, the epidemic is spreading rapidly.

South Africa has one of the fastest growing HIV/AIDS epidemics in the world.

It is estimated that up to 150 000 persons are infected every day.

According to press reports last week, the figure calculated for Gauteng alone is approximately 1 600 persons per day.

Most new cases are women, the report stated. Predictions are that statistics still have to peak.

There is the implication that real behaviour change, as opposed to AIDS awareness, would only occur once deaths become too obvious to ignore. The Citizen reported.

This epidemic represents one of the greatest threats to the future of South Africa which will have far reaching implications in the workplace.

The staggering figures cannot be ignored.

A close analysis of the situation, particularly that relating to the labour market

reveals why South Africa has such a high prevalence of the disease.

Our country still has a large migrant labour component, same-sex hostels, lack of empowerment of women, poor access to health care, a lack of education and information, drug and alcohol abuse, poverty and a highly mobile society.

Inadequate treatment, low condom use, inability to encourage partner referral, and the social stigma associated with seeking

treatment for sexually transmitted infection, make the fight against AIDS an impossible task.

Women and children have been particularly hard hit by HIV.

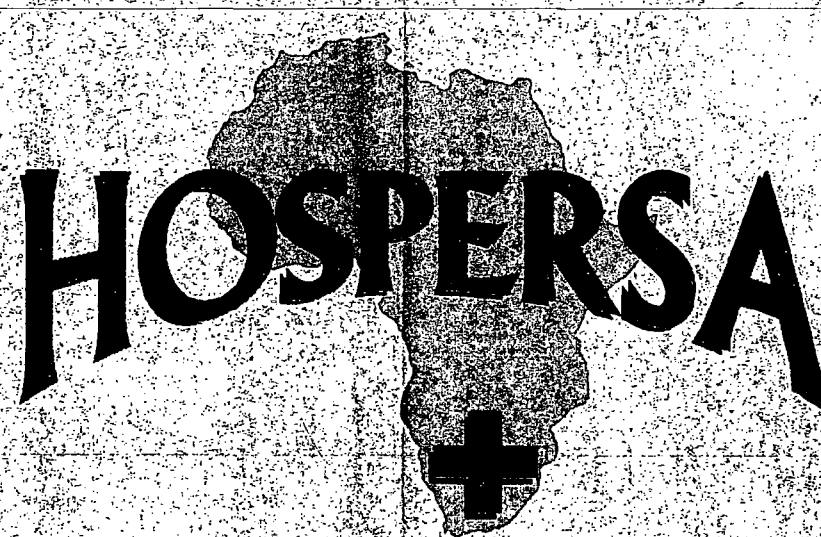
At least half of all infected adults are women, ages 15 to 49; in some regions more than 25 percent of pregnant women are infected.

Several factors contribute to this statistic, like some older men that seek out relationships with younger women in the hope that this would free them of infection.

Statistics also have shown that a woman's risk of infection is substantially higher if her partner is a migrant worker. AIDS is our problem and it will affect us all.

It will impinge on our social, economic and spiritual life; it will cause us pain; and will bring great moral dilemmas.

Awareness is no longer enough; the whole population must move beyond awareness and make prevention methods and behaviour a matter of second nature rather than of calculated thought.



**HEALTH AND OTHER SERVICE PERSONNEL
TRADE UNION OF SOUTH AFRICA**

Tel: (012) 365-2021

HOSPERSA: *who we are*

THE Health and Other Service Personnel Trade Union of SA (HOSPERSA) is the only trade union to receive approval to mount an exhibition at the controversial 13th International AIDS Conference in Durban this week.

Hospersa is an affiliated member of the Federation of Unions of South Africa (Fedusa), and the Public Services International (PSI).

Stemming from a Staff Association for hospital employees formed approximately 50 years ago in the former Transvaal Province, the organisation only gained official recognition from the Commission for Administration in 1989 after the merger of the Hospital Employees Association in Transvaal with the Association of Cape Province Hospitals.

This led to the formation of Hospersa.

The merger allowed for Hospersa finally to be registered as a trade union in terms of the Labour Relations Act of 1956.

Subsequent mergers with NPAPA expanded Hospersa's operations into the Free State and KwaZulu-Natal, thus becoming represented throughout the Republic.

Since October 1994, a strategic interven-

tion programme ensured a responsible democratisation of the union as a member-led organisation in the spirit of the New South Africa.

Diversity

Hospersa is politically non-aligned and answers to no political party. The rich diversity of membership in Hospersa leaves the union independent and free to challenge any political decision.

All workers in the Health Service and related industries in the public and private sector, be they employed at head office, institutions, occupations or trades in all areas of health care, are free to join Hospersa.

Since Hospersa's congress in 1995 the union has grown by a phenomenal 100% increase in membership, which can be attributed to the fact that we are a democratic, member-driven organisation with no political alliances.

Even last year's disrupted congress couldn't stop this growth. Since 1999, Hospersa has grown by more than 14 000 members to a total of 85 000.

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DEADLY DISEASE

The 13th International Aids Conference starting in Durban on Sunday is at the geographical heart of South Africa's growing Aids threat. Health reporter Lynne Atlenroxel reports



Two epidemics at once



Practical considerations aside, it is fitting that Durban is hosting the Thirteenth International Aids Conference.

As the South African province worst hit by the scourge, KwaZulu Natal gives a glimpse into the future of the remaining eight provinces which have yet to reach such an advanced stage of the epidemic.

Actually, there are two epidemics: an epidemic of new HIV infections, and an epidemic of Aids-related deaths, points out Debbie Mathew, grants manager of the Durban-based Aids Foundation of South Africa. She has been working with HIV since 1993.

"In the early days you didn't really see people dying, now that's changing," she said.

Among the deaths is that of a three-year-old girl christened Thapelo by her rescuers after being found barely alive and abandoned on a riverbank in the Pietermaritzburg area. She had been dumped because she was HIV positive.

Yvonne Spain, co-ordinator of Children in Distress (Cindi), recalls how Thapelo was buried



CARA VIERECKL

Rejected... Aids sufferers are often cast out by family and community, leaving only a few voluntary workers to care for them.

