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PNAZ FOUNDATION

Partnerships Across Frontiers

helping others to help themselves

CONTACT ADDRESS

Naz Foundation
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MISSION STATEMENT

We will work in the Asia region to ensure that issues of sexualities and all types of sexual practices, with the HIV/AIDS and human rights concerns that arise from them, are appropriately and adequately addressed in the provision of HIV/AIDS and sexual health services

Wherever possible we will provide technical assistance, capacity building and support to local sexual networks, groups and organisations for the development of community-based and beneficiary-led HIV/AIDS and sexual health services and advocate on their behalf.

We believe in the innate capacity of local peoples to develop their own appropriate sexual health services, where the beneficiaries of a service are also the providers of that service. We will always support such initiatives.

RESPONDING TO THE ISSUES

It has been claimed that the HIV epidemic in Asia is based on "heterosexual" transmission, and therefore the focus has been on male to female vaginal sex. But there has been a lack of appropriate research and understanding of the dynamics of male sexual behaviours in Asia, particularly in reference to male to male sexual practices. From the work that Naz Foundation has done, this is an inadequate response to the HIV crisis in Asia.

Considerable evidence exists that there are significant levels of male to male sexual behaviours, and with premarital and extramarital sex, these are part of the invisible cultural patterns that define male sexual practices in Asian countries. The language of sexuality that is currently being used to define and develop HIV responses to sexual health needs, such as "heterosexual" and "homosexual", are inappropriate to the socio-cultural dynamics that exist and which gives shape to male sexual behaviours. This leads to inappropriate strategies as well as services, and does not effectively deal with STD/HIV prevention and control.

Further, it needs to be recognised that many males who are involved in male to male sexual encounters will also be married or going to be married because of socio-cultural factors. It is therefore centrally important to address the needs of both male and female sexual health issues in the context of developing an effective sexual health response to the spread of STD/HIV/AIDS.

Over the last few years Naz Foundation has publicly explicated these concerns in a wide variety of local and international forums, challenging assumptions, developing risk and needs assessments, and conducting research on male sexual practices, particularly in South Asia.

From this it has encouraged the development of appropriate sexual health responses to these issues by providing technical support to local groups, agencies and networks through training, assistance in project development and securing of funding.

Naz Foundation is a unique agency, with specialist expertise in male sexual health issues, particularly in regard to male sexualities and male to male sexual behaviours in Asian countries. It has developed a considerable range of skills in regard to the provision of appropriate technical assistance to enable the development of HIV/AIDS and sexual health services targeting males who have sex with males under its Partnership Across Frontiers Programme.

OBJECTIVES

* to enable the development of appropriate, non-judgemental, and supportive community based organisations responding to the issues of sexualities, STD/HIV/AIDS and sexual health, particularly in regard to males who have sex with males, the female sexual partners of many of these males, and a range of socially stigmatised behaviours, groups and communities

* to work with appropriate agencies already responding to the issues of STD/HIV/AIDS and sexual health, where such agencies support the overall objectives of Naz Foundation, including those addressing the issues of gender equality, harm reduction strategies, male to male sexual behaviours, alternate sexualities frameworks and human rights

* to develop collaborative and partnership programmes towards ensuring that appropriate STD/HIV/AIDS and sexual health services are delivered to specific behavioural groups and communities

* to work with local individuals, groups and networks to form appropriate self-managed sexual health projects addressing the needs of males who have sex with males

* to work to challenge the assumptions, beliefs and abuse of human rights that surround STD/HIV/AIDS and sexual health, particularly in terms of males who have sex with males in Asian countries

* to develop appropriate historical and contemporary ethnographic and sexual behaviour research in Asian countries, particularly in terms of male to male sexual behaviours

* to foster cooperation, understanding and support between organisations developing responses to STD/HIV/AIDS and sexual health needs of males who have sex with males and those with other constituents

* to identify appropriate funds, resources and technical assistance to support the above activities

PARTNERSHIP ACROSS FRONTIERS

We provide technical assistance, training and project development support to local male sexual networks towards empowering them to develop their own services as well as other, community based agencies, and government and nongovernment institutions providing HIV/AIDS services addressing male sexualities and behaviours

TRAINING

* developing culturally appropriate HIV/AIDS and sexual health services
* sexualities, sexual behaviours and sexual health
* support and care
* counselling
* prevention and outreach
* designing education and prevention resources
* programme management and development
* male sexualities and sexual behaviours

TECHNICAL ASSISTANCE

* project design and development
* sexualities and sexual behaviour research
* programme management
* service development
* educational resources
* prevention strategies
* sexualities and sexual health
* monitoring and evaluation
* support and care
* community building strategies

RESOURCE DEVELOPMENT

Our design team will help you develop culturally and linguistically appropriate educational and prevention resources for your programmes and services, working in a variety of languages that meets your needs, budgets and specific target audiences. Our team is trained in DTP, MicroSoft, Adobe Photoshop, and have several years experience in developing a range of posters, leaflets, booklets, reports, and postcards in the arenas of sexualities, male to male sex, HIV/AIDS and sexual health

OTHER SERVICES

* providing technical support and partnership projects to local networks, groups and organisations for sexual health service development to meet the needs of males who have sex with males
* establishing locally based partner projects
* provide programme evaluation, consultancy, research and training on male sexual behaviours in Asian countries to a wide range of government and non-government agencies
* provide specialist expertise on sexualities, sexual behaviours and sexual health issues within cultural contexts, with a specific focus on male to male sexual behaviours
* develop, organise and conduct specialist consultation meetings, seminars and conferences on the issues of male sexualities and male to male sexual practices
* networking with a range of agencies in Asia providing HIV/AIDS and sexual health services for males who have sex with males

WE HAVE ORGANISED CONFERENCES AND SEMINARS, INCLUDING

As of November 1997

* HIV/AID and the South Asian communities - a one day seminar, 1991
* The First European Conference on HIV/AIDS and the South Asian and Muslim Communities, a 3 day Conference (funded by the European Union. WHO and UK Department of Health), 1992
* Homosexual Behaviours and HIV Prevention in the South Asian communities - a one day seminar
* Drug Use and HIV Prevention in South Asian communities - a one day seminar, 1993
* Histories of Alternate Sexualities in South Asia - a 3 day conference in New Delhi, India, 1993, with SAKHI, a Lesbian Resource Centre in New Delhi
* Satellite Meeting for ethnic minorities and migrant communities on service delivery at the Berlin AIDS Congress in 1993
* Emerging Gay Identities in South Asia - Implications for Sexual Health, a 4 day conference in Bombay India, 1994, with Humsafar Trust, an HIV/AIDS service organisation for gay men in Bombay
* Shared Rights - Shared Responsibilities: European Consultation Meeting on collaboration between government, non-government and ethnic minority organisations in AIDS prevention, support and care, October 1995
* Developing Appropriate Strategies: Consultation Meeting of representatives from non-government organisations working on HIV/AIDS prevention and care issues within Muslim communities and countries. 1995
* Sexualities, Sexual Behaviours and Sexual Health: Consultation Meeting of representatives from Governmental Organisations working on HIV/AIDS prevention issues for males who have sex with males from the Central Asian Republics, 1997

PUBLICATIONS

* HIV/AIDS and the South Asian Communities, 1991
* KHUSH , a report on the needs of South Asian lesbians and gay men in the UK, 1991
* Challenge and Response, a report on the First European Conference on HIV/AIDS for the Muslim and South Asian Communities, 1992
* Sexuality and Sexual Behaviour in India, a report, 1993
* Ethnic Minorities and Migrant Communities - a report on the Satellite Meeting of the 1Xth International Congress on AIDS, Berlin, Germany, 1993
* Drug Use and HIV Prevention within the South Asian, Turkish, Arab and Irani Communities in the UK, a report based upon a seminar held by The Naz Project, 1993
* History of Alternate Sexualities in South Asia, a report on a 3 day seminar, New Delhi, India, 1994
* Contexts - Race, Culture and Sexuality, a report and needs assessment on South Asian communities, 1994
* Conference Report on "Emerging Gay Identities in South Asia - Implications for Sexual Health", Bombay, December 1994
* Meeting Report on Shared Rights - Shared Responsibilities: European Consultation Meeting on collaboration between government, non-government and ethnic minority organisations in AIDS prevention, support and care, October 1995
* Report on Developing Appropriate Strategies: Consultation Meeting of representatives from non-government organisations working on HIV/AIDS prevention and care issues within Muslim communities and countries, 1996
* Making visible the invisible - sexuality and sexual health in South Asia - a focus on male to male sexual behaviours, 1996
* Report on the Consultation Meeting of representatives from HIV/AIDS governmental organisations from the Central Asian Republics, 1997
* Perspectives on males who have sex with males in India and Bangladesh, 1997
* Sex, Secrecy and Shamefulness - developing a sexual health response to the needs of males who have sex with males in Dhaka, Bangladesh, 1997

PARTNERS ACROSS FRONTIERS

Naz Foundation

providing technical assistance
resource development
training
behavioural research
Executive Director: Shivananda Khan
Tel: +44 (0) 181 563 0191
Fax: +44 (0) 181 741 9841
E-Mail: Nazfounduk@compuserve.com
Palingswick House, 241 King Street,
London W6 9LP, UK

PARTNER AGENCIES

Naz Project London

providing male sexual health services
female sexual health services
client support services
community education
training
Director: Krishna Maharaj
Tel: 0181 741 1879
Fax: 0181 741 9609
Palingswick House, 241 King Street,
London W6 9LP, UK

Naz Foundation India Trust

New Delhi, India
providing male sexual health services
female sexual health services
client support services
community education
training
Executive Director: Anjali Gopalan
Tel: +91 11 685 9113/1970/1971
Fax: +91 11 685 9113
E-Mail: info@Naz.unv ernet.in
Mailing address: P.O. Box 3910, Andrews Gunj,
New Delhi 110 049, India
Office address: CI/E Green Park Extension,
New Delhi 10016, India

Praajak

Calcutta, India
providing male sexual health programmes
community education
Project Coordinator: Deep Purkayastha
Tel. +91 33 478 6915
Address: 468A Block K, New Alipore,
Calcutta 700 053, India

Bharosa Project

Lucknow, India
providing male sexual health
community education
Address. P. O. Box 59, Mahanagar
Lucknow, 226 001, India

Sahodaran Project

Tamil Nadu, India
providing male sexual health
community education
Project Coordinator: Lalita Kumaramangalam
Tel: +91 44 827 6222
Fax +91 44 826 9625
Address. Prakriti, 6 Jaganathan Road,
Nungambakkam, Chennai,
600034, India

Bandhu Social Welfare Society

Dhaka, Bangladesh
providing male sexual health
community education
Project Coordinator. Shale Ahmed
Tel +880 2 933 9898
Address 106/2 Kakrail
Dhaka, Bangladesh

Association for Health and Social Development

Dhaka, Bangladesh
providing male sexual health
community education
advocacy
Project Director M H Faraaz
Address. c/o 106/2 Kakrail
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Naz Foundation of Canada

providing technical assistance
resource development
training
behavioural research
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Fax. +1 604 528 9275
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Naz Foundation in Germany

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behavioural research
Representative: Ali Firat
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Fax: + 49 30 616 098 45
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Berlin 10999, Germany

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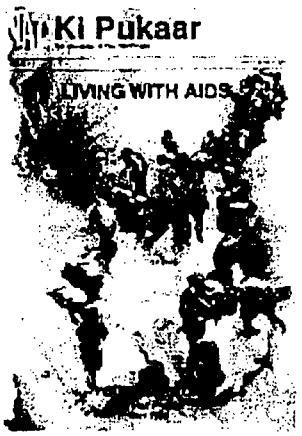

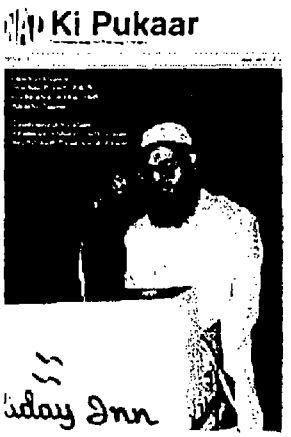

features have included:

* news from our countries of origin
* cultural constructions of male sexualities in India
* gender roles in India
* implications of racism on needs assessments and service delivery
* report on the Pakistan consultation meeting on HIV and Muslim communities
* semen gain, holi modernity, and the logic of street hustlers
* people of faith - a commitment to HIV/AIDS services
* women's reproductive rights and the politics of fundamentalism
* the Mahgreb: women in the front line
* New Delhi declaration and action on AIDS

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THE FORD FOUNDATION
320 EAST 43RD STREET
NEW YORK, NEW YORK 10017

ASSET BUILDING AND COMMUNITY DEVELOPMENT PROGRAM
HUMAN DEVELOPMENT AND REPRODUCTIVE HEALTH

August 31, 1998

Ron MacInnis
National Council for International Health
1701 K Street, NW Suite 600
Washington, DC 20006-1503

Dear Ron:

I am forwarding the PROMETRA letter of intent to you for the NCIH Small Grants Program. As I mentioned in our previous conversation, PROMETRA is planning an African regional conference on the role of traditional medicine in HIV/AIDS in the spring of 1999. The Ford Foundation is pleased to support PROMETRA's application and will be providing financial support to the project. We would be pleased to work as a team with NCIH on this project.

As you know, my office will be reevaluating our HIV/AIDS portfolio in the upcoming fiscal year (FY99), to assess impact and direction. We will be calling upon you and your office to help us in those deliberations. I personally believe that there is much work yet to be done, and that the Ford Foundation, with its global reach, has a role to play.

I have discussed with the PROMETRA staff the need for the undertaking of credible, scientific research in the area of traditional medicine therapies and HIV/AIDS. Dr. Gbodossou and his team are very excited about the possibility of beginning a research effort in Senegal at the Experimental Center for Traditional Medicine. I will keep your office informed of the progress in this area.

Please let me know, if I can be of any assistance to you. Thank you again for your support of this important work.

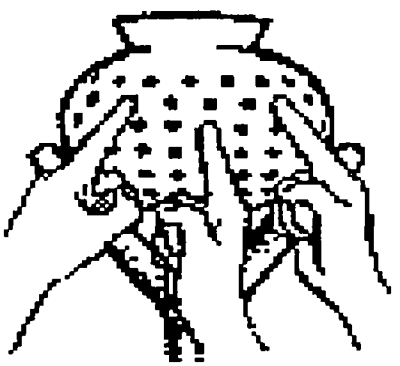
Yours,

Virginia Davis Floyd
Director, HDRH

Enclosures: Letter of Intent

PRO.ME.TRA

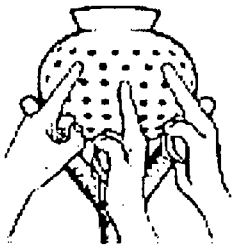
The Association for the Promotion of Traditional Medicine



Letter of Intent

Submitted to
National Council of International Health
Small Grants Program

August 22, 1998



PRO.ME.TRA
Centre Expérimental de Médecine Traditionnelle de Fatick
Adresse du Courrier: B.P. 6134 Dakar Etoile • Sénégal •Tél. (221) 8.34.02.15 • Fax (221) 8.34.78.20

Le Chercheur Principal:
Docteur Erick Vidjiń Agnih GBODOSSOU
August 22, 1998

MBOGA COM

Ron MacInnis
NCIH Global AIDS Program Small Grant Fund
1701 K Street, NW, Suite 600
Washington, DC 20006 USA

Dear Ron:

PROMETRA is pleased to submit this letter of intent and information packet for the National Council of International Health's (NCIH) Small Grant Fund Program. Following our participation in the recent XII International AIDS Conference in Geneva, the necessity of the increased involvement of traditional medicine and practitioners in this worldwide fight against AIDS was clearly evident.

As a leading traditional medicine organization of Africa, **PROMETRA** recognizes its responsibility in this arena. As the providers of health care for approximately 85% of the population of sub-Saharan Africa and respected leaders of communities, the traditional healers have a unique role to play and specific responsibility to carry out in the fight against AIDS. And as we look at the worldwide situation, Africa stands out as a region that demands immediate and decisive attention. This fact amplifies our responsibility as African traditional healers to increase our active involvement in this struggle.

We are proposing a regional educational meeting for traditional medicine organizations throughout sub-Saharan Africa for the spring of 1999. This meeting will be a major component of **PROMETRA's** ongoing plan of education and specific research in the area of traditional medicine and HIV/AIDS activities. **PROMETRA** has a history of executing successful continuing education programs for both traditional and modern health care providers. We have made the organizational commitment to increase our involvement within the international sphere of HIV/AIDS work, as we seek to make an impact upon the communities throughout Africa that we serve.

