

## CYBER DIALOGUE: GENDER AND HIV/ AIDS

7 March 2005

Transcript of the chat (tidied but not edited)

lydia10	Good morning to everyone and welcome to the Cyber Dialogue on Gender and HIV/AIDS. Our panelists are: Anne Vanjiru of GROOTS in Kenya, Mary from Rwanda Women's network and Rebecca Schleifer of Human Rights Watch. My name is Lydia Levin and with my colleague Colleen Lowe Morna we will be facilitating this chat. The format of the chat is that we will post a question and ask the panelists to make contributions. Participants will then also be able to chat on the topic.
Rebecca	Hi. I'm Rebecca Schleifer. I work with the HIV/AIDS and Human Rights Program at Human Rights Watch.
effila	Effila i'm in Cameroon central Africa
isaiah	Yes we have met before in Nairobi African Woman and Child Feature service (AWC)
lydia10	HIV / AIDS is not specifically mentioned in the BPFA and it has not featured significantly at this conference. What is your view on this?
Imarshmallow	hi everyone. claire here, from manila, philippines. i do internet-based work for a women's media advocacy group.
effila	You know that dental profesionels are women i want to know if we will have a specific programm to help us to take care of infected persons?
Ann Wanjiru	Governments are not taking AIDS as a disaster seriously, and it is worrying us so much at the grassroots level.
isaiah	it is a huge disappointment that HIV/AIDS has not featured in the conference. I think it is one of the most important themes in our lives today
Ann Wanjiru	I think this is an area where civil society really needs to address this issue so that governments can see that it is a disaster.
colleen	I think there are a few issues here. First HIV/AIDS was not on the agenda ten years ago, and this conference is about reviewing and reaffirming Beijing rather than adding new issues. Second, HIV/AIDS is increasingly about the south, about Africa, about Southern Africa. Its not a global concern, not a northern concern, and they have the resources to make a noise at events like this. Third, HIV/AIDS is hurting women; and wherever women bear the primary brunt, there is always a silence. On a positive note SADC is looking to introduce a resolution at the conference onm HIV/AIDS
Rebecca	Women and girls face human rights violations throughout their lifetime -- sexual abuse and violence as children in and out of school and in marriage and long term unions; discrimination in property and inheritance right; unequal access to information and health services. Many of the events around the BPFA have focused on these rights violations, but there needs to be more explicit recognition both of their links to HIV/AIDS, and of the need for governments and donors to protect and promote women's and girls human rights violations as a central part of the response to HIV/AIDS.
Linnet	Who ever thinks of the psychological effects that women go through when taking care of HIV/AIDS patients?
isaiah	how would you explain the lack of emphasis on HIV/AIDS at CSW, now that there are many representative from countires ravaged by the scourge??
Betty Oyugi	It is so unfortunate, many lives are being lost because of HIV/Aids and poor

	people continue suffering. Something serious needs to be done.
colleen	Linet your point about psychological effects is really important. We always think in practical terms when we think about women, as though they have no soul, no being. You are so right about the draining, devastating psychological effects of all this.
Susan Mwangi	Ann, what are some of the suggestions women from the grass roots level suggestion on dealing with HIV management and care?
effila	Ann i think civil society have to ask to the WORLD BANK to help those who are able to traduct in local languages the recommandations about Hiv and to fight it
ubah	Women in kenya are the most vulnerable groups to HIV/AIDS infection
Ann Wanjiru	Most people do not think of those psychological effects. Nobody accounts the work that women are doing, especially the grassroots women on the ground. Grassroots women are working as what the government used to call extension health workers. Governments and donors need to account for the work that women are doing in the community without resources. Resources need to be channeled to them to support the work they are doing on the ground.
Rebecca	Linet's point (about the psychological needs of women caretakers) is an important one. On a related note, policymakers need to be honest about what we mean by "home-based care" -- additional burdens for women and often girls already responsible for domestic work. Mental health services need to be an important part of the package of support provided to "home-based carers."
Linet	Colleen, the empasis in many countries now is on anti retroviral treatments. mind you most of the patients go to recover at home where it is WOMEN who take care of them.
Ann Wanjiru	Civil society in the North and South should hold governments responsible for the money that is being given and received for response to HIV/AIDS. Donors should not sit in their offices and wait to receive information. They should come and look at the work that is being done on the ground.
isaiah	it is very important to make note of the burden of care faced by women,both in urban areas, but particularly in inflraml settlements are rural areas in countries in East Africa
isaiah	Ann, colleen, Linet. I still think AIDS has been with us long enough to be a priority in policy and to be onthe agenda in forums like CSW and others
colleen	You are right Linet, and the assumption is that administering anti retovirals is like administering aspirin which it is not. We must also remember that only a tiny fraction of those living with HIV/AIDS are actually on anti retroviral drugs. And it would be interesting to know what portion of these are women? Do your governments give gender disagregated data?
Rebecca	We think that there's a significant problem getting gender-specific data on HIV/AIDS treatment, and are very interested in knowing both whether your governments provide this data, and what efforts you have made to obtain it.
Ann Wanjiru	on the grassroots level, we don't know what sort of data the government has, because the information doesn't trickle to the grassroots level. That's why the governments should have a bottom up approach instead of top down.
lydia10	Women do carry the major load of care-giving. How can governments recognise this work and help to ease the burden on women?
ubah	its unfortunate that so much is said about the pandemic but very little comes out of the discussions. in light of these, what do women and partucularly those from

	kenya stand to acheive from the conference.
Ann Wanjiru	Governments have to have partnerships in the communities and give communities resources to continue the work they are already doing on the ground.
isaiah	the administration of ART in Kenya is not gender sensitive, and ultimately, you find that more men living with AIDS recieve treatment than women and children
Susan Mwangi	It should be made mandatory for governments to make a provision of having ARVs accessible at all governmental hospitals and at all levels. I think the women who are participating at the CSW should take upon themselves to bring up HIV and AIDS besides, it cuts across all issues being discussed there.
Rebecca	Isaiah and others: why is it that more men living with HIV/AIDS are receiving treatment than women and children? What barriers are women, children facing in getting ART in Kenya and elsewhere?
colleen	For a start I think that there should be grants or subsidies to those who provide home-based care. In Botswana, these are provided in kind; care packages with food medicine clothes etc. That is one way of ensuring that the resources get where they are needed. At least it is a recognition by the government that care is not free and should not be taken for granted.
Ann Wanjiru	Even if men are receiving ARVs, that is not the priority at the grassroots level. The few who are getting drugs from donor clinics, it doesn't matter, because there is no food, and you cannot take ARVs without food.
Linet	I believe that there is gender disaggregated routine data collected by the health institutions. we need to get this data, analyse it and use it for policy advocacy.
Farirai	If AIDS is not the one of the main issues at CSW what is the topical issue? Some of us here in Africa thought the CSW will give us a strong political space for showing the nexus between poverty, gender inequality and HIV & AIDS! Its scandalous that women are have been made the ministries of health, education, social services, agriculture etc, and yet their contribution in CARE remains undervalued and un-accounted. There is urgent need for advocacy for gender repsonsive budgeting for HIV & AIDS
Susan Mwangi	First, women are manily lest at home to fend for the family and rely mainly on the man for transport. The man on the otherside may have the time and the money to go where he can access the ARV's.
Betty Oyugi	Women need to be helped out. The burden they bare is too much....it should not only be about treatment....it should be how best they can cope with the situations around them. Governments should address physcological needs of women by atleast offering Icome Generating Activities for these women. Who most of the time come from poor backgrounds
colleen	Linet you are right about getting the data. Maybe this could be one of the action points to come out of this chat. We can raise it here at the conference with the SADC people drafting the resolution.
isaiah	mostly the problem is with policy. policies that exist here for example are not gender specific (just like statistics) and budgets allocations are also not spacific about gender. whereas we know that women are bearing a bigger burden, allocation of resources are not responsive to such facts. i think this cannot happen by it self but governments MUST put up policies to give priority to womne
Ann Wanjiru	The governments are giving women those positions in order to please donors, but the decision making power of women at the government level is very low-

