

The President's Emergency Plan for AIDS Relief March 2005 Newsletter

A Monthly Update on the U.S. Commitment to Turn the Tide Against Global HIV/AIDS

OFFICE OF THE U.S. GLOBAL AIDS COORDINATOR

Ambassador Tobias Releases First Annual Report to Congress

The Office of the U.S. Global AIDS Coordinator released its first Annual Report to Congress on March 22, 2005. The report is available at www.state.gov/s/gac. Key accomplishments of the President's Emergency Plan for AIDS Relief in 15 focus countries as of September 30, 2004 include the following:

Treatment

- **Provided treatment for 155,000 people**, 151,000 of them in sub-Saharan Africa.
- In December 2002, WHO estimated 50,000 people were receiving life-saving antiretroviral therapy in all of sub-Saharan Africa. The Emergency Plan supported three times that number in 8 months after Congress first approved funding.

Prevention

- Reached 1.2 million women with prevention of mother to child transmission (PMTCT) services.
- Reached over 120 million people with ABC messages and interventions.

Care

 Supported care for more than 1.7 million people infected and affected by HIV/AIDS, including 630,200 orphans and vulnerable children.

Sustainability

- Supported training for 312,000 health care providers in its first eight months.
- More than 80% of our more than 1,200 partners working on the ground are indigenous organizations.

Making the Money Work

"The most important message of the Three Ones*, to me, is this: it's not really about us any of us! The U.S. and other donors have roles to play, to be sure, but this fight must be owned by the nations facing the crisis themselves."

Ambassador Randall Tobias, March 9, 2005 during a meeting with officials from UNAIDS, Great Britain, and France entitled "Making the Money Work".

*One agreed AIDS Action Framework that provides the basis for coordinating the work of all partners, One National AIDS Coordinating Authority, with a broad-based multisectoral mandate, One agreed country-level Monitoring and Evaluation System.

Swaziland

Working Together to Fight HIV/AIDS



In Swaziland, a little country tucked between South Africa and Mozambique and with the highest HIV/AIDS prevalence rate in the world at 38.6%, the U.S. Mission is working hard to assist the Swazi's fight against the pandemic of HIV/AIDS.

In addition to its significant contribution to the Global Fund, the U.S. is currently working through six U.S. agencies:

- CDC/USAID--for programs supporting prevention of mother to child transmission (PMCTC), orphans, NGO grants, testing and counseling, social marketing, behavior change and human capacity building
- Peace Corps, back in Swaziland in 2003 after a seven year absence, and whose 50 volunteers are working exclusively on HIV/AIDS programs at the rural community level
- Department of Labor—supporting a "HIV/AIDS in the Workplace" program
- Department of Defense—for testing and counseling with the Swazi military
- African Development Foundation supporting food security in AIDS effected communities

One current priority area in Swaziland is that of PMTCT, where the U.S. government is working closely with the Swazi Ministry of Health and Social Work (MOHSW) and private sector partners to both increase the scope of the Swaziland PMTCT effort and to assure enhanced technical coordination between the service providers.

The Elizabeth Glaser Pediatric AIDS Foundation provides PMTCT services at three sites in Swaziland and works hand in hand with MOHSW, USAID and AED/Linkages in the provision of services to pregnant women. These include HIV/counseling/testing, preventative drugs for mothers and newborn babies, and education about safe feeding practices.

Cote d'Ivoire

The Language of HIV/AIDS

Is the message about HIV/AIDS getting through? In many places in Cote d'Ivoire, as in much of Africa, it can be lost in translation. In Cote d'Ivoire, there is a rich diversity of local languages that in many cases are the main or the only language spoken by much of the population. However, when it comes to communicating about modern maladies such as HIV/AIDS, many of these languages lack the vernacular for communicating ideas about sexual health and treatment options. So despite myriad information on HIV/AIDS in French available in the country, much of it has not been reaching vulnerable segments of the population. Therefore, in order to make sure the message is getting through, the coalition of Ivorian journalists, actors, and artists fighting HIV/AIDS in Cote d'Ivoire (REPMASCI) supported the creation of innovative lexicons for talking about HIV/AIDS in sixteen indigenous languages.

To support REPMASCI's innovative indigenous response the Emergency Plan provided a \$95,000 grant to assist with the launch, production and dissemination of these lexicons on HIV/AIDS. Through combining words, applying new meanings to old words, and creating new ones, committees of linguistic experts were able to literally give local populations the words with which to talk about HIV/AIDS. For example, in Abbey, the new word for HIV/AIDS is m'piaharêlê orogba, literally translated as a sickness of blood, while in Baoule, n'zissikoklo, means to die slowly from a disease. REPMASCI is now working with radios broadcasting in indigenous languages, as well as agricultural extension agents, teachers and community leaders to put the lexicons to use with rural and underserved populations. With the support of the Emergency Plan, REPMASCI is identifying and putting into practice innovative indigenous approaches. In Cote d'Ivoire communities themselves can now communicate more effectively about the problem of HIV/AIDS, how to treat it, and ways of preventing its spread.



CDC Director Monica Nolan Meets with Members of the REPMASCI in Cote d'Ivoire