Bed-ridden patients dependent on home care, are even worse off, often on their own after their entire immediate

aged 20 to 24, and 36% in women aged 25 to 29. KwaZulu Natal's high infection rate is chalked up to a

are forced into migrant labour, where women turn to prostitution to feed their families and where, as former

Operating out of three containers in the yard of the Anglican Methodist Church in Hillcrest, the charity also runs

Virus-killers offer hope

In spite of years of research, condoms remain the most effective prevention against HIV.

But scientists continue to predict a possible breakthrough in the search for an Aids vaccine, and more than 50 microbicides are currently being tested around the world.

Many of these microbicides which usually take the form of a vaginal suppository - are in the early stages of clinical trials on female volunteers.

Vaginal microbicides work in one of three ways:

■ Killing the virus by damaging viral membranes or maintaining the natural acidity of the vagina.

■ Blocking the passage of the virus into the vaginal or cervical cells by either covering the cells or by binding with the pathogens to stop them from

penetrating the cells. (Among the substances being tested is carrageenan, which is a seaweed commonly used in food, cosmetics and toothpaste.)

■ By preventing the virus from replicating itself once it has entered the body.

Microbicides tested by patients

Microbicides offer hope to women whose partners refuse to use condoms, because they could be used without the knowledge of uncooperative partners and by women who wish to conceive a child without the risk of contracting HIV.

But they are unlikely to be 100% effective and are expected to take years to develop.

Four microbicides are currently being tested in KwaZulu Natal, where Medical Research Council researcher Professor Salim Abdool-Karrim has just completed a seven-year study on the treatment of sexually transmitted diseases as a method of Aids prevention.

As part of the study, nurses at clinics in Hlabisa were trained to give patients one of five packets of drugs (and condoms), based on the identification of the symptoms of STDs. Patients were also counselled by the staff.

The result, Abdool-Karrim said, was a four-fold difference in the success of treating STDs at the clinics with the special packages than those without.

The next phase of the project will check the effectiveness of the treatment in preventing HIV infection.

Myth and reality come face to face

Last week health economist Professor Alan Whiteside and businessman Clem Sunter launched a new book entitled *Aids: the challenge for South Africa*, in which they argue that Aids can be beaten through urgent intervention at grassroots level. They also debunk a number of Aids myths.

Myth: Aids prevention and treatment programmes are very



bers of sexual partners. But there is no evidence to prove this. **Myth:** I can be cured of Aids if I sleep with a virgin.

Reality: This is an urban legend doing the rounds in South Africa which illustrates just how desperate the epidemic has made people feel.

Myth: Aids is untreatable.

Reality: Therapies are available which reduce viral load (and

NATIONAL OFFICIAL STATISTICS

HIV prevalence by province:

KwaZulu Natal: 32.5%
Mpumalanga: 27.3%
Free State: 27.9%
Gauteng: 23.9%
North West: 23%
Eastern Cape: 18%
Northern Province: 11.4%
Northern Cape: 10.1%
Western Cape: 7.1%
National average: 22.4%

Lovelife survey (2000):

Number of orphans (under 15 years of age) expected by 2005: 1,000,000

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Offside, Fifa!

south africa



Johannesburg

BID chief executive Danny Jordaan headed a list of high-profile South Africans who slammed Europe after Germany pulled off a sensational victory in Zurich when they were awarded the 2006 World Cup yesterday.

Reports from within the South African camp indicate that they will compete for the 2010 Soccer World Cup, despite striking a deal with Brazil promising the South Americans support in their quest to host the soccer showpiece.

A source close to the South African delegation hinted that they would try again for 2010 after coming so close to bringing the competition to Africa for the first time.

The source conceded that South Africa did have a deal with Brazil but added that in football politics anything was

THE FACES AND THE TEARS THAT TELL OF THE END OF THE AFRICAN DREAM



NO! Shock and sadness were written on the faces of soccer lovers who had gathered at Durban's Absa Stadium when Fifa announced that Germany had won the bid.

PICTURES:

PATRICK MTOLO &



XIII INTERNATIONAL
AIDS
CONFERENCE

Durban
2000

Mbeki 'has golden opportunity' over Aids

PATRICK LEEMAN

PRESIDENT Mbeki has a golden opportunity to make amends at the opening of the 13rd World Aids Conference in Durban on Sunday night after the recent controversy over whether HIV causes Aids.

This is the view of Prof Alan Whiteside, director of the Health Economics and HIV/Aids Research Division at the University of Natal in Durban.

Together with Mr Clem Sunter, chairman of the Anglo American Chairman's Fund, Prof Whiteside is the author of a new book titled *Aids - The Challenge for South Africa*, which was launched in Durban last night.

Prof Whiteside said in an interview that Mr Mbeki had an ideal chance on Sunday to "put things right" and issue a "wake-up" call to South Africa as to how the government was going to handle the Aids crisis.

South Africa's response to the pandemic had been "inadequate" but was improving.

Prof Whiteside said there was still a lack of political leadership at every level in South Africa on the issue of HIV/Aids.

Subjects such as the size of the problem, its potential consequences, the destigmatisation of HIV patients and the disease itself, and an acknowledgement of the cross-cutting nature of the disease were not being properly addressed.

"A key issue is the situation of Aids orphans. We have to get a grip on that one," Prof Whiteside said.

Women's rights and the protection of



PICTURE: TERRY HAYWOOD
PRESIDENTIAL CHALLENGE:
Prof Alan Whiteside, a world authority on HIV/Aids.

women against the virus were also subjects which had not been given enough attention in South Africa.

Prof Whiteside said parents should be telling their children about HIV/Aids from an early age. If they were not able to do it, then the schools should step in.

The Aids authority said he felt optimistic about the outcome of the conference. He said South Africa had scientists who were among the best in the world.

SEE ALSO PAGE 8 OF GOODLIFE

Special HighRoad supplement

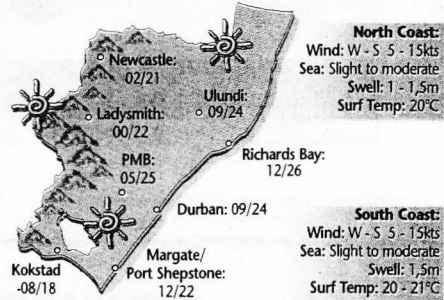
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WEATHERWISE



TODAY IN KWAZULU-NATAL

Coastal:
Fine and warm.
Wind: Light westerly at first, becoming moderate southerly.

