



Economic Commission
for Africa

The African Development Forum 2000:

Leadership at all levels to overcome HIV/AIDS

Popular Report

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THIS IS OUR DECISIVE MOMENT'

The Africa Development Forum 2000^{*} may come to stand as the turning point in Africa's continental struggle against HIV/AIDS. As noted by the Executive Director of UNAIDS, Dr. Peter Piot, this was not 'another AIDS meeting.' It was unique for the sense of urgency and determination. Echoing the visionary commitment that marked the founding of the United Nations, Secretary-General Kofi Annan, stressed: 'We are here because we are determined to save succeeding generations from the scourge of AIDS, which, in a fraction of our lifetime, has brought unimaginable sorrow to Africa and the world.' It was exceptional for its wide range of participants, for the youth, people living with HIV/AIDS (PLWHA), the private sector and civil society representatives present, who contributed to the proceedings and to the final outcome. Leaders represented themselves humbly, as human beings and as Africans. In her address to the Forum, Mrs. Graça Machel said: 'When it comes to HIV/AIDS, I am simply an African mother.' As South Africa's first lady, she challenged all who were present:

'This is a crucial time for us. When historians write about HIV/AIDS, when they write about this period in time, they will ask, "Where were the leaders of

^{*} The African Development Forum 2000 was organized by the Economic Commission for Africa in partnership with the United Nations family, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), the World Bank, United Nations Children's Fund (UNICEF), World Health Organization (WHO) and the International Labour Organization (ILO).

Africa? And where was the rest of the world?" If we do not want to stand condemned at that time, we must act, we must work together and we must do it now.'

Throughout, there was a sense of controlled anger-particularly from the youth and the people living with HIV/AIDS - that so much time and so many lives had been lost. On the opening day, Charlotte Mjele, a 22-year-old South African woman living with HIV, threw down a challenge to the conference:

'Fellow Africans, our distinguished leaders and friends of Africa around the world present at this conference, our continent did not have to be devastated like this by HIV/AIDS. We should not have allowed it to get to this stage and we therefore have the responsibility to reverse the situation.'

Charlotte is herself an inspiring example of personal leadership. She gave a moving and powerful account of coming to terms with her HIV-positive status, first as an individual: 'Death was not on my agenda. I was young, and knew deep down that I still wanted to live.' Next, Charlotte had to provide leadership to her family, enabling them to come to terms with her HIV status; since then she has become a role model and a leader of international stature. The entire conference stood and applauded in solidarity with Charlotte. The next day, the ECA Executive Secretary, K.Y. Amoako, led participants in singing 'Happy Birthday' to her.

The conference united the personal and political in a unique way. Even the most eminent leaders spoke of the personal, individual challenges that HIV/AIDS was presenting. President Festus Mogae of Botswana humbly admitted, that so far, 'we have failed'. OAU Secretary-General, Salim Ahmed Salim, noted the commitments made by African

leaders since the pandemic was first recognized. 'Regrettably, many of these commitments have not been translated into action.' He asked, 'where have we failed?' and went on:

'Is it the failure to live up to our commitments as leaders? Are there basic constraints that have been difficult to overcome with our capacity? Is it that the malady is so overwhelming and the efforts deployed so far are not correspondingly adequate? What more do we have to do? And which mistakes do we have to correct? What kind of support should we expect from the international community?'

K. Y. Amoako led the way in his keynote presentation:

*'I was a boy when my country, Ghana, achieved independence. I was raised on optimism and the certainty that Africans were destined for a good life. Never, in my wildest dreams, did I imagine that microscopic bugs could push my whole continent to the edge of the abyss. You see these orphanages, you see these villages of graves, you read these reports, you meet with people all over Africa whose lives and futures have been turned upside down. And you just have to stop whatever you are doing and reassess. And this is what I have come to believe: **this is not our inevitable future.**'*

'This is a battle for our continent's survival. We carry inside each and every one of us the potential to increase the problem or the potential to help solve the problem. This is not a policy issue: this is ourselves, our families, our communities, and our hopes. And this is our decisive moment.'

The notes struck by Mr. Amoako reverberated over the following days - personal leadership, a world stood on its

head, the imperative of acting now, and the reality that this is not our inevitable future, that with the right leadership, the necessary resources, and a true partnership of all, HIV/AIDS can be overcome.

How Serious is the AIDS Pandemic in Africa?

Africa suffers from many health crises, including malaria, tuberculosis (TB), and malnutrition. But today, HIV/AIDS is the biggest killer. During ADF 2000, UNAIDS released its updated estimates for the numbers of people infected with HIV, and deaths from AIDS, for the year 2000.

Numbers of people living with HIV or AIDS during 2000

Worldwide	36.1 million
In Africa	25.7 million (71%)

Number of people newly infected with HIV during 2000

Worldwide	5.3 million
In Africa	3.88 million (72%)

Death toll from AIDS during 2000

Worldwide	3.0 million
In Africa	2.4 million (80%)

Total AIDS deaths from beginning of epidemic to end of 2000

Worldwide	21.8 million
In Africa	17.2 million (79%)

Children orphaned by AIDS

Worldwide	13.0 million
In Africa	12.3 million (95%)

AIDS has already killed more Africans than have died in all the wars of the 20th century. By 2005, it is estimated that about 5 million Africans will die annually from AIDS.

Source: UNAIDS, 2000

ADF 2000 COMMITMENTS

The formal outcome of ADF 2000 is the *African Consensus and Plan of Action: Leadership to Overcome HIV/AIDS*. What does this really mean? What are the commitments made by individuals, family and community, by all sectors of society, by governments, and by international organizations? And how are they to be turned into reality?

