

Record

NEWSLETTER OF PHYSICIANS FOR HUMAN RIGHTS

PHR Spearheads Effort to Address Africa's Health Worker Crisis

OVER THE PAST two years, using advocacy, field organizing, original policy documents, coalition building, and strategic press work, Physicians for Human Rights has succeeded in moving the problem of Africa's health worker crisis from near-obscurity onto the front page of *The New York Times* and

onto the Bush administration's agenda. PHR's Health Action AIDS campaign has mobilized support for the issue from medical professionals across the US and in African countries, including evangelical Christians, AIDS advocates, medical students, and women's health advocates.



PHR's *Moscow Times* ad during the 2006 G8 meeting.

At every possible opportunity, including high-level talks with Bush administration officials, educational briefings for members of Congress, and high-level forums such as the G8 meetings and UN General Assembly, PHR has pressed for a comprehensive, well-funded, and long-range plan to address a crisis which threatens the lives of millions

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Message from Gina Coplon-Newfield Health Action AIDS Campaign Director



At a recent UN-sponsored meeting on global AIDS, the US government

convinced the international body to change the meeting's final statement from indicating the need to create "evidence-based" policies to "evidence-informed" policies. While this may seem like a minor difference, it speaks volumes.

A growing number of health professionals are frustrated to realize that many US global HIV policies are not based on scientific evidence, but on political formulas. Many despair in knowing that millions of people in the developing world are suffering from

Continued on back page.



Chris Curry

PHR's Eric Friedman and Maggie Cooper joined a New York rally outside the UN to push for a plan for Africa's health workers.

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PHR and Ugandan Partners Host First Health Economics Forum

UGANDA'S ACTIVIST GROUP for health professionals, the Action Group for Health, Human Rights and HIV/AIDS (AGHA), continues to spearhead important advocacy for health and human rights in Uganda, engaging health professionals, policy makers and civil society in critical health rights debates. Physicians for Human Rights has served as

a US partner to AGHA for the past two years, providing technical assistance to the group as it has organized doctors, nurses, pharmacists, community health workers and traditional healers into a growing activist network with more than 500 members.

As part of their Health Funding Campaign, AGHA and

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AGHA Executive Director Dr. Nelson Musoba, Minister of State for Health Honorable Dr. Richard Nduhura, Dr. Dick Jonsson of WHO Uganda and Honorable Dr. Elioda Tumwesigye, Chair of the Parliament Sub-Committee on HIV/AIDS at the AGHA Health Economics Forum, July 2006.

Fifteen Principles to Overcome Africa's Health Worker Shortage and Build African Health Systems

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1. The plan must go beyond AIDS. It must offer total health workforce support, greatly expanding and retaining a motivated health workforce to enable universal access to comprehensive HIV prevention, care, and treatment by 2010, as well as to meet the Millennium Development Goals and provide universal access, no later than 2015, to a nationally-defined essential health package.

2. At the same time, short term results must be addressed, such as increasing the number of health workers trained and retained, increasing the number of health workers in rural areas, and improving coverage and health outcomes. The plan must create tools and support efforts that make close monitoring and evaluation possible and that enable informed planning, such as computerized databases of health workforces (a tool which is already proving very useful in Kenya and elsewhere).

3. The support must be long-term, recognizing that the costs involved will require external support for some years to come. Given the time it takes to train health professionals, especially doctors, it will be some years before large numbers of higher-skilled health worker cadres can enter the workforce. Long-term commitments, such as salary increases for health workers and hiring of new health workers, must be sustained.

4. The plan must be country-driven. It should support country-identified leaders in human resources for health in developing a comprehensive,

costed plan and catalyzing efforts to develop (if it doesn't yet exist) a consensus on how to move forward through meetings with health workers, community representatives from rural and other underserved areas, people affected by diseases such as HIV/AIDS, government officials and others from relevant sectors (e.g., finance, civil service, education), non-governmental health providers including faith-based organizations, unions, etc.

