

[HIV/AIDS is a human rights issue too](#)

Students make a formation in the shape  of the red ribbon, the universal symbol of awareness and support for those living with HIV, during a campaign to mark World AIDS Day. (State.gov)

Since 1988, December 1 has marked [World AIDS Day](#) to commemorate people who have died from the disease and to show support for those who are living with HIV. Because of antiretroviral medication, HIV is no longer an automatic death sentence. But the stigma surrounding people living with the chronic medical condition and their difficulty in getting access to health care has made HIV/AIDS a human rights issue as well as a health challenge.

According to Noor Raad, an HIV/TB policy intern at Médecins Sans Frontières (MSF), misinformation has led to much of the stigma faced by people living with HIV. “One of the myths is that HIV is only for gay men, and so if you have HIV that means that you are participating in that type of behavior,” she said.

“Another myth is just the ways that you can become infected with HIV,” Raad said. Some incorrectly believe that the disease can be transmitted simply by touching someone with HIV or drinking from the same cup.

“Children who are HIV-positive face a lot of discrimination and judgment and social isolation at school because of this. A lot of their peers think that if they sit next to them they can get it, and this is an ongoing problem ... all over the world,” she said.

At the same time, she said, many people fail to understand that sharing a needle actually is a way to get infected.

Raad said HIV is prevalent among groups that are often already marginalized, like sex workers, gay men and drug addicts. She said up to 40 percent of adults in central and southern Africa are HIV-positive, and across sub-Saharan Africa the average infection rate has risen from 25 percent in 2005 to 36 percent today.

“There are a lot of human rights implications that have been raised for people living with HIV — in particular, the large and growing disparities and inequities regarding access to antiretroviral therapies and other forms of care and treatment,” including shortages of medication and an insufficient number of health care personnel, Raad said.

“What ends up happening is patients feel very isolated and they lack peer support,” she said, noting that the isolation can lead to mental health issues, in addition to the challenges of living with HIV. “A lot of the patients that I worked with, I think like 80 percent of them, were either depressed or anxious or had suicidal thoughts, or tried to kill themselves. So I think on top of all of that, if you have negative energy from your peers and you are being socially isolated, it’s just kind of a setup for disaster,” Raad said.

Despite the fact that many countries have laws protecting people living with HIV, the laws are not always enforced. For sex workers, gay men and drug users who are disproportionately affected but whose activities are often criminalized, many fail to seek help, fearing legal punishment as well as the judgment of their community. The result is that those who most need information, education and counselling will not receive it, even where such services are available.

Raad said it is usually not possible for people to hide the fact that they have HIV because it is a required disclosure at work or school, and in smaller communities people will likely know why a person is visiting a health clinic. Those living in poverty or in rural areas also have difficulty accessing medical care when facilities are far away or poorly staffed. Raad said MSF has made supplying decentralized care an important part of its mission, especially in central and West Africa.

There are several ways you can help people with HIV feel less stigmatized, she said.

- Educate yourself on the [myths and facts](#) surrounding HIV transmission.
- Speak out when you hear jokes or derogatory comments made about people with HIV.
- Join a local NGO or support group that is advocating for the rights of people living with HIV or a support group that is actively trying to combat stigma and get medications to them.
- Organize a workshop or training session at school or work, or through your community or your religious organization, to spread the word on how to prevent infection and to better educate your peers so those living with HIV will not be targeted or judged.
- If you know someone with HIV, create a safe space for them to talk about their condition and feel less socially isolated. “The fact that they shared that information with you is a pretty big deal,” Raad said, since many don’t even tell their parents or families. “The most important thing is to gain the person’s trust and make them feel that they are not being judged,” she said.

Stay tuned to the YALI Network to find out how to participate in our upcoming human rights course. Earn your certificate and share your stories of what you are doing to promote inclusiveness and end marginalization! Learn more and get involved at yali.state.gov/4all!

[Communities, Communication Can Improve African Health Care](#)

Caption: Dr. Farouk Garba, a  Nigerian physician, spent his 2014 fellowship at Morgan State University.
Credit: Photo: Farouk Garba

Disease outbreaks such as HIV/AIDS, Ebola and pandemic influenza have led health agencies everywhere to realize they have a shared mission. A dangerous disease-causing pathogen may

emerge far away. But when one infected patient boards a plane, the disease becomes a much broader problem, even a global health threat, very quickly.

Nations have come to a mutual understanding of their responsibility to maintain “global health security.” With an agreed set of international health regulations, they help each other control, contain and monitor disease. That’s hard in developing-world countries with large rural populations where advanced health care services aren’t available.

The current Ebola outbreak in West Africa underscores how urgent it is to improve not just health care services, but also public understanding of how disease is transmitted and what health care workers must do to effectively control disease.

Some participants in the Mandela Washington Fellowship Program for Young African Leaders have been thinking about these questions and have offered some thoughts for improvement of the continent’s health care.

Dr. Pierre Balamou of Guinea, who works on malaria control with the West African Health Organization, urged YALI Network members to promote better public health “by educating our families and relatives on good public health practices and promoting health at home, [in the] workplace and everywhere.”

Dr. Laud Boateng of Ghana echoed Dr. Balamou’s ideas on the importance of community and social networks to raise awareness of good health practices.

“Our priority as a continent should be prevention, prevention — and prevention,” Dr. Boateng explained.

In Ghana, Dr. Boateng recommends, “as public health personnel, we need to engage an all-sector response” when a major health threat puts the public at risk.

