

COMING TO SAY GOODBYE:

Stories of AIDS in Africa

Discussion Guide

1. What was your overall response to this video? What struck you most?
2. What was your impression of the people in the video? Which one(s) impressed you the most? Why?
3. Kofi Annan, Secretary General of The United Nations, said in an interview about the international response to AIDS, “It does indicate a certain incredible callousness that one would not have expected in the 21st century.” Do you agree? Why is AIDS not a top international priority?
4. What is your response to the pharmaceutical companies’ unwillingness to make anti-retroviral drugs available to countries that cannot afford to buy them? What should be done about it? What can you do about it?
5. Dr. Ogola expressed hope at the end of the video. Do you share her hope? If so, what makes you hopeful?
6. What are some actions we can take to make a difference in the fight against AIDS?

There are many excellent websites that will further educate you about AIDS and give you opportunities to TAKE ACTION. Here are a few of them:

Africa Action: <http://www.africaaction.org/campaign>

Bill and Melinda Gates Foundation: <http://www.gatesfoundation.org/>

Global Action for Children: <http://www.globalactionforchildren.org>

Global AIDS Alliance: <http://www.globalaidsalliance.org/>

Global AIDS Interfaith Alliance: <http://www.thegaia.org/>

Oxfam International: <http://oxfam.org>

Student Global AIDS Campaign: <http://www.fightglobalaids.org/>

UNAIDS: <http://www.unaids.org/>

The Global HIV/AIDS Pandemic

Global Health Reporting.org

<http://www.globalhealthreporting.org/diseaseinfo.asp?id=22>

Overview:

In the more than two decades since the beginning of the HIV/AIDS pandemic, approximately 60 million people worldwide have become infected with the virus, including more than 20 million who already have died. If more is not done to fight the HIV/AIDS pandemic, it is on course to be one of the worst in history, with millions more people estimated to become infected by the end of this decade. The HIV/AIDS pandemic presents numerous political, economic, public health, social and scientific challenges to nations worldwide.

State of the Pandemic:

As of the end of 2004, 39 million people were estimated to be living with HIV/AIDS worldwide. An estimated 4.9 million people became newly infected with HIV in 2004 -- the most new cases reported in any single year since the beginning of the pandemic. Three million people died of AIDS-related causes in 2004. Women represent a growing proportion of people living with HIV/AIDS and now comprise nearly half of adults estimated to be living with HIV worldwide. Young people under the age of 25 are estimated to account for half of all new HIV infections worldwide.

According to UNAIDS -- the Joint United Nations Programme on HIV/AIDS -- there is no single AIDS epidemic worldwide. Instead, many regions and countries are experiencing diverse epidemics, some of which remain in early stages. Sub-Saharan Africa is the most-affected region in the world, followed by the Caribbean. There also is growing concern about the "next wave" of the epidemic emerging in parts of Eastern Europe and Asia.

Access to needed services remains quite low overall and uneven around the world. While there is better access to treatment and care in North America and Western Europe than in the rest of the world, only 12% of HIV-positive people who need treatment in developing and transitional countries were estimated to be receiving antiretroviral medications as of December 2004. This represents only 700,000 of the estimated six million people in need of antiretroviral drug treatment in these countries. Access to prevention services also is low, with fewer than one in five people at risk of HIV infection estimated to have access in low- and middle-income countries.

Worldwide spending on global HIV/AIDS has tripled since 2001, from an estimated \$2.1 billion in 2001 to \$6.1 billion in 2004. However, current spending falls far short of the total resources needed to respond to the epidemic. UNAIDS estimates that spending on HIV/AIDS needs to increase to \$12 billion annually by 2005 and to \$20 billion annually by 2007. One of the biggest challenges in fighting the pandemic remains obtaining needed resources and using existing resources efficiently.

The Less They Know the Better, Abstinence-Only HIV/AIDS Programs in Uganda

Excerpt from Human Rights Watch report, March 2005:

<http://hrw.org/reports/2005/uganda0305/index.htm>

X. Conclusion

As an activist and woman living with AIDS, it makes me feel judged. You are supposed to abstain and be faithful. Condoms are only for those who are promiscuous. I got HIV in marriage. I was faithful in my relationship. The battle to come out and be open was a struggle. Now, instead of moving forward, we are moving strides back.

—Ugandan woman living with AIDS

Uganda is unique among African nations for its early and high-level leadership against HIV/AIDS. The government's willingness to address HIV/AIDS openly and break taboos surrounding sexually transmitted diseases is widely acknowledged as the cornerstone of its early success against the epidemic. By involving a wide range of nongovernmental organizations in the AIDS struggle and allowing candid messages about sex to reach a wide audience, Uganda achieved high levels of awareness of HIV, increased voluntary HIV testing, and ultimately fewer new HIV infections.

Today, this progress may unravel as U.S.-funded organizations scale up programs that promote sexual abstinence and fidelity within heterosexual marriage to the exclusion of all other HIV prevention strategies. These programs deprive young people of information that could save their lives. They mock the plight of countless Ugandan women and girls who abstain until marriage and are faithful within it but nevertheless become infected with HIV. They provide scant information or assistance to those at highest risk of HIV infection, including street children who trade sex for survival, children affected by conflict, and lesbian, gay, bisexual, and transgender youth. They distort factual information about condoms and safer sex strategies, placing young people at a higher risk of HIV and other sexually transmitted diseases.

As their proponents admit, abstinence-only programs are not simply about preventing HIV/AIDS, but about promoting moral values. However, censoring or distorting factual information about HIV/AIDS is not a moral value. Moreover, casting HIV/AIDS as a "moral" disease that results from "promiscuity"—as abstinence-only programs invariably do—reinforces the deadly stigma associated with HIV/AIDS. Throughout the 1990s, Uganda stood for the idea that AIDS could affect anyone, not simply "promiscuous" people. This idea proved critical to respecting the human rights of people living with AIDS and protecting them from violence and discrimination. Now, abstinence-only programs give Ugandans a new reason to stigmatize people living with AIDS and to judge their actions as immoral or blameworthy.

To its credit, Uganda continues to recognize that its young people face a high risk of HIV infection and has faced up to that challenge by expanding school-based sex education programs. However, as a perceived global leader in HIV prevention, Uganda is accountable to evidence and best practices in HIV prevention. The country's high-profile U-turn toward unproven HIV

prevention strategies for young people has, at this writing, already begun to resonate throughout other parts of Africa. Its complicity in the rewriting of history around its HIV prevention “success” could have implications on HIV prevention programs for years to come. Ultimately, it is not just Ugandans who will pay the price for the country’s back-steps in HIV prevention. It is the entire effort against the global AIDS pandemic.