5. The United States should invest at least one-third of the funds required to develop an expanded, motivated health workforce in Africa that is capable of achieving universal access to AIDS treatment and other primary health services and the Millennium Development Goals.

6. The plan should prioritize efforts to increase access to health workers in rural and other deprived areas by boosting the number of health professionals in those areas using incentives and health training recruitment strategies focused on those areas.

7. The plan should vastly expand the number of community-level health workers, including community health workers and paraprofessionals, and shift lower-level duties to these workers where safe and appropriate, freeing physicians, clinical officers and nurses for more complex medical care.

8. The plan should prioritize building domestic capacity, both in creating an expanded, motivated health workforce and in building human resource management and planning capacity to help sustain and manage these changes.

9. Partnerships with private entities can be used to strengthen public, NGO, and existing faith-based organization health services, but should not be used to privatize public services.

10. The plan should include support for home and community-care givers, including adequate compensation, training, and materials.

11. The plan should incorporate human resource planning and investments into disease-specific health initiatives, such as PEPFAR, to ensure that these initiatives do not harm other health services and do not reduce the capacity of countries to proceed toward health goals outside of that disease.

12. G8 countries, particularly the US and UK, should reduce their reliance on health workers from abroad and seek to become self-sufficient in meeting their own health worker needs. For example, they should increase the domestic training of nurses, doctors, and other health workers. The United States should also develop a code of practice on international recruitment of health professionals.

13. The plan should support health worker issues in international forums. Countries should support health worker development in international forums including the World Bank and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

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RESOURCES

For more information on these principles, visit www.healthactionaids.org

PHR Hosts Meeting for Christian Health Professionals on AIDS Prevention

Health Professionals Discuss Africa's Health Worker Crisis at PHR Summit



Kaite Krauss/PHR

South Africa Catholic Bishop Kevin Dowling discusses AIDS prevention and the protection of human life.

IN APRIL 2006, PHR held a meeting in Washington, DC, for health professionals who identify themselves as evangelical Christians who support comprehensive HIV prevention strategies. The event brought together doctors, nurses, and public health experts who have decided that they must support AIDS prevention strategies that preserve life, including access to condoms, abstinence and fidelity education, and strate-

Summit participants talked about bridging the political divide that exists on Capitol Hill regarding HIV prevention.

gies to combat poverty and violence against women. Summit participants talked about bridging the political divide that exists on Capitol Hill regarding HIV prevention, and later met with key members of Congress to educate them about AIDS prevention in the context of their religious faith.

The keynote speaker for this summit was Bishop Kevin Dowling, the renowned Catholic leader from South

Africa who has called on the Vatican to reevaluate its position on condoms in the age of AIDS (the Vatican is now researching the issue). Rebecca Kuhn, MD, an HIV physician from Long Beach, California who works with conservative Christian churches, helped PHR organize the event.

The meeting generated media coverage, including a column in the *Washington Post*, an editorial in the *Boston Globe*, and articles in *Christianity Today*, the *Religion News Service* and *Congressional Quarterly (CQ) Weekly*. ■

OVER 40 HIV health professionals gathered to discuss the health worker and health systems crisis in Africa at a PHR summit held in Washington, DC in the spring. In developing countries, massive underinvestment in health systems, inadequate attention to health workers, and the resulting large-scale emigration of those workers are primary obstacles to combating the global AIDS pandemic.

In developing countries, massive underinvestment in health systems, inadequate attention to health workers, and the resulting large-scale emigration of those workers, are primary obstacles to combating the global AIDS pandemic.

