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Human Rights & HIV/AIDS

Epidemics always set off reactions of fear and blame. In the case of HIV/AIDS, we find sex workers, homosexuals, or "foreigners" accused of having started, or spreading, HIV/AIDS. Accompanying these fears have been proposals for compulsory testing for particular populations such as sex workers or of quarantine (isolation) for people with HIV. In all these cases, human rights have been set aside in the name of safeguarding public health.

The temptation to set aside human rights considerations is particularly strong in Asia, where politicians like to talk about "Asian values" and how "we" are different from "Westerners." The argument here is that human rights activists only think of the individual, rather than of the community or the nation.

The danger signs are there, with several Asian countries requiring testing for particular populations. For example, a *Far Eastern Economic Review* survey of business executives in 1995 found widespread support for demanding AIDS tests for employees.

The irony is that such disregard for human rights is actually unscientific and can further endanger public health. Requiring HIV testing, for example, drives the targets underground, or creates a market for corruption with false certificates. Compulsory testing also creates a false sense of security: for example, clients of sex workers might think they are no longer in danger just because sex workers have health certificates. Many people are not aware that HIV tests rely on antibodies, which may not appear until six months after infection.

Rather than dwelling on the negative, this issue of *AIDS Action* looks at what might possibly be done to safeguard human rights and to contribute to the prevention of HIV/AIDS. Asia does provide some examples of work in the area of human rights, some of which have been spearheaded by people living with HIV/AIDS. We are also featuring an article by a Cuban physician living with HIV, Dr. Juan Carlos de la Concepcion. He describes how HIV-positive people have been able to work with their government to change the policy of compulsory isolation.

Also in this issue is an article on the rights of children. All too often, human rights are recognized only in relation to adults; yet we see how children are particularly vulnerable to abuse. The HIV/AIDS epidemic has affected children as more of them are forced into sex work. The situation of children also serves to remind us that human rights considerations do not just apply to individuals. Many of the problems that increase the vulnerability for HIV/AIDS — poverty, discrimination, civil strife, migration — relate to unjust structures. Thus, while western AIDS activists fight for the right of HIV positive to employment and health care, the situation in developing countries is often one of fighting for employment, health care, education and basic services for the entire population.

Human rights also encompass gender rights. Discrimination against women make them more vulnerable to HIV. Discrimination takes many forms, from the lack of opportunities for education, to the inferior position wives have, preventing them from demanding safer sex even if they know their husbands may have acquired HIV from extra-marital activities. In this issue, we look at another aspect of gender discrimination, against gay men and lesbians.

Preparing this issue was not easy as we realized that so little is being done in Asia in the area of human rights and HIV/AIDS. Yet, we would like to be optimistic, drawing hope from the initiatives that do exist and welcoming the occasional signs of change. In October for example, Ienishi Satoru, who is HIV positive, was elected to the Japanese Parliament. We hope that in future issues of *AIDS Action*, we will have more of such good news to report on.

