

OCTOBER 2010

# OFID Quarterly

THE OPEC FUND  
FOR INTERNATIONAL  
DEVELOPMENT

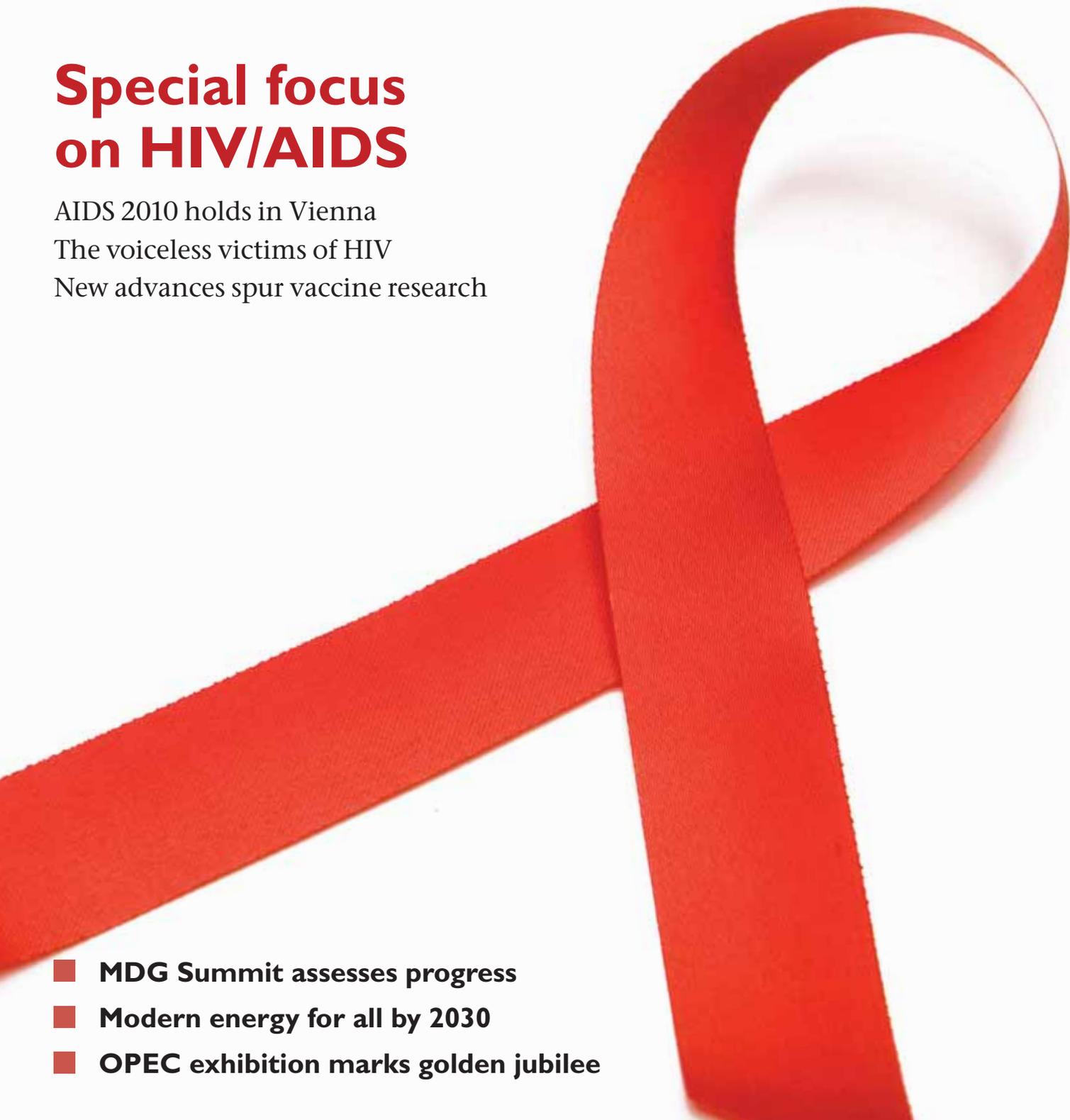
## Special focus on HIV/AIDS

AIDS 2010 holds in Vienna

The voiceless victims of HIV

New advances spur vaccine research

- **MDG Summit assesses progress**
- **Modern energy for all by 2030**
- **OPEC exhibition marks golden jubilee**



**OFID Quarterly** is published four times a year  
by the OPEC Fund for International Development (OFID).

OFID is the development finance agency established in January 1976  
by the Member States of OPEC (the Organization of the Petroleum  
Exporting Countries) to promote South-South cooperation by extending  
development assistance to other, non-OPEC developing countries.

**OFID Quarterly** is available free-of-charge. If you wish  
to be included on the distribution list, please send your full mailing  
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can be found on our website in PDF format.

**OFID Quarterly** welcomes articles and photos on  
development-related topics, but cannot guarantee publication.  
Manuscripts, together with a brief biographical note on the author,  
may be submitted to the Editor for consideration.



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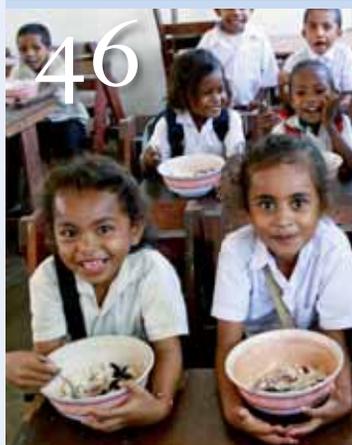
**DESIGN** [etage.cc/krystian.bieniek](http://etage.cc/krystian.bieniek) **PRINTED IN AUSTRIA** Stiepan & Partner Druck GmbH

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COVER PHOTO: JOCICALEK/SHUTTERSTOCK

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## HIV/AIDS: getting priorities right

Ten years ago it was rare to pick up a newspaper or turn on the television without being confronted with headlines about AIDS – the “killer pandemic” sweeping the globe. Back then, AIDS was big news, sending shock waves around the world. Today, the pandemic causes barely a ripple – at least in the mass media. To all intents and purposes, HIV/AIDS has dropped off the public radar.

How ironic, considering that in 2008 alone two million people lost their lives to this disease. Fewer, maybe, than the record 2.2 million in 2004, but an awful lot of bereaved families nonetheless. The vast majority of these deaths, however, were in poor African countries. And there lies the rub. Thanks to the advent of highly active antiretroviral treatment (HAART), the pandemic is no longer the threat it once was – at least in the developed world, where HAART is readily available. Hence, apparently, the lack of urgency in containing it elsewhere.

This July, at the XVIII International AIDS Conference in Vienna, the G8 nations were roundly chastised for this ambivalence, when Dr. Julio Montaner, President of the International AIDS Society, condemned their failure to live up to the “universal access” pledge they made in 2005. The pledge, part of the Millennium Development Goals, had promised that HIV/AIDS prevention, treatment and care would be universally available by 2010. So far, though, HAART has been rolled out to barely

one-half of the 8.8 million people in developing countries who need treatment for HIV. The reason? A lack of funding and political will, for the most part.

Indeed, access to treatment is still one of the biggest stumbling blocks in the fight to contain the spread of AIDS. Stigma and discrimination is another. As long as HIV and AIDS remain “dirty” words, people at risk will be reluctant to come forward for testing or treatment for fear of losing their jobs or being ostracized within their communities.

Then there is the problem of mother-to-child transmission, something that can easily be prevented with antiretrovirals – if they are available, that is. And in the poorer countries, they not always are. In 2008, for example, 430,000 babies in the developing world were infected with HIV while *in utero*, during delivery or through breast feeding.

Another major concern is the soaring number of infections caused by injecting drug use, which in some regions accounts for as much as 80 percent of all new cases.

Shocking as they are, these facts do not tell the whole story about the AIDS pandemic, which has long evolved from being a simple public health issue. AIDS strikes at the very heart of society, at its productive backbone, at working men and women, mothers and fathers. It is a viciously destructive disease that is no respecter of class, creed or culture.

As early as the mid-1990s, OFID was expressing its concern about the enormous economic and social repercussions of AIDS. It started contributing to the global dialogue and offering financial support to conferences and other forums. In 2001, OFID took steps to consolidate its involvement by creating a special grant account with its own dedicated resources. Regular replenishments have followed, as the funds have been quickly used up. Today, OFID is proud to count itself a partner in the broad coalition of stakeholders who are working to stop the spread of the disease and win back some of the development gains lost over the past decade.

It is to the credit of those at the sharp end of the fight against the pandemic that any progress has been made in slowing its path. And we should not forget that there has indeed been progress, albeit measured. The number of people dying from AIDS has fallen steadily since 2006. The number of new infections has also stabilized, suggesting some degree of control over its transmission. And HAART has proved to be highly effective in eliminating vertical transmission of HIV. These achievements, however, are no reason for complacency. Universal access to prevention, treatment and care is still the goal. As is, ultimately, reversing the spread of HIV and paving the way for a new AIDS-free generation.

It is clear that none of these objectives can be reached without stronger political will and a massive injection of funding. Which is why, at AIDS 2010, scientists, practitioners and activists issued a clarion call to world leaders to commit

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funding.*

at least US\$20 billion in new money to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Global Fund's replenishment committee met on October 5 in New York, where donors pledged a total of US\$11.7 billion towards the campaign for the period 2011-2013. While this is definitely a step in the right direction, it falls well short of the amount needed. Donors may have dug deep, but not deep enough.

Such reluctance certainly wasn't the case when it came to finding bailout cash at the height of the financial crisis – a fact Julio Montaner pointed out during his opening address in Vienna. “Why are the coffers always empty when it comes to global health?” he asked, noting the €110 billion that had “appeared from nowhere” to rescue the Greek economy earlier this year.

OFID shares Dr. Montaner's frustration, especially since his statement applies not just to health, but to the wider issue of poverty in general. Strong, healthy populations are a prerequisite of economic and social progress. What better investment can there be in our common future? What mindset puts personal, institutional or national wealth-building ahead of the physical wellbeing of mankind? As Montaner boldly put it: “It is a matter of priorities, and priorities have to change.”

OFID could not agree more, which is why we will continue to work with our partners to promote HIV prevention and testing and to provide care, counseling, treatment and support for those affected. This we shall do for as long as it takes. Anything less is simply not good enough. ■

# Containing the **HIV/AIDS** pandemic

It is a disease that has infected some 33.4 million people worldwide and claimed 22 million lives. Around 7,400 new cases are reported every day, many of them in newborns. In its wake, it has left millions of children without parents and whole communities without an effective workforce. Here, the *Quarterly* tracks the impact of the HIV/AIDS pandemic and global efforts to contain it.

BY FATIMAH ZWANIKKEN



**H**IV/AIDS affects more people than it infects, posing formidable health, economic and social policy concerns. The human toll of the pandemic is not easily quantifiable, as it includes not only those who are infected or have died of the disease, but also their families and communities. Since most HIV-positive people are in the (re-)productive age group (15-45), in the prime of their working and parenting lives, the pandemic has deprived countries of manpower and left behind a generation of orphans. In countries worst affected, where the workforce is either too weak or dying in large numbers, productivity and the quality of services in all sectors have declined. The disease puts massive pressure on already stretched public health budgets, systems and services. HIV/AIDS also cripples the private sector, as expenditures increase and revenue

bases are eroded due to prolonged AIDS-related absenteeism and shrinking labor supply, together with the impact of healthcare, pension and death-related benefits.

By slowing output growth in all economic sectors and reducing income and wealth, the epidemic has created a vicious cycle of poverty and macroeconomic degradation. It makes families poor as they try to meet the escalating costs of healthcare and pay for the funerals of family members. They become poorer still as they try to cope with the loss of income following the death of a breadwinner. Less money forces them to cut spending on food and health, leaving them more vulnerable to infection and facilitating the spread of HIV/AIDS and other diseases.

In addition to causing great human suffering, the HIV/AIDS pandemic is deferring many developing countries' hopes for advancement by slowly unravelling decades of progress in raising life expectancy, improving public health systems and developing human resources. Schools are losing teachers and students, reversing hard-won gains from investment in human capital; losses that will, in turn, impoverish the next generation. By slowly strangulating economies, the HIV/AIDS pandemic is jeopardizing efforts to reach the first Millennium Development Goal (MDG) of reducing by half the number of people living in absolute poverty by 2015.

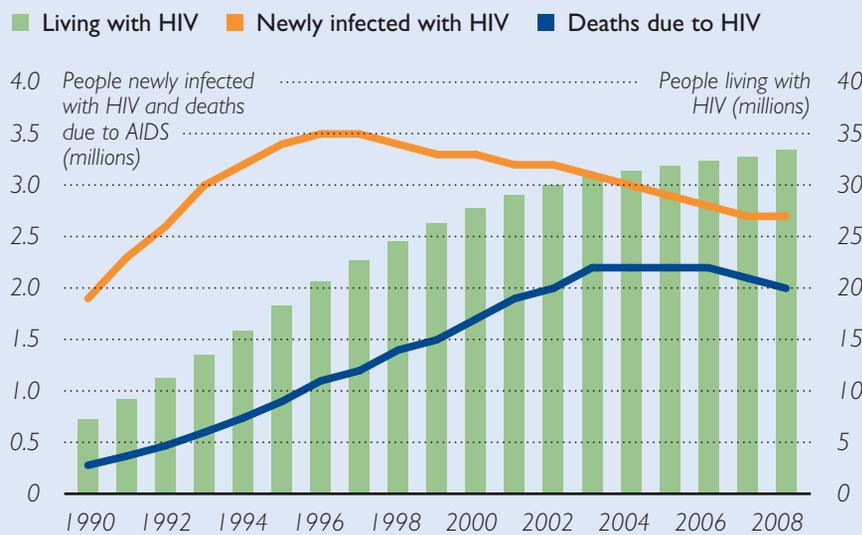
**Regional breakdown**

In recent years, the HIV/AIDS pandemic seems to have stabilized, with the number of newly-infected people globally dropping from a high of 3.5 million in 1996 to 2.7 million in 2008. The number of AIDS-related deaths declined from a record 2.2 million a year in 2004 to 2 million a year in 2008.

Despite the declines in new HIV infections, however, the pandemic is far from over. The total number of people living with HIV worldwide continued to grow in 2008 to an estimated 33.4 million people, reflecting the continued high rates of new infections and the increased availability of anti-retroviral therapy, which is helping people to live longer. Prevalence continues to rise in Eastern Europe, Central Asia and other parts of Asia due to the high rate of new HIV infections.

Although the HIV/AIDS pandemic does not respect borders or class, the poorest countries which have fewer resources at their disposal suffer disproportionately from the harmful consequences. *Sub-Saharan Africa* – home of

**Number of people living with HIV, number of people newly infected with HIV and number of AIDS deaths worldwide, 1990-2008 (millions)**



Source: MDG Report 2010



*Women at an AIDS prevention class in Nepal. Education and awareness are key tools for limiting the spread of the disease.*

the majority of the world's poorest countries – has been, by far, the hardest hit by the pandemic. Out of the 2.7 million new infections worldwide in 2008, 1.9 million people or 71 percent were in sub-Saharan Africa. The number of people living with HIV in the sub-region rose slightly to 22.4 million in 2008, due in part to improved access to treatment prolonging life. HIV/AIDS is the leading cause of death in the sub-region, claiming 1.4 million lives in 2008.

With about 4.7 million HIV-positive people, the *Asia* region comes second to sub-Saharan Africa in terms of the number of people living with HIV, with India alone accounting for roughly half of Asia's HIV prevalence. Since Asia accounts for 60 percent of the world's population, the region will likely come to dominate the HIV/AIDS picture in terms of the total number of people infected. This will force millions of people and

households into poverty by 2015 unless global, regional and national responses are significantly strengthened.

The disease also poses a growing threat to the *Latin America and Caribbean* regions, with two million and 240,000 people, respectively, testing HIV-positive in 2008. In *North Africa* and the *Middle East*, 310,000 people were infected in the same period.

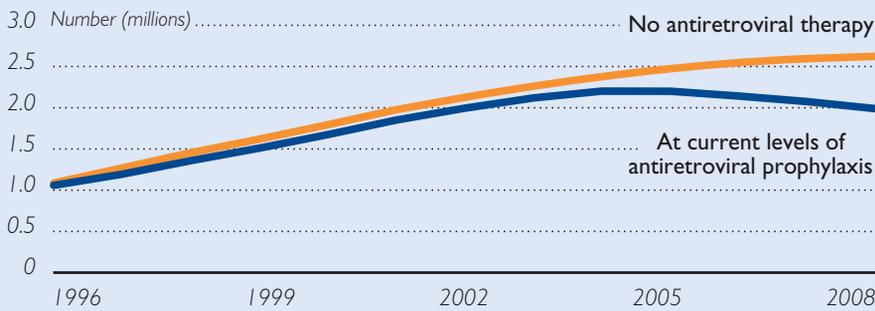
In *Eastern Europe and Central Asia*, HIV prevalence continues to increase rapidly, with the number of persons living with HIV/AIDS rising to 1.5 million in 2008. One of the major causes of increased prevalence in the region is the rapid growth in injecting drug use, which accounts for around 10 percent of all new HIV infections worldwide. In Eastern Europe and Central Asia, intravenous drug use is the main route of HIV transmission – accounting for over 80 percent of all HIV/AIDS cases.