We are requesting $10,000 from the NCIH Small Grant Fund to help supplement the cost of this conference. Additional support has been requested from the Ford Foundation, National Institutes of Health-Office of Alternative Medicine and local Senegalese funding sources. Please let us know if additional information is needed for your review of this request.

Again, thank you for your personal and institutional support of the work of traditional medicine throughout the world.

Sincerely yours,

Erick V. A. Gbodossou, MD

EVAG:gd
Enclosures - Letter of Intent/ Supporting Documents

NCIH Global AIDS Program
Small Grant Fund
LETTER OF INTENT

Application Overview

PROMETRA - The Association for the Promotion of Traditional Medicine - is requesting support to conduct a two-day participatory conference entitled, ***"The Role of African Traditional Medicine in the Fight Against AIDS".*** **PROMETRA** is an officially recognized, Senegalese based NGO, founded in 1996 dedicated to the promotion of traditional medicine and indigenous science throughout Africa and the world. The proposed conference objectives would be:

- **To hold a regional African dialogue/roundtable on the role of traditional medicine in the fight against AIDS**
  - **To bring together traditional healers, modern practitioners, government officials and policy makers, researchers, NGOs, persons living with AIDS, and media to hold a roundtable dialogue**
  - **To encourage national policies to incorporate traditional medicine into national AIDS programs**
  - **To provide a national (regional) forum for the Senegalese team who attended the 12th World AIDS Conference in Geneva to hold national follow-up dialogue regarding role of traditional medicine**
  - **To outline plans for traditional medicine research in the areas of HIV/AIDS education and treatment**

- **To increase the level of knowledge regarding HIV/AIDS within the traditional medicine community**
  - **Initial step in educational training program for traditional healers to increase their scientific knowledge base of AIDS information**
  - **Production of appropriate educational materials for members of traditional medicine organizations**

- **To strengthen the network of traditional medicine associations throughout Africa who work in AIDS**
  - **Development of African traditional medicine organizations database**
  - **Mailing list of conference participants for future advocacy activities**

- **To increase public awareness of the AIDS problem throughout Africa and educational campaigns of prevention**

Organizational Capacity Statement

PROMETRA – The Association for the Promotion of Traditional Medicine – is a government recognized African NGO, based in Senegal whose purpose is to increase the recognition and work of traditional medicine throughout the world.

PROMETRA has worked to bridge the gap between modern and traditional medicine for the past two decades. It works through research in the area of traditional medicine, sponsorship of joint conferences, exchange visits, student preceptorships and policy dialogues.

Previous grants/contracts

PROMETRA has a responsible history of successful grantmaking with various funding organizations -- USAID, Senegalese government ministries, Fetzer Institute, Ford Foundation, Austrian Government and Morehouse School of Medicine.

Principal Investigator: Erick V.A. Gbodossou, MD (resume attached). Dr. Gbodossou is a western trained physician and an initiated traditional healer. He serves as the president of **PROMETRA** and Director of the Center for Experimental Traditional Medicine in Fatick, Senegal. Dr. Gbodossou has served as co-principal investigator for previous USAID grants based in Senegal in partnership with the Morehouse School of Medicine and Tulane School of Public Health. Dr. Gbodossou has participated in NCIH sponsored workshops on Traditional Medicine and AIDS in Washington DC and at the recent XII World AIDS Conference. He is a member of the WHO and NIH Expert Panel on Traditional and Alternative Medicine.

Conference Participants: [estimated 200 participants]

Traditional medicine leaders from throughout sub-Saharan Africa (8 countries)
Modern practitioners, academicians and researchers
Government officials
Media representatives
Persons living with HIV/AIDS
NGOs working in AIDS programs

Conference Document Outcomes:

Recommendation Paper to XIII World AIDS and 1999 Lusaka planning committees
Workshop Results Newsletter with international distribution
Senegalese specific recommendation paper on national AIDS strategy
Preliminary database listing of African traditional medicine organizations
Research Agenda Recommendations for Traditional Medicine
Educational Plan for Training of Traditional Healers in HIV/AIDS prevention
Videotape of Conference Proceedings

Conference Co-Sponsorship:

This conference will be cosponsored by the Senegalese Ministries:
The Ministry of Women, Children and the Family
The Ministry of Scientific Research and Technology

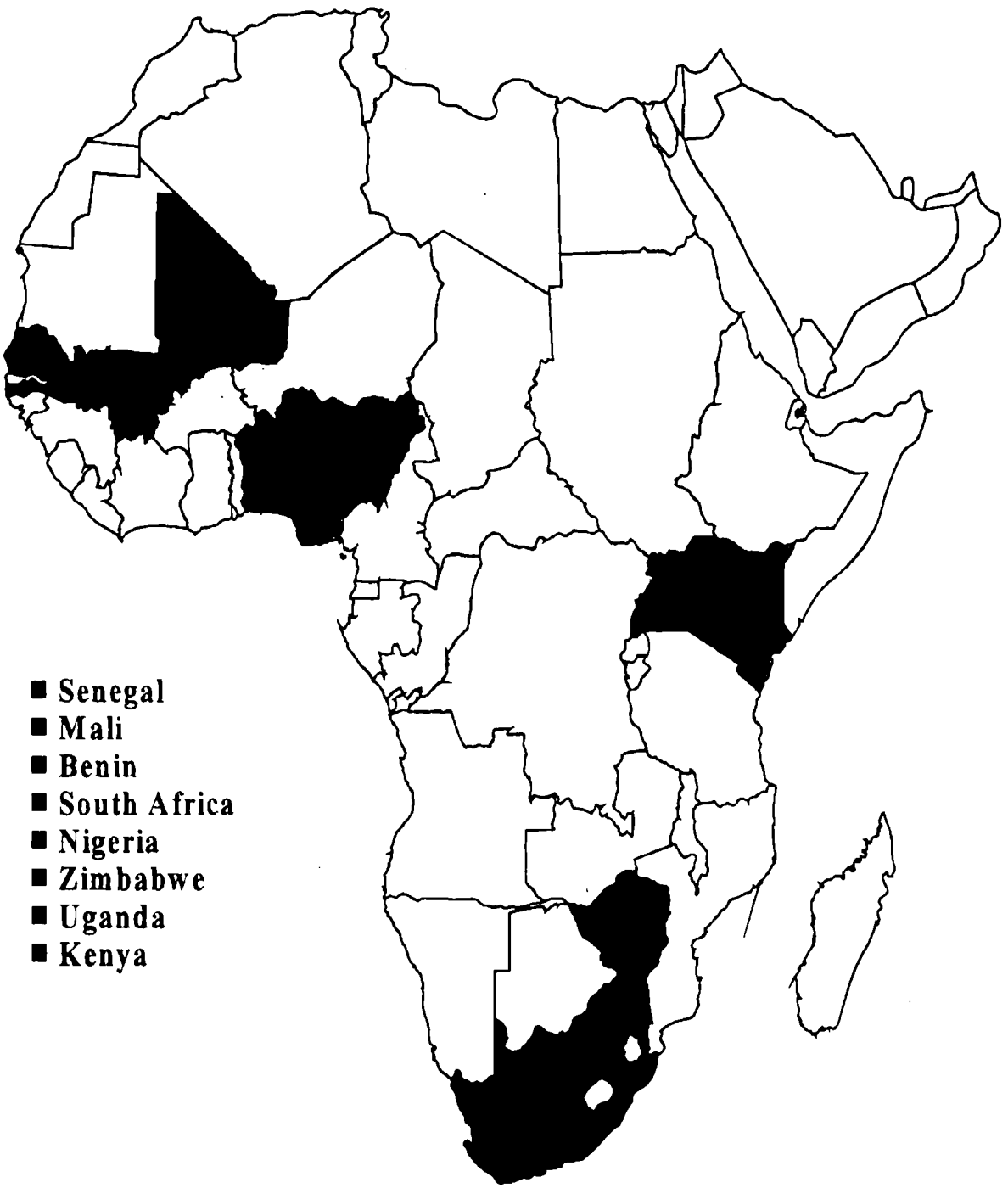
Budget Estimates:

Total cost of conference $90,000
Request to NCIH Small Grants Program $10,000

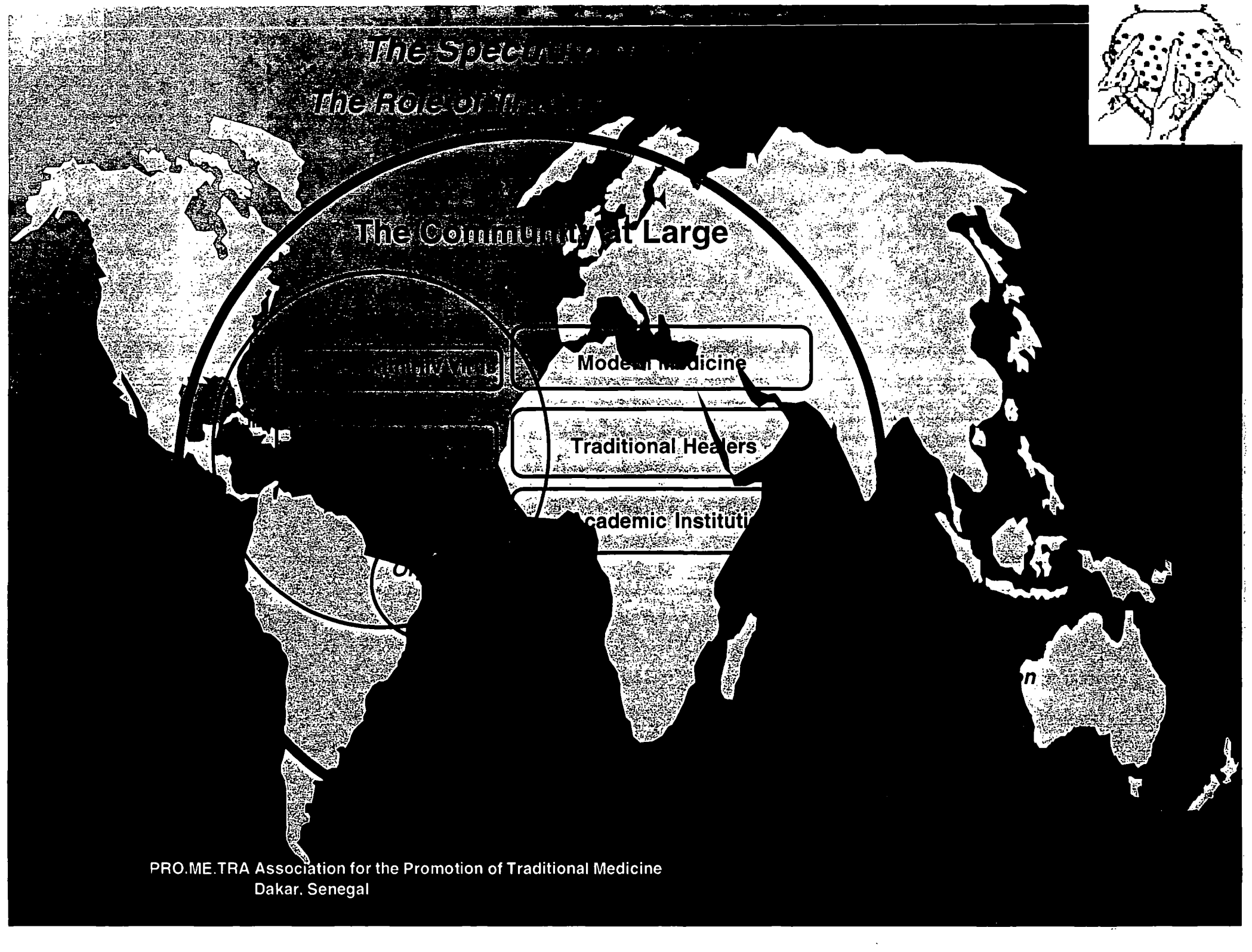
- Additional financial support requested from Ford Foundation, National Institutes of Health, Alternative Medicine Program, Senegalese fundors

Proposed Dates: Spring 1999
Location: Dakar, Senegal West Africa
Conference Languages: French, Wolof, and English

The Role of African Traditional Medicine
in the Fight Against AIDS
African Conference - Dakar, Senegal
African Traditional Medicine Organization Participation

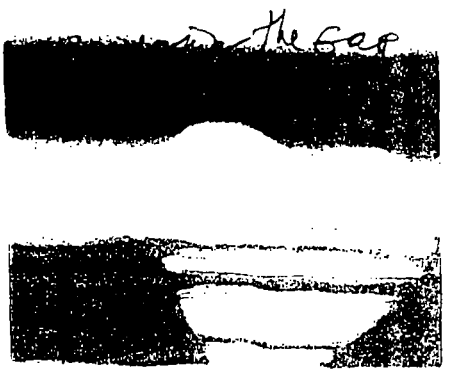


PROMETRA: Association for the Promotion of Traditional Medicine
Dakar, Senegal



PRO.ME.TRA Association for the Promotion of Traditional Medicine
Dakar, Senegal

THE BRIDGE
June 30th, 1998



The Bridge is the official daily newspaper of the 12th World AIDS Conference. It appears each morning of the Conference, to provide a snapshot of onsite sessions and a forum for discussion of key Conference issues.

12th World AIDS Conference Geneva June 28–July 3 1998

JULY 3rd, 1998 – No. 5

Community Symposium

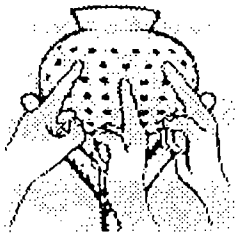
Traditional healers and doctors co-exist: Senegal

Eighty-five percent of people in Africa use traditional healers who are held in very high esteem in their communities. At Wednesday evening's community session on alternative and traditional heading, Erick Gbodossou from Senegal related these statistics and said traditional healers represent the best hope for effective AIDS prevention and treatment in developing countries.

But since traditional healers provide the majority of health care in Africa, it only makes sense for modern practitioners to forge alliances with their traditional counterparts. In fact, this has been done in Uganda, where a group has brought traditional healers, both herbalists and spiritualists, into contact with modern medical practitioners, says another session participant, Donna Kabatesi. Noting the scarcity of modern facilities and treatment in Africa, Kabatesi states certain AIDS-related conditions are quite amenable to traditional treatment. For example, she said, herpes zoster has been shown to respond even better to herbal treatments than to acyclovir.

"Traditional healers have one big advantage over modern medicine," Kabatesi said, "in that they have an intimate knowledge of the needs of their communities."

Gbodossou describes a medical centre in Senegal, in which traditional healers and a primary care physician fulfill complementary roles. "Their diagnoses may or may not be identical," Gbodossou says. "For example, a case described by one as 'pneumonia' might be called 'bad wind' by the other." Excellent results have been achieved in some AIDS-related symptoms, as well as opportunistic infections. "The centre provides an ideal situation for the provision of education and health awareness to the local population," Gbodossou points out.



Erick V.A. Gbodossou, M.D.
President of **PROMETRA**
Director of the Experimental Center for Traditional Medicine in Senegal

Erick Gbodossou is a modern trained physician and an African initiated healer He received his formal medical education at the Faculty of Medicine and Pharmacy, University of Dakar, Senegal in 1976. Postgraduate training was completed in the field of OB-GYN. He currently is a physician in private practice in Dakar, Senegal.

Dr. Gbodossou was born in Grand Popo, Benin West Africa and currently resides in Senegal. In childhood, he was selected for long-term training in traditional knowledge and became an adept in this ancient system. Currently he is the Director of the *Experimental Center for Traditional Medicine of Fatick.* This center is an organized traditional medicine center composed of over 450 traditional healers and their practices. Dr. Gbodossou came under the tutelage of the noted physician and medical anthropologist, Henri Coulomb, famous for his willingness to recruit traditional healers to treat mental disorders of Senegalese patients In 1971 Dr. Gbodossou began to visit the Fatick region of Senegal, home of the Sérer people, to make contact with the local traditional healers. The result of his work was the establishment of *Malango*, the first traditional healers association formed in the Republic of Senegal.

The Malango Center maintains a patient roster of over 5,000 patients per year. Dr. Gbodossou has been working with Morehouse School of Medicine and Tulane School of Public Health since 1987 conducting research in the area of traditional medicine and the role of the traditional healers in the delivery of health care. He has been the principal investigator on numerous research projects funded by USAID and WHO. Out of the work of the *Malango Center* evolved a non-governmental organization entitled **PROMETRA**--***The Association for the Promotion of Traditional Medicine.*** In March 1996, **PROMETRA** received government certification and became full fledged NGO. PROMETRA was recently awarded a grant from the Fetzer Institute (Kalamazoo, Michigan, USA) to study the role of traditional medicine in the lives of persons with disabilities in the countries of Senegal and benin. It has a multi-national board of directors and is working on both continents in the area of traditional medicine Current organizational activities include 1)the production of an encyclopedia of African traditional and modern medicine in Africa 2) promotion of greater cooperation between traditional and modern medicine in Africa 3) promotion of exchange of ideas and information through conferences, symposia and publications 4) scientific research in traditional medicine therapies in HIV/AIDS, viral illnesses and diabetes mellitus.