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IN THIS ISSUE

Published by

HAIN
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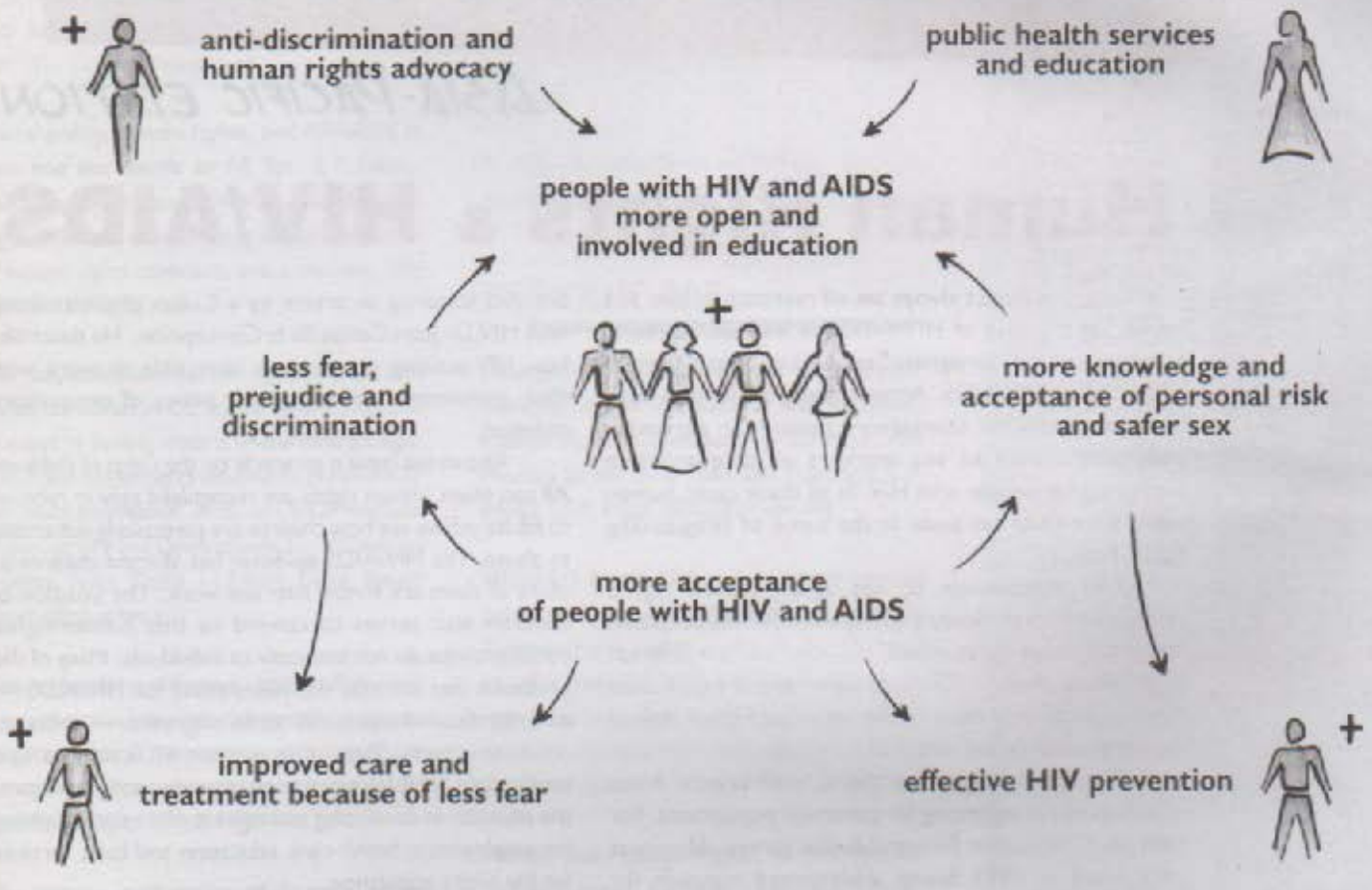
AHRTAG
Appropriate Health Resources & Technologies Action Group

Prevent HIV, Promote H



Small actions, BIG CHANGES

Advocacy means carrying out activities which achieve wider public understanding about issues, and changes in policies, laws and health or education services. It may involve political demonstrations but more often is a gradual process of informing and persuading key people that policy change or providing more resources is the best way forward. Advocacy involves voicing the interests and concerns of affected groups. This means including them in planning and listening to their needs.

Small organisations may fear that advocating policy change is too difficult, or that they lack skills and will be unable to change attitudes or services. It is true that national level lobbying is needed to achieve major policy changes, as happened in Cuba (see page10). But very effective local campaigns can focus on broadening public acceptance and taking on specific issues.

Before starting, think about these issues:

- Why do you want to challenge the existing situation and what do you hope to achieve?
- What precise issues will you focus on, and what changes do you want? Choose a few key messages, and explain clearly how you propose to make these changes and show that they are possible.
- With whom do you want to work during the campaign? Who needs to be involved and what will strengthen your message (alliances between groups for people with HIV, health workers, human rights groups, lawyers, celebrities, religious leaders, politicians, unions, NGOs)?
- Whom do you need to influence (media, policy makers, local NGOs or the hospital, church or mosque)?
- What information will best explain your arguments and back up your demands? Make sure you have all the facts about the situation and that your arguments are persuasive and appeal to people's self-interest.
- How and when will you get your message across (letters, meetings, rallies, press releases, interviews, information updates and fact sheets)?

