HIV EDMONTON | November 2007 newsletter | VUE WEEKLY

The Millennium Development Goals

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On September 8, 2000 the UN General Assembly voted unanimously in favour of the adoption of the Millennium declaration. The language was impressive:

"We, heads of State and Government, (191 countries) have gathered at United Nations Headquarters in New York, at the dawn of a new millennium, to reaffirm our faith in the Organization and its Charter as indispensable foundations of a more peaceful, prosperous and just world." Recognizing collective responsibility to uphold the principles of human dignity, equality and equity at the global level, especially for the most vulnerable and, in particular, the children of the world, to whom the future belongs; and recognizing fundamental values of Freedom, Equality, Solidarity, Tolerance, Respect for Nature and shared responsibility, they determined to spare no effort to free their/our fellowman of poverty, and set goals to achieve this.

In essence the goals are a pledge by the developed world to increase its commitment to support the developing world by increasing their donor contribution and by reforming their policies, which are harmful (eg trade and loans). But the goals are also a pact on the part of the developing world to more transparent governance and accountability. And the goals are measurable.

Each year since 2000, every country has been committed to reporting outcomes by these goals. So how are we doing?

Goal 1 Eradicate extreme poverty and hunger. Reduction of the number living on less than one dollar a day, is measured in each country, but in addition, hunger, a strong correlate of poverty, is measured by the prevalence of underweight children under 5 years of age. Asia has shown the greatest decline in poverty, but as the overall income has gone up disparity between have and have not has increased. Whereas the ratio of high and low-income quintiles in 1900 was 3:1; by 1998, it was 78:1, and continues to rise.

Goal II Achieving universal primary education is measured by school enrollment and has increased to 81%globally, by 2000, more slowly in Africa, 51%. But many impediments remain, access to school is more difficult for rural dwellers, and impacted by user fees for texts and uniforms. Enrollment does not necessarily mean that the school setting is optimal for learning, because of poor infrastructure, limited human resources and crowding. Girls lag behind boys in enrollment especially in Africa and South and Central America. The Fast Track initiative was an agreement in 2002 that donors would see their contribution rapidly applied, but it has not worked as of 2005 according to Nancy Birdsall (president of the Center for global Development) because although countries agreed to reform their policies, donor funds were not forth coming.

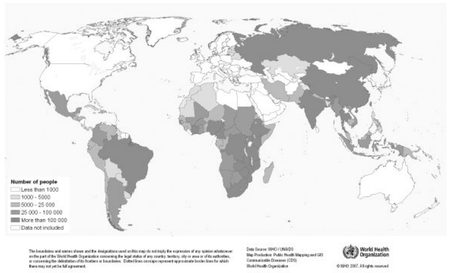
Goal III Promotion of gender equality and empowerment of women. Elimination of gender disparity in primary and secondary education is measured by the ratio of girls to boys in primary, secondary and tertiary education, the ratio of literate females to males 15-24 years old, the share of women in wage employment in the non-agricultural sector, and the proportion of seats held by women in national parliament. In this last category Canada has a way to go.

Goal IV Reduce child mortality by two thirds. Reducing childhood mortality from the 2000 level of 12 million is making headway. The improvement is greatest in Asia. In sub-Saharan Africa the mortality for under age 5 fell from 200 to 150 according to Stephanie Nolan of the Global and Mail. She attributed the decline to Malaria bed nets. But almost certainly the roll out of anti-retrovirals for HIV is beginning to have significant impact. Child survival is distinctly better when the parents are educated, especially the mothers and in household with higher income.

Goal V Reducing Maternal mortality by three quarters is one of the most telling health indicators in poor countries, directly impacted by the proportion of births attended by skilled health personnel. In a setting of failing health infrastructure and loss of skilled health care workers attracted away by the private sector, by NGOs, and by inadequate wages; reducing maternal mortality is an enormous challenge.

