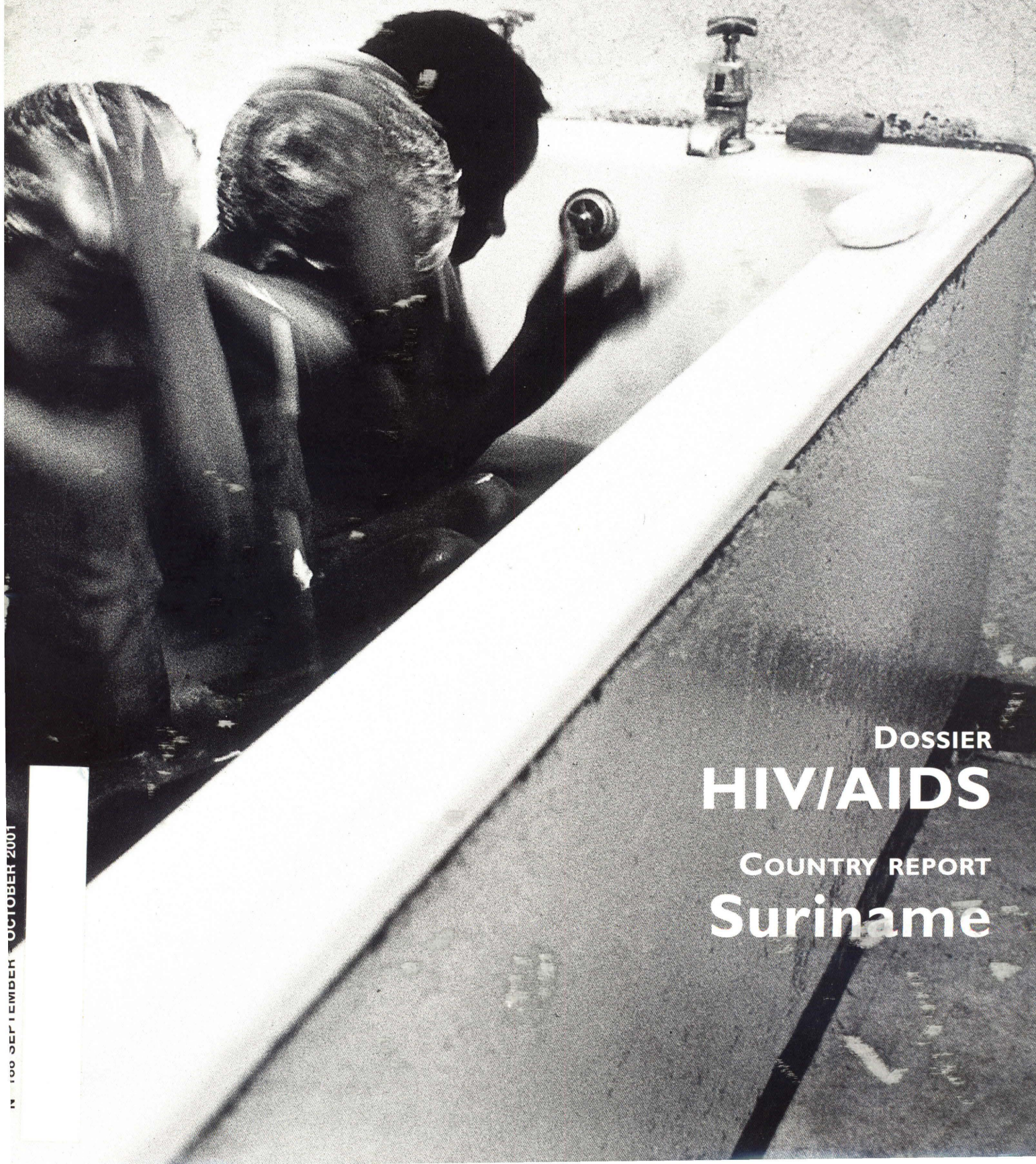


20601

the Courier

the magazine
of ACP-EU development cooperation



DOSSIER
HIV/AIDS

COUNTRY REPORT
Suriname

Issue 188 September-October 2001

Contents



Meeting point

- Boutros Boutros-Ghali, Secretary-General of the International Organisation of the Francophonie
"A dialogue of cultures" 2

News

- EU-Cuba – renewing the dialogue 6
Civil society; a new role under Cotonou? 8
Global warming –how to make Kyoto work 10

Dossier: HIV/AIDS 12

- "To stop AIDS, Africa must start talking about sex"
Pascoal Mocumbi, Prime Minister of Mozambique 15
Ray of hope in Senegal, as transmission rates slow 16
The HIV/AIDS policy of the European Community 19
"We need a global approach" Dr Pa'o Luteru,
Assistant Secretary-General of the ACP Group 22

- Desperately seeking a vaccine 24

- Uganda turns the epidemic around 27

- Survivors not just sufferers:
one HIV-positive man's story 31

- Haiti: "No better no worse" 34

- When ignorance kills 38

- Men who love other men 40

- How many Batswana will be alive in 2021? 42

- Education is a crucial tool 44

- AIDS in South Africa –
bold steps in a discouraging climate 46

- Violence against women:
Breaking the silence 48

- Choreographing life:
fighting mother-to-child transmission 50

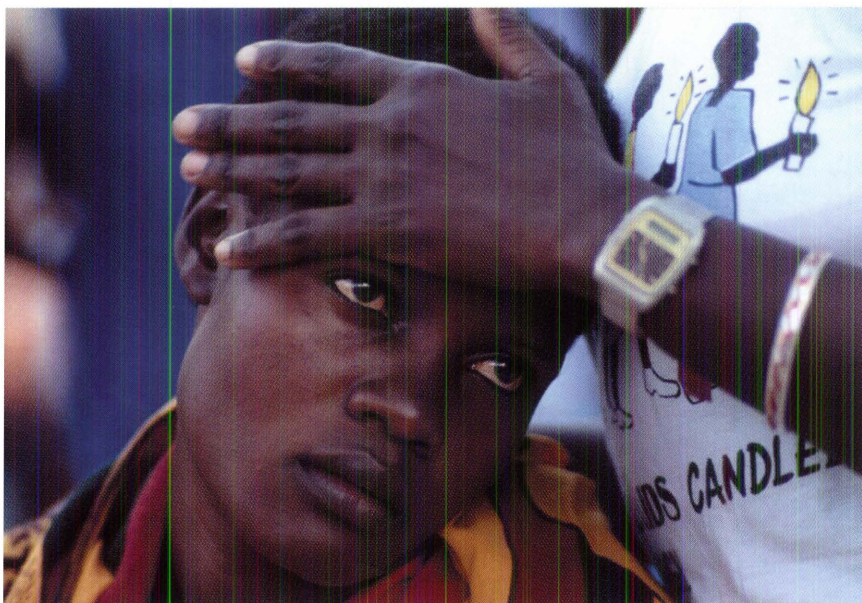
- Papua New Guinea, finding the right approach 52

- Asia/Pacific: Major congress on AIDS 54

Culture and Society

- Ahmadou Kourouma: between fiction and reality 55

- Fossils, culture and community in Northern Malawi 57



© Michael Jensen Mich-Jen@post3.tele.dk

Postal Address

The ACP-EU Courier
European Commission
200 rue de la Loi
1049 Brussels
Belgium

Address for visitors

12 rue de Genève
1140 Brussels
Belgium
<http://europa.eu.int/comm/development/publicat/courier>

ACP General Secretariat

451 avenue Georges Henri
1200 Brussels
tel: + 32.2.7430600
fax: + 32.2.7355573
info@acpsec.org
<http://www.acpsec.org>

Publisher

Koos Richelle

Director of Publication

Leonidas Antonakopoulos

Editor

Dorothy Morrissey
dorothy.morrissey@cec.eu.int

Journalist

Aya Kasasa
ayakas1@yahoo.fr

Production

Mounia Lakhdar-Hamina
mounia.lakhdar-hamina@cec.eu.int

Documentation

Constance Lusinde Zainati
development@cec.eu.int

Subscriptions

fax: +32.2.299.3002

Cover

Bath time at Montgomery Heights orphanage
© Tom Stoddart/IPG 2001d
ipg@katzpictures.com
<http://www.katzpictures.com>

Published in English and French.

Signed articles express the opinion of the author and do not necessarily represent the opinions of the EU or the ACP Group.

Articles can be reproduced, but The ACP-EU Courier should be credited.

Children

Child labour: can trade sanctions or boycotts lead to elimination?

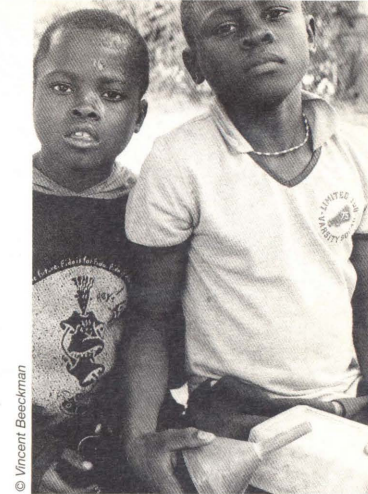
59

Alcinda Honwana:
Restoring hope for children of war

60

Growing up on the streets
of Kinshasa

63



© Vincent Beackman

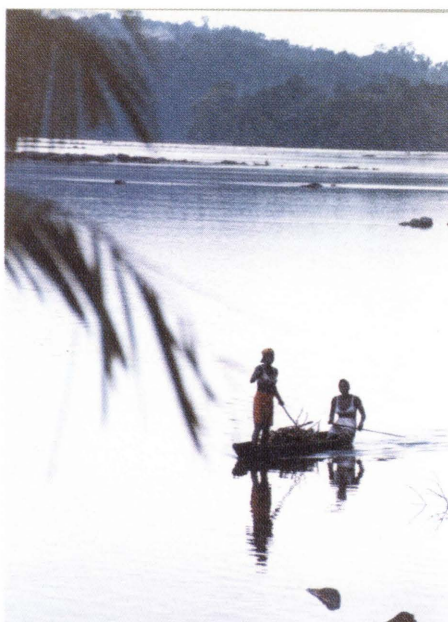
Country report: Suriname

65

Suriname in the ACP context

Jean-Robert Goulongana, Secretary-General of the ACP Group,
shares his impressions on his recent visit

66



© Justine Thermen

Suriname – an ethnic mix with
a chequered past and future
prospects

69

“Opening up in order to grow”
Interview with Foreign Minister
Marie Levens

73

Suriname and regional
integration –
the “Guyana Plateau”

75

Parliamentary opposition
in a political mosaic:
Interview with Janie Simons

77

HIV/AIDS: setting up a prevention
network

79

Bananas:
an endangered sector

81

Have faith in the people:
Stanley Ragoebarsingh, Minister of Planning
and Development Cooperation

83

Development: from the bottom up

84

Profile

85

Book reviews

86

The "Lorenzo Natali" Prize for Journalism

87

Letters

88

Maps

89

OCT 22 REC'D

The ACP-EU Courier

Washington, DC 20037

is the main publication of the African, Caribbean and Pacific countries and the European Union. The EU provides ACP countries with preferential access to EC markets and substantial development assistance (some two to three billion Euros a year). The ACP and EU cooperate at a political level and engage in a continuous political dialogue: in trade, to promote the integration of the ACP countries into the world economy and in development assistance, with the clear objective of promoting sustainable development and reducing poverty.

AN INTERVIEW WITH BOUTROS BOUTROS-GHALI, SECRETARY-GENERAL OF THE OIF
(INTERNATIONAL ORGANISATION OF FRENCH-SPEAKING COMMUNITIES)

The Year of La Francophonie a dialogue of cultures

In October this year the heads of state and government of countries using French as a common language will meet in the Lebanese capital, Beirut for the ninth Francophone community summit.

The theme for 2001, dubbed Year of *La Francophonie*, will be the dialogue of cultures. For Boutros Boutros-Ghali this concept goes a long way beyond the simple defence of the French language.

Dorothy Morrissey

Your organisation is constantly struggling to ensure that people recognise the importance of cultural and linguistic diversity...

By defending languages, and I am not just talking about the French language, we are defending our inheritance. The Francophonie defends cultural diversity, since cultural diversity constitutes an important part of mankind's inheritance. It is therefore in our interest to ensure that this common cultural inheritance is preserved. We are constantly fighting to protect endangered species so why not do the same for languages? To quote Paul Valéry: "Civilisations are mortal, languages are mortal". The language of the Pharaohs would be dead, were it not for the discovery of the Rosetta stone, and 5000 years of civilisation would have simply disappeared!

How important is this work in the promotion of peace?

It is entirely possible to foster a culture of peace through cultural diversity. When you speak more than one language, you have the ability to hold constructive exchanges with other peoples and other civilisations. So the role of cultural diversity is an invaluable one, helping us in our search for a culture of peace based on tolerance, open-mindedness and dialogue. If you don't democratise globalisation, it will distort democracy at a national level.

What exactly do you mean by democratising globalisation?

Democratising globalisation means ensuring our globalisation policies are effective and that everyone reaps the fruits of their labour. The question is how to achieve this. I do not claim to have all the answers, but one solution, as I see it, could be to invite members of civil society, NGOs or individuals to help us draw up a set of guidelines with which to govern the globalisation process. It is democratised through a plurality of languages and cultures. How can you recommend democracy in developing countries, and impose conditions, if at the top of the pyramid you do not have a democratic regime? This brings us on to a further objective of cultural diversity, that of democratising international relations.

As you see it, therefore, the concept of cultural diversity has three basic objectives: defending languages, fostering a culture of peace and promoting the democratisation of international relations. Were you keen to see these concepts included in the OIF's recent Cotonou Declaration on cultural diversity?

The Cotonou Declaration was the first of its kind. Never before had an international organisation adopted such a declaration. We didn't stop there, however. We went on to adopt a plan of action, aimed at giving some form of structure to our efforts to preserve cultural diversity. In doing so, we succeeded in turning an idea into actual policy, and not simply for our benefit, I might add. We hope that our actions will have a much more global impact. We intend to play an active part in the international debates on cultural diversity, and contribute to the European Union's work in multilingualism.

So are we really looking at some form of institutional framework?

Yes, an institutional framework of sorts, with practices, concepts to defend. Take the concept of "cultural exception", for example. It is a rather clumsy expression, with no real meaning *per se*, but it offers us a "get-out clause". Today, virtually everywhere in the world, we are



© OIF

using the same products, listening to the same music, watching the same films. We are hurtling faster and faster towards uniformity. How are we to protect what is specific to countries like the Lebanon, Belgium or Cameroon? They have their own unique cultures, languages and histories. Deprive them of these and their national identity is gone. It's not that we are ardent supporters of national identity, but a country's riches lie in its diversity and this must be preserved. The nation-state will continue to play an important role for the next 50 to 100 years. And what is it that will keep this diversity alive? Once again it's our culture, common history, religions, traditions and folklore.

Are you not afraid that, taken to extremes, these recommendations might lead to individual nations preserving their own identities to the extent that they end up shutting themselves off from others?

Admittedly, we could find ourselves facing a very dangerous phenomenon, an immediate reaction to excessive globalisation. Such an excessive preservation of identity can lead to extremism, the emergence of closed societies, worsen fanaticism and can give rise to "micro-nationalism" or what I call "neo-tribalism". The result would most certainly be war and under-development. We must remember though that by defending cultural diversity, we are also defending another fundamental theme - that of development.

All of this has been expressed in three agendas: the Agenda for Peace, presented to the UN in 1992, Agenda for Development in 1994, and in 1996 the Agenda for Democratisation.

My idea is that these three concepts – peace, development and democracy – are linked in our work.

Do you think that, as globalisation increases, the OIF will become more important?

The OIF is playing the role of catalyst, encouraging other organisations to follow its lead. We have concluded cooperation agreements with the Commonwealth, the Arab League, the OAU (Organisation of African Unity), the OAS (Organisation of American States), the United Nations, specialised agencies and the group of ACP countries. We know our limits. We are there to lead the way for others. But we have to cooperate and pass on this message to the other organisations in a bid to gain their support. In short, we have to invite others to join us in our fight, because it concerns all of us.

The next Francophone summit is to be held in October in Beirut, in the heart of a region with a long history of troubles. That fact alone makes this a groundbreaking moment, wouldn't you say?

This summit is significant for a number of reasons. It will be the first summit of the third millennium. Secondly, this is the first time that such a summit is to be held in an Arab capital, and not just any capital! We're talking about a country and city that have been divided and torn apart for over sixteen years. Last but not least, this summit will serve to encourage greater dialogue between North and South, between the Arab world and the European world. Over the next few years, the European Union will open its doors to somewhere in the region of twenty million North Africans. It is therefore essential for an organisation such as the OIF to take the initiative and clear the way for dialogue between these countries. Moreover, this has to take place on Arab soil.

Would I be right in thinking that this rift also exists between North Africa and Sub-Saharan Africa?

I was just coming to that. Yes, that is also a problem. A moment ago I stressed the need for closer dialogue between the Arab world and Europe. I should now like to add that the same need exists in terms of Arab-African relations. As ambassador of the Arab League, I worked for many years to convince the Arab States of the need for such dialogue. In March 1977 we organised a summit between the Arab League and the OAU. It failed to produce any concrete results but that's not to say we should throw in the towel. We are pursuing this idea through the OIF, which will serve as catalyst between Europe and the Arab world and the Arab and African communities.

La Francophonie has an important political dimension. For example, since 1982 you have sent out nearly sixty election observation missions. What have you learnt from them?

We were deeply concerned about the conflict in the Islamic Republic of the Comoros. We have since

► MEETING POINT

installed a representative there, who can permanently monitor the situation. We have also, together with the European Union, taken a keen interest in countries such as Togo, Burundi, Congo-Brazzaville and the Democratic Republic of the Congo. We work on the following principle: we intervene when no other organisation is doing so and we only collaborate with others under certain circumstances. Why? Because we don't want to see two types of conflict emerging; those who oppose the protagonists, the State or the political parties, and those who oppose the mediators. A number of election observation missions bear witness to such conflicts.

We have been focusing on central Africa, a region extremely hard hit by recurrent conflicts. As I see it, our ultimate aim is not preventive diplomacy or even to keep peace in the course of a conflict. Above all else, we want to discover the means by which to build peace when the conflicts have ceased. The electoral process is no exception. It is not simply a matter of sending a mission and taking action during the elections. It is when the polling stations close that the real problems start. This is when our work really begins.

So, the missions that your organisation carries out cover more than just the observation of elections?

Yes, the political role of the French-speaking world is much greater than that. It is also involved in mediatory and reconciliatory missions to restore law and order in armed or political conflicts. We are particularly keen to promote human rights and do so through information, participation in international events, education and efforts to heighten the awareness of the people concerned.

Could it be said that the OIF adopts a pragmatic approach and that you attach little importance to expulsions and sanctions?

Last November in Bamako, a decisive step was taken by the OIF in the affirmation of its political mission, with the adoption of a Declaration on democracy, rights and freedoms in the francophone area. Through this text – the Bamako Declaration – the OIF reaffirms that democracy is inseparable from its work. The Bamako Declaration expresses unequivocally, and for the first time, the OIF's rejec-

The OIF and relations with the ACP Group

The OIF and the ACP Group have 30 member states in common. Though they are scattered through various geopolitical regions – Africa, the Caribbean and the Pacific – they are united by the same determination to work for the cause of peace and development. That, at least, is an aim stated both in the Georgetown Agreement, which established the ACP Group, and in the *Charte de la Francophonie*, the OIF Charter.

Relations between the two organisations were formalised in 1997 by an agreement granting the OIF observer status within the ACP Group, together with the signing of a Framework Cooperation Agreement. Since then, each of the two organisations has undergone significant political and institutional development, giving rise to a revision of the Cooperation Agreement between them to provide for more intensive cooperation in priority areas such as:

- Monitoring of the political situation in the member states, with a view to providing preventive action or mediation in the event of conflict, electoral assistance, legal and judicial cooperation relating to the rule of law, and the advancement of human rights associated with the process of democratisation.
- The promotion of development, which on the OIF side is the subject of a two-year programme on priority approaches, based on its experience in this area.
- In the sphere of economic development, the OIF is active on two levels: company level (credit and training schemes) and state level through joint projects, particularly for the LDC members. In relations with the ACP Group, the OIF organised, jointly with the Commonwealth, a seminar in Geneva during November 2000 to analyse the multilateral trade implications of the Cotonou Agreement. As a result of the seminar, the OIF plans to grant financial support to the ACP Group before the end of this year. This is earmarked for analysis and creating practical flanking measures to help the regional economic communities to preserve their heritage and innovate in trade-related areas.

Other areas of cooperation are also under consideration. One is the possibility of enabling the ACP Group to benefit from the *jeunes experts francophones* [young French-speaking experts] programme. Another is that the OIF might be able to lend its support to the preparations for the first meeting of the ACP Culture Ministers. Many members of the OIF are present or future EU members, and could therefore provide a forum for a rapprochement between the candidate countries and the ACP states. This is in line with the desire expressed by the ACP ministers to consider the consequences of enlargement for ACP–EU relations. Informal meetings have been organized along those lines in Brussels, in the context of the “Francophonie and Europe” course for the EU candidate states, and met the expectations of participants from both groups.

tion of taking power by force. The Bamako Declaration will constitute from now on the norm on which political dialogue between its members will be based. This gives a unique character to our discussions on democracy, human rights, and the rule of law, in a constant spirit of solidarity.

The Organisation of African Unity is soon to become the "African Union". Do you think the OIF, given its experience in dealing with peace issues, democracy and even economic aspects, might have something to offer the new pan-African organisation?

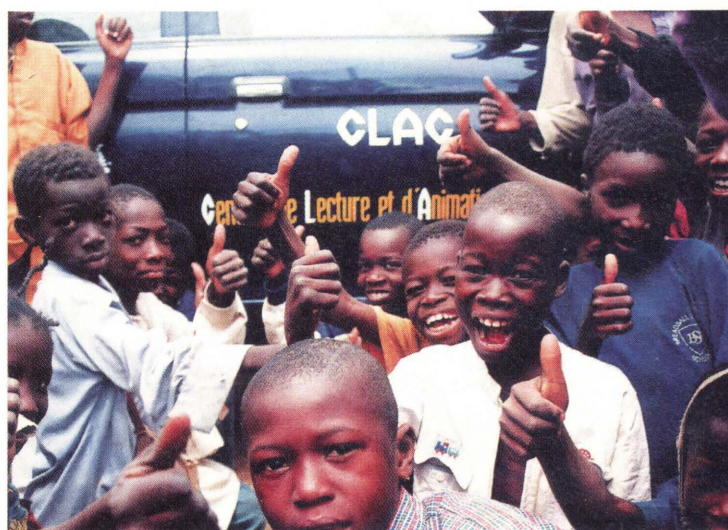
Let's not get carried away! The OIF has only had the benefit of such experience since the Hanoi summit, in 1997. However, African unity has always been part of our agenda and in 1980 our first summit in Lagos focused on establishing economic union between the African States. In 1991, we held a further summit in Bujumbura to create an economic union. Finally we have just held an extraordinary meeting aimed at getting this new body up and running. Such measures clearly demonstrate our desire to see greater integration among African countries.

When you think that it took Europe, with its 200 years of experience, nearly fifty years to properly establish itself, Africa, which only attained independence in the early 1960s, has no cause for concern. I should also stress that a number of African countries only gained their independence very recently (among them South Africa, thanks to the abolition of apartheid). We need to take time to put new ideas surrounding the creation of this body into concrete form.

The OIF counts thirty ACP countries amongst its members. What strikes you in particular about these countries, as part of a group whose aim is to defend cultural diversity?

I would just like to stress first and foremost that a number of these countries also belong to the group of Least Developed Countries (LDCs). We therefore have a particular responsibility to offer them help and support. We are not trying to compete with the European Union, but rather to work with it. That was why it was vital for me to attend the Third United Nations Conference on LDCs. This has become the OIF's economic role. At national level our aim is to ensure that the interests of the LDCs are taken into account, with a view to their successful integration into the world economy. At company level we intend to help finance the productive sectors of the economy by setting up lines of credit for small- and medium-sized companies or through micro-financing.

With respect to these French-speaking ACP countries, I would say that Europe and the French-speaking world thankfully see eye to eye. This is largely because the EU is bound by strict bilateral and regional agreements, as in the case of the Cotonou Agreement. Our next step should be to examine our programmes of action and those proposed by the EU in a bid to draw up and implement a number of joint initiatives. We are doing our utmost to ensure that our ideas are turned into effective action as soon as possible.



© OIF

**CLAC:
Opening the door to information**

Approximately 200 CLACs (centres for reading and promoting cultural information) have opened their doors in twenty countries in Africa, the Caribbean and the Middle East. Their aim is to make available a whole range of information, cultural and leisure tools. A combination of public library, meeting place for social interaction, and reading and leisure centre, the CLAC works on all fronts.

The centres are currently being fully refurbished: launched in 1996 to give people access to the conventional media (books, newspapers, radio), the CLACs are now going digital, providing radio and access to the Internet, cinema and cyber-cinema.

The centres are managed by the local communities themselves. The CLACs play an important role in helping to open up local communities.

EU-CUBA: renewing the dialogue

A European troika led by Belgian Foreign Minister Louis Michel, President-in-Office of the EU Council of Ministers, accompanied by high-ranking officials from the Spanish government and Friedrich Hamburger, European Commission Director for the Caribbean, made an official visit to Cuba from 22 to 24 August. This exploratory mission clarified the positions held by the two sides and confirmed their desire to relaunch the political dialogue interrupted over a year earlier.

Anne-Marie Mouradian

Hot and cold

The visit was organised at the initiative of the Belgian Presidency of the European Union, which decided to make relations with Cuba one of its priorities. Caught slightly unawares by this development, the EU Council of Ministers

gave the troika a mandate to examine the Cuban government's margin for manoeuvre in renewing the dialogue. This had been frozen since April 2000 when President Fidel Castro announced the spectacular withdrawal of his country's application to join the EU-ACP partnership.

Officially submitted in 1999, Cuba's application had from the start been supported by the Caribbean countries, followed by the entire ACP group.

Cuba was at that time attending the Cotonou Agreement negotiations in the role of observer, and giving signs of goodwill by making slight concessions in the area of political freedoms.

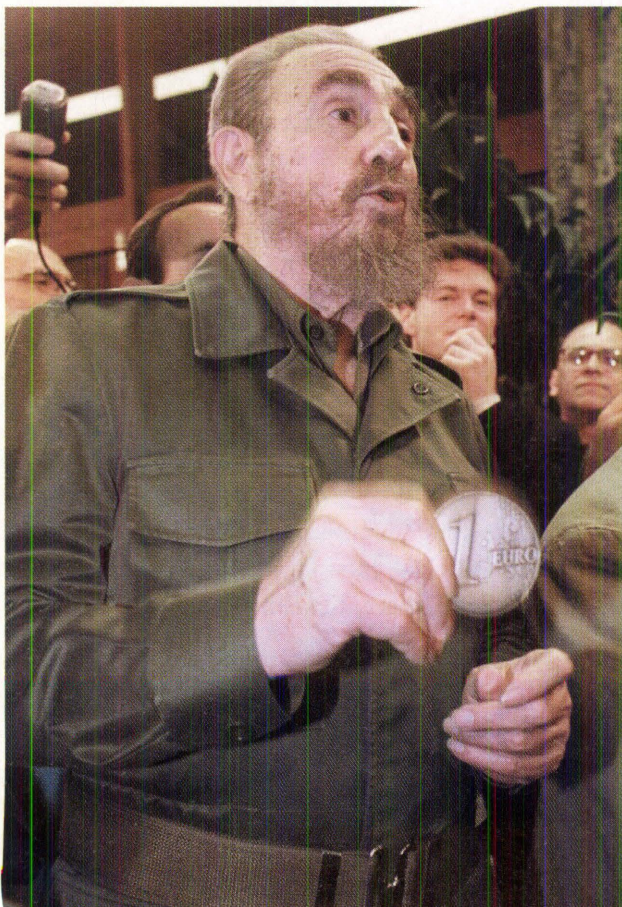
However, two months before the signature of the Agreement, Havana reacted very strongly to the EU's support of a United Nations Commission resolution condemning human rights violations in Cuba. The Cuban government indicated that it would not accept EU-imposed conditions on basic human rights in respect of its adherence to the Cotonou Agreement. The troika's visit planned at that time was cancelled.

When it applied to join the EU-ACP partnership, Havana knew that it would not be able to avoid the delicate issue of human rights. The EU relationship with Cuba is defined by the joint position adopted by the EU Council of Ministers in December 1996, which makes the conclusion of a cooperation agreement with Cuba conditional upon the Havana regime's opening up towards a democratic system and upon improvement of the human rights and political freedoms situation.

To Havana's ears, this sounded like an ultimatum. Believing the European position regarding Cuba to be insufficiently autonomous and independent of that of the United States, Havana accused the EU of being more intransigent towards the Castro government than towards other ACP countries. The argument was put as follows: 'It would be different if Cuba were in the Pacific or Africa, instead of being so close to Florida'.

As far as the EU is concerned, these accusations of discrimination are without foundation.

The 15 EU Member States have always condemned the American blockade against Cuba and its detrimental effects on the living conditions of the poorest people.



Oliver Matthys/Belga

The Cuban President Fidel Castro holding a €1 coin, given to him in 1999 by Erik Derycke, former Foreign Minister of Belgium

Louis Michel, President of the EU Council of Ministers:

"We have confirmed both parties' interest in setting up the conditions which will lead to a political dialogue based on mutual respect, without preconditions. . .

This dialogue can and must take place against a background of complete confidence. . .

This confidence must be encouraged and include gestures on both sides"

Moreover, respect for human rights is required of all ACP countries under Article 96 of the Cotonou Agreement, and the EU has suspended its cooperation with several of them for violation of these clauses.

According to a source at the European Commission, there is not a 'lex Cuba' on the one hand and a 'lex ACP' on the other.

Breaking the isolation

In April 2001, Cuba was again condemned by the United Nations Commission on Human Rights. This time, Havana received an unsettling surprise: among the countries in Latin America, only Venezuela voted against the Resolution, while others, including Mexico, abstained. Four others voted in favour of condemnation.

In economic terms, also, Cuba faces a difficult situation, and since the break-up of the Soviet bloc, has suffered energy supply problems and a lack of outlets for sugar, its principal export product.

In order to break the isolation which the election of George Bush looked set to reinforce, Fidel Castro went in search of allies and last May undertook a long tour of Africa and Asia.

According to the Belgian Presidency, the issue is that of knowing whether the European Union can remain absent from Cuba at such an important time in the country's evolution. Cuba is the only state in the region with which Europe does not have a cooperation agreement, although that does not prevent it being the principal investor, the main commercial partner – 40 percent of Cuban foreign trade is channelled to the EU, particularly Spain and France – and the biggest supplier of tourists to the island.

A further feature: on 14 December 2000, the ACP countries unanimously designated Cuba as their group's 78th member. The island thus became the first ACP state not to participate in cooperation with the EU. Supporters of its membership of the Cotonou Agreement drew par-



Oliver Hosleit/Beiga

Belgian Foreign Minister Louis Michel and Fidel Castro during the EU visit to Cuba

ticular attention to the achievements of the Cuban regime in the sectors of social affairs, education and health. In its 2000 edition, the UNDP human-development index placed Cuba in 56th position out of 174 countries.

Frank discussions

The European troika's visit renewed official contacts at a high level. According to Louis Michel, who said that he had undertaken the trip 'without wishing to express an arrogant point of view', it was an opportunity for long and very frank discussions with President Fidel Castro and his own Cuban counterpart, Felipe Pérez Roque. The Belgian minister also met with a number of dissidents: Marta Beatriz Roque, René Gomez Manzano, Gerardo Sánchez and Oswaldo Payá. They discussed the detention conditions of prisoners of conscience – estimated at approximately 250 – and the implementation of political reforms. According to 'Reporters Without Borders, about one hundred freelance journalists are regularly harassed.

The Cuban authorities again stated that they were prepared to join the Cotonou Agreement, but without preconditions. They want the EU to modify its 1996 joint position, perhaps on the occasion of its next biannual review, and request that it no longer oppose Cuba at the UN Commission on Human Rights.

So, what will be the upshot of this mission?

If it is to modify its position, Europe requires strong signals from Havana, and is currently awaiting concrete instances of liberalisation on the part of the regime, such as the release of political prisoners, the abolition of capital punishment (which, according to a European source, is no longer applied in any case), and the signing of the United Nations Convention on civil and political rights. The ball is now in Cuba's court.

Civil society: a new role under Cotonou?

At the initiative of the ACP Secretariat and the Belgian Presidency of the EU, representatives of civil society organisations met in Brussels in early July to explore the challenges and opportunities of their new role under the Cotonou Agreement. The meeting resulted in a political commitment by ACP and EU governments to involve civil society in creating and implementing development cooperation policy. The *Courier* reports on the meeting.

Aya Kasasa

It has been a year since the signing of the landmark Cotonou Partnership Agreement. Cotonou represents an important departure from preceding Lomé Conventions because it enshrines the principle of participatory development. The participation of a wide cross-section of non-state actors and civil society representatives in ACP-EU cooperation was acknowledged by ACP Secretary-General Jean-Robert Goulongana in his opening speech.

"This principle involves associating all the active forces of society with the development efforts, under the responsibility of the government, which acts as foreman," he said. "The cooperation objectives, which give top priority to the struggle against poverty, would be more easily attained by sharing responsibilities in a more efficient manner."

This forum, organised jointly by the ACP Secretariat, the Belgian Presidency and the European Commission, was a long awaited first. For one week, 140 civil society organisations met at the Egmont Palace in Brussels. Belgium co-organised the forum under the EU Presidency. Participants were selected according to how representative they were of ACP civil society organisations, based on geographical, sectoral and thematic criteria. They were joined by 20 European civil society organisations and officials from both EU and joint ACP-EU institutions.

Promoting the organisation of civil society

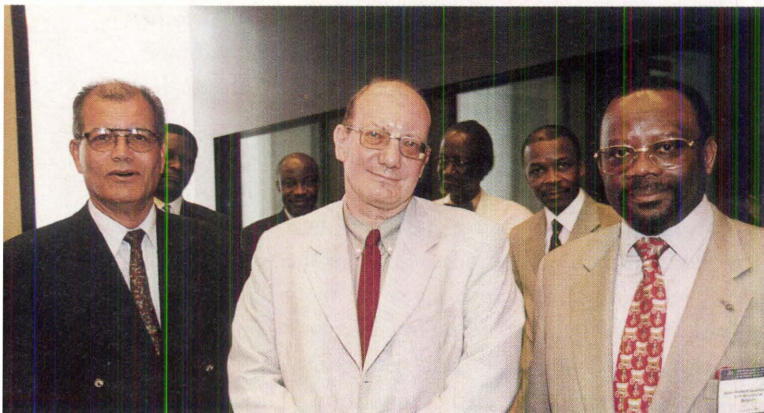
The forum was preceded by two preparatory seminars – on 2 and 3 July – during which several working groups within the ACP Civil Society Forum prepared a plan of action. Getting ACP civil society organised emerged as a priority, but group members also raised the issue of creating a more representative structure that would receive adequate support from both national and autonomous organisations. From 3 to 5 July, the ACP Secretariat compiled a Reactions document, and the forum kicked off on 6 July.

A questionnaire soliciting factual information regarding the type and nature of ACP civil society organisations was sent to all participants. It also requested data about relevant experiences of civil society actors in accessing ACP-EU cooperation information, structured dialogue with government (including during the programming process), involvement in the implementation of cooperation as well as the structuring and capacity-building of civil society intermediary organisations.

More representation, more information

It became apparent during the discussions that the representative nature of ACP civil society is still fairly limited. Issues were also raised concerning the functioning of civil society, particularly its efficacy and transparency. For example, it was pointed out that it would have been better if representatives of all ACP non-state actors had attended.

Participants requested that more information be circulated on specific ways to participate, and on the Cotonou Agreement itself. Assistant Secretary-General Pao Luteru acknowledged that levels of understanding of Cotonou vary greatly from country to country; this is also true of European civil society. The text of the agreement is still not familiar to many people.



©Georges Berghazan

Left to right: Serge Clair, Co-President of the Joint Parliamentary Assembly, Eddy Boutmans, Secretary of State for Cooperation, and Jean-Robert Goulongana, Secretary-General of the ACP Group.

More resources

A fundamental issue concerned available resources. During the forum civil society got assurances of improved access to financing, and capacity-building assistance in particular. It has been agreed that civil society will have "direct access" to a pre-determined allocation of funds to be negotiated during the country aid programming process, which is now in full swing. It was made clear during discussions that, in the meantime, before these new funds become available, the existing general "€80,000 facility" – available under the 8th EDF – can be used by NAOs and Delegates to help start up the new process. This could be used, for instance, for information workshops or mapping existing civil society structures.

The challenge now is to implement the funding in an efficient and transparent way. This means that the various parties must begin discussions, and must find agreement on the operational directives required to integrate civil society participation into ACP-EU cooperation. This has to be achieved maintaining respect for the legitimate role of national governments.

Next steps

The meeting produced a document, which, according to Pao Lutero "reflects the genuine will of ACP civil society". An Action Plan is needed, he believes, if concrete results are to follow.

Several organisations, including state actors, expressed a desire for a formal follow-up to the forum in the coming months. Discussions are to be organised concerning the Action Plan, which will serve as a guide to the principal activities to be implemented in the various ACP countries and regions between now and December 2002. This will be followed by a global progress evaluation.

Other follow-up activities will include, in collaboration with Euforic (European Forum on Resources for International Cooperation), the creation of an ACP civil society database. The recommendations of this forum should also be taken into account by the European Commission when drawing up its Communication on the participation of non-state actors within the framework of cooperation between the EU and the developing countries, to be completed by the end of the year.

Belgium holds the Presidency of the European Union from 1 July to 31 December 2001.

The *Courier* interviewed Secretary of State for Cooperation Eddy Boutmans, a man deeply committed to his work.

Interview by Alfonso Artico

Does the Cotonou Agreement map out new directions for development cooperation? Does it genuinely represent a new strategy?

The Cotonou Agreement legally creates a direct link between development cooperation and civil society. The forum that took place in July clarified the framework obligations for governments and civil societies to work together. We are slowly moving towards opening a dialogue among the various driving forces involved in this dynamic, and at the same time we are institutionalising the relationship. Today, the participation of civil society enriches democratic debate, whereas the preceding treaties made little or no mention of it. There is a close and active link between civil society in Europe and in developing countries. South-south exchanges between civil societies are supported by the European Commission, which promotes their organisation through financing seminars and conferences as well as meetings and exchanges that are both fruitful and essential. Civil society takes part in discussions that form the basis for the struggle against poverty, and they work for development within the spirit of the Cotonou Agreement.

Will cooperation under the Belgian Presidency create new forums for expression and dialogue between the ACP countries and civil society?

There has already been productive work between Belgian and ACP civil societies. A Royal Decree, which is currently being approved, will set up a clear framework for direct cooperation. We must always keep in mind the difficulties we encounter in the area of sovereignty. Every country is very particular about this point, and understandably so. Humanitarian aid and development are a kind of intrusion because they are internal affairs issues not controlled by the individual countries. We must therefore set up clear legal frameworks for agreements that are founded on mutually understood legal bases. To institutionalise is to first and foremost respect a country's domestic law. Setting up all these procedures, with different nuances within agreements, for example, takes a great deal of time and requires numerous meetings. It entails striking a balance between humanitarian intervention and respect for the recipient country's values as well as its political and social culture. This is a daily challenge that requires an open partnership. Nevertheless, there are common values that are now more accepted, such as human rights. Civil societies enrich public services by being more demanding; they are keener for constructive dialogue.

Are sponsors listening to proposals and possible criticisms from ACP civil societies?

The July forum was a step forward in this direction. Inviting representatives from civil societies from more than 80 countries is a sign of our desire to listen.

The EU is increasingly turning towards Eastern Europe. As a result, European Commission Delegations throughout the world have closed or are scheduled to close. How will this affect ACP countries already dealing with apparently diminishing budgets and political strategies that modify their guidelines? Do the ACP countries and their civil societies have reason to fear for their future in humanitarian terms?

The Treaty with ACP countries is spread over 20 years with ongoing cooperation guarantees, so their fears are unfounded. What is more, new EU member states will have to undertake to respect all treaties and clauses, including those relating to humanitarian aid and cooperation.

*Office of the Secretary of State for Cooperation:
info.dgci@diplobel.fed.be
www.DGIC.BE*

Global warming

how to make Kyoto work

“Just a yes or a no.” This was how Jan Pronk, Dutch Environment Minister and chair of the UN Conference on Climate Change, addressed the final session of negotiations in Bonn. Its aim was to adopt a common position on implementing the Kyoto Protocol. At the end of the four days the majority of the representatives from 180 countries did say “yes”, although all had serious reservations about the compromise text. Despite significant European concessions, and even without US support, the victory was still important because this treaty was the most ambitious one ever conceived on environmental issues.

Aya Kasasa

Our planet is getting warmer - a fundamental problem for mankind. But there is no question of nominating a scapegoat. The verdict is that we are all guilty. We all contribute to the increase in the concentration of carbon dioxide (CO₂) in the atmosphere. Of course, some countries contribute more than others. No matter. The equation is a simple one: the more CO₂ we emit, the more the temperature will rise.

Greenhouse gas (GHG) emissions must be reduced and this is the subject of the Kyoto Protocol, signed in Japan in 1997. Under its terms 38 industrialised countries undertook to reduce their CO₂ emissions (based on 1990 figures) by 5.2 percent by 2010 – a reduction rate of 30 percent. Europe was to reduce its emissions by 8 percent, the USA by 7 percent and Japan by 6 percent.

The Kyoto Protocol had the necessary majority of 55 states, representing 55 percent of the greenhouse gas emissions of the industrialised countries in 1990. There are in fact six types of greenhouse gas. The main one is carbon dioxide (CO₂), which represented 81 percent of the greenhouse gas emissions of the industrialised countries in 1990. The others are methane (CH₄), nitrous oxide (N₂O), hydrofluorocarbons (HFCs), perfluorocarbons (PFCs) and sulphur hexafluoride (SF₆).

Last chance to save the agreement

There have been more than three years of discussions since its adoption in 1997 (including a conference in The Hague in November last year, which was essentially a failure). But the text aimed at halting global warming will enter into force in 2002. Meeting in Bonn from 16 to 27 July this year, the world's governments returned to the negotiating table for what they took to be the last round prior to the adoption of a “user manual” which would save the protocol. This was despite its rejection by President Bush. Ironically his country is the greatest contributor to climate change, emitting some 36 percent of greenhouse gases. His position breaks the accord signed by the Americans at Kyoto. The Japanese, embarrassed by this, threatened to the end that they would follow the US line, taking Canada along with them.

The cost of global warming – the cost of failure

According to specialists the cost of global warming will be extremely high – especially for the developing countries, which are very vulnerable. Famines, malaria epidemics, consequences for agriculture, forests, fisheries, energy, water reserves and infrastructures – the list is long. Plus there is the damage caused by cyclones and flooding, the disappearance of land owing to rising sea levels, the drying out of marshland, pollution and so on.