B. Rau, Ten steps for HIV/AIDS advocacy, AIDScaptions, July 1995

ealth and Human Rights

APCASO Compact on Human Rights

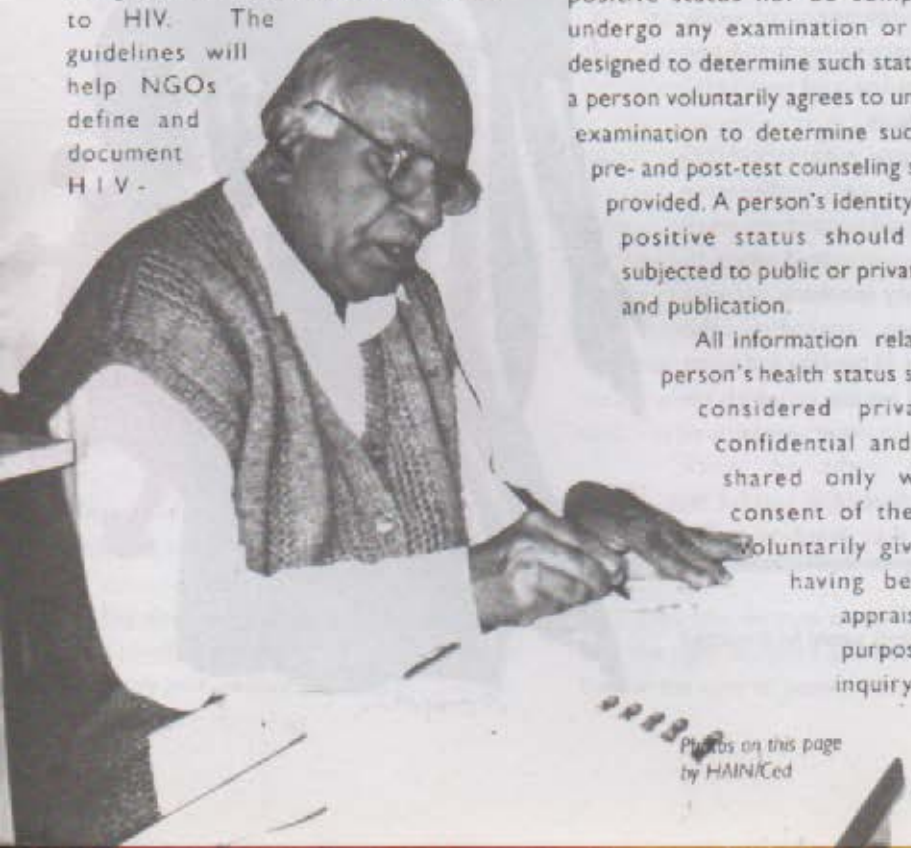
The Framework for Community Action

Some non-government organisations (NGOs) and individuals are using human rights approaches to challenge HIV-related discrimination. Respecting human rights means that all persons are treated as equal in human worth and dignity, whoever they are. A Universal Declaration of Human Rights was agreed upon in 1948 and has since been signed by almost all nations. There are more recent international agreements on rights which are legally binding for nations which have signed them.

Of course, human rights are not only relevant to HIV –many people do not have access to minimum basic human rights. But there are some forms of discrimination that directly affect people living with HIV or make some groups of people more vulnerable to infection.

APCASO (Asia Pacific Council of AIDS Service Organisations) has developed a set of guidelines based on internationally recognised human rights and applying them to HIV. The guidelines will help NGOs define and document HIV-related discrimination. The APCASO guidelines also make it easier to campaign for policies and programmes that respect human rights as well as provide better care and enable people to reduce their risk of HIV infection.

The following are excerpts from the APCASO Compact on Human Rights:



Photos on this page by HAIN/Ced

THE STANDARDS

A. The Right to Privacy

Everyone has the right to live one's own life without any unnecessary interference from whatever source. A person's privacy, family and homelife, physical and moral integrity, honor and reputation should be respected and protected at all times.

No person should be compelled to divulge information regarding their HIV-positive status nor be compelled to undergo any examination or process designed to determine such status. When a person voluntarily agrees to undergo an examination to determine such status, pre- and post-test counseling should be provided. A person's identity and HIV positive status should not be subjected to public or private inquiry and publication.

All information related to a person's health status should be considered private and confidential and may be shared only with the consent of the person voluntarily given after having been fully appraised of the purpose of such inquiry and the intended use of such information including the possible consequences of the use and publication thereof.

Any individual or entity acquiring such information has the obligation to use the same only for the purpose authorized.

There must be appropriate safeguards to protect such information from unauthorized use and access.

The standards would be breached in the following situations:

- Where an individual is made to undergo mandatory testing for HIV.

- Inaccurate or misleading media reporting regarding the epidemiology of the virus, including the exploitative use of specific cases of HIV infection in order to sensationalize the infection, including reporting of such cases, which bring disrepute to the persons concerned.

- Allowing unauthorized persons access to HIV/AIDS wards and the medical records of patients.

B. Right to Liberty and Security/Freedom of Movement

The right to liberty, security and freedom of movement includes the right against such measures as segregation, quarantine or isolation, unreasonable

searches and seizures, as well as restrictions on the exercise of their right to movement within the country or any country, solely on the basis of health status, the suspicion of having HIV/AIDS, or by reason of association with identified "high risk groups". The guarantees and protection provided by law to the general population against unlawful intrusions into these rights, shall not be diminished or denied solely on the basis of health status.

The standards would be breached in the following situations:

- The compulsory quarantine, isolation and segregation of HIV-positive individuals.