	even when they are in a position to make decisions, they are not supported by men.
Ann Wanjiru	The other issue is that even if there are great policies, they are not implemented- they are just put in place to please donors.
naz9	Perhaps those who are working on gender-responsive budgeting processes should be bringing the issues of HIV/AIDS into their analysis of national budgets, perhaps the Global Fund for AIDS, TB, and Malaria should be reviewed using gender-responsive budgeting tools?
Ann Wanjiru	The civil society and donors need to hold the governments accountable for the resources they get.
colleen	I agree with Naz about gender responsive budget tools for HIV/AIDS. Can UNIFEM help?
isaiah	great policies and resources (like PEPFAR, Global Fund and governments budgets as well) should indeed be reviewed using gender responsive budgeting
Ann Wanjiru	Governments should know that sooner or later, HOME Based care workers are going to declare a national disaster. They are so overburdened, that they are dying before those that they are caring for!
Rebecca S	I'm not sure that institutions reliably collect data about ARVs by gender, age or otherwise, nor that this information, if collected by health institutions, is reliably shared beyond the local level. Perhaps this is something that should be raised in the declaration this week.
rayel	can any body give me the difference between tenovir and triterapy?
colleen	You are right Ann; gender disaggregated data should also be part of accounting for donor funds.
naz9	UNIFEM has a large programme working on gender-responsive budgeting and already in our work in Mexico we have been looking at the health sector, with some emphasis on HIV/AIDS. More and more, our work in Africa has been "mainstreaming" HIV/AIDS - and through this, we are definitely looking to expand our work in the area of gender-budgets and HIV/AIDS
lydia10	What can governments do to ease the burden of home based care workers?
Farirai	, UNIFEM Nairobi office together with CCGD has developed a manual on gender budgeting in HIV & AIDS. The manual was adopted by IGAD ministers of Women's Affairs/Gender. Its important for the same to be applied systematically and the results to be monitored.
Ann Wanjiru	The resources need to be channeled to HBC workers. The capacity of women need to be built by methods such as local-to local dialogues and peer learning. These are the types of things that we are doing in GROOTS Kenya.
Ann Wanjiru	The HBCgivers need to be supported economically. We need to live.
lydia10	Anne pl tell us more about GROOTS' work
naz9	In response to Lydia's question - I think govts need to recognize the value of this work, they need to allocate resources to support this work, they need to ensure each and every care giver is given the information and supplies they need to do this work, and they need to ensure that their policies do not make it even harder for women to continue to do this work.
Betty Oyugi	How best can we sensitise governments to see the need of creating gender responsive budgets towards HIV/Aids?
effila	Rayel Tenovir can be included in triterapy but it's able to works only alone when you are'not still sick

Ann Wanjiru	GROOTS Kenya is a network of grassroots womens organizations in rural and urban areas. We operate in 15 regions of Kenya. Our area of focus is to build the capacity of women to participate in development issues and decision-making.
Rebecca S	As for what governments can do to ease the burden for home-based carers: governments (and donors supporting HIV/AIDS programs) need to inscribe protections for women's rights in law and policy and recognize that this is an essential part of the response to HIV/AIDS. Law, policies, programs and money need to ensure that women have an equal right to property and earnings on divorce and as widows, for example, and that they have adequate protections against domestic violence. Unless home-based care provisini are seen in the larger context of women's lives -- including with respect to rights violations -- such programs may only add to women's oppression.
lydia10	Are there any countries where you know of good policies and practices in relation to supporting HBC workers?
ubah	The provision and accessibility of AVS should be of paramount importance. The socio-economic situation in the less developed countries have made it impossible for the poor to access these drugs. its about time women at the conference discussed ways of reducing the cost of ARVs and bring aboard all the stake holders(the pharmaceuticals) if the fight is to be won.
Ann Wanjiru	Some of our programs are around HIV/AIDS, governance, peer learning and also now orphans, youth and specifically supporting home-based care. For example, in the slum of Mathare, we are giving care to 300 patients.
Bahouan	Dear Lydia 10, I don't understant why HIV is still preading despite the sensitization governments and NGOs are undertaking. I think people must be jealous of their body. What are they doing for themselves to avoid this terrible sickness. I can not just be waiting govenment or someone else to take of me for a sickness I could avoid by abstinence if I'm not married or fidelity if I'm married
Susan Mwangi	Does GROOTS undertake trainings for this HBC
Ann Wanjiru	You can get HIV through many sources.
rayel	hi effila were those women in douala still not because they were taking tenovir for the experiences cameroun talked about
Rebecca S	Abstinence may work for some people; but many women and girls cannot "abstain" from being raped during marriage or by their classmates or guardians; nor can many women enforce their husbands' fidelity, or even negotiate when or whether to have sex in marriage.
Ann Wanjiru	HBC workers get HIV from their patients when they're caring for them and from sharp objects.
Ann Wanjiru	Yes, GROOTS has a program to do training of trainers of HBC. We go into a community through a focal point. We train them and facilitate them to train the trainers so that knowledge can be left in the community.
Ann Wanjiru	Out of these trainings Home based care groups are formed in communities.
pierrette	la communaute internationale devrait exercer plus de pressions sur les gouvernements du tiers monde afin de resoudre le probleme de marginalisation de la femme dans le processus de decision. les initiatives telles que beijing plus ten sont a encourager. dommage que des decisions ayant force executoire ne puissent y decouler
kito	do you have men participating in HBC trainings? because in partiarchal societies, they are still in charge of all resources, even those needed for HBC

