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Education brings choices. Choices bring power.

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Statement by Christine K. Durbak  
Chair, World Information Transfer

The theme of our 14th International Conference on Health and Environment: Global Partners for Global Solutions is **Bridging Policies for Action on Millennium Developmental Goals** (abbreviated as MDGs). Many of us in this room are fully armed with knowledge about MDGs. We can explain why certain MDGs have been set, their importance and their rationale. Today, we will focus on the Health MDGs and explore ways in which increased communication can help governments achieve these goals.

The health related Millennium Development Goals are: 1) reduce the mortality rate among children under five years of age (MDG #4); 2) reduce the maternal mortality ratio (MDG #5); 3) reverse the spread of HIV/AIDS, malaria and other major diseases (MDG #6); 4) reduce by half the number of people without access to safe drinking water. This particular goal is incorporated in Millennium Development Goal #7, on ensuring environmental sustainability.

Setting a goal is one thing—reaching the goal is another. This difference between setting goals and reaching goals is a lesson that is difficult to learn at any age, although the processes involved in setting and achieving goals are similar. Tenacious obstacles have to be overcome. The obstacles that have been overcome in setting the MDGs are of three kinds: Obstacles to Knowledge; Obstacles to Agreements; Obstacles to knowing the right remedy.

We have overcome our deficiencies of knowledge by research and investigation. We have overcome the obstacles to agreement by persuasion, by understanding the thinking and point of view of those who disagree with us. We have overcome the obstacles to knowing the right remedy by imagination and finding the common ground. After doing the hard work to successfully surmount these stumbling blocks, it is no wonder that we are a bit weary! Still, it is necessary for us to get through the next set of impediments before us now, so that we actually realize the goals we have set.

It may come as a surprise that we have cause for at least some optimism because so much of what we have to do now repeats the initial process of setting the MDGs. Utilizing our knowledge, our understanding of how to work together, and our agreements as pylons, we have to construct a bridge from our goals to our intended accomplishments. This bridge has to be both strong and flexible enough to withstand formidable pressures crashing into it and heavy traffic going over it. Our construction materials are shared behaviors for we are building a BEHAVIORAL BRIDGE. In reaching our goals, we will have to deal with personal behavioral obstacles to change which prevent and preclude our ability to change our actions.

As we perceive it, the greatest impediment to changing the way we address public health issues, particularly chronic ones, is the climate of fear: fear of exposure, fear of consequences, fear of loss of control. The prevalence of corruption and lack of transparency by governments, industry and some civil society actors, foster this fear and break down the political will to construct the bridge between goals and long term humane actions.

The Chornobyl nuclear disaster and its ongoing affects to human health exemplify the long lasting consequences of fear based decisions, in this case reached by the former leaders of the Soviet Union who knowingly withheld the facts about the explosion and 10-day fire at nuclear power plant #4 on April 26, 1986. By hiding information critical to the health not only of the local population of Pripyat, Ukraine, but also to the entire country as well as to the people of Belarus, Russia, and much of Europe, it is estimated that 4.9 million individuals have been exposed to increased radiation. That terrible day 19 years ago, has had long term ramifications for human health that will continue to affect many future generations.

Building a behavioral bridge means we have to learn to deal with people who may be wrong and who might assert their power to implement their own selfish, fear-driven goals. We can’t simply tell them they are wrong, and we also can’t be afraid of the wrong use of power. Instead, we have to engage in the difficult
task of understanding the ideas as well as the motivations of those who would impede our bridge building, and we have to persevere.

Let’s look at a specific example dealing with the regulation of Persistent Organic Pollutants, or POPs. On May 17, 2004, the legally binding international treaty to control toxic chemicals—the Stockholm Convention on Persistent Organic Pollutants (POPs)—entered into force, providing an unprecedented legal framework to ban or severely restrict the production and use of some of the world’s most toxic chemicals. More than 150 governments have signed the POPs Treaty, which seeks global elimination of the group of POPs known as the “dirty dozen”: PCBs, DDT, hexachlorobenzene, dioxin and furans, dieldrin, aldrin, endrin, chlordane, heptachlor, toxaphene, mirex. Because of DDT’s controversial use in malaria control, its continued application and production are curtailed but not eliminated. In the countries that have ratified the Stockholm Convention, its provisions have become law.

POPs pose a significant risk to human health and the environment. Called “poisons without passports”, they are particularly hazardous because of their common characteristics. They are toxic to humans and wildlife. They are persistent and remain intact for long periods of time, resisting break down. POPs are semi-volatile and mobile. They are widely distributed through the environment, traveling great distances on wind and water currents. Through global distillation, they travel from temperate and tropical areas to the colder regions of the poles. They are found at higher concentrations at the higher bodies of humans, marine mammals, and other wildlife. POPs can cause nervous system damage, diseases of the immune system, reproductive and developmental disorders, as well as cancers.

The Stockholm Convention is unique in that it incorporates the Precautionary Principle and requires public participation. It is also a living document in that it establishes a science-based process for identifying and adding chemicals to the initial list of the “dirty dozen.” Top candidates to be added include lindane (already restricted in the European Union) and brominated flame retardants such as polybrominated diphenyl ethers (PBDEs).

Non-governmental organizations played a key role in the POPs Treaty negotiations and are now actively participating in its implementation. The International POPs Elimination Network, or IPEN, has been and continues to be one of the chief non-governmental actors in making the POPs treaty happen. Since 1998, IPEN’s mission has been to coordinate a global NGO campaign aimed at securing a legally binding, global POPs treaty to protect public health and the environment via the phasing out and elimination of all POPs. In 2004, the Stockholm Convention went into effect, and in 2005, IPEN adjusted its mission to reflect its accomplished goal. Expanding its scope, IPEN now has set two goals: global chemical safety and integrating chemical safety into the development agenda.

To achieve the actual elimination of POPs, IPEN is coordinating implementation projects with local NGOs with the support of GEF, UNEP and UNIDO and with co-financing from the Swiss Government, Canada’s POPs Fund–UNEP Chemicals. The implementation project goes by the acronym, IPEP. IPEP was designed to help support small and mid-size country-based NGOs who have already demonstrated an interest in efforts to reduce and eliminate chemical pollution. In many cases, these are specialized NGOs that have relevant technical abilities, but that have a history of working with very little resources. IPEP aims to expand the capacity of these known organizations to help make their work more sustainable.

To increase communication about POPs, IPEN conducts a wide variety of public awareness activities including a Citizen’s Guide to the Stockholm Convention in Spanish for use throughout Latin America.

The IPEN network, which is global, symbolizes successful bridge building. It also illustrates the importance of patience in understanding oppositional forces, conquering fear to find common ground, and persevering. The Stockholm Convention is not a perfect accord but it moves nations toward a healthier world. In this sense, it is part of a winning agenda for everyone.

In conclusion—I have good news and bad news about the task before us. The good news is that much of what we had to do we have already done. The bad news is that the most difficult challenge lies ahead. Changing attitudes and behaviors requires constant attention and effort, but it is the necessary ingredient, if we are to achieve the Health MDGs and build the bridge between policies and actions.
First of all, I would like to extend my appreciation to all of you for taking part today in the Forum. Let me also express sincere gratitude to the World Information Transfer and its President Christine Durbak for the tireless leadership in organizing conferences on health and environment for the past fourteen years. Let me also thank other co-sponsors of today’s Conference: the Permanent Mission of Croatia, Department of Economic and Social Affairs of the United Nations, and the United Nations Environment Programme, whose efforts made this event possible.

I wish to pay special tribute to the distinguished Permanent Representative of Japan, Ambassador H.E. Kenzo Oshima whose relentless efforts to combat the consequences of the Chernobyl disaster are widely known. I must admit that Ambassador Oshima became quite famous in my country in his capacity as the UN Coordinator for International Cooperation on Chernobyl. My thanks also go to the Permanent Missions of Bahamas, Fiji, Lithuania, Serbia and Montenegro, Tanzania, Timor-Leste, Thailand and Uganda for their kind support in holding the Conference.

Ladies and gentlemen, Secretary-General of the United Nations in his recently commissioned report “In Larger Freedom” has underlined that the development is the cornerstone for attaining global security and human rights for all. Ukraine as a Facilitator of the preparatory process of the United Nations Summit in September 2005 fully shares this approach. We welcome the opportunity to discuss during today’s Conference the broad package of issues related to the achievement of the Millennium Development Goals.

One of the important messages contained in the MDGs is that humanity should strive for a better and harmonious global society where threats and imbalances, both natural and man-made, will disappear. Unfortunately my country can share the experience we prefer not to expect—how to cope with the worst technological disasters. A few days ago on April 26 we solemnly marked the 19th anniversary of the Chernobyl disaster, the worst global technological catastrophe of the 20th century. On this day, we bow in deep sorrow and pay respect to those, who, without hesitation, stepped into the nuclear hell, protecting our lives from the unpredictable, and lost their lives. We also pay tribute to the memory of those who perished subsequently from the diseases caused by this catastrophe.

Over the past 19 years, the citizens of Ukraine, Belarus and the Russian Federation, have endured the endless hardships of living in a contaminated land. Many of the victims who were not even born at the time of the accident still face the physical, psychological, environmental and socio-economic consequences of this tragedy. These challenges, unfortunately, persist. Chernobyl cannot be referred to in the past tense. It is a tremendous and devastating cataclysm, which we cannot simply forget, like we cannot forget Hiroshima and September the 11th of 2001. Notwithstanding the fact that almost two decades passed since the Chernobyl accident the complex of medical, environmental, economic, psychological and social problems, as a result of the nuclear explosion, continues to represent a tremendous challenge for my country, requiring enormous efforts and resources.

Ukraine has paid an excessively high price for the Chernobyl nuclear station, on several occasions. The first time was when, during the existence of the Soviet Union, despite the will of the Ukrainian people, we were forced to build the nuclear power plant in the beautiful place, in pictorial Prypiat, near ancient Kyiv. We paid again in 1991, when after gaining our independence we had to deal alone with that tragedy that had taken the lives and health of thousands poisoned the land and the air and caused massive resettlement. We paid a heavy toll in 2000 when, despite the economic problems and the difficult situation in the energy sector, we closed Chernobyl nuclear power plant, which had not exhausted its capacity and for whose operational safety a large amount of money had been spent. We note with regret that, complying with the demands of the international community, the speedy closure of Chernobyl actually did more harm than good to Ukraine because despite generous promises and commitments Ukraine received practically no compensation for that step.

Ukraine continues to pay “Chernobyl bills” it did not sign. For Ukraine, Chernobyl still means nearly 3.5 million people affected by the catastrophe and its consequences, including 1.2 million of children. It is almost 10 per cent of the territory, exposed to direct radiation. It is 160,000 people from 170 localities who had to abandon their homes and move to other places. Much remains to be done to ensure that the “shining” sarcophagus, the dead-land zone and the radiation-fertilized soil are not the only symbols of Ukraine that we are going to leave as our legacy.

To our deep regret, Madam Chair, the problem of...
Chornobyl is losing its acuteness for many countries and international organizations. That is why we have to call upon peoples of the world to devote fresh attention both to assessing the impact of Chornobyl and to refining strategies of addressing the lingering after-effects. It is essential that the international community provides the necessary financial support for programs designed to assist communities traumatized by Chornobyl to regain self-sufficiency and to help families to lead normal, healthy lives in the affected areas. We do hope that donor countries will live up to their commitments to replenish the Chornobyl Shelter Fund to construct a new sarcophagus.

Ladies and gentlemen, In conclusion, I would like to say that we look forward with interest to the forthcoming exchange of views, which will help all of us to draw valuable lessons for the future, not only for the people affected by the Chornobyl disaster but also to ensure that such a tragic event will never recur.