## Challenges and opportunities

Conscious of the tremendous threat posed by the pandemic to sustainable development, the international community, meeting for the *UN Millennium Summit*, New York, September 2000, adopted as part of the MDGs the target of halting and beginning to reverse the spread of HIV/AIDS by 2015. The following gains have since been made in preventing new HIV infections, saving lives and raising life expectancy:

- *Advocacy, public awareness and capacity building.* Much can be done to halt and reverse the spread of HIV/AIDS through effective policy response, advocacy, care and prevention. Knowledge on how to avoid exposure to the virus plus the availability of priority health sector interventions for HIV/AIDS prevention, treatment and care have continued to expand at the global, regional, national and local levels during the last three decades, yielding positive results. ▶

### AIDS-related deaths with and without antiretroviral therapy, global



Source: AIDS epidemic update 2009

- *Access to highly active antiretroviral therapy (HAART).* HIV/AIDS is treatable. Several developing countries have made universal free access to HAART a priority. Over four million people in developing countries were receiving HAART by 2007, a 47 percent increase over 2006. In 2008, of the 1.4 million HIV-positive pregnant women, more than 628,000 received HAART to prevent the transmission of HIV to their children. According to the World Health Organization, this represents coverage of 45 percent – an increase of 10 percent compared with 2007.
- *CAPRISA microbicide gel.* This medical breakthrough, developed in South Africa and announced at the AIDS 2010 conference in Vienna, is a vaginal gel which allows women to protect themselves from being infected with HIV. Its primary benefit is that it can be used independent of collaboration with male partners and regardless of a woman's ability to negotiate mutual monogamy or the use of condoms. Women who used this gel in a trial reduced their risk of infection by up to 40 percent.

However, several issues continue to hamper progress in tackling HIV/AIDS. These include:

- *Denial, stigmatization and discrimination of HIV/AIDS patients.* The stigma and discrimination experienced by people living with HIV/AIDS constitutes a ma-

ajor stumbling block for prevention and treatment, fuelling the spread of the pandemic by encouraging low levels of voluntary testing and by excluding high-risk groups from prevention services. The problem is compounded by inadequate legal frameworks and the disempowerment of women, combined with little negotiating power and knowledge about the disease. Legal reform, together with improvements in HIV/AIDS-related workplace policies and programs, are important measures for overcoming the stigma associated with HIV/AIDS.

- *Weak government capacity and resources.* National governments with limited resources and capacity cannot win the battle against the HIV/AIDS pandemic without help. Timely and adequate assistance from the international donor community is needed to mobilize resources, strengthen existing health systems and education sectors, improve advocacy, prevention efforts and diagnosis, enhance access to adequate care and treatment, and expand basic infrastructure and transport facilities. Key to the financing issue will be replenishment of the Global Fund to Fight AIDS, Malaria and Tuberculosis.
- *Comprehensive blood screening.* HIV transmission through the transfusion of infected blood has been reduced to virtually zero in the industrialized countries owing to the universal screening

of blood before use. In the developing countries, 5 – 10 percent of HIV infections result from contaminated blood. There remains a real need to improve comprehensive blood screening and access to safe blood transfusion services in developing countries, particularly in sub-Saharan Africa.

- *Intravenous drug use.* The practice among injecting drug users of sharing contaminated needles is a major route of HIV transmission in many regions, including Eastern Europe, Central, South and Southeast Asia and some countries in Latin America. Structural and social drivers include the globalization of drug markets and lifestyles, poverty and gender inequality. A comprehensive approach to HIV prevention must include not only HIV education and prevention services, but also more opportunities and greater equality in education and employment for women, young people and marginalized populations.
- *Developing a vaccine.* Funding for research and development of an AIDS vaccine has been limited, despite the efforts of not-for-profit organizations such as the International AIDS Vaccine Initiative (see separate story, page 22). Although scientific progress is being made, financial resources are urgently needed to accelerate activity in this area.

### Conclusion

The HIV/AIDS pandemic is a long-term threat to the human race. Since it has a long incubation period, its impact is gradual, and its full effects may not be felt for decades to come. Unless adequate interventions are made, backed by robust leadership and sustained financing, the virus will continue its relentless spread. Stronger and concerted efforts are needed from governments, development agencies, the private sector, the media, research institutions and civil society organizations to turn the epidemic around and ensure that the next generation is AIDS-free. ■

# AIDS 2010 comes to Vienna

## Human rights take center stage

The 18<sup>th</sup> International AIDS Conference (AIDS 2010) took place in Vienna, July 18 – 23, focusing global attention on the race to meet the sixth Millennium Development Goal of providing universal access to HIV prevention, treatment, care and support. Here, OFID Operations Officer, **Syahrul Luddin**, summarizes the highlights of the gathering.

**A**ttended by some 19,300 delegates from around 200 countries, AIDS 2010 was one of the largest international conferences held in Vienna in recent times. With the theme “Rights Here, Right Now”, the conference emphasized the importance of framing the fight against HIV/AIDS within a broader human rights context. At the same time, it provided a platform for assessing progress towards the goal of universal access.

While delegates learned of major breakthroughs in pushing back the pandemic, the overwhelming mood was one of frustration and despair that stigma and discrimination continue to hinder

progress. Universal access, the conference concluded, requires universal understanding and support.

The conference was opened by Austrian President Dr. Heinz Fischer, who was joined by other political leaders and HIV/AIDS activists including Kgalema Motlanthe, Deputy President of South Africa; Dr. Julio Montaner, President of the International AIDS Society (IAS); Mr. Michel Sidibé, Executive Director of UNAIDS, and Dr. Alois Stoeger, Austrian Minister of Health. Among the prominent speakers at the plenary sessions were former US President Bill Clinton and Bill Gates.

In his opening remarks, Dr. Montaner noted with satisfaction the achievements in rolling out Highly Active Antiretroviral Therapy (HAART) over the past five years. “We went from almost no-one on HAART in 2005 to nearly five million today,” he said, adding: “This unprecedented success proved many skeptics wrong.” He went on, however, to express his “profound disappointment and deep frustration” at the failure of G8 leaders to live up to their commitments. “These same leaders had absolutely no problem over the past year finding the money on a moment’s notice to bail out their corporate friends ... yet when it comes to ▶



PHOTO: UNAIDS/HAGA

*Dr. Julio Montaner, President of the International AIDS Society, was highly critical of the world's wealthiest nations for turning their backs on the pledge made five years ago to make treatment for HIV/AIDS universally available by 2010.*

◀ global health the purse is always empty," he stated. "It is a matter of priorities .... Therefore, our number one objective here today is to ensure that AIDS remains at the top of their [the G8's] agenda."

### **Human rights-based approach**

AIDS 2010 emphasized the importance of a human rights-based approach to mitigating the extent and effects of the HIV/AIDS pandemic and promoting universal access. Although there has been considerable progress in many areas, punitive laws, policies and practices, together with stigma and discrimination continue to block the achievement of universal access targets. In many parts of the world, stigma and discrimination have made the fight against AIDS impossible, particularly among men who have sex with men.

The struggle for universal access is considered as a broader struggle for social justice by giving a voice to those who are voiceless, such as prisoners and sex workers. Universal access implies that everyone has the right to receive treatment for HIV/AIDS without fear of violence, rejection or exclusion.

The human rights theme was echoed in an organized march through the streets of Vienna on the evening of July 20. Attended by thousands of conference delegates and local residents, the march called for human rights to be included as a fundamental component of efforts to prevent new infections and secure treatment for all people living with HIV/AIDS. The march ended with a rousing concert performance by AIDS activist Annie Lennox. The march and rally were held successfully and peacefully and the AIDS 2010 organizers thanked the City of Vienna and the Austrian government for respecting the delegates' rights to protest.

### **Treatment breakthroughs**

On the more positive side, hopes were raised during the conference with the announcement of some major breakthroughs in treatment protocols. The biggest headline related to the results of the CAPRISA 004 study in South Africa, where scientists have developed a microbicide vaginal gel. Clinical trials of the gel show a 39 percent reduction of HIV risk in women over a period of two years, a success that offers millions of women around the world a means of protecting

themselves from HIV/AIDS infection. Attention will now focus on how the registration and release of the gel can be accelerated and made available in the near future.

AIDS 2010 also highlighted increased expectations for the role of prevention technologies in reaching universal access. It has been proven that HAART is not only effective at preventing HIV-related morbidity and mortality, but also decreases HIV transmission from all routes. HAART has now been adopted as the recommended strategy for eliminating vertical transmission of HIV/AIDS.

### Funding

With regard to financing, AIDS 2010 emphasized that the *Global Fund to Fight AIDS, Tuberculosis and Malaria* will be critical in achieving universal access. Created in 2002, the Global Fund is a unique public/private partnership charged with mobilizing and disbursing resources for the

prevention and treatment of these three diseases. The conference called for governments and other stakeholders to replenish the Global Fund with US\$20 billion over the next three years to enable it to scale up programming and move closer to achieving universal access. Many conference speakers urged that the platforms of the G8 and G20 be used for advocating more resources, arguing that investment in HIV/AIDS should not be a casualty of the financial crisis.

### The Vienna Declaration

One of the most significant outcomes of AIDS 2010 is the Vienna Declaration, a document issued in response to calls by the international scientific community for an acknowledgement of the “limits and harms of drug prohibition,” among which it identifies “punitive laws and policies” that drive drug users away from HIV prevention and care services, and

“HIV epidemics fuelled by the criminalization of people who use illicit drugs.” The Declaration urges drug policy reform, based on scientific evidence, to help remove barriers to effective HIV prevention, treatment and care. The document seeks (on-line) endorsement from scientists, health practitioners and the public in order to bring the issue to the attention of international governments and international agencies.

AIDS 2010 was closed by incoming IAS President, Ugandan Dr. Elly Katabira, who stated that the conference had demonstrated that there was considerable know-how available to guide the HIV/AIDS response. However, the stated goal of universal access could only be achieved with increased political will and financial resources, he concluded.

*The 19<sup>th</sup> International AIDS conference will be held in Washington DC in July 2012.* ■



Julio Montaner, IAS President, and Michel Sidibé, Executive Director of UNAIDS, joined thousands of activists in a march through the streets of Vienna to highlight the human rights' aspects of dealing with HIV/AIDS.

# OFID at AIDS 2010



*As well as attending the conference itself, OFID was among the 150 exhibitors at the concurrent AIDS 2010 exhibition. Participants ranged from pharmaceutical companies and research institutes to NGOs, advocacy groups and funding agencies. OFID's stand attracted hundreds of visitors every day and was a focal point for the dissemination and exchange of information.*



Conference delegates queued patiently for an opportunity to learn more about OFID and take away some information materials. Even OFID Director-General, Suleiman J. Al-Herbish (left), took his turn at manning the stand and talking to visitors.

*The holding of AIDS 2010 in Vienna, OFID's host city, was a unique opportunity for the institution to broaden its involvement in the biennial event, which it has sponsored since 2004. One of the highlights of the week was an evening reception, held at OFID headquarters and attended by guests from the global and local HIV/AIDS community.*



Gerry Keszler, founder of the Vienna Life Ball, with OFID Director-General, Suleiman J. Al-Herbish.



Seth Berkley, President and CEO of the International AIDS Vaccine Initiative (left), talks with Michel Sidibé, Executive Director of UNAIDS.

Irina Bokova, Director-General of UNESCO.



# OFID sponsors participants at AIDS 2010

Among the 19,300 delegates attending AIDS 2010 were some 850 people whose participation was funded through the conference's scholarship program. Here, three of the 100-plus scholarship winners sponsored by OFID share their impressions of the gathering.

**Sridhar Rangayan,** is a gay filmmaker and activist whose films on HIV/AIDS have played at numerous international festivals and won several awards.

*How are you involved in HIV/AIDS?*

For the past 16 years, I have been developing training and advocacy materials about

HIV/AIDS and sexuality. My film *68 Pages* about an HIV/AIDS counsellor and five of her counselees from high risk groups is part of the counsellor training program toolkit in India.

*What did the opportunity to attend AIDS 2010 mean to you?*

It was my first ever AIDS conference, and I had the opportunity to screen three of my films, make two oral and poster presentations and represent my organization at several meetings and collaborative talks. Each day presented a new challenge and varied interaction with a new set of people. It was a fantastic opportunity for knowledge and resource sharing.

*What did you take away from the conference in terms of knowledge, experiences, etc?*

All these years, I have been focused on the men who have sex with men and transgender populations. But attending the conference made me aware of other high-risk communities and, more importantly, families of HIV-positive persons. I saw a video of an African child dying of AIDS-related complications because there was no financial or medical help available nearby. This touched me deeply and made me realise that it is not only Asia that is affected.

*How do you plan to use this new-found knowledge in your work back home?*

I would like to take forward the initiative of building alliances and networks with other communities and groups working on similar issues, as a means to creating awareness and propagate understanding. One idea would be to organize a film festival on HIV/AIDS for World AIDS Day on December 1. I would also like to develop educational/awareness materials targeted specifically at the wives and children of HIV-positive men.

*What will remain your most abiding impression of AIDS 2010?*

There are several imprints – the empowering, colorful march by sex workers shouting “Sex work IS work”; the strident and soulful Annie Lennox concert: she not only made me cry but also raised a great surge of hope; and the great big AIDS rally along the glorious streets of Vienna.





**Ejimole Fidelia Onwuekwe**, lives in Imo State, Nigeria. She is a retired nurse and founder of the World Youth Peace Organization, an NGO established to help empower youth.

**Ivars Kokars**, from Riga, Latvia, is the Board Chairman of AGIHAS, a support group for people living with HIV/AIDS.

***How are you involved in HIV/AIDS?***

I've volunteered and been involved in various projects for the local NGO AGIHAS for 15 years. My responsibilities include treatment advocacy; counseling and giving psychological support to HIV positive people, their friends and families; and, educating individuals on HIV issues. I also carry out these services in prisons, for both inmates and staff.

***What did the opportunity to attend AIDS 2010 mean to you?***

Thanks to the scholarship program, this was the first opportunity I had to attend a World AIDS Conference. I was very excited to be in Vienna and witness the enormity of the event in person.

***What did you take away from the conference in terms of knowledge, experiences, etc?***

AIDS 2010 offered a wide array of opportunities for so many – doctors and researchers, journalists and policy makers, as well as for NGOs and activists. New knowledge could be garnered from the numerous sessions and workshops that were available. I was able to obtain a host of fresh information relating to the latest developments in research and achievements made in treating HIV/AIDS, among many other topics.

***How do you plan to use this new-found knowledge in your work back home?***

The new knowledge will assist me with my advocacy work in boosting the accessibility of HIV/AIDS treatment in my country. I'll also incorporate my experiences and learning in my counseling and education work.

***What will remain your most abiding impression of AIDS 2010?***

I was deeply impressed by the wide diversity of races, cultures and approaches to addressing HIV issues. This sense of solidarity, devoted to the one common goal of winning the fight against HIV/AIDS, was truly memorable.

***How are you involved in HIV/AIDS?***

I have cared for a number of people in my village who were stricken with HIV/AIDS. I am also engaged in various awareness activities to inform youth about the disease and means of prevention.

***What did the opportunity to attend AIDS 2010 mean to you?***

It meant more to me than you can imagine. I was overwhelmed to receive the opportunity to participate in such an event and to be able to share the knowledge with my people back home in Nigeria.

***What did you take away from the conference in terms of knowledge, experiences, etc?***

I gathered an abundance of useful information materials, which will go far in helping to teach my people. I look forward to informing my people of new developments in prevention and treatment as well as issues relating to stigmatization. I also used the opportunity to network with some of the donor organizations. We NGOs – particularly those based in Africa – face a significant obstacle in securing enough funds to continue our work.

***How do you plan to use this new-found knowledge in your work back home?***

The major problem with HIV/AIDS services in Nigeria is that they are concentrated in urban areas. I learned a lot at the conference that will assist us in reaching youth in rural areas of Imo State. We have to educate young people, as they are our future leaders.

***What will remain your most abiding impression of AIDS 2010?***

It is difficult to quantify, as the experience was so overwhelming. It was very exciting to make new friends and be able to collect new ideas. And, to be able to talk to so many different people who, like me, are trying to help their countries deal with HIV.

# At risk of being forgotten

## The voiceless victims of HIV

HIV/AIDS has a greater incidence among sex workers, men who have sex with men, drug users, prisoners and migrants. Nevertheless, in many countries these minorities are criminalized and have no access to treatment.

BY MARIELA HOYER GUERRERO

**T**hey don't want to be ignored, but they feel that they are. And they alerted the world to their plight with banners showing the phrase "We are dying less, but we are dying faster." Under red umbrellas, a group of protesting sex workers interrupted the opening ceremony of the XVIII International AIDS Conference (AIDS 2010), demanding help and attention.

