FROM ZAMBIA TO IRELAND:

15 Years of Insights on HIV and AIDS

A COMPILATION OF LECTURES AND PRESENTATIONS
FROM THE ANNUAL IRISH AID

PROFESSOR FATHER MICHAEL KELLY LECTURE SERIES 2006-2020

In Memory of **Father Michael J. Kelly** | 1929-2021

Irish Aid
An Roinn Gnóthaí Eachtracha
Department of Foreign Affairs

Irish Global Health Network

Foreword

"I am longing to meet God face to face," Fr Michael said with tears brimming in his eyes and a wide beaming smile.

This is the moment he reinforced his faith and deep love for God in a simple sentence, *(while being interviewed by the late Fr. Charles Chilinda S.J. on the occasion of Michael's 90th birthday.)*

But it didn't end there. His love for his fellow human beings, particularly those so compromised by HIV and AIDS, was as deep as his love of God. His lifelong learning all culminated in education in the world of HIV and AIDS. He firmly believed in education being the catalyst of change, particularly through young women. He was quite simply a champion in his dedication to and defense of all the people that he tried so hard to help.

His public acclaim and the many awards he received are testament to that. He was our gorgeous gentle Uncle Michael, whom we all loved so so much, whom we all miss terribly, but of whom we have always been, and will continue to be, immensely proud to be related to. He was a saint of a man. May he be sitting at God's right hand a place he always spoke of as 'home'.

– DAIRINA O'HAGAN, *NIECE OF FATHER MICHAEL*

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Introduction

The death of Professor Father Michael Kelly at the age of 91, in January of this year was a watershed moment for those devoted to combatting the HIV and AIDS pandemic in Zambia, Ireland and beyond. Father Michael witnessed first-hand the devastating impact of HIV and AIDS and made a tremendous contribution to tackling HIV in Africa.

Through his work with Irish Aid and several multilateral organisations in his adopted home of Zambia, Father Michael was regarded as a true visionary and an inspirational figure to health workers, aid workers, humanitarians, and diplomats from across the globe.

At home in Ireland, his contribution as a HIV and AIDS campaigner was recognised by our own President Michael D. Higgins and former ministers in this department, who paid tribute to his outstanding work as an educator, writer and academic. Father Michael left a legacy of achievement, driving policy changes not just in Zambia but on the international stage.

Born in Tullamore, County Offaly, in 1929, he studied at University College Dublin and was awarded a B.A in Mathematics and Mathematical Physics both with first class honours. He went on to receive a licentiate in philosophy in 1955. He then moved to Zambia, later becoming a Zambian citizen, where he completed his PhD studies in the area of child and educational psychology in 1974.

Father Michael's extraordinary insight into the complexity of HIV and AIDS coupled with his passion and deep sense of our common humanity served as an inspiration and motivation for all. Among the many accolades in recognition of his outstanding work, Father Michael was awarded Honorary Degrees by University College Dublin in 2006 and the Royal College of Surgeons in Ireland in 2012. He was also honoured by the Minister of State at the Department of Foreign and Trade for his work on HIV and AIDS, and received the Presidential Distinguished Service Award for the Irish Abroad. In 2018, he was conferred by the Zambian government with The Order of Distinguished Service by Zambian President, Edgar Lungu. In 2020, An Post issued a stamp in his honour as part of their Irish Abroad series.

The Irish Aid Annual Father Michael Kelly Lecture is held annually to coincide with World AIDS Day as a reminder of the outstanding work and rich legacy of Fr Kelly's life and work. The dedication of this annual event in his name is an indication of our regard for his contribution to the global response to HIV and AIDS.

This following collection of his lectures serves as a tribute and a salute to one of Ireland's most compelling and inspirational figures who devoted his life to education and advocacy. Through its publication, Ireland joins with Zambia and the rest of the global HIV community in expressing our pride in celebrating the outstanding contribution of Professor Father Michael Kelly and his lifetime of achievement.

Colm Brophy T.D.
Minister of State for Overseas Development Aid and Diaspora

2006 LECTURE | STIGMA AND DISCRIMINATION

2006 – Stigma and Discrimination

The inaugural Irish Aid Professor Father Michael Kelly Lecture on HIV and AIDS in 2006 focused on the challenges of stigma and discrimination against people living with HIV. During an inspiring rallying call against stigma in all its forms, Father Michael also made reference to the launch of the "Stamp Out Stigma" campaign[1], and Taoiseach Bertie Ahern, T.D.'s address to the UN High-Level Meeting on AIDS, at the UN General Assembly in New York, in June of that year. Please visit www.fathermichaelkellyzambia.org to read the Taoiseach's address, as well as the full version of Father Michael's 2006 lecture, which is abridged below.

Allow me to begin by thanking the Irish Government and the Department of Foreign Affairs for establishing this annual lecture. I am humbled and honoured that they should have recognized so generously my limited endeavours to address the scourge of HIV and AIDS, through the education sector and in other ways. But this very recognition is a challenge to redouble efforts to understand this epidemic and find how to get ahead of it.

And equally I am encouraged and heartened by the inspirational, visionary White Paper on Irish Aid[2] launched by the Taoiseach in September this year. The White Paper signals a massive increase in Irish spending for the benefit of those in greatest need in some of the world's poorest countries. But it is more than that. In the words of the Taoiseach, the aid programme it embodies is a practical expression of the values that help define what it means to be Irish at the beginning of the 21st century, the way ordinary Irish people abhor injustice and their determination to help those who are in need.

AIDS and People

Coming closer to the reason for our gathering this evening, the White Paper leaves no doubt about Ireland's commitment to respond to HIV and AIDS. It prioritises the fight against HIV as fundamental to poverty and vulnerability reduction. It commits itself to a broad-based approach in tackling this and other communicable diseases.

It undertakes that Irish Aid will continue to work towards achieving universal access to HIV and AIDS prevention, treatment and care. And, in a commitment that is almost unique, it earmarks up to 20% of the additional resources for HIV and other communicable diseases to support vulnerable children.

But above all the White Paper is about people. It is about the inherent and inalienable dignity of every individual and giving ordinary people a fair chance in life. It is about children living happily and looking forward to a future full of possibility and hope. It is about the humanity that all peoples share in common. The words of the White Paper speak for themselves:

As in Ireland, people everywhere wish to provide for their families and children and to have access to education and health services. They want to live with dignity and to contribute to shaping their own futures.

HIV and AIDS are also about people, but in a very different way. They take away the inherent and inalienable dignity of people. They deny ordinary people a fair chance in life. They cut happiness and hope out of the lives of children. They deny our common humanity.

The real unspeakable tragedy of the epidemic is this destruction of people through the infection, illness or death of individuals. Let us never overlook all that is going on at this individual, personal level.

> “Behind all the mind-boggling AIDS statistics are men, women and children, experiencing a heartbreaking mixture of fear and anxiety, bodily pain and physical disability, isolation and rejection, loneliness and depression, anger and guilt”.

No matter how much we see on television or read in newspapers about HIV and AIDS, let us never forget the individual human beings who are affected. It is their personal situation that we want to remedy. It is their tragic situation that impels us to do what we can to understand the epidemic, reduce its transmission, and lessen its numerous impacts.

Stigma and Discrimination

We know that about 40 million people worldwide are living with HIV or AIDS. It is probably no exaggeration to say that almost every one of these, together with the further millions in their families, experience some form of AIDS-related stigma and discrimination. Even worse, it is probably just as true that hundreds of millions harbour stigmatising attitudes towards those with HIV or AIDS. Indeed, if we are honest, we may not have to look further than ourselves for evidence of this. Subconsciously and irrationally, we judge them. We put them in a box all by themselves. We separate ourselves from them. Deep within our hearts — so deep that we may not be aware of what is happening — the worm keeps turning, suggesting that they would not be as they are if they had been more circumspect about their behaviour, if they had not been sleeping round or had not been injecting drugs.

In 1987, in an address to the United Nations General Assembly, Jonathan Mann, founder of the Global Programme on AIDS, predecessor to today’s UNAIDS, noted that in HIV and AIDS we are confronted with three epidemics, not one.

First there is HIV. This strikes silently and can go undetected for ten years or more. But throughout the course of those years it does two things: it steadily undermines and destroys the body’s defence mechanisms; and it makes the person in whom it resides infectious, capable of passing the virus on to others.

The second epidemic is visible AIDS or AIDS-related illnesses, with all their debilitating and life-threatening manifestations.

And the third is the one we are concerned about this evening,

> “the social epidemic of **stigma and discrimination** that grinds people down in shame, isolation and rejection”.

From time immemorial, the history of contagious diseases has been a history of mistrust of the sick, avoidance measures, and exclusion, intertwined with a history of compassion and solidarity. Think of the lepers in the Gospel accounts, the stories of the Black Death in Europe, the leper colonies of Molokai and elsewhere, the way we and the rest of the world treated those with tuberculosis in the 1930s and 1940s, the preparedness today for draconian travel and other restrictions if the bird flu crosses into the human community.

But with HIV and AIDS, the stigma seems to be different, more universal, more comprehensive, more bitter and soul-destroying, more stubborn to root out. It leaves no area of life untouched. Reaching deep into the lives and hearts of those affected it cuts them off from the human family and in doing so destroys their spirit more effectively than the HIV virus destroys their bodies.

What is Stigma?

What do we mean by stigma? Perhaps it's best to think of it as a judgemental approach to another person that arises from our values, prejudices and taboos. The person differs from us in some way that conflicts with our deep-felt values and prejudices. This makes us uneasy. We find the situation undesirable and disturbing. It offends our norms, principles and standards. We react by attaching a negative social label of disgrace, shame, prejudice or rejection to the person. The person becomes significantly discredited in our eyes because of the characteristic that offends us.

If we were alone in this, it would be bad enough. But almost always we share with others the values, prejudices and taboos that the stigmatised person seems to call in question. These are the principles that set the standards for our lives as individuals and within our community. Individually and collectively we will not allow this. Regardless of the cost, we feel that we must protect the personal and community values that the person seems to threaten. Thus, stigma becomes an individual and community occurrence. Individually and communally we brand the person, rejecting and isolating him or her.

> "The stigma then becomes a powerful social label that radically changes the way we and our community view people."

But stigma also changes the way people view themselves. The stigmatised individual becomes laden with intense disabling feelings of anguish, shame, dejection, self-doubt, guilt, self-blame and inferiority. We refer to this as self-stigma. Pre-empting the reactions of society, the person constructs an image of self so low in self-esteem that it positively cowers before the expected comments and behaviours of others. These feelings of shame, self-doubt, guilt, and self-blame can be so powerful in a person living with HIV that they lead to the never-warranted self-judgement, "I'm getting what I deserve." That is totally wrong. Nobody deserves HIV or AIDS. Just nobody. But the self-stigmatising person does not see this.

Features of Stigma

Some things we should note about this act of stigmatising. First, HIV and AIDS do not stigmatise. People do. It is we who do the stigmatising, not the disease. It is we who react in a hostile, antagonistic way. The person being stigmatised may be different in some way, but we are the ones who stigmatise. There is nothing rational or reasonable about our reaction. It springs from a prejudice within us, and a prejudice is what it says — a pre-judging, a judging in advance before we have evaluated any of the evidence for our hostile judgement.

Second, the prejudice we experience is not something isolated inside us. Instead, it finds a place within a family of pre-existing social mind-sets that flourish within us. Most of us are already home to chauvinistic attitudes based on class, race, religion, sexual orientation, gender, and economic status. AIDS-related stigma is layered upon these and supported by them. At the same time it nourishes them and sustains their deeper entrenchment. So it is that when we hear of HIV or AIDS we think very easily of gay men, commercial sex workers, those who lead a liberal sex life, drug users, Africans, immigrants, the poor, women.

Third, stigma almost always means separating "them" from "us". A strong feature of AIDS-related stigma and discrimination is the tendency to regard HIV or AIDS as a problem that belongs to someone else. We see it as a problem "out there", belonging to others but not to ourselves. Many African countries have interpreted it as an American disease of gays and homosexuals, while much of the world tends to see it as an African disease of promiscuous people. We all share in this unhappy tendency to "otherwise" the problem, to look for the scapegoat elsewhere.

If we are being quite honest this evening, we should ask about our own approach to HIV and AIDS. Do we see it as a problem affecting Irish society, or do we see it as something that belongs on the margins of society, to immigrant groups, largely from Eastern Europe and West Africa? How do we look on people, countries and even regions where the disease is very prevalent? Do we subtly blame them for bringing the disease on themselves? Do we stereotype them for what we believe are their liberal sexual or drug-injecting life-styles? Do we place the onus for changing behaviour on them, without ever pausing to think that many millions do not have the freedoms that are needed for any other form of behaviour?

This whole process of "otherisation" troubles me deeply. We keep asking for whom the bell tolls, overlooking that "it tolls for thee".

> "Until we can identify more closely with all that **HIV and AIDS** imply, and with those infected and affected, we will never succeed in dismantling stigma and discrimination."

And dismantling stigma and discrimination is essential for success against the epidemic. We will never overcome the medical epidemic unless we also overcome the social epidemic.
One other feature is very important. We said already that a person who is stigmatised is discredited, branded as less worthy of respect, or reduced in value in our eyes.

However, what we do not always recognize is that the reality of the irrational act of stigmatising is that it makes us, the stigmatisers, lose value and become less worthy and less human — we respond to others as if they were of lesser value and in doing so we become of lesser value ourselves. We pull them down in externals, whereas we pull ourselves down at the very heart of our being and humanity.

Discrimination and its Manifestations

The result of the stigma associated with HIV and AIDS is discrimination. You are treated differently, in an unfair and unjust way, because you are seen as belonging to a different group. Discrimination manifests itself in a wide range of contexts — in the home and immediate community, in a workplace situation, in health care and education settings, in social and religious gatherings, and in the media.

There is no end to the way discrimination shows itself: isolation, being shunned, taunting remarks, children being jeered at school, being spoken to in excessively kind tones, mocking, gossiping, offensive curiosity, not letting children play together, unfriendly and uneasy attitudes, your partner dropping you, not being served in shops or banks, being made to wait until all the others have been attended to in the health centre, customers no longer buying from your stall, people refusing to share cutlery or cups, not being allowed kiss your nieces or nephews, not being promoted, losing your job, being thrown out of your house. The list goes on and on. But let me put some flesh on it.

About three months ago I was working with Christian Brothers[3] from half a dozen African countries who had gathered in Nairobi for a week of reflection and prayer on how they might best respond to the AIDS epidemic in their various districts. On one of the days, six women from different parts of Nairobi came along to talk to us about the AIDS problem as they experienced it. Each was living with HIV and some were on antiretroviral therapy. One woman was a widow, but the husbands of all the others were alive.

Speaking sometimes in English and sometimes through a translator each woman told us how their husbands or their families had thrown them out of their homes as soon as they heard that they had HIV. It was really scary. Here were six young women whose only crime was that they remained faithful to their husbands and thereby became HIV-infected. And what did they get for this? They were disowned, rejected, shouted at, beaten, chased away with their children and without any belongings. And each of these six women affirmed that they were not alone, that the same thing was happening in household after household, wherever there was HIV or AIDS.

Apart from the blatant injustice of it, you can see what this inevitably leads to. Who would want to come out into the open and acknowledge their HIV status if that is the kind of reception they can expect? How can anybody take effective action against HIV and AIDS when stigma and discrimination almost force people into silence and denial?

People who may be HIV infected are afraid to come forward for testing, or to look for information on how to protect themselves and others. People living with HIV are reluctant to access health, prevention and education services for fear of being stigmatised by service providers. And so, the pernicious, ubiquitous and totally unjust stigma and discrimination reduce the effectiveness of efforts to control the epidemic. Fewer people are tested. Fewer people are treated. Fewer people receive the care and support they need. Instead, stigma and discrimination create an ideal climate for the further development of HIV and AIDS.

Stigma Kills

Nelson Mandela once said, "many people suffering from AIDS are not killed by the disease itself; they are killed by the stigma and discrimination surrounding everybody who has HIV and AIDS".

> "Stigma and discrimination kill because they stop people from coming forward for testing and **life-preserving therapy.**"

Nowhere is this so evident as in the small number of HIV infected mothers who receive treatment for the prevention of HIV transmission from mother to child. It is a damning indictment of global policy and practice that, more than 25 years after the explosion of HIV and AIDS on the world, less than 10 per cent of pregnant women in developing countries are accessing services to prevent the transmission of HIV to their infants.

The reason is not the non-availability of services, although admittedly these need to be expanded greatly. The reason is stigma. Mothers do not want to be tested. They do not want to know their own HIV status, because they fear the stigma they will face in their communities if they do not breast feed their child, or if they have to

take antiretroviral drugs — and within a tight-knit community everybody knows, sooner or later, who is taking these drugs. In a macabre way, stigma is killing mothers, leading to the premature and horrendous deaths of their infants, and making orphans of their older children.

Could anything be worse? This is not train loads of innocent women being brought to gas chambers. This is not masses of children starving to death in refugee camps. This is mothers with their babies, in upright communities, living in their valleys of squinting windows, not able to face up to what they know the neighbours are saying or thinking, not able to take the health-preserving measures they and their infants need, because they are afraid that the finger will be pointed at them.

But stigma kills in other ways also. Eight years ago this very day, Gugu Dlamini[4], a volunteer worker for the National Association of People Living with AIDS in South Africa[5], spoke in Zulu on South African radio and television about her HIV infection. At once, her neighbours began to accuse and threaten her for bringing shame on their community. Three weeks later, a mob attacked her house, stoned her, kicked her and beat her with sticks. Within a short time she died from her injuries.

And Gugu's murder has been repeated elsewhere. Just listen to this catalogue of very recent incidents issued by the highly respected Human Rights Watch organisation:

A Mexican AIDS activist is stabbed to death in his condom shop.
In China, 23 people infected with the AIDS virus are put under house arrest.
A Ugandan woman is murdered by her lover after she tells him she has the disease.
An HIV-positive 15-year-old Kenyan boy is killed by a pitchfork wielded by his uncle as villagers, fearing infection, stand idly by.

To this we can add what happened in Taiwan in mid-October this year when, in response to complaints by local residents, a court ordered the closure of a home caring for HIV-positive children and adults. Clearly, HIV stigma is universal and equally clearly, it is very much alive.

Stigma Denies what it Means to be Human

African philosophy has a wonderful understanding of what it means to be human: a person is a person through other persons — umuntu ng'umuntu ng'abantu[6].

More than fourteen years ago, Jonathan Mann expressed the same idea: "To be connected is to choose life. Everyone knows this: .... we need the other; .... we are in some basic and clear way incomplete without the other." And from Africa again, Archbishop Desmond Tutu shared the same thought when he said that the solitary isolated human being is really a contradiction in terms.

A person is a person through other persons. We need the links with other people. We cannot endure isolation from others. Our humanity is defined through our relationships with others. We develop our personality through our interactions with others. Stigma and discrimination put an end to all that. They deny the humanity and individuality of the person with HIV or AIDS. They attack the bonds that join people together. They isolate. They cut off. They don't let a person be a person through other persons.

This undercutting of our common humanity gives a deeply destructive quality to AIDS-related stigma. It puts it in the category of the oppression meted out to those who differ from us on grounds of race, caste, or sexual orientation. But it goes even further. In very many cases the external stigma and the self-stigma feed off each other to such an extent that the infected person can no longer identify any human link without or any form of dignity or self-worth within. The stigma has severed every root that links them with humanity — and for some the outcome is suicide.

"What Medicine Can You Give Us against Stigma?"