I am confident that today’s deliberations and the video conference with Ukraine will help to facilitate common understanding of the lasting consequences of the Chornobyl catastrophe and provide ideas on how to better address the urgent needs of the affected population.

Statement by H. E. Kenzo Oshima
Permanent Representative of Japan to the United Nations

In April 2002, I had the opportunity to visit the Chornobyl region and Belarus and saw for myself the damage that had been done. I could painfully feel a long-lasting, even permanent scar left on the people. The emergency assistance phase might have ended, but in the places I visited, the physical, psychological, environmental, and socio-economic consequences were still evident. It was clear that in order for the affected population to resume normal lives, they would have to continue to make determined efforts and support would remain needed from the international community. As with so many other momentous events, however, the Chornobyl disaster, once seared into the consciousness of people everywhere, was in danger of sinking into oblivion, the victim of short memories and the press of other, more recent events. As then Coordinator of International Cooperation on Chornobyl, I was committed to doing my utmost to ensure that this terrifying event and its impact remained on the international agenda.

Recent developments with respect to the activities of the United Nations system in this area have been encouraging. The focal point has moved from OCHA to UNDP, reflecting the shift from emergency relief to longer-term recovery. Medical treatment of the affected populations of course continues to be necessary and the persistent humanitarian consequences for the region should not be underestimated. At the same time, greater efforts need to be made to empower individuals and communities to enhance the welfare of affected people, and development-oriented agencies, notably UNDP, have an important role to play in this regard. Another significant development is the study conducted by the IAEA and WHO with regard to health and environmental effects of the Chornobyl accident. I commend the experts involved in this study as data on the extent of exposure to radiation had to be estimated well after the accident.

For its part, Japan has made, and will continue to make, contributions to the efforts of affected countries and populations to achieve a recovery from the Chornobyl disaster. In Ukraine, UNDP is implementing a project that aims to assist individuals and communities in reasserting responsibility for their lives, improving the conditions in which they live, and effecting a sustainable, long-term economic revival. These objectives, which may be summarized as promoting self-reliance through empowerment, are the key to achieving human security in this region. It was for that reason that Japan has made a financial contribution to this project through the United Nations Human Security Trust Fund.

Another important project to empower people is the International Chernobyl Research and Information Network (ICRIN). This was launched two years ago to provide the affected populations with scientific information that would assist them in reaching informed decisions on long-term recovery and help ameliorate the complex and diverse humanitarian, ecological, economic, social, and medical problems of the affected territories. I had the pleasure of being closely involved in the early phase of this important project. In this way, ICRIN is expected to support ongoing efforts at the international, national, and local levels to realize sustainable development. I understand that a project proposal to support ICRIN activities is in the process of finalization and will be submitted to the Human Security Trust Fund for its consideration. Japan looks forward to discussing how it can best support this project.
I myself come from a city in Japan that knows the horrors of a nuclear catastrophe only too well. Both in my individual and official capacity, I am deeply committed to do whatever I can to keep Chornobyl on the international agenda until the full range of catastrophic effects is adequately addressed and the affected populations regain their normal lives.

Lastly, as today’s theme is “bridging policies for action on MDGs,” let me say a few words about the Millennium Development Goals. Japan is committed to actively contributing to the achievement of the goals and welcomes the Secretary-General’s report on UN reform, which has some bearing on today’s discussion on health and environment. For example, the report has recommended “quick win actions” to produce tangible results in the short-term. For its part, Japan has announced that it will provide 10 million mosquito nets by 2007 to prevent people from contracting malaria. The report also mentions the importance of tackling the negative effects of climate change and natural disasters. We fully share the Secretary-General’s assessment that natural hazards, often worsened by climate change, have a huge impact on efforts to achieve the MDGs.

The international community therefore should double its efforts to reduce the risk of disasters. We need to make full use of this year, the year of UN reform, to make the UN system better able to do such work. I sincerely hope that the World Information Transfer will make a significant contribution to this process based on its experience.

Statement by H. E. Anwarul K. Chowdhury
United Nations Under-Secretary-General and High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States

The basic objective of the Millennium Development Goals should be to help those countries whose needs are the greatest, and which have the least capacity to meet their goals. The world has the capacity to support these countries; the world has the obligation to help these countries. We are all part of our global village. If one part of the village has needs in certain areas, the other parts of the village would come forward to help them. If I may stretch this argument a little bit further, it is the right of these neediest and poorest parts of the world to seek support from the rest of the world. I think it is very important that we consider this international collaboration in the context of a rights-based approach. It is their right to development, it is their right to survive, it is their right to life.

HIV/AIDS is in reality a very strong manifestation of vulnerability. What we have seen is that in a very short period of time, this pandemic has covered most regions of the world, making the world as a whole very vulnerable. Sub-Saharan Africa, the weakest past of the world, continues to remain the worst victim of HIV/AIDS. And if I may further highlight this point, out of the 50 least developed countries in the world, 34 are in Africa, and most of them are in Sub-Saharan Africa. It is very important for us to bear in mind that the vulnerability of countries, particularly the Least Developed Countries, and more so Sub-Saharan Africa, is absolutely at the core of the campaign for achievement of the Millennium Development Goals.

Most importantly for HIV/AIDS, we should bear in mind how it undermines the human and institutional capacities of these countries. In Zambia, the health sectors have lost most of its support staff including the doctors because of this disease. In many countries, the teaching staff, the police force, the military are being debilitated because of this disease. This loss of capacity is a serious threat to security. As many recall, in 2000 for the first time, the United States took the initiative to point out that HIV/AIDS also negatively affects the security of countries. We have to address the issue in a very comprehensive way. That comprehensiveness is not possible for the 50 poorest countries of the world because economically these countries will not have the necessary resources to be devoted to the challenge of HIV/AIDS. Yet, we are telling these countries to focus on HIV/AIDS, to have a national policy on HIV/AIDS, to devote more resources to HIV/AIDS. How could these countries devote more resources to HIV/AIDS when these countries are paying more in debt servicing than they are earning through their exports? We need to encourage the international financial institutions to work for the debt cancellation of the countries affected by HIV/AIDS. All heavily indebted countries are also heavily infected by HIV/AIDS, and that is a reality that we need to keep in mind.

The most serious effect of HIV/AIDS is on women and children. They are the worst victims, in every sense of the term. In many parts of the world, but particularly in Africa, we see a very serious situation where the families are composed of young children and grandparents. We met a number of families during our travels in Africa where the grandmother is taking care of as many as 10 grandchildren. The parents are dead. These AIDS
orphans are a major challenge to all of us, to the international community as a whole.

My office, along with the United Nations Development Programme, brought out two months ago, a booklet which talks about building capacity in the Least Developed Countries. It is called “Hope” and it emphasizes determination, access, capacity, protection and equality. My office will be bringing out a more extensive study on HIV/AIDS in the LDCs for the Millennium Summit in September this year.

The Environmental Underpinnings of the Health MDGs
Dr. Adnan Z. Amin, Director UNEP New York Office

Hippocrates, the Greek physician known as the “Father of Medicine”, once noted, “If you want to learn about the health of a population, look at the air they breathe, the water they drink, and the places where they live.” Quite progressive thinking for the time, which was the fifth century B.C. yet today, as we consider the timely theme of this conference, ‘Bridging Policies for Action on the Millennium Development Goals (MDGs)’, it rings true more than ever. For as the Millennium Task Force on Environmental Sustainability, commissioned by the UN Secretary-General under the able leadership of Professor Jeffrey Sachs, concluded, “Quite simply, Environmental Sustainability is the foundation upon which achieving all the other MDGs must be built”. I would like to devote my remarks today to the environmental underpinnings of the health MDGs, and UNEP’s perspective in this regard and a few examples of its relevant activities.

As the international community approaches the five-year review of the Millennium Declaration and its associated MDGs at a Summit-level meeting of the General Assembly in September, it is increasingly evident that we depend on healthy ecosystems such as watersheds and aquifers, forests, soils and atmosphere as the basis for our health, as well as for many economic goods and services. Concrete measures are urgently required to sustainably manage this resource base if the international agreed development goals are to be met and the vicious circle of poverty, disease, environmental degradation and insecurity is to be broken. This rationale is the basis for UNEP’s motto, ‘Environment for Development’.

Yet as warned in the recently released Millennium Ecosystem Assessment (MEA), in which UNEP played a key role, the earth’s natural resources are being strained to capacity, and the harmful consequences of this degradation to human health are already being felt and could grow significantly worse over the next 50 years. The MEA synthesis report warns that the erosion of ecosystems could lead to an increase in existing diseases such as malaria and cholera, as well as a rising risk of emerging new diseases. It also specifically underscores that worsening ecosystems will affect the world’s ability to meet the MDGs, as ecosystems and human health are very much intertwined.

Allow me to illustrate some of the inter-linkages between environmental conditions and the two specific health MDGs. When it comes to MDG 4, reducing child mortality, it is clear that diseases (such as diarrhea) are tied to unclean water and inadequate sanitation and respiratory infections are related to indoor and outdoor air pollution, and that these diseases are among the leading killers of children under five. Lack of fuel for boiling water also contributes to preventable water-borne diseases. With regard to MDG 5, improving maternal health, inhaling polluted indoor air and carrying heavy loads of water and fuel wood hurt women’s health and can make them less fit to bear children, with greater risks of complications during pregnancy. Furthermore, a lack of energy for illumination and refrigeration, as well as inadequate sanitation, undermines health care, especially in rural areas.
The need for prioritized actions to ensure that environmental sustainability is a central component for the successful implementation of the MDG’s—including fundamentally the health MDG’s—was a unanimous conviction put forward by ministers of environment that met during UNEP’s Global Ministerial Environment Forum earlier this year in Nairobi. Ministers and senior government officials from 135 member states of the UN considered the environmental underpinnings of the MDGs that relate to the eradication of extreme poverty and hunger (goal 1), ensuring environmental sustainability (goal 7), and the promotion of gender equality and empowering women (goal 3). In this context they specifically considered policy issues related to water, sanitation and human settlements with a view to providing concrete recommendations for the accelerated and sustainable implementation of these MDGs both to the Commission on Sustainable Development (CSD), which met here in New York last week, and as an important input to the high-level plenary meeting of the General Assembly in September 2005. A summary of these recommendations can be found on UNEP’s website: www.unep.org/gc/gc23/documents/PresidentSummary.pdf.

Much of UNEP’s work addresses the nexus between health and environment, for example by promoting environmentally sound technologies for freshwater and sanitation provision, clean energy solutions to combat indoor and outdoor air pollution, or through its wide-ranging programs to mitigate chemical and hazardous waste pollution. UNEP is also working closely with the World Health Organization (WHO) and a host of other actors to implement a number of specific initiatives in the field of environmental health and children’s environmental health that were initiated as partnerships in the context of the World Summit on Sustainable Development (WSSD).

The Health and Environment Linkages Initiative (HELI) is a global effort by WHO and UNEP to promote and facilitate action in developing countries to reduce environmental threats to human health, in support of sustainable development objectives. HELI supports a more coherent approach to valuing the services that ecosystems provide to human health as part of decision-making processes. Activities include: pilot projects in Jordan, Nigeria and Thailand that bring together diverse government and civil society sectors to assess and recommend integrated policies on environment and health issues; guidance on better use of impact assessment and economic valuation to enhance environment and health decision-making; improving access to policy-relevant knowledge, resources, and tools, via electronic media and printed materials, in priority areas (such as water quality, availability and sanitation; water-related vector-borne diseases; ambient and indoor air quality; toxic substances; and global environmental change); and capacity building for policy action at local, national and regional levels through technical workshops and interactive events including policy-makers, scientists and the public.

