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NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

1701 K STREET, N.W. SUITE 600, WASHINGTON, DC 20006, (202) 833-5900, FAX: (202) 833-0075

LHR

10 April 1996

Dear Network Members:

It is my pleasure to enclose *AIDSLink* No. 38. In addition to our regular features, in this issue you will find articles on the relationship between HIV and tuberculosis, resources available via the internet, and the upcoming international AIDS conference in Vancouver.

NCIH is currently preparing for our annual international health conference, "Global Health: Future Risks, Present Needs" which will be held at the Crystal City Hyatt Regency in Crystal City, VA on June 9-12. HIV/AIDS issues will be addressed in the conference. The AIDS Program is also organizing a separate event, "Traditional Healing and Alternative Medicines" that will take place at the same location on Thursday, June 13. For more information on these events, or to make suggestions on speakers and panel topics, please contact Kelly Forrest or Sandra Morgan at the NCIH HIV/AIDS Program.

This month will be my last at NCIH. In early May I will be moving to Windhoek, Namibia where I will take up a new position as Country Program Advisor with the Joint United Nations Program on AIDS (UNAIDS). These last three years at NCIH have been very valuable ones, and I have enjoyed working with the diverse membership of the HIV/AIDS Network. I wish each of you the very best and I hope that we can continue to work together.

I am pleased to inform you that Cynthia Mariel will soon be joining NCIH as the new HIV/AIDS Program Manager. Many of you may remember Cynthia from the Johns Hopkins HAPA Project or Project HOPE's work in Malawi. I am sure that she will make an excellent contribution to the work of NCIH.

I hope you find this edition of *AIDSLink* to be useful in your work. Good luck!

With best wishes,

Mary Guinn Delaney
NCIH HIV/AIDS Program Manager



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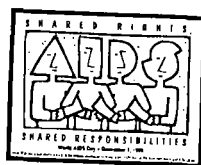
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THE GATHERING STORM

HIV/AIDS in the Developing World

The AIDS crisis is not over. It's received so much attention since it erupted 15 years ago that we've grown used to it, maybe even complacent. But the worst of this global epidemic is still on the horizon, and the forecast is grim: the human immunodeficiency virus (HIV), which causes AIDS, is spreading fastest in regions least equipped to deal with it, and the illness and death it leaves in its wake are a serious threat to global progress and stability.



AAWHIO

December 1 is **World AIDS Day**, an annual effort in which 190 nations focus attention on the worldwide threat posed by HIV. Here in the US, a December 6 **White House Conference on HIV and AIDS** will discuss the current status of the pandemic. Here's why the developing world should be high on the agenda:

"If we were unaware how interdependent our world has become in the past 25 years — in political, economic, and social terms — AIDS would have taught us this great lesson."

AIDS in the World (Harvard University Press, 1992)

"The Family Disease"

That's what AIDS is called in some parts of Africa, due to a pattern repeated throughout the developing world: men pass HIV to their wives, who pass it along to their babies.

But even those children who escape infection aren't immune from the disease's impact. By the year 2000, UNICEF estimates that AIDS will have orphaned 10 million children in Africa alone. For many, the loss of their parents also means lost income, education and opportunity — and a much higher risk of hunger and exploitation. Even when taken in by relatives or friends, they place a heavy burden on already impoverished families.

So far, non-governmental organizations (NGOs) in Africa and elsewhere have devised a number of creative programs to help orphans and their families. But the rapidly growing crisis demands a better coordinated response.

Hence a new collaboration between six Alliance members. **Childreach**, **Christian Children's Fund**, **Feed the Children**, **Save the Children**, **World Learning** and **World Vision** are hoping to launch an inter-agency initiative that will help NGOs working in five hard-hit African nations share information and coordinate their efforts. For details, call Philip Davies at (202) 543-1990.

Link Up!

Stay on top of global AIDS issues — read **AIDSLink**, a newsletter published by the National Council for International Health (which also leads an HIV/AIDS NGO coalition). To subscribe, call editor Kelly Forrest at (202) 833-5900, x211.

WHY AMERICANS SHOULD CARE

- **The problem is bigger than we realize.** It can take up to 12 years for someone infected with HIV to develop AIDS. This lag time means that the four million people currently living with AIDS are only the tip of the iceberg — the real cause for concern is the 15 million HIV-infected people who will develop AIDS in the years to come.
- **It weakens the global economy.** AIDS has tremendous economic consequences: complex infections mean high medical costs — in developing nations, the average adult with AIDS has 17 bouts with illness — and the virus attacks people in their most economically active years. If the developing world loses millions of its most productive workers and active consumers, the impact will hurt economies everywhere. One estimate puts the global cost of HIV/AIDS at \$500 billion by the year 2000.
- **It reverses gains made in other areas.** Infant mortality rates, which had fallen in recent years, have started rising again. Life expectancy is falling: in sub-Saharan Africa, from 62 years to 47 years. Parents die, and children leave school to raise siblings. Farmers die, and fields lie fallow.

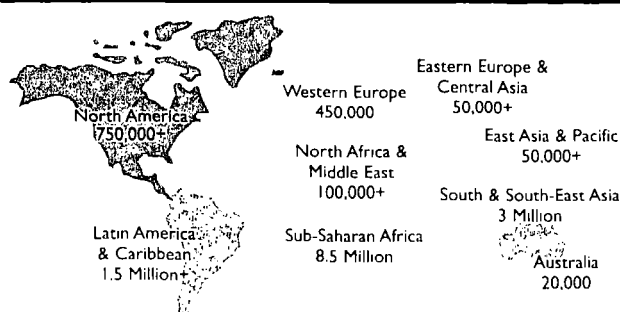
Panos Institute, World Bank, World Health Organization, CARE



In Zaire, the cost of hospitalizing a child with AIDS is about \$90 — three times the monthly income of the average family.