ADF was a working meeting. It was preceded by a series of 23 preparatory consultations across Africa at the national level, in which governments, UN organizations, the private sector and civil society came together to set agendas and demands for the Forum itself. Six specific groups continued to meet during the Forum itself, and produced their own final statements, which were appended to the *African Consensus and Plan of Action* as an integral part.

ADF was unique in that there were key implications, and specific recommendations, for *everyone*. There were five levels of commitment: personal, community, national, regional and international.

At the personal level

- Every individual must personally break the silence around the norms and practices that fuel the HIV/AIDS pandemic. Each person should regard himself as affected by the HIV/AIDS pandemic (*The African Consensus*: 1.1 and 1.3).
- Every person must confront the reality of denial, stigma, and discrimination. The conference itself was a testament to this. People living with HIV and AIDS

were represented throughout and took a leading role in shaping every discussion, and in determining the final Consensus document (AC 1.4).

At the community level

- The struggle against HIV/AIDS will be won community by community, in every family, village, township and settlement across Africa. Authority and resources to overcome the pandemic must be devolved to the local level (AC 2.1).
- People living with HIV/AIDS stand at the centre of any community efforts to overcome the pandemic. Their rights must be respected in full and their leadership potential recognized (AC 2.3).
- The conference underlined the importance of empowering women in their homes, workplaces, schools and communities, and providing them with the cultural, legal and material means of protection from sexual abuse. Gender concerns included addressing the needs of men as well as women and emphasizing the responsibilities of men towards women and girls (AC 2.4 and 2.5).
- Africa's hope lies in its youth, who are leaders of today and tomorrow. Young people were well represented in ADF 2000 and vigorously asserted their rights, expectations and opinions. The coherence and effectiveness of the youth input was a clarion call that no such conference should be held in future without their full participation (AC 2.10, *Plan of Action*, 2.11).
- The many different stakeholders in communities each have particular roles and responsibilities, which need

to be stressed, to make them full allies in the struggle against HIV/AIDS. Stakeholders include people living with HIV/AIDS, spiritual leaders, traditional healers, health care providers, women's groups, teachers and educators, employers and trade unions, elected representatives and traditional leaders, and older people (AC 2.11).

At the national level

- National leaders' prime responsibility is to create the conditions for community mobilization. The challenge is to scale up and replicate impressive efforts that already exist (AC 3.1 and 3.2).
- Leaders' personal example can transform the moral and social climate in which HIV/AIDS can be discussed openly, and denial and stigma can be overcome (AC 3.3).
- National AIDS institutions need to be strengthened. Effective multi-sectoral leadership is required. Such leadership encompasses action in the health and education sectors, addressing youth out of school, the social welfare sector, ministries of finance, the trade, industry and mining sectors, the rural sector, the military, commercial sex workers and women compelled to engage in 'survival sex'. It also encompasses action in African research institutes, the media, and mobilization of artists and cultural figures. Religious leaders and traditional leaders also have important roles to play. These groups and people living with HIV/AIDS must be involved in national policymaking and implementation (AC 3.6, 3.7, 3.8 and 3.11).

- Adequate resourcing is essential, including the mobilization of all necessary domestic resources. Alongside this, governments need to improve their capacity and accountability (AC 3.9, 5.2).
- Repeatedly, governments reiterated their commitment to make the struggle against HIV/AIDS their highest national priority. For Heads of State, both nationally and collectively, concrete commitments are expected at the forthcoming Abuja Special Summit of the Organization of African unity (OAU) on HIV/AIDS and other infectious diseases in April 2001 (PoA 1.2 and 2).

At the regional and international levels

- ADF 2000 provided an extraordinary opportunity for key stakeholders to put their questions to the assembled Heads of State and Government. The participation of youth, PLWHA and civil society was outstanding, leading to the demand that all stakeholders be represented at the OAU Special Summit as participants (PoA 2.4).
- A continental strategy for the essential and comprehensive care and treatment of people living with HIV/AIDS was called for, including a determined pan-African approach to the affordability of drugs. The International Partnership against AIDS in Africa (IPAA) should be fully implemented (AC 4.3, 4.4).
- Peace is an essential prerequisite for effective programmes against HIV/AIDS. It is essential that African governments and regional and subregional organizations take decisive steps to create and maintain peace (AC 4.5).

- Specific commitments were made for the African position in and contribution to the OAU Special Summit on HIV/AIDS and other communicable diseases to be held in Abuja in April 2001. Specific commitments were also made to the OAU Annual Summit in Lusaka, the United Nations General Assembly Special Session on HIV/AIDS, and the United Nations General Assembly Special Session on Children (PoA 2.4-2.7).
- All stakeholders were of the opinion that the international community should mobilize the necessary resources to enable Africa to overcome the pandemic. A wide range of possible sources of finance was identified. Specifically, the Forum stressed that wherever possible, assistance should be in the form of grants, not loans. It stressed the priority of addressing the problem of the cost and accessibility of drugs, especially anti-retroviral and drugs to treat opportunistic infections. The United Nations Secretary-General was called upon to work in partnership with others on a major fundraising campaign, while international civil society was challenged to mount a campaign comparable to Jubilee 2000. The latter was aimed at making essential treatments available at reasonable cost to people living with HIV/AIDS in Africa (AC 5.2-5.11; PoA 2.8-2.10).
- A clear, specific call was the demand to abolish school fees, to ensure that all children including those orphaned by AIDS have access to education. At a press conference, UNICEF Executive Secretary, Carol Bellamy, announced the launch of a new campaign,

aimed at making sure that every African schoolchild can obtain a free education, as specified in the Universal Declaration of Human Rights and the Convention on the Rights of the Child [AC 3.7(b)].

Throughout the litany of grim statistics, the human dimension of the pandemic was always uppermost. Mrs. Graça Machel said: 'We must remember continually that each one of the statistics that we have heard has a name, has a family, is someone's daughter, son, sister, brother.'