What aid can be given to the developing countries to help them deal with climate change? One of the proposals adopted was the creation of a fund. The Belgian minister, Olivier Deleuze, who negotiated on behalf of the European Union, announced that the EU, Switzerland, Canada, New Zealand, Iceland and Norway were prepared to donate a total of €450 million per year from 2005. This should go some way to helping.

Making concessions

Signature was almost prevented by disagreement over the “constraints” that the biggest polluters were refusing to accept. The protocol had to be made into a legally binding undertaking, involving penalties for non-compliance. The European position was as follows; controls and penalties would be necessary for the Protocol to retain a minimum of credibility. So it was essential to win over the countries which form the “Umbrella Group”. These include, notably, Canada, Australia, Japan, Russia and, of course, the United States. They were demanding major concessions, and acceptance of the treaty by some of these countries was essential in order to validate it with the required majority.

Concessions, therefore, had to be made to ensure their support, particularly over “carbon sinks” – that is, taking into account forests and farmland which temporarily retain CO₂, and also the fact that the

The text adopted in Bonn defines key aspects of the Kyoto Protocol:

- It makes adjustments to the rules for estimating emissions by allowing countries to deduct the carbon dioxide absorbed by forests and farmland
- It specifies the type of loans which could be used to assist countries in the southern hemisphere, allowing the transfer of technologies, the promotion of energy efficiency and the creation of renewable-energy systems
- It creates an “adaptation fund” to assist the developing countries to deal with climate change (€450 million per year)
- It sets up a body to monitor compliance with the undertakings entered into: the enforcement branch

level of observance is very low. These were major concessions, since a significant proportion of the emissions reductions required of Japan or Canada, for example, could be accounted for in the form of sinks.

In the NGO camp there was rejoicing over a political accord on the rules for enforcing the Kyoto Protocol. For the WWF this agreement forms a solid basis for an international climate change policy. It says the NGOs are delighted that the parties have concluded an agreement which saves the Protocol – making it a first step towards effective emissions reduction – and that a legal penalty system has been accepted, with supplementary funds for the developing countries guaranteed.

The right solution?

Can the disruption of the world's climate really be controlled? Some people, such as Denmark's Dr Bjørn Lomborg – author of *The Skeptical Environmentalist* – believe that application of the Protocol is not the solution to global warming. He thinks the costs are so high that it is not worth the effort. They would be much higher than the cost of helping the developing countries to improve their living conditions (for example through access to drinking water and healthcare). Adding his voice to that of other sceptics, he advocated massive investment in research into alternative solutions such as the development of solar energy.

Another reason why the compromise should be regarded as a victory for the biggest polluters is that Europe and the G-8 had to agree to the use of “carbon sinks”, although scientists do not agree on the effectiveness of these sinks in the long term. Forests do indeed absorb carbon during their growth period, but once they have matured they give out as much as they take from the atmos-

phere. What happens then? Any deliberation on this question was deferred.

The right direction

Klaus Töpfer, Executive Director of the UN Environment Programme (UNEP), says the environment is an issue affected by politics, economics and social policy. Stopping off in Brussels just before the conference, he said it was high time to develop a common position and to integrate the developing countries into the process.

While waiting for a better tomorrow, we should be pleased that the industrialised countries, with the exception of the United States, have acknowledged their responsibility for global warming. One of the most significant advances is undoubtedly recognition of the development needs of countries in the southern hemisphere; and of the fact that they should be involved in combating the greenhouse effect. This involves the “clean development mechanism” making a genuine contribution to development in the most deprived countries. It also means financial help so that those most vulnerable to climate change can adapt, and properly designing the transfer of technologies to the South.

An “Emissions permit trading” system will be set up. This solution caused a lot of ink to flow from its critics, but it seems to operate fairly well. It is the principal mechanism whereby countries will be forced to reduce their carbon-dioxide production and is a kind of exchange of the right to pollute. The principle is based on a simple idea: it is cheaper to construct a non-CO₂-polluting plant in the developing countries than it is to bring an old plant in the industrialised countries up to standard. The developing countries thus acquire an emissions permit, and the trading regime allows the polluters to acquire it.

Useful addresses

United Nations Environment Programme; Information Unit for Conventions

This website contains an introductory guide to the Convention and the Kyoto Protocol, written in easy-to-understand language. It explains climate change from a scientific standpoint and offers a wealth of information that is regularly updated. It also contains information on several other United Nations conventions on the environment.

<http://www.unep.ch/conventions/>

Intergovernmental Panel on Climate Change (IPCC)

The IPCC, an international group of specialists, carries out scientific, technical and socio-economic research work into climate change. This website presents the group's detailed studies, on which climate-change negotiations are often based.

<http://www.ipcc.ch/>

World Meteorological Organisation

The World Meteorological Organisation (WMO) is a United Nations body responsible for co-ordinating scientific research worldwide and actions relating to meteorological conditions and climate. This website contains information on relevant WMO programmes, including the Global Climate Observing System (GSOS) and Worldwide Climate Programme.

<http://www.wmo.ch>

World Environment Fund

The World Environment Fund (WEF) is a body which finances international projects relevant to climate change, biodiversity, the oceans and ozone depletion.

This site contains information on WEF projects and partners.

<http://www.gefweb.org>

OECD (Organisation for Economic Co-operation and Development) and climate change

This website presents OECD work on climate change in support of the Annex I Group of Experts (informal group of industrialised countries).

The OECD concentrates on the Kyoto mechanisms, the drafting of domestic policy, and technical issues.

<http://www.oecd.org/env/cc/>

International Energy Agency

The International Energy Agency (IEA) analyses aspects of climate change relating to energy, the repercussions of the Kyoto Protocol on the energy sector, and the Kyoto mechanisms. This website presents the IEA's studies on climate change and its work conducted in collaboration with the OECD.

<http://www.iea.org>

Technology and Climate Initiative

A collaboration of twenty-three OECD member-countries, it aims to speed up the development and adoption of ecological technologies. The website contains information on the Initiative's activities and links leading to information on ecological technologies.

<http://www.climatetech.net/home.shtml>

Linkages Journal and the Earth Negotiations Bulletin

This International Institute for Sustainable Development website (<http://iisd.ca>) presents detailed impartial reports on all negotiations relating to climate change and also on a number of technical workshops held recently. It also contains a great deal of general information and links.

<http://iisd.ca>

Climate Change Knowledge Network

The CCKN is a network formed by more than a dozen major not-for-profit research institutes from all over the world, dealing with climate-change policy. The website contains links leading to the websites of members and also information on the network's activities.

<http://www.cckn.net>

It is now almost twenty years since AIDS was discovered. In 1980 doctors in New York and California were intrigued by cases they were seeing of an extremely virulent form of pneumonia, usually found only in people with extraordinarily weakened immune systems.

They watched in alarm as patients, most of them young and with no particular history of illness, succumbed rapidly to an illness they could do nothing to halt.

In that twenty years, the disease has spread to every corner of the world. The HIV virus which causes AIDS is estimated to have infected almost 60 million people worldwide, according to UNAIDS. Of this number, 22 million have already died and an estimated 36.1 million are currently living with HIV/AIDS. Three million people died of AIDS in the year 2000 – more than two-thirds of them in Sub-Saharan Africa.

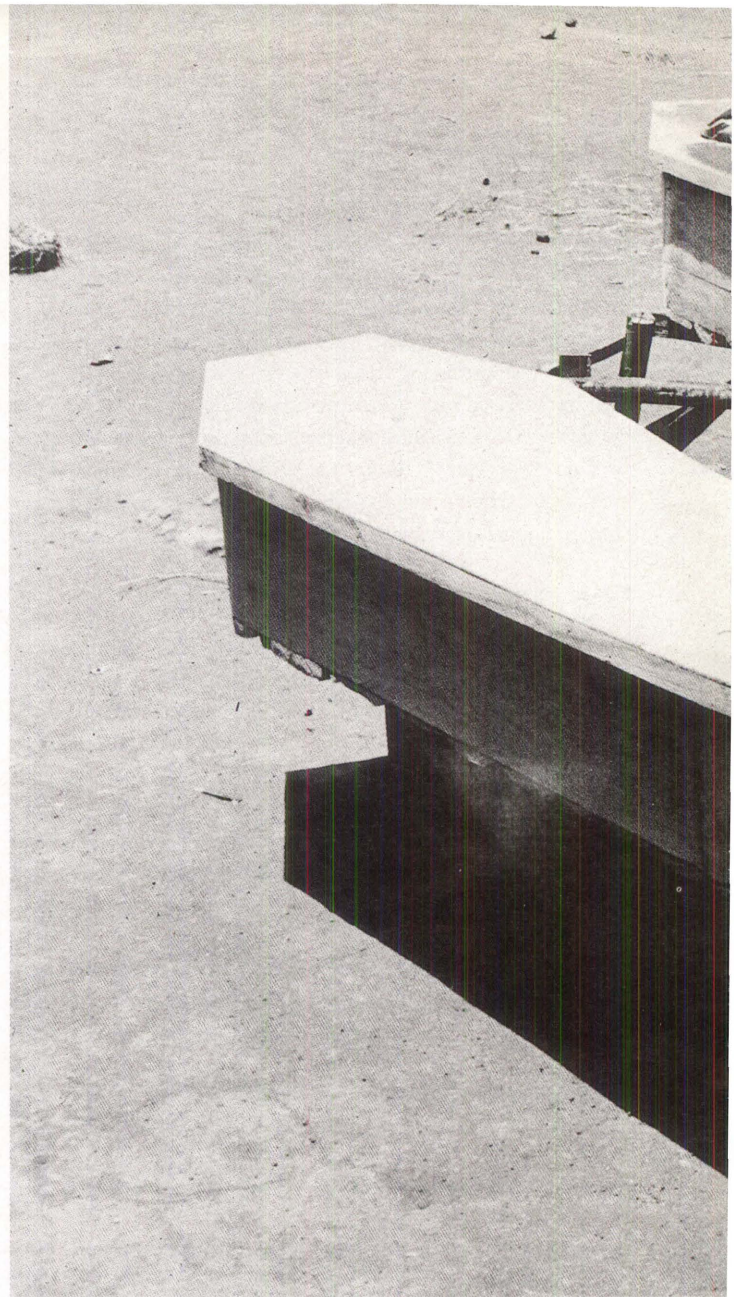
From any standpoint – human, economic, as a global health issue – HIV/AIDS is a calamity.

While HIV/AIDS is a worldwide problem, affecting rich and poor alike, it wreaks most devastation in developing countries. The disease disproportionately affects the developing world: 95 percent of the 36 million people living with HIV are in developing countries. Sub-Saharan Africa is by far the worst affected region in the world.

HIV/AIDS has a devastating effect on the social and economic fabric of society. It effects most frequently the most productive section of society, the parents and breadwinners. It effects future generations: there are about 13 million AIDS orphans, and an estimated 1.1 million children under 15 living with HIV, largely due to mother-to-child transmission. It pushes people deeper into poverty, widening the gap between the developed and developing world.

A global health issue...

HIV/AIDS has presented a major challenge to the medical establishment from the beginning. It was first wrongly seen as a disease that affected only a particular group of society, or a particular race. Even in the US, with its sophisticated medical surveillance systems, it was not until the end of 1982 that the epidemiology of AIDS – *acquired immune deficiency syndrome* – was discovered. Finally it was clear that AIDS was infectious, could be transmitted through sexual intercourse, among intravenous drug users, through blood transfusions of infected blood, and by infected mothers to their babies. Still unknown was what caused the disease.



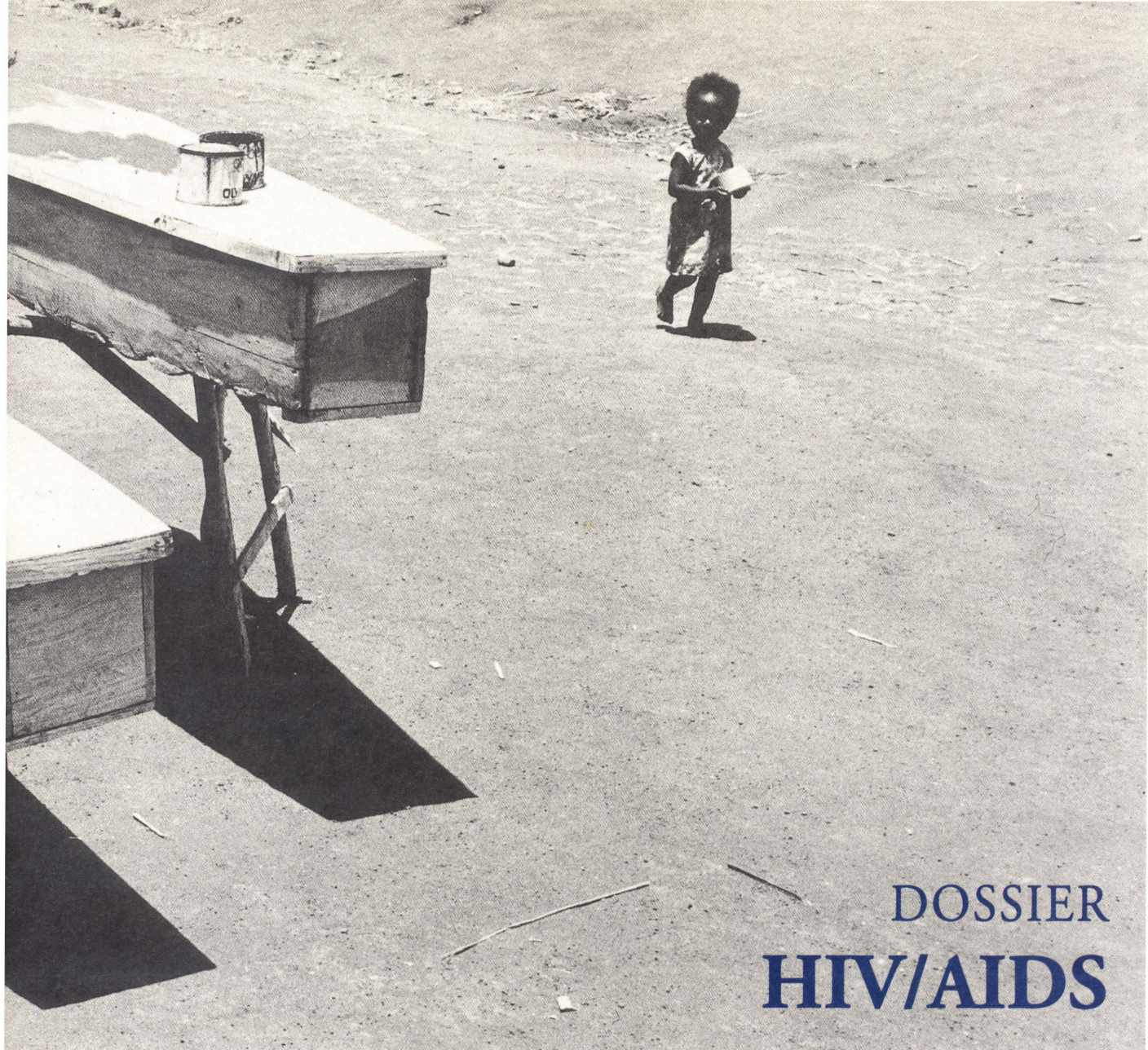
It wasn't until 1983 that the answer was found. The cause of AIDS was identified as a virus, or more correctly retrovirus – the *human immunodeficiency virus*, or HIV for short.

From the beginning AIDS has been a disease like no other. It touches on many issues that are deeply personal, that are taboo, and that can polarize. Issues like sexual relations, homosexuality, race, religious beliefs. Issues such as how personal behaviour can have an effect on the public good. Myths and denial have surrounded the disease in all parts of the world. Many campaigns use the word “silent”: “breaking the silence”, a “silent catastrophe”.

The disease has been notable too for the debate it has raised on the pharmaceutical industry. Issues have come to the fore such as how to handle intellectual property, patenting of drugs, the availability of affordable drugs, and the rights of developing countries to import or produce cheap generic drugs.

... a shared solution

Because the disease is global, a shared solution has to be found. “We need a global approach,” says Dr Pa’o Lutero of the ACP Group in this dossier. “Everyone’s future will be affected if greater attention is not given to the disease.”



DOSSIER HIV/AIDS

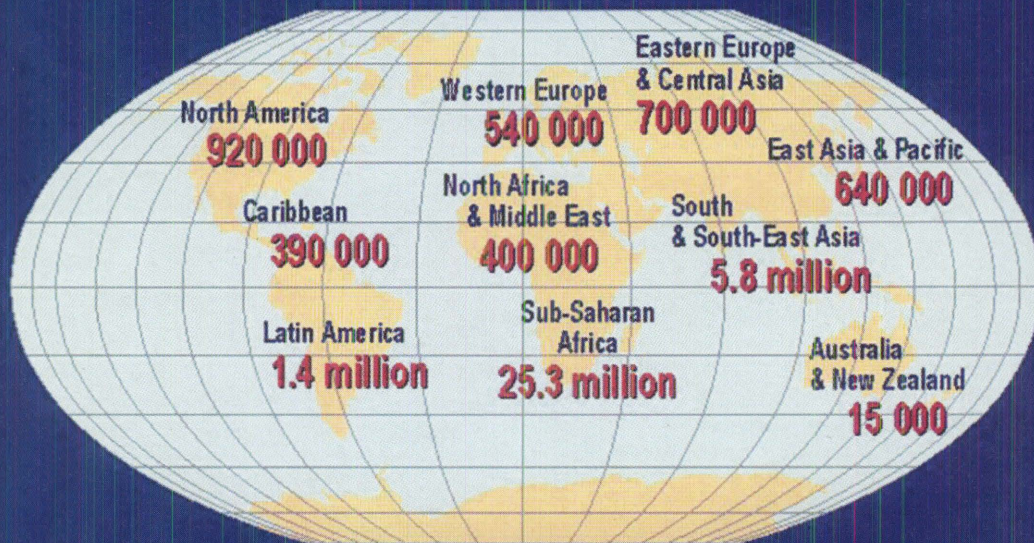
© Tom Stoddart/IPG

There is no cure, and as yet no vaccine for AIDS, so emphasis has to be on prevention, and improving and extending the lives of those infected. Communication, information, and sharing experience is vital. The Prime Minister of Mozambique Pascoal Mocumbi, in an article contributed to this dossier, speaks of the importance of talking about sex and changing behaviour. Other contributors write about programmes that are successful in passing the message, and about living positively with HIV. The disease is still often regarded as shameful, its victims ostracised. The GIPA programme in South Africa aims to tackle this by increasing the visibility of people living with HIV/AIDS, thus helping to break down stereotypes. Powerful new drug “cocktails” – antiretrovirals – exist which can extend and improve the lives of people infected with AIDS, but their cost puts them out of reach of most in developed countries. It is often thought that such drugs are too constraining for use in developing countries. Dr Paul Farmer, who is administering this therapy in a remote part of Haiti, speaks about how it can change patients’ lives. Dr Lieve Fransen describes how the European Community has been involved since the beginning in the fight against the disease, and how policy has evolved to

tackle the problem in a sector-wide way, including ensuring pharmaceutical policies are adapted to the needs of developing countries. In Sub-Saharan Africa, more than 20 countries experienced drops in life expectancy, mostly because of HIV/AIDS. Professor Warren Sanderson looks at Botswana, which has the highest HIV prevalence in the world, and how different scenarios could have an effect on its population growth. We look at a positive story in Uganda, where a determined prevention effort has led to plummeting rates of prevalence. Senegal too, has adopted a successful approach to prevention, bringing on board all sectors of society such as religious leaders, as described by Health Minister Dr Awa-Marie Coll-Seck. Since the discovery of the virus that causes AIDS, the race has been on to develop a vaccine to prevent cure or the disease. We look at progress so far. Globally, women now account for more than 47 percent of all people living with HIV. Women may face special burdens in many countries, as several articles in this dossier point out. They may have a low social status, they are less likely to have access to information, and are less able to protect themselves.

D.M.

Adults and children estimated to be living with HIV/AIDS as of end 2000



Total: 36.1 million



66009-ES - 1 December 2000



HIV/AIDS is usually transmitted through bodily fluids, most commonly through sex, blood transfusions or injections.

HIV begins showing itself, most often as flu-like symptoms, about one to three weeks after exposure. Symptoms can include fever, sore throat, skin rash, diarrhoea, unexplained and rapid weight loss, swollen glands, ulcers in the mouth or on the genitalia, or excessive tiredness. But as quickly as the symptoms appear, they can disappear, and the infected person can put on weight again and appear well for years afterwards.

Risk of HIV increases among people who inject drugs; who have unprotected sex with an infected person; those who receive infected blood transfusions; those raped; individuals with a sexually transmitted disease such as gonorrhoea or syphilis, or those who had a blood transfusion before 1985.

Anal sex is particularly risky, and oral sex is not safe, it is also not safe to share razors or toothbrushes as the virus can live for some time outside the body.

However, it is not possible to get the virus by sharing food or drinks, from mosquitoes or other insects, from toilet seats or many of the mythological ways people cite. If you believe you are at risk go for an HIV test to your doctor or a reliable HIV clinic.

Charlene Smith

Sources: Centers for Disease Control (USA);

Primary AIDS Care, by Clive Evian (Jacana press)

Proud of Me: Speaking out against sexual violence and HIV by Charlene Smith (Penguin)

Medical Care of Patients with HIV infection by John G Bartlett
(John Hopkins Hospital)

To stop AIDS, Africa must start talking about sex

Pascoal Mocumbi*

The special UN session on AIDS has come and gone. Discussion still rages about such important topics as international aid, drugs and vaccines. But these debates still pay too little attention to the primary means by which HIV/AIDS is spread in Sub-Saharan Africa: risky heterosexual sex.

AIDS is not like smallpox or polio. We may not be able to eliminate it simply with a one-time vaccination or course of shots for children, since new strains of HIV are constantly evolving. And unlike the communicable killer diseases we have encountered most often in the past, HIV is transmitted through the most intimate and private human relationships, through sexual violence and commercial sex and because of women's poverty and inequality.

In Mozambique, the rate of HIV infection among girls and young women, 15 percent, is twice that of boys their age, not because the girls are promiscuous, but because nearly three out of five are married by age 18, 40 percent of them to much older, sexually experienced men who expose their wives to HIV and sexually transmitted diseases. Similar patterns are common in other nations where HIV is rapidly spreading.

Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection. And in heterosexual sex, girls and women are biologically more vulnerable to infection than are boys or men.

As a father, I fear for the lives of my own children and their teenage friends. Though they have secure families, education and the information and support they need to avoid risky sex, too few of their peers do.

As Prime Minister of Mozambique, I am horrified that we stand to lose most of a generation, maybe two. The United Nations estimates that 37 percent of the 16-year-olds in my country will die of AIDS before they are 30.

As a man, I know men's behaviour must change, that we must raise boys differently, to have any hope of eradicating HIV and preventing the emergence of another such scourge.

In 1994, at the International Conference on Population and Development, and again in 1995, 1999 and 2000, most nations agreed that adolescents have a right to information about their sexuality. We agreed that programmes should help build adolescent girls' self-confidence and boys' respect for girls' rights. We agreed to develop both adolescent-friendly health services and the education and training that will give young people hope.

Today, in Africa and elsewhere, we are far from achieving these goals. Most political leaders still view adolescent sex as a politically volatile subject to be avoided. Community and religious leaders wrongly believe that sexuality education promotes promiscuity.

Health providers and teachers are ill-trained or ill at ease with sexuality. Parents know little about sexuality, contraception or sexually transmitted diseases, and many believe that early marriage will "protect" their daughters. They may themselves condone or perpetrate sexual violence as a legitimate expression of masculinity.

For the long term, we need to develop HIV vaccines and provide treatment to everyone with HIV. We need to develop protection methods like microbicides that women can use with or without a partner's knowledge or cooperation.

Above all, we must summon the courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving and provide them with information, communications skills and, yes, condoms.

To change fundamentally how girls and boys learn to relate to each other and how men treat girls and women is slow, painstaking work. But surely our children's lives are worth the effort.

** The writer, Prime Minister of Mozambique, is a physician and a board member of the International Women's Health Coalition.*

Senegal: ray of hope as transmission rates slow

Together with Thailand and Uganda, Senegal has been singled out by UNAIDS because of its ongoing good results in HIV prevention over the last two decades. As HIV/AIDS is the primary cause of death in Africa, the case of Senegal could well serve as an example for other countries on that continent.

Health Minister Dr Awa-Marie Coll-Seck is well placed to fight the battle. A medical doctor herself, she recently returned from Geneva, where she worked in UNAIDS for almost five years as Director of the Department of Policy, Strategy and Research.

In August this year, she presented Senegal's 2002-2006 Strategic Plan to fight AIDS.

The *Courier* interviewed her in Dakar.

Angela Scillia

How does your approach to the AIDS issue fit into your general public health policy?

Three principal areas are singled out – from a great many problematic areas – as fields we have to address if we are to improve people's quality of life. These are human resources, decentralisation and integration of programmes, and the mobilisation of resources. These issues concern health policy as a whole, including the anti-AIDS campaign.

The shortfall in health personnel that we have to make up is approximately 3,000 people, if we are to meet minimum WHO standards. Nearly 50 percent of the 5,000 State health workers are stationed in the Dakar region, so the greatest need is in the regions. But we can't recruit more than 250 people a year, so we have to redeploy people, and motivate staff in the regions. To solve our health problems, we also have to be good managers and to find solutions that are relevant to people, and not just in the capital. We have to decentralise and integrate the programmes into the health pyramid - there's no way we can set up a programme to tackle each separate health issue, we have to integrate. I have made it a priority to meet with senior doctors both in the regions and in the districts. All those who are active in the community, such as grass-roots associations, women's associations, the NGOs and youth groups, are all valuable links. We should also educate people through their peers, and this is a valuable link. We must not neglect prevention, because we have to check the spread of the disease. As for resources, we followed WHO recommendations and our

At the central hospital dispensary, volunteers sell generic medicines at fair prices and the chemist administers anti-retrovirals

© Terra Negra ASBL



Health Minister, Dr Awa Marie Coll-Seck,

adapted health budget is now 9 percent (FCAF 75 billion/€105 million). Almost half this amount is provided by development partners. Despite our best efforts at working correctly, we are greatly constrained by disbursement procedures and by having to provide justifications. Such stringent safeguards are perfectly legitimate, but at the moment they prevent the system working. When I arrived at the Ministry, over half-way through the financial year, only 30 percent of our budget had been released.

How do you explain Senegal's consistently good results in the evolution of the HIV/AIDS epidemic?

There are several reasons for Senegal's success. Firstly, we are one of the few countries to have legalised prostitution, despite the cultural context. Prostitutes undergo a monthly health check and the STD transmission factor amongst them is limited to 12 percent, as compared with 80 percent in Nairobi, for example.

Secondly, as soon as the first AIDS case was diagnosed in 1986, the State reacted directly and set up a national campaign committee. We didn't wait for the hospitals to be full before reacting, and the disease became a matter for discussion very early on.

There was also a multisectoral response - we were able to involve young people, women, the military, the media and sports personalities. The campaign was taken into schools, and into towns and villages. One image that will always remain with me is seeing one of the few female rural-community leaders who, despite her lack of resources, used to go from village to village on a cart in order to publicise AIDS and to educate people about it.

Academics and researchers also supported public health measures.

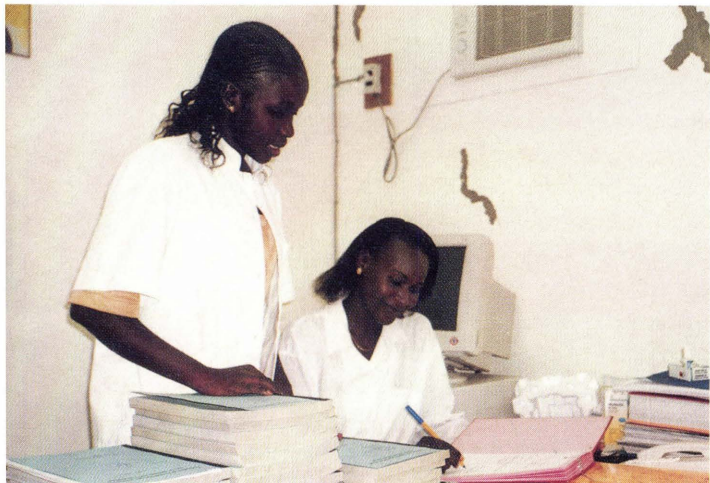
Senegal was also one of the countries able to negotiate with the pharmaceutical industry and to obtain an almost 90 percent reduction in the cost of medicines.

Despite the results everyone talks about, we do run into a whole range of constraints which, were they lifted, would enable us to do even better.

© Terra Negra ASBL



These range from administrative red tape to problems of decentralisation, from coordination mechanisms to ignorance, but there is also a problem with illiteracy, poverty, cultural and religious factors, the cost of condoms, the vulnerability of young people, early pregnancy, etc. So you see what we are up against.



© Terra Negra ASBL

Dr Ngom Ngueye and his assistant with a stack of files on AIDS patients.

How did the religious authorities react to the epidemic?

In Senegal we have a 95 percent Muslim majority and a Catholic minority, but all religious figures have joined in the campaign. Luckily, it was never a question here of burning condoms, as it was in Kenya or Nigeria, or of censuring those suffering from the disease. In most countries, religion acts as a brake. We were able to negotiate with religious figures and obtained the support of NGOs of a religious persuasion. But it was difficult in the beginning. For example, one NGO was telling health technicians that AIDS is a disease of the devil, homosexuals and sin. We called them in to see us and trained them, bringing them face-to-face with specific cases such as the 18-year-old women, newly married or widowed, who are HIV-positive but who have never had an extramarital relationship (in Senegal the mode of transmission is usually heterosexual). Fortunately, they were decent enough to change their message and to accompany scientists on visits to religious leaders, talking to them about the disease and persuading them to institute activities in support of the anti-AIDS campaign. There were some real high points, including the occasion when, during Friday prayers, the Imams talked about AIDS and solidarity with patients.

The religious associations and the Christian and Muslim NGOs have now set up an alliance of religious figures and medical experts to fight the disease, and a 2002-2006 action plan has just been put in place.

What in particular do you intend to concentrate on in your anti-AIDS campaign?

The challenges our strategic plan faces are prevention and the management of patients, their families and AIDS orphans.

The Health Ministry is responsible for defining health strategies, for the campaign programme (by making strategic targets such as the other ministries, civil society and the NGOs aware of their responsibilities) and for capitalising on past achievements.

I intend to promote prevention in terms of communication and proper management of patients. The priority is to bring the disease out into the open, to abolish discrimination and thus to reduce infection. Because AIDS has a bad image, only those on the fringes of society sign up for the campaign - no intellectuals or public figures speak about it. The image of the HIV-positive patient is very hazy.

In institutional terms, we will be concentrating on decentralisation. If we do not reach the populations living in the remotest corners of the country and if we do not correctly manage immigration and emigration problems, there will be an acceleration of the disease.

Since the handover of power, we have doubled the medicines budget for managing patients. We are strengthening leadership and adopting an active, public position on the issue. The President of the Republic himself speaks out on the AIDS issue and he is preparing a conference on access to medicines (Dakar, 30 November and 1 December 2001). We have also just launched a social mobilisation campaign: a bus with various prevention animations will spend three months travelling all round the country.

Major areas targeted by Senegal's strategic plan:

- multisectoral involvement and commitment at all levels: governmental, political, religious, associations, etc.,
- respect for the rights of people living with HIV/AIDS,
- an 'anti-AIDS' component in all socioeconomic development projects and programmes, particularly in the sectors most concerned, such as women, young people, employment, schools,
- systematic screening for HIV and infectious agents in all blood donations,
- increased resources for those involved in the campaign,
- the stepping-up of prevention and management of patients,
- voluntary, confidential screening tests accompanied by counselling,
- patient care integrated into existing health and social services,
- consideration of the population vulnerability factors, of impact and of priority in terms of prevention, and proper management in the allocation of resources,
- anti-retroviral treatments set up for life.

A sympathetic ear for patients

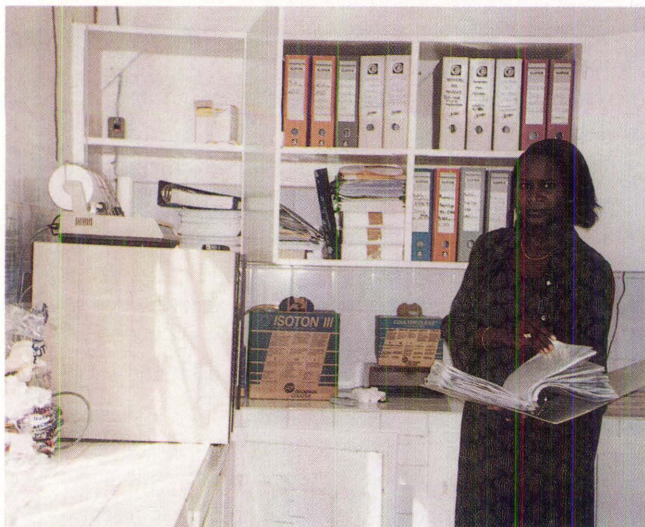
Angela Scillia

One of the numerous wards at the Fann University Hospital Centre in Dakar is home to the walk-in treatment centre. A genuine small clinic on a human scale, the centre's approach is exemplary. It was set up in 1998 in response to the need to treat patients living with HIV/AIDS. It provides complete patient management: six day beds, consultations (20 to 30 patients for the two doctors), ongoing monitoring and support, treatment of opportunistic infections and administration of anti-retroviral (ARV) drugs. It was set up at the instigation of the Pan-African Anti-AIDS Organisation, the French Red Cross and the Senegalese government's national anti-AIDS programme.

Prevention-campaign notices, in French, are pinned up on the walls by the No 2 doctor Mrs Fatou Ngom Gueye. On the meeting-room notice board, relevant questions arising from the bi-monthly discussion groups are a reminder of patients' daily concerns. This represents a great step forward, because to declare oneself ill and to take care of oneself is in Senegal a real challenge. Typical questions are how to deal with the stages of the disease, the family and social context, and the costs and constraints of treatment.

Although limited in its capacity, the centre acts as an interdisciplinary, complementary unit and is a model of respect for patients and for their social values, essential in the Senegalese context. There is a caring, devoted team and monitoring is personalised and confidential. Doctors, nurses, social assistants and psychiatrist: at each stage, during every consultation, management is both medical and psychosocial.

"Patients are referred to us by other services, other hospitals in Dakar and even other regions in the country", explains Dr Gueye.



© Terra Negra ASBL

"We take in everyone, in order to prevent stigmatisation (4,600 consultations in two years). We take care of screening, emergency care and long-term treatments. We have even set up discussion groups, because it is very important for patients to share experiences. Patients have to deal with the effects of ARVs and side effects. They ask questions about their immune system, their desire to become pregnant, etc. Their exchanges may last up to five hours, so great is their need. An association – *Bok Jeff* ('acting together', in Wolof) – has grown out of these discussions: patients want to help each other. Every day we have a volunteer who comes to help."

At every stage, the doctor, nurse, social assistant and even the pharmacist initiate the dialogue. "We give the patients information before screening them", the doctor goes on. "We explain prevention and management, and we ensure total patient involvement in the treatment."

The medical and psychological aspects are complementary: the CTA's objectives include intra-hospital and home visits, discussion groups, training and prevention.

A committee is responsible for selecting which patients will follow the anti-retroviral therapy. Treated as a group, selection takes the various constraints into account, including financial constraints. There are few patients who can pay for the treatment in full. Generally speaking, a patient's contribution ranges from FRF 0 to 200 (€30) for a treatment costing FRF 1000 (€150) per month. The price has been cut to one sixth in the wake of negotiations with pharmaceuticals companies, but it is still expensive for the majority of Senegalese.

The CTA's challenges are immense since, in addition to managing patients, the centre aims to promote community action, to extend its laboratory's research programmes and to train and inform medical staff. It acts on a small scale, but stands out as an example to be followed.

In this unique place in Senegal, "where past behaviour is not criticised but where one looks to the future by respecting patient's desires", the ambition is to see the expansion of identical care and personalised-monitoring structures. "The HIV-positive patient is informed at each stage (pre- and post-test counselling by the doctor, nurse and social assistant), so that they can take charge of their disease, without this disrupting their daily life too much". This example illustrates the excellence of management found in this treatment centre.

The laboratory of the walk-in treatment centre provides accurate diagnosis of the patients

The HIV/AIDS policy of the European Community

The HIV/AIDS epidemic is having a devastating impact in the developing world. In Africa, over 6,500 people die of AIDS every day and more than 9 million children have been orphaned by it. In response, a co-ordinated global effort has recently been launched to tackle the disease. According to Dr Lieve Fransen, a leading European Commission official in the fight against HIV/AIDS, this is due to the increased visibility of the “drama of HIV/AIDS” combined with “increased political recognition of the problems in the south and by more than just a few lead countries.”

Ben Light

A brief history from the late 1980s

The European Commission was early to recognise the threat of HIV/AIDS and from the outset treated it as a development, and not just health, problem. As the Commission barely dealt with health and population issues at the time this was a pragmatic response to try to alleviate the impact and stem the spread of the disease. Initial interventions were project-based and focused on infrastructural improvements, prevention and care. Further interventions supported efforts to deal with sexually transmitted diseases and the provision of safe blood. Young people were targeted with media campaigns and HIV/AIDS and life skills education.

The first major attempt to formalise Commission HIV/AIDS policy was the 1993 Communication [COM(93)479] that defined policy priorities and strategies. It sought to reduce the spread of the epidemic, provide health sector support, increase scientific knowledge and lessen the impact on economic and social development.

This developmental approach and the research that the strategy facilitated helped increase understanding that in the developing world HIV/AIDS is closely linked to poverty, issues of sexual and reproductive health and rights as well as to other communicable diseases. As a result EC attempts to tackle HIV/AIDS have been marked by the emergence of complementary policies in related health and wider development fields. In the health sphere, policy coordination is exemplified by the emergence of the current EC Health, HIV/AIDS and Population (HAP) policy framework.

The 1994 International Conference on Population and Development (ICPD) set an internationally agreed agenda for the issues of population, sexual and reproductive health and

HIV/AIDS. The resulting ICPD Programme of Action was clearly inspired by the 1993 Communication.

Recent Developments

The next milestone in the EC HIV/AIDS policy came in 1998 with the Commission Communication on increased solidarity to confront AIDS in developing countries [COM(99)407 – 07/98]. From the outset the EC had been involved in care, but the alarming spread of the disease in the developing world coupled with scientific advances and the emergence of effective but expensive anti-retroviral medication turned attention to comprehensive treatment and treatment for opportunistic infections. This, in turn, led to the 2000 EC Communication on Communicable Diseases [COM(2000)585]. Firmly rooted within the context of the new EC development policy that has poverty eradication as its overarching objective, the Communication seeks to optimise existing interventions, increase relevant R&D investment and make the key drugs more affordable.

The Communication was defined as a result of a Round Table meeting in September 2000 co-sponsored by the EC, WHO and UNAIDS. The urgent need to control communicable diseases in Africa and to assess their economic and social consequences had also been discussed at the EU-US summit in May and the G8 Summit in July 2000.

In February 2001, the EC launched its Programme for Accelerated Action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction [COM(2001)96]. Two months later, at the African Summit on HIV/AIDS [et al] in Abuja, the UN Secretary-General proposed a Global Health Fund, the establishment of which was agreed at the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June. Such a large number of high-level meetings testifies to the strong desire of the international community to reduce the spread of HIV/AIDS, malaria and TB and alleviate their impact on human, economic and social development.

Why have these new initiatives happened now?

According to Dr Fransen, “There is much more political recognition of the problems in the South. Part of that is because the drama [of HIV/AIDS] is now more visible than ten years ago.”

Impetus for further action also comes from the success of certain developing countries in facing HIV/AIDS. Though it requires



Dr Lieve Fransen

a concerted effort, preventing the spread of the disease is possible, as some countries have shown by slowing or even reducing it. As John Richardson, Head of the EC Delegation to the UN, said at the UNGASS on HIV/AIDS in June, "Countries such as Senegal, Uganda and Thailand are showing the way forward by continuous prevention efforts, care for people with HIV and careful design of the introduction and monitoring of anti-retroviral therapy."

Greater recognition and visibility of HIV/AIDS-related problems and hope that they can be resolved has led to an increasingly structured and rigorous approach among developing countries. Commendably, many poor and highly aid-dependent countries are now redefining their health policies and systems and moving towards results-oriented sector-wide approaches and poverty reduction strategies, setting broad policy frameworks and establishing longer-term partnerships with donors and other stakeholders.

As longer-term strategies are put in place, the urgent need to address the increasing spread and impact of the major communicable diseases in the developing world has led the EC to launch its Programme for Accelerated Action and the global community to mobilise increased resources through the creation of the Global Health Fund (GHF).

The EC Programme for Accelerated Action

The Programme for Accelerated Action is an attempt by the EC to deliver more rapidly, more efficiently and in a more co-ordi-

nated manner. It also focuses on securing international agreement on pharmaceutical policies better adapted to the needs of developing countries. In research, the programme envisages a major initiative for clinical trials. On funding, EC HAP allocations for developing countries will probably remain at the 2000 level of €800m per year for the period 2001-06.

As part of the Programme's efforts to reach international agreement on pharmaceutical policies better adapted to developing country needs, the Commission is encouraging the world's pharmaceutical industry to commit to a global tiered pricing system. According to the EU this is the most effective way to ensure a sustainable supply of affordable medicines to the poorest. In late May Commissioners Lamy and Nielson met CEOs of the major drug companies to develop this strategy.

In relation to this, the Commission proposes untying aid, with a view to enhancing local capacity and affordability of pharmaceuticals and preventatives. Commissioner Nielson has stressed the need to replicate the ACP regime for non-ACP regional areas, thereby allowing firms in partner countries, as well as EU firms, to bid for tenders.

The co-ordinated Commission approach and the complexity of the challenge are exemplified by what EU Trade Commissioner Pascal Lamy said prior to the WTO Council on Trade-Related Intellectual Property Rights (TRIPs) in June this year. "We must ensure that needy countries are able to use the flexibility these rules provide to access life-saving drugs at affordable prices. Whilst we acknowledge that patents are essential to encourage investment in the development of new medicines, we need to interpret and apply the rules in such a way as to support developing countries in their battle against killer diseases."

In particular, the EU believes TRIPs should be clarified so as to determine whether a developing country without pharmaceutical production capacity should be permitted to import medicines produced in another country under a compulsory license. Further clarity is sought with regard to general exceptions, pharmaceutical data protection and the principles and objectives of TRIPs.

The principle concern for the multinational pharmaceutical companies is not necessarily related so much to TRIPs and tiered pricing themselves as to fears of parallel importing that would, in effect, make the medication in question available to all at the price intended for the very poorest. Within the EC there is confidence though that a tiered pricing system can be put in place.

An additional \$10bn to fight HIV/AIDS, tuberculosis and malaria

At the Africa HIV/AIDS summit in Abuja [24-27 April 2001], Kofi Annan spoke of the need to find an additional \$10bn per year to tackle HIV/AIDS, TB and malaria and launched an appeal to constitute a Global Health Fund. It is unclear, however, where the resources will come from.