At a conference in late 2005, Vicky Bam, a young Namibian woman, told us that she had been very happily married to a husband whom she greatly loved and that they had two beautiful children. One of the children fell sick, was diagnosed as having AIDS, and eventually died when still very young. This prompted Vicky and her husband to go for an HIV test. Both were found to be HIV-positive.

Because of the death of their child, the HIV-status of the Bam family became common knowledge in the community, where they experienced much hostility and stigma. This became so intense that Vicky's husband, unable to stand it any longer, took his life. Stigma drove him to suicide. Having lost one of her children and the husband she loved, Vicky (who is now taking life-supporting antiretrovirals) challenged those who were present: "With ARVs we can cope with AIDS, but what medicine can you give us so that we can cope with stigma and discrimination?"

We were not able to give any answer. Year after year, meeting after meeting, this same question comes up. What can we do about stigma? We have our toolkits for dealing with the problem. We have our learned articles. We have our conferences devoted to understanding and responding to stigma. But it continues to elude us. It continues to flourish. And as it does so, it mounts an obscene assault on the human dignity and worth of infected individuals and their families and becomes an ever more perfectly fashioned instrument for keeping HIV and AIDS thriving but hidden.

Stigma and Moralising

A major reason for the universality and depth of AIDS-related stigma is undoubtedly the way, from the start of the AIDS epidemic, we equated HIV infection with behaviour of which society did not approve — putting it bluntly, we associated HIV with sin. We identified HIV with sexual promiscuity or with a gay life style or with drug-injecting use. We built up a whole series of mistaken identities: that HIV meant there had been sexual activity, almost certainly of the wrong kind; that illicit sexual activity meant sin; that sin deserved punishment. Wrong statements, every one of them, but that did not stop us from understanding HIV infection in narrowly moralising terms and thereby building up powerful justifications for a stigmatising approach.

The paralysing anguish and shame of all forms of stigma owe much to this basic human inability to deal with sexual transmission and its wrongful association with moral failure. Seemingly in some radical way we are not able to cope with the notion that sexual activity, which should be the channel of ecstatic joy and the possibility of new life, should instead be the route to destructive and dehumanising illnesses and possible death.

Unfortunately, religious perceptions played a sorry role in equating HIV with moral failure. In the early days of the epidemic, many religious leaders were divided within themselves on what their response to HIV and AIDS should be. They combined boundless compassion and magnificent care for the sick with an uneasy false identification between HIV infection and immoral activity. However, they were also people from their communities, speaking to their communities. Much of the way they reacted was a reflection of the way their communities thought about the issue. But as religious leaders they should have gone beyond being mirror images of community reactions. They should have extended their theologies of care, forgiveness and understanding to everybody who had HIV, and not just to those who were already experiencing severe illnesses. They should have reflected more deeply on what was occurring and worked to remove morality and sin from the discourse about HIV and AIDS. Later, almost all of them began to do so. But by then it was almost too late. Stigma, always lurking round, continued and still continues to be enormously reinforced by this latent or express association between HIV infection and alleged moral wrongdoing.

Religious leaders have much lost ground to make up. They must be fearless and tireless in persuading people to accept the message:

> "**HIV is not a sin. AIDS is not a sin.** The real sin, if we want to use that term, is stigma and individuals and communities must spare no efforts in rooting this out."

Because HIV transmission occurs principally through sexual activity, religious leaders have the further responsibility of helping people develop a more positive attitude to sex. Most of us carry very cumbersome baggage from the time when the mention of sex made us embarrassed and fearful. We were caught up in a culture where the very first thought about anything good and decent was "thou shalt not". Even today, we still find relatively few religious authorities who dare proclaim the greatness, goodness, wonder, marvel, beauty and godliness of sex and sexuality. This is not a limitation exclusive to the Catholic Church or to the Christian tradition. It is something that appears strongly in Islam and other world religions, including African Traditional Religions. Indeed, this fear of our sexuality seems to be so deeply rooted in our human psyche that we make use of a religious framework to keep it under control and set the parameters within which it can surface.
Religious leaders, thinkers, youth educators, parents – all have a responsibility to change this situation, to proclaim the inherent goodness of the human body and all those feelings, moods and emotions that bring two people together in a creative intimacy of closeness and love. Every advance in this direction will help in dismantling the association between HIV and conduct that is labelled as immoral. By the same token, it will help in neutralising the way moralising attitudes buttress stigma and discrimination.

Stigma and Women

It was no accident that the illustrations I gave referred mostly to women. The AIDS epidemic is savage in its onslaught on women. Almost certainly, HIV and AIDS found their way into the human community through men. It was men that spread the disease initially. It is men who continue to spread it. But it is women who suffer, women who carry the brunt. Men may have opened the ghastly Pandora's box of the disease. But they have been singularly successful in passing on its contents to women.

Men certainly suffer because of HIV and AIDS. There can be no doubt about that. But women suffer even more. They are blamed for bringing HIV into the family. This is so ingrained in the culture that in Malawi a sexually transmitted infection is designated in local languages as "the women's sickness". Very few men will admit to transmitting HIV to their wives. They presume that their wives first contracted the infection and then proceeded to spread it to their husbands. And this, even though the wife may have been exemplary in her faithfulness to her husband.

The stigma and rejection of AIDS affect women very deeply in every sphere. It is not just a matter of their reputation. There is also the question of their economic dependence on men. In many cultures, they lack property rights, ownership of assets and access to credit. They are defined in relation to men and have no independent legal existence. In such circumstances, rejection on the grounds of AIDS is total rejection.

On top of all this and a veritable host of diverse unequal gender relations, a woman is even more deeply affected by AIDS stigma, discrimination and rejection if she is a mother. If she is pregnant and is HIV positive herself, she would die rather than admit it — even though she got the virus from her husband, even though her silence may literally bring about her own death and the eventual death of her infant. If there are other children, she will slave and sell herself so that they can eat — and her husband may acquiesce in what she does because she is bringing food into the family. Yes, men brought the disease, but it is women who carry the burden.

We will never be successful in responding to the AIDS epidemic until we take robust, sustained and specific action to reduce and ultimately eliminate the prejudice, discrimination and unjust treatment that women experience. Without a frontal attack on the injustice of gender inequality, the dominance of the epidemic will continue and the spectre of stigma will remain. Every step that is taken to raise the status of women and to recognise their equal status with men is a step against the epidemic and a step against stigma.

That is a whole developmental agenda in itself. It is an agenda that is needed at all levels, in the United Nations and in sovereign states, in civil society and in the churches, in developed and underdeveloped countries. This will never be a world fit for humanity until it confronts male dominance and acknowledges at every hand's turn the full equality of the women who constitute more than half the human race. Do you want to see an end to stigma and discrimination? Involve the participation of women. Cut out the exploitation of women. Reject attitudes and practices that offend against the dignity of women. Above all, listen courageously and carefully to the experience of women and hear what they are saying about this epidemic and the stigma that goes with it.

Stigma and International Approaches to HIV

HIV and AIDS run into so many areas of life and activity that we should always be alert to the possibility that features of our policies or practices might be offering them unwitting support. For instance, an education ministry that requires teachers to travel to some central location at the end of every month to collect their salaries is a powerful ally of the disease, since it sets up the situation of men regularly away from family and home and with some money at their disposal — ideal circumstances for behaviour that could lead to HIV transmission. A mining company that establishes single-sex hostels for men recruited from rural areas, as is currently happening in a copper mine development in Zambia, is offering 'céad míle fáilte'[7] to HIV infection.

Could global policies and approaches be doing something similar with stigma and discrimination? Almost from the outset, we have exceptionalised the disease to an extraordinary extent. Inspired initially by pressures from the gay community in the United States and other developed countries, we have hedged it round with human rights and legal concerns that we do not apply to other diseases. If I need a medical examination, the doctor will automatically prescribe a number of tests, for my cholesterol, sugar, uric acid and other things, without asking me. But there can be no test for HIV without my prior and informed consent.

Maybe this was all right at a time when no treatment could be given for AIDS. But surely it is unacceptable today that a medical practitioner needs the express consent of a pregnant woman before testing her for HIV and possibly placing her on treatment that will protect her life and that of her unborn infant. Surely it is time that we moved towards normalising HIV and AIDS, making testing part of routine medical procedures, and breaking away from the situation where this is a disease that even the medical profession cannot openly confront. Certainly, there would have to be a reassessment of human rights principles and assurances that these would respected in more liberal testing and confidentiality situations. But normalising HIV and AIDS would do much to take them down off their pedestal, to make them more like conditions such as tuberculosis or cancer (with which they often go together), and to make them more routine, as it were, within human experience.

Doing this would bring several great benefits. It would increase the numbers who know their HIV status. Thereby it would increase the numbers both of those who wish to remain HIV negative and of those who want to avoid transmitting their positive condition to others. It would increase the numbers who would present themselves in good time, before it is too late, for antiretroviral treatment. And it would demystify the whole area of HIV and AIDS and thereby would make a signal contribution to reducing stigma and discrimination.

There is need also to question the global AIDS prevention policy. Despite some successes, the bottom line is that this policy has not succeeded in preventing HIV transmission. The fact of more than four million new infections in 2006 — almost 12,000 each day or 8 every minute — is testimony to that. The fact that in every region of the world there were significantly more people living with HIV or AIDS in 2006 than there had been in 2004 bears witness to the failure of global HIV prevention policy.

A major reason for this failure is that the policy focuses narrowly on the virus and does not pay sufficient attention to the broader environment of poverty, hunger, poor sanitation, inadequate health care services, and gender imbalances, in which transmission occurs. Its vision is limited, its concern mostly with producing immediate results. It fails to take into account that HIV transmission is possible only if, as with every other infectious disease, the environmental conditions are supportive. Louis Pasteur once said, "the microbe is nothing, the terrain is everything". But global policy is so caught up with the microbe, with the virus, that it pays only scant attention to the terrain, to the circumstances in which people live and behave.

A major concern of this virus-centred global policy is to make people more responsible in their sexual and drug-using behaviour. This seems to be an unassailable approach. But the trouble with it is its unspoken assumption that different patterns of behaviour are real possibilities for an individual. The behaviour change approach simply fails to address the social and economic factors that shape behaviour. Instead it removes sexual encounters from the domain of the passionate and impulsive, and treats the entire process as if it ran in a straight-line direction, guided always by reason and what George Bernard Shaw called "brute sanity".

In doing so, it places responsibility for HIV transmission squarely on the shoulders of individuals and overlooks the fact that individuals are not always in full control of their choices. In terms of what finally gets to people, the message is straightforward: behave in way X and you will not contract HIV; behave in way Y and you run the risk of becoming infected — but if you do become infected, it is because of your own behaviour, your own choice. You will have only yourself to blame. And so we are back to where we started, people made to feel small, blameworthy, unworthy, because they have HIV or AIDS.

In this way, the global approach has institutionalised stigma at the heart of international policy. It has also very effectively turned HIV and AIDS into a problem belonging to others, those out there, remote from the hallowed halls of policy-formulation. It has stereotyped regions as sexually promiscuous or seriously prone to needle sharing. And it has concentrated attention on the narrow dimensions of individual behaviour change, diverting resources from the all-encompassing supportive environmental factors of poverty, hunger, poor sanitation, inadequate health care services, and gender imbalances.

We have got our act about HIV prevention wrong. And we have got our act about stigma wrong. If we cannot do better, we will never overcome this HIV and AIDS epidemic.

The Road Ahead

We cannot stand by while stigma and discrimination create a fertile terrain that allows the AIDS epidemic to thrive. We must bend every effort to ensure their reduction and eventual elimination. And we must be fired by the assurance that we can succeed. Stigma reduction is an achievable goal.

In our more pluralistic society, stigma on the basis of race or colour is on the ebb. Within the past twelve years, South Africa has shown how quickly a discriminatory situation can change, given the necessary leadership and popular commitment. All may not yet be well, but there have been staggering advances. We have also seen change for the better in other fields. For instance, the stigmatisation of unmarried mothers is much less than in the past. Likewise, wider interactions, persistent highlighting of the issues, some excellent work on the part of the media and our greater human rights awareness have all contributed to a sea change in attitudes towards people of different sexual orientations. Stigma can be reduced. It has been reduced.

But let us also remember that though we can legislate against overt manifestations of discrimination, no legislation can reach into our hearts, into those depths within us where prejudice and stigma originate. It is there, above all, that we must work to bring about change. The Year Against Stigma Campaign that was launched this morning should help to move all of us in that direction. So also should the media through unflagging attention to keeping stigma and discrimination high among public concerns.

Pointers to a way forward come from what we have discussed already. First, there is an urgent need to demystify HIV and AIDS, turning it, as far as medical and social interventions are concerned, into a condition analogous to any other health condition. In practical terms, this implies incorporating HIV testing into routine medical investigations, so that there is no more mystery about one's HIV status.

Integral to this is the need to ensure the availability, now and throughout the decades that lie ahead, of antiretroviral treatment for every person in need. Guaranteed access on the part of every HIV infected person to life-preserving treatment is a powerful antidote against stigma. This is the human right of those who are infected. Equally it is the obligation of those who are not infected to ensure this right, regardless of trade regulations, World Trade Organization conventions, the might of the pharmaceutical industry, or the capacity to deliver. Universal access means life for millions of people who are infected. It also means less stigma.

Second, in practice and in theory, the emphasis in responding to HIV and AIDS needs to be placed squarely on development. Like poverty, the epidemic is one of under-development, though (again like poverty) it can occur in well-developed societies. A developmental approach takes the spotlight off the individual and puts it on the joblessness, poor education and health provision, food insecurity, unsanitary conditions, and other circumstances in which the disease thrives. These may cause horror and outrage, but they do not breed stigma in the way the emphasis on the individual does.

Third, we need massive stress on human rights and justice, in all areas, but very especially in relation to women and to persons living with the disease in any of its stages. We must work strenuously to affirm and ensure the human rights of every person affected by this disease. Governments must take steps to respect, protect and fulfil the rights of every individual, but particularly those of the women, children and infected persons which the stigma associated with the disease puts under such threat. For many, this will entail revisiting their legal systems and domesticating international human rights conventions to which they have already acceded. For all, it will require full and absolute adherence to the first principle of the Universal Declaration of Human Rights: All human beings are born free and equal in dignity and rights. A practical expression of this is that free legal support services should be available to those who experience stigma, discrimination or gender-based inequality.

This is needed for women and children. It is also needed for persons living with HIV or AIDS and for those affected by these conditions. Because of their condition, people living with the disease have privileged access to what it is like. They have inside information. They know what infection means. They know what it is like to have to take drugs at a set time morning and evening every day of their lives. They also know what it is like to be stigmatised and discriminated against. The greater involvement of people living with the disease, the GIPA principle, is a cardinal principle in the global response. Those living with HIV should be our first allies in the struggle with the epidemic and in efforts to deal with stigma and discrimination. But only too often they are the last ones we think of, or we include them in a token way, because it is the politically correct thing to do. Let us change this by listening courageously and carefully to what they want to tell us. Then let us do something about it.

Conclusion

Let the last words be those of a child, Nkosi Johnson[8], the little South African boy with the big eyes. Nkosi's mother was HIV positive and passed the virus on to her unborn baby in 1989. He should have been a statistic, one of the 70,000 South African children born every year with HIV. But Nkosi was a fighter. For an extraordinary twelve years he lived with HIV and then AIDS. He never knew the support of antiretroviral treatment, because at that time only the wealthy could access this. Six years ago he electrified the world by his address at the opening of the International AIDS Conference in Durban, where he took President Thabo Mbeki to task. He was eleven years old when he spoke so movingly and fearlessly at that world gathering. Less than a year later he died. Listen to his appeal:

> "I want people to understand about AIDS — to be careful and respect AIDS — you can't get AIDS if you touch, hug, kiss, hold hands with someone who is infected. Care for us and accept us — we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else — don't be afraid of us— we are all the same!"

Nkosi was absolutely right. We are all the same. There is no need to be afraid of anybody. This whole stigma and discrimination scene is utterly nonsensical. **Let's make an end of it!**

1. *Stamp Out Stigma Was A Public Awareness Campaign Around Hiv Stigma, Launched By Then Taoiseach Bertie Ahern In December 2006.*
2. *Produced In 2006, And Developed Following Extensive Public Consultation, The Irish Government Developed Ireland's First Policy On Overseas Aid.*
3. *The Congregation Of Christian Brothers Is A Catholic Lay Order.*
4. *Gugu Dlamini (1962-1998) Was A South African Woman From Eastern Kwazulu-Natal Province, Who Was Murdered After Publicly Speaking About Her HIV Positive Status.*
5. *The National Association Of People Living With Aids In South Africa Is A Non-Governmental, Not-For-Profit, Members' Organisation Which Supports Social And Economic Development For People Living With HIV.*
6. *Originates In The Bantu Languages Of Southern Africa, Can Be Translated As 'A Person Is A Person Through Other Persons', And Expresses A Philosophical Concept Of Humanity Towards Others.*
7. *Traditional Irish Greeting, Translated As 'A Hundred Thousand Welcomes'.*
8. *Nkosi Johnson (1989-2001) Was An 11-Year Old South African Child Living With HIV and Aids, Who Was The Keynote Speaker At The 13Th International Aids Conference In Durban, South Africa. His Advocacy Had A Wide-Reaching Impact On Public Perceptions Of The HIV Pandemic.*

2007

2007 LECTURE | HIV AND CHILDREN

2007 – HIV and Children

In his 2007 address, Father Michael turned to the specific challenges encountered in caring for children affected by HIV and AIDS, and called for a renewed global commitment to addressing the well-being of children and their caregivers. At the time, children in Sub-Saharan Africa were becoming orphans due to AIDS at the rate of 2,500 each day, or over 100 per hour, and at the beginning of 2007 there were 2.3 million children under the age of 15 with HIV. A total of 15.2 Million Children under the age of 18 had lost either one or both parents to AIDS, and many more were made vulnerable by the disease. The event was opened by then Minister of State for Overseas Development, Michael Kitt, T.D., and Father Michael was introduced by Professor Sheila Dinotshe Tlou, then Minister of Health for Botswana. Father Michael's lecture in 2007 was not recorded, therefore this section contains a distillation of the messages included in the slides of his presentation. Both Father Michael's, and Professor Tlou's presentations can be downloaded from www.fathermichaelkellyzambia.org.

Father Michael highlighted the fact that orphanhood is a lasting state – not only for the child but for society as a whole, and called for the global community to be prepared to make long-term commitments to provide for orphans, for a period of 20 years or more. Speaking of the wider vulnerabilities caused by HIV and AIDS, Father Michael drew attention to children whose parents were living with HIV and AIDS; those who live in households where HIV and AIDS is present, yet the parents remain healthy; those living in households where there are no adults, or where the caregivers are themselves elderly; and finally children who are themselves caring for other children or orphans. He also spoke of the circumstances where children might become vulnerable – for example if their families are no longer able to turn to relatives for assistance, or when they are exploited for labour. Children in these circumstances face economic insecurity and difficulty meeting basic needs for food, healthcare, and education, but in addition to this, Father Michael also noted that they might suffer from emotional concerns including trauma, feelings of fear, sadness, helplessness, worry, distress, and unhappiness. Compounding this problem, parents may have reduced time and capacity to provide the support needed for their child's development. Beyond the individual level, Father Michael also spoke of the broader societal consequences for children orphaned by AIDS: stigma and discrimination, school absences, risk of exploitation, and the risk of contracting HIV themselves. In addition to these issues, Father Michael added that in many situations, children also bear the burden of caring for parents with HIV and AIDS. Furthermore, they might be separated from siblings or re-housed to live with relatives, and can be forced into secrecy and silence about the disease, as well as facing inadequate time and supports to grieve for a deceased parent. Against this back-drop, many families are unable to cope with the way HIV and AIDS increases poverty, or to provide for orphans: as Father Michael observed, "The poor help the destitute by sharing what they cannot afford". He also noted that often the burden of caring for children orphaned by HIV and AIDS often falls upon the elderly, grandparents, and others who are in poor health themselves, yet there are few supports in place for these caregivers. Father Michael also brought to the audience's attention the fact that there is a dis-proportionate effect on school-age girls, who are too often removed from education to care for relatives and support the household. Consequently, this increases their vulnerability to HIV and denies them the better economic prospects that education can bring. Father Michael gave a number of examples of Zambian young people who had lost parents to AIDS, from which it became clear that children share the same aspirations and dreams everywhere, yet AIDS is depriving them of the irreplaceable parental love and emotional support that would help make those dreams a reality. While to date there has been much focus on meeting children's physical needs, more attention is required to attend to their emotional and psychological needs.