Stakeholder Contributions

The contributions of five specific stakeholder groups were an integral part of the outcome of ADF 2000. These groups, which convened before the Forum and continued their consultations and debates during the meeting, each produced strong statements, which were appended to the *African Consensus and Plan of Action*:

1. *Youth Statement to ADF.* 'Horried, angry, disillusioned, and saddened,' the youth expressed their deep frustrations at the failure of African and international leadership to confront the HIV/AIDS pandemic. The youth expressed a clear message and call for action. Their contribution culminated in the announcement of the formation of the Youth Against AIDS Network (YAAN). 'Young people at the Forum insist that governments, NGOs and international agencies present here today, commit concrete resources to ensuring that our efforts on the aforementioned issues can be continued,' the youth concluded, outlining specific steps that they intended to monitor.

2. *Declaration by Civil Society Organizations (CSOs).* The CSOs called for a partnership between governments, international organizations and civil society. They made strong and clear recommendations for leadership actions by national leaders, voluntary leaders, women, religious figures, business and trade union leaders, intellectual and education sector leaders, cultural and social leaders and the media, military leaders and international leaders. Specific actions were spelled out in terms of inclusion of people living with HIV/AIDS, combating denial, stigma and discrimination, empowerment of women, resource mobilization, reduction of HIV transmission, treatment and care, vaccine development, and strengthening of CSOs active in these areas.
3. *Statement by the Gender Focus Group.* The Gender Focus Group, that included both women and men, stressed the many reasons for the importance of gender issues. It underlined the need for radical changes in gender relations, for empowering women, and for increasing attention to reproductive and sexual health. It concluded with a list of specific recommendations such as inclusion of gender experts and advocates in drawing up post-ADF plans of action, and achieving gender balance in the delegations to future conferences on HIV/AIDS, such as the OAU Special Summit in Abuja in 2001.
4. *The ILO Pre-Forum Tripartite Contribution to ADF.* The ILO, employers, trade unionists and government representatives contributed a precise and targeted list of recommendations for a legal and policy framework for combating HIV/AIDS, for promoting knowledge

and advocacy, for capacity building and for mobilizing social partners in a common strategy. This adds up to a comprehensive workplace - and a community-based set of programmes for addressing the many facets of the pandemic.

5. *Resolution of People Living with HIV/AIDS.* The PWLHA present at ADF 2000 demanded that they should be at the forefront of the implementation of the resolutions arising from the conference. They called for mechanisms to transfer skills and best practices from country to country, and for monitoring, documentation and reporting mechanisms across the continent. They promised to mobilize groups representing PLWHA across Africa to represent their views and interests at Abuja 2001 and subsequent conferences.

'A WORLD STOOD ON ITS HEAD'

HIV/AIDS has stood everything on its head. Dr. Peter Piot said, 'AIDS forces us to do business in a totally different way.' ADF 2000 was itself an example of this new style of 'doing business. The agenda was often set by young people or people living with HIV/AIDS; political leaders spoke with personal intimacy; participants of all kinds broke with protocol by breaking into song - from birthday greetings to Ms. Mjele, to a political mobilization song sung by former President Kaunda, to the final singing of the chorus, 'We shall overcome AIDS.' Several traditional healers were active participants in the Forum, and insisted that their skills and experience be recognized and put to use alongside conventional medicine.

The clarion call from the youth representatives, in particular, was for Africa to confront all its injustices, its taboos, and its powerlessness. 'The youth are angry about poverty, debt, corruption and social injustice,' they said. This was more than saying that change *should* come about: it was a cry that change *must* occur. And no less a figure than Professor Jeffrey Sachs commented, 'Anything is possible. Nothing should be ruled out.'

Every day, one specific issue recurred. Africa needs *grants* from international donors to fight AIDS, and cannot afford more loans. The World Bank and some government representatives explained that, under current rules, loans on extremely concessionary terms are the best that is on offer. Father Michael Kelly, from Zambia, won a round of applause

when he said, 'AIDS has stood Africa on its head. Now, the World Bank and other international financial institutions must stand on their heads so as to see things in the proper perspective.'

The tragedy of the HIV/AIDS pandemic is that it is preventable. With resources and leadership it need not have occurred, and can be stopped. In one breakout session, a participant insisted, 'The issue is not, "What is to be done?" because we know that. The question is, "Why is it not being implemented?"'

The change that is needed is far-reaching. One by one, important recommendations were made that are essential to overcoming HIV/AIDS: assuring women and girls full personal dignity, opportunity and rights; mobilizing the youth; overcoming stigma, denial and discrimination; mobilizing resources for providing essential treatment; stopping wars, providing schooling for all; creating integrated, mainstreamed and scaled-up policy responses; ... the list goes on. Are these unrealistic dreams? They need not be. As underlined by K. Y. Amoako: 'Each and every one of the leadership acts necessary to prevent HIV/AIDS and to help those living with HIV/AIDS, *without exception*, are things we want anyway for a better, more developed Africa.' And as evidenced by the range of participants in the Forum and the activities that many of them are already undertaking, there is much already underway.

An Africa with sustainable and equitable development, universal primary education, equality between the sexes, peace and security, respect for human rights... now that *would* be a world turned upside down.

Children Orphaned by AIDS

On the opening day, a group of Ethiopian children orphaned by AIDS presented a skit in which death came to carry off the father, mother and one sibling in the family. Fear, grief, loneliness were expressed graphically.

There are more than 12 million children orphaned by AIDS in Africa - 95% of the world's total. Care for these children fall mainly upon relatives. African traditions of kinship and hospitality are their main safety net, but the sheer numbers are stretching the social fabric to breaking point. The long-term consequences for future generations of this social catastrophe are unknown. Participants underlined the great needs facing these children.