Interior:
Fine and warm, but mild in the west.
Wind: Light westerly, becoming south-easterly to easterly.

Drakensberg resorts:
Cold at first, otherwise fine and mild.
Wind: Light southerly.

UV Risk for DBN:
Moderate
Sunset Today: 17:12
Sunrise Tomorrow: 06:52

Tides for DBN:
High tide: 11:06 / 23:49
Low tide: 04:52 / 17:08

Moonrise: 12:58
Moonset: 01:19
First quarter - Neap tide, July 8

THE REST OF SOUTH AFRICA

Pretoria	Fine	02/20
Johannesburg	Fine	01/17
Bloemfontein	Fine	-02/17
Kimberley	Fine	02/19
Cape Town	Partly cloudy, with some slight showers	09/17
Port Elizabeth	Fine	07/21
East London	Fine	13/23
George	Fine	10/22

TOMORROW

Fine and warm, becoming partly cloudy at times. Mild over the western interior.
Coastal wind: Light south-easterly.

WEDNESDAY

Fine and warm, but mild over the western interior.
Coastal wind: Light north-easterly.

DURBAN YESTERDAY

TEMPERATURE:	BAROMETER:	RAINFALL: At 8am: nil
Minimum: 16°C	12:00: 1015 millibars	This month: nil
Maximum: 21°C	18:00: 1017 millibars	(Average: 39mm)
HUMIDITY: At 2pm: 73%	Year to date: 551,2mm	(Average: 1009mm)
DISCOMFORT INDEX: N/A		

INTERNATIONAL

Auckland	09/15	Moscow	13/23	Rio de Janeiro	20/27
Buenos Aires	08/13	Nairobi	09/27	San Francisco	14/19
Hong Kong	28/33	New Delhi	26/35	Sydney	11/19
London	12/18	New York	16/25	Tel Aviv	24/36
Mecca	33/42	Paris	11/19	Tokyo	21/32

FOR THE LATEST WEATHER FORECAST PHONE 082-162 OR 082-232-4000

CAMERON GETS STANDING OVATION

Judge in special drug plea

PATRICK LEEMAN

ACTING constitutional court judge Edwin Cameron received a standing ovation from delegates attending a symposium on the treatment of HIV/Aids when he made an impassioned plea for Nevirapine to be given to pregnant mothers with HIV.

Judge Cameron was speaking at the Playhouse Theatre in Durban prior to the 13th International Aids Conference, which begins at the International Convention Centre in the city this morning.

He said South Africa could stop 5 000 babies a month from being born with HIV if the mothers were given Nevirapine during their pregnancy.

Judge Cameron said the South African health department could do this "affordably" and the decision not to administer the drug was "unjust and wrong".

Resources

The acting constitutional court judge, who disclosed both his homosexuality and his HIV-positive status last year, said the people of Africa, who were poor in resources, should be offered the same incentives in terms of affordable drugs to treat the virus as were available to the people of North America, most of Europe and Oceania.

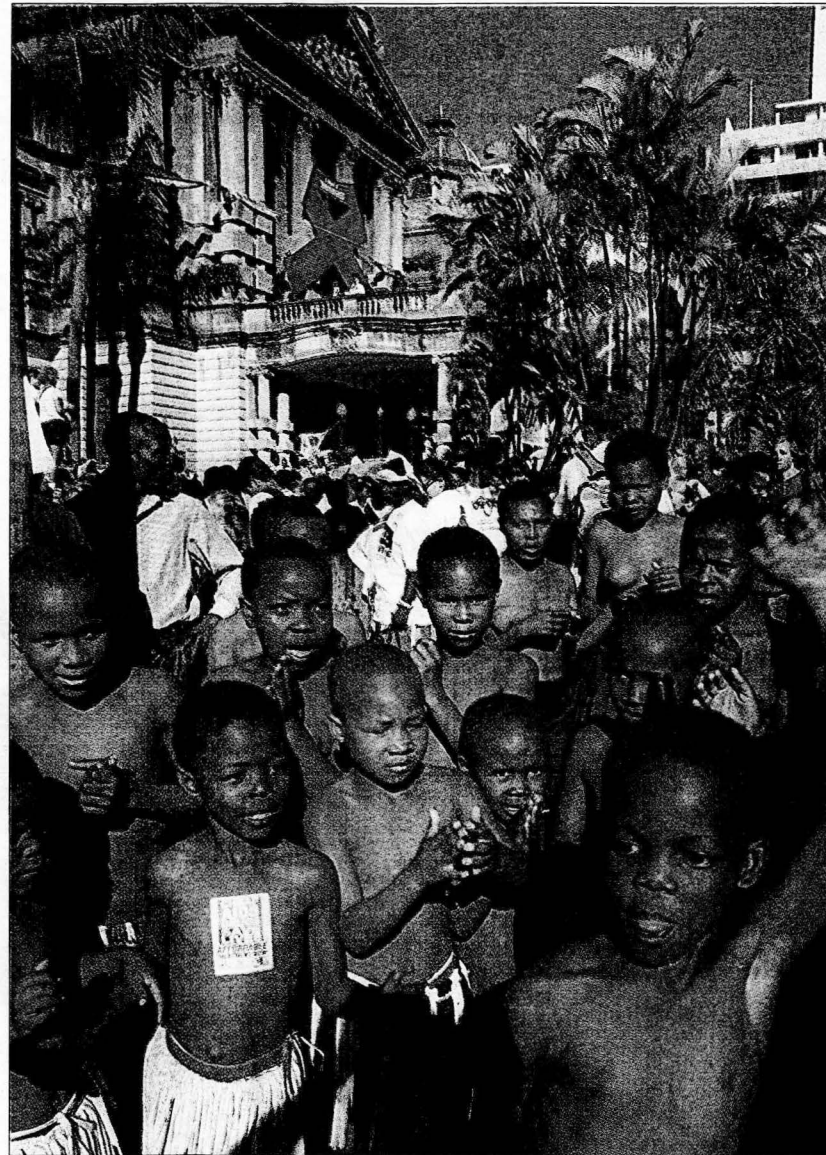
The vice-president for Africa of the World Bank, Mr Callisto Madavo, said at the opening of the symposium that the organisation was planning to set aside R3,5 billion to fund HIV/Aids programmes in Africa.

The bank had resolved that no sensible Aids programme would be stopped for lack of money.