The World Bank

Estimated distribution of HIV-infected adults alive as of mid-1995



Fifteen million people, including one million children, are infected with HIV. In 2000, just five years from now, it will be 40 million — 90% of them in developing nations. Two million people have already died from the disease; by the end of the decade, it will be four times as many.

World Health Organization



HIV makes people more susceptible to another global epidemic: tuberculosis. 70 percent of the 8 million people worldwide with active TB are also infected with HIV; in Africa, TB has become the prime cause of death in HIV-infected adults.

Panos Institute

Prevention Inventions

There is no cure for AIDS, and no vaccine for HIV. So a key to combatting the global AIDS crisis is preventing the virus from spreading any further. Though this seems like a daunting task — it's been estimated that 6,000 people are infected *every day* in Asia alone — Alliance members have found creative ways to meet this challenge. A sampling:

In Togo, **CARE** provides AIDS education and condoms to taxi and truck drivers — who pass them along to passengers and others they encounter on the road.

In Malawi, the **American Refugee Committee** has helped create anti-AIDS clubs through which young people educate each other about AIDS prevention.

The **Panos Institute** is working with journalists in Latin America to improve the accuracy and relevance of reporting on the causes and consequences of HIV/AIDS.

In Indonesia, **Pact** funded an operetta about HIV/AIDS that starred commercial sex workers who want to build awareness of the disease. The highly publicized production was performed at Jakarta's National Theater.

Because HIV can be transmitted via breastmilk, **Nurture** is working to include in breastfeeding counseling programs the perspectives of women at high risk for AIDS.

In Papua New Guinea, the **Counterpart Foundation's** Awareness Community Theater (ACT) Program uses drama to reach 84,000 people about AIDS: the program is now being duplicated across Southeast Asia.

ADRA International funds a similar effort in Thailand, where *Mae Lum* — a traditional form of entertainment — has been adapted for AIDS education.

The **Academy for Educational Development** is applying lessons it's learned from international AIDS prevention efforts to similar programs aimed at young Americans.

In Uganda, the African nation hardest hit by HIV, **World Learning** is training AIDS educators and offering HIV testing and counseling; it has also overseen the distribution of some 10 million condoms.

Partners of the Americas helps US experts travel to Latin America, and vice-versa. In one exchange, partners from New York worked with women in Grenada to add AIDS information to a domestic violence hotline.

Lutheran World Relief has developed an HIV/AIDS "yellow pages" for Africa that lists what local organizations in 12 nations are doing about the epidemic — and the resources and services they can offer others.



A comic book for teens published by CARE in Kenya.



**The National Council for International Health
23rd Annual Conference on Global Health
June 9-12, 1996 - Arlington, Virginia**

April 5, 1996

FOR IMMEDIATE RELEASE

NCIH 23rd Annual Conference - Global Health: Future Risks, Present Needs

The role of US foreign aid, its link to health, and the threats posed by new and re-emerging infectious diseases are the main themes of the 23rd annual international health conference sponsored by the National Council for International Health (NCIH) June 9-12 in Washington, DC.

"The US is at a crossroads in deciding between isolationist and international leadership policies that will impact the health of countless generations," said NCIH Board Chair Angela Churchill, US Peace Corps. She said that NCIH hopes to point out the consequences of these choices to policymakers and to the public. "This is of particular importance in light of the threats posed by new and re-emerging diseases."

Entitled "Global Health: Future Risks, Present Needs," the conference will feature speakers from public- and private-sector organizations. Guest speakers include Dr. James Hughes, director of the Center for Infectious Diseases at CDC, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at NIH, Laurie Garrett, author of *The Coming Plague*, Nobel Laureate Josh Lederberg, the co-discoverer of DNA, J. Brian Atwood, the administrator of the US Agency for International Development, and a host of leading scientific and development authorities.

Highlights of the Conference

- An opening reception on Sunday, June 9, from 4 to 6 pm in the Exhibit Hall where one hundred public agencies, NGOs, academic institutions, and private exhibitors will display their services and products.
- Monday, June 10, the first full day, is devoted to exploring "The Link between Health and Development." Presentations by noted health and family planning policymakers, including a member of parliament from Barbados, the deputy director of health from Spain, the former minister of family planning of Egypt, the deputy director of PAHO, as well as members of the US Department of Health and Human Services, the World Bank, UNDP, and UNICEF, are scheduled throughout the day, along with concurrent roundtable and panel sessions on related sub-themes. Forum sessions center on issues of human development and health.

The second day is devoted to "New and Re-emerging Infectious Diseases." A plenary session meets at 8:30 am to discuss "Perspectives on Re-emerging Diseases." Panelists include Dr. Fauci, Dr. Hughes, Assistant Secretary of

cont'd

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Defense for Health Dr. Steve Joseph, and NY State Health Commissioner Dr. Peggy Hamburg. The plenary is followed by forums, roundtables, and panel sessions. The forums sessions include: "New Threats, Old Threats," "The Roll of International Migration on TB Transmission," and "HIV/AIDS and Related Infectious Diseases."

- The final day begins with a high-level discussion of outbreak scenarios by leading health officers from US and international health agencies, entitled **"The Coming Plague? A Discussion of Recent Outbreaks."** Moderated by Conference Co-chair Dr. Hughes, twelve discussants will review actual outbreaks and comment on world preparedness in an "open forum" session. The discussants include author Laurie Garrett, Jim LeDuc of the World Health Organization, David Brandling-Bennett of PAHO, Steve Joseph of the DOD, Nils Daulaire of USAID, *New York Times* medical correspondent Larry Altman, Stuart Nightingale of the FDA, Stephen Ostroff of CDC, and Peter Bell of CARE. The plenary is followed by three concurrent forum sessions: "Responding to Questions about Outbreaks," which features a both reporters and health-agency public-affairs officers, "HIV/AIDS and Infectious Diseases," and "Assessing Future Risks: a Futurologist's Perspective" with United Nations University Prof. Jerome Glenn.