The Forum also drew attention to older people also 'orphaned' - in a sense - by AIDS. Parents are burying their children; grandparents are burying their grandchildren. Eloquent pleas were made to consider the plight of older people, and to enlist them in the struggle against the pandemic.

PERSONAL LEADERSHIP

Rarely in a prominent international conference, have so many leaders spoken frankly about deeply personal issues. Mrs. Graça Machel led the way:

'In the 21st century, in this era of HIV/AIDS, there are some of our traditions that young people must necessarily challenge and change if they, and we, are to survive. I will give you three examples.

'One, As parents we don't talk clearly and openly about sex and sexuality with our children. No matter how difficult and uncomfortable it is for us as adults, we must show our love for our children by learning to break that barrier and empower them with the information they need to protect themselves. And young people must learn to talk to each other openly about sexual issues, to negotiate and in doing so, to live.

'Two. In parts of the continent the tradition of inheritance of wives continues - a dangerous practice in these times, particularly when this tradition is enforced in communities with high HIV/AIDS prevalence or in cases where it is known that the husband has died of AIDS.

'Three. Some of our communities continue to educate young men with notions of manhood that include encouraging them to view having multiple partners as natural and normal. At the same time, they are told that it is their right, if not their duty, to carry on the family name and the family line by having as many children as possible. In this era of HIV/AIDS, different priorities must be developed and different values exemplified by our young men. Multiple partners not only endanger the young men themselves and their

partners, it also endangers the lives of any children they might have. Instead of carrying on the family name, we are helping them to destroy it. Not protecting yourself will kill your lineage.

'These are some of the areas in which our traditional leaders could show true leadership. As custodians of many of our traditions, they could develop and spread an understanding of the principles that lie behind our traditions, so that these principles might be maintained, while the unhelpful practices are eradicated.'

People Living with HIV/AIDS: Denial, Stigma and Discrimination

The challenge of overcoming denial, stigma and discrimination concerning HIV/AIDS and PLWHA was a recurring theme throughout ADF 2000. Some of the main points that were stressed include:

1. The pandemic cannot be overcome without the full and active participation of PLWHA. Their participation can only be assured by providing sufficient care, treatment and protection of their rights so that they have every reason to be public about their status.
2. The invisibility of PLWHA drives the epidemic underground, creating an environment of denial and fear. People who are HIV positive should be encouraged to admit this fact courageously - especially if they are in social or political leadership positions.
3. PLWHA are citizens, human beings, members of their community and employees. Their rights need to be respected. Cases such as the South African, Gugu Dlamini, who was murdered after speaking in public about being HIV positive, are a shocking indication of how fear and discrimination can be taken to extremes.
4. The importance of being proactive: Organizations representing PLWHA should go out and make things happen, rather than waiting for others to take leadership decisions on their behalf. PLWHA are electors: they can vote, and ensure that PLWHA are represented in parliaments and in policymaking.

Issues of personal leadership directly raised questions of personal morality. Religious leaders have both strong views and immense influence. The delegate from the Holy See quietly explained how he represents more than 100 million faithful across the continent, and how the only truly effective protection against HIV infection is abstinence or fidelity to an HIV negative partner. Condoms, he said, could only be considered a third-best option for protection. Moslem leaders, too, emphasized the importance of maintaining personal morality in matters of sex. 'Sin', said one, is a means of describing risky behaviour.

But others were unhappy with this emphasis. 'Sin', they replied, carries a weight of moral condemnation. Moralizing about HIV, labeling those who are living with HIV or AIDS as 'sinners' or 'fallen', is not helpful - it merely reinforces stigmatization and discrimination. Far better, they argued, to accept human nature as it is and be open about the realities of sexuality. Only with such openness can we expect to remove stigma and fear and confront the epidemic.

This debate was not resolved, but the discussion was conducted with mutual sympathy and understanding.

A second area central to personal leadership is gender relations. Throughout, the Forum was marked by a strong representation of women. Speaker after speaker focussed on gender roles and the power relations in sexual relationships. HIV/AIDS disproportionately afflicts women, for reasons of biology, cultural values and norms, and the fact that the major burdens of care and nurturing for PLWHA fall on women. Meanwhile, it became evident that women's rights to legal protection, resources and opportunities are far from adequate. Even when specified in law, policies are often not

implemented. Of the many issues highlighted in the discussions, and eloquently summarized in the statement of the Gender Focus Group, three are identified below:

1. Both women and men spoke forcefully about the shockingly high prevalence of sexual violence, ranging from rape as a weapon of war to the defilement of young girls by older men, mistakenly believing that sex with a young virgin would 'cleanse' them of HIV. The need for strict punishment of rape, for woman- and child-friendly courts, and for stronger legal protection for women and girls were all stressed.
2. Promoting women into leadership positions was called for. President Yoweri Museveni of Uganda spoke of the symbolism of this when he appointed a woman Vice-President. Although the number of women in his cabinet was small and their power limited, he imaged a traditional Ugandan father looking at the country's number two, a woman, and asking himself, 'perhaps my daughter can achieve something like that?'- and then deciding to keep her in school.
3. The concerns of men were addressed. While women remain relatively powerless in negotiating sex, risky sexual behaviour will remain very common. Several speakers referred to the importance of changing men's attitudes and practices. To illustrate the inclusivity of the concept of 'gender', the Gender Focus Group selected a man to present its final statement.

Finally, there was a call for leadership by example. What example is being set by Africa's leaders for their citizens and young people? What credibility do they have when they call

for behavioural change? How many individuals in leadership positions are themselves HIV positive but are keeping this fact secret? How can Africa call for billions of dollars in international aid if the past record on corruption and misuse of funds is not remedied? CSOs, the youth and others fearlessly raised these issues.

