The Cutting Edge of HIV Prevention

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AIDS, TB and Malaria

SPRING 2007

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BLACK AMERICA'S STATES OF DENIAL

CHILD MARRIAGE AND VOWS OF VIOLENCE

MEDIA'S MASSIVE IMPACT ON AIDS

NET EFFECT

MOSQUITOES, MALARIA, AND MOBILIZATION

LAURA BUSH TALKS MALARIA

A South African woman enjoys her daily yoga practice. An AIDS survivor, she couldn't walk eight months earlier. With medication, she's now healthier and more fit. Getty Images is a partner with the Global Business Coalition for ongoing HIV/AIDS projects. 72593278, Brent Stirton/Getty Images

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BUSINESSRESPONSE

AIDS, TB and Malaria

About GBC

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is leading the business fight against HIV/AIDS, tuberculosis and malaria. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC is headquartered in New York with offices in Paris, Johannesburg, Beijing, Geneva, Nairobi, Moscow, and Kiev.

More than 220 global companies are members of GBC, representing a combined workforce of more than 11 million employees in over 200 countries. GBC is led by Chairman Sir Mark Moody-Stuart (Chairman, Anglo American); Vice Chairmen Bertrand Collomb (Chairman, Lafarge) and Cyril Ramaphosa (Chairman, Shanduka Group); President and CEO Richard Holbrooke; and Executive Director John Tedstrom.

GBC's goal is to increase the range and quality of private sector programs to address AIDS, tuberculosis and malaria—both in the workplace and broader community. GBC identifies new opportunities for business action and helps companies develop programs that address the three diseases. GBC also encourages and facilitates partnerships between business and governments, the international community and the non-governmental sector.

What Business Can Do

In advocating for greater business action on AIDS, tuberculosis and malaria, GBC believes that business and business leaders can respond in four main ways:

- Create comprehensive workplace policies and programs addressing prevention, testing, treatment and care for employees and immediate communities.
- Support community programs through philanthropy and the application of business' strengths of innovation and efficiency; businesses' marketing, communication, distribution and logistics skills are already strengthening the impact of many programs around the world.
- Leverage core competencies—such as products and services—in unique ways to benefit the fight against HIV/AIDS, tuberculosis and malaria.
- Lead and advocate, lobbying for greater action and partnerships with governments and civil society.

GBC Membership

Member companies participate in the work of GBC in the ways that best suit them: from participation in high level events with other business, policy and opinion leaders to membership in smaller project working groups to involvement in issue-focused initiatives to providing advice on relevant international issues of importance to business, or by simply adding the force of their reputation and reach to GBC's work. GBC also works with companies one-on-one through specifically designed processes, such as the Business Action Methodology™ (BAM) to tailor-make HIV/AIDS, TB and malaria programs for companies. For more information on GBC, please contact:

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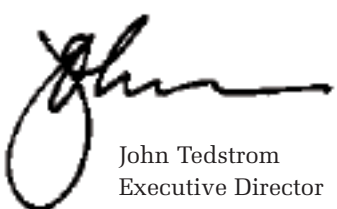
It has been one year since GBC announced that it would add tuberculosis and malaria to its mandate. Needless to say, we have been very busy. Over the past twelve months, we have conducted extensive discussions with our member companies and partner organizations, strategizing the best ways to engage the corporate sector in the fight against these two diseases that exacerbate HIV/AIDS, fuel global poverty, and limit economic potential. I am pleased to report that we are making significant progress integrating both diseases, including through concrete action and programs in Africa, Russia, Ukraine, and China.

In March, GBC and the Brookings Institution hosted a Private Sector Malaria Forum for public and private sector leaders committed to fighting the disease that kills 3,000 children in Africa every day. This magazine—which has been re-branded to reflect our expanded mission and new organization name—is also a sign that we are moving forward. *Business Response: AIDS, Tuberculosis and Malaria* features an extensive cover story on malaria as well as an interview with First Lady Laura Bush, who is deeply concerned about the disease and also convinced that everyone from school children to business leaders can make a difference. The magazine also highlights malaria in a number of other creative ways: look for reviews of Lance Leifer's innovative Madness Against Malaria website and an "In Action" article on GBC's Public Private Partnership in Zambia, which is bringing life-saving bed nets to the country's most vulnerable families. We also introduce our readership to tuberculosis through an editorial by former Portuguese President Jorge Sampaio, who serves as the United Nations Secretary-General Special Envoy to Stop TB.

This—seventh—issue of our magazine is also full of informative articles on HIV/AIDS. GBC staffers pen important articles on the African-American AIDS crisis and the role male circumcision can play in reducing HIV infections. We examine a tragic phenomenon—child marriage—that renders young girls particularly vulnerable to HIV/AIDS and illustrates the importance of GBC's Healthy Women Healthy Economies initiative. *Business Response* also has a new section—a removable mini-magazine—that profiles our newest members and highlights the industries they represent.

I look forward to seeing many of you at our Annual Awards for Business Excellence Gala, which will be held June 13th in New York. In the meantime, please feel free to contact me with any comments about the magazine or our other projects. We're here to help.



John Tedstrom
Executive Director
Global Business Coalition on HIV/AIDS,
Tuberculosis and Malaria.

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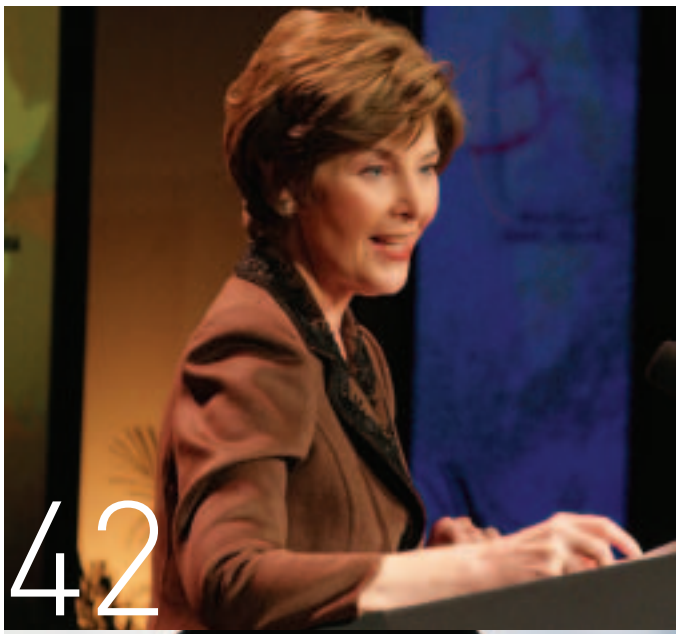

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PHOTO BY JOAN SULLIVAN

Imagine the Possibility of an HIV-free Generation

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developed by:

The African Broadcast Media Partnership Against HIV/AIDS (ABMP)
With the support of The Coca Cola Africa Foundation

The ABMP is an historic coalition of more than 40 major African broadcast companies working together to strengthen the role of broadcast media in the fight against HIV/AIDS in Africa. The ABMP is lead by the chief executives of the member companies and receives major operational and funding support from the Kaiser Family Foundation. Additional support is provided by the Bill & Melinda Gates Foundation, the Nelson Mandela Foundation and Merck & Co., Inc.

For more information go to: **www.broadcasthivafrica.org**

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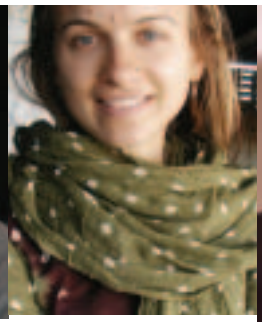
Stearns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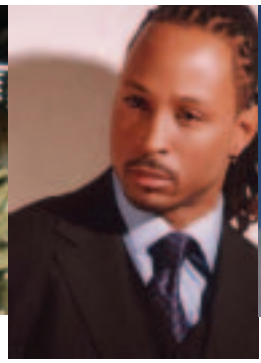
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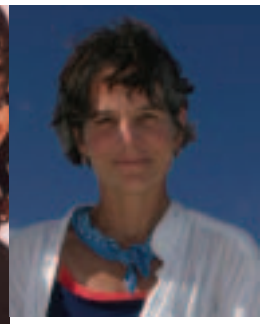
Sullivan

Sancia Dalley
A frequent contributor to *Business Response's* New and Noteworthy section, Jamaican-born Sancia Dalley is GBC's Technical Coordinator. She provides programmatic assistance to member companies; co-manages the Awards for Business Excellence process; and facilitates corporate engagement in technical initiatives and events. Sancia is co-author of "America's Silent War," which is her first feature. "Writing this article made me understand the underlying conditions fueling the disease. Preventing HIV among African-Americans means that we have to acknowledge the deep socioeconomic and racial inequalities that plague the world's wealthiest country."

David Stearns
GBC's Media Relations Manager David Stearns began his career as a newspaper reporter, covering local politics and general assignment news. After graduate school, he lived in Lusaka, Zambia and Cape Town, South Africa, managing political party training, voter education and parliamentary development programs for the National Democratic Institute for International Affairs. David also lived in Seattle, where he orchestrated a grassroots organizing campaign for Amnesty International. "I was initially skeptical about reports that compared male circumcision to a virtual vaccine," he says of researching "Cutting Edge." "But I'm now convinced. If done properly, this really could have a huge impact in reducing transmission."

Rose Reis
Two years ago, Rose Reis traveled to Rajasthan, India to teach English through the Veerni Project, an NGO that empowers rural women and girls through literacy and health programs. On the first day of class, Rose saw a double marriage procession involving two young brides heavily veiled and literally bound to older men. After asking one of her students why she was wearing a bindi—the symbol for married women—Rose began the research that informs this issue's "Wedding Children to AIDS." A research editor at *Departures,* Rose uncovers how girls have been erroneously overlooked by AIDS prevention policy.

Roland Webb III
Originally from Washington, D.C., Roland Webb III is the GBC's Accounting Officer. He began his career in the healthcare field and held positions in accounting, administration, Information Technology and customer service; he has worked for several Fortune 500 companies. Roland attributes his passion for and familiarity with the HIV/AIDS pandemic to his work for Holy Cross Hospital in Silver Spring, Maryland. Using his administrative, health care and technical experience, he worked in radiology, general medicine, and pediatrics, helping to care for terminally ill cancer and AIDS patients. A certified EMT, Roland is the co-author of the feature story "America's Silent War."

Joan Sullivan
Since her first international public health posting to Africa in 1986, Joan Sullivan has carried her cameras through 50 countries and left a trail of color photographs, which document the impact of human development on the environment, public health, poverty and the relentless spread of HIV/AIDS. Currently based in Botswana, Joan has worked for a wide variety of international development organizations across the continent in the fight against HIV/AIDS, including UNAIDS. Joan is the author of "Miracle Workers," which constitutes the first time she has combined her love of writing and photography in one article for an international publication. She was trained at the Harvard School of Public Health. Her website is www.joansullivan-photography.com

PHOTOS: Stearns by James Petrozzello; Webb by Ronnen Cosgrove

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NEW AND NOTEWORTHY

SOCIALLY CONSCIOUS PRODUCTS, PORTALS, AND PICTURES

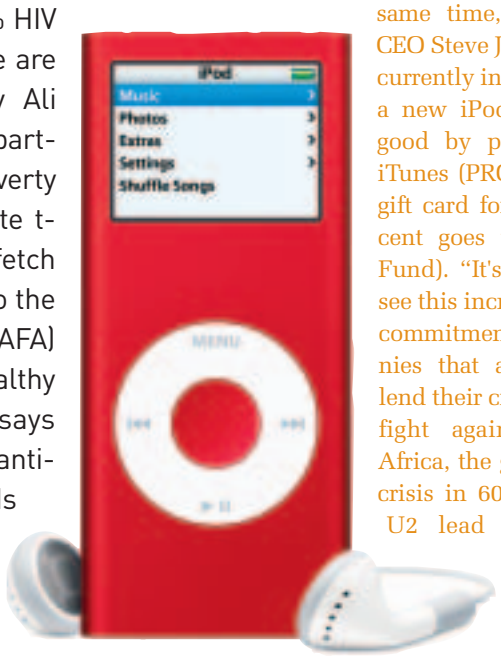
UNCOMMON GOOD

"We're seeing an emerging market of people who give a damn," says Ben Goldhirsh, founder of GOOD Magazine (www.good-magazine.com), which recently dropped its third issue. "There's an emerging sensibility right now of moving things forward that is incarnating in a number of different ways—it's in business; it's in politics; and it's in culture." The 26-year-old publishing heir is capitalizing on this trend with a new publication targeting today's "conscious consumer." Covering a range of political, business, culture, and science issues and trends, GOOD creates an active, informed community of individuals interested in making a difference through pragmatic means. The entire $20 subscription cost is donated to one of 12 non-profit organizations that are part of the "Choose GOOD" campaign; Goldhirsh aims to raise $1 million in the magazine's first year. Subscribers choose where to direct their funds—the options include health-related non-governmental organizations (NGOs) such as UNICEF and Millennium Promise. This strategy is not, however, as Goldhirsh explains, based entirely on altruism: the non-profit partners mobilize their networks and marketing machines to raise GOOD's profile, thus increasing revenue potential through advertising sales. With 14,000 subscribers, the future looks, well, pretty GOOD. "We're working at the merger of capitalism and idealism. It's an increasingly interconnected world, and people and businesses are realizing it's in their own interest to do good." *—Emily Myers*

CUSTOM PICK Anyone itching to be a rock star can channel Bono and benefit a good cause. New York City based jewelry design company Me&Ro's limited-edition Harmony pendant ($120 at www.meandrojewelry.com) benefits the Step Up Women's Network, a non-profit organization that advances philanthropy and volunteerism in the entertainment and media industries and empowers women and girls to effect social change. The sterling silver guitar pick, one of several pieces in Me&Ro's charity collection, is inscribed with the Tibetan symbol for "Harmony" on the front and the English translation on the back. "I cannot express how important it is for young girls and women of all ages to learn to accept and respect themselves," says Robin Renzi, Me&Ro's CEO and designer. "Step Up is a great organization that empowers and teaches women what is really important about life and by doing so challenges the next generation to create a better world for us all." Rock on. *—Shana Ward Ryzowy*

ALL FOR ONE Fashionistas aren't particularly fond of dressing en masse, but the EDUN ONE tee may cause a considerable change of heart. Boosted by a celebrity ad campaign featuring Kate Bosworth, Naomi Watts, Rosario Dawson, Diego Garcia, and Djimon Hounsou, the shirts help fight global AIDS and extreme poverty and bring fair trade and AIDS treatment to Lesotho factory workers and their families. (Lesotho has a 29% HIV prevalence rate but only 1,000 of 55,000 people are receiving life-saving treatment.) Created by Ali Hewson, Bono, and Rogan Gregory, EDUN has partnered with ONE: The Campaign to Make Poverty History on simple but stunning black and white t-shirts available for men and women. The shirts fetch a $40 price tag, but $10 from each is donated to the Apparel Lesotho Alliance to Fight AIDS (ALAFA) fund. "We've realized that in order to build a healthy business, we need a healthy workforce," says Hewson. "That means making sure that ARVs (antiretrovirals) are available to everyone that needs them." Let's hope the shirts—available at Printemps in France, Isetan in Japan, Harvey Nichols in the UK, and Nordstrom in the US—are big sellers. *—Jerry James*

APPLE TURNS RED DJ's, VJ's and all music lovers have a reason to rejoice. Featuring a 24-hour battery life, Apple's new iPod nano (PRODUCT) RED™ Special Edition comes in 4GB and 8GB versions ($199 and $249, respectively at www.apple.com). Sleek, ultra light weight and boasting red aluminum covers, everyone's favorite gadgets also have a conscience: $10 of each iPod nano (PRODUCT) RED sold goes to the Global Fund to Fight AIDS, Tuberculosis and Malaria's African AIDS programs. "Now customers can buy the best music player in the world and do something to help the world at the same time," says Apple CEO Steve Jobs. Those not currently in the market for a new iPod can also do good by purchasing the iTunes (PRODUCT) RED™ gift card for $25 (10 percent goes to the Global Fund). "It's wonderful to see this incredible level of commitment from companies that are willing to lend their creativity in the fight against AIDS in Africa, the greatest health crisis in 600 years," said U2 lead singer Bono. Music to our ears. *—JJ*



FEET OF STRENGTH When fashion designer and entrepreneur Blake Mycoskie traveled to Argentina in early 2006, he fell in love with the country, but was troubled by its high poverty levels. Recognizing that one of life's most basic amenities—namely, shoes—are essential to general health and well-being, he decided to create a new business venture. The latest in a wave of social marketing that is changing the face of fashion, TOMS (www.tomsshoes.com) or "Shoes for Tomorrow" are based on the traditional Alpargata, a rope-soled shoe popular in the Argentine countryside. "I created TOMS with a singular mission: to make life more comfortable" explains Mycoskie, whose shoes come in a variety of colors and styles for men, women, and children. "TOMS offers a unique shoe and my commitment to match every pair purchased with a donated pair to a child in need." In October 2006, the first 10,000 shoes were delivered to children living on the outskirts of Buenos Aires. Mycoskie plans to make the "shoe drop" an annual event and hopes to eventually provide customers with the opportunity to participate. While the initial focus is on Argentina, where the shoes are currently produced, the company may expand the donation program to other countries and regions. *—EM*

TOUGH STICK Bigfoot Entertainment's indie drama, *3 Needles,* starring Shawn Ashmore, Stockard Channing, Olympia Dukakis, Lucy Liu, Sandra Oh and Chloë Sevigny, follows three story lines and profiles the different ways that people cope with or avoid HIV/AIDS. The film focuses specifically on the bond between parent and child and the ways in which desperation fuels drastic survival strategies. A deeply touching film that premiered last World AIDS Day, *3 Needles* is both inspiring and also profoundly disturbing. Sevigny, for example, plays Sister Clara, a devout nun, who realizes that if she offers a ruthless plantation owner her body, she can help save countless workers who have no way of accessing medical care. In doing so, however, Clara transitions from being a saint for God to a saint for humanity. The film is most certainly a must-see, but it's not for the faint of heart. Its ultimate message—positive results often require very negative sacrifices—can leave viewers feeling hopeless and discouraged. In other words, there's no Hollywood ending. —*Rachel Weaver*

IN PURSUIT OF PERFECT Granted it might not be perfect, but your world might smell significantly better if it was always scented with Oriental Persimmons, white cloves, and wild ginger. In a truly perfect world, however, Gamillah Incorporated's Founder and Chief Executive Officer Manuela Testolini Nelson thinks that children will have the opportunity to become tomorrow's caring, socially conscious and encouraged leaders. A strong belief in "bringing and preserving beauty everywhere and inspiring others to do the same" led the entrepreneur to establish a lifestyle company and a foundation that would facilitate the aforementioned olfactory and idealistic goals. Profiled in *Vogue* and *The New York Times*, Nelson's home fragrances brand Altru, the root of the word altruistic, which means unselfishly giving of ones' self to others, offers consumers products inspired by harmony, wellness, appreciation, artistry, integrity and remembrance; a portion of proceeds support the In a Perfect World Foundation. Candle connoisseurs will love the beautiful candles in hammered copper and home fragrance oils that can envelope any room with a "perfect" intoxicating splendor. Count on the wellness and harmony scents to bring a peaceful end to the most arduous days spent in the real world. —*RW*

SCREEN SAVER Set in present day Brooklyn, New York, HBO's *Life Support* boasts an impressive cast and examines the feminization of AIDS, a subject matter that has been traditionally relegated to the back burner. "We have a special opportunity to make sure that important stories are given a voice," said Richard Plepler, Executive Vice President, HBO. "HIV/AIDS, one of the most destructive epidemics of our time, presents us with countless stories of both human tragedy and triumph—narratives ranging from *And the Band Played On* to *Angels in America.* Most recently, we've told the struggle through the eyes of an African-American woman," he adds.

The film, which debuted March 10th features rap superstar turned movie actress turned Cover Girl Queen Latifah as Ana, an African-American HIV-positive mother who not only overcomes crack addiction but also reinvents herself as an AIDS activist. An adamant advocate of safe sex, Ana doesn't leave home without a small stash of condoms she regularly dispenses to a variety of neighborhood characters, including a young man—oh, the horror!—her teenage daughter Kelly (Rachel Nicks) is dating.

Plepler has apparently taken a page from Ana's book: he is now a man on a mission. "In the spirit of this film, and with the recognition that AIDS is a leading cause of death for African-Americans, HBO is proud to be teaming with the GBC, the Kaiser Family Foundation and the NBA to produce PSAs that promote AIDS testing, for both domestic and international use. In this way, we hope to draw an even broader awareness to this critical issue," he says.

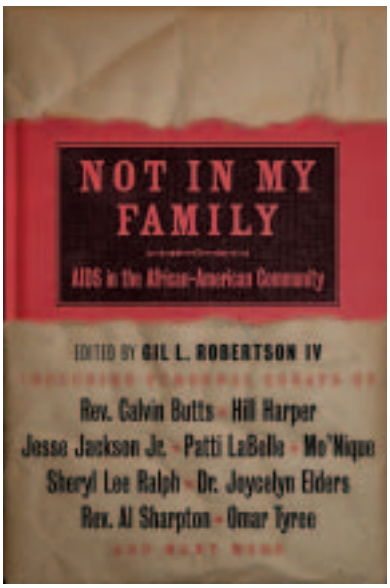
From the moment we meet Ana, it is clear that she is both inspired by a strong desire to help others avoid mistakes and deeply conflicted about how best to repair the grievances she has reaped upon her own broken family. Ana's two daughters share a close connection but while younger daughter Kim (Rayelle Parker) experiences the reformed Ana, who is capable of dispensing consistent love and support, older daughter Kelly has not forgiven her mother's previous drug dalliances.

Life Support is the brainchild of critically acclaimed author Nelson George, who based the story on his sister Andrea's experience with drugs, disease, and a dearth of discourse. "Everyone talks about Oprah but in the day to day setting there's a feeling that not a lot of black women are represented in the cultural dialogue; this film goes out of its way to do that," says the writer of his powerful directorial debut. "My sister sees the film as an extension of her work," says George. "Instead of giving out five condoms and reaching two or three groups she's gonna [sic] reach millions." —*Sancia Dalley*

RHYTHM FOR LIFE Send two American college students to Africa, serve them some local music, mix in a little politics and a dash of social activism and behold the birth of a brand new record label. "[We] had this kind of revelation," says Jesse Brenner, President and co-founder of Modiba Productions (www.modiba.net), of the record label he and business partner Eric Herman launched in 2004. "We could use music and culture to help people who were producing an amazing artistic creation." While students at Wesleyan University, the duo released the Afrobeat Sudan Aid Project (ASAP), a compilation CD that, at press time, raised over $140,000 for people suffering in Darfur. Now Modiba is taking the global music scene by storm. Its roster includes Vieux Farka Touré, son of the legendary Malian guitarist Ali Farka Touré. Released in February 2007, Farka Touré's self-titled debut album donates 10% of album sales to Bée Sago, a UNICEF-affiliated NGO that imports and distributes Insecticide Treated Bed Nets (ITN's) to fight malaria in Bamako, the singer's hometown. —*SD*

PLAYING TO WIN Team up, take a shot and net malaria. MadnessAgainstMalaria.com is an international, online competition designed to raise funds to buy long-lasting insecticidal (mosquito) nets (LLINs) to help fight malaria. Hedge-fund manager and philanthropist, Lance Leifer and friend Rob Mather developed the competition last year. "I saw Jeffrey [Sachs] on the Charlie Rose show and went online to donate money...but couldn't find any way to contribute," says Leifer of what inspired him to create the madness site. "I was completely flabbergasted." Based on the structure of the college basketball tournament, the competition encourages everyone—schools, companies, groups of friends, foundations, and families—to form fundraising teams. The competition's "qualifying" round took place between September 2006 and the end of February 2007; it was followed by the "Knock-Out Phase" in which the top 64 teams were paired-off to "compete" (read: raise additional money) against one another. The Beantown Beatdown of the 'Squiter won the Mad Bowl and was awarded the coveted Malaria Cup trophy. *—Caitlin Fisher*

CONDOM SENSE Touted as New York City's "hottest new wrapper," the NYC Condom— no, not Jay-Z's protégé—launched on Valentines Day 2007 (natch) in a widespread distribution blitz blanketing the five boroughs. With the Metropolitan Transportation Authority's approval, Mayor Bloomberg's administration selected a wrapper adorned with the iconic circle letters of the New York City Subway lines. "Brands work," explained Dr. Thomas R. Frieden, New York City's Health Commissioner. "People use branded items more than they use non-branded items, whether it's a cola or a medicine." AIDS activist, fashion designer and NYC Condom campaign co-chair Kenneth Cole concurs that "condoms are no different." New York City health clinics and community organizations can place free bulk orders, (www.nyccondom.org) and individuals will find gratis samples at a variety of local bars, restaurants, and other businesses. In April, New York City said that it gave away five million condoms in a month. The city will test the campaign's efficacy later this year by conducting a telephone survey targeting 10,000 city residents. *—Grant Picarillo*



By CAITLIN FISHER

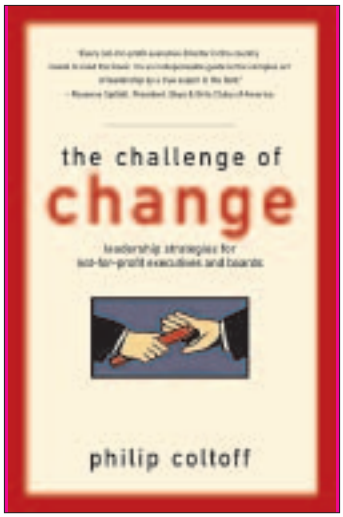
POPULATION CRISIS Despite representing only 13% of the U.S. population, African-Americans comprise almost half of the country's HIV/AIDS cases; AIDS is the leading cause of death among African-American women between 25- to 34-years of age. Almost equally disturbing is the silence and denial surrounding the disease and a legitimate concern that if complacency, ignorance, and a dearth of discourse persist, morbidity and mortality rates will continue to rise.