It is estimated that about \$1.3bn has been pledged to the Fund so far. According to Dr Fransen "most of this seems to be additional funds. The EC pledged €120 million in Genoa, the UK made a major commitment of \$200 million, the US pledged

Children at Old Mulago hospital in Uganda, the biggest AIDS centre in Uganda.



© Michael Jensen

\$200 million and the Gates Foundation \$100 million.”

Indeed much seems to depend on the willingness of the various benevolent foundations and private industry to commit some of their vast resources to this concerted effort. As Mr. Richardson said at UNGASS, “this is the hour of global solidarity.”

Within the EC, the Fund is regarded with mixed feelings. According to Dr Fransen, “there is a very real fear that developing countries could say that the Fund is now going to resolve everything – that is a very dangerous message. The Fund is designed to mobilise additional resources and efforts but not to replace those prioritised by the Programme for Accelerated Action. It should increase partnership internationally through more public/private partnerships whereby private foundations and industry contribute to the agreed objectives.” The EC regards the Fund as an additional instrument that will complement ongoing efforts rather than as a major new departure.

The EC has been speaking with governments and industry about how to attract private sources to the Fund. Dr Fransen believes this could take the form of direct donations or tax credits for donations. “If repeated widely this could be a new way of funding and would constitute a win-win situation.”

She says that some of the \$10bn will come from the households [of the developing world] themselves. “Let’s be honest, they already pay the major part of the costs of the disease one way or another – with their lives very often. At present, affected households in the developing world are paying 70 percent of the drugs and commodity costs. By seeking to decrease these prices as proposed in the EC Programme for Accelerated Action we are helping. The amount of money that will thus be saved is difficult to measure. But it doesn’t cost anybody very much as these markets are minimal for big industry.”

Moreover, at the Abuja HIV/AIDS summit, African countries committed themselves to increasing their own social budgets in education and health to 15 percent of overall total. This is a major increase for some countries and will contribute to the \$10bn total. To do this, says Dr. Fransen, the countries in question “can reallocate more money to health, education and HIV/AIDS and use the allocated money more efficiently. This prioritised approach already happens with the Poverty Reduction Strategies at country level [which aims to determine, *inter alia*] how countries can use their own funds to tackle HIV/AIDS more efficiently.”

Effective therapy and/or behaviour change

Even if additional funds are forthcoming, the success of this multi-faceted attempt to tackle HIV/AIDS is far from assured. One obstacle to a coherent global response seems to

“We must ensure that needy countries are able to use the flexibility these rules provide to access life-saving drugs at affordable prices. Whilst we acknowledge that patents are essential to encourage investment in the development of new medicines, we need to interpret and apply the rules in such a way as to support developing countries in their battle against killer diseases”

EU Trade Commissioner Pascal Lamy

be the reluctance of R&D focused pharmaceutical companies to agree to a global tiered pricing system. They seem more willing to countenance limited, ad hoc arrangements that are easier to control and less likely to lead to profit-reducing, parallel importing. In recent months a number of them have offered to provide medicines for developing countries at reduced costs – though even proposals slashing prices by 80 percent have been rejected as still way beyond the sufferers’ ability to pay. The limited tiered pricing initiative launched by one such company does go in the right direction, however.

In Botswana, where more than one in five of the population has AIDS, another multinational pharmaceutical company is giving anti-retroviral drugs away free. Whether this will be a success remains an open question though it is sure to be fraught with difficulties. As *The Economist* observed in its 11 August edition, “The hope is that the drugs will both help infected people and encourage everyone to change behaviour. Until now, people turned down HIV tests because no effective therapy was on offer. Why take a test, and risk the stigma of being known to be a carrier, if no treatment [is] available?” On the other hand, why change your behaviour if effective therapy is now on offer?

In the developing world, given the staggering number of people involved, often in countries far poorer than relatively wealthy Botswana - where per capita income at \$3,500 is above rates in some parts of Eastern Europe - only behaviour change is likely to have a sustained and significant impact on the HIV/AIDS epidemic.

The international community is developing partnerships in which ownership by the target countries is crucial; and this makes political leadership and openness very important. Particularly as the target countries determine the support that they receive.

Dr Fransen observes, “The challenge of HIV/AIDS is not something that can be externally dealt with and imposed. To tackle this huge problem requires changes in people, in individual behaviour in the most private and difficult part of their lives. It requires changes in cultures and changes in institutional ways of working.”

Dr Lieve Fransen will receive this year’s Jonathan Mann Health and Human Rights award for her work on HIV/AIDS. Jonathan Mann set up the WHO’s Global Programme on AIDS.

INTERVIEW WITH DR PA'O LUTERU, ASSISTANT SECRETARY-GENERAL OF THE ACP GROUP

“We need a global approach”

The ACP group includes some of the countries most affected by the global HIV/AIDS pandemic. EU-ACP cooperation naturally addresses the issue. It has been considered preferable in those countries to support the health sector in general and therefore contribute to the anti-AIDS campaign at different levels. The “All ACP” budget line covers funding. The amount currently allocated to health projects is €800 million. As well as specific health projects, there are major projects for refurbishing buildings involved in health programmes, and budgetary aid to enhance funding to social sectors.

Aya Kasasa

‘It’s time for action’: this is the clarion call these days whenever the HIV/AIDS pandemic is mentioned. What are the priorities for the ACP Group in the current campaign?

In the ACP Group, there is a consensus: we have to act, and quite rightly so, the evidence is out there. But first and foremost people have to be persuaded to work on a global scale. We advocate a global approach so that we can be sure that something is being done. We have now gone beyond the point where the HIV/AIDS pandemic is a problem to be solved at national level. For our actions to have an impact, for something specific and significant to be done, it has to be seen in this light. Everyone’s future will be affected by the pandemic if greater attention is not given to the disease. Looking at the statistics, you can see that it is the younger generation which is most vulnerable to this plague, and most at risk. Of course, when we speak about young people, we’re dealing with our countries’ future productivity, of our future family units — in short, of the future of our societies. That is why, in ACP Group countries, the anti-HIV/AIDS campaign is perhaps our greatest current development challenge. To win this war, we will have to mobilize and obtain support from all essential players world-wide - governments, civil society, sponsors, pharmaceutical companies, etc.



© Michael Jensen

Two thirds of those infected world-wide are in sub-Saharan Africa, which is also where gender-based inequalities are an important factor in the process of propagation of the disease. Do you particularly recommend a gender-specific approach on this issue?

Of course, we have started to examine the optimum strategy. Once again all this has to be considered within a context of global action. Firstly, we have to avoid a lack of coordination, and duplication of effort. We have to be clear, to know what institutions such as the United Nations, or other agencies, are doing in the field, so that we can be sure we’re not wasting resources. That is essential. As I’ve already said, it is the young who bear the brunt of this disease. For example, there are AIDS orphans, children and young people growing up without family support. That is a dramatic problem. We also have to concentrate on the position of women, the youngest of whom are effectively the most vulnerable. Sometimes this is because of the weight of tradi-

tion, of the woman's place in certain societies. One of the best ways in which to address this would undoubtedly be through the promotion of education and awareness-raising programmes. Clear, complete information must reach them, and they must have access not only to the campaigns which are being organised but also to the means of prevention. All this has to happen more openly – it's not a question of choice, it's a necessity. In the ACP countries, women must also be targeted within the context of greater coordination on the part of the players involved.

In this connection, at the request of the UN, there are a number of meetings being set up to discuss what will become of the Global AIDS Fund. Are you happy with the form this important project is taking?

We are delighted that this initiative is taking shape, but from our standpoint the sums promised are far from sufficient. We have much to do – I've just mentioned education and awareness-raising programmes. We also have to focus on research, to find an AIDS vaccine as soon as possible. We have to make drugs accessible to everyone, particularly those in greatest need. We have to be sure that condoms are made available. These are measures which require significant funding, and the efforts on the part of the UN Secretary-General are most welcome. But we have to go further. The disease doesn't wait: without a great effort, and without moving faster, the consequences for us will be catastrophic.

Would it not be in the ACP Group's interests to set up suitable programmes on its own initiative?

The Group consists of 78 ACP states, the majority of which are in continental Africa. Our programmes of cooperation with the European Union, under the Cotonou Agreement, provide us with resources which enable us to fund our own development priorities. Decisions therefore depend on the governments – it is they who decide how money is spent. Admittedly, the scale of the pandemic should be a catalyst to push our governments into taking the time to study how they could jointly contribute to the process in an integrated way. As a group, however, our common denominator vis-à-vis the outside is the solidarity which characterizes and defines us.

In 1999, the ACP countries approved a project worth €20 million. Nevertheless, we are the first to acknowledge that this is a drop in the ocean, if you give a thought to what we actually need. But these are resources made available within the context of cooperation under the all-ACP Fund and are not specifically

intended for any particular country but made available for several. The ACP Group has thus effectively begun to look into joint anti-AIDS programmes. Such a programme would include a number of aspects which we would try to adapt to specific realities in each of our countries. In spite of that, each of the ACP countries must retain its individuality in its choice of key sectors where the battle will be fought.

Is there a particular country you would like to single out as an example of what ought to be done at national level?

I prefer not point the finger at any particular country as a good or bad pupil, or to advocate what should or should not be done. Furthermore, we're not seeking to concentrate only on countries which have very high levels of prevalence. Campaigns must address the entire ACP world – a global solution for a global problem. We even have to consider what is being done outside our Group. This type of logic must be applied right down to the level of the individual: everyone must be aware of their own vulnerability and that of those around them.

You appear to put your faith in collective consciousness: how will words be translated into actions?

We would have to mobilize the support of the international community to achieve this – indeed, things will not change until we do something palpable ourselves, above all in our own countries. As far as we are concerned, we have to know what we want to do, we have to be slightly more proactive, and set up strategies to assist our people. We have to stress, again and again, that this is a disease that has to be taken seriously. It is my hope that scientists will soon be able to develop a vaccine or some remedy. Nevertheless, reality is here and now: we cannot put things off. If we want to win the battle, therefore, everyone involved has to play a part. Firstly our governments, which have to design far-reaching policies to guide us and give us direction. Secondly, our international partners, because without adequate resources there can be no well-implemented campaign. Finally, civil society in all its forms, as it has an essential and effective role to play. People have to speak directly to people, awaken them, take care of them. We have to go everywhere, to schools, to the work place, to the market place. We all have a role to play, and I include those carrying the virus and those who actually suffer from it – they are the best possible vectors for advice on prevention.

Desperately seeking a vaccine

It is almost 20 years since the AIDS virus was discovered in France and the United States.

Since then, scientists have been working flat out to develop an effective vaccine. So, are we to expect a vaccine any time soon? There is every reason to hope for as much, but researchers favour concrete results over the increasing number of speculative theories that have started to emerge in recent months. The *Courier* reports.

Aya Kasasa

In 1984, the US junior health minister announced that a vaccine would be developed as quickly as possible. He, like many others, assumed that with the virus identified, developing the vaccine would be easy, as had been the case with numerous other pathologies. What the researchers could not hope to know, however, was that the virus would manifest itself in a variety of forms and that immune responses would differ enormously from individual to individual.

Developing a vaccine against HIV is a lengthy process. There is an initial basic research phase that focuses on identifying the types of immune responses likely to protect against HIV infection. This is followed by more intensive research designed to develop experimental vaccines capable of inducing immune responses. Academic institutions, universities and research institutes essentially carry out this initial phase. It is no easy task, however, considering that researchers have not yet established the type of immune responses that could protect a person against the HIV virus.

This remains the biggest conceptual problem facing researchers in the development of this vaccine. Because of this knowledge gap, they have taken the one route available to them – setting out to develop a whole series of vaccines concurrently, with the aim of inducing a variety of immune responses.

A helping hand for developing countries

José Esparza is coordinator of the WHO/UNAIDS joint initiative launched in Geneva to promote the development of a vaccine. As a biologist and physicist, he spent more than ten years researching human virology at

the Venezuelan Institute of Scientific

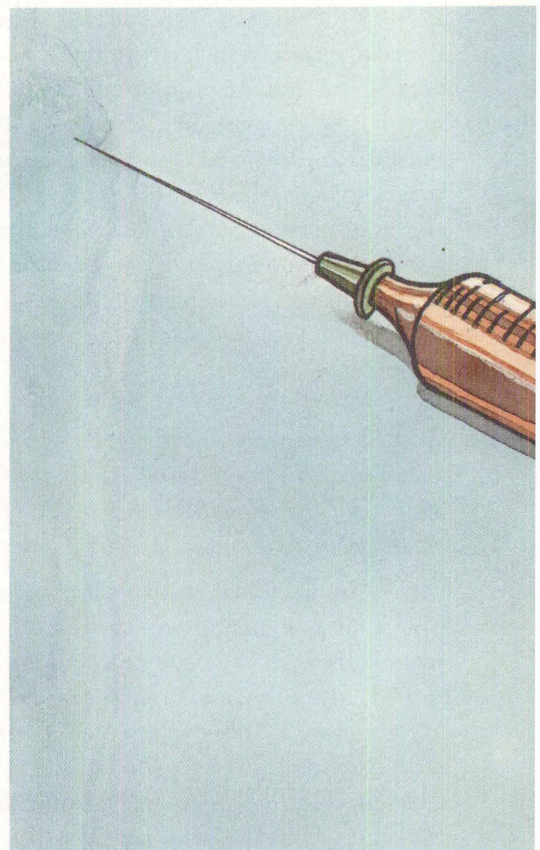
Research in Caracas before joining the WHO team in 1986. Since then, José Esparza has devoted his time to promoting a vaccine against HIV with the very precise aim of setting up clinical trials in developing countries.

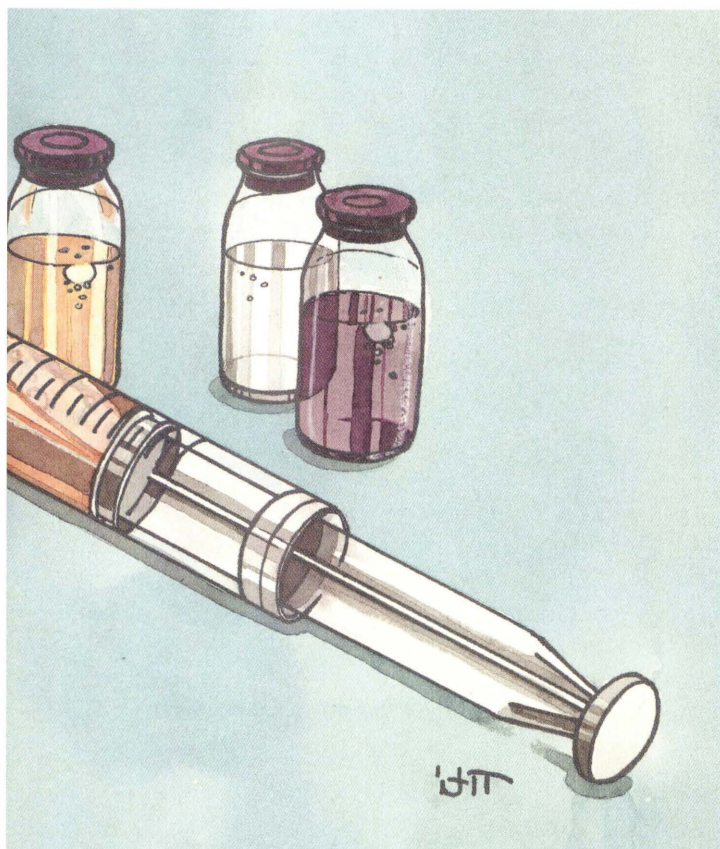
For him, one of the problems facing scientists in their search for an effective vaccine is the genetic variability of the virus: “There are several sub-types. With the polio vaccine, for example, there are only three virus sub-types. The vaccine therefore needs to be trivalent. With the HIV virus, however, we have identified ten sub-types, which we have named A, B, C, D, etc. Through our findings, we have discovered that the sub-categories found in North America differ from those found in Africa, for example. Added to this, we are still not sure whether we need to develop vaccines for each sub-category or if it will prove possible to develop a vaccine that will provide comprehensive protection.”

Protected primates

We are sure of one thing today – researchers are in a position to be able to develop vaccines. Experimental vaccines have proven effective on animals, particularly chimpanzees. These vaccines may not be 100 percent effective at this early stage but research has clearly shown that injecting monkeys with the experimental vaccine protects them against HIV.

What remains to be determined is the exact mode of protection. Research is under way to establish which immune mechanisms protect monkeys. Once they have





this key information, specialists will be in a position to develop more effective vaccines.

However, vaccines for human use cannot be developed without a clinical trials phase. José Esparza is quick to point out that a number of ethical issues are raised because such trials are carried out on healthy individuals. These issues are a necessary part of vaccine research and, in the case of the HIV virus, it is vital to ensure that the volunteers receive sufficient preventive advice and have access to treatment in the event they contract the disease.

A painstaking process

Following animal testing, the clinical trials are conducted in three phases. Phase I involves 20 to 50 healthy volunteers and is designed to determine the safety of the vaccine in that it does not induce any adverse effects. It must also demonstrate that the vaccine is capable of inducing immune responses against HIV. Phase II, also geared towards safety and immunology, requires a much larger group of 300 to 400 volunteers.

Phase III is critical because at this point the effectiveness of the vaccine, and more specifically, its ability to protect against HIV infection or AIDS, is determined. This is the true test because with other diseases, for example malaria, it is possible to vaccinate a group of volunteers, infecting them with the parasite and observing their response. If they contract the disease, it is possible to treat them. Such testing enables

researchers to establish the effectiveness of the vaccine at a very early stage.

With HIV this is not possible. The only means of testing a vaccine's effectiveness against HIV is to carry out Phase III testing. One function of this critical phase is to identify populations where the rate of HIV infection is extremely high. Once identified, the populations are divided up into two groups. The first is injected with the vaccine and the second receives a placebo. Neither the volunteers nor the researchers know who has been given what. This is the best way to test vaccines because the tests are not biased and interpretation is much clearer.

The group given the vaccine is monitored for approximately three years, at which point the files are retrieved, the "codes" are deciphered, verifying who received what, and the number of people infected is compared with that of the control group. If a hundred or so people have been infected in the control group and only 50 people in the vaccinated group, it can be deduced that the vaccine is 50 percent effective. If no one in the vaccinated group has been infected, it can be deduced that the vaccine is 100 percent effective.

"This third phase of testing is by far the most delicate," explains José Esparza. "Several thousand volunteers have to be recruited, fully briefed on HIV prevention and advised accordingly. We know that we can lower the incidence of HIV infection but we will never eliminate it completely."

Research to date

Various experimental vaccines have been tested. The most effective developed to date for other viral diseases are produced based on dead viruses, as was the case with the polio vaccine, or based on live attenuated viruses, as was the case with yellow fever.

In the case of HIV, experts have decided not to test these substances on human beings because the risks are considered too high. There is the risk that the vaccine may not be sufficiently inactive. Genetic engineering techniques are used to develop components of the virus capable of triggering an appropriate response against HIV. There are several different types. For example, the proteins found at the surface of the virus can be used to develop vaccines. Tests on monkeys have established that such proteins offer protection against HIV.

"We need to go one better if we are to induce immune responses. We can also vaccinate with DNA, which contains information on the HIV proteins. Or, we can use live vectors, which are another pathogen," explains Esparza. "We are vaccinating, therefore, without the virus itself. There is a huge variety of different viruses and combinations of these vaccines have already been tested on animals."

Individualised vaccines

HIV vaccines were first tested on humans in 1987 in the US. Since then, 30 different types of vaccine have been tested in the course of 60 or so Phase I and II tests, involving more than 10,000 volunteers in Europe and the US.

In developing countries, testing began more recently. Fifteen trials have taken place to date, with the first in China in 1993. Now Brazil, Thailand (eight trials), Uganda and Kenya have all developed such programmes. This year, Haiti and Trinidad launched their campaigns. For José Esparza and his team, trials in the developing countries are of prime importance.

“There are people who think that we might use the developing countries as guinea pigs to conduct large-scale trials. That is completely out of the question. Tests in the developing world are indispensable because 95 percent of HIV infections affect precisely these countries,” he says. “We have a moral obligation to develop vaccines appropriate to them.”

Phases I and II can be conducted in Europe and the United States, but it is imperative that Phase III be conducted where the rate of HIV infection is highest. This is the only way to determine whether the vaccine is effective or not.

“If we want to provide fast access to the vaccine in the developing countries, testing has to take place locally,” explains Esparza.

Today this is no longer an issue. Leaders and researchers in the developing countries are thoroughly convinced of the need for such trials. This is best illustrated by the Nairobi Declaration, which was signed last year by 40 African scientists of varying disciplines, including virologists, epidemiologists and public health officials. The signing followed a meeting to discuss ways to accelerate the development of a vaccine in Africa.

On the strength of this event in Nairobi, the leaders of several African countries have since convened in Geneva, and South African leaders have proposed the creation of an African research programme to promote the development of a vaccine.

A vaccine by the end of 2002?

Two large-scale campaigns of Phase III trials are now underway to test predominantly first-generation vaccines using what researchers call the gp120 envelope protein. One version of the substance is being tested in the US, including two viruses belonging to the sub-type prevalent

in this part of the world, namely sub-type B, this version is called gp120-BB. The other type, gp120-BE, is undergoing trials in Thailand.

The gp 120-BB campaign got under way in the US in June 1998 and has already recruited 5,500 volunteers, primarily male homosexuals. In Thailand, 2,100 men have volunteered their services, most of them former intravenous drug users.

What we really need to know, however, is when concrete results are likely to be available.

“The initial results of the American trials will be available at the end of 2001. My advice would be to wait until testing has finished, at the end of next year. It is vital that we do not make any hasty decisions,” cautions Esparza. “The industries would prefer to stop the trials if they see immediate results, but consultations with them have convinced us that it would be preferable for all the patients if we wait and base our recommendations on the final results.”

No magic formula

At the end of 2002, the results of the US trials will be known followed by the Thai results a year later. Next year will be the first chance to have a vaccine against HIV. However, the vaccine is not a magic formula; nor does it replace other methods of prevention, it can only add to them. It will not be very effective; it will be expensive and, initially at least, there will be limited availability.

Researchers will need a very definite plan of action when they study the results at the end of this

year because international pressure to use this vaccine will be enormous. Expectations are extremely high.

Should these trials prove inconclusive, however, the next Phase III tests will be a combination of two vaccines, namely the canary pox vaccine, which induces a certain type of immune response dubbed first mediated immunity, followed by a dose of gp120, which could provide better immunity. If these trials are approved, they will get under way in 2003. The Phase II trials currently under way in Haiti, Trinidad and Brazil are a kind of run-up to this second Phase III. This will be a second chance to acquire a vaccine against HIV, three years later.

“First chance, next year; second chance, three years later. Hope is certainly justified, but the development of this vaccine calls for enormous support and cooperation,” concludes Esparza.

More information: <http://www.unaids.org>

The vaccine is not a magic formula; nor does it replace other methods of prevention, it can only add to them. It will not be very effective; it will be expensive and, initially at least, there will be limited availability

Uganda

winning one battle in the long war against AIDS

Uganda has been reaping the benefits of open and concerted responses to the AIDS epidemic. The most remarkable measure of Uganda's success has been the declining rates of HIV infection. How has this been achieved and is it realistic to think that the downward trends can be sustained?

Ruth Evans

AIDS was first recognised in Uganda in 1982 in the district of Rakai. Almost two decades later this devastating epidemic has shown no respect for geographical boundaries. It has swept through every corner of the country, through the entire continent and around the globe.

Today, however, there is increasing evidence that Uganda's early and concentrated response to the epidemic is paying off. In the past ten years there has been growing evidence that the rate of HIV infection has been declining and that a combination of prevention, care and support has considerably reduced the incidence of new infections. Sero-prevalence rates amongst adults monitored at a number of surveillance sites declined from about 30 percent to 10 percent between 1993 and 1999. It is a remarkable success story in the face of what seemed like impossible odds.

Statistics are difficult to collate, especially in a country where all economic and social infrastructures had collapsed after twenty years of political instability and turmoil. So how accurate are these trends? Professor John Rwomushana is deputy director of the Uganda Aids Commission and director for research and policy development. "This question has often been raised. We have taken it very seriously here and called in outside experts to verify whether the information we have is accurate. They have confirmed that our observations about the declining trends of HIV are correct and consistent."

"In Uganda, AIDS has been demystified. Stigma is no longer a big issue because people have come to 'own' the problem and identified it as theirs. Dispelling the myths around HIV/AIDS has been a very big achievement."

Tim Rwabuhemba, Programme Officer,
HIV/AIDS, UNICEF, UGANDA

What has worked in Uganda?

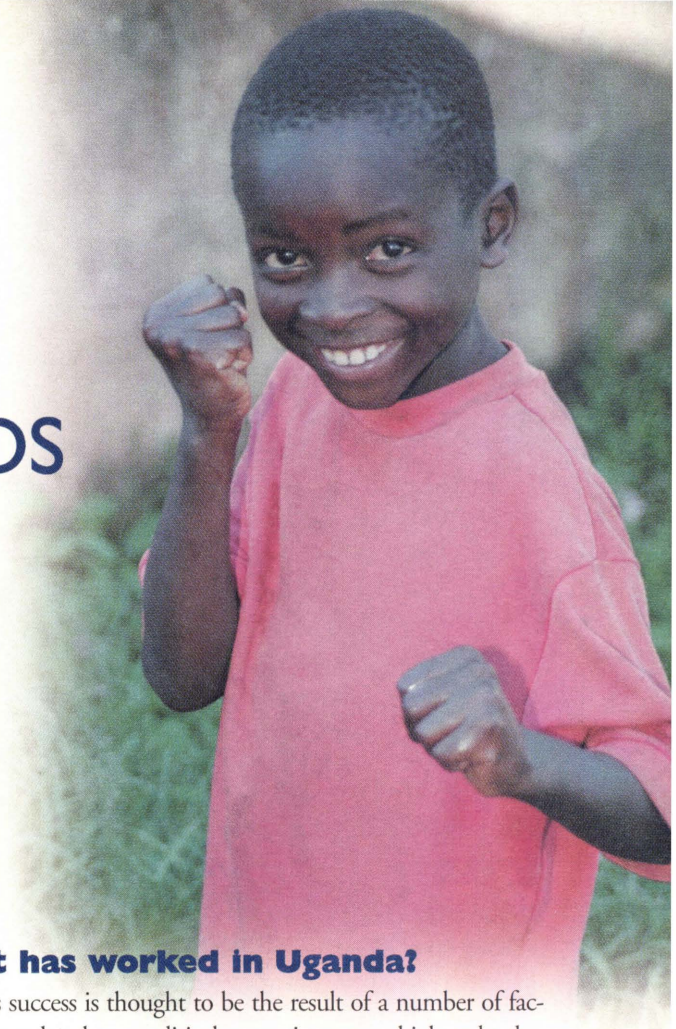
This success is thought to be the result of a number of factors. There has been political commitment at highest level – from President Museveni downwards – coupled with an attitude of openness about the problem that is probably unprecedented. This commitment translates into support for AIDS programmes and advocacy for even better policies and effective legislation. It has kept everyone focused on the dangers of the epidemic.

Campaigns against AIDS began as early as 1986. Right from the start effective co-ordination was established through the Uganda Aids Commission. Implementing and monitoring bodies such as the Aids Control Programme were put in place. Early acknowledgement by the government that HIV/AIDS was a problem opened up dialogue and brought in support from outside the country.

Uganda also recognised that the socio-economic aspects of the epidemic went far beyond health. Since 1990 it has adopted a policy that embraces all areas of government, from education to the economy. Every ministry now has an AIDS Control Programme. This pioneering approach has become a model for other countries and has been adopted by the UN in developing the Global Programme on AIDS.

The degree of political decentralisation in Uganda has been pivotal in reaching people at grass roots level – not only in AIDS work. Distant communities can be reached more quickly and mechanisms can be put in place for extending activities and support to the communities.

© Georgina Cranston



Uganda's effective education and communications about HIV/AIDS opened up the subject for debate and helped to reduce the stigma surrounding the disease. Unlike other countries, where AIDS education has often encountered opposition from religious leaders, Uganda has largely managed to work with their support. Religious institutions were deliberately involved in all the planning phases, especially at the national level. They came to recognise that they were part of the team and that their participation could really make a difference.

The challenge of drug access

Uganda has also taken risks in tackling the epidemic, adopting innovative strategies like selected vaccine trials. Professor Rwomushana believes this has also helped a lot. "We have taken these risks in a very calculated manner. They haven't been leaps in the dark. They were carefully calculated strategies because we believe that every strategy that promises to work should be tried." Phase One trials are now complete and, although the results are not yet available, a willing cohort of volunteers for the trials has been established and another four vaccines have been selected for further trial.

Although anti-retroviral treatment is still prohibitively expensive for most Ugandans, these drug therapies have at least provided people with a glimmer of hope where none seemed remotely possible just a few years ago. Three years ago Uganda also started a pilot project that aimed to properly import anti-

retroviral drugs. The price of the drugs puts them beyond the reach of Uganda's impoverished health budget (health expenditure is still only \$12 a year per person).

© Ruth Evans

One of the most tragic and alarming impacts of the epidemic has been the impact on children. UNAIDS estimates that there are currently 1.9 million AIDS orphans in Uganda, and it is feared this figure may double within the next few years, placing intolerable burdens on already over-stretched systems of extended family and community care.

Nevertheless, the Ugandan Aids Commission decided it was important to train people to use them properly, and to monitor their usage to avoid drug resistance developing.

This is in direct contrast to the current attitude in South Africa, where despite the recent legal victory over generic drugs, it still seems unlikely that anti-retroviral drugs will be imported. When Uganda first allowed imports to begin, the drugs cost the full price of \$1,500 a month and only a few people could afford them. After about a year the price came down by about 30 percent and the number of people who could access these drugs at their own cost increased from 400 to 1,400. When the price of the drugs was reduced by a further 60 percent, the

numbers able to afford them increased to 5,000. In the past six months the price has come down by 80 percent and the numbers taking them have increased to 10,000. Ugandans have now been promised drug donations by some of the major pharmaceutical giants and are eagerly awaiting their arrival. Access to drugs is still going to be a huge challenge. There is nothing as frustrating as knowing that there is something that could make an enormous difference but you cannot get it.

Avoiding complacency and maintaining the downward trend

The big question now is whether the downward trend in infection rates can be maintained. This will clearly depend on the same levels of commitment, determination and funding from all the players. Otherwise there is a danger that Uganda may become the victim of its own success.

Some observers fear that complacency is going to be the next big enemy, but Professor Rwomushana thinks Uganda has already moved past this point. "There may be a degree of relaxation here and there, but the time for real complacency has passed. This was when we first announced that infection rates had reduced five years ago. We fought against it vigorously.

Our strategies, our goals and our methods are going to be designed and our message packaged in such a way that it will be new and revitalised so as to avoid such relaxation."

The use of personal testimonies from people with HIV/AIDS has been a powerful way of giving the epidemic a human face and reducing fears and stigma. The flourishing deregulated media has also been instrumental in communicating

Mother to child transmission is still a major problem





AIDS orphans at the Stephen Jota Children's Centre in Kampala

AIDS information and education, with radio phone-ins and newspapers like *Straight Talk* addressing some of the issues with an unprecedented openness.

But these messages have to be given constantly as each generation becomes sexually active. It is difficult to keep the momentum up. One way of freshening up the message has been to adopt a life-skills approach that does not simply address HIV/AIDS head on, but looks at all the challenges that young people face as they grow up. The evidence shows that most young people are much more concerned about issues of sexuality and fears of getting pregnant than about HIV and AIDS.

No reason to scale-down support

Given Uganda's pioneering success there are fears that, as the epicentre of the epidemic has moved to southern Africa, funding from international donors will follow. There were signs that the funding coming into Uganda was declining, but Professor Rwomushana hopes that trend may now be reversing. "People realise that you have to keep on helping this country to achieve real success. You cannot succeed in one country, give up efforts there and then move to another country. People do mix and you cannot contain the epidemic in one place. As a result you have to continue with efforts in the progressing areas, scale-up efforts not only in new areas but also in old areas, if only so that they stay in the lead and give others an example to follow. We still need to do better in our country."

Despite the consistent decline, HIV infection rates are still unacceptably high. According to the Ministry of Health, 1,438,000 people were living with HIV and AIDS last year. 838,000 people died of AIDS. 83,000 of these were children.

Caring for orphans and reaching vulnerable children

AIDS affects children in many ways. The large numbers of orphans is merely the tip of a very large iceberg. They suffer because they watch their parents fall ill and die, but they also suffer because some of them are infected. AIDS is now one of the leading causes of death amongst children under five. If mother-to-child transmission of HIV is not contained, some predict a drastic increase in infant mortality to 75 percent.

"The numbers of AIDS orphans that are coming up are a kind of wake-up call to government and its partners that there is a need to do something and do it very, very fast."

UNICEF, Kampala.

Part of the problem is that nobody really knows its true extent. UNAIDS and UNICEF are currently carrying out a statistical survey to try to establish the numbers of orphans and the effect of the epidemic on children. The information can then be fed into a policy framework, but that policy does not exist at the moment. "We are short of adequate strategies to address this aspect of the epidemic," admits Professor Rwomushana. "But we are awake to that and in our current national strategy we plan to address the problem of orphans and vulnerable children. That's the main thing we are out to do."

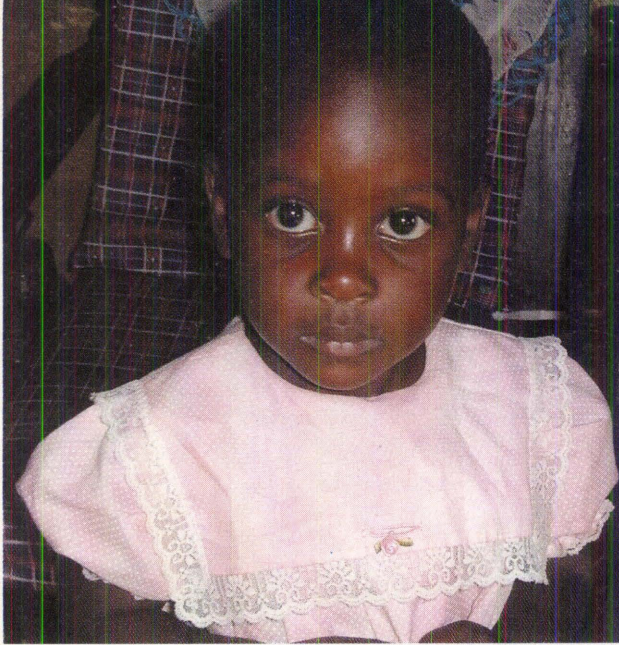
So far much of the focus on children has come from non-governmental organisations and community-based organisations. There have been many commendable efforts, but they are not sufficient and they are fragmented. They need to be brought together and lessons learnt to develop a national strategy. Overall the impact of the epidemic on children has received scant and superficial attention and the problem grows ever more urgent.

Schools and youth groups

Studies have shown that the better educated you are, the better able you are to protect yourself from the epidemic. Universal Primary Education will now increase the number of children that can be reached in one place, in school. Children have been identified as a "window of hope" in fighting AIDS.

Since the early 1990s special efforts have been made to ensure that children under 15, who are not infected, are able to protect themselves from HIV and much of the education and information campaigns have been aimed specifically at them.

Phillip Sparks was one of the founding members of the Aids Challenge Youth Club back in 1991 and today is employed as its project



© Ruth Evans

It is estimated that the number of AIDS orphans in Uganda is set to double in the next few years

co-ordinator. Club members have tried to reach out to the youth through seminars and workshops, and have been trained as peer group educators who go into schools to give talks about HIV/AIDS. "Behaviour change is difficult to measure, but I do sense a change of attitude," says Sparks. "Previously people were very conservative and secretive about sex. It was something that happened behind closed doors. Now people are more open and they will make informed choices. We are not going to hide from the truth."

Ivan Masembe is a student at the university and in his spare time he works as a volunteer counsellor with TASO Youth Club. "I was personally very affected. My parents died of HIV. My mother died in 1988 and my father died last year. It was terrible for me. Some days I could do nothing but cry. I really missed my mother when she passed away. I was eight... I was the eldest boy in a family of four, so I had to take care of the younger two kids, moving from relative to relative asking for help. Then the stigma was very hard. Some people would shout at you. My dad was the kind of guy who was always away with other women, so he couldn't take care of us. Now I have grown up and I'm coping okay. But then it was so hard. AIDS was everywhere in Uganda. Death was everywhere."

Ivan says he would never have got through the last ten years without the help and support and the Youth Club. "I owe a great deal to them, and I think I owe the nation. I don't know how to

pay them back, except to go to the world and teach them what TASO has taught me. They have been there for me, and I'm really grateful to them. They are like a parent."

These days Ivan visits schools to talk to kids about AIDS. "We don't tell them don't do this, don't do that...we tell them about the implications and then they make their own decisions to protect themselves once they have all the information. We owe it to ourselves to carry on reducing the infection rate until it's zero."

Priority on the national agenda

Political commitment from the very top is usually cited as one of the main reasons why Uganda has done so well in fighting AIDS. Yet that political commitment appeared to be in doubt during the March election campaign when President Museveni was accused of using AIDS as a weapon to undermine his main opponent. The backlash that followed and the threatened court case was seen by many as unfortunate and as a set-back in Uganda's progressive image.

However, Professor Rwomushana, – whose AIDS Commission is part of the President's Office – argues that the degree of openness on the subject before, during and after the elections, could only have happened in Uganda, where there is already awareness and knowledge and about AIDS. The debate would never have been possible in neighbouring countries.

He says the government's past and current record are indicative of the strongest possible political commitment to fighting AIDS, and that the strategy is based on systems that are in place, rather than individuals. "Whoever is in charge, things wouldn't change that much because the systems have been put in place, both at national level and also at local level through decentralisation. It is has been given priority on the national agenda."

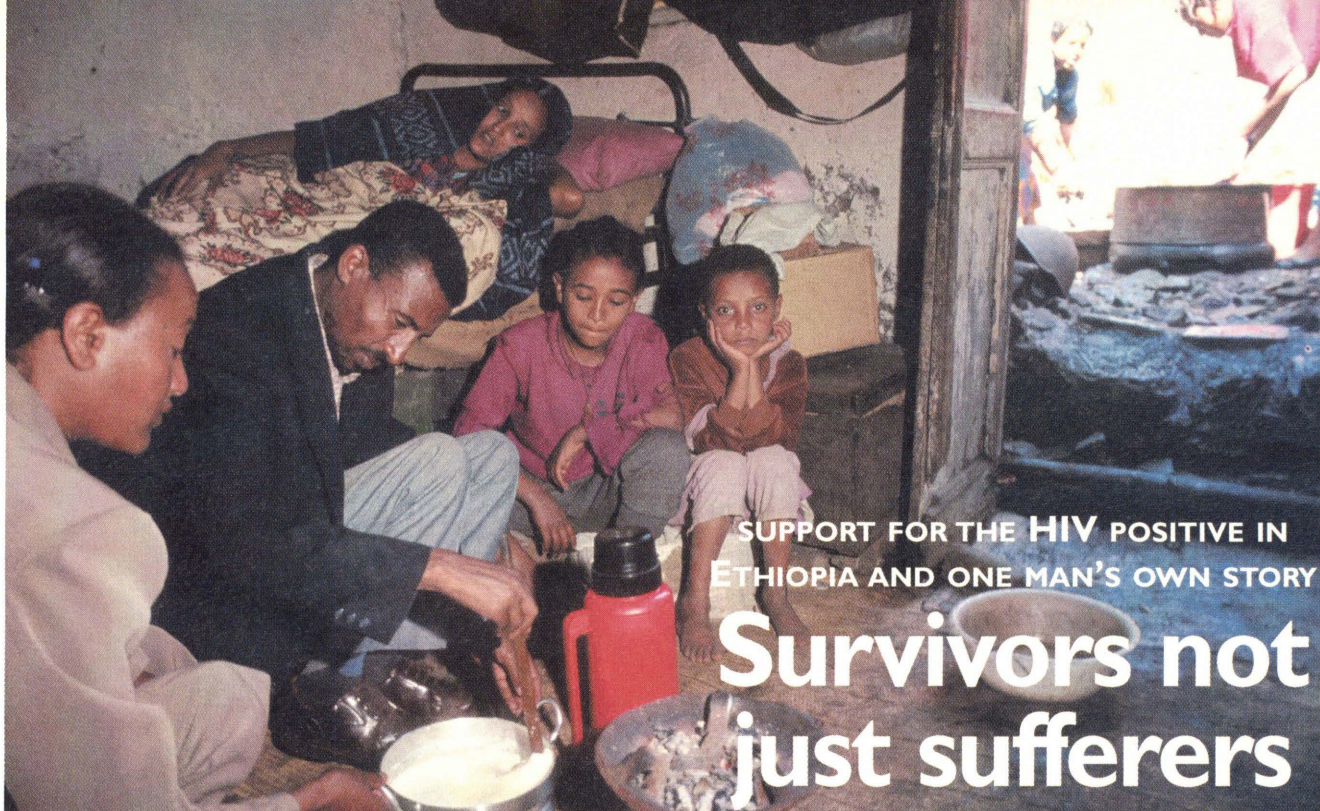
Whatever progress has been made, Uganda cannot afford to rest on its laurels. The next few years will be critical and much more difficult in some ways, says Professor Rwomushana. "We still need to make a quantum leap forward. It will be much more difficult to achieve sero-prevalence below what we have reached now, and we need to keep working at it. For this we'll need donor backing." Uganda may be winning one battle, but it still has to pursue a vigorous war against AIDS on several fronts.

Nineteen year-old Pheonah Birungi has been a member of the Aids Challenge Youth Club for the past six years. Two of her friends have died of AIDS.

"The club has helped me deal with problems of adolescence, and to be more open with my parents about boyfriends. It has helped me know what AIDS is. Before we used to think it was so scary, that you couldn't even talk to anyone with HIV... but I learnt that you can't contract it through talking or touching. It's a tough disease and you have to learn how to protect yourself so you don't get it...and if you do have it, you have to learn how to live positively. People now know what AIDS is and are educated about it. The fear is very little compared to what there was before."

Pheonah is training to be a peer group educator, someone who will give information to her contemporaries. "We really have to talk to people and say if you are negative, you should make sure you remain negative and help other people remain negative. Abstinence is best, but if that isn't possible we tell them to use condoms. We also instil in them the spirit of knowing that those with HIV/AIDS should not be isolated. We should try to make them feel better about themselves. If you are positive, you have to learn how to live with it."

She says many girls of her generation have become more empowered to say "no" and know what to do to protect themselves. Female condoms are available - and used - and have helped women to be more aware of their rights. "This has been a very positive development over the last ten years," she says.



SUPPORT FOR THE HIV POSITIVE IN ETHIOPIA AND ONE MAN'S OWN STORY

Survivors not just sufferers

© Pieterella Pieterse

Mengistu Zemene has been HIV-positive for eleven years. He has plumbed the depths and then rebuilt his life – with help. He now helps others. As director of the HIV/AIDS support group, Mekdim, he works with a team who are mostly HIV-positive.

