

YEAR 10 CURRICULUM



Photograph: HIV/AIDS orphans in Cambodia (www.shades4aids.org)

HUMAN WELLBEING POVERTY, HEALTH, CITIZENSHIP

Dr. Susan Bliss

Knowledge and understanding

- Measurements of human wellbeing to show differences between and within countries
- Effectiveness of government and non-government programs to improve wellbeing

Inquiry Process and Geographical Skills

- Maps, graphs, statistics, photographs and information and communications technology

Key Inquiry Questions

- What is wellbeing?
- How is it measured?
- What are the impacts on poverty on developing countries?
- How can I become an active global citizen and make a difference for a more equal and fairer world

Main concepts

- Place, Space, Environment, Interconnection, Sustainability, Scale (persona, local, national, regional and global) and Change

Cross Curricula features

- Countries of Asia – Cambodia

INTRODUCTION

In the world we live in today there is a large gap between rich developed countries and poor developing countries. This gap should not exist as there are sufficient resources to provide adequate health care, food, safe water, basic education and sanitation for everyone in the world. Unfortunately variations in access to these resources create different life opportunities, especially for poor, uneducated women living in developing countries. Individuals, groups, non-government organisations (e.g. Hope for Cambodian Children), governments (AusAID), and international organisations (United Nations) work to reduce inequality to meet the Millennium Development Goals such as halving the number of people living on \$1 a day by 2015.

Most people are aware the United Nations Millennium Development Goals are linked to human rights at the global scale. Yet violations of human rights begin in small places close to home - so close and so small they cannot be seen on a map. Students only need to look around their local area to observe people living in poverty and relying on charities for food, clothes and shelter.

Goal 6 of the Millennium Development Goals (MDGS) aims to halt and begin to reverse the spread of HIV/AIDS as well as achieve universal access to treatment for people suffering from HIV/AIDS. The pandemic represents one of the greatest challenges facing developing countries as it attacks people in their most productive years, destroys families and communities, and places heavy financial burdens on the economy.

One of the challenges is the **sustainable** management of HIV/AIDS for developing countries, where remote communities are cut off from health services. Compounding the challenge is a lack of 'correct' information, resulting in many people infected with the virus treated as outcasts - some even subjected to discrimination and violence.

YEAR 10 GEOGRAPHY: UNIT 2 – Human Wellbeing

At the end of this unit students will be able to:

- Explore different concepts of human wellbeing
- Examine different measures of human wellbeing and explain how these indicators do not always provide a consistent view of wellbeing when applied to places
- Analyse the appropriateness of terms like developing/developed to generalise global differences in wellbeing
- Investigate global inequalities in human wellbeing, as measured by indicators (e.g. GDP, GDP per capita, HDI) in the Millennium Development Goals such as income and access to health services
- Compare overall human wellbeing in developing and developed countries
- Evaluate spatially targeted national economic and social development programs for success in improving human wellbeing
- Investigate international development programs
- Consider how they might be involved in a non-government program
- Identify the probable reactions and responses to those who hold other viewpoints on wellbeing
- Give an oral presentation supported by data in maps, statistics, photographs, other images and spatial technologies
- Evaluate alternative possibilities before deciding on any action

Students will be able to understand:

- the difference between HIV and AIDS
- the MDGS with an emphasis on wellbeing
- the importance of distinguishing facts from myths about HIV/AIDS
- complex factors contribute to the spread of HIV/AIDS
- adults and children living with HIV/AIDS experience stigma and discrimination
- impacts of HIV/AIDS on individuals, communities and countries
- international agencies (UNAIDS), governments, non-government organisations and grassroots organisations working to combat the spread of HIV/AIDS
- current HIV prevention approaches and recent advancements in the field of science.

Students will be able to investigate the following questions:

- what countries and groups of people are most affected by HIV/AIDS?
- what is the relationship between HIV/AIDS and poverty or wellbeing?
- what are the socio-economic impacts of HIV/AIDS on families and communities?
- how can HIV/AIDS be prevented?
- how can people living with HIV/AIDS receive support, care, tests and medicines as preventative measures?
- what is the effective treatment for mother-to-child transmission of HIV/AIDS?
- what is Australia's response to the human disaster?
- why countries will be unable to reach MDGS such as Goal 6 (HIV/AIDS) by 2015?

Students will be able to:

- classify where, when, why and how and in what conditions populations are affected/infected by HIV/AIDS
- locate and analyse data from a variety of sources and perspectives on HIV/AIDS

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- distinguish bias, stereotypes, prejudice, stigma and discrimination in media and Internet articles concerning HIV/AIDS
- use balanced information to become a responsible active citizen to combat the spread of HIV/AIDS

Teacher's role:

HIV/AIDS is a potentially sensitive subject and discussion about it can provoke strong views. This is why it is important students in the 21st century acquire knowledge and understanding of HIV/AIDS

from a variety of sources and perspectives.

As a teacher it is important to:

- relate the topic to the current syllabus/curriculum
- update knowledge as changes occur continually
- determine personal attitudes and values on the topic
- nurture a global consciousness



WE LIVE IN AN UNEQUAL WORLD OF 'HAVES' AND 'HAVE NOTS'



'Don't ask me what poverty is because you have met it outside my house. Look at the house and count the number of holes. Look at my utensils and the clothes that I am wearing. Look at everything and write down what you see. What you see is poverty.'

Kenyan man, 1997

'Poverty is humiliation, the sense of being dependent on them, and of being forced to accept rudeness, insults and indifference when we seek help.'

Latvia 1998

Source: <http://siteresources.worldbank.org/INTPOVERTY/Resources/335642-1124115102975/1555199-1124115187705/ch2.pdf>

INTRODUCTION: GLOBAL INEQUALITY

The world has never been as rich as it is today, yet over one billion people suffer from extreme poverty.

We live in an unequal 80:20 world. The wealthiest 20% of the population receive 80% of the world's income or **gross domestic product (GDP)** and live in **developed countries** such as the USA, Western Europe, Japan and Australia. In contrast the poorer 80% of the world's population receive only 20% of the world's income and live in **developing countries** such as parts of Africa, Asia and Central America

a) Gross Domestic Product (GDP) represents the total dollar value of all goods and services produced within a given year. It is often referred to as the size of the economy. GDP is an aggregate figure which does not take into account the different size of countries'

populations or the cost of living within each country.














Table: Gross Domestic Product (GDP)

Rank	Country	GDP (millions of US\$)
	World	62,911,253¹
1	United States	14,526,550
2	China	5,878,257
3	Japan	5,458,797
4	Germany	3,286,451
5	France	2,562,742
6	United Kingdom	2,250,209
7	Brazil	2,090,314
9	India	1,631,970
11	Russia	1,479,825
12	Spain	1,409,946
13	Australia	1,237,363
121	Cambodia	11,629
182	Kiribati	152
183	Tuvalu	31

Source: International Monetary Fund (2010) http://en.wikipedia.org/wiki/List_of_countries_by_GDP_%28nominal%29

b) Gross Domestic Product (GDP) per capita or per person is the total value of all goods and services produced within a country in a given year divided by the average population for the same year.

Table: Gross Domestic Product per person (GDP per capita)

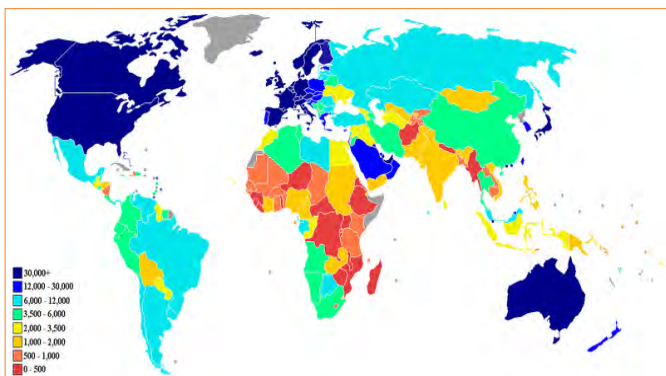
Rank	Country	US\$
1	 Qatar	88,222
2	 Luxembourg	81,466
3	 Singapore	56,694
4	 Norway	51,959
5	 Brunei	48,333
6	 United Arab Emirates	47,439
7	 United States	46,860
8	 Switzerland	41,950
9	 Netherlands	40,973
10	 Australia	39,764
94	 China	7,544
146	 Cambodia	2,118
193	 Congo	300

Source: International Monetary Fund (2010) http://en.wikipedia.org/wiki/List_of_countries_by_GDP_%28PPP%29_per_capita

Activities

- Compare Australia's GDP and GDP per capita with China, India and Cambodia. Account for the differences in rank
- The IMF is only one indicator used to provide statistics on GDP and GDP per capita. Compare the statistics of Australia, China and India with the World Bank and CIA World Fact book statistics, using ICT http://en.wikipedia.org/wiki/List_of_countries_by_GDP_%28PPP%29_per_capita; http://en.wikipedia.org/wiki/List_of_countries_by_GDP_%28nominal%29. Explain the differences in statistics

Map: Spatial distribution of GDP per capita



Source: http://en.wikipedia.org/wiki/File:GDP_nominal_per_capita_world_map_IMF_2009.png

Activity

- Refer to an Atlas or the Internet. What is the GDP per capita for the following countries?
 - Australia
 - Bangladesh.
 - USA
 - China
 - Saudi Arabia

GAP BETWEEN RICH AND POOR

These statistics and map indicate there is a gap between rich and poor countries but beware - this is a generalisation. There are poor people living in wealthy countries and rich people living in poor countries.

Poverty occurs everywhere! No region, race or religion escapes poverty. Even in **developed countries** such as Australia, many people remain hungry and homeless. However, the majority of poor people live in **developing countries** located in Asia, Africa and Central America.

Poverty also occurs within countries such as:

- rural areas are generally poorer than urban areas
- within rural areas some people lack access to resources such as oil, timber, water and fertile soils and are poorer than people who have access to these resources
- within urban areas some inhabitants live in squatter settlements, slums or on the streets, while others live in mansions and gated communities

THE GAP

In 2011 there were 1,200 billionaires worth \$4.5 trillion. Some companies (e.g. General Motors) are wealthier than countries (e.g. Mali). In fact the GDP of the poorest 48 nations is less than the combined wealth of the world's three richest people. In contrast millions live in extreme poverty. The World Bank defines **extreme poverty** as living on less than \$1 a day and **moderate poverty** as less than \$2 a day. More than one billion people live on less than \$1 a day and 2.7 million on less than \$2 a day. Most live in developing countries.