> “The HIV epidemic has meant that children are being forced into adulthood before their time, assuming responsibilities as caregivers and heads of households, and being deprived of their right to happiness, to rest, to leisure, and to play”.

Father Michael remained adamant that the international community can halt the preventable growth in the number of orphans and help to establish a protective and stable family environment for children affected by HIV and AIDS. By helping keep children in education, it will be possible to ensure a decent life for every child, and Father Michael also noted that in 2007, the Irish government earmarked an additional 20% in resources to support vulnerable children affected by HIV and other communicable diseases. He also praised Ireland’s efforts, through government, civil society, missionary, and volunteer channels, which demonstrated the country’s commitment to improvement of formal support programmes to address the needs of orphans and vulnerable children. Father Michael called upon the international community to keep children’s issues high on the agenda, at all levels, through state, church, civil society, and the media, and to support the child-focused efforts of organisations such as Trócaire, Concern, Goal, Oxfam, UNICEF, Zambia Orphans of AIDS, HelpAge, VSO, and missionary bodies. He also warned that we must never become complacent, quoting Dr. Martin Luther King: “Our lives begin to end the day we stop talking about things that are important”. In summary, Father Michael’s final thought for the day acted as a rallying call to all involved in contributing towards the global response to HIV and AIDS:

> “Every one of us needs to maintain an unflinching devotion to doing something about the havoc the AIDS epidemic is wreaking in the lives of children, so that we can help in creating a brighter future for millions of children. Only in this way can we be true to the common humanity that binds us all together.”

2008 LECTURE | FOOD SECURITY AND HIV

2008 – Food Security and HIV

In his 2008 lecture in Dublin, Father Michael spoke about the dynamic inter-relationships between food scarcity and insecurity and the epidemiology and experience of those living with HIV and AIDS. He reiterated the former Taoiseach's statement to the United Nations that: "It is an affront to our common humanity… that 30,000 children die each day from easily preventable diseases, or that 100 million people go to bed hungry". Father Michael's lecture was accompanied by guest speakers Dr. Stuart Gillespie, and Connell Foley. Father Michael's 2008 lecture was not recorded, therefore this section contains a distillation of the messages contained in his presentation from that year. The full presentation, as well as those of the guest speakers, can be downloaded from www.fathermichaelkellyzambia.org.

Nine million people die each year, or 1,000 per hour, because of hunger and poverty. And while 10% of hunger related deaths are from acute events, like famine, 90% of those deaths are from chronic hunger and malnutrition, with the number of chronically hungry people growing by an average of four million per year. Our response must shift from just the acute cases of food shortage, to address those who lack the basic human right to food – a basic human right outlined by the World Food Summit in 1996 as: "the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food, and the fundamental right of everyone to be free from hunger". Food is life, and the right to food is a fundamental one without which many other rights cannot be enjoyed. There are 240 people per hour dying from AIDS-related illnesses (2.1 million people in 2007), and 285 people per hour become newly infected with the HIV virus (2.5 mil-lion people in 2007). Every minute, a child under the age of 15 dies of an AIDS-related illness, and another child becomes infected with HIV.

> "It is no coincidence that HIV prevalence and malnutrition coexist in many parts of the world. The very factors that lead to hunger and malnutrition are those that are now driving the HIV and AIDS epidemic: poverty, the movement of people, conflict, and inequality."

This appears very strongly in the case in Africa. Food security exists when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Food security is concerned with the availability, access, stability of supply and access, and safe and healthy use of food. By contrast, food insecurity exists when food is available but not adequate, there is not enough food for everyone, families cannot feed all the members of their households due to prices, transport, or food type, or when food reserves become inedible. As Peter Piot, then Executive Director of UNAIDS related: "I was in Malawi and met with a group of women living with HIV. I asked them what their highest priority was. Their answer was clear and unanimous: food. Not care, not drugs for treatment, not relief from stigma, but food". Food security and HIV and AIDS are inextricably linked. From a physiological perspective, food insecurity makes it easier to become infected with, and to transmit HIV, and it speeds the progression from infection of HIV virus to AIDS.

> “Malnutrition and hunger can also lead to risky survival activities, like migration in search of work or food, the exchange of sex for food or money, or having to remove girls from their schooling to provide support in the home. These activities and behaviours put individuals at a further disadvantage, with greater nutritional needs but with even less access to adequate food”.

At a societal level, HIV increases the need for food, reduces the food labour workforce through HIV and AIDS-related illness, and reduces the level of support from agricultural support services, impacting land use, crops, animal care, environmental protection, and community support systems, all of which increase food insecurity. Women especially are impacted negatively by food insecurity because of the major role they play in food production, and as carers for the sick and for children, including orphans, or when they themselves become ill. Whole communities relinquish assets and productive food equipment in order to support the sick, pay for medical costs, transport, and funerals. In addition, there is a reduced investment in the next generation through health and education, diminishing the potential for passing on essential skills and knowledge, such that social capital is diminished. HIV and AIDS also complicate and magnify the scale and complexity of current global issues related to food security including rising food prices, climate change, biofuels, innovation and Genetically-Modified Organisms (GMOs), population growth and responses to poverty, and establishing comprehensive social protections for women, children, the elderly, and other vulnerable populations. For instance from 2006 to 2007, biofuels were responsible for the consumption of 50% of major food crops. There is now concern that the development of alternative biofuels has contributed to rising food prices, further endangering food security for the world’s most vulnerable, and that the full environmental effects of biofuels are uncertain and possibly negative. The increasing use of genetically modified organisms, or GMOs, while enabling hardier, more productive crops, has been associated with too much reliance on a few biotech companies for a wide diversity of inputs, reducing biodiversity. This puts populations at risk of agricultural crop mono-reliance, as was the case in the Irish potato famine. There is also uncertainty over the potential risk to health from daily intake of genetically modified organisms, such that even food-stressed countries like Sudan, Angola, Malawi, and Zambia have rejected GM crops and imports. One way we can intervene is by enabling comprehensive social welfare or protection programmes integrating cash transfers of five to seven euros per month and other social provisions. Even such a small amount of cash can transform the lives of severely impoverished households, allowing them to buy food, basic items, farm inputs, and to repay debts. These transfers can lead to improved nutrition, less illness, and improved school attendance. Such assistance also promotes a sense of well-being and hope.

> “We can replace the negative cycle linking food security and HIV and AIDS with a virtuous cycle in which, as food security and nutritional status improve, HIV and AIDS decline, leading to further improvements in nutritional status and food security and improvements in health”.

We will succeed in doing this by strengthening the individual capacity of families, households, and communities and ensuring access to essential services, especially schooling for girls for as many years as possible, health care, and the prevention of HIV transmission from parent to child. We must advocate that governments protect the most vulnerable through social protection programmes, cash transfers, school-based food programmes, and similar interventions, and we must promote sustainable livelihoods in both rural and urban areas and advocate for a greater priority for food security and fair trade. Ireland has made a commitment to respond not only to acute needs, like famines, but also to the underlying causes of hunger. To do this and successfully contribute to food security requires a range of interventions, from building livelihoods, to agricultural research, to rural development. A focus on poverty reduction is the most comprehensive way of addressing hunger. We need new and innovative ways to reduce vulnerability, provide social protection, and build productive capacity. Where we are met with cynicism and doubt, and those who tell us that we cannot, we will respond with that timeless creed that sums up the spirit of a people: YES WE CAN!

2009 LECTURE | UNIVERSAL ACCESS TO HIV PREVENTION: MAKING IT HAPPEN FOR WOMEN

2009 – Universal Access to HIV Prevention: Making it Happen for Women

The 2009 Professor Father Michael Kelly Lecture on HIV and AIDS took place at the Royal College of Surgeons in Ireland, as part of an event which centered on the work of the International AIDS Vaccine Initiative (IAVI)[1]. Then Minister of State for Overseas Development, Peter Power, T.D., gave the opening address to mark World AIDS Day. Father Michael was unable to attend that year, and instead delivered his address via video from Zambia, introducing guest speaker Dr. Seth Berkley, founder of the IAVI. Please visit www.fathermichaelkellyzambia.org to view Father Michael's address, and read the full transcript of Minister Power's speech, as well as view a presentation by Dr. Berkley on strategic advancements in HIV vaccine development.

Chair, Ladies, and Gentlemen, it gives me great pleasure to speak to you from Lusaka today, welcoming you to this year's annual World AIDS Day lecture. I really regret that I cannot be with you this year, but commitments here in Lusaka make this impossible. By the time you hear this, I will have spent much of the morning on a chat-back radio programme dealing mostly, I expect, with what we can do to prevent the further transmission of HIV. This is a very lively two-hour programme that receives almost non-stop phone-ins and text messages from a wide audience in many parts of English-speaking Africa. Then, at the very time this lecture is starting in Dublin, I will be telling a German Aid Agency audience in Lusaka about the way the AIDS epidemic is impacting on women and girls, and stressing that the surest way to bring down the number of new HIV infections is to end the subordination of women. Two weeks ago it was really great to hear a national HIV prevention convention in Zambia agree on establishing long-term programmes to end the second-class status of women throughout our society. If we had enough action on that, we would stop much HIV. Then, later this evening, I hope to participate in the candlelight memorial service at the Anglican cathedral to remember the living and the dead who have been infected or affected by HIV, and to renew our commitment to moving towards an AIDS-free world.

> "An AIDS-free world, yes, that's what we really want to see, and one of the best ways towards this lies in the development and use of an AIDS vaccine".

And who better to talk about that than Dr. Seth Berkley, the world's leading expert in this area, whom you will be listening to in a few minutes time. For the past thirteen years, Dr. Berkley has worked dynamically and tirelessly in promoting the development of an AIDS vaccine, and in keeping this issue high on the international agenda. Because progress is necessarily slow, it is a thankless task, but the rewards for Dr. Berkley's persistence

may now be on the horizon, with encouraging recent news from Thailand showing that it is possible to develop a vaccine that would prevent HIV infection in a general adult population. Dr. Berkley, allow me to congratulate you and all who are involved in this very significant development, and to express the hope that this may be the harbinger of what the world is hoping for: a safe, and effective vaccine against HIV. Also, let me say how greatly honoured I am that you are giving today's lecture. That you are giving of your time to do so is a challenge to me, and every other person in the AIDS field, never to let up, but to continue doing all we can, to roll back this epidemic which is such an affront to the dignity and humanity of millions of people worldwide. And finally, Ladies and Gentlemen, let me thank the Irish government and Irish Aid, for making this lecture an annual event and for doing me the honour of identifying it with my name. I can think of many indeed who are far more deserving of such recognition, among them, Nicola Brennan and Vinnie O'Neill of Irish Aid, Sister Miriam Duggan and her tireless work in Uganda[2], Mary Donohoe of the Rose Project[3], my own namesake and fellow Jesuit Michael D. Kelly, who established Kara Counselling[4] here in Lusaka, Sister Kay O'Neill who runs Our Lady's Hospice[5], also here in Lusaka, and James O'Connor of the Open Heart House in Dublin[6]. I think also of the thousands I have known and admired, people who experienced utterly dehumanising sufferings, but who rarely complained, and never lost hope.

> "I trust that the association of my name with this annual lecture will be seen as symbolic with me as it were standing in for and representing the great body of wonderful Irish people who have spent themselves in addressing HIV and AIDS and their appalling impacts, as well as the great body of heroic people who have endured the worst ravages of the epidemic".

I conclude by saluting all of these for their great resilience, their unquenchable hope, and above all, their unsurpassed human dignity. I welcome you again, and I thank you. I hope you will enjoy the lecture, and may God bless all of you.

1. Global not-for-profit public-private partnership which works to accelerate development of vaccines against HIV.
2. Sister Dr. Miriam Duggan is an Irish Obstetrician who was the Founder of Youth Alive, and in 2015 was awarded the Presidential Award for Distinguished Service for the Irish Overseas.
3. An NGO founded by Mary Donohoe, which aimed to fund programmes addressing maternal and child healthcare in Malawi.
4. The Kara Counselling and Training Trust, founded in 1989, pioneered in the field of Voluntary Counselling and Testing (VCT) in Zambia, running VCT centres in Lusaka, and providing other activities.
5. Hospice in Lusaka which provides care for those living with HIV, including volunteers who visit patients in surrounding communities to support medication adherence and general health.
6. Open Heart House was a member-led organisation in Dublin which aimed to support and empower people living with HIV to lead full and productive lives.

2010 LECTURE | ACCOMPLISHMENTS AND ENDURING CHALLENGES

2010 – Accomplishments and Enduring Challenges

Hosted by Irish Aid with the Irish Forum for Global Health, the 2010 Professor Father Michael Kelly Lecture on HIV and AIDS was held in conjunction with the Combat Diseases of Poverty Consortium[1], at the National University of Ireland, Maynooth. The event featured a keynote speech, which was delivered by Dr. Zeda Rosenberg, CEO of the International Partnership for Microbicides (IPM)[2]. This section contains a transcript of Father Michael's introductory address, and a distillation of the messages included in the presentation from his lecture. Audio of Dr. Rosenberg's speech can be heard, and Father Michael's slides can be downloaded, at www.fathermichaelkellyzambia.org.

The effects of poverty on health are never more clearly expressed than in poorer communities of the developing world, and I think I could adapt those words to what we are talking about this evening.

> "The effects of HIV on health are never more clearly expressed than in the female communities of the developing world. Most of the HIV that is transmitted is being transmitted heterosexually, and the most vulnerable people are the women."

They are vulnerable because they have practically no say in whether to have sex, when to have sex, how to have sex, and some of what we are going to hear this evening from Dr. Rosenberg is, I think, going to help us to see that it will be possible, it is possible, and it will be done, to equip women with an instrument, a methodology, where they can protect themselves against the unnecessary transmission of HIV from a sexual partner. In their experience, there is a lot of infidelity in their partners. They have partners who refuse, because of machoism, to go for HIV testing; that is a "woman's side": it is not a man's position to go for a medical test. They experience a great deal of inter-partnership violence, marital rape, and they experience a great deal of hostility to the use of a condom, a male condom, and amongst women themselves a female condom – amongst other things I hear it said, because it rustles and makes noise. A speaking condom, so to speak.

> "Well in that very somber climate, where now in many countries in Africa, women account for 60% of the people who are infected, and globally it has gone over 50% by now, in that sort of an atmosphere and climate, we have got to turn and look: can we get some technology that women can use to protect themselves",

and we are very glad that we can, and we are so chuffed that tests and trials in the last couple of years have brought considerable success. But none of that success would have come even this far without the resourcefulness, the ingenuity, the activism, the advocacy, and the tireless passion of Dr. Zeda Rosenberg. We are delighted that she is here with us this evening to tell us, maybe, about some of the failed early efforts. Whether it was lemon juice, because these were some of the early ideas, but to bring us forward to the CAPRISA[3] trials involving Tenofovir and the VOICE[4] trial involving Truvada, and other things that are going on, what is going on now, what is going on in the future, and giving us the promise of a safe, effective, affordable, and available microbicide prevention means that women themselves can use. So it is my great honour and pleasure to introduce to you Dr. Rosenberg, and to ask her to give us her views and her lecture.

1. Initiative funded through the Programme of Strategic Cooperation between Irish Aid and Higher Education and Research Institutes, in collaboration with the Higher Education Authority.

2. International partnership aiming to prevent HIV transmission by accelerating the development and affordability of safe and effective microbicides for use by women in developing countries.

3. Centre for the AIDS Programme of Research in South Africa, and AIDS research organisation based in Durban, South Africa.

4. "Vaginal and Oral Interventions to Controlthe Epidemic" programme which tested the safety of different HIV prevention approaches.

2011 LECTURE | THE GLOBAL HEALTH WORKFORCE

2011 – The Global Health Workforce

2011's Professor Father Michael Kelly Lecture on HIV and AIDS was held as a part of the Irish Forum for Global Health International Conference, "Changing Landscape of Aid and the Health Workforce", in February 2012, at the Royal College of Surgeons in Ireland. Here, Father Michael was joined by Dr. Mphu Keneiloe Ramatlapeng, then Minister of Health for Lesotho and Executive Vice President of HIV and AIDS and TB Programmes for the Clinton Health Access Initiative; and Ms. Yvonne Chaka Chaka, South African Singer and Humanitarian, UNICEF and Roll Back Malaria Goodwill Ambassador, and UN Envoy for Africa. Audio of Dr. Ramatlapeng and Ms. Chaka Chaka's addresses can be found at www.fathermichaelkellyzambia.org.

Ladies and Gentlemen, good evening. Good evening to all distinguished guests, Ministers, and Ambassadors, and our medical profession as well. I am very honoured to be able to speak here this evening. I am very grateful to Irish Aid, to the Irish government, and therefore to the Irish people, for maintaining this lecture over a number of years, even in a time of financial crisis and hardship. It is a great indication of how serious and committed the people of Ireland are, to their government, to improving the wellbeing of people who have less than the people of Ireland. I wanted also to thank very, very much our previous speaker, Dr. Mphu Keneiloe Ramatlapeng, and our subsequent speaker, Ms. Yvonne Chaka Chaka. It's such an honour and such a privilege to be able to share a platform with them. In the closing part of her film, Yvonne said "Africa is our home, and Africa is our hope". Well, I certainly join with that also. Africa is also my home, and Africa is certainly my hope. Wonderful people. Resilient people. As the former Irish Ambassador to Zambia said when he was leaving Lusaka a couple of years ago, "I hate going away from here, because it was from here that my ancestors came". As I read in a much more scientific book in the last couple of months, somebody said, "The first European was almost certainly an African", so we are in good company, and we come from a good place. Within the last 12 months I was asked by the World Forum on Early Care and Education for Children[1], to say something at their meeting, and when I got the programme, and I looked down to Thursday the 5th of May, I found that what I was down for was: Thursday the fifth of May, 10.45, Michael Kelly, Zambia, AIDS and Children: Provocation. I have been asked to make presentations, to give lectures, to give opinion pieces and so forth, but it was the first time I was ever asked, deliberately, to provoke an audience of over 900 people. So I am going to continue with that this evening: I am going to provoke.

> “Some words and ideas that might help all of us to sit up and think differently and even think better in a world with AIDS, but also a world with TB, with malaria, and so many other illnesses and sicknesses, some of them preventable, almost all of them curable”.