"As long as Aids remains the foremost threat to development in Africa, it will remain at the forefront of our agenda," Mr Madavo said.

He said that not one international partner – the World Bank included – had done its utmost to support HIV/Aids efforts in full.

"All of us in the international community must do more – and not just with money.



PICTURE: ROBERT D. E

CALL FOR HELP: A group of Durban children joined thousands of marchers at Durban's City Hall yesterday calling for access to affordable Aids treatment drugs. The demonstration was attended by more than

XIII INTERNATIONAL AIDS CONFERENCE

DURBAN • SOUTH AFRICA • 9-14 JULY 2000

US admits assistance to Africa is not enough

PHINDILE NGUBANE

ALTHOUGH the United States was committed to assist Africa in dealing with Aids, it realised that its efforts so far were not enough.

This was according to the director of the office of national Aids policy at the White House, Ms Sandra Thurman, speaking at a press conference discussing the impact of HIV/Aids on the US.

Ms Thurman said the White House was "very committed" to helping Africa, with President Bill Clinton having asked for an additional \$100 million (R685 million) for its assistance programme in the current financial year.

She said there was, however, a need for more countries and the international business sector to join in supporting the continent.

US Surgeon-General David Satcher, who hosted the press conference, said he was one of the people who was pushing for more support in Africa and developing countries.

The Washington Post was said to have recently carried a story critical of the level of the US's commitment to providing financial assistance to Africa for fighting Aids.

Ms Thurman said that when she visited HIV-infected children at King Edward VIII Hospital in Durban yesterday, "I was reminded we need to do more than talk – they need action, not talk".

She was optimistic that the international conference would come up with new information to assist



DR DAVID SATCHER
"Pushing for support"

in the fight against Aids.

Among the research findings in the US was that 46% of cases reported from July 1998 to June 1999 were among African Americans and 20% among Hispanics.

Young gay men still faced high rates of infection and between 4 million and 5 million Americans fell within the "high risk behaviour" group.

Meanwhile, a R250 000 Aids statue was unveiled at Central Park near the Workshop mall at the weekend. Deputy President Jacob Zuma, who unveiled the statue, said he had held a meeting with the presidential Aids advisory panel, which had given him "good news" that a vaccine could be found "within reasonable time".

Criminals warned of zero tolerance

THE police would adopt a zero tolerance "The delegates attending the

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SUNDAY TRIBUNE



DURBAN, SOUTH AFRICA, JULY 9, 2000.

a i d s



breaking the silence

In the past two years we have seen an escalation in the number of people dying from HIV/Aids-related illnesses, as well as an increase in the number of people living with the disease. It is also horrifying to note that the youth are, globally, the most vulnerable to HIV/Aids.

For this reason SpoorNet embarked on support programmes aimed at disseminating information on HIV/Aids.

We are driven by the stark realisation that in a decade the country may have lost a large percentage of its potential workforce and leadership. We were concerned about the avoidable loss of lives, when the disease could be kept in check - its spread curtailed - through information sharing and awareness campaigns.

In 1999 we joined forces with the government's health and social welfare departments, the office on the status of women and

trade unions. SpoorNet provided two Aids trains which ran the length and breadth of the country to:

- Provide a "conference on rail" facility for informing, educating and counselling communities along the rail network;

- Take HIV/Aids awareness to outlying communities through activities held at the various railway stations visited;
- Provide a platform for people with HIV/Aids to share their experiences, fears and hopes, while dispelling any myths about the disease; and

- Create an awareness among workers and communities that "a friend/colleague with HIV/Aids is still my friend/colleague".

The first Aids train was met in Cape Town by the previous president, Nelson Mandela. The trains were met at various stations by people from nearby



SpoorNet, together with the Sunday Tribune have sponsored this special Aids supplement. SpoorNet executive manager, corporate communications, **Dr Velaphi Mkhize**, explains the corporation's commitment to an AIDS outreach programme.

communities, and representatives of government and non-governmental organisations. Interaction between the communities and those on the train was facilitated through discussions, mini-workshops and meetings.

The challenge for young people was to realise that HIV/Aids is not a foreign mystery, but a local reality. This was further emphasised by young HIV positive men and women who urged the youth to "love safely, protect yourself and your partners".

SpoorNet has also contributed to the training of more than 450 HIV/Aids trainers to support the concept of peer education on the disease.

The success of our involvement with the Aids trains has spurred us to intensify our work, targeting young people. This year we will focus on partnerships with credible Aids service organisations that are working with

the youth in remote rural areas.

We are presently discussing a joint venture with LoveLife, an organisation that has done tremendous work in motivating and educating young people in self-help skills, and about sex and sexuality, including HIV/Aids. We hope to jointly run a Lovetrain that will travel to outlying areas. That will cost us R1-million.

In the past two years SpoorNet has spent R2.03-million on HIV/Aids awareness. This figure represents 30% of our overall corporate social investment budget. In the 2000/01 social budget, the HIV/Aids budget is R3.05-million, which shows how seriously we view our role in the fight against the spread of the pandemic.

We will continue to support organisations that share our concern about the threat posed by HIV/Aids to our communities and to the country's economy.

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AIDS will hit economy hard

GDP WILL BE 17% LOWER BY 2010 THAN IT WOULD HAVE BEEN WITHOUT EPIDEMIC, SAYS FORECAST

Global business spent \$250-billion on Y2K, but is struggling to find \$3-billion needed to combat Aids, report **Tim France** and **Adele Shevel**.

NATIONAL wealth in the countries hit hardest by HIV/AIDS will be reduced by 15% to 20% over the next 10 years because of the pandemic, according to new research published by UNAIDS and the World Bank and released at the AIDS 2000 conference yesterday.

Lower economic growth and increased poverty threaten to

form a vicious circle, in which HIV/AIDS drives many families into deepening poverty, while at the same time poverty accelerates the spread of HIV.

The effect of AIDS on economic growth and the close link between poverty and AIDS are among the findings from a symposium of the International AIDS Economics Network, a global partnership backed by UNAIDS and the World Bank.

In South Africa, where an estimated 20% of people are infected with HIV, researchers forecast that gross domestic product (GDP) will be 17% lower by 2010 than it would have been without AIDS. Individual families will

find their incomes reduced.

The current projections come despite doubts about past forecasts of the macro-economic effects of the epidemic.