WHO ARE GENERALLY POOR?

In general the following people tend to be poor: women and children; refugees; ethnic minorities; Indigenous people; unskilled and uneducated people; and people living in war torn or areas experiencing natural disasters

According to some estimates, women represent 70% of the world's poor. The burden of poverty borne by women is larger in developing countries. Their poverty is not only lack of income but discrimination in education, health care, employment and control of assets. Poverty leaves many without basic rights such as access to clean drinking water, sanitation, medical care and decent employment. Being poor can also mean they have little protection from violence and have no role in decision making.

Also women's increasing share of poverty is related to the rising incidence of single mother households.

Activities

- What is meant by the gap?
- List the people who are generally poor



Photograph source: www.unifem.org/gender_issues/women_poverty_economics/

Photo literacy – gap between rich and poor



Source: <http://citygirlwonder.tumblr.com/post/5325059575/rio-de-janeiro-brazil-there-are-significant>

Activity

- Refer to the photograph and discuss the differences between rich and poor people living in an urban area in Rio de Janeiro, Brazil

BEING POOR

Despite this extreme wealth, the World Bank estimates over a billion people eke out an existence on less than \$1 per day. Most are female and young.

Poverty is more than lack of income

Poverty is hunger

Poverty is lack of shelter

Poverty is being sick and not being able to see a doctor

Poverty is not being able to go to a school, not knowing how to read, and not being able to speak properly

Poverty is not having a job, is fear for the future, living one day at a time

Poverty is losing a child to illness brought about by unclean water

Poverty is powerlessness, lack of representation and freedom.'

(World Bank)

Activity

Read the **World Bank's** definition of poverty. Compare this definition with your life and determine whether you are poor or rich

Photograph: A couple of Bangladeshi girls take a break from collecting rubbish.



Photo by Tarikul Islam Source: www.flickr.com/photos/ausaid_photolibrary/3403874926/sizes/m/in/photostream/

children who live in rural areas, vulnerable to land degradation, climate change and natural disasters, in developing countries.

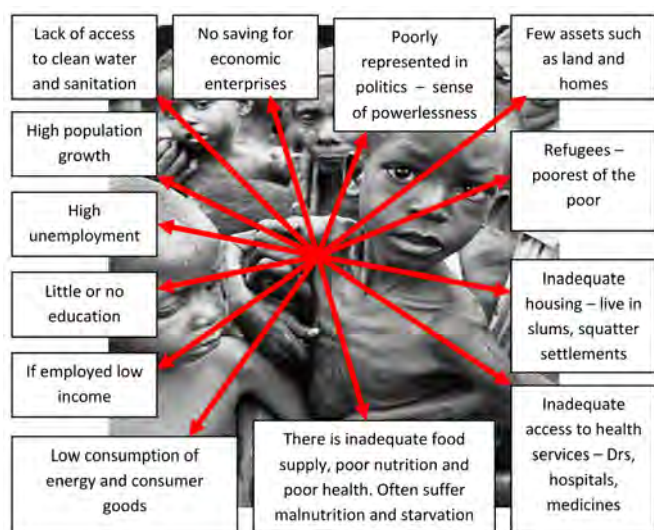
Table: Human Poverty Index (HPI)

Developing Country	HP1	1. Probability at birth of not surviving to 40 years (%)	2. Adult literacy rate (%)	3. People without access to improved water source (%)	4. Children under-weight for age ages 0–5 (%)
Niger	54.7	28.7	71.3	54	40
Ethiopia	54.9	33.3	64.1	78	38
Mali	56.4	25.7	71.3	54	40
Chad	56.9	32.9	74.3	58	37

Activity

- Refer to the photograph and discuss whether these girls are rich or poor. Give reasons for your answer

GENERAL CHARACTERISTICS OF POVERTY



Activity

- Summarise the characteristics of poverty

MEASURING POVERTY

Extreme poverty is more than little money, measured by GDP. Instead the **Human Poverty Index (HPI)** takes into account life expectancy, literacy, access to clean water and underweight children. Poverty also means living on the streets, starving, unemployed with little chance of getting a job, lack of freedom and not able to bury your dead family. Most of the world's poor are women and

In contrast, **Australia** a **developed country** has: life expectancy 81 years, literacy 99%, access to water 99%, and underweight children 2%

Activity

- What continent are the five countries on the HPI located?
- Compare life in Ethiopia with Australia
- The HPI has been replaced by the Multidimensional Poverty Index. Refer to the Internet and describe the new index

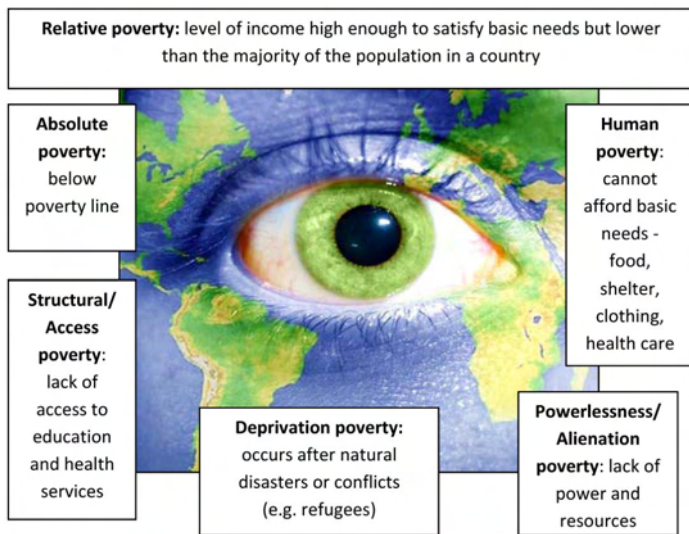
Table: Percentage of the world/s extreme poor – living below the global poverty line of A\$1 per day.

Rank	Countries	Percentage of World's Poor
1	India:	41.01 %
2	China:	22.12 %
3	Nigeria:	8.03 %
4	Pakistan:	3.86 %
5	Bangladesh:	3.49 %
6	Brazil:	1.82 %
7	Ethiopia:	1.82 %
8	Indonesia:	1.49 %
8	Mexico:	1.43 %
10	Russia:	0.99 %

Activities

- List the countries located in Asia
- Draw the table as a bar graph. Label axis

PERSPECTIVES ON POVERTY

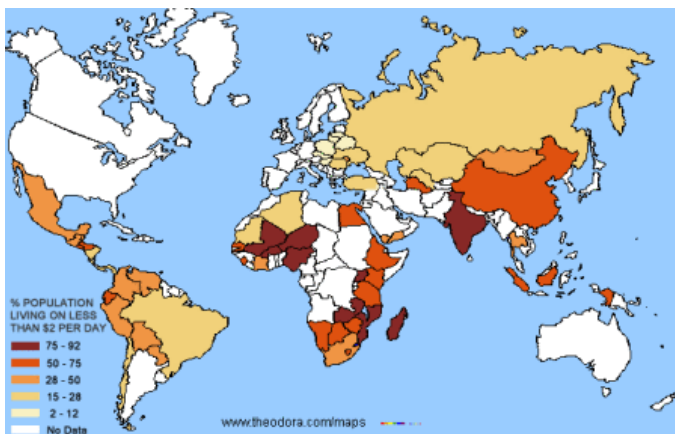


Photograph source: <http://www.flickr.com/photos/45460348@N04/4174168980/sizes/m/in/photostream/>

Activities

- Distinguish between relative and absolute poverty
- What type of poverty occurs when there is:
 - * Lack of power/energy
 - * Lack of food
 - * Conflict

a) Map: Spatial distribution of poverty across the globe



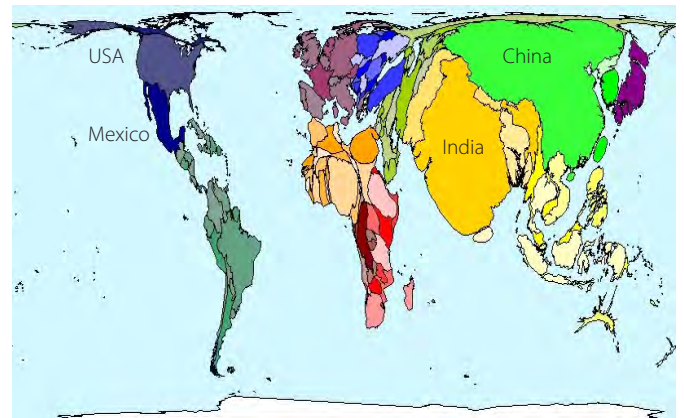
Source: <http://theboldcorsicanflame.wordpress.com/2010/09/20/in-un-meeting-world-leaders-to-discuss-global-poverty-fight-by-the-cnn-wire-staff/>

Activities

- Refer to an Atlas or the Internet and complete the following table

Three countries where 75% of the population live on less than \$2 a day	Three countries where 50% of the population live on less than \$2 a day
1.	1.
2.	2.
3.	3.

b) Map: Proportional map – shows proportion of the world population living in poverty living in a country. It is calculated by multiplying population by a poverty index



Activities

- What is the name of the map projection?
- Name the two largest countries
- Is Australia large or small? Why is it this size?
- Using an Atlas or the Internet compare the size of USA with Mexico and India with a traditional map such as Mercator or Mollweide.
 - * Are they larger or smaller?
 - * What does this mean?
- Which map do you prefer to the distribution of poverty around the world? Give reasons for your answer

CHILDREN MOST VULNERABLE TO POVERTY

30,000 people die each day from poverty – most of them are children

A child dies every three seconds as a result of extreme poverty. About 640 million children live without adequate shelter; 400 million do not have access to safe water; 270 million have no access to health services; and 114 million do not receive basic education. To survive, many children work as bonded labourers.

