



Keep the Promise: HIV and AIDS Campaign

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1) Take the Lead! World AIDS Day messages and actions

World AIDS Day, 1 December, will be upon us in a matter of days. Resources, including an Ecumenical Liturgy (in English, French and Spanish), World AIDS Campaign posters and CD-Rom have been mailed to our HIV contact list, as well as details to order the Advent Devotional Calendar. They can also be accessed online at www.e-alliance.ch

The EAA is collecting statements from church and religious leaders for World AIDS Day, particularly on the theme of leadership. Please forward any statements to sspeicher@e-alliance.ch for posting on the website (http://www.e-alliance.ch/wad07_messages.jsp)

In Geneva, the international organizations' joint event this year will be held in conjunction with the local events in downtown Geneva on Saturday 1 December. We are planning on holding an interfaith prayer service followed by a candlelit march

around the lake with the famous Jet d'eau in view. The Jet d'eau will be lit in red during the march! There will be a reception with speakers representing local and international organizations and people living with HIV and AIDS which links in directly to our chosen theme, helping communities to "Take the Lead."

As is tradition, there will also be a series of activities held at the Ecumenical Centre in the week leading up to World AIDS Day. This will include a worship service and screening of the film "A Closer Walk."

2) Latest Epidemic Update revises figures for AIDS pandemic

New figures released on 20 November by UNAIDS and the World Health Organization have revised the estimated number of people living with HIV to 33.2 million. Approximately 2.5 million adults and children were newly infected with HIV and about 2.1 million lost their lives due to AIDS related illnesses in 2007. The reduced figures are primarily due to improved data gathering methodology and better information from many countries, particularly in India. There are, however, some indications that better access to treatment and more intensive efforts at prevention have stabilized the spread of the disease in some countries. Even with the revised figures, UNAIDS confirms that AIDS has led to the deaths of 24-25 million people since AIDS was identified in 1981.

Rev. Dr Hielke Wolters, director of Justice, Diakonia and Responsibility for Creation for the World Council of Churches is encouraged that more accurate figures "will help the world to plan, mobilize resources and implement actions more effectively to overcome HIV". However he notes that, among other indications, the estimate that the majority of the 33 million people living with HIV do not even know they are HIV positive, and the rate of 6800 new HIV infections every day particularly in low and middle income countries and among women and youth show that urgent and intensive actions are still needed. "These reductions in estimates cannot lower our commitment and our focus to overcome this preventable and treatable disease."

The AIDS Epidemic Update 2007 can be accessed at http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf

For the EAA press release on the Epidemic Update, see: <http://www.e-alliance.ch/media/media-7122.pdf>

3) New developments and actions respond to children and HIV

3.1) EAA pediatric postcard campaign: Bristol-Myers Squibb responds

Since the AIDS 2006 conference in Toronto, the Ecumenical Advocacy Alliance has facilitated a post card campaign calling on the pharmaceutical industry to provide equitable access to simple diagnostics and pediatric anti-retroviral formulations and make them affordable, comprehensive and sustainable. This campaign targeted four major pharmaceutical companies: Abbott, Boehringer Ingelheim, Bristol-Myers Squibb and GlaxoSmithKline.

Campaigners all over the world, using a postcard available online and in print, sent the post card to the four companies asking them to provide user-friendly pediatric AIDS medicine.

Bristol-Myers Squibb responded to the campaign in a letter to EAA dated 25 October by saying that BMS "is committed to improving the lives of children living with HIV,

and has taken several steps toward increasing access to pediatric formulations of our antiretrovirals.”

According to the reply from BMS, they are committed to increasing access to AIDS medicines through private-public partnership such as the Accelerating Access Initiative (AAI) and PEPFAR’s Public-Private Partnership for Pediatric AIDS Treatment.

The company has a policy of providing HIV medicines to sub-Saharan Africa and low-income countries at prices which reflect no profit to the company, and indicate they further reduce the cost of their pediatric formulations “to bring the daily cost of treating a child in line with that of treating an adult”.

The BMS Foundation and the Secure the Future are taking “an important leadership role in expanding treatment capacity for children living with HIV in the sub-Saharan Africa.” In June 2005, a Pediatric AIDS Corps was created to provide medical care for African children with HIV, says the letter. BMS says it is sending 50 pediatricians and family practitioners per year to Africa to treat about 100,000 children over a five year period. They will also train local health care professionals according to this letter.

The full letter can be view at: <http://www.e-alliance.ch/media/media-7117.pdf>. The EAA will follow up with BMS.

3.2) *Abbott receives FDA approval for lower-dose of antiretroviral Kaletra for children*

On November 12, Abbott Laboratories (another target of the EAA’s campaigning) announced that it has received U.S Food and Drug Administration (FDA) approval to market and sell a lower-dose version of its antiretroviral drug Kaletra for children. The tablet will be made available in the U.S. this month according to Bloomberg/Chicago Tribune reports.

The new, lower-dose tablets can be taken with or without food and do not require refrigeration, which is an important advantage in treating children in developing countries, Abbott said. The new tablet will cost \$2,100 annually per patient in the U.S. and \$250 per patient annually in developing countries, the company said. The company added that approval in the European Union is pending, and once approved, it intends to make the drug available in more than 150 countries.

source: Kaiser Network

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=48815

3.3) *USCMA Resolution supports access to essential medicines*

“The majority of the world's people cannot afford to purchase brand-name medicines; the introduction of much cheaper generics by using the WTO TRIPS flexibilities will help save lives...” says the United States Catholic Mission Association (USCMA) in endorsing a new policy on intellectual property rules under consideration in the US Congress.