Mr Callisto Madavo, the World Bank vice-president for Africa, said earlier this week that the bank was proposing a \$500-million loan fund to help African governments pay for expanded AIDS programmes.

Mr Bill Roedy, the president of MTV Networks, International, and the chairman of the Global Business Council on HIV/AIDS, said yesterday that business was not doing enough to counter the disease.

Business spent \$250-billion

internationally on the Y2K problem, but had yet to find a way to raise the \$3-billion called for by Dr Peter Piot, the executive director of UNAIDS, to combat Aids. "Business has a critical role to play. It can use its influence, connections and resources to help in the fight."

More than a year ago, United Nations Secretary-General Mr Kofi Annan challenged the business community to do something about AIDS.

But concerted efforts by the business communities to respond have not emerged, despite the existence and efforts of the Global Business Council.

Of all the players in the AIDS

community, the business community arguably has the most straightforward access to the kind of resources that are needed to slow the spread of HIV.

It was also announced yesterday that Mr James Wolfensohn, the president of the World Bank, was the council's new honorary president. Wolfensohn said the battle against AIDS was one in which every available asset must be put to work.

The council issued a report assessing the impact of the epidemic on business.

The macro-economic impact of HIV/AIDS has a great effect on business through its influence on markets, savings, invest-

ment, services and education.

HIV/AIDS affects people in their most productive years of life. (Most infections occur before the age of 25) and affects people through reduced earnings as a result of illness, care demands, higher expenditure on health care and premature death. The result is a reduction in savings rates and disposable income.

This has the combined effect in the long term of reducing the market size for business, particularly in markets outside the basic necessities of food, housing and energy, and reducing total resources available for production and investment, and

thus cutting economic growth.

Early results of on-going estimates by the World Bank suggest that the macro-economic impact of HIV/AIDS may be significant enough to reduce the growth of national income by up to a third in countries with adult prevalence rates of 10%.

Meanwhile, with the new president and honorary president now installed, all eyes will be on the council to put in place renewed efforts to prompt the private sector into action, particularly in countries heavily affected by the epidemic.

□ Adele Shevel is reporting on the AIDS 2000 conference for Business Report.

We're here to help



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Break the Silence

XIII International Aids Conference, 9 to 14 July,
International Convention Centre, Durban

First impressions

Thousands of delegates arrived in Durban with a shared understanding: it is time the conference was held in Africa. Delegates are looking forward to learning about local conditions and getting to know the country a little better. These are a selection of their views.

RICH MARCHEWKA United States

I AM a photographer. It's my first time in Africa. I'm going to Zimbabwe afterwards to put on a photo exhibit on the Aids epidemic. I think it's about time that the conference came to Africa and for the rest of the world to get to know about Aids in Africa.

By the end of the conference I hope to have taken enough pictures to put together a photo exhibit and I want to make a television public service announcement with my photos, alerting the American population about Aids.

ALAIN RICHERT France

I AM a biologist and I've never been to Africa before. After the conference I am going to visit Cape Town. I heard it is very beautiful there. The weather is magnificent. I can't believe that you are in winter here. This is like

Europe's summer. The Aids conference should have been

here before because of the extremely high infection rate here. I do not know if it will change anything, but it will make people from other countries more aware of the situation in Africa. I am a volunteer for an Aids association in France and we run a website so I am going to put all the information I have after the conference onto the site so that people who could not make it for the conference will know what happened.

JUAN PEDRO Chile

I CAME especially for the conference. This is my first time in Africa, but unfortunately I will not be touring. After the conference I am going straight home.

Africa has the highest infection rate, therefore I think that it's good for the conference to be here in Africa.

When I go back I am going to help educate the non-governmental organisations in Chile about the epidemic by sharing with them all that I hope to have learnt here at the conference.

DR SEIFU BAHIRU Ethiopia

THIS is my first visit to South Africa, but I have a tight schedule so I'm heading straight home after the conference. It's about time that the conference was held in Africa so that the rest of the world can realise the need for cheap drugs.

Hopefully, they will sell their drugs to us cheaper. Also the conference will enable people to interact and share experiences and collectively come up with a plan of action.

JUAN JOSE Argentina

I HAVE never visited your country before and I already love it. The weather is wonderful. In Argentina everybody knows that Africa

has the highest rate of HIV infection, so I think it is good for all the people everywhere to know about this.

Every country should be sensitive to Africa and by coming here people will get first hand knowledge about the disease in Africa and in other countries.

I am a professor of research at the University of Rosario. My students are researching Aids in their community. When I go back I am going to teach them about everything that happened at this conference and this will help their research. I'm really looking forward to it.

JUDITH MAYO United States

IN MY country there has been a lot of pre-conference coverage, especially from the print media. The epidemic is

better than five years ago, mostly because of the availability of HIV/Aids treatment and drug therapy. I think that the mistake that Africa made was that they do not give effective therapy and treatment.

However, I understand that the economic crisis in the continent as well sort of works against the plans to combat the epidemic. Governments need to invest millions in combating the epidemic and we all know that Africa is struggling economically.

However, in the US, as well there is still discrimination and prejudice against people

with HIV/Aids. It is a good thing that the conference has been brought to South Africa, considering the rate at which the epidemic is spreading in this part of the world.

JASLENE WILLIAMS Virgin Islands

I HAVE always dreamt of coming to South Africa and finally I am here. Besides the obvious, I came here to make some contacts and to learn what other people from other countries are doing in their fights against HIV/Aids.

I want to hear what strategies they use and also to contribute by sharing our experiences in our country.

As an assistant director of mental health in my country, we talk to the sex workers and encourage them to take precautions. We have a small

population, 110 000 people, and therefore it's easy for the epidemic to spread rapidly. So far we have only had 324 cases of HIV/Aids and that is a lot for a small country with a small population like ours.

MAREN ROEBUCK Virgin Islands

IN MY country most of the money spent on HIV/Aids comes from the government. And we are lucky to have such a supportive government. Even

though our country is not strong economically, the government tries to empower us.

I think that to combat the epidemic we need to look beyond culture.

We should also provide vaccines and HIV/Aids treatment at a cheaper cost.

LISA TACKLEY United States

THIS is my first time in your country and I am really delighted to be here. From this conference I hope to obtain updates and new findings about the spread of HIV/Aids. It was about time that this conference was

brought to Africa because people here need this the most.