In fact about 20 million people are enslaved as bonded labourers. For example in India poor parents borrow money for food and in return the child makes carpets or cuts gems until the debt is paid. Children receive basic food and shelter as 'payment' for their work. They work 7 days a week from 6am to 9pm. These children rarely go to school. If the loan is not repaid, the debt is passed down through several generations. International

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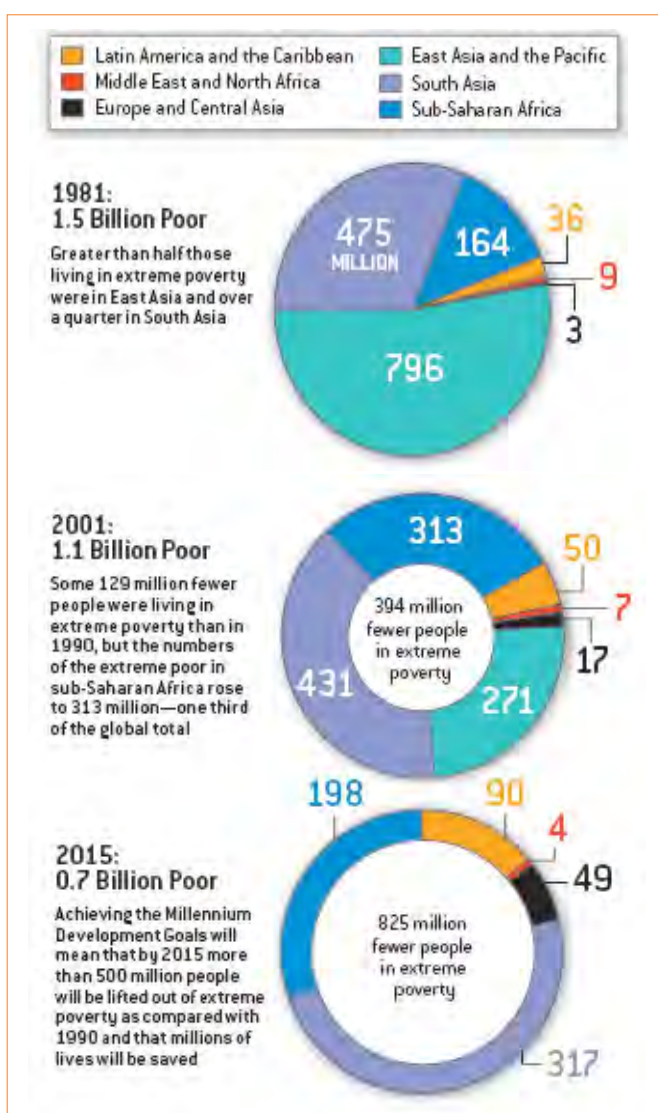
laws, governments (AusAID), and non-government organisations (NGOs) such as the Anti-Slavery International, work to eliminate slavery and bonded labour.

Activity

- Compare your life with a bonded labourer

CHANGES – EXTREME POVERTY

The number of people living in the lowest depths of poverty has shrunk since the 1980s. Hopefully the achievement of the Millennium Development Goals will result in more people lifted out of poverty by 2015.



Source: www.nature.com/scientificamerican/journal/v293/n3/box/scientificamerican0905-56_BX3.html

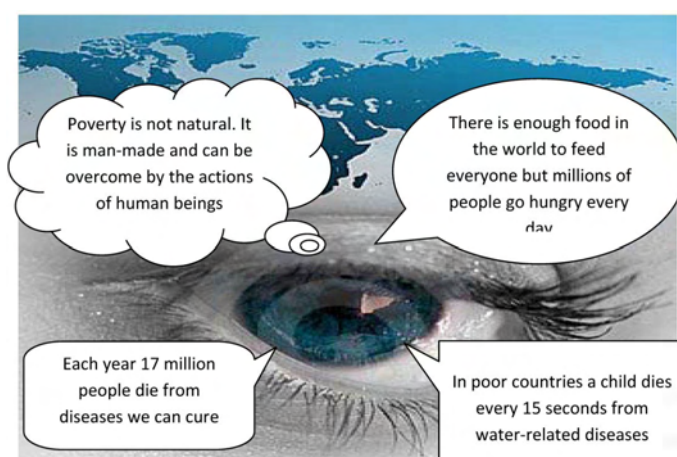
Activities

- Rank in order from largest to smallest the number of people who were poor in 1981 and their region and the anticipated poor in 2015 and their region

1981	2015

- What region experienced the greatest improvement?
- Discuss the anticipated poverty trends in East Asia and the Pacific. Account for the changes

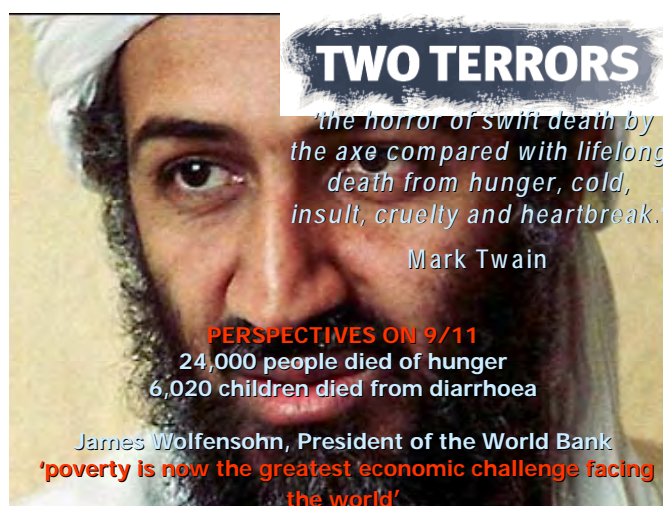
THINK ABOUT POVERTY



Activity

- Explain how these statements make you feel

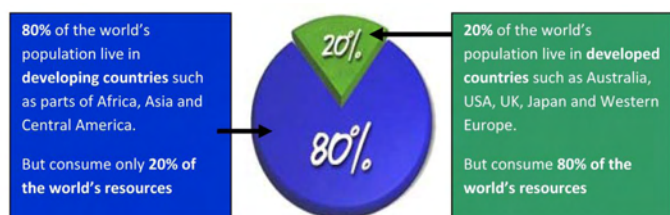
PERSPECTIVES



Activity

- Refer to the statements and discuss what is meant by 'two terrors'

SPATIAL DISTRIBUTION OF POVERTY AND WEALTH 80/20 WORLD



Consumption	Richest 20%	Poorest 20%
Meat and fish	45%	5%
Energy	58%	4%
Telephone lines	74%	1.5%
Paper	84%	1.1%
Own – vehicles	87%	1%

Inequality focuses on the distribution of factors such as income, education or health and **vulnerability** the risk of falling into poverty in the future – such as droughts or financial crises.

A United Nations Development Program report showed inequality was growing within and between countries. The biggest challenge to meet the needs of those living in extreme poverty is mounting a campaign that adequately matches the magnitude of this global problem.

Activity

- Explain what is meant by 80:20 world

	Developing country	Developed Country	Calculate difference		Developing country	Developed Country	Calculate difference
Population 	80%			HIV/AIDS 	95%		
Health expenditure 	7%			Wars and conflicts 	95%		
Education spending 	15%			Refugees 	72%		
GDP (income) 	18%			Industrial production 	25%		

Activity

- The table above shows the percentage poor developing countries share of the global total. Complete columns on global inequality

GLOBAL PRIORITY: SPENDING \$A BILLIONS

What we need for a better life for more people		What we spend our money on	
Basic education for all	6 billions	Cosmetics in the USA	8 billions
Basic health and nutrition for all	13 billions	Ice cream in Europe	11 billions
Water and sanitation for all	9 billions	Pet foods in Europe and USA	17 billions
Reproductive health for all women	12 billions	Alcoholic drinks in Europe	105 billions
		Cigarettes in Europe	50 billions
		Military spending	900 billions
		Narcotic drugs	500 billions

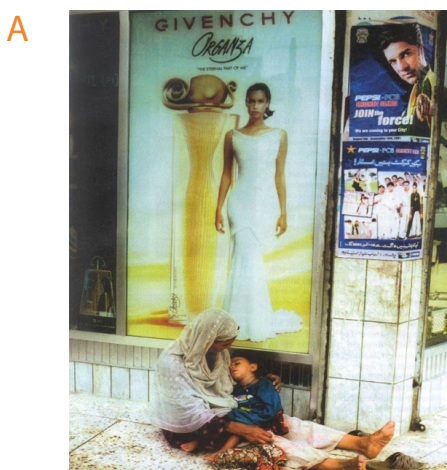
Activities

Consider the global imbalance in spending

- What is the total cost of basic education, health, nutrition, water and sanitation for everyone in the world?
- What is the total cost of cigarettes and alcohol in Europe?
- What do you consider an unnecessary luxury?
- Do any of these amounts surprise you? If so, which ones
- What does this table tell you about our society?
- What improvements could be made to combat poverty when of the 1.9 billion children in developing counties, 1 in 3 are without adequate shelter, 1 in 5 have no access to safe water and 1 in 7 have no access to health
- What would you give up to improve the wellbeing of these children?

EXTREME POVERTY AND WEALTH WITHIN COUNTRIES

New Scientist 2004



- Mother and child living on the street beside an expensive perfume advertisement.
- Women in a dress made from a plastic bag living in the wealthy city of New York, USA.
- Mrs Marco from the Philippines said '*I did not have 3,000 shoes – only 1,060*'. The Philippines is a poor developing country

Activities

- Refer to the photographs and the description. Complete the following table

Question	Answer
What is the message on extreme poverty and wealth in photograph A?	
What evidence from photograph B is there of poverty in New York?	
What evidence from photograph C is there of wealth in the Philippines?	
Why is wrong with making generalisations about poverty and wealth?	

'W' question table

Complete the questions

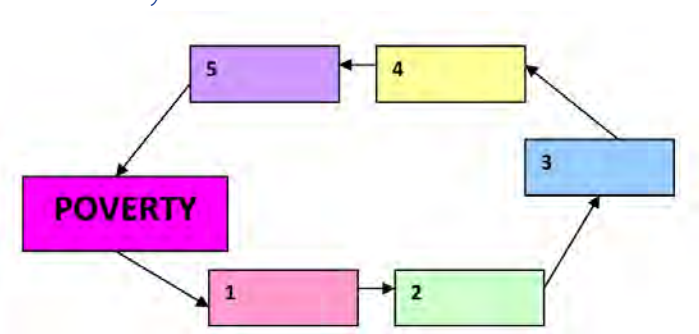
Question	Answer
What is poverty?	
Where does it occur?	1
What are its causes?	2
Who are the poorest?	1
What should be done about it?	2
	3



Two boys on a concrete wall, overlooking rubbish in Dharavi, Mumbai. Asia's largest slum of over one million dwellers. Photography by the NGO medapt. Source: Wikimedia Commons

CYCLE DIAGRAM: CYCLE OF POVERTY

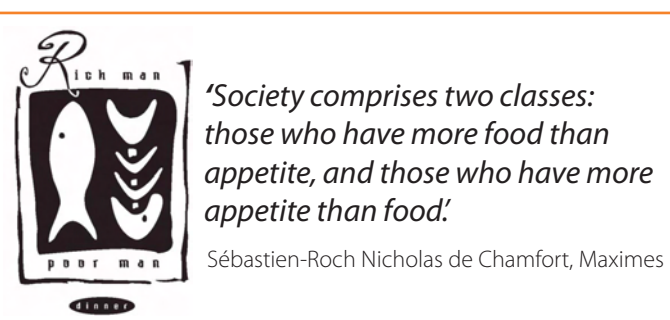
Cycle diagrams are a type of graphic organiser that shows how items are related to one another in a repeating cycle. Here are some examples on poverty: Poor people are more likely to be unemployed, cannot afford an education for their children or health services. If they work they generally receive little money.