Bahouan	I totally agree that women are during marriage or by classmates. If it was only in the marriage
Ann Wanjiru	You can find some information about us on <a href="http://www.groots.org">www.groots.org</a> , which is the website of GROOTS International
Ann Wanjiru	Yes, men participate in our trainings, but only very few.
fouegoum	lydia 10, have your legislation take measures or laws about, people contaminating others who are not ill? if yes, tell me exactly the content and the application that have been made. thank you.
kito	ANNE the new and confusinf information regarding the safety NEVIRAPINE for MTC is. Any comments, especially since it touches on women
Rebecca S	Pierrette's comment (my best efforts): The international community should put more press on 3rd world governmentns to address the problem of marginalization of women in the decisionmaking process. Initiatives like Beijing + 10 are encouraging. It's a pity that these decisions don't have executory force.
Ann Wanjiru	No, I don't have any specific information on that. We have started organizing workshops on ARVs and PMTC (Prevention of Mother to Child Transmission)
lydia10	MTC - Mother to child transmission (PI remember to explain acronyms)
rayel	many people are now sensibilised on hiv -aids but what can we do to puch them to the "depistage"?
ubah	Emphasis should be placed on the relationship between Poverty and HIV/AIDS. Research indicates that the majority of those infected and affected by the pandemic are those living in abject poverty. A tremendous effort must be made in poverty reduction exercises, We now realise the economic situation of the victims speaks volumes about the whole issue
fouegoum	pierrette, has there been a solution in your country about people contaminating those who are not ill?
Ann Wanjiru	This issue of poverty is just what I was saying about people not being able to take ARVs if they cannot eat. The first issue is the poverty level, especially in the slums
lydia10	What is your government doing to prevent the spread of HIV/AIDS? How effective is this from women's perspective?
kito	ANNE: colleen, linet, there info in Kenya saying that the awareness level is almost 100%, but the infection rates are not coresponding to the awareness leve, much less the availability of antiretroviral treatment. Is this linked to HIV not being on the agenda? What are you dear friends doing to relates BPFA and MDG (since MGDs have a cleares focus on HIV
pierrette	UBAH Comment votre gouvernement combat-il le VIH/SIDA dans vos etablissements scolaires?
rayel	susan mwangi i mean hiv screening test sorry
fouegoum	pierrette, have there been a legal solution or laws, on the behaviour of people contaminating those who are not ill? if yes tell me exactly what. if not, share your point of view.
Susan Mwangi	In Kenya, the government is doing a lot of sensitization through the mass media.
Bahouan	I totally agree that women are rape in marriage or by their classmates. But I'm talking of those prostitutes or other who run after men intentionally
Rebecca S	Many jurisdictions have laws penalizing exposure to HIV. Criminal sanctions may be appropriate in cases where someone intentionally exposes another to

	HIV with the purpose of infecting the other person; but existing criminal law should cover such cases (as assault or battery, or even attempted murder). Increasingly, however, jurisdictions are enacting legislation to punish people living with HIV who have sex with others. In many parts of the world, women are more likely to know their HIV status than men (because they get prenatal care), cannot reveal their status to their partners without fear of violence or eviction, and cannot negotiate safer sex or refuse sex with them. Criminal sanctions in such cases are not appropriate.
effila	Je suis tout a fait d accord avec vous Rebecca, mais je pense que toutes les femmes ne peuvent pas s abstenir.
Ann Wanjiru	I also think that governments are taking HIV/AIDS as a serious issue. The resources are not getting to the people who are doing the work. If the resources were being used to empower communities and women economically, this would help stop the spread of HIV. The whole issue comes back to poverty. Even if there is a lot of awareness, and you are poor, you have to try to feed your kids. There are so many orphans in the communities.
Susan Mwangi	About laws on if one infects the other in Kenya, none that i have heard of.
Ann Wanjiru	The other issue is that the slums need to be upgraded. People are overcrowded. Small kids, especially orphans, learn immoral behaviours.
Rebecca S	[Effila said: I'm completely in agreement with you Rebecca, but I think that not all women can abstain.]
lydia10	We have just been joined by another panelist, Musimbi Kanyoro from YWCA - welcome
effila	do you have any statistics in your country about dentist transmission to patients or from patients to dentist ?Effila
kito	How do we, as CSO and people working with HIV/AIDS programmes seek to link BPFA and MDGs??
fouegoum	pierette, african society is mainly polygmous. and the hiv is very rampant in this society, what are the dispositions that have been taken to protect this women who continue to give birth.
Linet	Awareness in Kenya is high BUT thats a first step. There is still need for more awareness creations so that people get conscientised and then change behavior. As discussed earlier, this wll take change from both men and women
Rebecca S	Pierrette asked Ubah: "How does your government fight HIV/AIDS in educational establishments?"
musimbi	two days ago in Addis Ababa, three possible scenarios were given to map out the possible face of HIV and AIDS in Africa in the year 2025. Are you all family with this study
Nchoupouh	Lidia, Good day. In Cameroon, there is sensitisation, encouragement of people to voluntarily test themselves and this helps the women because they are poor and do not have money to test themselves and even their children
Deepa from India	Ubah pierette said " Does UBAH Comment your government fight the VIH/SIDA in your school establishments?"
kito	Linet: does it mean that the awareness programmes have been limited in scope? or does it mean that it was not sufficient as to bring about conscientisation and behaviour change.
balikungeri	This is mary from Rwanda Women's Network
Bahouan	Nowadays mum and dad are all away looking for money for the family, and children are either left back to a certain housegirl, or left alone. I've heard

	people complaining that it is how their children had sex for the first time. I really realise that there nobody to take care of the education of children, but teachers; families have resign from their primary job. What do think of this
fouegoum	Isabelle, in relations to hiv, what are the advice to be given to mother and minor child .
rayel	i want to know also about muslim women who stay exclusively in their houses and faced to hiv-aids since their husbands are some time not serious. what can we do to alert them because they dont believe they can be ill without going out with a man?
Betty Oyugi	I think that not only governments should be left to address the issue..... churches (religious institutions) too need to be carried on board. What do you think?
Linnet	Kito, We have seen a change in the kinds of messages on HIV AIDS from "AIDS KILLS" to positive messages that encourage people to take tests and how to cope after the tests. I believe the change in the messages is working and behaviour change takes time.
Deepa from India	In India's case, the scenario is slightly different. Apart from mass media and government campaigns , awareness is most effective by conducting entertainment programmes with AIDS messages slipped in between. At the end of the programme, most people come up and ask to be tested for HIV/AIDS
yoyo	His very current in all societies, do it easy for women who are still look for what to eat to heard something about it
effila	what are the procedures to ensure the non limitation in scope of hiv sensitisation and ensure behaviour change
balikungeri	The policy on HIV and AIDS in Rwanda, is a decentralised policy with a National Aids Commission in charge of coordination, monitoring and evaluation.
Ann Wanjiru	That's true, the church and religious institutions should be included in addressing the issues. Like the Catholic Church is doing a marvelous job in the communities. They have referral centers, feeding programs and free VCT (voluntary counseling and testing)
jessica	Do you think there can be a situation when there is "too much awareness" and women and men get complacent and stop taking the necessary precautions? What can we do to change that?
Virahsawmy	In Mauritius People living with HIV/AIDS get all their medication for free and on top of that they receive a pension. But the problem is drug users and the use of needles. This is how HIV is becoming pandemic.
Betty Oyugi	Recently, I learnt that the Coptic Church in Kenya has such a programme too
Linnet	For me, for behavior change to happen we need sustained positive messages supported by health systems that respond to the needs of those affected and infected.
Rebecca S	Awareness about HIV is not enough. In many countries, misinformation about HIV coexists with a high level of awareness about the disease. People may know that HIV is sexually transmitted, but think that "sex" = "sexual intercourse," and that anal or oral sex is safe; or that HIV can be contracted from casual contact, such as sharing food. Studies also show that many young people still have no idea how to prevent HIV; and U.S. export of "abstinence-until-marriage" programs which censor information prevention only contributes to this deadly ignorance. And even women and girls with high levels of awareness about HIV and how to prevent it cannot negotiate when or