Sex workers may be a minority affected by HIV/AIDS, but they are one of the most vulnerable groups in a pandemic that claimed the lives of 5,000 people daily in 2008, as reported by the World Health Organization (WHO) at the Vienna event. Nevertheless, this group is discriminated against in many countries and only receives one percent of the global resources dedicated to fighting the virus.

"Rights Here, Right Now" was the theme of the conference, which gathered close to 20,000 participants in the Austrian capital. From the opening day, the speakers defended sex workers, men who

have sex with men, transgender people, drug users, prisoners and migrants.

Yves Souteyrand, coordinator of the Strategic Information Unit in the HIV/AIDS Department of WHO, explained that the only way to respond effectively and globally to the pandemic is by considering the human rights violations among vulnerable populations. He pointed out, as an example, that men who have sex with men have 19.3 times greater risk of being infected with the disease than does the general population. But, as homosexuality is criminalized in more than 80 countries worldwide, prevention efforts in this group have not been initiated globally.

Today, nearly 10 percent of all HIV infections are a direct result of unsafe injecting drug use, according to UNAIDS. Excluding sub-Saharan Africa, up to 30 percent of global HIV infections are due to this reason. Around three million of an estimated 15.9 million people who inject drugs in 148 countries are infected with HIV. However, in 40 percent of countries

worldwide, laws do not allow drug users to receive treatment for HIV/AIDS.

Migrants also suffer from lack of access to treatment. The story of Isaac, a citizen of Botswana with a Zimbabwean girlfriend is typical of many tragedies of this kind. The couple lived in his country, but because of her nationality she was not eligible to receive the drugs that would prevent mother-to-child transmission of the virus. She gave birth to Otsile in 2007, an HIV-positive baby boy, who was unable to access antiretroviral therapy as he did not inherit his father's citizenship. The result: Otsile died in 2008. Paula Akugizibwe, executive director of the AIDS and Rights Alliance for Southern Africa, revealed his story at the Conference as an example of discriminatory policies.

Prisoners are another forgotten group in society. Jails all over the world share the problems of lack of condoms, overcrowding and no access to water. Sexual violence also complicates the situation. In the United States, for example, ►



*Although at high risk of being exposed to HIV, vulnerable minorities are frequently ignored when it comes to testing, treatment and counseling.*



PHOTO: UNAIDS/A. RAUSCHENBERGER

*At AIDS 2010, minority groups made clear their anger and frustration at not being heard.*

◀ 27 percent of prisoners suffer sexual violence. The absence of human rights in prisons creates conditions that allow HIV/AIDS to spread, explained Akugizibwe.

### There is still hope

One of the main reasons for holding the 2010 Aids Conference in Vienna was its position as a gateway to Eastern Europe and Central Asia, the only region of the world where HIV prevalence is growing, although paradoxically prevention programs are decreasing. Since 2001, prevalence in Eastern Europe has suffered a 66 percent rise, bringing the number of people living with HIV to 1.5 million in 2008. In this region, only 23 percent of infected adults were receiving treatment that year, compared with the average of 42 percent in low and middle-income countries, says UNAIDS.

Among the harm reduction measures recommended by UNAIDS are access to sterile injecting equipment, opium substitution therapies, community-based outreach and the prevention of sexual transmission of HIV among drug users.

Michel Sidibé, Executive Director of UNAIDS, mentioned cases of countries that have substituted punishment for drug use with access to HIV treatment. These countries include China, Indonesia and Malaysia. Decriminalization, he insisted, supports the AIDS response.

Manfred Nowak, UN special rapporteur on torture, disclosed that the prevalence of HIV/AIDS in prisons is 10 times higher than in the rest of the population. He considers prisoners' health as a public health issue because, each year, 30 million people pass through jails and, if they get infected there, they can transmit the virus to the rest of the population once they are free. Some of the solutions he proposes are information and education, HIV testing and counseling in jails, condom distribution, avoiding sex violence and making treatment available to prisoners. However, only 10 countries have needle and syringe programs in jails.

Nowak knows that change is possible. In Spain, for example, AIDS in prisons decreased from 32 percent in 1989 to 7 percent in 2009. For him, it is a matter of political will.

From Vienna, experts and affected people reminded world leaders that high-risk populations, such as drug users, migrants and prisoners, have to be taken into consideration if the goal of universal access to treatment is to be realized. The Executive Director of UNAIDS stated: "The vision of reaching zero new infections, zero discrimination and zero AIDS-related deaths cannot be reached until we can restore dignity to people and ensure that their rights to health are respected." ■



## Overcoming stigma and discrimination

### The other battle against HIV/AIDS

In the 28 years that have passed since the first clinical evidence of AIDS was reported, great strides have been made in the treatment and control of the disease. Outside the scientific community, however, the virus continues to be surrounded by stigma and discrimination. For people living with HIV, such prejudice has become a fact of life.

By SILVIA MATEYKA

**W**ith its theme “Rights Here, Right Now,” AIDS 2010 emphasized the fundamental connection between human rights and HIV. In his opening statement to the conference, Dr. Julio Montaner, President of the International AIDS Society (IAS), stated that stigma, discrimination and human rights violations – whether directed at people living with or associated with HIV – “pose huge barriers to HIV testing, care and support and dramatically increase risk of transmission.”

Whether it is education, employment, insurance or medical services, no area in the lives of those infected with HIV remains untouched by stigma and discrimination. Since its very early days, the pandemic has been characterized by social responses of fear and denial. Many people assume that the virus is highly ►

*Overcoming ignorance. Young volunteers in India, wearing Red Ribbon T-shirts and caps, commit to helping spread correct information and knowledge about HIV/AIDS.*



PHOTO: 2005 ANIL GULATI/COURTESY OF PHOTOSHARE

◀ contagious and can be transmitted during non-sexual, casual contact. Moreover, many perceive it – erroneously – as a death sentence. The fear provoked by this belief frequently manifests itself as discrimination of anything and anybody associated with HIV/AIDS. In short, fear and ignorance reinforce and legitimize the prejudicial treatment of HIV-positive people.

The stigma attached to HIV is fuelled by presumptions about the moral integrity and values of those infected, who are almost always associated with immoral, bad and risky behaviors, in particular with sexual promiscuity and intravenous drug use. Moreover, many people with HIV already belong to socially marginalized groups such as sex workers, homosexuals and the poor. These vulnerable populations thus often face a double stigma.

The consequences of HIV stigma are great. People living with the virus suffer not only the burden of the disease itself

but also the fear of discrimination and loss of rights if they disclose their health status.

Discrimination is common in institutional settings – in particular, in the workplace, healthcare services and educational institutions. Examples are the denial of employment based on HIV status, compulsory HIV testing, exclusion of HIV-positive individuals from pension schemes and medical benefits, denial of access to medical care and treatment and, last but not least, negative attitudes and degrading practices by healthcare workers.

A significant number of countries have even legalized discriminatory practice. Such legislation includes the compulsory screening and testing of certain groups and individuals, the prohibition of HIV-positive people from certain types of employment, and limitations on international travel, including mandatory HIV testing for those who seek work permits and the deportation of HIV-positive foreigners.

All these reasons deter people from being tested or from making an open admission of their HIV-positive status. According to the latest data from UNAIDS, more than 60 percent of people living with HIV are unaware of their status and are not receiving life-prolonging antiretroviral therapy. They are thus unwitting carriers of the disease, a situation that interferes greatly with effective prevention efforts.

Responding to HIV and AIDS with blame, stigma and discrimination, simply forces the epidemic underground, creating the ideal conditions for the virus to continue to spread.

Against this background, the United Nations Educational, Scientific and Cultural Organization (UNESCO) has placed education at the heart of its strategy to tackle prejudice, fear and ignorance. Education, it believes, is an effective instrument through which more tolerance, respect and understanding about HIV can be communicated to a

wide range of young people and adolescents. Ms. Irina Bokova, Director-General of UNESCO, states: “Everybody has the right to education, information and services that will enable them to protect themselves from HIV infection; and for those living with HIV, to have the best possible quality of life, free from stigma and discrimination.” She adds that “a central aspect in the discussion about HIV/AIDS stigma is the importance of creating more awareness, especially among young people and the youth.”

In recognition of the important role education plays in the battle against the AIDS pandemic, UNESCO’s Executive Board has included EDUCAIDS, the UNESCO-led Global Initiative on Education and HIV and AIDS, as one of the three core priority initiatives for support to the achievement of its “Education for All” goals. Through EDUCAIDS, UNESCO and its partners are currently supporting 53 countries in their implementation of

comprehensive, scaled-up education programs on HIV and AIDS through both formal and non-formal channels. Its objectives are promoted through collaboration among UNAIDS co-sponsors and key stakeholders, including national authorities, ministries, bilateral agencies and civil society groups.

More, however, needs to be done with respect to the legal protection of people living with HIV/AIDS. Discriminatory laws, rules and policies regarding HIV-positive individuals and high-risk groups have a detrimental impact on these people’s lives. In many countries, there is an urgent need to establish a legal framework that is based on acceptance and respect for HIV infected persons. The absolute priority of governments should be to recognize that HIV/AIDS is a public health crisis rather than an opportunity to punish and marginalize. An effective response to HIV/AIDS is only effective if it is grounded on respect for human rights. ■

## Defining stigma and discrimination

*According to UNAIDS, HIV/AIDS related stigma is described as a “process of devaluation” of people either living with or associated with HIV/AIDS. This stigma often stems from the underlying stigmatization of sex and intravenous drug use – two of the primary routes of HIV infection. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status.*

## OFID/IDLO Joint Program

The International Development Law Organization (IDLO) has wholly dedicated its work to promoting the rule of law and good governance in developing countries around the world. In 2009, IDLO launched a three-year HIV and Health Law Program, supported by OFID. The program is addressing some of the most significant legal challenges relating to HIV in five regions around the world. Its overall objective is to strengthen the legal framework and institutional capacity to fight HIV/AIDS by providing advice and assistance on the legal, regulatory and practical aspects of HIV/AIDS, as core determinants of poverty alleviation, enhanced human rights and sustainable development.



# New advances spur AIDS vaccine research

PHOTO: ROBERT MAAS, COURTESY OF IAVI



Dr. Seth Berkley, President and CEO of IAVI.

With AIDS expected to remain one of the leading causes of death globally for the foreseeable future, the development of a vaccine is the Holy Grail of AIDS scientists and researchers. Spearheading the quest is the not-for-profit International AIDS Vaccine Initiative, headed by **Dr. Seth Berkley**.

**I**n the absence of a cure, antiretroviral therapy is the chief weapon in the treatment of HIV and AIDS. However, while these drugs help improve and prolong life, they are expensive and have a number of undesirable side-effects. The discovery of a vaccine, therefore, would be one of the biggest medical breakthroughs of the 21<sup>st</sup> century.

IAVI, the International AIDS Vaccine Initiative, was launched in 1996 and has evolved into one of the leaders in vaccine research. Its groundbreaking work is showing encouraging, if moderate, results, with recent trials identifying two antibodies that have the potential to neutralize, or deactivate, HIV (referred to as *broadly neutralizing antibodies*). Dr. Seth Berkley, President and CEO of IAVI, spoke to the Quarterly about the latest research advances.

**OO:** *Why was IAVI set up and how does it go about its work?*

**SB:** IAVI's mission is to accelerate the development of a safe and effective vaccine to prevent HIV infection and to ensure that when it has been developed it is made available to all who need it. Since the need is greatest in developing countries, where the burden of AIDS is the most severe, it was clear from the outset that we would need to work closely with the researchers, governments and communities of these countries to pursue our mission.

There are a number of reasons for this. To ensure that a future AIDS vaccine is effective where it is needed most, it must be tested in those places. Also, it must be appropriate to local needs, in terms of how it is priced, stored and deliv-

ered, for example. So it's important to have local input into those issues. As a result, we cultivate in our programs the support of communities in which trials are conducted and work to engage local and national leaders in the mission of developing a vaccine. Over the past decade we have invested deeply in building sustainable capacity for clinical research in several developing countries, building and revamping laboratories and clinics, training researchers, doctors, counsellors and nurses, and educating communities about HIV and its prevention, and about the pandemic and the need for HIV vaccines. We hope that this capacity will, in the long run, contribute not only to the public health of these countries but, through the cultivation of science and technology capacity, to their economic development as well.

**OO:** *What does the recent discovery of the two broadly-neutralizing antibodies mean in terms of vaccine development?*

**SB:** These antibodies may provide important clues to the design of effective AIDS vaccines. Importantly, they attach themselves to a new and relatively exposed site on the surface of the virus that could present a new target for a candidate vaccine. With the knowledge of how these antibodies deactivate HIV, researchers can try to make candidate vaccines that work in the same way. While there is still a long way to go before we will have such vaccine candidates in our hands, the isolation and analysis of the newly discovered antibodies is a critical first step to that end.

This pair of antibodies recently isolated are unique in a number of ways. They neutralize a very broad range of HIV subtypes, including many of the HIV variants that circulate in sub-Saharan Africa, the region most devastated by AIDS epidemics. They also neutralize HIV very potently – which suggests that they will not need to be elicited in very large quantities to block HIV infection. This is important

because HIV vaccine candidates have not historically provoked very much antibody production.

**OO:** *What is IAVI's relationship with the Kenya AIDS Vaccine Initiative (KAVI)? What are some of the highlights of KAVI's research?*

**SB:** In its engagement with developing countries, IAVI partners with local research institutions and supports them in expanding their capacity and skills required for the conduct of AIDS vaccine research. KAVI is one such partner. The research unit is based at the University of Nairobi and was established in 1999 by local researchers with support from the IAVI and the Medical Research Council Human Immunology Unit at Oxford University, England.

Researchers at Oxford were already engaged in an AIDS vaccine research and development project when IAVI initiated its partnership with the University of Nairobi. That project stemmed from the observation that a small number of women in a local community remained

uninfected by HIV despite frequent exposure to the virus.

In partnership with IAVI, KAVI has so far conducted five HIV vaccine trials as well as a number of clinical and epidemiological studies related to AIDS vaccine research and development. The KAVI-run laboratory was among the first in Africa to win accreditation under the stringent Good Clinical Laboratory Practice scheme, and its researchers have been trained in Good Clinical Practice as well to ensure that vaccine trials are conducted at the highest ethical and professional standards. The partnership has also invested significantly in community education and in the improvement of voluntary counselling and testing for HIV.

**OO:** *How does IAVI go about getting local communities on board when it comes to implementing clinical trials?*

**SB:** IAVI and partners engage with local communities through seminars and by tapping peer networks to increase awareness and knowledge about HIV prevention and AIDS vaccine research. They ▶

*In a critical first step towards the development of a vaccine, IAVI scientists have identified two antibodies that have the potential to deactivate HIV.*



PHOTO: COURTESY OF IAVI



PHOTO: COURTESY OF IAVI

As part of the research and development process, IAVI has so far conducted five clinical trials in association with the Kenya AIDS Vaccine Initiative.

◀ also ensure that community voices are heard and cultural issues are taken into account in the planning and conduct of clinical research through the recruitment and active training of community advisory boards. These boards advise researchers on protocols and provide channels of communication with the community. We have also developed training tools on AIDS vaccine research that are written in language accessible to lay audiences and bundled these materials in a vaccine literacy toolkit that is freely available to healthcare staff and community outreach workers. In many cases, these workers have been trained with IAVI support to convey the information clearly to audiences of all educational backgrounds. Our partners also devise communications tools and organize events to inform key community stakeholders about progress in vaccine-related research. IAVI has, further,

developed the first manual ever written to train people to be aware of the gender issues relevant to AIDS vaccine research and overseen its application to AIDS vaccine trials in India.

**OO:** *OFID is supporting IAVI's work with grant funding. How are these resources being used?*

**SB:** The partnership with OFID has allowed IAVI to move forward in key areas of research that we expect will support and accelerate the development of an effective AIDS vaccine. These areas include:

Increasing capacity for AIDS vaccine clinical trials, epidemiological and immunological research in Kenya, Uganda, Rwanda, Zambia, South Africa and India in collaboration with local partners; and Progress in solving some of the key challenges of AIDS vaccine design, not least the neutralizing antibody problem, through work done in partnership with

the Indian Institute of Science in Bangalore, the International Institute for Genetic Engineering and Biotechnology in India, and a new laboratory for AIDS vaccine design that we expect will soon be established in that country.

These are crucial elements of IAVI's program to address each of its research priorities and will most likely have a significant impact on the momentum and direction of IAVI's vaccine design and development efforts. It will also contribute to sustaining the necessary infrastructure and human resources of collaborating clinical research centers in Africa and India.

**OO:** *What does the immediate future hold for IAVI?*

**SB:** Based on the recent progress in applied research, most notably the antibodies we have isolated, we anticipate a very exciting period ahead of us in AIDS vaccine design and development. We plan to accelerate our activities to try and design an entirely new generation of vaccine candidates in the next few years and move them into clinical trials in our network laboratories. The field is currently energized by the recent discoveries, and many researchers are growing optimistic about the prospects for developing a broadly effective AIDS vaccine. These results have, ironically enough, come just as the AIDS vaccine field has begun to feel the impact of the global economic recession on its financing: investment in HIV vaccine R&D (basic, applied and clinical) in 2008 declined by 10 percent – the first decline in funding in a decade.