Between 1,200 and 1,500 people are expected to attend. Hundreds more will be linked to our parallel 'Virtual Conference' via the Internet.

About NCIH

In 1971, several organizations formed NCIH to focus on world health issues and to develop two-way networks between US-based organizations and developing countries. At present, NCIH's membership includes more than 100 organizations and 1,700 health professionals from the US. NCIH collaborates with numerous other health, environmental, and development organizations including the State Department, USAID, CDC, HHS and a host of international community-based organizations that are working to advance human development. Program areas include maternal/child health, HIV/AIDS awareness, women's health, domestic and international violence prevention, nutrition, and many others. A membership list is available from NCIH.

To register for the conference, request an exhibit booth, or for general information, please contact the NCIH Conference Department at tel (202) 833-5900, fax 833-0075, or via the internet at <ncih@ncih.org>. Exhibitors may contact Kathy Morrell Associates at (703) 642-3628 or at fax no. (703)941-4299.

- end -

NCIH '96 CALL FOR VIDEOS

FILM FESTIVAL

NCIH will launch the 23rd Annual Conference on Global Health with its traditional audio-visual feast, the "(Not Ready for Cannes) International Film Festival." The festival will showcase current videos on health.

GENERAL INFORMATION

Approximately 1,500 international health professionals, policy analysts, members of government agencies, and multilateral agencies, foundations, and researchers will participate in the conference June 9-12, 1996 at the Hyatt Regency Crystal City in Arlington, Virginia.

A summary of all accepted videos will be printed in the Preliminary and Conference Programs.

A schedule of all accepted videos will be posted at the Conference Registration area.

The winner will be announced at the conference banquet and in the membership newsletter, *Healthlink*.

SUBMISSION GUIDELINES

- ▼ All submitted videos must have a synopsis or description of the film.
- ▼ Entries are accepted in any language but must have English subtitles.
- ▼ Videos must have been released after 1993.
- ▼ Submissions must be on VHS videocassette (NTSC format preferred).
- ▼ Each video must be clearly marked with the name and address of the individual or organization submitting the video. There is no limit to the number of videos submitted.

▼ We will retain a copy of all accepted videos. If your video is not accepted and you would like it returned, please enclose a self-addressed envelope.

▼ Complete a separate form for each video submitted.

▼ Non-refundable processing fee for each submission is \$40.00

▼ All submitters will receive one free ticket for the Sunday showing of the International Film Festival.

No submissions will be accepted after April 26, 1995.

SELECTION PROCESS

All videos will be pre-screened for relevance. The NCIH film festival committee will select 6-8 videos to be shown at the conference. Audience members will then rate each video in a variety of categories and a winner will be chosen. □

VIDEO SUBMISSION FORM

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Title of Video: _____

Length of Video: _____ Subject Area: _____

Format: ☐ NTSC ☐ PAL ☐ Secam

PAYMENT INFORMATION

☐ Check ☐ Visa ☐ Mastercard Card Number _____

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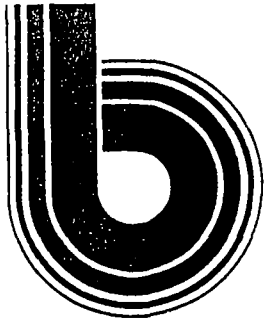
Signature: _____

Make checks payable to: National Council for International Health (US DOLLARS ONLY)



Return with payment to
NCIH Film Festival
1701 K Street, NW
Suite 600
Washington DC 20006

For additional information
call (202) 833-5900
e-mail <ncih@ncih.org>



The Herbert G. Birch Services

April 11, 1996

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1701 K Street, NW, Suite 600
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Dear Colleague:

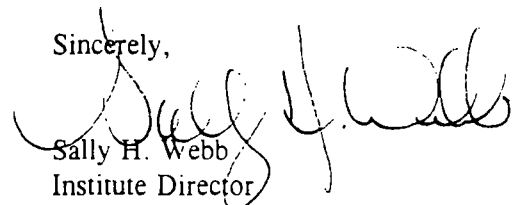
We are very excited to tell you about the Birch Family Camp Training Institute. The public attention brought by a CBS 60 MINUTES feature on the Family Camp resulted in many requests for information and assistance in establishing similar camps throughout the country and the world. In response to these requests we are planning a Training Institute, that will take place during the next camp session. Participants will live the camp experience while learning how to replicate the program. Training materials, including a comprehensive guide, will be provided.

The Birch Family Camp is a week-long program that provides a sanctuary for children and their families who are struggling with the reality of AIDS. Our goal is to strengthen the family by providing respite, education, recreation and support for the adult caregivers, while the children enjoy activities that a safe camp setting offers. At camp, the oppressive heat, dangers, poverty and discrimination of their inner city lives are left far behind. During the last seven years, 250 families have lived with Birch in an environment that provided 24 hour medical care, compassion, friendship, hope, joy and fun. Each year 100 volunteer counselors, including medical, educational and clinical professionals, from varied cultural and economic backgrounds, contribute their expertise, talents and love. Together, parents, children and staff learn about coping and survival as we create a special community that fills us all with energy and spirit.

Birch Family Camp will be held in Cold Spring, New York, in a beautiful country setting, just 45 minutes from Manhattan. The Training Institute will hold two, four-day sessions: August 15-19 and August 22-26. Participants are invited to attend one session. Applications for a total of 30 openings will be mailed in early April. The return date will be indicated and we encourage your prompt response.

If you would like to receive an application for the Training Institute or would like any further information, please call me at (718) 528-5754. We look forward to hearing from you and to sharing the experience of this unique program.