	whether to have sex, or insist on safer sex; or may have to make hard choices about staying in violent situations in order to maintain a roof over their house or custody of their children.
Nyara	Mary, advise on best strategy for addressing HIV & AIDS care in post conflict countries? We are grappling with issues in displaced communities in Somalia, Uganda and Northern Uganda
kito	ANNE. dont you think we are in a dangerous position where we depend on donors and outsiders to help us with HIV/AIDS. we know that they have tried to eradicate poverty for over thirty years but we are even poorer now. Will this be the case with HIV and AIDS?
naz9	By the way, for all those looking for the report Musimbi is referring to, it is available on-line at <a href="http://www.unaids.org/en/AIDS+in+Africa_Three+scenarios+to+2025.asp">http://www.unaids.org/en/AIDS+in+Africa_Three+scenarios+to+2025.asp</a>
Imarshmallow	in the philippines, the epidemic is described as "low and slow". our government requires "entertainment workers" to be tested for AIDS and other STDs, and they are issued health certificates for that. but there are many issues involving transactional sex that still puts people at risk.
jessica	What is your take on the recent messages that emphasize abstinence and being faithful to one partner? What are the effects of these messages on women's ability to manage the HIV/AIDS pandemic?
Deepa from India	I have a question -- In August 1999, a group of sex workers in South Africa, mostly Zulus who plied their trade in the KwaZulu-Natal midlands for more than 10 years were found not infected with HIV. This was widely publicised and they were used as volunteers for a trial. What is the result of that study?
Ann Wanjiru	WHen people get free things there is also another problem. WHAT they need to do is to train more health workers in the community so that they can be doing a follow up to help those who are on medicines or are using needles. As long as there are health workers they'll help them use the needles.
kito	Betty Oyugi: the church and othe religious institutions is very crucial in the battler against AIDS. it is the hugest institution with the largest constituencies even in the grassroots as well as at the upper level. many have responded very positively in east africa
musimbi	The study shows three possibilities. Africa can take a strong stand and priotize treatment and also the attention to all things which make people vulnerable, or can be like a whirlpool, standing in the middle and let circumstances drive the epidemic of real direct the conditions by forging local coporation , good working relationships between governements, civil society and businesses. the last would give better results. Otherwise we could be in for a three fold increase in infections in 2025. You can find the report on the webside of UNAIDS.
Rebecca S	Messages that emphasize abstinence and fidelity ignore the realities of many women's and girls lives. Abstinence may be a good strategy for those who can choose it; but many women and girls cannot abstain from coerced sex or rape, control their partners' infidelity, or insist on condom use in sex.
Virahsawmy	the most vulnerable group in Mauritius are prisoners. this is where there is more problem. Both men and women prison and again this is due to the exchange of needle
Ann Wanjiru	I also think to stop the spread, information is power. Communities should get more information in their local language to help them understand more on HIV/AIDS. It depends on the different levels of information, as well. More information will help to stop the stigma, as well.

lydia10	What is your government's policy on providing Post-Exposure Prophylaxis (PEP) in cases of gender violence?
ubah	pierrette: Wel, African societies have for centuries been polygamous. lots of effort have been made here in Kenya to discourage the culture with the emergence of AIDS, however, as you might know these cultures are deeply rooted and would be difficult to eliminate them in totality. Currently there are no constitutional structures that forbid polygamy
musimbi	Jessica I dont think that AB works where women have no choices on what happens to them. Take women in conflict situations. Wha choice do they have when they are attacked and raped?
kito	Musimbi. Thank you. whats your take on the role of MDGs and the fact that africa is lagging way behind in their achievement. and most importantly that HIV AIDS has something to do with all the other 7 goals, and that most of the goals are related to support from th west/north
Virahsawmy	In Mauritius although PEP is free and is given in cases of gender violence, Mauritians at large do not know what PEP is.
pierrette	LES DROITS DES ENFANTS ORPHELINS DE SIDA RESTENT TRES MAL CONNUS QUELLES DISPOSITIONS SONT PRISES AU NIVEAU DE VOS PAYS ?
fouegoum	Rayel, your worry is really a troublesome one, with the situation .of the woman,and the fact that it is not easy for her to refuse her husband she is a very easy victim, why because she is left hanging
Nchoupouh	Fougoum, It is a very serious pre-occupation even for us in Cameroon. We encourage the women to convince their husbands to use condoms. It is a difficult problem so they just have sexual relation in faith and leave the rest to God.
effila	how is the discovery of new type of hiv in gays in the us affecting the fight against aids and the vaccine research
Virahsawmy	Chere Pierrette, Je suis d'accord que c'est mal connu. Un pays comme Maurice ne parle jamais de ce probleme car le stigama est trop cruel pour ces enfants
Betty Oyugi	I think the youths too need to be empowered with information, because they shall be the HBCs tomorrow and hence can play an important role in helping the situation. In Kenya, they are working more on absence messages for teenagers.
Ann Wanjiru	I agree with Musimbi. Many women have no choice. They are raped, they are married, they are the ones doing home based care. Many men bring HIV into their marriage. Women are also inherited. This is a problem in some parts of kenya.
Rebecca S	South Africa and Botswana also provide PEP for sexual violence survivors as part of national policy. The United States Centers for Disease Control recently published nonoccupational PEP guidelines (for sexual violence survivors, as well as for others exposed to HIV in nonoccupational situations), and the World Health Organization is supposed to publish a policy soon.
compound	Deepa: Earlier, you mentioned entertainment programs in India, which integrate messages about AIDS prevention/awareness/treatment, accompanied by optional voluntary AIDS testing... I'd like to know where the resources (esp. primary funding) for such programs comes from (private donor organizations? government funds?). Also, are such efforts concentrated in urban areas, mostly?
kito	jessica: ABC has been dismissed especially since women have very little say in marriage in many culture. Besides, in a relationship, ABC is not a decision of one partners but two or more therefore, however much you try to A or B or even

