

Orphans: 'Our children, our future'

Frustration quickly bubbled to the surface at Wednesday's session on the plight of orphans. Both speakers and audience members spoke out vehemently against funders and governments that continue to bury their organisational heads in the sand when approached for funds to cope with the problem.

"Children of just eight years old are looking after dying parents as well as one, two or three younger siblings," explained Charles Thumi of Nairobi. His presentation and the others from Brazil and Kenya underscored that children are often "orphaned" long before parents die, becoming caregivers – and breadwinners – for the entire family.

Speakers and participants spoke out against complacency in efforts to focus attention on AIDS. Several mentioned their attempt to convene a satellite meeting on orphans at

this Conference, which was scuttled due to lack of interest from funding agencies.

Despite these frustrations, some innovative research has taken place. Stefan Germann and Judith

Children become caregivers – and breadwinners – for the entire family

Mthombeni of Zimbabwe presented a groundbreaking study in which orphans over the age of 10 were interviewed about their needs and problems – "let the children speak!" was their motto. Following the interviews, community members set up a series of action-oriented committees to implement the changes indicated by the research.

The committees included rural and urban representatives of NGOs, churches, and governments. The speakers said even Zimbabwe's business community has expressed an interest in the orphan issue "as they try to protect their future work force."

Germann concluded that while these same discussions took place two years ago at the last world AIDS conference, nothing much had been accomplished in the meantime. "We have to wake up and face the future, and that's our children."

Miquel Fontes from Brazil also presented a study illustrating the scope of the problem in his country. The 10,400 children already orphaned by AIDS are the tip of the iceberg: 34,600 children have mothers living with AIDS, and 137,000 have mothers living with HIV.



Researchers and advocates spoke out strongly in support of increased attention and funding for children orphaned by AIDS.

WHO Photo by L. Gubb

HIV just one risk of sex work



The community panel on sex work explored ways of dealing with police violence.

Pascal Frautschi

Commercial sex workers (CSWs) are as much at risk from police as from HIV, according to panelists in a community symposium Monday evening.

After an advocate from Hungary described how police broke up a successful CSW organising project, she sought advice from other session members on dealing with such harassment.

Panelist Carol Jenkins of CARE responded by recalling her work in Papua New Guinea at a time

when police were harassing and raping CSWs. "We squeezed them from the sides and the top," she said. They told policemen's wives what their husbands were doing, and they retained a civil rights lawyer to sue police. "And we won," Jenkins concluded.

Co-chair Norma Jean Almodovar, a sex worker in Los Angeles, stressed that CSWs' treatment by clients is not their main problem. "Since the beginning of the epidemic, sex workers have been target-

ed as purveyors of disease," she told *The Bridge*. "Research shows that is not the case. Most sex work doesn't take place on the street or involve penetration."

One project involving female CSWs in Moscow found that police brutality, STDs, HIV infection and other factors interact to threaten sex workers' health. Advocate Lucy Platt said the role of

police is "highly ambiguous": they may extort sex, or even work as pimps.

Meanwhile, negotiating condom use on the street may be meaningless, since women must go back to a client's apartment for the transaction. There, several other men may be waiting. Doctors aren't much help, either, because they resent CSWs' higher income.

South

Be creative, Brazilian activist urges

Individuals and groups in the resource-poor South must stop envying their Northern cousins and find creative ways of opening up access to care and treatment, according to a key treatment advocate from Brazil.

"Just because you don't have anti-retroviral drugs, it doesn't mean you sit around doing nothing," says Ezio Tavora dos Santos Filho of Grupo Pela Vida of Rio de Janeiro, a resource person for Tuesday night's session on treatment access by and for the South.

"If there are social movements in each country and they can find ways to get access to treatment, then you will have change," he told *The Bridge*. "But if people just sit down and wait for the government to decide to give them help, it will never happen."

After years of persistent and vigorous campaigning by activists and community groups, he says Brazil will spend CHF1.2 billion this year for antiretroviral drugs.