As we do so, we might be able to reflect on a few other aspects of our work. I want to go back a little bit to 2005, to the Paris Declaration[2], where the big money players in the world came together with other countries to consider what would be the best strategy to use in coordinating and harmonising the use of aid, so that foreign aid donors were not tripping over one another. They came out with what they called the “Three Ones”: that there should be one national coordinating authority, that there should be one national framework for action, and that there should be one monitoring and evaluation system. That seemed to satisfy the donors, that everything would be hunky-dory, but back in Zambia, when this was being put into practice, a number of us came together and we said there was something missing. We needed something else. We need a “Fourth One”: that there should be one coordinated and acknowledged voice from Civil Society, from all of those groups that worked so relentlessly, so industriously, in the fields of health and education and so forth, but particularly here in the field of HIV and AIDS, trying to reduce the impacts of the epidemic and seeing how they can move in the areas of prevention and treatment. We did not get very far, but I was encouraged with a document that came out from UNAIDS only within the last week. It is called: “Guidance on Collaboration with Civil Society”, and it is directed not to Governments, and not to Civil Society, but to the members of UNAIDS, the World Bank, UNICEF, UNESCO and all of these United Nations organisations, and it is acknowledging publicly and possibly for the first time that the response to HIV and AIDS has been very largely spearheaded at the field level, by Civil Society and by member organisations. I think that is important for us, and I notice with gratification that in the abstract books that were distributed, that there’s quite an amount on how to mobilise Civil Society and how to help them better. And even what the Minister from Lesotho has just been putting before us, about allowances for volunteers, and particularly for the women who are providing the home-based care, all of this is excellent and all of this is within the same radius. Coming up more recently, UNAIDS has been speaking to us in the last two years about moving towards an AIDS-free world.

> “In that AIDS-free world, there would be zero discrimination on the basis of HIV, zero new HIV infections, zero AIDS-related deaths, and all of that bringing us to an AIDS-free world”.

That came home to me here in Dublin remarkably this very morning. I was being driven outside Dublin by a taxi driver, and I mentioned that I was in the area of AIDS. He said, “Two of my brothers died of it”. He went on to tell me, that they had been at a funeral, he and the two younger brothers, and after the funeral they went into a pub to get a bit of lunch, a bite to eat, and after some time he noticed they were getting no attention, and he went up to the barman and asked, “What’s the problem, we are waiting for service”, and the barman said, “I have been told we cannot offer you service, there has been a complaint from some of the people having lunch in this pub”.

> “HIV discrimination is everywhere, even here in our midst. HIV new infections are increasing in Ireland, not as dramatically as in other countries, but still increasing”.

AIDS-related deaths, I am not sure about them in Ireland, but certainly they are occurring where I come from in Zambia, where you might have five, six deaths every hour of every day throughout the year, attributable to AIDS conditions. So that is what UNAIDS is aiming at, that this situation should change, but as with the “Three Ones”, where we suggest from Zambia the need for a “Fourth One”, I feel that we need also a “Fourth Zero”. We are not going to get to the other three “Zeroes”, of zero discrimination, zero AIDS-related deaths, and zero new HIV infections, unless we face up to the other one. That is: zero fudging of central AIDS issues, and in an academic gathering, it’s not too easy, maybe not too pleasant to have to say and have to acknowledge, that there has been considerable dodging and skirting of issues – a considerable amount of burying issues in the cupboard, not examining them, not allowing them to be examined as they require, because they are politically sensitive, or because they might conflict with previously held scientific opinions and outcomes. I think also we have to be very careful about the out-of-this-world aspirations that are being put before us in the area of AIDS as if it was all over. It is far from all over. I will say a little bit more about that in a moment if there is the time. I think we have underestimated the challenge of reaching an AIDS-free world.

Just let me give you one area where I believe there has been a lot of fudging going on: that is the area of genetics. A couple of years ago at a conference there was a very prestigious professor who had done some of the major discoveries in HIV, and I asked him what about genetic implications of this disease, do genetics play a role? But he says of course and everybody knows that. I said, Professor I’m sorry, nobody knows that. That is not spoken about. That is a taboo issue. I asked a senior official why do we not look into the genetic determinants or issues that can be related here, and I was told: “Absolutely not. It is bad enough that it is in Africa and with such intensity. We do not want the slur to be cast on Africa that the people are genetically predisposed to HIV transmission or infection”. Yet the genetic evidence that we seem to have at the moment is that the Northern Europeans, the Swedes, the Norse and so forth, about 15-18% of them are genetically incapable of contracting HIV. People in Southern Africa, it is said that 90% of them are carrying a gene which predisposes them to HIV infection. Now the trouble with ignoring that kind of thing in my very limited parochial book is, first of all, there are avenues there surely for further investigation for the development of vaccines that would protect. There is also room there to protect people or to prevent resources all going along the one track, that if we can solve the sexual transmission of the disease we will have solved everything. Also, there is the almost inevitable stereotyping of Africa. Africa, the Horn of Africa,

Southern Africa, South Africa, Lesotho, Botswana, Mozambique, Zambia, Zimbabwe, Namibia. They are the countries where AIDS is concentrated most in the world. Emphasising strongly the sexual transmission of the disease almost inevitably casts an image of Africa as a highly sexualised continent with an unspeakable amount of sex, and sex of a strange nature. Yet the fact is that one of the pillars of a modern approach to sexual activity, what's called multiple concurrent partnerships – stop these, and you will stop the disease – that approach is built on a model that does not work. Apart from the model not working, it ignores the fact that international evaluations and assessments show us that in Southern and Central Africa, multiple concurrent partnerships will occur on the average for six men out of one hundred. In Europe, it would be 10 or 12. In the United States and France, it might be 14 or 15. We are loading ourselves with something, and we might not have the answers at all. The idea is that we should not speak about it because this would be saying, well the African people are predisposed to this disease and they are at a genetic disadvantage in relation to HIV transmission. We have no inhibitions about speaking about sickle cell anaemia, a condition that only people of African descent can manifest in the numbers that are being shown, and that 80% in Sub-Saharan Africa are carrying the gene that could lead to sickle cell anaemia in their offspring. We are inhibited and almost forbidden to speak about this in relation to HIV. I feel that it is wrong and is something that needs to be changed.

I am concerned at present about some of the reports that are coming out, the tone of the reports more than the actual content. The tone is very upbeat, as if we have conquered HIV, as if we have conquered this disease. We are hearing enthusiastically about a new treatment platform that will be a platform also for prevention. We are hearing that the goal of an AIDS-free generation is within reach. That statement, the goal of an AIDS-free generation being within reach, is what the media published of what Hillary Clinton said last year on World AIDS Day. What Hillary Clinton actually said was: the goal of an AIDS-free generation is possible. I think there is quite a difference between something being possible and something being within reach, but the spin-doctors got at it, and one is given the impression of "Mission Accomplished, we have reached the goal." We are very far from it. I do not think any document I have read, any speaker that I have heard, has addressed the real problem of treatment for HIV, or for AIDS. Currently – and this is a magnificent accomplishment and we must salute it as a very positive thing out of the early years of this century –almost seven million people in the lower economic countries are on treatment, and that is wonderful, and I think we should applaud. But that is costing, with other AIDS efforts, in and around $10-12 billion a year, money which is partly coming from the Irish economy, through its contribution to the Global Fund.

That is only one aspect; getting these seven million onto AIDS treatment, and maintaining that treatment is now proving more and more difficult: in the year 2010, for the first time, resources fell for AIDS activities across the world. What does that mean in practice? In practice it means that at a clinic in Malawi, which most years would admit 350 new HIV patients, they cannot do that anymore. They are limited to 250. At clinics in Lusaka, where a person like the man who does my laundry, used to go every three months to get his tablets, he is now getting only one month's supply. He will have to go back every month for his supply. Now that is fair enough for him in some ways – I think I am a decent employer, so you get the day off for it, but that does not happen all over the country, and for people to get to clinics it may take two days, and take a considerable amount of their income. Now they are having to go every month instead of every three months. What does that mean? It means, of course, they are not going to go back. They are going to lose heart. They are not going to go back for the assessment they require. So maintaining the seven million on ART treatment is extremely difficult. That's only those seven million. What about the nine million additional patients who are in need of antiretroviral therapy and are not yet receiving it. That's a WHO figure. So we have seven million getting it, a further nine million in need not receiving it, and then beyond that there are a further 20 million who are in need who have HIV, but are not yet in need. Who is going to look after them when the time comes, and beyond them again, the two to two-and-a-half million who become newly infected every year? I do not think we have sat down and done the arithmetic on this at all. There is a group called the 2031 Group, which is producing evaluations and reports on the state of the epidemic in 2031, which will be 50 years after it first came to public attention in 1981, and their projections are horrendous. They are projecting that the cost will rise from the current 10 billion or so to 35 to 37 billion a year. Another group, the United States Institutes of Medicine, have stated bluntly that the world is rapidly losing the battle against HIV because the numbers are going to continue increasing at an alarming rate.

I think with all of these wonderful aspirations and statements of intent, I do not think we are going to reach there. One of the things that makes me ask, and this is why I said this involves obviously thinking wider than just one epidemic or a whole series of epidemics and sicknesses, is: these people who have HIV or malaria or tuberculosis, or these other diseases, do they really count in the world? The Global Fund, as I said, is not getting the increase in the contributions, in fact it is experiencing a decrease, and we are told the world is in financial crisis, economic crisis, countries cannot afford. It was in the thick of a crisis that many of these countries were able to guarantee billions of euros to revamp their economies. We are asking here for a matter of 10-12 billion per year. And yet they can generate that money overnight in order to save economies and they keep trying to do so at these meetings in Brussels, and elsewhere, to generate money, and more money, and more money, to keep, if you do not mind my saying so, what seems to be a rotten system going. But they do not do it in order to keep people alive.

> “The life of people is the wealth of nations. The lives of people are the wealth of the world, and they are being jeopardised by this strange order of priorities of the world today”.

Coming closer to what this conference is about: human resources, not just financial resources to deal with these diseases, but the human resources that are required. According to the latest figures from the United Nations, Ireland has 31 physicians per 10,000 people. South Africa has eight. Lesotho has one. Zambia has one for every 19,000 people, and Malawi has less than one for every 20,000 people. You begin to ask, what exactly are we doing, and are we doing anything to remedy this. There are the ethical questions that arise about recruitment, about labour mobility, and some of these we may be discussing these days. There are the technical problems of training personnel, rapid training of personnel in the numbers required. There is

the whole issue of task shifting, and giving additional responsibilities to less highly qualified people. All of these are good, all of these are important, but I sometimes wonder are they necessary. I scanned through this conference's abstract book for one term, and I found extremely little about it in the book. The term was: "traditional healers". Are we making sufficient use of these people who exist in our countries, and who could be helped to respond to HIV and AIDS and to other matters? Just to put a figure on that, in Zambia, population of about 13.5 million, we have 40,000 traditional healers, and they are in an association. 25,000 of them are registered, the rest are not registered yet, but that is an enormous number compared with the 700 physicians that we have got, in spite of our university having graduated 1,500 physicians in the last decade and a half. These people, the traditional healers, they are the ones to whom nearly everybody goes in the first instance. They go to see them, and they take the remedies from them, and even if they are attending a Western type of outlet or clinic, they will still go to traditional healers to get their word on things, and to get their assistance and their advice, but I wonder are we ignoring these, and are we ignoring them not only to our own cost, but also to the costs of the people living in these countries.

And then finally, I think this whole problem of responding to HIV, malaria, TB, the other diseases, the lack of trained personnel in the way we think of trained personnel, I think it makes us ask, are we using the correct paradigm? Not just in health. In education. In economics. In political issues. In church issues. To what extent are we in fact ignoring much of the substratum that is there in the developing countries, and instead importing what we have found satisfactory amongst ourselves here in the North or in the West. Really, I think we have to ask ourselves, whether as health professionals, as economists, as teachers, educators, as church personnel or whatever it may be: are we in fact imperialists? I said at the beginning, that I was going to provoke. I do not have an answer, but I leave it to you to answer. Thank you very much.

1. Biennial forum gathering professionals to share knowledge and ideas on issues impacting on delivery of services for children and families.

2 Paris Declaration on Aid Effectiveness, acting as a practical, action-oriented roadmap to improve the quality of aid and its impact on development.

2012 LECTURE | EDUCATION RESPONDING TO HIV AND AIDS

2012 - Education Responding to HIV and AIDS

Father Michael delivered his 2012 lecture, "Education: Responding to HIV and AIDS", followed by guest speakers, at the University of Limerick during the 2012 World AIDS Day event. The opening address was given by then Minister of State for Trade and Development, Joe Costello, T.D. Dr. Busi Mooka, Consultant in Infectious Diseases at Limerick Regional Hospital, spoke on her experiences of treating HIV in Limerick, and Ms. Ann Mason, Manager of the Red Ribbon Project[1], delivered her talk on "HIV in Ireland". Minister Costello's address can be viewed, and Ms. Mason's presentation can be downloaded, at **www.fathermichaelkellyzambia.org.**

I want to thank the Minister very sincerely for his presence with us this evening, for the encouragement that it gives us in this struggle here in this Southwest part of Ireland, but also to what it means worldwide because today or this week is a very special one. This is the week of World AIDS Day, and it is a time when we are beginning to think about this disease a bit more. One of the difficulties, the problems, is that we may become complacent. We have had very considerable scientific success during the past decade. We have not had anything like the same success in the social sphere that Dr. Mooka was talking about, and I think we need that also. Several years ago, Martin Luther King said, "We begin to die the day we stop talking about things that are important".

> "In this epidemic, because we have had a certain measure of success in dealing with it, people are, I am afraid, beginning to stop talking about it. It is going off the radar screen of the world, and yet it continues to be one of the most catastrophic global occurrences of our lifetime and possibly of the lifetimes of those who will follow us".

The Minister gives some of the statistics, and add into those statistics the number of families that are shattered when people are infected, or when people die, and the enormity of the epidemic becomes very, very apparent.

Let me just tell you something about what it is like in Zambia, where I come from. We have approximately one million people living with HIV, out of a population of less than 14 million, so you might say one in every 14. Two years ago, new infections were occurring at the rate of 250 every day, not in a year, but every day, out of 14 million people. Deaths were occurring at the rate of 135 a day. You can see from that a huge number of people dying every day needlessly from this disease, and also because the number of new infections exceeds the number of people dying, the total number of people living with the disease is increasing with us just as it is increasing worldwide, where the number of infections outstrips very significantly the number of people who leave the scene through sickness, through death, and leaving behind them families, leaving behind them loved ones, and very often, leaving behind them orphans. Some years ago at a conference a child addressed the group. The child was about eight-years-old, and her name was Tsepo Sitali[2]. She said: "In my language, the name 'Tsepo' means 'Hope'. We are turning to you grown-up people asking for hope. We are trying to reach you. We are trying to tell you something. We are trying to draw attention to how we feel. What will you do to help us to realise our dreams. We want you to bring us hope, hope for the little children of Africa, and not just of Africa, but of so many other parts of the world also". Well, we have the hope of the changes, the developments over the last decade.

> "One of the greatest hopes I think was the vast global mobilisation against this epidemic. Unprecedented in human history, the way the world came together and focused on this and said, "We must do something about it".

Concern, resources, personnel, science, the whole United Nations apparatus, countries, every sector seemed to come together and say, "What can we do to respond to this disease, to reduce its impact, and to head it off and eventually to cure it?"

I'd like to take the occasion here, to say a sincere word of thanks to Irish Aid and to the people of Ireland for their sustained and very generous commitment to dealing with this epidemic over the years. The effort from Ireland has been fantastic, and Ireland is one of the big contributors, relative to its size, to dealing with this epidemic worldwide, and we are extraordinarily grateful for it. Ireland has, in Dublin, what is called Open Heart House, and this little book, "Stories from the Heart", came from Open Heart House about a year ago, some of the people there who are HIV-infected and what they said about themselves. There are about 20-25 stories in this. I have read them all a couple of times, and what struck me was the hope that was in them. The confidence that this disease is now being tackled, and can be overcome. One of the writers, a man called Charlie, said, "I have so much to be thankful for". This, remember, is a man living with HIV. "I have so much to be thankful for, and I look forward to a brighter future full of hope and happiness". That is the way so many of the other stories are, and they are a wonderful tribute to those who are engaged in Open Heart House: James O'Connor and his team there, and to all who support them – I think they deserve a round of applause.

Long before the new medications were introduced, and before they were distributed more and more widely, amongst the people who are infected, long before even there was an Open Heart House, we did have something to work against this disease and that something was education. Not just school education, but education on all fronts. Education in every aspect: community education, community involvement, but also and very particularly, the education in schools. 12 years ago, at Dakar, at the World Education Forum, the then Director General of the United Nations programme against AIDS said, "Education is perhaps the most powerful force of all in combatting the spread of HIV and AIDS". My feeling is that it was not followed up. The words were said, people accepted them, and then they went back to square one, to the status quo.

Yet he had said it, and it was true. Probably the most powerful force of all in combatting the spread of HIV and AIDS. Then even more recently, earlier this year, the current director of the UNAIDS Programme Against HIV said, "Ending AIDS is possible, and education is key to the access". We will not get anywhere unless we make good use of education. We are not necessarily talking about education, about sex. We are not excluding that. We are not excluding talking or teaching about the correct use of condoms, but there is something wider than the narrow focus just on some of these preventative measures. There is something wider than the narrow focus on the medications. There is the illiteracy. There is the poverty. There is the subjugation of women. There is the discrimination. There are the male chauvinistic attitudes, which are inbred in society. It is these things that fuel the spread of this epidemic, and education, more formal education if you will, school education, literacy, learning the mechanics of reading and writing, and in numeracy also, building up these things within our young people is now bringing a transformation.

I want to be very honest with you, and tell you that up to about 15 years ago, we could not have said that. Because up to about 15 years ago, the better educated people were the ones who had more HIV. The last survey that was done with us in Zambia was in 2007, so it is five years back, but in that survey we found what is found in so many other countries: more HIV amongst the wealthy upper classes than amongst the poorer, lower classes, and the wealthy upper classes are the ones who have received more education. But now better investigations are going into the matter, they are investigating what is it with the people up to the age of 23 or 24, and what is it with the people from 30 to 40, and what is it with the people above 40. They are finding a very radical change, with the younger people, the ones who have more recently passed through the schools, and had their education, there is considerably less HIV infection than amongst the older ones.

> "Education was not a vaccine, or a vaccine that was being used wrongly in the early days, whereas today it is proving its worth".

We used to say about them in the early days that the problem was the "Three M"s, and they are not the little sweets. The "Three M's" were: Men, Mobility, and Money. Put them into combination, and HIV spread very easily amongst populations in Africa and in other parts, but that dynamic or that scenario is now changing and changing for the better. Where there is money, where there is mobility, but where also there is education, there you have a chance of less HIV. There you have people who will present themselves earlier for treatment. There you will have people who will adhere to the treatment. Another speaker pointed out MSM, the men who have sex with men, but we are thinking now of MEM: men who are educated men, and that there will be much less of HIV.

