



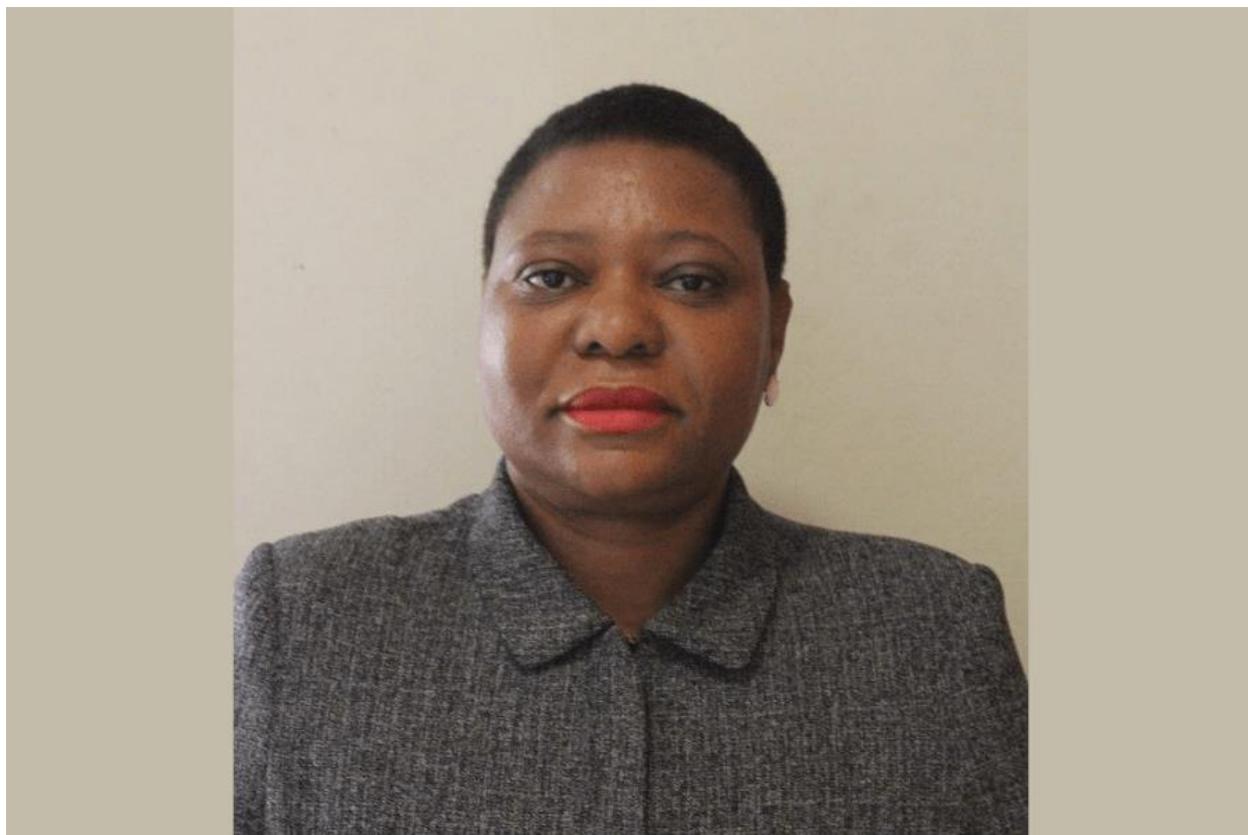
Action against AIDS Germany

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The Corona pandemic reveals a new divide between rich and poor

This text is based on an interview that we conducted in the run-up to the virtual conference "Global Health Champion Germany? From HIV to SARS-CoV-2. What have we (not) learned?" If you want to learn more about the impact of COVID-19 on the HIV, TB and malaria programs of the GFATM and on communities: [please register to the virtual conference that will take place Dec 1, 2021](#)

Article written by Axel Schock, Foto: ITPC



Cindy Kelemi, Foto: ITPC

Botswana is one of the most HIV-affected countries in the world. Cindy Kelemi has been working for over 20 years to improve the situation for people living with HIV/AIDS in her country. The Global Fund is essential to this.

Cindy Kelemi would have good reason to be depressed and disillusioned. She has been working for people with HIV and Aids in her home country for two decades. Since 2014, the renowned activist has headed the Botswana Network on Ethics, Law and HIV/Aids (BONELA). One of the fundamental tasks of her organization is still to inform people with HIV about the disease in the first place and to ensure a better understanding of the therapy in order to ensure adherence to the therapy. Another central focus is to provide access to health services and medicines for people with tuberculosis and HIV.

Yet despite all these years of effort, Botswana remains one of the most HIV-affected countries in the world. Around 360,000 of the 2.3 million inhabitants live with the virus. This corresponds to a prevalence of over 20 percent in the 15-49 age group.