'MOBILIZATION AS IF FOR WAR'

From the first day to the last, national political leaders and heads of UN agencies compared the struggle against HIV/AIDS to a war, assuring the Forum that their countries and their organizations would be put on a war footing. Dr. Salim Ahmed Salim, Secretary-General of the OAU, opened the Forum by saying:

'There is a dire need to reorient the concept of national security to transcend the invasion of borders and threats to governments.... Our societies, in their entirety, have to enter into a combat mode for liberating themselves from the pandemic.'

President Negasso Gidada of Ethiopia responded to the challenge. He said, 'HIV/AIDS is a national disaster that needs an even greater level of national mobilization than that devoted to armed conflict.' He went on to promise that, having just concluded a war with Eritrea, Ethiopia would now mobilize itself for a war against AIDS. The Forum also applauded, UNDP Administrator, Mark Malloch Brown, when he similarly vowed to put his agency on a war footing to combat HIV/AIDS. The theme was repeated by almost every national leader who took the podium, along with many from the international organizations.

But not all saw mobilization in these terms. Mrs. Mary Chinery Hesse, recently retired from the post of Deputy-Director-General of the ILO, pointed out that HIV is a very different adversary from a conventional enemy; that the kinds of leadership and command that are demanded in this 'war' are very different. It demands partnership, empowerment of women, transparency, and a sympathetic understanding of the problems of youth, she said.

The point was echoed by Mrs. Graça Machel, herself a renowned liberation fighter:

'My experiences during our armed conflicts and in the struggles to recover and rebuild Mozambique have given me a very clear understanding of the strength that lies in our African communities. It is essential that we mobilize that strength and recognize that we must use all of our human resources. It is still the case that we don't give enough prominence to the potential and the contribution of women and young people.'

Throughout, women and civil society stressed their demand for *social mobilization*: many were clearly uneasy with the war metaphor. For some, the unease found tangible expression in the Heads of State Forum, when the youth representative, demanded of the assembled Presidents, 'How can you continue to fight wars when confronted with the disaster of HIV/AIDS?' President Yoweri Museveni replied, 'I think the youth need some ideological orientation.' He argued that some wars are justified, and others are not, 'Don't listen to uninformed preachers who tell you to sleep when you should be awake.' President Paul Kagame of Rwanda stressed the imperative of fighting against those responsible for genocide in his country. Prime Minister Meles Zenawi of Ethiopia stressed that his country was an unwilling belligerent in its recent war against Eritrea, and went on to ask, 'AIDS or no AIDS, would it not be right to fight apartheid?' Only President Festus Mogae of Botswana turned the question around and emphasized the importance of sparing no effort in the search for peace in Africa.

In the final session, Dr. Mustapha Gueye, speaking for CSOs, laid down a test for Africa's leaders:

'If you are serious about treating the campaign against HIV/AIDS as comparable to war, we shall monitor your expenditures on arms, and if the spending on HIV/AIDS increases and on the military decreases so that more is spent on HIV/AIDS than on the military, then we will know that you are serious.'

AIDS in the Military

AIDS in the military has for too long been a taboo subject: rarely acknowledged, often denied. A breakout session on this subject was the first opportunity for many to educate themselves about the extent of this problem. In some armed forces, HIV-positive rates of up to 70% are reported. And because Africa's armies are so influential, so mobile and so large, this has far-reaching implications.

1. High rates of HIV among soldiers represent a crisis in itself. It is also a clear and immediate danger to governments, whose stability can be threatened by a crisis in the army.
2. Many armies have yet to develop policies for responding to soldiers who are living with HIV. They have responsibility to respect the rights of these soldiers and to provide them with care and treatment.
3. HIV/AIDS in the military must be addressed in tandem with the problem in surrounding civilian communities.
4. Vigorous measures are needed to orient the uniformed services (including not just armies but police and prison officers also) to responsible codes of social behavior. Reliably enforced penalties should be in place for when men in uniform fail to respect these codes.
5. Sexual violence is a common feature in many conflicts. It is one of the important modes of transmission of HIV. In Rwanda, the deliberate infection of women with HIV was one of the tactics of the genocidaires.
6. In order to tackle the HIV/AIDS pandemic, Africa needs peace.

'A SOCIAL IMMUNE SYSTEM'

Mobilization as for war served as a metaphor for national leaders and those in charge of major organizations. For those most actively engaged in bringing about the necessary social and individual change, another metaphor served: 'creating a social immune system.' What would a 'social immune system' against HIV/AIDS consist of? The Forum gave some clear indications of the components of the prevention agenda. Perhaps the strongest came from the PLWHA and other CSOs.

This idea was introduced by Dr. Peter Piot of UNAIDS, reflecting on his World AIDS Day visit to Uganda:

'While in Uganda, I met with women who are preparing their children to be orphans. Organising everything from memory books to sustainable arrangements for micro-credit. These women are truly leaders. They have faced up to AIDS realistically and truthfully - it is they who have had to tell their children that their fathers died of AIDS and that their mother is infected with HIV, too. But they have also kept hope alive in planning a safer future for their children to live in dignity.'

'There is no escaping the reality that AIDS can only be curbed through a sustained social mobilization that systematically reduces vulnerability, so that individuals and groups are effectively able to reduce their HIV risk... Reducing vulnerability to AIDS and its impact is about creating a social vaccine, or better still, a social immune system that continually learns, builds and

rebuilds itself in protecting against the impact of AIDS. HIV does to society what it does to the body. AIDS strips the human body of its capacity to protect itself at the same time as it strips a society of its protections - the teachers, the engineers, the farmers, the leaders and the generations of youth who were to have grown into these roles.'

