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A time for political commitment

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THE year 2001 is a landmark year for HIV/AIDS. For the first time, the epidemic will be discussed in a United Nations General Assembly Special Session (UNGASS) on HIV/AIDS at the end of June. Member states will be expected to sign a Declaration of Commitment to ensure effective responses to the global pandemic with clear deadlines for certain goals to be met.

Why has this suddenly happened?

Partly, because it has been adopted as the personal interests of certain individuals. The Secretary General of the UN, Kofi Annan, who comes from the hardest-hit continent in the world, has taken up the HIV/AIDS cause because he is seeing for himself how it is devastating African societies and the social and economic fabric.

What else can you expect if, in countries like Botswana 35 per cent of adults are HIV-positive, and that in several countries, gains made in life expectancy have been reversed by some 22 years, because of HIV/AIDS?

Last year, this interest in HIV/AIDS was sparked when the UN Security Council declared in no uncertain terms that AIDS is a human security issue. What else can you say when in 2000 alone, 200,000 Africans died in conflict situations while two million died of AIDS? AIDS is bigger than any war, its impact, perhaps, even more devastating than a nuclear device.

In the process leading up to the UNGASS, several preparatory meetings (called prepcoms) have been organised.

These in themselves has been groundbreaking for many reasons.

For one, they have been organised in a far shorter time than any previous prepcoms and more importantly, in recognition of the crucial roles that non-governmental organisations and community groups play in the fight against HIV/AIDS, these groups have been included in unprecedented levels.

NGOs thus are part of national delegations, and are also observers. They have been given space to speak far beyond any ever accorded them before, and they are being listened to.

A whole day of NGO panels organised at the UN in February garnered full houses, attended by government delegates more used to discussing political and economic issues.

But then, AIDS is now a political and economic issue.

In addition to the prepcoms, several other events have been discussing the UNGASS and the draft Declaration of Commitment. The UN Economic and Social Committee of Asia and the Pacific (ESCAP) meeting in late April in Bangkok issued a declaration of unparalleled forthrightness on the steps to be taken to combat AIDS in Asia. NGOs gathered in Geneva, also in April, to contribute their input into the Declaration.

In early May, some 40 experts, whom I had the privilege to join, met in Vevey, Switzerland, to call for a plan of action for HIV/AIDS that would ensure effectiveness.

The group of experts, which included leading epidemiologists, scientists, researchers, community representatives and People Living with HIV/AIDS (PLWHAs), pronounced three basic facts we now know after 20 years of AIDS.

Firstly, that the global pandemic is nowhere near its peak. Indeed in most parts of the world, especially Asia, it is still in its infancy. Secondly, that while prevention remains important, the importance of care and treatment towards prevention and impact mitigation is now well-

recognised. And thirdly, it needs immense political will and commitment, coupled with sufficient resource mobilisation, to truly make a difference to the pandemic.

It is this last fact that the UNGASS seeks to address. The Secretary General has invited heads of government to attend because these are the people who will be able to make the policies that will "make or break" the epidemic in their own countries.

Thus far, only the heads of governments of the most severely affected countries, mostly from Africa and the Caribbean, have agreed to go.

None of the G8 have replied in the affirmative. Asia is only sending several deputy heads of governments, most are sending Ministers of Health.

This is the fundamental misunderstanding about HIV/AIDS, that it is primarily a health issue.

But the experience of 20 years has shown that the roots and consequences of AIDS extend far beyond the health field. Prevention lies in providing correct and appropriate information to the public, and to the most vulnerable groups in particular.

While the information may originate from Ministries of Health, delivery of these messages go beyond their capabilities.

As adolescents are a particularly vulnerable group, delivery of AIDS messages to them requires going into areas which the Ministry of Health has little insight or inroad. This includes all institutions of formal education as well as other venues where youth congregate. It is not possible for the Ministry of Health to enter all these avenues, thus the need to have fully involved and committed partners in other government ministries and agencies, NGOs and youth organisations.

In this country, this has still not happened to any effective extent, despite some efforts.

The obstructive ignorance of some bureaucrats is allowing young people to go out into the world ignorant of a preventable disease that can destroy their lives.

Furthermore, what has been clear is that prevention is difficult if people are made vulnerable by external circumstances. Poverty makes entire populations vulnerable by making it difficult to access information (sometimes due to illiteracy), or by forcing them to look for work in foreign countries, or in occupations such as in prostitution, in order to earn a living, all the while with the strong possibility of exposure to the virus. There is a clear correlation between the high prevalence levels of HIV in certain countries and their low economic development.

Ninety-per-cent of the 36 million people living with HIV around the world live in developing countries. Undoubtedly, AIDS impoverishes as well, as resources are diverted into care and treatment, sending already weakened and sometimes unstable countries further down the spiral of decline.

On a micro-level, even within countries, some people are more at risk than others, again due to external circumstances.

People who are socially or legally marginalised, such as drug users, sex workers and migrant workers, are naturally more vulnerable because their exclusion from mainstream society means the information and services on AIDS rarely reaches them. Yet they are also often the ones most blamed for spreading the disease.

Reduction of their vulnerability, including in some cases, amending laws, will thus benefit society as a whole. To put it more starkly, it is better to keep drug users alive by providing them with clean needles than to have to keep picking them off the streets when they die, not knowing how many others they may have infected.

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