Dr. Gbodossou has authored many articles in the scientific literature and makes international presentations on the topics of traditional medicine and indigneous science. His life's work is the integration of modern and traditional medicine to complete the healing process of individual patients and the collective world. He serves as a consultant to the World Health Organization, UNICEF, Ministry of Health (Senegal) and Morehouse School of Medicine. Dr. Gbodossou serves as a medical school faculty member and advisory committee member to the National Institutes of Health (USA) and International Scientific Committee on Traditional Medicine (France). He is a member of the International Association of Energy and Life and received the highest honor bestowed by the Republic of Senegal, The National Order of the Lion.

ERICK V. A. GBODOSSOU, M.D.

PROMETRA - ASSOCIATION FOR THE PROMOTION OF TRADITIONAL MEDICINE
Experimental Center for Traditional Medicine of Fatick
P.O. Box 6134 • Dakar, Senegal West Africa
Telephone: (221) 8.34.02.15 • FAX: (221) 8.34.78.20
Email: erickg@codata.refer.sn
Internet Web Page Address: www.refer.sn/sngal_ct/cop/prometra/prometra.htm

CURRICULUM VITAE

PERSONAL

Date of Birth: February 4, 1948
Birthplace: Grand Popo, Benin West Africa
Citizenship: Republic of Senegal
Marital Status: Married, Four Children

EDUCATION AND EMPLOYMENT

1996 - Present **President, PROMETRA**
Association for the Promotion of Traditional Medicine

1989 - Present **Founder and Director**
Experimental Center for Traditional Medicine
Fatick, Senegal

1988 **Professional Certificate in Accounting**
USAID Training Program
Dakar, Senegal

1987 - Present **Private Medical Practice**
Dakar, Senegal

1981 - 1987 **Chief Medical Inspector for the Republic of Senegal**
Ministry of Education

1978 - 1981 **Post Doctoral Residency in Obstetrics-Gynecology**
University Hospital Center, Cheikh Anta Diop University
Dakar, Senegal

1976 - 1978 **Post Doctoral Fellowship in African Psychiatry,**
under the direction of Professor Collomb, Fann Hospital
Dakar, Senegal

1969 - 1976 **Faculty of Medicine and Pharmacy of Dakar**
Degree: Doctorate of Medicine

PRESENTATIONS AND PUBLICATIONS ON TRADITIONAL MEDICINE

The Alphabet of Traditional Medicine, Volume 2, 1985
The Alphabet of Traditional Medicine, Volume 1, 1984
Approach of African Traditional Medicine. Dakar 1979--Medical Thesis No. 41
A Science in the Shadows: The Healing Art in Africa. Feature Film. Senegal-Switzerland, 1977
African Traditional Science: An Ancient Discipline in Disarray: UNIR 1 Ed., Dakar AESTED, 1975
The Role of Spirituality in the Lives of Persons with Handicaps, Final Report (3 Volumes). Presented to The Fetzer Institute, Kalamazoo, Michigan, March 1998

MAJOR INTERNATIONAL PRESENTATIONS

Collaboration between Traditional and Modern Medical Practitioners - Alternative and Traditional Healing Practices Symposium, 12th World AIDS Conference, Geneva Switzerland, July 1998

Religion, Spirituality and Medicine in the Lives of Persons with Disabilities in African Thought, International Symposium: Local Concepts and Beliefs of Disability in Different Cultures, Disability and Development Cooperation, Bonn, Germany, May 1998

The Basis of African Traditional Medicine, Seminar on the Information and Diffusion of Traditional Medicine, PROMETRA Annual Conference, Dakar, Senegal, January 1998

Building A Bridge - Preserving Our Culture - Healing the World, National Observation Honoring the Spiritual System of Voudoun by the Republic of Benin, Grand Popo Benin, January 10, 1998

African Science: The Instrumental Time Space Nexus for Personal and Global Health - Remembrance: An Experimental Process to Regain the Indigenous Integral Mind, State of the World Forum, San Francisco, California, November 1997

The Integration of Traditional Medicine and Modern Medicine in West Africa, International Symposium: West African and the Global Challenge, West African Research Association, Dakar, Senegal, June 1997

Life or Survival of the Child? Alternative Medicine Symposium, Georgia Division of Public Health, Family Health Branch, Atlanta, Georgia, 1997

The African Concept of Man, Roundtable on Spirituality, Indigenous Thought and Consciousness, Fetzer Institute, Kalamazoo, Michigan, March 1997

Empowerment Through Health for Africa, International Medical Exchange, Inc., Sun City, South Africa, 1997

Coumba Lamba: A Community Healing Ceremony - Bridging the Atlantic Ocean and Multiple Cultures, W K Kellogg Foundation, Battle Creek, Michigan, March 1997

Traditional Medicine - The Role of Herbal Medicines in Indigenous Cultures, General Board of Global Ministries, Guatemala, November 1996

African Traditional Thought - Another Reality, Hui O Wa'a Kaulua (Assembly of the Double-Hulled Canoe) Distinguished Speaker Series, Maui, Hawaii, September 1996

The Indigenous Knowledge of Africa - Keys to Healing the World, Morehouse School of Medicine, Coumba Lamba, USA, St. Helena Island, South Carolina, August 1996

Traditional Healing, Modern Medicine and HIV/AIDS, National Council for International Health Annual Conference, Washington, DC, June 1996

The Role of Traditional Medicine in the Fight Against HIV/AIDS, 10th International AIDS Conference, Tokyo, Japan, 1994

CONSULTANTSHIPS

National Institutes of Health and World Health Organization Advisory Committee on Traditional and Alternative Medicine 1998 - Present

Member of Advisory Board on International Health, International Medical Exchange, Inc. 1997 - Present

Consultant, Global Board of General Ministries - Workshop on Traditional Medicine - Guatemala, Central America November 1997

Visiting Professor, California Institute of Integral Studies, Traditional Knowledge Program, San Francisco, California 1996 - Present

Consultant, State of Georgia (USA) Division of Public Health, Family Health Branch 1995 - 1997

Consultant, USAID Zimbabwe and Native American (USA) Traditional Medicine Observation Tour (California, New Mexico, Washington DC, Atlanta, GA). September 1995

Secretary General of CODATA West Africa - CODATA West Africa - Committee on Data for Science and Technology, International Council of Scientific Unions, 1994 - Present

Member of Scientific Committee, Mutans University, Dakar Senegal 1993 - Present

Chief Research Consultant with the projects teams on Traditional Medicine from Morehouse School of Medicine, Tulane School of Public Health and Tropical Medicine, and the Viennese Institute of Medical Anthropology 1992 - Present

Attending Physician and Adjunct Professor, Institute of Health and Development, University of Dakar, 1990 - Present

Principal Investigator, World Health Organization Research Project (ICP/RPD/002): The Study of Traditional African Medicine in Senegal, 1983

Consultant, United Nations International Children's Emergency Fund (UNICEF), 1981 - Present

Consultant and Resource Person, NOVIB Holland 1981- Present

Adjunct Faculty, Faculty of Medicine and Pharmacy, University of Cheikh Anta Diop, Dakar, Senegal 1980 - Present

MEMBERSHIPS

Member of the European Association for the Politics of Life, Paris, France, 1994 - Present
Member of the International Scientific Committee on TTT - Trance Tepsichore Therapy, Paris, France, 1988 - Present
Member of the International Scientific Committee on Traditional Medicine - Paris, France, 1987 - Present
Member of the International Jury for the Prize of Excellence, Economic Community of West Africa (ECCOWAF), African Pharmacopedia, Nigeria 1987
International Association of Energy and Life, Paris, France, 1981 - Present
Member of the Scientific Committee
Member of the Energy and Vital Body of Man Committee
Member of Committee of the Living Body

AWARDS AND HONORS

Knight of the National Order of the Lion of Senegal - highest award bestowed by President of the Republic of Senegal to a private citizen 1994.

Distinguished Service Certificate of United States Agency for International Development (USAID), Dakar 1996.

Certificate of Distinction from the National Association of Black Psychiatrists (USA) 1997.

Founder and Honorary President of the Healers Association of the Sine Region of Senegal 1989.

Small Grant Fund
of the
National Council for International Health
Global AIDS Program

Funded by the United States Agency for International Development (USAID)

1998 Call for Participation

An important component of global AIDS networking lies in globally representative attendance and participation at key AIDS and development conferences and meetings. Community and NGO participation and presence at international fora helps to broaden their knowledge of HIV/AIDS prevention, care, and treatment, and enhances the global perspectives of other conference attendees.

To better promote the participation of community-based NGO representatives at key conferences, meetings, and workshops, and to assist NGOs in holding meetings, workshops, seminars, and producing relevant information, education and communication materials, a Small Grant Fund for conference participation and co-sponsorships of conferences has been initiated. This Fund will allow for non-traditional USAID partners to receive support to organize workshops and panels on issues relevant to the global AIDS pandemic, to receive scholarships to attend existing conferences and meetings, and to secure funding for key materials that aim at educational awareness of HIV/AIDS prevention and care. The NCIH Global AIDS Program will work collaboratively with USAID and the USAID implementing organizations to identify organizations eligible for this assistance.

Small grant recipients will be selected based on criteria reviewed by an Advisory Panel formed by the NCIH Global AIDS Program. Small grant recipients who are selected to receive funding will be expected to complete "follow-up" activities that support the goals and objectives of the NCIH Global AIDS Program. These activities may include developing a workshop for their constituency, writing an article for *AIDSLink*, volunteering time to represent NCIH at a conference exhibit, etc. Criteria for the small grant fund are attached on the following page.

Letters of intent should be sent to address below and should include statements that show how the funding request meets the five criteria established on the attached page. Applicants should also provide information on how their project will have follow-up activities to ensure its continued impact.

1998 Application Deadline: Letters of intent accepted on a continuing basis until Sept. 1, 1998.
Average grant: $5-10,000
Grant award announcements: Letters of intent are reviewed once every two months by the Small Grant Panel and applicants are notified within 30 days.

Send letter of intent to:

NCIH Global AIDS Program
Small Grant Fund
1701 K St. NW
Suite 600
Washington, DC 20006
USA

Small Grant Fund Criteria for Conferences and IEC Materials Production

Small grant recipients will be evaluated and selected on the following criteria developed and approved by the NCIH Global AIDS program and the USAID HIV/AIDS division . Small grant recipients who are selected to receive funding will be expected to meet criteria and complete follow-up activities that support the goals and objectives of the NCIH Global AIDS program: *Private Voluntary Organizations (PVO), Non-governmental Organizations (NGO) and Network Support, Educational Advocacy, Communication and Information Dissemination.* The following criteria have been weighted in relation to importance and priority.

Criteria	**Percentage**
1. The proposed activity/production of materials provides capacity building support to developing country PVOs, NGOs and Networks.	20%
2. The proposed activity/production of materials will facilitate collaboration and networking between different regional areas: south-south, north-south, south-north and include participants/information representing governmental offices, NGOs, PVOs, community based organizations, PLHIV/AIDS and those affected by HIV/AIDS..	20%
3. Clear and measurable indicators have been outlined in the proposal and the proposed activity/ production of materials will disseminate lessons learned from the field..	20%
4. The proposed activity/production of materials can be replicated by participants for their represented constituencies.	20%
5. The proposed activity/production of materials displays a relationship to one or all of USAID cross cutting issues and priority populations: youth, women, children, community mobilization and ownership, linking prevention with care, regional differences in the spread of HIV/AIDS and appropriate responses, and sustainability.	20%

Follow-up Activities

1. Participants will present options for duplicating activity or share lessons learned during activity with their own constituents.
2. Participate in NCIH sponsored workshops or annual conference as a speaker or volunteer.
3. Participants will submit an article to NCIH Global AIDS Program publication, *AIDSlink,* of impressions of activity and HIV/AIDS related projects in their area.

African Services Committee, Inc.

28 East 35th Street • New York, NY 10016

Tel: (212) 683-5021
Tel: (212) 683-5019
Tel: (201) 332-1209
Fax: (212) 779-2862

August 28, 1998

NCIH Global AIDS Program
Small Grant Fund
1701 K St., NW
Suite 600
Washington, DC 20006

Dear Sir/Madam,

African Services Committee is requesting consideration from the Small Grant Fund for a Scholarship Program, to benefit African staff and African PWHIV/PWA clients of the agency. Such a Scholarship Program will enable staff and clients to attend national and international conferences and meetings on HIV/AIDS, to which they otherwise would have no access.

Our agency is a seventeen year-old community-based organization, with offices in New York City and in Jersey City, New Jersey. Founded by Ethiopian refugees to address the consequencese of African refugee resettlement in New York, the agency expanded its mission, in 1990, to prioritize disease prevention and care needs of African refugee, immigrant, and non-immigrant arrivals to the New York area.

Although still a grassroots organization in nature - with a skeleton crew of administrative staff, and a low-maintenance infrastructure - African Services Committee is well-known among New York City AIDS service-providers as the most resourceful program serving the African-born community. We are an ethnically- and professionally-diverse group of people who are seasoned in providing public health and social work service. Staff come from Aruba, Cote d'Ivoire, Egypt, Ethiopia, Guinea, Iran, Mali, Mauritania, Nigeria, Sierra Leone, Togo, and the United States. Staffmembers have graduate degrees in anthropology, education, law, and public health.

African Services Committee operates HIV projects in New York which provide:

* Outreach to promote early access to HIV care,
* Medical interpretation for patients with HIV, STDs, or tuberculosis,
* HIV Case Management,
* HIV Legal Advocacy for African-born PWA/PWHIV,
* Community HIV Education for African community leaders,
* Food and Nutrition Services for PWA/PWHIV,
* Recruitment of African PWA/PWHIV for clinical and HIV variant studies (in collaboration with Aaron Diamond AIDS Research Center),
* Treatment Adherence Support (in collaboration with Harlem Hospital).

As an NGO which has recently been granted special consultative status to the United Nations, African Services Committee is now better positioned to develop stronger ties to HIV service-providing NGO's in Africa. It is in keeping with the organization's mission, which provides for "programs of assistance to displaced and disenfranchised peoples in Africa", to build new bridges to indigenous African programs. This can be advanced by sponsoring New York-based staff and highly-involved clients to national and international HIV/AIDS conferences and meetings. It is our expectation that these scholarship representatives will bring back new contacts, information about programs and educational materials in Africa, better understanding of indigenous needs which will impact upon domestic programs like ours, and a reinvigorated commitment to the work we do, work which will benefit from being done in partnership with Africa-based AIDS organizations.

Objectives of the Scholarship Program:

a)To target scholarship recipient attendance in 1999 at the Retrovirus Conference in Chicago, the NMAC National Skills-Building Conference, the AIDS in Africa Conference in Zambia, and the GNP+ Conference in Brazil.

b)To send a maximum of two staff and a minimum of two clients to this set of conferences. To sponsor no more than one scholarship recipient to each conference.

c)To send each scholarshipp recipient with a basic set of issues to be addressed/questions to be answered through participation at the conference/meeting.

d)To gather as many useful materials at the conference/meeting as possible, for sharing with staff and clients upon return.

e)To distribute linguistically-appropriate educational materials at the conference/meeting.

f)To conduct at least one conference feedback meeting for staff and one for clients, upon return. To participate in at least on NCIH conference as a speaker or volunteer.

g)To develop at least twenty ongoing relationships with other national and international organizations, researchers,

clinicians, and PWA/PWHIV, as a result of the four meetings.
h)To respond to ongoing requests for information and materials, on the part of at least ten of these organizations.

An example of some of the results of an NCIH scholarship which was received by an agency staffperson in 1997, to attend the GNP+ meeting in Chiang Mai, Thailand, illustrates the potential benefits to be realized from the proposed scholarhip fund:

We met an Ethiopian PWA, director of an Addis Ababa-based NGO, in Chiang Mai. He needed technical assistance in grantwriting. We were able to send him a well-tried, hands-on manual on grant proposal writing from the federal Office of Minority Health.

In Chiang Mai, we also made the acquaintance of a British researcher, conducting a WHO-funded project on behalf of the International Community of Women Living With HIV and AIDS (ICW). We have developed a collegial relationship, meeting several times in 1998, and via e-mail. We were able to provide feedback to her on the research design for her project.