Atlanta-based journalist Gil L. Robertson IV's anthology, *Not in My Family: AIDS in the African-American Community* (www.agatepublishing.com) delivers powerful AIDS messages from African-American leaders, including Congressional Representatives Jesse Jackson Jr. and Barbara Lee; performers Patti LaBelle and Hill Harper; religious leaders Rev. Dr. Calvin O. Butts III and Rev. Al Sharpton; and AIDS activist Phill Wilson. In addition to securing celebrity submissions, the book tells the stories behind the statistics, using prose, anecdotes, and examples that will resonate with the African-American community. "What the black community needed," Robertson writes in his acknowledgements, "were messages delivered by its own people—messages shaped in the nuances and character that would create a true reaction."

"HIV/AIDS was no longer on a poster or billboard—it was actually in my immediate family," reflects contributor David Horton. "It wasn't hiding. It wasn't a government ploy. It was right in front of me, with migraines and slow-feeding brain tumors. AIDS now had a face, and it looked just like mine."

Much of the motivation for *Not in My Family* stems from Robertson's own experience dealing with his brother Jeffrey's HIV diagnosis over 20 years ago. The writer wanted to capture and recreate the comfort, solace and support that his family experienced when others came forward to share their AIDS stories. But the book does more than console and commiserate. Indeed, *Not In My Family* serves as a national call to action, encouraging African-Americans to become personally involved in a fight that has lacked demonstrable leadership at all levels, from politicians to the hip hop community; despite considerable efforts, Robertson was unable to secure a submission from a renowned hip hop artist.

While it helps fill an undernourished niche, *Not In My Family* could be criticized for promoting—albeit unintentionally—the very same phenomenon that mandated its assembly. Indeed, by focusing exclusively on the African-American community, Robertson's text risks alienating readers who do not identify as members of this group. There is nothing censurable about addressing a particular audience—especially one that has been left out of the AIDS discourse—but doing so risks presenting the African-American AIDS crisis as one that must be exclusively addressed internally. Consequently, the book may be misinterpreted as relegating enormous responsibility to the African-American community or even discouraging action by "outsiders" who are key to facilitating positive change. To avoid such an adverse effect, Robertson might have lent more air time to essays like those penned by Congresswoman Barbara Lee, who is concerned not just about rallying the African-American community but also bringing this conversation to the national consciousness.



By MEGAN QUITKIN

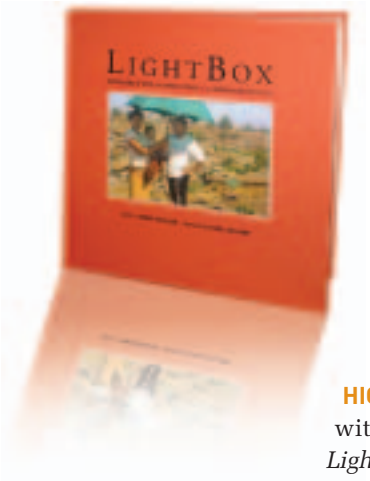
WRITE TO LEAD Weighing in at 125 pages and printed in a friendly font sure to please report-reading eyes, Philip Coltoff's *The Challenge of Change* (www.childrensaidsociety.org) is extraordinarily palatable. "This book is brief for a reason," the author writes in his first chapter, explaining his proclivity for precise prose. "I don't want it to sit on your bedside table with all the other professional literature waiting for your attention," Coltoff continues. "I'm hoping you will pick it up, stay with it from start to finish, and absorb it in a few hours."

Executive-in-residence and the Katherine and Howard Aibel Visiting Professor at the New York University School of Social Work, Coltoff began writing *The Challenge of Change* before announcing that he would retire, or "expire" as his young grandson repeatedly told friends, his CEO role at The Children's Aid Society (CAS), the non-profit organization he led from 1981 to 2005. Founded in 1853 by Charles Loring Brace and a group of social reformers, CAS currently serves more than 150,000 children and their families each year through a variety of non-discriminatory health, education, and psychosocial services. Under Coltoff's leadership, the organization's budget grew from $10 million to $80 million annually, and its award-winning community school and teen pregnancy prevention programs were adapted in more than 1,500 sites nationally and internationally.

Coltoff's strategies for non-profit executives and boards are applicable to anyone in a leadership position. "I trust that my observations will be neat and plausible," he writes. "I don't rule out that some may indeed be wrong…but I hope not," he says in a jovial tone, winking in words while elucidating a principle that pervades his text: it is important to speak with authority but concede that mistakes happen. This is not always an easy task; Coltoff admits that it is much easier to put on a "dog and pony" show rather than admit defeat. "Painting a true picture can be painful," he says, "but it does offer benefits. It creates a sense of teamwork…It also builds trust….Open communication is essential for a strong and effective organization." The successful non-profit executive must lead by example. If the goal is to facilitate an environment in which all people feel valued, leadership must act accordingly: "It makes a difference when the executive director enters a room with a smile and says good-morning, welcoming junior and senior staff with equal interest."

Is it really this simple? If a ringing endorsement—"excellent advice" remarks Kimberly Davis, President, JPMorgan Chase Foundation, in the book's forward—does not suffice, then perhaps we might consider that *The Challenge of Change* is a viable example of everything it advocates. The book does not preach to readers, nor does it purport to be a flawless information source. Instead, it encourages us to consider that when it comes to non-profit leadership, the true challenge of change mandates recognizing strengths and weaknesses; contemplating how we communicate with constituents, board members and staff; and recognizing that bending does not mean breaking.

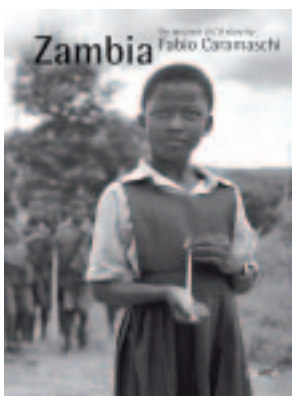
HALF CENTURY CELEBRATION Marking the 50th anniversary of the 1956 march on Pretoria's Union Buildings, *Women by Women* (http://witspress.wits.ac.za) features almost 400 images of South African women. The impressive selection is, indeed, as diverse as the nation itself, running the gamut from black and white shots of 1940's urban life to photojournalistic accounts of the apartheid struggle to high fashion photography. The most arresting images are those that directly confront the racial and social issues that have plagued the country. From Nikki Rixon's documentary style photos of HIV-positive women in townships to Caroline Suzman's image of a farmer's wife training with her AK-47, this book truly celebrates what it means to be a strong South African woman. —*Tavish Donahue*



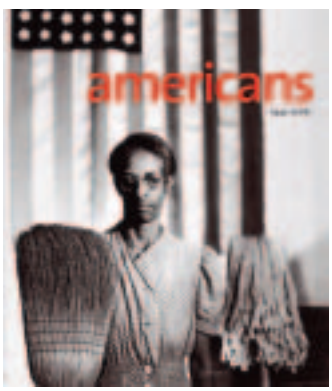
HIGHER LEARNING Filled with photos and essays, *LightBox* (www.bintipamoja.org) profiles and empowers young women from Binti Pamoja, a women's rights and reproductive health program in Nairobi's Kibera slum. Conducted between 2002-2004, the *Lightbox* project provided the girls with simple cameras and instructions to photograph various aspects of their lives. The contributors discuss their dreams and fears; serenade their role models; and even strategize possible solutions to eliminate AIDS in Kibera. *Lightbox* does not sugar-coat slum life, but it is a powerful reminder that young women are both the face of AIDS and crucial to ending the epidemic. All of the book's proceeds support The Binti Pamoja Center Scholarship Fund, which sends girls to high school. —*CF*

BRAVE NEW WORLD "I was smitten for life," wrote Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa after visiting the continent that would seize his heart and define his professional career. The same, apparently, could be said of photographer Steve Simon, who began documenting the African AIDS Crisis in 2002. In *Heroines & Heroes* (www.artbook.com), Simon's images from Zambia, Ethiopia, Mozambique, and Lesotho present ordinary people persevering under extraordinary circumstances. By introducing us to heroines and heroes battling AIDS, tuberculosis and extreme poverty, Simon makes it clear that in addition to not being about statistics, this book is also about implementing change. The book's final section—"How You Can Help"—provides invaluable contact information, urging readers to recognize that bearing witness mandates action. —*MQ*

RIVER GUIDE Fabio Caramashi can't quite identify his inspiration—"I no longer know if I take photographs in order to travel, or if I travel to take photographs"—but he is definitely on a mission. In *Zambia* (www.artbook.com), which contains text in both Italian and English, the photographer, director, and teacher documents his voyage along the country's Zambesi River. Armed with a heavy back pack and a folding camera from the forties, Caramashi uses black and white photography to capture a country that is the world's number one producer of cobalt and home to a devastating HIV/AIDS epidemic. The book depicts just a handful of the one million orphans the disease has produced but makes it clear that these parentless children are Zambia's most valuable resource. —*MQ*



PATRIOT GAMES Boasting a bakers dozen of the best photographers from the past one hundred years, *Americans* (www.artbook.com) profiles the people, places, and problems that define the United States. The book, which covers a sixty-six year time period (1940-2006), does not have a specific section devoted to HIV/AIDS, but it certainly alludes to the disease as well as the behaviors (think intravenous drug use) that facilitate its transmission. Photographer Peter Hujar's portrait of his lover, David Wojnarowicz, for example, is offset by a powerful quote: "[…]my anger is more about this culture's refusal to deal with mortality. My rage is really about the fact that when I was told that I'd contracted this virus it didn't take me long to realize that I'd contracted a diseased society as well." —*MQ*



KIDS IN CRISIS

20 MILLION AIDS ORPHANS BY 2010

By SARAH KARMIN

INTERNATIONAL ADOPTION, PARTICULARLY OF AFRICAN ORPHANS, HAS RECEIVED EXTENSIVE MEDIA ATTENTION OVER THE PAST YEAR. Each time the topic rears its controversial head, reporters emphasize the large numbers of infants living in squalor, the conditions characterizing orphanages and the debate surrounding what is best for the world's most vulnerable babies. According to the international AIDS charity AVERT, there are 15 million orphans worldwide; South Africa has an estimated 1,200,000 children orphaned from AIDS. While the debate surrounding international adoption is likely to continue for some time, it is important to remember that the Convention on the Rights of the Child, which the UN General Assembly adopted in 1989, defines a child as someone who is less than 18-years-old. This means that even though infants dominate the orphan discourse, we should not neglect our obligation to provide "special care and assistance" to a growing number of older children, including teenagers, who are struggling to find a future.

Kim is 19-years-old. She lives in the suburbs north of Johannesburg, South Africa. Tall, beautiful, articulate and creative, Kim speaks openly about her life. She is passionate about music and poetry writing and has a particular affinity for house music, which allows her to put her own words to rhythm. Kim once dreamed of becoming a DJ but has decided, at her father's wish, to pursue other interests. Neither of her parents is alive, but it is obvious that the lessons they taught her remain a moral compass, guiding her every action.

Kim spent her early childhood in Johannesburg with her mother, who was a domestic worker. At the age of thirteen, she received a full scholarship to St.Barnabus College, a boarding school that lost its government funding and closed one year after Kim's arrival. When she returned home, she found that her mother was a patient at Johannesburg General Hospital where she was extremely ill from AIDS related diseases. Kim spent every day at her mother's bedside, changing her linens, feeding her, cleaning her sores, and keeping her company. In the evening she returned home, deeply concerned that her mother would be neglected by nurses who did not want to care for an AIDS patient. "It was hard to leave at the end of the day because [I knew] she would be alone."

After her mother's death in 2001, Kim's family told her that she could not move in to her father's home because it was inappropriate for a young woman to live alone with a man, even if they were blood relations. Kim was sent to live with her cousin and his daughter in Hillbrow, a densely populated area in the inner city of Johannesburg. Her new environment provided a stark contrast to life in the wealthy northern suburbs. "It was hard to look after someone who's being spoiled," she explains of her new role: caregiver for her cousin's 7-year-old daughter. Kim was, indeed, forced to become a parent even though she was just 14-years-old and mourning the loss of her mother.

During this time, Kim saw her father once a month; in 2005 she moved into his home. It should have been a happy time, but her father was distraught when his girlfriend became ill and passed away after spending four days in the hospital. Things went from bad to worse when Kim's father began to lose weight and became so weak he had to discontinue work as a builder. Kim took him to the clinic when gangrene set in between his fingers. Every Tuesday and Thursday, father and daughter would spend nine hours at the clinic, eating nothing and awaiting treatment.

Kim's father deteriorated overnight. Once again, she was all alone in the world and forced to become a parent to her parent. Her cousin offered her little consolation, and she could not talk to or count on her brother who was often drunk. She fed and bathed her father and would wake up in the middle of the night to switch him from one bed to another because the disease made him sweat profusely and rendered him

incapable of controlling his bladder.

Kim's father returned to Botswana, his native country. Although this was difficult for her, Kim explained that she was exhausted: "I couldn't look after him much longer." Three days after he arrived in Botswana, Kim's father was admitted to the hospital. Two weeks after he was discharged, he passed away. Unable to obtain a temporary passport from the Department of Home Affairs, Kim could not attend the funeral.

It has been almost a year since Kim's father died. The most difficult thing for her is waking up in the morning because she has no one to talk to, no one to see, and nothing to do. After her father died, she felt suicidal because she did not see the point in living when she had no immediate family and saw herself as a burden to her relatives.

Things look much different today. Kim calls her mother's former employers her "guardians," and sometimes refers to them as her family. By chance, the second eldest "sibling" heard about the Tomorrow Trust, a non-profit organization committed to financing and supporting tertiary care for AIDS orphans. Founded in 2005, the Trust provides students with an allowance for food, transportation and other amenities; it also holds mandatory workshops that cover myriad topics—team building, personal growth, computer education—to facilitate a successful transition to adulthood. "At first I was really nervous," says Kim of the first few times she attended the Trust's activities. "[But] they want to be involved in your life and make a difference." When the Trust talked to Kim about returning to school, she developed a renewed faith in life. "Education is the key to success, and I want to be a success," she said.

Kim began university in February 2007 and is pursuing a career in marketing; she likes the challenge of creating an effective message using limited words. Her confidence, poise and ability to articulate her experiences and feelings suggest that she will be very successful.

The Tomorrow Trust accepts children of all ages who are interested in a variety of careers, including academics, trade, sports, and the arts. Each student taken on by the Tomorrow Trust is provided with a food and transport allowance. All students must sign a contract in which they agree to be accountable for their own success and abide by a code of conduct. During their first two years of fulltime employment, the graduated students must also agree to give 10% of their salary to the Tomorrow Trust and mentor current students.

To learn more about the Tomorrow Trust, visit www.tomorrow.org.za/

GBC CONVENES A PUBLIC PRIVATE PARTNERSHIP TO BRING INSECTICIDE TREATED BED NETS (ITN'S) TO ONE MILLION ZAMBIANS

By CELINA GORRE

DUBBED "THE REAL AFRICA," Zambia has 19 national parks, one of the world's largest man-made lakes, and the widest variety of bird species found anywhere. The country is also home to the magnificent Victoria Falls, which separates Zambia and Zimbabwe and is said to be the largest sheet of water at 100 meters tall and over 1 mile wide. The rumbling of the falls can be heard from villages several miles away, providing a sense of calm and awe at Mother Nature's natural power. But another rumbling is ravaging the country's population. Malaria, which affects up to 500 million people each year, is endemic to Zambia. At least 40 percent of Zambia's childhood deaths are caused by malaria, and the average Zambian household experiences 2.4 cases of malaria each year. HIV-infected people are especially vulnerable to malaria and co-infection and interaction among the diseases has grave public health implications.

In 2004, RAPIDS (Reaching HIV/AIDS Affected People with Integrated Development and Support) was launched as an innovative consortium among six effective NGOs: World Vision, Africare, CARE International, Catholic Relief Services, Expanded Church Response, and the Salvation Army. With a strong network of over 13,000 volunteer caregivers, the RAPIDS mission is to address the health, psychological and economic needs among residents (mostly children) in almost 90% of Zambia's districts. This home-based delivery model amplifies the local knowledge, networks and relationships built by the caregivers who live and work in these communities. It enables them to address the broader issues which exist in tandem with HIV/AIDS, including and especially malaria.

In partnership with the President's Malaria Initiative (PMI) and the President's Emergency Plan for AIDS Relief (PEPFAR), GBC convened a group of its dedicated companies to provide funding for the production, shipping and distribution of a critical commodity to RAPIDS clients—500,000 insecticide-treated bed nets (ITNs). According to GBC Corporate Relations Director, Kimberly Tegarden, "It has been amazing to see how quickly our member companies responded to this issue. They saw an immediate opportunity to make a small investment for a significant return—protecting the lives of over one million Zambians from the scourge of malaria."

On February 7th, participating GBC members convened to discuss the Zambia partnership at GBC's New York headquarters with Admiral Timothy Ziemer, Coordinator of PMI and British Robinson, Director of Public-Private Partnerships at PEPFAR. With the strong support of committed companies and individual donors, GBC raised $1.25 million of the $2.5 million needed to fund the ITNs. Financial support was provided by Abbott Laboratories, Anglo American plc, BD (Becton, Dickinson & Co.), Chevron Corporation, The Coca-Cola Company, Hedge Funds vs. Malaria, Helen Bader Foundation, Johnson & Johnson, JN-International, Inc. USA, Malaria No More, The Mercury Foundation, National Basketball Association (NBA), The Noel Group, Premier Medical Corporation, Qingdao Double Butterfly Group, Tata Iron & Steel Co., Ltd., Total, and Vestergaard-Frandsen. The remaining

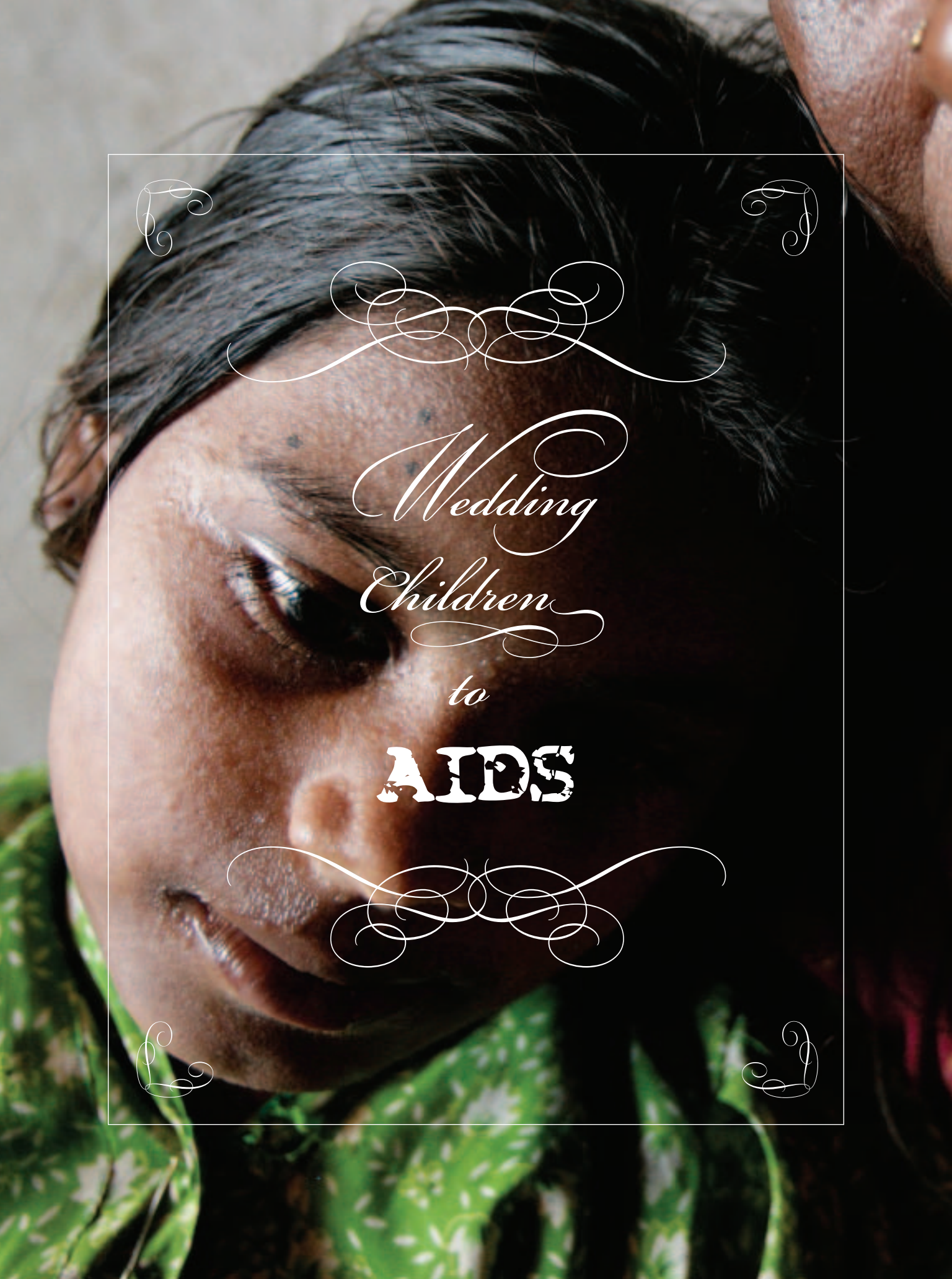
> This malaria initiative is a great example of what the public and private sectors can do together to save and improve lives.

CONTINUED ON PAGE 79

Keep the spirit of childhood alive.
Give $1 a day and provide life-saving AIDS medicines that keep African children and families alive.

keepachildalive.org

keep a child alive


Wedding
Children
to
AIDS

Poverty, tradition and a stunning policy blind spot make millions of married girls vulnerable to disease and abuse

By ROSE REIS
Photography by BRENT STIRTON

FIFTEEN-YEAR-OLD PRIYA SUTHAR'S* WIDE WHITE SMILE DISAPPEARS WHEN SHE TALKS ABOUT HER WEDDING DAY. She was 10-years-old; her sisters, married the same day in a joint ceremony, were 8, 14 and 17. "My parents told me I would be married five days before," said Priya, who comes from a village in western Rajasthan, India's arid northwest state. "I was scared," she says. "I thought, What are my parents doing to me?" She saw her husband for the first time at the wedding. "We didn't talk," she says, "I was only thinking, I have to get married, and that's it."

Five years after they took the sacred seven rounds around the holy fire consecrating Hindu marriage, Priya was three months pregnant and living in her husband's one-room thatched home surrounded by thorn-choked bean fields. Baba Ram Suthar is a 23-year-old migrant worker with a bushy moustache that overwhelms his thin face. After a decade of woodworking in Mumbai—a city where more than half of sex workers are infected with HIV—he has recently returned home, reporting feelings of weakness. He can no longer work so the couple has no income. Her mother-in-law beats Priya daily over an undelivered dowry and forbids her to see her family. Priya feels abandoned and alone.

But she's not. India's most recent government survey showed close to 70 percent of young women in Rajasthan married by age 18 and over one third were married by age 15. Worldwide, Priya is one of 51 million girls in developing countries aged 17 or younger who are now married. The practice is most common in South Asia, where over 48 percent of 15- to 24-year-olds marry before they turn 18.

Like Priya, most of these girls have been driven into early marriage because of poverty and custom. Child marriage, a binding partnership conducted when one or both spouses are under 18, is a human rights violation barred in numerous international instruments including the 1989 Convention on the Rights of the Child and the 1948 Universal Declaration of Human Rights. And it's a global health threat on a giant scale.

Married, monogamous women are a group policymakers long thought were safe from AIDS, but in fact Priya and other wedded teens are at acute risk of contracting HIV. So are the 100 million girls in developing countries who will be wed in the next decade—25,000 each day—if current trends go unchecked.

A Tale of Two Countries

Heralded in the press as Asia's newest economic power—TIME recently raved "here comes the elephant"—India's much-cited growth rate could reach 9 percent this year. The story, documenting a heap of billionaires supported by the world's largest (and still growing) middle class, belies that of the other India. With 15 percent of the world's population—it's projected to top China's by 2015—and only 2.4 percent of its land, India is beset by crippling development problems and deep social rifts. Life expectancy in India is 11 years shorter than in Sri Lanka and seven years shorter than in China.