However, I do not think that Africa can do this on its own. They need Europe, America

and Asia to fight the epidemic. All continents should come together and people should teach other people about the disease.

What has helped us in the US is that some prominent figures have come out and revealed their HIV status. That has been very helpful, especially in our effort to get to the youth. Because the youth look up to these people and as a result the youth has begun to take precautions.

After this conference I will go to visit the Drakensberg mountains and learn about the culture that we have been told so much about.

P. CLAY STEPHENS United States

IT IS my first time in South Africa. The HIV/Aids statistics are alarming in this part of the world and unless some drastic steps are taken in combating this epidemic more and more people are going to die.

I hope that everyone attending the conference will take back to their countries what they have learned from here.

COMMUNITY PROGRAMME: Aims to ensure that the conference is complimentary and holistic

THE decision to hold the 13th International Aids Conference in a developing country at the epicentre of the global pandemic was historic and momentous. Mr Peter Busse, co-chairman of the Community Programme at the conference, has said:

In a message to delegates, Busse said: "We hope you will

Interface between the community and science

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XIII International Aids Conference, 9 to 14 July,
International Convention Centre, Durban
www.aids2000.com

Break the Silence

9

DAILY NEWS MONDAY JULY 10 2000

Poor 'cut off' from treatment

\$500-m made available for Africa

THE World Bank is to spend \$500-million on a comprehensive Aids programme for Africa.

The announcement of the programme was timed to coincide with the conference.

With HIV-Aids threatening the future of millions of Africans, the World Bank told delegates to the conference that the funds would be made available to any African country which set up a national Aids programme.

Nearly 24 million people in Africa live with HIV-Aids and the epidemic continues to ravage development prospects for millions of Africans.

Mr Callisto Madavo, vice-president of the World Bank's Africa region, said the bank would soon present a Multi-sectoral Aids Programme for Africa to its board of directors.

"This programme will set aside \$500-million from the bank's soft-loan window; the International Development Association (IDA), to fund HIV-Aids programmes.

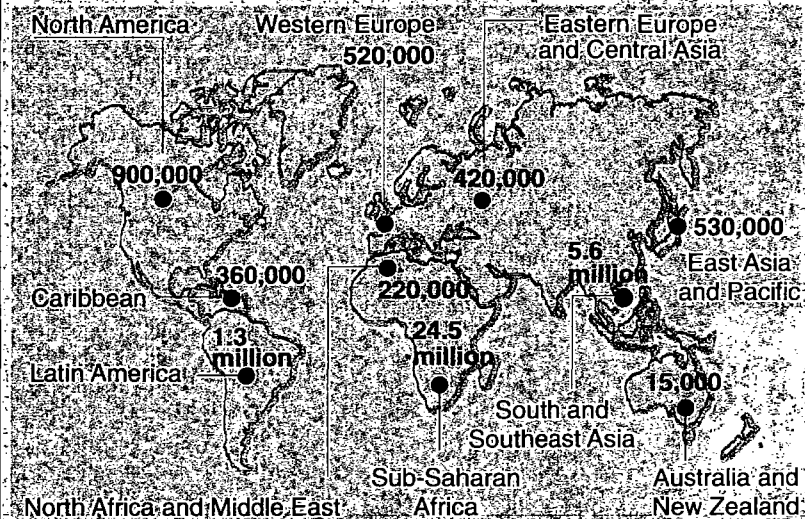
Nearly every country in Africa will be able to access these funds.

"All that is needed is a sound national Aids strategy developed in a participatory way, backed by serious government commitment."

A global epidemic

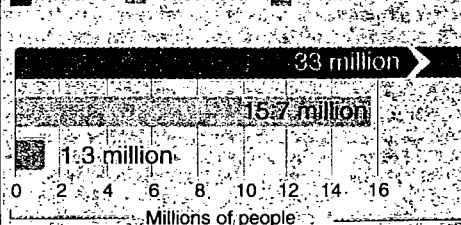
AIDS has already caused 18.8 million deaths and orphaned 13.2 million children. In 1999, 2.8 million people died of AIDS. Currently, it is estimated that 34.3 million people are living with HIV/AIDS around the world.

Adults and children living with HIV/AIDS

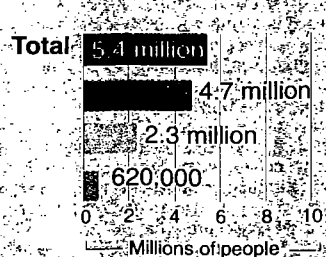


Living with HIV/AIDS

■ Adults ■ Women ■ Children



Newly Infected in 1999



AP GRAPHIC. SOURCE: UNITED NATIONS PROGRAMME ON HIV/AIDS

THE Durban conference could be a turning point by creating an international impetus to secure equitable access to drugs for all people with Aids, Mr Justice Edwin Cameron said today.

Cameron delivered the First Jonathan Mann Memorial lecture, the opening plenary address at the start of the conference.

Cameron has stated publicly that he was proudly gay and was HIV-positive.

He said it was particularly fitting that the lecture should be initiated at the first international conference on Aids to take place in Africa, as it was in Africa that Mr Jonathan Mann gained his earliest experience with Aids. Mann did pioneering work in focusing the world's attention on HIV-Aids.

Mann worked among high-risk communities, such as healthcare personnel and sex workers. These encounters provided him with a deep insight into the problems of Aids in Africa.

Cameron said that since Mann left Africa in 1986, two considerably influential factors had contributed to the epidemic sweeping the continent.

The epidemic had altered from one which primarily affected gay communities in North America and Western Europe to one which burdened the heterosexual populations of Africa and the developing world.

The statistics are so horrifying that the imagination shrinks from the thought that these figures represent real people and real suffering. Nine-tenths of all people living with HIV-Aids are in poor countries, and two-thirds of the total of HIV-infected individuals are in sub-Saharan Africa," Cameron said.

The demographic changes

The XIII International Aids Conference opened in Durban today with an impassioned address by Mr Justice Edwin Cameron, an African living with Aids. **Fred Sanders** of the *South African Medical Journal* reports.

shrivel into the background when one considers the efficacy of newly-developed drug regimens and the fact that the near miracle of reduction of mortality and morbidity, improvement of quality of life and lengthening of survival time with Aids is not available to Africans and other resource-poor countries.