We met the director of The Center, a program for traditional healing for PWA/PWHIV in Harare, Zimbabwe. We also had an opportunity to network with women who work for TASO in Uganda. We are sending a sponsored volunteer to work with TASO's THETA program, and are working with Medicins Sans Frontieres in New York to support the THETA model, through collaboration with The Center, in Zimbabwe.

BUDGET:

REGISTRATION:

1.	Registration fee @ $500/conference x 4 conferences	$2,000

TRAVEL:

1.	Airfare @:	a)$250 RT NYC-Chicago	250
		b)$400 RT NYC-NMAC 1999 NSBC	400
		c)$1,300 RT NYC-Lusaka	1,300
		d)$1,500 RT NYC-Rio de Janeiro	1,500
2.	Ground Transportation @ $50/conference x 4 conferences		200
3.	Airport Taxes @ $20/conference x 4 conferences		80

ACCOMMODATIONS:

1.	Hotel @ $80/person/day x 20 days	1,600

FOOD:

1. Meals @ $45/person/day x 20 days	900

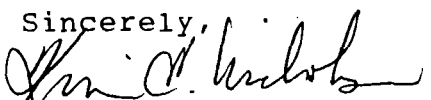
INCIDENTALS:

1. Miscellaneous expenses (flight and medical insurance, postage for mailing meeting materials home, etc.) @ $30/day x 20 days	600

TOTAL BUDGET: $8,830

Thank your very much for your consideration of this request. It would open up an array of possibilities for sharing of information and ideas that would be otherwise unavailable to us.

Sincerely,



Kim Nichols, SC.M., M.P.H.
Director of Health Programs

The International Community of Women Living With HIV/AIDS

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Telephone: + 44 171 704 0606 • Fax: + 44 171 704 8070 • e-mail: icw@gn.apc.org

Registered Charity No: 1045331
ICW is a company limited by guarantee
Company No. 2987247

21 August 1998

National Council for International Health
Global AIDS Program, Small Grant Fund
1701 K Street, NW, Suite 600
Washington, DC 20006
USA

RE: REQUEST FOR FUNDING

Dear sir or madam:

It is with great respect that International Community of Women Living with HIV/AIDS (ICW) submits this request for $15,000 to support a regional capacity building and collaboration meeting for positive women representing 5 different global regions to National Council for International Health's Small Grant Fund. The International Community of Women Living with HIV/AIDS (ICW), a registered U.K. charity, is the only international network run for and by HIV positive women.

ICW's overall goal is **to network to empower women living with HIV and AIDS world wide**. ICW's main aims are:

- To combat the isolation experienced by HIV positive women by encouraging self-empowerment and self-sufficiency and facilitating information exchange and mutual support
- To ensure that HIV positive women have input at local, national and international levels and are represented in decisions, policy making, service development and research likely to have impact on their lives

ICW continues to grow as a worldwide network of HIV positive women who benefit from each other by educating, supporting and advocating on a local, national, regional and global level. Since its inception in 1992, ICW has grown from an organisation of 40 individual members to more than 800 women living with HIV from over 90 countries. The women most directly involved with ICW's work live with the reality of this disease in every aspect of their lives. A key factor contributing to women's empowerment is the coming together and the sharing of experiences. Through ICW activities, women living with HIV are able to increase their ability to support, educate and advocate for one another on a local, national and global level.

ICW is a membership organisation. Membership is free and is open only to women living with HIV. It is estimated that each ICW member reaches at least 10 other HIV positive women, with a total estimate of 10,000 – 100,000 individual women with HIV receiving some type of support and information connected with ICW. ICW members have set up support groups, networks and organisations in their local areas. For example, one of the original ICW founders at the first ICW meeting went home to Uganda after the first ICW meeting in Amsterdam (in 1992) and set up the National Community of Women Living with HIV/AIDS (NACWOLA). Though she has since died, Beatrice Were, an ICW Key Contact for the Africa region, has carried on her work as NACWOLA's President. (Uganda has one of the highest rates of HIV infection in women and children in the world.) NACWOLA currently has more than 46,000 members and continues to be the only national network specifically for HIV positive women in Uganda. Kenya also has a national network of HIV positive women, "Women Fighting AIDS in Kenya" (WOFAK). WOFAK, like NACWOLA, was founded in 1993 as a direct result of women living with HIV attending ICW's first meeting.

ICW has an excellent record of successful, productive and cost-effective trainings and meetings for positive women. ICW has:

- Organised HIV positive women's skills development workshops and conferences for 50 to 200 women (Germany, 1993; South Africa, 1995; Thailand, 1997).
- In 1994, collaborated with world leaders and governments in developing the 'Greater Involvement of People with AIDS' (GIPA) policy at a Paris summit.
- From 1994 - 1996, successfully completed a European Commission sponsored research project, "Needs, Services and Policies – Assessing Provision and Strengthening Networks: Women Living with HIV and AIDS in Europe". A significant long-term outcome of the project is that it stimulated self-sustaining ongoing women with HIV groups in all focal countries.
- In 1996, successfully facilitated the "First Regional Meeting of Positive Women in Asia and the Pacific" in the Philippines. This inspiring workshop was the first opportunity for positive women in Asia to come together and to develop a voice. Strategies identified enabled positive women to become more involved nationally and internationally. ICW reached isolated HIV positive women in Asia, whom since have developed support groups and organisations and are influencing local and national policies. The workshop is a model for the African regional skills-development training planned for May 1999.

- In November 1997, co-sponsored the 8th International Conference for People Living with HIV/AIDS in Thailand.
- In December 1997, ICW News (newsletter) editor received the 'Women and Publishing1997 New Venture Award'.
- In June 1998, co-organised the 12th World AIDS Conference in Geneva.
- Since 1994, members have served on the governing body (PCB) of United Nations AIDS Programme (UNAIDS).
- From 1992 to present, as a direct result of ICW trainings and meetings, HIV positive women have:
  a) Implemented peer outreach, support groups, networks and organisations in their local and national areas; ICW-related support groups and networks by and for women with HIV have been established in - Uganda, Kenya, Cote D'Ivoire, South Africa, Zimbabwe, Burkina Faso, Malawi, Namibia, Zambia, Argentina, Peru, Mexico, Chile, Trinidad, Thailand, Philippines, India, Pakistan, Australia, New Zealand, Guam, Italy, France, Spain, Sweden, Netherlands, Germany, Ireland, Canada and USA.
  b) Become members of local, national and regional governing bodies of non-governmental (NGOs) and governmental associations.
  c) Become public speakers through media, schools, hospitals, clinics, fairs, businesses and conferences.

Presently, ICW achieves its mission through numerous activities on a local, national, regional and international level. ICW:

- **Fosters women in setting up support groups and networks** in places where they do not exist through assisting "Country Contacts", women with HIV, with the aim to reach isolated positive women in their countries
- **Exchanges and disseminates information and resources** including developing the ICW "Positive Woman's Survival Kit" and producing a quarterly ICW News – a newsletter written by and for HIV positive women, distributed free of charge to positive women worldwide and published in English, French and Spanish (see enclosure)
- **Facilitates skills-building/leadership development/advocacy**-related conferences, workshops, meetings and training for HIV positive women such as developing two trainings for HIV positive women in Latin America and Africa.
- **Provides outreach and mentorship** to marginalised positive women to reduce isolation and increase support
- **Educates others on policies, resources, services and rights** to raise and increase awareness and to reduce discrimination and stigma of issues affecting HIV positive women through facilitating public speaking and education by HIV positive women on an International Speakers Bureau.
- **Develops research, strategies and policies** that contribute to improving the lives of HIV positive women; ICW co-ordinates "Positive Women: Voices and Choices"- the first international research and advocacy project led by HIV positive women to explore the impact of HIV on reproductive health and rights and to promote improvements in policy and practice in six countries over the next three years. Currently, Zimbabwe and Thailand have been implemented.
- **Liases and collaborates** with other groups and networks, governments, agencies and conference organisers; ICW is a co-sponsor with the Global Network of Positive People (GNP+) for the 9th International PLHIV Conference in Warsaw in August 1999 and is one of the co-organisers for the International AIDS Conference in Durban in 2000. ICW advocates for the rights of positive women through participating on various international policy setting bodies such as United Nations. On a national level, ICW collaborates with various NGOs -- such as WASN (Zimbabwe), NACWOLA (Uganda), Empower (Thailand), LIGA (Colombia)– on projects. Key Contacts and ICW members are involved with various government bodies.

ICW's organisational structure comprises of fifteen Key Contacts and a London-based co-ordinating office. The office is staffed by a full-time administrator, a development worker and volunteers and liases with and assists fifteen Key Contacts, unpaid women with HIV from around the world. Every two years, each region's membership elects three women with HIV to serve as their regional representative for ICW, the Key Contact. Each Key Contact, along with a back-up who is another HIV positive woman to help the Key Contact, serves as an ICW point of contact for other positive women, non-governmental and governmental organisations in their region. Each Key Contact can serve two terms consecutively, a total of four years. These Key Contacts cover five regions:

- Africa
- Asia/Pacific
- Latin America & the Caribbean
- North America
- Europe

Though the activities of the individual Key Contacts vary widely according to the level of available resources, each is responsible for organising and networking in her area, fundraising for local activities, and maintaining regular communication with the London co-ordination office. The Key Contacts are aware of conditions affecting HIV positive women in their regions. For example, a Key Contact for the Asia/Pacific region is Mary, an HIV positive sex worker from Pune, India. Because of the caste system in India Mary is not accepted within various groups including some AIDS organisations. Yet, Mary has courageously implemented the only HIV positive sex workers support group in her area. One of the Latin American/Caribbean Key Contacts is Suzette. Suzette has known her HIV positive status for four years, but it was only last summer that she met another HIV positive person (a woman from Trinidad). The area in which she lives is extremely isolated and removed from other groups. Suzette is now the chair of the Caribbean Network Positive People (CRN+) and is involved with educating and mobilising her community. The Key Contacts' responsibilities cover huge geographical areas. They need to network with women in other areas, cities and countries. The fact that ICW Key contacts are open about their HIV status is crucial, as it helps to dispel the stigma and shame frequently associated with HIV and AIDS.

ICW – NEED FOR KEY CONTACT CAPACITY BUILDING MEETING

It is with respect that the International Community of Women Living with HIV/AIDS (ICW) requests $15,000 from the NCIH Global AIDS Program Small Grants Fund. ICW requests the grant to partially support a meeting for Key in August 1999 in Warsaw, Poland. As of July 1998, the following women with HIV were elected for a two year term as ICW Key Contacts:

AFRICA
- Martine Somda - from Burkina Faso
- Beatrice Were - from Uganda
- Lynde Francis - from Zimbabwe

CARIBBEAN and LATIN AMERICA
- Giovanna Torres – from Peru
- Patricia Perez – from Argentina
- Suzette Moses – from The Netherlands Antilles

NORTH AMERICA
- Marlene Diaz - New York, USA
- Antigone Hodgins - California, USA
- Suzanne Desbiens - Quebec, Canada

ASIA
- Mary D'Souza – from India
- Junsuda Suwunjundee – from Thailand
- Beverly Greet – from Australia

EUROPE
- Rosemarie Rojas – from Sweden
- Isabelle Defeu – from Belgium
- Linda Reed – from Ireland

Facilitating collaboration, networking and capacity building for the fifteen key women living with HIV is central to ICW's work. The Key Contacts are faced with enormous challenges in addressing strategies and co-ordinating activities in their region. It is essential that the Key Contacts come together for six days to discuss issues, enhance regional strategies and to share and collaborate among the various different regions. The meeting will occur prior to the ICW and GNP+ co-sponsored 9th International Conference for People Living with HIV AIDS in Warsaw in August 1999. The meeting will be based on responding to the Key Contacts needs for capacity building support in their regions. Translators for Thai, Hindi, Spanish and French will be provided. After the meeting, Key Contacts will attend the conference and will share with other PWAs, networks, organisations, businesses and companies of different regional areas (i.e. south - south, south-north, north-north, etc.) their knowledge and experience. The 9th International PLHIV Conference will cover numerous issues including: youth, women, children, community mobilisation and ownership, linking prevention with care, regional differences in the spread of HIV/AIDS and appropriate response, and sustainability.

EXAMPLES OF CAPACITY BUILDING SUPPORT, NETWORKING AND COLLABORATION TO BE FACILITATED DURING THE MEETING IN AUGUST 1999 IN WARSAW, POLAND:

Regional HIV Positive Women Workshops

In June 1998, Key Contacts prioritised the need to hold workshops specific to HIV positive women in each of the five regions over the next two years. HIV positive women with little or no support will participate in regional workshops to learn skills to support each other and set up activities in their region. The workshops will deal with many issues such as isolation, skills building, bereavement, pregnancy and taking care of children and self. The sharing process of the workshops will aid in reducing the women's sense of isolation and enhancing the networks in the regions. By women learning realistic strategies to improve their lives, they will feel a greater sense of hope and usefulness. During the meeting in August 1999, Key Contacts from Africa and Latin America will share with other Key Contacts how the trainings occurred in their region (a training for positive women from 20 different countries from both Africa and Latin America is planned for November 1998 in Colombia and May 1999 in Uganda). The successes and challenges of the Latin American and African regional trainings will be shared and incorporated into and replicated at the future(fall 1999) trainings planned for India and Eastern Europe.

"A POSITIVE WOMAN'S SURVIVAL KIT"

As a response to Key Contacts' and other ICW members' needs, ICW is currently finalising "A Positive Woman's Survival Kit", which contains personal perspectives and information aimed at encouraging HIV positive women to confront personal issues such as a recent diagnosis, planning for their children's future, nutrition and health care, stress reduction and dealing with grief and loss. The Kit will be initially printed in English, French and Spanish and distributed by January 1999. Key Contacts will utilise the Kit as a tool to educate and support other positive women and their respective communities. The Kit will be used for local and national capacity building with the goal to enhance the knowledge, personal survival skills and support of women with HIV. During the meeting in August, Key Contacts will share experiences with using the Kit in their regions and will devise strategies and action plans for replication and adaptation, incorporating the various local languages (i.e. Thai, Swahili, etc.) and cultures of their region.

Enhancing Regional Collaboration and Networking

Key Contacts have identified their need to enhance collaboration with each other and others in their region and to improve their basic computer and e-mail skills. A basic computer and e-mail workshop will be facilitated by the ICW administrator and development worker. Strategies for enhancing regional collaboration and networking among Key Contacts and regional networks, organisations, governmental offices, NGOs, CBOs and those affected by HIV/AIDS will be addressed.

Regional Outreach, Education and Information Development, Exchange and Dissemination

In the majority of developing countries, most of the AIDS-related literature is focused on prevention. There is little to no information for women once they have learned they are HIV positive. The importance of sharing HIV positive women's knowledge and experiences with each other, other individuals and organisations is essential, and ways for expanding the Speakers Bureau will be addressed. Sharing strategies for outreach to and mentoring for marginalised positive women to reduce isolation and increase support will be included in the meeting. Strategies shared will include: how to successfully educate HIV positive women, others, organisations and governments on policies, resources, services and rights. A session examing ways to improve awareness and to reduce the discrimination and stigma affecting HIV positive women will be facilitated.

Positive Women: Voices and Choices Project

ICW co-ordinates "Positive Women: Voices and Choices"- an international research and advocacy project led by HIV positive women to explore the impact of HIV on reproductive health and rights and to promote improvements in policy and practice. This is an innovative project with an emphasis on human rights, community mobilisation and the use of information for advocacy by and for HIV positive women. Currently the project is being implemented in Thailand and Zimbabwe. The Key Contacts will discuss strategies for replication, co-ordination and sustainability of this important project.

INDICATORS FOR EVALUATION AND FOLLOW-UP

Evaluation of the five-day International Key Contact Capacity Building for Regional Development meeting will be integrated into our operation plan. The meeting will be evaluated according to the following overall indicators:

1) Two-year action plan for each of the five regions revised and developed
2) Key Contacts response and involvement with the meeting
3) Assess the manner in which Key Contacts capacity for regional development strengthened as a result of the meeting
4) Assess regional networking and collaborative activities (with NGOs, governments, etc) at six months after the meeting
5) Assess how sharing lessons learned from regional trainings in Africa and Latin America aided the development and implementation of the regional trainings in India and Eastern Europe

During the international Key Contact meeting, Key Contacts and translators will complete an Evaluation Form. A feedback form (using a low-literacy level and translated into French and Spanish) will be provided daily. Key Contacts will quantify their satisfaction of the meeting with a number rating (i.e. 1 = Poor Satisfaction, 5 = Extremely Satisfied) and open-ended questions (i.e. What specific skills have you learned as a result of today's work? How will your work in the regions change as a result of the meeting?). Minutes of the meeting will be recorded. A report summarising the process and impact of the 5-day meeting and the regional action plans will be provided to NCIH. In addition, the Key Contact meeting and the 9th International Conference for People Living with HIV/AIDS will be highlighted in an issue of ICWNews. A copy of the newsletter and a copy of the International PLHIV Conference Report will be provided to NCIH. The newsletter and the conference report will be disseminated to positive women, affected individuals, NGOs, other organisations and governments. ICW Key Contacts are interested in participating in future NCIH's conferences through submiting abstracts for presentations and as speakers.