	C, the other must do the same. if not, it over
Deepa from India	In India, it was bad Pierrette in the early 1990s but AIDS orphans and children with HIV are now being adopted. CHES, an NGO based in my state targets only children affected by HIV/AIDS
jessica	How is it that even after taking the right medication and the load level showing itself to be very low, an infected person can still be highly vulnerable to opportunistic diseases? What more can such a person do?
Susan Mwangi	Unless couples are true to themselves and each other, then abstinence and being faithful cannot work if one of them is not faithful. More should be emphasised on protection (condoms)
Virahsawmy	Ann, you will be interested to know that according to research done in Mauritius, those who contracted the virus were mostly homemakers until recently where prisoners came first and homemakers second
balikungeri	Nyara, thanks for your question on post-conflict strategies in addressing the HIV/AIDS challenges. Nyara, I think all this begins at the policy level. the policy makers helps to roll the process and there after the CS and women's organizations in particular do the actual work. In the approach that Rwanda Women's Network uses, we approach HIV/AIDS through economic programme activities. We have chosen to look to HIV and Aids as a cross cutting and this allows to address this taboo question easily without anyone feeling intimidated with this pandemic. This approach has also enabled to lay other strategies depending on the priorities as proposed by communities.
Deepa from India	Compound, it is volunteer effort. Film stars are approached and they volunteer to do the programmes. No it is mostly rural and semi-rural areas and areas which have a high floating population. Govts. and funding isn't involved.
Virahsawmy	Deepa, do people especially women come open about their status? This is a major problem in Mauritius
Deepa from India	Yes, they do and also they convince their husbands to do too.
Rebecca S	PEP is HIV post-exposure prophylaxis, a short course (28 days) of antiretroviral therapy given to prevent HIV after exposure. It's what they give health care workers who get stuck with HIV-infected needles, and also what is provided to rape survivors as part of the package of post-rape services to them.
rayel	please fouegoum and others ,can you give me the first thing to do because many muslim women are dying of hiv-aids
musimbi	PEP is usually available to International workers. the UN make them available to its staff, but often the local women dont have or know about it. I dont even know if governments make it available or have policies for PEP. I think women's NGOs should popularize PEPs.
kito	thanks friends. i have to leave. warmest regards and let is keep on the good work for our mothers, sisters and daughter
pierrette	QUELLES SONT LES ACTIVITES QUI SONT MENEES POUR LA LUTTE CONTRE LE VIH/SIDA CHEZ LES ENFANTS DE RUE?
Virahsawmy	That's great. Only one lady has come open in Mauritius and she was chucked out of her village and now lives in a home
ubah	I need to be educated on the discovery of the new type of virus that is seen among gays. is it different from the ordinary virus we know?
Virahsawmy	Coming open about one's status can save hundreds of lives according to me
Deepa from India	In case of sex workers, Loga, they tell you how their clients refuse to wear condoms, so much so in Tamil nadu, condoms are handed out by traffic cops to

	lorry drivers and other vehicles at night
durria	iam durria from Sudan,lecturer at Ahfad University for Women my institution is concerned about Reproductive health ,HIV/AIDS WE ARE WORKING ON THIS ISSUE FOR ALONG TIME BUT WE NEED TO KNOW aBOUT FUND FOR THIS IMPORTANT EVENT WE HAVE THE CAPACITY TO REACH THE COMMUNITY AND WOMEN IN WAR ZONE AFFECTED AREAS IF SOME OF YOU HAVE TRAINING MANUALS OR ANY HELPING PUBLICATION OR ANY STRATEGIES DEALING WITH THIS ISSUE I DO APPRECIATE INFORMING ME
Virahsawmy	Deepa, I have discussed with sex workers. They say the problem is not clients not wanting condoms but the use of needles which is a great pity because this one thing that could have been solved without too much problem. giving clean needles
naz9	Durria, UNIFEM and UNAIDS run a on-line resource center with many training manuals and tools - it is at <a href="http://www.genderandaids.org">http://www.genderandaids.org</a> . I'm sure you will find the manuals and curricula you are looking for!
Rebecca S	Durria, you should contact Pam Shifman at UNICEF for more information and training materials about working on HIV/AIDS prevention and treatment for women in war zones. She's at <a href="mailto:pshifman@unicef.org">pshifman@unicef.org</a>
Virahsawmy	Hope Kubi will keep all these websites and give them to us later as it is difficult to keep record right now. Thanks Kubi
Nchoupouh	Lydia, Women are more vulnerable to HIV/AIDS and very miserable because she contacts the virus involuntarily. Most want to be faithful but their husband`s are not.
Deepa from India	Here it is slightly different as there is the belief that sex won't be pleasurable if condom is used. So they force sex workers to go with it. Another myth is that sex with virgins will get rid of AIDS in some other states. So Arabs used to come here, marry poor, young women who were barely 18 and then say the triple talaq and leave them. later the girls discovered they were infected.
Nyara	Mary, i like the holistic approach that you have taken. Maybe we should build the community to community dialogue to ensure that women survivors of violence, conflict and HIV & AIDS are able to share experiences. In some countries like Somalia and southern sudan, they are yet to break the silence on HIV & AIDS. There is still a lot of stigma and discrimination
Deepa from India	This started the entire debate on the triple talaq law and now it is not so easy to divorce.
naz9	Deepa, can you tell us more about the 'triple talaq law', i.e. what is it? what does it mean for women, etc.?
lydia10	Does anyone else have any information, activities or resources on women and HIV/AIDS in war zone and conflict situations?
Imarshmallow	philippine media tends to sensationalize when someone is discovered to have the virus that it's hard to come out. Most of the time, they go into hiding. On the other hand, there are persons with AIDS who have organized for some time now.
Rebecca S	Human Rights Watch reports on women, girls, and HIV/AIDS (including some on women in war and civil conflict) are available on our website at <a href="http://www.hrw.org">www.hrw.org</a> . On sexual violence and HIV/AIDS in war and civil conflict, see especially "The War Within the War: Sexual Violence Against Women and Girls in Eastern Congo" June, 2002: <a href="http://hrw.org/reports/2002/drc/">http://hrw.org/reports/2002/drc/</a> ," "We'll Kill You If You Cry: Sexual Violence in the Sierra Leone Conflict" January,