Building on the excellent collaboration built up in the context of the UNEP-WHO-UNICEF publication Children in the New Millennium: Environmental Impact on Health in 2002 and the subsequent establishment of the Healthy Environments for Children Alliance (HECA) as a WSSD partnership, UNEP has continued to accord importance to children’s environmental health (CEH) activities, through contributions within the HECA framework, specific CEH collaborative activities, as well as a range of activities that are directly relevant to CEH. UNEP, through its New York Office, is an active member of HECA, and produces HECANET on a monthly basis. HECANET provides updates on the activities of HECA and its members, as well as an extensive overview of media coverage of children’s environmental health issues and relevant meetings, research findings and information and advocacy resources, and is sent to an international list of over 900 organizations and individuals active in this field.

UNEP is also working with WHO on various capacity-building activities related to children’s environmental health, for example, how to support the training of health care providers and environmental health officers, and promote better collection of information related to environmental risk factors affecting children’s health. This year UNEP is collaborating with WHO on training events planned for pediatricians and other professionals in both Africa (in Nairobi) and Latin America.
Let me end with what UNEP’s Executive Director noted in his opening statement to UNEP Governing Council/GMEF. “Environment is the golden thread, the red ribbon, running through and round all the Goals”. Addressing the link between environment and poverty takes on a particular urgency when framed in terms of making strides in meeting the health MDGs of reducing child mortality and improving maternal health. As the Ministers concluded at the UNEP GMEF, at this stage the focus must be on accelerating implementation of agreed actions–it is not about what needs to be done, but getting it done that is most relevant.

**WATER: Rotary’s New Focus**

Louis Marciano,
Rotary International, Vice Chair,
Water Resources Task Force

Rotary is committed to humanitarian service. The international organization has 1.2 million members worldwide, located in 166 countries and organized into 31,000 Rotary clubs.

**Rotary’s Projects**–
- Dominican Republic: Many $50 Family Unit Bio Sand Filters
- Mexico: 2 Projects
- Guatemala: 2 Projects
- Honduras: 1 Project
- Brazil: In Contact With District Governors
- Uganda: Studying With Gse Team
- Kibara, Kenya: 3h Grant
- Tanzania: 1 Matching Grant
- Malawi: 20 Identified Projects
- Thailand: 8 Projects Several With Schools
- Indonesia: 5 Projects In East And West Java
- Malaysia: 1 Project
- Cambodia: A Three Year Project

1. Pure water filters
   - Number of filters to be installed: 7,500
   - Number of people served (7.5 per family): 56,250
   - Total cost per filter: $58.11
   - Cost per person served: $7.75
2. Literacy for women
   - Teaching young women ten full days over a six month period
   - Number of women taught: 2,500
   - Cost per woman taught: $17.81
3. Budget total: $500,000

**Pure Water Project Grant Proposal**
A project of the Glens Falls, NY Rotary Club and the Choluteca Region, Honduras Rotary Club (District 4250), in partnership with 76 other Rotary clubs.

**2005–06 Water, Health and Hunger Concerns**

**Resources Group, Information Paper**

**Our Goals**
1. To encourage and facilitate three pilot programs to demonstrate Rotary’s capability to mobilize local resources, work with international agencies, NGOs, and the private sector to create a sustainable, water-based, disease-free healthy community.
2. To have every Rotary club involved in a water, sanitation, health and hunger project during the 2005-2006 Rotary year.
3. To encourage every Rotarian to become aware of local and global issues relating to water, sanitation, health and hunger.

**Communities In Action: A Guide to Effective Projects**

Success Is Based On Partnerships
- Identify a community need
- Connect with local Rotary clubs
- Involve other community groups
- Involve Rotary clubs elsewhere
- www.rotary.org

**Rotary is Committed to the Millenium Development Goals**

Through Rotarians and Rotary clubs, with support from TRF, in cooperation with other NGOs, we will play a significant role in bringing safe water and sanitation to the people. Our Motto: SERVICE ABOVE SELF.

**Statement by Rome Hartman**
Senior Producer, 60 Minutes

There was a very memorable 60 Minutes segment a couple of years ago where Steve Croft, with a team from 60 Minutes, was one of the first American Journalists to visit Chornobyl after the accident. It reminds me, again, of how even though things in our consciousness dim in our memory, as the Chornobyl incident certainly has in America, it may be a reflection of one of the problems we have in American media; that is, we have a short attention span. We tend to move from crisis to crisis and from story to story, and to leave behind issues that remain critically important in
We have a short attention span...we move from crisis to crisis...and leave behind issues that remain critically important.

some parts of the world and perhaps ought to be important to us. We move on to the next thing and tend not to have continuing coverage.

It’s sort of a cliche that the mainstream American media doesn’t do a particularly good job of covering complicated issues, whether health related or not, or covering the rest of the world. This happens to be a cliche that is based in fact. We, generally speaking, are guilty on all counts. However, “media” is an ever more plural word. The media landscape, just in America, not to mention the globe, is becoming so much more complicated and so much more diverse that almost any broad generalization anybody makes about “the media” is bound to be wrong on at least a couple of fronts. This is because there is no “media”. There is no single medium about which you can speak. Television, print, internet, cable: there are just so many different iterations of the media, just speaking of the United States, that it is very difficult to say we do this well, we don’t do that well.

We have to recognize first that it’s just a very complicated landscape about which we’re speaking. And whether it’s Nightline or 60 Minutes, I think we would probably say that we feel like we are trying to do good, serious work. We succeed sometimes, and we fail sometimes, and we don’t do as well as we should. If we’re lumped in with generalizations about the media in general, that’s a scary place to be. It is true though, that those ambitious efforts to cover health policies and global health issues are few and far between on television; particularly on commercial television in America. We just don’t do as much serious work as we ought to. I can point to lots of distinguished efforts that the broadcast network I work for [CBS] has made, and ABC and Nightline has an even more distinguished list. But when you’re speaking generally, I think we have to plead guilty to not doing as good a job as we can.

One big problem in the commercial television world in the United States is that we do live in a world of competition, and we are competing for audience and for attention. Often that competition leads us, particularly in the area of health coverage, to doing stories that are more consumer driven or “miracle cure of the month” kinds of stories. Stories that are remedy based. While those have an important role, we ought to be telling our viewers about new developments in drug therapy and new developments in surgical techniques. If we do that to the exclusion of covering global health issues or more nuanced and complicated issues, we’re doing our audience a disservice. And often we do that because our audience rewards us for doing that. We’ve seen larger numbers and more viewers if we do stories like that than if we tackle the really tough and complicated, and sometimes far away and distant issues.

A big problem for a broadcast like 60 Minutes, and any broadcast that attempts to tackle difficult and complicated issues, is where to aim in terms of the sophistication and detail of our reporting. It’s really a tough job for a producer or for a correspondent to figure out where you aim. Too often, in television particularly, we aim too low. We assume that our audience is unsophisticated and so we dumb our stories down. We try very hard, where I work, not to do that. We try to assume that our audience is intelligent and interested and knows something. At the same time, we have to be aware that if we do stories that only the insiders will be able to understand, and only the researchers and scientists and medical professionals will get, we’re doing as much of a disservice to our audience as if we aim too low. I like to think that our sensibility is decidedly middle-brow, and I like to defend that idea because if we do a strictly high-brow story (high-brow meaning people in the know about our story will get it, but no one else will) I would just as soon not be high-brow, if that’s the definition.

I did a story a few years ago for 60 Minutes about the Howard Hughes Medical Institute, a really unique and interesting institution here in the United States, which actually has global reach. They’re focused on helping to fund scientists and researchers all around the world who are working on the most basic, molecular and cellular biology. They’re trying to fund research that’s not focused on creating the next wonder drug, and that isn’t funded by the pharmaceutical industry. Now for us, as reporters, we had to try very hard to understand what these
researchers were doing and then try to translate that into a story that our audience could understand. For me, it was the best illustration of this difficult dynamic that we all face in figuring out where to aim. Don’t dumb it down so much that the people you’re doing the story about will be insulted, but don’t make it so sophisticated that the only people who will understand it will be the people you’re doing the story about. That’s a challenge when we cover health policy at all.

Another challenge in covering health policies and health issues is that health, medical and scientific issues, like so many other things in the United States, have become politicized. When we’re doing stories about health issues, whether it’s funding issues, stories about AIDS, stories about global population, it’s very hard to divorce those topics from polarized political issues. We have to try to cut through that, but there’s a real danger about how plural the media are now. There’s a real danger in the polarization and the politicization that we see in all issues. Some stories are very controversial. “60 Minutes” as you know, has a pretty good history of dealing with controversial subjects. What we try to do, of course, is represent the different sides of those complicated issues as well as we can and let people have the fight.

I’m worried that more and more of our media play to the perceived biases of our audience and don’t really make an effort anymore to address, in a fair-minded way, the many sides of a complicated or politicized issue. In addition to the commercial constraints I already mentioned, our challenge is how to make sure that we continue, in print and on television, balanced and fair-minded broadcasts that really try to tackle serious subjects, and that we not fall into the sort of polarization that infects so much of our discourse today. This is especially problematic when it comes to global issues of health, medicine and science, which address controversial and complicated subjects.

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**Video Conference with Chornobyl Center, Kyiv, Ukraine**

_Moderator:_

David Wright, ABC News

_Participants:_

Dr. Yevgen Garin, Coordinating Director, Chornobyl Center

Dr. Markiyan Kulik, Head of UNO Administration, Ministry of Foreign Affairs

Dr. Kostiantyn Loganovskyi, Head of Department of Radiation Psychoneurology, Scientific Center of Radiational Medicine

Dr. Volodymyr Udovychenko, Slavutych City Mayor

Dr. Mikhailo Bondarkov, Director of International Radioecology Laboratory

Dr. Valeriy Glygalo, Quality Assurance Director, Chornobyl Center

Mr. Bogdan Serdiuk, Chairman of Youth Board, SSE ChNPP

Mr. Petro Brytan, Engineer, SSE ChNPP

Ms. Anastasiya Glukhova, Head of Youth Council, Slavutych, Student

Mr. Dmitro Velichkovskyi, Head of Democracy Youth Center, Slavutych, Student

Mr. Michael Balonov, IAEA, Vienna, Austria

**Summary**

The conference opened with Dr. Yevgen Garin, introducing the speakers. He committed this meeting to those who gave their lives in response to the Chornobyl emergency and expressed his confidence that Ukraine is not alone in dealing with the aftermath of the Chornobyl tragedy.

Mr. Bondarkov highlighted the vast dimensions of the Chornobyl explosion. All the health effects of this explosion are still unclear, and it is the responsibility of the international community to continue to study these effects.

Mr. Loganovskiy further addressed the issue of the Chornobyl accident’s effect on human health. The World Health Organization and other international experts have identified major health concerns affecting the over 600,000 people evacuated from contaminated areas, namely thyroid cancer and other thyroid pathologies, leukemia, psychological and nervous distress, reproductive health problems, increased child morbidity, cataracts and heart and immunology diseases. The condition of affected children is continually worsening. Among noted effects are increases in thyroid disease, restricted development, some cases of Down syndrome, psychological distress and possible genetic effects.

Mr. Serdiuk added that as a result of under-financing, many people are still forced to live in contaminated areas.

Mr. Udovichenko, described the economic challenges facing Slavutych. Slavutych is a town created specifically to accommodate the more than 5,400 employees of the Chornobyl nuclear plant. Although Slavutych is flourishing, there is still an unusually high rate of unemployment, especially among women and youth. The Ukrainian government has promised to create 3,500 new jobs, however, there is a need for the international business community to promote business in Slavutych and to give continued support to economic development in Ukraine.

Mr. Velichkovskyi discussed the problems faced by
youth in the contaminated territories. Along with increased levels of smoking, alcohol and drug use, youth in Slavutych are experiencing a very high rate of unemployment, despite the town’s status as an economic free zone. In order to deal with this problem, “The Future of Slavutych” program was created with the purpose of educating and empowering youth to fulfill their potential in the labor market and encouraging youth interaction with local authorities.