Activities

- Complete the poverty cycle diagram 1–5
- Refer to the diagram and suggest how you could break the poverty cycle

Poverty issue	What would you do?
Low GDP	
No education	
No health services	
No clean water	
No sanitation	
No jobs	
No shelter	



Activities

- What does this quote mean?
- What should you do about this inequity as an informed responsible, active citizen? (e.g. 40 hour famine, eat rice for a day)

COUNTRIES IN THE ASIA REGION: HOME TO 66% OF WORLD'S POOR

Poverty is an unacceptable human condition. More than two thirds of the world's poor people live in Asia, and nearly half of them live in South and Southeast Asia. Some Asian countries like Japan and South Korea are not as poor as others such as India and Cambodia.

WHAT IS ASIA?

Map: Asia



Source: www.4holidays.gr/asia_map.html

North East Asia: China, Japan, Mongolia, North Korea, South Korea and Taiwan

South East Asia: Indonesia, Burma/Myanmar, Thailand, Malaysia, Brunei, Singapore, Vietnam, Laos, the Philippines, **Cambodia** and Timor-Leste

South Asia: India, Pakistan, Nepal, Bhutan, Bangladesh, Sri Lanka and the Maldives

West Central Asia: Afghanistan, Armenia, Azerbaijan, Bahrain, Georgia, Iran, Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Palestine, Russia (Asiatic), Saudi Arabia, Syria, Tajikistan, Turkey, Turkmenistan, United Arab Emirates, Uzbekistan and Yemen

Note the Australian Bureau of Statistics includes **Middle East** countries in its definition and statistics of Asia

Activities

- Refer to the map and determine whether this map represents Asia. Do you think countries have been omitted on the map? If so, suggest corrections

RURAL POVERTY IN ASIA

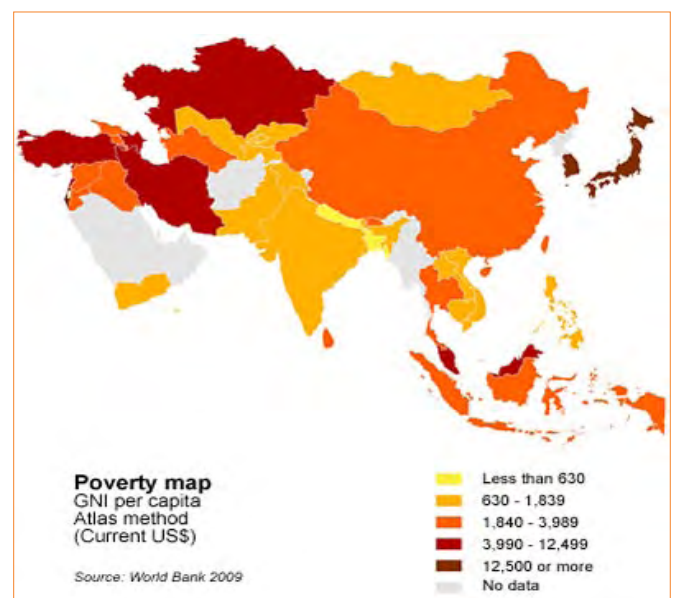
As in the case of other developing countries, nearly 80% of the poor live in rural areas. A large majority are dependent on agriculture. Some of these areas have been affected by land degradation. In fact 39% of the region's population lives in areas prone to drought and desertification.

There are many reasons for rural poverty in Asia:

- pressure of population growth on scarce resources
- landlessness or limited access to land
- poor rural households tend to have larger families, less education and higher underemployment
- lack basic amenities such as a safe water supply, sanitation and electricity
- limited access to credit, equipment and technology
- lack of market information, business and negotiating experience deprive them of the power to compete on equal terms in the marketplace.

Women and poverty still share an uncomfortable spot on the development matrix of countries across Asia, that are struggling to end deprivation

Map: Rural poverty in Asia



Source: www.ruralpovertyportal.org/web/guest/region/home/tags/asia

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Activities

Refer to an Atlas and the map and list two countries where people living in rural areas receive: a) less than \$ 630 per year; b) between \$630 and \$1,839; c) between \$1,840 and \$3,989

SOUTHEAST ASIA

Southeast Asia presents a depressing paradox. It is among one of the fastest growing regions in the world but is also home to the largest concentration of people living in poverty on earth. While Southeast Asia is at a more advanced stage of development than Sub-Saharan Africa, it has more poor people.

According the World Bank the region accounts for half of the world's poor. Of a population of 1.3 billion, 85% live on less than \$2 a day. That means that over one billion people in Southeast Asia live on less than \$2 a day.

Diagram: Southeast Asia

37	Percent of people living on less than \$1 a day...	1 128 000 000	People making below \$2 a day
		488 000 000	People making below \$1 a day
Life expectancy (years) in Southeast Asia	63.4		
Literacy rate (%) in Southeast Asia	58.9	0.628	Average HDI in Southeast Asia
Average GDP per capita (\$) in Southeast Asia	2 897	25 915	Average GDP per capita (\$) in developed countries

Some quick facts about poverty in Southeast Asia.

Source: http://library.thinkquest.org/05aug/00282/over_world.htm

Map: Cambodia



Source: www.lonelyplanet.com/maps/asia/cambodia/

Map: Indochina



Source: www.worldatlas.com/webimage/countrys/asia/indochina.htm;

Forty percent of Cambodia's population is under the age of fifteen – but sadly 14% of the children won't live to be five years old.

The poverty rate in Cambodia is 36.1%. The main causes of poverty are: lack of food and clean water; poor nutrition; unhealthy living conditions; and the depressed economy. Also when the Khmer Rouge made the Cambodian government communist in 1975, living conditions went from bad to worse. The Khmer Rouge regime took all homes and possessions away from the Cambodian people, leaving them with nothing. The history of the Khmer Rouge regime still contributes to poverty in Cambodia.

It's inconceivable that we spend six or seven dollars a day for lunch, while Cambodians live on forty-five cents per day. The majority of poor people in Cambodia live in rural areas. However, in Phnom Penh (capital city) there are 564 slums housing over 300,000 people. That's about 25% of the population in Phnom Penh.

'Life in the slums is horrific. There is a serious lack of clean water, fresh food, and adequate healthcare. If the average income is only .45 cents per day, how could a Cambodian family afford a doctor and medicine, much less food? Since the living conditions are so rough in the slums, a Cambodian's life expectancy is only 55.2 years for a man and 60.6 years for a woman. There are sixteen physicians in Cambodia for every 100,000 people, and only 374 qualified dentists in Cambodia. These statistics are just mind boggling'

Source: <http://mapnankingproject.wetpaint.com/page/Poverty+In+Cambodia>

Activities

- Where is Cambodia located?
- Name the countries surrounding Cambodia
- Name the seas/oceans surrounding Cambodia
- Explain why Cambodia is a poor country

HUMAN DEVELOPMENT IN CAMBODIA

Human Development is more than the rise or fall of national incomes (GDP). It is about creating an environment in which people can develop their full potential and lead productive, creative lives to satisfy their needs and interests. People are the real wealth of nations.

a) Human Development Index

The Human Development Index (HDI) represents a broader definition of human well-being by providing a composite measure of three basic dimensions of human development:

health, education and income.



HEALTH

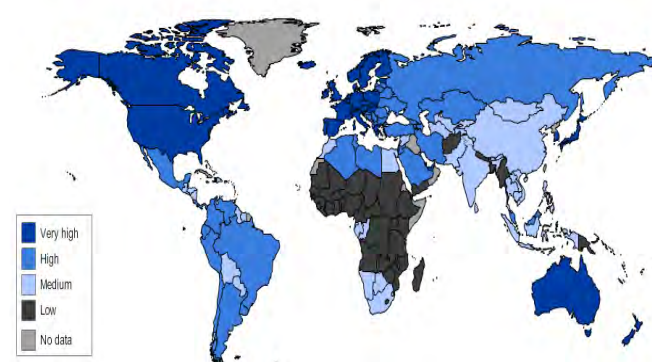


Table: Global scale: Human Development Index and global ranks 2010

Very High HDI	High HDI
1. Norway	43. Bahamas
2. Australia	44. Lithuania
3. New Zealand	45. Chile
4. United States	46. Argentina
5. Ireland	47. Kuwait
6. Liechtenstein	48. Latvia
7. Netherlands	49. Montenegro
8. Canada	50. Romania
Medium HDI	Low HDI
86. Dominican Republic	162. Liberia
87. China	163. Chad
88. El Salvador	164. Guinea-Bissau
89. Sri Lanka	165. Mozambique
90. Thailand	166. Burundi
91. Gabon	167. Niger
92. Suriname	168. Congo (Democratic Republic)
124. Cambodia	169. Zimbabwe

Source: <http://hdr.undp.org/en/statistics/> (adapted)

Map: Global scale: Human Development Index 2010



Source: <http://hdr.undp.org/en/data/map/>

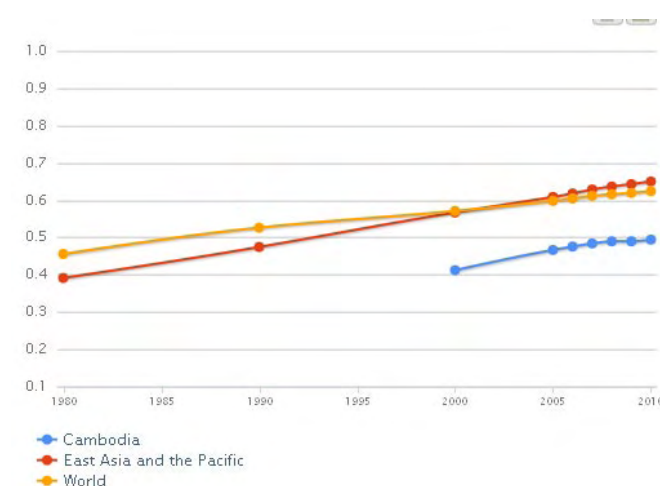
Activities

- Refer to the map and list three countries with a very high HDI and three with a low HDI

High HDI	Low HDI

- In what continent are most of the low HDI countries located?