Sincerely,



Sally H. Webb
Institute Director

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AIDS LINK

Tuberculosis and HIV – Deadly Co-Infection

by Andrew Broderick, *SidAlerte Internationale*

The World Health Organization (WHO) estimates that one third of the world's population is already infected with the tuberculosis (TB) bacilli. A healthy immune system can normally cope with infection: only about 5% of those infected will develop active TB in the first year or two after infection; another 5% will develop the active disease later in their lives. Still, TB is now the world's single greatest infectious killer of youth and adults, taking nearly three million lives annually. It is likely to infect more than 300 million additional people during the next ten years.

HIV infection is the most significant known risk factor for the development of active TB. HIV is helping TB to spread faster in some communities than ever imagined possible, despite the fact that TB can be both prevented and cured, even among persons with advanced HIV infection. TB is the leading killer of people with HIV infection worldwide, accounting for approximately 30% of AIDS deaths. In the more highly endemic regions such as Africa and Asia, the percentage of HIV associated deaths caused by TB are 50% and 70% respectively. This year alone, the WHO estimates that 266,000 HIV-positive people worldwide will die from TB. Because patients with contained TB infection are more likely to progress to active TB disease if they become infected with HIV, the HIV pandemic is a strong factor in the resurgence of TB.

Conversely, the impact of infectious diseases such as TB on the natural course of HIV-infection is significant. Anthony Fauci, director of the US National Institutes of Allergy and Infectious Diseases, and his colleagues have shown that once patients become dually infected with TB and HIV, levels of HIV increase proportionally with the clinical stages of TB; they also decline after patients have been cured of TB. Additionally, the presence of co-infections such as TB appear to render a person's HIV infection more contagious, thereby posing a greater risk to a sexual partner or to persons receiving infected blood. A preliminary study in Uganda carried out by Case Western Reserve University has also shown that TB may play a crucial role in accelerating HIV disease. One of the most dramatic findings was the shortened survival rate of persons living with both HIV and TB. 35% of these patients died from progressive HIV, not TB.

TB Control in the Context of the HIV Pandemic

From an operational perspective, many of the developing world's National TB Control Programs (NTCP) are still unable to cope efficiently with the increasing case load. Moreover, the global emergence of multidrug-resistant tuberculosis (MDRTB) is a growing phenomenon.

What's Inside

◆ World TB Day	5
◆ The Internet	6
◆ PVO/NGO Initiatives	8
◆ NCIH Brown Bag Lunch Series Report	11
◆ Vancouver '96 One World, One Hope	12
◆ AIDS InfoShare Partnership Pgm for Russian NGOs	14
◆ Global Update	16
◆ Resources	21

NCIH HIV/AIDS Network Newsletter #38

March/April 1996

continued on page 3



NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

1701 K STREET, N.W. SUITE 600, WASHINGTON, DC 20006, (202) 833-5900, FAX: (202) 833-0075

12 December 1995

Dear Network Members:

I am pleased to enclose *AIDSLink* No. 36. Given that so many people in the world depend on traditional and "alternative" medicine for most of their health care, we have dedicated several feature articles in this issue to the role of non-Western medicine in HIV/AIDS prevention and care. In addition to our regular features such as Global Update and PVO/NGO News, we have also included reports from the recent Latin American regional conference and the second meeting of the UNAIDS governing body.

The past two months have been busy ones for the NCIH HIV/AIDS Program. In commemoration of World AIDS Day 1995 and its theme, "Shared Rights, Shared Responsibilities" we have released the proceedings from our 1995 workshop, "HIV/AIDS: International Perspectives on Legal Issues and Human Rights." We are very excited about this new report, which is available from our offices.

Together with the Global AIDS Action Network (GAAN), NCIH is co-chairing the International Issues Working Group of the NORA Coalition. NORA (National Organizations Responding to AIDS) is a large group of US groups whose main focus is the domestic HIV/AIDS epidemic. There is considerable interest in international issues among NORA members, and we consider this working group to be an ideal opportunity to raise awareness about the international situation among experienced AIDS activists. If you are interested in participating in the monthly meetings of the NORA International Issues working group, please call me at 202 833 5900 ext 209 or Paul Boneberg of GAAN at 202 667 6300.

NCIH recently participated in the recent White House Conference on HIV/AIDS. Though many domestic activists justifiably criticized President Clinton for waiting thirty-six months to organize this event, we welcomed the inclusion of international issues into a largely domestic agenda. In his speech to the three hundred conference participants, the President reiterated his promise to protect funding for AIDS research and care, and recognized the damaging role of homophobia and other social biases in the fight against HIV/AIDS.

Starting in January, we will be organizing a series of brown bag lunches on topics of interest to our network members. If you have ideas for topics or speakers, please contact Sandra Morgan at NCIH, tel 202 833 5900 ext 210. We welcome your input - if you or your colleagues would like to discuss your projects with a small group, this is the perfect venue.

Our next issue will include reports from the AIDS in Africa regional conference. Until then, we wish you a very happy holiday season!

Best regards,

Mary Guinn Delaney
NCIH HIV/AIDS Program Manager



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AIDSlink

How AIDS is Forcing Us to Address Medical Diversity

by Kaiya Montaocean, Center for Natural and Traditional Medicine

In most communities around the world, traditional health care is the basic system of medicine for the majority of people. When Western trained biomedics look at medical needs in the developing world, they often conclude that in a given community or country there is inadequate medical care because there is no modern medical presence. But indigenous health practitioners are there already, and take care of all their patient's needs, from birth to death. In the true sense of world health, traditional practitioners are the backbone of the primary health care system, with one healer for every 100 to 400 people in the developing countries of Africa, Asia, and Central and South America. In contrast, there is only one biomedical practitioner for every 50,000 to 120,000 people in these same geographical regions.