In Priya's village and many other rural areas, where 70 percent of the population lives, there is no running water and the female literacy rate dips below 20 percent. Flies buzz in rivulets of sewage that leak out from the few mud-packed homes equipped with squat toilets. Women in this region observe *purdah,* covering their face with veils even when carrying heavy loads of bricks on their heads. In Delhi, just one state over, girls idolize Bollywood stars like Priyanka Chopra; Rajasthani women pray to images of *satis,* widows who burned themselves to death on their husband's funeral pyre to ensure his successful rebirth.

In such areas, the child mortality rate is three times that of China's, and even tops that of severely impoverished Bangladesh. The Muslim country east of India is plagued by political instability, natural disasters and resource deficiencies resulting from its even more densely packed population of 150 million, but its health markers—infant and maternal mortality—have shown improvement in recent years.

In both countries, the widespread custom of dowry, though illegal, encourages early marriage. The costly exchange of livestock or other wealth—100 grams of gold, in Priya's case—from the bride's family to the groom's is often lower for young brides. Summoning dowry results in mountains of debt, but this is just a fraction of the total price tag of a wedding. The exorbitant cost of feeding a whole village, as is customary, all but forces families to arrange joint weddings.

Married, monogamous women are a group policymakers long thought were safe from AIDS, but in fact Priya and other wedded teens are at acute risk of contracting HIV.

"How could we have afforded separate weddings for each girl?" asks Priya's mother. "We are very poor and this ceremony cost us three lahks [Rs. 300,000; today worth about $6,143]," she says. Priya's parents could not pay her promised gold dowry, which would now cost about $2,000.

Till Death Do Us Part

Parents don't realize their decision to commit their young daughter to marriage can imperil her life. "Sexual behavior increases dramatically in marriage, and condom use is much more difficult to negotiate," says Shelley Clark, Ph.D., a professor of sociology based at McGill University's Institute for Health and Social Policy. Clark's controversial 2004 study in Kenya and Zambia was one of the first to explicitly link early marriage to AIDS. It found that being married increases a girl's chance of being HIV-positive by more than 75 percent over her sexually active unmarried peers.

"In sub-Saharan Africa, adolescent girls have HIV rates that are about two-to-eight times higher than adolescent boys," explains Clark. "People have been very puzzled by that. When I began my research six years ago, you would find studies showing the high rates of HIV in married girls, but there was no discussion of the implications," she says, describing the delay in policymakers' attention to the issue as a cultural impasse. "They looked at marriage as a choice."

"The image is one of teenage girls in these countries with multiple partners, having sex outside marriage," says Adrienne Germain, President of the International Women's Health Coalition (IWHC). "It's not what's fueling the epidemic." Germain's organization, like the International Council for Research on Women (ICRW), has been campaigning on the issue for years. A key message in IWHC's *With Women Worldwide: A Compact to End HIV/AIDS* campaign, launched last year with support from the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC), is the need to redefine "high risk."

"If there's one demographic that defines high risk it's the girl, 10 to 14, who is out of school and forced into marriage," says Judith Bruce, Senior Associate, Poverty, Gender, and Youth program at the Population Council.

In "The Implications of Early Marriage for HIV/AIDS policy" a 2003 31-country report prepared for WHO, UNFPA, and the Population Council, Bruce and Clark found that 80 percent of unprotected sex occurred within marriage. A young bride "is required to become pregnant to demonstrate as soon as possible that she can have children," Germain adds. "It's an extremely dangerous position to be in."

A recent Population Council study in the Amhara province of Ethiopia showed how perilous: From 19 to 50 percent of young women married by age 15 were HIV-positive, compared to this age group's nationwide prevalence rate of 10 percent.

"The irony is most of these child marriages are being arranged by family and conducted by religious and community members who think they are doing something good for the daughter—protecting her from sexual advances from unknown men or protecting the family's honor," says Germain. "In fact they are introducing her to far more intense danger than she would experience if she remained unmarried in the same society."

"There are biological reasons for [the high risk]—she's not yet fully developed physically so there is much greater chance she will suffer abrasions or lesions as a result of sex and we now know that that facilitates transmission of HIV," says Germain.

The health risks are not limited to AIDS. "Often

Circle of Life An Indian woman counsels community girls about HIV prevention and reproductive health.

times with young teens the pelvis is not fully developed so she has a much greater chance of labor complications," says Allan Rosenfield, M.D., Dean of Columbia University's Mailman School of Public Health. "Where there's not access to emergency care for women who need a caesarian section for obstructed labor, there is a greater chance of death, or if she survives, of ending up with fistula." Two million women worldwide suffer from obstetric fistula, a tear that occurs during childbirth and causes feces and urine to leak permanently. "Fistula makes you an outcaste," says Rosenfield.

Large age gaps between spouses can exacerbate health risks. "The younger these girls were married the less control they have over sexual fidelity and over negotiating condoms—all sorts of reproductive decisions" says Clark. In the developing world (excluding China), 35 percent of the husbands of married teens are 10 or more years older than their wives. With this decade of sexual experience, these men are more likely to have contracted HIV.

Germain points out the traumatic aspect of such relations: "The sex they have on the wedding night (and beyond) is a threat to the girl's health, because these girls are physically not mature." Indeed, in a survey of adolescents in Amhara, Ethiopia, the Population Council found that 81 percent of those ever married characterized their sexual initiation as forced; 69 percent first had sex before they began menstruating.

Odd Girl Out

"Part of the problem is we are focused on abstinence when it is not a choice [girls] can make," says Isobel Coleman, a Senior Fellow at the Council on Foreign Relations who studies gender issues in South Asia. "It's not relevant within marriage."

Child brides are now among the least-informed on AIDS of any group, says Clark. The detrimental impact of policymakers' Western-based assumptions is compounded by the fact that these girls are often socially isolated from family and peers. South Asian women traditionally move in with their husband's family. According to the Self-Employed Women's Association (SEWA), married girls in Gujarat, West Bengal and Bangladesh reported having fewer friends.

Most important, says Judith Bruce, who is Clark's research collaborator, they don't attend school, where much of adolescent HIV policy is mounted. The education a girl receives is the strongest predictor of the age when she will marry, according to an ICRW analysis in 18 of 20 countries with the highest rates of child marriage. Child marriage also correlates with poverty. As ICRW highlights in its guide *Too Young to Wed,* more than 75 percent of people live on less than $2 a day in countries like Mali and Bangladesh, where half of the girls marry before age 18. Countries with low GDP—and the poorest populations within each state—tend to have a higher prevalence of child marriage. Its crippling effect on development is highlighted in *Ending Child Marriage,* a new publication produced by the International Planned Parenthood Federation (IPPF) and the Forum on Marriage and the Rights of Women and Girls with the United Nations Populations Fund.

Media Studies

India's Child Marriage Prevention Act, passed in 1929 and long ignored, sets 18 as the minimum age at which a girl can be married. Yet local police, government-appointed teachers, and village *sarpanch,* or headman, often can be spotted in buffet lines at mass child marriages. During the spring festival of Akhai Teej thousands of young boys and girls are married—even six month-old babies are carried around the holy fire on silver *thali* plates.

"The state has to take more punitive action for people to understand that there are consequences to child marriage," states Mallika Dutt, founder and executive director of the human rights advocacy organization Breakthrough. Operating out of New York and Delhi, Breakthrough uses the media to raise awareness of human rights issues. Its controversial campaign,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Beckman Coulter is committed to leading the fight against AIDS by providing innovative cost effective solutions for the enumeration of CD4 which may aid in the diagnosis and monitoring of immunodeficiencies such as HIV/AIDS. By providing an innovative and affordable FlowCARE CD4 solution that significantly reduces the cost of HIV monitoring, doctors are now able to reach, help and monitor more patients in need.
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"What Kind of Man Are You?" urged men to wear condoms to protect their wives from AIDS.

"As young married women constitute one of the fastest growing group of infections in India, it becomes essential to address child marriage," says Dutt. Breakthrough trains community based groups and college students to educate students to educate communities on women's rights and sexuality. The first youth program, which integrates Breakthrough's media products, is underwritten by the Levi Strauss Foundation.

"I think the media can absolutely make an impact, if they also focus on groups that have specific social vulnerability—not just the usual 'high risk' targets," says the Population Council's Bruce. She says prevention schemes should start early. The first thing is to get girls in school at any cost—and keep them there," she says.

"Strong evidence shows that when girls stay in school longer they delay the age of marriage," says the CFR's Coleman. "They want to get married later because they begin to have their own aspirations."

In Bangladesh, however, child marriage continues to thrive despite an extraordinary twelvefold increase in girls' secondary school enrollment from 1994 to 2004. "It's a bewildering picture," says IWHC's Germain. "It's hard for me to understand why this practice is considered to be so sacrosanct."

The Way Out

A handful of smart new programs are starting to make an impact with newly defined at-risk populations. The GBC's Healthy Women Healthy Economies (HWHE) initiative works to uncover the link between women's health and the stability of global economies worldwide, and to develop strategies to reduce the burden of AIDS on women. GBC's partner is the Nike Foundation, which focuses on adolescent girls as agents of social change and development. The Foundation began focusing on girls in developing countries two years ago, following consultation with development experts and economists, including some from the World Bank, ICRW and the Population Council. Together, they recognized the untapped potential for long-term positive change through investment in girls.

"Specific events like child marriage and HIV/AIDS can derail girls before they have a chance," said Lisa MacCallum, the Nike Foundation's managing director. "These are not only severe human rights issues, they are an enormous drain on communities and have a high cost to society and economies that just accumulates over time."

The Foundation aims to remove barriers and enable girls in the developing world to become powerful agents for positive change. It envisions them as educated and healthy women, raising fewer and healthier children, bringing more income to their families, and ending cycles of poverty. The Nike Foundation has committed $23 million since 2005, in addition to Nike time and talent in the form of marketing, communications and business planning expertise. The Foundation works closely with agencies and governments to fund programs that deliver tangible results that can be expanded or replicated.

The Tata Steel Family Initiatives Foundation (TSFIF), a trust sponsored by the GBC member company, manages HIV/AIDS prevention programs including adolescent reproductive health promotion. The strategy focuses on increasing access to services and education for 60,000 11- to 19-year-olds from urban slum areas as well as 200,000 rural youth in the northeast Jharkhand state, where impoverished lower-caste and tribes people make up a third of the population. Programs, conducted with groups including Planned Parenthood of America, the Packard Foundation and ICRW, emphasize delayed marriage and first pregnancy as well as gender equity. Tata also works to chip away at India's formidable AIDS stigma by engaging directly with HIV-positive women through the counseling program of the Ladies Core Group, composed of wives of company executives.

Like Breakthrough, the International Planned Parenthood Foundation's SAATHI Project uses peer educators to reach out to 24,000 adolescents with information on sexual and reproductive health issues. In Nepal, a Finnish government-backed program conducted with IPPF has raised sexual and reproductive health awareness and access to services for girls ages 10-24 using sports activities, youth magazines, as well as debates and quizzes for newly married couples.

Income generation programs and microcredit schemes, which are gaining currency worldwide, can help by offering girls and their families viable alternatives to early marriage. In awarding Muhammad Yunus and his massively influential Grameen Bank the 2006 Nobel Peace Prize, the Norwegian Nobel Committee cited the "liberating force" microcredit has proved to be for women living in repressive social and economic conditions. The 16 Decisions—vows aimed at social development that are repeated at meetings by the bank's 7 million borrowers, who live in over 75,000 villages throughout Bangladesh—include a promise to forswear dowry and child marriage.

East of Bombay in Maharashtra, the ICRW-backed Institute for Health Management has created a pioneering one-year life-skills education course to improve the health and social status of teenage girls. The course, which includes practical lessons about using the post office as well as education on contraception and STIs, has had measurable effects: the proportion of girls marrying between ages 11 and 17 decreased 20 percent in four years.

Janabai Janardhan Gite, an 18-year-old from a participating village where the median age of marriage was about 14, is a success story. Gite persuaded her parents to let her finish school.

"If I had not been through this program I would have been married at 15," she said at ICRW's recent gala in Washington, D.C. "I can now confidently [say] my wish and my ambition: to be trained as a teacher."

"I feel I can overcome any difficulty now," she said.

**Some names have been changed*

Male circumcision offers dramatic new hope in the fight against AIDS

CUTTING EDGE

SOME 4,000 YEARS BEFORE THE ADVENT OF AIDS, Egyptian snake worshippers put great faith in circumcision. Just as snakes are "reborn" each time they shed their skins, researchers say these males hoped that by undergoing circumcision—the removal of all or part of the penis' foreskin—they too would be blessed with immortality. Even if their faith in circumcision's restorative powers was misguided, the ancients may have been on to something about the practice and its ties to a new lease on life. Today, three separate research trials provide compelling evidence that male circumcision can significantly reduce the risk of HIV infection—for men and their female partners.

Between 2002-05, three studies demonstrated that male circumcision reduces the risk of HIV transmission by 50%; the Agence Nationale de Recherches sur le SIDA conducted its study in South Africa, and the National Institutes of Health performed its research in Kenya and Uganda. The results were so persuasive that scientists halted the trials, deeming it unethical to continue research when early data showed overwhelming evidence that uncircumcised men were at much greater risk of HIV infection.

As a result, male circumcision has been lauded as the newest, best hope to stem the spread of the pandemic. A January 2007 *New York Times Magazine* article went so far as to proclaim male circumcision a "real-world" vaccine against the continued spread of AIDS.

"We are enormously encouraged by these results," said Dr. Seth Berkley, CEO and President of the International AIDS Vaccine Initiative (IAVI). "Any method of prevention which could reduce new HIV infections—now more than four

By DAVID STEARNS

Photography by BRENT STIRTON

Blanket Statement Teenage boys from South Africa's Xhosa tribe participate in a circumcision ritual.

million a year—should be supported as part of a comprehensive response to the HIV/AIDS pandemic."

Meanwhile, Dr. Catherine Hankins, UNAIDS Chief Scientific Adviser and Associate Director of Policy, Evidence and Partnerships, takes care to put the findings in context: "The message has to be that this helps, but it does not protect you fully and you need to keep using a condom or avoid penetration and get tested with your partner so you know your options. Be mutually faithful to each other if you are both HIV-negative and use protection if one of you is HIV-positive."

Still, the potential impact of circumcision to reduce HIV transmission is quite promising. According to a July 2006 World Health Organization (WHO) study led by Dr. Brian G. Williams, male circumcision could prevent 2 million new HIV infections and 300,000 deaths over the next 10 years in sub-Saharan Africa. In the following decade, male circumcision could produce even greater results: 3.7 million HIV infections averted, and 2.7 million deaths prevented, with nearly one-quarter of them averted in South Africa.

Male circumcision could also have dramatic effects on the health of African women, who have rapidly become the new face of AIDS (women now account for 60% of HIV cases in sub-Saharan Africa). Dr. Hankins cites compelling observational evidence for related benefits to women of male circumcision, which she hopes will be confirmed through a clinical trial slated for completion in 2008.

"If HIV prevalence falls among men because of circumcision, then there will be fewer HIV-positive men to infect women," said Dr. Hankins. She notes that the research may also have direct implications for serodiscordant couples—in this case those in which the man is HIV-negative and the woman is positive.

CROSS-CULTURAL PHENOMENON

Male circumcision has been a common religious, cultural and secular practice for centuries. It is a religious requirement for Jews and Muslims. Jewish law dictates that "brit milah" should take place on the eighth day after birth, provided that the boy is healthy. The timing of circumcision among Muslim boys varies according to national cultures, with some circumcising newborn males and others adopting it later in life as an adolescent rite of passage.

Circumcision is also a common initiation rite among African, Pacific Islander, and Australian aboriginal tribes. Teenage boys in South Africa's Xhosa tribe, for example, commonly participate in "circumcision school," an elaborate ceremony that often involves animal sacrifices, periods of seclusion in the wilderness, skin painting, and temporary lodge building. The "school" ends with a celebratory return to the community to accompany the boy's changed societal status. This cultural practice may not involve full foreskin removal, which is crucial to ensuring the aforementioned health benefits. "In some cases the ceremony is just a nick involving a bit of blood loss," said Dr. Hankins.

In the West, male circumcision has been practiced as a medical procedure since the late 19th century, when it was performed as a preventive measure to promote cleanliness. In Victorian England and the United States,

it was promoted as a way to "cure" masturbation, which was deemed immoral.

When administered by a health professional, circumcision is typically a straightforward surgical procedure. After the penis is cleaned, the surgical area is numbed with a local anesthetic; general anesthesia can be used for males over two months of age. A sterile clamp or other device is then placed over the head of the penis, followed by foreskin removal using a sterile scalpel or scissors.

According to the American Academy of Pediatrics (AAP), male circumcision facilitates genital hygiene; reduces the risk of contracting urinary tract infections, cancer of the penis and other STDs; and prevents foreskin infections and *phimosis,* a condition in uncircumcised males that inhibits foreskin retraction. Though it typically reviews its circumcision policy every three years and is not scheduled to do so until 2008, the AAP has determined that the African trials mandate a 2007 review.

DISSECTING THE DISSIDENTS

Several groups, including Doctors Opposing Circumcision, the Circumcision Resource Center, and the International Coalition for Genital Integrity, adamantly oppose circumcision at any age, claiming that the alleged medical benefits are dubious, and that the procedure is a painful and traumatic one that removes sensitive nerves crucial to male sexual pleasure.

"The fact is that no one, especially not a doctor, has the right to remove normal body parts from any person without their expressed and informed consent," said Dr. George Denniston, President & CEO of Doctors Opposing Circumcision. "They have to give them fully informed consent and tell them that they are going to regret it from the point of view of their sex lives…[but] they never do that. We do not approve of circumcision under any circumstances…If you had a child and I said, 'Would you like me to take his eyelids off?' you'd tell me to go to hell. It's as simple as that."

Circumcision opponents are unmoved by the recent studies linking the procedure to reduced HIV transmission rates. Asked whether the Circumcision Resource Center maintained its opposition to circumcision in light of these results, Executive Director Dr. Ronald Goldman stated simply, "Our position is unchanged."

Dr. Denniston, a graduate of the Harvard University School of Public Health and a retired physician and professor of family medicine at the University of Washington, said that he questions the studies' objectivity. "They usually pick the scariest thing around, like cancer, to use as an excuse to circumcise; now they've picked AIDS," he said referring to circumcision advocates.

While she recognizes that circumcision can be a valuable tool in the fight against AIDS, Dr. Hankins cautions not to approach the procedure as a panacea. "We have no understanding that male circumcision would, for example, protect against HIV transmission through injecting drug use," she says. "Nor do we have trial evidence on men who have sex with men. We have observational evidence that there may be a reduction in transmission in that situation, but we've never had a randomized controlled trial."

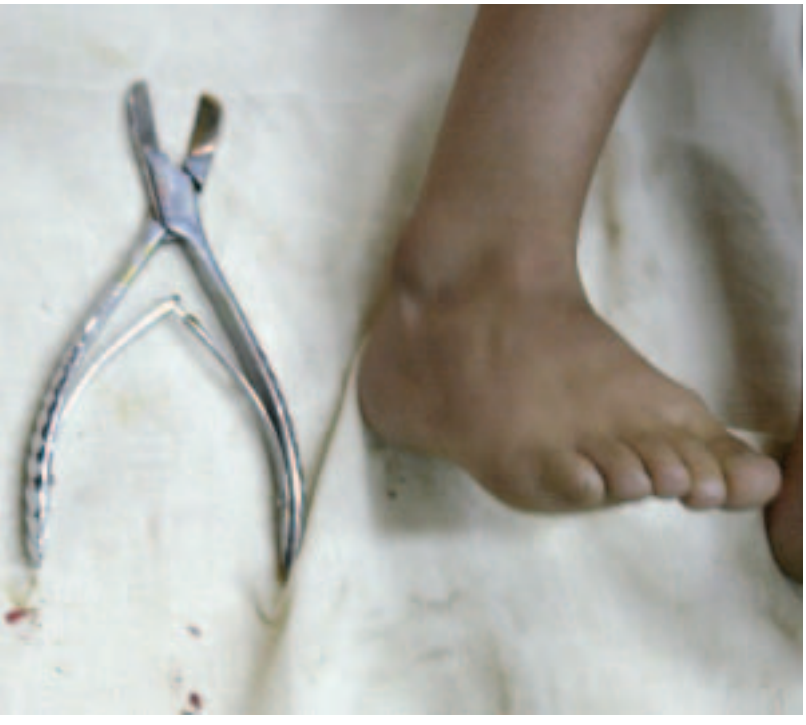
POLICY IMPLICATIONS

The research is relatively new, so it may not yet have filtered into the consciousness of the general population. In the meantime, NGOs with a grassroots presence throughout the world are monitoring the situation to determine if there is a spike in popular interest in circumcision.

According to Dr. Sumeet Sodhi, Director of Operations and Research for Dignitas International, a Canadian medical humanitarian operation, people are beginning to ask more questions about the medical procedure during Information, Education, and Communication (IEC) sessions in Zomba District, Malawi.

Since 2004, Dignitas has been implementing a sustainable, community-based HIV/AIDS treatment delivery and prevention model in Zomba, which has the second-highest adult HIV infection rate in the country at 17.8%. Its population of 676,000 makes Zomba the fifth largest district in Malawi.

Approximately 25% of Zomba residents are Muslim, most of whom are circumcised as part of their religous tradition. In addition, many Malawians also participate in traditional male initiation rites. As a result, circumcision is already a significant part of the district's cultural and social fabric—Dr. Sodhi estimates that approximately 60% of the men in the district are likely to be circumcised. For these reasons, while many Malawians may be quite familiar with—and in pursuit of—male circumcision, it would be premature to assume that they equate the procedure with HIV prevention.



53235399. PHOTO BY MUHANNAD FALAAH/COURTESY OF GETTY IMAGES

"We have been promoting safe circumcision since the inception of our work in Malawi," Dr. Sodhi said. "We've been working with traditional authorities to make sure that circumcisions are done with universal, safe precautions, such as using new blades for each boy rather than sharing blades," she said noting that, out of context, the new research could actually hinder safe sex practices. "We are worried that if the message gets out that male circumcision can help prevent you from acquiring HIV, it could affect condom use, or behavior such as having intercourse with multiple partners."

UNAIDS anticipates that in countries with high HIV prevalence, 18- to 25-year-old males will request circumcision if its benefits are extolled by the media or community leaders. Dr. Hankins said she cannot overemphasize proper training procedures. "We've already developed a manual for male circumcision using local anesthesia, with three different techniques for adolescents and adults," she said, adding that UNAIDS is developing training modules and a certification process. At present, it is not considering certifying traditional circumcisers.

Though public fears about pain, safety, and cost could exacerbate implementation barriers, circumcision need not inspire significant anxiety. "If done properly it can be a painless procedure," said Dr. Jay E. Berkelhamer, President of the American Academy of Pediatrics.

Increased interest in circumcision also provides health workers an invaluable opportunity to engage young adults on broader topics including gender relations, equity, and violence. "There would have to be pre-circumcision counseling about the procedure: what it does to reduce risk and why it's important to use condoms. HIV testing could be offered," Dr. Hankins said. "Later, we'd ask them to come back to provide post-operative care, reinforce the importance of condom use and use these key encounters as opportunities to promote gender equality and zero-tolerance for gender-based violence."

Following an early March consultation to discuss the policy and programming implications of the three studies, the WHO and UNAIDS issued a March 28 report summarizing findings and offering recommendations. The first recommendation—"Male circumcision should now be recognized as an efficacious intervention for HIV prevention"—is based on the conclusion that the "research evidence is compelling." Other recommendations stipulate that male circumcision should be done in a culturally appropriate manner that minimizes stigma associated with circumcision status; countries must adhere to medical ethics and human rights principles; and countries with hyperendemic and generalized HIV epidemics should "consider scaling up access to male circumcision services as a priority for adolescents, young men, and, as indicated by the local epidemiology and other considerations, older men at particularly high risk of HIV." The ten page report reiterates that male circumcision is not a panacea and must be part of a comprehensive HIV prevention strategy. Circumcised men can still become infected with the virus, and HIV-positive circumcised men can infect their sexual partners. Still, the report boldly states that the research is "an important landmark in the history of HIV prevention."

In addition, the preliminary results of a new Johns Hopkins Bloomberg School of Public Health study in Uganda have already revealed an important stipulation about the use of circumcision as an HIV-prevention method. Researchers caution that while the procedure may protect an HIV-negative man from contracting the disease, men who are HIV-positive prior to circumcision should abstain from sex until they have fully healed: tiny tears at the circumcision site could transmit the virus.

Even if its benefits were completely uncontested, widespread male circumcision efforts still would be difficult to implement due to resource and infrastructure inadequacies and overburdened public health officials. It's vital that any effort include a multi-sector approach that uses public-private partnerships to pool resources. Indeed, the private sector has an invaluable role to play in scaling up programs. Companies that manufacture medical devices, disinfectants, sutures, latex gloves, and anesthetic agents could assemble disposable circumcision kits for both pre- and post-operative care. The kits, which must be either completely disposable or kept in good working condition, could include aprons, masks, suture materials, and scalpels. Companies with on-site medical facilities could institute programs to enable circumcision programs.