The World Trade Organization's 1995 Agreement on Trade-Related Aspects of Intellectual Property (TRIPS) requires all member countries - including developing countries - to adopt U.S.-style patent and other intellectual property rules for all products, including pharmaceuticals. The 2001 Doha Declaration on the TRIPS Agreement and Public Health clarified that developing countries maintain substantial "flexibilities" under TRIPS, and that TRIPS should be interpreted in a fashion that supports the obligation to protect public health and promote access to medicines.

The new policy proposal calls for a new direction in U.S. trade policy with respect to intellectual property rules to encourage both access to essential medicines and the innovation of new medical technologies to promote public health in developing countries.

The USCMA members at their 2007 annual meeting in Texas, locate intellectual property rights within the broader framework of Catholic Social Teaching based on the common good, and believe these rights should be balanced with the needs of the poor. EAA participant Maryknoll was involved in the USCMA action, which used the Ecumenical Advocacy Alliance “jellybean” posters and postcards advocating for pediatric medicines.

USCMA is calling the U.S Congress to pass this resolution, which will challenge the United States government's trade policy to:

- Honor the commitments it made in the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health.
- Refrain from punishing or threatening trade partners from using TRIPS flexibilities to advance public health objectives.
- Refrain from seeking intellectual property measures more stringent than those provided for in TRIPS.
- Support new global norms for promoting medical research and development (R&D) that would address a needs-driven health agenda.

According to USCMA, the United States has systematically violated the trade commitments it made in the Doha Declaration, undermining the ability of developing countries to promote access to medicines among poor populations. At the same time, new approaches to medical research and development are needed in order to spur innovation that will meet priority health needs. Senate Resolution 241/House Resolution 525 aim to make the public health principles of innovation and access the governing feature of U.S. trade, not as a balancing act, but in ways that affirm and advance both goals.

For more information, visit: www.usccb.org/sdwp/international/tradeind.shtml

3.4) *Dr Piot highlights “missing face” in global response at International Symposium on children and HIV International Symposium*

UNAIDS Executive Director Peter Piot spoke in September at the Harvard Medical School about the impact of HIV and AIDS on children (under 15 years) and the need for a re-evaluation of the way we perceive the issue of children and AIDS and the unique issues of testing, treatment, and support that is called for. He also called for efforts for hard empirical data, noting that “the impact of AIDS on children remains under-researched and poorly understood.”

Full speech available at: <http://www.e-alliance.ch/media/media-7108.pdf>

3.5) *Food for thought: World Food Day and the interconnections between hunger, malnutrition and access to medicines for children living with HIV*

Antiretroviral medications (ARVs) make the difference between life and death for some 800,000 children under the age of 15 living with HIV. ARVs suppress HIV, increase immune response in children living with HIV and reduce the possibility that such children will succumb to various infectious illnesses. Despite evidence that treatment is very successful, there remain significant obstacles to pediatric ARV scale-up, and more than 1,000 children below the age of 15 die of AIDS-related illnesses every day.

These obstacles include the limited access to infant diagnosis, the difficulty in identifying children living with HIV before they become sick, the lack of age- and place-appropriate pediatric ARV formulations, the lengthy approval and qualification of medicines for children, the inexperience among healthcare workers in treating children, and, strikingly, hunger and malnutrition. The latter can hamper and delay the access to much needed treatment for HIV-positive children.

A continuous tragedy ...

Hunger, defined as caloric intake deficiency, occurs when individuals or families cannot afford to meet their most basic need for food. Every day, almost 16 thousand children die from hunger-related causes - one child every five seconds, or 6 million children every year. Malnutrition, defined as lack of adequate calories and proteins for growth and maintenance¹, can be a consequence of hunger. Malnutrition is a common condition in HIV-positive children and it is associated with half of the annual deaths of children under the age of five.

Hunger, malnutrition, HIV and AIDS are clearly inter-related. Hunger and malnutrition might rightfully be identified as contributing factors in the spread of HIV. They exacerbate the impact of the pandemic, weaken the immune system of young children, force them to adopt high-risk coping strategies to search for food (migration, prostitution, etc). In turn, HIV affects the specific nutritional requirements of children living with this virus. The World Health Organization (WHO) recommends that asymptomatic children living with HIV be availed of 10% more energy intake than other children of their age and sex. Children who are symptomatic, or recovering from acute infections, need to consume 20-30% more calories than other children. At the same time, the HIV epidemic has magnified the already significant hunger-related problems, limiting household income and food production.

A wasted effort?

The relation between hunger and malnutrition and that of HIV and AIDS also is delaying ARV roll-out in poor settings. A Haitian proverb underlines the connection between medicines and food: "Giving drugs without food is like washing your hands and drying them in the dirt". Good nutrition is important because it can improve antiretroviral compliance. Hungry and malnourished children are not only more likely to fall ill, but they are also less able to benefit from treatment because medications are both less effective and cannot be taken on an empty stomach. Unfortunately, not many pediatric ARVs do not require food consumption, and little data is available on how hunger and malnourishment could affect the process by which a drug is absorbed, distributed, metabolized and eliminated by the body of an HIV-positive child. In addition, when a person is in the condition of having to choose between food and medicines, most certainly the former receives priority.

In view of this close interrelationship, WHO recommends that early nutritional interventions, such as nutritional assessment and support, should be an integral part of the care plan of HIV-positive children.