Pieterella Pieterse

The story of Mengistu Zemene and of Mekdim is a positive one – from a continent where positive stories about HIV/AIDS are rare. People are quick to earmark Africa as a basket case when it comes to today's most destructive infectious disease. But Mekdim is an organisation run largely by HIV-positive people, many of whom had little previous experience as managers, counsellors or caregivers. They defy the stereotype of HIV/AIDS infected people in Africa, which is one of "sufferers in silence".

Mengistu Zemene is a former policeman who discovered he was HIV-positive in 1990. "In 1992, when the Medical Missionaries of Mary opened the first HIV counselling service in Ethiopia, I was their first client. I received counselling, social support and slowly I built myself up to work with them." He received training and helped to set up an informal support group that eventually turned into Mekdim. He started searching for funds and attracting other HIV-positive people to join the organisation. Zemene was given help to travel to Uganda. "There I realised that many HIV-positive people are involved in fighting HIV, preventing HIV and caring for AIDS patients. This inspired me." In 1997 Mekdim became an officially recognised NGO.

Dealing with HIV from their own experience

"Here in Ethiopia people who are infected with HIV are stigmatised and not many participate in the fight against AIDS. But there is an active role for people with HIV. We can

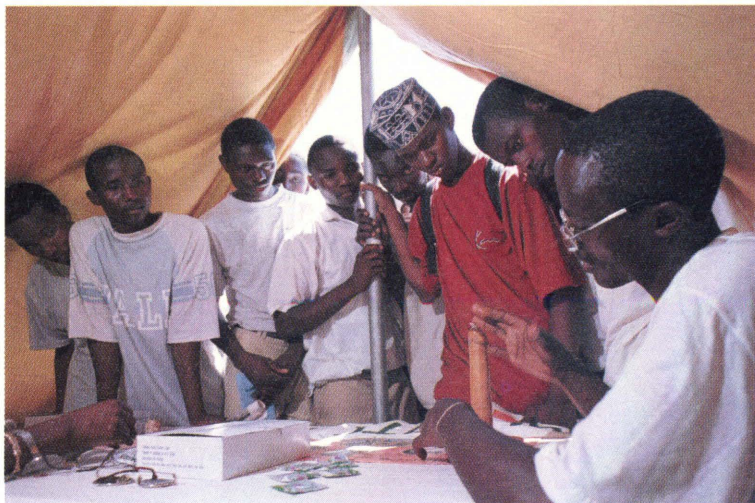
Mekdim home-based care. Tiruye Ferede and Dagnachew Kitaw prepare milk in the home of Simgne Seid, 29, who has AIDS. Her daughter and a neighbour look on curiously.

give real accounts of what it is like to have HIV. We bear witness - it is the best way to warn people. As HIV-positive people we can also give care. We understand the disease, we have no fear. We can treat another person's problems as our own."

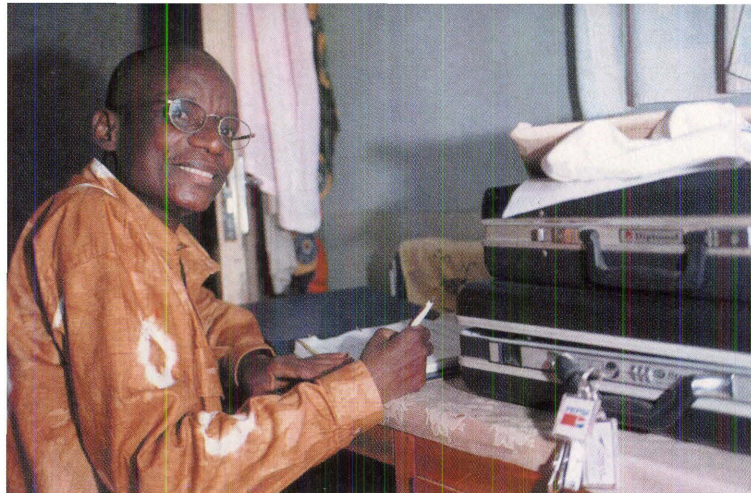
Mengistu Zemene can readily identify with those who feel there is no hope and nothing they can do. "The most important thing in any HIV campaign is, of course, behavioural change. But it is also the most difficult part of the challenge. Take me: the first two years that I knew about my positive status, I drank, I smoked cigarettes, I chewed chat, and slept with prostitutes. I was divorced, I didn't care. Then I stopped. I stopped drinking, smoking, taking chat, I changed my behaviour and stayed out of bars altogether. And look at me now. I have been living with the virus for 11 years. I am even fat!"

"I am glad I changed my life. I got divorced, my 15 and 18 year-old children live with their mother but I still see them. I

Demonstration of how to use a condom correctly draws great attention! World AIDS Day, Dar Es Salaam



© Pieterella Pieterse



© Pietermella Pieterse

Positively positive; Feruzi Karoyi is an HIV-positive activist. He has travelled the world to speak out about HIV/AIDS and has done a lot to bring the disease to the attention of Tanzanians.

pay for their school. My ex-wife is remarried and so am I! My new wife is a widow, she is HIV-positive and we have been married for two years.”

Realising the scale of the problem

Mengistu Zemene does not pretend it is easy and is critical of the government's lack of support and slow recognition of the scale of the problem: “Only since the government made its first official statement about HIV/AIDS in 1985-1986 did the disease become real in Ethiopia. But if you look at the figures, the infection rate is still going up. There is still a huge amount of denial about HIV. There is still no countrywide programme to educate the public - there is no mass media campaign, no daily announcements in the newspaper. The government was not committed. Only about a year ago did the government start to try and do something about it. They have recently taken a loan from the World Bank to combat AIDS and last year hosted a big conference with people like Kofi Annan. Hopefully now we will see more education carried out by the government, because

the community is not informed about HIV at all. Some think it is a punishment from God, others think it is something that only young single people can contract.”

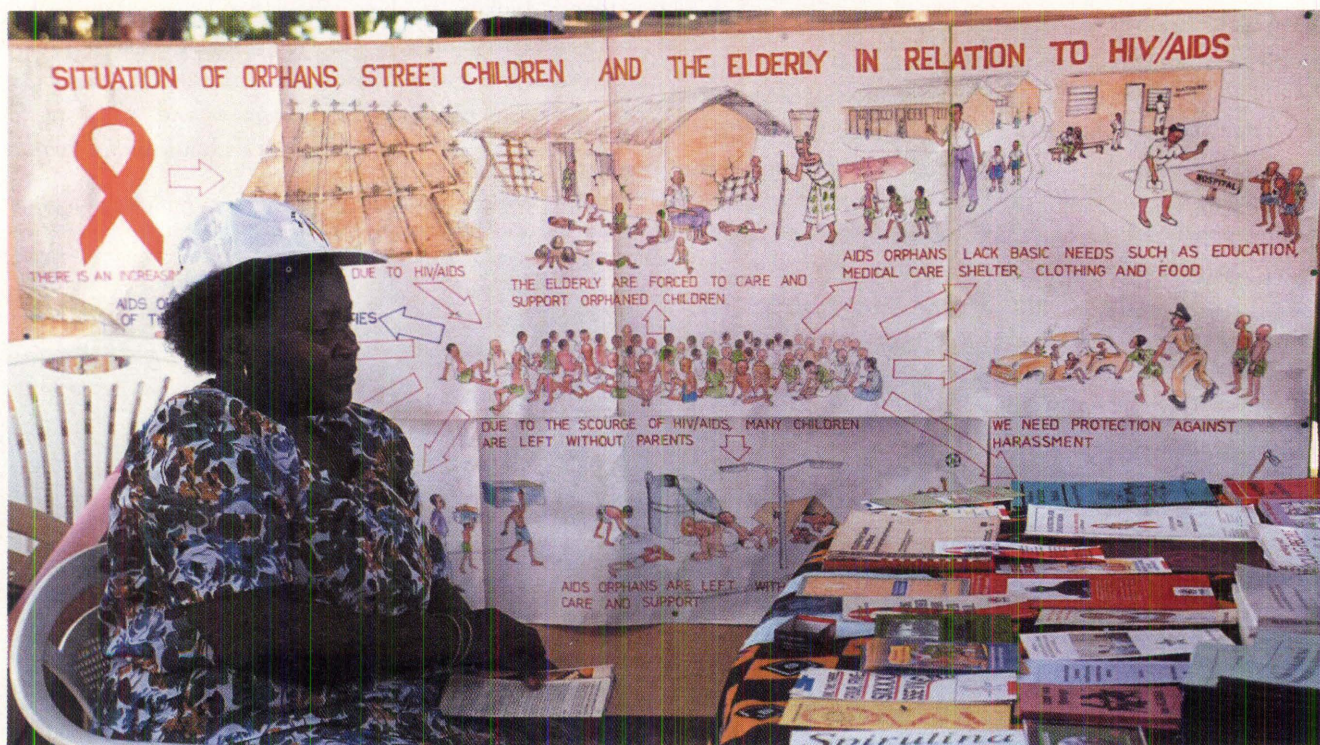
Ignorance and poverty make the job harder

Mengistu Zemene sees ignorance and poverty as major impediments to controlling the disease. “Imagine, 17 percent of the adult population in Addis Ababa is infected, but so many don't know that they are infected at all. Some of these people would change their behaviour to prevent others from getting infected, but if you don't know it until you get sick, you can infect a lot of people. And then think about the countryside. Many people can't afford to go to a health centre for a test. They might get treated for infections when they arise, but many people die of AIDS without their deaths being recorded at all.”

He is especially concerned about the plight of women when the disease comes to their families. From a recent survey by Mekdim one of the most significant conclusions was that most housewives had no idea about HIV.

“On one occasion one of our HIV-positive staff interviewed a housewife with a large family. ‘What if one of your family members was infected with HIV, what would you do?’ The lady crossed herself and said: ‘It is a question from the devil, how dare you ask me?’ After a while she added: ‘I would wait for this person to die.’ What we need is a door-to-door campaign for women at home, because they have no access to information. This is despite the fact that their husbands might have a radio, buy newspapers and watch TV in

Woman sitting behind stall with HIV/AIDS information, World AIDS Day, Dar Es Salaam



© Pietermella Pieterse

bars. Women are particularly vulnerable to HIV infection because of this lack of information and their general position in society.”

“Many men travel away from home for work, others regularly have a few beers in bars after work. Some sleep with prostitutes, get infected and bring the infection home to their wives. You know what the saddest thing about this is: many men, when they find out that they are HIV-positive, will blame their wives for having an affair and passing the infection on to them.”

Counselling, supporting, educating

These are some of the problems encountered by Mengistu Zemene and his colleagues in Mekdim, as if AIDS/HIV was not enough in itself. Mekdim - based in Addis Ababa and supported by the Irish aid agency, Concern - offers a wide range of services to its clients who are either HIV-positive themselves or are living with people who are infected with HIV. The organisation has two counsellors to deal with pre- and post-test counselling, couples, those who need ongoing support and AIDS orphans. It also has an outreach team of four home-based care workers who visit HIV-positive people who are housebound by the disease. They visit severe cases up to three times a week and have recently started on a pilot project providing milk, enhanced with extra protein and vitamins, to some of the patients who are suffering from additional illnesses – to which their weakened immune systems make them vulnerable.

Mekdim has a fund where those who need medication can get help. Besides financial support for drugs, it also has a fund for rent support, school support for children in the care of HIV-positive persons and for essential items such as sheets and blankets.

There is also an educational side to the organisation. Mekdim has a music and theatre group consisting of AIDS orphans, HIV-positive people and volunteers. They stage an impressive range of songs and drama about HIV/AIDS. As part of their educational performance, HIV-positive members of Mekdim often tell the story of their lives and their infection on stage. They believe that openness and awareness is vital to combating the disease.

Prevention the only way forward

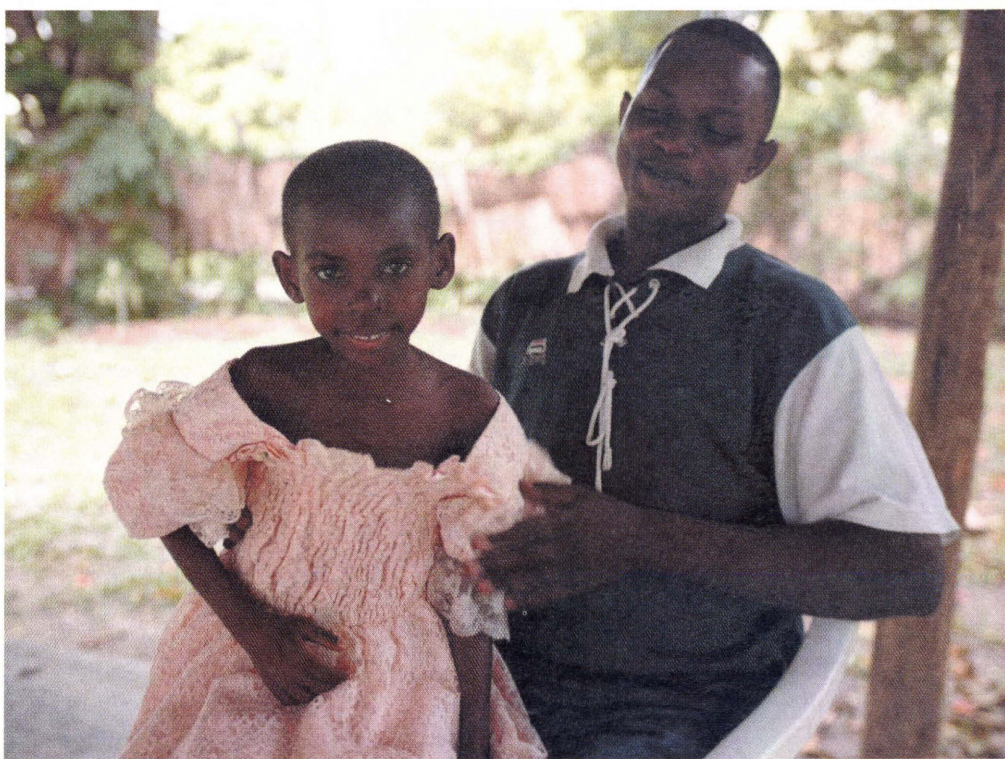
Mengistu Zemene says that protection during sex is an important issue, but in Ethiopia it is a difficult one, culturally. “Before 1985 people never used condoms. Even today it is shameful to buy them. It is hard to get free condoms, even we in Mekdim get no condoms to give away. It would help a lot. In the countryside, yes, there we need to distribute condoms too, but education is much more important - we cannot give condoms without educating people about their use. And about the risk of HIV in general: people need to change their lives, they need to change their behaviour.”

“Even to HIV-positive people we teach them to be careful. Having sex with other HIV-positive people you can contract different infections from each other. When your system is already vulnerable, you have to be extra careful.”

“The only way forward is prevention. And the only way to promote behavioural change is through awareness and education. We need a commitment from the government and we need NGOs’ involvement, only that way can we live better lives.”

Mwanahami Azizi is a HIV-positive AIDS orphan. She is cared for by her uncle and his wife. Her uncle is a taxi driver who earns enough to support Mwanahami as well as his own children. Not many AIDS orphans are so well cared for. Economic hardship is often the biggest hurdle for relatives in their choice to take in a deceased relative’s children. This case is even more exceptional because Mwanahami is HIV-positive and her aunt and uncle can cope with this. They visit the Dar Es Salaam based AIDS support organisation Wamata on a regular basis for information, and to support their niece.

© Pieterella Pieterse





In Haiti, AIDS is particularly rife amongst underprivileged adults in the capital's working-class districts and shantytowns

The Republic of Haiti is one of the worst affected countries in the Caribbean.

Although only 5 percent of its population are infected with HIV – this is bad enough but compares favourably with many Sub-Saharan African countries – there are still causes for concern and a real need for more action on a national scale.

Text and photos: Sandra Mignot

When two people greet each other in Haiti and one asks the other how he is, the reply is usually: "*Pa pli mal, mèci*" – "no better, no worse". This just about describes how the country is coping with AIDS. In 1999 there were nearly 350,000 Haitians living with HIV and around 300,000 others had already died, leaving behind them at least 200,000 orphans. This situation is a far cry from alarmist forecasts made some three years earlier. HIV prevalence (the number of HIV-positive pregnant women attending prenatal clinics) even decreased very slightly.

But specialists are not declaring a victory. "If global HIV prevalence has gone down", explains Dr Blondel Auguste, administrator of the Klinik sante fanm, a non-governmental organisation (NGO) in Port-au-Prince, "it is because a lot of people have died!" A study has shown that people living with HIV in Haiti die twice as quickly as those in the developed countries – living conditions and nutritional status are probably the key factors. Moreover it is difficult to assess the true scale of the problem. Many people never

HAITI:

"No better no worse"

visit a doctor (outside of the traditional care system). Also certain local situations remain a cause for concern. For example, in the north west of the country HIV prevalence exceeds 13 percent. The reason for this is unclear. It may be that the city of Port-de-Paix is especially open to outside influences, so has more prostitution and, in turn, a greater risk of HIV transmission.

Private organisations lead the way

In Haiti there has so far been no nationwide programme on a scale that could effectively combat the infection. "There is no real campaigning, apart from on World AIDS Day", explains Ralph Mellon, an infectious diseases specialist and member of the NGO Gheskio. There is a five-year campaign in preparation. The government is keen to point out that collaboration has already begun with all sectors of society. But many Haitian health specialists have doubts about the government's genuine will. "Anti-AIDS programmes

THE LOCAL HISTORY OF A VIRUS

The first documented cases of AIDS appeared in Haiti in 1979. The clinical picture was then unlike that found in the developed countries. In Haiti the opportunistic infections described consisted mostly of cases of unexplained diarrhoea and tuberculosis. The virus itself had not yet been discovered. It was therefore not obvious that the disease was the same as that encountered in the USA and in other Caribbean countries.

In 1982 the CDC (Centers for Disease Control) in the USA nevertheless picked out Haitians as one of the four groups at risk from this new syndrome, talking of "the four Hs" (homosexuals, heroin addicts, haemophiliacs, and Haitians). It was even suggested that the infection had spread from Africa to the Caribbean and from there to the United States. Since then scientific studies have shown that the

are currently the best way to secure outside funding”, says one doctor. International aid has been blocked for a year and a half due to the country’s political crisis and electoral irregularities, so the financial stakes are high.

In the absence of a leading role by the government, it is above all private organisations that have been making their mark in the fight against AIDS. Only NGOs offer screening tests and free healthcare for those infected. The NGOs promote counselling sessions for people who test positive and have set up a pilot project to prevent mother-infant transmission. Once again, it is the NGOs that have made available the multiple therapies being used in Europe and the US. They can be obtained at Gheskio centres, for women who have been the victim of rape and for medical staff who have been exposed to contaminated blood products.

The underprivileged and women are in the front line

Multiple therapies have also been used in the heart of the Haitian central plateau, principally in the town of Cange. There a humanitarian establishment, the Bon Sauveur Clinic, administers multiple therapy free of charge to its patients most affected by the disease. Most of these were infected while living in the capital city. HIV is especially rife amongst underprivileged adults in the capital’s working-class districts and shantytowns, mainly through heterosexual sex.

virus entered Haiti via male sexual tourism. 85 percent of those infected in 1983 were men. 65 percent had had homosexual experiences.

As far as infected women were concerned, nearly half of them had undergone a blood transfusion using products from a commercial blood bank. Such blood banks were therefore closed down in 1986. The Haitian Red Cross now manages the collection and distribution of blood, and has developed a test to eliminate HIV-positive people from the donor population. Nevertheless the infection spread extremely rapidly within the country, affecting more and more women and children, firstly in the capital and then on its outskirts, and finally in the countryside. By 1995 Haiti had as many newly affected women as men.

In an environment where occasional prostitution is common as a means of survival, women are in the front line. “They are completely unable to force their partner – still less their husband – to use a condom”, explains Blondel Auguste, “as this would imply doubt as to their fidelity.” AIDS is still considered a “shameful” disease, associated with prostitutes and homosexuals. This leads to its victims being ostracised.

Failure to take prevention seriously

A further obstacle to the use of condoms is the influence of the churches and religions. Catholic priests, Protestant ministers and preachers of all kinds have big audiences and dominant positions in Haitian society. The Gheskio centres have entered into a dialogue with religious leaders, to exchange information on the disease, on how to prevent it and on the importance of making people better informed. “But they often prefer to advocate abstinence rather than the use of a condom”, says Jean-William Pape, the centres’ founder.

There are still people in Haiti today who refuse to believe in the reality of AIDS. “It generates fear and some people prefer not to believe in it”, says Dr Yves Lambert, an infectious-diseases specialist. He adds: “There’s a joke going round that AIDS is nothing but an invented Amorous Intentions Discouragement Syndrome”. Its long incubation period is another reason that people underestimate it. Young people in particular remain unconvinced. “In the early stages, the disease is imperceptible”, explains Jean Leclerc, manager of a VDH (Haiti Development Volunteers) leisure centre, “and adolescents think that if the disease were so widespread it would be more visible.”

Information needed to combat ignorance

The VDHs, in various towns and cities in Haiti, have made the provision of information on AIDS and its prevention one of their priorities. “As it’s still so difficult to discuss sexuality within the family”, says Jean Leclerc, “it is important for young people to have a meeting point, a place where they can ask questions and get information. If not, they will rush headlong into their sexual life without any protection.” People’s first sexual encounters are occurring ever earlier - at twelve years of age on average. According to another survey only 4 percent of young people were taught to use condoms as a matter of course last year. “Perhaps that explains why HIV prevalence has tripled recently in the 14-19 age group”, suggests Ralph Mellon. Even so, condom sales are on the increase. Over the past decade sales

of the national brand have increased six-fold, from two to twelve million each year. "And almost as many again have been handed out", according to Ralph Mellon, "but who knows whether people really use the condoms they're given."

So information is still crucial. Haitian organisations customarily conduct seasonal campaigns. Apart from World AIDS Day, busy periods are Mardi Gras, Easter and the summer holidays. "These are periods when there are large numbers of people out on the streets, and they are more active sexually", explains Guerda Alexis, director of a Haitian community-health NGO. Condoms are handed out together with advice and information leaflets. Guerda Alexis's organisation also offers a number of health and social-reintegration services. It has set up a nutrition workshop for HIV-positive women. The aim is to enable them to fight the virus for a longer period, through eating better food and through introducing them to a manual activity such as leatherwork or embroidery. "That sort of thing keeps their spirits up and prevents them becoming depressed and allowing themselves just to fade away", says Guerda Alexis.



There is no nationwide programme on a scale that could effectively combat the disease, but information gets through: there has been a six-fold increase in sales of the national brand of condoms over the past decade

"The mother has to be protected in order to safeguard the child"

Dr Jean William Pape

Supporting the family

Because life expectancy for the HIV-positive is much shorter in Haiti than in the West, it is important to preserve the family structure for future generations: this is one of Dr Pape's favourite sayings. His Gheskio centres conduct research and also provide free

healthcare and counselling to HIV-positive patients and their partners. Without such services orphans would very likely swell the ranks of the street children, a population itself at high risk in health and social terms.

For the time being, the outlook is mixed. Prevention campaigns do have an impact locally, but there is no national coherence. A great deal seems to be expected from a vaccine trial launched last March by the Gheskio centres. Until there is a vaccine there is a limit to what can be done without huge social changes. Prevention programmes based on education and condoms for men can only go so far, according to Paul Farmer, director of the Bon Sauveur Clinic. "Poverty plus social and sexual inequality are the most important risk factors and these are not covered by prevention programmes".

At Aprosifa, while waiting to see the doctor, patients receive information on HIV/AIDS and sexually transmitted diseases



“Patients can once again have hope for the future”

Interview with Paul Farmer, director of the Bon Sauveur Clinic

Although the price of medicines is dropping significantly, there is still prevarication over making multiple therapies accessible to populations in developing countries. The treatments are said to be too constraining. It is argued that living conditions do not allow eating or drinking every time medication is taken and that prescriptions, not properly complied with, might give rise to the development of resistance and so on. But Paul Farmer, an American physician and anthropologist, has been administering multiple therapies to his HIV-positive patients in Haiti's remotest areas since 1999. He explains how this programme operates in the Bon Sauveur Clinic at Cange in the central plateau.

What treatments do you administer to patients infected with HIV?

First of all we attempt to identify those patients most in need of anti-retroviral therapy so that they can be kept alive and their quality of life improved. So, if tuberculosis and HIV are diagnosed in a patient, the first thing we treat is the TB. Sometimes this is enough by itself for the person to stay healthy for years.

How many patients are currently under a multiple-therapy regime at Cange?

About 100. If we had the funding, we could manage 300 or so patients with an advanced syndrome without any problem. It is difficult work, obviously, but our only alternative would be to watch our patients die.

What difficulties arise from the administration of triple therapies in Haiti, and in rural areas in particular?

The greatest current problem is the cost of medicines, which are too expensive for the vast majority of Haitians. Fortunately prices are coming down. But, in addition, multiple therapies have to be taken strictly twice a day every day. So we have trained some 150 monitors,

who visit patients or have the patients come to them to make sure they take their pills. This is what we call directly observed therapy. We had already established the same organisational set-up for treating TB patients in the 1980s. It has an enormous impact on the patient's adherence to his treatment regime and enables us to manage minor side effects through encouragement, listening and understanding. Our monitors send us patients with severe side effects, as these can sometimes arise with this type of treatment.

What is it about these patients' lives that the multiple therapies change?

Most of them feel much better - some have even put on nearly fifteen kilos in less than three months! They are able to work again, take care of their children and have hope for the future. Also these people are no longer excluded from society. Too many people fail to understand that the stigmatisation associated with AIDS is essentially due to the fact that it is a fatal disease. So, when patients respond well to their treatment, those around them are overjoyed. This has had a profound impact on the way in which AIDS is perceived in our region.

How do you finance your organisation?

We buy most of our medicines with private donations given to our Partners in Health Organisation in Boston. American patients also give us the medicines they have left over when they change prescription, and there are charitable foundations and religious institutions in the US that also give us support. Sometimes we receive aid from the University of Harvard, where I'm a lecturer, or from UNICEF. We have never received anything from governments other than the Haitian government, which gives us technical support such as laboratory equipment and help in transporting medicines.

“The stigmatisation associated with AIDS is essentially due to the fact that it is a fatal disease”

When ignorance kills

Sometimes you hear a story you would rather not know about. This story is one of those: the tale of a little girl raped by her father, hoping to rid himself of AIDS.

The episode is now the cornerstone of a campaign in Tanzania aimed at fighting witchcraft beliefs.

Rasmus Lindboe and Anja Bertelsen

Tanzania has just started the most spectacular campaign against HIV/AIDS and the rape of young virgins.

The aim is to put an end to the horrible cocktail of witchcraft beliefs and the explosive spread of HIV in the country.

Tanzania has in recent years experienced a lethal twist to the ancient traditions of consulting witch doctors: clients, many of whom are desperate to get rid of AIDS, are told to go to bed with a virgin. The act, the witch doctors claim, will rinse the deadly disease away.

This advice now undermines the country's attempts to stop the spread of HIV/AIDS and ruins the lives of thousands of young girls.

Six-year old Bahati's story kicked off the campaign. She had already seen her share of tragedies, when a teacher at her school discovered her secret.

A few days earlier, her mother had been

buried – a victim of the “slim disease”, as AIDS is commonly called. Before that, her little brother had died – probably infected by the mother. Nobody knows for sure.

The teacher, knowing Bahati's troubles, was keeping a close eye on the little girl those days. The school, situated in a village on the slopes of the majestic Kilimanjaro Mountain, was usually a place Bahati enjoyed coming to, but that had changed.

“She was no longer a good student. Instead, she was falling asleep during classes. And she didn't play with the other children in the breaks,” says Theresia M'Killinga, Bahati's teacher.

When she understood what had happened, she decided to take the girl to the doctor.

“He cried after he had carried out the examination,” recalls Theresia M'Killinga.

Bahati had been sexually molested.

Desperate for healing

Today, Bahati's father is in jail.

Accused of having abused his little daughter. He believed that sex with a virgin would end the dreaded HIV virus.

The disease is now taking its toll on him, according to the prison guards.

After the death of Bahati's mother, the father faced the terrifying fact that he might have gotten more than he bargained for when visiting one of his many casual female acquaintances.

He went to the witch doctor of the village, where he was given the ill-fated advice.



There are no statistics on how many girls in Tanzania have faced the same fate as Bahati. Tanzanian organizations, however, do testify to an increasing number of these cases, due to men who are desperate for a cure for AIDS.

“We hear of this problem whenever we go to the villages. We then try to tell people that witch doctors only give this advice to make money. We say that the advice is not logical, because AIDS is an incurable disease,” says programme officer Loyce Lema of the Tanzanian human rights NGO, Envirocare.

The organization is the first in the country to directly tackle the link between ancient witchcraft traditions and AIDS.

Witch doctors and medicine men have always held prominent positions in villages all over Tanzania. Their wisdom and advice is rarely questioned. Most villagers have no real access to hospitals or qualified doctors and so there are no alternatives to the witch doctors.

AIDS in Tanzania

HIV is rampant, although Tanzania is not among the African countries with the highest prevalence.

Officially, 8.1 percent of the total adult population is infected. In this country of 33 million people, more than 1.1 million children have been orphaned because their parents died from AIDS.

A UNICEF estimate says the number of orphans will reach two million within the next couple of years.

Despite a national strategy, the government has not been able to halt the spread of the disease. Patients suffering from AIDS now occupy more than 50 percent of hospital beds.

Tanzanians still have poor knowledge of the virus and how it spreads. According to a UNICEF survey, less than half the population can name three ways in which to avoid contracting AIDS, and one in four Tanzanians have false impressions about how HIV spreads and how it can be fought. These range from thinking that mosquitos can transmit the disease to the belief that sex with a virgin will provide a cure for the virus.

Supported by funding from the Danish government, Bahati's story has now been made into a booklet with cartoon pictures targeting school children. 1,200 copies have been distributed countrywide. And Envirocare is currently looking for funding to make a video of the story. The organization is also setting up local committees to deal with human rights abuses, such as the abuse of young girls

Let her die

Bahati has been tested several times for HIV. Fortunately, she is not infected.

Her life is already a tough one. She became responsible for herself and her younger brother when her father was put in prison two years ago.

Since then, she has tended the hut where she lives alone with her brother.

She has banana trees and cassava in the forest surrounding the hut. And occasional charity from local organizations in the form of clothes or food also helps the children to survive.

The grandmother of the children lives only a hundred yards away, but she abandoned Bahati and her brother when their father was sent to jail.

Envirocare has, with little success, tried to get the grandmother to care for the children.

“If the school can't take care of the children, then let them die,” the grandmother shouts, when the teacher and a representative from Envirocare visit Bahati's home.

The grandmother is angry. Bahati – in league with the schoolteacher and the human rights organization – has brought shame on the family. They are to blame because the father is now in prison, the grandmother says.

The old woman only scowls when told that the children are too thin because they don't have enough food.

Assisted by a local NGO which supports HIV/AIDS orphans, Bahati and her brother are still able to attend school in the mountain village. She has turned into a quiet girl, forever marked by the molesting by her father.

“She has no future here. Everybody around here knows what has happened to her. When it is time for her to find a man, she will have to leave,” says Bahati's teacher.

Bahati is the fictitious name of the girl used in the campaign against witchcraft beliefs and AIDS. The editor is informed of her identity.

Men who love other men

The transmission of HIV/AIDS through sexual relations between men is one of the routes of infection by the virus which is acknowledged in all countries. Everywhere except Africa.

This vector is mentioned only very rarely in epidemiological studies, if at all.

So, are there no homosexual men on that continent?

Rather, there are few who would identify themselves thus, and this is compounded by the absence of any wide-ranging study into this type of sexual practice and by the fact that such groups remain largely invisible within society. Thus, they are highly vulnerable to the disease...

Robin Sappe

“To set up an AIDS-prevention campaign specifically targeting homosexuals in developing countries, \$2.5 billion would be needed every year. In 1994, only 5 percent of that figure was available”, explains Daniel Vangroenweghe, author of a study into AIDS and sexuality in Africa*. Although prevention programmes aimed at such groups have been set up in Latin America, the Caribbean and Asia, a review of anti-AIDS campaigns reveals that they are, by contrast, extremely rare in Africa.

South Africa and the rest of the continent

South Africa, 1996: equality in terms of sexual preference was embodied within the new constitution, a world first. Large numbers of gays and lesbians joined forces, mobilising themselves and forging a network based on an extended commercial circuit and militant community groups. At international level, Cape Town became one of their preferred holiday destinations.

Yet South Africa is an exception: there, homosexuality is seen in more or less the same light as in western countries, but when one leaves to travel through the rest of the continent it is best to forget the term “homosexuality” as being too culturally specific. The preferred term is, rather, “Men who have sex with men”, more commonly known as MSMs. The term is somewhat curious, perhaps over-politically correct. It covers a reality that is more diversified than merely sexual relations

exclusively between responsible, consenting adults of the same sex. “We don’t have any here”, was the response from a young Rwandan when asked about the existence of homosexuals in his country. But a few days later, he told us about stories he had heard, maintaining that these could not be described as homosexuality as manifested in the northern hemisphere.

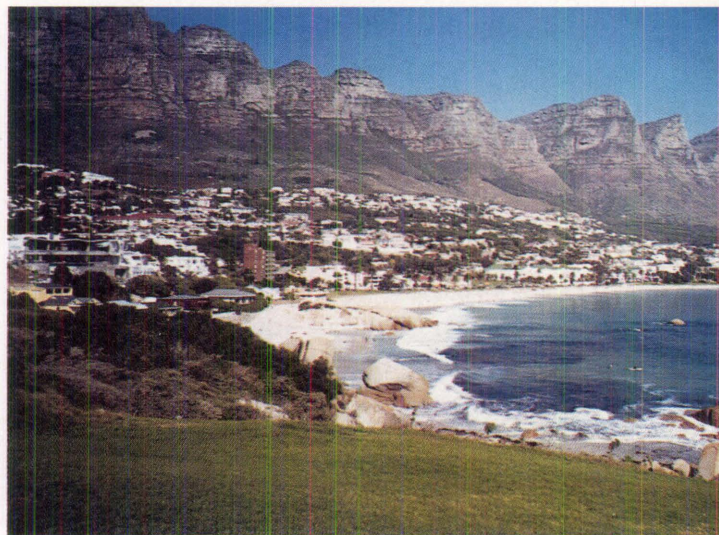
“We don’t have any here”

Some men who have sex with other men do not regard themselves as homosexual. This attitude is not only found in Africa. Throughout the world, stigmatisation and discrimination are the lot of men and women who live their minority sexual preference clandestinely, because of the views of the majority of society.

However, a paradox has surfaced in the wake of the AIDS epidemic: although it is generally accepted globally that sexual relations between men are a vector for transmission of the virus, in Africa this figures only exceptionally, if at all, in epidemiological studies. Indeed, apart from South Africa, it is unusual for other countries in that continent to mention such practices in their anti-AIDS programme. Senegal, for example, set up funding in January 2001 for Andligeey, an MSM group, as part of its national prevention strategy. But the use of lubricating gel, recommended for sex between men, receives scant mention.

Where are these men?

The paradox is all the more surprising when it is revealed that sexual relations between men have never been the subject of wide-ranging scientific investigation



© Robin Sappe

and that these practices are usually concealed within society. What, then, of adolescent adventures linked to the discovery of one's body and sexuality? What of the relationships which arise in places where women are excluded - prisons, the army, the mines and other seasonal-work places? What about male prostitution as advertised in cities like Banjul, Lagos or Francistown?

For several centuries, tales told by travellers and explorers, and more recently by ethnologists, have been peppered with reports of the practices involved in traditional rites which sometimes still take place in certain regions. These practices are sometimes completely integrated into certain ethnic groups, and even their role within society is acknowledged. In the 17th century, the word *quimbanda* was used in Angola to describe men indulging in such practices. Usually dressed in women's clothes, they often fulfilled the function of magician. In southern Sudan, the *kujour* amongst certain Nuba peoples are popular spirit doctors, and it is an acknowledged fact that they indulge in sexual practices with other men. In Madagascar, amongst the Betanimente, the word *sekatses* is used to describe a certain group of nomadic transvestites. Although in Zanzibar they are regarded as a "manifestation of God's will", such behaviour is not acceptable everywhere. In eastern Uganda, for example, they were regarded as "half human", despite the fact that Mwanga, King of the Kabanga in the last century, had a predilection for his young page boys.

A precondition: the defence of rights

Concealment of such sexual practices between men currently tends to increase their vulnerability to HIV infection. Suppression of these relationships by law, which persists in certain countries, merely makes their position more precarious. A first step would be to end this official discrimination. In English-speaking Africa, men and women have joined together to defend their rights and to set up associations. The best-known of these, the GLAZ (Gays and Lesbians of Zimbabwe), has just celebrated its tenth anniversary. Groups have also sprung up in Namibia and Zambia, in environments which are sometimes frankly hostile.

In French-speaking Africa, in urban centres like Dakar or Conakry, the "scene" brings together groups of boys who visit one another to share

View of Cape Town, South Africa

thiéboudiène – a typical Senegalese dish – and tea. Ousseynou, a member, reports: "Many of our friends have also died as a result of AIDS". In Abidjan, certain commercial establishments are well known for their type of clientele, and *Woobie Chéri*, a recent documentary, portrayed a transvestite from Côte d'Ivoire.

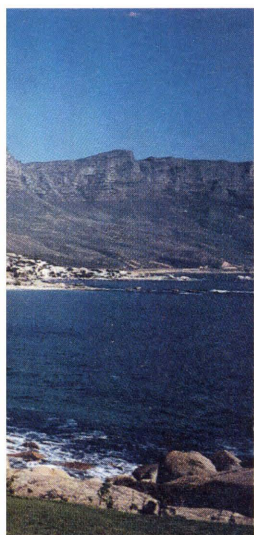
You have only to go to Mombassa to meet the *shoga*, as they are called in Swahili, a sizeable socio-demographic group of men who have sex with other men and who are completely integrated and acknowledged as such in that city. There is a wealth of terms to describe those who indulge in this type of practice, and a number of terms may exist in the same language at the same time. Nevertheless, these men are often regarded as bisexual: marriage is actively encouraged and ultimately gives men thus emancipated from their family greater freedom. Those who live alone and who manage to come to terms with their existence are rare. It is therefore extremely difficult to identify these "men who have sex with other men", or to identify the ways in which HIV can be transmitted, because of the silence surrounding these practices.

In the long term: prevention for all

Despite the fact that these relationships obviously exist, their absence from epidemiological studies of Africa means that only too rarely are these men targeted by prevention campaigns. The fact is that the breadth and configuration of the epidemic in Africa requires a global preventive approach. On other continents too, it took some time to recognise the usefulness of a scientific approach to certain social groups which are deemed 'undesirable'. But, for reasons of ethics and equity, the countries in question must be made aware of the existence of these minority groups and the challenge posed by these practices to the prevention of AIDS.

The AIDS and Sexuality socio-epidemiological watchdog (observatoire@fusl.ac.be) of Saint-Louis University in Brussels is currently looking into the feasibility of a study on this subject with a view to ultimately initiating preventive work in the field.

** Vangroenweghe Daniel, 'Sida et sexualité en Afrique' [AIDS and sexuality in Africa], EPO Publishers, 2000, 480 pp.*



How many Batswana will be alive in 2021?

What will the population of Botswana be in 2021? Normally a question like this is relatively simple to answer with a high degree of accuracy. Most of the Batswana who will be alive in 2021 are alive today, and most of the births between now and 2021 will be to women currently in the population. With so much already known about the future population of Botswana, it would usually be easy to make a good forecast twenty years into the future. But Botswana is not a usual country. It has the highest rate of HIV prevalence in the world. It is also about to embark upon an exciting and perhaps dangerous set of medication and education programmes to reduce it. In this paper we employ an innovative technique to estimate what Botswana's population will be in 2021.

Warren C. Sanderson*

The new approach to population forecasting, used here, has been developed at the International Institute for Applied Systems Analysis (IIASA) in Laxenburg, Austria. It is designed to be used in countries such as Botswana where HIV prevalence rates are high.¹ The IIASA methodology has several important features. First it is based on "Sentinel Surveillance Survey" data - the kind of data most frequently collected in African countries. Secondly it adjusts those data for the significant biases that they contain. Next it disaggregates the population by age, sex, education, HIV status (positive asymptomatic, positive symptomatic, or negative), years since infection (for those who are HIV positive), and medication status. Finally it allows us to compute the effects of HIV education programmes and medication policies.

Plans to fight HIV and the possible scenarios for 2021

We consider six different scenarios here. The first is a continuation of the current state of affairs. But the government of Botswana is about to begin a very serious effort to combat HIV. It has three components: an intensified effort to reduce transmission of HIV from mothers to children (vertical

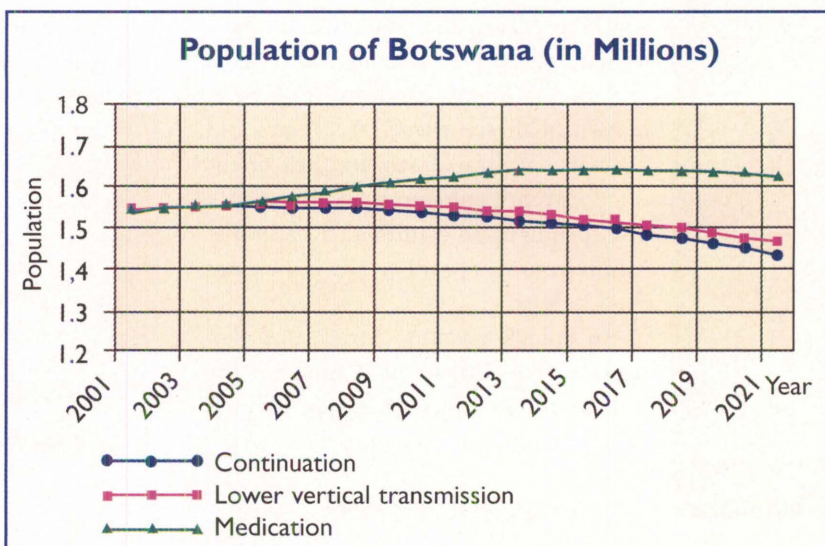
transmission); the provision of HIV medication to the people who need it, and a widespread and intensive campaign to educate people on how to avoid HIV.

So the second scenario is the intensified programme to reduce vertical transmission. The third scenario combines this with the provision of medication. The fourth scenario is the continuation scenario but with significant behavioural changes brought about by the educational programmes. The fifth scenario includes all three elements of the Government's programme. The final scenario shows the effect of reduced vertical transmission, the provision of HIV medication, and the distribution of a fully effective vaccine that eliminates all new cases of HIV beginning in 2007.