Our challenge is to continue to build on recent scientific progress by making prudent choices about the course of our research programs and prioritizing the most promising activities. We will focus on three priorities: first, designing candidate vaccines that can elicit broadly neutralizing anti-HIV antibodies; second, preparing novel vaccine concepts for evaluation in the clinic; and third, moving our best AIDS vaccine candidates towards more advanced testing. ■

# Text H for health

## Are mobile phones the key to fighting AIDS?

It may be a tiny device, but the seemingly innocent mobile phone is turning into a powerful tool in the uphill battle against HIV/AIDS. Five billion cell phone subscriptions exist globally – a blessing for sub-Saharan Africa and the newly developing global sector of mHealth.

BY VERENA RINGLER

It doesn't seem so long ago that cell phones were considered toys for yuppies. Today, cell phones are used by mothers and fathers in villages without electricity. People who live on a shoestring are very likely to possess a SIM card and airtime.

Some five billion mobile phone subscriptions exist worldwide, of which close to two-thirds are in developing economies. "Lack of access to mobile connectivity is now the exception rather than the norm in most countries," says Joshua Goldstein, a technology expert at UNICEF. "The so-called digital divide is less about access, but rather about the recognition that mobiles can be a tool in the fight against HIV/AIDS. In Kenya for instance, over 90 percent of people can easily access cell phones, via shared phones for example."

The cell phone is a blessing. It overcomes a host of obstacles in the developing world: the shortage of healthcare workers; remoteness from health facilities; poor transportation; the cost of medical services; language barriers; and, ►



PHOTO: JACOB SILBERBERG/PANOS

◀ most importantly, social distance. The latter is key because “stigma and discrimination play a significant role in keeping people from seeking services,” according to Laura Guay, Vice President of Research at the Elizabeth Glaser Foundation. Allowing for better and private communication, the new field of mHealth has thus been developing.

mHealth connects public health, good governance and grassroots activism with private sector telecommunications technology. Dozens of projects have been piloted, especially in sub-Saharan Africa. In the field of HIV/AIDS, three main aims stand out. The first is public information. SMS (Short Messaging Service) messages are delivered from health authorities or organizations to people. Such messages might include, for instance, famous people talking against stigma or reminding phone subscribers that HIV is preventable and AIDS treatable. The second aim is the interactive field of counseling, adherence, dialogue and networking via a two-way communications channel. Remarkable results can be achieved within the standard communication space of 160 characters or less on a display, when nobody is watching or listening in and when the conversation is free, because the counseling agency calls you back. The third aim is the education of health workers, actual treatment and early infant diagnosis in remote areas, where parents can have their children tested for HIV without making the long journey to a clinic – all cell phone-based.

The global frontline of mhealth innovation is sub-Saharan Africa, where South Africa is the country spearheading the use of mobile phone technology to combat HIV/AIDS.

Four leading mHealth initiatives are the Imbizo Men’s Health Program, Mothers to Mothers, Cell-Life, and Text to Change.

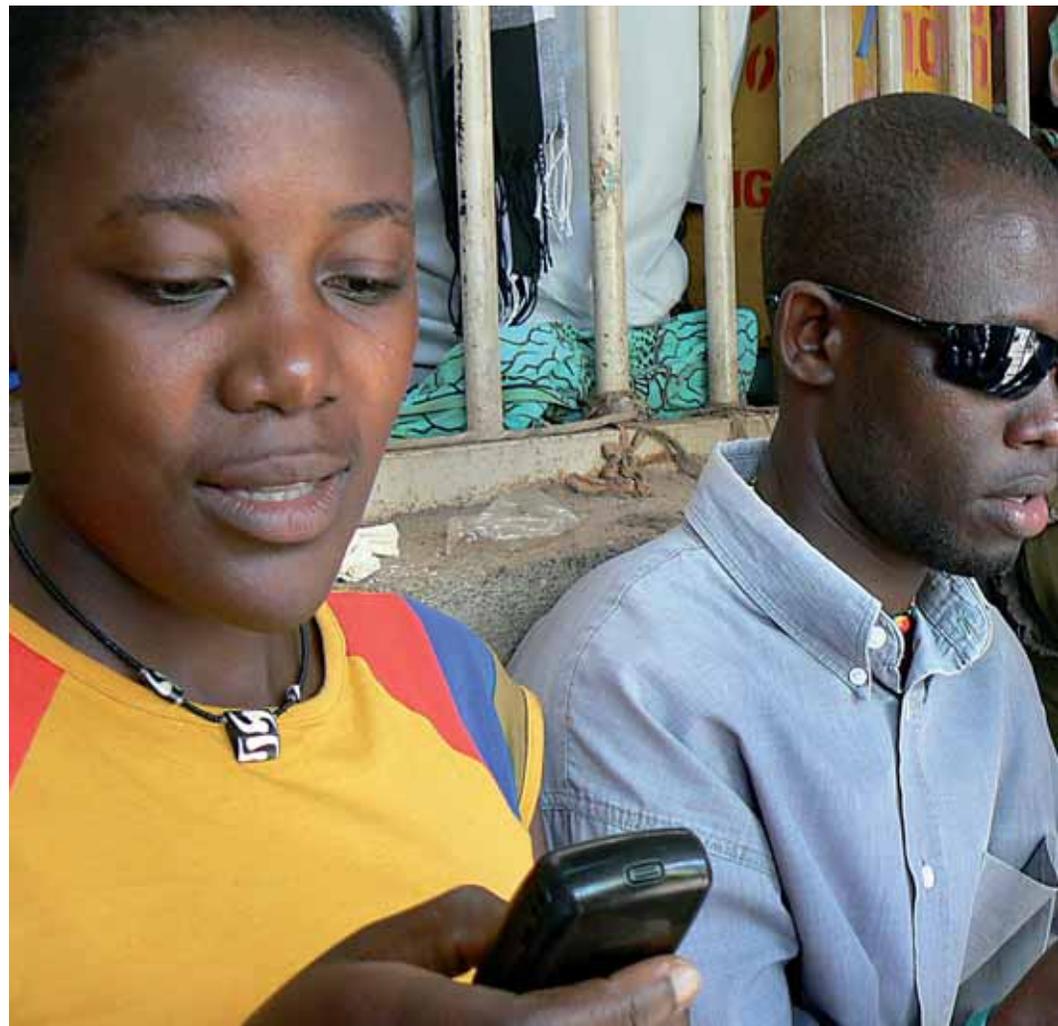
The Imbizo Men’s Health Program in South Africa is run for men by male counselors and has seen more than 10,000 men participate since its inception in 2005. The education of men on

HIV/AIDS is key to changing male attitudes and sexual behavior to reduce the spread of HIV/AIDS. Imbizo uses SMS messaging to remind men of HIV testing opportunities and of outreach events. Abigail Dreyer, a researcher, found that besides advantages such as advice and anonymity, Imbizo strikes a chord with men’s desire for the kind of social respect linked to cell phone activities. “When my phone goes beep, beep and I say, oh, it’s Imbizo, it’s like they are contacting me because I am so important,” said one participant in a poll.

Mothers to Mothers (M2M), operating in South Africa and Kenya, is an award-winning HIV/AIDS initiative for women. M2M uses SMS messaging to follow up with pregnant women on preven-

tion and treatment issues and to help mothers navigate the health system. “Once the mothers have given birth, M2M get the kids tested for HIV/AIDS. SMSs allow for a continuum of care and of adherence,” says Jimmy Kolker, chief of UNICEF’s HIV/AIDS global program. Like in many mHealth programs, M2M clients can use a call-back system rather than having to pay for airtime.

Cell-Life is a social enterprise in South Africa trailblazing cell phone activities in the fight against HIV/AIDS, especially with adolescents and young mothers, but also on the research side. One of its projects is called “Cellphones 4 HIV,” where mass information is offered for prevention and positive living, and where patients and clinics are linked.



Text to Change, an initiative originally founded in 2006 in Uganda but which is now operating in Kenya and Madagascar as well, uses cell phone technology to raise awareness and send SMS reminders to adhere to medication. A large quiz in Mbarara region of Uganda in 2008, for instance, reached 15,000 cell phone users, and saw a 40 percent increase in the number of HIV tests in the weeks following the campaign. “If you reach one person with a cell phone in a very poor community, and you provide that person with HIV/AIDS information, they share it with other people. Eventually, you reach the poorest of the poor,” says Bas Hoefman, co-founder of Text to Change.



PHOTO: KEN BANKIWANI/NET

The first positive trends in mHealth make strategy developers cautiously optimistic about the potential of cell phone technology in the fight against HIV/AIDS. Jimmy Kolker suggests that digital technology has made a world of a difference in public health. He tells the *Quarterly* that, “Previously, attention to AIDS has often been driven bottom-up and only by activists. Now, thanks to technology, peers are found, networks are created, knowledge is multiplied, issues are pushed. Stakeholders communicate without having to meet.”

And yet, technology on its own is not enough to spread mHealth, as three experts caution. Katrin Verclas, the founder of Mobile Active, an open-source platform, believes that questions still remain over impact. “We are only in year three or four of this development, and there is still a lot of experimentation. Of course, what we want to know is: Do these SMS services or dialogues influence how somebody behaves in intimacy? Do people have safer sex, or later debuts, because of mhealth? Are transmission rates lower?” She also believes that “the best projects are collaborative ones, where health ministries, multilateral groups and the private sector join forces.” Laura Guay from the Glaser Foundation warns, “Mobile technology would be one component in the toolbox of activities. We cannot let it be the final answer.” And Patricia Mechael, mHealth advisor on the Millennium Villages project at Columbia University’s Earth Institute, says the key to success now lies in open-source software solutions for spreading and improving mhealth applications.

Another crucial reminder for mHealth initiators comes from Joshua Goldstein, UNICEF’s technology expert. Focusing on local ownership and participation, he says, “Get low cost, low barrier learning tools into community leaders’ hands. From the general theme (HIV prevention, condom use), allow community leaders to determine as much as possible what message goes out to the people.” ■

## Further Reading:

The emerging sector of mhealth or mobile health – a sub-segment of “e-Health” on the one hand and of M4D – “Mobiles for development” – on the other hand, is regularly explored and driven further at specialist summits, e.g. the mHealth Summit every fall in Washington, D.C., or, the International Conference on Information and Communication Technologies and Development and the IPID annual “ICT4D Conference” in London.

Helpful guides to mHealth are Patricia Mechael’s and Daniela Sloninsky’s “Towards the Development of an mHealth Strategy: A Literature Review”, published by the Earth Institute at Columbia University in 2007 and updated in 2008; “mHealth for Development – The Opportunity for Healthcare in the Developing World” by Vital Wave Consulting, 2009; and “The Innovative Use of Mobile Applications in East Africa” by the Swedish International Development Cooperation Agency (SIDA), 2010.

Popular online platforms are:

[www.mobileactive.org](http://www.mobileactive.org)  
[www.open-mobile.org](http://www.open-mobile.org)  
[www.comminit.com](http://www.comminit.com)  
[www.texting4health.org](http://www.texting4health.org)

*Verena Ringler is a winner of the 2010 European Young Journalist Award.*

# Tuberculosis and HIV: a lethal combination

*“We cannot win the battle against AIDS if we do not also fight TB. TB is too often a death sentence for people with AIDS.”* **Nelson Mandela**

BY MOJGAN SANANDAJI AND AUDREY HAYLINS



PHOTO: AERAS

**T**uberculosis (TB), a disease largely believed eliminated in the developed world 30 years ago, today kills almost two million people globally. Around one-quarter of these deaths are AIDS-related, making TB the leading cause of death among people living with HIV/AIDS worldwide.

The World Health Organization warns that HIV and TB form “a lethal combination,” each speeding the other’s progress. In many cases, especially in developing countries, people are living with HIV, but dying from TB. A joint, coordinated approach is therefore essential in finding ways to fight both diseases.

Around one-third of the world’s population is thought to be infected with TB, a contagious disease that spreads through the air. Most cases, however, lie dormant, with just one in 10 developing into active TB. The latent disease is activated when immune systems are weak. An HIV-positive person, for example, is 50 times more likely to develop active TB than someone who is HIV-negative. Around 80 percent of those co-infected with TB and HIV live in Africa.

Untreated, TB can kill an HIV-positive individual in a matter of weeks. Unlike HIV/AIDS, however, TB is completely curable in the vast majority of cases, with drugs to treat a standard case costing as little as US\$20 for a full course.

The majority of TB infections remain dormant, but an HIV-positive person is 50 times more likely to develop active TB than someone who is HIV-negative.

The biggest stumbling block is the duration of the treatment, which requires the patient to adhere to a strict regimen of antibiotics for up to 24 months. Such treatment can be difficult to implement and control in poorer countries, where health services are already stretched and where side effects, such as increased appetite, tempt people to stop taking the medication as soon as they start feeling better.

Another problem is that the standard therapy for TB relies on drugs that are over 40 years old and that, in some cases, cannot be taken with the anti-retroviral therapy recommended for HIV. Diagnosis is also compromised, as

the presence of HIV significantly reduces the chances of an accurate sputum smear, which is the standard form of testing for TB.

According to Peg Willingham, Senior Director, External Affairs, Aeras Global TB Vaccine Foundation, new tools are urgently needed to accurately and effectively diagnose and treat TB-HIV co-infection. These requirements include new drugs, scaled-up laboratory capacity in developing countries to help detection, and infection control measures to prevent HIV patients from becoming infected with TB in clinical settings.

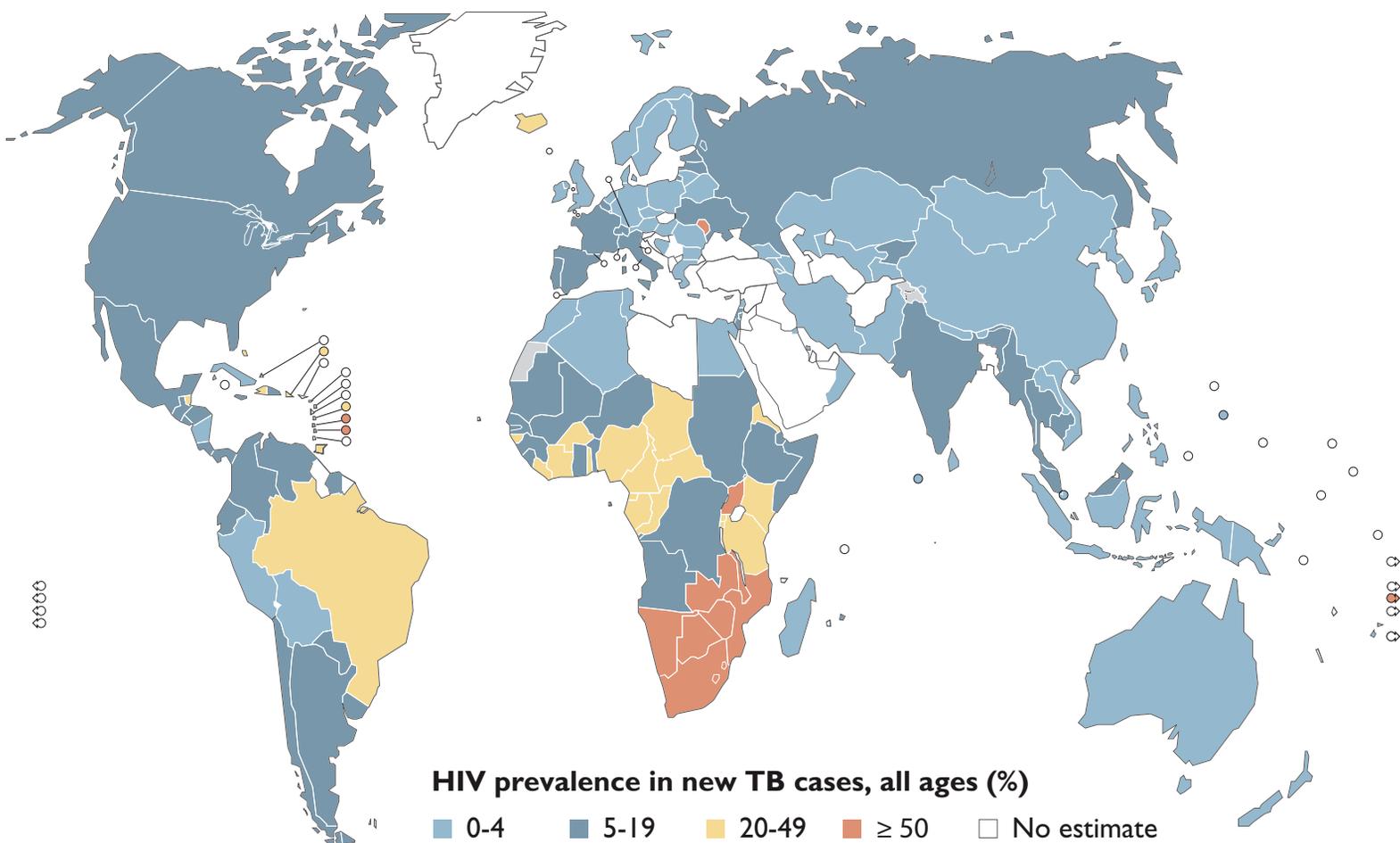
Most important of all is the search for a new vaccine to replace the BCG

(Bacillus Calmette-Guérin) vaccine invented 90 years ago. This has become less effective over time due to the emergence of drug resistant strains of TB and is not recommended for babies born to mothers infected with HIV.