The pandemic of HIV/AIDS, which is the first global epidemic, creates both a crisis and an opportunity. The crisis is clear. HIV/AIDS is the primary cause of death among young adults in the US, is present in more than 9 million African adults, and is the leading cause of orphaned children in Brazil. But the opportunity is also evident. It is time for us to broaden our medical horizons, take off the cultural blinders, and seriously examine the natural and traditional medicines used by the majority of the world.

In the international realm, health care involves a combination of the public Western-based system and the private culture-based traditional system. In the context of HIV/AIDS, it is crucial that all care providers realize this dual reality. Most country-based and international programs either ignore traditional practitioners, ban them, or consider them a risk factor. In addition, there is a growing new profession of AIDS workers with no previous background in health and no connection to "culture specific" community interventions. This has led to an internationally orchestrated, generic AIDS approach, often referred to as "AIDS 101," which supplies pamphlets and condoms for local distribution. Yet this approach has not been effective in curbing the epidemic in the last ten years -- the infection rate is still increasing at an alarming rate.

The already overburdened public medical system cannot absorb the epidemic. Treatment costs for AIDS-related illnesses already exceed many national budgets for treatment of all diseases. Developing countries cannot spend millions importing pharmaceuticals and/or building new health facilities to accommodate HIV/AIDS patients. Given that there is currently no cure for HIV/AIDS and that drugs used in industrialized countries to treat symptoms and opportunistic infections are available in a very limited quantity, it is unethical to continue the same "no see, no speak, no hear" attitude about traditional medicines and AIDS.

Perhaps the most hope we can give the majority of patients living with AIDS is the support of their indigenous system to manage opportunistic infections and enhance the quality of life. If an expanded sense of health potentials were encouraged, then joint collaboration between traditional practitioners and those biomedically trained could occur. Collaboration would offer more comprehensive care and stimulate the exploration of joint research in areas such as herbal treatments, psycho-

What's Inside

- ◆ Traditional Healing for American Indians 4
- ◆ World AIDS Day 1995 6
- ◆ PVO/NGO Initiatives 8
- ◆ International AIDS Vaccine Initiative ... 11
- ◆ Latin American Regional Conference ... 12
- ◆ African Traditional Healers & AIDS 14
- ◆ Global Update 16
- ◆ Resources 22

NCIH HIV/AIDS Network Newsletter #36

November / December 1995

continued on page 3

NCIH HIV/AIDS Program Publications

New!!!

International Perspectives on Legal Issues & Human Rights Proceedings from the 1995 Annual NCIH HIV/AIDS Workshop

This report includes both speeches and discussion on the implications of the human rights agenda in HIV/AIDS prevention and care. Dr. Peter Piot, Director of UNAIDS, discusses UNAIDS' integral role in assuring human rights for all who are affected by HIV/AIDS. Panel topics include: The Impact of Violence on HIV-positive and At-risk Populations; HIV/AIDS Legislation: Blame and Responsibility; and Ethics and Informed Consent: Vaccine Trials in Developing Countries.

NCIH Members: \$25 Non-Members: \$35

AIDSLink

Stay Abreast of the Fight Against AIDS

AIDSLink provides a comprehensive view of the international response to the global pandemic. This bi-monthly newsletter contains news from international organizations, donors, PVOs and NGOs; it also highlights innovative initiatives and programs, and includes current global updates.

NCIH Members: \$35 Non-Members: \$65

Crossing Borders: HIV/AIDS and Migrant Communities

Proceedings from the 1994 Annual NCIH HIV/AIDS Workshop

International experts and others from all regions of the world discuss the impact of migration and population movements of HIV transmission, the ways in which mobility may increase personal vulnerability to HIV, and strategies that non-governmental organizations can use to design prevention campaigns for migrant, refugee and other mobile communities.

NCIH Members: \$15 Non-Members: \$25

Defining Future U.S. PVO Agendas: Building Capacity in Partnership with Indigenous Groups Responding to the AIDS Pandemic

Proceedings from the 1993 Annual NCIH HIV/AIDS Workshop

Gain insights from donors, U.S. private voluntary organizations, indigenous groups and other workshop attendees interested in the partnership potential between international non-governmental organization and grassroots organizations responding to the HIV/AIDS pandemic.

NCIH Members: \$15 Non-Members: \$25

HIV/AIDS in Central & Eastern Europe and the Former Soviet Union

Proceedings from the April 1993 Seminar

If you are working or planning to work in this new region at risk, these seminar proceedings provide directions for the strategies of national and international governmental organizations.

NCIH Members: \$15 Non-Members: \$25

For further information, contact
NCIH HIV/AIDS Program
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Washington, DC 20006
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Topics/Speakers: We are seeking topics and speakers. Suggestions are very welcome!