Goal VI Reducing prevalence and incidence of HIV/AIDS, Malaria and other infectious diseases including TB, has several indicators: HIV prevalence among 15-24-year-old pregnant women, rate of the contraceptive use, prevalence and death rates associated with malaria, proportion of population in malaria risk areas using effective malaria prevention and treatment measures, prevalence and death rates associated with tuberculosis, and proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)

Estimated number of people in need of antiretroviral therapy in low and middle income countries, as of December 2006



The Goal for TB may actually be reached, as the strategies are well tested and affordable, and effective even in the TB co-infected. Thirty billion dollars of the fifty-five billion needed to reach the target of halving prevalence and mortality compared with 1990, is committed by high burden countries. The remainder must be met by donor countries like Canada. Our fair share of this amount is about 700 million over the next 7 years. Our present contribution on an annual basis is less than half of that amount. The government's commitment to meeting its obligations will only be reached if the voting public makes clear our determination to be responsible global citizens.

Goal VII Reach the other goals in a sustainable environment. To meet this goal countries must integrate the principles of sustainable development into country policies and program and reverse loss of environmental resources. One of the targets is to reduce by half, the proportion of people without sustainable access to safe drinking water and improved sanitation

Goal VIII Participation in a global Partnership for development. This goal demands an open trading and financial system that is rule-based, predictable and non-discriminatory. It includes a commitment to good governance, development and poverty reduction. It addresses the need for improved debt relief and reduced tariff on export good from poor countries. It demands access to affordable essential drugs for developing countries and benefits of new technologies—especially information and communications technologies.

These goals are pretty simple; they ask that the basics of survival be shared. We Canadians have signed on to meeting the targets; we could do no less. Now we have to ensure that they are met. It is our obligation. It will be on the basis of our ability to face meet these obligations that the future of the world depends.

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HIV EDMONTON

Message from the Chair of the Board of Directors of HIV Edmonton

Sarah Hayward BNSc, MPH is the CEO of SEARCH Canada and was elected Chair of the Board of HIV Edmonton in June 2007. Ms. Hayward has been the CNA representative on the Board of the Canadian Cochrane Centre and Network and is currently an Associate Editor of the Evidence Based Nursing Journal.

Rarely has a disease been as stigmatized as HIV/AIDS. In the early years of the 1980s, as the new disease emerged, it was consistently identified by scientists, media and politicians alike as a disease of just one group or another in society. At one point, for example, HIV/AIDS was seen as a problem of the 3Hs (Homosexuals, Haitians and Hemophiliacs), and no one else. This divisive approach has not been uncommon in history when society has felt threatened by an epidemic, particularly one that is contagious through sexual contact. It allows us to see a disease's cause in behaviours not microbes, in choices not chance. It allows society then to blame and marginalize those with the illness.

Scientifically, we now understand the Human Immunodeficiency Virus extremely well. We know that, like any other infectious disease, it does not discriminate on the basis of gender, age, race or sexual orientation. We know that the disease it can lead to, Acquired Immunodeficiency Syndrome (AIDS), while deadly if not treated, can be prevented for a long time through many new drugs that allow people with HIV to live healthy lives, so that HIV has moved to the category of a chronic condition, not an acute illness.

But people diagnosed with a positive HIV test – meaning that they have contracted the virus although they are not necessarily ill – still face unexpected and destructive attitudes of blame, rejection and marginalization. Recently, a young, well-educated and articulate woman came through the doors of HIV Edmonton from Saskatchewan. She was diagnosed as HIV positive in 2005 when she was pregnant. After she was diagnosed in hospital, the attitudes of everyone around her changed. "When they put a sign at the end of my bed that said I was HIV positive I felt like a monster. I felt embarrassed and angry. I thought they were violating my rights." But she was too embarrassed to complain. Within weeks, quite a few people knew her HIV status and their attitudes changed too. Within nine months, the changes among those around her left her feeling that her only option was to leave the province altogether. She moved to Alberta.

