



PARLIAMENTARY BRIEFING AT THE XVII INTERNATIONAL AIDS CONFERENCE (AIDS 2008)

(Mexico City, 5 August 2008)



Parliamentary Leadership in the Response to the HIV/AIDS Pandemic

SUMMARY REPORT OF THE PROCEEDINGS

There is a need for greater political leadership in the response to the HIV/AIDS pandemic and few are as well-placed to provide it as members of parliament. The face of the AIDS pandemic is changing. Today's victim is increasingly black, poor, young and female. Our response must take this reality into account. If the pandemic is being feminized, so should the solutions.

Those were some of the many conclusions that emerged from the parliamentary event organized by the Senate of Mexico and the Inter-Parliamentary Union in Mexico City on 5 August 2008 on the occasion of the XVII International AIDS Conference (AIDS 2008). The meeting brought together over a hundred members of parliament and staff from twenty-five parliaments.

The parliamentary event provided the members of parliament gathered in Mexico with an opportunity to exchange experiences. They were received by the President of the Senate of Mexico, Mr. Santiago Creel Miranda, and received briefings from Elhadj As Sy, Director of Partnerships and External Relations at UNAIDS and Ms. Marleen Temmerman, member of the Senate of Belgium and of the IPU Advisory Committee on HIV/AIDS.

Speaking up against prejudice, stigma and discrimination

What is needed is strong and well-informed political leadership; leadership that makes sure that those already infected receive adequate treatment and their rights are protected and that we collectively do everything we possibly can to prevent future infections. That is the kind of leadership all members of parliament should provide, declared Senate President Santiago Creel in welcoming the parliamentarians to Mexico. Parliamentarians have the obligation to build and maintain the political will that is so necessary to transform words into deeds, he said.

Members of parliament must break the silence and demonstrate how HIV/AIDS is affecting people and transforming societies. Parliamentarians must contribute to education and help end ignorance and fear. They must speak up against prejudice, discrimination and stigma and build greater understanding in communities and society at large. As members of parliament, said Senator Creel, they must mobilize for action and influence how public services and governments perform to address the HIV/AIDS pandemic.

UNAIDS Director As Sy concurred and insisted that parliamentary support and involvement was more necessary than ever as we moved towards providing universal access to treatment and

ending stigma and discrimination. So much of the HIV/AIDS response was rooted in ensuring respect for human rights and equality between men and women. Even if two thirds of all countries now had laws that protected HIV-positive persons from discrimination, there were serious problems in ensuring compliance and, of course, one should not forget that one third still did not even have a legal framework in place, he said.

In order to achieve universal access to HIV prevention, treatment, care and support, action had to be taken to remove the legal, social and cultural barriers that stood in the way - stigma and discrimination against people living with HIV, inequality between women and men, violence against women, and laws that criminalized and drove underground the most marginalized in society. Across the world the situation was such that those most affected by HIV were the ones who received the least attention in the response to it. That was a failure both for them and for the national response. Such responses did not work, said Mr. As Sy.

Strengthening health systems and universal access to treatment go hand in hand

In less than twenty years, 65 million people have been infected by the HIV virus. Over 33 million live with the virus today. In 2007 alone, 2.5 million men and women were infected and another 2.1 million died as a result of AIDS.

There had been important progress, said Senator Marleen Temmerman in her intervention. More and better data was now available on the epidemiology of HIV/AIDS. Yet millions of people were not aware that they were HIV-positive. Prevention methods existed, involving mainly abstinence, behavioural changes and the use of condoms. However, there were as yet no prevention methods that women could control themselves, leaving them doubly vulnerable. Mortality had decreased where antiretroviral (ARV) therapy was available. More than three million people were currently on ARV therapy, but the cost of the treatment placed it out of reach for the vast majority, who were poor and living in developing countries.

Today there was much greater knowledge of what needed to be done, said Senator Temmerman. The spread of HIV was linked to core groups in western countries, whereas it had a distinctly heterosexual dynamic in Africa and many other parts of the world. Hence, there was an obvious need for policies and programmes to empower women in developing countries. Prevention needed renewed attention and all individuals should have access to condoms and contraceptives. Providing access to treatment must be accelerated. Ten million people needed medication.

It was acknowledged that the link between sexual and reproductive health and HIV needed to be made on both the policy and the programme and structural levels. Much more needed to be done to address cultural, societal, religious and gender inequalities. Similarly, research and development required greater support. That was particularly true in the area of developing female-controlled methods such as microbicides and cervical barrier methods.