	<p>2003: <a href="http://hrw.org/reports/2003/sierraleone/">http://hrw.org/reports/2003/sierraleone/</a>, "Abucted and Abused: Renewed Conflict in Northern Uganda," July 2003:  <a href="http://www.hrw.org/reports/2003/uganda0703/">http://www.hrw.org/reports/2003/uganda0703/</a>, ""Stolen Children: Abduction and Recruitment in Northern Uganda," March, 2003:  <a href="http://hrw.org/reports/2003/uganda0303/">http://hrw.org/reports/2003/uganda0303/</a>,</p>
Deepa from India	<p>Unlike the more stringent civil law in Islamic nations, the Muslim Personal Board has made it very easy to divorce Indian Muslim women -- the man only needs to say talaq thrice and they are considered divorced. However, a woman has to approach the kazi and say she wishes to divorce the man. This will be examined by the board and if they think the woman has a valid case , they'll grant her petition and then she can apply for divorce. Muslim women don't get any maintenance money either in India and if they are able to keep their Mehr, they are lucky.</p>
balikungeri	<p>Nyara, I have been advocating for that given the strategies, at RWN we have seen what works and what doesnt work, but it looks like there is little interest from donors to support what works. Can you tell me why? I hope lessons learnt from Rwanda can apply from those countries out of war or just about to emerge out of war. Is UNIFEM interested? Would they be willing to partner with RWN on lessons learn and which forward for countries like Sudan, Somali, Liberia, Sierra Leone? We have plenty to share be it in the area of HIV/AIDs and Peacebuilding strategies. There is an urgency need to advise donors strategies that work, can UNIFEM as a women's UN Agency take lead in promoting Policy dialogue with the donors? Let me hear from you what you think about this.</p>
musimbi	<p>I have seen a lot of good resources with the Ted Cross which address HIV and AIDS in conflict situations. I would imagine that UNAIDS would have some responses too if not UNHCR. Normally when I am looking for resouces, Itry to imagine who is working in conflict situations and then contact them for a first lead. Isis- Wicce has documented some of the vulnerabilites of women in conflict through videos and reports. Jessica is on line and can give more details.</p>
rayel	<p>Polygamy is a reality in our society. It is not only men who are doing infidelity there are women in the same line, how can we convince people to make test before second mariage and to be doing fidelity in their homrs?</p>
Nyara	<p>Lydia10; UNIFEM in East africa in collaboration with UNDP is just about to conclude a study on conflict gender and HIV &amp; AIDS covering Kenya, Uganda, Sudan, Eritrea, Djibouti and Ethiopia. You can contact <a href="mailto:nyaradzai.gumbonzvanda@undp.org">nyaradzai.gumbonzvanda@undp.org</a>, or website: <a href="http://www.unifem-easternafrika.org">www.unifem-easternafrika.org</a></p>
jessica	<p>Nyara, it seems to me that HIV/AIDS care in post conflict situations is still a challenge, because its magnitude is very high, and the destruction of the infrastructure, compounded by the lack of economic activity in many families means that many who are infected and affected cannot access even he basictreatment. The fact that many who are infected are not even aware of their sero status makes the communities vunerable to even more infections. The approach to this disease in conflict and post conflict situations must of necessity be holistic. Mary's idea of economic empowerment, coupled with government intervention to restore the infrastructure, and the faith based organizations' involvement in care and counselling will go a long way towards addressing these issues. Of course, we must all participate in finding sustainable ways of ending conflicts and ensuring that people don't get into such vunerable situations. Governance issues must be tackled, too, and the case of Somalia becomes even more serious in trying too deal with such a pandemic.</p>
musimbi	<p>Mary and Nyara, I think it would be a good idea if people who are thinking</p>

	about what should happen in conflict zones got together and mapped out important strategies which we can all make strategic campaigns about. I am sure there are quite a few of us for whom this subject is urgent
Nchoupouh	The women are poor and cannot afford even the little participation.
Johannes	Hi Deepa and everyone else, I am chatting from Zambia, my concern is over the issue of polygamy back here in Africa it's a common practice that has exacerbated the HIV AIDS situation as most of these younger girls are drawn into it without much say.
Virahsawmy	Deepa, this is what our Government has been trying to do implement the Muslim Personal Law. Women do not want to fight. This is the major problem
Virahsawmy	Would like to know if you have the same problem as Mauritius regarding injecting drug user getting HIV Aids
lydia10	UNIFEM chatters online - have you seen balikungeri's request to you (above) about promoting policy dialogue with donors? Any response?
Virahsawmy	Polygamy is illegal in Mauritius
pierrette	I THINK WOMEN ARE SOMETIMES CONSCIOUS ABOUT THEIR PROBLEMS BUT THEY DON'T WANT TO REACT THEY ARE VERY PASSIVE IN THE AFRICAN CONTINENT.
Deepa from India	In India, after the politicisation of the Shah bano case, and then the abuse of Indian Muslim women, NCW have been using this to demand a revision of the law. Now the debate is going on and women are fighting back here Loga.
balikungeri	Musimbi, thanks for your reaction on my call. You are exactly saying what I have been advocating for. The challenging question is who is ready to move this agenda? Is UNIFEM ready? If not UNIFEM who else then should we approach. Ideas and strategies are all there, but most challenging is who should take this as a primary responsibility?
Rebecca S	Do injection drug users have access to harm reduction measures (sterile syringes) and to other HIV-education and drug treatment services in Mauritius?
Deepa from India	Polygamy is illegal in law here too but adultery and rape are on the rise Johannes
fouegoum	this situation is very delicate, and the situation of the muslim women is same as that of other women. But I think the first thing to do is to choose between having children or not, by preservative or not and live. why? because, if a woman is obliged to have unprotected sexual intercourse, to satisfy the husband who refuse the preservative, while she can not control the husband's health status, it is a risk. you'll surely tell me that this approach will create marriages brakages, but, what is the live's prize?
naz9	In response to Mary's request - yes, I can see this as a very strategic area for us to collaborate - I believe my colleague Nyaradzai in Kenya would be best placed to take this up - but definitely this is an important issue for UNIFEM.
Johannes	It is absolutely crucial from my point of view that the Mauritian situation where polygamy is banned be studied by other countries especially those like Swaziland where this practice is rife.
Deepa from India	loga, I can't say for certain now, but 15 years back this was a major problem which was again brought to the fore through a TV serial -- we had just one TV channel then and it caused a lot of awareness.
rayel	it is the same thing in all the african countries
Deepa from India	isn't Polygamy illegal in many African nations?