A cornerstone of the Forum was the principle that people living with HIV/AIDS are themselves the greatest asset for any such 'social immune system'. Charlotte Mjele, said:

'If you treat yourself as a shameful HIV victim, others will be happy to treat you that way as well. But if you treat yourself as a positive role model, they'll accept you and respect you. I let people see and know that I'm not an HIV statistic, but a dynamic young woman full of life, and with dignity who happens to have HIV infection.'

Repeatedly, the initiatives of PLWHA were identified as being fundamental to any successes in raising awareness, changing behaviour and instituting new policies. The Forum heard from Burundi, South Africa, and many other member States. The persistent efforts of some Ugandan soldiers living with HIV and their 'Post-Test Club' were instrumental in forcing the Ugandan army to change its policies.

But more is needed. 'If we are 20 or 30 per cent of the adult population,' asked one PLWHA, 'why do we not have members of parliament (MPs) to represent us?' Clearly, PLWHA are preparing to flex their electoral muscles. If the corridors of power are not opened to them, they made it clear that they will force their way in.

Access to care and treatment is the number one agenda item for PLWHA. This is crucial not just because it is a basic human right, but because we cannot encourage people to break the silence without offering treatment and care in return. Care and treatment provision is part and parcel of the prevention agenda.

Education and communication are key weapons. Following on from the theme of ADF 1999, the uses of information and communication technology (ICT) were stressed. ICT has the capacity to help to break down the walls of ignorance and censorship, and provide the necessary information to all those who need it.

The media is an essential ally too. True to their vocation, journalists present at the Forum tended to listen rather than speak. But their role was stressed. Mr. Omololu Falobi, a member of Journalists Against AIDS/Nigeria, said:

The journalists' task is not only to report - even though that is a hard enough work to do. Frankly, I think we have passed that stage. We have merely reported in the past decades and see where it has got us.'

Three main items were underlined for the media. One is agenda setting: taking a lead in determining the content and tone of public discussion. Two is stakeholders' participation: ensuring that all voices are heard. And third is whistle blowing: the duty of telling the story how it is. As secrecy and ignorance are the allies of the virus, reporting the truth is a weapon to fight the pandemic. Other elements in the 'social vaccine' follow in the succeeding sections...

Business, Labour and 'Misplaced Persons'

ILO, trade unions and employers were fully represented at the Forum and discussed extensively their respective obligations and rights. They agreed that there is a need for an international code of good practice to be developed and utilized to safeguard and guarantee the rights of workers with HIV/AIDS, and to specify the responsibilities of employers. They discussed prevention and control initiatives at the level of enterprises, workers' training in HIV/AIDS, and the roles that businesses can play in advocacy, supporting community-based education, and supporting the dependents of employees living with HIV/AIDS.

Another focus of discussion was migrants, refugees and mobile populations (truck drivers, traders): some of the most at-risk people, but some of those hardest to reach. Another group included was commercial sex workers: perhaps the highest-risk category of all, but the most stigmatized and excluded. The Forum failed to find an effective agenda for focussing on these people, who fall between the responsibilities of different national governments, and the mandates of different international organizations. How to reach these 'misplaced persons' is an unanswered question.

TRUE PARTNERSHIP'

Dr. Mamphela Ramphele, World Bank Managing Director, called for a 'true partnership' to combat HIV/AIDS. CSOs picked up this theme in their final statement, summarized by Dr. Mustapha Gueye:

'We are encouraged that African national and continental leaders, and international donors and partners are recognizing the scale of the challenge posed by HIV/AIDS. We urge them to do more, to match the efforts of African citizens and civil society organizations. We urge them to enter into a true partnership with African civil society: it is through such a partnership that we will succeed.'

ADF 2000 provided a unique and important glimpse of where Africa stands today in terms of the mobilization of key constituencies. The militancy and determination of key stakeholders were evident throughout the Forum and sent an unmistakable message to both African political leaders and the international community.

Prime Minister Meles Zenawi of Ethiopia indicated what such a true partnership might imply. He called for a 'Jubilee 2000-style campaign'—comparable to that mounted to write off Third World debt—to pressure pharmaceutical companies to provide drugs at cost price, or close to it, for Africa.

The case for a radically new approach to international resourcing for HIV/AIDS was put most eloquently by former Zambian President, Kenneth Kaunda. Speaking of PLWHA, he said, 'To the shame of the entire world, they are too poor to buy life-sustaining treatment.' The moral issue is central and inescapable, he stressed.

‘Something is terribly wrong here. The world is denying life to people so that debts can be repaid, financial institutions retain their credit worthiness and banks their profitability. Which come first, people’s lives or debt repayments? The most basic human right is the right to life. The other side of that coin is responsibility, the responsibility of the entire world community to ensure that every man, woman and child enjoys the right to stay alive. Current debt repayment schedules make a mockery of that responsibility.’

True to the central ADF 2000 theme of leadership, there was no sense of fatalism. Participants repeatedly stressed that it is not necessary to wait for the international community to ‘save’ Africa: the continent must take the leadership actions necessary irrespective of what the rich world provides. Only when there are effective programmes, without corruption, can Africa truly expect that assistance will come.

So serious is the HIV/AIDS pandemic, said Dr. Kaunda, that UNECA should consider becoming the Economic and AIDS Commission for Africa. The former Zambian President volunteered himself as a candidate for a post in this new, expanded Commission - and suggested that one or two other retired or retiring Heads of State might also like to compete for these positions.

The discussions of ADF 2000 were overwhelmingly focussed on Africa and, to a lesser extent, its relations with international donors. But several key speakers, including UN Secretary-General, Kofi Annan, and UNAIDS Director, Dr. Peter Piot, emphasized that HIV/AIDS is a global problem that requires a global solution. While Africa has the largest number of HIV infections and AIDS cases, the fastest increase in prevalence is currently in Eastern Europe, the former Soviet Union, and several countries in Asia. These eminent speakers stressed the importance of Africa joining a global movement to contain HIV/AIDS.