Think back to the time when we learned how to read and write. It was not just that we were learning mechanical things on a page. We had to learn very deeply how to link the first word of the sentence with the last word. How to link the words together with their grammar, shorter sentences at first, and later longer ones that we could read and internalise. Now that is a whole process that goes on with the individual and it seems to transform an individual, that they regard life as very different when this has happened. Also, occurring with individuals, is the ability to delay gratification, to put it off, to say, "No I cannot do that now, I have my homework to do". The discipline that is involved in the simple things of schooling is something that stays with people, and when they know a little bit more about this epidemic, it stays with them to help them to defend themselves against it. We do not use the word discipline very much nowadays but it is something that is very, very real. We have very strong evidence from Uganda and from some other countries of the infection rate coming down in communities for those with secondary or with primary education, and staying level much higher for those with no school education. This happened at a time when there was no sex education in schools, and when even the very quality of education was not good. Education can do more. It can do infinitely more, because the better educated know information is not knowledge, but the information has got to be there. They are able to take in the messages that are coming to them through the media all around them. Now, the social media are kicking in throughout Africa, and this is being used by the people there. Those who are better educated know the importance of going for a test and following up on it, not just getting the test, but going back for it. Educated people know much more about nutrition and the importance of a nutritious diet, which is all tied up with HIV. You are much more susceptible to HIV infection if your nutrition levels have gone low. Educated people have learned more about these things. They show more understanding and accepting attitudes to the people who are infected.

One of the greatest, one of the worst, curses in this area is discrimination and stigma. Treating people with HIV as if they were a race apart, we lower our esteem, negative attitudes towards them, and these negative attitudes sometimes showing, in employment, in access to a dentist, in access to medical services, in all sorts of places. I said this before – some of you have heard it – but I was in a taxi in Dublin in February of this year, and we got around to talking about this disease, and the taxi driver told me: "Two of my brothers have died of HIV, of AIDS, and when the funeral of the first one took place, we went into the local pub with the people to have a drink and a sandwich. Nobody came to serve us, and after about 10 minutes, I went over to the bartender and I asked him why. He said 'some of the other customers are objecting to your being here, they would prefer if you left'". That sort of stigma – is it there lurking in the hearts of people? Education, there

is abundant evidence, that being through school, learning what UNESCO calls one of the pillars of learning for this 21st century, learning to live together – that is also succeeding immensely in dealing with this. So, education is doing a lot. Could it do more? Yes, if given a chance. Maybe you know the story of the man who kept going into the church and pleading, "God help me to win the lotto. God, help me to win the lotto", and nothing was happening. He vocalised it out loud one day and he heard a voice booming, "Give me a chance: buy a ticket". Well, I think that with education, it is a question of giving it a chance. More education, better education, more universal education especially for girls. If we can do that, we are responding to the human rights of all of our children. We are building a great barrier against possible HIV infection, or if infection occurs, we are supporting more speedy treatment that will keep the person alive. Thank you very much.

1 Irish organisation promoting and providing HIV testing services and advocacy.

2 Tsepo Sitali, then aged 8, addressed the 11th International Conference on AIDS and Sexually Transmitted Diseases in Africa, in Lusaka, Zambia.

2013 LECTURE | GENDER, SEXUALITY, AND HIV

2013 - Gender, Sexuality, and HIV

The 2013 Professor Father Michael Kelly Lecture on HIV and AIDS took place at the Development Studies Association of Ireland[1] and Gender Advanced Research Consortium[2] Joint Conference on "Health and Gender Equity in a Period of Global Crisis". Then Director General of Irish Aid, Brendan Rogers, introduced the lecture, followed by Father Michael's address, "Aspects of HIV and Gender". In his lecture, Father Michael focused on the key issues making women and girls especially vulnerable to discrimination, and how these contribute to their risk of contracting HIV. The event also featured a photographic exhibition by Trócaire, "Facing AIDS: The Time is Now", as well as the unveiling of a quilt created by members of the support organisation Open Heart House, which recorded in physical form messages of strength and resilience from those living with HIV. Audio of Father Michael's lecture, his presentation slides, and images of the Trócaire photographic exhibition and the Open Heart House Quilt, can be accessed at www.fathermichaelkellyzambia.org.

We are considering something that's very negative, and that we do not like: HIV. But I want to ask you that as we hear many of the negative aspects, we should think also of some of the positive aspects, and if you want to get them highlighted for you, I invite you to examine very closely the quilt that the members of Open Heart House have prepared. When there are such beautiful expressions as, "I am a mother, I am a wife, I am HIV, I am happy to be who I am", that is the spirit that is within many of the people who have HIV, and that is the spirit we admire in them. That is the spirit that encourages so many of us to try and join hands with them to over-come this ferocious disease that has struck the human race.

I'd like to thank the Irish people very warmly for their support for HIV activities worldwide and here in Ireland, and to thank them for the continued support for this World AIDS Day event, this annual event, which even in difficult financial times is going ahead. At the same time, I would like to congratulate Ireland on an award that was made, to Ireland, only within the last 10 days or so, that it received an award for its commitment to addressing the challenges of international migration of highly skilled persons from the developing world. I gather that you were talking about some of this at the last meeting of the conference here that has just ended, and Ireland has shown itself, as in so many other areas, to be boxing much above its weight.

These lectures have been going on since 2006, and the first of the lectures was on Stigma and Discrimination. It got tremendous support as was said already from Bertie Ahern, and it was held at the time of the launch of the Stamp Out Stigma Campaign, and that campaign has led to great positive things. This evening we are considering an-other area: gender and HIV, with something on sexuality maybe. That is an area where

there is a huge amount of discrimination, inequity, shameful treatment of people, mostly against women and girls, unacceptable treatment, and maybe we need now a Stamp Out Discrimination Campaign: SOD. Get rid of it now, once and for all, and get it out of our system, get it out of not just our personal system, but out of our systems, in government, in civil life, in private life, in every dimension. This problem of stigma, discrimination, inequity in the treatment of women – it comes up very strongly in the whole area of HIV and AIDS. There has been remarkable progress, but for millions of people the disease has now been transformed so that it is no longer life threatening as it was, but a disease that is manageable – but nonetheless a disease, and therefore something that should not be with us.

The great achievement has been the development of the antiretroviral drugs which have saved the lives of so many millions of people, but also the fact that such a record number of people are on these drugs: 10-10.5 million at the beginning of this year. In my own country in Zambia, we estimate that over 90% of those who are in need of antiretroviral therapy are now receiving it. They do not always stay on it for a variety of reasons, but about 90% or a bit more are receiving that therapy, and that is surely a wonderful achievement. But the epidemic is not yet over. It is still with us and we must bear that in mind. It's not over for the 35 million people in the world who are HIV infected, and some of them may be in this room. It is worthwhile noting that of those 35 million people, more than 10% now are over the age of 50. The epidemic is moving up into my age bracket. Moving up, because people are living longer who have received the drugs, and because we have failed to recognise that just because you are over 50, you do not stop being a sexual human being. That remains until five minutes after they put your lid on the coffin. So, this is something that is happening. We saw in one of the Trócaire slides that it is the leading cause of death among women of reproductive age between 15 and 44. It is the sixth leading cause of death worldwide at the moment, and because people are living longer, there are more new infections and AIDS deaths. More people are becoming infected than are dying. More are coming into the poor than are leaving it. This of course creates enormous problems and has great implications for the future. The costs, the disease burden on countries, stigma and discrimination, and the inequality and the treatment of women, and

> “let's never, never, never forget the suffering of the individuals. They are not statistics. They are people, and they are suffering, and we can never forget them”.

There are a number of developments that we have to consider, and that causes worry. I said that we have a great achievement at present of well over 10 million people on the drugs. The objective is to get universal access, that is regarded as 80% or above on the drugs, by the year 2015, which is only two years away. We are not going to achieve that, but apart from all the logistical problems, there is the problem of money. It is estimated that between 2014 and 2016, $87 billion will be required to respond to HIV, TB, and malaria. That money is not going to be forthcoming. Last year, 2012, less than $20 billion was made available. In the current economic climate, that money is not going to rise any more. In fact, at present, we notice that it is flatlined,

that the graph was going up year by year but now it has gone flat, and is wobbling, a little bit down, a little bit up, but it is not going up in the way that is required. In some of our countries, the dimensions of this epidemic are absolutely ginormous. They are like something out of science fiction. Just last night I read that in Swaziland, a small country surrounded by South Africa, currently the AIDS prevalence is 31% of the adult population. One in every three people are infected, and among women between the ages of 30 and 34, the infection rate is over 53%. One asks how a country like that is going to survive even, because it is a small country with a small population. In my own country Zambia, in Lusaka, which has about two million people at present, the estimate is that it is about 25% are infected. In other words, one in every four people that you meet on the street may well be infected. When I was lecturing in university, and I would be dealing with some of these things with the students, I would ask every fourth student or sixth student to stand up, and I would say, right, that's approximately the number of people, in this part of Zambia at any rate, that are infected with this disease. Yes, there is control through the drugs and ultimately that will, we believe, bring less transmission of the disease, but currently there is still far too much transmission of it.

> "And who suffers? Obviously the individuals suffer, but as a group no one suffers more than the women. The women and the girls".

When this disease was developing in the 1990s and the year 2000, up to about the year 2007-2008, there were more men than women infected. Now, worldwide, there are many more women infected than men. Now that speaks of a gender discrimination of two kinds: against the women, and strangely, against the men. Against the women, because they are so vulnerable to this disease, and I will look at the vulnerability in a few moments, and they are at such risk of it. Against the men, because even though there are large numbers able to receive antiretroviral therapy, the number of men who present themselves is not in any way equal to the number of women. Men are macho: "I do not get sick. I do not need a doctor. I can look after myself. I do not need to be tested". They are discriminating against themselves because they are men and have to continue to portray this male image of machismo of one kind or another. In that way they are signing their own death warrant, many of them, by not going for the treatment, whereas the women are much more open to medical treatment, and will present, and it is a social occasion for them sometimes going there, whereas a man will sit grumpily by himself, hating to have to go in to a doctor, especially to talk about sensitive issues like this. It is not only HIV.

We know now that in settings where HIV prevalence is high, as in Sub-Saharan Africa, particularly in the Southern Cone of Africa from Guinea down to the South, TB prevalence is also very high. The rates of TB, in the 15 to 24-year-old population, is one-and-a-half to two times higher than it is in countries that do not have HIV. There is a link between these, and one makes you more vulnerable to contracting the other. So it is far wider than just HIV, it is over TB and it is over other diseases, also. Several years ago, I think it must be about eight or nine years ago now, two men who were very powerful in the world at the time, Stephen Lewis of the United Nations, and James Morris, of the World Food Programme, said this: "The incredible assault of the HIV and AIDS epidemic on women has no parallel in human history. The pandemic is preying on them relentlessly, threatening them in a way that the world has never yet witnessed". That is how it is. I said that more women than men are living with HIV. Among young women, again in the age bracket 15 to 24, HIV is much higher than among young men. In South Africa for instance, 11.5% of the young women have HIV, but only 4.5% of the young men. There is a huge difference there, and why is it, what is it, that is making women so vulnerable? Making them so wide open to attack by this virus and by this disease.

Well I think of it along three different dimensions. Physiological and health problems. The physiology of the human body, of the woman's body. More fragile, more extensive tissues in the female genital areas, infected fluids staying there longer than they would in the body of a male, larger volumes of this fluid reaching these delicate organs. There is something that HIV transmission from male to female is seven times more likely than the other way around, from female to male. I sometimes say what we are dealing with is a faulty design, and I intend when I see the maker to bring that to his attention. And I will be seeing him before many of you I promise you that. There is that whole problem, just in the very fact of being a woman, that cannot be avoided, and it is there objectively speaking, but also we have to recognise that HIV has a woman's face in a different dimension.

> "It is the women who are doing the most against the disease. It is the women who are leading an effective response. We have to think of the women in home-based care. We have to think of the many women who are involved in NGOs, and CBOs, of various kinds. We only have to look around the room here at the moment, and see that it is predominantly women who are here with us this evening".

In the religious domain, I belong there, the Catholic Church is providing maybe 25% or more of the AIDS care across the world, but nearly all of that is women. We priests, we talk, they work and do it. There is another factor with the women that we certainly have to take into account: the social vulnerability. They are very vulnerable because of the way we have adopted certain social and cultural norms. We have double standards in society. Maybe they are a little bit more smooth here than they are in less developed societies, but by and large

> “I think we have to acknowledge that we have a society where few women can negotiate the where, the when, the how, of sex. We have a society where women are expected to show a certain amount of sexual naiveté while men are expected to show a great deal of sexual knowledge and even experience”.

I remember some years ago speaking with university students in Jamaica, and the extraordinary thing there was that nearly all of them were women. Men do not go to university so much there – education is something for the women. I said to them: “how is it that since you are the more educated part of Jamaican society, and you are also getting the better jobs, the bigger jobs, how is it, or why is it, that HIV is such a problem amongst you people in Jamaica?” One of them immediately put up her hand, and she said, “You forget, once the door is closed on the bedroom, he is the boss, not me, and I have to do whatever he tells me, and if there’s HIV around, there’s nothing I can do about it in the face of him”. Now that is a society norm; that is something that was bred into them from the time that they were younger. Let me just read these words from a Zambian woman, and many women in other parts of Africa and I think many other parts of the world would re-echo these words: “Before my marriage I was counselled by elderly female relatives who emphasised that a woman should take a subordinate role within the household and should obey her husband. They even said that violence against women within the household was normal and acceptable and that a woman should remain in her marriage regardless of her husband’s behaviour.”

Being taught from the time they were young that he is the boss and you do not question it, even if there is this deadly disease which he can so easily pick up and transmit to her. And then in our society we have a number of harmful practices: age mixing, young girls with older men, sugar daddies many of them. Not all of them, but they are paying the rent maybe, or they are paying for the children to go to school. The older men, and the girls are their partners, but he has other partners as well; she knows that and she knows the risk, but she has to keep the kids at school, she has to pay the rent, she has to get the household necessities, so she has to have sex. She may even be married and her husband may already realise that she is engaging in such activities, but he says nothing because it keeps the food on the table, or it keeps the landlord away from the door. We have these damaging customary practices. Girls being married too early, before their bodies are fit to be the bodies of mothers, the damage that it does to the health of the girl, but also that the girl is unable to protect herself in any way against the possible onslaught of this disease. We have a practice, it’s fairly universal in Zambia, of what’s called dry sex, inserting certain herbs into the vagina so as to dry it out with the belief that this gives the men more pleasure and that the men are demanding it. I have been at groups with men and I have asked them about this, and they said, “Oh no, no we would never do that, we would never”. They want to do it, and so they cast the blame back on the women. Now it may not be the same practice here in the Western world, but I am sure you are aware that there are practices like this, and that you hear about them, and the way they put the women in an inferior status. If you are to sum the whole thing up apart from the examples of it, I think what we have to say is that society in general agrees in giving women an inferior status.

Then we have one other thing which we have got to mention: the violence against women. The violence against women and girls. The United Nations High Commissioner for Human Rights believes that violence against women is the most pervasive and universal form of all human rights violations. We hear about many of the others, maybe because they are less common. We do not hear enough talk about this, but it is so common in societies across the world, and it is something that is living on the back of the HIV epidemic, and the HIV epidemic living on the back of the violence against women, that this is happening so universally and it is such a problem. As we know from the stories we hear or we see in the media, from so many parts of the world, systematic sexual violence, gender-based violence, seems to be part and parcel of many of the armed conflicts that are going on, used as a tool for terrorisation, used as a tool for ethnic cleansing. Not just in Africa, and not just in the Congo at the moment – we only have to throw our minds a few years back to Serbia, and to all of that part of the world and what is going on there, to Chechnya, and what is going on there, and to Syria today. This is part and parcel of life unfortunately, and it is something that is entirely, entirely, against our ideals of human rights, but it is also something that greatly increases the risk of HIV for women. I mentioned already the stereotyped gender images. Machismo, the man, the idea that the man needs sexual activity. When this epidemic was spreading in India, at the beginning of this millennium, the routes were very often the big long truck routes, and truck drivers were blamed for spreading it, and they still are blamed in many parts including in Zambia, the trucks coming up from South Africa. When the Indian drivers were confronted mostly by NGOs, to try and cool it, they replied, "Ah you do not know how it is when you have been driving a truck, when you have driven 500 miles on one of these long hard roads. You must have sex after it. You need it to cool the body". Sad for the men, but even sadder for the women, who become infected in this way, and this perverted image that this is something that is required.

Behind it all we have to ask again, is there something working on the men here that we have not taken into account. One of my friends, a man called Tony Simpson, whom some of you may have known, he's in the University of Manchester, has written a book about men and sex in Zambia, and he has a wonderful line in it where he says that the powerful gaze of the peer group is never far away. Trying to do what the peer group requires, from the group in the pub, the group at a game, the group at a village beer party – doing what others are demanding, and not doing what they feel themselves they should be doing, and what is required. I am going to risk spending a few moments telling you a fable. It's a fable, but like all fables, there's a great truth in it. The fable is: when God created Adam and Eve, he had two parts left. He was not sure how to share them out between them so he said he'd ask them. He called them and he said, "listen guys, I have two things left, one for each of you. Do you want to hear about them", and Adam immediately said, "What are they?" "Well", God said, "the first one is a thing you attach and when you have it attached and it has become part of you, you'll be able to pass water outside you standing up". Adam immediately started jumping up and down, "Oh let me have that, I want that, that's meant for me". God looked at Eve and Eve said, "Yeah let him have it". They gave it to him, fitted it on, and Adam went around jumping with joy. He put his name on the sand. He hit every tree he could see. He went to the stones and knocked them over. He said, "This is great, now at last I am

a man—I am a real man". And God and Eve looked on, smiling. Then God turned to Eve and he said, "Well I'm sorry, there's only one thing left, you have to make do with it", and Eve said "That's okay, what's it called?" And God said: "Brains". Is there not something in it? Is there not something in it that this identification of a man with sexuality, with prowess, with leading in these areas, and the woman following, using her head alright, as much as she is allowed to use her head, but not always allowed to use it. The high expectations that she will remain faithful to her partner, responding to a man is her primary role. Yes she can have sexual pleasure, but that's not the primary thing, her primary thing so many women are taught, instructed, is to ensure that the man has sexual pleasure, and hers comes secondary to him.

In other words we have built in to this whole sexual area a subordination of women to men and that is not right. That is not the way it should be, and that perspective is something that helps very much to bring the whole AIDS issue or HIV so very, very far forward.

> "So I think that one of the things that has got to be done in this area is that there must be a total transformation in gender norms. We have gone along too many years with them. They are dishonourable. They are disempowering for women".

They are debasing and destructive for men as well as for women, and if our generation does not set about changing these things, and making them more human, then we are going to have problems. The end of last week or earlier this week, the World Health Organisation produced a booklet: "Sixteen Ideas for Dealing with Violence Against Women". It summed them up by saying we must do something about changing and transforming our gender norms and our cultural norms. I believe this change is required not just for dealing with HIV but so that we respect women. We are not trying to bring a change around here in order to keep a disease under control. That's important – absolutely, very important, but much, much more important is the dignity and the respect that is due to a woman as a fellow human being, and that we work for that and that we try to achieve that, and in achieving that we do achieve something that will help us also to overcome one big aspect of the HIV epidemic. A long time ago, 1995 I think it was, the then director of what was known as the World AIDS Programme, I think it was called, a man called Jonathan Mann, he was killed tragically in an air crash. He said, "The low status of women is at the heart of the AIDS epidemic". The central issue is not technological or biological, it is the inferior status and role of women. When women's human rights and dignity are not respected, society creates and favours their vulnerability to AIDS.