“New TB vaccines need to be safe and effective for all ages, including those living with HIV,” Mrs. Willingham told the *Quarterly*. “They should also work against infection by drug-resistant TB, which is on the increase, especially in Eastern Europe and the former Soviet Union.”

Mrs. Willingham reported that Aeras scientists were at a “pivotal stage” in the development of a new vaccine, ▶

### Estimated HIV prevalence in new TB cases, 2008



Source: Global Tuberculosis Control – A short update to the 2009 report



PHOTO: AERAS

*Testing for TB in western Kenya as part of clinical trials to develop a new vaccine that is safe and effective for everyone, including people who are HIV-positive.*

◀ with four vaccines currently undergoing clinical trials at partner sites in Africa and a fifth poised to begin trials this year.

The Aeras Foundation – which is based in Washington, DC, and has another office in Cape Town, South Africa – is just one of several research groups pursuing an improved TB vaccine.

Mrs. Willingham further revealed that the new, recombinant vaccine being developed by Aeras had the potential to prime the immune system better than the existing vaccine and would be followed up with a booster vaccine. “Our researchers believe that this ‘prime-boost’ strategy will not only enhance protection, but also extend it over a longer period of time,” she explained, adding that a booster vaccine could be made very cheaply and delivered orally or by aerosol spray. “This would avoid the problem of needle contamination and cold storage, which are a particular challenge in developing countries,” she said.

As is often typical when it comes to research, the question of funding is a

critical issue for Aeras and others like it. Mrs. Willingham pointed out that more needed to be done in raising awareness about TB and mustering support for vaccine development. “People tend to be shocked when they hear that more people died last year of tuberculosis than at any time in human history, because they assume that it is a disease that affected our grandparents’ generation. This is a misconception that must be overcome,” she said.

In arguing the case for more funding, Mrs. Willingham highlighted the heavy burden that the treatment of TB placed on patients, their families and health systems. An effective vaccine would not only save lives, but also preserve the enormous investment that donors had already made to treat HIV/AIDS, she stressed, adding: “Until a vaccine is found, people whose lives have been preserved by antiretroviral drugs will continue to be swept away by undiagnosed and untreated TB.” ■

# Washington calling: looking ahead to AIDS 2012



Michel Sidibé, UNAIDS Executive Director.

In the two years from now until the next International AIDS Conference, global efforts will focus on four main pillars: scaled-up prevention, new approaches to treatment, gender equality and an end to discrimination. Leading the charge is UNAIDS Executive Director, **Michel Sidibé**, who spoke exclusively to the *Quarterly* while in Vienna for AIDS 2010.

BY AUDREY HAYLINS

**M**ichel Sidibé is a bundle of energy. He sweeps into OFID's headquarters like a tornado, his entourage scurrying in his wake. An otherwise unassuming figure, he carries an unmistakable air of charisma. I don't know whether to feel intimidated or enthralled. Mr. Sidibé, UNAIDS chief since January 2009, has promised me 10 minutes of his time in between a courtesy meeting with our Director-General and attending the event being prepared in our atrium – a cocktail reception on the occasion of the XVIII International AIDS Conference.

Waiting in the ante-room of the DG's office, I flick through the impassioned speech Mr. Sidibé had delivered two days previously at the opening session of AIDS 2010. He had inspired everyone present with his words:

"We cannot settle for a world where some people get treatment while others do not," he declared. "Where some enjoy access to prevention, while others are criminalized for who they are and who they love. Where some are offered hope, while the hope of others is crushed."

The title of Sidibé's speech was "We cannot turn back." By the time he'd finished, the very notion of giving up seemed utterly absurd. His passion made anything and everything seem possible.

And Michel Sidibé is a passionate man. By his own admission, he is an outspoken advocate for those ill-equipped, for whatever reason, to speak for themselves. He is no stranger to battles. As a young man in his native Mali, he took up the cause of the nomadic Tuareg people, campaigning tirelessly to improve

their health and welfare. It is this same tenacity that he has brought to his role as leader of the global fight against HIV and AIDS.

My thoughts are interrupted by the sound of movement behind the doors of the DG's inner sanctum. As Sidibé emerges, I jump to my feet, determined not to waste a second of my precious 10 minutes. He greets me warmly with a firm handshake and a genuine smile. "Let's do this!" he says.

We settle side by side at the vast, polished table in the OFID conference room. My first question relates to what has changed in the two years since the last AIDS conference in Mexico. The words are scarcely out of my mouth before Sidibé launches into his response. He delivers it with the assuredness of a ▶

◀ man who knows exactly what he’s talking about.

“What has changed fundamentally is that we are moving from a period of abundance to a period of scarcity in terms of funding,” he states. Rather than this being an obstacle, however, Sidibé sees it as an “opportunity for innovation.” By this, he means the development of cheaper drugs and the identification of new sources of funding, such as a “Robin Hood tax” on global financial transactions, among other “creative” solutions. He drives home his point: “We are making progress. Now is not the time for flat-lining or scaling down.”

I am starting to realize that Michel Sidibé is not used to take no for an answer. He is clearly a man on a mission. So, what is the way forward? I ask.

With barely a pause to gather his thoughts – or even his breath – he sets off again: “Prevention, prevention, prevention,” he says, rapping on the table for emphasis. “What we need is a prevention

revolution.” He goes on to explain the importance of what he calls “a better targeted approach.” This would have at its center the elimination of mother-to-child-transmission, a goal Sidibé believes to be entirely feasible – and more than that: “sacrosanct.” He is unshakeable in his conviction that “an AIDS-free generation is within reach and should not be allowed to slip from our grasp.”

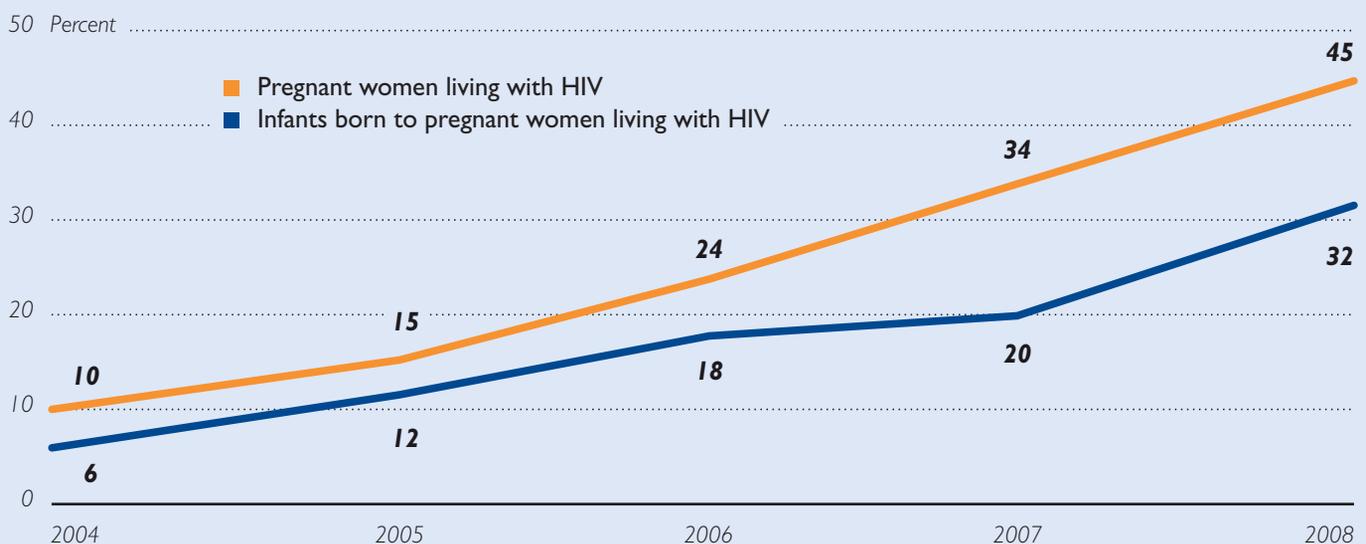
Sidibé’s zeal is contagious, and I find myself nodding vigorously with every point he makes. He becomes especially animated when talking about what he sees as a “major paradigm shift” in the attitude of youth towards prevention efforts. “Thanks to young people choosing to lead prevention programs rather than being passive beneficiaries, they have become agents of change,” he explains. He backs up this statement by quoting recent data which shows that HIV prevalence has dropped by 25 percent among youth in 15 of the most affected and infected countries.

By this time, I’ve given up trying to take notes or formulate more questions. Sidibé is on a roll and is best left to state his piece. I decide to sit back and let my digital voice recorder do its job.

Sidibé has moved on to the issue of treatment. To be more precise: treatment 2.0 – the next generation, where treatment itself is a prevention tool. “Treatment 2.0 calls for a new, radical approach that simplifies drugs, making them easier to access, easier to use and less toxic,” he says, clearly undaunted by the fact that this will require “bold new partnerships” with the pharmaceutical industry. Once again, Sidibé’s determination leaves me in no doubt that he will get exactly what he wants, regardless of the might of the drugs manufacturers.

He is prepared to take on anyone it seems, including the 80 countries that have homophobic laws. “No one should endure discrimination,” he declares. “Not men who have sex with men, not sex

### Percentage of pregnant women living with HIV and infants born to them who received antiretrovirals for preventing mother-to-child transmission, 2004-2008



Source: Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: Progress report 2009 (WHO, UNICEF, UNAIDS).



workers, not people who inject drugs, not prisoners, and especially not people living with HIV.” Sidibé’s feeling of injustice is palpable. There clearly is no place for stigma in Michel Sidibé’s world. On this he brooks no argument.

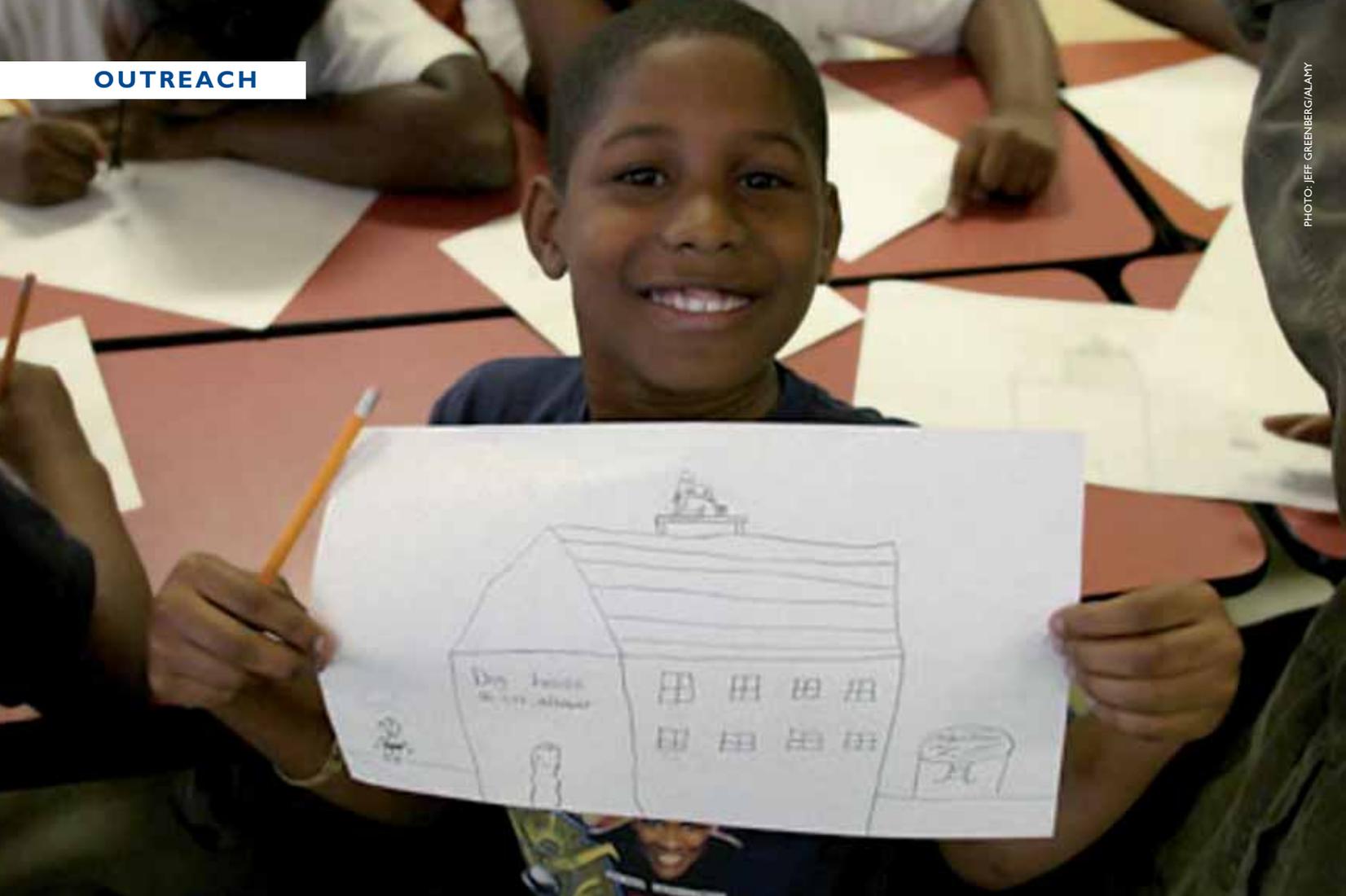
He is equally uncompromising on the issue of gender equality, which he says “must become part of our DNA.” Women and girls must have the rights, the skills and the power to protect themselves from violence and negotiate their own sexuality. Poverty, he points out, robs women of choice and allows little control over how they lead their lives.

Sidibé is still in full flow when I become aware that our protocol officer is starting to twitch uncomfortably. My 10 minutes must be almost up. However, there is one more question I have to ask: Are we on track to achieving the sixth Millennium Development Goal of halting and starting to reverse the spread of HIV/AIDS by 2015?

“We are making more progress than in most other MDGs,” he replies. The key moving forward would lie in “integration.” By this, he means, linking MDG 6 closely with those relating to maternal health and child health. The evidence to do so is compelling: in some African countries, more than 50 percent of maternal deaths are due to HIV. Sidibé stresses that the AIDS response should be a bridge joining the other movements. “It is not a competition. By taking an integrated approach, we can reduce duplication and transaction costs and bring energy to the world to deliver.”

With those final words, the interview is over. After thanking me charmingly, Sidibé is ushered away, entourage once more scurrying in his wake. His departure leaves a growing void, as the energy in the room slowly dissipates. I realize I’ve just met one of life’s true gladiators. With Michel Sidibé to lead the charge, the battle against HIV/AIDS will surely be won. ■

*Thanks to young people becoming “agents of change”, HIV prevalence has dropped by one-quarter among the youth of 15 most affected countries.*



## Building a new future for Haiti's children

Nine months after the devastating earthquake that claimed a quarter of a million lives, the Caribbean island of Haiti is finally starting to rebuild. Among a host of priorities is the need to get the country's education system back on its feet. Spearheading these efforts is UNESCO – with a helping hand from OFID.

**T**he January 2010 quake was the strongest to hit Haiti, the poorest country in the western hemisphere, in 200 years. In addition to the massive death toll, it left a staggering 1.5 million people homeless. Estimates have placed the total cost of reconstruction at US\$11 billion.

Just days after the catastrophe, Haiti's Education Minister, Joel Jean-Pierre, reported that one-half of the country's primary and secondary schools had been destroyed or badly damaged. The three main universities were also in ruins, as was the building housing the Ministry of Education.

Six months later, the news from Mr. Getachew Engida, Deputy Director General of UNESCO, was that very little had changed.

UNESCO believes that education is at the core of Haiti's recovery and the key to the country's development. The challenges, however, are great. Indeed, a recent report from the Global Campaign for Education lists Haiti as one of the worst places in the world to be a school child.

Even before the earthquake, the Haitian education system faced severe obstacles with regard to access and quality. For example, only about one-half of the country's school children were enrolled, largely because the cost of schooling was beyond the reach of most families.

Working together, UNESCO and OFID are co-financing a reconstruction project that will go some way towards re-establishing education services in Haiti. The main objectives are to support in-depth damage assessment and response planning; to provide emergency support to secondary and tertiary education as well technical and vocational education and training (TVET); to support educational planners and managers; and to analyze opportunities for restructuring and strengthening the Haitian education system in the long term.

## UNESCO's priorities in Haiti



UNESCO's efforts in Haiti have focused on emergency measures to restart education activities and on helping the authorities to build a stronger education system at all levels. UNESCO is actively supporting Haiti's National Ministry of Education in carrying out a post-disaster needs assessment, as well as in its back-to-school initiatives, curricula and exams. As part of the UN earthquake response, UNESCO has sent experienced emergency staff to the country, including Michaëlle Jean, the UNESCO Special Envoy for Haiti, appointed by the Director-General. UNESCO is also taking part in international efforts to deliver long-term relief to Haiti.