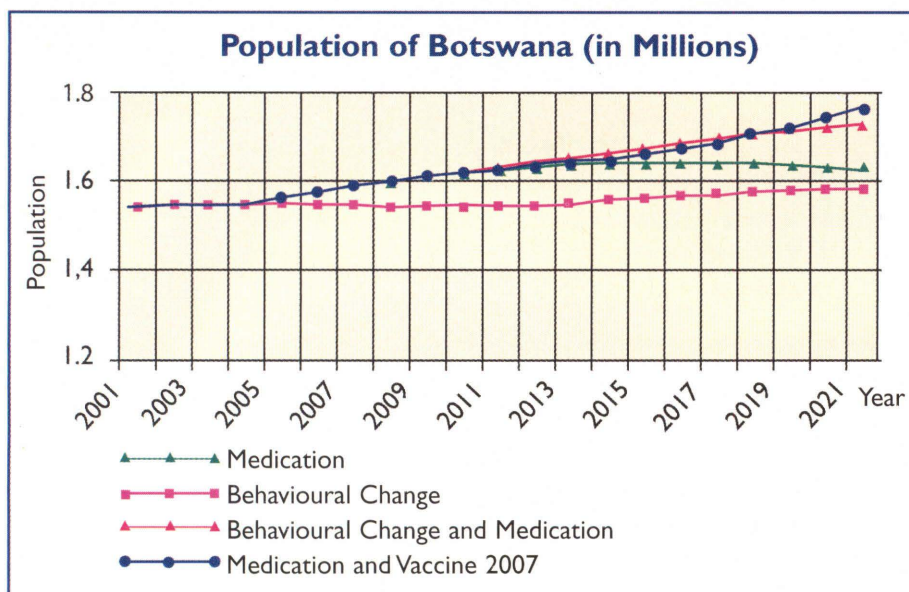
A population in decline?

Figure 1 shows the population of Botswana from 2001 to 2021 under the first three scenarios. If the current situation were projected into the future without the government's programmes, the population of Botswana would fall from around 1.55 million people in 2001 to 1.44 million in 2021. Over those two decades the rate of population shrinkage would be around 0.4 percent per year. In our model the vertical transmission rate in 2001 is 22.5 percent. In other words we expect that 22.5 percent of all children born to HIV-positive women will be HIV-positive themselves. In the continuation scenario we expect this figure to fall to 15 percent by 2006 and remain there.

In the intensified programme the vertical transmission rate falls to 5 percent in 2002 and then remains constant. The effect of reducing vertical transmission is to increase the number of Batswana alive in 2021 by around 30,000 – roughly 2 percent of the population at that time. Nevertheless, the population in 2021 would still be below its 2001 level.



¹ The European Commission funded the research



Scenarios for growth

Figure 2 shows the implications of four scenarios: the medication scenario that we just discussed; a behavioural change scenario; the medication and behavioural change scenarios together; and a scenario that combines the medication programme with a fully effective vaccine. The government of Botswana is about to engage in a large-scale public education programme focused on teaching people how to avoid HIV infection. Our behavioural change scenario assumes that this is successful and that it causes a reduction in new HIV infection rates of 40 percent. This seems plausible in the context of Botswana and is in line with what was observed in Uganda.

Under the behavioural change scenario alone Botswana's population rises from 1.55 million in 2001 to 1.59 million in 2021 - 38,000 people less than in the medication scenario. But in 2021 the population in the medication scenario is shrinking while the population in the behavioural change scenario is growing. So by 2026 there would be more Botswana alive under the behavioural change scenario.

For reference Figure 2 also shows the combination of the medication and the behavioural change scenarios. Evidence from the USA strongly suggests that medication programmes and behavioural change programmes are competitive - that the availability of the medication increases the frequency of risky sexual behaviour. But if the government of Botswana were successful in both, Botswana's population would grow to 1.73 million in 2021.

The fourth scenario in Figure 2 is the combination of the medication programme and a vaccine that eliminates all new cases of HIV infection beginning in 2007. In this case the population of Botswana would grow by an average of about 0.7 percent per year to 1.77 million in 2021.

In answer to the question posed at the beginning of this article, the number of Botswana alive in 2021 will almost certainly be between our extreme values of 1.44 and 1.77 million. A plausible guess would be around the middle of the range, probably in the vicinity of 1.65 million people. In this case Botswana's population would be about 6 percent larger in 2021 than it is today. The average annual rate of population growth during the two decade period would be around 0.3 percent.

So many uncertainties

The fact remains that getting to a population size in 2021 that is larger than today's will still be extremely difficult. Severe problems are likely to arise almost immediately both in the education and medication programmes. The Botswana government will have to deal with drug resistant strains of HIV, a populace reacting to the multiple unpleasant and frightening side effects of the medication, and a decreased incentive to use safe sex practices. The government is embarking on a long, difficult, and uncertain journey. We must applaud it for its courage. If it is successful, there will be slightly more Botswana alive in 2021 than today. If it fails there will be fewer.

**Professor, Departments of Economics and History, State University of New York at Stony Brook, Stony Brook, New York, USA and Senior Research Scholar, International Institute for Applied Systems Analysis, Laxenburg, Austria
<http://www.nasa.ac.at/research/POP/pdel/index>*

Current medications are not a cure...

The third line in Figure 1 shows the outcome of the medication scenario. It is based on two main assumptions. The first is that 50 percent of all HIV-positive Botswana who first become symptomatic (ie have AIDS) begin a long-term course of medication. The second is that this treatment provides them an additional period of life - averaging ten years - before they enter the terminal phase of their illness. Even if everyone who needed it received the medication, around 30 percent would soon drop out because they could not tolerate the side effects.

Considering the early dropouts and the fact that there will always be some people who could use the medication, but for one reason or another do not get it, the 50 percent figure seems plausible. The ten-year additional life expectancy is just a guess at this point. Until the Botswana experiment is performed we will not know what that figure is. What we do know now is that current medications are not a cure for HIV. Some people will live a long time on the medication, some will not.

... and will not prevent the population shrinking

Under the medication scenario (which includes the rapid decrease in vertical transmission), the population of Botswana would rise from 1.55 million in 2001 to 1.64 million in 2016 and then fall to 1.63 million in 2021. It is a striking and important fact that the medication programme by itself will not keep the population of Botswana from shrinking. The shrinkage begins later and from a slightly higher base, but in 2021 Botswana would have a shrinking population with or without the medication programme.

There are two reasons why Botswana's population would shrink even in the medication scenario. First, the medication prolongs the life of HIV-positive people but does not cure the disease. Second, even though people on medication individually have a considerably lower risk of spreading HIV, their increased numbers in the population can offset this and lead to an increase in new infection rates overall.

Education is a crucial tool

“It’s good to be informed about HIV/AIDS. I was scared before anyone talked to me about it, because I thought perhaps I would catch it. Now I know how to protect myself – and I can help my friends, too. We need to save the youth of South Africa – it’s killing too many of us.”

Juliet England*

These words, from 22 year-old Celani, of Durban, South Africa, reveal the importance of one of the most crucial tools in the fight against HIV/AIDS – education.

There is generally good understanding about how the virus is caught, how to avoid contracting it, and of the scale of the problem. But actually changing the behaviour of young people is the greatest challenge of all.

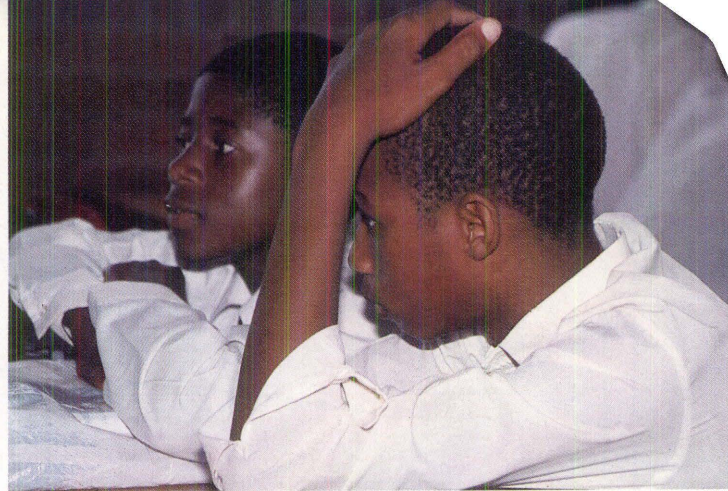
Young people, particularly those from disadvantaged backgrounds, desperately need help with choosing healthy lifestyle options – both in and out of school. Issues such as sexually transmitted diseases, safe sex and contraception, gender, life planning and sexual decision-making, need to be explored.

In South Africa, educators are working against a host of socio-cultural barriers as they urge young people to change their behaviour. Poverty forces some young people into the sex industry, while many men are reluctant to use condoms because of their cultural associations with promiscuity and prostitution. Yet having multiple partners is seen as socially acceptable.

There is also an element of fatalism, with many young people feeling so unhappy with their lives, and feeling they have little to look forward to, that the risk of unsafe sex is a price worth paying for the pleasure it brings.



Pupils taking part in a Better Life Options session, at a school in KwaZulu Natal, South Africa



Two young boys listen raptly

The YMCA’s *Better Life Options* programme in South Africa allows young people to educate others about the issues involved. In some cases, peer educators are themselves HIV-positive. Awareness can be raised through drama and music, outreach support, and work with young offenders and local advocacy initiatives.

There are currently programmes in more than 30 schools in four regions, training dozens of peer educators every year. Each peer educator works with around 25 young people every week, and, last year, more than 10,000 young people took part in the programme.

A great need for information

In some areas there are more requests from schools than can be satisfied. In Umlazi, Durban, in South Africa’s KwaZulu Natal region, the head teacher says: “The sad truth is that there are so few places where students can get hold of good sexual health information. In an ideal world, we would like to see every one of our pupils benefiting from this kind of programme.”

Peer education programmes can have a strikingly positive influence on a school’s general atmosphere. Smero High School is in Edendale on the outskirts of Pietermaritzburg – a particularly disadvantaged area. The school has experienced social and behavioural problems among its pupils. But over the past two years discipline has improved immeasurably. The headmaster says this is due, at least in part, to the programme.

“There is definitely a changed atmosphere here – the pupils seem happier and we have fewer discipline problems. Last year we achieved a 57 percent pass rate in matric exams, the highest ever.”

Evaluation of participants before and after the programme shows that most benefit from the information and advice on offer. Although there is some indication that participants may have actually changed their sexual behaviour, more extensive research would be needed to show evidence of real change.

But the impact a programme like *Better Life Options* can have on the often troubled lives of peer educators is clear. Nearly all report improved self-esteem, skills and general satisfaction with life as a result of their participation.

One such young man is Njabulo (not his real name) from KwaZulu Natal. He grew up into gang life after the break-up of his family at a very young age. By the time he was 14, gang violence, car-jackings and a drugs habit were a way of life. He was on the point of quitting school when he was asked to become a peer educator. The training built up his confidence and self-esteem, prompting him to leave gang life and start afresh.

He says: “The programme has boosted my confidence, and helped me to feel better about myself. At first I found it quite

painful when I opened up to others about some things from my past. My old friends ask me to go back to the gang, but I really don't want to. I'm now getting some help with accommodation, and I think if I am able to live somewhere else, that would make a huge difference."

He is not the only former gang member to become involved. Two notorious gangs in Smeru – called The Big Five and Soviet, used to roam in hoards clashing with each other, but have come together to teach young people about HIV/AIDS, and offer career guidance classes.

From causing trouble in the community, bunking classes, loitering at the drinking shebeens near school, smoking pot, going to school drunk and generally causing trouble, the reformed youths, now calling themselves the Dream Team, are working with peer educators in schools and community-based groups to drive home the seriousness of the HIV/AIDS epidemic.

Says Dream Team member Mduduzi Khumalo: "We encourage young people to get involved in sports because sports people are committed to what they do. We provide our peers with alternatives – and sports is one of the better options."

Bringing the two former gangs together, and dissolving the enmity between them, was no easy task. It took a local youth worker nearly a year to gain their confidence, and persuade them to become educators.

Reaching out to all young people

Another problem in the fight against ignorance is the difficulty in reaching those who do not attend school. Few of these can access health care, counselling, advice and information services in a youth friendly environment.

One way of tackling this is through youth work and arts performance activities, and by establishing drop-in centres where the right services are offered.

Many young South Africans enjoy becoming involved in drama and music performances which focus on HIV/AIDS education. They can also raise awareness of youth issues and rights, gender and family-related problems and HIV/AIDS information and advice. The performing arts are a useful way for communities to get to know youth programmes in general.

Peer education work needs to be complemented by other local community-based initiatives, responding to the particular circumstances of young people in the area.

South Africa YMCA national director Treven Hendricks explains: "Young people's lives are complex, and we can't compartmentalise their lives into different problem areas, everything is interrelated. There are no quick fixes."

In KwaZulu Natal, where levels of infection are the highest, young people can request home visits by youth workers, or individual support sessions.

Financial problems often arise from HIV/AIDS, and need to be addressed. One young counsellor, herself HIV-positive, teaches young women to make jewellery and accessories from beads – a traditional Zulu handicraft. These products are sold to help pay for health care and other expenses.



© Sean Brown

Children at Adams Mission School, Durban

In the Western Cape, where gang-related crime poses significant challenges to youth work, there is a reproductive health, lifeskills and counselling programme for young offenders in three institutions, working with more than 150 boys and young men each year. The programme is still being piloted, but plans for a young offender peer education project within prisons is in the pipeline.

The defence of basic rights for young people, and the promotion of youth participation and consultation, are also hugely important. Peer educators are often involved, for example, in highlighting abuse of young people, because many are scared to tell adults they have been abused.

There is also an emphasis on protecting young women – for example from the problem of sexual harassment in school, and by working with the police to make sure that those who rape and abuse are brought to justice.

Helen Kirkland, programme co-ordinator at Y Care International, the development agency of the YMCA movement, which supports the work in South Africa, says: "If the devastation of HIV/AIDS is to be slowed down, empowerment programmes for young people must be enhanced. There can be no doubt that much more needs to be done to help young people."

**Y Care International is the development agency of the YMCA movement, working with young people in Africa, Asia, Latin America and the Middle East, on a variety of projects. www.ycare.org.uk*

Graffiti, Cape Town



© Sean Brown

AIDS in South Africa – bold steps in a discouraging climate

In the field of HIV/AIDS South Africa is a land of missed opportunities and prevarication. One of the highest rates of HIV/AIDS infection in the world makes the tragic lack of political leadership so much worse. But, while the state fails to act, the country is still home to innovative thinking. One innovation is the UNAIDS programme called Greater Involvement of People Living with Aids, known by its acronym GIPA.

By Ferial Haffajee with additional reporting by Janine Simon-Meyer and Nawaal Deane

GIPA, which started in South Africa in 1997, follows three simple steps to break the silence over AIDS, overturn myths and help businesses design appropriate strategies. Step one: place smart, sassy individuals living with HIV/AIDS in key workplaces. Step two: let other workers know about their presence with the help of devices like workshops and road shows. Step three: make them central to drawing up a company strategy on the subject.

Giving AIDS/HIV a human face

The GIPA programme is a rare gem. Since its inception, eleven individuals have joined up. Two have died. The other nine are prime examples of living positively. They have been placed in working environments as diverse as mining compa-

nies, “parastatal” organisations, the UN and government departments.

A second group of GIPA ambassadors were being placed at the time of writing. One of their first tasks is to give a human face to a disease so stigmatised and shrouded in mystery that ordinary people do not know what to expect. Placing articulate, open and often healthy HIV-positive people in work places can serve to shatter any numbers of myths.

A decade into the pandemic, conventional wisdom still dismisses AIDS as a black disease or a gay plague - something that does not happen to ordinary people. At the same time there is a belief that its contraction means instant death. Martin Vosloo, one of the best known GIPA participants, is keenly aware of how his very presence can alter stereotypes. A burly, bumptious, ruddy-cheeked artisan, Vosloo was placed at a firm called Eskom to work mostly with construction workers, but spent some months at their headquarters in the north of Johannesburg.

“Initially I was like an exhibition piece”, he remembers. “I was the face of someone living with HIV and employees would come and take a look.” After his time at head office he travelled to various sites giving talks on AIDS awareness and safe sex. He also gave support and advice to those workers who were already HIV-positive. “I think being a white, heterosexual man made these guys not believe I was HIV-positive. I mean, I weigh 130 kilos and I’m six feet tall. So I look very healthy.”

Martin Vosloo was, with the benefit of hindsight, an ideal vehicle to get across the message. He was infected by HIV in the course of a hard-living, hard-drinking lifestyle - experiences he shares when he persuades migrant site-workers against easy sex and not-so-cheap thrills.

Tackling prejudice in the workplace

In her office at Transnet in Johannesburg, Maria Ndlovu - the assistant manager of the parastatal body’s Education for Aids Project and a GIPA participant - works to demystify AIDS. This is a mission given impetus by her own experience. “I was dying to talk to someone who was HIV-positive, to ask them: ‘Is what I’m feeling HIV?’ But they were so silent, so gloomy, so sad. It was as if they were waiting for the electric chair.” She is recalling her first visit to a support clinic at the HF Verwoerd hospital in Pretoria.

Caught in the crosswinds of myth, prejudice and denial, the other people at the clinic would not engage in the spirit of com-

Martin Vosloo is keenly aware of how his very presence can alter stereotypes.

“I think being a white, heterosexual man made these guys not believe I was HIV-positive. I mean, I weigh 130 kilos and I’m six feet tall. So I look very healthy.”



©Lori Wassichuk

munity she was looking for. The whites created a psychological distance, "as if they were not part of us HIV-positive people" and the blacks kept their replies to her curious questions curt and quick.

The GIPA programme has given Maria and the other participants a voice with which to cut through the silence by tackling prejudice at the workplace. This is important because one of the reasons for the silence is the fear of losing your job. Martin Vosloo came into GIPA after losing successive jobs because of his HIV status.

Maria apologises as she takes the third call during our interview. These are from employees who are HIV-positive, or from those affected because they are caring for family with AIDS. A secretary asks her to check a new aspect of the company's HIV/AIDS policy. In her two years at Transnet, Maria has become integral to Transnet's response to the epidemic. She has used company magazines and newsletters to let staff know she is there for them, and gives talks and seminars every week. "I've been told that simply seeing me makes a difference." The GIPA participants also become a quietly effective "drop-in" counselling service for colleagues. This builds the kind of supportive working environment that encourages others to find out their HIV status, and to manage their health.

A cleaner at Transnet got to know Maria and confided that her daughter was very ill - in and out of hospital and confined to bed. Her boyfriend had died of AIDS, yet the girl denied the disease. Maria visited their home and related her story. She told the young woman of her rape in 1996, the subsequent AIDS test and the cold realisation that she was HIV-positive. "So am I", said the girl - a response that freed her mother from questioning her, and allowed her to care effectively for her daughter until her death a few months later.

The cost of AIDS to business

At the heart of GIPA is the idea that those individuals most intimately affected by HIV/AIDS should be shaping the response to it. The idea has been around since 1983 and at the Paris AIDS summit in 1994 forty-two countries formally accepted that GIPA was critical to an effective and ethical response to the epidemic.

In South Africa UNAIDS decided to implement what was called "the GIPA

Lucky Mazibuko works, literally, in Nelson Mandela's backyard, as his representative on all issues related to HIV/AIDS



©Lori Waselchuk

Maria Ndlovu works to demystify AIDS.

Workplace Model". This programme was the result of a strategic decision by the UN both to support President Thabo Mbeki's call for a partnership against HIV/AIDS, and to break new ground by helping people living with it to become actively involved in areas not previously considered.

Workplaces seemed a good choice. Research was beginning to show just how severely business was being affected by the epidemic - with the heaviest costs coming from absenteeism, lost skills, training and recruitment, reduced work performance and lower productivity. While each participant has shaped the programme differently, there are common experiences. By their presence alone, they make people - often senior managers - aware of the intense need for HIV/AIDS policies and encourage open contact with infected people.

Bringing AIDS into the open

Lucky Mazibuko, a GIPA participant who works at the Nelson Mandela Foundation and The Sowetan newspaper, regularly speaks at international conferences. He is a member of the National AIDS Council, the AIDS Consortium and the Network of African people living with AIDS. This kind of work builds the multi-sectoral response now considered essential to fight the epidemic. Dreadlocked and urbane, Mazibuko works, literally, in Nelson Mandela's backyard, as his representative on all issues related to HIV/AIDS. At 32, he is a black leader who lives positively with HIV.

Lucky Mazibuko determines which programmes the Nelson Mandela Foundation will support. He writes all Mandela's speeches on the topic and advises the elder statesman on strategy. While he still counsels Sowetan staff infected or affected by HIV/AIDS and helps the company with its policies, he has interpreted his GIPA role in a very different way. In effect he makes Mandela a general in the battle against HIV/AIDS.

Mazibuko still writes a weekly column in The Sowetan on living positively and says the response is phenomenal. An enormous range of people contact him - all dealing with the same set of issues: how to come out with their status, how to help family members and how to care for those in the advanced stages of the disease. His column has given him a role far beyond the workplace. "I give people a reason to talk about AIDS." He adds that the GIPA concept needs to be expanded radically to improve its impact: "This country will fail to address AIDS if people who are HIV-positive are not consulted."



©Lori Waselchuk

Breaking the silence

Violence against women is a human rights violation and a serious public health problem. A three-year pilot programme by International Planned Parenthood, Western Hemisphere Region (IPPF/WHR) addresses the links between gender-based violence (GBV) and women's sexual and reproductive health.

Alessandra Cassanova Guedes, Zhenja La Rosa, Rupal Sanghvi*

Maria first visited the family planning clinic PLAFAM in Caracas, Venezuela, for a routine gynaecological exam. Belmar, a counsellor, remembers that Maria was anxious, particularly about whether the doctor would be a man or a woman. Maria insisted on seeing a woman so she could avoid "any type of conversation with a man".

Following PLAFAM's protocol that all new clients be screened for gender-based violence, Belmar asked a standardised set of four direct questions about violence, which enabled Maria to talk about her experience and thus begin a healing process.

Maria was 35 years old at the time, and although she was divorced, her ex-husband still lived with her and their two children. According to Maria, he insulted, offended, hit and shook her by the arms when he was upset. Belmar told Maria about the PLAFAM programme for survivors of violence.

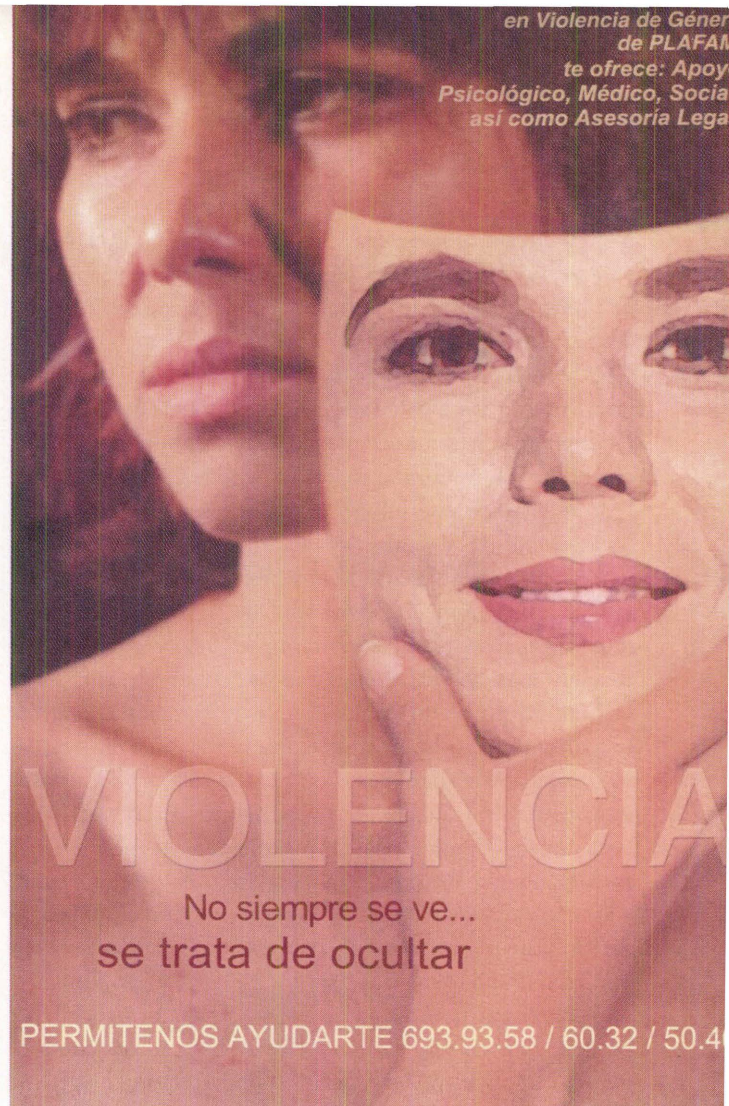
"I told her that she could tell us about the whole situation as it was important to know about her experience to give her better care," Belmar recalls.

PLAFAM is one of three IPPF/WHR affiliates involved in a project to address GBV. The training and tools Belmar received as part of this project were essential to breaking Maria's silence.

Addressing the negative effects on women's health

Knowing a woman's history of GBV enables health care professionals to provide services more tailored to her needs. GBV, which can be any act or threat of physical, sexual or psychological violence against a woman, is a pervasive human rights violation. It is also a public health problem that has profound, negative effects on a woman's sexual and reproductive health.

Physical violence and sexual abuse limit a woman's ability to negotiate the use of condoms, thereby putting her at increased risk of sexually transmitted diseases and infections, including HIV, and unplanned pregnancies. Research has shown that GBV is also linked to increased risk of gynaecological disorders, pelvic inflammatory disease, unsafe abortions, pregnancy complications and miscarriage.



Recognising the importance of addressing GBV within the area of reproductive health care, IPPF/WHR initiated a regional project to sensitise and train staff in affiliates in the Dominican Republic, Peru and Venezuela. This three-year initiative, funded by the European Commission and the Bill and Melinda Gates Foundation, seeks to increase the capacity of the affiliates to address the issue by identifying women who have experienced GBV, and provide appropriate health care and counselling services that take into account their special medical and social support needs.

The initiative also aims to increase awareness about GBV through advocacy and efforts to train a variety of stakeholders, such as judges and police officers. It also aims to improve women's legal protection.

A change in attitude

One of the first steps was to sensitise and train staff. A baseline study of health provider's knowledge, attitudes and practices revealed that many of them had misconceptions about whether interventions are useful.

More than 50 percent of the health providers interviewed said they believed that some women's inappropriate behaviour provokes their husband's aggression. Nearly one-fourth (23 percent) felt that women do not leave violent partners because on some level they like to be treated with violence; 41 percent said some adolescents provoke sexual abuse because of inappropriate sexual conduct. Providers generally supported the idea that they should address GBV with their clients, however, some 32 percent felt that there was little they could do to help.

A series of tools and protocols

In addition to sensitisation and training, IPPF/WHR has also worked with affiliates to develop a series of tools and protocols to support them in screening clients for violence and providing appropriate services to those women who disclose their experience of GBV. These include:

- Operational definitions of gender-based violence.
- A four-question screening tool that gives providers clear, direct and standard language for broaching the subjects of physical, sexual and psychological violence, as well as childhood sexual abuse, with their clients.
- A checklist for programme or clinic managers to help ensure that the most essential steps in the process of developing a GBV project are being carried out effectively.
- An observation guide to assist in monitoring the implementation of GBV activities.

Anticipating that the demand for a wide range of support services would escalate beyond what any single institution could handle, each of the affiliates produced a referral guide with information on local organisations that provide services for women who have experienced GBV.

The numbers of women identified were indeed alarming, although they do not reflect the true prevalence of GBV, in part due to the fact that many women may choose not to disclose their experiences. In Venezuela, PLAFAM recorded that 18.1 percent of all new clients in the year 2000 reported having experienced GBV, while in the Dominican Republic, PROFAMILIA found that 22.5 percent of the clients screened at its two main clinics had experienced some type of GBV.

Following up these cases by providing medical, psychosocial and legal services is a challenge that each IPPF/WHR affiliate is working to address. In Venezuela, PLAFAM offers individual and group counselling, as well as legal services, and as a recognised leader in the effort to eliminate GBV, receives referrals from several sources.

Let the healing begin

In the Autumn of 2000, Emperatriz C. was referred to PLAFAM by a private psychologist, whom she and her husband had been seeing for couple counselling. The psychologist recognized that Emperatriz was living in a situation of violence. At PLAFAM, Emperatriz initially went to individual counselling and was then referred to a weekly support group for victims of GBV, to discuss issues such as safety planning, crisis management with children, the cycle of violence, how to handle guilt, and the history of abuse, as well as other topics. When her husband threatened her several months later, Emperatriz knew this was the decisive moment. She requested PLAFAM's legal assistance and the petition to remove her husband from her home was approved and enforced.

"My life changed completely," she says. "I feel that I am in charge of my life and I can make decisions. I think that what held me back the most was the fear that I could not be alone, but now that I've done this I feel very, very good."

Although it is difficult to measure the impact that interventions such as these have on women's lives, cases like those of Maria and Emperatriz lend some insight into how breaking the silence that often surrounds GBV can help women begin a healing process.

Already in its third year, the project has realised important results and lessons learned to offer to other IPPF/WHR affiliates and service providers that would like to begin to address GBV. The overall change in provider knowledge, attitude, and practices will be measured during the final evaluation of the project. However, preliminary results and anecdotal evidence suggests that a shift towards increased knowledge and interest in addressing GBV has taken place.

In July 2000, IPPF/WHR and the three participating affiliates developed a qualitative methodology to evaluate the effect of the project on the women's lives. This information will be crucial for planning future efforts to address GBV within the reproductive health care setting.

** Programme Officer, Sexual and Reproductive Health; Communications Manager; Evaluation Officer, IPPF/WHR*

Numbers and % of clients detected as GBV survivors following the introduction of systematic screening, by type and affiliate, January – December 2000*

	PROFAMILIA (Dominican Republic)		PLAFAM (Venezuela)		INPPARES (Peru)		Whole project	
	N°	%	N°	%	N°	%	N°	%
Number of clients* attended	6,618		3,354		20,531		30,503	
Type of Violence:	N°	%	N°	%	N°	%	N°	%
Intrafamilial-emotional or psychological	1,124	17.0%	395	11.8%	983	4.8%	2502	8.2%
Intrafamilial-physical	685	10.4%	269	8.0%	523	2.5%	1477	4.8%
Sexual violence	396	6.0%	130	3.9%	370	1.8%	896	2.9%
Sexual abuse in childhood	369	5.6%	118	3.5%	300	1.5%	787	2.6%
Any kind of GBV	1420	21.5%	608	18.1%	1176	5.7%	3204	10.5%

* In most participating clinics, the policy is to screen new clients rather than all clients. Data from PLAFAM are from January-December. Data collected from INPPARES are from April-December. Data collected from PROFAMILIA's youth clinic are from January-December, from one provider in the Evangelina Rodriguez clinic during January-December, and from other SRH providers during November - December.

Choreographing life

Each month in South Africa 7,000 babies die of AIDS. The medical community is demoralised and exhausted. Paediatrics used to be about life, but these doctors and nurses choreograph death. At the Peri-Natal HIV Research Unit at Chris Hani Baragwanath hospital near Soweto, two doctors have been fighting mother-to-child-transmission (MTCT) for five years.

The Courier interviewed Dr Glenda Gray and Dr James McIntyre.

Charlene Smith

Glenda Gray pushes her hands through tousled blonde hair, “I was working at Edenvale hospital on a recent weekend and on one morning we had three babies die, all HIV. The mothers were crying, the nurses were crying. We had to ask one mother not to wail too loudly because it was upsetting the other mothers. It sounds dreadful, but that is what happens.”

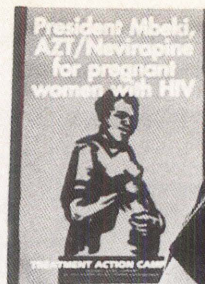
There are no facilities for children to die away from the general wards and their deaths traumatise everyone. The nurses no longer want to work in paediatrics. “Before it was a happy place, children would get better; now they die, or as another doctor said, all we do now is choreograph death.”

Dr Gray and obstetrician Dr James McIntyre try to choreograph life at the Peri-Natal HIV Research Unit at Chris Hani Baragwanath hospital near Soweto in South Africa. They have been fighting MTCT for the last five years and are among the world’s most significant researchers in the field. Thousands of women have passed through their humble clinic.

Although South Africa’s health care system is similar to that of Colombia, Brazil or Thailand and is better than that in Argentina, its HIV infection rates are dramatically higher. Says Gray: “What we are doing here could carry lessons for China and India where infection rates are low but poverty and health care access is similar.”

Although she is one of the most authoritative voices in the world on MTCT her office gives no indication of this. Located at the back of an HIV clinic, the door is a sliding panel, there is a simple desk and a small table; photographs of her children are crammed into a Perspex

© Tom Stoddart/IFG 2001/d



Dr Glenda Gray, HIV expert at the Chris Hani Baragwanath Hospital, Soweto, South Africa

holder. There is a sense that the office occupant, who is usually casually dressed in a simple blouse and slacks, spends more time in the wards than pondering paper.

An ongoing cycle of death

Gray, who occasionally works in paediatric wards at Edenvale hospital, a smaller hospital across town from Chris Hani, says “a dislocation in experienced reality” among medical staff is hindering efforts to halt the virus.

“Midwives only experience life, mothers giving birth to babies. They don’t see what paediatric nurses are seeing, an ongoing cycle of AIDS death”, she explains. “They don’t see the strains it is putting on the health care system including burnout among medical staff.”

In addition, because ante-natal nurses and midwives do not see the high incidence of death among children, they are less likely to encourage mothers to go for VCT (voluntary counselling and testing).

At Johannesburg hospital, a few kilometres from Gray’s clinic, 85% of paediatric admissions and deaths are attributable to HIV. At Coronation hospital, a stone’s throw away, nearly every child in its wards has HIV. In Soweto one in three babies born is HIV-positive, and each month, according to the SA Paediatric Association, 7,000 babies die of AIDS.

Gray reflects some of the exhaustion of the medical community in the face of such tragedy: “Sometimes I will see a child with PCP pneumonia. I and the nurses know the child has HIV, and I’ll say don’t test the baby today, not this time, because I can’t face telling the mother. If the baby has HIV, she has HIV. Sometimes I can’t face it.”

She says if there was better interaction between midwives and paediatric nurses, midwives would be far more likely to ask mothers to get tested for HIV so that where available anti-retrovirals could be given to try to prevent MTCT.

Training nurses to cope

Adds Dr McIntyre: "In Zimbabwe nurses refused to test pregnant mothers because they said they became more ill. In Botswana only half of pregnant women consent to be tested, and only half of those who test positive agree to take anti-retrovirals to prevent MTCT. The difficulty in Botswana is that despite very high infection rates, there is considerable stigma. That country gives AZT, which is a 28-day course and harder for a mother to hide than the single dose of Nevirapine we give.

Gray nods her head as the genial, white-haired specialist speaks. She says: "Nurses have learnt of HIV from magazines; they haven't been trained to cope. We have just dumped all of this on them and said this is important work."

To try and boost patient care and coping capacity among nurses, Gray and McIntyre have begun values clarification courses for staff. "We did it with abortion," McIntyre explains. "We need to ensure our nurses are more adept at coping with this situation. Nurses tend to be underpaid and overworked and many are experiencing AIDS deaths in their families at the same time."

Milk formula feeding saves lives

The greatest threat to the life of a child in southern Africa is HIV. Gray and McIntyre do not only battle stigma around HIV, or a government in denial about the world's highest rate of transmission, they are also perplexed by the ignorance of old activists who campaign to stop milk formula in Africa. This is particularly damaging at a time when hospitals such as Chris Hani Baragwanath – the largest in the southern hemisphere – are desperate to get more milk formula to cut HIV transmission to babies and extend the lives of mothers.

"There is a more than 30 percent chance that a baby breastfed by a HIV-positive mother will get HIV," says Gray. "That just means we have wasted a lot of money on drugs, hospitals and care. New research shows that a HIV-positive mother who breastfeeds is three times more likely to die. But the old anti-formula feed lobby doesn't want to hear that. We must safeguard the lives of these mothers so they can care for their children."

Gray and McIntyre believe simplicity is the way to success. For example, the South African government has rolled out MTCT to about 5 percent of pregnant mothers, but they are asking so many research questions it makes it difficult for staff to cope. This is not to test the efficacy of the drugs, but merely to see if the project is

successful. Gray and McIntyre believe all the questions impede its success.

Despite this, the model design is good, they say, with formula milk being given to those mothers who choose not to breastfeed for six months. At most of the sites the uptake on formula feed is close to 100 percent.

"It is outrageous that pre-mixed formula is not widely available in Africa," Gray says. "If it is possible to get Coca Cola to the most remote villages, why can't the same be done with sachets of ready-mixed formula?"

"We have to think in new ways..."

Gray is critical of the fact that the world tends to view Africa as just one place and ignores the differences in people, customs, landscapes and living conditions: "There is a perception that all of Africa is the same. In Abidjan (Cote d'Ivoire) as an example, only 50 percent of women have access to ante-natal care, but in southern and eastern Africa over 90 percent of women have ante-natal care, although about half deliver outside a health setting in their homes or on the way to hospital."

She explains that most southern African women have access to potable water and their children are not dying of measles or malaria as are children in central and western Africa.

Gray adjusts her heavy black-rimmed spectacles and leans forward, "There is a new world order and within that, HIV is a serious threat to the survival of humankind. We have to think and act in new ways. If we lived

in Sweden it would be fine to tell mothers to exclusively breastfeed, but in Africa a woman has to collect wood for fires and she has other children to care for. We are placing unreasonable demands on her, especially if she is HIV-positive. We need to keep this woman alive if we are saving her children."

On the day of the *Courier* interview, nursing staff were screening three HIV-positive mothers with day-old babies. Their babies' weight and details were noted and the moms congratulated on the tiny, crinkly infants with soft curly hair and clenched fists. Each little fist seems to carry hope within its grasp – each of these mothers has been given Nevirapine to try and prevent HIV in their babies.

Gray says that at Chris Hani Bara and two neighbouring clinics, 95 percent of women consent to being tested for HIV. The clinics perform rapid tests, which means they have to wait just three hours for results.

"We find most mothers want to secure the lives of their babies."

ASIA/PACIFIC

Papua New Guinea

finding the right approach

Papua New Guinea (PNG), with 4 million inhabitants, is the country most affected by the AIDS epidemic in the Pacific. According to official figures, between 10,000 and 15,000 people are HIV-positive, and the disease is progressing exponentially at the rate of 25 percent a year.

In December 1999, directors of UNAIDS could not hide their pessimism. According to UNAIDS Director, Dr Peter Piot, the propagation of the epidemic in PNG could, in the next ten years, be similar to the current situation in some Sub-Saharan countries.

At this rate, AIDS in PNG will soon overtake malaria as the island's most deadly disease.

Stéphane Hiscock

“A silent catastrophe”

Alerted by this scourge, PNG Prime Minister Sir Mekere Morauta decided to devote serious attention to the fight against AIDS. On 1 December 1999, within the context of World AIDS Day, the Prime Minister likened the ravages of the disease in PNG to a “silent catastrophe”.

Since then, awareness-promotion programmes and international aid have progressively been set up, although the authorities have to devise solutions suited to PNG's cultural, social, and economic realities.

Poverty, illiteracy, the isolation of rural populations and sexual taboos mean that the AIDS prevention message is often hard to get across.

Moreover, as Dr Clement Malau, Director of the National AIDS Council (NAC) in PNG; explained: “Over 800 different dialects are spoken on the island, so you'll understand just how difficult it is to devise country-wide campaigns and to make everyone aware in one fell swoop”.

The majority of cases have been detected in Port Moresby, the capital and most urbanised area on the island. In the countryside, it is difficult to gain a precise idea of the extent of the problem because screening tests are still very limited. Once again, according to Dr Malau, “The actual situation could be much more serious in the more remote provinces of the island”.

Spreading the prevention message

The NAC will soon be three years old. Initially set up by parliamentary decree in 1998 and financed mostly by the Australian government, the NAC is seeking to diversify its prevention campaigns.

Rather than printing materials that no one will be able to read, social workers have found a more direct way in which to raise people's awareness: theatre.

One example is a drama company, which travels from village to village to spread the prevention message amongst local populations. The plot of the play is relatively simple: a pregnant woman has the virus. When she goes into labour, her husband leaves her, without resources, ill and with a child to look after. In desperation, she attempts to find a family to take her in.

According to Dr Malau, this method has been a real success, because it appeals to the generosity and sense of hospitality of PNG's inhabitants.

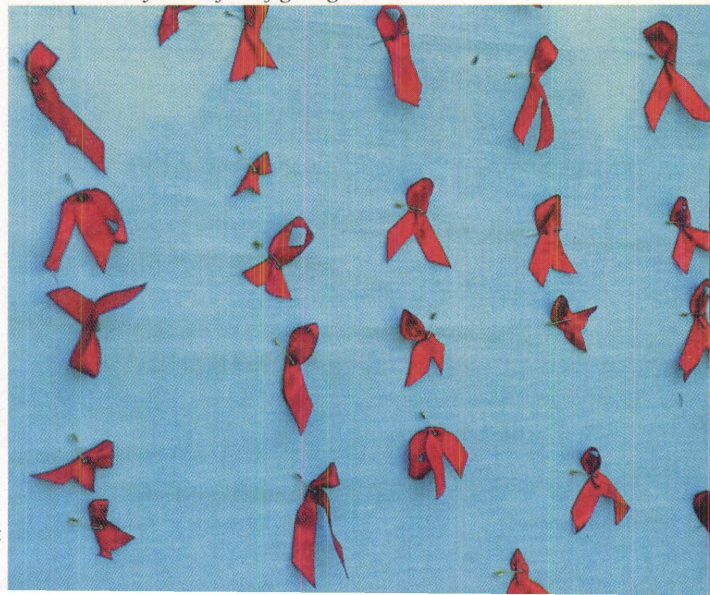
Another NAC strategy is based on prevention campaigns which target young people in the school environment. “The 14 to 20 year olds have to act as messengers – it's up to them to help opinion to progress and to break down sexual taboos. When they go home, it's their job to pass on the prevention message if they suspect risky practices”, explains Dr Malau.

Tradition of helping each other

In rural regions, AIDS sufferers are able to rely on the combined generosity of those close to them, family and neighbours: there is a tradition of acceptance and mutual aid which is often described as the *Wantok* system. However, in Port Moresby and in all the large urban areas, this system is disappearing. Traditional family links are gradually breaking down and those with the virus suffer greatly from this. The NAC has therefore just set up a new information programme aimed at healthy people in order to convince them of the need to help those living with HIV and AIDS.

The main group affected by AIDS consists of the 20 to 29 year olds, male and female alike. This problem has worrying economic consequences, since a great many people depend on the income of this age group in order to survive.

Red Ribbons, symbol of the fight against AIDS





Hanuabada village with Port Moresby in the background

When a young worker falls ill, his parents and grandparents who live in the same home and who depend on him struggle to get by.

The Church – a key partner

The NAC is diversifying prevention campaigns and can now rely on the support of women's groups, chambers of commerce - and the Church, an essential partner in the campaign against AIDS in PNG.

In this deeply religious country, sexuality is taboo and the word "condom" alone shocks over-sensitive ears.

