

Firelight Newsflash! 7 December 2009 – News Coverage from World AIDS Day

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Livingstone Anglican Children's Project featured in Zambia's Daily Mail

Livingstone Anglican Children's Project, a Firelight grantee-partners since 2006, was featured in Zambia's Daily Mail on World AIDS Day. The article about their work appears below and can be found on the Daily Mail website:

<http://www.daily-mail.co.zm/media/news/viewnews.cgi?category=20&id=1259655689>

Livingstone churches help build families

LIVINGSTONE, Zambia's tourist capital, is one of the country's busiest border and transit towns but the money that it has brought in has come at the cost of health for the residents of this historic town.

As a gateway to Botswana, Namibia and Zimbabwe, Livingstone has not attracted trade in merchandise only; it has invited sex trade and those who pay the price for dealing in it — young women and truck drivers, among others.

Some of the victims who pay the biggest price for that commerce, though, one charity has found, are children.

Here's how it works, and how a faith-based group is tackling the challenge.

Livingstone is an entry and exit point for those who fly, drive and walk in – both foreigners and Zambians.

Of those who drive, a large number of truck drivers passing through Livingstone and in the

process they have lots of contact with people – and particularly contact with sex workers or girlfriends who put them and the people they are in contact with at risk of contracting HIV.

Being one of the busiest borders, it takes a long time for trucks to clear through the Zambia Revenue Authority check point. In the process, truckers find ways to fill the time.

“With many tourists, workers or even workshop attendees coming in from any country to Livingstone, there are some who bring the virus in and others who take it away with them,” says Father Jackson Katete, the Parish Priest for Livingstone Anglican Parish.

Little wonder the prevalence rate of HIV/AIDS in Livingstone is about 30.1 per cent

Faced with this social dilemma, the Anglican Church decided to join the fight against AIDS.

The Livingstone Anglican parish established the children’s project in 1996 to the sufferings of the people affected and infected by HIV/AIDS among who were widows and orphans. “Since there were other organisations that dealt with the widows such as the Young Women’s Christian Association and the Christian Council of Zambia, the project concentrated on the plight of orphans and vulnerable children and was named Ngwenya Kids Paradise,” Fr Katete, who has been the Parish Priest of all Anglican Churches in Livingstone since 2005, said.

There are five Anglican churches scattered around the townships of Livingstone (Maramba, Dambwa, Ngwenya and Airport Compound).

Fr Katete said at one of the meetings, members expressed worry about the stigma in the name, hence the change to Livingstone Anglican Children’s Project. Livingstone Anglican Children’s Project (LACP) operates under the Zambian Anglican Church.

LACP is a community and faith-based organisation which works for the benefit of all, irrespective of faith, to reduce the impact of HIV/AIDS on orphans and children who are affected by or infected with HIV/AIDS. “LACP works to give direct support to children within its community, to sustain families, to keep children within the African extended family structure and to give hope to orphans and vulnerable children,” said Fr Katete, who has been directing the operations of LACP since 2006.

LACP works through volunteer caregivers, elected community representatives and counsellors. It seeks to move communities, help families and support their economic activities so that they can become self-sustaining and can manage their lives – including the care of their orphans and vulnerable children.

LACP has just renewed working with the International Labour Organisation/International Programme on the Elimination of Child labour (ILO/IPEC) to withdraw and prevent children from child labour and integrate them into schools via transitional schooling. Selected parents or guardians are being helped with income-generating activities to eventually enable them to support their children and consequently reduce donor dependence. This is the second ILO/IPEC child labour programme that LACP has worked on.

LACP is also working with Every Orphan’s Hope in providing school and home supplements to

orphans. The programme gives support to families that keep orphans so they can provide them with the structure and love that children need.

LACP also works with Firelight Foundation to counsel children through recreation activities, building play park equipment in Dambwa and Ngwenya for about 350 children for organised activities on Saturdays. As the children play, they learn assertiveness skills and counsellors are at hand to counsel them. LACP also provides training for caregivers.

WORLD AIDS DAY: Children still falling through the cracks

[UNITED NATIONS, 29 November 2009] - While most HIV-positive people in the Western world can gain decades of good health thanks to increasingly effective drug regimens, in the developing world, nearly a third of children born with HIV are still dying before their first birthday.

Half will die before their second birthday, and an overwhelming three-quarters do not make it to age five, according to the latest UN figures.

At a recent panel discussion on children with HIV hosted by the United Nations children's agency UNICEF as part of the 20th anniversary of the Convention on the Rights of the Child, activists and public health experts stressed the need for accessibility, appropriate testing and follow-up care.

UNICEF's Fourth Stocktaking Report on Children with AIDS, which can be accessed below, notes the progress that has been made – for example, 45 per cent of mothers with HIV now receive antiretroviral (ARV) drugs during pregnancy, compared to a scant ten per cent in 2004.

Yet the mother-to-child transmission rate is still about 80 per cent in the developing world, compared to one to two per cent in developed countries.