In cases of severe malnutrition the issue is more complex. Symptoms in young children overlap with those of HIV infection. This limits accurate clinical diagnosis of HIV infection in resource-limited settings, and it prevents proper treatment of children. Moreover, any severely malnourished child requires urgent therapeutic feeding, but we do not know yet when it is appropriate to start antiretroviral therapy (ART) during the treatment for malnutrition. Experts suggest that HIV-positive children with severe malnutrition should be stabilized before decisions are made

¹ this definition includes under-nutrition, or inability to fully utilize the food ingested; and over-nutrition, or over-consumption of calories

concerning the initiation of ART. In poor settings, this is not always possible. Recovery from malnutrition can take long and it can be limited in children living with HIV. However, WHO recommends that, after eight weeks of therapeutic feeding, if a child has not yet recovered from malnutrition, ART should be started anyway,

First, do no harm

Each year, on October 16th, World Food Day is observed. The 2007 theme was “the right to food”, an inherent human right recognized by several international human rights instruments, such as the Convention on the Rights of the Child. The same governments that have ratified these international legal instruments engage in trade policies which, in the words of the Special Rapporteur on the Right to Food, “have harmful negative consequences for the enjoyment of human rights”. For example, agreements that support unfair competition through subsidized agriculture are likely to deprive millions of peasants of their only income-generating activity; and conversely, some trade liberalization policies are violating small-scale farmers’ right to food in many parts of the world. World Food Day was an opportunity to reflect on all this, and to raise awareness of the problems related to food insecurity.

The connection between access to food and access to health, including access to medicines, is not new. It is well known that women and children are found to be the most affected by malnutrition; that hunger and malnutrition increases health problems especially among children; and that the purchase of food increasingly limits the realization of other human rights, such as the right to health. However, the related statistics are even more shocking: more than 850 million people, half of them children, go hungry every day; and the majority of the 800,000 HIV-positive children in immediate need of treatment live in low- and middle-income countries, where food and medicines are not always readily available. These children will die if nutritious, safe and sufficient food, as well as appropriate medicines, are not provided. What can we do for them?

Francesca Merico, Caritas Internationalis

4) Civil society organizations ask for clarity for 2008 UN Review on AIDS

The United Nations Member States, in adopting the 2001 Declaration of Commitment on HIV/AIDS and the June 2006 Political Declaration on HIV/AIDS, committed themselves to a comprehensive review of progress in 2008 and 2011. As of today, the Member States of the UN General Assembly have committed themselves to devoting at least one full day of their annual session to review and debate a report of the Secretary General on progress achieved in realizing the commitments set out in the UNGASS Declaration of Commitment. However, there has been no indication if and when the AIDS review will take place in the General Assembly (or if it will take place at all) and what form or shape it will take, as well as expected outcomes.

About 180 civil society organizations, including faith-based organizations, sent a letter asking Dr. Peter Piot, UNAIDS and to H.E. Dr. Srgjan Kerim, President of the United Nations General Assembly, for their assurance that there will be minimum standards in organizing the AIDS Review meeting next year, particularly related to the need to have sufficient time to discuss in a substantive manner and meaningful involvement of civil society. The letter also calls for the AIDS Review to be separate from a proposed meeting on the Millennium Development Goals.

The letter emphasizes the lesson learned from the UNGASS 2001 and 2006 meeting of the importance of ensuring strong civil society participation and engagement at all

stages of the process and at all levels. "We trust your leadership and your commitment in making this process as meaningful and inclusive as possible. We remain committed to the success of this review process as a way of holding our governments accountable, learning from successes and challenges and helping us move forward in our responses to HIV and AIDS", says the letter.

Read the full letter at: <http://www.e-alliance.ch/media/media-7118.pdf>

5) UNAIDS estimates global resource needs 2009-2015

5.1) *Financial resources estimated to achieve universal access to HIV prevention, treatment, care and support*

UNAIDS released at the end of September a new report on *Financial Resources required to Achieve Universal Access to HIV, Prevention, Treatment, Care and Support*. The report was released on the eve of the second voluntary Global Fund Replenishment meeting in Berlin.

The document outlines how much funding is required in response to HIV and AIDS in the next three years. The document contains elements of a strategic and comprehensive assessment of the essential elements of national responses to AIDS - all aspects of treatment, care, support, and prevention including strengthening of health systems.

The report puts forward three different approaches to financing the AIDS response including:

Scaling-up at current rates - By following the current rate of annual scale-up, the estimated resource requirements would be between US\$14-18 billion in 2015, this amount would provide antiretroviral treatment for 8 million people in that year and the prevention, care, support and social mitigation targets would be far from Universal Access levels.

Universal Access by 2010 - This approach envisages significant increases in available resources and an urgent and dramatic scale-up of coverage in all countries. Following this approach would provide antiretroviral treatment for 14 million people by 2010. To achieve this, the annual resource requirements would rise to between US\$ 32 - 51 billion in 2010 and between US\$ 45 - 63 billion by 2015. Prevention, care, support and social mitigation targets would also reach the targets consistent with universal access in 2010.

Phased scale-up to universal access by 2015 - This approach assumes different rates of scale-up for each country based on current service coverage and capacity, with the achievement of different programmatic targets (prevention, care, treatment, support and social mitigation) at different times and the achievement of universal access by all countries by 2015. The approach would require between US\$ 41 - 58 billion in 2015.

The estimates provided in the report, developed for 132 low- and middle-income countries, were based on the type of epidemic and nationally established targets using the latest available data. UNAIDS has stated after the release of the Epidemic Update 2007 which significantly decreased the figures for the global HIV pandemic, that the estimates for the Global Resource Needs were largely based on the new data, and the figures may only need to be revised downward by 5 percent.