Nevertheless, attitudes are slowly changing, and some priests no longer have any hesitation in promoting the use of contraception. The Catholic Church and the Salvation Army have now taken on the anti-AIDS campaign. A large number of nuns currently travel around the countryside, disseminating the prevention message.

However, much remains to be done. Only 20 percent of women use one of the modern methods of contraception and resistance to condoms remains very high. Fewer than two percent of women admit to having used one. In the collective mindset of the island's inhabitants, condoms are for adulterous couples and prostitutes.

On the other hand, there is one encouraging phenomenon: the growing number of HIV screening tests carried out at Port Moresby General Hospital. The constant rise in figures proves that the capital's population has taken the problem and prevention on board. According to Dr Tompkins Tabua, ideas have changed and the disease is now less of a taboo: "A few years ago, people were ashamed to undergo AIDS screening. Nowadays, our medical staff is overwhelmed by the demand."

Lack of media coverage

Paradoxically, this change in attitudes is not fully reflected in the local media: "This is a shameful disease and

very few journalists dare to write articles containing too many allusions to sexuality and adultery", explains Kolma Frank, editor at *The National*, a Port Moresby daily. He also cites a revealing anecdote: a few months ago, the word "condom" was published on his newspaper's front page. The very next day, sales of the newspaper plummeted by 25 percent.

This over-cautiousness on the part of the press regarding AIDS was condemned by PNG's Prime Minister himself. In 1996 Mekere Morauta appealed to the media, asking them to take part in the strategy for informing and educating about the realities of the disease.

Trevor Cullen, an Australian sociologist from the University of Brisbane, explained that this lack of media coverage of AIDS is a phenomenon found in all Pacific countries.

Except for French territories, such as Tahiti and New Caledonia, the press in the Pacific generally avoids using words like "condom" or "sexual relationship".

In New Caledonia, on the other hand, sexual taboos are gradually being lifted thanks to the influence of satellite broadcasting and French TV channels. In PNG, this French cultural influence obviously does not exist. Programmes from Australian National Radio reach Port Moresby and broadcast AIDS-prevention messages, but their audiences remain small.

Support from Australia

Alerted by the ravages of AIDS in PNG, the Australian authorities were the first to offer assistance. Last year, through the NGO AusAid, Canberra paid approximately AUS \$60 million to PNG's NAC – a quite remarkable financial contribution, since this sum alone represents 25 percent of Australia's total overseas aid bill.

The Australian Health Minister, Dr Michael Wooldridge, does not intend to stop here. Last June, on his return from the United Nations special session on AIDS organised in New York, he spoke of his desire to make use of pharmaceutical companies based in Australia.

Encouraged by the example of South Africa, where the authorities have managed to convince such companies to produce low-cost drugs for AIDS sufferers, the Australian minister would like to conclude a similar agreement to cover the entire Pacific region.

Negotiations are currently in progress between Canberra and a number of pharmaceutical companies, including Pfizer and Glaxo, and the minister is confident that an agreement will be signed in the near future.

According to Dr Wooldridge, this would significantly reduce the annual cost of treatment for the patient, from AUS \$10 000 to AUS \$500.

Outside PNG, the Australian minister's intention is to widen his involvement to cover the whole of Southeast Asia where a total of 1.6 million people carry the AIDS virus.

Encouraged by the example of South Africa, where the authorities have managed to convince pharmaceutical companies to produce low-cost drugs for AIDS sufferers, the Australian Health Minister, Dr Michael Wooldridge would like to conclude a similar agreement to cover the entire Pacific region.

“Breaking down barriers”

A major congress on AIDS in Asia and the Pacific (ICAAP) will look at the diverse aspects of the epidemic in the region

In 1996, the former Fijian Prime Minister, Sitiveni Rabuka, compared the dangers of AIDS in the Asia-Pacific region to a “huge storm forming off our shores”.

Nowadays, the figures are highly revealing: seven million people in Asia are infected with the AIDS virus.

From Vietnam to Vanuatu, Pakistan to Papua New Guinea, the HIV/AIDS epidemic in Asia and the Pacific is as diverse as the region itself. While some countries such as Thailand have managed to successfully slow the rate of HIV infection, others such as India are experiencing epidemics that are reaching proportions previously seen only in Africa.

The Sixth International Congress on AIDS in Asia and the Pacific (ICAAP) will attempt to reflect this diversity.

The Congress programme encompasses topics as varied as the progress of the AIDS vaccine trial to the success of sexual health strategies and prevention programmes in indigenous communities.

According to Ms Robin Gorna, Executive Director of the Australian Federation of AIDS Organisations and one of the organisers of the Melbourne Congress, governments absolutely must face up to reality:

“This is a human catastrophe with profound implications for economic development and political stability in the entire region. One fifth of the people infected by the virus throughout the world live in this region. The potential for an even more serious situation already exists, as 60 percent of the world’s population lives in this region. In India, an increase of only 0.1 percent in the number of cases of infection would signify half a million additional patients”.

The first ICAAP Congress took place in 1990, in Canberra. A two-yearly event, it was then held in several developing countries before returning, this year, to Australia.

On this occasion, the Australian authorities have pulled out all the stops: to avoid the Congress becoming simply a meeting of experts, Canberra has released a budget of AUS \$300,000, thus enabling hundreds of social workers from the region to travel to Melbourne.

The ICAAP also wants open discussion. In addition to formal addresses, several working meetings will give everyone the opportunity to speak about their own experiences. Other possibilities for participation are also anticipated at the special “Meet the Experts” sessions.

“This is a human catastrophe with profound implications for economic development and political stability in the entire region. One fifth of the people infected by the virus throughout the world live in this region”

Structured around the theme of “Breaking down Barriers”, a title which refers to cultural, political and religious restrictions on prevention programmes, the conference is divided into four principal themes: Treatment and Care, Prevention, Socio-economic Determinants, and Gender and Sexuality.

In the wake of the United Nations special session on HIV/AIDS organised in June 2001, this sixth ICAAP Congress is the first opportunity to implement the joint Declaration of Commitment adopted in New York: “Global Crisis – Global Action”.

Only last June, at this special session on HIV/AIDS, representatives from Asia and the Pacific had complained of the lack of attention their region receives from the international community.

The aim of this Melbourne Congress, therefore, is to redress the balance.

The wide range of participants promises to make the five days of the conference extremely interesting. On the rostrum will be, for example, US Professor Dr David Ho, elected “Person of the Year” by *Time Magazine*, Celina D’Costa, an activist from India and spearhead of her country’s AIDS campaign, and Dr Clement Malau, Director of the National AIDS Council in PNG.

Professor Dennis Altman, ICAAP Co-chair, explained the choice of speakers: “We sought to combine several areas of expertise. Once gathered together, we can use these prominent figures to present a complete image of the epidemic in Asia and the Pacific, what has already been done and what remains to be done”.

And the conference’s great aspiration? That pharmaceutical companies should endeavour to reduce the cost of medicines for poor countries. After the success achieved in South Africa only a few months ago, participants at the ICAAP Congress are hopeful of obtaining the same thing for their own region. Michael Wooldridge, Australian Health Minister and sponsor of the conference, is looking forward to signing just such an agreement in the near future.

The Sixth International Congress on AIDS in Asia and the Pacific (ICAAP)
Melbourne, Australia October 5-10
More information: <mailto:mailto@icaap.conf.au>
<http://www.icaap.conf.au>

Ahmadou Kourouma

Between fiction and reality

Ahmadou Kourouma is undoubtedly this year's most talked-about African writer after the publication in September 2000 of his book *Allah n'est pas obligé* [Allah doesn't have to].

While he is disparaged by some Africans, who criticise what they see as his excessive predilection for misery, he has been showered with praise in terms of literary accolades.

He was awarded the *Grand Prix Jean Giono* for his oeuvre as a whole, and he has also won the *Prix Goncourt des Lycéens*, the *Prix Américo Vespucci* and the *Prix Renaudot*.

This is unquestionably an author about whom feelings run high. His writings certainly portray an intensely fierce reality.

To what extent do fiction and truth converge in his novels?

Djo Tunda Wa Munga

Career

Kourouma was born in Côte d'Ivoire in 1927. His political activities marked him out even as student, resulting in his conscription into the French expeditionary force in Indochina.

In the wake of the turbulent struggles for independence in the late 1950s and early 1960s, he again found himself exiled from his country, this time as a result of his opposition to Houphouët Boigny's single-party regime. He would not return to his native Côte d'Ivoire for many years, in 1996. Meanwhile, his first book, *Soleil des Indépendances* [The Sun of Independence], was published in 1970 to great acclaim. Its author became a celebrity, embarking on a major series of lecture tours in universities around the world. He wrote sparingly but soundly, publishing only three books in eighteen years.

In 1999, he received the prestigious Livre Inter prize for his book *En attendant le vote des bêtes sauvages* [Waiting for the Vote of the Wild Animals], marking the apotheosis of his literary career.



Necessary writing

Reading Kourouma's novels, one instantly feels the immediacy of the writer's feelings. The reader gets caught up in his stories as if he or she were an active participant in the characters' struggle. This is no doubt a result of the author's attitude to writing - he describes his work as the conjunction of chance, anger and necessity.

"The first book I wrote, *The Suns of Independence*, was written for my friends. My comrades had been imprisoned, and I wanted to write in their defence. *Monné, outrages et défis* [Monnew] sprang from a sense of disgust. The French, the countries of Europe, the West - they had four

years of German occupation, and they want the whole world to grieve for them! We're supposed to shed tears over what was done to the Russians and be racked with guilt about what happened to the Jews. But in Africa, we have had more than a century of colonisation, not to mention slavery, and no one even talks about us. So I decided to put pen to paper. *Waiting for the Vote of the Wild Animals* was for me a way of broaching the subject of the disastrous effects on Africa of the Cold War, something which no one had talked about before. I write with a great deal of anger, a feeling which subsides once the words are down on paper."

Anger as a source of inspiration

If a good book rested solely on our ability to get angry, however, the shelves of bookshops would be bulging with literary masterpieces. Unfortunately, things are a good deal more complex. Anger crystallises our ideas, focuses our energy onto a target and drives us to the creative act, but it remains simply a vehicle. Creation is above all the digestion of lived experience, a concentrate of real emotions recreated in a way that others may perceive and understand. Reading some of the stories of African heads of state in *Waiting for the Vote of the Wild Animals*, one might easily think that the author has a very vivid imagination to be able to invent such wild excess, particularly when it comes to the violence. "I was an international civil servant. In *Waiting for the Vote of the Wild Animals*, for example, the main character, Koyaga, is based on a well-known African leader. I worked alongside him for six years. Sometimes he'd summon us at four o'clock in the morning to attend various meetings. I haven't invented much in my books. The Cold War was very violent. A utopia, superimposed on an African utopia – it could only lead to the most profound absurdities. And such a climate allowed the violence of these heads of state to grow ever more extreme.

For decades, these leaders were told by the West to tyrannise their peoples, to inflict on them the worst kinds of atrocities. They were at liberty to invent systems expressing the whole gamut of their emotions. It was incredible!

I have to admit that, ever since those days, brutality has held a certain fascination for me. I can't explain it. I like writing about it. And then, one day, Mitterrand comes along and says that the West will look favourably upon anyone who turns his country into a democracy. In the 1960s and 1970s, anyone wishing to turn his country into a democracy was looked upon as bad, a parasite, a communist. Then, when the Berlin wall came down, there was a volte-face. Extraordinary! Politics is surreal.

The whole milieu in which I moved was a rich source which I could tap into at will in my writing. I didn't want to tell my life story using the real names of the various leaders, because I have used a certain amount of licence in my narratives, but essentially, my stories have been drawn directly from things which have actually happened to me.

Allah n'est pas obligé

"*Allah n'est pas obligé* came about in a different way. I wanted to talk about tribal warfare, but I was wondering exactly what slant to take on modern-day Liberia. Not far from my home, in Abidjan, there's an HCR (UN High Commissioner for Refugees) office. I went there and began to research the subject of child soldiers. I'd already heard a lot about them, and I'd spent some time over there when I was young, so I was definitely predisposed to certain feelings of desire or anger regarding the situation. I transposed part of my childhood, my village, my family, to a contemporary reality. The main character, for example, corresponds to my cousin; the mother corresponds to my aunt. I made a journey similar to that of the hero to find my mother around 1955. I have reworked the characters considerably, however. I have tried to remain faithful to the reality as I lived it, while at the same time giving it a contemporary twist, particularly when it comes to the way the characters express themselves. They speak like young people today, an Africanised French."

Kourouma may intermix past and present in his novels, but he could never be accused of superficially plastering one era onto another, of simply taking the old and dressing it up as something new. There is a quality to the reality he describes which gives his work depth. His narrative has a rigour which leaves the reader in no doubt as to the background work which has gone into creating the characters' world. It is this quality that makes his stories so compelling.

Beyond time and space

Ahmadou Kourouma will probably go down in history as one of the great writers of this century. His work, like that of any artist, is a canvas on which reality is inextricably intertwined with fiction, giving exceptional veracity to an imaginary universe. This is what gives a work its power, durability and authenticity, beyond any particular space and time.

Earliest man and the pre-historic world

fossils, culture and community in Northern Malawi

In 1991 a German palaeontologist, Friedemann Schrenk, and his Malawian collaborators found the first remains of our 2.5 million year-old ancestor, *Homo rudolfensis* in the rift valley in Northern Malawi. The current challenge is to put this and their other finds on display. But their home will be more than just a museum.

Text and photos: Stephanie Müller

Work is under way to build a Cultural and Museum Centre in Karonga (CMCK) in Northern Malawi. The project is as old as the research activities of Professor Schrenk and his team. But why Karonga?

Prehistoric riches in the lake sediments

Nowhere is the evidence of our planet's distant past more spectacularly displayed than in Karonga district. The first humans - creatures belonging to the genus *Homo* and forerunners of modern man (*Homo sapiens*) - lived along the rift valley. In this northern corner of Malawi uplifted lake sediments finally revealed their fossil bones - along with those of pre-historical mammals and reptiles. The first human evidence was a lower jaw, found by Schrenk and his Malawian counterparts from the Antiquities Department in the capital, Lilongwe.

Long before the arrival of our ancestors, this region belonged to the dinosaurs. Their remains can also be found in the lake sediments. The most famous of these dinosaurs is the 12 metre-long Malawisaurus. At present it can only be seen in the State Museum of Texas in the United States. When the Cultural and Museum Centre is complete, Malawi will at last be able to host this 100 million year-old skeleton.

"Our countryside holds many treasures of natural history, including rare fossil remains, but only a few people know this," says Lawrence Mwamlima, Chairman of

One of the aims of the project is to preserve the tradition of playing old games

Karonga Development Trust (KADET), one of the local stakeholders in the project. With the construction of the CMCK, which is partly funded by the European Development Fund (EDF), these fossil discoveries will be on show to the public by the beginning of next year.

Preserving and serving Karonga's unique heritage

The museum will not just be a home for old bones and teeth. It will reflect and enhance the lives of the 200,000 people living in Karonga District. In addition to three-dimensional displays of natural history, the CMCK aims to preserve and to serve the unique cultural heritage of Karonga. For example there is an enormous variety of traditional dances. A recent survey of the region's culture showed that there were more than twenty different types of local dance, over 150 performance troops and many more musicians.

The CMCK will contain an amphitheatre to provide not just artists, but all the people of Karonga, with proper staging and seating. Malawi's young democracy is very





Musical instruments such as bawo and mangolongondo are made

the development of a sustainable cultural programme, involving local actors, musicians and artists. Volunteers are helping to find people willing to show their skills to the public, in order to build up a cultural programme that changes every month. In fact volunteers are helping with the whole project, for example, distributing questionnaires asking about people's expectations of the CMCK.

One of the challenges the project had to face was to explain the word "museum". Most Malawians, especially in the rural areas of the north, have never come across a

museum and know nothing about their educational and cultural value. The few museums that there are in Malawi are almost all in the big towns and the majority of Malawians live in the rural areas. To explain this ambitious project to the people of Karonga, three drama groups have been chosen to perform plays on its history and purpose in the northern languages, Tumbuka and Nkhonde.



Drama performance about dinosaurs in Karonga - a method to sensitise the community about the content of the museum

short of educational and cultural facilities, and this is especially so in the north. At present there is nowhere in Karonga for people to meet to exchange ideas and perform. One reason for the absence of a proper community hall is that the town of Karonga keeps moving. Floods caused by Lake Malawi have resulted in the town being relocated three times during the last 30 years.

Building up a sustainable cultural programme

To implement the CMCK and its various cultural and educational activities, the URAHA Foundation, a German and Malawian NGO, is cooperating with the German technical assistance body, GTZ. Since December last year a team of Malawian public servants has been working with the people of Karonga and with German consultants on

A development project in the broadest sense

Strong emphasis will also be put on the marketing of the CMCK. A government department, Malawi Museums, will run the project after its completion. They are now building up contacts with NGOs, the media and especially with businesses - potential sponsors. They hope that sponsorship and funding for research projects will offer some financial independence to the operation.

Although this is not a "development project" in the generally understood sense of the term, everyone hopes that it will in fact contribute to the development of the region in the broadest sense. The project owners, especially Karonga community, are convinced that the centre will be a success as a tourist attraction and as a research facility, but above all as a centre for cultural exchange.

Eliot Nkonje, the Chief Executive of Karonga Town Assembly explains: "In the face of all the problems besetting Africa, it is chiefly African culture and the cultural expression of every single tribe that keeps African society and its communities together." This is why people like Lawrence Mwamlima and Eliot Nkonje believe that the Cultural and Museum Centre in Karonga has a huge contribution to make, not only to the future of their northern region, but to the future of Malawi and of the African continent itself.



Child labour

can trade sanctions or boycotts lead to elimination?

In 1820, the noted British writer Charles Dickens was forced to work as a 12 year-old labelling glass bottles in a factory because his family was in the debtors' prison.

Child labour was quite rampant in those days in the whole of Europe. Dickens reflected his sad experience in his famous novel *Oliver Twist*, the tale of yet another exploited child. It was not through sanctions, or a boycott of the goods produced by them, that their condition was bettered. It was only through economic development spurred by the Industrial Revolution that jobs were created and the curse of child labour and other exploitative labour practices in Europe was curbed.

Pradeep S. Mehta*

The scourge of child labour continues to straddle across this century but in the poorer parts of the world: in Asia, Africa and South America. Acute and widespread poverty is the main cause behind this. If the children do not work, as we saw in Europe of the 19th Century, their own survival is at stake.

The International Labour Office estimated in 1998 that there are over 250 million children between the ages of five and 14 who worked for part of the time. Of these, 61% are in Asia, 32% in Africa and 7% in Latin America. Although child labour is concentrated in Asia, the problem is most severe in Africa, where two out of every five children are engaged in some economic activity.

In the 1980s, the growth of child labour in East and South-East Asia actually declined because of economic growth, while it jumped in South Asia because of poor economic growth (see table).

In Africa, where the increase was also substantial, the situation was compounded by the AIDS scourge, as many children are forced into penury due to parents who are dying young and poor. In comparatively rich Latin American countries such as Argentina and Uruguay, their recent economic downturn has thrown many people out of jobs. As a consequence, one can see increased numbers of children on the streets, either picking up rubbish or begging.

One of our own field surveys done in the carpet industry in India, showed that it is usually children of large families who have to work to earn their own living. A ban on carpets produced by children in 1995 by German buyers only 'helped' in throwing them out of their jobs. They turned to the streets - either begging or stealing to survive. Some may have also died of starvation.

In 1993, when a film on the children working in the ready-made garment sector in Bangladesh was shown on the US TV net-

works, American consumers boycotted the garments being sold in stores. As a result, over 50,000 children were thrown out of work. What happened after that? Many went into begging, while young girls turned to prostitution to survive. Currently there is a rehabilitation programme supported by Unicef and USAID, but it leaves many questions unanswered.

Do parents of such working children send them to work willingly? Of course not! Poverty is the main driving force. Even if we think of sending all of them to school, there are many problems. Are there enough proper schools for them? Do these schools have enough teachers? Will the children be provided with the necessary books and stationery to study? Our study in India showed that it will require anywhere between USD12 billion to USD19 billion per annum to provide functioning schools for the 15 to 140 million child workers in India. That kind of money, the government does not have.

These resources can be raised through aid and/or a strong economic growth of 8 to 10% per annum. While overseas development aid is diminishing every year, high growth can be achieved only through increased trade and economic activity, and increased exports. If exports are affected by sanctions or boycotts, they will only backfire and the children's conditions will worsen, as evidence shows.

There are laws everywhere to prevent children from going to work, especially in hazardous occupations. But implementation is poor in developing countries, as there is often no viable alternative and few resources. "If we are to help the 150 million children in Asia and 100 million in Africa and elsewhere in the world, we must make sure that everyone understands the reality of the situation. Trade sanctions and boycotts will not end child labour, they will make life worse for the poorest children of the world," stated Clare Short, the UK Minister for International Development in an article published in *The Mail*, 5 December 1999. Therefore, what one needs is better understanding and compassion about the situation, rather than boycotts, to help children overcome their misery.

**Consumer Unity & Trust Society, Jaipur (India)
E-mail: cutsjpr@jp1.dot.net.in*

The growth of child workers (%)

	1980-85	1985-90
World	- 8.3	- 2.6
Africa	- 2.8	15.3
Americas	10.0	4.1
Asia	- 10.4	- 7.2
East Asia	- 15.8	- 32.9
South-East Asia	- 6.7	- 8.1
South Asia	- 1.8	39.4

Source: Ashagrie Kebebew, 'Statistics on child labour: a brief report', *Bulletin of Labour Statistics*, No 3.ILO, Geneva, 1983.



Restoring hope for children of war

Alcinda Honwana, an anthropologist from Mozambique, studied in France and England and worked in her home country before teaching in Cape Town for seven years. She recently moved to New York where she works for the Office of the UN Special Representative for Children and Armed Conflict. She has been focusing on the issue of child soldiers since 1992.

The *Courier* recently spoke to Ms Honwana in Paris.

Dorothy Morrissey

How did you become involved in the issue of child soldiers?

I was interested in how local communities negotiate the transition from war to peace, something that was happening in my country in the early 1990s. In the course of my research, I came across a number of young people who had been affected by the war or had directly participated in it as soldiers. I started focusing my research on the impact of armed conflict on children, particularly on child soldiers and girls' roles in the war.

From 1995, I received a number of requests from national and international NGO's to develop research on these issues, and contribute to programme development and evaluation. My research, which was initially based on Mozambique, focused on fieldwork with war-affected children and their families, collecting life histories and documenting their war experiences, their views of the present and prospects for the future. I was particularly interested in processes of post-war rehabilitation and social reintegration of children deeply affected by armed conflicts. My approach focused on looking at local community mechanisms of healing and social rehabilitation of war-affected children. I was amazed at the wealth of practices and mechanisms that local populations used to heal the social wounds of war. I published several academic articles and policy-oriented reports for NGOs and other organizations on these issues.

At the Office of the Special Representative, I am mainly coordinating the research initiatives on children and armed conflict. We are trying to put together an international network of scholars, practitioners and policymakers interested or doing research on the impact of conflict on young people – both boys and girls. Such a network will be instrumental for developing better links and coordination amongst individuals and institutions carrying out research on the topic. The gender dimension is very important because much research focus has been on child soldiers – boys particularly. We feel that it is important to look at knowledge gaps in the research and the impact of

war on girls is certainly one of them, and one that can be dealt with through a network of this kind.

Research on this issue is essential to provide support for devising appropriate policy and practical interventions on behalf of war-affected children.

Has there been much research on this topic?

Research has been undertaken by some academics interested in the field of conflict studies or children's anthropological/sociological and psychological studies, as well as by several NGOs and UN agencies involved in humanitarian work. After 1996 we see more research being developed in this field. In 1996, Graça Machel, also from Mozambique, submitted a groundbreaking report to the UN General Assembly on the impact of armed conflict on children. Based on her recommendations, the UN General Assembly created in 1997 the Office of the Special Representative of the Secretary-general for Children and Armed Conflict. This inaugurated a new period in the advocacy, policy and research work on the impact of armed conflict on children. People developed greater awareness of the issue, and the extent of the problem, and thus, more attention was devoted to the plight of war-affected children.

The mandate of the Office of the Special Representative is to assess progress achieved, steps taken and difficulties encountered in strengthening the protection of children from situations of armed conflict; to raise awareness and promote the collection of information about the impact of armed conflict on children as well as to foster international cooperation to ensure respect for children's rights.

Given the data you have, approximately how many children are affected by conflict?

We do not have recent reliable statistical data. Data published in 1996 indicates that more than 300,000 children are affected by armed conflict globally, and that is the

figure that has been widely used. We don't know what percentages, how many boys and girls are affected, and in what ways they are affected. We don't know whether such a figure includes refugee children and displaced children. That is why we believe that reliable data is a main knowledge gap that needs to be filled. The research network will be instrumental to develop particular projects on this and facilitate the dissemination of the information produced.

How do children adapt, particularly if they have violated society's norms? Are they accepted by their communities?

This is one of the areas in which I focused my research. I worked on issues of post-conflict reconciliation and social reintegration of boys and girls who have been affected by armed conflict as soldiers, wives of soldiers, informers and the like. While a lot of attention is devoted to the establishment of international humanitarian norms and standards about children and war, and on the interventions of the international community to support reintegration processes in the aftermath of war, I decided to focus my research on local understandings of childhood, of child protection and on community mechanisms of rehabilitation and reintegration of children who committed atrocities during war. My research shows that local communities are doing a lot to reincorporate into society children affected by conflict, including those who were soldiers and committed atrocities. In Mozambique some people (parents in particular) feel that they also share responsibility for having been unable to protect their children from such situations. They feel that the adults failed the children and so they have a responsibility in rehabilitating them. I didn't come across many cases in which children were completely rejected by their families and communities. Many local communities have local mechanisms of reconciliation and rehabilitation using traditional cultural means such as post-war cleansing and healing rituals. These rituals are performed to help both children and adults to come to terms with their experiences of war and to reconcile themselves with the mistakes of the past. I documented several of these rituals during the research I undertook in Mozambique and in Angola.

What types of community reconciliation processes are taking place?

I wrote several articles about post-war cleansing and healing rituals in Mozambique and Angola. There are cleansing rituals that are performed for young soldiers when they return from war, in order to make them "unpolluted" and prepare them to resume social contact with their families and communities. Depending on the situation of each young soldier, the ritual can be performed by a senior family relative, by a healer or even by a priest. The rituals are aimed at cutting the links with the past and starting a new life.

Many of these young soldiers might have killed people during the war. In these societies, burial rituals have an important cultural meaning because they constitute a ritual of passage that places the dead in their right positions in the 'world of the ancestors'. In these societies the ancestors play a very important role as guardians of the living – people pray for the dead, the ancestors. During war there is no time to bury the dead, and it is believed that without proper burials the spirit of the dead is wandering in the air and can become a spirit of bitterness and harm the living, especially those who killed or harmed them in life. Therefore, young soldiers who killed are potential victims of the spirits of those they killed. People say they are polluted by death and, therefore, potential contaminators of the rest of society. That is why they must be cleansed after the war. The ritual is aimed at establishing a distinction between the polluted space of the war and the clean space of society.

The rituals involve families, friends and neighbours and are full of symbolism: people pray, sing, drums are played etc. Such symbolism has a powerful emotional and psychological influence on both the individual and the community. The rituals also symbolize the social reacceptance of the soldier back into the community. Of course, this is often just the beginning of the healing and reconciliation process, which might take much longer depending on the case, and on the commitment of those involved. But the aspect to retain here is that there are local forms of reconciliation and social reintegration taking place in these post-conflict contexts.

The children themselves must be heavily traumatised. What about rehabilitation?

Many communities use traditional healers as psychotherapists. For example, if the child shows symptoms of trauma – sleeplessness, lack of concentration, frights and the like – there is some support that is provided by family and local healers. If there is a health centre in the area people might also take the child to the health centre for treatment. There is also some "talk" therapy happening in the family circle, especially with the grandparents, as children share a very close relationship with their grandparents in these social contexts. The serious cases are handled by traditional healers through series of treatments using various herbal medicines and sometimes exorcisms.

In most cases family relatives, friends and neighbours do not stigmatise the children. Even if in some cases, people are unable to forgive children for their actions in the war – killings, lootings, abuse etc. – in general, there is a lot of care and understanding. As I mentioned previously, I witnessed people forgiving and sharing collective responsibility for failing their offspring. Even in completely impoverished and war ravaged social settings, people have shown tremendous generosity by forgiving and forgetting

the wrongdoings of the past and helping young people to overcome their traumas. Attention is devoted to the emotional and psychosocial rehabilitation of these children, but there is a need to provide them with the bare necessities of life, give them education, health care and jobs. And this is a great challenge for these communities. That's where serious national and international assistance is needed (hospitals, schools, vocational training, job opportunities etc.).

Reconciliation and psychosocial rehabilitation will fall short if these children do not have education and jobs to become productive members of society. Without that, there is a danger of them joining gangs and bandit groups – given their previous military experience – or becoming street kids.

This takes us back to the root causes, and every conflict is different. For example, in Sierra Leone, it is said that some families rejected their children because they could not identify with what they did. It is not possible to talk about child soldiers as a homogeneous group. They range in age from as young as seven to 18 year olds. The reasons why they participate in war vary: some are kidnapped or forcibly recruited, others volunteer for political reasons, to avenge relatives, to get shelter and food or just out of boredom for lack of education and job opportunities. That is why, again, research is fundamental to provide an understanding of the different manifestations and nuances of the phenomenon in different contexts, and how societies understand, relate and deal with the rehabilitation and reintegration of war-affected children.

Are there special issues for girls?

Yes, there are. Like boys, many girls are abducted or become involved in armed conflicts as soldiers, cooks, cleaners, informers, wives of soldiers, sexual 'slaves' and the like. In Mozambique and Angola, many girls were abducted and lived in military camps. A number of girls that I worked with during my research in Mozambique referred to having been victims of rape and sexual abuse by soldiers. In my own research I didn't come across girl soldiers who were in the frontlines, although some had military training but mainly acted as guards in the camp when the men were out in combat. But in Sierra Leone and other conflict areas there are reports of girls serving as active combatants.

Do children speak openly or do they block out what has happened? Do they rationalise or regret their involvement?

Some block and others speak openly. Of course you need to gain the child's trust. Some can rationalise about

"Attention is devoted to the emotional and psychosocial rehabilitation of these children, but there is a need to provide them with the bare necessities of life, give them education, health care and jobs"

their involvement and others regret it by saying that they had no choice. I recall a former child soldier telling me that "this was the life I had to live, I had no choice".

When talking to child soldiers, one gets a whole range of responses. Some are open and forthcoming while others just tell you what they think you would like to hear. You have to listen to the different stories and understand the history of the conflict to

make the link between the isolated story and the context. It is also important to listen to parents and teachers as well as activist groups in the community.

Do you feel there needs to be a better understanding of this issue at international level?

The issue of children and conflict needs to be high in the international arena. We are very pleased to see this concern reflected in the EU's Cotonou Agreement. The challenges lie in the implementation of the Agreement. Putting a few words about the situation of children in armed conflicts into a document is simply not enough. Implementation is extremely important. Signatory countries should ratify international and regional conventions and protocols that protect children from armed conflict and try to enforce them. Non-state actors often perpetuate conflict, but how can we address the issue of enforcement? How do we monitor this? How are we addressing impunity? People continue to violate international agreements and we do not stop them. Unless we address impunity, we are just dealing with the symptoms and not with the root causes.

It is also important to realize that our efforts become limited if they are done in a top-down fashion. We need to listen to the affected populations. The solutions have to come from the ground by empowering local communities, parents, teachers, local associations and youth groups to protect children from war and rehabilitate and reintegrate them into society.

Growing up on the streets of Kinshasa

“Kinshasa the dump.” This is the unfortunate epithet the Congolese capital has earned itself. Known during its good years as “Kinshasa the beautiful”, the economic situation has now reached a crisis point. Widespread poverty has led to a sharp rise in the number of children living on the streets. An alarming trend is on the rise. Children branded as witches are forced into a life of violence and crime on the streets.

Vincent Beeckman

Serge: a so-called child witch.

church. There, the pastor exorcised us in a ceremony, and we hope to be accepted back into our family.”

Evangelical churches are springing up all over the place. Pastors are eager to make a name for themselves as exorcists. They also brand the children “witches” and then drive out their evil spirits. Pastor Miller also takes on older children, aged 14 to 18, and offers them the chance to follow the Lord by working on the farm he owns.

This is a very recent phenomenon. It is a way of palming off defenceless youngsters, a chance to place them in a religious community, where they will receive some sort of education and food to live on or to get them into one of the centres run by an international NGO. There is no State benefit system in the Congo.

Central Market: siesta time for the children who gather at Kinshasa's Central Market Square. Here the phaseurs meet up, try to find jobs and get provisions.



© Vincent Beeckman

© Vincent Beeckman

The 1991 and 1993 pillages sent the country spiralling into an abyss from which it seems there is no return. Prospects of cooperation with the west offer hope to the country's current leaders as well as to its people, who are long accustomed to being despoiled of their rich natural resources.

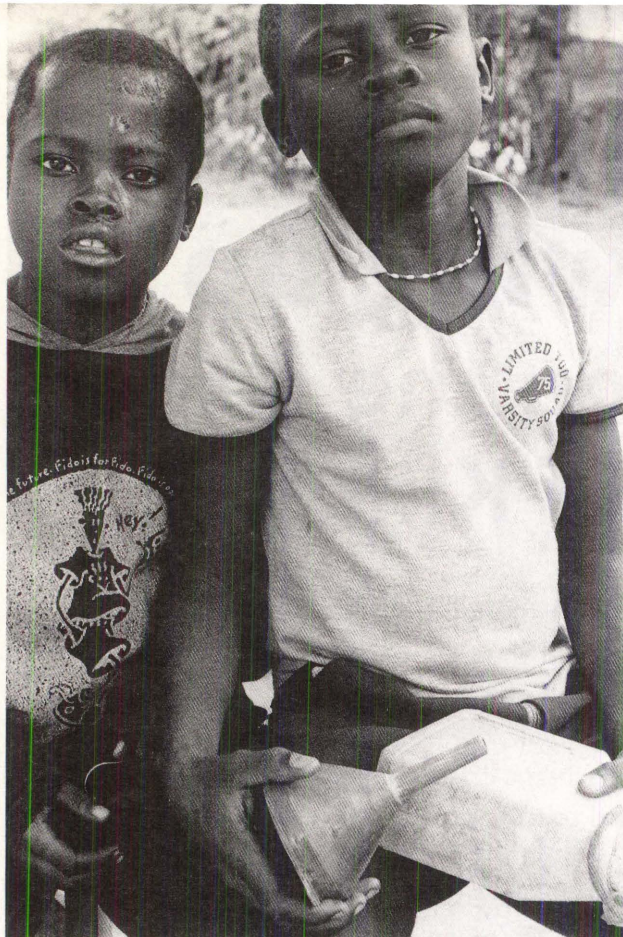
Congolese families are experiencing financial difficulties. State workers earn very little (around €7 per month), commodities remain expensive, the transport system has been hit by a serious petrol crisis and unemployment is high. To survive, they try to find extra jobs to supplement their income. But families are large and the more children there are, the more difficult it is to feed them all.

Under the strain, relationships between parents and children can break down. Parents, unable to provide for their children's education, are often away from home seeking work, leaving their offspring to fend for themselves. Often the children run away in the face of desperate situations.

Children branded witches

In some cases, parents blame the misfortunes that befall their household on their children's sorcery. Ygor and Endy, two children from the Celembao district, had to leave their family because their parents accused them of witchcraft.

“At home, the freezer stopped working and we had mice. Then one of our grandmothers fell ill. My father said it was our fault and that we were sorcerers. He took us to pastor Miller at the Congregation of the Holy Spirit, an evangelical



© Vincent Beeckman

Kadafis: two oil and petrol sellers in the Masina district of Kinshasa. Gramid, a local NGO, helps them run this small but lucrative business.

Children treated in this way invent the most extraordinary stories for themselves. In an alternative world, during the night, while they are asleep, demons come and take them on killing sprees. They thief, destroy careers and put curses on unborn children.

Serge is 18 and has been a child witch for eight months. "I've eaten 800 men. I make them have accidents, in planes or cars. I even went to Belgium thanks to a mermaid who took me all the way to the port of Antwerp. Sometimes I travel by broomstick, other times on an avocado skin. At night, I'm 30 and I have 100 children. My father lost his job as an engineer because of me – then I killed him with the mermaid. I also

La Gombe Cemetery: Prostitutes tout for business in the cemetery. This is home to the street children of Kinshasa.



© Vincent Beeckman

killed my brother and sister. I buried them alive. I also killed all my mother's unborn children."

Often, the children branded witches are left entirely to their own devices. They end up along the Boulevard du 30 juin or in the Market Square, where they beg for money or take on menial work. There, it is the law of the jungle. The strongest control the turf. They regularly assault the younger children and rob them of their money. Filth and squalor, police harassment, rapes of very young girls, razor-blade fights – this is everyday life for these children. Deep scars etch themselves onto their minds and their bodies.

On the streets, the so-called witches mingle with run-aways, childabuse victims, children displaced by war, child soldiers who have deserted, orphans and unmarried mothers.

Christian is a displaced child, currently living at the Limete Centre run by the Belgian Red Cross. "I'm from Sud-Kivu, from Bukavu. There was a war and I was at school on the outskirts of the town. No one could get back in. My parents were right in the centre of town. I hid and watched – even the whites fled. The Rwandans attacked. There were explosions. Then I was in Kisangani, but there was a war there, too. Then I went to Bumba and then on to Lisala. From that area of Equateur, I took a boat to Kinshasa."

Effective local solutions must be found

Centres for street children are open to the young of all ages. In these institutions, which are often religious and sometimes humanitarian, youngsters are trained in woodwork, masonry, dressmaking or mechanics. The instructors also try to return the children to their families. They seek out the parents or the extended African family to give the child a chance to rediscover the well-being of a stable home.

Unfortunately, the problems and experiences of these street children make it difficult for them to be reintegrated. Not only have they been suspected of witchcraft, but they have been living entirely without discipline. Time and space have no meaning for them. Be it midnight or midday, there is nothing to stop them sleeping or dancing the *ndombolo*, as they please. No rules have been established in their lives apart from the rule of violence.

They live by their wits and by their fists. In the Market Square, they offer their services for transporting the traders' wares or they make a living from stealing. For girls, prostitution is a quick way of earning money. This is how they manage to eat and stay alive. Sadly, the conditions they work in offer no assurances for the future. Many of them are HIV-positive but unaware of the fact. They have no access to health-care. Besides, sex without condoms is more lucrative.

This is the inextricable situation in which 15,000 *phaseurs* (Congolese slang for Kinshasa's street children) are caught up. Financial and logistical support from the North will bring partial relief and ease certain situations, but the global nature of the problem will be with us for a long time to come unless an effective local solution can be found.

Country report
Suriname



Suriname in the ACP context

I was invited by the governments of Suriname and Guyana. Clearly they attach great importance to the ACP Group and the work of the Secretariat. What struck me most about these two fascinating countries is their remarkable cultural diversity.

I was impressed by the series of reforms that the Suriname government has introduced across a wide range of areas. We must remember that Suriname has recently suffered considerable political upheaval, which among other things has meant a reduction in development aid and, in turn, negative consequences for the country's economy and social fabric.

However, since the last elections the country appears to have taken on a whole new lease of life. It has launched new cooperation initiatives with development partners and started programming resources available under the 9th European Development Fund. Its strategy documents have already been sent to the European Commission. Civil society and the private sector, whose dynamism I salute, are engaged in valuable discussions with the authorities and are clearly playing their full role within the ACP-EU partnership.

Suriname's primary concerns are the effects that globalisation and, more specifically, the EU's "Everything but Arms" initiative, are having on the rice and banana sectors. The latter sector also has to contend with the complete reorganisation of the European market.

As for the people's hopes, there is considerable optimism that democratic advances and the government's latest reforms will have positive knock-on effects. They are also keen to see successful integration into both the South American and the Caribbean communities. Suriname is aware of its advantageous geographical position and is doing its utmost to turn this to its full advantage.

Could it be said that a page has been turned with the new government and that certain problems are now in the past?

As we have just seen a page has been turned and many past problems are now behind us, but democracy and development are continuous processes. The main thing is that Suriname's social and political players have made it clear they intend to take their future into their own hands.

Suriname and Guyana are the only ACP countries to export rice. What is their experience with the European Union's import regime?

As part of the Cotonou Agreement, the EU and ACP countries adopted a joint declaration on rice. An ACP-EU working group, in which these two countries play an active role, has been set up to find appropriate solutions to the problems posed by the reorganisation of the EU rice market. The ACP Group recently proposed a number of changes to the new EU import

Helping to pound Maripa nuts

Jean-Robert Goulongana, Secretary-General of the ACP Group, continues his tour of ACP countries, a task he feels is absolutely essential if he is to really get to know them. His priorities are to develop inter-ACP cooperation initiatives, the ACP-EU trade negotiations and the negotiations in the context of the WTO. From 24 to 28 July 2001, he made official visits to Suriname and Guyana upon the invitation of these two Caribbean country governments. Mr Goulongana is maintaining a hectic schedule on a tour whose importance has not gone unnoticed by those monitoring the implementation of the Cotonou Agreement.

The *Courier* caught up with him just after his return to Brussels.

Dorothy Morrissey

Has your visit given you a greater insight into the situation in Suriname? What do you think are the main concerns and hopes of the people?

Generally, I feel it is my duty to visit ACP countries to get to know them better. Only then can I expect to truly appreciate the realities they are facing. These visits are also an opportunity for me to speak to the various political leaders and social actors about the Secretariat's activities and the Group's approach to the challenges it must confront.

regime including a reduction in customs duties imposed upon ACP producers, a decrease in the annual number of import tranches and, ultimately, the elimination of any advance payment for the granting of licences.

The liberalisation of the European rice market means that the sector will have to undergo radical reorganisation in ACP countries. A study is underway that we hope will result in a regional support programme for Caribbean producers aimed at improving their supply capacity and competitiveness. Given the importance of the rice sector for the economic development of these countries, we want sufficient resources to be made available.

What is your opinion on the agreement currently under discussion at the Council concerning the overseas countries and territories (OCTs), which could have repercussions on the rice export regime?

My view, and the Cotonou Agreement is clear on this point, is that the European Union is obliged to consult the ACP Group before taking any decisions likely to affect the competitiveness of ACP countries with regard to the European rice market. The discussions you are referring to are fulfilling this obligation and I am sure the Council of the European Union is well aware of this.

What does the future hold for the Caribbean banana industry following the agreement concluded between the United States and the EU? How is this compromise being perceived?

The banana agreement concluded between the United States and the EU, and subsequently Ecuador, was greeted with some relief by ACP producers. For them it marks the end of a long history of guerrilla warfare for which they had been footing the bill. Although the concessions made by

Traditional woodcarving of the Saramacca people

the EU raised some initial concerns among ACP countries, ultimately they were happy to accept them. The most important thing as far as they were concerned is that everyone would benefit in some way.

Unfortunately, a number of Latin American countries continue to oppose the agreement. They are making new demands and holding up the claim for special dispensation put to the WTO by the European Union as per the terms of the Cotonou Agreement. Inevitably, the ACP Group has been caught in the crossfire.