As NCIH is aware, there remains much to be done to increase HIV positive women's visibility and support systems, particularly in developing countries. The key to addressing this need is by improving the networks and communication between ICW Key Contacts and other women with HIV in the five regions. The estimated total cost of the five day meeting is $45,865. We have attached a copy of the budget. Also, enclosed are issues of ICW News (which highlights the 1997 and 1998 Key Contact meeting), the Chiang Mai Conference Report and the ICW leaflet. Please do not hesitate to contact us if further information is needed. We very much hope that the NCIH will be able to provide a $15,000 grant to support our work in addressing the needs of women living with HIV/AIDS globally. Thank you in advance for your kind consideration of our request.

Faithfully yours,

Philippa Lawson

Philippa Lawson
Development Worker

Enclosures

1999 KEY CONTACT CAPACITY BUILDING FOR REGIONAL DEVELOPMENT

August 1999 in Warsaw, Poland

KEY CONTACT INTERNATIONAL WORKSHOP

	£	$	(£1.00 at $1.65 rate)
Accomodation	4,364	7,200	$50 per night X 24 (15 Key Contacts, 4 translators, 4 ICW London-office, 1 facilitator) x 6 nights
Food/PerDiems	3,055	5,040	$30/day pp x 7 days
Facilitators	606	1,000	For 1 facilitator over 5 days
Meeting Rooms	1,818	3,000	For 5 days
Airfare estimate	9,939	16,400	Estimate for airfare x 20 (15 Key Contacts, facilitator, ICW London-office, Thai and Hindi translators)
Translators	727	1,200	Fee ($300/each) for Translators for each language - Spanish, Hindi, Thai, French
Local transportation & activities	485	800	Travel to & from airport & for evening meetings and activities
Childcare	394	650	
TOTAL	£21,388	**$35,290**	

Co-ordinating Costs - London	**30 days**	
Staff and Volunteer Costs	3,947	6,513
Office Costs	227	374
Running Costs	2,235	3,688
Total London Costs	**£6,409**	**$10,575**

GRAND TOTAL	**£27,797**	**$45,865**

Amount requested from NCIH: ***$15,000***

REPLY SLIP

YES, I WOULD LIKE TO SUPPORT ICW'S WORK AND HAVE ENCLOSED A GIFT OF:

£15 ___ £25 ___ £50 ___ Other ___

I would like to subscribe to ICW News and enclose an annual subscription rate of _____

£15 (individuals) £40 (organisations)

Note
Please send sterling cheques/money orders made payable to The International Community of Women Living with HIV/AIDS.

Please send me more information on:

Joining ICW _____
Becoming a Volunteer _____

Name .....

Address .....

.....

Town ..... Postcode .....

Country .....

E-mail address .....

Home phone number .....

Fax number .....

Return form to:

ICW
2C Leroy House
436 Essex Road
London, N1 3QP, UK

Tel: + 44 171 704 0606 Fax: + 44 171 704 8070
email: icw@gn.apc.org website: www.icw.org

Registered charity number: 1045331
A company limited by guarantee: 2987247

To improve the situation of women living with HIV and AIDS throughout the world, we need:

Encouragement and support for the development of self-help groups and networks.

The media to realistically portray us, not to stigmatise us.

Accessible and affordable health care (conventional and complementary) and research into how the virus affects women.

Funding for services to lessen our isolation and meet our basic needs. All funds directed to us need to be supervised to make sure we receive them.

The right to be respected and supported in our choices about reproduction, including the right to have, or not to have, children.

Recognition of the right of our children and orphans to be cared for and of the importance of our role as parents.

Education and training of health care providers and the community about women's risk and our needs. Up-to-date and accurate information about all the issues for women living with HIV/AIDS should be easily and freely available.

Recognition of the fundamental human rights of all women living with HIV/AIDS, particularly women in prison, drug users and sex workers. These fundamental rights should include employment, travel without restriction and housing.

Research into female infectivity, including woman-to-woman transmission, and recognition of and support for lesbians living with HIV/AIDS.

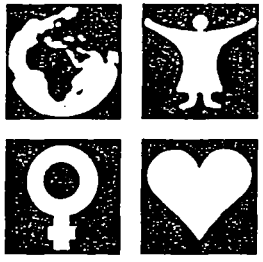
Decision making power and consultation at all levels of policy and programmes affecting us.

Economic support for women living with HIV/AIDS in developing countries to help them to be self-sufficient and independent.

Any definition of AIDS to include symptoms and clinical manifestations specific to women.

Printed for the Stationery Office PT1 5 93

The International Community of Women Living with HIV/AIDS (ICW)



Networking to empower HIV positive women world-wide

ICW
2C Leroy House
436 Essex Road
London N1 3QP, UK
Tel: + 44 171 704 0606 Fax: + 44 171 704 8070
E-mail: icw@gn.apc.org

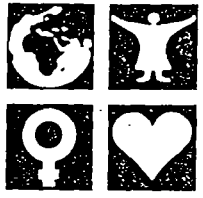
Brief History

The International Community of Women Living with HIV/AIDS is the only international network run for and by HIV positive women.

ICW was established in Amsterdam in 1992 in response to the desperate lack of support and information available to HIV positive women world-wide. This founding meeting agreed to the 12 statements representing the united view of women all over the world.

We have 15 key contacts whose task is to organise and network in their regions which are:

Africa, Asia and the Pacific, Europe, Latin America and the Caribbean, and North America.



ICW aims to:

Reach out to HIV positive women around the world.

Unite HIV positive women around the issues that affect us all.

Ensure that HIV positive women are visible and that our voices are heard.

Act as an information resource.

Challenge the discrimination, stigma and abuses of HIV positive women's rights.

Encourage self-empowerment and self-sufficiency.

ICW does this by:

Facilitating international information exchange via our quarterly newsletter, ICW News.

Organising international meetings for HIV positive women.

Supporting HIV positive women in setting up self-help groups.

Facilitating an International Speakers Bureau which provides expert HIV positive women speakers for conferences and the media.

Advocating for the participation of HIV positive women in service development, research and policy making.

Key Achievements

Conferences and Meetings

Hamburg 1993
Cape Town 1995
Manila 1996
Chiang Mai 1997
Geneva 1998

Research and Projects

Women Living with HIV in Europe: Needs, Services & Policy

Positive Women – Voices and Choices: A project exploring the impact of HIV on reproductive rights.

ICW News

ICW produces a quarterly newsletter, ICW News. Organisations and friends are encouraged to subscribe in order to continue its free distribution to members.

ICW
A network run by HIV positive women for HIV positive women

You can get involved by:

- Joining us - membership is free to all HIV positive women!
- Make contact with the ICW co-ordinating office and your nearest key contact!
- Organising local meetings of HIV positive women to combat isolation!
- Help ICW reach as many women as possible by translating information!
- Sharing your skills or experience with others by writing articles or speaking at meetings!
- Contributing articles to ICW News!

ICW needs your support

Please make a donation.

Subscribe to our newsletter

Help us reach HIV positive women in your country region by distributing our leaflet, membership form and/or newsletter.

Volunteer support for the ICW Key Contact in your region.

Help with fundraising to develop activities in your region.

Offer technical support to HIV self-help groups in your area, e.g. computer, email, photocopying.

ICW NEWS

The International Community of Women Living with HIV/AIDS

Award-winning Newsletter

Issue No.6 August 1998

This issue of ICW focuses on women's perceptions of the World AIDS Conference which was held in Geneva in June 1998. For the first time ever ICW was a co-organiser of this huge event along with GNP+, ICASO, UNAIDS and IAS. More than 13,000 delegates attended the conference from all over the world and the conference produced a mass of information which we cannot convey in this newsletter. However, in the next issue we will give you listings of the best conference articles and reports written on issues affecting HIV positive women. If you have access to the Internet you can get summaries of all presentations and main issues on www.aids98.ch

The conference was stimulating but exhausting for everyone involved and we would like to thank all the positive women who presented, chaired sessions and asked difficult questions throughout the event.

Many of us worked hard in preparation for Geneva but we particularly want to acknowledge and thank Leigh Neal and Beatrice Were who were ICW's main representatives and who worked tirelessly on the conference for over a year.

Before the conference we held an ICW Key Contact meeting outside Geneva. This week long meeting was an opportunity for the newly elected Key Contacts to meet and to develop their regional action plans. The women then worked through the night to produce a position paper which was distributed at the conference.See it on page 2.

It was a very successful meeting but they were already pushed to their limit by the time they joined everyone else back in Geneva for the main conference which lasted for another full week. Those who were attending the conference for the first time, were awed and a little overcome by the size of the centre, the numbers of people present and the level of noise which went on from early morning until the last sessions finished in the evening.

Jairo Pedraza (GNP+), ICW Key Contacts Giovanna Torres, Marlene Diaz, Patricia Perez, and office administrator, Araba Mercer in front of the ICW stall in Geneva.

The theme in Geneva was " Bridging the Gap" and there are clearly many gaps between North and South in access to treatment, information, support and much more. There was a lot of discussion on preventing mother to child transmission of HIV. A short course treatment of AZT in pregnancy in Thailand was shown to reduce levels of transmission but raised many questions in terms of widescale antenatal testing and issues around consent, confidentiality and infant feeding. In future issue of ICW News we will examine these subjects more closely.

The 9th International Conference for People living with HIV/AIDS was launched in Geneva. It will be held in Warsaw, Poland in 1999. More news about this exciting conference in the next issue which will concentrate on Latin America and the Caribbean. If you would like to share your experiences please send any material to us by 7th September. ■ *Love from Jo, Fiona, Philippa, Leigh and Araba.*

Inside: News and Views from the 12th World AIDS Conference in Geneva

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Website: www.icw.org

ICW is an international network of HIV positive women, founded in response to the desperate lack of support and information available to many of us worldwide. Our aim is to improve the situation of women living with HIV through self-empowerment and dissemination of information. Our membership is open to all women living with HIV.

ICW Statement for the Geneva Confrence

This important position paper was drawn up at the Key Contacts' meeting, 20 - 25 June, 1998 at the Mandat International NGO Welcome Centre outside Geneva. It was released at the 12th WorldAIDS Conference in Geneva directly afterwards.

ICW's Position on the Key Issues Affecting Women Living with HIV/AIDS

ICW is totally opposed to mandatory testing in all its forms.

ICW advocates for universal pre and post test counselling, testing with informed consent and access to test results. Sentinel surveillance testing is not cost effective. We oppose unlinked testing of women and children for the purpose of monitoring the epidemic.

- Women with HIV/AIDS need health care providers to act responsibly before dispensing treatment to women and to provide adequate monitoring and follow up with proper counselling and support.

ICW opposes trials using placebo controls where studies elsewhere have demonstrated efficacy of the trial drugs. Such trials should be designed to compare with other interventions of proven efficacy.

ICW advocates for research that is of direct benefit to the women with HIV/AIDS who are involved, includes us in the development of trial protocols in our countries, and preserves the rights and dignity of ourselves and our children.

ICW opposes research that is irrelevant to or which exploits women with HIV/AIDS who are poor, uninformed or lack resources, unless this research will result in direct benefit to them and their children. For example, we oppose vertical transmission trials on women with HIV/AIDS if treatment is withdrawn immediately after they have given birth.

- Regardless of what is or is not accessible to them in their situations, women with HIV/AIDS have a right to know that monotherapy is not an optimal or a recommended treatment - combination therapy is.

ICW calls for all women with HIV/AIDS to have up to date accurate information.

ICW Key Contacts.

- Women with HIV need information on all therapies and strategies which reduce vertical transmission and access to these if we choose to use them.
- Women with HIV need information about affordable female controlled prevention methods such as female condoms and microbicides with access to them when they become available.
- Women with HIV/AIDS need information on and access to affordable health care (conventional and alternative therapies) and research into how the virus and treatments affect us.

ICW calls on governments and international alliances to re-focus strategies such as prophylaxis against opportunistic infections and nutritional support to prevent progression of HIV disease.

ICW calls for urgent research into the issue of breastfeeding.

- Women with HIV/AIDS have a right to know that breastfeeding is a mode of transmission. We need clarity on the percentage rates of transmission through breastfeeding and consistency in the information given in different parts of the world.
- Women with HIV/AIDS need more information and training on traditional and other affordable and accessible alternatives to breastfeeding other than commercial formulas.

International Calendar

2nd International Conference on Women in Africa & the African Diaspora (WAAD), October 23 -27, 1998. Theme: 'Women in Africa & The African Diaspora: Health & Human Rights'. Indianapolis, Indiana, USA. Visit the conferences website for more information: http://www.iupui.edu/ ~aaws/
Contact Obioma Nnaemeka, Convenor, Second WAAD Conterence, French & Women's Studies, Indiana Unviersity, 425 Unviersity Boulevard, Indianapolis, In 46202. Tel: (317) 278 2038/Fax: (317) 274 2347/email: nnaemeka@iupui.edu

4th International Congress on Alternative & Complementary Therapies 2-4 October1998, Arlington, Virginia, USA. Contact:1-800-BIOCON, or 914 834-3100x652. (Not focused on AIDS)

The Society of Women and AIDS in Africa 7th Conference on Women and AIDS: Expanding the Response: Enhancing the Participation of Men', December 14 - 17, 1998, Dakar, Senegal. Individuals /groups interested in participating contact: The President, SWAA Senegal, Pr. Charlotte Faty Ndiaye (Chairperson, 7th SWAA Conference), B.P. 7504, Medina, Dakar, Senegal.Tel: 221 823 88 47; Fax 221 824 37 22; email: swaa@telecomplus.sn
The conference hopes to raise money to ensure African regional participation and would also like representatives from other regional networks and groups from Asia and Latin America to participate.

4th International Congress on Drug Therapy in HIV Infection 8-12 November, Glasgow, Scotland. Contact: Gardiner-Caldwell Communications Ltd. Tel: +44 1625 664000 Fax: +441625 610260

Women Working Together

ICW Press Conference
Positive Women Speak Out

ICW held a press conference in Geneva. Seven ICW Key Contacts and members spoke movingly about some of the issues which positive women are most concerned about. Robin Gorna chaired. Here are some of their voices.

Rebecca Denison, USA: 'One of the main ethical issues at this conference is that there's been almost no acknowledgment of the women who participated in mother to child placebo controlled studies who now have infected babies. Also, I'm not hearing enough about the lives of positive women who have now given birth. Drug treatment for pregnant women is often posed as an economic issue. The thinking seems to be that drug intervention during pregnancy is a good thing. On the other hand, it's assumed that you can't afford to take care of mothers after their babies are born. If we really want to take care of children we need to figure out ways to take care of the health of the mothers.'

Beatrice Were, Uganda: I speak as a mother living with HIV from the South. It is easy to speak to the press here, but it is very difficult for women living with HIV to share their fears around death and living with HIV with their children. My hope is that at this conference we will share strategies and look at ways we can support mothers living with HIV to help their children cope with grief and the idea of a permanent separation from their mothers. In Africa in particular, the mother's strength and energy determines her children's quality of life and future. We don't have social security like in Europe and the USA, so the biggest anxiety I live with is that I may die before I raise my children beyond primary school age. Also as we go public, the stigma of HIV tends to shift from us to our children. They need a lot of support from the community and those around us, including journalists. How journalists portray us will determine what support our children will have!'

Marlene Diaz, USA: 'As Beatrice says, women are often the head of the family and when they're trying to take care of their positive children and the children who are affected, they are usually the very last ones to take care of themselves. Let's stop this mother versus child thing. Let's save families!

Mandatory testing has come up at this conference a lot. I believe in mandatory counseling and *voluntary* testing. Unless countries are prepared to spend an appropriate amount of money to educate and update paediatricians and providers to be well versed in the care of positive people, it's hypocritical to demand mandatory testing. Unless there's back up to help take care of positive children and their mothers, it's wrong to subject pregnant women to mandatory tests. Women want what is best for their child. So if you give us the information we can make responsible choices.'

Jo Manchester, ICW Trustee: 'Some people have proposed one day testing, where it all happens at once. Well, I don't call that voluntary or informed consent. Women need time to reflect. If you are offering someone a test you are also offering them the chance to refuse. Nobody seems to take that on board.

ICW Press Conference. Left to right: Jane Fowler, Mercy Makhalemele, Rebecca Denison, Robin Gorna chairing, Marlene Diaz, Jo Manchester.