"If there is a large circumcision campaign, there needs to be a concerted effort involving all stakeholders," said Dr. Sodhi. "In Malawi, there are a lot of multinational corporations providing care to their workers, their families, and the broader community. It's in their best interest because HIV is not an individual disease. An effective response has to start at the community level."

To be sure, the private sector response need not be limited to the pharmaceutical or medical manufacturing industry. The auto industry, for example, could convert and "kit-out" minibuses and trucks to serve as mobile units to increase access for both urban and rural populations. Media and telecommunications companies could help develop messages to increase public uptake of the circumcision procedure. Business leaders could advocate to ensure the provision of high-quality products and urge fellow industry leaders to help keep costs to a minimum in the developing world.

"We must continue to promote male circumcision as an additional [protective factor]—one that should be in combination with other strategies to prevent sexual transmission of HIV," said Dr. Hankins. "We don't want increased risk behavior to offset the benefits."

Buzz Kill

Poverty, politics, and the plasmodium protozoa fuel a powerful plague called malaria

By MEGAN QUITKIN

FOR A DISEASE THAT HAS INFECTED HUMANS FOR 50,000 YEARS—some researchers even think it has been a pathogen during the entire history of our species—it's amazing how little the general population in the west knows about malaria today.

While largely eradicated in the developed world, malaria rages on in Africa, Latin America, and Southeast Asia, where it remains a leading cause of illness and death. The World Health Organization (WHO) estimates there are from 300 to 500 million cases each year and that the disease results in at least 1 million and as many as 3 million deaths annually. Malaria cuts deepest in Africa, where 90% of the disease's fatalities occur. In Uganda, the toll is the same as if "a jumbo jet crashes into Lake Victoria every day," says Cyril Boynes, Director, International Affairs at the Congress of Racial Equality (CORE), a civil rights organization based in New York with offices in Africa, the Caribbean, and Central and South America.

Dr. Ngozi Okonjo-Iweala, former Finance Minister and Foreign Minister of Nigeria has personally experienced malaria 20 times. "My head felt like it was going to burst off my shoulders," she said during a Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria

(GBC) and Brookings Institution Private Sector Malaria Forum on March 13. "If it can affect someone like me, you can imagine what it does to children and how many hours of productivity are lost."

Many people have forgotten or are unaware that the United States fought its own battles against malaria, a vector-borne infectious disease caused by single-celled parasites—Plasmodium protozoa—and transmitted by infected female Anopheles mosquitoes. In fact, the U.S. Centers for Disease Control and Prevention (CDC) evolved out of malaria-control operations in 1946. From July 1, 1947, to the end of 1949, more than 4,650,000 housespray applications of DDT were delivered in the southeastern United States. Even those who remember how malaria once devastated the region erroneously assume that eradication—defined as a situation in which malaria may no longer be assumed to be endemic in a given area, and no primary indigenous case has occurred there for three years—was repeated all over the world.

"I speak to people in the United States all the time and they have no idea that malaria has such a huge impact in sub-Saharan Africa and in the Asia Pacific region," says Dr. Richard South, who was Director, HIV and Malaria Programs, Global Community Partnerships at GlaxoSmithKline for six years, until transitioning into a new role in April. When it comes to disease, out of sight is out of mind.

2178638. PHOTO BY GEORGES GOBET/COURTESY OF GETTY IMAGES

Hand Up One-year-old Blessy suffers from malaria and malnutrition in a Monrovia hospital.

"Malaria is transmitted by mosquitoes that prefer tropical conditions," says Edgar Chua, Chairman for Shell Cos. in the Philippines, so weather patterns in North America and Europe offer some protection. "The developed countries continue to sustain high levels of surveillance to monitor and prevent the importation of malaria from other countries, but there is very little public awareness."

Given malaria's highly specific geographic concentration, westerners may only ever think about it if they are contemplating a safari holiday, making it harder to drum up enthusiasm to help populations who are typically marginalized.

"Even in the poorest countries, HIV/AIDS targets people in their 20s, 30s, 40s, and 50s, who are creating wealth," says GlaxoSmithKline's South. "It gets government attention and attracts positions of influence. The people who suffer and die from malaria tend to be the very poorest; they tend to be rural, and they tend to be women and young children. You couldn't come up with a more voiceless group of people if you tried."

"The levels of attention and funding vary to reflect the global impact of various health issues," says David McMurry, Manager, Global Health and Medical Services Administration, HIV/AIDS, and

"People who suffer and die from malaria tend to be the very poorest; they tend to be rural, and they tend to be women and children...You couldn't come up with a more voiceless group of people if you tried. "

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Special Projects, Chevron Corp. "HIV/AIDS affects a larger segment of the global population on all of the continents. Malaria, on the other hand, is largely prevalent in limited parts of Africa and has been eradicated in other parts of the world. The impact that HIV/AIDS has globally influences private and public donors to address it." Concurs BHP Billiton's André van der Bergh, Regional Advisor Southern Africa: Health, Safety, Environment and Communities: "Malaria has been out of sight of many donors and western countries. If it's not at your back door, you don't see it."

Malaria is commonly associated with poverty, but the disease also creates a vicious cycle, facilitating and even ensuring impoverishment. By draining health care systems, decreasing school attendance rates, increasing worker absenteeism, diminishing worker productivity, and facilitating loss of investment and tourism, malaria erects huge hurdles to economic development.

"[M]alaria sets the perfect trap," writes Jeffrey D. Sachs in *The End of Poverty.* "It impoverishes a country, making it too expensive to prevent and treat the disease. Thus malaria continues and poverty deepens."

Economists estimate that the disease costs endemic countries 1.3% of GDP annually in lost productivity, which translates to an annual loss of $12 billion for the entire African continent.

Other regions face similar problems. "In the Philippines, malaria cases tend to be underestimated due to lack of appropriate diagnostic facilities," says Chua. Shell launched its malaria program through a partnership with the provincial government of Palawan in 1999. "Malaria is also a disease affecting the poorest communities in [rural] villages…so there is very little publicity."

WAKING UP TO THE PROBLEM

Pregnant women and children under the age of five haven't suddenly become media darlings, but the good news is that malaria is finally beginning to receive much-needed attention from countries that can help. On June 30, 2005, U.S. President George W. Bush announced the President's Malaria Initiative (PMI), a landmark $1.2 billion, five-year plan to control malaria in Africa. A collaborative U.S. Government effort led by the U.S. Agency for International Development (USAID) in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, the White House, and others, PMI aims to reduce malaria-related deaths by 50 percent in 15 countries by achieving 85 percent coverage of proven preventive and curative interventions.

"We have received very positive input from some of our strongest critics," says Adm. Tim Ziemer, PMI Coordinator since June 2006 and the former Executive Director of World Relief. In February 2007, the Democratic-led U.S. House of Representatives agreed to give the Bush administration $4.5 billion this year—$500 million more than the President requested—to combat AIDS, tuberculosis, and malaria. "The program the U.S. government is committed to through PMI is a welcome change that targets a direction in funding," continues Ziemer. "In the first year, we have met or exceeded coverage targets so we're getting good feedback from the media and others."

Ziemer says that Americans support increased efforts to prevent and treat malaria. "There's a moral imperative," he says. "If there's a house on fire, we've got to put it out. It doesn't matter if it's on your block or the next."

The President's Malaria Initiative, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Gates Foundation, the World Bank and a host of others, including the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria, which added the disease to its mandate one year ago, are working to move the disease off the back burner of public health to a higher pro-

"There's a moral imperative. If there's a house on fire, we've got to put it out. It doesn't matter if it's on your block or the next."

file. The Dec. 14, 2006, White House Summit on Malaria saw the launch of Malaria No More (MNM), a non-profit network of more than 60 organizations dedicated to preventing and treating malaria in 12.5 million people in Africa by training local health care workers. The group, which was founded by the Global Fund, the GBC, Millennium Promise, UNICEF, the United Nations Foundation, and United Way is also working to raise disease awareness. Acknowledging the presence of a problem is but the first step in the right direction: Malaria, to borrow Adm. Ziemer's metaphor, is no ordinary neighborhood fire but a powerful conflagration that has been spreading for thousands of years.

NET EFFECT

There is a great deal of misunderstanding about malaria. This is particularly problematic when vulnerable populations are among those deeply misinformed. "You can go to a village in sub-Saharan Africa and ask people what they know about malaria—what causes it—and you get a huge range of responses," says GlaxoSmithKline's South. "Very often nobody will mention being bitten by mosquitoes. They'll say you get the disease from spending too much time in the sun; eating too many mangos; or getting rained on."

Like the powerful myths that inhibit HIV/AIDS prevention—sexual intercourse with a virgin will cure AIDS; AIDS can be spread through casual contact with an HIV-positive person; HIV is transmitted by mosquitoes—malaria misperceptions are equally detrimental

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Pediatric Fare A five-year-old Sudanese boy lays unconscious with a severe case of malaria.

to effective disease prevention strategies. "If you think that you get malaria from eating too many mangos and you live in a place that that is very hot and humid, the last thing you want to do is reduce the air flow around your bed at night by sleeping under a net," says South. "The minute you feel a bit uncomfortable you are going to stop using the net."

Bed nets, and insecticide-treated bed nets, are frequently hailed as a simple, cost-effective, life-saving solution that can reduce malaria transmission by 50 percent. In May 2006, the U.N. Foundation created Nothing But Nets, a global campaign backed by *Sports Illustrated* columnist Rick Reilly; his magazine joined with partners including the National Basketball Association's NBA Cares, the People of the United Methodist Church, AOL Black Voices, the Rotarians' Action Group on Malaria, and VH1 in the campaign, which encourages people to donate $10 to buy and distribute a bed net and educate the recipient on its use. In seven months, Nothing But Nets raised more than $1.4 million; in October and November 2006, it distributed more than 150,000 nets to children and families throughout Nigeria.

In January 2007, the Bill & Melinda Gates Foundation announced it would match up to $3 million in individual contributions to Nothing But Nets, dollar for dollar. Later that month, WNBA star and Nothing But Nets spokesperson Ruth Riley traveled to Nigeria and Angola to help distribute nets. "It was one of the most moving weeks of my life," she says. "I never knew how seriously malaria is devastating African communities," noting that the disease overwhelms hospitals, frequently requiring three or four children to occupy one bed. "Losing children to malaria is a way of life," she adds, "but I was inspired to see how many mothers were eager to accept the nets, protect their families, and hope for a better future."

Still, this enormously encouraging news is just a beginning. While nets have a vital role to play, it's imperative to ensure they are used properly and consistently as part of a comprehensive malaria control strategy, say a variety of private sector stakeholders and public-health researchers.

Exxon Mobil's Dr. Steven Phillips, for one, stresses it's not enough to distribute nets without an accompanying educational program. "There is a tremendous gap in malaria metrics between coverage and utilization," he says. "The Millenium Development Goals [a plan that includes halting and beginning to reverse the incidence of malaria by 2015] and the Abuja Declaration [signed by 44 of 50 malaria-affected African countries, it aims to ensure that protective measures be available to 60% of the at-risk African population by 2015.] are coverage targets. Shortly into monitoring the sum of the bed net distribution campaigns, it became clear that dumping large stocks of nets off the back of flat-bed trucks and into the villages could be measured as coverage… But when you went back two months later and did a systematic house count of how many nets were hung, maybe you would find 3 percent."

Exxon Mobil has donated nearly $100 million in community and social development programs, including grants to organizations working in Africa through the Africa Health Initiative. The company, explains Phillips, incorporated marketing strategies that inform its core business goals. "Until the end user values the product," he says, "there is going to be this unbridgeable gap between coverage and end-use. Ultimately, lives are predicated on end-use." Exxon Mobil funded implementation research studies in Kenya, Ghana, and several other countries to determine what kind of information would be needed to increase utilization rates at

the village level. Summarized simply, the studies revealed that net distribution in and of itself does not suffice. "You need the help of traditional healers, of village chiefs, of faith-based organizations and leaders," says Phillips, who explains that working with the Archbishop of Tanzania had a positive trickle-down effect and resulted in village-level pastors spreading messages about proper net usage.

In certain situations, selling bed nets may make more sense than just giving them away. While the thought of charging poor people for nets makes some donors cringe, there is evidence that people value items that come with a price tag. "Nets are most likely to be diverted when they are mass distributed for free to people who may not want them," explains William Easterly, author of *The White Man's Burden* and Professor of Economics at New York University, noting that nets have been diverted to the black market or wind up being used as fishing nets or wedding veils. "Charging a small, heavily subsidized price for the nets is one way to find out who is willing and able to use them," he says.

"I am a fan of [insecticide-treated bed nets]," says Richard Tren, Director of Africa Fighting Malaria, a non-profit health advocacy group founded in 2000 and based in South Africa and the United States. "But I am concerned by the notion that malaria control is easy and all you have to do is buy [a net] and distribute it…Malaria is complicated. [Nets] are valuable but…they rely on personal reliance." Heat can be a major impediment to bed net use: when temperatures soar, it is difficult to get people to sleep underneath items that impede air flow. "I have thrown off nets to get fresh air at night time," admits Dr. Donald Roberts, who, as the author of more than 100 peer-reviewed research papers on malaria and Professor of Tropical Public Health at the Uniformed Services University of the Health Sciences, clearly knows better.

The sheer prevalence of malaria raises other concerns. "You have half a billion people infected every year," says CORE's Boynes, who splits his time between the United States and Uganda. "How are you going to distribute 500 million bed nets when there is no infrastructure to do it?"

The good news is that bed nets cast, well, a wider net than might be assumed. "Bed nets not only protect people who sleep under them, but also their neighbors," says John Bridgeland, CEO, Malaria No More. "By simply providing a barrier to feeding, bed nets shorten the lives of mosquitoes and reduce their overall population. Insecticide-treated nets go a step further, killing mosquitoes that come into contact with them. Studies have shown that malaria rates are significantly lower within 300 meters of sites where there is high coverage of insecticide-treated bed nets."

"This is about emotion. This is about a cause rather than good science…If they could prove this with DDT, it meant that they could really get away with an awful lot."

CHEMISTRY CLASS

Indoor residual spraying (IRS), a vector control technique that applies small amounts of liquid insecticide to the interior walls of houses, repels mosquitoes and kills those that land on sprayed surfaces. Several insecticides have been employed but DDT (Dichloro Diphenyl Trichloroethane), an organochlorine pesticide, is undoubtedly the best known and most controversial. Widely used during World War II to combat mosquitoes spreading malaria, typhus, and other insect-borne human diseases, DDT's insecticidal properties were discovered in 1939 by Paul Herman Müller, whose work won him a 1948 Nobel Prize. Sprayed by airplanes over American towns and cities in the 1950s, DDT was the backbone of the World Health Organization's 1955 proposal to eradicate malaria worldwide. Before the campaign was abandoned in 1969, it produced sharp reductions in the number of cases in India and Sri Lanka. The former, which was losing 800,000 people per year to malaria, saw disease-related deaths fall to almost zero. Most of sub-Saharan Africa was not targeted in the eradication campaign.

In the late 1950s and early 1960s, concerns over DDT's environmental effects led to the 1962 publication of *Silent Spring.* Written by Rachel Carson, who is frequently hailed as launching the modern environmental movement, the book describes how DDT enters the food chain, accumulates in the fatty tissues of animals, and causes cancer and genetic damage. Its most famous chapter—"A Fable for Tomorrow"—describes an American town where all life forms have been silenced from DDT's insidious effects.

Most developed countries banned agricultural use of DDT in the 1970s and '80s. Looking back on his controversial decision to ban DDT in 1972, former head of the U.S. Environmental Protection Agency, William Ruckelhaus told *The New York Times,* "[I]f I were a decision maker in Sri Lanka, where the benefits from use outweigh the risks, I would decide differently. It's not up to us to balance risks and benefits to other people. There's arrogance in the idea that everybody's going to do what we do. We're not making decisions for the rest of the world, are we?"

Deeply concerned that U.S. policy did and would continue to dictate global decisions on DDT use,

Richard Tren and Roger Bate published "When Politics Kills: Malaria and the DDT Story," in January 2001. The paper was released four months before 91 countries and the European Community signed the Stockholm Convention, a legally binding international agreement on persistent organic chemicals. "Until the last negotiating meeting, it seemed sure that DDT was going to be banned entirely and that there wouldn't be an exemption for public health," explains Tren. "There were over 450 malaria scientists around the world who signed a letter to the delegates, asking them to give an exemption for public-health malaria control." An exemption was granted, but DDT continued to be mired in controversy. "Some governments didn't want to touch it," says BHP Billiton's Van der Bergh, reflecting that even though the scientific community in Africa was interested in using DDT for malaria control, it could not move forward without government support. "And the World Health Organization was reluctant to discuss it."

Today, DDT, which works first as a repellant, secondly as an irritant, and lastly as a toxin, is back with a clean bill of health. On Sept. 15, 2006, the World Health Organization announced that indoor residual spraying with DDT and other insecticides would once again play a major role in efforts to fight malaria. "We must take a position based on the science and the data," said Dr. Arata Kochi, Director of WHO's Global Malaria Control. "I anticipate that all 15 of the country programs of President Bush's $1.2 billion commitment to cut malaria deaths in half will include substantial indoor residual spraying activities, including many that will use DDT," said Adm. Ziemer.

Some environmental organizations state that while they support the Stockholm Convention, they are not thrilled with the new WHO language. Ed Hopkins, Sierra Club's Director of Environmental Quality, laments that "the potential exists for excessive use of DDT" and notes that "DDT use might be an easy way out technically or more easily defendable politically." The Pesticide Action Network's Medha Chandra says that while PANNA supports the Stockholm Convention, it does not advocate long-term use of DDT. "You don't want to use a hammer to do the work of a needle, right?" she says, stating a preference for preventative drugs, a malaria vaccine, insecticide-treated nets, and sanitation; GlaxoSmithKline, which has been working on a malaria vaccine for 20 years, is currently conducting Phase III trials on a vaccine for young children.

Donald Roberts counters these concerns by noting that no one is advocating DDT use as a pesticide. A trickle-down or slippery slope scenario is far from likely and merely a meager excuse to undermine the chemical's public-health utility. "DDT should not be sprayed in the environment for anything," he says. "It should not be used in agriculture; it should not be used in forestry. We don't need it.… If you really want to kill insects, you don't use DDT.… It is not very toxic and it is not very quick-acting. DDT is exceptional in only one use and one application and that is in public health because it is a repellant."

FEAR FACTOR

Dr. Paul Saoke, Executive Director of Physicians for Social Responsibility Kenya, spends an entire 40-minute phone interview denouncing DDT. "No chemical is safe for human consumption," he says before promising to send an unpublished paper confirming his claims. Saoke's position sounds convincing—and he is extraordinarily passionate—but he fails to mention certain facts. To begin with, when discussing malaria-endemic countries, it's important to acknowledge basic health indicators. "The average life expectancy in Africa is about 45 years," says Boynes, who stresses saving people now rather than worrying about what could potentially affect them later in life, at an age that, whether we like it or not, they are unlikely to see anyway. Interestingly, no one—including DDT opponents—denounce insecticide-treated bed nets or caution that children may inadvertently touch them. Also worth noting is that indoor residual spraying can and should be conducted to ensure that DDT is sprayed at heights inaccessible to those who have yet to reach their full size.

"Our key concern," says Saoke, "is that aiming at a social target with a chemical shotgun is not only irrational but downright criminal." Understanding why Saoke, who disseminates disturbing PowerPoint presentations depicting children playing with human skulls and argues that DDT is an "endocrine disruptor…that may lead to the feminization of the male," makes such strong assertions cannot be singularly summarized. Many of Saoke's stern warnings—DDT use for malaria

control is part of a larger right-wing U.S. agenda to undermine the Stockholm Convention; DDT proponents are being funded by chemical companies; indoor residual spraying removes community participation from malaria control efforts—are founded on political and social claims rather than significant scientific data. But that may also be true of DDT hysteria.

"The environmentalists have been able to gain tremendous momentum in their campaign against DDT for the last 50 years by telling people that Mother Nature has no response to it," says Roberts, who is co-authoring a book on the chemical. "[They] say that DDT is an assault on nature by mankind and that nature has never seen anything like it in the history of life on this earth. It's absurd, totally absurd. Natural organisms produce lipophilic, persistent bioaccumulative compounds all the time. There is a great diversity of such compounds and some of them are far more toxic than DDT."

Who is inspiring today's most dogmatic DDT critics? "I wish I knew," sighs Tren, who points to a wealth of misinformation on the Internet. "I think that a lot of this [fear] comes from ill-informed people who don't understand the science. I had a phone call the other day from an extremely angry man in London who berated me and said that I was trying to promote a deadly insecticide that causes impotence and sterility in Africans and that I'm a racist.... People have good imaginations."

Tren, who traces DDT anxiety back to *Silent Spring*—"a good book but one that is divorced from any real science"—explains that when the chemical was first banned in the United States in 1972, there was a growing and important awareness about man's impact on the environment. At the same time, a group of opportunists realized that creating a DDT ban would be a monumental achievement. Charles Wurster, a senior scientist for the Environmental Defense Fund—the activist group that led the charge against DDT—told *The Seattle Times* in October 1969: "If the environmentalists win on DDT, they will achieve a level of authority they have never had before. In a sense, much more is at stake than DDT." Tren relates an almost comic situation that occurred prior to the EPA banning: during a Wisconsin state level hearing, one woman burst into tears when the state agreed that it would not use DDT. Rather than being pleased, says Tren, this woman was deeply disappointed that if it was resolved out of court, her case would not generate significant media coverage. "This is about politics," he explains. "This is about emotion. This is about a cause rather than good science…If they could prove this with DDT it meant that they could really get away with an awful lot."

Famously quoted as saying, "DDT opponents chose birds over little boys and girls in a false dichotomy that requires the sacrifice of neither," Roger Bate also thinks DDT has become a sacrificial lamb. "This isn't about fear, it's business," he says. "[DDT opponents] are in the business of demonizing man-made chemicals and DDT is a totemic chemical for them so they don't want to hear that it's safe. I guess some of them are genuinely concerned but frankly they are incapable of reading the literature so I have no sympathy for them, only with those who are too poor and dying from malaria to fight a political battle."

DRUG WARS

The parasite that causes malaria is extremely wily and especially difficult to control because it develops drug resistance. Chloroquine, which was discovered in 1934 and established as an effective and safe anti-malarial in 1946, was the most effective and affordable anti-malaria medicine before drug resistance developed throughout most of Africa in the late 20th century. Interestingly, those opposing DDT for malaria prevention seldom mention that it, like chloroquine, is a chlorinated hyrdrocarbon and an aromatic compound.

In 2001, the World Health Organization recommended that treatment policies for falciparum malaria—the most dangerous form of the disease—in all countries experiencing resistance to monotherapies should be to use combination therapies, preferably with artemisinin derivatives. Artemisinin is derived from the sweet wormwood plant *Artemisia annua,* which was used to treat fevers in traditional Chinese medicine for thousands of years. Chinese chemists extracted it in the 1970s and found that it had great efficacy in reducing malaria incidence in Vietnam and, later, in Thailand. After a malaria epidemic hit South Africa's KwaZulu-Natal province in 1999, the South African government broke WHO regulations: it deployed health workers to spray the interior walls of homes with DDT and use artemisinin compounds to treat malaria. The infection rate fell by 75 percent in 15 months.

Combination therapies work by attacking the para-

SPECIAL INTERVIEW

Malaria meets its match in First Lady Laura Bush.

Interview by Richard Holbrooke

The President announced PMI in June 2005. On December 14th last year, you and the President hosted the first White House Summit on Malaria. Why is the issue so important to you?

Malaria is preventable, treatable and, most important, can be eradicated. The disease claims 1.2 million lives every year, especially afflicting young children, pregnant women, and people living with HIV/AIDS. In Africa, 3000 children die of malaria every day. Developing countries face many problems, and pandemic disease is one of the worst. Parents grieve for their sons and daughters, communities mourn, and generations of productive citizens are lost. Since malaria can be ended for good, all of us need to work together to make sure we do it.

In June 2005, President Bush launched the President's Malaria Initiative — a five-year, $1.2 billion program to combat malaria in 15 of the hardest-hit African nations. This initiative calls on developed countries, private foundations, and volunteer organizations to join in reducing the suffering and death caused by malaria. We have a historic opportunity to come together in a strategic and effective way to wipe out this deadly disease.

It has been 110 years since Sir Ronald Ross discovered that malaria was not spread through vapors but, rather, through infected mosquitoes. Why is this problem still with us? Are there examples of progress that you can point to that give you cause for hope?

Previous efforts stopped short of full eradication, and the disease became resistant to old drugs. New, effective drug combinations have been developed and, combined with the use of mosquito nets and judicious spraying, have been very successful in eliminating the disease.

The good news is, we are making a difference. Last year in the Tanzanian villages of Kambini and Kiwani, during the peak infection month of June, local health workers documented more than 450 cases of malaria. This June, one year into the President's Malaria Initiative, the number of cases plummeted to eight. In some PMI areas, malaria researchers no longer had enough cases to sustain their studies.