"We've seen a number of nice buildings with no staff," said keynote speaker Gilbert Kombe, MD, MPH, originally from Zambia and now working for Abt Associates in

Washington, DC and a leading expert on health systems and brain drain in Africa. Kombe noted: "In the rural areas, it's very common: you go to a clinic, and the nurse is on maternity leave. People will go in and out and wait at that building with no one to see them. We invest in capital projects, yet we do not invest in human resources." "People are really not that interested in just finding out that they have HIV," said speaker, Dr. Joia Mukherjee, MD, MPH, Medical Director of Partners In Health (PIH) and a Health Action AIDS Advisor. "What we've seen [in Haiti] is this huge increase in service utilization, in voluntary counseling and testing, but a similar increase in vaccinations, pre-natal care, TB screening. Let's put the money in the general health sector, find HIV cases, treat them, not rely on specialists, and really just have a functioning health system." ■



Kaite Krauss/PHR

Gilbert Kombe, MD, MPH, discusses his experiences in Zambia.

Nixon Niyonzima: Ugandan Medical Student Advocates for Better Health System

RECORD: Tell us about yourself.

NN: I'm a second year medical student at Makerere University in Uganda in Eastern Africa. I was born 22 years ago in Kisoro District, in Western Uganda. I am the last born of seven children. My mother died when I was little and my father is a retired old man in Kisoro. I currently live with my eldest brother who is a lawyer in Kampala. I grew up largely in Kampala, though I also experienced a rural upbringing in my early years which has had a great impact on what I do and my interests in life. I am involved in advocating for better standards in the health care sector and it's my hope that I should work in a much improved Uganda in the not so distant future. I occasionally volunteer, when I have the time, at AIDS care NGOs.

RECORD: Any hobbies or interests?

NN: I read and write poetry; my favorite poems are *Song of Myself*, by Walt Whitman. I play hockey occasionally, I love cricket, play a bit of soccer, and rugby. I read Stephen King novels.

RECORD: What made you decide to get involved in advocacy?

NN: I got involved in AIDS advocacy as soon as I joined the medical school partly because [AIDS] was a pressing problem everywhere but also because I have had a few relations infected and affected by the disease. One of the reasons I joined the medical school was to serve people and save a few people's lives. Advocacy for a better health care system fit quite nicely

with my overall goals. We started Students for Equity in Health Care (SEHC), of which I am one of the founders.

RECORD: What are the most pressing issues you are working on now?

NN: The most pressing issue currently is ensuring that we retain the health workers trained at our medical schools amidst the very many challenges. We are also trying to secure hepatitis B vaccinations for all the medical students so that we can ensure their safety.

RECORD: What would you like to see happen regarding the health care system in Uganda?

NN: A lot still needs to happen. Primarily, of course, the need to increase the equipment available to treat the patients, the drugs and all the necessary facilities. The salaries of the health workers need to be increased, and working conditions need to be improved, including protection and insurance for them. This would definitely help some of our health workers remain in this health system, which should be the ultimate goal.

RECORD: What do you see for the future of Uganda's medical professionals?

NN: I am optimistic that in the not so distant future the health worker will be a well-treated person. That the salaries shall improve (or so the president promises), and that we shall have the tools to heal the patients that come to us, so that at least we can derive satisfaction that way if there is no other.

RECORD: What do Ugandan health professionals need right now?

NN: Uganda as a country should have a better standing regarding its health care system. We have a number of health care centers which are just idle buildings, but hopefully they will be stocked in the near future and the health indicators should be much better. The maternal mortality rate must decrease from 506 per 100,000 to a much lower figure. Health workers, too, would be a lot happier then. Uganda's medical professionals need the tools to heal, adequate pay, adequate protection and better working conditions overall.

RECORD: What do you want for your activist group and what are the challenges?

NN: Primarily to create a national network so that we have a common voice as health professional students in Uganda. Together we can be more effective than as single, isolated units. We also need to be an active network.



Saranya Kurapati

Nixon Niyonzima in action.

Our challenges are our financial constraints. We are grateful to PHR and AGHA Uganda for the support they have given us, but the organization is still very young and cash-strapped. We need funds to do all that we are planning.

RECORD: How did you hear about PHR?