musimbi	I am very interested in the discussion on muslim women because the situation of muslim socities and HIV and AIDS is still not well known.
rayel	i think that the must educated girls and mothers about AIDS
Deepa from India	In India, another problem is arranged marriages.
balikungeri	Naz9 this is again Mary, am I to understand that Nyaradzai is ready to pick up this Idea? This now pushes me to ask how the follow-up of this on line discussion is going to be best followed up? Please whoever has an answer please respond to me?
Deepa from India	I mean how does the family ensure that the groom doesn't have AIDS?
Johannes	Its suppose to be that way Deepa but in Swaziland the king has got lots of wives and at liberty to choose as many as he can. This is a reflection of the situation in many other countries in the region.
Rebecca S	Have any Muslim leaders (in the government or in the religious hierarchy) in your countries spoken or otherwise addressed HIV/AIDS among women and girls in your countries? If so, what has been said or done?
musimbi	Polygamy as a legal marriage institution does exist in most african counties, and polygamy as a practice of having manysexual partners exists everywhere in the world.
Deepa from India	In India, even among Indian Muslims, polygamy is illegal
jessica	Polygamy might be illegal, but is it practised? There are many closet polygamists the world over, and these compound the HIV/AIDS issue. There is also the issue of polygamy practiced by opinion leaders and highly placed people, with hardly any public care for the example they are showing to the public. Isn't it about time we started naming and shaming such people? Would it help?
naz9	Hi Mary - its Nazneen - UNIFEM HQ. Indeed this is one area of focus in UNIFEM's work on HIV/AIDS, let us meet before you leave, and plan on how we can follow-up. We can talk to Nyaradzai as well, to get her thoughts..
Deepa from India	But Musimbi, multiple sexual partners as in adultery and premarital sex is one thing, but polygamy as a practice -- no one here would put up with it though polygamists did exist about two generations ago among the very rich Wait, I know one polygamist -- he is around 80, heads one of the richest families in Asia and is ofcourse a former Chief Minister of my state.
Nyara	Mary, Jessica and Musimbi, its a great idea to do a policy dialogue with donors for post conflict countries and HIV & AIDS. In Sudan and Somalia for instance there are these multi-donor trsut funds that are set up for reconstruction that one could leverage a policy commitment to gender equality and women with a focus on HIV & AIDS. Maybe interested agencies including UNIFEM could host such policy dialogues at the regional and global level either as part of the MDG + 5 review or ICASA 2005.
Johannes	IT IS WORRYING that the African situation is highly underestimated as regards the role of poligamy in the spread of the virus. It came to light recently when 2 Zambians who are currently walking a distance of 560 kilometers for AIDS awareness found that in the rural areas women were becoming more and more aware of the need to denounce this practice tdue to massive sesitisation.
Deepa from India	Since Afghanistan isn't represented here, I would like to suggest you include it too.
Virahsawmy	Deepa, it's the same everywhere. The dirtiest are those in power as they think everything is permissible for them

balikungeri	Nazneen, Yes I think I remember you. This is good. Let us talk to her and ensure that the mapping of strategies takes place, and the next phase can be actual implementation of lessons learnt from post-conflict countries. I have a phone where you can reach me it is 3017685897. talk to you soon.
musimbi	Nyara we count on you to facilitate this as Mary has asked and then from there we can see how and where to go. I believe that we should first know what we want and then invite donors. I think donors can and often do accept to partner with something that works and we can let them know what works.
lydia10	What specific strategies for addressing HIV /AIDS do you want the Beijing +10 conference to take up during this week?
Johannes	I absolutely agree with Jessica that opinion leaders who are engaged in polygamy should be denounced in the strongest terms. Cultures change and such people should be exposed.
balikungeri	Nyara this is good we know all those possibilities are there, but how to ensure that they trickle down is a huge challenge. The dialogue is one to allow a connection of policy makers and implementers, and to get their commitment is another. We need to discover how to win their commitment. Any Ideas?
Nyara	Indeed, on Somalia UNIFEM Programme Manager is Hendrica Okondo email: hendrica.okondo@undp.org and Sudan is Dr Ruth Kibiti, ruth.kibiti@undp.org. Nazneen, ensure we include Afghanistan and other countries in conflict outside of the Africa region.
Deepa from India	1. The product patent regime has come into force in India and we have vaccine trials going on with or without informed consent. It appears outsourcing of trials without waiting for the parallel trial to be completed in Germany is not correct. They can't change DRUG prices of AZT
Deepa from India	2. Health NGOs that are really working in the field is not getting funded. We need to look at the process of funding
Nyara	Lydia, the week must focus on a) gender responsive resource allocation for HIV & AIDS; b) increased support for basic social services such as health, education, social services, nutrition etc as a long term means of lifting the burden from women, c) practical and strategic support to women care givers (especially grandmothers, girls, women living with HIV & AIDS), d) raise profile of issues of gender, conflict and HIV & AIDS, d) implement commitment for Greater Involvement of People with HIV & AIDS. The world and Africa will not be able to achieve the MDGs unless there is substantive action towards gender equality and women's empowerment in face of poverty, HIV & AIDS and conflict
rayel	hi johannes, muslim women have the same problem of polygamy and HIV -AIDS . their husbands marry women whose men died of AIDS and vice versa. we must fight against such a situation by warning girls and women and educating them
Deepa from India	3. Gender related violence and AIDS awareness is lacking in India and the govt. is yet to pass a law to safeguard civilians. The Indian govt. can't just sit on it forever and it would help if there is pressure from outside to pass the Domestic Violence Bill
jessica	These vaccine trials are worrying me, especially those carried out without consent. Can anyone out there convince me that ultimately they are a worthwhile effort? Shouldn't efforts be more focused on affordable treatment and counselling and care?
Deepa from India	I got one last one. # 4. India and Africa are not to be talked of in terms of HIV/AIDS at annual meets or on Dec. 1 and forgotten about. If they are really serious about HIV/AIDS , it should be a continuous and sustained engagement.



musimbi	Deepa I did not get your first input correctly. Did you mean people are being tested with vaccines without their consent?
jessica	I should also add economic empowerment as well as education in its widest sense as ways of preventing or later managing HIV/AIDS.
Deepa from India	No one knows. jessica and Musimbi. there has been no transparency in these trials. The Anti-AIDS vaccine they are testing ( phase 1) is being tested in Germany and the results are due any time now with regards to immuno efficacy. Instead of waiting for it, they started a parallel trial here in India last month.
Johannes	Perhaps India can learn a lot from the Sub saharan experience were people at the grassroots like traditional leaders are engaged in the fight and in the forefront in the fight by ensuring that their subjects are also involved. More interventions that are grassroots oriented and driven are more effective at beraking down the cultural and social values.
Deepa from India	Johannes, that is not the point. maybe I'm not clear. Drug Trials in India are usually conducted surreptously like the Nroplant trials which ended up with many women dying.
compound	One last question, if there's time: How could we verify whether non-consensual pre-trials of AIDS vaccines are taking place in our own countries? (I am based in the Philippines.) Is there any public resource available monitoring vaccine testing activity, internationally?
fouegoum	Hi rayel, it,s Bea this time around on the issue of moslem women, she is faced with a very delicate situation,if she so dear listen to me i will suggest she choose between children and her life,if not she will be a victim and will lost her life, because the husband will not even accept as tradition will not have it for him to use preservative, so to me she should take the hard decision.
Deepa from India	How do I find out if the people conducting trials have complied with Helsinki Document and CIOMS?
compound	On a related note: Is unauthorized/illegal.unethical testing of experimental AIDS vaccines in 'Southern'/develo[ping nations *entirely* the result of negligence/expedience on the part of transnational phrmaceutical companies? Or is there actually pressure coming from fellow AIDS advocates in the North/West to hurry up vaccine testing -- by any means necessary -- so that vaccines can be 'market-ready' as soon as possible?
helene	Kibu, women from Cameroon are complaining about the fact that they did not as yet receive the summary of the past sessions. What do I tell them, please??
Deepa from India	For. e.g. we have had pharmacy students volunteer for drug trials which were banned abroad. Who do you blame for you assume at least the pharmacy students would know better.
helene	What do you think about the scandale of tenofovir exersed on prostitutes in Cameroon some weeks ago? Do you think the company that commerciliazes the vaccin is credible?
compound	Deepa, actually we have a very strong and visible culture of investigative journalism in the Philippines -- the work archived at the website of the Philippine Center of Investigative Journalism can attest to that: <a href="http://www.pcij.org">http://www.pcij.org</a> -- It just so happens that not a lot of the reportage addresses AIDS directly. Though they are quite though in their coverage of other more "everyday" healthcare issues. (Please excuse my wording.)
compound	(I meant "thorough", not "though", in my last sentence. Apologies for the confusion -- I often think faster than I type
Deepa from India	Then there was the Vax Gen violation in Thailand -- IAVI AIDS trials that was