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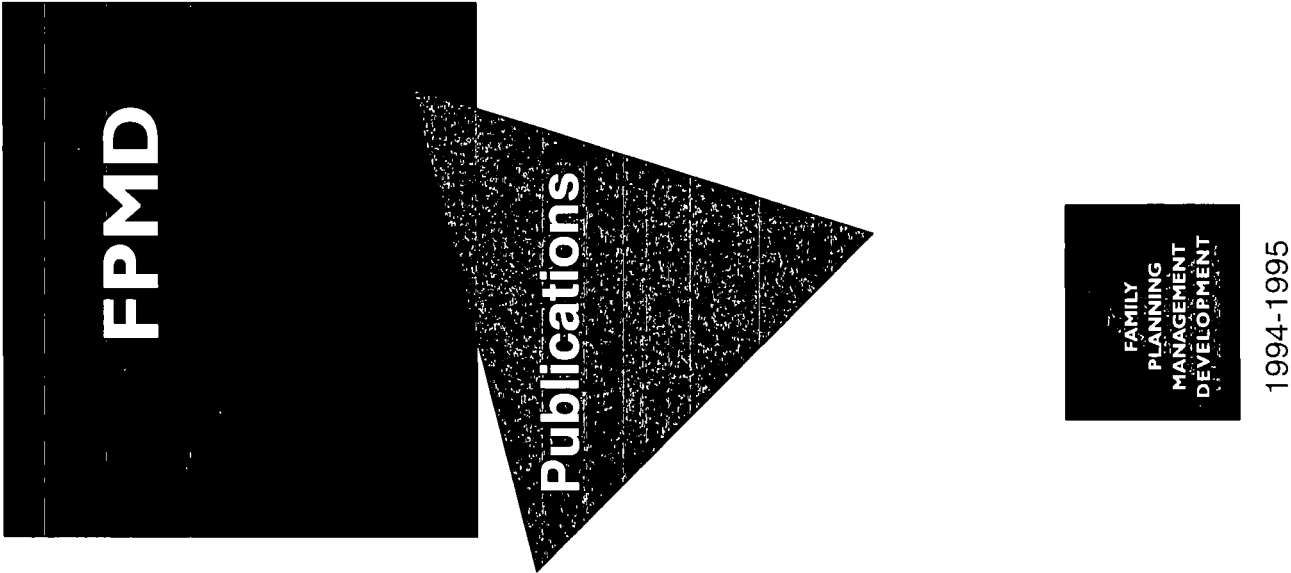
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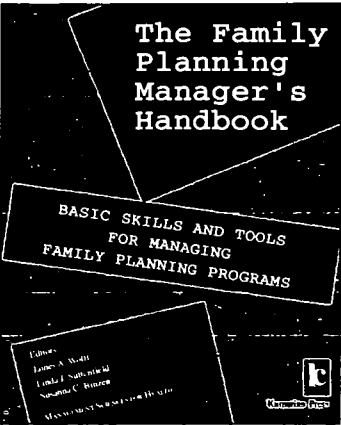


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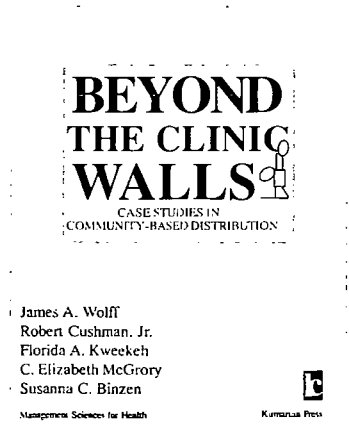
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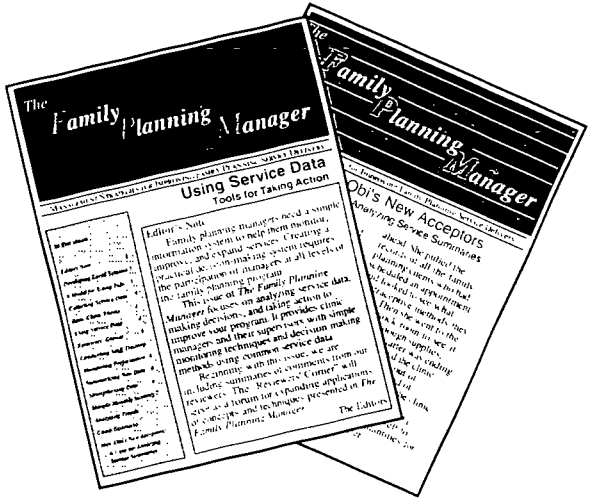
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3 August 1995

Dear Network Members:

Please find enclosed *AIDSLink* #34. This issue contains a summary of the proceedings of our June 1995 workshop, "*International Perspectives on Legal Issues and Human Rights*." Thanks to excellent presentations by the invited speakers and provocative questions from the participants, this workshop was one of our most successful efforts ever. At the opening session, over 100 participants listened to an inspirational keynote address from Dr. Peter Piot of UNAIDS. The following day was filled with panel discussions on the impact of violence on at-risk and HIV+ populations, ethical and legal issues such as mandatory testing and travel restrictions, and vaccine trials in developing countries. Small discussion groups reviewed the complexities of many of the issues raised in the panels and discussed components of action strategies for activists, AIDS and human rights NGOs and international organizations.

Proceedings from this workshop should be available soon, and will be sent to each of the registered participants. If you did not attend the workshop but would like a copy, please let us know. We have also recently issued the proceedings from two other recent workshops, "*Defining Future PVO Agendas: Building Capacity in Partnership with Indigenous Groups*" and "*Crossing Borders: HIV/AIDS and Migrant Communities*." Participants of these 1993 and 1994 workshops have been sent a copy of these reports. If you haven't yet received yours, or have moved to a new address since then, please let us know. For those of you who didn't attend, an order form is included in this packet.

Other activities have been keeping the staff of the HIV/AIDS Program very busy. I recently attended the first meeting of the Program Coordinating Board of the UNAIDS Program, which was followed by a four-day consultation between UNAIDS staff and almost twenty NGO representatives from around the world. We are currently redesigning our database and expanding our archives to include additional information in a more user-friendly way. We hope that our new system will enable us to easily update our directory of U.S. organizations working in international HIV/AIDS prevention and care. We plan to attend the regional HIV/AIDS conferences in Thailand, Chile and Uganda later this year where we will continue our networking building efforts in conjunction with local NGOs and NGO networks.

I hope you find this issue of *AIDSLink* of use to you in your work. Please keep in touch with us about your activities!

Mary Guinn Delaney
NCIH HIV/AIDS Program Manager



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Mary Guinn Delaney, NCIH AIDS Program Manager, Frank Lostumbo, NCIH President and Duff Gillespie, Deputy Assistant Administrator of USAID, listen as Peter Piot, Director of UNAIDS opens the 1995 NCIH HIV/AIDS Workshop.