- The refusal to medically treat and/or the denial of the use of appropriate diagnostic equipment to a person with HIV.

- Requiring the declaration of a person's HIV status as a precondition to the application and grant of a visa and /or entry into a country or the refusal to grant a visa or residential status (including political asylum) solely on the grounds that an individual is HIV-positive.

C. Freedom from Inhuman and Degrading Treatment or Punishment

Human dignity is inherent in any person regardless of one's sex, age, social, cultural, ethnic or religious affiliation, social standing and sexual preference. All measures for prevention and control of HIV/AIDS should not result in inhuman or degrading treatment or punishment. In addition, the state has the obligation to protect vulnerable groups against affronts to human dignity. The state should not initiate, encourage, condone or tolerate any act of omission which will result to ridicule, vilification, isolation, segregation of or discrimination against people with HIV/AIDS, those suspected of having the disease, or those associated with or involved in "high risk groups".

The standards would be breached in the following situations:

- Isolation and segregation of HIV positive detainees and inmates. This includes providing a different standard of treatment and rehabilitation of detainees and prisoners who are HIV positive other than what is necessary for their care and medical treatment. Such individuals should not be denied access to privileges, opportunities, and services regularly enjoyed by other detainees and inmates solely on the basis of their HIV status.

- Involuntary participation in vaccine trials or denial of voluntary and informed participation in medical trials of promising treatments.

- Denial of burial rights, double-bagging of corpses, and any other practice that brings disrespect and dishonor to the dead.

D. Right to Work

The right to work includes the right to equal opportunity of employment, security of tenure, common and favorable conditions of work, and the right to form and join trade unions and workers' organisations.

People with HIV/AIDS who are not otherwise incapacitated to perform work should be guaranteed access to opportunity for work, security of tenure, including the enjoyment of benefits and other terms and conditions which are extended to other workers.

The right to work includes freedom against all forms of discrimination in the workplace.

The standards would be breached in the following situations:

- Requiring mandatory HIV testing as a precondition for employment or the continued enjoyment of a persons work and/or practice of a profession.

- The practice of discrimination by the employer, including the condonation or tolerance of any discriminatory act by any co-employee against an HIV positive person.

- Any act done by the employer, his agents or servants which results in a breach of confidentiality of the HIV status of the employee.

E. Right to Education

The opportunity of access to, availment of and continued enjoyment of education and facilities to public or private education, which are offered to and/or regularly enjoyed by the general populace should not be denied, nor reduced, nor should restrictions be imposed upon, people with HIV/AIDS, those suspected of having HIV/AIDS, or those belonging to so-called "high risk groups". In all educational institutions, people with HIV/AIDS, should be subject only to the same rules and regulations that apply to other, and should not be subjected to additional burdens by reason of their HIV status.

The standards would be breached in the following situations:

- Discrimination against a person with HIV/AIDS in access to the education system and educational privileges and opportunities which are available to the rest of the community.

- Denying such access to people who refuse to be tested for HIV/AIDS, or those who belong to so called "high risk groups".

F. Right to Social Security and Services

Social Security services and facilities, with particular emphasis on public insurance, medical and health care services, which are enjoyed by the rest of the community should not be denied to, diminished HIV/AIDS, nor should additional restrictions be imposed on their availment and enjoyment by people living with HIV/AIDS or so called "high risk group" unless a proper medical or scientific justification can be shown.

The standards would be breached in the following situations:

- The requirement of mandatory testing as a condition for the enjoyment of social security and welfare services.

- The imposition of any reporting procedure that will violate the medical confidentiality of information provided by HIV-positive applicants for such services, or the use of other procedures likely to discourage people from pursuing a legitimate entitlement to such benefits or services.

- The denial of access to housing programs and the toleration of discriminatory tenancy practices such as non renewal of tenancy contracts, eviction due to HIV status, or denial of the rights to participate in the homeowners' association and community.

G. Right to Equal Protection of the Law

Art. 7 of the Universal Declaration of Human Rights, should be respected at all times in dealing with the AIDS pandemic.

Consonant with this principle, the state should adopt and promote the policy of inclusion in addressing the plight of people living with HIV/AIDS. In pursuit of this policy, the state should institute safeguards to ensure the equal protection of the law, and protection from discrimination for people affected by the AIDS pandemic.

States must regulate against discriminatory practices of private institutions aimed at HIV positive individuals or those thought to be at risk of infection, such as the practices of insurance companies requiring mandatory testing or committing breaches in medical confidentiality, the denial or reduction of insurance coverage, and the conduct of threshold testing.

Policies and legislation which further marginalise the position of women in society and perpetuate gender imbalances must not be tolerated.