Why is it important for Americans to be concerned about a disease that, unlike HIV/AIDS, has been eradicated from our country?

Because every life, in every land, matters—and because we are compassionate human beings. We see suffering, we know we can help, and we want to help. Every one of us has the responsibility to help stop the suffering caused by malaria. And each of us can do something to help, because one of the best protections against malaria is simple and inexpensive: a long-lasting, insecticide-treated bed net. Only a fraction of African homes have the bed nets they need. But any individual who can raise $10 can buy a net, and save a life.

What can average Americans, including school children, do to raise awareness about or funds to fight the disease?

Each of us can be involved and save lives with the help of organizations such as Malaria No More, which is an enormous grassroots network that works to provide bed nets for millions of Africans. Communities can hold raffles, silent auctions, and read-a-thons. Students can hold bake sales, run lemonade stands, and even dress up as mosquitoes to show off their efforts. Concerned citizens can harness the potential of the internet to launch creative fundraising campaigns. If a child can give $10 in the United States, he or she can save the life of a child in Africa—there is something very personal and direct about that.

Every little bit helps. For Christmas last year, instead of exchanging gifts with each other, my staff gave a gift in my name to Malaria No More — enough to buy 72 nets.

How can the public and private sectors work together to fight malaria? How might this type of collaboration be applied to other public health challenges in the developing world?

Private foundations and corporations have responded to the President's call with millions of dollars for malaria prevention and treatment. Civic groups and religious organizations have mobilized thousands of volunteers as well.

For the President's Malaria Initiative to save even more lives, its resources must continue to be used effectively and strategically. The Malaria Communities Program is a $30 million initiative to advance grassroots malaria-control projects in Africa, providing grants to African and American NGOs, as well as civic and religious groups. It will encourage more charitable organizations to join the fight.

Successful public-private partnerships are addressing other health crises in the developing world, such as the lack of clean water in Africa. Around the world, more than a billion people do not have safe water to drink, or to use to keep themselves and their homes clean. A child dies every 15 seconds from illnesses related to unsafe water. In September of 2006, I announced the PlayPumps Alliance—a partnership of the United States government, the Case Foundation, the MCJ Foundation, and other organizations. PlayPumps are children's merry-go-rounds attached to a water pump and a storage tank. When the wheel turns, clean drinking water is produced. PlayPumps are fueled by a limitless energy source: children at play. This initiative will provide clean drinking water to as many as 10 million sub-Saharan Africans by 2010.

The President said that the GBC's 220 members were what he called "a good start, a kind of down payment." We agree. What is your message to corporate leaders about their special role and potential in fighting these diseases?

We can do more when each sector is doing what it does best. The private sector can lead with innovation and capital. Nonprofit groups can mobilize grassroots workers and volunteers to apply solutions where they are needed most. And governments can help expand these solutions on a global scale. Each of us has a chance to help eradicate a terrible and devastating disease from a continent and give the gift of hope and health to millions of people.

site at different stages in its development—the parasite first attacks the liver and then, after two days to two weeks, escapes and moves to the blood cells. With its relatively short half-life and ability to be quickly expelled from the body, artemisinin works first and then a second drug kicks in.

Novartis manufactures Coartem®, the leading combination drug. "Combining different drugs, including one based on artemisinin has a two-pronged attack on the malaria parasite," says GlaxoSmithKline's South. "These drugs are more effective at treating the infection more rapidly but also hopefully minimize the chances of the malaria parasite developing resistance because it would have to develop more than one type of resistance [to render] the drug ineffective." GlaxoSmithKline is currently in Phase III testing of its own ACT, artemisinin-based combination therapy.

Even if artemisinin were available in unlimited quantities—unfortunately, it can't be whipped up in a laboratory—we still wouldn't be out of the woods. There is growing concern that resistance is developing and that the sale of monotherapies—single-drug treatments—are exacerbating the situation. "If we lose artemisinin, we are dead, basically," Dr. Kochi told *The Wall Street Journal* in March. In January 2006 the WHO called for companies to stop selling monotherapies. Kunming, a Chinese drug manufacturer says that WHO is overestimating the risk of resistance. Generally cheaper than ACTs, monotherapies currently work, which makes them an attractive option for cash-strapped developing countries. Still, the possible long-term implications are quite hazardous. "It's a very dangerous road to go down," says Africa Fighting Malaria's Tren. "Everyone in the malaria and public health community is pretty appalled."

Also alarming: the abundance of counterfeit drugs. In February, *The New York Times* reported that a recent sampling of malaria medicines in Southeast Asia revealed that 53 percent of those purchased were fakes. "The impact on people's lives behind these figures is devastating," said Dr. Howard A. Zucker, WHO's chief of health technology and pharmaceuticals. WHO estimates that 200,000 of the 1 million malaria deaths each year would be prevented if all medicines were genuine and taken properly. The naked eye cannot distinguish counterfeit drugs, which contain lesser or no quantity of ingredients listed on the packaging. The problem is most severe in Asia but is also growing in Africa: In September 2006, the same *Times* article reports, Nigerian authorities found $25,000 worth of counterfeit malaria and blood pressure drugs in a shipment of purses from China.

DOUBLE TROUBLE, DUAL OPPORTUNITY

Rather than view AIDS as a competitor for much-needed malaria resources, donors, multilaterals, pub-

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COMPANY EDITORIAL

"CHOOSE PREVENTION, CHOOSE LIFE" THE COCA-COLA AFRICA FOUNDATION FLAGSHIP HEALTH PROGRAM

IN 2001, THE COCA-COLA COMPANY ESTABLISHED THE COCA-COLA AFRICA FOUNDATION (TCCAF) to support community development in the areas of healthcare, education, and the environment. Over the next decade, The Foundation, in conjunction with its bottling partners, pledged $60 million in flagship programs to provide clean drinking water to communities, support HIV/AIDS programs, invest in education, and develop entrepreneurship.

Recognizing that it has a unique relationship with young people, The Coca-Cola Africa Foundation uses its marketing expertise to communicate prevention and awareness messages to this vulnerable population, which has enormous potential to implement change and fight the epidemic. We use innovative, upbeat and "hip" multimedia as well as traditional African cultural methods such as dance, oral storytelling, drama, and music.

For the past two years, we have partnered with the Love Life Caravan (www.corridor-aids.org), a month-long highly visible and audible parade of specially equipped vehicles. The concept is simple but the result is profound: staffed by health experts, volunteers and performance artists, the Caravan traverses five West African countries, staging live pop concerts, theatre and dance extravaganzas to raise HIV/AIDS awareness and offer tangible testing services via mobile clinics. Its beneficiaries? Tens of thousands of people—truck drivers, travellers, commercial sex workers, uniformed service personnel and the general public—living along or near the 1,022km Abidjan-Lagos corridor and an estimated 100 million people, who experienced a major TV, radio and print media campaign featuring top international football stars.

"We are supporting The Love Life Caravan because the key focus of The Coca-Cola Africa Foundation in the battle against HIV/AIDS is awareness and prevention," explains Carole Wainaina, President of The Coca-Cola Africa Foundation. "The Abidjan-Lagos transport route is densely populated and the threat of infection is high, so we have an opportunity to help reach a large number of people with our messages about positive living," she adds.

"We immediately understood the power of the brand," says Dr. Warren Naamara, UNAIDS coordinator for Ghana. "The company that makes the most successful soft drinks in the world is doing something special in people's minds. We asked them to do that for us, too. Here, it is not a matter of pouring drinks down Africans' throats. Preventing AIDS deaths is strategically very important for companies." The company openly acknowledges that its long-term survival in Africa and on other continents is dependent on a healthy productive workforce and consumers.

> When you help a neighbour's child to learn how to read, or to find a hospital bed, or water they can drink, then you're being a good neighbour.

"What does it mean to be a good neighbour?" asks Segun Ogunsanya, General Manager of The Coca-Cola Bottling Company of Ghana, "It is not just about not making noise or keeping out of the way. It is about providing a helping hand whenever you can. When you help a neighbour's child to learn how to read, or to find a hospital bed, or water they can drink, then

you're being a good neighbor. And that is exactly what Coca-Cola in Africa is trying to do."

Recognizing that message fatigue is a key barrier to successful behavior change among young people, the Coca-Cola Africa Foundation is committed to identifying and developing innovative and fresh approaches—a new HIV communications paradigm. The focus is on inspiring and energizing young people about the future. Like other results-oriented organizations, The Foundation realizes that scare tactics or "doom and gloom" messaging produce an adverse effect and may actually encourage risky behaviour.

A New Flagship Health Program for 2007 and Beyond

The Coca-Cola Africa Foundation's flagship health programme is an international initiative comprising two upbeat, innovative and complementary components. The most important dimension is the interactive "edutainment" and life-skills oriented Dance4Life Schools Project, which operates in Egypt, Kenya, Nigeria, South Africa, and Tanzania. This program consists of four complementary activities. First, the Dance4Life Tour Team inspires young people in a fun and engaging way, organizing interactive dance workshops involving musicians, dancers, video, peer educators, and young people living with HIV/AIDS. Next, the team empowers young people to start their own initiatives, including AIDS fundraisers and government advocacy campaigns. In the third stage, the life-skills program, young people learn negotiation and entrepreneurial skills and are provided with information on sexuality, HIV prevention, human rights, and the relationship between drug abuse and HIV. The fourth stage is the rewarding biennial thematic Dance4Life Event; on World AIDS Day 2006, this event linked forty thousand young people from 10 countries via satellite in a truly global expression of hope.

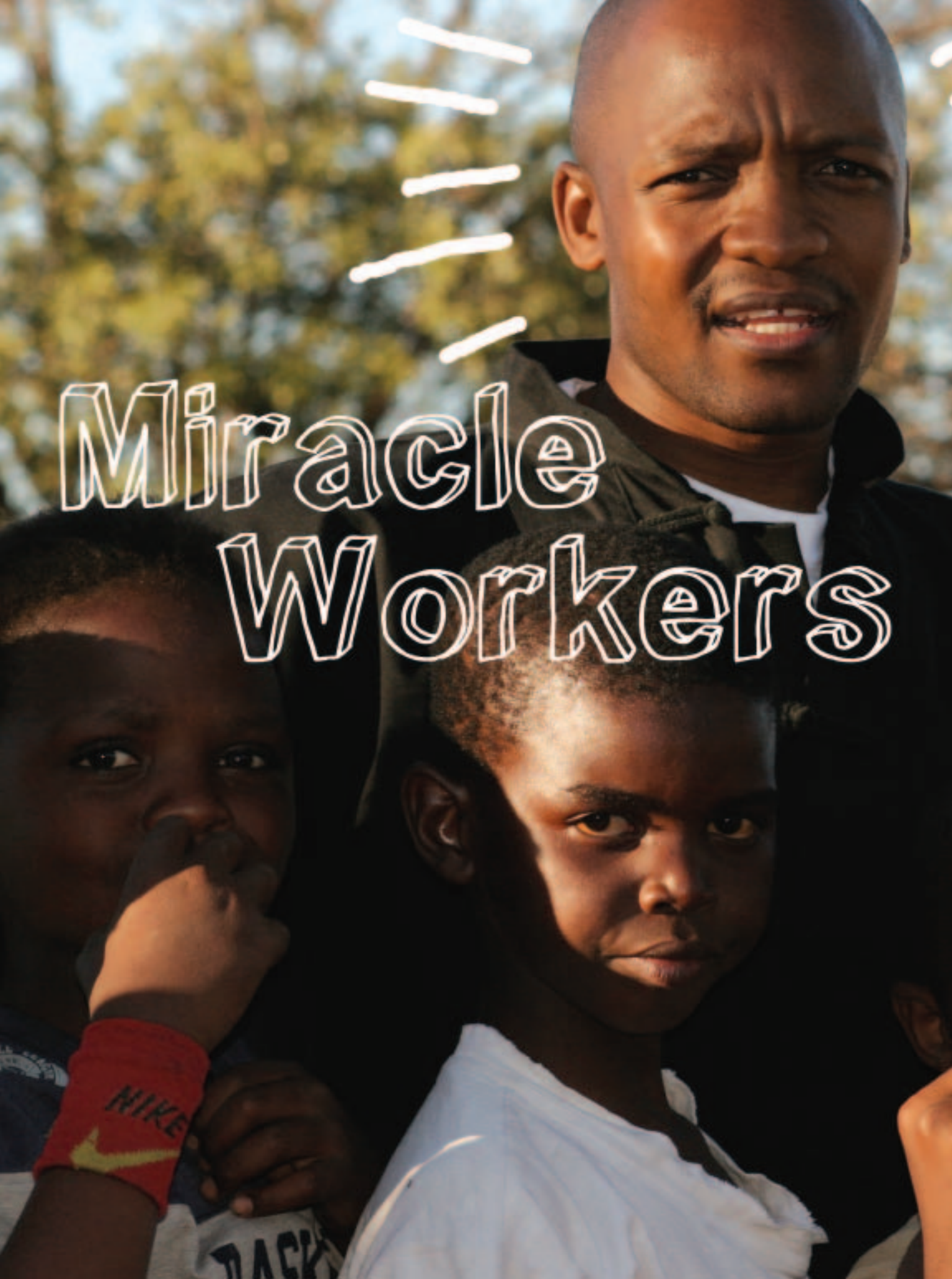
Dance4Life also involves diverse campaigns—special radio and TV programs, commercials, advertisements, and billboards—to break the silence around HIV/AIDS; mobilize the general public to support HIV community prevention projects; and encourage world leaders to honor their Millennium Development Goal promises.

Spreading the Word with the African Broadcast Partnership

The Coca-Cola Africa Foundation also partners with the African Broadcast Media Partnership Against HIV/AIDS (ABMP) to combat HIV/AIDS message fatigue. ABMP mainstreams HIV/AIDS into business strategy and broadcast programming by developing and producing core content, which is integrated into a consistent, pan-African, multiyear HIV-prevention communication campaign. The vision-centered approach is informed by a profound sense of African pride and is personified by outstanding Africans, including the iconic heroes of African history and ordinary people defying life's challenges.

Recognizing that HIV/AIDS also threatens to leave a generation of children without parents and homes, The Coca-Cola Africa Foundation is improving the quality of care available to orphans and children made vulnerable by the disease. Under the banner of ANCHOR and in partnership with Rotarians For Fighting AIDS, Hope Worldwide Africa, and the Schools of Public Health and Nursing at Emory University, The Foundation works with disadvantaged communities located around cities in South Africa, Côte d'Ivoire, Kenya, Nigeria, Botswana and Zambia; the project aims to reach 145,000 children over the next five years. Additionally, The Foundation is strengthening the capacity of families to cope, while mobilizing and strengthening community based responses, supported by USAID, to ensure the work is sustainable.

Each of these related yet distinct programmes enables The Coca-Cola Africa Foundation to tap its core competency: its ability to effectively communicate with young people. As a result, we are reaching the communities in which we operate and significantly impacting HIV/AIDS. This benefits companies, communities, and consumers.


Miracle
Workers

Caring for Botswana's AIDS orphans with karate, culture, and common sense

Images and text by JOAN SULLIVAN

BOTSWANA IS A STUNNINGLY BEAUTIFUL COUNTRY. As one of Africa's longest running stable democracies, it reaped substantial development gains only to watch them melt away under the relentless spread of HIV. The discovery of diamonds in 1967 resulted in Botswana having the fastest growing economy in the world every year from 1970 to 1990, which was—for better or for worse—accompanied by profound changes in family, social and cultural structures.

Under the visionary leadership of President Festus Mogae, Botswana was the first African nation to provide free antiretroviral therapy (ART) for all its citizens and to institutionalize the routine offering of HIV testing in public health facilities. As a result, Botswana was one of three African nations to meet its target within the WHO "3 by 5" initiative, which aimed to keep three million people with HIV/AIDS alive in low- and middle-income countries with life-prolonging antiretroviral treatment by 2005. In addition, there are hopeful signs that HIV incidence may be declining: sentinel surveillance data from antenatal clinics showed a 22 percent reduction in HIV prevalence among females ages 15-19 between 2003 and 2005.

Despite these impressive achievements, Botswana continues to struggle with the fact that nearly one-quarter (24.1%) of its adults aged 15–49 are living with HIV, the second highest HIV prevalence in the world after Swaziland. Life expectancy at birth has fallen from 65 years in 1985-90 to 37 years in 2000-05. While knowledge of HIV/AIDS remains high, only 12.9% of respondents ages 10–64 in the most recently completed national behavioural surveillance survey could cite all three (ABC) ways of preventing HIV transmission.

To its credit, Botswana committed an unprecedented six percent of its national budget to fighting HIV/AIDS in 2005. Roughly 80% of the total 1.14 billion pula, the national currency, spent on HIV/AIDS in 2005 came >>>

from public funds, according to the recently completed National AIDS Spending Assessment conducted by the National AIDS Coordinating Agency (NACA) and supported by UNAIDS.

But not all in Botswana are benefiting. "There are definitely children [orphaned by AIDS] who are falling through the cracks, especially in the rural areas," explained Cynthia Leshomo, Botswana's 2005 Miss HIV Stigma Free, before she died in December 2006 from AIDS-related complications. Her point of view is supported by Botswana's 2005 UNGASS Country Report, which estimates that only one-third (34.3%) of households with orphans and vulnerable children (OVC) had received free basic external support to care for these children. Yet nearly 22% of total public sector spending in 2005—US$33 million—was spent on OVC-related activities according to the recently completed National AIDS Spending Assessment.

"Something is wrong somewhere," says Eileen Mokaya, PEPFAR's Orphan Coordinator in Botswana. "There is so much money available—why are some children still not getting services?"

At the end of 2006, 53,000 orphans were registered with the Botswana Ministry of Local Government's Department of Social Services to receive material and educational support. UNAIDS estimates that the actual number of orphans in Botswana may be three times this amount.

PEPFAR is currently working with the Government of Botswana to carry out the country's first national situational analysis of all orphaned and vulnerable children. The results of this survey, expected in mid-2007, will inform the finalization of national OVC guidelines, a national OVC policy, and a national monitoring and evaluation (M&E) framework for all vulnerable children.

In addition, PEPFAR plans to strengthen coordination among implementing partners and to advocate for more holistic programming for vulnerable children in Botswana. "Covering school fees is not enough," says Mokaya, acknowledging a shift toward more psychosocial support for orphans and vulnerable children in the past year.

And it is this critical ingredient—psychosocial support—that many individuals and communities across Africa have been providing for years, without national guidelines, without institutional support, without external funding. The three profiles that follow provide evidence that while Africa's traditional social safety nets may be buckling under the weight of HIV, the definition of "psychosocial support" is constantly evolving and broadening, attracting new players who weren't involved just a few years ago.

Mpho Bakwadi

Botswana's fourth ranking karateka and 1994 World All Stars Karate Champion stands on a dusty soccer field ringed with empty Shake-Shake cartons in Old Naledi, a densely populated neighborhood on the out-

Kick Old Naledi neighborhood kids practice their foot work.

Strike Mpho Bakwedi speaks with his hands.

Score Many of Mpho's students know the karate commands by heart.

skirts of the capital, Gaborone. Thirty-two skinny, threadbare children, most of whom are under 12 years old and shoeless, anxiously watch his every move, waiting for their weekly karate lesson to begin.

Almost every Sunday for the past four years, Mpho Bakwadi, a coach with Botswana's national karate team, has offered free karate training to any youth who shows up for his outdoor class. Mpho distributes juice and snacks after each 30-minute training session, providing the students with yet another incentive to attend class. "These chips might be dinner," he explains.

"Many of these kids are either orphaned by AIDS, infected with HIV, or both," says Mpho, which means "Gift" in the local language Setswana. "I know that these 30 minutes of training may be the only bright spot in their week. It gives them something to look forward to, maybe even a way out of this grinding poverty."

After introductions and warm-up exercises, Mpho begins the drill the children have been looking forward to all week. Using a mixture of Japanese and Setswana, Mpho calls out the typical commands for upper block, lower block, punch, kick. The children follow his instructions intently; they seem to know all the commands by heart.

Despite the popularity of his free Sunday classes, Mpho laments that there is not a proper building in Old Naledi in which to teach karate and other sports. "I would love to help build a small gym for these kids so that they wouldn't have to practice karate on the dirt," he says.

Mpho's thin frame and quiet demeanor belie his inner strength and focus. The eldest of seven children, Mpho is clearly determined to make a difference in this forgotten patch of land in Africa's second highest per capita income country. Late last year, he received a donation of children's karate uniforms from the U.F.K. Karate Academy in Florida.

His current focus is on obtaining a plot of land from the local Land Board on which to build a gym in Old Naledi. Once the land is secured, Mpho will spearhead a fund-raising campaign through the Botswana Hayashi-Ha Karate Union to raise cash and in-kind contributions not only from his international contacts in the world of karate, but also from local private sector construction and sporting goods companies.

According to Ray Fong, an American black belt from San Francisco who visited Old Naledi in August 2006, "Mpho is an outstanding martial artist. He's developed this incredible compassion while developing his physical abilities as a martial artist. This is the true essence of karate training."

Bontekanye Botumile

Bontekanye Botumile, or Bonty as she is known to friends and family, is a handsome, spirited young woman with dreadlocks and a broad smile. She has spent nearly two decades in the tourism industry in Botswana's famous Okavango Delta and Chobe National Park and six years studying hotel management and industrial psychology at two North American universities.

In 2004, at the age of 34, Bonty made a life-altering decision. While working in the Delta waterways, where she charmed tourists by translating stories from the women of her native Bayei tribe, Bonty realized that her true calling and lifetime passion was storytelling.

Bonty re-arranged her life to devote as much of her creative energy as possible to writing stories that will entertain as well as educate young audiences about the cultural beliefs, taboos and superstitions of Botswana. "I see my stories as a window on the past for future generations," she explains.

Her first book, which she self-published in 2006 through her own company—Thari-E-Ntsho Storytellers—is about the mythological origins of the elephant in the Okavango Delta. Entitled *Tlou—The Elephant Story,* Bonty's tale describes how a poor, hungry mother pounding maize was transformed into the first elephant after stepping on a winnowing basket, which bears a striking resemblance to the bottom of an elephant's foot.

Bonty was not satisfied with just publishing another book about elephants. "I decided on an unconventional launch for my first book, rewriting it as a musical and using out-of-school youth to reinterpret *Tlou* through mime, song, dance, poetry and drama."

Against all odds and advice, Bonty trained 24 out-of-school youth from two local drama groups over a three-month period in mid-2006, paying them minimum wage out of her own pocket. "I was looking for champions," she recalls. "These kids already knew what they wanted to do with their lives—they were talented

artists who couldn't find jobs because they hadn't performed academically in school. *Tlou* changed that. They never missed a rehearsal."

With a Pula 50,000 grant (US$10,000) from the Government of Botswana's Department of Youth and Culture, Bonty was able to provide employment to 16 of the 24 out-of-school youth to launch her book in the capital, Gaborone, and in Maun, Botswana's tourism mecca. "They were the launch, not me" admits Bonty. "They presented the book using their own talents. It gave them such confidence."

Following the launch, Bonty put the 16 out-of-school youth in contact with a local non-governmental organization, Bana ba Letsatsi Trust, which provides day care to children orphaned or made vulnerable by HIV/AIDS through a Street Kids Project. In addition to re-enacting the story of *Tlou,* the out-of-school youth facilitated discussions about the hidden meanings and symbolism in the story; they engaged the orphans and vulnerable children in dialogue about their traditional beliefs and cultures, acknowledging a rapidly changing environment marked by HIV/AIDS, drug and alcohol abuse, and the breakdown of family and social structures.

The launch of *Tlou* focused local attention on the multiple artistic talents of these out-of-school youth. They have since joined forces with four other youth drama groups and have been hired by a variety of clients to sing, recite poetry, dance and perform at weddings, birthdays, Christmas fairs, and the Harry Oppenheimer Research Center in Maun.

Bonty also launched her book through an art competition among in-school and out-of-school youth in Maun which required portraying the transformation of a nursing mother into an elephant. "The top three winners were all out-of-school youth," says Bonty.

The magic ingredient in working with orphans and vulnerable children, according to Bonty, is "showing a sincere interest in them, giving them constant reassurance and guidance. I have taught these youth to believe in themselves."

To ensure the independence and sustainability of Maun's talented youth groups, Bonty is in the process of registering an association called Losale Metsi Youth Initiative, which translates literally to "twist the wand while it is still green." With 10 members on its Board of Directors, including Bonty, this association will provide artistic guidance and financial advice to these motivated youth as they transition from years of self-doubt and unemployment to getting paid for their passion.

...they engaged the orphans and vulnerable children in dialogue about their traditional beliefs and cultures, acknowledging a rapidly changing environment marked by HIV/AIDS...

The Play's the Thing Young artists listen to their mentor.

Dance Fever Tshepiso Motsumi becoming one of Botswana's great traditional dancers.

Write Away Bonty Botumile sees her stories as a "window on the past."