Achieving these goals will require a combination of efforts, from repairing damaged infrastructure and providing temporary facilities to supplying education materials. The project will also offer teacher training programs and conduct capacity building within the education authorities.

But the recovery and development of the Haitian education system will also depend on an effective response to the psychological impact of the earthquake. The project will therefore train teachers and other education personnel in trauma management in order to help lay the foundations of a more resilient education system.

The UNESCO/OFID project is expected to directly benefit approximately 110,000 secondary, TVET and higher education students, including 50,000 female students as well as 500 key staff from the Ministry of Education and Vocational Training.

According to Ms. Irina Bokova, Director-General of UNESCO, it is UNESCO's goal not only to help Haiti to return to the previous status quo, but actually to move forward. "When there is investment in education, developing countries make huge breakthroughs," she said recently. ■

# Boosting cancer care in Zambia



Dr. Kennedy Lishimpi, CDH's Executive Director.

When Lusaka's very first Cancer Diseases Hospital (CDH) opened its doors in early 2006, it was a significant milestone. Just a few years later, this state-of-the-art facility is already embarking on a new expansion phase. In the following interview, **Dr. Kennedy Lishimpi**, CDH's Executive

Director and Clinical and Radiation Oncologist, talks about the success of CDH, its plans for expansion and the challenges cancer still poses for Zambia.

BY ANNA ILARIA-MAYRHOFER

**U**p until five years ago, cancer sufferers in Zambia faced slim survival prospects, as no specialist treatment was available within the country, which has some of the highest incidences of cancer in Africa. Pre-2006, mortality rates from the disease were inordinately high.

"Before CDH was built, the only option available to cancer patients was to travel to Zimbabwe or South Africa for treatment," says Lishimpi. "This was arranged at huge cost to the government – around US\$10,000 per individual – and by 2004 we had 5,000 patients waiting for treatment."

Although the cost of their treatment was covered, patients going abroad still had to pay for transport and accommodation. Hence, families who were already trying to cope with the diagnosis of cancer had the additional stress of worrying about finding the funds to travel. "With the founding of CDH – and its proximity to the pathology, nuclear medicine and radiology facilities at Lusaka's University Teaching Hospital (UTH) – such concerns have been all but eliminated," declares Lishimpi.

Zambia's cancer indicators are negatively impacted by the high prevalence of HIV/AIDS in a country where three of the

top five cancers are HIV-related. As a result, Zambia's cancer patients are much younger than those in developed countries, the majority being aged between 25 and 45, compared with an average age of 50 years and older in Europe. "Before the advent of retroviral treatment for HIV/AIDS, patients would die before manifesting cancer-related diseases. Now, they are living longer, and thus higher cancer rates are being reported," explains Lishimpi.

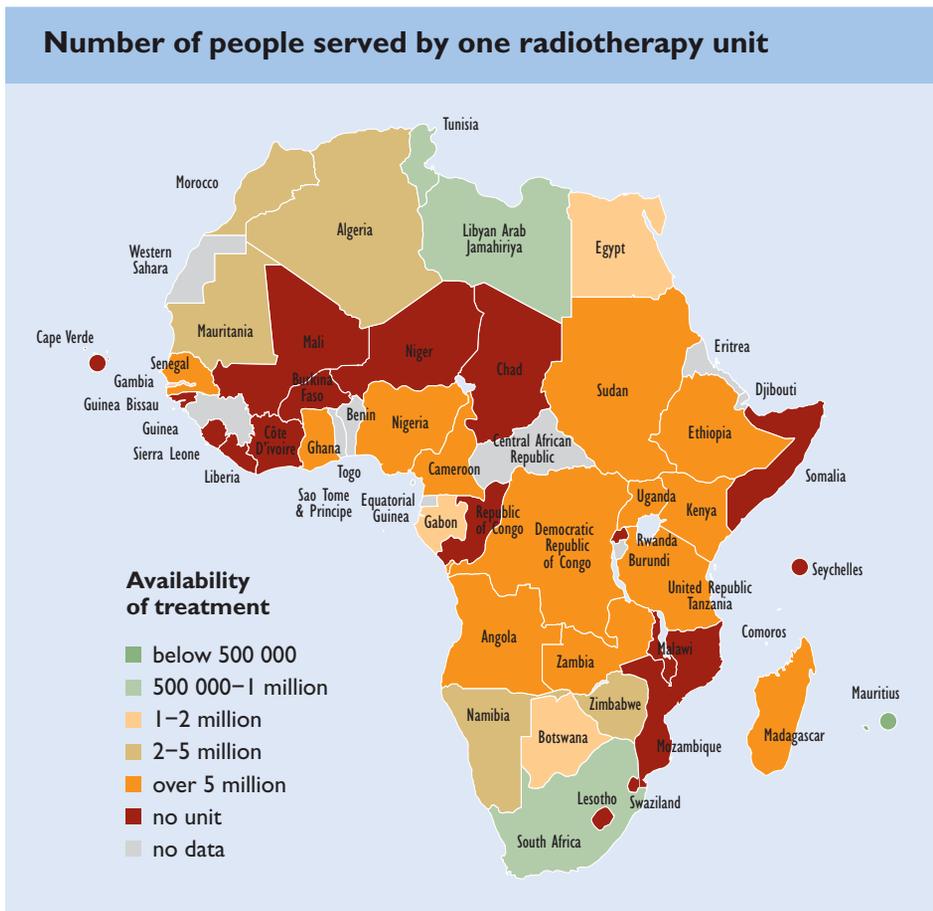
Another contributing factor to Zambia's cancer profile is urbanization – the more heavily-populated an area, ►



*Although modest in terms of size, Lusaka's Cancer Diseases Hospital boasts pioneering screening services, state-of-the-art diagnostic and treatment equipment and a corps of highly-qualified medical personnel.*



PHOTOS: DANA SACCHETTI, ANGELA LEUKER/IAEA, SYAHRUL LUDDIN/OFID, CDH



Source: IAEA-DIRAC database 10/2010

*“Zambians have put a lot of faith in the facility and I am confident that CDH has delivered what it set out to do.”*

◀ the higher the rate of sexually-transmitted diseases (STDs). Some STDs, such as the human papilloma virus (HPV), have been implicated in causing cancer. According to Lishimpi: “We see a lot of patients with HPV-driven cancers of the cervix, vagina and other areas. Most of them – around 60 percent – are also infected with HIV.”

Given the complexity and gravity of Zambia’s cancer problems, the opening of the CDH in 2006, with OFID funding, could not have been timelier. Although initially operating at partial capacity, it was not long before the center started receiving referrals from other hospitals, and the numbers of patients soon soared – from 36 in 2006 to 719 the following year. More than 1,200 new cases were treated in 2008 and 2009, and a similar number is expected this year.

“Zambians have put a lot of faith in the facility and I am confident that CDH has delivered what it set out to do,” Lishimpi says. “Patients coming in with early-stage presentations of cancer have a good chance of being cured, and we can at least provide palliative treatments to late-stage cancer sufferers. To witness the relief they express when their pain is taken away is a very rewarding experience.”

CDH is also carrying out concerted prevention activities. According to Lishimpi, one of the biggest hurdles in this regard is the shortage of cytologists – the specially-trained individuals who can read slides of cell samples. This deficiency poses a significant constraint to detecting cervical cancer, the major cause of mortality and morbidity in the country, as the *Papanicolaou* (Pap) smear is a very effective means for detecting pre-cancerous and cancerous cells. Since this requires the skills of a cytologist, such technology is seldom available in Zambia.

To circumvent this problem, CDH has been pioneering a very successful, low-cost alternative to the Pap smear. The procedure involves staining the cervix with weak acetic acid (similar to household vinegar), which highlights any cancerous lesions by turning them white. Thus, a visual inspection of the cervix will quickly highlight any abnormality.

Thanks to this screening program, 80 percent of the malignancies found at CDH are in the early stages. This success has prompted the government to start scaling up similar cervical cancer screening programs in almost every district across the country.

Lishimpi reports that CDH is implementing breast cancer awareness campaigns and training health personnel in conducting clinical breast screenings. Outreach programs are also being carried out during trade fairs, public service days and other events, where information materials are distributed to encourage people to come to the hospital for testing as soon as they feel that something isn’t quite right with their health.



*“We are moving towards setting up a national cancer control program ... OFID’s support will help us do just that.”*

With all of these activities taking place, and patient numbers steadily climbing each year, it isn’t surprising that resources at CDH are becoming overstretched. While the facility could, in theory, handle up to 2,500 new cases annually, a major constraint is the shortage of qualified personnel. “Until we can boost the number of oncologists, oncology nurses and radiotherapists, we simply can’t accommodate the additional numbers,” states Lishimpi.

The additional caseloads are also causing the surgical wards at UTH to become overcrowded. Moreover, patients who don’t require an in-patient stay, but nonetheless must remain in close proximity to the CDH to receive a six to seven week-long daily course of chemo- and/or radiotherapy, are in need of accommodation. The CDH is also facing a problem that is being encountered by healthcare facilities across Zambia; namely, personnel leaving to pursue higher-paying posts elsewhere. This problem could be reduced, believes Lishimpi, if staff housing were made available.

It is these key issues that the OFID-sponsored CDH expansion will target. “It

was decided that CDH should provide low or no-cost patient hostels for the poor,” says Lishimpi, “while also offering higher-end facilities for foreign patients and Zambians who can afford to pay. We would then be able to channel any profits back into the hospital’s operating budget to help subsidize the costs for patients who are unable to pay for their treatment and accommodation.”

In addition to constructing patient “waiting hostels,” the project is building well-equipped staff accommodation in the form of two or three-bedroom apartments as well as stand-alone houses. Lishimpi is confident that by being able to offer such facilities, CDH will stand a better chance of retaining its staff.

Meanwhile, the congestion being experienced on UTH’s wards will be alleviated through the construction of six in-patient wards, each with a 40-bed capacity, which will be dedicated solely to CDH patients.

The expansion will also construct staff offices and a training center. The latter will not only enable CDH to become more self-sustaining, explains Lishimpi, but also, in time, become a regional train-

ing center that will attract foreign students. Hopes are that the successes of CDH will create the impetus for more cancer centers to be built in Zambia, which will also boost the need for training. “We are examining all of these possibilities as a means to raise more funds for the hospital, particularly as our primary goal is to insure that the very poor have full access to modern cancer treatment facilities,” Lishimpi adds.

Human resources will be bolstered through the provision of training for 40 medical specialists, including clinical radiation oncologists, radiation therapists and oncology nurses. Additional radiotherapy equipment will also be purchased to meet the anticipated larger caseloads.

“Fortunately, our government has been very supportive in including cancer care in its basic healthcare package,” says Lishimpi. “We are moving towards setting up a national cancer control program that covers the five main pillars: screening, early detection, treatment, palliative care and research. And the second phase of OFID’s project will help us do just that.” ■

### JULY 6

#### Public sector loan agreements signed

**Ethiopia.** US\$20 million. Jijiga – Degehabur Power Transmission.

**Lesotho.** US\$8.4 million. Tikoe Industrial Park.

#### Emergency assistance grant approved

**Niger.** US\$200,000. This grant, which was channeled through the International Federation of Red Cross and Red Crescent Societies (IFRC), assisted communities experiencing food insecurity as a result of prolonged drought. In addition to providing food aid to some 60 villages in the vicinity of Zinder town, the IFRC will help develop sustainable agricultural practices to reduce the risk of food crises in the future.

### JULY 9

#### Cuban Vice-Minister of Culture visits OFID's in-house exhibition

HE Fernando Rojas, Vice Minister of Culture of Cuba, visited OFID's in-house exhibition showcasing Member Country Venezuela. Mr. Rojas was accompanied by HE Norma Goicoechea, Ambassador of Cuba to Austria and HE Alí de Jesús Uzcátegui Duque, Ambassador of Venezuela to Austria.

### JULY 12

#### OFID enters into Facility Agreement

OFID entered into a Facility Agreement in the amount of US\$2 billion in a syndicated

pre-export financing for the Egyptian General Petroleum Corporation "PEL IV," one of the most visible structured trade transactions in the region this year. OFID has committed US\$50 million, alongside 26 other banks and financial institutions participating in the syndicate.

#### Grant agreements signed

**United Nations Children's Fund (UNICEF).** US\$3 million. OFID/UNICEF Joint Project on Scaling up Assistance to Children Affected by HIV/AIDS in Africa.

**United Nations Educational, Scientific and Cultural Organization (UNESCO).** US\$750,000. Reconstruction of Emergency Schools in Haiti.

**Foundation for the Social Promotion of Culture (FPSC).** US\$400,000. Support to Rural Communities in La Reina, Nicaragua.

### JULY 15

#### Public sector loan agreement signed

**Azerbaijan.** €20 million. Janub Power Plant.

### JULY 20

#### Public sector loan agreement signed

**Côte d'Ivoire.** US\$7 million. North East Abidjan Drinking Water Supply.

### JULY 18 - 23

#### OFID active at AIDS 2010

The XVIII International AIDS Conference (AIDS) 2010 concluded

on July 23, with the attendance of some 100 participants sponsored by OFID.

*See story page 12.*

### AUGUST 5

#### Public sector loan agreement signed

**Nepal.** US\$15 million. Lumbini Connectivity and Infrastructure Improvement.

### AUGUST 6

#### Emergency assistance grant approved

**Pakistan.** US\$500,000. This grant, which was channeled through the IFRC, was extended to help the estimated 2.5 million people caught up in the humanitarian crisis caused by severe rainfall and flooding. OFID's grant went towards relief and emergency operations undertaken by the Pakistan Red Crescent Society.

#### Grant approved under the Special Grant Account for Palestine

**United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).** US\$500,000. This grant will support an UNRWA initiative that aims at mitigating the effects of the blockade endured by Gaza's Palestinian refugees. Proceeds are to be directed towards priority interventions in the form of cash and food assistance for families living in abject poverty; job creation schemes; provision of prosthetic devices for children with disabilities; and school feeding programs.

### AUGUST 24

#### Emergency assistance grant approved

**Burkina Faso.** US\$200,000. This grant helped support emergency operations to aid victims of severe flooding. An estimated 85,000 people were directly affected by the disaster, and 26,000 lost not only their homes but also their livestock. Proceeds from the grant, which was channeled through the IFRC, were used to provide temporary shelter, food and non-food relief items and primary health-care, among other needs.

### SEPTEMBER 1-3

#### BANDES delegation holds working sessions at OFID

OFID's sister organization, BANDES, the Social and Economic Development Bank of Venezuela, visited the institution's headquarters to discuss issues of mutual interest and explore avenues of future cooperation.

### SEPTEMBER 9

#### Participation agreement signed

OFID signed its first participation under the Global Trade Liquidity Program (GTLTP), an initiative of the International Finance Group (IFG) designed to pool funds to commercial banks in the wake of the recent financial crisis. The investment consists of a three-year credit line to Banco Galicia, Argentina, for up to US\$20 million that the IFG will disburse as trustee for funds provided by OFID. The whole facility amounts to \$40 million and will boost agriculture lending to farmers and small and medium-size businesses.

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 SEPTEMBER 21
 

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## 132<sup>nd</sup> Session of the Governing Board

### Project loans approved

**Cambodia.** US\$12 million. Water Resource Management Sector Development.

**China.** US\$18 million. Bayin River Management.

**Egypt.** US\$40 million. Banha Power Plant.

**Guatemala.** US\$15 million. Sustainable Rural Development Project for the Quiche Region.

**Sierra Leone.** US\$19 million. Three Towns Water Supply and Sanitation.

**Tanzania.** US\$10 million. Geita District Rural Electrification.

### Grant approved under the HIV/AIDS Special Account

**United Nations Office on Drugs and Crime. (UNODC).** US\$2 million. This grant will co-finance an OFID/UNODC initiative aimed at bolstering the response to social and livelihood needs for HIV/AIDS prevention among drug users in East Africa. Activities will cover the development of local capacity to provide emergency social assistance; supplementing of low threshold healthcare services; harm-reduction interventions; anti-retroviral therapy; and drug-dependence treatment programs.

### Grant approved under the Special Grant Account for Palestine

**Assistance to Civil Society Organizations in Palestine – Phase II.** US\$2.7 million. This grant will support 30 Palestinian NGOs that are providing vital assistance in the areas of education, health, agriculture and community development. The funds will help insure that these organizations can continue delivering services that would otherwise be unavailable to the Palestinian population.

### Technical assistance grants approved

**International University of Africa.** US\$350,000. The University, which is situated in Khartoum, the Sudan, aims to provide more educational opportunities for women through the construction of a fully-furnished and equipped hostel for female students. The new facilities will have the capacity to accommodate 256 individuals. This is expected to encourage more women to enroll at the institution, particularly those from impoverished rural areas.

**Hilfswerk International Austria.** US\$300,000. This grant will support a scheme devised by the Austrian NGO *Hilfswerk International* that aims at strengthening the capacities of disadvantaged groups in the rural areas of the Khatlon region of Tajikistan. This will include development of an educational food processing enterprise to enhance the production of high value-added crops, together with an agribusiness intermediary that will offer specialized extension services for fruit and vegetable farmers.