Making the world a better place

Cindy Kelemi is not discouraged by these figures. She sees her mission in life as "making the world a better place, especially for people living with HIV - and that includes me."

Cindy Kelemi and her fellow campaigners have to struggle with a whole series of special challenges: there is the low level of knowledge among the population about HIV, the modes of transmission and treatment options, but also the great inequality in society. In addition, Botswana holds a sad record when it comes to sexual violence and rape.

The government pursues a uniform approach to HIV prevention, but this does not reach population groups particularly at risk of HIV infection, such as girls and young women, sex workers or men who have sex with men (MSM). In addition, criminal laws against marginalized groups and the unequal treatment hinder prevention. The fact that there are nevertheless target group-specific prevention programs is solely thanks to HIV organizations like BONELA.

"Our special focus is on marginalized and vulnerable groups, to whom we guarantee access to health services," says Cindy Kelemi. These include sex workers, refugees, prison inmates, LGBTI people and MSM. In Botswana, miners who work far from home in the mines of Matabeleland South Province are a special group and are often infected by sex workers.

Group-specific prevention is only possible through the Global Fund

The Botswana government has been quite successful in securing funding for HIV medicines, explains Cindy Kelemi. But because Botswana is perceived as a middle-income country, it is not interesting for many donor organizations, she says.

"Therefore, the Global Fund's financial aid does not primarily flow into drugs, but is important for prevention, which is mainly carried out by communities," emphasizes Cindy Kelemi. An essential task is to continue to provide the population with basic information on HIV, including information about transmission and treatment options, and to reach the particularly vulnerable groups with these messages.

"Through this, however, we also bring together the particular marginalized and vulnerable groups who are at high risk of HIV," says Cindy Kelemi. "The Global Fund has facilitated the mobilization of these groups with the result that these communities are now at the table to discuss effective interventions that we can use to significantly change the situation in the country and eliminate HIV/AIDS, malaria and tuberculosis." PrEP programs can also only be realized through Global Fund financing. No less important,

however, are the side effects of this funding and the projects it makes possible: for example, removing barriers to access to health services or tackling gender inequality and the violation of human rights.

For example, BONELA was able to ensure that foreign prisoners in Botswana prisons are not denied HIV treatment.

Community structures remained unused during the Corona pandemic

Cindy Kelemi is proud of the networks and institutions that have been built up in Botswana over the past 20 years, especially for and with people living with HIV and tuberculosis. And she is correspondingly disappointed that these structures were simply ignored in the Corona pandemic. "We have learned many crucial lessons just through HIV/AIDS and we expected that these experiences would be drawn upon." For example, that it is important to mobilize the different communities in such an exceptional health situation, to address and involve them directly and very specifically - be it in disseminating information or through direct engagement.

"With HIV, we have succeeded in involving stakeholders who had never been involved in this area before. We got policy makers and civil society talking to each other, bringing representatives of community-owned projects to the table with government officials." In her opinion, this could have been the right and effective response to Covid-19. Because even though Covid-19 is a pandemic that poses a problem for public health as a whole, says Cindy Kelemi, some population groups are still particularly at risk. "We need to look at why that is and how we can support them, i.e. reduce their vulnerability."

Solidarity is a key pillar of the Global Fund

However, Cindy is disappointed and concerned not only about the ignorance of the Botswana government, but also of the international community.

She recalls that global solidarity is one of the cornerstones of the Global Fund and was a necessary precondition for ensuring access to HIV treatment for the poorest countries in the Global South in the first place, thus stopping the further spread of the HIV epidemic.

But in the international response to Covid-19, Cindy Kelemi sees a paradigm shift - and a clear divide between rich and poor countries. "Access to vaccines became a real challenge where poor countries became losers - simply because they lack the money. Some don't even have access to the science."

For her, closing oneself off as a state now is the wrong answer: "That just means shirking responsibility!" Because no country will stop this pandemic just for itself, because no country can exist completely isolated and there will always be exchanges between states. "It is therefore our duty as civil society organizations to call on all countries to face up to this responsibility and take a global perspective," stresses Cindy Kelemi.

That is why a global approach is needed to respond to Covid-19. Vaccines, for example, need to be standardized globally, as do measures and programs.

Countries like Botswana also need support from the future "Global Health Champions" to make their health systems robust and efficient. "This is the only way to be prepared for epidemics of all kinds in the future - whether in this generation or the next.

Thanks to our writer Axel Schock and to Cindy Kelemi for sharing her story with us!

[Register for the conference "Global Health Champion Germany?! From HIV to SARS-CoV-2 - What have we \(not\) learned?" here](#)

More information: www.aids-kampagne.de

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