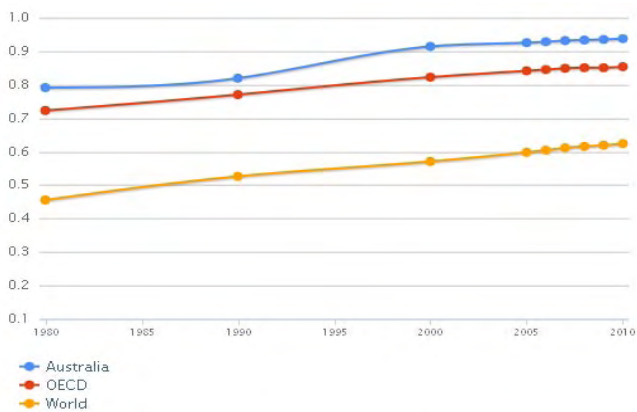
Graph: Cambodian Human Development Index 1980 – 2010



Source: <http://hdrstats.undp.org/en/countries/profiles/KHM.html>

Cambodia HDI in 2010: life expectancy 62.2 years; education 5.8 years of schooling; GDP per capita \$1,952. Cambodia's HDI is 0.494, which gives the country a rank of 124 out of 169 countries.

Graph: Australia's Human Development Index 1980 – 2010



Source: <http://hdrstats.undp.org/en/countries/profiles/KHM.html>

Australia's HDI in 2010: life expectancy 81.9 years; education 12 years of schooling; GDP per capita

\$40,286. Australia's HDI is 0.937, which gives the country a rank of 2 out of 169 countries.

Activities



- Explain why the HDI is a preferable measurement of poverty than GDP and GDP per capita.
- Calculate the difference in the HDI between 1980 and 2010 in Cambodia and Australia
- Compare the HDI of Australia with Cambodia in 2010
- Imagine you lived in Cambodia discuss your wellbeing





Obtain up to date information on HDI through the Google Public Data Explorer – <http://hdr.undp.org/en/data/explorer/launch/>



SO WHAT ARE WE DOING ABOUT GLOBAL POVERTY?

In 2000, 189 nations signed the United Nations Millennium Declaration (MDG) aimed to free the entire human race from 'want'. The UN Development Programme (UNDP) aims to achieve the eight Millennium Development Goals by 2015 by working with organisations, such as the World Health Organisation (WHO) and UNAIDS in the battle against diseases. To achieve the MDGs the UN works with the World Bank and the International Monetary Fund but requires the support of richer developed countries, in the form of aid, trade, debt relief and investment

WORKING TOWARDS MILLENNIUM DEVELOPMENT GOALS BY 2015

Goal	Development Problem
Eradicate extreme poverty and hunger 	1.2 billion people survive on less than \$1 a day, 800 million are under-nourished and 153 million children under five years are underweight.
Achieve universal primary education 	114 million children of primary school age do not go to school, depriving one in every five children of access to basic education.

Goal	Development Problem
Promote gender equality and empower women 	Women play a pivotal role in development – business, agriculture, family, community work. More women are poor, illiterate and suffer human rights abuses
Reduce Child Mortality 	1,200 children die every hour, before their fifth birthday. 99% occur in poor countries, mainly from preventable or treatable illnesses.
Improve Maternal Health 	500,000 women die in pregnancy or childbirth annually. In developing countries, the risk of dying in childbirth is one in 48
Combat HIV/AIDS, Malaria, and other diseases 	HIV/AIDS is the leading cause of death in sub-Saharan Africa and number four worldwide.

Goal	Development Problem
Ensure environmental sustainability 	More than one billion people do not have access to safe drinking water and two billion people lack access to sanitation services.
Develop global partnerships for development 	The private sector will establish business programmes that will target grassroots communities. Corporations will extend the services of their employees, free of charge, to community development.

Activity

Draw a line between the symbol and the goal

Symbols	Goals
	Make sure mothers have healthy babies
	Stop children in poor countries from dying so young
	Stop people from dying from terrible diseases such as HIV/AIDS and malaria
	Allow children to have basic primary school education
	Rid the world of poor and hungry people

PERSPECTIVES: USING ICT AND MILLENNIUM DEVELOPMENT GOALS

Divide class into six groups. Each group will complete the scaffold on the Millennium Development Goals (MDGs). After completion each group will give an oral report to the class

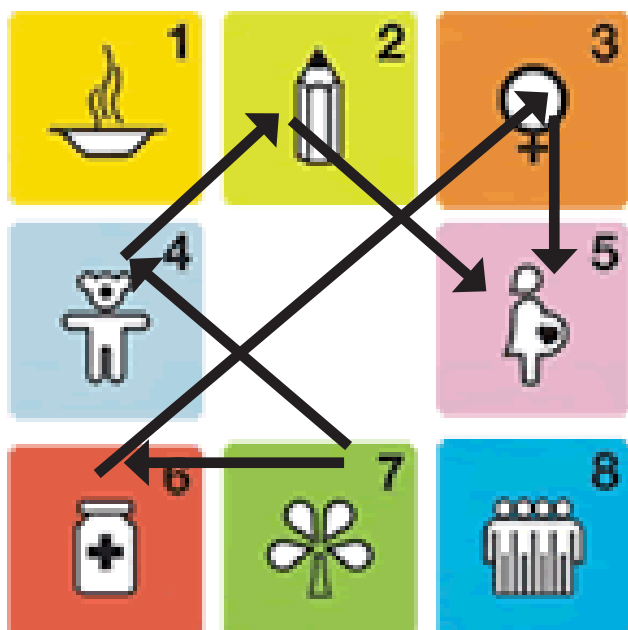
These websites will help you with the research:

- <http://cyberschoolbus.un.org/mdgs/index.asp>
- www.un.org/millenniumgoals/11_MDG%20Report_EN.pdf
- www.un.org/millenniumgoals/

Hat	Groups	Activity
	Group 1: White hat What are the facts? Where do I find the information?	List two facts showing the world is making progress on the goals
	Group 2: Yellow hat What are the positives or benefits?	List two countries where the world is making progress
	Group 3: Black hat What are the problems and difficulties?	List two reasons why some of these goals will not be achieved by 2015
	Group 4: Green hat What are the alternatives?	Suggest ways the world could help achieve two of these goals.
	Group 5: Red hat What do I feel about this? Does it make me concerned?	Explain whether you are concerned, confused, disappointed or happy about the progress
	Group 6: Blue hat What is the big picture? Where are we now? What do we need to do next?	Suggest future actions 

HOW ARE THE GOALS CONNECTED?

Did you know the eight Millennium Development Goals are connected?



Activity

- Explain the links between clean water (Goal 7) and other goals

Goal	Current situation
1	Progress in Asia but problems in sub Saharan Africa
2	Five world regions are close to achieving the goal
3	Most girls are going to school in every region but still not at male parity
4	Child mortality rates falling but not fast enough. Immunisation rates not increased significantly
5	Problems – increasing in sub-Sahara and southern Asia
6	Least likely goal to be met. Not a single developing region close to achieving the goal. HIV/AIDS infection rates increasing
7	Deforestation a major concern. Progress in providing safe drinking water but sanitation levels remain low throughout developing countries
8	Numerous campaigns and appeals across the globe.

Activity:

- Discuss the current problems



MILLENNIUM DEVELOPMENT GOAL 6: HIV/AIDS

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6a: Halt and begin to reverse the spread of HIV/AIDS

- HIV prevalence among 15–24 year old pregnant women

Target 6b: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- Number of children orphaned by HIV/AIDS

INQUIRY PROCESS: WHAT? WHY?

What is HIV/AIDS?

AIDS is the acquired immune deficiency syndrome. It develops after been infected with the human immune deficiency virus (HIV).

Why is HIV/AIDS called a global killer?

HIV/AIDS is the world's fourth largest killer. Since 1981 AIDS has killed more than 27 million people. Every minute of the day, another child under 15 years dies of AIDS and another four between 15 years and 24 years becomes infected.

HIV/AIDS is a **pandemic** from the **local** to the **global scale**. A pandemic is an infectious disease that spreads across a large region or the world such as the flue, the plague and HIV/AIDS.

HIV/AIDS has no boundaries as it aggressively spreads across countries, genders, races and classes. Globally, HIV/AIDS is the fourth largest killer. It is the leading cause of death in Africa and largest disease related killer in Asia. Unfortunately, most of these people do not know they even carry the virus.

Educating young people has been targeted as a key strategy in altering the course of this pandemic.

In fact:

- More than 34 million people lived with HIV/AIDS in 2010
- HIV/AIDS disproportionately affects women
- 2.1 million children live with HIV/AIDS, 90% from mother-to-child transmission
- Only 9% of HIV/AIDS pregnant women received treatment to prevent transmission to child

- Less than 10% of HIV/AIDS children received drug treatment
- Over 15 million children lost one or both parents to HIV/AIDS
- In some sub-Saharan Africa countries rates of HIV/AIDS infections are 30% life expectancy in some developing countries fell to only 30 years
- In several countries in Western Europe and the USA heterosexual contact is the most frequent cause of newly diagnosed infections

The highest HIV prevalence was Swaziland, where 38% or almost 4 in every 10 people aged 15 to 49 years, were HIV positive. All ten territories with the highest prevalence of HIV are in Central and Southeast Africa.

Activity

- What does this map tell you about the global distribution of HIV/AIDS?



Map: HIV/AIDS global overview



Source: www.worldmapper.org/images/largepng/227.png

POVERTY – UNHEALTHY INCUBATOR OF HIV/AIDS

HIV and AIDS left virtually no country, rich or poor untouched. HIV/AIDS, like other communicable diseases, is linked to poverty. Poor people infected with HIV are more likely to become sick and die faster than wealthier people, since they tend to be malnourished, in poor health, and lacking access to health facilities and medications. As a large percentage of poor people are uneducated, they are unable to read information on HIV prevention, care and support. Also poverty is likely to accelerate as poor people suffering from HIV/AIDS are often forced to sell assets and leave jobs.