Mr. Brytan discussed future plans for the Chornobyl sarcophagus. In accordance with an agreement between the G7, European community and the government of Ukraine, the second phase of a “shelter implementation plan” is being enacted. This plan aims to construct a safe and weather-resistant confinement structure which will be put on top of the existing sarcophagus. This construction will be able to prevent radioactive releases and can last up to 100 years. Plans to remove radioactive material will only be possible in 30 to 50 years, once special reservoirs are created.

Mr. Glygalo answered the question of what the international community can do to help overcome the problems of Chornobyl. Although aid from international organizations and governments has been recognized, there is still a need for international co-operation directed towards humanitarian and technical goals. Humanitarian requirements include the provision of medical supplies, equipment and medication to affected populations, improvement of children’s health, research into environmental and health consequences and assistance with transition into a market economy. There is also a need for technical assistance towards the goal of converting the nuclear plant shelter into an environmentally sound structure.

Co-operation with the United States government enabled the creation of The Chornobyl Centre. The center’s main goals are to provide social assistance to the staff of the Chornobyl nuclear plant and to research the radio-ecological status of contaminated areas.

Mr. Kulik highlighted the importance of continued realization of contract programs and focus of intention in order to empower the Ukrainian government to address the problems caused by Chornobyl. He also described a new program implemented by the new Yuschenko government and aimed at protecting objects in the contaminated region.

Statement by
Dr. Valerij Glygalo
Director for Quality, Chornobyl Center

I am here to speak about how the international community has helped Ukraine to solve the Chornobyl problems. My colleagues noticed that the results of the Chornobyl catastrophe are various and serious. Decisions have been made according to the situation of the reactors and their radioactive impact on the environment. During the first days and weeks, the most important task was localization of the accident, and at this stage we received no international help. Our country solved this problem alone.

The next steps were to study the medical, ecological, and socio-economic results, as well as to take measures aimed at preventing possible future accidents. A set of measures regarding improvement of the reactor construction was implemented. It dramatically decreased the possibility of another Chornobyl-like disaster. The real start on international cooperation began with the signing of the Agreement between UkrSSR and International Atomic Energy Agency (IAEA) on research of the Chornobyl NPP accident consequences in September 1990. Further international help followed in two main directions: humanitarian and technical. What are we calling humanitarian help? It is:

- Supplying medical equipment
- Delivering medicine to citizens who live on contaminated territories
- Curing children suffered from the Chornobyl catastrophe
- Medical and ecological study of the consequences
- Help in market transformation programs in Ukraine

We received humanitarian help both from international programs and organizations—TACIS European Committee, UNDP, UNESCO, and from some states—USA, United Kingdom, Japan, Germany, France, Spain, Cuba and other. Many European families have invited
children on summer vacations during the past years. Ukrainians are thankful to them for this help.

After signing the Memorandum in 1995 between the Ukrainian Government and G7 Countries about the Chornobyl plant shutdown, technical help was activated. A lot of programs were finished and many are still in progress to solve the problem of the Chornobyl plant decommissioning and transforming the “Shelter Object” to an ecologically safe object.

But international assistance was not only received for the Chornobyl site. The whole world was afraid of the next possible catastrophe at other nuclear power plants, and because of this, many of the international projects were implemented at the Ukrainian operative power plants with the purpose of improving safety of the operative units.

I am a representative of the “Chornobyl Center” and in my opinion the Center is another brilliant example of international cooperation. The Center was founded on April 26, 1996, ten years after the Chornobyl catastrophe. It was a joint initiative of the US and Ukrainian governments. The Center got help from the British, German, French, and Japanese governments. We are providing scientific and technical support for operative Ukrainian power plants and for the Chornobyl plant that is at the stage of closure. Also, we study the ecological impacts on the environment caused by the Chornobyl accident. Working with foreign specialists, the Chornobyl plant staff is getting the best international experience. Thanks to international technical support our Center has modern computer and technological equipment. As a result, our future is looking very optimistic.

Statement by Michael Balonov
IAEA, Vienna, Austria

Good afternoon New York, I would like to speak about two important issues, one of them being the Chornobyl Forum, and the second being how the international community can assist Ukraine, from the IAEA’s perspective, with regard to overcoming the long term consequences of the Chornobyl accident.

The Chornobyl Forum was initiated by the IAEA, early in 2003. Eight relevant UN organizations and the three countries most affected by the Chornobyl accident, i.e., Belarus, Russia and the Ukraine, represented by their high level governmental representatives and experts, established the Chornobyl Forum as a series of managerial and expert meetings which consider the environmental and health consequences of the Chornobyl accident. During the two years of its operation about a dozen meetings of these experts produced a report which actually summarizes twenty years of research and experience in overcoming the consequences of the Chornobyl accident, both in environmental and health areas. The technical report comprises more than 400 pages—a draft is available, which will be published in a few months.

In order to disseminate the findings and recommendations of the Chornobyl Forum, an international conference has been called, entitled “Chornobyl–Looking Back to Go Forwards” and will be held on 6th and 7th of September, 2005 in Vienna. This Conference is being organized by the IAEA on behalf of the Chornobyl Forum. The findings of the Chornobyl Forum contain assessments of the environmental and health consequences of the accident as well as practical recommendations for future actions. The actions aiming at overcoming the long term consequences of the Chornobyl accident include remediation of the affected territories and special health care for the people affected by radiation. During the Conference the social and economic consequences of the Chornobyl accident and recommendations in this important area will be considered as well.

At this stage, I am not in a position to introduce the findings of the Chornobyl Forum in detail, these will be published during the September Conference. You are very welcome to attend this Conference, it should be an interesting event, both politically and scientifically, and we hope to have many guests in Vienna in September.

Concerning possible assistance to Ukraine by the international community in overcoming the problems caused by Chornobyl, I am more optimistic than the previous speakers and I suggest you to consider several issues. One of them, the most expensive and the large scale activity, is the construction of the new safe confinement over the existing Shelter. This is the preferred technical solution of the problem regarding the Shelter containing vast amounts of radionuclides in different physical and chemical forms which is perceived as a real danger for Europe.

Another point, which is very important in my view, is the provision of the real scientific information to the affected population and eventually to the whole world community. From an interview on the information needs of about three thousand people in the three more affected countries, Belarus, Ukraine and Russia, recently organized by the International Chornobyl Research and Information Network supported by UNDP, it was
concluded that there is still an enormous need for information relevant to Chornobyl. All the interested parties, actually the stakeholders of this big event, were not satisfied either with the quality or the quantity of information provided on the environmental, health, social and economic consequences of the Chornobyl accident. They want more scientifically based information provided by the international community. Traditionally, in these countries the public does not believe much of what the local authorities and experts have to say. Therefore, they need more information from the international community.

The activities of the Chornobyl Forum might provide all of the necessary information on these issues, but the real challenge is dissemination of that information, its delivery to different layers of the population as was earlier mentioned by Mr. Hartman. Another important issue is distribution and subsequent implementation of international recommendations for future actions like remediation of the territories, health care, research, social and economic policy. This subject is also covered by the Chornobyl Forum, and we hope that its forthcoming completion will become the start for the next step of collaboration.

In the area of practical cooperation on social and economic rehabilitation of the affected territories, there are a series of projects run by the UNDP, being prepared for implementation by the World Bank (but that’s only for Belarus, not for the Ukraine), some projects run by the IAEA and others. We at the IAEA will continue these activities, i.e. to provide advice and assistance to the affected countries on remediation, radiation monitoring, etc. These projects are focused on the solution of the problems that are scientifically justified from the radiological perspective.

Regarding international collaboration in the area of research: The world scientific community remains interested in continuation of research conducted in the Chornobyl-affected areas on radiation medicine, on radioecology and on social issues. All of them are equally important for the population of the affected countries and for the world community; their results bring unique experience to mankind.

Last but not the least is the humanitarian help of the international community in treatment of the affected people, especially in cases of thyroid cancer and health care of the emergency and recovery operation workers. I am sure that this assistance will continue for a number of years and maybe decades, as long as it remains necessary. Of course, the Ukraine will decide itself what kind of assistance is more important and needed for the country; but I think that the international community is in the position to offer the country affected by the worst nuclear accident in history this whole set of the suggested collaboration projects.

I was fascinated by the teleconference that we just heard. I spent many years working overseas, and there was a period in the 70’s and 80’s when doing satellite transmissions was just well nigh impossible, and there was a huge truck that was required. Now, it’s just a backpack-sized gizmo, and the ability that we now accept as an everyday occurrence, the ability to beam people in from halfway around the world is, I would say, kind of an extraordinary event.

I’m going to talk about television news and print news in the United States. You heard a little bit from Rome Hartman from 60 Minutes. I worked at the commercial networks, including CBS, but now I report to public television, PBS. I am executive producer of the series NOW, which airs on PBS on Fridays.

What’s true and false in the news is getting harder and harder to figure out. That’s not an accident. This speech is intended as a user’s guide for making sense of the news. You think you’re getting the latest information; you think you’re getting a convenient package. But the reality is that it has to be unpacked very carefully and assembled very carefully, so that you end up with a basket of useful information instead of a packet of mis-information and sometimes downright lies.

When I use the word lies, I do not mean to say, in general, that journalists are going around telling mistruths. There have been cases, but they’ve been rare. Jayson Blair at the New York Times, Stephen Glass at the New Republic, if you reach back a couple of years, Janet Cook at the Washington Post. When you consider how much trouble it is to actually go out and report the news, it’s astounding that most journalists don’t make it up. Several of us have been over covering nuclear issues in the former Soviet Union. I was in Siberia, and one of my colleagues seated here has been to Ukraine. When you think of the kind of effort it takes, wouldn’t you want to make it up? Outright lies are actually extraordinarily rare. What

What’s true and false in the news is getting harder and harder to figure out.
Imagine this situation: you turn on your TV, you see someone who's got a microphone and says, “Hi, I'm Karen Ryan”. That person reports on an issue of interest to you in which the government has a role and that report indicates that the government is doing a great job. You have no idea that, actually, that person is being paid by the government.

According to the government, the local stations are the ones who are supposed to disclose that they are transmitting fake news. Many did not. There was an uproar over this practice, and finally, in April, the Federal Communications Commission cracked down. Now, as of this month, broadcasters must tell the viewers the nature, source and sponsorship of the material. Keep in mind this FCC ruling does not stop the government from making and peddling video news releases; it simply places the onus on these local stations to identify where they came from.

There's another side to the government information business. It's what the government refuses to tell you. Let me give you a specific example related to nuclear reactors. On January 14th of this year, our team at public television's NOW reported on the state of security at the nuclear reactors around the country. We focused on one plant located at Diablo Canyon, California, and we looked particularly at the situation of spent fuel rods. These are the very radioactive, used power source for the reactor. After forty years of operating nuclear power plants in this country we still have not figured out what to do with the leftovers, with these fuel sources, which, as the reactors age, are becoming obsolete. The fuel rods that are spent are even more radioactive than the new ones. The National Academy of Sciences says that they need to be isolated for the next 500,000 years. Just about every reactor in the United States has their spent fuel rods sitting in a pool of water called the "spent fuel pool". That pool is outside the containment structure that protects the nuclear reactor itself—those domes, the iconic domes that you've seen that protect the reactor.