Mercy Makhalemele, South Africa: I want to say something about breastfeeding. If we have a bowl of water and know there is poison in the water, there is no way we would give it to a child. In Africa, we are already finding alternatives to breast feeding. Women want to make informed choices but doctors are hiding the facts. Why are they keeping it a secret? They need to made accountable. Babies are dying. I attended an infant feeding meeting here to see how doctors think about women and it was disgusting. They weren't interested in how women are actually feeding their babies - they're not there to see. So why do they all sit down in one place and talk about how women should feed their babies? Why don't they have women there who can say, "This is how we're doing it. Is it right? How can you guys help us do it in a better way if it needs to be improved?" I found myself the only HIV positive woman from Africa at this meeting. If they can fly all the doctors to one place what is the problem in getting all the women in one place and let them come up with a solution?'

Jo Manchester: 'Being the co-sponsor of the conference for a first time has helped ICW get a foot in the door but I feel strongly that that representation is still tokenistic. ICW is seen as a wonderful big organisation but it was only last year that we were able to employ our second worker and we depend completely on volunteers, positive women volunteers, to do so much of the work. I don't think the agencies take this on board. They act as if we have the same resources and money as they do and expect us to disseminate information to women in 100 countries. We're doing the best we can but we really need practical support to be effective and to act on all the issues positive women care about.' ■

Bridging the Gap

Good Nutrition: The Basis of Health

Lynde Francis, new ICW Key Contact from Zimbabwe, explores the importance of nutrition and health.

In Geneva the issues of nutrition and holistic therapies have been side lined. Both the alternative therapies sessions and the one on nutrition were relegated to the 5.30pm-8pm slot. It's not enough time and people are too tired by then.

If you are on drugs, nutrition deals with side effects and helps reconstitute the immune system. It's no use just killing the virus, you've got to rebuild the immune system and you need nutrition to do this. But if you can't get access to drugs, nutrition is often your *only* line of therapy. For 90% of the world's PWAs this is true. So prevention means more than stopping infection, it also means prevention of progression.

Herbs are the main line of defence for most people in Africa. In Zimbabwe there are 12 million people and only 3000 medical doctors. But - there are 33,000 traditional healers. Nevertheless, traditional healing is not recognised locally or internationally. It's put into the lunatic fringe track. In Geneva, there's been a lot more accommodation of community, but it's still seen primarily as a scientific conference. We need research on food, not supplements, as micro nutrients.

The language used in the access to treatment dialogue is victimising of people in developing countries who don't have access to drugs. And yet I'm glad my patients do not have access to those drugs. A few years ago everybody was saying AZT was the end of AIDS and then it emerged that AZT was not beneficial as mono therapy. I think a lot of the same is going to happen with the combination therapies. Three or four years down the line we're going to start seeing the results of the side effects. I'm worried about the effects long term on the children who are part of the mother to child AZT trials. If worrying things show up can we trust that they will be reported? But I'm not here to find out about drugs. What I want is to get access to basic anti-fungals and TB drugs, things that control opportunistic infections. And vitamins! We can survive if we can maintain health and as far as I'm concerned the foundation for maintaining health is nutrition.

Women know that breast milk can kill. There have been attempts to keep it from us. Supposedly we're too poor and too ignorant to learn how to use formula properly. This is not true. The reality is that we know we can kill our babies and we need choices. Those choices should *not* be between breast and commercial formula. This whole debate has degenerated into breast versus Nestle. That obscures things like the fact that for centuries when women died in childbirth, their children were fed with alternatives. Cheap, available alternatives. What about goats' milk? It's the best substitute for breast milk, much better than cows' milk. There are millions of goats in Africa. They're easy to keep in a tiny space and they eat anything you give them.

We really need to make the next International AIDS conference in Durban different. We need more space for practical alternatives. We've come a long way. We've seen so much more on women's issues and the developing world's issues on this programme but we've still got a long way to go. ■

Older Women and Risk

Jane Pecinovsky Fowler, an ICW member who attended the Geneva Conference as the co-chairperson of the National Association on HIV Over 50, writes about her experiences for ICW News.

Can an aging white American heterosexual female, educated as a writer and still a career woman at 63, be infected with HIV? Even if she was a 'good girl', a virgin on her wedding night, monogamous during a 23-year marriage that combined motherhood and journalism in a conventional lifestyle, then cautious in her post-divorce relationships?

Certainly. And that's why for the last three years, I've been speaking out, urging **all** people to recognise that HIV/AIDS does not discriminate. 'Look at this face, this old and wrinkled face,' I say. 'This is another face of HIV. It's not who you are, but what you do—in regard to transmission of the virus.'

Older women, in particular, need to be made aware that they, too, can be at risk for HIV, depending upon behaviours; that, in fact, they may be even more vulnerable due to lack of knowledge and advancing years. Special considerations? Normal aging changes such as a decrease in vaginal lubrication and thinning vaginal walls can put older women at higher risk during unprotected sexual intercourse. And, because condom use for birth control becomes unimportant after menopause, these women—the world's 'grandmothers'—may not realise that condoms remain imperative for protection against HIV transmission.

My own story begins when I was diagnosed in 1991, after the virus was detected in a routine blood test required as part of my application for a new health insurance policy. My family and the friends I told were as shocked as I, because I didn't fit an HIV/AIDS stereotype: I obviously was not a gay man; I had never been an injecting drug user, nor had I ever had a blood transfusion. What I was to learn, however, is that by engaging in unprotected sex with a man who had been a close friend my entire adult life, I became infected at the end of 1985 at the age of 50.

Then, in 1995, encouraged by my only child, son Stephen (now 34), I decided to liberate myself by publicly acknowledging my HIV status and, perhaps, help others at the same time. Thus came my affiliation with Good Samaritan Project, an AIDS service organisation in Kansas City, MO (my hometown), as part-time coordinator of the Speakers Bureau, as well as a volunteer speaker for the agency.

In addition, I currently serve as co-chairperson of the National Association on HIV Over Fifty (NAHOF), a volunteer

position which enables me to travel with my warning message throughout the U.S. In programmes, audiences learn that the number of heterosexually-transmitted HIV infections are on the increase in older American women and their diagnosed AIDS cases have nearly tripled in this decade; and, that a combination of ageism and sexism has resulted in older women being invisible in the HIV/AIDS community.

Listeners also hear about my favourite letter, sent after a presentation in which I disclosed how I became HIV-infected. 'Dear Jane Fowler,' wrote a 12-year-old schoolgirl, "Well, I sure never knew that anybody over 50 had sex.' ■

Girls Are Positive!

Antigone Hodgins, new North American Key Contact from San Francisco, USA, explains why more attention needs to be paid to young women living with HIV/AIDS.

As an ex youth, I think ICW has come a long way in being conscious about the issues of young women living with HIV. Now they can really start to recruit and engage HIV positive young women.

Young woman face most of the issues that women do. You just have to add ten times more difficulty to it. For most young woman trying to access health care or to use a condom, it's the *first* time they're trying to deal with any of that stuff. Being young, you're an underclass in a lot of ways and you don't have as much power as older people have.

Developmentally, young people are trying to find their own identity. A lot of support groups are adult run and unfortunately they get a little too 'maternalistic' or 'paternalistic'. Young women, for instance, are trying to break away from that situation in their own families, but when they go for support outside the family, they may run into it again . I couldn't go to women's support groups because when I talked about problems with my mother, for instance, a woman said, 'Oh you'll be fine. I dealt with my mother last year'. I said, 'How old are you? and she said, 'Forty-five'. I replied, 'Well, it took you until 45 and I'm only 24!'

In the support group I went to, women didn't talk about dating or other things I was doing like going to the movies and how important friends were. When you're young and test positive it becomes part of your identity much more than it you're older and have a lot of your identity already in place. Young women don't have a career and they don't necessarily know what they want to do. Now that I'm getting older I see the difference in how I thought about it then and how I think about it now.

What I found from the work I tried to do with young women is that it's great if you have older women who can be mentors and who really understand the need for finding out from young women what they need. It's a really important

Antigone helps Bev get her presentation material ready in the Geneva ICW office.

dynamic which has to happen for young women to develop and to learn the skills they need in order to achieve what they want to. Right now, there's nothing going on internationally for young women - positive, negative - nothing. It's hard for young women to organise and come together - they're from so many different places and are so diverse.

ICW can do more for young women with HIV by getting their voices out. Its position statements should try to include the perspective of young women. At international conferences there should be youth tracks or youth workshops.

There were young people at the opening ceremony of the conference who presented their work to combat HIV. I was happy to see them being highlighted, but I was really disappointed that there were no youth who disclosed their status on the stage. A lot of times people go right into prevention when they're talking to young people. It's hard for them to focus on the fact that young people are infected.

If you say, 'Oh, prevention prevention', and you talk as if young people are *not* already infected or *might* already be infected, and you *don't* talk about counseling and testing, then you're not really telling them they're at risk. People do it all the time and they don't realise it. That happened to me. No one ever said you should get tested. People even discouraged me from it. They said, you're young, you're a woman, you're fine. So although it was great to see young people up there at the opening ceremony, much more has to be done to bring young people, and especially young women, living with HIV into the picture. ■

Our Role

Three Key Contacts, Bev Greet, Rosemarie Rojas, and Suzette talk to Sue O'Sullivan in Geneva.

Bev: I've just been elected as one of the three ICW Key Contacts for the Asia/Pacific area. I was one of the founding members of ICW in 1992 and coming back after all these years, I've been impressed by the various global programmes we're involved in like 'Voices and Choices' which focuses on positive women's reproductive rights.

Rosemarie: I've been an ICW Key Contact from Sweden since 1995. This is my first really big conference and it's all a bit confusing - you just can't manage it all. But it's a great experience, especially because it's the first time the two major international organisations for HIV positive people, ICW and GNP+, have been involved in the organising.

Suzette: I'm a new Key Contact from Sint Maarten in the Caribbean and I'm also very new to the field of AIDS and AIDS work. Even though I was diagnosed 4 1/2 years ago, it's been less than a year since I met another positive person. It's all been an overwhelming learning experience. When I had to make my first public disclosure and presentation yesterday in front of hundreds of strangers, everybody from ICW really rallied around me. I hope to go back home with everything I've acquired and make a difference, not only in my life but in the lives of other women and men on Sint Maarten. For all intents and purposes, I'm still the only positive person there who wants to do something, not just sit in a bed waiting to die.

Sue: What's the point of ICW being so involved in these conferences?

Bev: The conference offers us an excellent opportunity to meet our peers and members from our regions. For instance, we've held Asia/Pacific regional meetings which have enabled us to network very successfully. Because the conference brings together so many different organisations, it also offers a chance to once again meet with funders, UNAIDS, and various other supporters.

Sue: Are there any worries that ICW and other organisations for PWAs are being co-opted by their involvement in a conference which is so identified with the huge pharmaceuticals?

Bev: I've heard some people say that it's a way of keeping us under control - you know, if they give us the token chair position or a talk here and there, and say we're co-sponsors, it will keep us from being too vocal or demanding. You have to work out a balance. It's been important that we've had PWAs in every stream, in every presentation, not only as speakers, but asking questions from the floor. We've got to be here but we must also maintain our integrity and not just be seen to be sucked in by the AIDS industry.

Sue: Could ICW play a bigger role in preparing its

Suzette: Maybe before the next conference, *ICW News* could focus on the current main issues and on a what a woman's perspective of these would be. And for those members who are attending, it would be good to have more background on practical things, like what clothes to bring!.

Rosemary: I know in Sweden many of the women think coming here is a holiday. That is so far from the reality! It is a working conference. I haven't been out of the conference centre yet or even seen famous Lake Geneva!

We have to work hard to get more research about women's issues on the agenda. That's why ICW must have a big voice at the so-called table. It's our turn now, as women, to stand up at the barricades and fight for our rights, as gay men did a long time ago.

ICW member from Trinidad, Yolande Simon, adds a critical note.

Yolande: To me, compared with two years ago, there seems to be less PWA involvement and less PWA participation in Geneva, and I ask myself, why is that? In Vancouver, PWAs were right there; we were highlighted and very visible and I'm not seeing that here. I think there's been an attempt to move the conference away from the community and make it very scientific once again and I hope that they're not going to be allowed to do that. The community is in the PWA lounge!' ■

Pen Pals

Friends, get your pens out and write!

Mlle Yvonne Koffi, age 25, is looking for a positive or negative man between the ages of 25 to 50 years to be her pen pal. Write in French to **Mlle Koffi Yvonne : 01 BP 4259 Abidjan 01, Cote D'Ivoire.**

Rose Daud Euphrase says, 'I'm a Tanzanian, 35 years old. I have two children, a boy and a girl, age 13 and 8 years respectively. I'm interested in going to church, talking to the infected, joining any women's organisation, counseling, visiting people living with HIV/AIDS at the hospital or at home, reading ICW News, etc. Please print my information in ICW News only. **Rose Daud Euphrase, Bank of Tanzania, PO Box 2939, Dar es Salaam, Tanzania.**

Sarah Makaayi from Uganda sent a poem.
'What to do to stop AIDS virus? Me, I say if you're a positive, leave your virus in your blood and it will die with you. Give it to another person and the virus will live even after you're dead. So leave your virus in your blood. Are you HIV positive? Please do not die now, do not kill yourself, do not give up, stay alive as long as possible, until the cure comes. Death is inevitable for everyone, even the healthy ones will die one day. So do not despair.'

In Memorium

The late Auxillia Chimusuro and Winnie Chikafumbwa,who died last year, at the Acapulco PWA Conference, 1993

Memories of Auxillia

Auxillia Chimusoro who was the first woman to come out in Zimbabwe and was a dedicated fighter for women living with HIV/AIDS, died in the week before the World AIDS Conference. On June 22, women attending the ICW Key Contacts meeting gathered to share their memories of her.

Martine Somda - Burkina Faso
'She really was inspirational. I last saw her in Kampala, Uganda, earlier this year. It was obvious she was very ill. She had swollen feet and difficulty in movement. She still worked, went to all the sessions of the meeting. One time she even walked into the meeting on a drip. She caused many women, me included, to get the power to move on.'

Lynde Francis - Zimbabwe
'She marched from the town centre to the memorial service in the park with sore feet. There were all these people who were shouting and trying to get rid of the memorial service because they wanted the music back. For them it was a free concert. Everyone who spoke was shut down. But she stood up and sang "Alone and Frightened" and they all shut up. She did this with very swollen and sore feet. Auxillia and I were the terrible twins - Big mouths for PWAs in Zimbabwe

Beatrice Were- Uganda
'By the time I met her, I had heard a lot of courageous things about her. I knew her as a bold and no nonsense woman when it came to the rights of positive people. I was told she could turn the tables upside down. When I physically met her in Kampala, Uganda, in 1995, her speed was too fast for

Oom, Thailand
'We can learn so much from the experience of Auxillia. I will always remember her - for all my life'

Leigh Neal, Britain
'Well, another heroine gone on to other things. I didn't know you well, but I must have - because you're part of my journey too. I thank you for that and wish you the love and freedom for yours. You'll always be an inspiration.'

Jo Manchester - Britain
'I don't have the words to express the depth of my sadness that lovely Auxillia has died. We had been friends since 1992 and I loved her for her passion, her courage and her wonderful sense of humour. She taught me so much and with her very strong sense of justice she fought against the discrimination, stigma, ignorance and fear surrounding AIDS. She loved and cared for many people and in return she was loved by many. Auxillia, I love you and miss you.'

Milly Naula

Irene N. Namagembe from Uganda, has written with the sad news that ICW member Milly Naula, from Mbale, has died.

Gertrude Nakiyimba

Nakiwala Caroline sent us the news that Gertrude Nakiyimba who was a founder member of Kyengera Women Self-Help Project in Kampala, Uganda, passed away on November 8, 1997. Nakiwala Caroline says, 'We miss her!!!'

