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Governing AIDS together

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WE have reached a crisis. State governance of the HIV/AIDS epidemic has never been more critical, as expressed in the satellite Symposium on Governance and AIDS, organised by the United Nations Development Programme (UNDP), in conjunction with the Fourth International Congress on AIDS in Asia and the Pacific, in Manila on Oct 28.

It is imperative that we reach out to infected and affected persons with HIV/AIDS to control and prevent the spread of the epidemic.

"Gains made in life expectancy, poverty reduction, household security, family composition and educational attainment are all at risk with the spread of the epidemic," states Aamir Martin, UNDP Governance Resource Facility, Islamabad.

His argument hinges on the devastating impact of the epidemic on the Human Development Index (HDI) - UNDP's redefinition of human development - one that is people-centred (beyond mere socio-economic and measurable indicators).

Thus challenged is the collective accountability of the state (political and governmental institutions), civil society organisations and the private sector in combating the HIV/AIDS epidemic.

However, such advocacy begs these questions. Are we agitated out of our apathy because we fear and are embarrassed by the socio-economic setbacks that it effects? Do we now care because the HIV/AIDS pandemic threatens our measure of progress?

In all honesty, are we primarily concerned with decreasing grim HIV/AIDS statistics and in so doing, boosting the HDI on national, regional and global levels?

Based on an UNDP report, HIV/AIDS impacts governance not only because it poses threats which insidiously undermines development achievements of recent decades. Essentially, HIV/AIDS affects everyone because the value of a human life should not be qualified and human suffering cannot be quantified by the HDI.

Governance of the HIV/AIDS epidemic therefore, is synonymous with extending compassion to persons (not faceless statistical figures) living with HIV/AIDS (PLWHA).

As such, the notion of development that Asia and the Pacific pride themselves of, must be premised on the principles of sound governance for sustainable human development (SHD) - that which is participatory, transparent and accountable.

It incorporates the responsibility of the state (in creating an enabling environment), private sector (in generating productive employment) and civil society (in ensuring check and balances).

It is fundamentally "pro people, pro jobs, pro nature" (Human Development Report 1994).

Evidence that these are not merely the stuff utopian fiction is made of, is the successful application of sound governance in Northern Thailand's battle against the HIV/AIDS epidemic.

The State in effective response, according to Dr Wiwat Rojanapithayakorn of the Thai Ministry of Health, decentralised itself. A breakthrough ensued. Where in 1994 it numbered 7,324 (41 per cent) of 17,644 cases, by 1997, it was significantly reduced to 3,307 (28.9 per cent) of 11,451 cases nationwide.

Briefly, the obstacles of poor governance was minimalised. Thus eshewed

were centralised and overly bureaucratic procedures, minimal flexibility with regard to budget allocation, top-down decision-making processes, without any meaningful consultation with persons living with HIV/AIDS, NGOs and Community-based organisations.

In a Malaysian context, our well-meaning strategies for the prevention of HIV/AIDS and the treatment of PLWHA are muddled and hampered by such poor governance as highlighted by Datin Paduka Marina Mahathir in her paper Governance and HIV: A Civil Society Perspective:

- * gender disparity and disempowerment within a paternalistic society,
- * low prioritisation of sex education,
- * conservatism on the use of condom,
- * inadequate surveillance methods (that is, ante-natal testing, which discriminates women, is ineffective and prohibitively expensive),
- * stigmatisation of high-risk groups (i.e. intravenous drug users, sex workers, gay community)
- * insufficient redress of high-risk behaviour.

The multi-sectoral responses of State, society and private sector, reinforced by anti-discriminatory practices and confidentiality ethics, societal and individual behavioural change, socially inclusive processes of dialogue and decision-making, are the essence of healthy governance and lifestyle.

Such participatory politics is a tall order, but vital. UNAIDS reports that approximately 2.3 million people died of AIDS in 1997 - a 50 per cent increase over 1996. Nearly half were women and 460,000 children under 15. There are an estimated six million people living with HIV/AIDS in South and Southeast Asia (NST, Nov 27).

We are confronted by a crisis, but not a deadlock. We have a choice. Affirm positive living and each person living with HIV/AIDS.

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