The Financial Resources report can be found at:

http://data.unaids.org/pub/Report/2007/20070925_advocacy_grne2_en.pdf

5.2) *Civil society organizations advocate for maintaining commitment to Universal Access by 2010 in figures*

Prior to the release of the UNAIDS Global Resource Needs, civil society organizations reacted to an early draft of the report. The urgent concerns by civil society, including faith-based organizations and people living with HIV, were that the draft document would have "a significant and lasting negative impact on the global response to AIDS by legitimizing the abandonment by the world governments of the goal of universal access by 2010." Civil society expressed their concerns in a joint letter to Dr. Peter Piot, UNAIDS Executive Director and Dr. Margret Chan, WHO Executive Director.

The report subsequently released by UNAIDS included the Universal Access by 2010 scenario.

6) **EAA HIV and AIDS Strategy Group meets in Geneva**

The HIV and AIDS Strategy Group convened in Geneva from 27-29 August. It was the first meeting for new members Rev. J.P. Heath and Ms. Kathy McNeely who were appointed by the Ecumenical Advocacy Committee in June to fill vacant positions in the strategy group. The meeting evaluated 2006 events, reviewed the goals and objectives of the HIV Campaign, and planned for events in 2007 and beyond. The strategy group discussed:

- a theological consultation on prevention planned for early next year
- a proposed consultation on Christian ethics and HIV testing
- a draft of the Global Resources Needs Estimates prepared by UNAIDS
- a booklet to promote dialogue on HIV prevention
- the Stigma Index being prepared by UNAIDS, International Planned Parenthood Federation, ICW and GNP+
- visa and travel restrictions for people living with HIV, and the first draft of the EAA briefing paper on this topic
- the Advent devotional calendar on HIV and AIDS
- the role of EAA in the Global Fund replenishment process
- World AIDS Day
- UN Review 2008
- advocacy actions around pediatric AIDS.

One particular highlight for the strategy group was a meeting with Dr Paul Delay and his team from UNAIDS who worked on the UN resource needs estimates recently released.

7) **Interfaith and regional meetings on HIV held in Colombo**

7.1) *EAA holds first regional meeting in Asia*

The Ecumenical Advocacy Alliance held an Asia regional meeting on 16 August 2007, in Colombo, Sri Lanka, a day before the Interfaith Pre-Conference to ICAAP (International Congress on AIDS in Asia and the Pacific). This was the first EAA meeting in the region. The meeting was attended by approximately 45 people, most of whom came from the EAA participants network. The meeting was an opportunity for EAA participant organizations to meet together face to face, share experiences and work on joint plans.

The overall meeting looked at the HIV and AIDS campaign of the EAA (Keep the

Promise) and the Trade for People Campaign. Workshops were followed by sub-regional groups discussing advocacy strategies. The closing session was a lively sharing of feedback and plans. For a report compiled by a participant, see: <http://www.e-alliance.ch/media/media-7103.pdf>

7.2) *Interfaith meeting in Colombo: Joint Statement on HIV by faith communities in Asia*

An Interfaith Pre-conference organized by the Asian Interfaith Network on AIDS (AINA) was held ahead of ICAAP on 17-19 August in Colombo. This event brought together religious leaders and faith communities in Asia to reflect on the challenges posed by the HIV pandemic to people of faith, an evaluation of action taken, and planning of strategies still required to put the beliefs into action in the faith response to HIV and AIDS.

The interfaith conference ended with a joint statement, which was presented at the Eighth International Congress on AIDS in Asia and the Pacific (ICAAP) in Colombo, Sri Lanka on 19 August 2007 by Phramaha Boonchuay, Chairperson of Asia Interfaith Network on AIDS.

ICAAP is a major Asia regional conference that brings together scientific researchers, community activists, health professionals, governments, agencies and faith communities' representatives in search of more effective strategies and increased political commitment to the problems of the HIV pandemic in the Asia-Pacific region.

The statement said: "We believe that religious leaders can and must play a constructive role in the response to HIV/AIDS. We are committed to educating and mobilising the leaders to advocate, educate and lead by example in their respective faith communities."

The statement encourages broader partnership amongst faith communities, networks of people living with HIV, governments and circular communities working in the field of HIV. The enormity of the challenge requires partnerships of unprecedented range and scope.

"We are committed to work in solidarity with people living with HIV and AIDS. We acknowledge that we have not done enough in this area, and have at times contributed to their sense of exclusion and stigmatization. We will work to build trust and to create inter-faith partnerships with positive networks at country, regional and local levels and encourage positive networks within our own communities. We are convinced that by working together we can defeat stigma and discrimination and create inclusive communities", says the statement.

The conference concluded on a note of commitment to expand partnerships with governments, UN agencies, NGOs, and other key actors to ensure that faith communities have the financial, human, and material resources needed to be successful in controlling the pandemic. Faith communities are ready to work together, but urged other sectors to respect and support the unique values and approaches that religious communities bring, even as faith communities commit to respect their unique roles.

The response to the pandemic has to be centered in the community, and faith communities are committed to building caring, equitable communities that lead the way in supporting affected persons, encouraging openness, reducing stigma and discrimination, and addressing social inequities.

In conclusion, the statement said: "In all these commitments, we seek guidance and support from the divine spirit that animates us and is the source of our being, so that

we may play our part in 'keeping our promises' to overcome HIV and AIDS and bringing healing and hope to all humanity".

The full statement can be read at: <http://www.e-alliance.ch/media/media-7107.doc>

8) Global Fund replenishment meeting generates largest single financing exercise for health

8.1) Donors Pledge US\$ 9.7 Billion to the Global Fund for 2008-2010

The Second Voluntary Global Fund replenishment meeting was held in Berlin, Germany, 27-29 September. The meeting was a milestone for the fund.