Marife Tanate

The news of Marife Tanate's death arrived too late for the last newsletter. Susan Paxton, on behalf of the Asia/Pacific Network of People Living with HIV/AIDS (APN+), wrote saying, ' Marife Tanate passed away on Sunday 22 March 1998 in the arms of her mother and sister in Manila, Philippines. Marife went public on television in 1994 because she wanted to give a message of compassion to other people living with the virus. In October 1997, Marife was elected onto GNP+. For Marife, this was a great privilege and a position she had hoped to put a great deal of energy into. At the time of the election she became ill with PCP. While recovering in hospital she contracted TB and did not respond to medication. Dear little sister, we thank you for your unique contribution to the Asia/Pacific region. We miss you so very much.'
Collen Perez wrote :'The brave, smart, and lovely Marife, was truly an inspiration for me. I will miss her. She taught me the ropes and was a role model for me. She fought for "the cause" until the very end. My prayers and condolence to her family

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ICW6

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Please send me ICW's newsletter in ❒ English ❒ French ❒ Spanish

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Address _____

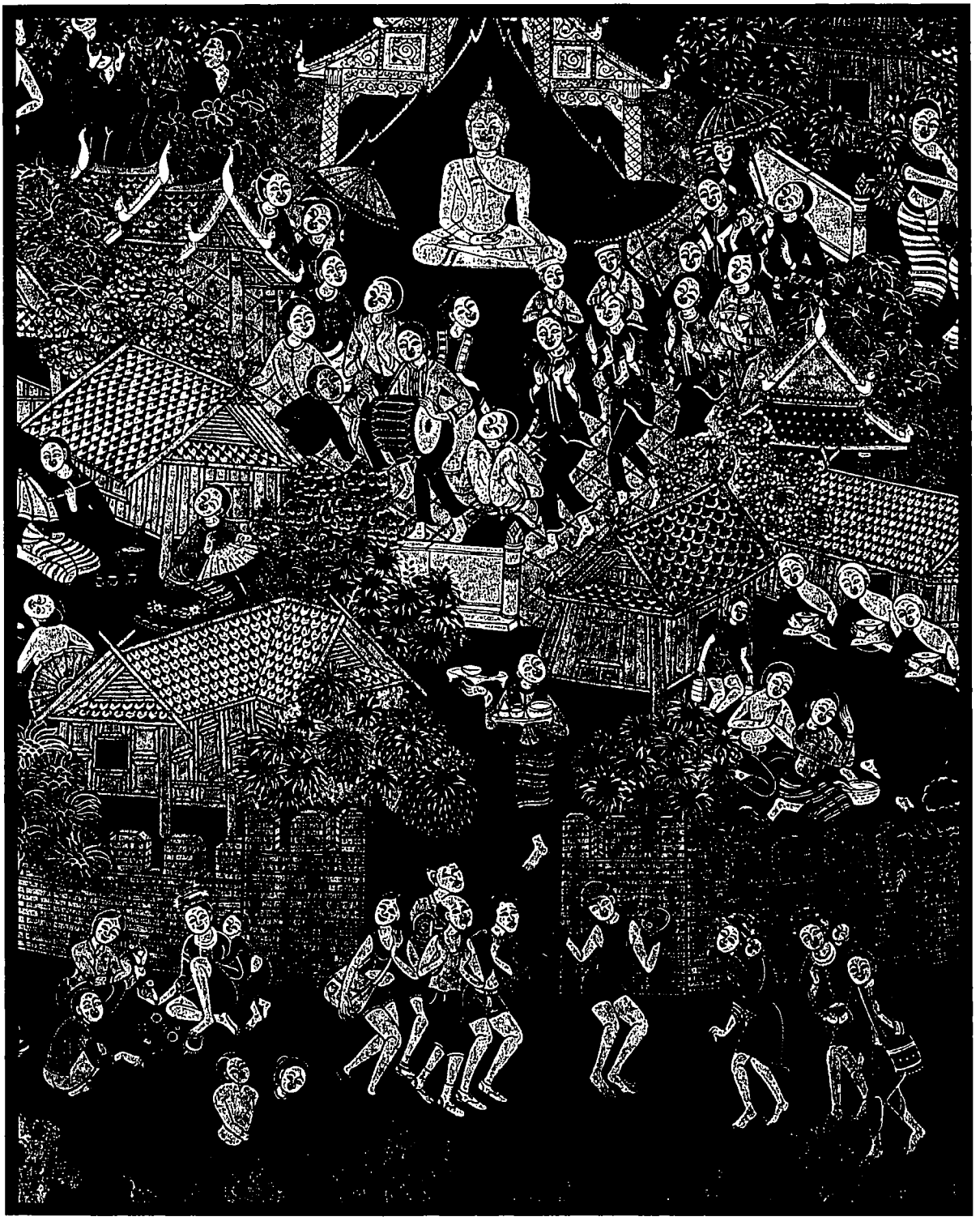
Send to: ICW, 2C, Leroy House, Essex Road, London N1 3QP.

Conference Report

Basic Needs - Basic Rights

The 8th International Conference for People Living with HIV/AIDS

Chiang Mai, Thailand • 5 - 12 November 1997

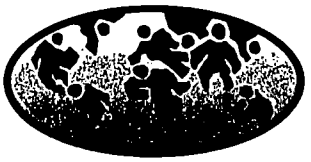


Co-organised by

The Global Network of People Living With HIV/AIDS (GNP+)

and

The International Community of Women Living With HIV/AIDS (ICW)



I G L H R C

28 August 1998

Ron MacInnis
NCIH Global AIDS Program
Small Grant Fund
1701 K St. NW, Suite 600
Washington, DC 20006

Dear Ron,

I am writing to introduce the work of the International Gay and Lesbian Human Rights Commission to protect and promote the human rights of people living with HIV and AIDS, and to request $15,000 from the NCIH Global AIDS Program Small Grant Fund in support of the HIV and Human Rights component of a Human Rights Training to be held in South Africa in June 1999.

IGLHRC's mission is to protect and advance the human rights of all people and communities subject to discrimination or abuse on the basis of sexual orientation, gender identity, or HIV status. Our constituency, therefore, includes people who are lesbian, gay, bisexual, transgendered, and anyone living with HIV or AIDS. Established in 1990 as a US-based non-profit, non-governmental organization, IGLHRC responds to such human rights violations around the world through documentation, advocacy, coalition building, public education, and technical assistance. While IGLHRC is often better known for our work on sexual orientation, we have established a solid track record of addressing HIV-related human rights issues through case work and policy development. (Please see the attachment "The International Gay & Lesbian Human Rights Commission's HIV-Related Work" for an overview of our work addressing the human rights dimensions of the pandemic.)

The need for a strong human rights response to the global HIV/AIDS pandemic has become increasingly clear. As the pandemic has progressed, so has the scope of human rights violations against people living with HIV and AIDS and against individuals and communities perceived as vulnerable or "at risk." People living with HIV and AIDS are subject to widespread human rights abuses, including violence, murder, harassment, and discrimination by both state and non-state actors. Numerous bodies, including the WHO, the UN Commission on Human Rights, and the UN Human Rights Committee, have recognized these violations.

Moreover, grassroots activists have long noted the links between societal discrimination—on the basis of race, gender, sexual orientation, or other grounds—and vulnerability to HIV infection. These links are recognized in the UN's recently-released international guidelines addressing *HIV and Human Rights*, in WHO official policies and publications, and in the work of an increasing number of AIDS service organizations and policy groups, including the Center for Health and Human Rights at Harvard University. A considerable body of epidemiological evidence now suggests that the AIDS pandemic flourishes wherever societal discrimination, human rights violations, and economic inequities constrain the individual's capacity to make informed personal choices about HIV/AIDS.

Case-specific documentation constitutes the backbone of an effective human rights response, and local groups such as AIDS service organizations and community groups can play a significant role in documenting and responding to abuses against people living with HIV and AIDS. What these organizations often lack is an understanding of the language, goals, and mechanisms of the human rights framework.

International Gay and Lesbian Human Rights Commission • Main Office. 1360 Mission Street, Suite 200 • San Francisco, CA 94103 USA • T: 1.415.255.8680 • F: 1.415.255.8662
Satellite Office: IGLHRC c/o Human Rights Watch • 350 Fifth Avenue, 34th floor • New York, NY 10018 USA • T. 1.212.216.1814 • F: 1.212.216.1876
E: iglhrc@iglhrc.org • www.iglhrc.org

This understanding would allow them to collaborate more effectively with human rights organizations and to make use of human rights mechanisms in their own treatment and prevention efforts.

We are requesting support for the HIV and Human Rights component of a Human Rights Training to be held in South Africa in June 1999. The training will be conducted in conjunction with the sixteenth conference of the International Lesbian and Gay Association (ILGA) and in collaboration with the South Africa-based AIDS Law Project, and will consist of approximately four days of workshops. We are currently coordinating with both ILGA and the local organizers in South Africa.

The Training will draw on the experience of both IGLHRC and the AIDS Law Project in coordinating both broad trainings for sexual minorities and specific trainings addressing HIV and human rights. In March 1998, we conducted a nine-day training for gay, lesbian, bisexual, and transgender activists from the developing world in order to enhance their understanding of the human rights framework and make its mechanisms more directly accessible to them on a practical level. We have also conducted numerous trainings at HIV/AIDS conferences in order to teach activists how to document rights violations and make use of human rights mechanisms. We expect the 15-30 participants in the training will be primarily from Africa, although a select number of other activists from Asia and Latin America may also participate, as they will already be present for the ILGA conference. We will collaborate with AFRICASO as well to ensure that key activists from the region are there both as trainers/facilitators and as participants. We will also share training materials with other AIDS networks which are beginning to engage in human rights work, including ICASO, NACASO, LACASO, and the ILGA AIDS Working Party.

ILGA conferences usually draw approximately 200-300 participants. This will be the third such conference to take place in the global south, with prior ones held in Mexico (1991) and Brazil (1995). At both of these conferences, the number of activists from the global south in attendance was noticeably larger. The conference's location in South Africa is particularly opportune and deserves international attention and support. From an HIV perspective, the scope of the pandemic in Africa will surely be a major focus of the work of activists at the conference. For a variety of reasons, the majority of gay activists in the south work on issues around men who have sex with men and usually do so within the context of an AIDS NGO or PVO. In addition, since the next World AIDS Conference will take place in Durban, South Africa, this conference will provide an important opportunity for groups in the region to network and work together prior to that much larger conference which will take place a year later.

The proposed HIV and Human Rights component of the Human Rights Training meets NCIH criteria as specified below.

1. The goal of the training is to build the capacity of participants by providing them with the tools they need to better understand and make use of the human rights framework and mechanisms in their work with people living with HIV and AIDS.

2. The proposed training is designed to facilitate both south-south and north-south networking and information sharing, with the strongest emphasis on building south-south relations. It also seeks to bridge the gap between groups whose main focus might be human or civil rights and groups such as AIDS service organizations focused on addressing problems of prevention and treatment.

3. The proposed training will draw on lessons from the field by making use of the expertise of individuals throughout the world, but particularly from the global south, who are employing the human rights framework in their work to address the social and political dimensions of HIV/AIDS. Workshops in the HIV and Human Rights component will also include significant opportunity for participant involvement, including dialogue and information-sharing. Based on our experience with past trainings, this type of participation is more effective than a lecture format.

4. The workshops will be specifically designed so that materials can be reproduced by participants for use with their own constituencies and with allies in their regions. Based on our experience, we will use a variety of methods to make this information as easily transmissible as possible, including working with presenters to develop written materials, producing audio recordings of workshops where feasible and desirable, and devoting a specific portion of

the Training to working with participants on developing a plan for sharing the materials with their own communities.

5. As planning progresses for the Training, specific workshops will be organized. However, the broad focus of the HIV and Human Rights Component will fall within the NCIH crosscutting focus on "community mobilization and ownership" by mobilizing and empowering activists and service providers within affected communities to make use of human rights tools to assist in their treatment and prevention work.

We are still in the preliminary planning stages of the Training, and will not have lists of specific workshops or presenters for several months. However, we plan to include workshops on documenting rights violations, using regional human rights monitoring bodies, assessing the pros and cons of utilizing a human rights framework, ethical issues related to treatments and vaccines, the links between health and human rights, and more. I have enclosed a copy of the schedule from our very successful March 1998 Human Rights Training in New York to suggest the scope and nature of the workshops. While the New York training was specifically organized as separate and different from the HIV and Human rights trainings we have held at conferences, we will draw on its format and structure in planning for the Human Rights Training in South Africa. We are particularly anxious to make use of the conference location to draw on the expertise of African activists dealing with HIV/AIDS.

Funds from the NCIH Global AIDS Program Small Grants Fund will be used to cover travel and accommodation costs for presenters/workshop leaders, outreach to ensure that groups which might benefit are aware of the Human Rights Training and of scholarship opportunities to the Conference, and production of training materials.

Educating AIDS service organizations and community groups about the human rights framework and the ways in which it can be used to assist their own efforts in the areas of treatment and prevention is a critical step in empowering communities to respond to the human rights dimensions of the HIV/AIDS pandemic. We look forward to the possibility of working in partnership with the NCIH on the HIV and Human Rights Component of our June 1999 Human Rights Training. Please do not hesitate to contact me if you have any questions about our request.

Sincerely,

Julie Dorf
Executive Director

encl.

IGLHRC Membership and Donations

NAME:

ADDRESS:

CITY/STATE/ZIP/COUNTRY:

TEL: (DAY) (EVE)

FAX: E-MAIL:

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I would like to invest in the struggle to stop worldwide human rights abuses against sexual minorities and people with HIV/AIDS by making a tax-deductible contribution of:

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Your donation is tax-deductible. You can also become a member through our web page at http://www.iglhrc.org

Please send your completed form and your payment to our San Francisco address below.

I G L H R C

Main Office: 1360 Mission Street, Suite 200 • San Francisco, CA 94103
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E-mail: iglhrc@iglhrc.org • www.iglhrc.org

International Gay and Lesbian Human Rights Commission

I G L H R C

why we exist:

EVERY DAY,

in countries throughout the world, the fundamental human rights of lesbians, gay men, bisexuals, transgendered people, and people with HIV and AIDS are violated. These abuses include: murder • incarceration • forced psychiatric "treatment" • torture • arbitrary arrest and detention • denial of the freedoms of association, press, and movement • denial of the right to seek refuge/asylum • immigration restrictions • forced marriage • the revocation of parental rights • and numerous other forms of discrimination.

I G L H R C

OUR MISSION:

IGLHRC's mission is to protect and advance the human rights of all people and communities subject to discrimination or abuse on the basis of sexual orientation, gender identity or HIV status.

what we do:

Respond to Emergencies

Through our Action Alerts, we mobilize individuals all over the world to send thousands of letters and faxes to address urgent rights violations and legal efforts to protect and advance lesbian and gay rights. The Alerts are published in English, French and Spanish.

Strengthen the Grassroots Gay and Lesbian Movement Internationally

We provide various kinds of technical assistance to grassroots groups worldwide, and offer trainings, workshops, and other forms of information exchange, particularly for activists from the developing world.

Assist Political Asylum Claims

We provide legal documentation, referrals, and other types of support services to individuals fleeing their home countries due to persecution on the basis of sexual orientation, gender identity, or HIV sero-status.

I G L H R C

Serve as an Information Clearinghouse

We collect information on the situations of sexual minorities on every continent through relationships we have built with activists around the world. We also maintain a contact database of grassroots gay and lesbian and AIDS groups worldwide. We share this information as appropriate with activists, attorneys, researchers, the media, and others, and publish reports on rights violations against sexual minorities. We are working to make more of our nonconfidential information available electronically through the world wide web.

Change Institutional Structures

We work to make governments more aware of and respectful of the rights of their lesbian and gay citizens. We also pressure major human rights organizations and other international bodies that monitor human rights abuses (like the United Nations) to include rights violations against sexual minorities and people with HIV and AIDS in their work.

Educate about Human Rights Violations

We inform and educate the general public, the media, and funders of human rights work about human rights violations against sexual minorities and people with HIV and AIDS. Silence and invisibility encourage these abuses, but an informed public, working with an informed human rights community, can put an end to them.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: MAR 0 6 1996

INTERNATIONAL GAY AND LESBIAN HUMAN
RIGHTS COMMISSION
C/O JULIE DORF
1360 MISSION ST STE 200
SAN FRANCISCO, CA 94103-2609

Employer Identification Number:
94-3139952
Case Number:
956047009
Contact Person:
TYRONE THOMAS
Contact Telephone Number:
(213) 894-2289

Our Letter Dated:
October 23, 1991
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Richard R. Crosco
District Director

Letter 105C (DO/CG)

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: OCT. 23, 1991

THE INTERNATIONAL GAY & LESBIAN
HUMAN RIGHTS COMMISSION
540 CASTRO STREET
SAN FRANCISCO, CA 94114

Employer Identification Number:
94-3139952
Case Number:
951256028
Contact Person:
CAROL MOCHIZUKI
Contact Telephone Number:
(213) 725-7876

Accounting Period Ending:
September 30
Foundation Status Classification:
See Attached
Advance Ruling Period Begins:
Aug. 16, 1991
Advance Ruling Period Ends:
Sept. 30, 1995
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service

makes a final determination of your foundation status.