At Diablo Canyon, the spent fuel pool is dug into the ground, housed in a big shed that runs along the containment facility. But at 32 other reactors in the United States, believe it or not, the spent fuel pool is above ground. Meaning that if there were to be an explosion, the water could drain out and leave the rods exposed. That's 32 reactors all over this country. Water draining out of this spent fuel pool, exposing these rods, would produce not a meltdown, but a fire with radioactive smoke that would be extremely difficult to manage, to contain and to extinguish. So there is a legitimate interest of the public, and what's going on, in terms of these nuclear reactors. There have been increases in security: over a billion dollars has been expended. But at this particular reactor in Diablo Canyon, and the communities that live nearby, the folks that live in the town called San Luis Obispo down the street, want to know exactly how safe the reactor is. There's a group that calls themselves “Mothers for Peace”. They have been asking questions for a number of years. They want to find out what the security situation is at this plant. The Pacific Gas and Electric, which runs the plant, was telling them nothing or very little. The Nuclear Regulatory Commission, the government organization with oversight, has backed them up, citing national security. They don't want to give out details that some erstwhile terrorist could use to attack the plant. Well, no one is asking exactly how the plant is protected. The government is saying, “We're taking care of the problem”. But Mothers for Peace is worried. You see, when construction
It has become more and more difficult since 9/11 to use...freedom of information act.

started on Diablo Canyon back in the 60’s, no one knew there was an earthquake fault nearby. It took a coalition of geologists from an oil company and the local activists, some of whom went on to found Mothers for Peace, to push the government to do the research and to redesign the plant. The government’s position has been “there’s no problem”. Local activists had to push forward to get the government to do something. Secrecy in this particular case of the spent fuel rods is very disturbing.

There is another problem with secrecy. It has become more and more difficult since 9/11 to use the best friend of journalists to find out what’s going on in government. It’s called the Freedom of Information Act. This is something that allows journalists to file a request that gets information back to us that would sometimes be classified, sometimes not. Sometimes it’s just sitting on a shelf. Immediately after 9/11, on October 12, 2001, the then Attorney General John Ashcroft sent a memo to all government agencies encouraging them to withhold information from journalists and others who had filed FOIAs, the freedom of information requests. The memo said if you can find any reason, any “sound legal basis,” we at the justice department will back you up. The result has been the stonewalling of FOIAs and a huge backlog. I’ll give you a personal example. I was working on a story in Central America in 1996, and I filed a number of FOIAs. I had switched two networks by the time I received the results of the FOIAs. I was sitting at PBS, and got what ended up being a very incomplete set of documents. It was years later; I had already filed my story for a different network. The whole purpose of FOIAs is to give us access, to us as a surrogate for all of you and for the public, to information that is important to the public well-being, safety, and health.

Government secrecy is a wound on the body politic. It allows corruption, inefficiency and bad practices to fester. You recall one of the results of the survey that was mentioned by the representative from the Atomic Energy Agency. In Ukraine, at every level, people felt they did not get enough information. This underlines the importance of this free flow of information, and compelling governments and organizations to release what they know so the citizens can make their own decisions about what to do.

Back to my checklist of the problem children in the village of journalism. There’s another issue that has to do with the functioning of civil society. Journalists depend on robust debate within society to find out what’s going on. If I’m a reporter and get assigned to do a story on, say, global warming, I reach out to interest groups first. I find out who thinks global warming is a problem. Who thinks it’s not a problem and why. We journalists are a bunch of freeloaders. We depend on the work of many others. We don’t start from scratch, sending out a team from across the globe with a bunch of thermometers to figure out what the problem of global warming is. We look at what others have been doing.

That’s what our team at NOW did last Friday for a piece that aired then on the politics of global warming. It will come as no surprise to those of you having lunch today that the vast number of scientists working on the issue of global warming are part of a scientific consensus. The phenomenon of global warming is real, it’s accelerating and it’s driven by man-made greenhouse gas emissions. When we began to look at those who disagreed with this scientific consensus, we found a disturbing pattern of extensive, often undisclosed ties to the fossil fuel industry.

The Global Climate Coalition is ground zero for this effort, what Pulitzer Prize winning journalist Ross Gelbspan calls a “campaign of disinformation and deception”. The Global Climate Coalition was formed in 1989 by representatives of the petroleum, automotive and other industries. Then came the Information Council on the Environment, founded by the Western Fuels Association, mostly coal money. Now there is nothing wrong with industries forming groups that represent their point of view. That is part of the robust action of civil society. But Gelbspan’s research found that the industry was quietly putting money into the pockets of prominent skeptics of global warming; payments of over a million dollars from 1990-1995. These guys were going around the country pooh-poohing global warming, but they weren’t saying that coal and oil interests were paying them. This practice continues. The May-June 2005 issue of Mother Jones reports that Exxon/Mobil has provided funding to over forty groups that seek to undermine the scientific consensus on global warming. We reached out to Exxon to learn more about this and their official response was that the groups they fund do more than simply oppose global warming. In the same note, however, Exxon told us “we believe that the scientific information on greenhouse gasses remains inconclusive”. So what we have is a massive consensus by scientists that global warming is a real and urgent problem and a massive campaign by industry to downplay the problem or say that more study is needed, or incredibly, to say that a warmer earth would be a very nice thing: more sun tanning, longer crop season.

Journalists, in my view, enter into error when we represent these two strains of thought as more or less equal. We misinform our readers and viewers when we put them...
There are seven giant multi-nationals that have a majority control on everything you see on television and on cable.

side by side and we say, “on the one hand,” and, “on the other hand”. It comes down to the relationship of journalism and civil society. Journalism at its best reports on the robust exchange of information of groups working in the public interest. When government or industry influences the debate secretly or secreively, we all suffer. Journalist Jonathan Schell calls this “faking civil society.” As always, the growth of civil society depends on a free and effective press. Faking civil society leads to fake journalism and that becomes a problem for democracy.

I’ll close in referring to one more important area in unpacking and assembling the news. Here’s the issue: who are the owners? I’ve had the pleasure of having a lot of corporate employers and owners for my career. I worked at CBS when it was acquired; I worked at ABC when it was acquired. All of these companies have gotten bigger and bigger. PBS is not going to get acquired, it actually belongs to all of you. Media companies are growing at a huge pace. There are seven giant multi-nationals that have a majority control on everything you see on television and on cable in this country. That is backed by millions of dollars in campaign money and lobbying money used to pressure Congress to pass deregulation. Democrats and Republicans both voted for the 1996 Telecommunications Act, which opened the floodgates to media consolidation.

Now what we have are mega companies. Big companies argue that the size is a benefit. By combining broadcast, print and the Internet under one roof, more and better reporting will be the result. That hasn’t happened. There are exceptions, but more and more journalists in these big companies are moving away from tough investigative stories to comfy, friendly news about celebrities, about Hollywood, about everything except what really matters.

There are also issues of conflict of interest. These huge companies have dozens of regulatory issues before Washington, before Congress, and before regulatory agencies at any one time. Those of us who have worked in the commercial networks know that none of us would ever get a call from Les Moonves way at the top of Viacom, or some of the titans of industry to say “don’t do that story.” Self-censorship is what happens. You move away from stories that are prickly for your boss.

One issue in particular: a ruling in the FCC on June 2, 2003 that relaxed decades-old rules restricting media ownership. NOW had been reporting about media consolidation for over a year. Our show closely covered the issues. Most of the commercial press was silent. A lot of big players stood to gain from the FCC rules. One of the media writers said about this, “it’s telling that the news program that’s devoted the most time and resources to covering the FCC debate doesn’t air on commercial television. It’s NOW, the weekly public affairs program on PBS”. So there was, in this case, an outpouring of civil society: over a million letters and e-mails to representatives. It ended up having an effect, a positive effect.

That was a small victory in the struggle to have a robust, diverse and independent press. The road ahead is going to be tough. How tough? Listen to the words of Bill Moyers, an icon of public broadcasting, and the host of our show NOW until last year. This is from an address he made to a conference on media reform. He says, “What I know to be real is that we are in for the fight of our lives. I’m not a romantic about democracy or journalism. The writer André Guy may have had it right. He said that all things human, given time, go badly. But I know that journalism and democracy are deeply linked in whatever chance we humans have to redress our grievances, renew our policies and reclaim our revolutionary ideals”. So, onward to the job of unpacking and assembling the news that matters in this time of peril. I hope I can count on all of you to help make it happen.

Statement by Ivan Nimac, Charge d’Affaires
Permanent Mission of the Republic of Croatia to the United Nations

Let me take this opportunity to express the gratitude of my Government and my Mission. We are very pleased to be associated with World Information Transfer and this gathering. It is always a pleasure to be here. My function is basically to introduce the next speaker, who happens to come from Croatia, so I have a special interest in that.

Professor Yosip Begovac is a professor of infectious diseases at the University of Zagreb Medical School, and he is the vice-chair of the Croatian HIV/AIDS Prevention Committee and the head of the reference center for HIV/AIDS at the University Hospital of Infectious Diseases in Zagreb, Croatia. He was educated at the University of Zagreb Medical School and has spent the last 10 years working primarily on public health and clinical issues concerning HIV/AIDS. He is also the editor and main author of a book on HIV/AIDS in the Croatian language.

I can also add that he is very closely involved in the HIV/AIDS theme group in Croatia which operates as a partnership between UN agencies, civil society and the government. I will now pass the floor to Professor Begovac.
Situation Analysis and Response to HIV/AIDS in Croatia

Professor Yosip Begovac, M.D.
University Hospital of Infectious Diseases, Zagreb, Croatia

HIV/AIDS in Croatia: an Overview

Croatia
- Basic indicators
- Cases of HIV/AIDS
- Testing/behavior data
- Response

Croatia–Basic Indicators
Infant mortality rate: 7 per 1000 live births (2002)
Maternal mortality rate: 11 per 100,000 live births (2000)
Life expectancy at birth: 73,8 (1999)
Adult literacy rate: 98.1 (1999)
Per capita GNP: 5,350.0 $ (2002)

Behavioral surveillance
- Today both men and women have the first sexual intercourse at almost the same age. In the past it was the age of 18 and now it is around 17. (according to Stulhofer A, 2001)
- Age at first sexual intercourse lower in selected populations of young people (16 years, RAR 2002)
- Up to 25% of young men and 8.6% of young women aged 16–19 had the first sexual intercourse when they were under 16. (Stulhofer A, 2001)
- not published in peer reviewed journal

Condom use among youth
- School based surveys indicate 40–50% of regular condom use by young people (High school and University students)
- 9.5% of girls and 15% of boys are using condoms regularly (RAR 2002, conducted among vulnerable youth)

Patterns of IV Drug Use in Croatia
- Life time sharing of needle's equipment varies from 40–70% in various researches
- Variations among cities, depending on availability of Harm Reduction services
- Fewer sharing noted in Needle Exchange Programs
Source: RAR 2002, RAR(UNDCP) 1998

Behavior favoring the spread of HIV/AIDS ("Shooting galleries" and "Dealer's works") NOT OBSERVED

Migrant workers
- N=570 (77% seamen; mean age 58.2 years)
- Mean number of sexual partner in the last 12 months: 1.9
- Last sexual partner
  - spouse (steady) partner: 83.9%
  - casual partner: 12.7%
  - sex worker: 2%
- condom use during last intercourse with a casual partner: 55.3%
- HIV-tested (ever): 43.8% (main reason for testing: required by the employer) (Stulhofer 2004)

Response–past
- Educational campaign including sex education in schools (1987–)
- Testing of blood and blood products (1987–)
- Availability (purchase) of syringes from the pharmacy for IDUs (1987–)
- Establishment of confirmatory HIV-testing sites (1986)
- Establishment of treatment Centers on a national level (1986)

Response–past
- National HIV/AIDS Prevention Committee (1992)
- First needle exchange program (Help, Split, 1996/97)

Percentage of HIV positive tests in IDU and in VTC & Clinical settings in the period from 1998 to 2004

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<td>Positive/Tested</td>
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<td>IVDU:</td>
<td>9/761</td>
<td>6/984</td>
<td>5/1,047</td>
<td>5/724</td>
<td>10/785</td>
<td>9/869</td>
<td>10/656</td>
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Country Response—present
National HIV/AIDS Committee, multisectorial—Health, Education, Justice System, Social Sector, Iskorak (G&L), Children’s Hospital, HUHIV—PLWHA Association, HCK—Harm Reduction, Media

Response present:
Main goal:
• To scale up the national response to HIV/AIDS epidemic in Croatia, in order to maintain low level of epidemic and to reduce the risks of increased transmission in the future
• To maintain a yearly incidence of new HIV infections below 10 per million
However:
• How do I prevent a single case of HIV infection in Croatia?