Donors provided pledges worth US\$ 9.7 billion over three years during the second replenishment of the Global Fund in Berlin, 57% more than they gave over the past three years to support Global Fund programs around the world for 2008 to 2010. The pledges constitute the largest single financing exercise for health ever, and will allow the Global Fund to move toward annual commitments of US\$ 6 billion to US\$ 8 billion per year by 2010. The Global Fund has committed US \$ 8.6 billion in funding grants to support 460 programs in 136 countries worldwide. The Board of The Global Fund approved a seventh round of 73 new grants to respond to the three diseases \$1,112 million over two years. This is a record amount: in the six previous rounds, the two-year value of approved grants ranged from \$571 million to \$968 million.

Read more at: http://www.theglobalfund.org/en/media_center/press/pr_070927.asp

8.2) US\$ 1.1 Billion in new grants approved by GF Board

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria in mid-November approved 73 new grants worth more than US\$ 1.1 billion over two years. The Board has also approved US\$ 130 million for renewal of five grants that have reached the end of their five year life.

This seventh round of grants since the Global Fund's creation in 2002 brings the Global Fund's portfolio to US\$ 10 billion to 136 countries. Around half of the proposals submitted for Round 7 were approved, up from an average of 40 percent over the past six rounds. West Bank and Gaza is welcomed as a 'newcomer' to the Global Fund's portfolio, having successfully applied for support for a HIV prevention program.

"For the first time in the history of the Global Fund, an approved funding round has moved beyond the one billion dollar mark," said Dr Michel Kazatchkine, Executive Director of the Global Fund. "We all know there is a tremendous need for increased investments in health. These new grants show that need is increasingly turned into high-quality demand for resources. This is a trend we must develop further."

Of the approved proposals, AIDS and malaria account for 48 percent and 42 percent, respectively, of the approved funding, while proposals for tuberculosis account for 10 percent.

8.3) First Debt2Health agreement converts Euro 50 million for Indonesia

The German and Indonesian governments signed an agreement on 26 September to cancel 50 million Euro of Indonesia's debt on the condition that Indonesia invests half of the freed-up money into national health programs through the Global Fund.

Read more at: http://www.theglobalfund.org/en/media_center/press/pr_070926.asp

8.4) *(RED) contributions to the Global Fund top US\$ 45 million*

(RED), the initiative launched last year to engage corporate and consumer power in the fights against AIDS in Africa, announced on 24 September that the sales of (PRODUCT) RED-branded products had generated more than US\$ 45 million for the Global Fund. In 2006, (RED) set out to create a sustainable model to increase private sector contributions to the Global Fund. The recent total represents an impressive nine-fold increase over the previous total of just US\$ 7 million raised by the Global Fund from the private sector in its first four years, 2002 - 2006.

Read more http://www.theglobalfund.org/en/media_center/press/pr_070924.asp

8.5) *Civil society forum held on eve of replenishment meeting*

On 26 September a Civil Society Forum was organized by Action Against AIDS Germany, which was attended by many German and international NGOs. Recommendations from that meeting were presented in the Civil Society Side Event at the Global Fund Replenishment meeting, which included a speech by Kofi Annan, chair of the replenishment process. During his speech Kofi Annan acknowledged the important role of civil society in the fight against the three diseases and expressed his deep appreciation for that.

“Civil society and people living with HIV/AIDS, tuberculosis and malaria are struggling at country level, working to scale up the size of demand expressed by the Global Fund. But will that demand be met with funding support? Or will people living with AIDS, tuberculosis and malaria be faced with a decision by donors to create an artificially resource constrained environment?” said the civil society recommendations that were read to the Global Fund Replenishment delegation.

“Today we have made a first step. Some pledges have been disappointingly small and conservative. Admirably, other donors have showed more ambition by doubling their pledges. The truth is, we only have enough from pledges today to continue our existing programs until 2010. But we have are nowhere near the amount of funds needed to support the scale up that is so urgently needed. We will continue to challenge the Global Fund’s donors to reach the goals that we have set for ourselves so that the limited progress that has been made today can be replaced with success by 2010”, concludes the statement.

Read more at: <http://www.e-alliance.ch/media/media-7109.doc>

9) **HIV testing statement - UNAIDS Reference Group on HIV and Human Rights**

On 5 September, the UNAIDS Reference Group on HIV and Human Rights issued a statement and recommendations on scaling up HIV testing and counseling. The statement is the result of an exhaustive discussion within the Reference Group on the WHO/UNAIDS Guidance on Provider-initiated HIV Testing and Counseling in Health Facilities. It reflects the Reference Group's views that there is a need to pay special attention to human rights issues in the course of the implementation of this Guidance.

The statement is currently highlighted on the Reference Group home page (http://www.unaids.org/en/Issues/Impact_HIV/20070601_reference_group_HIV_human_rights.asp) and is also available at http://data.unaids.org/pub/ExternalDocument/2007/20070905_rghr_statement_testing_en.pdf

10) International AIDS Conference 2008 Update

10.1) *“Faith in Action: Lead the Way” chosen as Ecumenical Pre-Conference theme*

The Global Ecumenical Team that has overall responsibility in coordinating faith-based activities for the International AIDS Conference recently appointed the IAC 2008 Ecumenical Pre-Conference Advisory Group.