My friends, we are living at a time when there are changes coming about in the relationship between men and women and I think what we should be trying to do is to speed up these changes, to bring them forward more quickly, not just because of AIDS but because of human dignity, because of people, who they are. You might say that's very difficult, how are we to do that. I do not know how we are to do it, but I know that we must do it. Maybe the first part of the how is that we are committed to doing it, no matter how hard it may be. George Bernard Shaw once said, you get it on a card in some of the card shops, "Some look at things that are and ask, 'Why?' I look at things that never were and I ask, 'Why not?'" Equality between women and men. I look at that and I ask, "Why not?" It never was. Hard to achieve, but if we do not set our hearts on achieving it, we will never achieve anything in that area or anything fitting our human dignity. This year, 2013, is 50 years since the great Martin Luther King gave his wonderful Dream Address, "I have a Dream", you may know it, many of you. He had a dream of real freedom for the people of colour in the United States, and he hoped that one day the United States would stand up and live out its creed that we hold these truths to be self-evident: that all men and women are created equal. I would be very bold, and I have taken Martin Luther King's words, at least some of them, some of his Dream speech, and I have adjusted it to fit the Dream of Equality between men and women. If you like, when I say the words "I have a dream", you can say them out yourselves. Say it

out loud, so you are expressing a commitment to something that is worthwhile. Dr. King began, "I say to you today, my friends, that in spite of the difficulties and frustrations of the moment, I still have a dream, it is a dream deeply rooted in the most noble of our human dreams. I have a dream that one day our world will turn into reality its belief that women and men are fully equal in every aspect". I have a dream. "I have a dream that one day the whole world will see the countries of Asia and Africa and all other countries as shining lights of freedom, justice, reconciliation, and respect between men and women on an equal footing". I have a dream. "I have a dream that those who follow us will live in a society where they will not be classified by their gender but by the quality of their character". I have a dream. "I have a dream that one day we shall see that there is no more exploitation of women, no more gender-based violence, no more discrimination between male and female, but that we are all one in our common humanity". I have a dream. In King's words again, "Friends, let equality ring. Let equality ring from every town and every village, from every province and every city. Then we will be able to speed up that day when all of God's children, women and men, girls and boys, will be able to join hands and triumphantly sing, 'Equal at last! Equal at last! Thanks be to God, we are equal at last!" That is our dream. That is our hope. Let us all work together to make it a reality. Thank you.

1. Irish membership-based and membership-driven organisation aiming to provide an open and participatory space for dialogue between researchers, policymakers, and practitioners working in international development.

2. Research network linking academics across disciplines at NUI Galway and the University of Limerick.

2014 LECTURE | THE NEGATIVE ROLE OF STIGMA, PREJUDICE, AND CERTAIN LEGAL MEASURES IN THE RESPONSE TO HIV AND AIDS

2014 - The Negative Role of Stigma, Prejudice, and Certain Legal Measures in the Response to HIV and AIDS

The 2014 Professor Father Michael Kelly Lecture on HIV and AIDS took place as part of the Irish Forum for Global Health's International Conference, "Partnerships for Health: The Role of Partnerships in Realising Health Related Development Goals", and was introduced by Dr. Douglas Hamilton, Deputy Director, Thematic and Special Pogrammes at Irish Aid. Father Michael was unable to attend the event in person, and instead delivered his video address from Lusaka. In his address, "The Negative Role of Stigma, Prejudice, and Certain Legal Measures in the Response to HIV and AIDS", Father Michael spoke to the ongoing struggle to confront HIV and AIDS stigma and discrimination, and introduced the event's guest speakers, Dr. Noerine Kaleeba, and Ms. Nadine Ferris-France. Videos of all of the speeches can be viewed at www.fathermichaelkellyzambia.org.

Chair, Ladies and Gentlemen: It gives me great pleasure to speak to you from Lusaka, welcoming you to this year's annual AIDS event and lecture.

I am indeed very sorry that I cannot be with you this year and really regret that I will not hear the presentations of our two eminent speakers and great personal friends, Noerine Kaleeba and Nadine Ferris France. For a long time I had been looking forward to hearing once more the passion and wisdom of Noerine and to experiencing yet again the brilliance and deep human concern of Nadine. But it was not to be. Instead of being with you on what I presume will be a dark, cool and possibly damp evening in Dublin, here I am speaking from a hot and sunny Lusaka that is looking forward to the onset of its rainy season. It will be some recompense to get a recording of all that goes on this evening, although that will not be the same thing as hearing Noerine and Nadine in person and going away humbled and concerned at what they have shared with us.

> "And there is reason for concern. We need to be concerned that the AIDS epidemic is far from being over. We need to be concerned that prejudice, stigma and discrimination still affront the dignity and humanity of millions of people worldwide".

We need to be concerned that in so many countries in the world draconian laws that came from another era remain in force, penalizing human bonding and impeding access to HIV prevention and care services.

Ladies and gentlemen, it is only right that we should acknowledge the tremendous progress that has been made in bringing HIV and AIDS under control. What has been accomplished during the last decade, indeed during the life-time of this annual AIDS event, must be acknowledged as one of the world's most magnificent accomplishments – scientifically, organisationally, financially.

> "But the fact that 37 million people across the world are infected with HIV and that more than two million new infections occur each year shows that the global struggle is not yet over".

The fact that the Irish Ambassador to Zambia, Finbar O'Brien, could say to me last week that he still has to attend a large number of AIDS-related funerals shows that the struggle in one heavily infected country is not yet over.

Neither are we finished with stigma, prejudice and discrimination. The association of the disease with sex and poverty and promiscuous human relations remains. And with it the sly, hurtful, malicious innuendos – it's your own fault; if you lived like decent people this wouldn't happen to you; or like the Pharisee in the Lord's story, "Thank God I am not as the rest of men, especially that I'm not like this chap here who has got HIV." And whatever about these attitudes at the personal level, surely it blows our minds that about a quarter of all the countries in the world still have laws criminalizing same-sex relations. I have never been able to understand this. I come from Tullamore and nearly 80 years ago Tullamore had the distinction of being the first provincial town in Ireland to have its own swimming pool. I remember going there as a kid and sometimes hearing the bigger lads saying "don't let the Guards catch you swimming skinny (that is, without a swimming togs) when the kids are around". And I used wonder, "what on earth have the Guards got to do with that?" And my childhood question is almost the same today: what on earth have the police or the legal systems got to do with people who engage in same-sex relations? But come to one of our prisons in Zambia and you will find out: desperately over-crowded conditions facilitating much unprotected same-sex activity because making condoms available would go against the Victorian law that prohibits this kind of activity. And the result – men who were free of HIV when they began their prison sentence going back to their families after their prison sentence infected with the virus and fearing to look for treatment because they became infected through what is technically an illegal activity.

Ladies and Gentlemen, our distinguished speakers this evening, Noerine and Nadine, will undoubtedly touch on these and other matters that are crucial to ending the AIDS epidemic. They both come armed with a wealth of experience and study to enable them to do so. I expect that when they have finished you will go home tonight, beating your breast and asking yourself: what more can I do to end this dreadful epidemic? What can I do to reduce stigma, prejudice and discrimination and to bring about a world where the law upholds the dignity of every man, woman and child and does not assail it.

May you have a very challenging and worthwhile evening. For me, it is a great honour that these two notable ladies, Noerine and Nadine, are presenting on this occasion. That they are giving of their time to do so is a challenge to me and every other person in the AIDS field never to let up, but to continue doing all we can to roll back this epidemic which is such an affront to the well-being and humanity of millions of people worldwide.

Finally, Ladies and Gentlemen, let me thank the Irish Government and Irish Aid for making this an annual event and for doing me the honour of identifying it with my name.

> “I trust that this association with my name will be seen as symbolic, with me, as it were, standing in for and representing the great body of wonderful Irish people who have spent themselves in addressing HIV and AIDS and their appalling impacts, as well as the great body of heroic people who have endured the worst ravages of the epidemic”.

I conclude by saluting all of them for their great resilience, their unquenchable hope, and above all their unparalleled human dignity.

Thank you, have a very enriching evening, and may God bless all of you!

2015 LECTURE | KEEPING HIV AND AIDS ON THE AGENDA

2015 - Keeping HIV and AIDS on the Agenda

In 2015, the Professor Father Michael Kelly Lecture on HIV and AIDS took place at the Royal College of Surgeons in Ireland in Dublin. Although unable to attend in person, Father Michael gave a video address and introduction from Zambia, in which he spoke around the theme of keeping HIV high on the international agenda, to support the work being done across the globe to support those living with HIV. In particular, he cautioned against complacency, and called for renewed effort and innovation to ensure that treatment reaches all who need it. Father Michael also introduced guest speakers, Professor Sheila Dinotshe Tlou, and Sister Dr. Miriam Duggan. Video of the 2015 lecture may be viewed at www.fathermichaelkellyzambia.org.

Chair, Ladies and Gentlemen: Although I'm speaking from a great distance, it gives me great pleasure to welcome all of you to this year's annual AIDS event and lecture. I am especially delighted to welcome once more Professor Sheila Tlou, the UNAIDS representative for Southern Africa. Many of you will remember Professor Tlou's inspiring words when she spoke to us in this gathering a few years ago about HIV and women. I am sure you will be equally inspired this evening by what she will say on the AIDS epidemic, especially in the way it affects southern Africa and what needs to be done to reverse and completely overcome it.

It is also a great pleasure and honour to welcome the great AIDS activist, Sister Miriam Duggan, to whom countless people, in Uganda and elsewhere, owe it that they are still alive today. Sr. Miriam's current focus on responding to the HIV risks and concerns of injecting-drug-users has surely equipped her to speak very knowingly and trenchantly on an issue that is of concern worldwide, including in Ireland.

Through the great generosity and foresight of the Irish people, represented by the Government and Irish Aid, this lecture series began in 2006. At that time the world was just beginning to cope with AIDS through more affordable and easier access to the drugs that keep HIV in check – the antiretrovirals or ARVs, as they are called. But things were very bad then. In fact, the highest ever annual number of AIDS-related deaths was recorded in 2005, the year before the first of these annual AIDS events. But since then the number of such deaths has fallen, the number of new infections each year is becoming less, and a person living with HIV today has a much better prospect of living a healthy and productive life than such a person would have had in 2005.

But the AIDS pandemic is far from being ended. The bright day when we may say that it is over may come by 2030 but although UNAIDS is working hard towards that, 2030 is still a long way off. And the hopes for 2030 will not materialize unless the world continues to take account of the disease and continues to keep it high on national and international agendas.

> “And that is the theme of this evening’s gathering – keep HIV and AIDS high on the national agenda; ensure the resources needed not only to maintain but also to expand the present level of response; make HIV testing readily available to every person; make anti-retroviral drugs available to every infected person from the moment they are known to have the disease; and take realistic measures to ensure the nutritional status of those who are on these drugs”.

This last is a vital point. As with so many other medicines, the AIDS drugs have to be taken with food or after food. But it is a real tragedy that so many people with HIV can access the drugs but don’t have enough food to be able to absorb them and let them get on with strengthening their immune systems. Although my circle of contacts is now very limited, twice in the last week I have had people coming to me, telling me that they had not eaten for two or more days and so could not take their ARVs. Nothing could be more harmful to them.

And another good reason for keeping HIV high on the agenda was given in a documentary on young people and development in Zambia, broadcast from Dublin by Newstalk on 21st November. There, the co-founder of a student-run agency told us that in Zambia three young people between the ages of 18 and 24 become infected with HIV every hour. That adds up to more than 25,000 in a year, and that is happening today. For the sake of these and similar young people, we simply must keep HIV and AIDS on the agenda and not take it off until every country in the world has totally eliminated this abominable disease.

And let me share with you one innovative way in which Zambia is keeping HIV high on its agenda. I am speaking from Lusaka on 27th November. This coming weekend a large pop concert will be held in the Lusaka Show-grounds with many international artists. Admission to the concert is free for those who can show that they were recently tested for HIV. To facilitate this, special testing facilities, with associated entertainments and something of the air of a circus, have been set up in a number of townships and are being steadily patronized by those who want to get their free admission tickets to the great musical show. A wonderfully imaginative way of increasing HIV testing and of reaching out to young people. And a great way to keep HIV high on the agendas of communities as well as of state agencies.

The Irish Government has taken steps in the same direction. When this lecture series started in 2006, the original intention was to let it run for five years. But as the epidemic persisted, the Government decided with great foresight to keep the event going indefinitely so as to keep concern with HIV and AIDS alive in the national consciousness and, hopefully, also in the resource allocation process.

> “This is a strong national assertion that Ireland will not turn its back on this massive humanitarian problem; that it will not sweep it under the carpet”.

Hopefully this strong commitment to remembering and talking about HIV and AIDS will also be matched by an equally strong commitment to channeling financial and human resources to where they can be best used in responding to what is still a devastating epidemic.

Chair, Ladies and Gentlemen, let me end by thanking all of you once more for your presence this evening, and let me beg of you to keep this disease high not only on the national agenda but also among your personal concerns. Put people first. It is human beings who are enduring the horrors of this disease – parents, academics, young people, and others like yourselves. Never forget them so long as just one person remains infected with HIV.

And now let me hand you on to our two speakers, Professor Tlou and Sr. Miriam, whom you have come to hear. It's possible that some of their words may sadden you, but I feel sure it will also hearten you to learn that so much has been done, even though there's need for an awful lot more.

Once again I thank you for your presence tonight. With two such distinguished speakers you will surely have a very informative and inspirational evening. And when it is over, I wish each of you a safe journey home and a very happy and blessed Christmas with your loved ones. Thank you, and may God bless all of you.

2016 LECTURE | HANDS UP FOR HIV PREVENTION

2016 - Hands Up for HIV Prevention

The 2016 Professor Father Michael Kelly Lecture on HIV and AIDS hosted speakers Shaun Mellors and Robbie Lawlor. Although unable to appear in person, Father Michael Kelly delivered his opening address in 2016 via pre-recorded video from Lusaka, Zambia. In his address, Father Michael spoke about the continuing battle against HIV and AIDS and the need to focus on prevention, rather than solely on treatment. Father Michael points to complacency and lack of investment as contributors to the lack of decline, and in some cases the increase, in new HIV infections, and identifies the groups who are too often left behind in HIV prevention efforts.

Chair, Ladies and Gentlemen: It gives me great pleasure to welcome all of you to this year's annual AIDS event and lecture. I am speaking to you from the comfortable heat of Lusaka where the temperature is about 30 degrees. But very bravely you have come out in the cold and possibly the damp of a winter's evening in Dublin to attend this lecture. This is very noble and generous of you, and I thank you for that and for the way it shows your concern that the horrendous AIDS epidemic should be overcome.

It is an especially great pleasure and honour to welcome our two speakers this evening, Shaun Mellors from South Africa and Robbie Lawlor from Ireland. Very courageously, both are open about the fact that they are living with HIV, so in this field both can be recognised as experts in a way not possible to the majority of us. Shaun will be speaking from his more than 25 years of international experience in the AIDS field where he is well-known for his passionate commitment to human rights and social justice, while Robbie will draw on his HIV and sexual health activism, especially among university students, his work in establishing the first peer support network in Ireland for people living with HIV, and his total rejection of anything that smacks of HIV stigma or discrimination.

Clearly, both speakers are singularly well equipped to speak to this evening's topic on HIV prevention and ensuring that the messages and services reach everybody, with nobody left behind. Both are critical areas. In the last decade the world has made dramatic progress in responding to the AIDS epidemic, but mostly in the area of treatment. Thanks to improvements in antiretroviral drugs, persons living with HIV today who receive the proper medical treatment have as much prospect as anybody else of living a long and healthy life – and maybe even a better prospect, because they will be medically screened so much more often.

However, although there has been real progress in the area of HIV treatment, the battle against AIDS is not over. Far from it. In fact, some experts are predicting that if things continue as they are the world could see a resurgence of the epidemic, with the number of people living with HIV building up steadily and the number of deaths due to AIDS increasing in many countries.

There are many reasons for this. One is the dead weight of complacency, the belief that we have successfully come to grips with the problem and that treatment alone will break the back of this disease. But as the renowned expert Peter Piot has said, "we will never treat ourselves out of this epidemic."

Another challenge is reduced investments. Massive and ever-increasing resources are needed to address the AIDS epidemic, but in 2015 instead of increasing these fell. Related to this is the way HIV infection within the body of an individual builds up resistance to the relatively cheap drugs that are initially used and requires ever more sophisticated and costly treatment.

Lurking behind these disturbing scenarios are the two issues that are the principal concern of this evening's gathering: preventing the occurrence of new HIV infections and making sure that the necessary information and services to do so reach everybody in need of them, with nobody left behind.

> “Quite simply, the heart of the matter is that if we can stop new HIV infections we will stop the disease. But if we do not stop them the epidemic will continue to flourish, with the danger that in many parts of the world the progress made against AIDS in the last three decades will go into reverse”.

World-wide, the peak year for new infections was 1997, with 3.3 million new infections occurring that year. For a couple of years after that there was a period of fast decline, with new infections falling to around 2.6 million in 2005. And that is where they have remained ever since. This means that each year about 2.6 million people, mostly adults in the prime of their lives, become newly infected with HIV. If all of these infections were to occur in Ireland, more than half the population of the country would become infected in a single year and the entire population in less than two years. It hardly bears thinking. But that is the world we want to change.

While a certain amount of the problem is concentrated in Sub-Saharan Africa, instances of new HIV infections occur in stubbornly high numbers in almost all parts of the world; for instance, approximately 50,000 people in the United States became newly infected with the disease during each of the past ten years; this means that within the last decade half a million additional people in the United States have become infected with HIV.

And while it is bad enough that the number of new infections is not coming down, the challenging fact is that in many countries the number is actually increasing. In Eastern Europe and Central Asia, for instance, the number of persons newly infected with the disease increased by more than 50% between 2010 and 2015. And in Ireland the number of people newly diagnosed with HIV in 2015 was more than 30% higher than the number diagnosed in 2014 – 498 new HIV infections in 2015 compared with 377 in 2014. The numbers may not be huge, but the devastation to human life is colossal and the implications for long-term health financing are enormous.

Perhaps these few facts bring out how urgent it is that efforts to prevent new HIV infections be reinvigorated.

> “Merely sustaining the efforts that are already in place is not enough. There is urgent need for a more vigorous use of the tools that the world already has at its disposal and for more determined efforts to ensure that everybody in potential need can have access to them”.

These tools are many and the two speakers this evening may say something about them. Their core consists in strategies that promote sexual and drug-injecting practices that carry less risk of HIV transmission. But they also include HIV testing and treatment for everybody who may be infected so as to reduce the risk of transmission from one person to another and, in the public sphere, putting an end to punitive laws, policies and practices and to the detestable stigma to which these often give rise.

> “And here we come up against the issue of leaving no one behind. Overlooking even one person in efforts to prevent HIV infection would be a major human tragedy. But it would also be a crime against humanity because of the way it could put an individual and a community at risk of HIV transmission”.

But the calamitous fact is that the AIDS response has not always taken sufficient account of certain groups whose involvement is critical to its success. Sadly these groups tend to be virtually blacklisted by society; they experience obnoxious stigma and discrimination; and in many parts of the world they suffer the injustice of abhorrent laws, policies and practices. I am talking here about such salient populations as men who have sex with men; sex workers and their clients; transgender people; people who inject drugs; and prisoners. These groups are key to HIV prevention efforts because globally they account for more than one-third of all new infections. Reaching out to them, engaging them and involving them in a non-paternalistic way is crucial to every effort to stem the transmission of HIV. Yet too often they are ignored or overlooked or are not involved in a way that respects their fundamental human dignity. Tragically, for themselves and for the world, too often they are left behind.

These are among the matters that Shaun and Robbie will be addressing this evening. They are sobering topics, but ones that both speakers are exceptionally well equipped to deal with. I feel sure that from the depth of their experience they will motivate you very strongly to want to see Ireland do even more in the struggle to reduce HIV transmission and to ensure that nobody is left behind.