"The drugs are not expensive to produce, but drug pricing structures imposed by manufacturers make the drugs unaffordable to many countries and individuals."

Barriers

Mann foresaw the significance of the treatment issue when, in 1996, he said that of all the barriers dividing people in the Aids epidemic, "the gap between rich and poor is the most pervasive and pernicious". Cameron was speaking not as an observer, but as an African living with Aids, and counting himself as one among the forbidding statistics of Aids in Africa.

When he fell ill with the symptomatic effects of HIV, he had access to good medical care, and was able to afford the combination therapy which has literally saved his life, and improved its quality. He said that he was the embodiment of the inequity of drug availability and access in Africa.

"The most urgent challenge, he said, was to find constructive ways of bringing the life-saving drugs to the millions of people who would suffer terribly or die without Aids."

affordable measure would be to provide short courses of anti-retroviral medication to prevent, or at least to limit, mother-to-child transmission of HIV. Every month, 5 000 babies are born unnecessarily and avoidably infected with HIV.

Cameron slammed the Government for its "mismanagement" of the Aids epidemic, which has resulted in South Africa having one of the world's highest prevalences of HIV infection.

Cameron expressed strong disapproval of President Thabo Mbeki's "flirtation with those who, in the face of all reason and evidence, have sought to dispute the aetiology of Aids. This has created an air of

unbelief amongst scientists, confusion among those at risk of Aids, and consternation among Aids workers."

Cameron said some international agencies and personalities had attempted to redress the situation of access to drugs. UNAids has begun a dialogue with five of the biggest pharmaceutical companies.

While these efforts are commendable, he said they failed to command the urgency and sense of purpose appropriate to an emergency room when a patient was dying.

The debate about drug pricing

diverted attention and energy from other vital issues. It had delayed the consideration of programmes to prevent mother-to-child transmission and more ambitious alternatives in anti-retroviral therapy.

Cameron said there had been a cacophony from task groups, workshops, committees, councils, policies, drafts, proposals, statements and pledges. But the clamour has seemingly failed to stimulate the authorities to effective action, he said.

Mann, in the last years of his life, wrote: "Preventing preventable illness must be understood as a challenge to the political and societal status quo."

In the spirit of Mann, Cameron threw out challenges to the delegates at the Aids 2000 conference - they should aim at making the future different.

Delegates should assure access to effective drugs which is a chronically manageable disease.

Cameron sounded a call for the conference to address the drug companies. Delegates had to demand urgent action for resource-poor countries by challenging the pharmaceutical companies to permit parallel importation of Aids drugs without delay and to allow the manufacture under licence of drugs for which they held the patents.

"This conference can be a turning point in the creation of an international impetus to secure equitable access to drugs for all persons with Aids in the world," Cameron declared.

The drugs are not expensive to produce, but drug pricing structures imposed by the manufacturers make the drugs unaffordable to many countries and individuals

— Justice Edwin Cameron

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What's the point of talking about it?

SEX is a natural part of life and growing up. It can be great, but like all things in life there are also risks.

The most obvious risk associated with sex is falling pregnant. Nearly half of all babies born in South Africa are born to teenage parents.

And there is also the risk of HIV/Aids. Most HIV infections occur before the age of 20. Nearly 25% of young women aged between 15-20 are already HIV positive.

Most of these problems are the result of lack of information. Young people generally don't find it possible to talk to their parents about sex. Teachers are reluctant to call 'a spade, a spade' and clinic nurses are well-known for their unsympathetic attitude toward any teenager they suspect of having sex.

But we know that sex happens. The average age of first sexual encounter among boys is 15 and 14 for girls.

If you think you are ready to have sex, you need to make sure you know what you're getting into.

You may assume everything you need to know about sex comes naturally, but do you really understand how a baby is conceived?

You know that boys and girls are different, but how much do you know about how the male and female reproductive systems work? And how do you avoid getting pregnant or making a girl pregnant?

loveLife national director, Shirley Ngwenya says, "Young people often find their ambitions as young people overwhelmed by their eagerness to have sex."

Teenage girls in particular carry a heavy burden as a result of an unwanted pregnancy. They often end up leaving school prematurely to care for the child and this puts an end to dreams about a better life.

"We aim to open the topic of sex," says Ngwenya, "because

we are compromising the future of our children as long as there is denial of the fact that teenagers are sexually active, but do not have the information to guide them and cannot easily access contraception or sexual health services."

In a recent loveLife nationally representative series of focus group discussions with teenage South Africans, nearly two-thirds of respondents said that violence, coercion and peer pressure were features of their sexual experience as teenagers.

Very few spoke about love and romance.

Most respondents said they wanted to be able to speak to their parents about sex, but most learnt about sex from an older sibling or their peers.

"One of the main elements of the success Uganda is seeing in reducing HIV infection among young people in that country is a campaign to open discussion about sex," says Ngwenya.

By demystifying sex, she says, one is not encouraging young

people to become promiscuous. On the contrary, research in European countries where sexual education in schools and homes is very explicit shows evidence of significant delay in sexual activity.

loveLife is looking at young people's lifestyle, at popular culture," says Judi Nwokedi, loveLife media spokesperson.

"We are harnessing the ideas and channels that young people find appealing to promote the concept of healthy living and

positive sexuality.

"That means we think that young people must be encouraged to achieve their life's ambitions. Part of doing that is understanding the choices in life and around sexuality.

Positive sexuality means understanding the concepts of choice around sex - when to, how to, how to say no, how to really have a good time, and what to do if you think you have a problem.

"But fundamentally," Nwokedi says, "positive sexuality is

about shared responsibility."

It takes two people to have sex. Making that an accepted concept, Nwokedi argues, would go a long way to reducing the high levels of risk associated with teenage sexuality.

If you want to talk to somebody about sex call the YouthLine 0800-000-001 (in partnership with the National Youth Commission) or go to www.lovelifelife.org.za or write to loveLife at PO Box 45, Parklands, 2121.



Sex, love and life

IT'S tough being young - your hormones pull one way - your head pulls in another direction.

You can't talk to your parents or other adults about much, because they just don't get it. And when it comes to the important stuff like sex: you and your parents would rather die before talking about sex.

