**Notes for Press Briefing by Stephen Lewis, UN Secretary-General's Special Envoy for HIV/AIDS in Africa, on his recent trip to Ethiopia, May 19-23, 2004.
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Every trip to Africa, examining the status of HIV/AIDS, yields some surprises. My visit to Ethiopia two weeks ago was no exception. To be sure, it was a brief, if intense, trip --- just four days, surrounding a conference on children, and I therefore don't want to pretend to be definitive. But I covered a lot of ground, and the impressions are very strong. I'd like to highlight three broad areas: treatment, orphans, and a fascinating new programme known as "community conversations".

First, treatment. In Ethiopia, as everywhere on the continent, the passion for treatment is all-consuming. And in Ethiopia, as everywhere on the continent, the challenge of implementation is enormous. There are between two and three hundred thousand Ethiopian people who need treatment now, and perhaps five thousand in total are receiving it. The Government has made elaborate preparation, training professionals and fashioning guidelines, but what is missing is the money.

Ethiopia submitted a proposal to the Global Fund for more than four hundred million dollars over five years, in order to launch a truly significant treatment programme. The proposal went to the Expert Review Panel of the Fund some two weeks ago, along with dozens of submissions from other countries, and no one yet knows whether or not it was approved, even in part. What we do know, sadly and strangely, is that only one-third of the country submissions, totalling $964 million of $2.8 billion requested, were approved, and it's entirely possible that Ethiopia could end up on the resource cutting room floor.

That would be a tragedy of cosmic proportions. If the money were approved, it would mean that there would be a major Government programme for anti-retroviral treatment, through the public health system, in conjunction with "PEPFAR", President Bush's initiative, which will be administered through various outlets and overseen by the American Embassy. If the Global Fund money is not forthcoming, Ethiopia will face the anomaly of having the largest part of its treatment programme in the hands of a major donor Government. Logic tells me that that is not an auspicious outcome. Don't misunderstand me: getting treatment to anyone is a desperate imperative, but a sovereign Ethiopian Government exists to govern, and any treatment initiative should surely be part of that over-riding governance, in this case the specific governance of the Ministry of Health.

But logic tells me more than that. It's entirely likely that the PEPFAR money for treatment will go to the purchase of brand name drugs, at prices very much higher --- possibly three to four times higher --- than fixed dose combination, generic anti-retroviral drugs, pre-approved for first line use by the World Health Organization. I note the resolution passed just last month by the World Health Assembly meeting in Geneva, which re-affirmed the importance of WHO pre-qualification, the importance of '3 by 5', and the importance of the WTO consensus on the legitimate export and import of generic medicines.

But I also note the US Government's announcement, on the eve of the WHA, of a fast-track FDA process that will, ostensibly, allow for the approval of generic fixed-dose combinations. Perhaps Ethiopia should be the first test to se if the US approval process will get drugs to people without delay, at the cheapest prices possible. If so, as I said at the time, it's an entirely welcome

development. But if it slows procurement, or excludes non-American manufacturers from the market, or casts doubt on WHO pre-qualification, then we're in trouble. If you can reach three to four times as many people through generics, and the people are quite literally dying for treatment, then surely we should use the WHO pre-qualified generic combinations.

And there are two other components of treatment which are compelling. The number of sites for the Prevention of Mother to Child Transmission (PMTCT) is abysmally low. As a result, only a miniscule fraction of HIV-positive pregnant women receive the drug nevirapine. From what I could gather, the Government believes that women should be the priority entry point for treatment, and this is all to the good. But it will require an urgent roll-out of PMTCT facilities to reduce the number of HIV-positive infants, and then an equally urgent roll-out to ensure that women actually get full course antiretroviral treatment. It's also terribly important, in this context, to initiate treatment for the HIV-positive children.

Further, more than any other country I've visited over the last couple of years, Ethiopia is riding a crest of testing. All over the country testing and counselling have somehow become 'de rigeur', and in particular, there is a widespread public conviction that partners should be tested before marriage, so that both parties will be fully informed before entering into marriage. Indeed, in parts of Ethiopia, the public clinics run out of test kits while people are lining up to be tested. It's an acrid irony that one of the usual barriers to treatment --- getting people tested --- is no impediment at all, but the treatment still isn't available.

It's important to recall that Ethiopia has the second largest population in Africa, nearly 70 million, with two to three million infections. The prevalence rate is over 6%, rising to over 13% in parts of Addis Ababa and other urban settings. Ethiopia is in crisis.

Second, orphans. I regret to say that Ethiopia is only now beginning to understand the vast extent of the growing orphan crisis. The country is simply unprepared, at this time, to cope with the avalanche of children orphaned by AIDS; it's estimated that there are already a million orphans in Ethiopia. The Prime Minister pointed out to me that there is still some capacity, in the rural areas, to absorb orphans into the community through the extended family system. But he acknowledged that in the urban centres, where the great majority of orphans are to be found, there was as yet little capacity to respond.