HIV/AIDS INCREASES POVERTY

HIV/AIDS also increases the percentage of people living in extreme poverty as sick people are unable to work on farms or in factories. For example in Burkina Faso, Rwanda and Uganda, the number of people living in extreme poverty is expected to increase to 51% by 2015. Also it is expected AIDS will reduce national income 20% in Botswana by 2010. This is due to fewer workers, less income and therefore less tax paid to the government. Public health facilities will suffer and people will be trapped in the 'vicious' cycle of poverty.

IMPACTS OF HIV/AIDS

The World Bank stated that South Africa's gross domestic product (GDP) will be 17% less in 2010 than it would have been without the presence of the deadly virus.

Human and social impacts of HIV/AIDS

People's lives are affected:

- health problems
- social isolation due to misunderstanding
- grandparents caring for grandchildren
- children orphaned and left to live alone
- loss of cultural traditions as parents die before children are able to absorb their knowledge
- loss of income, which makes people less able to access health care, education and food

Diagram: Problems experienced by poor families affected by HIV and AIDS



Activity:

- 'Explain the links between HIV/AIDS and poverty

Economic impacts of HIV/AIDS

Families suffer:

- loss of income as family members become sick and are unable to work, or have to give up work to care for the sick
- income consumed by expensive drugs and funerals

Countries suffer:

- loss of investment in education and the knowledge and skills of professionally trained people
- reduced ability to produce food
- reduced exports
- high demands on health systems
- reduced economic growth



Sign – Know Your Status, Zambia Africa. Source: Wikimedia Commons

MEDICATION – TARGETS AND CHALLENGES



Antiretroviral medication (ART) has been available through public health programmes since the first few years of the 20th century in high prevalence countries, mainly thanks to generic drugs.

However, there must be increasing access to HIV treatment if millions of more deaths are to be avoided. Along with the actual availability of drugs, one of the greatest challenges is a shortage of health workers to carry out HIV tests, administer the medicines, and teach people how to use them.

Treatment for HIV depends not only on medical need but on where you live and how much you can afford to pay for medication

(<http://www.avert.org/universal-access.htm>)

Activities

- What is ART?
- How does ART improve a person's wellbeing?

WAKE UP! TIME IS RUNNING OUT FOR CHILDREN!

Every hour

- 30 children die as a result of HIV/AIDS

Every day

- 1,000 children are newly infected with HIV
- Of these over 50% die very young because they are either undiagnosed or do not have access to treatment

Every year

- Millions become orphans - 16 million children under 18 years have lost one or both parents to AIDS
- Millions suffer discrimination and prejudice
- Those not infected may live in families and communities where HIV/AIDS reduces incomes and increases poverty

Now!

- 2.1 million children live with HIV and AIDS

MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS (MTCT)

Every day more than 1,000 babies are infected with HIV from their mothers – before, during or after birth.

The transmission of HIV from an HIV positive mother to her child during pregnancy, labour, delivery or breastfeeding is called mother-to-child transmission.

About 90% of babies are infected through their mother either during:

- pregnancy
- labour and delivery
- breastfeeding

Is this equitable and fair?

- In developing countries 9% of women receive treatment to prevent transmission of HIV to their child
- In developed countries extensive preventive measures ensure transmission of HIV from mother-to-child is rare. If it occurs a range of treatment options are available - means child often survives into adulthood

This contradicts basic principles of **equity** and **human rights** – referred to as '*global medical apartheid*'

- Without treatment: transmission rate is 40% during pregnancy, birth or breast feeding
- With treatment: transmission rate is below 1%

Activity

- How many children die every hour as a result of HIV/AIDS?
- Explain how innocent children are infected with HIV
- What is meant by medical apartheid?

PREVENTION IS POSSIBLE!

Preventing HIV infection, providing life prolonging treatment and relieving the impact of HIV and AIDS for children and their families and communities is possible

Diagram: Stages in reducing mother-to-child transmission of HIV/AIDS



Source: <http://openededucation.zunia.org/post/online-course-on-mother-to-child-transmission-of-hiv/>

Activity

- Explain how prevention of transmitting HIV to babies is possible

However lack of:

- investment and resources for testing
- antiretroviral drugs
- prevention programmes
- trained staff

This means children continue to suffer the consequences of the pandemic. The **global community** has committed itself to accelerate progress for the prevention of mother-to-child HIV transmission (PMTCT) through an initiative with the goal to eliminate new paediatric HIV infections by 2015 and improve maternal, newborn and child survival and health in the context of HIV.

In **Cambodia** 500 children a year are born with HIV or contract HIV within the first six months. With proper treatment this can be reduced to below 10 children a year.

For the first time, the elimination of mother-to-child transmission of HIV (MTCT) is now considered a realistic public health goal and an important part of the campaign to achieve the **Millennium Development Goals**.

Activity

- Explain why children continue to suffer the consequences of the pandemic even though it can be prevented
- What is the good news story in Cambodia?

BEING AN HIV/AIDS ORPHAN

An orphan is a child who has lost one or both parents. Worldwide, more than 16 million children under 18 years have been orphaned by AIDS. Around 14.8 million of these children live in sub-Saharan Africa. In Zimbabwe 16% of children and 12% in Botswana and Swaziland, are orphaned due to AIDS. Even with the expansion of **antiretroviral treatment** access, it is estimated that by 2015 (Millennium Development Goals), the number of orphaned children will still be overwhelmingly high.

Most of the AIDS orphans who live outside of Africa live in Asia, where the total number of orphans exceeds 73 million

Problems faced by AIDS orphans

Emotional

Emotional trauma of death of parent/s

Little or no support

Suffer neglect, exploitation and abuse

Sometimes child is separated from sisters and brothers

Household

Reduced access to basic necessities such as shelter, food, clothing, health and education

Often live in poor families where lack of income puts extra pressure on AIDS orphans to contribute financially to the household. In some cases driving them to the streets to work, beg or seek food.

Education

Miss out on school, have their schooling interrupted or perform poorly in school.

Miss out on life-skills and practical knowledge from parents. Without this knowledge and a basic school education, children may be more likely to face social, economic and health problems as they grow up.

Stigmatisation

Distress and social isolation is made worse by the shame, fear, and rejection that often surrounds people affected by HIV and AIDS

Because of this stigma, children may be denied access to schooling and health care and also be denied their inheritance and property.

Family structures

AIDS places pressure on families and communities.

HIV reduces the caring capacity of families and communities by deepening poverty, through medical and funeral costs as well as the loss of labour.

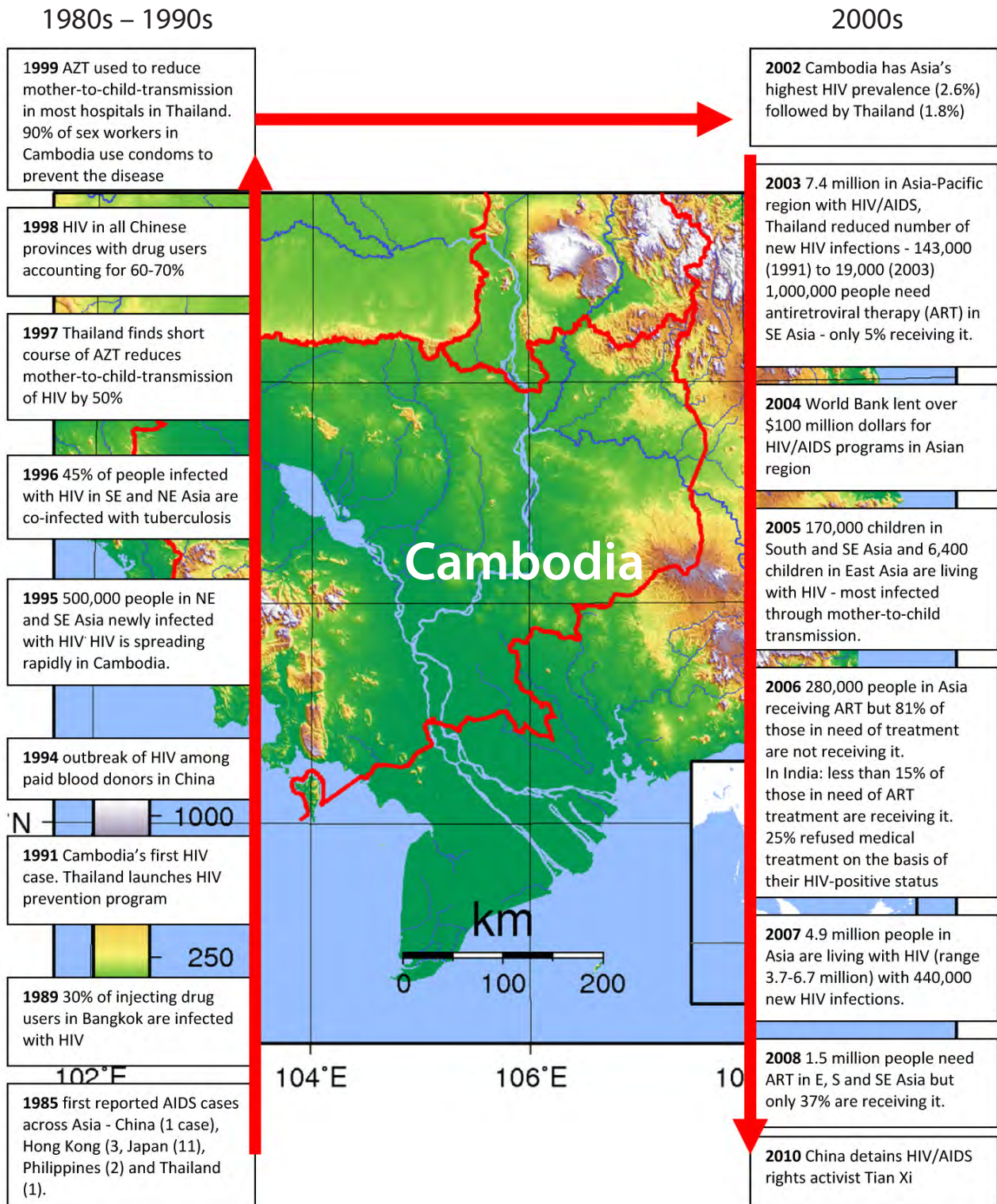
<http://www.avert.org/aids-orphans.htm#contentTable>

Activity

- What can be done for a better life for these children?