The committee members are: Ramón Jeremías Soto Hernandez of World Vision International; Oscar Arias from Mexico Christian Host Committee; Elijah Fung of St. John's Cathedral HIV Education Centre (Hong Kong); Clarissa Balan of World Alliance of YMCAs; Josselyn Bennett of the Evangelical Lutheran Church in America; Karen Plater of the Presbyterian Church in Canada; Carl Stecker of Catholic Relief Services; Phumzile Zondi-Mabizela of the KwaZulu Natal Christian Council; Rick Bauer of Catholic AIDS Action (Namibia); Nyambura Njoroge of the Ecumenical HIV and AIDS Initiative in Africa/WCC; Astrid Berner-Rodoreda of Brüt-fuer-die-Welt (Germany); Birgitta Rantakari of CUAHA (Finland) and Andrew Tomkins of Tearfund.

This committee helps prepare the theme, programme and logistics for the ecumenical pre-conference to be held 31 July – 2 August in Mexico City just prior to the International AIDS Conference. The committee has just selected, “Faith in Action: Lead the Way” as the pre-conference theme, tying in with the IAC theme, “Universal Action Now”.

The search for a venue for the pre-conference has been challenging, however, we are on the verge of signing a contract, and hope to announce details and open registrations in the beginning of December. Keep checking the EAA website for new developments and announcements regarding the event at: http://www.e-alliance.ch/iac_2008.jsp

For IAC, visit: www.aids2008.org

10.2) *Nominations invited for the Ecumenical Media Team*

The EAA is again seeking to put together a strong team of journalists, photographers, videographers and others to provide coverage of faith-based activities and issues at AIDS 2008 for use by secular and religious media and in interpretation efforts by participants. The team helps to raise the visibility of faith-based participation at the conference, as well as faith-based responses to HIV and AIDS in general.

This year, we are also offering the opportunity for a more structured “training” programme for a few new communicators whose organizations think they would benefit from strengthening their skills in covering news and events alongside experienced international journalists.

More information and a nomination form can be found at <http://www.e-alliance.ch/resources/hivaids/Nominationform.doc>

Please share with your networks and with individuals who you think should apply, and/or fill out the form for yourself or someone you would recommend for the team. Please note the deadline for nominations is 31 January 2008.

10.3) *Exhibit your materials at the Joint Interfaith Exhibit*

Christian Aid is the lead organization this year for planning and designing the large joint interfaith exhibit space during the IAC. An application form for those wishing to display materials in this very advantageous and attractive location will soon be available online at : http://www.e-alliance.ch/iac_2008.jsp

10.4) *Keep up to date on IAC news - subscribe to AIDS 2008 Ecumenical Pre-Conference listserv*

A listserv for people interested in faith-based plans and activities for the XVII International AIDS Conference has been set up. To subscribe or unsubscribe, send a message to info@e-alliance.ch with "subscribe to AIDS2008 listserv" or "unsubscribe from AIDS2008 listserv" in the subject line.

As plans develop, more information will also be posted at: http://www.e-alliance.ch/iac_2008.jsp. For more information regarding AIDS 2008, please visit: <http://www.aids2008.org>

11) Children's "Letters to the World" exhibition on its way to Florida

The Ringling College of Art & Design in Sarasota, Florida is holding a "World AIDS Day 2007, A Health and Wellness Expo" on December 1.

The event will host the "Letters to The World Exhibition" of the EAA. The letters were exhibited in the visitors lobby at the United Nations during the High Level meeting on AIDS in 2006 and at other UN and EAA events. The letters represented a small sample of the thousands sent to national leaders by children around the world.

A portion of the exhibition can be viewed at: <http://media.e-alliance.ch/KTP-FlexBanners.pdf>

12) Evangelical Lutheran Church in America strategizes for its HIV and AIDS response

Every one of God's promises is a "yes", said EAA Coordinator Linda Hartke during the HIV and AIDS Strategy Consultation of the Evangelical Lutheran Church in America held in Chicago 7-9 September 2007. She commended the ELCA for their new Assembly statement and commitment to a churchwide strategy on HIV at their consultation which brought together about 65 Lutherans from the United States and overseas partners to help guide the development of the strategy.

Speaking to the past and looking to the future, Hartke said the ELCA message on AIDS in 1988 was groundbreaking at the time, but nearly 20 years later it is out of date when it focuses almost exclusively on the "suffering" and care for people living with HIV. The science and the experience have changed.

"People are increasingly *living* with HIV. We need to be advocates for access to treatment. We need to be promoting effective prevention methods as a church. And we need to be standing up for the rights of people living with HIV, and eradicating stigma which has often been promoted in faith communities", she said.

For more information see:

http://www.elca.org/ScriptLib/CO/ELCA_News/encArticleList.asp?article=3739

Linda Hartke's remarks can be read at: <http://www.e-alliance.ch/media/media-7104.pdf>

13) New website launched as social network for HIV community

Launched on March 1, the non-profit HIVConnect.net (<http://www.hivconnect.net>) is a unique site that connects all sectors of the HIV and AIDS community. This new social

network is a place of free dialogue for people living with HIV, Community Based Organizations, AIDS Service Organizations, and the family and friends of people living with HIV.

The goal of HIVConnect.net is to deepen the interaction between clients and the organizations that seek to support them. HIVConnect.net includes a place for member profiles while offering a library of current articles with topics from "co-infections" to "Issues for Native Americans." Members are invited to post articles and comment on ones currently posted.

There are three types of membership available on the site. One profile type is for people living with HIV, a second for organizations, and a third for friends and family members. To ensure the privacy and comfort of all members, the family and friend community is separated from people living with HIV community. Organizations have access to all member types.