Debbie Stanford

In the weeks leading up to World AIDS Day 2005, Debbie Stanford sent out an SOS text message to everyone in her cell phone contacts list. Within two weeks, she had raised $6,000 in cash and kind from her network of personal contacts across Africa, Europe and North America. She then convinced her closest friends in Botswana to help sort, wrap and deliver donated Christmas gifts to 250 children orphaned by HIV/AIDS on behalf of the Holy Cross Hospice in Gaborone.

Debbie is the consummate organizer and community mobilizer. When she is not volunteering for HIV-related activities in her native Gaborone, she is fundraising for handicapped children, volunteering at a local horse stable, working in her garden, raising her two children, or pursuing full-time work with an IT company. Stated simply, Debbie just can't sit still.

"I realized that I am more effective outside the 'AIDS business' than within," admits Debbie, who currently

volunteers for at least half a dozen charities in Gaborone. She previously worked for four years as a Communication Officer with the African Comprehensive HIV/AIDS Partnerships (ACHAP), the public-private partnership between the Government of Botswana, the Bill & Melinda Gates Foundation and the Merck Company Foundation.

One of her most recent beneficiaries is a widowed grandmother living in Old Naledi who is raising 11 grandchildren, one of whom is severely handicapped. "Her husband literally died of grief, after having lost three sons and one daughter to AIDS," she explains. "We raised enough money to hire a maid to come in every day as the grandmother could not keep up with the housework, and the children were going to school in dirty clothes."

Through her work with Botswana's most destitute people, Debbie has come to a profound realization: "We need to re-think the way that poor people access funds in this country. This is a rich country; there should be enough money to go around. Not all funding decisions should be based on whether or not someone can write a proposal or submit quarterly reports on time."

Like her favorite charities, Debbie is convinced that giving directly to those most in need—whether it is a sewing machine, computers, food, shoes, or school uniforms—is more cost-effective than giving indirectly through a hierarchy of sub-contracting organizations, with the donor sitting on top.

"There is too much AIDS money floating around. It has attracted too many people who are in it for the wrong reasons. On the other hand, you have a whole group of concerned citizens who are really willing to work for free—volunteers in the truest sense of the word—who wouldn't even think about asking for money from government or donors to fund their activities. They just raise it themselves, from their own pockets and those of their friends and colleagues," she says. "These stand-alone groups are doing some of the best impact mitigation in Botswana. We need a critical mass of individuals who commit themselves—whether through donating their time, their pocket change or just mobilizing their own personal networks—to doing anything in their capacity to making a difference. It doesn't matter how small that contribution is."

Dedication:

This article is dedicated to Cynthia Leshomo, Botswana's Miss HIV Stigma Free 2005, who died of AIDS-related complications on her 38th birthday, December 23, 2006. Cynthia was passionate about orphans, and before her death, she was in the process of establishing a community trust to provide ongoing community-based support to orphans near her home village in southern Botswana. Cynthia's family hopes to fulfill her dream and keep her spirit alive by building grassroots support for and awareness of Botswana's growing population of orphans and vulnerable children.

Big Picture Debbie Stanford explains her vision.

Green Day A little boy carries his loot.

Goody Bags Volunteers prepare Christmas presents for AIDS orphans.

We need to re-think the way that poor people access funds in this country. This is a rich country; there should be enough money to go around.


Write

As it edits its AIDS argot, the American media changes the way the public thinks about the disease.

By RACHEL RABKIN PECHMAN

On June 5, 1981, the Centers for Disease Control and Prevention (CDC) published a report about five young gay men in Los Angeles with *Pneumocystis carinii pneumonia* (PCP). Up until that point, this type of pneumonia was almost exclusively seen in severely immuno-suppressed people, such as the elderly or those receiving chemotherapy. That day, *The Los Angeles Times* covered this confounding report under the headline, "Outbreaks of Pneumonia Among Gay Males Studied. " A month later, after a second report by the CDC, *The New York Times* published an article about "a rare and often rapidly fatal form of cancer" diagnosed in 41 homosexual men mostly in New York City and the San Francisco Bay area. The article also linked this form of cancer, called Kaposi's Sarcoma (KS), to "severe defects in their immunological systems." These mysterious outbreaks would eventually come to be known as Acquired Immunodeficiency Disease Syndrome (AIDS), and these news reports were two of the earliest mentions of AIDS in the American mainstream press.

Since then, media coverage of AIDS by American journalists has seen many highs and lows. At times erroneous reporting has

73775563. PHOTO BY SCOTT OLSON/COURTESY OF GETTY IMAGES

Reuters and the **Reuters Foundation** are proud to continue their support of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC).

REUTERS

RIGHT: 72309286. PHOTO BY JUSTIN SULLIVAN/COURTESY OF GETTY IMAGES; FAR RIGHT: 72672936. PHOTO BY STEPHEN CHERNIN/COURTESY OF GETTY IMAGES

incited fear, hysteria, discrimination, and even death; at other times sound reporting has helped to educate, inspire compassion and spur people into action. And while the coverage has come a long way since the public first became aware of the disease more than 25 years ago, most journalists and media critics would argue that the journey has really just begun. Here's a look at where we came from, and where we still have yet to go.

The Early Days

During the early '80s, articles and broadcasts about AIDS varied widely. The first reports in *The New York Times* indicated that the disease posed "no apparent danger to nonhomosexuals from contagion," while later reports broadened the "at risk" groups to intravenous drug users, hemophiliacs, recipients of blood transfusions, and Haitian immigrants (who were shown to have a high incidence of AIDS when the disease was first identified). Information about how AIDS was transmitted was not yet known and journalists were sometimes quick to jump on early (often unproven) findings. "We have to realize though, that people knew almost nothing about the disease at that point," says Michael Bronski, author of *The Pleasure Principle: Sex, Backlash, and the Struggle for Gay Freedom,* and a visiting professor at Dartmouth College and Harvard. "We didn't even know about the HIV virus until 1984. So while all that early reporting was often fear-mongering, homophobic, antisexual, and quite racist, it was a little bit understandable that it happened—people knew so little, and facts came out so quickly and

AIDS IN POP CULTURE

The disease infiltrates art, permeates politics, and defines a quarter century.

By JUSTINE HARMAN AND CAITLIN FISHER

1981 1981 1981 1981 1981 1982 1982 1982 1983 1983 1984 1985 1985 1985 1985 198

81: On July 3, *The New York Times* reports a shocking number of deaths attributed to a rare cancer and pneumonia among homosexual men.

81: The Centers for Disease Control (CDC) reports that cases of Kaposi's Sarcoma and *pneumocystis* are increasing nationwide, with more than 90 percent of cases in gay men.

82: Larry Kramer, Paul Popham, Nathan Fain, Edmund White, Paul Rapoport, and Lawrence Mass found the Gay Men's Health Crisis (GMHC) in New York.

82: PBS debuts the first U.S. television special on AIDS, "AIDS: The Mysterious Disease."

82: The first definition of Acquired Immune Deficiency Syndrome (AIDS) appears in the CDC's Morbidity and Mortality Weekly Report (Sept. 24).

83: Heterosexuals are determined to be at risk after two women contract HIV.

83: Robert Mehl founds the AIDS Medical Foundation (later, AMFAR) in New York.

83: Luc Montagnier's team at Paris' Pasteur Institute reports that it has found a retrovirus that may cause AIDS.

84: San Francisco closes all gay bathhouses.

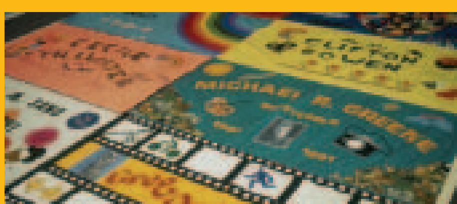
85: Condoms are shown to prevent sexual transmission of AIDS.

85: While in Paris for experimental treatment, American actor Rock Hudson issues a formal statement announcing that he is gay and has full-blown AIDS. Almost immediately following Hudson's death several months later, the Screen Actors Guild releases a statement urging actors to abstain from open-mouth kissing, which is labeled a "possible health hazard."

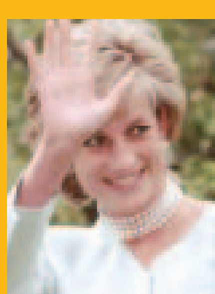
85: Larry Kramer pens *The Normal Heart*, which debuts at New York's Public Theater. One of the first artistic responses to the disease, the play examines how government, media, and the general public's negligence facilitated the epidemic. The play, which has since been produced all over the world, is frequently described as one of the most heart-wrenching calls to action.

85: The FDA approves the first AIDS antibody test, which is used to screen the nation's blood supply.

86: Fashion designer Perry Ellis dies of AIDS. New York City's 7th Avenue sees large numbers of single men ages 25-45 dying, but the fashion industry denies AIDS' impact on its workforce. Reports suggest that Ellis' sales fall because customers are afraid they might contract the disease by touching the designer's clothing.



87: The first AIDS Memorial Quilt debuts on Capitol Mall in Washington, D.C. Nominated for a Nobel Peace Prize in 1989, the Quilt becomes the world's largest community art project. Over the years, it has evolved to 44,000 individual 3-by-6-foot memorial panels, sewn together by friends, lovers and family members—each commemorating the life of someone lost to the disease.



87: Photographs of Princess Diana holding the hand of an AIDS patient are broadcast globally. The images help undo public misconceptions that HIV can be transmitted through casual contact.

87: *And the Band Played On* is published. Written in the form of an extended timeline, Randy Shilts' book charts the first AIDS case and illuminates how politics and power impeded scientific collaboration. Translated into seven languages, the book becomes an HBO docudrama in 1993.

87: After four years in office, U.S. President Ronald Reagan publicly utters the acronym "AIDS" for the first time.

Press Time ABC news anchor Peter Jennings facilitated candid conversations on HIV/AIDS.

changed within months."

Then again, much of the erroneous reporting was not merely due to a lack of information. Some articles were clearly a product of the prejudices of the time. "Many people viewed gay liberation as destroying the American family—and believed homosexuality was a disease. So the scene was set for people to be receptive to certain voices," says Bronski. Rev. Jerry Falwell was widely quoted in the press as saying that "AIDS could be God's judgment against a nation that chooses to live immorally." Explains Bronski: "In the eye of the storm, people were looking to place blame."

Compounding the problem was the fact that the journalists who reported on AIDS were a small minority, and faced substantial obstacles. "Those of us who were covering it then were a lonely bunch and it was a big battle to get it in the news," says Laurie Garrett, a senior fellow for Global Health at the Council on Foreign Relations who, as a science and medical writer, has won the Peabody, the Polk (twice), and the Pulitzer. "Hardly anybody was covering it, the Reagan administration was adamant that it was not going to be a heterosexual disease," (Reagan didn't even use the word "AIDS" in public until April 1987, when he said that sex education information should be up to "schools and parents, not the government"), "and nobody wanted to hear about the gays or the science of it. I had to fight all the time to get the precision of the language, because to underreport was detrimental. Then even if you were lucky and you had a supportive editor who was behind you, you had to put up with angry colleagues, readers, viewers, and listeners," says Garrett, who remembers one newsroom co-worker loudly proclaiming, "If I hear one more story about faggots with AIDS I'm going to puke."

Increased Coverage

Then, in 1985, movie star Rock Hudson announced that he had AIDS; he died that same year. News coverage of the disease suddenly increased significantly, according to a 22-year analysis of American HIV/AIDS coverage from 1981 to 2002 by the Kaiser Family Foundation (KFF). For many Americans, the disease now had a

AIDS QUILT, 865023-001. PHOTO BY DAVID YOUNG-WOLFF/COURTESY OF GETTY IMAGES; PETER JENNINGS, 53340181. PHOTO BY HANDOUT/COURTESY OF GETTY IMAGES; PRINCESS DIANA, 51717794. PHOTO BY VINCENT LAFORET/COURTESY OF GETTY IMAGES

face—and its victims could engender sympathy. Hollywood began to take notice and celebrities like Elton John helped disseminate educational messages (for instance, that you can't get AIDS from kissing). News articles also responded to the public's misconceptions and fears by printing up-to-date information about the disease's transmission (one such example is a 1987 article in *The New York Times* titled, "Fact, Theory and Myth on the Spread of AIDS").

Since HIV no longer meant a sure death sentence, and more people than ever were living with the disease, slowly but surely, HIV/AIDS began to be covered as less of an urgent national health threat.

It wasn't until 1991—10 years after AIDS was first reported in gay men—that the press found a new and different face for the epidemic: NBA star Earvin "Magic" Johnson. When Johnson announced he was HIV-positive, many Americans were forced to recognize that HIV could manifest in heterosexuals who were weren't IV drug users. As the first heterosexual public figure to disclose that he had HIV (and still to this day one of the only heterosexual public figures to do so), Johnson's announcement that he was HIV-positive accounted for the largest share of HIV/AIDS coverage during any given year of the entire 22-year span of the KFF analysis. He was often lauded as a hero for revealing his illness and for raising HIV/AIDS awareness, both in terms of prevention and treatment. "In general, celebrity helps bring attention to the issue in the media," says Jennifer Kates, vice president and director of HIV/AIDS Policy at KFF.

Medical Advances

By the mid 1990s, then, the media's HIV/AIDS awareness and prevention efforts had gained momentum—and were buoyed by the Clinton administration's response to the epidemic. Though there was still enormous stigma associated with the disease, many Americans were no longer embarrassed to talk about condoms and safe sex, thanks in large part to educational articles in the news (37 percent of HIV/AIDS stories had an educational component between 1987 and 1990, according to KFF) and Hollywood's awareness campaigns. Then, in 1996, there was another surge in media coverage when the drug "cocktails" of protease inhibitors and other antiretroviral drugs became available to people with HIV and brought about remarkable recoveries with far fewer side effects than those that often accompanied older treatments, including AZT. David Ho, M.D., who pioneered the treatments, was made TIME magazine's Man of the Year in 1996. The news on AIDS was looking up for the first time ever, and based on the news reports that KFF studied, the period between 1996 and 1999 resulted in the most optimistic years of mainstream media coverage the disease has seen.

The unfortunate consequence: Since HIV no longer meant a sure death sentence, and more people than ever were living with the disease, slowly but surely, HIV/AIDS began to be covered as less of an urgent national health threat. "We lurched widely from sensationalism in the beginning to complacency," says Jon Beaupré, assistant professor of communications studies at California State University in Los Angeles, and a radio journalist specializing in emerging and minority media. Regan Hofmann, editor-in-chief of *POZ* magazine, which chronicles the HIV epidemic, both nationally and abroad, sees it similarly: "Soon after I became infected in the late '90s [from her boyfriend at the time], I knew that AIDS had

1988 1988 1988 1989 1989 1989 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1991 1991 1991 1991

88: The World Health Organization organizes the first World AIDS Day on Dec. 1.

89: The first Day Without Art (DWA) shuts down museums, sponsors AIDS art exhibitions, and directs people to volunteer at a variety of AIDS organizations. The event grows into a collaborative international project among 8,000 museums, galleries, art centers, AIDS service organizations, libraries, schools, and art centers.

89: Photographer Robert Mapplethorpe dies of AIDS.

90: Ryan White's death shocks the nation and reveals that no one is immune to HIV/AIDS. Infected through a contaminated blood product, White generates significant public sympathy—unlike the majority of still stigmatized people with HIV/AIDS—and gains international fame fighting for his right to attend school. In this same year, Congress enacts the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the largest federally funded U.S. program (excluding Medicare and Medicaid) for

the care of people living with HIV/AIDS.

90: Keith Haring, American pop artist and social activist, dies of an AIDS-related disease. Prior to his death, Haring creates a significant body of graffiti-inspired art; distributes posters for a 1985 "Free South Africa" campaign; paints a mural entitled *Together We Can Stop AIDS;* and creates an on-site work at the 1985 "Live Aid" concert benefiting African Famine Relief.

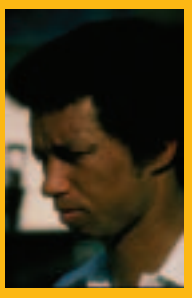
91: On Nov. 7, professional basketball all-star Earvin "Magic" Johnson announces that he is HIV-positive and shocks fans by saying he contracted the disease through unprotected heterosexual sex.

MAPPLETHORPE, 51941454. PHOTO BY MJ KIM/COURTESY OF GETTY IMAGES; HARING, 53009921. PHOTO BY BRUNO VINCENT/COURTESY OF GETTY IMAGES; JOHNSON: 73366257. PHOTO BY GABRIEL BOUYS/COURTESY OF GETTY IMAGES

91: Freddie Mercury, lead singer of the band Queen, dies of AIDS. A year later, the Freddie Mercury Tribute Concert for AIDS Awareness is held at London's Wembley Stadium and televised live worldwide, with all the proceeds going to AIDS research.

91: New York-based Visual AIDS Artists Caucus creates the Red Ribbon Project. The global symbol of the fight against AIDS, the red ribbon represents solidarity among people living with the disease. Its color denotes love, blood, and anger, and serves as a warning sign. The red ribbon is first worn publicly by actor Jeremy Irons at the 1991 Tony Awards.

92: Arthur Ashe, the prominent African-American tennis player and 1975 Wimbledon champion, holds a press conference to reveal that he has AIDS. Ashe, who dies in 1993, contracted the virus during a blood transfusion for one of his two heart surgeries.



93: *Philadelphia* is widely recognized as the first mainstream Hollywood movie to address AIDS. Starring Tom Hanks and Denzel Washington, the film depicts workplace discrimination and homophobia. Hanks wins an Oscar for his performance as an HIV-positive lawyer.

93: Tony Kushner's Pulitzer Prize-winning *Angels in America: A Gay Fantasia on National Themes* debuts on Broadway. Set in America in the 1980s, the play depicts the early years of the disease amidst the indifference and conservatism of the Reagan era. Frequently hailed as one of the most ambitious plays of our time, *Angels* explores faith, sexuality, and politics. It has been produced in dozens of countries, translated into several languages, and adapted as a movie for HBO.

94: MTV's *The Real World* introduces viewers to Pedro Zamora, an HIV-positive gay man. Many Americans claim that Zamora was the first person they "knew" with AIDS.

94: *POZ*, a national bimonthly magazine for people living with HIV, is founded by activist, writer, and entrepreneur Sean Strub. The magazine, which serves as an extensive support network for PLWHAs, provides disease facts, dissects drug-treatment options, and offers personal stories and interviews.

95: Rapper, producer, and record executive Eric "Eazy-E" Wright dies of AIDS. Co-founder of N.W.A and a major contributor to the "gangsta" rap genre, Eazy-E is the first heterosexual pop culture figure to die from the disease. His death is downplayed by the media, which fails to seize a prime opportunity to educate and raise disease awareness.

95: Greg Louganis, the world-class diver who won back-to-back Olympic titles, publishes an autobiography in which he reveals that he is HIV-positive. Louganis is summarily dropped by most of his corporate sponsors.

become an international crisis, but if you were an American with access to healthcare, the feeling was that you were okay. The trick, though, was to keep your health insurance. This is a prohibitively expensive disease, and there are many people whose lives would have been saved if they had had access to treatment."

Going Global

As Americans began to breathe a sigh of relief, the media began looking outside the U.S. for stories about the disease. In fact, by the late '90s, the KFF analysis shows that there was increasing media attention on AIDS as an international crisis as opposed to a national one. Each international AIDS conference garnered more coverage than the last, and then from 2000- 2002, the focus of HIV/AIDS media coverage made a significant shift from the epidemic at home to the epidemic abroad. "After the second-generation of AIDS drugs," says Beaupré, "people were thinking, 'I'm not going to die, okay, I have a few years, it's taken care of—and around this time Africa became the focus of the epidemic."

Now, five years later, international coverage of HIV/AIDS continues to supplant domestic coverage of the epidemic. "I think a lot of the major news organizations who do cover international news are doing quite a good job," says Penny Duckham, executive director of KFF's Media Fellowships Programs. "The trouble is that most local news organizations don't do international news anymore; and one in seven people say they get their news from local TV. And when they do think of international coverage, it now seems to mean the Middle East and the war." So in effect, for many people, HIV/AIDS has fallen off the radar.

How can this be, when the epidemic is on every continent and shows no signs of abating? "The scale of the tragedy is just so hard to imagine that people can't get their brains around it," says Beaupré. "You present the problem and say it's terrible and awful, but the public thinks, *What can I do from here?* For well-meaning Americans there's no connection to the answer."

The Future

How can the media make that connection for the reader, the viewer or the listener? Duckham has a few ideas, the first of which is that journalists must remember that HIV/AIDS does not need to be restricted to health and medical stories about treatments and vaccines. "You should be able to write a story about AIDS in any beat," says Duckham. "Some of the most effective coverage I've seen here and outside the U.S. is when you don't realize it's an AIDS story. *Gourmet* magazine, for instance, recently profiled non-profits, and one was a cooperative in Africa that grows vegetables—and all of the people who were a part of it were living with AIDS and trying to feed their families. This was written as a food story."

Further, Duckham feels that more and diverse journalists should broach the subject. "While there is an

FREDDIE MERCURY, 50271510. PHOTO BY DAVE HOGAN/COURTESY OF GETTY IMAGES; ARTHUR ASHE, 243466. PHOTO BY GETTY IMAGES/COURTESY OF GETTY IMAGES; TOM HANKS, 73315520. PHOTO BY EVAN AGOSTINI/COURTESY OF GETTY IMAGES; TONY KUSHNER, 50940778. PHOTO BY PETER KRAMER/COURTESY OF GETTY IMAGES;

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96: *The Celluloid Closet,* a documentary film chronicling the silver screen's depiction of gay and lesbians, features clips from over 100 Hollywood movies. It explodes sexual myths and explores how attitudes about homosexuality and sex roles evolved over the 20th century.

96: UNAIDS is established.

96: TIME magazine names HIV-researcher Dr. David Ho its Man of the Year.

96: *Rent*—a musical featuring lesbian, gay, bisexual, and transgender (LGBT) characters confronting HIV/AIDS, love, death, and drug use—debuts on Broadway.

97: MTV and the Kaiser Family Foundation launch the Emmy-award winning "Be Safe/Fight For Your Rights" public education campaign. A comprehensive program focused on sexual health, "Be Safe" targets young people and includes full-length programming, public service announcements (PSAs), online content, original research, and a free resource and referral service.

98: HBO's new comedy, "Sex and the City," features four soon-to-be-famous female friends. In Season 3, Samantha meets a man who encourages her to get an HIV test.

98: South African Zackie Achmat founds The Treatment Action Campaign (TAC), which creates famous "HIV Positive" T-shirts worn to show solidarity with people living with HIV/AIDS (PLWHAs).

99: LoveLife, a comprehensive health strategy that uses pop culture to promote sexual responsibility and healthy living among adolescents, launches in South Africa. Using television, radio, and billboards, the campaign aims to substantially reduce the rate of HIV infection among the more than 40 percent of South Africans still under age 15.

99: Michael Cunningham's Pulitzer Prize winning novel, *The Hours* introduces readers to Richard Brown, a writer devastated by AIDS.

00: Showtime launches "Queer as Folk," a television series that features a serodiscordant homosexual couple who adopt an HIV-positive heterosexual teenager.

03: Nelson Mandela's 46664 music-based campaign launches on the Internet and phone networks around the world. Named after Mandela's Robben Island prison number, 46664 raises global awareness about HIV/AIDS, advocates for prevention, care, and treatment services, and raises funds to fight the pandemic in southern Africa. The three 46664 albums showcase more than 40 songs by 30+ international artists.

DAVID HO, 56630149; PHOTO BY HANDOUT/COURTESY OF GETTY IMAGES; NELSON MANDELA, 53054937; PHOTO BY GETTY IMAGES/COURTESY OF GETTY IMAGES

incredibly well-informed, dedicated group of journalists who have covered AIDS for years, I think sometimes they veer into the realm of almost too expert," says Duckham. "And it's rather intimidating for other journalists to cover the topic. There is a lot of turf, and journalists can feel daunted writing about AIDS because there is this sense of, 'I've got to know the science, the myths, the politics, the money, and all the acronyms—and I don't want to put my foot in it.' " But HIV/AIDS reporting can benefit from fresh perspectives and voices.

There is a lot of turf, and journalists can feel daunted writing about AIDS

To that end, young and experienced reporters alike should take advantage of media trainings and educational opportunities. Organizations such as KFF, the Reuters Foundation, and the National Association of Black Journalists sponsor media briefings and workshops. GBC member company Reuters, for example, offers media panels and training programs so that "reporters are equipped to report with greater perception and accuracy, particularly on scientific aspects of HIV/AIDS," says Peter Mosley, a former Reuters correspondent and science editor, who now trains journalists for the Reuters Foundation. KFF also offers fellowships, which provide funding for HIV/AIDS-related reporting so that journalists have the resources necessary to ensure accurate reporting.

Duckham also stresses that reporters must challenge themselves to find ways to bring the story close to home. "It's almost easier to look at the problems in Africa than it is to look at those in your own backyard," she says, "but if you can go into Africa, you should at least be able to look in your own community." *The Cleveland Plain Dealer* followed a group of doctors and other medical staff from a Cleveland hospital as they worked on an HIV/AIDS-related clinical trial with a Ugandan hospital.