Strategic goals
• To ensure continuity of care and constantly provide counseling for PLWHA
• To decrease HIV/AIDS risks among people involved in risk behaviors (harm reduction, needle exchange, condoms)
• To increase the level of protective behaviors among young people aged 14–18 (information, education, condoms)
• To increase access to voluntary counseling, testing and referral services

Strategic goals
• General public educational efforts (stigma, fear, discrimination)
  – Health care, school and, social sectors
• Prevention of mother to child transmission
  – Aim for elimination–100% (zero or close to zero prevalence)
• Secure blood supply and universal precautions
• STI prevention and treatment
• Stigma and discrimination

What do we need more?
• Evidence-based interventions
• More research, particularly into human behavior
• Constantly collect analyze and disseminate health-related information
• Monitoring and evaluation
• More investment into prevention & research

IMPLEMENTING INSTITUTIONS
Objective Implementing organizations
Peer Education Children’s Hospital, Zagreb
Andrija Stampar School of Public Health
VCT UHID, HUHIV, CPHI
Targeted interventions NGOs (Help, Red Cross, Terra, Iskorak), CPHI
Care UHID, HUHIV
Surveillance CPHI

HIV/AIDS Expenditures: 2002-2004

AIDS = 221
HIV/AIDS = 483
Deaths = 122
The Truth about HIV/AIDS in Europe and Central Asia (ECA): Developing a Communications Strategy to Help Fight the Epidemic

Merrell Tuck-Primdahl, Senior External Affairs Officer
World Bank Europe and Central Asia Region

Context—The Problem

• ECA—one of the fastest-growing epidemics
• 1.5 million people affected, of whom 80% are young people
• Took off among intravenous drug users, but also sex workers, prisoners
• Russia, Ukraine, Estonia—tipping point of 1.1% prevalence
• Could speed demographic decline in Russia

Context II—The Response

• Government plans exist, but capacity falls short
• Strong global/regional commitment, but actions not “to scale”
• Funds finally flowing, but coverage is uneven with few people in treatment

World Bank Regional Program

• Goal: Help arrest spread to prevent huge socio-economic costs
• Get governments and people to face up
• Leverage impact through partnerships
• Use research to count costs and build knowledge base
• Projects in Moldova, Russia, Ukraine, C Asia
• Dual prevention and treatment linked with Tuberculosis epidemic
• Focus on prevention among “at risk” groups; The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to fund treatment

Four key challenges

• Overcoming stigma and discrimination
• Reaching young people
• Building trust among citizens so they avail of health services
• Providing treatment for injecting drug users, including in prisons

Goals for next 12 months

• Get governments, partner agencies to endorse regional action and commitments on harm reduction, inclusion of youth, People Living with HIV/AIDS
• Move ahead on Central Asia AIDS project
• Extend “economic cost” modeling to Central Asia, Ukraine, Balkans
• Demonstrate unified donor front

Obstacles

• Project implementation is slow
• Still not viewed as multisectoral issue
• Insufficient resources
• Ignorance about impact beyond health
• Disinclination to focus on drivers of the epidemic (ie sex workers, prisoners, IV drug users)

Opportunities

• MDGs and Year of Development draws attention to AIDS
• Momentum around WHO’s 3x5 initiative
• Multinational companies and pharmaceuticals willing to share lessons w/private companies in ECA (ie AIDS in workplace)
• Positive and growing dialogue with HIV/AIDS-focused NGOs in W. Europe and ECA
• Commitments from Moscow and Dublin Ministerials on HIV/AIDS in ECA

How can communications help?

Communications Objectives

• Raise awareness of modes of transmission, risk factors; call for reforms to policies fueling epidemic
• Explain drivers and scale of problem and linkages to other sectors
• Generate debate and understanding to focus on ECA countries at risk, but where epidemic remains concentrated
• Build information, education and communications into government projects

Messages

• Action now, on both treatment and prevention, will avoid huge costs later
• Tell the truth about AIDS in ECA, and pass on the information (stigma kills)
• People living with HIV/AIDS can be part of the solution; empower them
• Stop the vicious cycle by providing treatment and prevention for drug addicts; don’t criminalize harm reduction
• Protect future generations

I. Raise Awareness

• Explain shifting nature of ECA’s epidemic
• Work with partners to forge support for syringe exchange and other prevention measures
• Link-up with the private sector in key ECA countries to promote corporate social responsibility around HIV/AIDS and share lessons from other regions
• At the country-level focus initially on Kyrgyz Republic, Moldova, Russia and Ukraine

II. Explain drivers and scale of problem; Persuade skeptics it’s multisectoral

• Roll out C. Asia AIDS study findings’ complete consultations on Western Balkans AIDS study
HIV/AIDS in Eurasia
Dr. Jack Watters
International Medical Vice President, Pfizer, Inc.

Thank you for the opportunity to speak here this afternoon about new developments in the regional HIV/AIDS epidemic in Eastern Europe and Eurasia. As many of you no doubt know, this region has emerged as a new epidemic in the global AIDS pandemic, registering rates of new HIV infection that are higher than any other region on the planet. This very recent development poses a major challenge to societies and governments throughout the region—many of which already face a growing number of other healthcare and social crises that require their resources and attention. I will focus my remarks today on new and innovative public-private partnerships in the fight against AIDS in two countries in the region especially hard hit by HIV/AIDS—Russia and Ukraine. Given so many competing policy priorities and scarce resources, these public-private partnerships offer among the most promising new responses to HIV/AIDS in Eurasia, and perhaps globally.

What I’d like to do this afternoon is:
- Provide an introduction to the epidemiology of HIV/AIDS in broader Eurasia.
- Identify some of the key HIV/AIDS-related public policy and human rights challenges facing Russia and Ukraine, in particular.
- Offer a brief overview of public-private partnerships currently underway across three sectors: (1) policy; (2) business; and (3) mass media.

HIV/AIDS in EURASIA: On the Frontline of an Epidemic

1. World’s fastest-growing epidemic
2. Estimated prevalence rates:
   - 360,000–500,000 (1.5 - 2% of adult population)
   - 800,000–1.5 million (1 - 2% of adult population)
3. High concentration among youth
4. Shifting epidemic beyond high-risk groups into general population
5. Limited access to treatment

Conclude with short comments about the importance of international collaboration—especially from the United States—as these countries begin to respond to HIV/AIDS.

Before I begin, however, allow me to offer a short disclaimer up front. I am, of course, representing Pfizer, which has made the global fight against HIV/AIDS a priority in our work. As part of our commitment to fight the global HIV/AIDS epidemic, Pfizer became a founding supporter of Transatlantic Partners Against AIDS (TPAA), an organization created in July 2003 that works to fight HIV/AIDS in Russia and Ukraine by raising awareness and building political will, providing high-quality policy research and analysis of HIV/AIDS issues, and supporting policymakers, business executives, and media leaders in their efforts to be effective in the fight against HIV/AIDS. Many of the programs I will discuss today are made possible through Pfizer’s partnership with TPAA.

Eastern Europe and Eurasia are at a critical turning point in the fight against HIV/AIDS. Many of the countries in the region—including Russia and Ukraine—are in a very early stage in the epidemic, yet by any account we will soon see massive increases in the number of people developing late stages of AIDS, getting ill, and dying. Also,
in many of the countries in the region, we are beginning to see policy leaders, business leaders, and mass media focus more attention on HIV/AIDS and ways to prevent the spread of this disease. Don’t get me wrong— we still have a long way to go, especially in Russia, to get HIV/AIDS on the radar screen for most senior officials. However, things are moving in most countries, including Russia, quite rapidly.

The key, of course, is whether Russia, Ukraine, and their neighbors will step up to the plate and demonstrate real leadership on this issue, not just make pronouncements. In any country that has been successful fighting the epidemic, leadership has come from the very top, and we should not dismiss the importance of President Putin and President Yushchenko taking ownership of this issue. A second question, of course, is whether Russia and Ukraine’s international partners (including the US, but also the Global Fund, World Bank, etc.) will provide constructive mechanisms that will allow these countries to build on international experience and best practices. In the case of Russia, let’s not forget that Russia a member of the G8, the UN Security Council, and other prominent international mechanisms—it’s own best interest and those of other major world powers will be best served by a rapid and responsible effort to stem the spread of HIV/AIDS in broader Eurasia.

Let me offer three general characteristics of the epidemiology of the region’s epidemic. First, Russia and Ukraine harbor by far the world’s fastest growing HIV epidemics. This does not mean that prevalence rates—or the number of infected—is higher here than elsewhere. You simply cannot compare prevalence in Russia—which is between 1-2 percent—with countries in sub-Saharan Africa with prevalence rates above 40 percent. That said, we can say that in Russia and Ukraine, HIV is being transmitted at higher rates, per capita, than any other region. Independent experts in Russia and the West estimate that between 800,000–1.5 million Russians may be infected today, representing between 1-2 percent of its adult population. Ukraine has an estimated 500,000 cases of infection, representing between 1.5–2 percent of its adult population.

Second, the epidemic in Eurasia is, by far, the youngest of the so-called regional HIV/AIDS epidemics. The implications for Russia and Ukraine are enormous. The reason, of course, is that AIDS primarily kills young adults who not only drive economic growth and productivity, but—just as important—are the motors that nourish succeeding generations. In both countries, young adults under age 50 account for more than 80 percent of all registered cases of infection. Very young adults under the age of 25 represent nearly 50 percent of all infections. A shrinking and increasingly unhealthy labor force will obviously have a profound impact the ability of Russia and Ukraine to compete with other economies in the Euro-Atlantic region. In addition to reduced productivity, consider the shift that will be required towards massive spending for immediate consumption on treatment and care for the sick, and inevitably, away from longer-term investments in activities that could fuel economic and social development. Over the long term, prevalence rates of 8 to 10 percent could literally unravel economic and social development in Russia and Ukraine.

Thirdly, Russia and Ukraine face rapidly shifting epidemics that are moving beyond high-risk groups into the general population. Whereas just a few years ago, over 90 percent of all new infections were attributed to injecting drug use, experts believe that today, fewer than 60 percent of all new infections are the result of sharing dirty needles. Heterosexual transmission is the fastest growing mode of HIV transmission in the region, and the epidemic is especially targeting young women. Although we cannot forget that injecting drug users still represent the largest group at risk, we must also recognize that Russia and Ukraine
now face a generalized epidemic that requires a broader public health response.

Epidemic Driven Underground
Drug Users
Sex Trade
Persons with AIDS

When considering the response to HIV/AIDS in Eurasia, I like to think about two broad structural challenges facing governments and societies. The first major structural challenge is that of Public Policy and Human Rights, which is manifest in several ways. First, the instinct in this region, as elsewhere, has been to rely on restrictive policies to try to contain HIV within marginalized groups.

A trend in the region has been the very serious gaps that exist between law and practice. Nearly every country in Eurasia has a solid piece of HIV legislation on the books. The Russian and Ukrainian national HIV/AIDS laws are far more comprehensive and progressive than anything we have here in the United States. Despite these laws, however, there is widespread evidence that the human rights and treatment guarantees contained in these laws are routinely violated or contradicted by other pieces of legislation.