14) Oxfam calls for submissions for Susie Smith Memorial Prize

Oxfam Great Britain has established a prize to honor the life and work of Susie Smith who died in June 2006. Susie championed the cause of HIV and AIDS and pioneered new approaches to tackling the pandemic. The Susie Smith Memorial Prize prize of £3000 will be awarded for an already published piece on work on HIV and AIDS from sub-Saharan Africa. Any type of piece (e.g. poetry, fiction, article, chapter of a book) of up to 10,000 words, in English, and published since January 2006, will be eligible.

The judges will focus on two key elements: quality of the piece itself (writing, analysis, insights) and evidence of impact of the writing in the media and/or with people, governments or other institutions. All submissions must be received by **31 January 2008**. All submission should include a cover letter outlining what kind of impact the piece has had and/or what it has achieved.

A shortlist of five will be published on Oxfam's website in early April 2008 and the winner will be announced at the end of April 2008. Oxfam will notify who has made it through to the shortlist, but will be unable to advise any other applicants of the panel's decision.

All submissions and cover letter should be sent to: Susie Smith Memorial Prize Submission, Oxfam Great Britain, Oxfam House, John Smith Drive, Oxford OX4 2JY, United Kingdom. Or emailed to: susiesmithmemorialprize@oxfam.org.uk

Oxfam regrets that posted submissions will not be returned. For further information, please visit the website: www.oxfam.org.uk/susiesmith

15) E-Network on theology and HIV to be launched

The Micah Network will have an electronic forum for theological educators on theology and HIV. The aim of the forum is to share experiences and encourages people to share with the network their next steps. For further information on this project, contact Jane Furniss at ic@micahnetwork.org

16) Resources

16.1) *A review of Civil Society Involvement at UNGASS 2006*

Document from the World AIDS Campaign and the Civil Society Task Force for the 2006 High Level Meeting on HIV/AIDS can be downloaded at: <http://www.e-alliance.ch/media/media-7106.pdf>

16.2) *HIV and AIDS Advent devotional calendar*

Individuals and churches are encouraged to download copies (available in English, French, Spanish and Russian) and reproduce them for discussion groups or church communities as well as personal use. A limited number of printed copies in English can also be ordered. Single copies can be downloaded or ordered for free from: www.e-alliance.ch/hivaids_adventcal.jsp

16.3) *Call to intensify HIV prevention*

In a new report released on HIV prevention, a panel of leading AIDS experts' calls for a major increase in global HIV prevention programs, citing new projections stating that expanded access to prevention could avert approximately 30 million of the 60 million HIV infections expected to occur by 2015.

Read More at:

http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/20070702_HIVPrevention.asp

Download at:

http://data.unaids.org/pub/Report/2007/pwg-hiv_prevention_report_final_en.pdf

16.4) *ARV therapy programs in faith-based clinics - S. Africa*

The faith-based organizations, Catholic Relief Services, International Youth Development and the Southern African Catholic Bishops' Conference, initiated an HIV care and treatment program in January 2003. With support from the Department of Health and PEPFAR this has become one of the largest ARV treatment programs in sub-Saharan Africa with over 15,000 patients by August 2006. The demographic characteristics and recruitment and treatment outcomes of this large South African programme are presented.

Read more at: <http://www.e-alliance.ch/media/media-7119.pdf>

16.5) *The IAS released a report on the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention*

The International AIDS Society has released a report on the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007), held 22-25 July in Sydney, Australia.

The report, "New Research and its Implications for Policy and Practice", is a first of its kind for the biennial pathogenesis conference, summarizing key research findings and providing an analysis of the data presented in the three major tracks: basic science, clinical research, treatment and care and biomedical prevention science. The IAS hopes the report will be useful to policymakers, community advocates and scientists in translating information from the conference into future research policy development and advocacy efforts in these areas.

The report may be viewed at: <http://www.e-alliance.ch/media/media-7111.pdf>

16.6) *Aidspace Guide to Building and Running an Effective CCM (Second Edition)*

This revised 90 page guide provides advice on all aspects of the structure and operations of the Country Coordinating Mechanisms (CCM), and borrows heavily from past experiences of specific CCMs.

The guide will be of interest both to CCMs that are experiencing problems and to CCMs that are functioning fairly well but that would like to improve their performance. The guide is accessible at no charge at www.aidspace.org/guides, where various other Aidspace Guides are also available. Versions of the guide in French and Spanish will be posted by the end of November 2007. This second edition contains considerably more information than the first edition, which was published in 2004.

16.7) *Accelerating the Effort to Save Lives: A Strategy for the Global Fund*

This document describes the Global Fund's strategy for building upon its strengths and drawing upon the lessons learned since its creation. It brings together a number of strategic initiatives designed to ensure that the Global Fund responds effectively both to the diverse needs of grant recipients and to emerging challenges in the global health environment.

Read more at: http://www.theglobalfund.org/en/media_center/publications/strategy/

16.8) *Debt2Health: The Debt Conversion Initiative of the Global Fund*

This brochure explains the Global Fund's debt conversion initiative, Debt2Health, which applies the well-established instrument of debt swaps to financing public health programs using existing and proven performance-based systems of the Global Fund. Debt2Health invites creditors to write off a portion of their claims on the condition that the beneficiary countries invest the freed-up resources in approved Global Fund programs.

Read more http://www.theglobalfund.org/en/media_center/publications/debt2health/

16.9) *East Asia and Pacific Regional Overview*

This overview provides a brief insight into the burden of HIV/AIDS, malaria and tuberculosis in Cambodia, China, Indonesia, Lao PDR, Mongolia, Papua New Guinea, Philippines, Thailand, Timor-Leste and Viet Nam and offers a brief description of the Global Fund grants active there. The overview features a number of success stories and shares the latest performance indicators for the grants attributed to countries in the East Asia and Pacific region.