A Tunisian delegate emphasized that African nations - including his own - are ready and willing to assist others with expertise and personnel. A similar point was made by representatives of the African diaspora communities, who repeatedly stressed their readiness to assist their home continent with their skills, their advocacy, and whatever resources could be raised. The African diaspora is evidently a major untapped resource for African governments, civil society and communities - an important player in the partnership.

A constant undercurrent in the Forum was Africa's poverty, and its dependence on wealthy donors. Is the architecture of international finance so immovable that loans cannot be converted to grants, that anti-retroviral drugs cannot be provided cheaply, that debt cannot be written off quickly? Africa's experience in recent years in these areas is daunting. But Harvard University Professor, Jeffrey Sachs, insisted that the world possesses the necessary resources, and the rules for providing assistance for HIV/AIDS can be changed. He laid down some immediate challenges for governments and international organizations:

1. The G-8 club of leading developed nations should prepare a report on how care, treatment for HIV/AIDS and assistance to cover the impact of the pandemic can be financed.
2. The World Bank and IMF should present a report on how loans can be converted to grants.
3. UNAIDS should prepare a report on AIDS statistics and the global cost of treatment, care and remedial assistance.
4. African governments should present a progress report on the implementation of the Action Plan to be contained in the final document of the April 2001 special OAU Summit to be held in Abuja.

Without giving a precise plan of action, Prof. Sachs made it crystal clear that political will and inventiveness were the key. As was frequently the case, it was Mrs. Graça Machel who encapsulated this sentiment and direction.

'The truth of the matter is that over the past decades we have heard many promises from the international community to provide billions of dollars to assist the development efforts of Africa. Only too often these promises have not been kept, or the assistance has been given in ways that undermine rather than support us.

'We must organise, organise, organise. We must mobilize, mobilize, mobilize. We must educate. We don't need to wait for the billions that have been promised by the donors. If we begin to do this ourselves the billions will come.'

On the final day, OAU Secretary-General, Salim Ahmed Salim, echoed these words: 'Mobilize! Mobilize! Mobilize!' Overall, the agenda of social mobilization was stressed during the Forum and was well reflected in the Consensus and Plan of Action. The fact that the statements of PLWHA, CSOs, the gender focus group and the youth were attached as integral parts of the final document also represented an important step forward.

The International Partnership against AIDS in Africa was given significant attention by ADF 2000. Not only did the UN Secretary-General emphasize in some detail the importance of the IPAA in his presentation, but immediately on the conclusion of the Forum, an entire day was devoted to discussion of how the Partnership should be implemented in the coming year. The IPAA is emerging as an Africa-owned and Africa-centred international initiative that can encompass and augment existing initiatives, building upon best practices and knitting together diverse experiences and capacities.

‘YOUNG PEOPLE ARE THE KEY’

United Nations Secretary-General, Kofi Annan, began by quoting a 13-year-old girl, Alexandra, who told him,

‘ “My country is dying. It is up to us youth to make sure it somehow stays alive, because the adults are not doing that for us. We children should not have to do that, but since we do, we’d better prepare ourselves....” Which country Alexandra comes from hardly matters, because there are millions more young people like her all across this continent. What matters is that she is right: they should not have to do that.’

Mr. Annan reflected that all the gains of the last ten years, since the September 1990 World Summit for Children, in terms of life expectancy and life aspirations for young people, were now being reversed. Others repeated the grim realities. Mother-to-child transmission of HIV - most of it preventable - was bringing infant mortality rates up to levels not seen for decades. AIDS is causing massive crises in schools. Young people, especially young women, are the category most at risk from contracting HIV. According to statisticians, young people in Botswana today are more likely than not to die of AIDS. We face the prospect of a generation of young Africans decimated by HIV/AIDS. H.E. Mr. Justin Malawezi, Vice President of Malawi, said:

‘Our hope lies with the uninfected youth less than 15 years of age. Keeping young people HIV negative is probably the greatest challenge to us African leaders.’

But young people are also the key to overcoming the pandemic. In the keynote address for CSOs, Mrs. Mary Chinery Hesse said:

'A moral challenge is to address our continent's youth. It is young people who are overwhelmingly at risk from HIV/AIDS. Many young people are by nature risk-takers: they want to experiment, to explore their sexuality, and they may be oblivious to the consequences. Experience shows that the people who will influence the youth, to change their behavior are the youth themselves.'

Mrs. Hesse gave the example of youth who risk their lives by driving in a fast and dangerous manner. If Africa's young people do not see a confident, secure future for themselves and their continent, then why should they protect themselves against another risk, that of HIV/AIDS? Hence the struggle against the pandemic is one and the same struggle, for a better future all round. Mrs. Graça Machel spoke directly to the point:

'Young people are the key. They are the group that are being infected at the greatest rates. They are the key to prevention and often shoulder the greatest burden of care. They are the group that inherits this catastrophe. Yet we continue to marginalise them, not recognising their strengths and not building on their potential.'

ADF 2000 was a landmark in that it did not marginalize the youth. Throughout the Forum, they were physically present and their voices were heard. The youth came prepared and militant. They were not reading from a script. They were not congratulating themselves on past performance. Mrs. Graça Machel acknowledged this:

'I want to say to all the youth delegates and young people attending this conference - thank you. Thank you for showing us your strength. Showing us your

concern, your wisdom and your commitment. Your active and inspiring participation in this conference has illustrated how we throw away so much of our strength as communities when we don't include you in our deliberations, planning and implementing of policy.'

