

AFRICAN DEVELOPMENT FORUM 2000

AIDS: THE GREATEST LEADERSHIP CHALLENGE

Daily Report for December 5, 2000

This report covers the Plenary Session on 5th December, highlights from Breakout sessions on 5th December as well as highlights from Breakout sessions held on 4th December and not reported in the 4th December Daily Summary Report.

The main themes on December 5th were Leadership Challenges and Opportunities; Leadership and Social Mobilization and Roles and Approaches for an effective Leadership Response to HIV/AIDS.

Main Plenary Report

Leadership Challenge and Opportunities

Chair: Mr. Assane Diop, Executive Director, International Labour Organisation (ILO)

As chair, Mr. Assane Diop of ILO acknowledged the valuable work being done by participants at this conference. He then gave a detailed introduction of the keynote speaker, Ms. Graca Machel of Mozambique.

Thesis:

Africa's own action is her most valuable resource. International contributions should be seen only as additional support. Internal leadership must be proactive. It must empower constituents to use their capacities to demonstrate their commitment to effectively meet the challenges of the epidemic in Africa. Strong leadership will build confidence internally and externally that Africa is determined to confront the situation.

Key Conclusions:

We determine our own success by organizing, mobilizing and educating our constituents. Therefore, we don't need to wait for billions of dollars to start moving towards solving the problem. There are numerous success stories from people who have no money. Mothers, orphans, traditional healers and PLWA for example, have demonstrated what Africans can do in a crisis.

Main topics discussed and key points made:

1. Few countries have a comprehensive inclusive national policy with complementary legislation to deal with the problem. They need to define targets, establish achievable goals/results and assure clear channels of communication that touch every place where people live and work.
2. A social movement needs to take root in every individual and Community. Such as mothers taking care of orphans, and traditional healers providing care.

3. We have successful experience fighting, slavery, colonisation and apartheid. This enemy is different, although we can't see it, it challenges our normal way of doing things.
4. Countries currently with low prevalence of HIV/AIDS must be proactive. Many of these countries lack the skills and expertise to mobilise, and share experiences.
5. Africans must have courage to challenge those cultural traditions which have negative effects. We must incorporate the following strategies:
 - Discuss sexuality.
 - Challenge the assumption about the role and position of women.
 - Combat domestic violence, early marriage and rape.
6. To promote the goal of PLWA's, strategies must incorporate a clear policy on care and treatment, involvement in policy planning and implementation and strengthening support groups and networks.

Strategic issues to be addressed by policy makers

- 1) Government officials must be transparent in declaring their status and act as a role model for the average citizen to take the risk.
- 2) We must advocate on behalf of PLWA's to obtain anti-retroviral drugs at a reduced rate from pharmaceutical companies.
- 3) Increase employment and educational opportunities for youth to reduce risk of infection.
- 4) Establish a tax on luxury items like cigarettes and alcohol which would be used to build a fund for research and demonstrate national patriotism.
- 5) Develop a national HIV/AIDS council, which would meet regularly to discuss implementation of policy changes.

Interesting quotes:

“When it comes to HIV/AIDS, I am simply an African mother.”

“We are far from the problem. We talk about it as if we are talking of bicycles or potatoes.”

“Not protecting yourself kills your lineage.”

“We don't need to wait for billions of dollars to come from donors. If we begin to do this ourselves billions will come.”

Leadership Role of Religious groups

The focus of action among religious leaders include moral leadership, care and compassion for people living with HIV/AIDS, and promoting prevention of HIV infection.

Religious leaders have remained mainly focused on issues of abstinence and morality. They need to understand and respond to the root causes of vulnerability, and also take the lead to fight taboos, cultural barriers and misconceptions.

Leadership Role of Gender

The gender focus group urges and stresses the need to examine all proposed strategies for scaling up activities in the respective countries in order to derive gender sensitive approaches.

There must be a determined effort to bring women into the decision making process. They should comprise 50% representation in all positions in government and other decision-making bodies.

Leadership role of the military in HIV/AIDS prevention

The high rates of HIV infection amongst soldiers is not only a crisis in itself, but a clear and present danger to governments.

Governments have a responsibility to the soldiers and their families including those who are infected by HIV.

Strategies to respond to the situation include, among others, the need for peace since there can be no possible effective strategy to contain HIV/AIDS unless there is peace.

Leadership roles for human rights and HIV/AIDS

There are still several constraints in promoting the human rights of people infected and affected by HIV/AIDS. Discrimination and physical violence are still rampant because of the lack of political will, deficiencies in planning and coordination and deficiencies in operationalising activities.

There is a vacuum between the inter-relationship between gender, HIV/AIDS and human rights. Effective programmes should be put in place with the view of protecting the rights of women in critical issues like having access to treatment and care, education and empowerment.

Breakout sessions on HIV/AIDS and Development – Monday morning

Impact and Response, Education:

This breakout session looked at two main issues: 1) the affect of the pandemic on our schools and, 2) how our schools can help reduce the prevalence of this disease. The teacher death rate, due to HIV/AIDS, is in an alarming state. Teacher/pupil ratios are high, unqualified teachers are replacing more qualified teachers, both affecting the quality of education. At the same time, due to the lack of proper educational materials and cultural taboos and barriers, teachers in most African countries are not equipped to provide the information and support students need to address the pandemic.

Secondly, schools need to develop curriculums that address HIV/AIDS, including sexuality education, peer education, the rights of young people within these curriculums. Teachers must have training in these areas so that they are comfortable discussing these topics with their students. Countries can benefit from observing other countries that have developed curriculums and borrow from them.