The economy of several Caribbean countries is very dependent on banana production but prospects do not look good. Far from it, in fact. ACP producers have no other choice but to start restructuring with a view to diversifying their economic base. All they are asking for is sufficient time and adequate financial backing to do so.

Tourism is vital for this region. But the Caribbean is also a region which is threatened by climate change. Did it come as a disappointment that the United States wanted no part of the post-Kyoto agreement concluded in Bonn?

The Caribbean has much to offer tourists. It has become one of the most highly prized holiday destinations – so much so that a number of countries in the region have come to rely on tourism for their livelihood. However, like the Pacific countries, they have to contend with an unpredictable climate and are particularly prone to the changes that result from environmental degradation. You can understand their apprehension about this, which I must say I share.

The ACP Group is concerned at the distance the world's greatest superpower has chosen to place between itself and the Kyoto Protocol and at what could be perceived as its indifference to issues as alarming as the disappearance of entire countries.

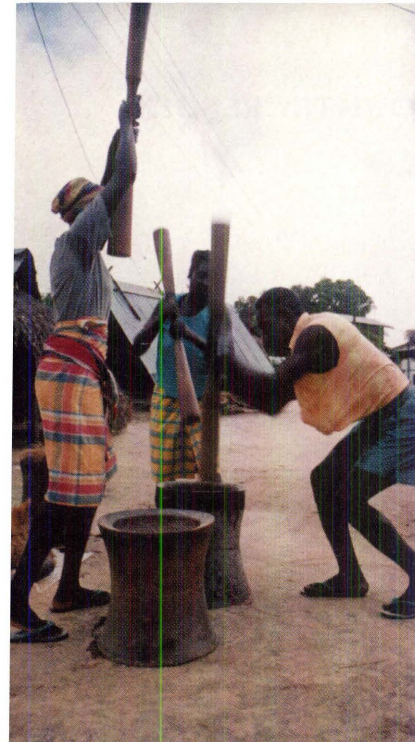
That being said, we must be careful not to jump to conclusions. The American government has announced its intention to set out in the months to come the various phases of its own plan to combat the greenhouse effect. We must also realise that in addition to America, virtually every developed country has failed to respect its environmental duties. Their level of consumption remains their primary concern. At the same time, however, they put pressure on the developing countries to preserve nature, sometimes to the detriment of the development of their natural resources. Yet the developing countries do not receive, in return, the aid they need to secure their future.

Do the Caribbean states have a different approach to Regional Economic Partnership Agreements to the other ACP regions?

The Cotonou Agreement actually talks about Economic Partnership Agreements (EPA) rather than regional agreements. This is not to suggest that the ACP countries are in any way opposed to them. On the contrary, where regional integration initiatives are concerned, such agreements cannot be ruled out. In the run-up to the EPA negotiations, the ACP Group is examining very closely the issue of the geographical configuration of the regions likely to constitute the geographical framework for the EPAs. Further decisions will be taken



© Justine Thermen



Pounding rice

once the results of the planned impact studies have been analysed.

I think quite simply that each of the ACP regions has its own particular ways of doing things. The Caribbean is clearly profiting from its geographical homogeneity and has already set up a relatively structured economic community called CARICOM, to which all Caribbean ACP countries belong – with the exception of the Dominican Republic. Haiti is a special case, not yet participating in all its protocols. To further their relations with the

EU, the Caribbean countries have set up an organisation called CARIFORUM. These two institutions share the same headquarters and Secretary-General. I imagine they will have little difficulty working together in future commercial negotiations with the European Union.

Do the Caribbean ACP countries risk being subject to constraints that are not compatible with European standards because of their participation in the Free Trade Area of the Americas (FTAA)? Is there a risk of incompatibility between the FTAA and the EPAs?

In principle, the participation of the Caribbean ACP countries in both the FTAA and future EPAs with the European Union should not pose a problem. In theory, both agreements are aimed at integrating ACP countries into the world economy. The only area that could prove controversial is that of the rules of origin in situations where an ACP product might have been processed in a neighbouring country. This potential problem is one of the issues being negotiated in both agreements.

In the Caribbean, very little trade takes place between member countries compared to MERCOSUR, for example. Is this because the countries are less homogeneous? Do you foresee a solution to this?

We cannot compare the situation of MERCOSUR countries with that of Caribbean countries. The vast majority of the latter depend upon a limited number of export products that are primarily intended for the European market. As a result, the situation has little to do with a lack of homogeneity and everything to do with the structure of the economies and their level of integration. The solution lies in diversification and more extensive economic integration. The Caribbean countries are on the right track, given that they already have a common market and numerous common institutions that function very well.

Cuba, although a member of the ACP Group, has chosen not to sign the Cotonou Agreement. How will the ACP Group deal with this situation?

We should greet this with the same understanding we showed when we unanimously welcomed Cuba into the Group based on

the fact that it is at a comparable stage of development to the majority of ACP countries and lies within the Caribbean basin. Cuba followed the post-Lomé negotiations as an observer with the intention of adding its name to the Cotonou Agreement. Cuban authorities have affirmed on numerous occasions that they are prepared to respect all provisions of the Cotonou Agreement, which contains clauses on good governance, observation of democratic principles and the rule of law. Why should we doubt their intention to apply them?

European and ACP members of the Joint Parliamentary Assembly seem to fully understand Cuba's situation, having adopted a resolution in support of Cuba's participation in ACP-EU cooperation. There still exists, perhaps, a certain lack of understanding between a number of European countries and Cuba. Personally, I will be sparing no efforts in trying to bring the two parties closer together and clearing up any possible misunderstandings.

Unfortunately, I did not get the opportunity to meet Edwin Carrington (CARICOM Secretary-General) while I was in Georgetown as he was in Kingston attending an important summit of the heads of state and government of CARICOM.

Haiti is the only Least Developed Country (LDC) in the region. What are the ACP Group's concerns with respect to the situation in Haiti and what role will the country play in commercial agreements?

Haiti's situation, along with that of Cuba, is undoubtedly the main cause for concern for the Caribbean countries in terms of international policy. The conditions under which the EU imposed sanctions on Haiti surprised the entire ACP Group, which was expecting to see a stepping up of dialogue. As you can imagine, these sanctions can only serve to aggravate the already precarious situation in which the country finds itself, particularly that of the more vulnerable populations, with all the collateral consequences for the region. The Joint Parliamentary Assembly has intervened in this instance, calling for the European Commission and the Council to resume talks with the Haitian authorities as soon as possible. These talks have still not resumed despite the positive developments noted by the Organisation of American States, which plays an active role in resolving the Haitian crisis.

As far as negotiations for economic agreements with the European Union are concerned, Haiti, like all LDCs, can choose whether or not to participate. The Cotonou Agreement continues to offer the LDCs the tariff preferences secured under Lomé. Furthermore, the European Union, through the "Everything but Arms" initiative has just granted their products access to the European market, exempt from customs duties and without quota restrictions. As for the EPAs, these will take the form of contractual obligations, whereas any advantages accorded to the LDCs by way of the "Everything but Arms" initiative will be granted on a non-reciprocal basis and can be withdrawn in the same way. By participating in partnership agreements, a country places itself in an ideal environment for openness, competition and performance. Everything points towards many of the LDCs favouring this choice.

Suriname, an ethnic mix with a chequered past and future prospects

Since its independence in 1975 Suriname has experienced a period of economic stagnation punctuated by political crises, upheaval and dashed hopes. Its people have seen their income drastically reduced, a deterioration in the quality of social and educational services, and an undeniable increase in poverty. Yet the past twelve months or so have seen a stability and sense of purpose so conspicuously absent in the past. Suriname's problems are still numerous but there is some ground for optimism.

Report and photos: François Lefèvre

The country's capital, Paramaribo, languishes by the lapping waters of the River Suriname. This city moves to the undulating rhythm of a musical beat with sacred overtones. On the waterfront metal counters, bars and stores guide passers-by towards the subdued tumult of the covered market. Bikes and cars mingle in a flow of traffic that has the air of a perpetual promenade. Dotted around the city are elegant wooden houses whose architecture is a reminder of the country's Dutch colonial past. Their beauty, refinement and distinctive look will undoubtedly help Paramaribo to be recognised by UNESCO as a World Heritage Site.

Mosques, temples and synagogues stand shoulder to shoulder around the cathedral, from which the streets and districts radiate. The city's inhabitants are Creoles, Maroons, Indians,

Amerindians, Javanese, Chinese, Lebanese, Japanese and Europeans. The two largest ethnic groups, the Indians and Creoles, account for two thirds of the country's population. 95 percent of the land is forested, so most people are concentrated in urban areas. Only a narrow coastal strip separates the Atlantic Ocean from the sea of trees that makes up the interior.

Although Dutch is the official language, Suriname has a further fifteen dialects. The most widely spoken is Surinamese Creole (Sranan Tongo), which is descended from English and Hindi. This small Caribbean country combines its mixed-race heritage and diversity with a rare tolerance, and the indolence that nowadays seems to envelop it conceals its tumultuous past and uncertain future.

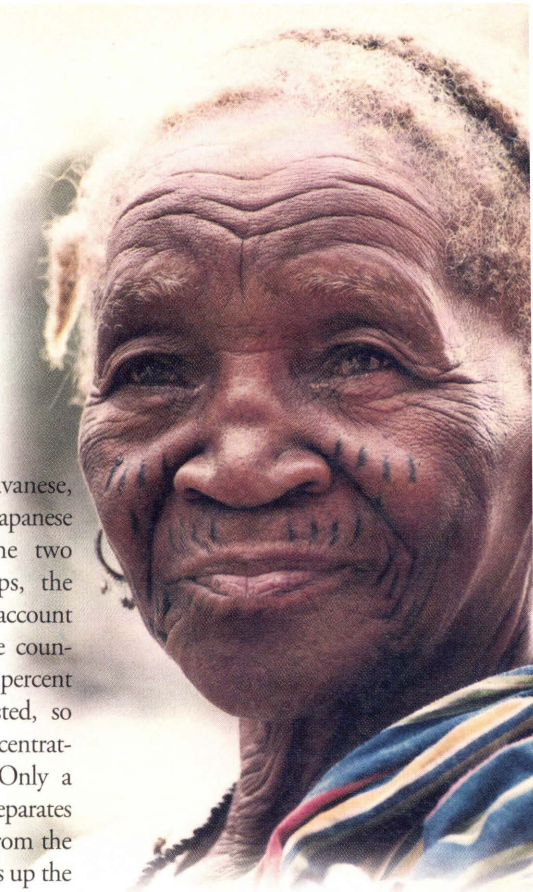
Reminder of a troubled independence

On 19 May this year the city stirred. The rumour that brought Paramaribo out of its customary torpor was that Fred Derby was dead, at the age of 61. The news was confirmed the following day by newspapers, which published obituaries of this well-known politician and trades union leader. Paramaribo felt the loss of the man who had crafted the country's peace. But his sudden death also revived memories that Surinamese society was attempting to stifle. For Fred Derby was also known as the sole survivor of the murders of December 1982.

This was when fifteen people – including journalists, academics and trades union leaders – were summarily executed at Fort Zeelandia, a military base not far from the seat of government in Paramaribo. Fred Derby had been taken away with other opponents of the regime of Desi Bouterse, but he was the only one to be released. The reasons behind his release are still unclear, and the posthumous confession that Derby recorded on tape offers precious little new insight. On 31 October last year the Court of Justice ordered that Desi Bouterse, the former military chief, and several other people involved in this affair should be prosecuted. However, publication of the results of enquiries into the events of December 1982 has now been held up by the trades unionist's death.

Fred Derby's passing has had the effect of reawakening interest in Suriname's history. A look into the recent past reveals the fragile nature of a democracy struggling to assert itself. Before the arrival of Europeans Suriname's current territory was peopled by tribes of Amerindians, Arawaks and Caribs. Just like French

Independence Square, Paramaribo



tion and to avoid having to shoulder responsibility for repressive measures against the strikers, the Netherlands opted for granting independence. The date set was 25 November 1975. About 100,000 Surinamese still preferred to retain their Dutch nationality and emigrated to the Netherlands.


Descent into chaos

Independence marked the beginning of a succession of governments, most of which were under the orders of the military. The parliamentary constitution set up in 1975 was overturned and suspended by a military coup d'état in 1980. A military council took over the running of the country. A civilian still occupied the post of president, but Lieutenant Colonel Desi Bouterse controlled the country with an iron hand. He could not, however, bring to an end the anti-government guerrilla warfare that marked his regime from the earliest days. The stronger his military dictatorship became, the more the guerrilla war intensified. On 11 March 1982 an attempted coup d'état by officers and NCOs under the orders of Lieutenant Surrendre Rambocus was harshly put down. Nine months later the military authorities arrested and executed fifteen of the regime's opponents. The episode of the "December murders", of which Fred Derby was the sole survivor, gave rise to the immediate suspension of financial and military aid from the Netherlands and the United States. Suriname's drip-fed economy felt the full force of the end of external subsidies.

From 1984 to 1987 the military attempted to appease the opposition by appointing several civilian governments and conferring ministerial portfolios on symbolic figures from the traditional parties. By late 1986 no fewer than six governments had led the country. Popular discontent was growing and in the east of the country rebellion was once again brewing. The Maroons - the former black slaves - took up arms and attacked Suriname's most sensitive economic areas. The military's riposte was to destroy villages and systematically murder those assumed to be sympathetic to the rebel movement. The government tried hard to negotiate a peace treaty but Desi Bouterse, still the country's strongman, blocked their efforts.

Economic collapse, the lack of food supplies and the summary executions had painted the population into a corner. In February 1987 the streets of the capital were inundated with protesters, fiercely determined to press their claims. New elections were organised - once again by the military - and Bouterse left the scene, although with no real loss of influence. Under pressure from the United States, Europe and the OAS (Organisation of American States), the military agreed in 1991 to a "democratisation" process. Voters rejected military rule and Johannes Ronald Venetiaan took over the reins of government. The civil war came to an end and the signing of the peace accord halted armed conflict in the interior. Paramilitary groups laid down their weapons.

In 1993 Desi Bouterse gave up leadership of the armed forces, transferring control to an officer responsible for bringing the army back under civilian control. A wind of change was blowing through the country and Venetiaan's government decided to undertake major economic reforms. Close relations with the Netherlands were renewed. Dutch aid kept the Surinamese economy ticking over. But, when Paramaribo rejected supervision of its reconstruction programme by the IMF and World



Guyana and Guyana (the former British Guyana), Suriname was part of an area that was largely ignored by both the Portuguese and the Spanish. As a result it was rather late in being colonised, by the British and Dutch.

In 1669, the States of Zeeland acquired Suriname in exchange for New Amsterdam, which was later to become New York. They assigned their right to the Dutch West India Company. The new "Dutch Guyana" did not attract much attention from the Dutch authorities, which were preoccupied with their island colonies, although they did have to deal with frequent slave uprisings on the mainland.

Slavery

Throughout the period of colonisation the Dutch organised massive imports of black slaves to work on the coffee, cocoa, indigo, cotton and sugar-cane plantations. Slavery in Dutch Guyana was known for its severity, with slaves constituting a form of personal property and not benefiting from any civil rights. The harshness of the regime led to huge desertions. Fugitive slaves, known as Maroons or "Bush Negroes", retreated to the sources of the rivers in the Amazonian forest and set themselves up in autonomous villages. There they retained their own culture and founded the five principal tribes that still exist today: the Djuka, Saramaccaner, Matuwari, Paramaccaner and Quinti.

The Dutch abolished slavery on 1 July 1863, bringing to a close the system of production based on the plantation. Fruit - notably bananas - and rice replaced the traditional plantation crops and the economic and social reorganisation brought about by the abolition of slavery was accompanied by an obligation to enter into paid work. To compensate for the loss of West African slave labour, the Dutch shipped in large numbers of immigrants from India, Indonesia and China.

Autonomy

The colony, known as Suriname from 1948 onwards, made use of the war to develop a powerful autonomy movement. The Dutch authorities were forced to make concessions. Indonesia gained independence in 1949, and Suriname and the Dutch Antilles obtained the right to manage their own domestic affairs. Surinamese political life grew in size and strength. A number of political parties developed, representing Creole, Bush Negro, Hindu, Indonesian, Chinese and European groups, and driven by a common leitmotif: greater autonomy.

The downturn in the socio-economic situation and the teachers' strikes of 1969 led to a sharp deterioration in the political climate. The flow of Surinamese immigrants to the Netherlands increased and unemployment figures rose. In 1973 a general strike was announced. To stem uncontrolled immigra-

Bank, this aid was suspended. At the same time galloping inflation (over 300 percent) undermined popular support for the government. The 1996 elections put paid to the fragile democracy. Ronald Venetiaan was forced to withdraw, handing over to Desi Bouterse's party. History had taken a step backwards.

Jules Wijdenbosch took over as president of a coalition government. Relations with the former home country, barely renewed, once again grew acrimonious. In 1998 the Netherlands found the former military strongman, Desi Bouterse, guilty in absentia of narcotics trafficking. This verdict shook Suriname's establishment and protests led to Dutch development aid being broken off again.

In May 1999 – at the instigation of Fred Derby in particular – the people once again took to the streets and demanded the resignation of Jules Wijdenbosch. Poor economic management, corruption, secrecy and delay in making economic reforms brought the government down. The president was forced to propose elections for May 2000, well before the end of his mandate. President Ronald Venetiaan regained his seat and his coalition swept the board, winning 33 out of the 51 seats in the single-chamber parliament. His period of grace was short-lived. The new government had inherited a country on the verge of bankruptcy. Major reforms were needed despite the risk to the country's political stability.

Political independence - economic dependence

Suriname has a small economy and is highly dependent on the outside world, relying essentially on exports of its natural resources. Its small population allows large-scale exploitation of the country's numerous riches. Bauxite mining and the production of aluminium are undoubtedly its most important economic activities. Even during the 1950s bauxite exports constituted 40 percent of GNP. In the hands of the US Suralco and Dutch Shell companies, deposits still account for over 80 percent of Suriname's exports and represent the major source of foreign currency. The country is now eighth in the world ranking of bauxite exporters (having been first for many years). Deposits are diminishing and, according to current forecasts, will be exhausted in less than ten years.

As well as aluminium ore, there are limited quantities of gold, manganese, iron ore, platinum, diamonds, copper and tin, but political and economic instability restricts investment in these sectors. This at least has the advantage of helping to protect the country's forests. Europe takes more than half of Suriname's exports, but the USA, Venezuela and Argentina are also important trade partners. It mainly imports food products, equipment and vehicles from the United States, the Netherlands, Brazil, the Dutch Antilles, and Trinidad & Tobago.

Surprisingly forestry and its related industries are relatively unimportant, owing to a lack of commercial prospecting. On the other hand sea and fresh-water fisheries are expanding rapidly and there is increasing demand for shrimps and prawns. Apart from bauxite mining and aluminium production, the country's industrial sector is underdeveloped and accounts for little over 20 percent of GNP. The agricultural, fisheries and forestry sectors provide employment for less than 15 percent of the working population. Jobs here are concentrated within big state enterprises,

which are being forced to implement massive restructuring. Artificially supported, such enterprises are close to bankruptcy and incapable of making their mark on the international market. Although palm oil production has increased considerably since independence, the banana plantations are suffering more and more from harsh competition from countries in Central America.

Getting to grips with the economy

In 1990, following close on the heels of the structural adjustment programme, the first economic reforms were implemented. They related to the liberalisation of imports and capital, harmonisation of rates of exchange, and the abolition of price controls. The reforms had a positive impact on inflation and on rebalancing the commercial and taxation books. But political problems, combined with the suspension of aid from the Netherlands and the relaxation of financial discipline, led to a marked fiscal deterioration. The budget deficit increased and inflation rose. The currency sank against the dollar and growth fell back - last year standing at -7.5 percent.

The return of Ronald Venetiaan last year led to new measures. There was better control of public spending, reductions in subsidies and tax increases. The government decided to base the exchange rate on the market and to stop financing the public deficit by increasing the money supply. Although it is early days, it seems that the new reforms are bearing fruit. Inflation is this year between 16 percent and 30 percent, whereas last year it was around 85 percent. The exchange rate has stabilised and growth forecasts for this year are in the region of 2 percent. Bauxite and petroleum are mainly to thank for this, but existing reserves are finite and prospecting for new sites is particularly costly.

Exports such as bananas, gold, sea produce, rice and timber – along with activities with a high growth potential like tourism, and fruit and vegetable production - are still emerging too slowly. So the country is attempting to reduce its dependence on natural resources and is looking to expand its tertiary sector. This change involves shaking up Surinamese society as a whole. The government must act more transparently; education must improve and the country's skill base must increase. According to Jacques Roman, the European Commission's representative in Suriname: "Transparency, democracy and the fight against corruption must underlie any economic and social development action."

An overcrowded public sector

Suriname's government, like that of a number of developed and developing countries, has to face up to "clientelism", vote



Wooden house.



A street in Paramaribo The architecture is a reminder of the country's colonial past

catching and drugs trafficking. Moreover, the country's constitution suffers from a lack of clarity as regards the separation of state powers and responsibilities. The state has to take on practically all social obligations regardless of cost. It also has to manage a significant part of the production sector, which explains the high number of state enterprises, their lack of competitiveness and the difficulties inherent in restructuring them.

Suriname's successive governments have always suffered from lack of transparency, and parliament has never managed to exercise genuine control over their actions. Most of the country's economic problems are attributable to poor management, notably of the budget. The administration is overstaffed and especially bureaucratic. The skills of its civil servants need to be improved and a suitable wages policy needs to be adopted. The sixteen ministries employ almost one tenth of the population – this is estimated to be at least 40 percent of all workers. According to the World Bank, each ministry also has a number of fictitious jobs or, at the very least, sinecures. For example the Ministry of Agriculture has 1,238 employees for only 10,000 farmers, and there is one civil servant for every three teachers. All these structural and functional weaknesses are acknowledged by the current, young government, which agrees that reform is necessary.

Identifying problems

Suriname's unemployment rate is 16 percent, according to official figures, and redistribution of income is particularly unfair. Social services have deteriorated sharply in recent years, as have infant mortality rates and the percentage of children in full-time education. Illiteracy has increased. Protection of vulnerable people has been a priority of successive governments, but inflation has reduced its impact. Despite this, social and educational services are generally more developed than in most developing countries. Its place in the UN's Human Development Index is relatively high, which is why Suriname is not numbered among the Least Developed Countries. It is somewhere in the middle of the world table. Political instabil-



ity and economic problems have, however, encouraged mass migration. So, with its relatively high level of education, the country has been experiencing a disadvantageous "brain drain".

Although a number of problems have been clearly identified, the country's socio-economic profile remains hard to establish. There is a dearth of reliable information. Moreover the statistics do not take into account the size of the informal sector, which also generates huge income. This includes gold prospecting, narcotics trafficking and other illegal trade. In addition the Surinamese community living in the Netherlands is practically as large as the population of the country itself. Financial transfers back home do not show up in the books, but they substantially improve standards of living.

The fragile forest

The jewel of Suriname is the Amazon forest that covers the greater part of the country. It is one of the best preserved in South America. Yet pressure on this exceptional habitat is increasing in step with prospecting and mining for natural resources. The forest also has extraordinary tourism potential and is prey to gold prospectors, most of whom operate completely illegally. The increasing use of mercury in certain prospecting techniques destroys life in the watercourses and wipes out a source of income and food for the indigenous peoples.

In an attempt to diversify its economy, the country has had recourse to the sale of forest concessions and is allowing uncontrolled development. The negative impact of this on the environment is currently underestimated. The forest is being decimated by exploitation of its timber or the search for new bauxite deposits and there is no reforestation policy to offset their devastating effects. In the long term Suriname risks destroying its own natural resources.

Focusing on the future

On the positive side, the government and international institutions are trying to co-ordinate development aid and are defining priorities. These are improved management of public affairs, stability, growth and sustainable development. The roads they are to follow include restructuring and privatising key sectors, fighting corruption and improving education. For many years Suriname has had close links only with the Netherlands. In recent years it has been trying to diversify its relationships and to attract capital in place of Dutch aid.

Suriname was the first non-Commonwealth country to become a member of the Caribbean Community (CARICOM). It hopes to be able to profit from the further integration of the "Guyana Plateau", which brings together - within a common economic area - Suriname, Guyana, French Guyana and two Brazilian states: Amapá and Regina. Fortified by its assets and aware of its weaknesses, Suriname today possesses the keys to its own destiny. Perhaps the most difficult task remains the writing of its history.

Hindu Temple. In Paramaribo, mosques, temples, and synagogues stand shoulder to shoulder around the cathedral

MARIE LEVENS, MINISTER OF FOREIGN AFFAIRS

Foreign policy opening up in order to grow

“Being part of CARICOM has enabled us to get to know a number of small countries in the region and establish close relations with them. This gives us valuable experience in how to set up a regional single market”



The resumption of bilateral relations between the Netherlands and Suriname – its former colony – went ahead despite misunderstandings on both sides about the methods and projects implemented under the terms of Dutch aid. Thanks to the re-establishment of this development relationship, Suriname can now make plans for spending the balance of 545 million florins in aid still pending. A further sign of change was the appointment of Edgar Amanh as Suriname’s Ambassador to the Netherlands, the first Ambassador appointed by the current government after its decision to “wipe the slate clean” as far as its diplomatic representation was concerned. Although not giving up its privileged link with the former “home country”, the new government is trying, as Foreign Minister Marie Levens told us, to expand its contacts outside Suriname in order to offset the restricted nature of its economy and to put an end to the situation of dependence it has long had regarding foreign aid.

What is the basis of foreign policy for a small country like Suriname?

Suriname is a small country with a very small population. However, if the country’s size is compared with that of its population, it is fairly vast, with significant natural resources and therefore great export potential. In order to reduce the effects of our small size and our small economy, it is all the more important for us to cooperate with other countries. This is one of the bases of our foreign policy: firstly, we would like to strengthen relations with those countries with which we share a border. We would therefore like to have constructive relations with French Guiana, and Brazil, our neighbours. This would allow us to increase our size and ensure the best possible relations with neighbouring countries, to everyone’s advantage. Of course, we are not limiting our contacts to just neighbouring countries. In 1995 we became a member of CARICOM, the Caribbean Community, and we are pleased that we can be involved in the setting-up of this single market, which is still under construction. Being part of CARICOM has enabled us to get to know a number of small countries in the region and establish close relations with them. This gives us valuable experience in how to set up a regional single market. In my view this is an essential step in

CARICOM’s involvement in the FTAA (Free Trade Area of the Americas). Being part of such a vast economic zone gives weight to the Caribbean as a bloc. We are also one of the ACP group of countries and therefore have a relationship with the European Union, and we are in the throes of discussing new trade agreements. So you see, although we’re a small country, we are, nevertheless, aware of the need to cooperate with others. That, really, is the why and wherefore of our foreign policy. Perhaps I should add that Suriname is a member of the Inter-American Development Bank. This is an important bank for us, as it grants us long-term loans at a very low interest rate.

Do you therefore support the integration of those countries making up the Guyana Plateau?

I think it’s very important to see French Guiana, Guyana and Suriname as a bloc. It is in our interests to collaborate for economic reasons, but not just for that. What I see as fundamental is that we should establish better physical connections. Our current concern is to improve the free movement of goods and workers, not only in the economic field, but also in sport and culture. For example, we have the Inter-Guyan Games, which are co-organised by all three coun-

tries. We have a special link with Guyana because we have between sixteen and seventeen thousand people originating from there living in our country. A lot of people from French Guiana come and spend their holidays in Suriname, or come to do business and buy goods, essentially agricultural produce. So there is an ongoing movement of goods and people between the three Guyanas. For example, in the border region between Suriname and French Guiana, a lot of Surinamese will go to live in France. For people living in that region, the river does not constitute a frontier, and they cross back and forth quite naturally. It is our desire to strengthen integration with our neighbouring countries, and we think this will also make it easier to combat smuggling, narcotics trafficking and the illegal weapons trade. Regarding these aspects, I might add, our collaboration has been very fruitful.

Do you envisage a common currency between the three Guyanas, considering CARICOM's efforts and French Guiana's changeover to the euro?

No, certainly not with France. However, we are wholeheartedly behind CARICOM's efforts regarding the setting-up of a single currency system within this association.

Do you think that the democratisation of Suriname is a prerequisite for economic development, or do the two things go hand in hand?

I am convinced that it is a prerequisite. Suriname has experienced enough dictatorships to be convinced that democracy is an essential condition for economic growth, as are stability, mutual confidence and security. Suriname is currently placing a great deal of importance on this aspect and is anxious to avoid any retrograde step. We are also investing a lot in institutions which should guarantee the democratic functioning of our country. That is why we are placing so much importance on education, and I am proud to say that more than 95 percent of children receive an education. We genuinely wish to increase our investment in education, training and apprenticeships as, for us, these number among the fundamental aspects of democratic development. Through education, the country's inhabitants can better support or promote democracy.

Is there a tendency in Suriname to blur ethnic differences, to enhance national unity?

Suriname is a stranger to cultural confrontation, and I am happy to say that this lack of conflict is one of the principal conditions for the political stability and even the general stability of the country. We place great importance on our culture and on its ethnic peculiarities. If you walk around Paramaribo, you come across districts where religions coexist and several churches share the same space, but this is not a problem. By placing a high value on such diversity, we are able to maintain stability in the country, and the same goes

for politics, although, admittedly, a certain inter-ethnic tension does sometimes rear its ugly head, particularly during the period of elections.

You have served as President of the NGO network in Suriname, and you are currently Foreign Minister. In your opinion, what role should civil society – which includes the NGOs – play?

Civil society actors have responsibilities that are clearly distinct from those of the government. The government has to shoulder responsibility for all its actions, and in this strict sense civil society has no such responsibility. On the other hand, what is true is that civil society provides enormous support for the country's development, and proper account must be taken of this. I once said, try to ignore civil society and you will see the effect that can have on development. Civil society is one of the principal groups and an essential component of our society, but it has no intention of taking the government's place. Rather, it works as an extension of the government, and acts where the government cannot act alone. It is a partnership, you see. We are going to do things as partners and, in fact, that is already the situation. I have just come back from a CARICOM seminar, at which representatives of governments and of civil society were together seeking optimum solutions regarding the setting-up of the Caribbean common market. That is what I call a partnership. Each party assumes its own responsibilities, but works within a constructive cooperation framework. This joint work could obviously be improved, because there is also a common will to work together for the country's development.

The Caribbean Community (CARICOM), created in 1973, has an integrated regional development strategy in the social, economic and environmental sectors. In the last ten years, CARICOM has been working to set up a single market and a single economy in the West Indies, and it has therefore created a regional negotiation mechanism responsible for supporting the participation of the region in major rounds of international trade negotiations. The full members of the ACS (Association of Caribbean States) are Antigua and Barbuda, the Bahamas, Barbados, Belize, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Jamaica, Nicaragua, Panama, Saint Kitts Nevis, Saint Lucia, Saint Vincent, and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela. Its associate members are Aruba, France – via French Guiana - Guadeloupe and Martinique, and the Dutch Antilles.

SURINAME AND REGIONAL INTEGRATION

The “Guyana Plateau”

For decades Suriname has been economically dependent on its former colonial ruler, the Netherlands. In recent years it has, however, tried to diversify its relationships and to attract capital – at least partially to replace Dutch aid. In 1995 it was the first non-Commonwealth country to join CARICOM (the Caribbean Community).

It now looks set to embark upon genuine regional integration. Suriname, French Guiana, Guyana, the Venezuelan state of Guyana and the Brazilian states of Amapá and Roraima are attempting to strengthen their cooperation in a geographically distinct area: the Guyana Plateau.

The Guyana Plateau covers approximately 1.5 million square kilometres in the north of South America, straddling Brazil, Venezuela and the “three Guyanas” – the former British and Dutch colonies and the French *département*. The region shares a great deal, both in its geography and its culture. As Vincent de Visscher, European Commission Head of Delegation for Suriname and Guyana, explains: “The Guyana Plateau constitutes a distinct, homogeneous geographical sub-region, and shares a common ecological heritage.”

The countries making up the Guyana Plateau are cut off from the rest of the continent by two virtually impassable obstacles: the River Amazon and the Amazon forest. Lack of transport links isolates these countries, making them virtual islands. Their small populations are concentrated essentially along the coasts and rivers. Moreover, each state has its own language and its own culture inherited from the colonial era. Even so, the porous frontiers and the existence of common problems do create more unity than disparity.

Breaking the isolation

The integration of countries in the Southern Hemisphere into the global economy was long thought of as the road to follow in order to accelerate socio-economic development. This is no longer the case. The potential advantages of globalisation are not being questioned, but the actual conditions for participating in the global economy are being looked at more closely. Some form of regional cooperation is now seen as an almost essential step towards real involvement in world trade.

“Countries belonging to the Guyana Plateau are characterised by the small size of their market and the specialised nature of their



Bridge, Suriname river, Paramaribo

production sector. These elements make their economies highly vulnerable to adverse external influences”, says Vincent de Visscher. Their opening-up and their basic needs have increased their inter-dependence. Regional cooperation is therefore essential, though the form and the extent remain to be decided.

According to European Commission economist Walter Kennes, regional integration is only one aspect of a wider strategy to promote equitable growth in developing countries, but is not an end in itself. Successful regional integration improves competition, reduces transaction costs, allows economies of scale, attracts foreign direct investment and makes macro-economic co-ordination easier. Regional blocs must be open to world markets and must have customs duties at such levels that they do not encourage diversion of trade streams. Nor should they attempt to move to a form of autarchy at regional level. He adds that open regionalism should complement the liberalisation of trade in the multilateral system by individual countries. Without it that liberalisation may have negative effects. It is essential to define a coherent liberalisation strategy at regional level if the costs inherent in adjusting the private and public sectors are to be minimised.

Tackling problems together

Apart from the general advantages of regional integration, the Guyana Plateau faces a series of special problems that make cooperation imperative. The intrusion of North Brazilian populations into the territories of the three Guyanas, made easy by the transparency of the borders, undermines regional stability. For example Suriname has nearly 40,000 illegal Brazilian immigrants - that is 10 percent of its population. Such demographic pressure threatens the environment of the Amerindians and promotes pockets of under-development which are as difficult to grasp as they are to

control. In the "free zones" formed by the border regions, uncontrolled immigration is coupled with a resurgence of lawlessness, narcotics and weapons trafficking, smuggling of raw materials and uncontrolled exploitation of gold-bearing areas. These illicit activities - in particular gold washing - are also extremely damaging to the environment.

Both Suriname and Guyana have directed their exports of sugar, rice, ores, wood and bananas almost exclusively towards Europe and the Caribbean. According to Vincent de Visscher, "these two states are experiencing the full force of globalisation and the progressive erosion of preferential tariffs". Moreover, trade between these countries and their neighbours is practically non-existent because of the poor communications infrastructures between them. Guyana has no land communication route with Venezuela or Brazil, nor does it have a deep-water port.

French Guiana, with the Kourou rocket launch pad, is of strategic importance for France. Apart from the employment generated by the space centre (which provides work mostly for personnel from France), there has been little investment to improve sectors such as agriculture, tourism, fisheries and forestry. The vast majority of consumer goods and equipment is therefore imported. But French Guiana still attracts a good number of migrants from neighbouring countries. This French *département* is especially attractive because of its minimum guaranteed wage, and the quality of its healthcare and education systems.

First steps

The Guyana Plateau initiative does, however, have some things to build upon. Bilateral and multilateral relations are evidence of the will to step up cooperation. Suriname has a consulate in Cayenne (French Guiana), and a permanent secretariat for cooperation between the two countries was set up in 1997. Brazil also has a consulate in Cayenne and a regional cooperation agreement was signed in 1996 with Amapá. A road across the border from Saint-Georges to Regina (in Amapá) was opened in 1998. This should make trade and cultural exchanges easier and help to open up this Brazilian state. Furthermore, Amapá decided in 1999 that French should be the first foreign language taught.

French Guiana has entered into closer cooperation with the customs services, army and police of its neighbours to monitor immigration and to control smuggling. The future bridge over the Oyapock River, which separates French Guiana from Brazil, will complete an unbroken link between Macapa (capital of Amapá state) and Paramaribo. The Brazilian state of Roraima, although cut off by the River Amazon, is linked by road to Venezuela. In the long term the aim is probably to link the whole of the Guyana Plateau.

Mutual benefits

The benefits of greater integration between the states of the Guyana Plateau are clear. In addition to strengthening cooperation in the political sphere, the initiative would make borders more secure, improve management of migration, increase aid to border populations and co-ordinate the protection of the wealth of the Amazonian region. It would also help to lift barriers to the movement of goods and people by overcoming the many administrative obstacles such as visas, import and export licenses, as well as health inspections of livestock and plants.

The economies of the member states could also benefit from an integrated network of air, land, sea and river transport, reducing costs and increasing the efficiency of travel. Trade amongst themselves would also help to offset the small size of their existing markets. French Guiana could import sugar from Guyana and Surinamese rice. Guyana could more easily exploit the Surinamese port of Paramaribo for its exports. Suriname could profit from the Guyanese sector of new technologies. The three Guyanas could further benefit from Brazil's economic growth. In short, by setting up a dialogue, the initiative will simplify management of the area in so many ways.

Closer to Europe and America

Such cooperation also has more ambitious aims. French Guiana, a French overseas region and *département*, is part of the European Union and therefore may constitute an open door to the European market. Brazil is a primary partner for the European Union, as a member of the economic entity known as Mercosur. Vincent de Visscher points out that "French Guiana applies the rules of the *acquis communautaire*, including free movement of goods and people". It is now changing over to the euro, while the Caribbean economy is traditionally linked to the dollar. Agreements will therefore need to be made between the Union and the Guyana Plateau in order not to penalise any economic grouping.

The strengthening of regional cooperation is also an expression of the solidarity felt by the population of the Guyana Plateau and an affirmation of the common will to promote sustainable development. The framework of such cooperation must be managed to take national interests into account and to enhance the balanced growth of the countries involved. In 1999 the European Union made a commitment to a privileged relationship with the countries of Central and South America, as with the Caribbean. This will also affect the financing of regional integration projects. In addition, the Cotonou Agreement specifically refers to direct support for regional cooperation.

But even with outside help, the success of the Guyana Plateau initiative depends first on a number of basic conditions being met. The most important of these are peace and security, greater political collaboration, the rule of law, transparency in public affairs, and macro-economic and monetary stability.

The benefits of greater integration between the states of the Guyana Plateau are clear. In addition to strengthening cooperation in the political sphere, the initiative would make borders more secure, improve management of migration, increase aid to border populations and co-ordinate the protection of the wealth of the Amazonian region

**OPPOSITION: JANIE SIMONS,
ONE OF THE LEADERS OF MILLENIUM COMBINATIE**

Parliamentary opposition in a political mosaic



Under the watchful eye of a large number of international observers, there was a quiet backdrop to the elections of 25 May last year. There was no real surprise when the Nieuw Front¹ emerged as the winner. This coalition won 33 out of the 51 seats in parliament. Much more surprising was the punishment inflicted on DNP 2000 – the new party of President Jules Wijdenbosch – which won only three seats (some were predicting “between 34 and 41”). Wijdenbosch, the “man of action”, suffered a bitter setback, arising from the country’s poor economic health and problems with his friend of thirty years, Desi Bouterse. Mr Bouterse’s party, Millennium Combinatie, remained stable with ten seats and is now the main opposition force.

The following interview is with one of the leaders of this party, Janie Simons.

What role will your party play as part of an opposition in a new political context?

We have in effect been the opposition since the May 2000 elections and intend to play the normal role of opposition – which is to monitor the government and the way in which it runs the country. We will especially be keeping an eye on everything that is done to accelerate Suriname’s development. We also intend to play a role within parliament. Although it has existed for about fifty years, the way in which it operates must be improved significantly. This is a priority, as parliament guarantees the democratic functioning of our society.

To promote the country’s development, do you also intend to develop a constructive opposition outside the government’s strict control?

Since the formation of the new government we have often said that. We said that the elections had come and gone and that all parties should from now on work towards progress. We also demanded that meetings should be held with the government coalition to try to address issues of national interest together. What I referred to earlier – improving the way in which parliament and institutions in general function – must also be addressed in collaboration with the majority. The same applies to areas such as health, education and economic development. These are matters that have to be dealt with in the country’s interests, irrespective of political differences.

Some would say that the Surinamese are more democratic than their government or the people who are supposed to represent them. Do you agree?

I would say that is true. I think sometimes politics has to be opened up in order to involve the greatest number of people possible. We must also be aware of the fact that one group, the coalition in power, has the final say, in terms of administration, over what the government has to do. In parliament the coalition obviously cannot and must not lay down what has to be done by all parliamentarians.

I also think that within the population there is greater pressure to develop the system. Some politicians in the traditional parties also share this wish, but when they gain power they no longer defend open participation in politics for everyone in the same manner.

Is your party suffering from the past and the reputation of Desi Bouterse, particularly his conviction and sentencing in the Netherlands?

I think that what happened in the Netherlands harmed Mr. Bouterse. On the other hand he is a man who still has a lot of support in Suriname. Politicians attempted to attract Bouterse’s supporters into other groups, but had to accept that he still enjoys a great deal of support. If we are compared with the other parties it is obvious that, despite the political problems Bouterse faces, our party is still the biggest, even in parliament. Had he not had political problems with the Netherlands I am convinced our party would still be a member of the governing coalition.

Suriname’s cultural and ethnic diversity is an incomparable human advantage, but does it not also create political paralysis?

Clearly our society is highly fragmented both culturally and ethnically. In the future, when we have offset the disadvantages of such fragmentation, it is my belief that this multiplicity will be an absolute advantage. For the time being it will indeed be difficult, but we should still warmly welcome what has been achieved. We are now in the post-colonial period. When we were a colony a lot of men and women were imported – more than the indigenous peoples formerly living in the country. There was no great catastrophe, although there were problems here and there. Nowadays a number of politicians latch onto ethnic issues and hijack them for their own political campaigns.

Conversely I should also say that, now the elections are over and done with, people tend to get together more. This trend is not solely geographical – arising from a move towards the towns and cities –

but can also be seen in daily life. The various populations work and live together. For the country's future it is also essential for each ethnic group to be able to live without giving up its own culture. It is not easy to live together, but we must always strive for balance between society's communal life and its cultural differences. I believe that our supreme goal in Suriname should be to live together as successfully as possible, and for progress to benefit each ethnic group equally. The country's socio-economic development has too often been held back by political options that take account solely of one ethnic aspect or another, and not enough of the balance between the groups to the benefit of society as a whole.

Nowadays it seems that Suriname is experiencing a new form of regime and that the population's expectations in terms of democracy are very high. Is there not a danger that reforms will be too slow in coming?

Suriname became an autonomous part of the Kingdom of the Netherlands in 1954 - with its own parliament. That is not very long ago. Ethnic groups in Suriname did not inherit a parliamentary democratic culture - that much must be understood. People of African origin do indeed have a democratic culture, but not that of parliamentary democracy. Theirs was a democracy based on consensus, which still exists in villages in the remoter areas of the country - a democracy where everything is discussed until a consensus is achieved. But, given that society is growing, this type of model is probably not applicable any more. In any case, as Europe imposed the parliamentary type of democracy, we will never know how democracies based on consensus might have evolved. We have parliamentary democracy and must help our system to evolve and will do so, especially with help from the Netherlands.