H. Right to Marriage and Family Life

Men and women of competent age have the right to marry and found a family. Even in the case of people with HIV/AIDS,

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their right to marry, found a family, form relationships, have children based on sound and responsible behaviour should be recognised and respected.

The standards would be breached in the following situations:

- When people living with HIV/AIDS are prohibited from exercising these rights.
- Compulsory HIV antibody testing for pregnant women or their children.
- Forced abortion on the grounds of the HIV status of the mother, father or both.
- Forced sterilisation of people with HIV/AIDS.

I. Right to Treatment and Care

Governments must make every effort to ensure that all people with HIV/AIDS receive the highest attainable standard of medical care, counseling, treatment and support, free from discrimination and undue financial burden.

Citizens are entitled to receive accurate, clear, current, culturally-sensitive and morally-impartial information about the nature of the AIDS epidemic and the means of transmission of the HIV virus. Equally, access to condoms and clean needles should be regarded as essential to the decision-making of individuals and the self-empowerment of communities.

J. Right to Self-Determination of Affected Groups

Affirmative actionprogrammes for stigmatised and disadvantaged groups such as people with HIV/AIDS, women, sex workers, injecting drug users and homosexuals should be implemented, having as their primary objective voluntary behaviour change, the empowerment of individuals, groups and communities and the enhancement of human dignity.

It is incumbent upon the state to create and/or to stimulate a social, cultural, economic and political environment which eliminates barriers to the full participation by people with HIV/AIDS, and other affected groups, in all aspects of community life and decision-making. Such barriers include poverty, prejudice, discriminatory regulatory practices and the perpetuation of human rights abuses.

This can be done by:

- Resourcing, encouraging and fostering the formulation of self-help, counseling, peer support and advocacy group for people with HIV/AIDS and other affected groups.
- The inclusion of such groups in all levels of policy development, implementation and decision-making in matters likely to affect them or the communities from which they are drawn.
- The resourcing and development of networks and partnerships between people with HIV/AIDS, other groups vulnerable to human rights violations, local communities, NGOs, governments, and the health and medical professions.

Beginning 1997, Citra Usadha Indonesia Foundation will serve as the secretariat for APCASO. For more information on APCASO, you may write to:

Citra Usadha Indonesia Foundation
Jalan Belimbing Gang Y No. 4
Denpasar, Bali
Indonesia 80231

Gay & Lesbian Rights in Asia

Homosexuality continues to remain a controversial issue in many Asian countries. While the World Health Organisation does not classify homosexuality as a disease or disorder, many Asian health professionals still hold this view while religious leaders still label homosexual and lesbian acts as sins. In several Asian countries, sex between two men are still criminal offenses.

The fact that HIV has infected many male homosexuals has added to public prejudice. This further isolates homosexuals and hinders the efforts to reach them with HIV/AIDS education. In the United States and Europe, the information and education campaigns of gay organisations have been important in reducing the impact of the epidemic within the gay community. This is more difficult to do in Asian countries, where gay organisations may themselves be criticised.

Prejudice against male homosexuals has also led to denial. In many countries throughout the world, men sometimes have sex with other men but do not consider themselves homosexual. Many of these men may be married to women. Thus, educational campaigns about "gay sex" may not reach such populations since they do not identify themselves as "gay."

The situation is somewhat different for lesbians. Sex between two women carries very low risk for HIV/AIDS. This does not mean however that lesbians will not be infected. Again because of cultural pressures, many lesbians in Asia will marry or have boyfriends. They can still be infected with HIV through such relationships.

In some Asian countries, gay men and lesbians have organised themselves to change discriminatory laws and to fight for greater protection. Such groups have also taken on the issues of HIV/AIDS, including support for homosexuals with HIV and the development of appropriate information and education campaigns. The work of these groups has been important in helping to stimulate open and public discussion of the rights of gay men and lesbians.

The International Gay and Lesbian Human Rights Commission (IGLHRC) documents, monitors, and mobilises violations against gay men, lesbians, bisexuals, and people with HIV/AIDS worldwide. Contact:

IGLHRC
1360 Mission Street, Suite 200
San Francisco, CA 94103 USA
Tel. no.: +1 415-225-8680
Fax no.: +1 415-255-8662
E mail: iglhrc@igc.apc.org

Amnesty International Broadens Its Concerns

Amnesty International (AI) is well known for its work on human rights, mainly in defense of "prisoners of conscience," people persecuted because of their political beliefs, ethnic origin, sex, colour or language and who have not used or called for violence. AI's members are found worldwide, people who write to governments urging the release of prisoners of conscience as well as fair trials for political prisoners, an end to torture, and an end to capital punishment and executions in all forms.