As a result of this situation in public policy and human rights,
1. Epidemic Driven Underground
2. Frequent Human Rights Violations, particularly among PLWHA (People Living With HIV/AIDS) and members of vulnerable groups (i.e. injecting drug users and sex workers)
3. HIV Remains Low Priority for Policymakers
4. Gaps in treatment access and little protection for human rights means there is little incentive for testing.

A second major structural challenge facing Russia and Ukraine involves very low levels of public awareness and high levels of stigma associated with this disease. Most people in this region believe that HIV/AIDS is a disease that only affects certain groups within society—namely, injecting drug users, commercial sex workers, and men who have sex with men. While these groups have historically harbored the highest rates of infection, the epidemic is shifting rapidly beyond these groups into the general population.

Where’s The Funding?
Amount Allocated for Spending on HIV
RUSSIA $5MM BRAZIL $600 MM

The region’s response to HIV/AIDS has been marked by insufficient budgetary allocations from the governments. Most experts agree that the scale of the epidemic in Russia has already far outgrown the scope of existing government programs. Russia’s 2005 federal AIDS budget allocates about $5 million for all federally-funded HIV/AIDS prevention and treatment programs, which amounts to about $3 per estimated case of infection. By comparison Brazil—a country of roughly the same size, standard of living, and estimated HIV prevalence rate—spends well over $600 million per year of its own federal resources to combat HIV/AIDS domestically. In the case of Brazil, its not a matter of wealth; Russia and Brazil have comparative levels of GDP and per capita income. Rather, the low levels of investment by the Russian government can only translate into the low priority given to HIV/AIDS by the Putin government.

How do you get AIDS in Russia?
• 70% believe HIV can be transmitted through casual contact in the workplace (i.e. sharing a pencil, coughing)
• 67% from eating at restaurant with HIV+ waiter
• 52% claimed you could get HIV by sharing a drinking glass
• 46% said they would support programs to isolate HIV+ people from the rest of society

Second, there exists widespread misinformation and denial about the epidemic within the population, including among groups that you’d expect would have a better understanding of the epidemic and how to prevent transmission. Third, the societies in this region are characterized by very conservative, closed social values. Sex and injecting drug use are not topics discussed in the home, in school, or on television. Russian and Ukrainian societies have traditionally not valued preventative health. And, in both countries there is an emerging class of...
Some countries are…closing their eyes to this global epidemic.

rebellious youth who shoot drugs, have unprotected sex, or engage in other risky behavior as a way to challenge their parents and society. Experts estimate that anywhere between 25–40 percent of Russian young people aged 15–25 have experimented with injecting drug use at least once. Very few use clean needles.

In both Russia and Ukraine, the parliaments have begun to mobilize in response to HIV/AIDS. Last year, with support from Transatlantic Partners Against AIDS (TPAA), the Russian State Duma and the Ukrainian Verkhovna Rada established official Parliamentary Working Groups on HIV/AIDS. These bodies mobilize parliamentarians from different committees and political parties to analyze and address key issues in HIV/AIDS from best practices in prevention, to human rights, to treatment access, and so forth.

As an independent, non-governmental organization, TPAA serves as a Secretariat to each of these bodies, providing both parliaments with access to independent policy research and analysis. TPAA also helps to organize opportunities for each Parliamentary Working Group to meet constructively with key constituents within civil society, the business community, and networks of people living with AIDS. This has proven especially useful, as these groups have provided an unprecedented new opportunities for engagement between civil society and their elected officials. For the first time in both countries, NGO representatives and people living with AIDS are able to engage senior officials in a constructive dialogue on key issues pertaining to HIV/AIDS prevention, treatment, care and support.

Equally important, these parliaments have begun working globally with their counterparts abroad to develop and sustain new international partnerships in the fight against HIV/AIDS. In November of last year, the Russian and UK parliaments established a formal partnership to fight HIV/AIDS—the first of its kind for both countries. In the context of this partnership, the Russian and UK parliaments recently sent a joint letter to President Putin and Prime Minister Blair calling on the leaders of the G8 to include HIV/AIDS in Russia within the agenda of the upcoming G8 summit in Scotland. Next year, when the chairmanship of the G8 travels to Russia, the parliaments plan to release a special report with concrete action items and recommendations for the G8 leaders.

We cannot deny that some countries are taking this epidemic seriously, while others are closing their eyes to this global epidemic. Recently, Dr Peter Piot, the Director of UNAIDS, called AIDS an “exceptional problem requiring an exceptional response.” He listed three criteria that are required in any country to respond effectively to this social, security, and healthcare crisis: (1) leadership and responsible governance; (2) adequate funding; and (3) exceptional implementation. Against this scorecard, we can only surmise that the response by governments in Russia and Ukraine has been disappointing, but could be changing. The election of President Yushchenko provides a historic opportunity to change course and stem the spread of this epidemic while it still remains in its infancy. And, remarks by President Putin and senior officials in the Cabinet suggest that more may be done by that government in the coming months. Both Presidents have their disposal civil societies that are increasingly mobilized around this issue, a government that has ambitions for global integration, growing economies, and international partners who are eager to help.

Finally, let me say that everyone at Pfizer is pleased to offer our help and resources to the countries of Eurasia as they fight HIV/AIDS. We are proud of our partnership with TPAA, which we believe has led to very clear and measurable results in the areas of policy, business, and media responses to HIV/AIDS. Each day, TPAA staff members in Moscow and Kyiv are engaged in policy discussions with parliamentary deputies, civil society leaders, and people living with AIDS. They are working inside Russian and Ukrainian firms to help create prevention education programs and ensure that HIV-positive workers need not fear workplace discrimination. And, they are on the front line of the mass media response, developing innovative advertising campaigns, briefing journalists, and creating a communications platform for young people already infected with this virus. In short, they are champions of a generation with so much to lose if the AIDS epidemic continues to grow uncontrollably in their countries. We are proud to be their partners.

Global Disparities and Challenges in HIV/AIDS Treatment and the Role of the World Bank
Keith Hansen
Manager, AIDS Campaign Team for Africa (ACTafrica), The World Bank

The world can afford to give far more
Average daily cost of antiretroviral care: $1.25; Average daily subsidy per European cow: $2.50
But the money is not being spent
Challenges in scaling up treatment

- Resource gap
- Ensuring equity in access
- Efficient and effective treatment programs
- Maintaining emphasis on prevention
- Strengthening health systems
- Sustainability—there are no quick fixes
- Coordination of multiple initiatives

Weaknesses in health services

- Lack of basic drugs, supplies, equipment and staff
- Very limited coverage of health services
- Facilities need major repair
- Migration of health workers to higher income countries
- Health professionals are also dying of AIDS
- Health services failing the poor in access, quality and affordability
- Inadequate donor support for health systems

What are the “Three Ones?”

- **One** agreed AIDS framework for action led by the country
- **One** national AIDS authority, with a broad-based multisectoral mandate
- **One** agreed country-led monitoring and evaluation system

HIV/AIDS: $2.5 billion in total worldwide so far

- Multi-Country HIV/AIDS Program (MAP) for Africa: Commitment of $1.2 billion
  - 29 countries and 4 sub-regional projects
  - Community funding: > 30,000 grassroots initiatives
- MAP for the Caribbean: Commitment of $117 million; 9 countries and 1 regional project
  - Treatment Acceleration Program (TAP): US$ 60 million for the expansion of treatment
  - Burkina Faso, Ghana and Mozambique

Other funding for HIV/AIDS treatment

- Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
  - $1.7 billion committed over two years for HIV/AIDS
  - Projecting 1.6 million to receive antiretroviral treatment by 2007
- President’s Emergency Plan for AIDS Relief (PEPFAR)
  - Five year plan, $10 billion in new money
  - 15 focus countries in Africa, Caribbean and S.E. Asia
  - Aims to treat 2 million

Inequities in Access to Anti-Retroviral Treatment (ART) in Latin America and the Caribbean: Current Efforts and Challenges Ahead

Dr. Rafael Mazin, Regional Advisor on HIV Prevention and Comprehensive Care, Pan American Health Organization/Regional Office of the World Health Organization for the Americas

ESTIMATES OF HIV/AIDS/AMERICAS (End of 2004)
North America: 1,000,000  Caribbean: 440,000  Latin America: 1,700,000
(Source: UNAIDS/WHO, December 2004)

The number of persons in the Caribbean and Latin America who live with HIV/AIDS amounts to around 2.1 million. This figure is equivalent to as many persons as one half
the adult population of a country like Sweden or the whole adult population of New Zealand. These people do require some level of care and a significant portion of them already need some type of treatment, including ART. 95,000 persons in Latin America and 36,000 in the Caribbean died of HIV-related causes in 2004. 240,000 new HIV infections occurred in Latin America and, 53,000 in the Caribbean during the year 2004. 100,000 deaths in one year would mean a reduction by one half in the size of the population of a country like Luxembourg. Or complete decimation of the whole adult population of Iceland!

These figures suggest that in Latin America and the Caribbean many HIV-related deaths might have been caused by lack of access to ART. For example, by the end of 2001, no more than 170,000 persons were receiving antiretroviral treatment in LAC and most of them in Brazil. Since then things have improved a little, but not enough. Big gaps still exist.

The number of PLWHA in LAC (minus Brazil) who are receiving adequate antiretroviral treatments is slightly below of the number of spectators that can sit comfortably in the Maracanã Stadium in Rio de Janeiro. However, at present time, the number of persons in LAC that require ART equals the population of a city of the size of Panama City, Panama.

Several efforts intended to expand access to treatment

- The WHO “3x5” Initiative
- The PEPFAR Initiative
- Country-financed programs (e.g. Brazil, Mexico, Costa Rica)
- National GFATM Projects
- The UNAIDS Expanded Access Initiative
- The PAHO-facilitated ARV price negotiations
- Projects supported by pharmaceutical companies

PAHO sees universal coverage as an attainable goal at the short term

- Technical capacity in all the countries
- Health services adequate at least at secondary and tertiary levels, and at primary level in almost all countries
- Cost of treatment more affordable
- Community deeply involved, prepared, and knowledgeable
- Political will and commitment (Nuevo Leon Declaration)
- Health teams interested and motivated

In its efforts to advance the “3x5” Initiative PAHO underlines some issues

- Scale up of ART can reach universal and sustainable coverage in the Americas, provided the following is in place:
  - Most vulnerable groups are targeted
  - Access to VCT is increased
  - HIV infected persons are identified and receive care services
  - PMTCT services are expanded
  - EFFECTIVE REDUCTION OF NEW CASES OCCUR
  - Lab services are strengthened

An evidence of feasibility: The Bahamas

- Reduction of Rate of AIDS-related deaths in 56.15% (1997–2002)
- Reduction in MTCT from 28% to 5% (2002)
- Reduction of new HIV cases in 44.4% (1997–2002)
- Reduction of 41% in prevalence rates of HIV among STI patients (1995–2002)
- Reduction of prevalence rates of VIH among pregnant women in 38% (1995–2002)
- Reduction of new AIDS cases in 24.4% (1997–2000)
The Challenges Ahead
- Effective prevention services through appropriate projects & programs
- Further reduction in the cost of treatments
- Adequate referral systems
- Lab capacity to monitor treatments
- Further development of capacity at primary care level
- Elimination of stigma and discrimination
- Promotion of health-seeking behaviors
- Drastic reduction in new cases

Anti-HIV Activity of Betulinol Derivatives
Dr. Brij B. Saxena, Professor of Endocrinology
Weill Medical College of Cornell University

Current Treatment for HIV
The current treatment of choice for Acquired Immune Deficiency Syndrome (AIDS) utilizes a cocktail of drugs namely, HIV-1 reverse transcriptase inhibitor, nucleoside analogs such as 3'-azido-3'-deoxythymidine (AZT), 2',3'-dideoxyinosine (ddC) and 2',3'-dideoxycytidine.