But for parliamentary democracy to function it is not enough to have a parliament, a judiciary and a government - plus other institutions. A genuine democratic network has to be set up. These various institutions do not of themselves prevent dictatorship. One of the principal conditions for preventing it is to develop people's education. If they understand how the system functions or how it should function, it is more difficult to impose a dictatorship. Education, like the media, is very important to the development of a democracy. Of course the way in which parliament functions is also of huge importance.

In your opinion, what could be the advantages of regional integration on the Guyana Plateau?

Generally speaking, regionalisation is positive. However, for integration to succeed there is one important condition: integration has to be achieved with countries that are in more or less the same situation. If we take a look at our immediate neighbours, we have French Guiana and British Guyana. French Guiana is in fact France - and that country is significantly stronger and more powerful than Suriname or Guyana. So, as Suriname and Guyana are in more or less the same position, there are numerous possibilities for cooperation between them - in the field of education and over their borders, which have been the subject of a dispute between them dating back to the colonial era. Now we are independent and must together find

"For parliamentary democracy to function it is not enough to have a parliament, a judiciary and a government - plus other institutions.

A genuine democratic network has to be set up"

creative solutions to these problems. For Suriname and Guyana I can indeed see a large number of possibilities for strengthening our bilateral relations, but that does not mean that Suriname and French Guiana cannot collaborate. We do collaborate. It is just that we cannot go as far as official political integration with that country because to all intents

and purposes it is France. We have to find a type of intermediate collaboration.

One of the ways forward envisaged for improving the economic situation of the country is the privatisation of state enterprises, such as Surland. Is this an option you support?

There has long been talk in Suriname of privatising enterprises in which the state is the majority shareholder. The Surland banana production and export business is obviously a candidate. But one thing concerns me: there has still been no debate here as to the manner in which the state should privatise this type of enterprise. We still do not know for certain to whom it will sell its shares, and there are fears it may sell them to a single group. That is what gives us cause for concern in this case. Suriname is a small country with an economy to match. If the state's shares in public enterprises - which are the largest enterprises here - fall into the hands of a single group, that could upset the development of our democracy. From my viewpoint, the greatest problem is that there has not been enough genuine discussion as to how the state should privatise public enterprises of this type.

We have met workers from one of these enterprises, and it seems working conditions are not ideal. Would restructuring or privatisation improve them?

I think everything is linked, and that privatisation should not be seen solely in the light of working conditions. When an enterprise is in difficulties, working conditions deteriorate and, if they deteriorate, production suffers. It is a vicious circle. Working conditions should not be analysed in isolation but the enterprise should be examined as a whole. The government and ourselves have for a long time now been looking at enterprises in difficulty. In my personal opinion, and it is also that of my party, public enterprises in which the state is the majority shareholder - and which are not strategic - should be privatised. Some of these shares should be put on the market and some sold to foreign companies, but with restrictions as to the maximum number of shares that can be sold to a single company.

We have also said that the major problem facing public enterprises - and I do not think Surland is an exception - is that politicians are too involved. From the outside it might be thought that these are essentially technical problems or problems of poor management. But when you discover what goes on in the wings, you can see that the principal problems arise from the involvement of politicians - though this involvement may be positive as well as negative. I believe that, in the short term, the situation requires urgent remedial work. I also think that in this way Surland will be able to solve most of its problems.

¹ The Nieuw Front comprised the Creole NPS (National Party of Suriname) of former president Ronald Venetiaan, the Hindustani VHP (United Reform Party) led by Jagernath Lachmon, the (Javanese) Pertjajah Luhur of Slamet Somohardjo, and the social democrats of Frederik Derby's SPA (Surinamese Labour Party).



HIV/AIDS

Setting up a prevention network

Arriving in Débikee

From Paramaribo, a road runs south down to Brokopondo and Afobakka, the site of the Suriname River dam. We follow this road in a jeep hired by the Medical Mission. A few kilometres into our journey, the coastal path falls away and the vehicle is engulfed by the vast equatorial forest. The trees form a canopy 35 metres above the forest floor, pierced at intervals by giant trunks, their tops disappearing from view. Suriname's tropical rainforest is humid and dense, although fallen trees have made way for a number of clearings, and countless streams snake their way in all directions across the forest floor. A track leads down into Brownsveg, where the huge volume of water is kept in check by the Brokopondo dam. This track continues further south into Pokigron, which lies on the river and is home to the Saramacca Bush-Negroes. Pokigron has become something of a ferry port, with motorised dugout canoes replacing lorries and transporting supplies into the interior of the country. From there, canoe provides the sole means of access to Suriname's deep interior.

Our first task is to find a canoe. Mitra Rambaran, Head of the Medical Mission's AIDS unit, scours the river. She is waiting for one of the best canoe captains on the upper Suriname – a giant river rising in the south and flowing northwards. When other water courses cross its path, the waves swell and the river becomes a seething mass of eddy currents, swirling around the numerous rocks that are barely visible above the surface of the water. The Bush-Negroes are masters of these waters and the only ones who can successfully negotiate the rivers in dugout canoes brimming from bow to stern.

With the canoe's captain now on the scene, the loading process begins. Rice, cloth, petrol, mattresses and sewing machines are all loaded on board and knock against one another in the jam-packed hulls. Mitra's cargo is somewhat atypical. Armed with posters, forms, pamphlets and crates full of condoms, her cargo will bring her into contact with a number of medical units along the upper Suriname River. "It's a good opportunity to call in on the medical assistants and to check that everything is running smoothly, whether they're succeeding in encouraging the use of condoms and whether the various condom sales outlets are being run effectively. In this part of the country it is mainly Bush-Negroes I'll be dealing with, a people who fled the plantations and took refuge in the jungle. I will be visiting Saramacca villages."

A visit to the Saramacca tribe

The term "Maroon" is derived from the Spanish word *cimarrón*, which came into the language following the conquest of Hispaniola.

It is a word that was used by the Arawaks to denote domestic animals turned wild. From 1540 onwards the term was used to describe runaway slaves or, more pejoratively, savages, meaning those who have returned to nature. The Bush-Negroes chose flight as an act of resistance, setting up quasi-autonomous societies in which the principles of African rule were upheld and handed down. The Saramaccas account for 10 percent of Suriname's population and hold the monopoly on river navigation.

After an hour on the river we reach Laduani, our first port of call. Doctor Ambrose, head of one of the medical units, comes to meet us. "This may all seem fairly trivial to you," he remarks, "but in this region posters and condoms are of paramount importance. People are obviously not in the habit of using condoms and we need to heighten their awareness of the issues at hand. The men here are polygamous, which accelerates the spread of the HIV virus. This morning I examined a pregnant woman who I fear may have contracted the virus and already developed AIDS. Unfortunately, we encounter HIV-positive patients on a very regular basis here."

Small country, vast epidemic

HIV, the cause of AIDS, has unleashed a much greater epidemic on the world than experts predicted a decade ago. UNAIDS and WHO today estimate the number of people living with HIV or AIDS at the end of 2000 at 36.1 million, a figure 50 percent higher than that projected in 1991 by the Global AIDS Programme, based on information available at that time. Suriname is just one of a number of countries with an adult HIV prevalence of over 1 percent. In



Medical post Medische Zending, at Djoemoe

the majority of cases the virus is transmitted heterosexually. In places where HIV is transmitted through heterosexual intercourse, a much greater proportion of the population is immediately exposed to risk. This is the most common mode of transmission in the Caribbean.

"AIDS has become a major problem in Suriname. The number of cases has more than doubled over the last few years, making it the second leading cause of death in men aged 15 to 44 and the third leading cause of death in women of the same age," explains Mitra. "That is why, with financial backing from the European Development Fund, we created a programme concentrating on a number of interdependent issues – treatment, education, awareness-raising, distribution of condoms, training, research, psychological supervision and support." The programme is run by the Medical Mission. The country has been divided up into six regions, each under the responsibility of a scientist. Fifty-two health centres have been set up and equipped with 68 health workers, all of whom hold the necessary qualifications to be able to provide primary medical care.

Education is the key

The canoes rev up their engines once again and our journey continues. "Here in Débikee, young people are far more at ease using and buying condoms than adults. This is certainly a result of our prevention policy," explains Edouard Amania. "Prevention starts with education," is Mitra's view. "We have already conducted four training sessions, two in Bush-Negro villages and two others for the Amerindians. We want to set up a prevention network in the interior of the country. Once trained, the trainers will be able to pass on their newly acquired knowledge to other members of their community, who will then be able to help them. The condom sales outlets are also information points; the greater the population's awareness of the need to use condoms, the more natural such use becomes. We are also trying, through the health workers, to get the locals involved in selling condoms. Ideally, the local village grocery would sell them, making preven-

tion a part of everyday life." Condoms are sold for a modest sum, which is justified in the eyes of the Medical Mission by the value it confers on the condom. "If they were free, no one would take them seriously."

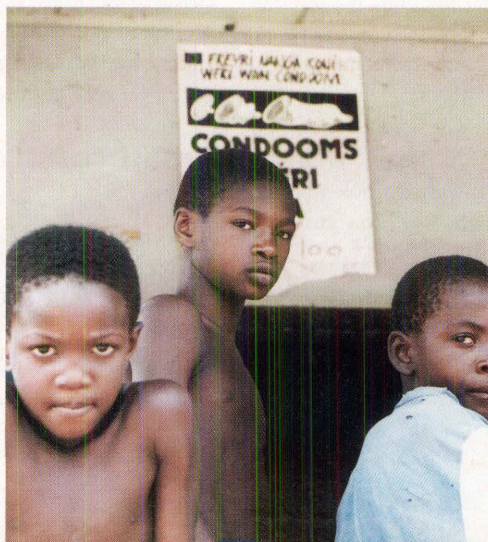
The five-day training programme aims to help the local inhabitants grasp issues such as sexually transmitted diseases, and AIDS in particular. As well as being taught the science behind the various infections, they are given information on the anatomy, the reproductive organs, sexual intercourse and the use of condoms. "It is very important not to over-dramatise the issue and to brush aside any taboos in order to get right to the heart of the problems."

"The training is also designed to be fun. It includes a role-playing game in which the participants form two camps according to whether they are pro or anti condoms. Each participant has to argue his case and you often find that, at the end of the game, the anti-condom camp admits defeat. It is very interesting to watch this type of battle between the rational and the irrational, medical reasons and religious or mystical evocations."

The use of condoms involves a profound change of attitude. For adults, such a change is made all the more difficult because they are not really aware of the risks involved in contracting the disease. Training and prevention programmes therefore also focus on the consequences of contamination. Condoms also have pejorative connotations. Anyone using them, irrespective of sex, is immediately suspected of carrying the virus. "Nevertheless," stresses Mitra, "people are free and responsible for their own lives. We can raise awareness but under no circumstances can we force adults to use condoms in their sexual relations."

As well as training, systematic screening of pregnant women has been introduced as a further preventive measure. "It may be possible to treat some of these women thanks to tritherapy. Clinical trials of new anti-retroviral treatments, in particular tritherapy, have given impressive results in the short term. They enable us to prolong life and reduce infection. One day, perhaps, AIDS will be nothing more than a chronic infection primarily requiring outpatient care. Results have also been very encouraging among pregnant women thanks to the use of monotherapy, which reduces HIV transmission from mother to child by nearly 70 percent. We are heavily reliant on donations from other countries and we are currently holding talks with Brazil and the Netherlands. However, our ultimate aim of providing universal access to care and treatment is still far from being achieved!"

After a night in Débikee, Mitra prepares to resume her journey along the river and to look in on the neighbouring villages. Her mission will take her the best part of five days, her progress slowed by the pace of life in the forest. Despite the distinct lack of funding and the insufficient co-ordination between the various countries waging this war against sexually transmitted diseases, the Medical Mission continues to do its good work. The obvious successes in Thailand, Uganda and Senegal and the ability of those in the field to develop appropriate responses are reasons enough not to bow to inevitability.



The banana industry

An endangered sector

Sunlight barely filters through the palms and banana trees, yet, beneath this leafy roof, the temperature hovers around 40 degrees and humidity is at saturation point. The banana tree is not a “tree” as such, but a giant herb, a monocotyledon originally from Asia, cultivated throughout the tropics. Sheltered right at the heart of the banana plant’s flower is the bunch of bananas, growing to maturity, at which point it will be transported to the processing station.

Her feet in the mud and her hands amongst the fruit, Indra is hard at work, packing bunches of bananas in plastic bags, to protect them from insects. Quicker, ever quicker: her daily wage depends on the number of plants processed. Six days a week, from 7 am to 2.30 pm (officially at least), she walks the banana plantation, slipping through this cultivated jungle, avoiding insects and snakes. This is entirely manual labour, carried on year round, irrespective of weather conditions: “I’ve been working for Surland, in the banana plantation, for eight years. I’m alone with my three children, one of whom is handicapped. Although I’m tired out, I have to work – it’s difficult and the pay is not very good, but I get by somehow”.

Surland is the archetypal public enterprise. Set up in 1969, it produces on average between 38,000 and 40,000 tonnes of bananas per year. Actual production is higher, but bananas falling short of the quality standards required for export are systematically eliminated. Surland’s two main production sites are teeming with workers - two thousand of them, 40 percent of whom are women. Paradoxically, there are almost as many administrative staff as there are workers in the fields. Fyffes, the Irish multinational, purchases all Surland’s production and sells it on European markets where Surland is increasingly faced with keen competition from producers in Central America. Changes in market conditions and Surland’s inherent difficulties mean that restructuring is essential.

According to J.A. Drielsma, Surland’s Director, “the company has to adapt to the transition from the Lomé Convention to the new Cotonou Agreement. That means we have to ensure a smooth passage between the protection and preferential prices we enjoyed under the Lomé Convention and a situation in which we are in direct competition with non-ACP producers”. The property of a State which wanted to take on sole responsibility for the productive sector and employment, Surland has long been operating outside the market. Trade prospects, diversification, and improvement in production and management techniques were all sacrificed in favour of passive resistance to any change. Failure to anticipate led to Surland’s current problems. “For example”, Indra explains, “some people haven’t even



Packing bunches of bananas in plastic bags, to protect them from insects

been fully paid for last year’s work. What makes things even more difficult is that part of our wages is in the form of vouchers, not money. These vouchers can be exchanged for essential goods, but only in a store where prices are higher than elsewhere”. Management accepts that there have been delays and explains that this was because of “cash-flow problems generated by the drop in market prices which was itself created by the US/European dispute over the banana trade regime”. The trade unions are highly critical of Surland’s administrative over-staffing, the involvement of politicians, the extremely harsh working conditions, the difficulty of asserting one’s rights, the lack of economic vision, etc. Management’s response is to point to the workers’ low productivity and their failure to understand the changes involved in globalisation.

A new deal

Irrespective of history and who is responsible for the problems Surland now faces,

Worker at Surland banana plantation



the company has to adapt to the new deal: the trade regime contained in the Cotonou Agreement, the “Everything but arms” initiative and the agreement entered into by the EU and the US. Under this agreement, the two blocs have put an end to one of the most long-standing and complex transatlantic trade disputes. The two sides have signed a banana agreement, a “peace treaty” leading to the lifting of US sanctions on European imports provided the new system is fully operational by 1 January 2002 at the latest. The new system is based on the successive setting-up of a licensing system until 2006 and of a customs tariff thereafter, according to Pascal Lamy, Trade Commissioner. However, he points out that “the total quota amounts” adopted by EU Member States and the European Parliament in late 2000 “will not be modified”. The agreement obtained attempts to protect, as best it can, European Union and ACP production whilst at the same time being compatible with the WTO’s sacrosanct rules. He foresees a new distribution involving the three European banana import regime quotas, involving a 100,000-tonne reduction in the quota reserved for the ACP countries, which will decrease from 850,000 tonnes to 750,000 tonnes. Until 2006, however, “ACP bananas” will continue to benefit from a tariff preference of €300 per tonne. There is no longer any talk of the “first come, first served” proposal, whereby orders would have been allocated to those who were first to respond to a European invitation to tender.



Spraying banana crops

The seven-year war

The banana dispute between the US and the EU dates back to 1993, when the European Union adopted a Common Market Organisation for Bananas in response to two imperatives: firstly the harmonisation of the various national regimes (Germany, for example, was importing bananas under franchise from Latin America, whereas France and the United Kingdom were strongly protective of their market, favouring their former colonies); secondly, guaranteeing the income of uncompetitive European producers and preserving privileged access on the part of a dozen or so countries in the

Africa/Caribbean region who were the Union’s traditional suppliers. Tariff quotas regulated the entry of bananas from Latin America, and the share of such bananas on the Community market was continuing to increase to the detriment of EU (Canary Island and Martinique, principally) and ACP production. ACP bananas were reserved an annual quota of 857,700 tonnes free of customs duties, whereas “dollar bananas” (essentially from Latin America) were subject to the imposition of a tariff quota of 2 million tonnes, and had to pay customs duty of €100 per tonne. The ACP countries benefited from a preferential arrangement and protests rapidly multiplied. In the front line were the big US multinationals such as Chiquita and Del Monte who, operating in countries in Latin America, felt they were being discriminated against. This regime in fact contradicted the Most Favoured Nation (MFN) clause and introduced a degree of discrimination amongst WTO member-countries. In spite of a number of amendments to its import regime, the EU was on several occasions censured by the WTO.

The new agreement does not entirely satisfy the ACP countries, however. Nevertheless, in many countries, banana production is partly run by major western agro-industrial groups whose resources are similar to those of their US competitors. The problem is more acute, however, for enterprises belonging to the State or to small producers.

Turning weaknesses into assets

It seems inevitable that Surland will be restructured, and the company’s privatisation, although feared, is continuing apace. According to J.A. Drielsma, “We’re still unsure as to what form it will take, but we’re thinking along the lines of a privatisation system that will enable us to react very quickly to market developments and change. We are also being assisted by the European Commission, which has granted us the funds to carry out this operation”. Privatisation is not a solution in itself. Suriname is now obliged to set up the conditions necessary for increasing the competitiveness of its bananas. With aid from the European Development Fund, Surland has undertaken to improve its production system and to look into the possibilities of diversification. One recent improvement, for example, is a new plant which has just been set up to transport bunches of bananas to the sorting sheds. To overcome banana-production limits, three sectors for potential growth have been identified: fruit and vegetables, aqua-culture and animal husbandry. The State will also have to establish an economic framework capable of promoting viable private enterprise. Surland’s apparent disadvantages (the low use of chemical fertiliser and its social structure) could enable it, after some reorganisation, to target market niches where working conditions, product quality and biological production are of increasing importance. Nevertheless, the prerequisite for Surland’s successful privatisation is in-depth reform of the company’s organisation and financial environment, as well as strengthening the administration and management of human resources, productivity, quality, marketing, and production techniques.

STANLEY RAGOEBARISINGH, MINISTER OF PLANNING
AND DEVELOPMENT COOPERATION

Have faith in the people

For the first time ever, the government of Suriname has designed and structured its own pluriannual development plan with a view to maximising European Commission support. The European Commission, for its part, is also developing its aid strategy in Suriname, in collaboration with the Ministry of Planning and Development Cooperation, taking account of the priorities defined in the country's national development plan. Such close cooperation serves several purposes: it makes aid more effective, more sustainable, and more comprehensible. Stanley Ragoebarsingh, Minister for Development Cooperation, says that the exercise also facilitates coordination of the various types of aid available, meaning that better use can be made of the EDF and other European Commission funding.

What priority development areas have you identified?

We are just emerging from a long period of political and economic instability, but we have been able to solve our main macroeconomic problems and stem inflation. We have also successfully established a stable political climate, but we must be aware that that stability is fragile. The enormous weight of external debt is one of the principal threats to our country - a huge part of the domestic budget is spent repaying it. Furthermore, we simply have to take advantage of our current stability and implement ambitious economic and social programmes to eradicate poverty. Our priorities are reform of the public sector, regional cooperation, the setting-up of conditions favourable to the private sector, and a type of sustainable development that respects our environment.

What are the principal structural reforms you are implementing at the moment?

We are currently negotiating with our international partners. We would like their assistance in improving good governance, the education system and health care. We would also like to see investment in knowledge and new technologies. At the same time, we have to strengthen the bases of our society and innovate.

How do you intend to involve the private sector in Suriname's development?

In my view, the private sector has to be the driving force behind the economy, but the transition takes time. Our economy is very small and capital has always been very slow to accumulate in Suriname, so the State has had to invest in a number of economic sectors. The State has to reduce its

involvement in the productive sector progressively and, at the same time, the private sector has to be strengthened and acquire the investment capacity necessary for growth. It's a slow process that has to be monitored closely, and it necessitates collaboration between the public and private sectors.

You mentioned the progressive reduction in State involvement in the productive sector. How do you intend to offset the social cost of restructuring and privatisation?

It is true that we have a number of public enterprises in Suriname, but what we would like to do is invest in human resources, in the Surinamese themselves. That is the only kind of investment that will genuinely help people to help themselves. If we don't restructure the public sector, we can never be the promoters of change that we want to be. It's a great challenge, and I want restructuring to be an opportunity for employment changes both inside and outside public enterprises. To achieve this, we have to invest in education and training - that is the government's role.

Do you fear globalisation?

Traditionally, our economy has concentrated on exporting raw materials. This is not the most profitable thing for us to do at the moment. We should redirect our economy towards products with a higher added value - I believe we should seek market niches for the small companies we could develop here. This also seems to be what the people want. It is our desire to integrate into the international market in stages. The first step is to try to benefit to try and benefit from our membership of CARICOM and, within it, learn how to get along in the global village. The next step will be the Free Trade Area of the Americas.

DEVELOPMENT

From the bottom up

Poverty reduction is an ongoing challenge on a global scale. Regardless of the speeches made and progress achieved in the 20th century from a political, social or technical standpoint, nearly one quarter of the world's population continues to live in conditions of extreme destitution. Twenty-five percent of the planet's inhabitants have just one dollar per day on which to survive. These people do not suffer only from a lack of income - which denies them access to sufficient food and basic services. They are often on the margins of their own society and thus have no role in civil life.

Almost half of the households in Latin America and the Caribbean (over 200 million people) live below the poverty line. Approximately 65 percent of them live in increasingly overcrowded urban environments, and in certain countries in the Americas, where the distribution of wealth is extremely unequal, the top 10 percent of the population receives more than half the national income, while the poorest 40 percent survive on less than 10 percent of the total.

In terms of poverty, Suriname is in the middle of the world scale: not in the category of the Least Developed Countries (LDCs). "The people's general perception is that they are getting poorer", says Monique Essed-Fernandes, UNDP representative in Suriname. "Some parts of the population are even convinced that it will be impossible for them to shake off poverty unless certain radical measures are taken".

The various international partners agree that a more equitable share-out of income is not all that needs to be done. In their opinion, the need for development is both real and urgent, and one of the solutions they advocate is that of basing development programmes on local, human and natural resources.

Confidence in nature

The European Commission, the Netherlands and the UN believe that Suriname's assets - its people and its resources - must be put to advantageous use. Monique Essed-Fernandes shares this view. By relying on local, human and natural resources, the various economic sectors could emerge from their stagnation, she believes. But it is essential to invest from the bottom up: "Take for example the environment, which is linked to eco-tourism. This is based on resources which have not as yet been fully exploited. The Surinamese are knowledgeable about the nature surrounding them, about the animals, flowers and rivers. By combining such knowledge with adequate means of production, the country could develop this into an innovative and, more important, a job-creating sector".



Monique Essed-Fernandes, UNDP representative in Suriname

Poverty is not a vice

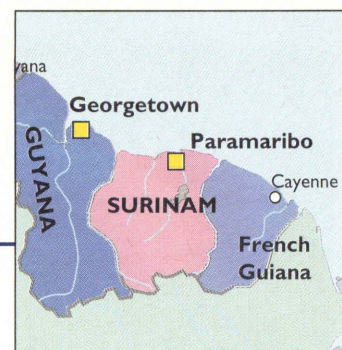
The creation of new markets is not an end in itself and cannot be regarded as the ultimate solution to poverty. For Monique Essed-Fernandes, it is vital to involve the local population in integrated, global development. "The education system must be completely overhauled, and this is just what the people are asking for. They tell me they want a better education system. They want their children to receive a better education than they had. They also want better health protection, more hospitals and less expensive healthcare. This is their demand and we have to respond to it. It's essential for people to be involved in development programmes - we have the financial resources to set up an environment favourable to development, but we must first and foremost support the people's own efforts and investments".

Ms Essed-Fernandes prefers to call them "development programmes" rather than "poverty-reduction programmes". She says, "poverty is not a vice, although those suffering from it end up feeling guilty. 'Poverty-reduction programme' is the modern, specialised term, but I prefer to speak of 'development programmes'. This would have a much more positive effect on our people. Reducing poverty doesn't just mean increasing purchasing power. It means having access to a better education or healthcare system, better infrastructures, and so on. It's less restrictive and less pejorative to talk about 'development programmes'".

Suriname's principal international partners are the European Commission, the United Nations, the Netherlands and France. To avoid competitive and sometimes conflicting actions, multilateral and bilateral aid packages are coordinated in Suriname. As Jacques Roman, European Commission Permanent Resident in Suriname, stresses, "Attempting to take over sole direction of development in this country is counter-productive. The goal is for the State itself, as its people's representative, to be the development coordinator-in-chief for its country *vis-à-vis* aid from international institutions and other donors".

Profile

REPUBLIC OF SURINAME



General information

Area:	163,270 km ²
Population:	431,303 (2000 estimate)
Population growth rate:	0.3% (average 1999-2015)
Human development index rating:	0.75 (64th out of 174)
Capital:	Paramaribo
Main towns:	
Districts:	Brokopondo, Commewijne, Coronie, Marowijne, Nickerie, Para, Paramaribo, Saramacca, Sipaliwini, Wanica
Languages:	Dutch (official), English, Sranang Tongo, Hindustani, Javanese
Ethnic groups:	Indian 37%, Creole 31%, Javanese 15.3%, Maroons 10.3%, Amerindian 2.6%, Chinese 1.7%, White 1%, other 1%
Religions:	Hindu 27.4%, Muslim 19.6%, Roman Catholic 22.8%, Protestant 25.2 %, indigenous beliefs 5%

Politics

President:	Ronald Venetiaan Republic, formerly known as Dutch Guiana; unicameral National Assembly of 51 Members elected for 5 years by universal suffrage; executive power including the cabinet controlled by the President
------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Next presidential and parliamentary elections scheduled for May 2005

Vice-president: Jules Ajodhia

Minister of Finance: Humphrey Hildenberg

Foreign Minister: Marie Levens

Affiliations: ACP, CARICOM, ECLAC, G-77, IADB, OAS, UN, WTO

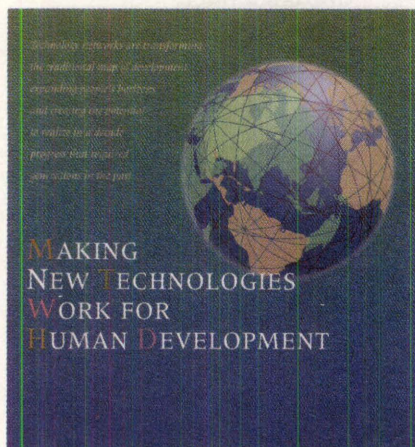
Economy

GDP:	US\$0.8 billion (1999 estimate)
GDP per capita:	US\$4178 (1999 estimate)
GDP growth:	- 5.6% (2000 estimate)
Inflation rate:	15-30% (estimated 2001)
External debt:	US\$295.6 million (2000 estimate)
Main (potential) economic sectors:	Bauxite, aluminium, gold, oil, shrimp fishing, bananas, rice

Social indicators

Life expectancy at birth:	70.61 years
Adult literacy:	93%
Fertility rate:	2.2 births/woman (1995-2000 estimate)
Infant mortality:	27/1000, below five years: 34/1000 (of 1000 live births)
Access to drinking water:	95%

Source: UNDP Human Development Report (2001), The Economic Intelligence Unit (2001)
European Commission (DG Development)



New Technologies: fighting against poverty

“The developing countries are not making sufficient progress. New technologies create the potential to accelerate their progress. Scientific research must be

reoriented towards the needs of poor countries. Discussion of new technologies is generally reserved for rich countries. It must open up to include developing countries. Things can change, but new technologies must be looked at from a different perspective.” This was the view expressed by Jan Vandemoortele, Principal Advisor and Group leader of the UNDP's Social Development Group, at the presentation of the UNDP 2001 Report in Brussels.

Mounia Lakhdar-Hamina

The UNDP's 2001 Human Development Report tackles four controversial topics. The central theme is placing the new technologies at the service of development. The report affirms “that information and communication technologies may have an impact on development, since they can help to overcome the obstacles of social, economic and geographical isolation, increase access to information and education and enable poor people to have a greater share in decision-making which can directly influence their lives.”

This idea may seem optimistic in view of the fact that about two billion people – one third of the world's population – have no access to electricity, and the Internet only reaches 0,4 percent of the population of sub-Saharan Africa. Implicit also is the problem of developing countries' capacity. Do these countries have the infrastructure they need to open up to information and communication technologies?

According to Jan Vandemoortele, “the conclusion is too often reached that infrastructure is lacking. The world pattern of technological progress is no longer marked by a division between North and South. It is now much more complex. For example, Cuba invented the vaccine against meningitis, not the countries of the North. Computers are now available at much lower cost. This proves that these countries do have infrastructures. The new technologies will very frequently encourage the introduction and reinforcement of these capacities.”

A new view of current topics

Genetically modified organisms (GMOs) is another controversial topic in the 2001 Report. The report raises the possibility that GMOs can be a solution to the problem of malnutrition, thus re-opening the discussion on the risks associated with them. These risks should be subject to systematic scientific research, proper regulation and appropriate institutional capacities. It must be kept in mind that more than 800 million people suffer from hunger, and new varieties of millet, sorghum and cassava could alleviate this.

Jan Vandemoortele believes that discussion of information and communication technologies and biotechnology is polarised, especially in Europe: supported by some, while feared by others. The report is an attempt to make an objective evaluation, and concludes that they may be part of the solution for many countries.

Many other current topics are touched upon in the 2001 Report, including intellectual property rights (trademarks, patents, copyrights, etc). This could assist developing new technologies, although the report emphasises that the application of intellectual property rights is becoming more rigorous throughout the world. It calls for differential charging for drugs, in particular drugs for treating AIDS, amongst other measures.

The 2001 Report also discusses the problem of the brain drain. According to the UNDP, this is costing the developing countries billions of dollars. The example of India is cited, where 100,000 graduates are to be granted visas to the United States, resulting in a loss of education costs amounting to \$2 billion per year. However, emigration can make a significant financial contribution to the country of origin.

The Report considers that many developing countries – most of which are in Sub-Saharan Africa – are not on track to meet the UN's 2015 development targets. It suggests that new initiatives are needed. In September 2000, at the UN's millennium summit, world leaders jointly approved a set of goals for development and poverty eradication by 2015. Aims include reducing by half the percentage of people living on less than a dollar a day, and schooling for all the world's children, at least up to the end of primary education.

Each year, the UNDP Human Development Report classifies all countries using a human development index (HDI), which measures the development progress achieved by the various countries.

Three criteria are applied:

- the standard of living
- the level of education and adult literacy
- per capita income.

For the first time, the report includes a technological development index (TDI), which classifies 72 countries on the basis of their technological advancement.

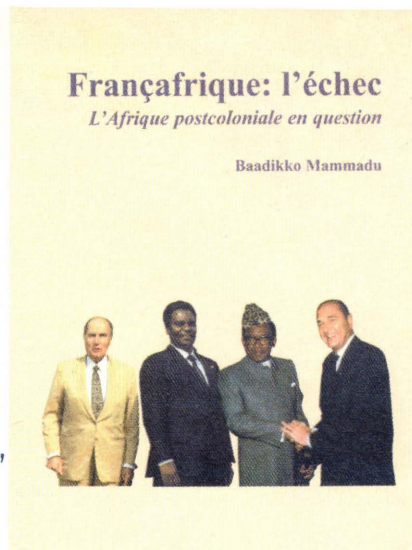
More information: www.undp.org

AFRICA : WHAT PROSPECTS FOR UNITY?

Françafrique : l'échec

L'Afrique postcoloniale en question

"FranceAfrica: failure. Spotlight on post-colonial Africa"



Baadikko Mammadu attempts to analyse, from an African point of view, the origins of the problems facing the continent of Africa.

Olivier Mukuna

Passing through Brussels on 12 June 2001 to launch his new book, Baadikko Mammadu set the cat amongst the pigeons by mentioning an old idea such as the OAU (Organization for African Unity), which was set up in 1961.

The impact of the past on the future

Baadikko Mammadu has no illusions about current possibilities of making African unity a reality: "It's not working! The pan-Africanism of Kwame N'Krumah [first president of Ghana] has died. No one has taken up the torch".

In his work, the author highlights the negative influence of events in the Great Lakes region on "Africans who set great store by unity in their continent".

For Baadikko Mammadu, the reality on the ground is incontrovertible: "To remain within the frontiers inherited from colonialism will lead only to everlasting misery and failure. African nation-states are no more than micro-states, which are not economically viable.

"The project for African unity is, first and foremost, a project for citizens rather than for those in government", says Baadikko Mammadu. "We are wasting our time in seeking to develop within frontiers bequeathed to us by the colonising powers".

The book's foreword states: "Aside from internal causes, which we have not sought to minimise, we have concentrated on the impact of Africa's colonial heritage on its future. We have given a brief analysis of the various forms of imperialism that have manifested themselves on that continent. From the standpoint of their current economic performance levels, our intention was to discover what set African states apart from one another, depending on whether they had been colonised particularly by France, the United Kingdom, Belgium or Portugal". According to the author: "The failure of post-colonial Africa is inseparable from the foreign interference evident there".

Moreover, the author - Cameroonian intellectual and former lecturer in management at the College of Economic Sciences at Douala - believes that "no country in Africa is immune to a crisis of the type that took place in Rwanda and therefore to a conflict such as the one in Congo. Only the unity of central Africa, free from foreign interference, will be able to avoid such a tragedy".

* "FranceAfrica: failure. Spotlight on post-colonial Africa", Baadikko Mammadu, Pub: Nubia - L'Harmattan, 2001

The "Lorenzo Natali" Prize for Journalism

The Lorenzo Natali prize - named after the late Vice-President of the European Commission with special responsibility for development issues - is awarded by the European Commission on an annual basis.

The prize is awarded to journalists of print media for articles that report on democracy and human rights as vital aspects of development. Articles must have been published between **1 January and 31 December 2000** in a newspaper or magazine in a developing country or a Member State of the European Union.

Two prizes worth **€10,000** each are awarded: one for an article published in a developing country, the other for an article published in a Member State of the European Union. A special prize of **€5,000** is awarded for an article published in a country of West Africa.

The deadline for submissions is **Friday 26 October, 2001**.

Rules and application forms are published at the following Internet addresses :

<http://www.ifj.org/hrights/lorenzo/inpr.html>

http://europa.eu.int/comm/development/whatsnew_en.htm

and from:

The International Federation of Journalists - Project Division
International Press Centre, R.P. - Rue de la Loi, 155 - Block C (2nd floor) - 1040 Brussels, Belgium
Tel : (32)-2-235 22 00 - Fax: (32)-2-235 22 18
e-mail: Bettina.peters@ifj.org or Isabella.haaf@ifj.org

Readers' Letters

In Peru (South America), I always look forward to the arrival of *The Courier*.

In issue 186 (May-June), the article on Marie Elise Gbèdo and her candidature for the presidential election greatly impressed me.

Marie Elise Gbèdo, the first woman to run for the presidency in Benin's history, is the very incarnation of a woman's first tentative steps into the political life of her country, an acknowledgement of the rights of women and an appreciation of the role of women in society. She is a genuine example for Africa.

This young attorney, with political experience as Minister for Trade, Crafts and Tourism, divides her time between public office and her additional responsibility as "head of family". Her clear ideas on decentralisation, the promotion of agriculture, trade, industry and education as the basis for development of the economy and justice in her country show Marie Elise Gbèdo to be an example of courage and demonstrate the professional capabilities of women in the modern world.

Something similar occurred in my own country. On the occasion of this year's presidential elections (08/04/2001), Miss Lourdes Flores, an attorney by profession, won third place, to great popular acclaim, by virtue of her professional abilities and her political experience. Lourdes Flores is regarded as the candidate most likely to become Peru's first female president - all the more worthy of recognition in male-dominated societies such as those in Latin America.

Luis Bendezú Jáuregui
Attorney (Lima-Peru)

I am a young Senegalese schoolteacher aged 36 who teaches in a Dakar primary school. I have been reading and collecting your magazine for almost 10 years and am therefore a loyal reader. Since you offer us the opportunity to express our opinions and offer comments, I am pleased to be able to do so.

I would like to suggest that you include dossiers dealing with social issues: delinquency and deviancy in children, child labour, poverty; African regional integration, particularly given the inauguration of the African Union; the African Union vis-à-vis the European Union: aid, trade, new information and communications technologies; and educational systems in Africa.

M. Mor Dieng
Dakar, Senegal

Thank you for a well thought out issue (July-August) of the *Courier*. I must admit that your dossier on migration deeply touched my heart, being young with the intention of also travelling in the near future.

You don't know the lives you can save with your article on the story of Koko - which I say is fact and not fiction - and Castles in Spain by Eyoum Ngangué.

Kande Akanbi
Tema, Ghana

Common European Currency

As from next year the single European currency, the Euro, will go into use. Most Africans, especially those within the CFAF zone, find it hard to imagine that such a transition will not lead to another devaluation of the CFAF. Isn't it possible for some experts to suggest a way forward for Africa in the face of a more unified Europe? Of course, the explanation should not focus on the African Union which is underway, which cannot be an adequate response given the time it will obviously take to eventually get afoot.

Richard K. Kometa
Cameroon

Notice to readers

Letters from readers are welcome.

Send your comments, reactions to articles, or opinions to the editor, by email, fax or post (see detail on contents page). Letters should be short.

We reserve the right to edit.

Include a full address.

If you do not want your address published, please let us know.

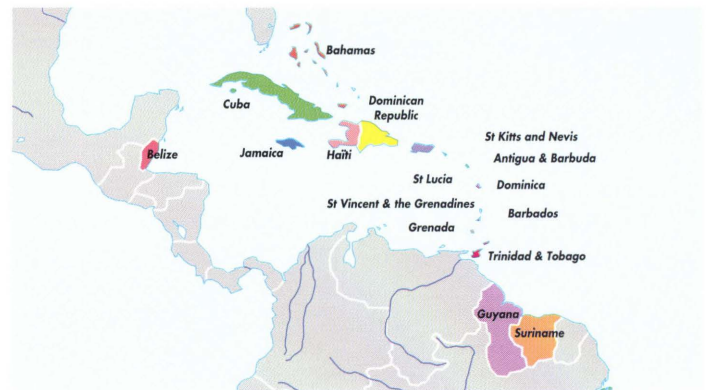
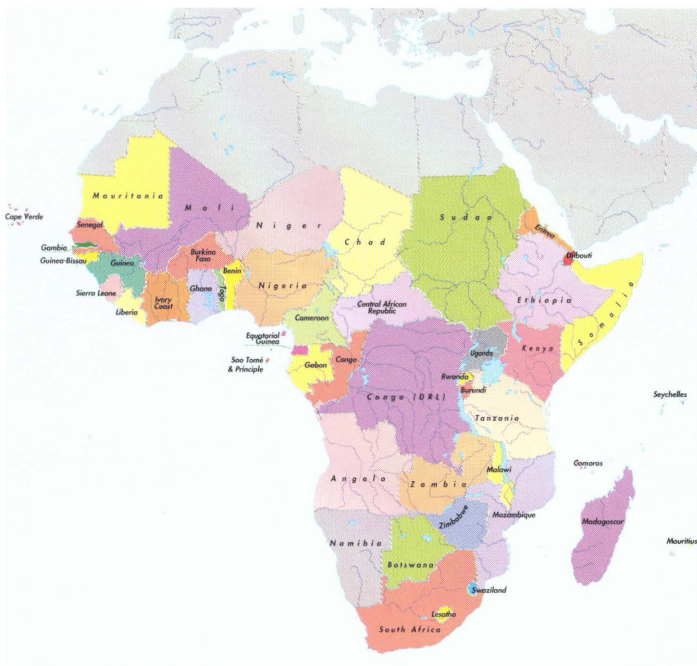


Austria
 Belgium
 Denmark
 Finland
 France
 Germany
 Greece
 Ireland
 Italy
 Luxembourg
 Netherlands
 Portugal
 Spain
 Sweden
 United Kingdom
France
Territorial collectivities
 Mayotte

St Pierre and Miquelon
Overseas territories
 New Caledonia
 and dependencies
 French Polynesia
 French Southern and Antarctic
 territories
 Wallis and Futuna islands
Netherlands
Overseas countries
 Netherlands Antilles:
 Bonaire, Curaçao, St Martin,
 Saba, St Eustache
 Aruba
Denmark
Country having special
 relations with Denmark
 Greenland

United Kingdom
Overseas countries and territories
 Anguilla
 British Antarctic Territory
 British Indian Ocean Territory
 British Virgin Islands
 Cayman Islands
 Falkland Islands
 Southern Sandwich Islands
 and dependencies
 Montserrat
 Pitcairn Island
 St Helena and dependencies
 Turks and Caicos Islands

The European Union

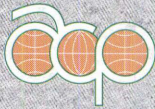


The 78 ACP States*

Angola	Dominican Republic	Malawi	Senegal
Antigua and Barbuda	Equatorial Guinea	Mali	Seychelles
Bahamas	Eritrea	Marshall islands	Sierra Leone
Barbados	Ethiopia	Mauritania	Solomon Islands
Belize	Fiji	Mauritius	Somalia
Benin	Gabon	Micronesia	South Africa
Botswana	Gambia	Mozambique	Sudan
Burkina Faso	Ghana	Namibia	Suriname
Burundi	Grenada	Nauru	Swaziland
Cameroon	Guinea	Niger	Tanzania
Cape Verde	Guinea Bissau	Nigeria	Togo
Central African Republic	Guyana	Niue	Tonga
Chad	Haiti	Palau	Trinidad & Tobago
Comoros	Ivory Coast	Papua New Guinea	Tuvalu
Congo	Jamaica	Rwanda	Uganda
Cook Islands	Kenya	St Kitts and Nevis	Vanuatu
Cuba*	Kiribati	St Lucia	Zambia
Democratic Republic of Congo	Lesotho	St Vincent and the Grenadines	Zimbabwe
Djibouti	Liberia	Samoa	
Dominica	Madagascar	São Tomé and Príncipe	

* Cuba was admitted as a new member of the ACP group in December 2000, but is not a signatory of the Cotonou Agreement.

Printed on environmentally-friendly paper



Published by the Directorate General for Development, EC,
200 rue de la Loi, B-1049 Bruxelles

Printed in Belgium

NH-AA-01-188-EN-C