Impact and Response, Macro Economic Impact:

This breakout session highlighted a number of macroeconomic issues that impact on the HIV/AIDS pandemic. The group advocated for the measurement of the macro-economic impact of the disease. PLWAs and Youth should play a leadership role in the fight against HIV/AIDS. Pharmaceutical companies should be required to reveal exactly how much they spend in drug manufacturing. We must invest in prevention programmes so that we can guarantee the healthy state of our enterprises. Social policies have been adversely affected by the World Bank and IMF policies. And finally, there was concern that more money goes towards purchasing arms as opposed to providing healthcare; The UN should impose sanctions against arms exporters. No key conclusions were reached.

Impact and response, rural areas

Rural areas are seeing an accelerating incidence of HIV/AIDS. This makes it absolutely crucial to work through the traditional and religious leaders to disseminate information, encourage discussion and strengthen support systems in order to modify or reinforce cultural practices according to whether they favour or counter the spread of HIV/AIDS.

Impact and Response, Orphans

The AIDS epidemic has left 13.2 m orphans of which 95% are in Africa. These orphans must be taken care of by the community which creates a negative impact on social structures. The long-term consequences for future generations are serious.

Recommended strategies included increasing sources to social sectors in affected countries, allocating funding to local orphan projects, and promoting the respect of children's rights to education, care, and family protection. The best approach is to ensure the integration of orphans in their new families. This generation is prone to violence if they are not properly care for.

It was concluded that it is preferable to work with existing programs rather than create new ones. Older people are available and should be used as caretakers.

Recommendations:

- To consider orphans as a global theme to avoid stigmatization
- To give orphans the same rights as all children
- To utilize community approaches in taking care of orphans
- To utilize older people in the community in taking care of orphans
- To integrate orphans into their new families and not into orphanages

Breakout sessions on country responses and building on lessons learned – Monday afternoon

Leadership roles of Business and Labour Organizations

Networks of business and labour should be enlisted as allies in the fight against the spread of HIV/AIDS. At the enterprise level there should be centered prevention and control initiatives, protections of the rights of those who carry HIV/AIDS, and linking workplace initiatives with household and community-based activities. Worker training is advised on HIV/AIDS, including worker-to-worker peer education. Business and labour also have a role in advocacy, community-based education. Business support of orphans, burials and medical treatment was urged. Unions were urged to be highly active on the HIV/AIDS issue. Among issues to be worked out are the responsibilities of employers to those employees whose HIV/AIDS status no longer permit them to work.

Leadership roles in Responses for Migrants, Refugees and Mobile Population

Global attention must be drawn to the health access needs of mobile populations (migrants, IDPs, refugees, commercial sex workers, truck drivers, tourists). Actions are needed a local, national and regional levels. STD and reproductive health services are an important requirement for these high risk populations. This calls for: multi-sectoral prevention programmes; treaties and agreements on repatriation and trafficking of women and commercial sex workers proceeding in tandem with strengthened national laws; enhanced focus by international agencies; and, as a matter of urgency, counseling on drug and alcohol abuse ... all with the participation of the affected populations themselves.

Leadership Roles on Getting Greater Access to Scarce Resources such as Land, Credit, Education and Health Care

The AIDS epidemic has reached unprecedented heights yet our leaders' responses are not meeting these needs. It was agreed that there are different types of leadership which can all contribute to the AIDS cause. At the national level leaders must create an enabling environment in terms of land, credit and education. Quite often the institutional structures exist, but leaders must mobilize the people.

The main policy issues discussed were the need to stop discrimination against PLWAs. In addition, participatory processes must be put in place for identifying policy issues. Policies must be community-based. HIV/AIDS policies must cover all sectors. In the government sector they should be designed by the ministries to ensure ownership.

Important policies regarding PLWA included:

- level playing field: no discrimination against PLWA's

- support to HIV households building upon existing support mechanisms
- education countering silence and stigma

Leadership Roles for strengthening the implementation of HIV/AIDS National Plans

National plans of action need to be drawn up where they do not exist, or strengthened where they do. National plans must pay particular attention to creating the conditions for their own implementation, consciously empowering people at all levels with adequate information and resources.

Highlights from focus group on People Living With HIV/AIDS (PLWH/A) - Monday

The Focus Group recommended that religious leaders, who often link HIV infection with sin, be carefully brought up to date with, e.g., the findings of the 1998 Senegal conference with religious leaders. Strong educational programs aimed at AIDS awareness and required practices were urged for schools, involving Diaspora and other leaders. Concrete support to households of the PLWH/A was recommended. But individuals who are infected should be empowered to be in charge of their lives. The PLWA community at the conference should be better represented in the final decisions of the Forum.

Highlights from Gender focus group – Monday

At its first brainstorming, the GDFG outlined the priorities it wants to examine. They put at the top of the list, the issue of:

Women's rights, particularly the inequality of rights between men and women. The imbalance in education of both women and girls was noted. The GDFG focussed on leadership and posed the question: what kind of leadership is needed to overcome the problems that women face. The GDFG also addressed/listed the issues of the credibility of leaders and the needed transparency. They noted that the impact of corruption on dealing with HIV/AIDS should be considered. The GDFG pointed out the leadership dimensions to getting access to appropriate female controlled technology, i.e. the female condom and microbicide.

Furthermore, it was stressed that gender specific issues of PWLA needed to be prioritized as a gender based concern. The issue of governments allocating more budget funds to the military and the perpetuation of conflict situations in the regions must be challenged by gender interventions.

The group stated that men are at a disadvantage when decisions are made that are not gender-based. Women's organizations which do not integrate HIV/AIDS into their programs as part of their top issues to attain female rights; strategies to change this trend was called for.

The final but crucial issue to be prioritized was the one that gives lip service to gender and AIDS.