1995 NCIH HIV/AIDS Workshop: International Perspectives on Legal Issues & Human Rights

by Seema Shah and Kelly Forrest

This year's annual NCIH HIV/AIDS workshop, "HIV/AIDS: International Perspectives on Legal Issues and Human Rights," took place on June 28-29 in Arlington, Virginia. Approximately 100 participants attended the workshop, representing bilateral and multilateral agencies, universities and research institutions, and domestic and international NGOs working in both AIDS and human rights.

Dr. Peter Piot, director of the new joint and co-sponsored United Nations Program on HIV/AIDS (UNAIDS), delivered the keynote address on the role that UNAIDS will play in the international response to the HIV/AIDS pandemic. UNAIDS, which is expected to be in full operation by early 1996, will build on the failures and successes from the first fifteen years of the pandemic and draw on the experience of its six co-sponsors: WHO, UNDP, UNICEF, the World Bank, UNFPA, and UNESCO. In its commitment to a multisectoral response to AIDS, UNAIDS envisions that it will have three roles: that of an advocate, a source of globally relevant policy on HIV and AIDS, and a technical support provider. Dr. Piot concluded that although we are only at the beginning of an understanding of the relationships between HIV/AIDS, human rights, and health, an ethical and human rights approach to the HIV/AIDS pandemic is the only response. (See page 7 for excerpts from Dr. Piot's speech)

What's Inside

▼ NCIH Annual Conference	6
▼ Peter Piot Opens the NCIH HIV/AIDS Workshop	7
▼ PVO/NGO Initiatives	8
▼ UNAIDS Governing Body Holds First Meeting	12
▼ CDC Update	15
▼ Global Update	16

NCIH AIDS Network Newsletter #34

July/August 1995

The first panel examined the impact of violence on HIV+ and at-risk populations. Moderator Daniel Whelan of the International Center for Research on Women affirmed that violence can be both a catalyst for and a consequence of HIV infection. Lynel Long of the USAID Balkans Trauma and Humanitarian Assistance Program gave a sobering account of the sexual violence occurring in the war-torn countries of former Yugoslavia. Sexual violence, in the form of systematic rape, creates ideal conditions for the spread of HIV throughout the region and places women at extremely high risk for infection. Dr. Long revealed that perpetrators of this violence are most often Serbian soldiers, but that the

continued on page 3

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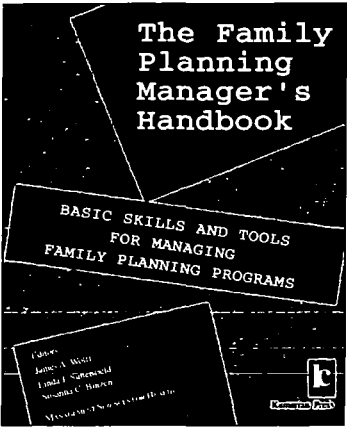


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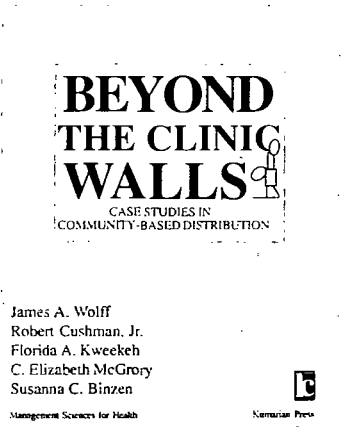
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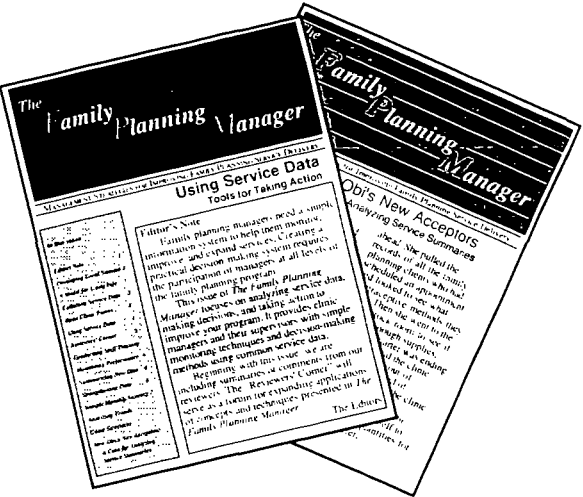
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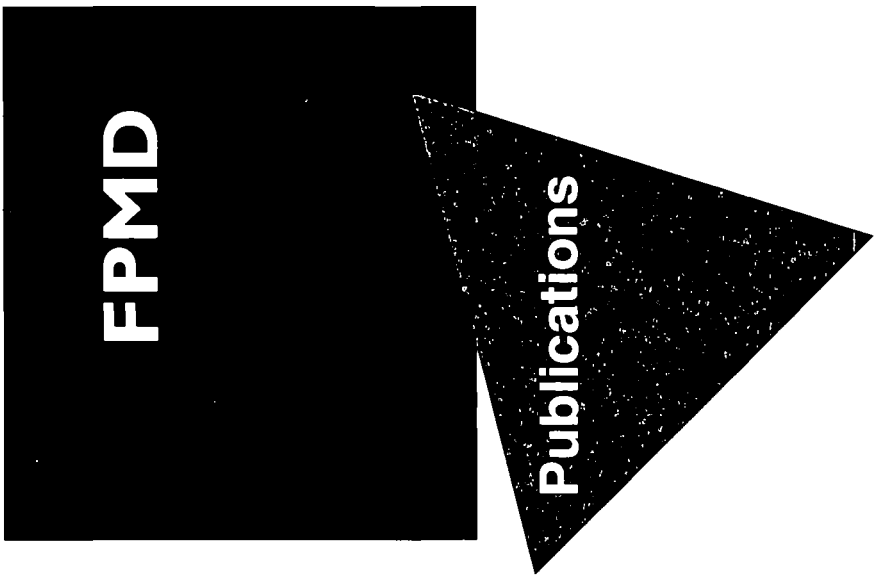
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12 December 1995

Dear Network Members:

I am pleased to enclose *AIDSLink* No. 36. Given that so many people in the world depend on traditional and "alternative" medicine for most of their health care, we have dedicated several feature articles in this issue to the role of non-Western medicine in HIV/AIDS prevention and care. In addition to our regular features such as Global Update and PVO/NGO News, we have also included reports from the recent Latin American regional conference and the second meeting of the UNAIDS governing body.