### Research grants approved

**Arab-European Young Leaders Forum.** US\$50,000. This grant will support an *Arab-European Young Leaders Forum* that will hold November 24-27 in Vienna, Austria, bringing together some 60-70 young professionals from Europe, Turkey and the Arab world. One of the key aims of the event is to foster mutual understanding and enhance cross-cultural and regional cooperation. The forum is being sponsored by the Austrian Federal Ministry for European and International Affairs

**Arab Thought Foundation (ATF).** US\$100,000. This grant will support the FIKR 9 conference sponsored by the ATF entitled *Shaping the Future: Arab's Role*. The event will hold December 8-9 in Beirut, Lebanon, and provide a platform for the exchange of ideas and creative thinking among business leaders and representatives of academia and civil society from the Arab region. This year's conference

will showcase Arab achievements across the world to celebrate the 10<sup>th</sup> anniversary of the ATF.

**Caritas-Spes.** US\$100,000. This grant will support rehabilitation of a children's camp in Yablinita, Ukraine, which offers disadvantaged and disabled children the chance to participate in recreational activities and receive therapeutic care. A low-cost heating system will be installed to enable year-round opening of the facility. Some 900 orphaned and homeless children are expected to benefit from the scheme.

**Islamic Academy of Sciences (IAS).** US\$30,000. This grant will support the 18<sup>th</sup> IAS conference which will convene in Shah Alam, Selangor, Malaysia, December 8-9. Bearing the theme *Towards the Knowledge Society in the Islamic World: Knowledge Production, Application and Dissemination*, the event will be held jointly with the International Islamic Academy of the Sciences and Biotechnology and the University of Selangor.

**SightSavers International (SSI).** US\$150,000. This grant will help finance a project that aims at eliminating preventable blindness in the Dohod, Jhabua and Banswada districts of Central Western India by 2020. Some 60,000 people will be screened by SSI physicians, of which around 12,000 will receive cataract surgeries. School screening programs will also take place for approximately 10,000 children.

**Zenab for Women in Development.** US\$60,000. This grant will support a project that aims at empowering women farmers in 20 villages in the Elgedarif region, the Sudan. This will be achieved by providing beneficiaries with agricultural inputs, on-farm training classes and instruction on modern cultivation techniques. These activities will help improve yields, raise household incomes and boost food security.

## Meetings attended by OFID

### JUNE 27 – JULY 4

ABU DHABI,  
UNITED ARAB EMIRATES  
67<sup>th</sup> Coordination  
Group Meeting

### JULY 18 – 23

VIENNA, AUSTRIA  
18<sup>th</sup> International AIDS  
Conference (AIDS 2010)

### JULY 19 – 29

OXFORD, UK  
32<sup>nd</sup> Oxford Energy Seminar

### AUGUST 27 – 31

BLLED, SLOVENIA  
Bled Strategic Forum 2010:  
“The Global Outlook for the  
Next Decade”

### SEPTEMBER 11 – 14

VIENNA, AUSTRIA/  
BRATISLAVA, SLOVAKIA  
International Press Institute  
World Congress and 60<sup>th</sup>  
Anniversary Celebration

### SEPTEMBER 20

VIENNA, AUSTRIA  
54<sup>th</sup> General Conference  
of the IAEA

### SEPTEMBER 20 – 22

NEW YORK, USA  
UN High-Level Plenary  
Meeting on the Millennium  
Development Goals

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July 12

Ms. Afshan Khan, Director, Public Sector Alliances and Resource Mobilization Office, UNICEF, signs the US\$3 million grant agreement for the OFID/UNICEF Joint Program on Scaling-up Assistance to Children affected by HIV/AIDS in Africa.



July 6

HE Dr. Makase Nyaphisi, Ambassador of Lesotho to Austria, and OFID Director-General, Mr. Al-Herbish initial the loan agreement. The country has taken US\$8.4 million to help build a new industrial park.



July 12

Ms. Pilar Lara, President of the Foundation for the Social Promotion of Culture. The NGO received a US\$400,000 grant for an initiative to improve rural living standards in the La Reina region of Nicaragua

**July 6**

Ms. Lulit Z. Gebremariam, Chargé d'Affaires a.i. at the Embassy of Ethiopia in Vienna, and Mr. Al-Herbish at the signature ceremony.

The US\$20 million OFID loan will help increase electricity access by expanding the national grid.



**July 20**

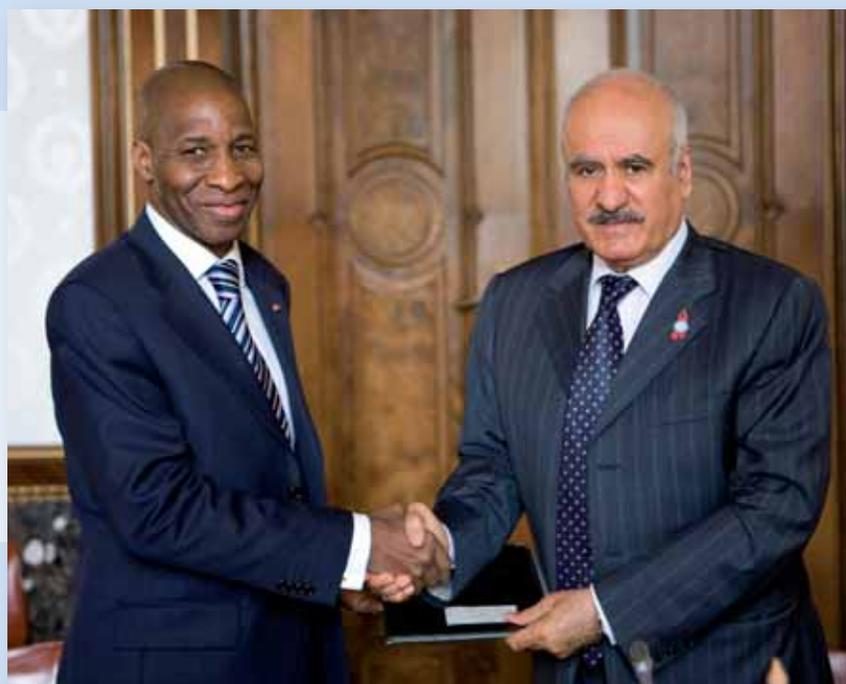
HE Y. Bamba, Ambassador of Côte d'Ivoire to Austria, shakes hands with Director-General Al-Herbish, after signing the loan agreement.

The US\$7 million credit will be used for a drinking water supply project.



**July 20**

HE Samir Sharifov, Minister of Finance of Azerbaijan, concluded a €20 million agreement for a priority energy project. The loan will go towards the construction of a new gas-fired power plant in the city of Janub.



*The full list of loan signatures can be found on pages 40-41.*



## 132<sup>nd</sup> Session of the Governing Board

Meeting in its 132<sup>nd</sup> Session in Vienna on September 21, OFID's Governing Board approved close to US\$120 million in fresh funding for development. Of the total, US\$114 million was earmarked for loan-financed operations in six countries, the bulk going to energy and water supply projects. The remaining funds were drawn from the institution's various grant accounts, including the two dedicated to HIV/AIDS and Palestine. Commenting on the approvals,

OFID Director-General, Suleiman J. Al-Herbish said that OFID would continue to channel vital resources to low-income countries to help them recover from the global financial crisis. "Such support is essential if national development programs are to remain on track," he emphasized.



William Cañas Delgado, Venezuelan Alternate Governor Ad-Hoc (right), with Carlos Lopez Herrera, Office of the Executive Director (International Cooperation & Financing), BANDES.



HE Mr. Ismail Omar Al-Daffa, Alternate Governor of Qatar to OFID.



HE Jamal Nasser Lootah, Chairman of the Governing Board.



HE Dr. Anny Ratnawati, Governor of Indonesia to OFID (*right*), and Mr. Mudjo Suwarno, Alternate Governor.



Iranian Governor, HE Dr. Behrouz Alishiri (*left*), with Alternate Governor, Saman Ghasemi.

# Millennium Development Goals still within reach

## New York Summit inspires fresh hope

With the creation of a new plan of action to spur progress towards the Millennium Development Goals, September's MDG Summit in New York has injected fresh impetus into global efforts to halve poverty and hunger by 2015.

Organized under the theme *We Can End Poverty by 2015*, the MDG Summit brought together 140 heads of state and government, along with bilateral, regional and multilateral organizations, civil society, academia, the private sector and the media. The main objectives of the three-day gathering were to take stock of implementation to date, identify gaps and accelerate progress towards the eight ambitious goals that were set exactly 10 years ago.

At the plenary sessions, the major themes discussed included: mainstreaming the MDGs into national and international policy; the interconnectedness of all MDGs; the need for improved accountability and delivery on commitments; the critical importance of women in achieving the MDGs; and the importance of ensuring success at the *10th Con-*

*ference of the Parties of the UN Convention on Biodiversity*, which was held in Nagoya, Japan, this October.

In parallel, six round-table sessions debated the following key issues: (i) addressing the challenge of poverty, hunger and gender equality; (ii) meeting the goals of health and education; (iii) promoting sustainable development; (iv) addressing emerging issues and evolving approaches; (v) addressing the special needs of the most vulnerable; and (vi) widening and strengthening partnerships. Dozens of high-profile side- and partnership events, focusing on specific initiatives, also took place.

The Summit concluded with the adoption by world leaders of an outcome document entitled *Keeping the promise: United to achieve the Millennium Development Goals*. The 32-page document notes

that, despite setbacks due to the economic, financial and food crises, remarkable progress has been made in many countries, and the goals remain achievable.

Progress, however, has been mixed and uneven and falls short of what is needed. Although a number of countries have achieved major successes, others threaten to be left behind. Without additional efforts, several goals are likely to be missed in many countries. The challenges are most severe in least developed countries, land-locked developing countries, small island developing states, and fragile states in, or emerging from, conflict.

Cognizant of the work that remains to be done, the outcome document includes an action plan for worldwide achievement of the goals and targets. Based on examples of success and lessons



PHOTO: UN PHOTO MARTINE PERRET / LOGO: UNITED NATIONS

School meal programs are an effective way of improving childhood nutrition and fostering progress towards the hunger- and health-related targets of the MDGs.

learned over the last 10 years, the plan spells out specific steps to be taken by all stakeholders to accelerate progress on all eight goals.

The conclusion of the Summit also saw several new initiatives being announced, among them a *Global Strategy on Women's and Children's Health*, which was launched with pledges of US\$40 billion over the next five years from a wide variety of sources. These include developed and developing country governments, the private sector, foundations, international organizations, civil society and research organizations. A number of other significant commitments to accelerate progress on each of the eight goals were made by representatives of national governments, international organizations, civil society and the private sector. ■

## The Millennium Development Goals

The MDGs were conceived at the September 2000 UN Millennium Summit, when heads of state and government unanimously adopted the *UN Millennium Declaration* and collectively committed to combating poverty, hunger and disease through eight time-bound and measurable goals. The target date for achievement of the goals is 2015.

- Goal 1. Eradicate extreme poverty and hunger**
- Goal 2. Achieve universal primary education**
- Goal 3. Promote gender equality and empower women**
- Goal 4. Reduce child mortality**
- Goal 5. Improve maternal health**
- Goal 6. Combat HIV/AIDS, malaria and other diseases**
- Goal 7. Ensure environmental sustainability**
- Goal 8. Develop a global partnership for development**

# Modern energy for all by 2030

## New drive to launch soon

Global leaders may not have embraced universal energy access as the ninth Millennium Development Goal, but the fight to push the cause up the global agenda is far from over.

**F**ew would dispute the importance of modern energy to human progress and economic development – and by definition to the eight Millennium Development Goals (MDGs). It is a subject, however, that continues to be sidelined from the political mainstream, as was evident at the recent MDG Summit in New York, where despite lobbying efforts the matter received only modest attention.

According to UNIDO Director-General, Kandeh Yumkella, this reluctance is less to do with a head-in-the-sand mentality than with the political decision made to “ring-fence” the eight goals in such a way that nothing new could be added. “While we understand the link between energy access and the MDGs, it has not been easy politically to negotiate and transact having it as an MDG,” Yumkella told the

*Quarterly* on the sidelines of a Vienna Energy Club (VEC) meeting in early October. “What we need is a new approach to energy poverty – an ‘energy revolution’ that would address the twin challenges of energy poverty and energy efficiency,” he added.

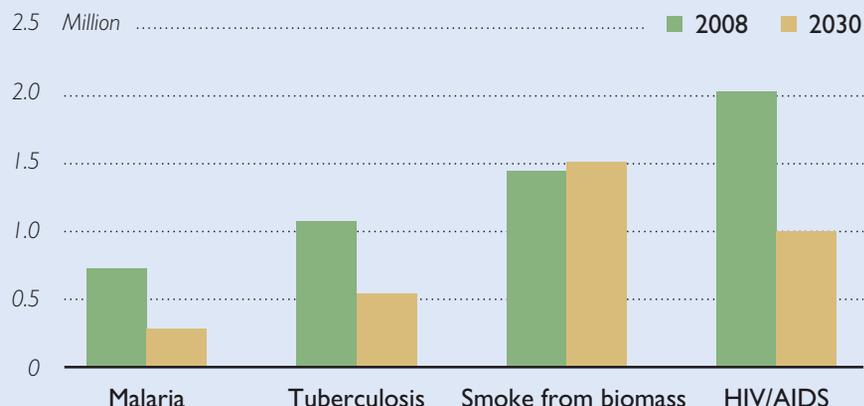
In his keynote address to the VEC – an informal group of energy stakeholders based in the Austrian capital – Yumkella revealed that plans were already underway for a global campaign to help “kick start” this energy revolution. Spearheaded jointly by the UN Secretary-General’s Advisory Group on Energy and Climate Change, UN Energy and UNIDO, the campaign would launch in 2011. “The long-term goals would be to achieve universal energy access and increase energy efficiency by 30 – 40 percent by 2030,” Yumkella said. He further disclosed that a request had gone to the UN General Assembly to declare 2012 as the Year for Universal Energy Access. Such a move would go a long way towards raising awareness among all stakeholders – from governments, the private sector and other donors to NGOs and civil society.

Yumkella’s announcement came following the release of an International Energy Agency (IEA) report entitled: “Energy Poverty: How to make modern energy access universal.” The report, which was



Kandeh Yumkella, UNIDO Director-General (center), exchanges views with OFID Director-General, Suleiman J. Al-Herbish (left) and OPEC Secretary General, Abdalla Salem El-Badri (right), at a meeting of the Vienna Energy Club.

## Premature annual deaths from household air pollution and other diseases



Source: World Energy Outlook 2010, OECD/IEA

produced in conjunction with UNIDO and UNDP, estimates that US\$36 billion a year would be needed to ensure that “every citizen in the world benefits from access to electricity and clean cooking facilities by 2030.” It concludes that this could be achieved without a significant worsening of the climate change problem.

Addressing the Club, Yumkella insisted that climate change concerns were no grounds for side-stepping the equally important problem of energy access. “Why should those who have contributed the least to climate change pay the highest price?” he asked, quoting figures in the IEA report which show that the 19.5 million inhabitants of New York City consume in a year roughly the same quantity of electricity as the 791 million people in sub-Saharan Africa.

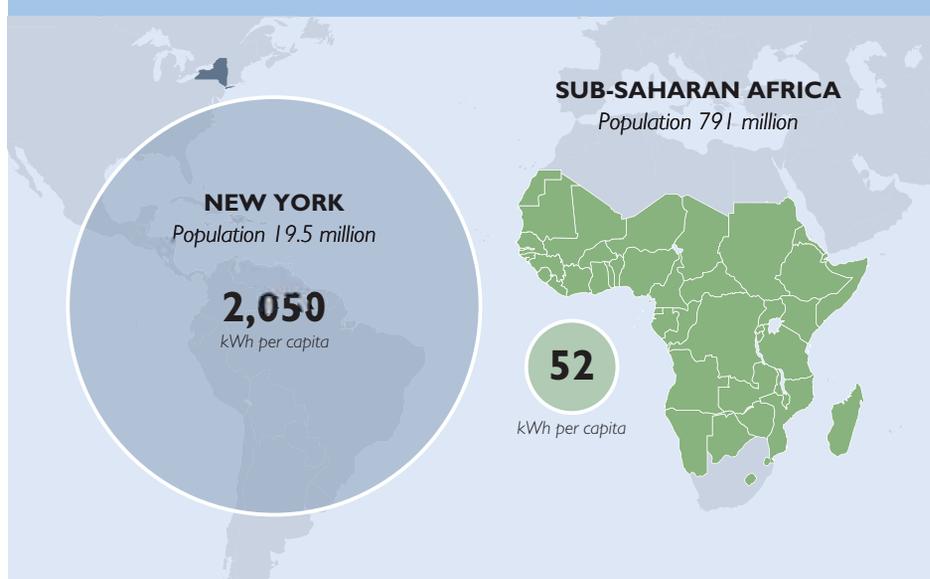
There were also compelling health reasons for eradicating energy poverty, said Yumkella, citing World Health Organization estimates that around 1.45 million people – most of them women and children – die prematurely each year from household air pollution caused by cooking with biomass. According to the IEA report, this number is higher than the current number of deaths from malaria or tuberculosis. Moreover, unless there is targeted action to deal with the problem, biomass pollution would claim 1.5 million

victims a year – more than 4,000 people a day – by 2030. The report also draws attention to the health implications of biomass collection, which it describes as a “time-consuming and exhausting task” that often causes “serious, long-term physical damage.” Said Yumkella: “Eradicating energy poverty is as much about women’s welfare and empowerment as promoting energy access.”