Sierra Leone’s Zainab Conteh, a Mandela Washington Fellow employed by her nation’s ministry of health, notes specific areas where she hopes public health might advance: laboratory networks, health workforce capability and research capability.

Like her contemporaries in Ghana and Guinea, Conteh sees local-level people as an untapped resource for improving health care because they could bring a greater level of trust to health care.

“Community health workers could be trained on simple diagnosis [and] treatment of high-risk diseases like malaria, diarrhea, malnutrition.” Basic education in communities could also allow early detection of dangerous health symptoms to allow quicker action for finding advanced medical care.

Dr. Farouk Garba, a Nigerian ophthalmologist, studied at the Johns Hopkins University Wilmer Eye Institute when he was in the United States. A number of health care policies he saw there might be successfully implemented in Africa, he told us.

Located in Baltimore, with a large population of urban poor, the Wilmer Eye Institute established small care centers at the neighborhood level. “This way health care is taken to the patients, to their door steps,” Dr. Garba wrote.

“This will go a long way in saving lives,” Dr. Garba wrote.

Guinea’s Dr. Balamou says his participation in the Washington Mandela Fellowship program has better equipped him with decisionmaking skills to address complex health problems like Ebola and identify long-term, sustainable solutions.

Overall, these public health workers advise fellow young Africans to heed communications about health issues and recognize that everyone has a mutual interest and responsibility in protecting public health in their communities.

[Addressing Global Health Security at the U.S.-Africa Leaders Summit](#)

What is the U.S.-Africa Leaders Summit?

It’s the largest engagement a U.S. president has ever had with African leaders and governments. The [U.S.-Africa Leaders Summit](#) will bring together 50 heads of state, along with a range of U.S. and African civil society and business leaders, to discuss the future of Africa.

What issues will the Summit address?

The summit leader sessions will focus on topics such as trade and investment, peace and regional stability, and good governance. The signature events will address issues such as civil society, women’s empowerment, global health, resilience and food security, and wildlife trafficking.

What will happen at the global health event?

The signature event on global health, *Investing in Health: Investing in Africa’s Future*, will celebrate the global health successes Africa has already achieved and the progress still needed. More specifically, U.S. and African leaders will discuss:

Improving Global Health Security: Despite scientific advancements in health care, a reduction in the number of deaths caused by preventable diseases and increased interest in science, technology, engineering and mathematics fields by young Africans, much remains to be done. The outbreaks of Ebola in West Africa and polio in Central Africa this past year illustrate that the threat of dangerous diseases is real for all countries that don’t prioritize health security efforts. To improve global health security, countries around the world need to work together to monitor and quickly respond to outbreaks of infectious diseases.

Encouraging Science and Health Research: To promote science and health research, participants will discuss ways to share this responsibility with the private sector, train new leaders in the health and science fields, support local scientists in their research and integrate technology into research. Bolstering research capacity will enable Africa to play a larger role in the health-policy process and will promote economic development.

Achieving an AIDS-free generation: The United States and Africa have a strong and long-standing partnership toward achieving an AIDS-free generation. The [U.S. President's Emergency Plan for AIDS Relief \(PEPFAR\)](#), launched in 2003 by President George W. Bush and strengthened by President Obama, is the United States' commitment to this effort. The U.S. government has contributed more than \$52 billion to PEPFAR and other global AIDS programs through fiscal year 2013. Working together, the United States and Africa have distributed AIDS treatments to millions, saved millions of lives, built more secure families and helped stabilize fragile nations. This partnership is bringing African countries closer to achieving an AIDS-free generation.

Ending Preventable Maternal and Child Deaths: Ending preventable maternal and child deaths due to poor health care is within our reach. Worldwide, the annual number of maternal deaths between 1990 and 2010 dropped from 543,000 to 287,000, and the annual number of child deaths between 1990 and 2012 dropped from 12 million to 6.6 million. By helping African nations develop more sustainable financing models for their health care systems, these numbers will continue to drop. Investing in the life expectancy of mothers and children will strengthen workforce productivity and the African economy as healthier and stronger people enter the workforce.

Why is this issue important to young African leaders?

In 2014, poor health continues to pose a tremendous challenge to development. By improving health security, encouraging science and health research, achieving an AIDS-free generation and ending preventable maternal and child deaths across the continent, African leaders can ensure a brighter future for Africa. And that's a future YALI Network members can help create.

Photo credit: Noor Khamis

Investing in Health: Investing in Africa's Future —Health Signature Event of the U.S.-Africa Leaders Summit

Representatives from African nations and U.S. government agencies, members of Congress, leaders of multilateral and nongovernmental organizations, as well Mandela Washington Fellows met to discuss several areas of U.S.-Africa health partnerships. In light of the outbreak of Ebola in West Africa, speakers urged ongoing investment in African nations' abilities to prevent, detect and contain diseases to bolster global health security.

Speakers also discussed the progress made in the fight against HIV/AIDS, noting that 6 million AIDS deaths have been averted since 2002, a trend that can be increased through focused efforts, integrated health systems and further investments. The vitality of health science and research partnerships was illustrated through the success in combating HIV/AIDS, with speakers stressing the need to invest in African nations' abilities to develop stable career paths for scientists to work in their native countries.

Finally, success in ending preventable child and maternal deaths is possible through focused attention on family planning interventions and the development of national strategies, targets and progress-tracking systems. In closing, [U.S. Department of Health and Human Services Secretary Sylvia Mathews Burwell](#) stressed the importance of partnerships between nations and the sense of urgency underlying all the issues that were discussed.