Throughout, it was often the youth who asked the most direct, pointed, and sometimes embarrassing questions. They caused some discomfort. That was as it should be. A coming challenge is for future meetings on HIV/AIDS, and future mechanisms for policymaking, to include youth representation of comparable strength and vigour.

ADF 2000 also saw the formation of the Youth Against AIDS Network (YAAN) - bringing together the youth representatives present at the Forum. YAAN set itself ambitious goals for rapid set-up and activism and appealed to donor for funds. It has the following objectives:

Sharing experiences of activism;

1. Exchanging information about participatory youth policy and research processes;
2. Encouraging and supporting youth networks of PLWHA; and
3. Forming alliances with young people in African countries, in other countries of the South and with youth in the North, to challenge debt, loans and the global trade issues that negatively impact on poverty.

HIV/AIDS and Schools

The HIV/AIDS pandemic is having a disastrous effect on schools and education. The Forum heard how in many countries, teachers are dying at a faster rate than their replacements can be trained. Many children - especially girls - are taken out of school, either because their families cannot afford school fees or the cost of uniforms and books, or because their labour is needed at home to care for sick parents or relatives, or to earn money because the household's breadwinner is sick or has died.

Participants explained the vicious cycle this was setting in train. Uneducated girls are likely to be poorer and more vulnerable, less skilled at negotiating safer sex, and are more likely to be the victim in an abusive relationship or to be forced into 'survival sex'.

In response to this, UNICEF Executive Secretary, Carol Bellamy, called on all countries to abolish school fees and other payments for state schools, and for governments and donors to take the necessary steps to ensure that all children can enjoy their fundamental right to a free education.

Schools' roles in combating the pandemic were discussed. HIV/AIDS education should be on the curriculum. With some dissenting voices, the general consensus was that it was better to educate children about sex rather than treating this as an 'immoral' subject. (President Yoweri Museveni reported how improved sex education had not only led to reduced HIV transmission, but also had raised the age of girls' first sexual encounter and decreased the number of teen pregnancies.) In addition, participants proposed that schools should be role models for gender equality, and tolerant, open societies.

'WE WILL WIN'

The HIV/AIDS pandemic in Africa has been recognized for almost fifteen years. Horrendous predictions were made at the start of the 1990s about the possible spread and impact of the pandemic. These predictions have now, unfortunately, been met and even exceeded. Much time has been lost. But, as evidenced by ADF 2000, Africa is in a hurry to face the difficult realities and is determined to succeed. A new version of the AIDS acronym was proposed: *'Africa Is Destined to Survive.'* But it was former President Kenneth Kaunda who provided the most enduring slogan of this resolve:

'In this age of information technology, we are used to seeing the three letters W W W. Madame Chairperson, Ladies and Gentlemen, let W W W be our driving force, our inspiration in this war with AIDS –

W W W–We Will Win!'

Many important examples of successful programmes and policies were presented during the Forum. Uganda has initiated some of the most successful programmes. President Yoweri Museveni recounted the story of the early recognition and combating of HIV/AIDS in his country. Putting aside his script, the Ugandan President demonstrated how he was able to encourage his countrymen and women to address issues such as sexuality. He gently mocked the slogan, broadcast after the TV news in the early years of the epidemic, *'love carefully'*. 'Who saw this?' He asked, and answered, 'Not many.' Few Ugandans have televisions. Most do not even have electricity. Instead, he said that the threat of HIV/AIDS demanded making a 'really loud noise, so as to wake the whole village.' And that was what he had done,

using the radio (in local languages), public meetings and speeches, alongside other measures including empowering women.

The Senegalese experience stands as a textbook case of early and consistent action to prevent a major HIV/AIDS pandemic. Participants from Senegal detailed the involvement of religious leaders (Moslem and Christian), the early engagement of the military, the far-reaching public education efforts, and other measures that have kept HIV prevalence very low in that country. Senegalese took leading roles in many breakout sessions and the Senegalese Prime Minister, Moustapha Niasse, summarized this encouraging experience on the final day of the Forum.

Innumerable civil society organizations testified from their experience, that successful initiatives are possible and effective at the grassroots. The challenge is to expand the scale. Dr. Peter Piot emphasized that the struggle against HIV/AIDS will be won family by family, community by community, programme by programme, ministry by ministry, throughout Africa. There is no magic bullet, he said, instead there is a collective responsibility that falls upon everyone.

ADF 2000 witnessed the coming together of an unprecedented coalition against AIDS in Africa by youth, civil society, people living with HIV/AIDS, governments, and intergovernmental organizations. Is this a true coalition, a continent-wide mass social mobilization against HIV/AIDS? Is it a true partnership across sectors, countries and continents? Are we seeing the development of Africa’s ‘social vaccine’ against HIV/AIDS?

Time will tell, and in particular, the challenges laid down for specific actions in the coming months will make it possible to see the depth of commitment. ADF 2000 laid out a roadmap

for the next year, in terms of demands to be made at successive conferences and in terms of the participants at those conferences.

The OAU Abuja Summit in April 2001 will be an opportunity for maintaining the tradition set by ADF 2000 for the full inclusion of youth, PLWHA and other stakeholders, in a high-level conference. The real and symbolic value of this should not be underestimated: Africa is on its way to devising prevention and care strategies at all levels - community, national, subregional and continental. But, as underlined by Dr. Peter Piot, 'summits should not consume all our energies.' There is work to be done.

Let us give the final word to Mrs. Graça Machel:

'This conference is a huge opportunity. Let us use it to its full advantage and make sure that it does not become another "talking shop", but that our people can look back and say that ADF 2000 was a turning point in the struggle against AIDS in Africa. I plead with you - political leaders, religious leaders, civil society leaders, youth leaders as well as the international financial institutions and donor countries and organizations gathered here - no more fictions. Do not fool Africa any more. Let us move forward.'