Frankly, unless the country devises an almost instantaneous strategic plan for orphans, backed by massive resources and focused intervention, Ethiopia will soon be reeling from the onslaught of abandoned, rootless, bewildered and despairing kids of all ages. It will feel like a raging torrent of child trauma to which everyone responded too late. Tens of thousands of young lives will be lost and ruined. I cannot put it strongly enough.

And there's another aspect of this which is deeply troubling. Everywhere my colleagues and I visited, people talked of school fees as a bar to school enrolment. Yet, Ethiopia has 'abolished' school fees. What is going on? Well, consistent with other countries that have abolished fees --- Uganda and Malawi spring to mind --- there are always variations on the classic fee structure which prove damaging to school attendance. There are 'registration' charges, and 'examination'

charges, and the costs of books and uniforms, and limits on the number of children in any given family who are eligible for subsidy. Taken all in all, most countries, in one way or another, are in violation of article 28, sub-section 1(a) of the Convention on the Rights of the Child: "Make primary education compulsory and available free to all".

It's just not happening, even in Kenya, where the recent abolition of fees meant the sudden additional attendance of over a million children … but some are still not getting to school. Those who suffer the greatest loss are inevitably the children orphaned by AIDS.

I must admit that I am at my wits' end on this issue. I have asked, publicly, countless times over, why it isn't possible to launch a continent-wide campaign to abolish fees? Maybe it's my own naivete, but I fail to see why we should all stand by while children are denied their childhood, and their prospects for the future. To tell the truth --- and this is undoubtedly a desperate gasp on my part --- I'm thinking of using the Envoy role to find a number of NGOs, many of them in Africa, with whom to collaborate on a campaign, relying on major African leadership.

It drives me crazy to see such vast numbers of kids out of school, hungry and impoverished, when a school would put orphaned children in regular contact with adults again, restore a sense of self-worth, provide a place of security, perhaps offer a meal at lunch, and ignite the wonders of friendship. We seem to have endless responses to the pandemic, on treatment, care, prevention and support, but almost no adequate response to orphans, despite a warehouse of repetitive reports, documents, statistics, roundtables, conferences, seminars, assessments and enough monographs to fill Britannica.

Is it absurd to suggest that we might stop writing and start doing?

Third, and final, the stunning revelation of "community conversations".In the Southern Region of Ethiopia, not far from the Regional Capital of Awassa, in the little community of Alaba, a remarkable experiment in community participation is taking place. It was designed by the United Nations Development Programme, in conjunction with "KMG" (Kembatti Mentti Gezzima), a powerful local NGO. The intention is to draw on the natural organic power of conversation, inherent in most indigenous communities, surround it with inspired facitlitators, and get everyone in the village --- and I mean EVERYONE --- talking about subjects that have always been taboo. The theme is AIDS; the subjects are sexual.

I will admit that I'm not quite certain how UNDP managed this: it is to their everlasting credit. What is happening takes one's breath away.

I was privy to two such conversations, one involving about two hundred villagers who had been meeting once a fortnight for a couple of months, the other involving fifteen or twenty people (with dozens of onlookers) who had been engaged in these conversations for more than a year.

What are the subject matters, publicly discussed, without so much as a touch of embarrassment or shyness? How's this for a catalogue: female genital mutilation, bride sharing, early marriage, polygamy, child abduction, condoms, sexual violence, People Living with AIDS, and women's

rights. And behaviour actually changes! This community had lived with 100% FGM for centuries: it's down to 10 to 15% within just one year as a result of the conversations.

We talked to the Islamic religious leader of the community, a man in his seventies, who told us everything had changed in the villages, and how he had led 130 men to be tested in order to set an example for others. Then we heard from two young girls, no more than fifteen years of age, sitting three places down the row, who said with enormous confidence and élan that the conversations had taught them a) the meaning of women's rights and gender equality, b) that they must never allow a child of theirs to be genitally cut and c) that they would never entertain a marriage proposal from a boyfriend who hadn't been tested.

It was all quite extraordinary. We talk forever about countries where the level of awareness of HIV/AIDS is very high, but behaviour change is negligible. These community conversations have resulted in huge behaviour change. I've always believed that it would take generations even to show a willingness to address gender equality, and here it seems to have happened virtually overnight! Can the pattern be replicated elsewhere in Ethiopia? It's already begun to spread. Can it be replicated outside of Ethiopia? Who knows, but it's certainly worth a try.

UNDP and the local NGO have somehow structured an environment where people could talk freely, and unself-consciously, about all manner of hitherto private and whispered subjects. They've simply understood how to harness the power of simple conversation and made of it a community fetish. More power to them.

I don't want to get carried away into a world of unreality by extravagant praise for these "community conversations". The task facing Ethiopia is mammoth; no one should underestimate the struggle ahead. It's all quite overwhelming. And on top of everything else, Ethiopia is in an endless struggle to achieve food security in the face of unrelenting hunger and famine. But in terms of HIV/AIDS, I felt that I'd had a rare glimpse of the future, and it gave me hope.

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