	uncovered by Brian Deer -- the Vax Gen president was found to have bribed the FDA in the US to get the trial approved. I could go on. We have good investigative journalists too , problem is in medicine , you really need to know the subject unlike other fields.
helene	Students or women who offer themselves as to be used as guinea pigs for these medical tests and trials? Any bad things is reserved for women. What are you doing to save our sisters?
compound	Hmmm... Despite the fact that I can't find too many reports from the Philippine Center for Investigative Journalism regarding AIDS (on the web, anyway), they *must* have some kind of extensive reportage about AIDS, because they're actually offer a kind of strategy guidebook for reporters covering AIDS issues: <a href="http://www.pcij.org/bookshop/aids.html">http://www.pcij.org/bookshop/aids.html</a>
Deepa from India	Helene, in the Norplant trials, everything was done after the women died. This was an ingestible contraceptive
compound	I assume the book addresses basic ways for journalists to filter through 'doctored' statistics (excuse the pun!)
Deepa from India	thanks for link Helene. However, here is a question that I'm sure is not covered. What is the procedure to be followed before drug testing on humans?
lydia10	Thanks for all your participation and the great chat - I am logging off from the facilitation side. See you tomorrow for the discussion on Gender Violence
Deepa from India	Bye Lydia -- it has to be on monkeys, then chimps and then humans. Now they are bypassing chimps as a chimp cost around \$10,000 in the market. Humans come cheaper. Also you'll have animal rights activists at your back.
compound	Deepa, I am looking for the answer to your question, based on documents put together by the AIDS Coalition to Unleash Power (ACT-UP). They are a controversial American group that used extensive media coverage, 'guerilla' theater, and political art to directly address policy surrounding the approval of experimental AIDS drugs, in the late 80s/early 90s.
Deepa from India	I wonder how many human rights activists will jump on this or follow up after the fanfare of the opening ceremony and find out about informed consent since you are not allowed to meet the volunteers
compound	It's my understanding that some of their members willing offered themselves for experimental AIDS vaccine testing, with certian safeguards and ethical considerations in place.
compound	And, more significantly, I'd like to know how these protections might be kept in place, with consideration to the social, cultural, and material/economic realities of the South/developing world.
Deepa from India	There is a case filed in the US and in japan and in some European countries against Bayer AG which gave contaminated plasma blodd products that resulted in AIDS among heamophiliacs
compound	i.e. is there a "right balance" between practical ethical safeguards for voluntary vaccine testing, and achiving speedy , efficient medical results?
Deepa from India	I would be concerned to see the following in any trial a) whether a parallel trial was set up in the US or Europe. A phase I trial is not to test whether the vaccine protects. It is purely to assess safety (with a little bit of interest in whether an immune response is stimulated). Therefore I'm not quite sure why it has to be done in India. It surely can't be purely a question of strain difference, although you could probably argue a population difference, but possibly not on safety. It may be a very complex technical argument as to whether you have to do the safety tests in a C strain zone. But it would be very interesting to know how that technical argument goes. I suspect the real reasons are political and financial, but unless the technical stuff can be extracted and put to one side

	you would be making only an argumentative point that would have little impact. When Brian Deer interviewed VaxGen's president, he knew more about the product's science than the president did.
Deepa from India	(b) whether they are moving direct from monkeys to a human phase I. If this is the case, it may be simply because humans are cheaper than chimpanzees. The last time I looked, a chimp cost some astronomic sum - \$10K, or something (but don't quote that figure), and you have to house and feed it. But if they are using humans because they can't get chimps, then certainly they should also recruit in New York City, or London, where the volunteers are overwhelmingly highly-educated, tend to ask doctors a lot of very annoying questions and aren't too easily swayed by fifty bucks here and there.
Deepa from India	(c) how the informed consent operates on the ground. With the VaxGen trial, they made a big play in Thailand about how they counseled on safer sex, showed videos about how to avoid HIV etc, but of course if people avoided HIV then the product would go untested. To show that the company behaved unethically (by making verbal statements not included in the informed consent documentation etc) is a ferociously difficult task. At the end of it, however, the company would simply say that individual clinic staff failed to carry out their instructions. In a US city, that would be international news. In Pune, or Chennai... well, you know.
Deepa from India	For example Bayer AG is now being sued after its products infected over 4500 people in the US, half of the Japanese current AIDs population, and then some in Europe getting AIDS from contaminated plasma.
Deepa from India	the verdict has come but many of the affected are dead. Considering India's Bhopal gas tragedy record, even this sort of case and former track records in drug trials. I'm naturally apprehensive
compound	I know personal sentiment is not *supposed* to figure into this discussion, but in the face of the examples you cited, I feel thoughroughly overwhelmed right now. Admittedly, I'm far less well-read about this subject than you are (though I have no medical background whatsoever, and that effectively rules out me being able to do much in support of the victims)
Deepa from India	Another thing that has been irking me is why the hurry? Why rush if you can really wait for the results in a couple of months from the Germany trial.
compound	re: the hurry -- that's why I asked if there was pressure from AIDS lobby groups in the West... from more influential persons-with-AIDS in the West, who might actually be able to afford the final, safe versions of the treatment, once they're legalized.
Deepa from India	When I expressed My apprehension after hearing about the trials in 2002, I got an email from IAVI asking me to have more faith in the Indian health professionals
compound	*wry grin* At the risk of sounding like a New Age-y touchy-feely hippie, I guess that faith is just about the only non-exhaustible resource we have... And on that note, I must log off, for now. Good day to all!
Deepa from India	I don't have a medical background either. I have been reading up on these for over 6 years now, ever since I came across a report that European pharamas has been relabelling its contaminated blood products in south Africa and shipping them to India and China. I know this might sound like a conspiracy theory But the SA brokers alone made \$10 million which is why I contacted the African Press but couldn't get a contact to work with me.