Read more at:

http://www.theglobalfund.org/en/media_center/publications/key_publications/

Also available:

The Global Fund: Who We Are. What We Do. This updated brochure describes the Global Fund's mission and guiding principles. Read more at:

http://www.theglobalfund.org/en/media_center/publications/brochure/

16.10) *Invitation to join the GBV-HIV-AIDS listserv*

The ATHENA Network invites interested individuals to participate in an open, growing

listserves whose purpose is to bring together diverse communities and sectors who are working to end the twin epidemics of gender-based violence and HIV. The ATHENA Network currently has active participation from the reproductive and sexual health community; the sex worker rights community; the human rights community; the community of women living with HIV and AIDS; global HIV advocates; advocates addressing violence against women; and the development sector. The hope is to continue to build this listserv as a tool for information exchange and eventually as a means for identifying, developing, and disseminating best practice at the intersection of GBV and HIV.

To subscribe, send an email to: GBV-HIV-AIDS-subscribe@yahoogroups.com

16.11) *Called To Care toolkit - French language materials*

The Strategies for Hope Trust has published *Paroles Positives* and *Agissons!* These are the French editions of *Positive Voices* and *Making it Happen*, nos. 1 and 2 in the toolkit *Se Dévouer aux Autres* (English: *Called to Care*), designed for use by churches and community groups, especially in sub-Saharan Africa.

No. 1: PAROLES POSITIVES (44 pages, A4 size): Consists of personal testimonies by 14 African religious leaders (12 Christians, two Muslims) who are living with or personally affected by HIV. By talking openly about their own HIV-positive status - or about how HIV has affected their family members - they aim to help other people living or with or affected HIV overcome the fear of stigmatisation and rejection.

No. 2: MAKING IT HAPPEN (48 pages, A4 size): A mini-manual to help church leaders establish and manage an HIV project. It includes sections on planning, decision-making, writing a project proposal, preparing a budget, accounting for funds, and monitoring and evaluation. It concludes with guidelines for conducting a training workshop. It can be adapted for use by other religious leaders and community groups.

Both these books can also be viewed on the French language pages of the Strategies for Hope website (www.stratshope.org).

Other French language materials on HIV, gender and related issues produced by Strategies for Hope include the *Parcours* (English: *Stepping Stones*) training manual and workshop video, and the video and facilitator's guide, *Que puis-je faire?* (English: *What can I do?*). All Strategies for Hope materials may be ordered from Email: info@talcuk.org or website: www.talcuk.org

16.12) *Faith and HIV in Action: A Training Workshop for Christian Faith Communities*

Faith leaders and their congregations play an important role in addressing and protecting the health of their communities. HIV-related stigma sometimes prevents faith communities from talking about HIV and supporting people living with HIV. Faith and HIV in Action have developed a HIV-related stigma reduction tool kit (booklet and accompanying DVD) for use by Christian communities because of the important role they play in addressing HIV issues.

For more information or to sign up for the training please visit: www.nahip.org.uk.

16.13) *A Training Workshop for Christian Faith Communities*

Faith and HIV in Action are running a series of one-day workshops aimed at training faith leaders (and people who work with them) how to use the "Breaking the Loud Silence of HIV" tool kit. The workshop is free and participants will learn how to use

the Tool kit during Bible studies; as part of church activities linked to World AIDS Day (1 December; as part of a small home or group meeting or as part of a church education programme.

For more information or to sign up for the training please visit: www.nahip.org.uk or call 0207 017 8910

16.14) *Tamar's Cry: Re-reading an ancient text in the midst of an HIV/AIDS pandemic*

This publication aims is to introduce certain theological themes for the churches to pursue as they respond to HIV. This publication will cost you £3.00 a copy. Please contact CIIR at ciir@ciir.org

16.15) *Poverty, HIV and AIDS: The challenge to the churches in the new millennium*

This is a thoughtful essay exploring the impact of HIV and AIDS in South Africa and the relationship between HIV and poverty. The publication explores the current role and involvement of churches, and makes some practical suggestions to assist the churches in implementing meaningful projects in their response to HIV and AIDS. This publication will cost you £2.50 a copy. Please contact CIIR at: +44 (0)20 7288 8600 or email: ciir@ciir.org

17) Calendar of events

26 - 30 November 2007: Islam and HIV/AIDS Conference in Johannesburg, South Africa. For more information on this consultation, kindly go to <http://www.islamandhivaids.org> or you can view the flyer at: <http://www.e-alliance.ch/media/media-7105.pdf>

26-27 November 2007: Pan-European conference entitled "HIV in Europe 2007" in Brussel, Belgium. For more information: <http://www.hiveurope2007.eu>

28 - 30 November 2007: 2007 Global Summit on AIDS and the Church, Saddleback Church, Lake Forest, California, USA. For more information: www.purposedriven.com/en-US/HIVAIDSCommunity/GlobalConference/Initiative.htm

1 December 2007: World AIDS Day

1 December 2007: Youth Summit on AIDS, Saddleback Church, Lake Forest, California, USA. For more information or to register: www.purposedriven.com/en-US/HIVAIDSCommunity/GlobalConference/Initiative.htm

13-14 December 2007: EU Summit in Brussels, Belgium

17-18 December 2007: 21st Programme Coordinating Board UNAIDS

For past Action Alerts and Bulletins from the HIV and AIDS Campaign, see <http://www.e-alliance.ch/newsletters.jsp>

The **Ecumenical Advocacy Alliance** is a broad international network of churches and Christian organizations cooperating in advocacy on global trade and HIV and AIDS. The Alliance is based in Geneva, Switzerland. For more information, see <http://www.e-alliance.ch/>