Critical steps include simple, affordable, on-the-spot diagnostic tests for infants; increased antiretroviral treatment for all HIV-positive expectant mothers; and greater efforts by pharmaceutical companies and governments to find more appropriate and accessible treatments for children and infants. There must be ongoing pressure on drug companies to adapt drugs for use in children, where possible, and make them more affordable, experts said.

"HIV treatment has been available only since the mid-1990s, so we only have 12 to 13 years of experience," Dr. Shaffiq Essajee, director of clinical operations and senior advisor in pediatrics for the Clinton Foundation, told IPS. "People with HIV have [stayed] alive and grown healthy during this period. The sky is the limit in how long a child with HIV can live if it receives treatment," he stressed.

"Children's immune systems react faster and more effectively to antiretroviral treatment than adults. The problem is the lack of affordable, child-friendly ARV formulations and how to make this possible in resource-limited settings," Essajee continued.

In 2004, the cheapest treatment cost 600 dollars for one child per year. Just two years later, the cost had fallen to 60 dollars. Cheaper drugs are a necessity - but they don't solve the problem by themselves, experts note.

"They go one time to the clinic, but they don't have the money for another bus ticket to go again," said Father Ed Phillips, CEO and chair of the Eastern Deanery AIDS Relief Programme in Nairobi, Kenya.

Women also have to be counseled so that they realise that they need to get tested. "We can't access children if we can't access their mothers," Birx said. HIV testing and counseling is critical to preventing mother-to-child transmission of the disease.

Read this article in its entirety at: <http://ipsnews.net/news.asp?idnews=49465>
[Source: IPS - Inter Press Service; Website: www.ips.org]

Advocacy Statement: Grassroots Women Demand Accountability to Communities on World AIDS Day

We, grassroots women in the Huairou Commission AIDS Campaign, from 15 African countries, India, Cambodia, Guatemala and Honduras have declared that it is time for the world to recognize and resource grassroots women's on-going caregiving work and leadership in the response to HIV and AIDS.

We, grassroots women working every day in our communities, have long been coping with the changing face of HIV and AIDS, responding by meeting essential needs and transforming development and governance processes, increasing their accountability and ownership by those most affected.

We, home-based caregivers and grassroots women living with AIDS, who are organized in self-help and support groups, have counted and valued our shared contributions. These include (but are not limited to): direct provision of home-based and palliative care, psychosocial and nutritional counseling; ensuring treatment adherence; caring for orphans; empowering girls; mobilizing resources, including developing innovative livelihoods strategies; promoting food security strategies to maintain the physical well-being of people living with AIDS; forging partnerships to secure and enforce women's land and property rights; leading support groups for the infected and affected; and running locally-appropriate and culturally sensitive awareness-raising and stigma reduction campaigns.

Despite the growing recognition of our contributions to reducing the spread of the

pandemic and mitigating its impacts, the care, services and resources home-based caregivers mobilize, are largely unaccounted for.

We, grassroots women are uniting communities, re-building social networks and fabrics eroded by poverty and violence. We understand the linkages between gender-based violence and HIV and AIDS. We stand in solidarity with our sisters regions experiencing conflict and violence and recommend that the voices and immediate needs of those who suffer are heard by governments, NGO and women leaders.

We ask our partners and supporters to join us by calling for funding to support:

- Grassroots women's organizing as the most sustainable solution to the cross-cutting causes and effects of HIV and AIDS
- Peer exchange as the most effective and empowering way to transfer good practices
- Income-generating activities that can help to sustain grassroots women's organizations and activities
- Community-led initiatives protecting women's land, inheritance and property rights

To read more about Huairou Commission AIDS Campaign at:

<http://www.huairou.org/campaigns/aids/index.html>

AIDS-free generation of children achievable, says UN report

A generation of children free from AIDS is possible, according to the *Children and AIDS, Fourth Stocktaking Report* released today by UNICEF in partnership with the joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO) and the United Nations Population Fund (UNFPA). However, the authors note the world is not yet on track to meet targets for prevention, treatment, care and support.

Issuing a call for action they urge that in a climate of economic uncertainty long-term targets are kept in mind and short-term commitments are honoured if women, children and young people are to have opportunities to live and thrive in a world free of AIDS.

According to UNICEF, \$5.9 billion annually is a best estimate of the resources needed to adequately address the requirements of women, children and young people to meet the targets of the Four Ps of the Unite for Children, Unite Against AIDS initiative (preventing mother-to-child transmission, paediatric HIV care and treatment, preventing HIV infection among adolescents and young people, and protecting and supporting children affected by HIV and AIDS).

The Fourth Stocktaking Report can be downloaded at: www.uniteforchildren.org

[Source: NAM AIDSMap.com. The full article is available at:

<http://www.aidsmap.com/en/news/0A553D04-5DB3-4BE6-BEA6-BE3E06F34EB0.asp>]

WHO releases new recommendations on treatment, prevention and infant feeding in the context of HIV

Geneva - On the eve of World AIDS Day, the World Health Organization (WHO) is releasing new recommendations on treatment, prevention and infant feeding in the context of HIV, based on the latest scientific evidence.