In recent years, AI has recognised the need to expand its definition of prisoners of conscience. As early as 1979, AI's International Council Meeting (ICM), the movement's highest decision making body, declared that the imprisonment of a person on the basis of sexual orientation is a violation of human rights but it was not until 1991 that the council passed a resolution altering AI's mandate and expanding its work to include actions on behalf of gay men and lesbians who are detained solely because of their homosexual identity, including those who are imprisoned as a result of consensual homosexual acts in private between consenting adults.

In 1995, ICM issued a Decision that AI should continue to pay particular attention to violations of human rights within its mandate against people in the context of HIV/AIDS. Work in this regard had already focused on quarantining and prison conditions constituting cruel, inhuman and degrading treatment - including forced HIV testing, denial of essential medical treatment and visitation rights. Work has also focused on refugees and asylum seekers in danger of being forcibly returned to countries where they might be subject to human rights violations within the mandate. Information on AI's work can be obtained from their national offices or from the ***International Secretariat, Amnesty International***, *1 Easton St., London WC1X 8DJ, United Kingdom. Tel. no.: +44 171 413 5500; Fax no.: +44 171 956 1157*.

The Rights of the Child and HIV/AIDS

As the HIV/AIDS pandemic worsens in Asia, both government and non-government organisations have increased their efforts to prevent the spread of HIV infection. Despite information/education/communication (IEC) activities which have resulted in increased awareness of HIV/AIDS, misconceptions still persist. Particularly disturbing is the mistaken notion that very young sex workers — in fact, children — are less likely to transmit HIV infection to their clients.

The Sexual Exploitation of Children

Child prostitution is a gross violation of children's rights, and runs counter to internationally accepted agreements and standards, among them the United Nations Convention on the Rights of the Child, to which almost all nations in the world are signatories.

Ideally, children are to be cared for by their families, and their welfare safeguarded by the government. The sad reality is that thousands of families have sold their children to brothels, while governments are party to the perpetuation of conditions where children are more vulnerable to exploitation, such as poverty, migration, gender inequality, and the lack of economic opportunities.

Deeply-rooted attitudes and perceptions heighten the vulnerability of Asian children to sexual exploitation. Many Asians do not see anything wrong with going to brothels, and a young man's sexual initiation is commonly done with a sex worker. Also prevalent in many parts of Asia is the belief that having sex with a young girl, particularly with a virgin, is rejuvenating and increases a man's sexual potency.

At the first World Congress against the Commercial Sexual Exploitation of Children (Stockholm, Sweden: August 27-30, 1996), the panel report on health noted that: "...The spread of HIV has become both a cause and consequence of the trade in children. Some men seek children who they believe are less likely to be infected with the virus. In turn, a child who has sexual relations with an infected man is likely to become infected."

It is ironic that biomedically, children are more vulnerable to HIV infection as well as other sexually-transmitted diseases (STDs). The mucous lining of the anus or vagina of a child is thinner and is likely to rupture when having sex, thus providing a direct route for HIV to enter the bloodstream.

In the psycho-social context, child sex workers are also more vulnerable since they usually are not empowered to negotiate for protected sex. In general, clients of sex workers are at a greater advantage in terms of gender, caste, social class, economic status, nationality, and race.[2] When the sex worker is a child, the inequitable relationship is exacerbated.

Data from the Centre for Protection of Children's Rights in Thailand, which offers HIV tests for sex workers, underscore the fact that young girls are more vulnerable to HIV infection. Based on HIV tests conducted in 1991, nearly one-third of sex workers aged below 17 years were HIV-positive. In contrast, among sex workers aged above 18, 19.8 percent were found to have HIV infection.[3]

Since sex work is almost always illegal and stigmatised, the actual number of child sex workers is difficult to ascertain. The available statistics[4] give a clear, albeit partial, picture:

- In India, there is an estimated 2 million sex workers, and 20 percent are thought to be minors. This means approximately 300,000 to 400,000 children in the sex trade.
- UNICEF estimates that there are 20,000 child sex workers in Manila, the capital city of the Philippines.
- In Taiwan, a survey conducted in 1987 estimates that there were at least 100,000 child sex workers.
- As many as 200,000 young girls from Nepal are believed to be working in brothels in the cities of India. These girls were either abducted or sold to white slavery by their families.[5]

Other data further define the situation in the region. For example, GramBharati Samiti (GBS), a non-government organisation (NGO) working in India, notes that girls in tribal communities start sex work at the age of 11 to 13 years.[6] According to GBS, clients seek out younger girls in an effort to avoid exposure to HIV.