Yumkella, who chairs both the UN Secretary-General’s Advisory Group and UN Energy, expressed confidence that the proposed “Energy Access for All” campaign could have the same success as similar campaigns for HIV/AIDS and malaria. Above all, he stressed the importance of combining the access and efficiency aspects. “Even though most countries agree that energy efficiency is the low-hanging fruit as far as solving climate change is concerned, there have been several barriers preventing it from being picked,” he said. The campaign would seek to dismantle these barriers.

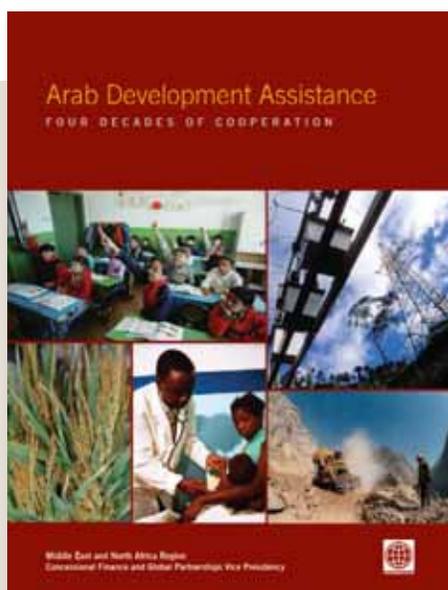
Yumkella conceded that, with attention focused on mobilizing resources to meet the MDGs, generating additional, separate funding for energy programs would be challenging. It would be crucial, he said, to ensure that some of the financing allocated to climate change mitigation be directed towards funding energy related projects in developing countries. Also key would be public/private partnerships. These, he indicated, would look at combining grant funding for capacity building with private sector financing for technology transfer. ■

## Annual electricity consumption in New York and Sub-Saharan Africa



Source: World Energy Outlook 2010, OECD/IEA

# Four decades of Arab AID: a proud tradition



According to *Arab Development Assistance: Four Decades of Cooperation*, a recent publication by the World Bank, Official Development Assistance (ODA) provided by Arabic-speaking countries and their development finance institutions (“Arab Aid”) is an increasingly important factor in global development financing.

**D**evelopment cooperation by Arabic speaking donors has been among the most generous in the world, with ODA totalling US\$272 billion over the period 1973-2008. The bulk of this assistance has been provided by OFID Member Countries the Kingdom of Saudi Arabia, Kuwait and the United Arab Emirates.

Arab donor countries dedicated 1.5 percent of their combined Gross National Income (GNI) to ODA in 1973-2008 – more than twice the United Nations target of 0.7 percent of GNI, and five times the average of 0.3 percent of GNI provided by member countries of

the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD) – the world’s richest industrialized nations.

In addition to bilateral (government-to-government) development cooperation, Arab donors established several multilateral development financing institutions (DFI’s) in the 1960s, 1970s and early 1980s. Besides OFID, this group includes the Arab Fund for Economic and Social Development, the Arab Bank for Economic Development in Africa, the Islamic Development Bank, the Arab Gulf Program for United Nations Devel-

opment Organizations, and the Arab Monetary Fund<sup>1</sup>. These Sister Institutions have grown to become major providers of external financial assistance. Total Arab aid provided by the three national funds (the Saudi Fund, the Kuwait Fund and the Abu Dhabi Fund) and the five major multilateral funds and banks has quadrupled since the 1970s, reaching over US\$90 billion (in commitments) as of the end of 2008.

<sup>1</sup> Other OFID Sister Institutions include the Arab Authority for Agricultural Development and Investment (AAAID), the Arab Monetary Fund (AMF), and the Arab Trade Financing Program (ATFP).



Djibouti Port was co-financed by OFID and four other Arab aid institutions, namely the Abu Dhabi Fund, the Arab Fund, the Kuwait Fund and the Saudi Fund, together with the Government of Djibouti.

In the past four decades, Arab donors have expanded their reach to provide development assistance to an increasing number of developing countries across the world, with a focus on poor and low-middle-income countries, especially in sub-Saharan Africa. As countries have subscribed to the Millennium Development Goals (MDGs), greater emphasis has been placed on agricultural development, social sectors, debt relief, emergency relief, capacity building, targeted poverty reduction programs and private sector development. The Report singles out OFID, the Kuwait Fund and the Saudi Fund for being the most global in

focus. Assistance through these institutions increased substantially by over 4 percent per year in real terms over the past 20 year.

South-South cooperation is one of the hallmarks of Arab aid, with commercial self-interest playing a significant role in its allocation. Development financing provided by Arabic-speaking donors generally takes the form of ODA grants and concessional loans for specific projects and programs. While investment operations are their mainstay, Arab financial institutions have also provided grant financing for capacity building, project preparation and tech-

nical advice. They have participated in debt relief, offered balance of payments and budget support, provided trade financing, established facilities to encourage private sector operations, and established financing instruments consistent with the tenets of Islamic law.

The Arab DFIs usually co-finance their projects and programs and stand out for their high degree of policy coordination and procedural harmonization as part of the *Arab Coordination Group*. Common procedures have enabled Arab agencies to reduce transaction costs, foster greater transparency in project management and improve project safeguards and accountability. In addition, members of the Arab Coordination Group participate in ongoing global initiatives to foster aid effectiveness through better harmonization and alignment.

More recently, the Arab Coordination Group has started to coordinate policies and projects with members of the OECD/DAC, as evidenced by the *Joint Technical Meeting* convened by OFID at its Headquarters in April 2010. Representatives from the International Fund for Agricultural Development and the Inter-American Development Bank (IDB) also attended the meeting – the first of its kind – which focused on means to strengthen world food and energy security, as well as capacity enhancement for improved reporting.

The World Bank report concludes that Arab development financing is likely to grow and serve as an increasingly important source of global development financing in the decades to come. Despite the severity of the global financial crisis, Arab donors have increased their aid volumes since 2002 – both in volume and as a share of GNI. It is noted that Arab ODA is delivered through reasonably well-capitalized and conservatively managed funds and banks. These growing and maturing institutions are well-placed to tap into capital markets to increase the scope of their operations over the medium to long run. ■

# Gabon and Nigeria celebrate 50 years of independence

The year 2010 has seen many of Africa's former colonies marking milestone anniversaries of their independence – including two OFID Member Countries Gabon and Nigeria, who celebrate their golden jubilees.

## Gabon

The West African nation of Gabon marked the 50<sup>th</sup> anniversary of its independence on August 17. The highlight of the celebrations was a grand military parade on the seafront of the capital Libreville, attended by President Ali Bongo and a host of heads of state from neighboring countries.

Later that night an “inter-generational” concert featuring more than 50 artists was held in the city’s Omar Bongo stadium with tens of thousands of people in attendance.

Until its independence in 1960, Gabon was part of French Equatorial Africa, which also included the present-day nations of Cameroon, Chad, the Democratic Republic of Congo and the Central African Republic.

Since becoming a sovereign state, Gabon has prospered, thanks largely to its plentiful mineral resources. It is sub-Saharan Africa’s third-largest crude oil producer as well as exporter and is the world’s largest producer of okoume, a soft wood used to make plywood. Per capita income in Gabon is four times the average for sub-



PHOTO: WILFRIED MBINAH/AP

Gabon's President Ali Bongo Ondimba and his wife Sylvia greet the crowd at the end of a parade marking the country's 50th anniversary of independence.

Saharan Africa and the country enjoys the highest ranking of all African countries in the Human Development Index of the United Nations Development Program.

The original inhabitants of Gabon were the Pygmies, of whom only a few

thousand remain today. The country is home to over 40 ethnic groups with separate languages and cultures. The official French language, however, has been a unifying force. Gabon is one of the least populated countries in Africa.

Gabon is famous for its magnificent ecosystem, which consists of millions of hectares of tropical rainforest, arable land and some 800 km of coastline. It also has three karst areas where there are hundreds of caves located in the dolomite and limestone rocks.

Gabon is also noted for efforts to preserve the natural environment and is becoming a popular ecotourism destination. The country boasts a total of 13 national parks, with a large variety of migratory birds, elephants, gorillas and magnificent forest waterfalls. As part of the Congo basin, Gabon has fauna and flora that are among the most diversified in the world. Animal species are extremely varied and around 400 different trees have been counted.

Gabon has played an important leadership role in the stability of Central Africa through involvement in mediation efforts in Chad, the Central African Republic, Angola, the Republic of the Congo, the Democratic Republic of the Congo and Burundi.

## Nigeria

For Nigeria, the celebrations came on October 1, the date in 1960 when the country achieved its full independence from Great Britain. Under the auspices of President Goodluck Jonathan, the landmark occasion saw a host of events take place across the country. These included parades, aerial displays, banquets and a national children parliament, as well as the unveiling of special commemorative works.

The Federal Republic of Nigeria is located in West Africa and consists of 36 states and a Federal Capital Territory, Abuja. The city of Lagos is the country's commercial hub. The country is currently experiencing its longest period of civilian rule since independence.

Nigeria has the third largest economy in Africa, after South Africa and Egypt. Considered an emerging market, it is listed among the "next eleven" economies. It is the 12<sup>th</sup> largest producer of petroleum in the world and also has



Nigerian President Goodluck Jonathan (left) inspects the guard of honor during a presidential fleet review to mark Nigeria's 50th independence anniversary.

extensive proven gas reserves. The country has undertaken several reforms in recent years, with a focus on infrastructure improvements based on strong public/private sector collaboration.

In pursuing the goal of regional economic cooperation and development, Nigeria helped create the Economic Community of West African States (ECOWAS), which seeks to harmonize trade and investment practices for its 15 West African member countries. Over the past decade, Nigeria has played a pivotal role in the support of peace in Africa.

Virtually all the native races of Africa are represented in Nigeria. Today, there are estimated to be more than 250 ethnic groups in the country. The variety of customs, languages and traditions among these groups gives Nigeria its rich cultural diversity. While no single group enjoys an absolute majority, four major groups make up 60 percent of the population: Hausa-Fulani in the north, Yoruba in the west and Igbo in the east.

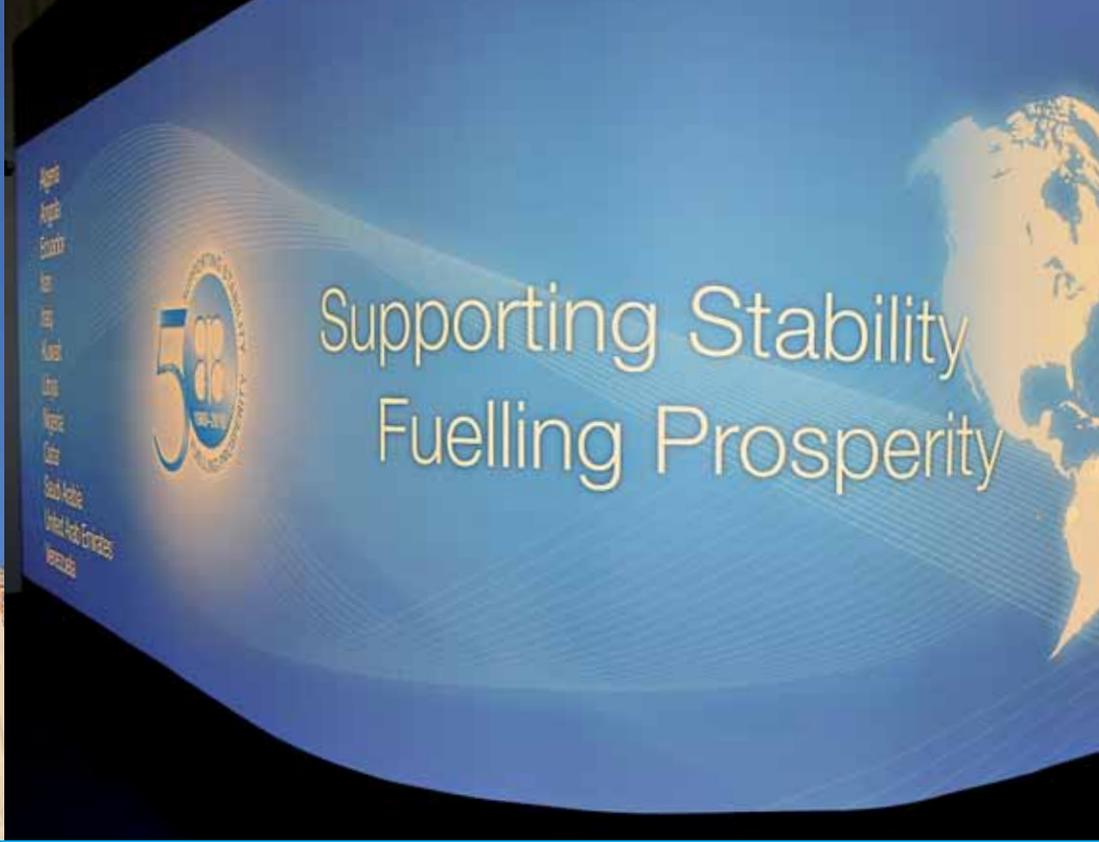
Nigeria is the most populous country in Africa and the eighth most populous in

the world. The number of languages currently catalogued is 521. The official language, English, was chosen to facilitate the cultural and linguistic unity of the country.

Nigeria's rich cultural heritage precedes its independence. The oldest sculptures found in Nigeria were from the Southern Zaria and Benue areas of central Nigeria. They consist of terracotta figures and figurines made by a people who achieved a high degree of cultural sophistication. These sculptures, together with other cultural elements, have been named the Nok Culture. The Nok Culture is dated between 500 BC and 200 AD.

Nigeria is famous for its popular music and has some of the most advanced recording studio technology in Africa, providing attractive commercial opportunities for music performers. Since the 1990s the Nigerian movie industry, sometimes called "Nollywood," has also emerged as a fast-growing cultural force and was rated in 2009 by the UNESCO Institute for Statistics as the second-largest movie industry in the world. ■

PHOTO: WOLE EMMANUEL/AP



## OPEC Anniversary Exhibition showcases Member Countries

OPEC Secretary General, Abdalla Salem El-Badri (center), cutting the ribbon at the opening ceremony, which was attended by Member Country Ambassadors and OPEC Governors, among other dignitaries.

*Held at the end of September in Vienna's historic Kursalon, OPEC's Anniversary Exhibition proved to be the highlight of the Organization's Golden Jubilee celebrations. The 10-day event, which featured colorful displays from all 12 Member Countries, attracted thousands of visitors - from members of the local diplomatic corps to the Viennese public, students and tourists.*





PHOTOS: OPEC/DIANA GOLPASHINI, OFID/RANA WINTERSTEINER



OPEC



*Each afternoon saw a breathtaking display of cultural shows from the Member Countries. Comprising musical bands, dancers and singers in national costume, fashion shows and many other artists, the performances were the high point of the exhibition.*



Dr. Elisabeth Vitouch, President, European Affairs Commission of Vienna City Council, represented the City of Vienna.

In his opening address, Mr. El-Badri pointed out that the exhibition showcased the cultural, ethnic and historical richness of Member Countries.





# OFID joins in celebrations



*OFID's participation in the anniversary event included an attractive information stand on the theme "Their future is our mission," which featured a colorful wall panel depicting young beneficiaries of the institution's work. It also staged its own cultural afternoon.*

Left to right: HE Dr. Zuheir Elwazer, Ambassador of Palestine to Austria; OFID Director-General Mr. S. Al-Herbish; HH Prince Mansour Bin Khaled Al Farhan Al Saud, Ambassador of Saudi Arabia to Austria; OPEC Secretary General Mr. El-Badri, Mr. Fuad Al-Zayer, Head of Data Services Department, OPEC.

PHOTOS: OPEC/DIANA GOLPASHIN, OFID/RANA WINTERSTEINER



OFID staff member Jorge Goncalvez (left) treated visitors to a mesmerizing display of "action painting," raising €4,000 for a local charity, while youngsters from the OFID-sponsored VORLAUT children's choir sang a medley of traditional Austrian songs.

# Securing a better future for the world's poor

Sustainable development is all about results that last. Results that continue making a difference from one generation to the next. It's about healthy, well-educated populations, clean water and food security, and an end to isolation.

For over 30 years, OFID has been at the forefront of the fight against poverty. Working hand-in-hand with needy communities, we've helped build schools, health centers and roads. We've provided energy and water supplies. And we've helped our partner countries develop vibrant private enterprise sectors.

Their future is our inspiration.

**OFID** Uniting against Poverty





## **Uniting against Poverty**

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