NN: In 2004, PHR, together with the Action Group for Health, Human Rights & HIV/AIDS (AGHA), organized a conference in Uganda and thereafter had a talk at the Medical School. I think it was [PHR board member and medical student] Chris Curry and subsequently [PHR Africa Coordinator] Sarah Kalloch who introduced me to PHR.

Continued on page 7.

RESOURCES

To contact Nixon Niyonzima, write him at: nniyonzima@med.mak.ac.ug

Over 30 SEHC leaders released a letter to Ugandan President Museveni, urging him to support the next generation of healthcare workers, at a World Health Day Press Conference in April 2006.



Saranya Kurapati/PHR

PHR and Uganda Partners

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PHR held the first-ever high level Health Economics Forum on July 13, 2006 at the Grand Imperial Hotel in Kampala. The event focused on macroeconomics and health sector budget ceilings and their impact on the right to health. Over 60 leaders in health, human rights, politics and economics attended, including key government officials and leaders in Ugandan civil society and academia (Uganda's Medical and Nursing Societies, Kampala's Makerere University). International agencies such as Action Aid, African Medical and Research Foundation (AMREF) and the World Health Organization also attended. AGHA's Board of Trustees attended, as well as its leaders from the rural districts of Rakai, Tororo, and Mbarara.

Attendees described the event as "electric" and "innovative"—the first of its kind to bring the Ministry of Health, Ministry of Finance, Parliament and civil society together on this issue. During the discussion period, the Chair of the Parliament Budget Committee asked for AGHA's assistance to identify priorities and needs in the health sector, and the Ministry of Finance commissioner noted that there were alternatives to fiscal ceilings to health spending—civil society and health rights activists just have to come up with them. To follow up on the recommendations put forth by Forum participants, AGHA has formed a high-level Health Economics Task Force which will bring its expertise to key members of the Parliamentary Budget and Social Service Committees at a dinner forum in August.

Other highlights of the meeting:

- Minister of State for Health (General Duties) Honorable MP Dr. Richard Nduhura spoke about health sector successes; as well as sector challenges, like the underfunded Uganda National Minimum Health Care Package;
- Chair of the Parliament Budget Committee Honorable MP William Oketcho expressed his commitment to a robust health budget and discussed the constraints put on the Budget committee by the pre-determined Minimum Term Expenditure Framework resource envelope;
- Assistant Commissioner of Health for Budget and Planning Dr. George Bagambisa outlined the Ministry of Health priorities, and the funding gaps for critical programs like human resources, hard-to-reach areas, essential medicines and supplies, infrastructure, a gap of at least 80 billion Ugandan shillings for the upcoming fiscal year;
- Assistant Commissioner for Macroeconomics at the Ministry of Finance Michael Olupot-Tukei provided justification for the Ministry of Health's macroeconomic policy, which includes a ceiling for health.

The event was chaired by AGHA Patron Honorable MP Dr. Elioda Tumwesigye, Chairperson of the Parliamentary HIV/AIDS Committee, who gave an opening presentation that outlined the gaps in health funding for 2006-2007, and the pitfalls of a purely macroeconomic approach to sector spending. Dr. Ian Clarke, a well-known physician in Kampala and founder of the International Hospital Kampala, urged the government to improve health funding accountability and



PHR's Africa Coordinator Sarah Kalloch (second from left) and Deputy Director Susannah Sirkin (second from right) traveled to Kenya to forge a partnership with colleagues there on HIV and human rights.

efficacy by focusing on results driven, impact-oriented health projects.

The forum was covered extensively by local media, including both Ugandan TV stations, two major radio stations, and Kampala's newspaper the *Daily Monitor*.

Through its Health Funding Campaign, AGHA is also launching a Global Fund monitoring program and a drug stock-out monitoring program to provide further data to help policymakers quickly identify gaps in health services that require more funding or accountability. With these initiatives, AGHA has become the leader in Ugandan health financing advocacy, and hopes to see its outreach translated into increased health budgets—and better health outcomes—over the next three years.