Responding to the Problem

Although the sexual exploitation of children is a problem world-wide, it is most severe among economically disadvantaged countries. These countries have responded to the problem in different ways.

The Child Rights Watch Nepal is a coalition of NGOs which monitors children's rights, and works with and in behalf of children to collect and disseminate information from the different regions of Nepal. The coalition also lobbies national law-making and law enforcement agencies for legislative action on the rights of the child. Child Rights Watch Nepal has 250 members, and is widening its network of government organisations and NGOs at the central level and focal points at the regional level. With the guidance of the coalition, Nepalese children have established the National Network on Children's Rights. The children have developed their own version of the UN Convention on the Rights of the Child, and do advocacy work using games and other creative activities.

In the Philippines, a coalition of NGOs has set up a monitoring system to ensure the protection of children's rights. The NGO Coalition for Monitoring the UN Convention on the Rights of the Child has 12 network members for a total of over 200 NGO members. It is committed to popularising the Convention on the Rights of the Child, and facilitating the exchange of information at the national and international levels. According to Teresita Silva, executive director of ChildHope Asia which currently chairs the Coalition, there are enough laws and regulations to ensure and uphold children's rights. Enforcing and implementing these laws is another matter. Ms. Silva laments the lack of political will of the government in addressing the problem. While it is the State which is signatory to the Convention, the initiative to promote and uphold children's rights has come from NGOs.

Other countries have had greater success in enforcing laws against the sexual exploitation of children. ECPAT (End Child Prostitution in Asian Tourism) documents cases where pedophiles have been convicted for sexually abusing minors. Oftentimes, the sexual abuses are committed in less developed countries, and the trials are held either in the country where the abuses had taken place or in the country of the suspect. Since child sexual abuse is often committed across countries, global attention and action are essential in addressing the problem.

Those who cope can lead

The Congress Against the Sexual Exploitation of Children held in Stockholm, Sweden is an example of a concerted global response. At the Congress, the Panel on Health identified several areas of possible action. They emphasised that basic education and information are needed to create awareness about the rights of children. They talked, too, about the need for legislation and high-level leadership.] More importantly, they discussed programmes to involve the children themselves. The Congress statement notes: "Families and children exposed to risk respond differently. There is much to be learned from those in a community who, facing multiple risks, cope successfully. They can be supported in being leaders in their communities."

– *Mercedes B. Apilado*
HAIN

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5 Rev. Margaret B. Reinfeld, "Nepal: A Cultural Prostitution" in *Children Worldwide* (Geneva: International Catholic Child Bureau, Nos. 2-3, 1993).
6 Save the Children, *Kids for Hire* (London: Save the Children UK, 1996)

a posi+ive response

Collaboration between people living with HIV, health workers and policy makers has changed policy in Cuba, Latin America.

From 1986 to 1990 Cuba's national AIDS policy included compulsory isolation for people with HIV in special sanatoriums, which included family visits and, shortly afterwards, weekend passes. In 1989 a group of HIV workers and people living with HIV began questioning these policies, arguing that people living with HIV need to be able to mix freely with others in order to reduce fear of HIV.

In 1990 people living with HIV and residents in Cuba's main care and prevention centre, the Sanatorium Santiago de las Vegas, formed the AIDS Prevention Group (GPSIDA). We aimed to make our voices heard, do AIDS education in the community and campaign for the right to be treated with respect.

After training ourselves as prevention educators we began working with the National AIDS Programme to ensure that their information was accurate and challenged the prejudices that people have about HIV. We targeted teacher training colleges and workplaces and used TV and radio to reach families and young people. In the "Learning to live with HIV" project, GPSIDA collaborated with staff at a test counselling centre, providing support and counseling to those who had just tested positive.

Partly as a result of GPSIDA's work, in 1993 sanatorium residents were given the choice of continuing to stay in the sanatorium or returning home and receiving outpatient or home care provided by a network of family doctors based in the community. This was a decisive step towards integration of people with HIV into Cuban society. GPSIDA educated and prepared people for the changes.

As well as changing our own country's policies, GPSIDA members and others have struggled hard to challenge assumptions elsewhere that Cubans who test positive for HIV have only one destiny - sanatoriums. We have always appreciated the benefits that the Cuban health system provides - HIV-positive Cubans get treatment and care including up-to-date medication, balanced diets and psychological support. The right to life, free health care, treatment and education are the main priorities for Cuba. When Cuba's AIDS policy is criticised our health system must be compared to those of other countries where there is less access to health care for all, including people living with HIV.

GPSIDA has always dreamt that our experience, though not perfect, can be a reality for people with HIV in other poor countries.