If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not

required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Michael J. Quinn
District Director

Enclosure(s):
Form 872-C

THE INTERNATIONAL GAY & LESBIAN

FOUNDATION STATUS:

170(b)(1)(A)(vi) and 509(a)(1)

Human Rights Capacity Building training for NGOs
Budget

Income			
Van Ameringen Foundation	$	20,000	received
NCIH grant	$	15,000	
other foundations	$	20,000	
Total	$	55,000	
Expenses			
Travel - 12 participants to S. Africa	$	9,600	
Travel - 5 facilitators to S.Africa	$	6,000	
rentals (space & equip)	$	1,500	
accomodations	$	6,300	
translation (written and oral)	$	3,000	
honoraria for presenters	$	1,750	
per diems	$	3,600	
ILGA conference fees for 17 people	$	6,800	
Co-sponsoring NGO's staff time	$	12,000	
food	$	2,300	
materials	$	1,500	
other	$	650	
	$	55,000	
income-expense	$	-	

Budget FY 98 *

	A	B
1	IGLHRC Approved Budget	
2	October 1, 1997 - September 30, 1998	
3		
4	Income	
5	Foundations	$ 325,000
6	Individual donations	$ 349,250
7	Corporations	$ 91,500
8	Workplace gifts	$ 15,000
9	Fees for service	$ 9,000
10	Report sales	$ 7,000
11	Merchandise	$ 2,500
12	Interest	$ 8,000
13	TOTAL	$ 807,250
14		
15		
16	Expenses	
17	Salaries	$ 380,375
18	Payroll Taxes	$ 27,000
19	Workers Compensation	$ 4,500
20	Accomodations/retreat	$ 12,400
21	Advertising/Promotion Fees	$ 8,700
22	Bank & Accounting Fees	$ 3,700
23	Conference & Meeting	$ 6,000
24	Contract Work	$ 32,650
25	Copies	$ 1,000
26	Direct Aid	$ 2,500
27	Direct Mail Management	$ 6,000
28	Dues, subs, publications	$ 1,100
29	Events	$ 23,500
30	Finance Charges	$ 100
31	Furniture & Equipment Exp	$ 9,040
32	Graphic and Design	$ 10,000
33	Insurance - liability/prop	$ 3,000
34	Benefits	$ 30,058
35	Licenses & Fees	$ 200
36	List acquisition	$ 3,500
37	Mail House Services	$ 11,150
38	Merchandise-fundraising	$ 2,500
39	Misc.	$ 1,000
40	Office supplies	$ 8,000
41	Organizational Development	$ 2,500
42	Postage & Courier	$ 32,000
43	Printing	$ 51,850
44	Rent	$ 16,800
45	Rent - NY	$ 6,000
46	Repair & Maint	$ 2,800
47	Security	$ 730
48	Telephone/communications	$ 25,000
49	Translation	$ 8,000
50	Travel - board	$ 10,000
51	Travel-staff	$ 44,000
52	Utilities	$ 5,000
53	TOTAL	$ 792,653
54	Income-Expenses	$ 14,597

* Our FY99 budget will be available upon request by mid September, after its approval by our board.

Updated 5/20/98

MAJOR ACHIEVEMENTS OF THE INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Public Education

- IGLHRC presents the annual Felipa de Souza Awards to recognize individuals and organizations which have made significant contributions in the struggle for the rights of sexual minorities and people living with HIV and AIDS. Awardees over the years have included individuals from Albania, Brazil, Colombia, El Salvador, Serbia, and Turkey, and organizations from the Australian state of Tasmania, Namibia, South Africa, and Thailand. The awards ceremony, held each June in New York City, provides the awardees with a powerful opportunity to bring their message to a broader audience, to receive recognition for what they have accomplished, and to network with allies in New York.

- IGLHRC and Community United Against Violence (CUAV) presented the "International Tribunal on Human Rights Violations Against Sexual Minorities" (October 1995) at the United Nations 50th Anniversary celebrations in New York. The event generated significant press coverage and called attention to the widespread and systematic abuse of sexual minorities. IGLHRC also produced a booklet and a 32-minute video of the Tribunal for ongoing public-education use.

Monitoring and Documentation

- IGLHRC publishes country-specific, bilingual reports about human rights violations based upon sexual orientation. Activists and educators in the human rights movement in many countries use the reports to advocate for change, especially in the countries mentioned in the reports, and for public education. To date, IGLHRC's publications include:

Public Scandals: Sexual Orientation and Criminal Law in Romania (published jointly with Human Rights Watch in 1998)
Epidemic of Hate: Violation of the Human Rights of Gay Men, Lesbians and Transvestites in Brazil (English or Portuguese 1997)
Unspoken Rules: Sexual Orientation and Women's Human Rights (English 1995; Spanish 1998)
No Human Being is Disposable: Social Cleansing, Human Rights and Sexual Orientation in Colombia (1995)
The Rights of Lesbians and Gay Men in the Russian Federation (bilingual Russian/English 1994)

Political Pressure and Advocacy

- IGLHRC brought unprecedented visibility and inclusion of lesbian human rights issues at the United Nations Fourth World Conference on the Status of Women in Beijing (September 1995), and distributed a report documenting human rights violations against lesbians in 31 countries: *Unspoken Rules: Sexual Orientation and Women's Human Rights*. Eight hundred additional copies of this report have been distributed to NGOs, governments, and international bodies.

- IGLHRC successfully lobbied and helped introduce specific mandate or policy revisions to include work on behalf of sexual minorities for Amnesty International (1991), Human Rights Watch (1995), and the Committee for the Protection of Journalists (1994).

- IGLHRC has worked with local activists to coordinate international campaigns leading to the repeal of sodomy laws in many countries, including Australia, Ecuador, Russia, the Ukraine, the Isle of Man, Latvia, Lithuania, and Estonia.

- Numerous men (and at least one woman) accused of sodomy have been released from jail due to the pressure and attention brought to bear on their cases by IGLHRC and those mobilized by IGLHRC. Most recently, in January 1998, our advocacy efforts led the President of Romania to issue a broad pardon to gay men and lesbians imprisoned under that country's sodomy law. Between 1991-95 eight gay men in Romania, two in the Bahamas, and others in the Russian Federation have been released or had their cases dropped.

- IGLHRC board member Tinku Ali Ishtiaq and other gay and lesbian community leaders met with the Dalai Lama in June 1997. At this meeting the Dalai Lama affirmed his respect for the struggle of all peoples, regardless of sexual orientation, for equal treatment and full human rights.

The International Gay & Lesbian Human Rights Commission's (IGLHRC) HIV-Related Work

Since our inception, IGLHRC's mission has been to respond to violations of the fundamental human rights of gay men, lesbians, other sexual minorities, and people with HIV/AIDS worldwide. HIV specific work has been integrated into the daily work of our research and advocacy team and is detailed below. Although we are best known as advocates on sexual orientation issues, we have been working on HIV related human rights issues for the past eight years.

IGLHRC'S EXPERIENCE IN HIV WORK

Monitoring human rights abuses:
From our inception, case work—or collecting documentation on specific human rights violations—has been at the heart of IGLHRC's efforts. We have also established a solid track record of working on HIV-related human rights issues, which involve a full range of rights violations.

- Campaigns: We have tracked human rights violations against persons with HIV/AIDS or AIDS activists through contacts with activist groups, and have issued action alerts in English, French, and Spanish to a network of over 5000 individuals and organizations around the world. IGLHRC has been instrumental in mobilizing letters of protest around issues including: the fire-bombing of HIV hospices in Thailand and Colombia; the difficulty of an AIDS organization in Costa Rica in registering with the Public Registry, Office of Registration of Organizations; the denial of condoms to inmates in Indian prisons; the deportation of HIV-positive Burmese sex workers to Thailand; compulsory HIV testing in Argentina, Chile, Vietnam, and Belgium; immigration restrictions against people living with HIV/AIDS in the United States, Israel, Russia, Japan, and Germany; and death squad raids of an AIDS organization in El Salvador; changes to harmful AIDS laws in Russia, Romania, Croatia, and Taiwan. Last year, our HIV specific cases included the Supreme Court victory in Costa Rica regarding access to treatment and the fight in Mexico to keep condoms free of Catholic Church-sponsored warnings. We are currently considering requests to take action on cases regarding access to treatment in Panama and condom distribution in Jamaica. Prior to each World AIDS conference, we print an HIV-specific Action Alert for distribution at those events. (also see enclosed copies a few HIV specific Action Alerts)

- Sexual Orientation Campaigns: Additionally, there are numerous cases that we would categorize as "sexual orientation" or "gender identity" cases that also involve HIV. For example, many sodomy law battles utilize the argument that criminalization of sexual activity drives people underground and therefore harms AIDS prevention and testing efforts. Similarly, homo-phobic public comments by public officials often include references to "spreading AIDS." Although we work on HIV cases that are totally unrelated to sexual orientation, there is clear evidence and patterns of overlap between these forms of discrimination and persecution.

- Asylum and Immigration: IGLHRC has gathered documentation on human rights abuses based on sexual orientation, gender identity, and HIV status from countries around the world. This documentation now serves as the major global resource for lawyers involved in HIV- and gay-related refugee asylum and immigration cases, has been a crucial component in over 1800 cases in over a dozen countries, and has led to IGLHRC staff serving as "expert witnesses" in an increasing number of hearings. To date, IGLHRC has provided documentation for 350 asylum cases where persecution based on HIV status was cited. IGLHRC also supplies this documentation to other human rights organizations such as Amnesty International, Lawyer's Committee for Human Rights, Human Rights Watch and others. There is currently no other organization that systematically collects such information.

- Other Advocacy: We have produced documents for advocacy work which demonstrate the links between HIV vulnerability and sexual minority status in several countries, including Russia,

Date	Subject (Location)	Facilitator	Translators
SUNDAY MARCH 1	**INTRODUCTION AND PERSPECTIVES ON HUMAN RIGHTS (SCHAPIRO CENTER)**		
8.00 - 9.00	BREAKFAST		
9.15 - 11.15	Housekeeping, ground rules, expectations, icebreakers	Mirka Negroni, IGLHRC	Walter Carochman
11.30 - 1.00	Organizational reports / current campaigns / future plans	Mary Sigaji, IGLHRC	Walter Carochman
1.15 - 2.15	LUNCH		
2.30 - 3.00	Introduction to human rights and the covenants	Scott Long, IGLHRC	Marisela La Grave
3.00 - 4.00	Human rights, what do they mean? What are gay/lesbian/bisexual/transgender rights? What legal and other means are used to deny us our rights?	Scott Long, IGLHRC	Marisela La Grave
4.15 - 5.45	Challenges to organizing around "sexual identity" in specific historical and cultural context.	Joo-Hyun Kang and Nguru Karugu, Audre Lorde Project	Marisela La Grave
5.45 - 6.00	HOUSEKEEPING AND FEEDBACK	Sydney Levy, IGLHRC	Marisela La Grave

MONDAY MARCH 2	DOCUMENTATION (SCHAPIRO CENTER)		
8.00 - 9.00	BREAKFAST		
9.15 - 10.45	You may not know you work for a human rights organization: using existing sources of information and turning them into documentation	Widney Brown, Women's Rights Project - Human Rights Watch	Walter Carochman
11.00 - 12.30	Framing issues as human rights violations	Scott Long and Sydney Levy, IGLHRC	Walter Carochman
12.45 - 1.45	LUNCH		
2.00 - 5.00	Fact finding and documentation	Scott Long, IGLHRC	Marisela La Grave
5.00 - 5.15	HOUSEKEEPING AND FEEDBACK	Mirka Negroni , IGLHRC	Marisela La Grave

TUESDAY MARCH 3	ADVOCACY (FACULTY HOUSE)		
8.00 - 9.00	BREAKFAST		
9.15 - 10.45	Police, prosecutors, judges: can you work with them?	Judy Levin (attorney) (?)	Walter Carochman
11.00 - 12.30	Working with lawyers	Ed Rekosh, Public Interest Law Initiative Columbia Law School	Walter Carochman
12.45 - 1.45	LUNCH		
2.00 - 3.30	Role of religion in the fight for lesbian/ gay/ bisexual/ transgender rights	Mandy Carter, National Black Lesbian and Gay Leadership Forum; Keith Goddard, GALZ	Marisela La Grave
3.45 - 5.15	Campaigns	Susana Fried, Center for Women's Global Leadership	Marisela La Grave
5.15 - 5.30	HOUSEKEEPING AND FEEDBACK	Mary Sigaji, IGLHRC	Marisela La Grave
Early Evening	**AUDRE LORDE PROJECT RECEPTION**		Barbara Morris

WEDNESDAY MARCH 4	VIOLENCE AND DOCUMENTATION (FACULTY HOUSE)		
8.00 - 9.00	BREAKFAST		
9.15 - 10.45	Hate-violence and non-state actors	Alda Facio, Women's Caucus for Gender Justice - International Criminal Court	Walter Carochman
11.00 - 12.30	Documenting human rights violations against lesbians and women who have sex with women	Maura Bairley, formerly of the NYC Anti-Violence Project; Rodgers Bande, GALZ	Walter Carochman
12.45 -- 1.00	Housekeeping and feedback	Sydney Levy, IGLHRC	Walter Carochman
1.15 - 2.15	LUNCH		
	AFTERNOON OFF		Barbara Morris

THURSDAY MARCH 5	WORKING WITH OTHER HUMAN RIGHTS ORGANIZATIONS / FUNDRAISING (SCHAPIRO CENTER)		
8.00 - 9.00	BREAKFAST		
9.15 - 10.45	Networking with local human rights organizations	Julie Dorf, IGLHRC	Rebeca Alvarez
11.00 - 12.00	International human rights non-governmental organizations: Amnesty International	Gerald Lemelle Amnesty International	Rebeca Alvarez
12.15 - 1.15	LUNCH		
1.30 - 2.30	International human rights non-governmental organizations: Human Rights Watch	Dinah PoKempner Human Rights Watch	Leo Cotlar
2.45 - 4.15	Fundraising	Julie Dorf, IGLHRC	Leo Cotlar
4.15 - 6.00	**MEET THE FUNDERS**	ASTRAEA's International Fund for Sexual Minorities, Threshold Foundation	Leo Cotlar

FRIDAY MARCH 6	USING THE UNITED NATIONS (SCHAPIRO CTR)		
8.00 - 9.00	BREAKFAST		
9.15 - 10.00	Overview of the United Nations' system and opportunities within it	Ali Miller, International Human Rights Law Group	Rebeca Alvarez
10.15 - 12.15	International Covenant on Civil and political Rights (ICCPR), the United Nations' Human Rights Commission and Committee, and the Special Rapporteurs	Ali Miller, International Human Rights Law Group	Rebeca Alvarez
12.30 - 1.30	LUNCH		
1.45 - 3.15	International Covenant on Economic, Social and Cultural Rights (ICESCR)	Ali Miller, IHRLG Anita Nayar, Women's Environment & Development Organization (WEDO)	Leo Cotlar
3.30 - 5.00	Committee on the Elimination of Discrimination Against Women (CEDAW), sexual rights (post-Beijing)	Kathy Hall Martinez, Center for Reproductive Law and Policy	Leo Cotlar
5.15 - 5.30	HOUSEKEEPING AND FEEDBACK	Scott Long, IGLHRC	Leo Cotlar

SATURDAY MARCH 7	**(SCHAPIRO CTR)**		
9.00 - 10.00	BREAKFAST		
10.15 - 11.45	HIV and human rights	Donna Sullivan, former Head of the Women's Rights Advocacy Program at the International Human Rights Law Group, Fellow at Rutgers University	Rebeca Alvarez
12.00 -1.00	LUNCH		
1.15 - 3.15	Using the media	Donald Suggs; Asociación Lucha por la Identidad Travesti	Leo Cotlar
3.30 - 5.00	Addressing human rights violations against members of the trans community	Asociación Lucha por la Identidad Travesti; Lambda Istanbul	Leo Cotlar
5.00 - 5.15	HOUSEKEEPING AND FEEDBACK	Sydney Levy, IGLHRC	Leo Cotlar
SUNDAY MARCH 8 11.00 - 3.00	**SIGHTSEEING OPTIONAL**		Greg Woods

MONDAY MARCH 9	REGIONAL HUMAN RIGHTS SYSTEMS (FACULTY HOUSE)		
8.00 - 9.00	BREAKFAST		
9.15 - 11.00	Working groups on regional human rights systems: African Charter European Convention Inter-American System Human Rights in Asia	*Africa:* Seblé Dawit, Alliances: An African Women's Network *Europe:* Scott Long, IGLHRC *Latin America:* Viviana Krsticevic, Center For Justice and International Law (CEJIL) *Asia:* Jeannine Guthrie, Human Rights Watch Asia	
11.15 -- 1.15	Final Evaluation	Mary Sigaji and Sydney Levy, IGLHRC	Rebeca Alvarez
1.30 -- 2.30	LUNCH		
2.45 -- 6.45	**SIGHTSEEING OPTIONAL**		Greg Woods