Kenya Health Professional AIDS and Health Rights Advocacy Network Begins Work

The Kenya Human Rights Commission and PHR have joined together to launch a network of health professionals and associations committed to advocating for better AIDS and health sector policies in Kenya. The network's new Advisory Board has determined advocacy and outreach priorities in the coming year, including anti-retroviral drug access, health funding accountability, health workforce support and work against stigma and discrimination.

For more information on the innovative work in Uganda and Kenya, please visit www.phrusa.org/campaigns/aids/uganda or contact Sarah Kalloch at skalloch@phrusa.org. ■

PHR Releases New Report at Toronto AIDS Conference

PHR has found that many Nigerian health professionals work in facilities without sufficient medications, equipment and materials needed to practice safe health care, including gloves. A majority of health care providers have not received adequate training on HIV/AIDS prevention and treatment. As a result, people living with AIDS have experienced discrimination by the health sector.

For more information, go to www.phrusa.org



Africa's Health Worker Crisis

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of people and diminishes the impact of the foreign aid sent to help them.

"Even now, US money for AIDS drugs is sent to clinics and hospitals where there may be no medical personnel to distribute or monitor the medicines, let alone address people's other health issues. In Malawi, for instance, there are 12 million people but fewer than 200 doctors in the entire country," said Eric Friedman, PHR's Senior HIV/AIDS Policy Analyst and a board member of the Global Health Workforce Alliance.

UNGASS Session

The health worker crisis was a major focus at this Summer's 2006 UN General Assembly Special Session on AIDS (UNGASS), where PHR, in association with Partners In Health and other groups, held an influential satellite session that brought together experts on the issue from academia, African governments, the World Health Organization and The Global Fund to Fight AIDS, TB, and Malaria to discuss how countries can apply for money to train and retain health workers and build African health systems. At least 60 people attended the session, including government officials and civil society members of Global Fund Country Coordinating Mechanisms. PHR has produced a 30-plus page *Guide to Using the Global Fund to Fight AIDS, TB, and Malaria to Support Health System Strengthening in Round 6*. The guide has been circulated to Portfolio Managers and Principal Recipients of all countries receiving money from the Global Fund, WHO, USAID and others. Partly due to advocacy by PHR and its coalition partner Health GAP, the UNGASS meeting

produced a document with strong language regarding the health worker crisis in Africa.

At the recent Group of Eight (G8) meeting in St. Petersburg, Russia, G8 countries once again acknowledged the problem of Africa's health infrastructure in its outcome document and both Canada and France announced plans to target millions of dollars specifically to help build African health systems and alleviate the health worker shortage. PHR received extensive coverage of the issue in the AP and Reuters wire services, the *Boston Globe* and radio reports.

In 2004, PHR published a seminal report on brain drain that was released at the XV International AIDS Conference in Bangkok. Since then, PHR, in collaboration with Health GAP, has circulated an influential paper calculating costs of doubling the number of health workers in Africa.

In Malawi, there are 12 million people and only 200 doctors.

This year, PHR has received coverage for its work in *The New York Times*, *The International Herald Tribune*, the *London Financial Times*, the *Associated Press*, *Voice of America*, *National Public Radio*, and many other outlets.

A PHR report on solutions to the healthcare workforce crisis will be released in the Fall. Highlights will be discussed at the XVI International AIDS conference in Toronto. ■

PHR Begins Innovative Program to Promote AIDS Prevention for Injecting Drug Users

PHR'S HEALTH ACTION AIDS

Campaign has initiated a new program to promote science-based AIDS prevention for drug users. While there is consensus among US medical and nursing communities to support access to clean needles as a part of comprehensive HIV/AIDS prevention for drug users, it is highly controversial in Congress, and remains unfunded by the US government.