- Dr. Juan Carlos de la Concepcion Raxach, founder member of GPSIDA, is currently studying in Brazil.
- GPSIDA, Sanatorio Santiago de las Vegas, 11/2 km carretera al Rincon, Santiago de las Vegas, Ciudad de la Habana, Cuba.

anger into ACTION

One of the hardest parts of living with HIV or AIDS is dealing with the anger and frustration of a disease that makes most of us feel powerless. Last year a group of women went to a talk by a medical professional who used words that most of us did not use or understand. At first we felt angry, but then we decided to do something about it.

We decided to set up a school run by ourselves - called the HIV University - for women to learn together about HIV, support one another and learn to advocate for better health care. First, we planned a curriculum. There was so much we wanted to learn, but we decided to focus our 16 classes on: how the body works; what is HIV and HIV disease and how we can protect ourselves; reproductive health and STDs; safer sex; nutrition; treatments and side effects; alternative/complementary therapies; clinical trials; how to talk to your doctor; addiction; spiritual and mental support; and sharing what we learned with others.

Once we had decided on these topics we contacted people in the community to help us do it. Some were living with HIV. Others were from service agencies, which was helpful in improving communications and access. All volunteered their time. We drew up guidelines for resource people, which included explaining complicated words, using objects and pictures such as samples of medicines or pictures of body parts, allowing time for questions and making lessons relevant to our lives.

All students signed a contract agreeing to respect confidentiality, respect others' beliefs and stay at home if they have an infectious illness in order not to infect others. The curriculum changes with each new group of women, depending on personal priorities. Each class is different and some women join twice. Because the women choose the curriculum we know we are meeting their needs. We have witnessed miracles in each others' lives - changes and growth. We have chosen to claim responsibility for our own lives.

Sandi Luna, WORLD, 3948 Webster Street, Oakland CA 94611, USA

MAKING A LIVING

Many income-generating schemes end in disappointment. AIDS Action highlights issues to consider before starting.

The most serious problems faced by people living with or affected by HIV are poverty and inequality. Income-generating activities aim to solve these problems but often fail. Many create extra work for members with little economic reward. Others may improve incomes in the short term but fail because they depend on continuing outside support.

The real barriers to improving income may not be economic at all, but social or cultural. For example, increasing women's income may simply result in their partners taking the money. It is important to think about possible problems and barriers before beginning an income-generating project, and to consider other options for addressing poverty.

Responding to needs

Is the activity intended to be a viable business enterprise or to provide social support to people? Income-generating projects can provide personal, as well as material, benefits, but this aim needs to be clear from the start so that people do not have unrealistic expectations.

Is the main aim to provide financial security to people who are in need? If so, find out what sources of support already exist locally, for example:

- referring people to church or welfare groups
- providing assistance to obtain government benefits
- creating welfare funds for small one-off payments
- establishing vegetable gardens or helping people to produce household articles for family use.

Before planning a new activity, think about improving existing employment options, which might include:

- identifying local employment needs and planning appropriate training
- arranging temporary work with local employers
- training people who already run small businesses in production or business management.

Saving and borrowing

A common problem for people trying to start a business is lack of access to credit (loaning money on a commercial basis to be paid back, usually with interest).

Are there any local credit or savings schemes such as Islamic credit schemes, women's savings groups or revolving loan funds? These schemes involve members making regular small contributions to a fund which entitles them to an occasional loan or payment.

Consider all the real costs of setting up a credit scheme, including salaries and office rent. A service charge may be needed to cover the running costs, especially in rural areas where communications are costly.

Plan the scheme carefully, making sure that people understand the need for repaying money with interest. Give adequate support to beneficiaries, such as ensuring women members have access to literacy and basic financial skills progrmmes and child care.

Enterprise

If you think there is a business opening, first ask yourself why no one is doing it already. Business enterprises fail for many reasons, including lack of training, skills or access to markets. Test your ideas with local, sympathetic entrepreneurs or business development projects.

If you do plan to set up an income-generating project, think about who will be involved. The best projects are often those set up by the potential participants themselves.

Should the project work with individuals or groups? Working in a group is not always easy. Different members may have different aims. However, costs can be reduced if a group pays for materials or transport. Make sure that individuals benefit directly from group membership.

Be clear about your organisation's capacity to cope with the increased work load and ability to carry out a commercial enterprise.

Financial sustainability is not always possible, especially where there is high inflation, sickness or conflict. In these situations, external donor support may always be needed. It is important to remember the other benefits of income-generating activities as well as, or instead of, improving financial security. If a project is well-targeted and efficient, clients gain not only income (their dependents also benefit indirectly) but also new skills which may contribute towards increasing control over their lives.

Thanks to Judy el-Bushra, ACORD, UK.

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* *Offprints available from HAIN for readers in developing countries.*

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