With these few introductory remarks, I wish all of you a very fruitful, challenging and thought-provoking evening; and when it is over, may each one of you travel safely back to your homes. And I wish every one of you a very happy and blessed Christmas with your loved ones and a New Year that will see a stronger and more consistent focus on HIV prevention, with nobody left behind.

Thank you and may God bless all of you.

2017 LECTURE | YOUNG PEOPLE AND HIV

2017 - Young People and HIV

In 2017, Father Michael Kelly delivered his introductory address via pre-recorded video from Lusaka where he gave his thoughts on the current challenges affecting young people at risk of, or living with, HIV. Father Michael spoke of the successes and progress made since the previous year such as high numbers of people receiving treatment, and a decrease in AIDS-related deaths. But he also reminded us that one group is being disregarded in the fight against HIV and AIDS; young people – adolescent girls and boys and young women and men, all those between the ages of 10 and 24. The event this year was held in the Royal Irish Academy, Dublin, and featured talks from Dr. Chewe Luo and Daphine Abaho.

Chair, Ladies and Gentlemen, Friends:
As in previous years, it gives me great pleasure to welcome all of you to this annual lecture and to thank you for the commitment you have shown by coming to the Royal Irish Academy this evening. Let me also thank Irish Aid, and through them the Irish people, for the far-sighted decision to face the challenge each year of asking what more we can do to rid the world of the great scourge of HIV and AIDS and to help the people that it affects. I want also to thank the Irish Forum for Global Health for its assiduous work in organising this evening's event. Most sincere thanks to Nadine Ferris France, Nicola Brennan, and all of you for your vision and efforts.

And, as also in previous years, I must apologise for my inability to be with you. I would just love to be there, but age and fragility don't allow it. I'm sorry about that.

But don't let my absence worry you. The essential thing this evening is the message that our two special guest speakers will bring about the central importance of doing something to lessen the horrendous impacts that HIV and AIDS can make on the lives of young people. Both are well equipped to do so.
Dr. Chewe Luo is from Zambia. I can tell you with pride that she is a greatly respected and admired friend of many years standing, though it is a long time since we last met. Let me make up for that by greeting her now and welcoming her to Ireland: mulishani, mukwai; mwaiseni, ba-Chewe!

Dr. Luo specialises in child health, especially in a tropical environment. This expertise has fed into the many years she has invested in programmes for children and AIDS, and in turn all of this has led to her position today as the chief of UNICEF's HIV and AIDSdivision.

The second guest-speaker is Daphine Abaho from Uganda. I haven't had the privilege of meeting Daphine, but I have been greatly impressed by a short film about the work she does for HIV education, prevention and care among young people in Uganda. Daphine herself is a young person who has been very open about the fact that she is living with HIV. Her courage in doing so and the way she draws on her condition to inspire young people in Uganda to live an HIV-free life surely deserve our respect and admiration.

When we met for this event last year, we noted some major successes in the global struggle against AIDS. The good news is that some of these successes have been sustained and even expanded. For the first time in the thirty-six years since AIDS began its devastating work among us, more than half the people infected with HIV are now receiving life-preserving treatment, by taking just a single tablet once a day. For millions of people, this has transformed HIV from being a death sentence into a chronic, manageable disease. When properly adhered to, the same treatment has also greatly reduced the risk of HIV transmission and in many places has made mother-to-child transmission a rare occurrence.

There has also been a decline in the number of AIDS-related deaths. These have almost halved, from a peak of nearly two million in 2005 to one million in 2016, with the reduction being more rapid among women than among men. Also between 2010 and 2016, the number of children dying from AIDS fell by more than 40%.

But as we acknowledge the progress that these declines represent, let us also remember that behind the cold statistics there are women and girls, men and boys, toddlers and infants, experiencing the pangs and sufferings of a long drawn-out and brutally agonizing death, watched by their trauma-racked and totally devastated families who don't understand what is happening but who just know within themselves, "this is evil; it should not be."

It is good that in the shadow of so much suffering and pain we can acknowledge that considerable progress has been made. We all need to have our spirits lifted by positive news in this field of enormous human tragedy. We also need some good news so as to strengthen our resolve in dealing with situations where the reports are not so good. Last year our theme at this gathering was "Hands up for HIV prevention: Leaving no one behind." Unfortunately, the story about HIV prevention remains fairly bleak. The number becoming newly infected with HIV remains stubbornly high; indeed, instead of going down, it is actually increasing in some parts of the world.

> "And while great efforts are being made to leave no one behind, one group that has effectively been disregarded, not receiving the attention it requires and deserves, is that formed by young people – adolescent girls and boys and young women and men, all those between the ages of 10 and 24".

Adolescents are at the age when puberty occurs with all its physical, psychological and social changes. This is a time of enormous vitality, innovation, discovery, questioning and hope on the part of young people. It is the time when romantic and sexual relationships begin to occur, when the young person takes risks and enjoys doing so, when the views of colleagues and friends become central and must be conformed to, often regardless of the cost. This is the time when the young person wants to assert personal independence and is prepared to face dangerous situations with the naïve belief that "it won't happen to me." This is a time of challenge for young people who are looking for understanding, encouragement, affirmation, information and the skills they need so that they can safely travel the rocky road to adult status.

But the tragedy is that the qualities that make these young people so very charming and endearing also make them vulnerable to infection by HIV and other sexually transmitted diseases and put girls at high risk of early and unintended pregnancies. And compounding this danger is the fact that our adult world is not doing enough to help them. The deplorable situation is that while deaths from AIDS are decreasing in every other age group they are increasing among adolescents. The number of adolescent deaths from AIDS has tripled this century, something that has not happened with any other age group. The estimate at present is that every ten minutes somewhere in the world an adolescent will die from AIDS, while globally more than a third of all new HIV infections occur among young people aged fifteen to twenty-four. This is simply unacceptable.

> "Adolescents and young people deserve better of life than that. They need information. They need services. They need commodities. They need treatment and care. And their need is that these should be available in an environment that is open and welcoming to young people".

But much that they need may be in very limited supply, if available at all and, where available, may be offered in a setting that is far from being youth-friendly, that in fact is youth-hostile and reeks of disapproval, censure, stigma and discrimination.

In addition, all sorts of legal, policy and social barriers may prevent young people from accessing such health information and services as are available. In some countries young people must have adult consent, usually from a parent, before they can access HIV testing and counselling. It's easy to see the almost insurmountable barrier this places on going for an HIV test and related services. Can you imagine a worried youngster in the mid-teens saying, "Mum, is it alright if I go round to the clinic for an HIV test?" Or even worse, "is it okay if I go to the clinic to get some condoms?" Clearly, legal and social norms must protect children and young people from abuse. But they should not be so restrictive that they prevent them from accessing services that would help protect them from HIV infection.

And Friends, there is one other thing of great importance in this area. I am speaking to you from Zambia which is in the heart of Africa. One of the things people don't always realise about Africa is that it is a continent of very young people. In many countries young people under the age of 25 make up two-thirds of the population. And the youth population in our countries is expected to increase by an additional thirty percent in the coming fifteen years. In other words, while the rest of the world is aging and growing older, Africa is rapidly becoming younger.

This presents great promise for economic development, with a large working-age population that could lift the continent from its present poverty-ridden state into a more prosperous future. But it also presents the great challenge of confronting and overcoming HIV and AIDS among these increasing numbers of young people. The human rights and dignity of each of these young persons demand that they get all the help they need to keep themselves HIV-free, and that they get the treatment and care they need to remain vibrantly alive even if infected with HIV. If HIV is not successfully addressed in African countries, the growing population of young people could well turn into a ticking time-bomb, spelling disaster for the region.

> "But if HIV among young people is brought under control, the prospects for Africa, and likewise for other regions, are bright. This challenges us to ask: what can we do about it?"

Dr. Luo and Daphine will surely take up these and similar matters with you this evening, in greater depth than I can do in these few introductory words. They are delicate issues, but ones with far-reaching consequences for the good of a large proportion of the human race. I feel sure that both will stimulate a great desire in you to see an improvement in the response to HIV among young people. And maybe even some among you might come up with the thought, "if that was my own daughter or son, would I not move heaven and earth to make sure that there was the necessary protection, care and treatment?"

With these few opening remarks, I thank you again for your presence and support this evening. I wish every one of you an interesting although challenging evening; and when it is over, I wish each one of you a safe journey back to your homes.

Thank you and may God bless all of you and those who are dear to you.

2018 LECTURE | LEAVING NO-ONE BEHIND

2018 - Leaving No-One Behind

The 2018 Professor Father Michael Kelly Lecture on HIV and AIDS took place in the Smock Alley Theatre, Dublin. Father Michael Kelly once again welcomed guests from his home in Lusaka. This year Father Michael focused on the United Nations motto of "leaving no one behind", and identified the groups who are commonly left behind in the struggle with HIV and AIDS; the economically poor, women, children, adolescents and the young, people of diverse sexual orientation, sex workers, injecting drug users, prisoners. Father Michael reiterated the importance of reaching every person who is in need, either for prevention or treatment of HIV to prevent a resurgence of the epidemic. The format this year was a little different, with just one speaker and a panel discussion. Video of the 2018 lecture can be viewed at www.fathermichaelkellyzambia.org.

Chairs, Ladies and Gentlemen, Friends:
It is with great pleasure that I welcome all of you to this annual lecture-event. Most sincere thanks to every one of you for the interest and commitment you have shown by coming to this gathering in Smock Alley, Dublin's great historical theatre. Very special thanks to Minister Cannon and Irish Aid, and through them the Irish people, for the annual investment in this event aimed at ensuring that the AIDS epidemic does not slip off either our national or personal agendas. I would also like to pay tribute to the Irish Forum for Global Health for its assiduous work in organising this evening's event. Heartfelt thanks to Nadine Ferris-France, Nicola Brennan and all of you for your vision and efforts.

With only one principal speaker and a panel to consider issues and answer questions, this year's programme promises to be a little different from that of previous years. But, as always, you will hear from a wonderful range of personalities. The principal speaker will be Dr. Khuat, a medical doctor from Vietnam, who founded and runs a centre for improving the lives of marginalised individuals through community empowerment and the creation of an enabling environment. Dr. Khuat knows from experience what to do so that people are not left behind, and no doubt she will share some of this with you.

The panel consists of Dr. Khuat, Robbie Lawlor, who was so vitally impressive at this event two years ago, Rory O'Neill, who in addition to being Queen of Ireland is a vigorous anti-HIV activist, and Nicola Brennan, who is well known to almost all of you. The discussion will be moderated by Dil Wickremasinghe, a proud Irish citizen and well-known broadcaster whose passions are social justice, mental health and stand-up comedy. In many ways, Dil epitomizes the thrust of this evening's event, with her personal belief that equality for one is equality for all.

"Leaving no one behind" is the motto adopted in 2015 by the United Nations for its programme of Sustainable Development Goals (SDGs). Taken together, these goals or aspirations paint a picture of the world we hope to build by 2030. Key amongst them are the elimination of abject poverty, achieving zero hunger, and ensuring good health and well-being for all.

The goal of good health refers to overcoming the major illnesses that continue to plague the human condition. Prominent among these are AIDS, TB and malaria. For HIV and AIDS, the target is that by the year 2030, which is only 11 years away, the epidemic will have come to an end, with HIV and AIDS no longer posing a health threat in any part of the world. Achieving this poses huge challenges. It means stopping all new HIV infections, every one of them, ensuring that every HIV infected person in the world has access to life-preserving anti-retroviral drugs, and making it absolutely routine that every such person faithfully takes the prescribed medicines every day.

> "Notice the small words "all" and "every". Stop ALL new HIV infections; get EVERY infected person on to antiretrovirals; make sure that EVERY such person takes the necessary drugs EVERY day. In other words, leave NO ONE behind."

These are colossal challenges, but they are what the world wants to achieve, what the world intends to do. Reach everyone. Leave no one behind. And when we talk about this in relation to AIDS, thankfully there are good reasons for optimism, though sadly there may be even greater reasons for pessimism. The good news is that because of sustained access to antiretroviral therapy, the number of AIDS-related deaths is now lower than it has ever been before in this century. In addition, almost 22 million people are on treatment – though the flip side of this great achievement is that more than 15 million HIV-infected individuals still do not have access to the treatment that can save their lives and protect their partners from HIV infection.

But the optimism that these achievements inspire makes it necessary for us to be frank about the hard problems that still need to be solved. And that is what we are aiming to do this evening: identify who it is that is being left behind in the confrontation with HIV and AIDS, get some idea of why this is happening, and see what can be done about it.

As to identifying who is being left behind in the struggle with HIV and AIDS, you have probably guessed right.

> “In every part of the world, it is those who are already marginalised, uncertain, weak and poor who are more vulnerable to HIV infection or to negative impacts of the disease – the economically poor, women, children, adolescents and the young, people of diverse sexual orientation, sex workers, injecting drug users, prisoners.”

Then in addition to all these we have the sobering fact that formidable obstacles stand in the way of providing HIV services to the people who need them most. No doubt, the presenters this evening will consider some of these, but let me mention four issues that remain critical.

First, even though women are more likely than men to take a HIV test and to adhere to HIV treatment, gender inequalities and the disempowerment of women, particularly in the case of adolescent girls and young women, remain as powerful obstacles to progress against the disease, and these inequalities are so deep-rooted that they will give way only to very comprehensive and sustained efforts to reduce and eventually eliminate them.

Second, there is the marginalisation and very often outright rejection of people of diverse sexual orientation, exacerbated by restrictive laws and policies, even though such individuals are at a particularly high risk of HIV acquisition.

Third, the world has already started to experience a vast increase in the number of young people, with the largest ever generation of young people entering into adolescence and adulthood. But as we noted last year, all these young people are very vulnerable to infection by HIV and other sexually transmitted infections. And the bleak reality is that we are not doing enough to prevent them from becoming infected or to reach out to those of them who are already infected, as witnessed by the fact that AIDS is the second most common cause of death among adolescents globally. Tragically, young people feature prominently among those being left behind and the tsunami of their expanding numbers is a stark warning that another devastating tsunami is approaching, that of their becoming ravaged by HIV and AIDS.

Fourth, there is the continued inexcusable spectre of stigma and discrimination. Although these have been somewhat reduced globally, people living with HIV and those at higher risk of HIV infection continue to face these detestable situations, and in a tragic twist they must also endure the self-stigma that may arise from knowing that they are HIV-infected.

Friends, just one month ago the world was celebrating the end of the First World War, the so-called "war to end all wars". But we know what a mockery that designation turned out to be, with the horrors of all the wars that have taken place in the last century and that continue to ravage the world today. We don't want this tragic scenario to be repeated in the world of HIV and AIDS, with fresh outbursts of the disease and a resurgence of the epidemic.

> "The world can and must do better. It must reach every person who is in need, whether for prevention or treatment. It must leave no one behind."

Failing that, the epidemic will rebound, with disastrous consequences for millions of people. At all costs, we must strive to avoid that.

With these few introductory remarks, let me now give the floor to the speakers and the business of the evening. It will surely be a challenging evening of inputs and deliberations. I wish you well in all of them and hope most sincerely that they will lead to some clearer picture of how the struggle with HIV and AIDS we can leave no one behind and thereby come closer to the ultimate goal of a world free from the threat of this devastating disease.

Finally, Ladies and Gentlemen, let me thank you again for your presence and support this evening. I wish every one of you an interesting although challenging evening; and when it is over, I wish each one of you a safe journey back to your homes.

Thank you. May God bless all of you. And may each one of you and your loved ones have a very happy Christmas.

2019 LECTURE | HIV AND WOMEN: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

2019 - HIV and Women: Sexual Reproductive Health and Rights

In 2019, the Professor Father Michael Kelly Lecture on HIV and AIDS was held in the Smock Alley Theatre, Dublin. The lecture included a video address from Father Michael Kelly in Zambia, and was moderated by broadcaster and entertainer, Dil Wickramesinghe. Speaker presentations from Joannie Marlene Bewa and Georgina Caswell are available at www.fathermichaelkellyzambia.org. In his address, Father Michael focused on this years' theme of HIV and Women, and higlighted the benefit of getting girls into school, and keeping them in school, in order to lower the risk of HIV in this group.

Chair, ladies and gentlemen, friends, it gives me very great pleasure to welcome all of you this evening to this lecture and event. Many of you are now loyal friends who each year braved the cold the dark and the damp to be with us on this occasion. I thank you very sincerely for that manifestation of your commitment and dedication. Let me also extend a special welcome and thanks to Minister Ciaran Cannon for joining us this evening, just as he did last year, his presence his eloquent testimony to the determination of the people of Ireland to show solidarity with people elsewhere who are in need, Minister, your being with us is also proof positive of the Irish commitment to bring about a more equal, just, fair, and sustainable world marked among other things by more effective attention to the gendered aspects of poverty, humanitarian needs, climate change, and inequality. Those words come from this Better World document, Ireland's policy for International Development, which expresses very strongly the Irish commitment to fundamental human needs and rights. Action towards realizing that commitment is surely expressed in this evening's gathering with its focus on leaving no one behind, and therefore ensuring that women and girls know where they stand in matters relating to their sexual and reproductive health, and can exercise their rights in this and every other regard. But the sad fact is that people are being left behind, they are still becoming infected with HIV. They are still dying from this disease. To my sorrow, this is something I see happening quite frequently here in Zambia, where AIDS is the leading cause of death. And to my dismay, the United Nations warned just a few weeks ago, that the pace of progress in reducing new HIV infections, increasing access to treatment, and ending AIDS related deaths is slowing down.

From Zambia, which is one of the most severely HIV affected countries in the world, I implore you do not let the Irish response to HIV and AIDS slow down, do not sink into the complacency of thinking that this epidemic has been overcome. Never forget your sisters and brothers out there who are suffering from the agony, the stigma, the anxiety of this disease, do not let there be any decline in Irish funding for responding to the epidemic. People depend upon you for their lives, and on your continued exemplary commitment. It is also of great concern that the stigma associated with the disease continues its relentless work of making it difficult for infected people to come out into the open and seek the treatment that could save their lives.

> “We know only too well, that people living with the disease, who perceive high levels of HIV related stigma are likely to shun the health centers and postpone seeking the care they need until they are very ill, and very often that is too late to save their lives”.

In addition, millions of infected people are having their lives blighted, not just by the disease itself, but by their internal feelings of shame and self-loathing and smallness, and their sense of how foolish they may have been in letting themselves become HIV infected. This is the internal self-inflicted self-stigma that can beset all of us when things go wrong, but that is particularly obnoxious and intolerable for those infected by HIV. And, judging by the figures, young women aged 15 to 24, are at very high risk of becoming HIV infected. The harsh reality today is that somewhere in the world, an adolescent girl becomes infected with this disease every three minutes. Think of that, every three minutes, an adolescent girl becomes infected with HIV. That adds up to nearly 500 each day. Surely, ladies and gentlemen, that is something that is completely unacceptable. Girls also have a lower rate of HIV testing, something that leaves them ignorant of their HIV status, and much more

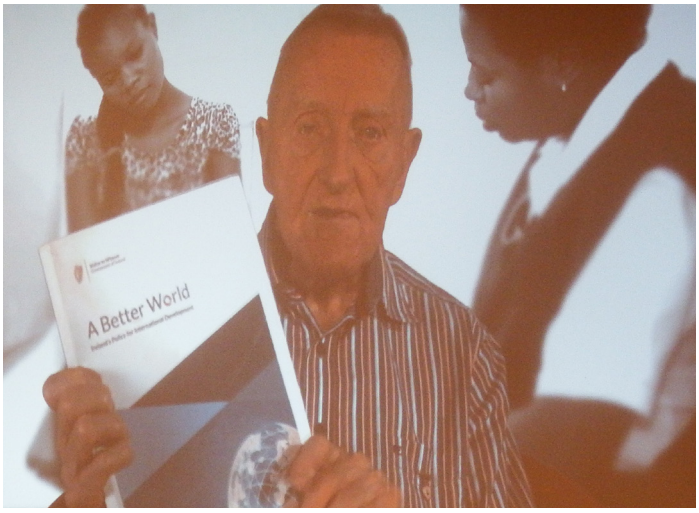
likely to transmit the infection to others. Clearly, adolescence for all that sweet 16 charm, can be an incredibly dangerous period in the life of a young woman.