WHO now recommends earlier initiation of antiretroviral therapy (ART) for adults and adolescents, the delivery of more patient-friendly antiretroviral drugs (ARVs), and prolonged use of ARVs to reduce the risk of mother-to-child transmission of HIV. For the first time, WHO recommends that HIV-positive mothers or their infants take ARVs while breastfeeding to prevent HIV transmission.

The recommendations, if adopted, will result in a greater number of people needing treatment. However, WHO states that the associated costs of earlier treatment may be offset by decreased hospital costs, increased productivity due to fewer sick days, fewer children orphaned by AIDS and a drop in HIV infections.

For more information, please visit the following web sites:

WHO HIV/AIDS Department - <http://www.who.int/hiv>
WHO Child and Adolescent Health Department –
http://www.who.int/child_adolescent_health/

GLOBAL: Integrated health systems "boost the fight against HIV"

NAIROBI, 7 December (IRIN) - If universal access to HIV prevention, treatment and care is to be achieved, experts recommend an inclusive approach to healthcare, rather than narrow HIV programmes.

CLICK ON LINK BELOW FOR FULL REPORT
<Http://www.irinnews.org/report.aspx?ReportID=87354>

WHO report on the health of women: AIDS leading cause of death globally in women of reproductive age

In a landmark report on the health of women and girls across the globe, the World Health Organization (WHO) states that AIDS-related illness is the leading cause of death and disease among women of reproductive age in low and middle income countries, particularly in Africa. Also, globally, unsafe sex is the single leading risk factor

contributing to deaths among women of reproductive age. These findings support the contention in *Women and Health: Today's Evidence, Tomorrow's Agenda* that in a multiplicity of areas female health is neglected and must now be considered an urgent priority.

We know that there is a strong relationship between violence against women and HIV. We need to help young people develop the skills for mutual consent in sex and marriage and put an end to violence and sexual coercion. This is key to preventing HIV and to achieving gender equality in all aspects of life.

~Michel Sidibe, Executive Director of UNAIDS

Key stages relevant for health: early childhood, adolescence, adulthood and older age

The report explores the lives of women and girls through key stages relevant for health: early childhood, adolescence, adulthood and older age, and shows that women face “widespread and persistent inequities” during each of these stages. It not only highlights women’s health needs- and how they are not being currently met in terms of HIV and other areas- but also the valuable contribution that they make to the health sector and society in general.

Women and Health draws attention to four areas where policy action could make a real difference to women’s health: building strong leadership and a coherent institutional response coalescing around a clear agenda; making health systems work for women; leveraging changes in public policy to encourage fundamental social change (through, for instance, targeted action to help girls enrol in school); and finally, building the knowledge base and monitoring progress.

WHO hopes that by charting a cogent way forward that the health of women and girls, and society as a whole, can be ameliorated. As the report has it, “Improve women’s health, improve the world.”

To read the full report, see:

http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf

Global Fund Observer: Report Confirms Decline in the Rate of New HIV Infections

New HIV infections in 2008 were 30% lower than they were 12 years ago, according to data just released by UNAIDS and the World Health Organization (WHO). The findings confirm a trend first observed about two years ago.

UNAIDS and WHO state that the spread of HIV "appears to have peaked" in 1996. An estimated 2.7 million new HIV infections occurred in 2008, the same number as in 2007, but well below the 3.5 estimated new infections in 1996. Sub-Saharan Africa remains

the most heavily affected region, accounting for 71% of all new HIV infections in 2008. But even there, the number of new infections is 15% lower than it was in 2001.

"The good news is that we have evidence that the declines we are seeing are due, at least in part, to HIV prevention," said Michel Sidibé, Executive Director of UNAIDS. "However, the findings also show that prevention programming is often off the mark and that if we do a better job of getting resources and programmes to where they will make most impact, quicker progress can be made and more lives saved."

The number of people living with HIV continues to grow. In December 2008, an estimated 33.4 million people were living with HIV, compared to 33.0 million in 2007. The reason that this number continues to grow while new infections are declining is that HIV-positive people are living longer, due in large part to expanded antiretroviral (ARV) coverage. UNAIDS and WHO report that the percentage of those needing ARV treatment who actually receive it rose from 7% in 2003 to 42% in 2008, meaning that over half of those in need of treatment are still not receiving it.

To read the full article, see:

<http://www.aidspan.org/documents/gfo/GFO-Issue-112.pdf>

[Source: Global Fund Observer, Issue 112: 1 December 2009]

As part of the Firelight Foundation's Monitoring, Evaluation and Technical Assistance (META) Program, Firelight provides "Newsflashes" to share relevant resources and information with our active grantee-partners via weekly emails and via post on a monthly basis. We hope that by facilitating access to information for grassroots, community-focused organizations, programming for children and families, as well as organizational development, is enhanced. Past editions of the Firelight Newsflash can be found on our website:

<http://www.firelightfoundation.org/newsflash.htm>.

We welcome your comments, feedback and ideas for upcoming Newsflashes at newsletter@firelightfoundation.org.