Education

Considering that 72 percent of the U.S. public says that most of its HIV/AIDS information comes from the media, articles on prevention are also sorely needed. According to a separate KFF survey, many Americans still have misperceptions about HIV transmission: 37% think it might be spread through kissing; 22% think it might be spread by sharing a drinking glass; and 16% think it might be spread by touching a toilet seat. Shockingly, many people today don't understand the basics about the disease, and in large part this is because the media stopped informing them. In fact, the KFF's 22-year analysis found that the percentage of stories containing at least some consumer education component has steadily declined since 1986, despite the fact that younger generations may never have gotten

72940654. PHOTO BY STRINGER/COURTESY OF GETTY IMAGES

Test Taker Oprah Winfrey frequently discusses AIDS with her global audience.

this education, and older generations may have forgotten it. "I can't tell you how many educated people I talk to who don't know all the ways HIV can be contracted; don't know that there are drugs out there to treat it so that HIV-positive people can live long healthy lives; don't know that babies born to HIV-positive mothers don't necessarily get HIV, too," says Fanen Chiahemen, a freelance HIV/AIDS reporter. "The ignorance is unbelievable considering the virus has been around for so long." This ignorance has led to "40,000 new infections in the U.S., including higher numbers of women and people of color than ever before," says *POZ*'s Hofmann. "If these people had been armed with accurate information about HIV transmission, perhaps the numbers of new infections would be lower."

"The problem with repeating the education aspect is that people stop listening," says Beaupré. "Trying to get people who are receptive at the right time and the right place is difficult." But not impossible. Beaupré and Fanen suggest that perhaps more stories about a variety of people living with HIV will get people's attention, provide an avenue to educate, and help reduce the stigma that still exists. "It's not news anymore when someone comes out as gay. But to say that you have HIV is still news. That barrier has not been crossed," says Beaupré. Hofmann couldn't agree more. So much so that for her first issue of *POZ* as editor-in-chief, she put herself (a white, blond, upper-middle class, college-educated, heterosexual woman) on the cover of the magazine with the words, "I have HIV" underneath. "I've scared people the most who are most like me, because people still don't really believe it could happen to them," says Hofmann. If the public consistently saw images of people like themselves dealing with HIV, maybe they would listen. "This is not just a gay disease or a black disease or a rural disease or a foreign disease," says Hofmann, "and there are so many stories to tell."

BONO/KEYES, 55919079. PHOTO BY PETER KRAMER/COURTESY OF GETTY IMAGES

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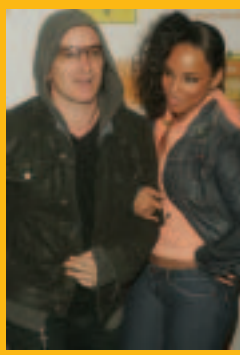
03: Viacom and the Kaiser Family Foundation's KNOW HIV/AIDS campaign includes targeted television, radio, and outdoor public service announcements, as well as free print and online resources. On World AIDS Day, VH1 airs *AIDS: A Pop Culture History.* This hour-long documentary hosted by YouthAIDS Global Ambassador Ashley Judd reveals how popular culture has influenced the public's perception of the disease.

04: *Yesterday,* a film set in South Africa's KwaZulu Natal province, focuses on the feminization of HIV/AIDS. An HIV-positive Zulu woman named Yesterday is infected with the disease by her husband, but is determined to see her young daughter's first day at school.

05: Academy Award-winning film *Tsotsi* premieres. Based on a novel by South African writer Athol Fugard, the film focuses on an orphaned Soweto teenager, who lost his mother to AIDS.



05: R&B vocalist Alicia Keys and U2 frontman Bono record a remake of the Peter Gabriel and Kate Bush classic "Don't Give Up (Africa)." All song proceeds go to Keep A Child Alive, a non-profit group that provides AIDS medicines in Africa.

05: ONE, the campaign to end global poverty and AIDS, sells a simple white bracelet symbolizing how increasing U.S. development aid by an additional 1 percent would significantly impact the Millennium Development Goals.

06: (PRODUCT) RED introduces select items from Converse, the Gap, Armani, Motorola, and American Express; a slice of the revenue from each sale goes to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

06: National Public Radio's All Things Considered airs *Thembi's AIDS Diary,* an oral account of a 19-year-old South African's life with the disease.

06: Viacom, amfAR, Kenneth Cole, and the Kaiser Family Foundation team up to create limited edition T-shirts proclaiming "We All Have AIDS." Shirt sales are boosted by an ad campaign featuring Zackie Achmat, Nelson Mandela, Larry Kramer, Elton John, Archbishop Desmond Tutu, and others.

SPECIAL EDITORIAL

AIDS TESTS, EVERYWHERE

AT THE BEGINNING OF 2004, AIDS TREATMENT IN BOTSWANA—a country with the world's second-highest rate of HIV cases—was stagnating. The country was providing free antiretrovirals, but only one in 10 who needed the drugs was taking them.

Then Botswana made a simple change in the rules for AIDS testing that allowed the program to soar. Previously, Botswanans could get tested only after providing written consent and accepting extensive counseling. Now, unless they object, all patients entering a clinic or hospital are routinely given an AIDS test. The rate of testing has quadrupled. A third of Botswanans now know their HIV status, and 85 percent of those who need treatment get it.

The American Centers for Disease Control and Prevention recommended late last month that such routine AIDS testing—called opt-out—become the standard in the United States.* This is an important reform. It is even more crucial for poor countries, where 90 percent of those infected do not know it.

UNAIDS and the World Health Organization should move quickly to endorse opt-out AIDS testing. Their guidance is followed worldwide and will help rally needed help from outside donors.

The current protocols for testing—with their strong emphasis on privacy and consent—were designed when little could be done to help people with HIV. Now antiretrovirals are being rolled out in every country. But without easy access to testing, people may find out they have AIDS only when it is too late to save their lives. They will also have spent years unknowingly passing on the infection.

Where opt-out testing has been used, few patients decline tests. Treating HIV like any other disease could also help lessen the stigma. People who have been tested before they feel sick also start AIDS treatment earlier, and do better on it. And studies show that those who know their status are only half as likely to infect someone else, when compared with an HIV carrier who is still in the dark.

Governments need to follow Botswana's lead and make AIDS testing routine in every health clinic and hospital. And donors should ensure that every clinic has a reliable supply of AIDS tests.

Governments need to follow Botswana's lead and make AIDS testing routine in every health clinic and hospital. And donors should ensure that every clinic has a reliable supply of AIDS tests.

**This editorial was originally published October 31, 2006.*

ORGANIZATION EDITORIAL

A PROFILE OF STOP TB PARTNERSHIP

By JORGE SAMPAIO,
UNITED NATIONS SECRETARY-GENERAL
SPECIAL ENVOY TO STOP TB

THE STOP TB INITIATIVE WAS ESTABLISHED FOLLOWING THE MEETING OF THE FIRST AD HOC COMMITTEE ON THE TUBERCULOSIS EPIDEMIC, which was held in London in March 1998. Its goal was to build consensus on approaches to fight TB. It orchestrated the Amsterdam Declaration to Stop TB in March of 2000: this landmark Declaration called for action from ministerial delegations of the 20 countries with the highest TB burden in the world. This Declaration endorsement consolidated high level political commitment to TB control.

Following the Amsterdam Declaration, the same year saw the World Health Assembly endorse the establishment of a Global Partnership to Stop TB. This assembly of the world's health ministers set two targets for 2005: to diagnose 70% of all people with infectious TB, and to cure 85% of those diagnosed. These goals were based on modeling data that predicted a fall in TB disease incidence should these targets be met. In other words, achieving these targets should spell the beginning of the end of TB.

Thus the Stop TB Partnership was set up in 2000 to reach the goal of eliminating TB as a public health problem and to obtain a world free of TB. It comprises a network of international organizations, countries, public and private sector donors, and governmental and non-governmental organizations. The members of the Stop TB Partnership have agreed on several targets: to ensure that every TB patient has access to effective diagnosis, treatment and care; to stop transmission of TB; to reduce the inequitable social and economic toll of TB; and to develop and implement new preventive, diagnostic and therapeutic tools and strategies to stop TB.

By early 2007, there were more than 500 Stop TB partners. Partners include international agencies, governments, donors, non profit organizations, TB patients, technical agencies, and private companies from over 70 countries. The Stop TB Partnership is housed and administered by the World Health Organization.

The Stop TB Partnership focuses on services to particular populations through its seven working groups. More specifically, there is a working group devoted to those who are co-infected with TB and HIV; a subgroup of the DOTS (Directly Observed Treatment Expansion Working Group devoted to childhood TB; and a DOTS (Directly Observed Treatment, Short-Course) Expansion Working Group subgroup on TB and Poverty.

The Partnership's main tool is the Global Plan to Stop TB, 2006-2015. The Plan enumerates the activities required to halve TB deaths and prevalence by 2015 with respect to a 1990 baseline. It provides partners with a platform for contributing to a collective and concerted effort to stop TB. The Plan brings together the strategies and needs of the seven Working Groups of the Stop TB Partnership, as well as key epidemiological regions, and the Stop TB Partnership Secretariat including the Global Drug Facility. These Working Groups are: Advocacy, Communication, and Social Mobilization; DOTS Expansion; MDR-TB and XDR-TB; New Diagnostics; New Drugs; New Vaccines; and TB/HIV co-infection. Private sector collaboration is crucial to achieving the Partnership's targets. Collaborators include private care providers, companies that can provide workplace TB programs, and producers of essential materials for TB control, including drugs, diagnostic equipment, and medical supplies.

The Partnership engages with the private sector in several ways. First, the Partnership works with private

medical care providers through the DOTS Expansion Working Group subgroup on public-private DOTS. This group ensures close collaboration among private care providers and the national TB control programs in their countries. It assists in formulating policy guidelines for countries and international partners on involving private health care providers in TB control, based on the evidence generated by field-based projects and country experiences. Second, the Partnership together with the International Labour Organisation and the World Economic Forum, produces workplace TB control guidelines for corporations fighting TB among their employees. Finally, the Partnership creates agreements with new technology developers and TB drug providers to ensure that quality medicines, future TB vaccines and diagnostics are available and accessible to those who need them.

Among the greatest challenges that the Partnership faces today is finding the funds to fully implement the Global Plan to STOP TB. Over the next 10 years, a US $30 billion funding gap must be bridged to meet the Partnership's 2015 targets. In order to fill this vast funding gap, countries need to greatly increase their support for TB control. This does not only include endemic countries for which TB is a major health issues but also donor countries.

A second challenge is finding the human resources to implement TB control programmes and to carry out the needed research, both for new tool development and in order to find out which approaches to TB control work best. The health workforce crisis is well known and is particularly acute in areas that are hardest hit by the HIV epidemic. Engaging more partners in the fight against TB is part of the solution, as is greater investment in health systems including human resource development.

Harmonization with other initiatives is a key challenge as we move away from a vertical disease-centred and public health oriented approach to one that is more human rights focused and based on the principle of universal access.

Perhaps toughest among the challenges is that of promoting a concerted, synergistic approach from all stakeholders. The consensus-based Global Plan to Stop TB is a giant step in that direction. The challenges in fighting this disease, which is the cause of so much human suffering and loss, are the joint responsibility of the global community as we strive to reach our vision of a TB-free world.

TB BASICS

Who is affected by tuberculosis?
Tuberculosis (TB) kills someone every fifteen seconds and kills two million people each year. Overall, one-third of the world's population—two billion people—carries the TB bacillus.

What is tuberculosis ?
TB is caused by bacteria called *Mycobacterium tuberculosis*, which usually attack the lungs, but can strike any part of the body. Symptoms include a cough that lasts for more than two or three weeks, weight and appetite loss, fever, night sweats and coughing up blood.

When is tuberculosis most dangerous?
TB can usually be treated with a course of four standard, or first-line, anti-TB drugs. If these drugs are misused or mismanaged, multidrug-resistant TB (MDR-TB) can develop. MDR-TB takes longer to treat with second-line drugs, which are more expensive and have more side effects. If these second-line drugs are also misused or mismanaged, XDR-TB or extensively drug-resistant tuberculosis can develop. Because XDR-TB is resistant to first- and second-line drugs, treatment options are seriously limited. XDR-TB poses a grave public health threat, especially in populations with high rates of HIV and where there are few health care resources.

Where does tuberculosis occur?
Tuberculosis is found in every country in the world. Incidence is especially high throughout Asia and rises to extreme levels in sub-Saharan Africa, where it is fueling the explosive HIV/AIDS epidemic. HIV/AIDS and TB are so closely connected that the term "co-epidemic" or "dual epidemic" is often used to describe their relationship.

Why is tuberculosis a business issue?
TB drains $16 billion from the annual incomes of the world's poorest communities. In some countries, loss of productivity attributable to TB approaches 7% of GDP.

How is tuberculosis transmitted?
TB is spread through the air from one person to another. When a person with active TB disease of the lungs or throat coughs or sneezes, the bacteria is released into the air. If people within close proximity breathe in these bacteria, it can settle in their lungs and begin to grow. From there, the bacteria can move through the blood to other parts of the body, such as the kidney, spine, and brain.

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America's Silent War

The world's richest country is battling an African-American AIDS epidemic

TWO YEARS AGO—JUST BEFORE HE WAS DIAGNOSED WITH LUNG CANCER—ABC News anchor Peter Jennings initiated a major investigative report into a quiet crisis within the African-American community. Unlike the typical media stories about African-American street crime, gang warfare, or the latest feud between rap artists, Jennings' investigation, which aired after his death as part of an August 24, 2006, primetime special report, put a spotlight on a killer stalking the African-American community that no one seemed eager to talk about, even within the community itself. It was about AIDS. And it was called *Out of Control.* **>>>**

By SANCIA DALLEY and ROLAND WEBB III

When the first U.S. case of what would become known as AIDS was reported in 1981, Black America didn't pay much attention: many African-Americans erroneously assumed the epidemic was primarily an issue for white homosexual men. When Earvin "Magic" Johnson revealed that he was HIV-positive in 1991, it got the black community's attention. "If Magic could get caught out there, weren't we all susceptible?" wrote Regina Robertson, West Coast editor of *Essence* magazine. The answer, of course, was yes. But after the initial shock wore off, the heightened awareness of the African-American community's vulnerability began to fade as well.

Years later, in 2002, HIV/AIDS became the third leading cause of death among African-Americans ages 25-44. Of the more than 1.2 million Americans living with the disease, more than 500,000 are black, accounting for more than 49% of total diagnoses in 2005—even though African-Americans represent just 13% of the total U.S. population.

By the time we started recognizing what was

JUST SAY NO

In the years when HIV/AIDS established itself in White America—slightly more than 60% of new infections reported each year during the mid-'80s occurred in white men—mobilization was swift. From New York to San Francisco and everywhere in between, gay, White Americans protested, held town hall meetings, and stormed federal buildings to call attention to their plight. The same can not be said of Black America. "By the time we started recognizing what was happening, we were already ten years behind," says Dr. Harold Katner, HIV/AIDS Consultant at the Georgia Department of Public Health and Professor of Internal Medicine at Mercer University Medical School. Concurs Phill Wilson, Founder and Executive Director of the Black AIDS Institute, "The black community was slow to respond to the epidemic. HIV/AIDS is a disease of opportunity. By the time communities started to respond, the virus had already seized the opportunity to take hold."

The CDC's 2005 HIV/AIDS reports indicate that intravenous drug use (IDU) is the second leading cause of HIV infection for both African-American men and women. When the Anti-Drug Abuse Act of 1988 was passed, reinstating mandatory prison sentences for drug possession, African-American drug users were swept up for incarceration rather than treatment. "In the prison where I work, there is a family that will soon become extinct…most of their arrests and convictions were for stealing to support their intravenous drug use," writes Louisiana family health physician Dr. Rani Whitfield in the book, *Not In My Family: AIDS in the African-American Community.* "The entire family shared needles together…two of the sons died [and] there is only one son left."

Whitfield's observations highlight a decade-long debate about needle-exchange programs involving prominent scientists and community leaders. As part of ABC's report *Out of Control: AIDS in Black America,* Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAD) and the Black AIDS Institute's Wilson both argued for such programs, which "have shown time and again that they reduce HIV infection while not increasing the incidence of drug use," according to Wilson. In 2004, the Levi Strauss Foundation created the Syringe Access Fund, which supports clean needle exchange programs in California, Texas, New York, New Jersey, Florida, and the District of Columbia.

Recent policy recommendations also support needle-exchange programs. In *African Americans, Health Disparities and HIV/AIDS: Recommendations for Confronting the Epidemic in Black America,* a November 2006 report prepared for the National Minority AIDS Council, Dr. Robert Fullilove, Associate Dean, Community and Minority Affairs and Professor of Clinical

PAGE 57, 73582516. PHOTO BY ANDERSEN ROSS/COURTESY OF GETTY IMAGES; ABOVE, 71089910. PHOTO BY DON EMMERT/COURTESY OF GETTY IMAGES

Think Global, Act Local Demonstrators protest outside the 2006 United Nations High-Level meetings on HIV/AIDS.

Sociomedical Sciences at Columbia University's Mailman School of Public Health, writes: "Education programs are needed to prevent people from using drugs in the first place…and clean needle exchange programs are needed to minimize the risk of sharing needles."

But the U.S. federal government isn't on board, continuing to maintain a strong ban on funding for needle-exchange programs.

Meanwhile, the prison population's marginalization also fuels the epidemic. "Nobody likes criminals and ex-criminals don't fare any better," says Fullilove. "In the United States, if you are convicted of a felony, you lose your rights as a citizen. You can't vote; you don't qualify for municipal, state or federal jobs…and you don't qualify for housing vouchers." In 2004, the U.S. Department of Justice found that AIDS prevalence among U.S. prisoners was three times that of the general population. Drug use and sexual relationships make the prison system an ideal place for HIV transmission. Condom distribution could ameliorate the problem, but such an intervention does not curry much favor with the Bush administration, which favors abstinence and being faithful. Also opposing condom distribution are those who are reluctant to admit that men do indeed have sex with men. "I think it's stigmatized in every community," says Fullilove who also notes that African-Americans are particularly intolerant of men who have sex with men.

COLLATERAL DAMAGE

Since the beginning of the United States' HIV/AIDS epidemic, AIDS incidence has been the highest among men who have sex with men (MSM). According to the U.S. Department of Health and Human Services, most of these cases are among MSM of color. In 2004, African-Americans accounted for 30% of AIDS cases by MSM exposure. Because the majority of African-American MSM do not identify as homosexual or bisexual, prevention and health strategies targeting sexual minorities are often ineffective. Indeed, the majority of African-American MSM are on the "down low" or DL, which means they maintain heterosexual relationships and identities while secretly sleeping with other men. "I, like most African-American men, grew up being fed regular doses of black-manhood training," writes Christopher Cathcart in "A Message to My Straight Brothers: It's Time to Talk About Our Homophobia," his essay for *Not in My Family.* "[A]nd one of the most important lessons was that 'real' black men weren't gay."

Such denial puts the female partners of MSM at risk. "I am a single woman with a girlfriend who was infected with the HIV virus by her 'down low' husband," writes Dyana Williams, CEO of Influence Entertainment in *Not In My Family.* "I was terrified to embark upon an intimate sexual affair for fear of contracting anything." African-American women are 20 times more likely to be diagnosed with HIV than their white conterparts. And, of the 300,000 HIV-positive women living in America in 2005, 67% were black.

happening, we were already ten years behind.

TV GUIDE

Media companies are using their core competencies to raise awareness about HIV/AIDS and bolster community support groups. In March, cable-TV network HBO aired director Nelson George's film *Life Support,* which explores the "down low" phenomenon and contextualizes the issue as but one of many factors fueling HIV/AIDS in the African-American population. "It's a story about the community of people in America who are dealing with the [HIV] virus. And not dying with the virus, but living with the virus," said George, who based the lead character on his sister Andrea.

Pin Power Armed with condoms and literature, Lupita Johnson attends a Washington D.C., World AIDS Day rally.

"Everyone in this film, for the most part, is engaged in the struggle for self-esteem; the struggle against AIDS; the struggle of life." *Life Support* stars Queen Latifah as a recovering drug addict and HIV-positive woman. "She's an activist trying to get people to wear condoms by any means necessary," said Latifah of her character. "Abstain from sex. Get tested for HIV and STDs. She's just really out there walking the streets to the point where she can barely walk, her feet hurt so bad."

In contrast, the hip-hop community, as a whole, has been regularly criticized for its reluctance to tackle HIV/AIDS. "Rap music is CNN for black people," said Public Enemy's Chuck D in an interview with *Mother Jones* magazine. Companies like MTV and VH1 have tried to use the power of music as a communications medium to raise the volume on issues affecting fans. Domestically, MTV launched its "Fight For Your Rights: Protect Yourself" campaign in 1997 and MTV International introduced "Staying Alive" in 1998; the former encourages HIV-testing while the latter fights stigma and discrimination and empowers young people to protect themselves from HIV infection. In 2004, VH1 debuted a series of HIV/AIDS public service announcements featuring Common, the popular hip-hop artist and actor. Both MTV and VH1 are part of KNOW HIV/AIDS, an impressive initiative launched in 2003 that uses television, radio, outdoor, online, and print media to disseminate HIV/AIDS information.

Black Entertainment Television (BET) has been working to fill a critical void for almost a decade. In 1998, the company launched *Rap-It-Up,* an official call-to-action campaign. "We wanted to take on a pro-social initiative [that] looked at youth programming," explains Sonya Lockett, BET's Vice President of Public Affairs. "By surveying the core audience [African-Americans ages 18-24] we found out that HIV/AIDS was the number one issue of importance to them." Today *Rap-It-Up* is the leading public HIV/AIDS campaign targeting African-Americans in the United States. "Our approach hasn't changed much," continues Lockett. BET still goes into communities, hosts teen forums, and brings cable to classrooms to facilitate adolescent dialogue. "[Mainstream] media companies can do more [to address the epidemic]," laments Lockett. "I don't think enough attention is paid to it here."

Education programs are needed to prevent people from using drugs in the first place...

LEGACY OF DISTRUST

There's no simple explanation why many in the African-American community tend to be reluctant to seek HIV/AIDS services, but the distrust of the healthcare establishment can be traced to events such as the infamous Tuskegee Experiment,

which began in Alabama in 1932. Over a 40-year period, 399 African-American sharecroppers with syphilis were misled, mistreated, and denied access to penicillin even after the antibiotic was established as an effective syphilis treatment in 1947. "A number of people have the idea that there's always that possibility that people who are disadvantaged may be used as guinea pigs in terms of medicine," said Thomas Blocker, Director of Health Professions at Morehouse College in a 1995 CNN Interview.

Socioeconomic imbalances further compound African-Americans' mistrust of and ability to participate in the formal health care system. Disempowered people may view HIV/AIDS medicines as less important than other purchases, including food. "It's great if you've got the money to pay for [medicines], but most people don't," says Dr. Katner. "There are certain drugs that cost upwards of $30,000 a year."

Though early diagnosis is critical to curbing the HIV/AIDS epidemic, the notion of testing may be somewhat inimical to African-Americans. The HIV Cost and Services Utilization Study (HCSUC), a collaborative research project lead by RAND Corp. and the Agency for Healthcare Research and Quality (AHRQ), found that African-Americans postpone medical diagnoses and medical care due to competing needs or inadequate distribution of resources. Black adolescents—and adults—are still ten times less likely to be diagnosed than their white counterparts.

Here, too, the private sector can help. In 2004 the U.S. Food and Drug Administration approved OraSure Technologies' OraQuick ADVANCE®, the first rapid HIV tests to test oral fluid and blood in a matter of minutes; other tests take as much as 14 days to process. Since then, the company has partnered with numerous black community organizations to facilitate testing and education. "OraSure is honored to be working hand-in-hand with dedicated organizations across the country…" said President and CEO Douglas A. Michels. On Feb. 5, National Black HIV/AIDS Awareness and Information Day, the company donated supplies and assisted with free testing in more than 20 sites across the country. OraSure's work with local faith-based communities is engaging black religious leaders, who have traditionally denied the epidemic's impact on its key congregations.

LEGAL AID

The U.S. government has made attempts to bridge funding gaps through a variety of legislative acts. A year before Magic Johnson's public revelation, the Ryan White CARE Act was passed into law. Named after a young hemophiliac who contracted HIV through a contaminated blood supply, the CARE Act's objective was to design, improve and expand quality of and access to care for "low-income, uninsured and underinsured" persons living with HIV/AIDS and their families. Well over $2 billion has been appropriated since its inception, providing grants and infrastructural support to local organizations to plan and implement targeted programs for a range of groups, including African-Americans. It is through this act that low-cost drugs are disbursed via the AIDS Drugs Assistance Program (ADAP) as part of the treatment component.

On December 19, 2006, Congress reauthorized the Ryan White CARE Act over a year after it expired. "We have the resources through legislation to support these individuals and their families," wrote Rep. Donna Christensen (D-U.S. Virgin Islands), Chair of the Congressional Black Caucus's Health Braintrust in *Not in My Family.* "[But] we must embody the political will…and translate it into political action."