The past two months have been busy ones for the NCIH HIV/AIDS Program. In commemoration of World AIDS Day 1995 and its theme, "Shared Rights, Shared Responsibilities" we have released the proceedings from our 1995 workshop, "HIV/AIDS: International Perspectives on Legal Issues and Human Rights." We are very excited about this new report, which is available from our offices.

Together with the Global AIDS Action Network (GAAN), NCIH is co-chairing the International Issues Working Group of the NORA Coalition. NORA (National Organizations Responding to AIDS) is a large group of US groups whose main focus is the domestic HIV/AIDS epidemic. There is considerable interest in international issues among NORA members, and we consider this working group to be an ideal opportunity to raise awareness about the international situation among experienced AIDS activists. If you are interested in participating in the monthly meetings of the NORA International Issues working group, please call me at 202 833 5900 ext 209 or Paul Boneberg of GAAN at 202 667 6300.

NCIH recently participated in the recent White House Conference on HIV/AIDS. Though many domestic activists justifiably criticized President Clinton for waiting thirty-six months to organize this event, we welcomed the inclusion of international issues into a largely domestic agenda. In his speech to the three hundred conference participants, the President reiterated his promise to protect funding for AIDS research and care, and recognized the damaging role of homophobia and other social biases in the fight against HIV/AIDS.

Starting in January, we will be organizing a series of brown bag lunches on topics of interest to our network members. If you have ideas for topics or speakers, please contact Sandra Morgan at NCIH, tel 202 833 5900 ext 210. We welcome your input – if you or your colleagues would like to discuss your projects with a small group, this is the perfect venue.

Our next issue will include reports from the AIDS in Africa regional conference. Until then, we wish you a very happy holiday season!

Best regards,

Mary Guinn Delaney
NCIH HIV/AIDS Program Manager



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NCIH HIV/AIDS Program Publications

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International Perspectives on Legal Issues & Human Rights Proceedings from the 1995 Annual NCIH HIV/AIDS Workshop

This report includes both speeches and discussion on the implications of the human rights agenda in HIV/AIDS prevention care. Dr. Peter Piot, Director of UNAIDS, discusses UNAIDS' integral role in assuring human rights for all who are affected by HIV/AIDS. Panel topics include: The Impact of Violence on HIV-positive and At-risk Populations; HIV/AIDS Legislation: Blame and Responsibility; and Ethics and Informed Consent: Vaccine Trials in Developing Countries.
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How AIDS is Forcing Us to Address Medical Diversity

by Kaiya Montaocean, Center for Natural and Traditional Medicine

In most communities around the world, traditional health care is the basic system of medicine for the majority of people. When Western trained biomedics look at medical needs in the developing world, they often conclude that in a given community or country there is inadequate medical care because there is no modern medical presence. But indigenous health practitioners are there already, and take care of all their patient's needs, from birth to death. In the true sense of world health, traditional practitioners are the backbone of the primary health care system, with one healer for every 100 to 400 people in the developing countries of Africa, Asia, and Central and South America. In contrast, there is only one biomedical practitioner for every 50,000 to 120,000 people in these same geographical regions.

The pandemic of HIV/AIDS, which is the first global epidemic, creates both a crisis and an opportunity. The crisis is clear. HIV/AIDS is the primary cause of death among young adults in the US, is present in more than 9 million African adults, and is the leading cause of orphaned children in Brazil. But the opportunity is also evident. It is time for us to broaden our medical horizons, take off the cultural blinders, and seriously examine the natural and traditional medicines used by the majority of the world.

In the international realm, health care involves a combination of the public Western-based system and the private culture-based traditional system. In the context of HIV/AIDS, it is crucial that all care providers realize this dual reality. Most country-based and international programs either ignore traditional practitioners, ban them, or consider them a risk factor. In addition, there is a growing new profession of AIDS workers with no previous background in health and no connection to "culture specific" community interventions. This has led to an internationally orchestrated, generic AIDS approach, often referred to as "AIDS 101," which supplies pamphlets and condoms for local distribution. Yet this approach has not been effective in curbing the epidemic in the last ten years -- the infection rate is still increasing at an alarming rate.

The already overburdened public medical system cannot absorb the epidemic. Treatment costs for AIDS-related illnesses already exceed many national budgets for treatment of all diseases. Developing countries cannot spend millions importing pharmaceuticals and/or building new health facilities to accommodate HIV/AIDS patients. Given that there is currently no cure for HIV/AIDS and that drugs used in industrialized countries to treat symptoms and opportunistic infections are available in a very limited quantity, it is unethical to continue the same "no see, no speak, no hear" attitude about traditional medicines and AIDS.

Perhaps the most hope we can give the majority of patients living with AIDS is the support of their indigenous system to manage opportunistic infections and enhance the quality of life. If an expanded sense of health potentials were encouraged, then joint collaboration between traditional practitioners and those biomedically trained could occur. Collaboration would offer more comprehensive care and stimulate the exploration of joint research in areas such as herbal treatments, psycho-

What's Inside

- ◆ Traditional Healing for American Indians 4
- ◆ World AIDS Day 1995 6
- ◆ PVO/NGO Initiatives 8
- ◆ International AIDS Vaccine Initiative ... 11
- ◆ Latin American Regional Conference ... 12
- ◆ African Traditional Healers & AIDS 14
- ◆ Global Update 16
- ◆ Resources 22

NCIH HIV/AIDS Network Newsletter #36