A so-called "second wave" of HIV infection is currently sweeping through eastern Europe, Russia and Asia, fueled by the highly efficient transmission route of needle-sharing among drug users. In the Russian city of Togliatti, for example, the number of HIV-positive people grew from under 100 to over 10,000 between 2000-2005; 90% of them were injection drug users. While the US government does not promote access to clean needles, studies have demonstrated that for intravenous use of opiates, a combined strategy of access to clean needles, access to condoms, addiction treatment using substitution therapy, and education have prevented and contained, epidemics of HIV infection in areas with rampant injection drug use.

To introduce the topic, PHR organized a congressional roundtable on May 5, 2006 with Drs. Chris Beyrer and David Metzger, experts in harm reduction. PHR also met with staff members of the House International Relations Committee and staff of the House Government Reform Committee. PHR met separately with seven congression-

al offices to exchange ideas on how to address the problem.

For this summer's Group of Eight (G8) meeting in St. Petersburg, Russia, PHR organized a sign-on letter of prominent health professionals calling on G8 leaders to support science-based prevention. The letter was signed by Paul Farmer, MD, Helene Gayle, MD, and 30 other well-known HIV/AIDS prevention and treatment experts, advocates, and health professionals. PHR also placed an opinion piece on the subject written by PHR/Health Action AIDS Advisory Board Member and Brown University Professor of Medicine Josiah Rich, MD in the Sunday *Providence Journal*, later disseminated by the Scripps Wire Service.

PHR works toward increasing understanding and acceptance of science-based prevention for injecting drug users outside of medical circles, both among decision-makers in Washington and by the general public. ■

This project is supported by a grant from the Open Society Institute. For more information, contact Terry Mason at tmason@phrusa.org

PHR Conducts Research into Women and AIDS in Botswana and Swaziland

IN SUB-SAHARAN AFRICA, the global region most affected by HIV/AIDS, the majority of new infections are contracted by young women through heterosexual intercourse. PHR conducted two population-based studies demonstrating the connections between denial of human rights and women's vulnerability to HIV/AIDS in Botswana and Swaziland, the two countries with the highest HIV prevalence in the world. The studies provide evidence that a range of human rights concerns affect HIV status and the impact of AIDS, including lack of food and other resources, lack of control over sexual relationships, inequitable access to testing and treatment and the persistence of HIV-related stigmatizing

beliefs and gender-discriminatory attitudes.

Gender inequality is not a "background consideration," as it is deemed in so many conventional public health approaches that focus on individual behaviors, but a fundamental driver of the conditions that fuel and sustain the epidemic. Women's lives are affected not only by intimate partner violence, barriers to education and other "women's issues," but by a wide range of rights abuses. These include food insecurity, economic deprivation and HIV-related discrimination, which translate into lack of control over decision-making and threats to life, including HIV/AIDS.

Among the study's chief recommendations are that HIV

prevention policy must encompass legal and policy reform, popular education, capacity building in civil society and the creation of institutions to comprehensively promote and protect women's human rights.

The full report will be available in the fall of 2006 at www.healthactionaids.org.

This work is funded by the generous support of Foundation Open Society Institute (Zug), The Moriah Fund, The Overbrook Foundation, Tides Foundation, and two anonymous donors.

Read a related article on routine testing in Botswana, published in the July issue of *PLOS (Public Library of Science) Medicine* at www.phrusa.org/campaigns/aids/news_2006-07-9.html ■

Fifteen Principles

Continued from page 2

14. Countries should ensure that policies of international financial institutions such as the International Monetary Fund do not limit the capacity of countries to invest in health and education.

15. Countries should collaborate with other wealthy nations to ensure that all developing countries suffering from health worker shortages, including the 57 countries identified by the World Health Organization as having the most severe shortages, have external financial support as required. ■

PHR Receives Challenge Grant from the JEHT Foundation: INCREASE YOUR GIFT TO PHR

Physicians for Human Rights is pleased to announce that the JEHT Foundation has pledged \$100,000 in the form of a challenge grant over two years to support PHR's efforts to advance health, dignity, and justice for all people. Contributions (up to \$1,000) from every new donor will be matched, dollar for dollar, by the JEHT Foundation. Current supporters also can benefit from this opportunity. The JEHT Foundation will match any increase in contributions from existing donors. For instance, if you made a previous gift of \$50, and decide to increase your gift to \$100, the JEHT Foundation will match \$50 of your donation. Please visit www.phrusa.org or use the enclosed envelope to make a gift today and help us meet this challenge.