YEAR 10: HUMAN WELLBEING POVERTY, HEALTH, CITIZENSHIP

Timeline: HIV/AIDS in Asian region with a focus on Cambodia



Activity

- Refer to the time line and draw a table. List the spread of HIV/AIDS in one column and the treatment of HIV/AIDS in the other column

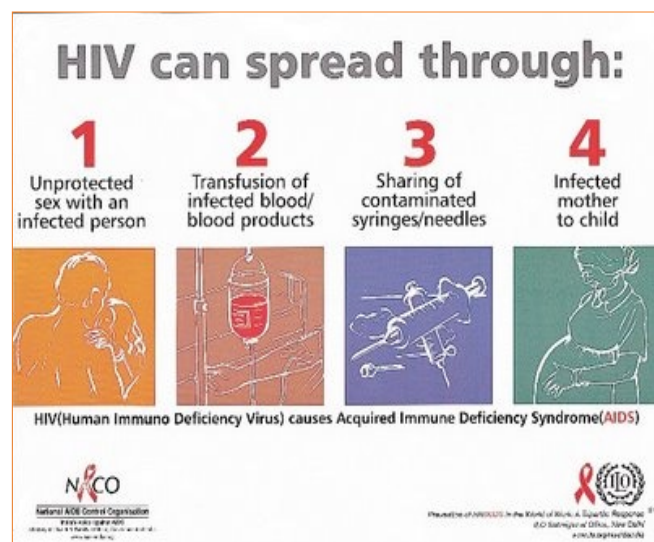
For more details refer to <http://www.avert.org/asia-aids-timeline.htm>

Spread	Treatment

ACTIVE CITIZENSHIP REQUIRES BALANCED INFORMATION

Before we start becoming an active global citizen we need to distinguish myths from facts, concerning the spread of HIV/AIDS

Myths and facts about HIV/AIDS



Source: <http://indiandevelopmentfoundation.blogspot.com/2008/12/facts-about-hiv-aids.html>

Activity

- What are the problems of incorrect information to people who are illiterate and live in remote communities?

WHAT SHOULD WE DO ABOUT IT? OUR RESPONSIBILITIES

The Australian Government's Overseas Aid Program (AusAID), the World Bank, United Nations and many NGOs, have played a vital role in assisting developing countries, especially in Asia, Latin America and Africa to reduce poverty and achieve sustainable development. As a result the developing world today is healthier, wealthier, better fed, and better educated.

a) Global: United Nations



The United Nations AIDS Programme (UNAIDS) promotes human rights in the fight against AIDS. The World Health Organisation (WHO) and UNAIDS helps countries treat, care and prevent HIV/AIDS.

Table: United Nations Strategy Goals by 2015



b) National: Australian Government



The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for worldwide action against HIV/AIDS. Australia contributes \$4 million each year to assist UNAIDS to support an expanded response to the epidemic. Australia approved a Global HIV/AIDS Initiative totalling \$1 billion over the ten years from 2000–2010.

c) Non Government Organisations (NGO's)



NGOs mobilise global public support and voluntary contributions to improve the wellbeing of people all over the world – such as those suffering from HIV/AIDS. They often have strong links with community organisations in developing countries.

Activities

- Summarise the global plan to eliminate new HIV infections among children by 2015_ www.unaids.org/en/
- How does AusAID make a difference to people living with HIV/AIDS?

LET'S ACT NOW!

Everyone born in Australia is a citizen of Australia. Likewise, anyone born on Earth is a citizen of the planet -- a global citizen. A global citizen is aware of the wider world and will act to make the world a more equitable, sustainable and peaceful place.

Why Cambodia?

- No orphanage in Cambodia accepts a HIV positive child
- HIV positive children are discarded into the streets by hospitals and left to die. They experience stigma and discrimination



What was the response?

Hope for Cambodian Children Foundation (HfCCF) built a centre in Battambang Province, Cambodia which:

- cares for 120 children abandoned by their families because they have or are suspected of having HIV/AIDS
- provides each child with a safe home, nutritious food, health care and an education
- cares and supports HIV positive mothers to ensure their babies are born HIV free

Many of the children have been living on the streets or on the fringes of villages and as a consequence have not been attending school. At the HOPE centre children are provided with catch up programs so they can return to school. These programs include after-school classes that are also available to the poorest families in the community.

What is the Hope for Cambodian Children Foundation (HfCCF)?

HfCCF is a non-government organisation (NGO) reliant on private donations and sponsorship from Australia.

The HfCCF orphanage:

- cares, educates and improves the lives of HIV+ children and their families. It provide HIV/AIDS and general health education programs to ensure children with HIV+ are not discriminated against or marginalised in their community. HfCCF also provides HIV prevention programs to the poorest and remote villages.
- provides each child with a loving, caring, safe home environment and hope for the future for those children that have been abandoned. Each child receives nutritious food, a hygienic environment, comprehensive health care, an education including English tuition and vocational training. Each child learns about the Khmer culture and receive spiritual nurture
- works towards the Millennium Development Goals promises 4, 5, 6, 8 and basic human rights.

FACILITIES AT THE ORPHANAGE

Around centre



School



Library



Mums and their babies:
HIV positive mothers
and their babies.

MEET THE ORPHANS

An orphan is a child who has lost one or both parents. Worldwide, more than 16 million children under 18 years have been orphaned by AIDS. Around 14.8 million of these children live in sub-Saharan Africa. In Zimbabwe 16% of children and 12% in Botswana are orphaned due to AIDS

Most of the AIDS orphans who live outside of Africa live in Asia, where the total number of orphans exceeds 73 million



Sreytouch came to HOPE with her older brother after their family support network broke down. Sreytouch is a gentle, caring girl. She helps out with the disabled and the new little ones coming to HOPE.



Bunlay is from a rural village and is at HOPE as a participant in a secondary education program for teenagers. Bunlay is a clever, kind and thoughtful boy. He is a focussed student and particularly enjoys playing chess in the library/resource centre.

Activity:

- Refer to the photographs of the orphanage and describe the new life for children living with HIV/AIDS in Cambodia

SHADES4AIDS AN AUSTRALIAN NGO

What is *Shades4Aids*?

- Charity which receives no government funding or corporate sponsorship
- Entirely funded by Australian school children through educational and fund raising initiatives in conjunction with the Departments of Education in states throughout Australia.

For the privilege of wearing sunglasses to school for a day, students donate a gold coin to the Hope for Cambodian Children Centre. At school, students learn about the problems facing children in communities affected by the AIDS pandemic, with a focus on Cambodia.



We can prevent children being infected with HIV by:

- effective and widespread voluntary testing and counselling
- antiretroviral drugs given to mother before birth and during labour and to baby following birth
- safer delivery practice
- safer infant feeding



In 2009:

- only 50% of HIV-infected pregnant women in low- and middle-income countries received drugs to protect their babies from infection
- less than 10% of children received treatment

If these interventions were used worldwide, they could save the lives of thousands of children each year.

Photograph: Orphans living at Battambang



SHADES4AIDS INVOLVES SCHOOLS ACROSS AUSTRALIA

In 2008 *Shades4Aids* was launched at James Ruse Agricultural High School. By 2009, 400 schools had participated in the program. In 2010 the money raised by Australian school students enabled the development of a pilot program to identify 27 HIV+ pregnant women. These women were provided with antiretroviral medication, sterile birthing facilities and blood tests. Also medication was given to their newborn infants.

The result saw 31 infants born HIV free!

James Ruse Agricultural High School and *Shades4Aids*

James Ruse Agricultural High School not only participated in *Shades4Aids* day but in 2011, ten students and three teachers, including Deputy Principal Megan Connors, visited the Centre in Battambang for five days. The HfCCF was thrilled the students visited and assisted in a range of projects – agriculture, educational and community.

Photographs: James Ruse Agricultural High School and Wiley Park Girls' High School



Source: www.wileyparkg-h.schools.nsw.edu.au/sws/view/1475821.node

Melbourne Grammar

Melbourne Grammar volunteered at the centre in Cambodia. *'What they accomplished was outstanding. A large chicken coop full of chickens, new sports equipment and 45 banana trees and 40 mango trees were planted. They also donated digital cameras, laptop computers and clothes. It was also wonderful to have such a caring group of young people at the centre and for the children at the orphanage to meet and bond with people their own age.'*

NOW FOLLOW THE STEPS AND ORGANISE A SHADES4AIDS DAY



WHAT CAN YOU DO TO MAKE A DIFFERENCE?

CONCLUSION:

TARGET – GETTING TO ZERO

'UNAIDS strategy 2011–2015, aims to advance global progress in achieving country set targets for universal access to HIV prevention, treatment, care and support and to halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development goals by 2015. Only by working together to set our future course can we accelerate greater results for people'

Michel Sidibé, Executive Director of UNAIDS



Progress is happening!

An estimated 6.6 million people living in low- and middle-income countries were receiving antiretroviral therapy (ART) for HIV/AIDS at the end of 2010. Of this, an estimated 420 000–460 000 were children. This progress represents the largest annual increase in the number of people accessing HIV treatment – 1.4 million more than a year ago.

Significant progress has been made in the prevention of **mother-to-child transmission of HIV (PMTCT)**. For the first time, the elimination of mother-to-child transmission of HIV (MTCT) is considered a realistic public health goal and an important part of the campaign to achieve the millennium development goals. In the light of the global effort, it is critically important to provide the best evidence-based interventions to reduce the risk of transmission from an HIV-infected mother to her newborn child, while at the same time promoting the health of both the mother and the child.

On the positive side at least 56 countries have either stabilised or achieved significant declines in rates of new HIV infections. *'Investments in the AIDS response are paying off, but gains are fragile - the challenge now is how we can all work to accelerate progress.'* <http://www.unodc.org/southerncone/en/frontpage/2010/11/25-em-pelo-menos-56-paises-as-texas-de-novas-infeccoes-pelo-hiv-estabilizaram-ou-diminuiram-significativamente.html>

'Today, we have a chance to end this epidemic once and for all. This is our goal: Zero new HIV infections, Zero discrimination, and Zero AIDS-related deaths.'