Like many others, this young woman says that when people think about HIV here in Edmonton "they think mostly of gay men and drug users, and they usually don't think of women". As a community, we still want to see HIV as a problem that affects people who 'aren't like us'. But, as our client says, "Really, everyone makes mistakes and can easily put themselves at risk by forgetting to protect themselves." In 2006, in Alberta, a third of the people newly diagnosed with HIV infection were women. Overall in Canada, women account for approximately 25% of new infections. HIV is a problem for a whole community, not just small groups within it.

With acceptance and support, people living with HIV find hope, health and quality of life. Our client from Saskatchewan has returned to work and is on the road to maintaining her health. "My experience in Edmonton has been very different," she says. "I felt supported by other people living with HIV, by HIV Edmonton, and by the Northern Alberta Clinic and their staff." She has not had to start treatment yet and is focusing on her future.

World AIDS Day and AIDS Awareness Week give us a chance to learn more about HIV and AIDS, how this virus is affecting our community locally and other communities globally. It is a time to recognize the incredible strides we have made in understanding and confronting this disease, and to acknowledge how far we have yet to go to eradicate it, and to ensure that those living with it have lives of dignity and quality. To learn more about HIV, attend our free panel discussions; "Then and Now" on November 28th, 7 – 9 pm at Hulberts – 7601 - 115 Street, or "Locally and Globally" on November 29th, 5:30 – 8 pm at the ARTery – 9535 Jasper Avenue. All are invited to support your loved ones and/or to remember those we've lost at our "AIDS Vigil" being held on December 1st at 5:00 PM in the Rice Lobby of the Citadel Theatre, 9828 - 101A Street.

SYPHILIS OUTBREAK IN THE CAPITAL HEALTH REGION

An infectious syphilis outbreak is currently occurring in the Capital Health region. The current outbreak began in the summer of 2004 and continues today. To date, there have been 336 cases in the region during this outbreak. Of all the cases in the region, the most troubling are the 12 cases of congenital syphilis that have occurred in the last two years. This infection is passed from mother to child in utero and if left untreated can lead to fetal death, miscarriage, premature delivery and birth defects including blindness and deafness. Congenital syphilis is preventable if the mother receives pre-natal testing and treatment for syphilis as early as possible after acquiring syphilis.

Transmission, Signs and Symptoms
Syphilis is transmitted by vaginal, anal or oral sexual contact.
A few weeks after sexual contact with an infected individual, a sore develops on the body, usually in the genital area. Untreated, this sore will heal spontaneously and may be followed by a generalized rash several months later. If left untreated, many years later syphilis can cause blindness, deafness, paralysis, brain or heart disease.

Who's at Risk
Individuals of all ages, genders, ethnicities, sexual preferences and socioeconomic status are at risk through unprotected sex outside a mutually monogamous relationship. The populations most at risk in this outbreak are sex-trade workers and their clients, Aboriginal men and women, injection and non-injection drug users. In addition, infants born to infected mothers can acquire syphilis with serious consequences to both the pregnancy and the baby.

Testing
A simple blood test can determine if the infection is syphilis

Treatment
Syphilis can be treated. Once there is a positive diagnosis, a convenient, single treatment of penicillin is given to the individual. It is important that the individual's sexual partners also receive testing.

Contacts
It is important that the individual's sexual partners and children born to infected mothers also receive testing and treatment.

Who should be tested for syphilis and other STIs including HIV?
Individuals at risk, including sex-trade workers and clients of sex-trade workers should be counseled and screened every six months for sexually transmitted infections. In addition, anyone presenting with typical symptoms or signs should be tested. All pregnant women should be tested in the first trimester and again at approximately 36 weeks gestation if they remain at high risk for syphilis during pregnancy.