Treatment could not be provided in isolation from health systems. While the "vertical" approach could work for a while, it eventually reached its limit when confronted with insufficient numbers of health workers and dysfunctional health systems, particularly in countries with a high rate of HIV infection. Africa alone needed well over a million new health workers. Yet the problem must not be reduced to one of providing assistance either for HIV/AIDS or for public health services. It

must be both. HIV/AIDS policies and programmes needed to be integrated and coordinated with other disease programmes, with sexual and reproductive health, with child and maternal health, and with strengthened shared health systems, concluded Senator Temmerman.

Identifying parliamentary actions that yield results

The members of parliament attending the event in Mexico were asked by IPU Secretary General, Anders B. Johnsson, to identify one specific action that parliamentarians must take to address the HIV/AIDS pandemic. After discussing the question in smaller groups, they reported back to the plenary with several examples.

One group pointed out that the world was witnessing a disturbing feminization of the pandemic. Priority should therefore be given to feminize the solution. That must involve making far greater efforts to develop and provide access to female barrier methods and contraceptives, and to show zero tolerance for sexual violence against women. Women parliamentarians should be in the forefront of the effort and join hands with civil society organizations in making sure that significant public funding was made available to protect women from HIV infection.

Another group focused on the need to fund education programmes. HIV/AIDS was not just about others, they said. It was also about us. Efforts should be made to ensure that everybody in society understood the disease and for that to happen, education programmes had to be put in place and they had to receive adequate funding. That task fell to parliamentarians.

Several of the groups addressed the law-making aspect of parliamentary work. One group suggested that all countries that had adopted laws to address the HIV/AIDS pandemic should make them available to each other through the IPU and that those countries that had not yet put in place such laws should be given a timeline and assistance for legislating in the area.

Representatives from the SADEC Parliamentary Forum informed the participants of the model legislation it was promoting in the southern African region. Another group recommended that every parliament should review existing laws with a view to removing provisions of a discriminatory nature.

Recommendations for parliamentary action also spoke to parliament's oversight role. One group insisted on the need for parliamentarians to go out in the field to review the application of laws and policies and to report back to parliament. Public administration should be held to account, they said, and policies should be debated in parliament and improved upon whenever needed.

The parliamentarians welcomed the decision by the United States to lift the entry ban on people infected with the HIV virus and encouraged the parliaments in other concerned countries to take action to eliminate travel restrictions on people living with HIV/AIDS and oppose mandatory HIV testing of immigrants and refugees. Countries should "stop the virus, not people living with the virus".

One group picked up on a suggestion also made by Senate President Santiago Creel in his message to the effect that parliaments should strengthen their own institutional capacity to address the

HIV/AIDS pandemic, for example, by establishing specialized committees or parliamentary all-party groups or caucuses to oversee policy and provide impetus for action.

Several groups insisted that parliaments should make good use of the parliamentary handbook *Taking Action Against HIV*, produced jointly by the IPU, UNDP and UNAIDS. Parliaments should organize public launches and similar awareness-raising events around the handbook, translate it into the national language(s), use it in the daily work of parliamentary committees and implement its many recommendations.

Two of the groups suggested that parliaments should do more to make sure that public funds were well spent in the fight against the HIV/AIDS pandemic. In particular, parliament needed to exercise oversight of public accounts and of the use made of international support received through the United Nations, the World Bank, bilateral donors, foundations and even civil society organizations. Often, however, much of that financial support was not “in the books” and parliament was unable to ensure transparency and accountability.

Leading by example

More than 20,000 delegates travelled to Mexico to attend AIDS 2008 to exchange views and experiences, learn of the latest research findings and gaps in knowledge, examine successes and shortfalls in the overall response to HIV and AIDS, and identify priorities for future action. The event also brought together an unprecedented number of scientists, officials, activists and non-governmental organizations under the banner of *Universal Action Now!*

Many of the participants at the parliamentary event noted that achieving universal action would necessarily require much greater political will. We must mobilize the politicians and political leaders in our countries, they said, and we should lead by example.

We have been elected by the people and remain in close contact with them, they said. Few are as well-placed as we are to advocate for solutions and mobilize communities around action. We are role models and can move the proverbial mountain. When a caucus of members of parliament of Tanzania took the lead to undergo voluntary testing for HIV, they sparked a mass movement that prompted four million Tanzanians to follow their example.

The parliamentary event concluded with a call for parliamentarians everywhere to join the movement for *Universal Action Now*. It also invited the IPU to strengthen its activities in the area of HIV/AIDS and to take the lead in organizing a new “political leadership” track of the International AIDS Conference when it reconvenes for its XVIII session in Vienna in 2010. The IPU, working together with parliaments and parliamentary and political organizations, should start preparing already for coming to Vienna in full force to report on results.