UN Secretary General Ban Ki-Moon at Meeting on AIDS, June 2011

REFLECTION AND ACTION

As a result students learn to take responsibility for their actions, respect and value diversity and see themselves as **global citizens** who can contribute to a more equitable, just and sustainable world.

I was surprised to find out

The most interesting thing I learnt was.....

I would like to know more about

One thing I would like to do

GLOSSARY

- **Aid** (overseas aid): is money, goods and services offered to developing countries for economic, political, social and environmental reasons
- **AusAID**: Australian Government's aid program
- **Developed countries**: term used to describe the world's richest countries generally located in the United States, Western Europe, Japan and Australia
- **Developing countries**: term used to describe and world's poorest countries generally located in Africa, Asia and Central and South America.
- **Extreme poverty**: living on less than \$1 per day
- **Feminisation of poverty**: increase in poverty among women versus males
- **Food insecurity**: people can't buy or grow enough food to stay alive, active and healthy
- **Geographic information system** (GIS): set of computer programs designed to deal with databases able to collect, store, retrieve, manipulate, analyse and display mapped data
- **Global Citizenship** occurs when individuals, groups, governments, non-government organisations and intergovernmental organisations (e.g. United Nations) understand their global responsibility and work towards a more equitable, socially just and ecologically sustainable world.
- **Globalisation**: the breakdown of traditional barriers between nation states allowing the movement of goods, capital, people and information
- **Gross Domestic Product** (GDP): a measure of a countries wealth

- **Gross Domestic Product per capita** (GDP): a measure of a country's wealth divided by the population
 - **HIV/AIDS**: AIDS is the acquired immune deficiency syndrome. It develops after being infected with the human immune deficiency virus (HIV).
 - **Human Development Index** (HDI): takes into account life expectancy, literacy, access to clean water and underweight children.
 - **Human well-being**: the overall standard of living and health of a population as determined by factors including indicators of development such as gross domestic product (GDP), infant mortality rates and literacy rates.
 - **Human rights**: are based on the idea that all human beings are equal, and deserve fair and equal treatment
 - **Humanitarian**: having regard for the interests of humanity especially the disadvantaged such as people suffering from a disaster or HIV/AIDS
 - **Hunger**: lack of adequate food
 - **Infant Mortality Rate** (IMR): number of deaths per 1000 babies under one year of age
 - **Malnutrition**: deficiency or an excess in a person's intake of nutrients needed for healthy living.
 - **Millennium Development Goals** (MDGs) are eight development goals the 189 United Nations member states and at least 23 international organisations have agreed to achieve by the year 2015. They include halving extreme poverty.
 - **Moderate poverty**: living on less than \$2 a day
 - **Non Government Organisation** (NGO): a not for profit organisation, with a charitable, community or environmental focus
 - **Poverty**: is pronounced deprivation in well-being, and comprises many dimensions. It includes low incomes and the inability to acquire the basic goods and services necessary for survival with dignity. Poverty also encompasses low levels of health and education, poor access to clean water and sanitation, inadequate physical security, lack of voice, and insufficient capacity and opportunity to better one's life. (World Bank)
 - **Sanitation**: construction of pipes and toilets to dispose of waste products including human waste, such as faeces
 - **Slum** (UN Habitat): lack of durable housing, insufficient living area, lack of access to clean water, inadequate sanitation and insecure tenure
 - **Sustainable development**: development that meets the needs of the present population without endangering the ability of future generations to meet their own needs
 - **United Nations** (UN): an intergovernmental organisation (IGO) that promotes equity, human rights, economic development and peace
 - **Universal health care**: health care coverage extended to all citizens of a country
- ### Activities
- How about you try the HIV/AIDS quiz?**
<http://www.avert.org/lesson1.htm>
- This AIDS quiz covers key basic information about HIV and AIDS.
- Got Questions?*
1. What is HIV?
 - * A virus
 - * A bacterium
 - * A fungus
 2. What is the difference between HIV and AIDS?
 - * HIV is a virus and AIDS is a bacterial disease
 - * HIV is the virus that causes AIDS
 - * There is no difference between HIV and AIDS
 3. Is there a cure for AIDS?
 - * Yes
 - * No
 - * Only available on prescription
 4. Does HIV only affect gay people?
 - * Yes
 - * No
 - * Only gay men
 - * Only gay women
 5. Can you get AIDS from sharing the cup of someone with HIV?
- Get Answers!**

- * Yes
 - * No
 - * Only if you don't wash the cup
6. Can insects transmit HIV?
- * Yes
 - * No
 - * Only mosquitoes
7. How can you tell if somebody has HIV or AIDS?
- * Because of the way they act
 - * They look tired and ill
 - * There is no easy way to tell
8. What does HIV stand for?
- * Human Immunodeficiency Virus
 - * Harmful Intravenous Vaccine
 - * Homosexual Injury Volition

Answers

1. HIV is a virus. Like all viruses, HIV cannot grow or reproduce on its own. In order to make new copies of itself it must infect the cells of a living organism.
2. HIV is the virus that causes AIDS. A person can live a healthy life if they are diagnosed with HIV, they are said to have AIDS when they develop and HIV related illness.
3. There is no cure for AIDS. This means it is important to be aware of prevention methods such as safe sex in order to protect yourself.
4. HIV can affect anyone from any part of the world.
5. It is not possible to become infected with HIV from everyday casual contact such as sharing food, shaking hands or touching the same objects. You are only at risk from HIV if you are exposed to infected blood or bodily fluids.
6. Insects cannot transmit HIV. When taking blood from someone mosquitoes do not inject blood from any previous person. The only thing that a mosquito injects is saliva, which acts as a lubricant and enables it to feed more efficiently.
7. There are no specific symptoms of HIV.
8. Human Immunodeficiency Virus is the full term for HIV, which means that HIV weakens the body's immune system.



This woman is HIV positive and lives in Kibera, the largest slum in Africa located in Nairobi, Kenya. She was near death in 2006 but is now a successful entrepreneur today selling Omena (freshwater fish) to Kibera residents as well as Kenya's largest supermarket chain. USAID. Photo: USAID/Michael Gebremedhin. Source: Wikimedia Commons

Activity

Match column A with column B

Column A: Word	Column B: Definition
Non -Government Organisation (NGO)	eight development goals the 189 United Nations member states agreed to achieve by the year 2015
United Nations (UN)	deprivation in well-being, and comprises many dimensions
Development Millennium Goals (MDGs)	a not for profit organisation, with a charitable, community or environmental focus
Humanitarian	term used to describe and world's poorest countries generally located in Africa, Asia and Central and South America.
Poverty	individuals, groups, governments, non-government organisations and intergovernmental organisations (e.g. United Nations) understand their global responsibility and work towards a more equitable, socially just and ecologically sustainable world
Human well-being	increase in poverty among women versus males
Developing countries	takes into account life expectancy, literacy, access to clean water and underweight children.
Global Citizenship	having regard for the interests of humanity especially the disadvantaged such as people suffering from a disaster or HIV/AIDS
Feminisation of poverty	an intergovernmental organisation (IGO) that promotes equity, human rights, economic development and peace
Human Development Index (HDI)	the overall standard of living and health of a population as determined by factors including indicators of development such as gross domestic product (GDP). infant mortality rates and literacy rates

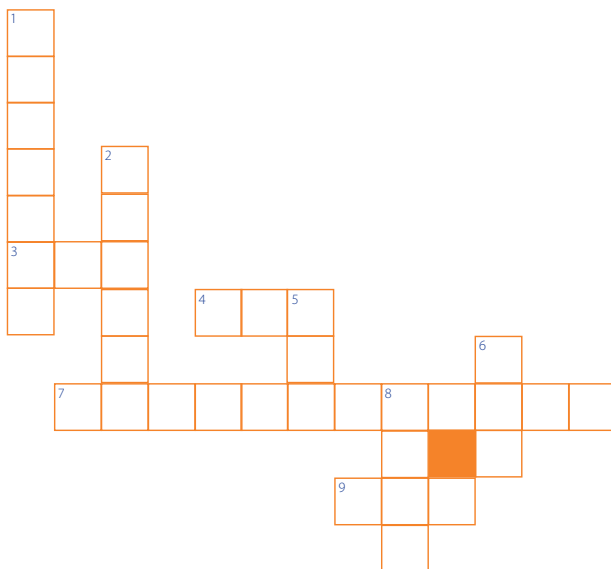
FIND THE WORDS AND ACRONYMS

N N D S Q B M U B W E Q A Z M
 A H O F D W S V A P G E E I W
 I S U I I D C P X Q P Z L F E
 R M A M T S U D B O H L S X L
 A N U O A I W W V L E O D P L
 T G F L B N R E G N U H I L B
 I O X J S G R T N B Z H A T E
 N H S I K T B I U L S J R F I
 A A I P Y J U H G N R J F P N
 M R U V Q M F D E H L V T R G
 U R N Z G A R Z T T T A T T X
 H P P O E Z I G D P I S M Y B
 Z R A Y E T N U S O L R E E F
 M L N O I T A S I L A B O L G
 S O X C S U S T A I N A B L E

Shades4Aids

AID	MALNUTRITION
AIDS	MILLENIUM
CITIZENSHIP	GOALS
GDP	NGO
GLOBALISATION	POVERTY
HIV	SLUM
HUMANITARIAN	SUSTAINABLE
HUMAN RIGHTS	WELLBEING
HUNGER	

COMPLETE THE CROSSWORD



Shades4Aids

ACROSS

- Eight development goals
- Takes into account life expectancy, literacy, access to clean water and under weight children
- A measure of a countries wealth divided by the population
- Measure of a countries wealth

DOWN

- Poverty living on less than \$1 per day
- Australian Government's aid program
- Number of daeths per 1000 babies under one year of age
- Set of computer programs designed to deal with databases able to collect, store, retrieve, manipulate, analyse and display mapped data
- Acquired immune deficiency syndrome

Activities

Answer these key inquiry questions

- What is poverty, HIV and AIDS?
- Where does poverty and HIV/AIDS occur?
- What are the causes of poverty?
- What are the causes of HIV/AIDS?
- Why are poor people more vulnerable to diseases such as HIV/AIDS?
- What are the impacts of HIV/AIDS on families, communities and countries?
- What is the aim of the Millennium Development Goal 6?
- What should individuals, groups, organisations and governments do to improve the quality of life of poor people suffering from HIV/AIDS for a more equal, just future world?