For more information on testing and treatment, please contact:

- **Your family physician**
- **The Sexually Transmitted Disease Centre**
  Room 3B20 11111 - Jasper Avenue Edmonton, AB
  Phone Number: 780-413-5156
- **The STD/HIV information line** at
  1-800-772-2437

Capital Health EDMONTON AREA

Join HIV Edmonton at the following events for AIDS Awareness Week
including 2 free Community Discussions that look at "**What Does AIDS Mean Now**?"

Then / Now Community Discussion
Free, Open to the Public
in
Wednesday, November 28 2007, 7-9pm
Hulbert's Restaurant 7601 115 street
Generously Open Special Hours 6-9pm
Join Moderator **Sherry McKibben** and panelists **Michael Phair** and **Sue Jamison** to discuss HIV/ AIDS as we knew it and as we now know it. This enlightening and informative discussion will look the virus, the social ramifications both then and now and the current reality of those living with HIV. ***Special Musical Performance by Alfredo at 6:45pm***

Local / Global Community Discussion
Free, Open to the Public
in
Thursday, November 29 2007, 5:30-8pm
The ARTery 9535 Jasper Avenue
Lynn Sutankayo will lead a community discussion looking at HIV/AIDS both locally and globally. The discussion will focus on how the 2 realities are the same, different, interconnected and what they can learn from each other. Pieter de Vos's photo series **"AIDS in Two Cities"** will be on display. ***Performance by the People's Poets starting at 5:30pm.*** Refreshments will be served and The ARTery bar will be open.

Also during AIDS Awareness Week…

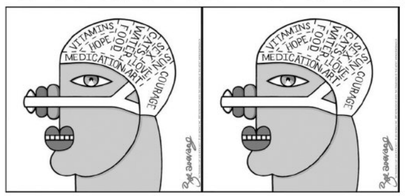
Annual AIDS Vigil
(Free, Open to the public)
Saturday December 1st, 5 pm
Rice Lobby of the Citadel Theatre, 9828-101A Avenue
Music from EVM, Elder Taz

Family Day at the AGA
Saturday, December 1st (Free)
Art Gallery of Alberta
100-10230 Jasper Avenue
Art Making Workshops: noon-4pm, Reception: 1:30-2:30pm
Part of Exposure: Edmonton's Queer Arts and Culture Festival

Keep Walking: AIDS T-Shirt Fashion Project
Limited edition vintage AIDS Walk T-Shirts redesigned by some of Edmonton's best designers:
FRIDGET by Bridget Smatlan, cinder+smoke, Andrea yacyshyn, JoseEe Aubin Ouelette
Available at Community Discussions; as well as ***Nokomis*** *(10837 – 82nd Ave);* ***Red Ribbon*** **(12505 – 102 Ave);** ***available December 1st & 2nd at The Royal Bison Arts & Craft Sale*** *(8426 Gateway Blvd.)*

Visit HIV Edmonton's Memorial Tree
300 11456 Jasper Avenue.
Office Hours: Mon/Wed/Thurs: 9am-5pm, Tues: 9am-7pm, Fri: 9am-Noon.
Closed Mon-Thurs 11:30am -12:30pm

Thank-You!



You are the Legacy, You are the Remedy.

HIV Edmonton thanks all the sponsors, donors, volunteers, community partners, walkers and friends who made the 16th annual AIDS Walk for Life a Success.

Over $86,000 RAISED

Join us next for SPRING for LIFE
www.hivedmonton.com

Third Annual
MEMORIAL for HOMELESS PERSONS
January 19th, 2008
4 p.m.
Boyle Street Community Services
10116 - 105 Avenue
Everyone Welcome Round Dance to Follow
for information, please call Lorette @ 424-8335

Syphilis ALERT!

Use condoms. Get tested.

Syphilis can be transmitted through oral, vaginal or anal sex. You may not recognize the symptoms. Syphilis can have serious health effects. It can be detected with a simple blood test and can be cured.

Free Testing
Free Treatment
call 413 5156
STD Centre

Capital Health EDMONTON AREA