Fact is even if you are not sexually active, thinking about sex, talking about sex, fantasising about the ideal love is a major pre-occupation in your life. loveLife recognises that sex is a big part of young people's lives and that young people need to understand the risks and choices associated with sexual behaviour.

Fact is that even though sex is healthy, fun, natural and normal there are some major negative consequences like unwanted pregnancy, sexually transmitted diseases like the drop, and HIV/Aids.

loveLife is the largest effort ever to promote a new lifestyle for young South Africans based on positive sexual expression, shared responsibility and informed choice.

loveLife aims to break down the taboos around talking about sex and sexuality by putting it out front - teenagers have sex and if they're not doing it they are dreaming about it.

Let's get real, if you want to know, you have to talk about it. Being young is about pushing the boundaries and loveLife is taking it to the edge - on television, on radio, on the sports fields, in the nightclubs, the shebeens, townships and villages - loveLife is there.

It's your life. It's all you wanna be. For more information on loveLife write to PO Box 45, Parklands, 2121 or go to www.lovelifelife.org.za.

Reports by
Health-e News Service

Denial did not make it disappear

By Anso Thom

MPHO Babusi (26) went back for three HIV tests before she stopped denying the fact that she was HIV positive.

"I always had a cold or flu. Then the doctor suggested I take an HIV test. I was relaxed about that. I thought, me, not me. I will never be HIV positive," said Mpho.

When the results came back positive, Babusi refused to accept it.

"I didn't believe it at all, but I was thinking about it. I got sick again. Again another doctor did an HIV. Again it was positive and again I denied it."

A later Babusi was pregnant and she gave birth to Onikabetsa, who is now three years old.

"She told me people would think that everyone in the house had Aids and she threw me out of the house."

Babusi went on to win an award for her outstanding work in Aids education.

"When I accepted the award (Nelson Mandela and every one was there. I thanked them for the award, but told them it would just sit there. It was not going to



Getting up close and personal . . .

QUESTION: Would you use, or ask your partner to use, a condom?



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Impressed by the conference and enjoying Durban

The 12 000 delegates to the 13th International AIDS Conference in Durban are – in the main – enjoying themselves. They are benefiting from the sharing of knowledge, experience and methods of tackling HIV/AIDS. This is a cross-section of their views.

Loshnee Pillay and Bradley Shabalala asked the questions. Marilyn Bernard took the pictures.

UGOR VICTORIA ANYANGALU
Nigeria



THE conference has been wonderful and well organised. The security has been really tight and we have been well accommodated. The conference has been good and informative. I have no complaints whatsoever. It is just so unfortunate that I only arrived yesterday. I would have loved to attend the opening ceremony and hear President Thabo Mbeki speak. But anyway, I am having a fabulous time here.

KAYE EDWARDS
United States



THE conference has been fantastic. The one thing that has impressed me the most has been the speech delivered by Judge Edwin Cameron. I think he really knew what he was talking about and his speech was easily understood. Besides that, I think that a lot of the presentations have been too technical and not very helpful. As for President Thabo Mbeki's speech, I think it would be very arrogant of me to criticise him.

DAVID EDWARDS
United States



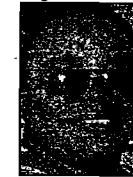
I HAVE really enjoyed the conference. President Thabo Mbeki was very firm in his speech, but I think he kind of lost direction a little bit. I expected his speech to be concentrated more on HIV and AIDS instead of on poverty. If I could make one recommendation, I think I would suggest for the workshops to be improved. They were really disappointing. But overall, I think that the conference has been fantastic.

JULIAN UGORJI
Nigeria



I JUST arrived yesterday and I have been very impressed by the way things are going already. Unfortunately, I did not attend the opening ceremony, but I am really looking forward to a fantastic time in South Africa. The speakers so far have been great and I am really looking forward to the days ahead.

VICTORIA ADIDU
Nigeria



I HAVE been impressed by the way things are going so far. Even though I have not been here that long, I think the conference has been well organised. Too bad I will not be able to see the country because I am leaving as soon as the conference is over. However, I think that the conference has been very helpful.

ROSS PETIT
United States



FIRSTLY, I think that the conference is excellently organised. There is hardly any confusion. But mostly I am enjoying the weather and this beautiful city. I would love to come back. It is also a wonderful time to relax away from home and still be able to be part of a conference of this magnitude. It is like a working holiday.

AMADOU DIAGNE
United States



AS STRANGE as it may seem, the thing I am enjoying the most right now is the magnificent view from my room, but my colleagues and I are also enjoying the city of Durban. I am making the best of this excellent opportunity to meet people from all over the world. It is not only meeting the people that is important, but it is the atmosphere of congeniality and friendship that adds to this wonderful experience.

JAN WILSON
Jordan



I WORK for the International Federation for the Red Cross so besides enjoying the experience of meeting all these people, I think that the networking here at the conference helps people like me a lot. I will be able to take back a lot of information to the federation. More especially, I am enjoying the positive feeling that is being shared about the disease.

ABDUL REHMAN KHAN
Pakistan



FIRSTLY, I am still in shock about the real Africa. In Pakistan, Africa is perceived to be a jungle with deserts and wild animals and motor vehicles stopping to let the animals cross the road. So I still cannot believe how far from the truth our image of Africa is, so that is what I am enjoying right now. I cannot wait to dispel this illusion when I return home. I am definitely going to bring my family here for a holiday. As for the conference, I am very impressed with the organisation. There have been some very good sessions. People are sharing their experiences, their different plans of action and, more importantly, there is an abundance of interesting literature to keep us busy.

DERRICK ANDERSON
United States



I THINK that this is a great opportunity to meet people and to share experiences and methods about dealing with the disease. There are very creative methods coming out of the various sessions. It is good to know about how the different countries are fighting this disease.

Telling your partner – two sides of the story

BY MICHELLE GALLI Y intimate sexual part was

AIDS in Africa: Life expectancy could plunge

Life expectancy in some African countries worst hit by the AIDS epidemic is expected to fall to around age 30 by 2010. In sub-Saharan Africa, where nearly three-quarters of all HIV-infected people live, 15 million have died from the disease and 25 million are infected.

HIV/AIDS infection in Africa

Percentage of adults living with HIV/AIDS at the end of 1999.

Life expectancy by 2010

■ With AIDS ■ Without AIDS

Involve youth in policy issues