These drugs inhibit HIV reverse transcriptase activity or by oligonucleotide chain termination. These agents act not only on HIV infected cells but also on normal cells which leads to adverse effects and the emergence of drug-resistant strains.

Our Drug Discovery Program
Our drug discovery effort is focused on betulinol, a lupeol derived pentacyclic triterpene, and its structurally modified analogues, as alternative anti-HIV agents.

Betulinol (Betulin) M.F. C30H50O2 M.W. 442.7 g/mol
Betulinol, a pentacyclic lupan-row alcohol, is isolated from the bark of the white birch tree. Structure of betulinol is based on a 50-carbon skeleton comprising of four, six-member rings and one 5-member E-ring containing an (-isopropyl group. Betulinol has a primary and a secondary hydroxyl group. Three sites, at Carbon 3, 20 and 28 can be modified to yield derivatives.

BETULINOL AND DERIVATIVES
Determination of the Inhibition of HIV Infection by Betulinol Derivatives using Crombie's Method
Acute HIV infection was performed using HIV-1 isolate IIIB stock virus. In brief, CEM (CD4 + T cells) cells (2.5 x 10^5 target cells) were exposed to stock virus at a multiplicity of infection (MOI) of either 0.02 or 0.15 for 2 h at 37°C, washed twice with PBS, and replated in tissue culture microwells with 0.3 ml of fresh culture medium. Betulinol derivatives dissolved in DMSO were added into the culture and were tested for anti-HIV activity with reference to thrombospondin (TSP), a known anti-HIV drug. Three days after inoculation, one half of culture supernatant from each well was replaced with fresh medium. HIV activity was determined on day seven using an ELISA antigen capture assay for HIV-1 p24 (Gag) core protein (Dupont
Medical Products, Boston, MA) with Triton X-100 solubilized culture supernatants. Inhibition was calculated as percent of the control.

Thrombospondin (TSP), an anti-HIV drug, was used at a concentration of 1 µg/mL and yielded an inhibition of 51%. Betulin derivatives were also used at a concentration of 1 µg/mL.

Determination of the Inhibition of HIV Infection by Betulinol Derivatives using H9 (lymphoma cells)

1.5 x 10⁵ of H9 cells were exposed to a stock HIV-1 IIIB isolate (at an MOI of 1.0) at 37°C for 2 hours, washed 3 times with PBS, and plated out in 1 mL of RPMI media containing 10% FBS in the presence of BA with or without AZT. On Day 3, half of the media (0.5 mL) was replaced with fresh media and appropriate drugs. On Day 7, the culture supernatants were collected, solubilized in Triton-X100, and HIV-1 Gag antigen p24 were assessed and presented in optical density (OD) units using a standard assay (p24 ELISA Kit from Perkin Elmer). The decrease of OD units represented the drug inhibition effects on HIV infection.

Viability of Lymphoma Cells In the Presence of AZT versus Betulonic Acid

1.5 x 10⁵ of H9 (lymphoma) cells were plated in each culture well in 1 mL of RPMI media containing 10% FBS in the presence of 0, 2, 5, 10 and 20 (M of BA and AZT and incubated at 37°C. On Day 3, the drug effects on cell viability were assessed using Trypan Blue Dye Exclusion Assay. The data is presented as both living cell counts and percentage.

H9 cell viability assay with the presence of BA and AZT

Conclusions

Within the limits of the assays, results indicate that betulinol derivatives show 60-95% inhibition of HIV as compared to 51% inhibition by thrombospondin (TSP), an anti-HIV drug.

The Future…

1. Drug Delivery
   a. biocompatible excipients
   b. nanoparticles (microspheres)
2. Mechanism of action at the molecular level
3. Clinical Testing

Betulonic Acid inhibits HIV activity by 63% at a concentration of 1 µM as compared to 51.5% inhibition using AZT at a concentration of 2 µM.

Betulonic Acid shows 75% cell survival of normal cells as compared to 30% cell survival using AZT at concentrations of 10 µM.

Betulinol derivatives show promise of new relatively non-toxic anti-HIV drugs.

Closing Statement

Dr. Scott C. Ratzan
Vice President, Pharmaceuticals and Global Health, Government Affairs—Europe, Johnson & Johnson

I’m going to try to link together what I think has been a very wonderful day. I think it is important to come back to the issues of gender equality and political will. As we heard during the lunchtime discussion, the media plays a powerful role telling us what to think about.

Over the last ten years I’ve been editing the Journal of Health Communication: International Perspectives, which is a peer reviewed journal based at George Washington
We've been unable, in some countries, to get through some of the religious and cultural barriers.

University School of Public Health and Health Services. We have a large evidence base of what has been working and an even larger evidence base of what, quite frankly, has not been working. When USAID was re-commissioning the next ten years of behavior change communication, as it was called, I was engaged to review the literature of not only what was published, but what was not published: the so called grey literature that we have seen in the development world. We found, like some of the questions and comments that we have heard, that not all of it is theory-based, or evidence-based, or science-based.

A lot of the money that has been spent has not been spent well. It's not because the people are not trying but because they perhaps didn't have the capacity. The key thinking that we've heard now involves building sustainable institutions in the South and building a service infrastructure. While we're doing that, we have to have other interventions, particularly by media. The power of the media has been key in resolving some of the problems in the final phases of the Polio campaign. The fact that we've been unable, in some countries, to get through some of the religious and cultural barriers because of questions about the source of the vaccine along with ill intentions and some unsubstantiated consequences related to infertility associated with vaccination.

If the media has a responsibility, which I believe they do, we also have to think of ways to engage them. We have to make sure they're saying the right thing that might be evidence-based and do follow up. Uganda's success was the result of the behavioral change of the politicians. What we've seen is a move from behavioral change to social change. This doesn't happen overnight. If you do have social change, it is sustainable, it can change a wave of communities and it's probably what of a lot of our communication interventions and our development interventions need to be.

Having said all that, I tried to take a couple of themes and put them together. HIV produces an economic downturn that will perhaps cause the loss of a continent, a continent full of well-meaning people. In the short term, it has governance issues, when people are supposedly trying to manage funding mechanisms and people, family and lives. We have a whole generation of orphans, a couple of generations that might continue. It affects peace and security as we have seen. Education as an important component. We know from 50 years of development work that the best predictor of success and the best investment of dollars is in the education of mothers, but you can't stop there. We have touched on the health care workforce and saw some compelling graphs. When you have physicians that are HIV positive, nurses that are HIV positive along with the stigma that prevents them from reporting their illness or they can't go back to work, you have the spread of disease, universal precautions that are not in use, the reuse of devices including syringes, and a whole variety of other issues that come into play here that we haven't really been able to tackle. I do know that next year's 2006 World Health Report is going to focus on the health care workforce, so maybe that will be some galvanizing force, that we will begin to look at that.

There seems to be a lot of money to combat HIV/AIDS—to use the World Bank's number, the per capita amount is $14 per year. Right now, we're spending about $6 per person, per year. There is a significant gap. We've also heard the suggestion of a number of new “P’s.” I always thought they were “public private partnership,” now I've heard it is “pushing pills” and a variety of other pieces. It does raise the question that we cannot wait for research, that's not going to be the solution. Even if we have the cure, research can help us with the prevention, care and treatment, and that's hopefully where we'll all be working together. On Monday, I was sitting with the European Development Agency in Brussels, listening to what they are trying to do. They're trying to work very up-stream to give incentives for neglected diseases. They're looking at transferable patents as one of the ways to get companies to look at tuberculosis, HIV and other illnesses. But this takes a lot of political will.

The best predictor of success and the best investment of dollars is in the education of mothers.

Finally, I have been moved by the day and re-energized about some of the other sectors. I have been in the academic sector and the not-for-profit sector and then the governmental sector, and now I am in a for-profit company. For-profit private companies are not just based on profit. We, at Johnson & Johnson, have a 60-year-old credo where the first three paragraphs are: our first commitment is to doctors, nurses and patients and to mothers and fathers everywhere. Our next incentive is to our employees, who number 110,000 people living around the world. Our next paragraph is to our communities in which we live. And our final paragraph is to our shareholders who deserve a fair profit.

I think what I have heard, and what has been motivating me is that we are entering the global health arena in a large way. Our CEO, Bill Weldon, has said that we can not just look at commercial success. We have to start to look at societal significance. All of us who are here in the room are working in a field where there are no easy answers, but I think we will be able to make a difference. To make a difference at an individual level by doing clinical work, at a group level, at a policy level, at whatever level it might be, is something that we ought to be proud of. With that, I am proud to participate in activities with World Information Transfer.
Dr. Berhanykun Andemicael, former Director of IAEA in New York

Dr. Claudia Strauss with intern leader Mahum Perwez

Dr. Christine Durbak, David Wright, and Grace Kahng

Chornobyl Center participants

Chornobyl Center participants. (center: Dr. Yevgen Garin, Coordinating Director, Chornobyl Center)

John Siceloff, PBS, Senior Producer, NOW with student intern Adam Balter

Ivan Nimac, Charge d’Affaires of the Mission of Croatia
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We have not inherited the world from our forefathers...we have borrowed it from our children.

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Individuals and/or organizations can become WIT members and receive four issues of WIT’s World Ecology Report and other membership benefits for a tax-deductible annual fee as follows:

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WIT Mission Statement

World Information Transfer, Inc., (WIT) is a non-profit, non-governmental organization in General Consultative Status with the United Nations, promoting environmental health and literacy. In 1987, inspired by the Chernobyl environmental tragedy, WIT was formed in recognition of the pressing need to provide accurate actionable information about our deteriorating global environment and its effect on human health to opinion leaders and concerned citizens around the world. WIT exercises its mandate through:

- **World Ecology Report (WER).** Published since 1989, the World Ecology Report is a quarterly digest of critical issues in health and environment, produced in four languages and distributed to thousands of citizens throughout the developing and developed world.
- **Health and Environment: Global Partners for Global Solutions Conference.** Since 1992, WIT has convened what we believe to be one of the world’s premier forums for the presentation of scientific papers by international experts on the growing clinical evidence supporting the link between degrading environments and diminished human health. The conference has been convened as a parallel event to the annual meeting of the UN Commission on Sustainable Development. The scientific papers presented at the conference are available on WIT’s web site.
- **Human Information CD ROM Library.** This project consists of a library of CDs each of which focuses on a subject within the overall topic of Development and Health information. Our Human Information CD ROM Library offers one bridge across the “digital divide” for both developed and developing countries. The project is continuous with future topics being developed.
- **Humanitarian Aid.** WIT provides humanitarian relief to hospitals and orphanages in areas devastated by environmental degradation. Our shipments have included medical equipment for pediatric medical facilities, computer and telephone systems, clothing, toys, prosthetic devices for gift children.
- **www.worldinfo.org.** WIT provides through its web site up to date science based information on the relationship between human health and the natural environment, including the papers from the WIT’s annual conference and the World Ecology Reports.
- **Internship Program.** WIT provides an internship program for young people interested in international diplomacy, international health, and sustainable development.
- **Centers for Health & Environment.** Centers for Health & Environment. The aim of the Centers is to promote research, education, and solutions. The first center was opened in Ukraine in 1992; the second center opened in Beirut, Lebanon in 1997 at BirHasan, United Nations Street, Al-Salaam Building.

WIT operates from headquarters in New York City with regional representatives in Australia, Belgium, Canada, Costa Rica, Egypt, France, Germany, Netherlands, Israel, Japan, Korea, Lebanon, Morocco, Pakistan, Romania, Spain, Sweden, Switzerland, Ukraine and USA.

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HOW YOU CAN HELP:
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“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it’s the only thing that ever has.”

MARGARET MEAD