"We are in the middle of an unprecedented health crisis," says the Black AIDS Institute's Wilson. "We need to focus on who's at the table and how they can help fight the illness."

Living Proof Larry Bryant, who works with Housing Works and the Student Global AIDS Campaign, has been living with HIV for more than twenty years.

72693695. PHOTO BY CHIP SOMODEVILLA/COURTESY OF GETTY IMAGES

ONE STORY, INFINITE POSSIBILITIES

By ELIZABETH JENNINGS

THIRTY-THREE-YEAR-OLD GLORIA NCANYWAY IS FROM SOUTH AFRICA'S EASTERN CAPE. At sixteen, she married a man she met through her church congregation. After the birth of her first son in 2001, she went to a local clinic for postnatal care and ended up with an HIV test. She knew nothing about HIV or AIDS and had never considered the terms "CD4 count" or "viral load." Gloria was still learning to be a mother to her first son, Yibanathi; the thought of learning an entirely new language—especially one focused on disease—was the furthest thought from her mind. But the test was positive.

Shortly after Gloria discovered her status, mothers2mothers came to Khayelitsha, the township where she lives. Founded by Dr. Mitchell Besser in the fall of 2001, mothers2mothers, which facilitates prevention of mother to child transmission (PMTCT) services, immediately embraced Gloria. Most importantly, though, the NGO, which trains HIV-positive mothers to empower and educate other HIV-positive mothers, taught Gloria about living. Gloria stuck with the program and trained to become a mentor for other mothers; by 2003 she had worked her way to being a program site coordinator. Mothers2mothers not only provides emotional and psychological support for positive mothers, but also provides opportunities for mothers to generate incomes. Gloria says that this combination—personal financial empowerment and an ability to provide emotional support through mentoring work—gives her a unique sense of dignity.

Gloria has made her greatest mark as a mentor to other women. Armed with extensive knowledge about HIV/AIDS and personal experience with the disease, she is helping other mothers find their way. In many cases, she is the only source of hope that many women have when they discover their HIV-positive status. Gloria sits down with each woman she mentors, looks in her eyes and offers immediate reassurance: "Listen, sis, don't cry, I'm HIV-positive like you are; have hope." Her story, her status, and her strength inspire other women to see that life with HIV is not a death sentence and that it is possible to be an excellent mother while living with the disease.

In South Africa, which had an estimated six million people living with HIV in 2006, antenatal clinic data showed that HIV infection levels among pregnant women rose from 22.4% in 1999 to 30.2% in 2005. There are millions of HIV-positive mothers throughout South Africa and the developing world. What distinguishes Gloria is her ability to transform a potentially devastating experience into an opportunity to help other women. At a time when disease disclosure and testing dominate the HIV/AIDS debate, Gloria bypasses the political talk and posturing, becoming a safe haven for positive women. A living, breathing embodiment of hope, she encourages her peers to not only mother their own children but other women who are facing similar circumstances. She is building community. "You have to be up for it," she says "Women must stand up. There is a second chance."

The NGO, which trains HIV-positive mothers to empower and educate other HIV-positive mothers, taught Gloria about living.

To learn more about mothers2mothers, visit www.m2m.org

To learn more about GBC's Healthy Women Healthy Economies Initiative, please contact Shana Ward Ryzowy at swardryzowy@businessfightsaids.org

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FACES

European CEO Summit on Business and AIDS

On October 13, 2006, the Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria (GBC), partnered with Mr. Philippe Douste-Blazy, French Minister of Foreign Affairs, for the first European CEO Summit on Business and HIV/AIDS. Held in Paris at the Centre de Conferences Internationals, the Summit enabled participants from over fifty multinationals with best practices in a variety of areas—public private partnerships, healthcare financing , access to prevention, treatment and care, and innovative approaches—to share experiences and lessons learned with other leaders.

From left to right: Bertrand Collomb, GBC Vice Chairman and Chairman of Lafarge; GBC President and CEO **Richard Holbrooke** with French Minister of Foreign Affairs **Philippe Douste-Blazy**; **Dr. Michel Kazatchkine** prior to being announced as the Global Fund to Fight AIDS, Tuberculosis and Malaria's new Executive Director.

GBC Healthy Women Healthy Economies East Africa Field Trip

From November 28th through December 1st a GBC delegation visited Nairobi, Kenya to draw attention to the increasing feminization of HIV/AIDS. Member company delegates visited the Kenya Network of Women Living with AIDS (KENWA), Nairobi Women's Hospital, Kenyatta National Hospital, Unilever Tea Kenya, and New Life Home (Kilimani). The trip culminated on World AIDS Day with the Africa Business Symposium.

Left: Vice President **Moody Awori** opens the World AIDS Day Business Symposium. **Right:** the GBC Delegation. **Back row from left to right: Niraj Doshi,** Merck, **Richard Fairburn,** Unilever Tea Kenya, **Lisa MacCallum,** Nike Foundation, **Naresh Mehta,** Power Technics, **Mike Hart,** Standard Chartered Bank, **Vimal Shah,** Bidco Oil Refineries Limited, **Maggie Fitzpatrick,** APCO, **Ruth Riley,** WNBA, **Dr. Brian Brink,** Anglo American plc, **Carole Wainaina,** Coca Cola Africa Foundation, **Gail Wasserman,** American Express, **Renuka Gadde,** BD, **Megan Quitkin,** GBC, **John McGoldrick,** IAVI, **Bernard Luten,** Unilever, **Lorna MacLeod,** Micato Safaris, **British Robinson,** PEPFAR, **Elizabeth Jennings,** GBC, and **Cliffe Lumbasyo,** Micato Safaris. **Front row from left to right: Gugu Mgilane,** Eskom, **Asunta Wagura,** KENWA, **Dr. Erasmus Morah,** UNAIDS, **Peter Roach,** Durex Network, **Dr. Rob McDonald,** Rio Tinto, **Joelle Tanguy,** GBC, **Chris Kirubi,** Haco Industries Ltd., **Ambassador Michael Ranneberger, Mercy Wainaina, Dr. Jack Watters,** Pfizer, **Kimberly Tegarden,** GBC, **Patricia Mugambi Ndegwa,** GBC, **Janet Burak,** HSBC, **Yushi Liu,** Tsingdao Double Butterfly, **Beth Mitchell,** Getty Images, **Zhenxiu Wang,** Tsingdao Double Butterfly, **Ken Osano,** BP, **Derek Oatway,** KK Security, and **Scott Evertz,** OraSure Technologies.

PHOTOS FROM EUROPEAN CEO SUMMIT: FRANÇOIS DURAND/GETTY IMAGES; PHOTOS OF EAST AFRICA FIELD TRIP: BRENT STIRTON/GETTY IMAGES;

GBC and the Brookings Institution Private Sector Malaria Forum

The Washington D.C March 12th Private Sector Malaria Forum convened public and private sector leaders committed to combating malaria, which affects up to 500 million people. The forum was divided into four key panels—Community, Workplace, Core Competency, and Advocacy and Leadership—representing the key ways in which GBC advocates business engagement on HIV/AIDS, tuberculosis, and malaria. It was made possible through generous support from the Exxon Mobil Corporation.

From left to right: Raymond Chambers, Co-Chairman, Malaria No More and GBC Executive Director **John Tedstrom**; **Dr. Ngozi Okonjo-Iweala**, former Finance Minister and Foreign Minister of Nigeria; and **Dr. Steven Phillips**, Medical Director, Global Issues and Projects, Exxon Mobil.

GBC Around the World

Whether it's screening a powerful documentary film, meeting with Vice Chairman Cyril Ramaphosa or sending AIDS messages down Moscow's catwalk, GBC's eight offices are actively involved in fighting HIV/AIDS, tuberculosis and malaria. Some highlights from the past few months:

From left to right: GBC China Director **Michael Shiu** at the Beijing premiere of *A Closer Walk,* which aired on China's CCTV on World AIDS Day; GBC Vice Chairman **Cyril Ramaphosa** and GBC Managing Director **Joelle Tanguy** in Johannesburg; TPAA partners with Russian Fashion Week, which featured designer **Yulia Nikolaeva**, who promoted HIV/AIDS messages.

White House Rose Garden Malaria Awareness Day Event

On April 25th President and Mrs. Bush announced the Public Private Partnership between GBC, PMI, and PEPFAR, which is providing half a million bed nets to Zambia. GBC members and individual donors raised $1.25 million, with financial support provided by Abbott Laboratories, Anglo American plc, BD (Becton, Dickinson & Co.), Chevron Corporation, The Coca-Cola Company, Hedge Funds vs. Malaria, Helen Bader Foundation, Johnson & Johnson, JN-International, Inc. USA, Malaria No More, The Mercury Foundation, National Basketball Association (NBA), The Noel Group, Premier Medical Corporation, Qingdao Double Butterfly Group, Tata Iron & Steel Co., Ltd., Total, and Vestergaard-Frandsen.

From left to right: President and **Mrs. Bush** open the ceremony; performers from the Kankouran West African Dance company; and **President Bush** dances with **Assane Kante**.

PHOTOS OF PRIVATE SECTOR MALARIA FORUM: DAVID HOLLOWAY/GETTY IMAGES; PHOTOS OF RUSSIAN FASHION WEEK: DMITRY ABAZA/RFW; PHOTOS OF WHITE HOUSE GARDEN EVENT: LEFT (73972519) AND RIGHT (73971121), ALEX WONG/COURTESY OF GETTY IMAGES; CENTER, 73971049: MANDEL NGAN/COURTESY OF GETTY IMAGES

GBC MEMBER COMPANIES

AFRICA

AFA Botswana
AfricaCommerce.Com Ltd (Kenya)
Bidco Oil Refineries Limited (Kenya)
Cimpogest (Mozambique)
City Bins Ltd (Kenya)
De Beers (South Africa)
Debswana (Botswana)
Discovery Health (South Africa)
Dow Southern Africa (South Africa)
Eskom (South Africa)
FirstRand Bank (South Africa)
Global Satellite Telematice (Kenya)
Haco Industries Ltd (Kenya)
Independent Newspapers (Pty) Limited (South Africa)
Kenya Kazi Services Limited (Kenya)
Metropolitan (South Africa)
Micato Safaris (Kenya)
MTN (Pty) Ltd (South Africa)
Old Mutual (South Africa)
Power Technics (Kenya)
Sappi Ltd (South Africa)
Shanduka Group (South Africa)
Standard Bank (South Africa)
Telkom SA (South Africa)

AMERICAS

Abbott (USA)
Accenture (Bermuda)
AEA Investors (USA)
Alcan (Canada)
AlphaVax (USA)
Altria (USA)
American Express Company (USA)
American International Group (USA)
APCO Worldwide (USA)
The Bank of Nova Scotia (Canada)
Barrick Gold Corporation (Canada)
BD (Becton, Dickinson and Company) (USA)
Beckman Coulter, Inc. (USA)
Black Entertainment Television (BET) (USA)
Bloomberg LP (USA)
BMO Financial Group (Canada)
Booz Allen Hamilton (USA)
The Brink's Company (USA)
Bristol-Myers Squibb (USA)
The Carlyle Group (USA)
CBS Corporation (USA)
Chembio Diagnostic Systems (USA)
Chevron Corporation (USA)
The Cisneros Group of Companies (USA)
Citigroup (USA)
Civicom, Inc. (USA)
The Coca-Cola Company (USA)
Colgate-Palmolive Company (USA)
Dell (USA)
Deloitte (USA)
Druid Consulting LLC (USA)
Edelman (USA)
Eli Lilly and Company (USA)
Endeavor (USA)
Estée Lauder Companies (USA)
Exxon Mobil Corporation (USA)
FedEx Corporation (USA)
Gap Inc. (USA)
General Motors (USA)
Gerson Lehrman Group (USA)
Getty Images (USA)
Gilead Sciences (USA)
Glenview Capital (USA)
Global Technology Investments (USA)
The Goldman Sachs Group, Inc. (USA)
Google, Inc. (USA)
Harman International Industries (USA)
Haseltine Global Health (USA)
Hawthorn Capital Inc. (USA)
Hema Diagnostic Systems (HDS) (USA)
Home Box Office (HBO) (USA)
IAC/InterActiveCorp (USA)
Indigo Books & Music Inc. (Canada)
InterMedia Partners VII (USA)
JN-International Medical Corp. (USA)
Johnson & Johnson (USA)
Kerzner International (USA)
Kohlberg Kravis Roberts & Co. (USA)
LabNow (USA)
Lehman Brothers Inc. (USA)
Levi Strauss & Co. (USA)
M·A·C Cosmetics (USA)

Marathon Oil Company (USA)
McKinsey & Company (USA)
Merck & Co., Inc. (USA)
Merrill Lynch & Co., Inc. (USA)
Microsoft (USA)
Morgan Stanley (USA)
National Basketball Association (NBA) (USA)
National Football League (NFL) (USA)
Newmont Mining Corporation (USA)
Nike, Inc. (USA)
Noel Group / Travel Guard (USA)
Ogilvy Public Relations Worldwide (USA)
OraSure Technologies (USA)
PepsiCo (USA)
Perseus LLC (USA)
Pfizer Inc. (USA)
Playboy Enterprises Inc. (USA)
Power Corporation of Canada
PricewaterhouseCoopers (USA)
RealNetworks, Inc. (USA)
ResourceLinC.Com (USA)
Ripplewood Holdings, LLC (USA)
The Ritz-Carlton Hotel Company, LLC (USA)
Royal Bank of Canada
Schering-Plough Corporation (USA)
Simpson, Thacher & Bartlett (USA)
Sun Life Financial (Canada)
TD Bank Financial Group (Canada)
Tyco International Ltd (USA)
United Airlines (USA)
U.S. Chamber of Commerce (USA)
VH1 (USA)
Viacom International (USA)
Wal-Mart Stores, Inc. (USA)
The Washington Times (USA)
Yahoo! Inc. (USA)

ASIA / PACIFIC

Avexa (Australia)
Bajaj Auto (India)
Beijing Air Catering Co. Ltd (China)
BHP Billiton (Australia)
China Northeast General Pharmaceutical Factory (China)
Gobon-Guilin Latex Manufactory (China)
Horizon Research Group (China)
Luckystar (China)
Matrix Laboratories Limited (India)
Modicare (India)
Premier Medical Corporation (India)
Qingdao Double Butterfly Group Co. (China)
Ranbaxy (India)
RPG Enterprises (India)
RRR Industries (India)
Shanghai Desano Pharmaceuticals Holding Company Limited (China)
Shunya (China)
SOHU.com (China)
SRF Ltd (India)
STAR (Hong Kong)
Sumitomo Chemical (Japan)
Tata Iron & Steel Co. Ltd (India)
ZMQ Software Systems (India)

EUROPE

XXI Century Investments (Ukraine)
ABN AMRO (Netherlands)
Accor (France)
Actavis (Iceland)
Alfa-Bank (Russia)
Anglo American plc (UK)
AREVA Group (France)
AstraZeneca (UK)
Axios (Ireland)
Intesa Sanpaolo (Italy)
BBC World Service Trust (UK)
Bayer AG (Germany)
BG Group (UK)
bioMérieux (France)
Bionor Immuno (Norway)
BMW Group (Germany)
Boehringer Ingelheim (Germany)
BP (UK)
British American Tobacco (UK)
Coca-Cola Hellenic Bottling Company S.A. (Greece)
Consolidated Contractors International Company S.A.L. (CCC) (Greece)
DaimlerChrysler AG (Germany)
Deutsche Post World Net (Germany)
DHL Worldwide (Belgium)
Diageo (UK)
EDUN (Ireland)
Eni SpA (Italy)
Enka (Turkey)
Fiat Group (Italy)
Generation Investment Management LLP (UK)
GlaxoSmithKline (UK)
Golden Telecom (Russia)
Grupo Visabeira (Portugal)
Heineken N.V. (Netherlands)
HSBC (UK)
Imerys (France)
Imperial Tobacco Group (UK)
International Medical Alliance (IMEDA) (France)
Interpipe Corp. (Ukraine)
Koç (Turkey)
Lafarge (France)
L'Oréal (France)
MTV Networks International (UK)
Nokia Corporation (Finland)
Novartis (Switzerland)
Pearson plc (UK)
Pirelli & C. SpA (Italy)
Publicis (France)
R.K.C. (Ukraine)
Reuters (UK)
Rio Tinto (UK)
Robert Bosch (Germany)
Roche (Switzerland)
Royal Dutch/Shell Group of Companies (Netherlands)
RWE Aktiengesellschaft (Germany)
SABMiller (UK)
Sanofi-Aventis (France)
Siemens (Germany)
Solvay (Belgium)
SSL International plc (UK)
Standard Chartered Bank (UK)
StatOil ASA (Norway)
SUEZ (France)
Total (France)
Trinity Biotech, Plc (Ireland)
TV5 (France)
UBS (Switzerland)
Unilever (Netherlands/UK)
Veolia Environment (France)
Vestergaard Frandsen Inc. (Switzerland)
Virgin (UK)
Voith AG (Germany)
Volkswagen (Germany)
Vostok-Service (Russia)
Xstrata (Switzerland)

HIV/AIDS POLICY

Power Technics

PURPOSE:

To help prevent and minimise the impact of HIV/AIDS on company employees, their families and the local community.

POLICY:

Our Company is fully committed to the following HIV/AIDS Policy aimed at meeting the above stated Purpose :

- **R**esponsibility with commitment by management and staff.
- **E**ducate, inform and sensitise all on HIV and related issues.
- **S**afe social behaviour and practices encouraged.
- **P**rovide prevention advice and condoms at workplace.
- **O**pen door policy for any discussions on HIV issues.
- **N**on-discrimination in employment on HIV status .
- **S**upport treatment as allowed by the medical scheme.
- **I**ndividual VCT and HIV clinic attendance encouraged.
- **B**uilding a non-stigmatising confidential spirit generally.
- **L**eadership roles on HIV in local communities encouraged.
- **E**valuate and adopt other best practices where applicable.

Signed .....

Managing Director

Date: 24th November 2006

IN ACTION
CONTINUED FROM PAGE 20

$1.25 million was funded by PMI and PEPFAR.

RAPIDS is known for its ability to deliver. In 2006, the consortium exceeded its targets for outreach to orphans and vulnerable children by 20,363 and administered HIV counseling and testing to 19,571 clients versus their target of 9,637. "This malaria initiative is a great example of what the public and private sectors can do together to save and improve lives," said Bruce Wilkinson, Chief of Party for RAPIDS. "It is clear that the fight against HIV/AIDS and malaria in Africa requires engagement from every sector. Investment and expertise from the global business community is both needed and appreciated."

On April 25th, Malaria Awareness Day, President and Mrs. Bush publicly announced the Public Private Partnership at a White House Rose Garden Event. Nearly 170,000 nets are already en route to Zambia, with the remainder to be deployed by the end of May. Approximately two to three bed nets will be distributed to each household, offering more than personal protection by releasing enough insecticide to repel mosquitoes from the entire household.

"We know how to end malaria—the solutions are inexpensive and straight forward," said Dr. John Tedstrom, Executive Director of GBC. "Innovative initiatives like this, which deliver concrete action on the ground with local partners, provide the private sector with an opportunity to collaborate with governments and NGOs to deliver even more. In doing so, we will save lives, build economies and support social development. GBC remains committed to working with our members to maximize our joint potential in the fight against malaria."

BUZZ KILL
CONTINUED FROM PAGE 42

lic-health researchers, private-sector companies, and affected communities are beginning to view the diseases in tandem. In December 2006, Laith J. Abu-Raddad, Padmaja Patnaik, and James G. Kublin published a study in *Science* magazine—"Dual Infection with HIV and Malaria Fuels the Spread of Both Diseases in sub-Saharan Africa"—that quantifies a theory many researchers have postulated for years. The researchers, who applied a mathematical model to a Kenya setting with 200,000 adults found that since 1980, disease interactions may have been responsible for 8,500 additional HIV infections and 980,000 excess malaria episodes.

"People who have HIV are more likely to get malaria," says Dr. Abu-Raddad, "which makes them more infectious and likely to spread the disease. And the more people there are with HIV, the more likely they are to get malaria. There is a very vicious cycle between the diseases."

Though co-infection certainly exacerbates these devastating diseases, a firmly established connection between HIV and malaria could prove beneficial. The research may, for example, begin to dispel the damaging notion that HIV in sub-Saharan Africa is fueled by sexual promiscuity. This, in turn, could revamp HIV prevention efforts that tend to focus on behavior change strategies. Indeed, if a link between malaria and HIV is firmly established, interventions may focus on eradicating the former in an attempt to control the latter. "Changing behavior has always been a formidable challenge," says Kublin, whose research helps explain high HIV prevalence in regions that exhibit similar sexual behavior patterns but different malaria rates.

Malaria prevention and treatment efforts can also be scaled up using HIV infrastructure. "I think it's fully feasible to think of combining therapy for these two diseases," says Dr. Abu-Radaad. "With the rollout of ART, we have an infrastructure where we are treating HIV, so we might as well use this infrastructure to try to also tackle malaria." This is already happening: In December 2006, GBC, PEPFAR, and PMI created a public-private partnership to distribute bed nets in Zambia; it employs 13,000 RAPIDS (Reaching HIV/AIDS Affected People with Integrated Development and Support) volunteers who provide home-based health care for HIV/AIDS patients in 60 of the country's administrative districts.

Overcoming a disease that has wreaked havoc for thousands of years would be an enormous boon for endemic countries but also a global victory and a metaphor for success. "Malaria is more than a disease scourge," says Phillips. "It's more than a public-health problem; it's really a semi-quantum litmus test of success in African development. If we can meaningfully address one thing and cut down the burden and increase productivity on a continent-wide scale…it would have positive repercussions on the whole issue of investment in return and paying for performance…. What we need now is organization and on-the-ground action."

IN MY LIFE

MY NAME IS ANNESHA TAYLOR. I am 27-years-old. I live in Kingston, Jamaica's capital city. I am my mother's only child; I did not have the privilege to grow up with a father. I attended a popular high school in my community called Institute of Higher Learning. My favorite subjects were home economics and decorating—I have always loved to cook. My mother, Ms. Queenie, is an industrious business woman, who runs a grocery store out of our house; she has always supported me. I am the mother of three little girls: Makada is nine; Breanna is five; and my baby, Cadeja is four. I am presently employed by the Ministry of Health as an outreach officer; my work involves going into communities, health centers and schools to sensitize people to HIV/AIDS. I also do radio, television and newspaper interviews. People can—and do!—ask me very personal questions about my life. Nothing makes me uncomfortable. Want to know if HIV-positive people can have safe sex? Just ask me!

I was first diagnosed with HIV in 2001—10 months after giving birth to my second child. There were rumors that her father had contracted the disease so I decided to get tested. During the journey to the health clinic, I was filled with anxiety. I had a lot of thoughts that day: *If I am positive, how will I be able to face my family, especially my mother?* As I entered the building, a group of boys took one look at me and started teasing. "We hear you have AIDS," they shouted. Many of them used to make passes at me; I think they were embarrassed that I always ignored them and now saw an opportunity to put me in my place and humiliate me. At that moment, I hated myself and my child's father.

When I sat down with the nurse, she asked me a number of questions. *When was the last time you had sex? Why do you think you are at risk for HIV?* She finally stuck my finger, and my anxiety level rose. I began to ask numerous questions and inquired how soon I would get the test result. The nurse informed me that it would take 45 minutes. That was the longest period in my entire life, and I honestly don't know how I passed the time. I felt so confused, and I was worried that the boys outside would give me even more trouble. I also thought about my mother and my children. In my heart I was hoping that the result would be negative, but I was HIV-positive. I thought, *What will happen to my children? How long will I live? Will I die in a week?*

During the 45 minute walk home, my entire life flashed through my mind. I thought about my mother and how lucky I was to have her. Ms. Queenie knew I was going to get tested and fully supported my decision. The minute I arrived home, she saw my tears and ran to hug me. I knew then that she would still love me unconditionally. We embraced each other and cried. My life has changed significantly since that day. I face stigma and discrimination from people in and around my community; men are especially cruel.

As I tried to cope with being HIV-positive, I decided to seek help. This took me to Jamaica AIDS Support for Life, where I met two wonderful nurses who continue to encourage me. They invited me to join a support group that would enable me to meet other HIV-positive people. The more I listened to others tell their stories—including their fears and needs—I decided that I had to go public with my status and become a spokesperson in the fight against stigma and discrimination towards persons living with HIIV/AIDS.

In addition to working at the Ministry of Health, I also see myself as the face of HIV/AIDS. Being HIV-positive has not changed me from being a wonderful person and a loving mother to my children. My greatest challenge is dealing with people, who are "two-faced." They pretend that they care about me or want to help, but once I turn my back, they say nasty things. Some people suspect that I am trying to use my HIV-status to make money or get recognition, but I am just living my life and doing my part to help others.

Looking at innovation through patients' eyes

Breakthrough medicines are our highest priority — they open up healthcare's frontier and answer unmet needs. But no two patients are exactly alike. That's why at Novartis we go beyond breakthrough medicines to offer disease prevention, generic alternatives and access to medicines.

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