Nixon Niyonzima

Continued from page 4

RECORD: What's the latest thing you did with PHR?

NN: We had a national students AIDS conference in April, 2006, an AIDS action week and we are currently working together on a stigma and discrimination handbook for students.

RECORD: What is your biggest human rights concern right now?

NN: The biggest human rights concern is the suffering of the people in northern Uganda due to the war. Closely behind this comes the lack of access to health care

facilities for a large percentage of the population. There are few well-equipped health centers and even then, they are distant from the people who need them the most. ■

SUPPORT

Support for PHR's Health Action AIDS Campaign is provided by the Conservation, Food & Health Foundation, Bill & Melinda Gates Foundation, John M. Lloyd Foundation, Open Society Institute, The Rockefeller Foundation, and several individual donors.

Message from Gina Coplon-Newfield

Continued from cover

HIV/AIDS that they know very well how to treat and prevent.

Through PHR's Health Action AIDS Campaign, we have offered physicians, nurses, public health experts, epidemiologists, and health professional students the opportunity to channel that frustration and despair into a unified and effective voice advocating for better global AIDS policies. We have arranged meetings for health professionals to share their expertise with key policy-makers. We have invited constituents to author newspaper opinion pieces that have been published in major newspapers. We have given US and African medical students the opportunity to sign statements, attend trainings, and speak at press events.

This past year we *have* made progress, together with our allies. The Global Fund to Fight AIDS, Tuberculosis and Malaria has begun to more systematically fund efforts to improve health systems within its AIDS grants—a necessary step to getting the drugs and information into the right hands. The

African Union, too, committed to making health workers and health systems a priority. The US government announced a small new global program to prevent violence against women. It also announced a new guidance on providing prevention and treatment services to injection drug users infected with HIV that, though flawed, is a positive step towards addressing the problem. And while the US can and should provide more funding to fight global AIDS, it remains the largest government donor addressing the problem.

Many exciting and life-saving steps forward have occurred, but much more needs to be done, and in a manner more reflective of evidence-based criteria.

That's where you come in.

If you're already supporting the campaign through contributions or activities, thank you. If not, we hope you will join us by sending an email to healthactionaids@phrusa.org.

Let us know that you are willing to speak up in support of funding and evidence-based policies to fight the global AIDS pandemic. ■

Y O U ' R E I N V I T E D

PHR's 20th Anniversary Celebration!

PHR invites friends and supporters to the Boston Public Library for a dinner reception to honor health professionals who have made exemplary contributions to human rights — individuals who use their specialized skills, knowledge and influence to curb

the spread of HIV/AIDS, speak out against torture, protect the rights of people in conflict, and work in other ways to promote the health and human rights of all people.

The evening will bring together prominent physicians, nurses, public health professionals, philanthropists and other individuals who support PHR's vision of a world free of human rights abuses and with the potential for the highest attainable standard of health and wellbeing.

We invite you to join us. For more information, please email dinner@phrusa.org, or call 617-301-4256.

Visit www.phrusa.org to purchase tickets online.

October 21, 2006

Boston Public Library ■ Copley Square, Boston, MA

2006 PHR NATIONAL STUDENT CONFERENCE

Defending Dignity
Health
Professionals
as Human Rights
Advocates

Save the Date!
November 4, 2006
**Tufts University School
of Medicine, Boston, MA**

Look for the conference
website coming soon:
www.defendingdignity2006.org

SPECIAL AIDS ISSUE
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Action AIDS

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