If I were young again, and one of my three sisters was at this age, I would move heaven and earth to see that she was protected from this onslaught, I'd fight tooth and nail against the way HIV discriminates against young women in the world, where we are loud in our proclamation of equality, and the absence of all forms of discrimination, but much more reticent, when it comes to doing something about these things. But hopefully, your presence here this evening friends means that you're not going to let HIV and AIDS get away with it, you will do what you can to see an end to the multifaceted gender-based discrimination that it is brought into our midst. And thankfully, there is one thing we can do.

> "A girl's risk of becoming HIV infected, drops substantially, the longer she stays in school. Getting girls into school, and making sure that they remain in school for as long as possible is on its own a human rights challenge. But its potential for lowering the HIV risk of adolescent girls makes it even more important."

Great credit, therefore, to Irish Aid for its wise decision to increase support for education, especially the education of girls. Ideally, this education should provide information on sexual and reproductive health, as well as on rights. But unfortunately, there is considerable reluctance in reaching out to help young people deal with this area of their lives. This aversion is probably felt just as much in Ireland as it is here in Zambia. Yet, there is great urgency that young women, and of course also young men, should know about these things, should have access to the services and commodities that they need to protect themselves, and should grow up in a culture that encourages young people to know and exercise their rights, including their sexual and reproductive health rights.

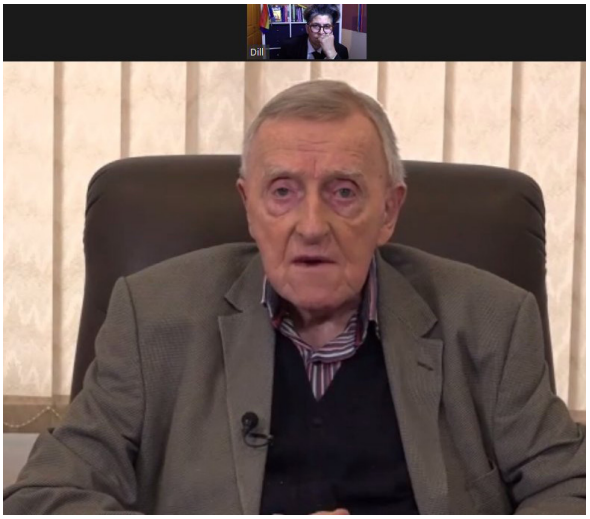
No doubt, the speakers and the panel this evening will consider these issues. But before I conclude, let me note with appreciation, something to which Minister Cannon and the Tánaiste have recently drawn our attention that an international report ranks Ireland as being the most effective donor in the world in reaching those in extreme poverty. Internationally, Ireland comes out tops in the world in the effective and capable way it reaches those who are most in need. That is a wonderful accolade, a splendid tribute, something that makes us very proud of you. Thank you very much for everything that has led to this and keep up the good work. Go raibh míle maith agaibh, and may Ireland continue to give the lead in forging a world that is more equal, just, fair, peaceful, and sustainable. And now, let me welcome all of the speakers so that you can listen to them. I know that it will give you a very fruitful, challenging and thought-provoking evening. When it is over. May each one of you travel safely back to your homes. And I wish every one of you a very happy and blessed Christmas with your loved ones, and a new year that would see a stronger and more consistent focus on responding to HIV with nobody, but above all, no girl or young woman, left behind. Thank you, and may God bless all of you.



2020 LECTURE | SOLIDARITY IN THE FACE OF HIV AT A TIME OF GLOBAL CRISIS

2020 - Solidarity in the Face of HIV at a Time of Global Crisis

Due to the Covid-19 pandemic, this year's event was held solely online. At this year's live web event, as in previous years, the Irish Global Health Network facilitated Irish Aid's Annual Father Michael Kelly HIV and AIDS Lecture. This year's theme was Solidarity in the Face of HIV at a Time of Global Crisis. The lecture included a video address from Father Michael Kelly in Zambia, and was moderated by broadcaster and entertainer, Dil Wickramesinghe. This year's event also featured a collaboration of youth choirs with the launch of an original music video by Africaid Zvandiri Youth Choir in Zimbabwe and the SpeakUp SingOut SUSO Youth Choir in County Kildare. In his keynote address, Father Michael spoke of the concurrent crises of Covid-19, HIV, and climate change, and called on us all to show solidarity with all the actors in their struggle against HIV at this time when its impacts are being worsened by these other two catastrophes. The full event video can be viewed at www.fathermichaelkellyzambia.org.



Good day to all of you and greetings to everyone who is linking up with us for today's Irish Aid HIV lecture. That we cannot gather together for this annual event, as we did in previous years, but must hold it online can be laid squarely at the door of the global COVID pandemic. In many respects this is a loss, since we will miss out on personal interaction with the speakers and with one another, not to mention the solidarity in face of a common crisis that being physically together can generate. But it is a gain in the opportunity it gives to listen to speakers from different parts of the world. It is only because we are online that we can hear from Dr. Lia Tadesse, Ethiopia's distinguished Minister of Health, and draw on her wealth of experience in health-care leadership. Being online also enables us to hear from Saidy Brown, an HIV activist from South Africa who was herself born with HIV.

The panellists today are Marijke Wijnroks, the Global Fund Chief of Staff from Switzerland, who has had extensive involvement in global health issues. And from nearer home, here in Ireland, we have Ruairí de Búrca, the Director General of Irish Aid at the Department of Foreign Affairs and Trade. This year we also have the opportunity to experience the collaboration between two youth choirs, one from Africaid Zvandiri in Zimbabwe, the other the SpeakUp SingOut or SUSO choir from Ireland. Together these will launch an extraordinary video of solidarity through music across the miles separating Ireland and Zimbabwe. These young people will surely lift our hearts today and give us a taste of how we can all unite in solidarity in face of HIV in a time of global crisis. None of this would have been possible were it not for the dedicated commitment of Nadine Ferris France and her colleagues in the Irish Global Health Network, who originated most of the ideas for today's session and who toiled away for months to bring these ideas to fruition. Thanks to them we can look forward to an instructive and enjoyable session, expertly moderated by: Dil Wickremasinghe, social justice and mental health advocate, campaigner, journalist and broadcaster.

We have already heard words of welcome from Minister of State, Colm Brophy. Allow me to thank the Minister for his encouraging and supportive words and for the Irish Government's continued support for this annual event.

> “That there is need for Ireland to continue to address the HIV and AIDS epidemic is shown by the increase in new Irish HIV infections which are occurring at a rate higher than the European average – a very good reason for everybody throughout the country to show solidarity in face of the HIV epidemic.”

Our speakers today form an exciting and very well-informed team who will surely enlighten us on the HIV and AIDS situation in a world that is plagued with other major crises. Hopefully when we have heard them speak, each one of us will feel stimulated to play a more energetic role in the global struggle against HIV, against COVID and against the other crises that beset today's world.

A few days ago, youth representatives in Cuba, in a tribute to Fidel Castro, stated that today "humans are experiencing an unprecedented multi-dimensional crisis". Let us briefly recall three of these dimensions – each a crisis that challenges us every day. First, there are the ongoing interlinked crises of environmental degradation and climate change, the single greatest threat facing humanity, as Mr. Simon Coveney, Tánaiste at that time, pointed out a year ago, and which together are leading steadily to a world characterised by numerous turbulent weather events, to a hotter planet and to a more hungry world. Then there is the continuing HIV and AIDS crisis which has already killed 32 million people and left 75 million more infected, with the total number of new infections in 2019 being more than three times higher than the target of 500,000 that the world had set for itself. Finally, and as we are so well aware, there is the COVID crisis which so far has seen more than 50 million infections and one-and-a-quarter million deaths. All of these are very severe crises closely interconnected with one another, each one increasing the potential of the others for disaster and human calamity. And each of them calling for the same response from every one of us as concerned human beings and inhabitants of this planet. All of them surely calling for each of us to speak out with one voice: NO! Thus far you have come, but no further; you have reached your limit. All of them calling for colossal solidarity in face of the immensity of the evil and wrong that they represent. Recent extreme weather events highlight the damage we are doing to this beautiful world of ours by the way our factories, our industrial plant, our vehicles are flooding the atmosphere with carbon dioxide and other gases, thereby increasing global temperatures and speeding up the rate of climate change.

We acknowledge the ongoing crisis of HIV and AIDS. Most certainly and very gladly, we salute the great progressive strides that have been made over the forty years since this disease first struck humanity. But at the same time we note with alarm that in certain regions of the world the epidemic is expanding; that nearly half the new HIV infections worldwide occur in people who inject drugs, men who have sex with men, sex workers and other key populations; and that these receive only a tiny part of the funding that goes into preventing and treating HIV infection. As we asserted two years ago at this annual HIV lecture, the policy and the strategy should be to leave no one behind. We re-affirm our commitment to that vision, pledging that each one of us will do what we can to make it a reality. And we cannot be blind to the COVID crisis that has killed and traumatized so many people, that has kept so many of us locked up in our homes for weeks on end, that has played havoc with our social lives, that has brought so many shops and small businesses close to ruin, and that has had such a chilling effect on democracy and the observance of human rights. Over and over again, we say NO to this crisis and we have shown our heroic solidarity in saying NO by the way we have responded to the severe lockdown restrictions that almost imprisoned us in our homes a couple of times in the past year. These various crises, individually and in combination with one another, have the potential to bring the world to its knees, as indeed the COVID crisis has already shown.

> "The COVID pandemic, climate change and HIV occurrence are an unspeakably evil trio of catastrophes, each one increasing the risks from the other two."

For instance, evidence from Lesotho shows that after periods of severe drought brought about by climate change, there is a rise in HIV rates, since getting the wherewithal to put food on the table becomes a higher priority than protecting oneself from HIV infection.

Again, the World Health Organisation has warned that because of COVID-related service disruptions the supply of drugs for HIV prevention and treatment may be at risk, leading among other things to huge increases in new HIV infections among children. But there is one force that these global crises cannot withstand and that is the force of our common determination not to let them bring us down. United we stand. It's an old expression, but one that is still full of powerful meaning. Let us stand together against these forces that are destroying our world.

> "Let us, together, by our words and actions, resist with all our might these death-dealing crises of AIDS, COVID, environmental destruction and climate change. Let us cooperate to the full with those who are responding to HIV and AIDS, those who are dealing with various aspects of the COVID pandemic, those who are advocating for a cleaner and greener world."

Let us show massive solidarity with all the actors in their struggle against HIV at this time when its impacts are being worsened by COVID, climate change and environmental degradation.

We are now coming closer to Christmas, the time of peace and good will across the world. Each one of the crises we have briefly considered works against such aspirations. Each one brings uncertainty, confusion, turmoil and disruption into the lives of individuals and into the lives of communities. Let us do everything we possibly can to reduce their impact on our lives and on the people living in our communities and across the whole world. Let us bond ourselves together to show solidarity in face of the evil they represent. And may the words we will be hearing from today's presenters, as well as the inspiration from the joint youth choirs, strengthen all of us in our determination to do just that. Thank you and may God bless and enlighten you, make you strong, and keep you safe against HIV, COVID, environmental destruction and the harmful effects of climate change. Good day and may God be with you!

FEATURED CONTENT AND AVAILABLE ONLINE

In honour of Father Michael's ongoing contributions to the fight against HIV and AIDS, Irish Aid and the Irish Global Health Network created a website documenting the Annual Professor Fr. Michael Kelly Lecture on HIV and AIDS, which can be visited at fathermichaelkellyzambia.org. Contents are organised by year, including Father Michael's addresses, guest speakers' lectures, and additional media including event flyers, news features, and photography. The site is an audiovisual record of Father Michael's longstanding commitment and dedication to helping end the HIV epidemic, and we hope that you will take the time to visit it. Please see below for a list of content featured, by year, at fathermichaelkellyzambia.org. We welcome any comments and questions about the website or any of the following resources, which can be sent to info@ globalhealth.ie.

ACKNOWLEDGMENTS

We give profound thanks to Professor Father Michael Kelly for his tireless and unwavering commitment to supporting those living with HIV around the world. In addition, we thank all of the guest speakers of the Professor Father Michael Kelly Lecture on HIV and AIDS, who have given their time and unique expert perspectives over the years, as well as collaborators from the Global Health and International Development community who have worked together to facilitate and host the annual lecture and associated events.

Irish Aid
An Roinn Gnóthaí Eachtracha
Department of Foreign Affairs

Irish Global Health Network

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About Irish Aid

Irish Aid is the Irish Government's programme for overseas development. The programme is managed by the Development Co-operation Division of the Department of Foreign Affairs and Trade. The work we do in fighting global poverty and hunger is integral to Ireland's foreign policy.

Our priorities are outlined in "A Better World": Ireland's Policy for International Development. It outlines Ireland's vision of a more equal, peaceful and sustainable world. It charts a clear way forward to achieve this vision, shaping and protecting our stability, our prosperity, our shared interests and our common future. For more information, please visit **www.irishaid.ie**

About The Irish Global Health Network

The Irish Global Health Network (IGHN) is an independent network of people from different backgrounds, sectors and disciplines who are concerned with health inequities and issues that impact on the health and development of populations at a global level, with a particular commitment to those living in middle- and low-income countries.

Established in 2004, the IGHN has within its membership health and development professionals and others with an interest in and a commitment to influencing education, advocacy and policy working within the NGO sector, health sector and academia. Its membership is both local within Ireland and global. Membership is open to any individual who has an interest in global health, regardless of disciplinary background.

For more information, please visit www.globalhealth.ie

Image Key

Front Cover: Father Michael Kelly during his 2007 lecture.

Page 4: Colm Brophy T.D. Minister of State for Overseas Development Aid and Diaspora.

Page 19: (L-R) Father Michael Kelly, Professor Sheila Dinotshe Tlou (then Minister of Health for Botswana), and Michael Kitt, T.D. (then Irish Minister of State for Overseas Development), at the 2007 lecture.

Page 20 Top: (L-R) Nadine Ferris France (Irish Forum for Global Health), Professor Sheila Dinotshe Tlou, Father Michael Kelly, Nicola Brennan (then Irish Aid), and Ian Hodgson at the 2007 lecture.

Page 20 Bottom: Father Michael Kelly greets Professor Sheila Dinotshe Tlou at the 2007 lecture.

Page 26: Then Minister of State for Overseas Development, Peter Power, T.D. (Back row, left), and Dr. Seth Berkley (IAVI; Back row, right) with Royal College of Surgeons in Ireland (RCSI) medical students at the 2009 lecture. (Image courtesy of RCSI).

Page 29: Dr. Zeda Rosenberg, CEO of the International Partnership for Microbicides (IPM).

Page 30 Top: Attendees to the 2010 lecture, including Professor Ruairi Brugha (RCSI; left), Breda Gahan (Concern Worldwide; centre) and James O'Connor (Open Heart House; right).

Page 30 Bottom Left: Father Michael's 2010 publication, HIV and AIDS: A Social Justice Perspective.

Page 30 Bottom Right: Father Michael greeting an attendee of the 2010 lecture.

Page 32: Attendees at the 2011 lecture enjoying Ms. Yvonne Chaka Chaka's musical address, including Dr. Mphu Keneiloe Ramatlapeng, and Dr. David Weakliam (then Chair of the Irish Forum for Global Health).

Page 33 Left: Yvonne Chaka Chaka (UNICEF and Roll Back Malaria Goodwill Ambassador, and UN Envoy for Africa) at the 2011 lecture.

Page 33 Right: Dr. Mphu Keneiloe Ramatlapeng (then Minister of Health for Lesotho).

Page 35 Left: Yvonne Chaka Chaka encourages participation of audience members at the 2011 lecture, including Dr. Douglas Hamilton (Deputy Director, Thematic and Special Programmes, at Irish Aid; left).

Page 35 Right: Yvonne Chaka Chaka addressing the audience at the 2011 lecture.

Page 39 Left: Then Minister of State for Trade and Development, Joe Costello, T.D.

Page 39 Right: Dr. Busi Mooka (Consultant in Infectious Diseases at Limerick Regional Hospital) at the 2012 lecture.

Page 41: Father Michael greets Minister Joe Costello, T.D., at the 2012 lecture.

Page 42: Father Michael Kelly during his 2012 lecture.

Page 43: Ann Mason (Manager of the Red Ribbon Project), with Father Michael at the 2012 lecture.

Page 45: Quilt containing messages of hope and strength, sewn by members of Open Heart House, displayed at the 2013 lecture.

Page 46: Close-up of one of the messages featured on the Open Heart House Quilt.

Page 47: Attendees to the 2013 lecture (L-R): Professor Ruairi Brugha (RCSI), Dr. David Weakliam (then Irish Forum for Global Health) and Nicola Brennan (then Irish Aid), with Father Michael.

Page 48: Breda Gahan (Concern worldwide; at centre, with microphone) addresses attendees to the 2013 lecture, with the Trócaire photographic exhibition, "Facing AIDS: The Time is Now" in the background.

Page 50: Father Michael and friends displaying the Open Heart House Quilt.

Page 55 Left: Dr. Noerine Kaleeba (Co-Founder of The AIDS Support Organisation (TASO), and Vice-Chair of the Ugandan National Health Research Organisation).

Page 55 Right: Nadine Ferris France (Irish HIV and AIDS researcher and Operations Director of the Irish Forum for Global Health).

Page 58 Left: Professor Sheila Dinotshe Tlou (Regional Director of the UNAIDS Support Team for Eastern and Southern Africa, and former Minister of Health of Botswana).

Page 58 Right: Sister Dr. Miriam Duggan (Founder of Youth Alive, and a Recipient of the 2015 Presidential Distinguished Service Award for the Irish Abroad).

Page 75: Father Michael holding the Better World document, Ireland's policy for International Development during his 2019 lecture.

Page 77: Father Michael during his 2020 lecture, the first fully remote event due to Covid-19.

Page 79: Screenshot of the music video by Africaid Zvandiri Youth Choir in Zimbabwe and the SpeakUp SingOut SUSO Youth Choir in County Kildare, played during the 2020 online event.

Back Cover: Father Michael Kelly during his 2007 lecture.

Professor Father Michael Kelly | (1929-2021)

Originally from Tullamore, Ireland, **Professor Father Michael Kelly (1929-2021)** spent more than 50 years living and working in Zambia, where he became a citizen. Since 2006, the ***Irish Aid Professor Fr. Michael Kelly Lecture on HIV and AIDS*** has been held annually to honour his contributions in tackling HIV and AIDS, and reducing the associated stigma, discrimination, and impacts on human rights. This publication compiles **Father Michael's** lectures and is a permanent record of the inspiration and hope which he has given to so many women, men and children – those affected by HIV as well as those working across the globe to support them. In these annual lectures, **Father Michael** has addressed audiences drawn from a broad spectrum of professionals working in politics, health, education, international development and humanitarian action.