

NAPWA represented at UN meeting on AIDS

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The 2008 High-level Meeting on AIDS took place at the United Nations Headquarters in New York. The meeting reviewed progress made in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. Here is a recent posting of a 2008 report on that meeting.

The meeting attracted high-level participation from UN Member States who, alongside representatives from civil society and UN agencies, funds and programs reviewed progress made towards reaching the goal of providing universal access by 2010. Discussions focused on the progress made, challenges remaining and sustainable ways to overcome them.

The United Nations Secretary-General presented the report on progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The Secretary General said: **“Our challenge now is to build on what we have started, bridge the gaps we know exist, and step up our efforts in years to come. We can do this only if we sustain and step up our levels of commitment and financing.”**

The need for greater accountability, particularly in relation to funds spent by all stakeholders? the need to adapt HIV prevention programming to local contexts and the lack of effective programming directed to populations which are especially vulnerable to the disease, especially sex workers, men who have sex with men, transgender populations and injecting drug users, and the continued criminalization of related behaviors were some of the challenges highlighted by countries and civil society.

The role of the Joint United Nations Program on HIV/AIDS ([UNAIDS](#) [1]Joint United Nations Programme on HIV/AIDS. UNAIDS is the main advocate for accelerated, comprehensive and coordinated global action on the epidemic.) in the response was recognized by countries as a critical element. Several emphasized the need for the UN system to ensure that national efforts are coordinated and complementary for progress towards the universal access goals by 2010 to move forward.

Countries called on UNAIDS to strengthen the HIV prevention program to better reflect local realities and provide support for scaling up treatment programs. Many specifically highlighted the recent dramatic increases in numbers of people on treatment but recognized that if HIV prevention efforts were not stepped up these successes would be difficult to maintain. A point that UNAIDS Executive Director Dr Peter Piot made during the meeting, “We cannot treat our way out of this epidemic. For every two people put on treatment, five are newly infected with HIV. Unless we act now, treatment queues will get longer and it will become more difficult to get anywhere near universal access to HIV prevention, treatment, care and support,” he said.

Participants also recognized AIDS as a public health as well as a development issue needing a multi-sectorial response and stated that the scaling up the AIDS response helps to strengthen health systems. Human rights and gender issues were singled out as imperative to an effective response and leadership and political accountability were underlined as the most important part of the solution.

NAPWA’s participation

Australia was represented by a delegation made up of **Murray Proctor**, Australia’s Ambassador for HIV and Deputy Director General, Program Enabling Division, [AusAID](#) [2]Australian Agency for International Development. Australian Government agency responsible for managing the Australian Government’s official overseas aid program. , **Mrs Kay Hull**, MP, Member of the Inter-Parliamentary Union Advisory Group on HIV/AIDS, **Sofiah Mackay**, Health and HIV Thematic Group, AusAID, **Ann Madden**, from AIVL, and included **Dr John Rule, Deputy Director of NAPWA.**

Following are some of Dr Rule’s reflections on the event, and considerations for Australia moving forward in dealing with HIV.

Stigma and HIV

One of the opening statements by the General Assembly President, H.E. Srgjan Kerim, to the assembly was that "stigma drives the [virus](#) [3]A small infective organism which is incapable of reproducing outside a host cell. underground".

Whilst most would concur with this statement I am not sure that the reports by countries represented - or a least those I heard - spoke to any practical strategies for addressing stigma. And clearly stigma is experienced by different groups impacted by the epidemic, so there should be recognition that attempts at reducing stigma are not completely successful.

So for me there was something missing in the way these reports were presented.

Contradictions in the notion of universal access

In many contexts, legal issues, for example travel restrictions for [PLHIV](#) [4]Person (or people) Living with HIV. This term is now preferred over the older PLWHA., mitigate against the possibility of universal access. As with stigma, though a recurrent theme was that the criminalization of behaviors of vulnerable groups mitigated against the notion and possibility of universal access, progress reports did not always allow for this to be acknowledged.

Spending on HIV/AIDS

Whilst there has been media focus on whether 'too much' is being spent on HIV/AIDS the parting comments of Peter Piot should be promoted – that the AIDS response remains under-funded - and giving a figure of an 8 billion shortfall last year.

Research

The address by Anthony Fauci highlighted the important role of research, particularly 'operations research'.

This was also a feature of the IAS conference in Sydney last year and a statement on its importance was widely supported by Australian researchers and community – perhaps Fauci had picked up on that.

Operations research tries to identify what has worked in particular contexts and what hasn't.

The Sydney Declaration - which should be referred to a lot more - suggests that projects must have at least 10% of their budget allocated towards operations research. It notes that an ancillary benefit of integrating research into the overall approach in the developing world will be an expanding of health-care worker training in research methodologies and practice.

This is not an additional burden but the only means by which understanding of what is and is not effective can be refined.

As for [clinical](#) [5]Pertaining to or founded on observation and treatment of participants, as distinguished from theoretical or basic science., behavioral and social research, my feeling was that during discussions over the course of the meeting, there was not enough reflection on what research has actually said or proven.

'Civil Society' events

The process for nomination of delegates to the Civil Society meeting does not absolutely sort out who people will be speaking on behalf of when they attend the Civil Society Caucus and associated side-events.

There is no difficulty with the Civil Society Declaration statements that emerged around

- Universal access by 2010

Human rights being at the centre of all responses
More resourcing for the responses to HIV/AIDS
And better accountability mechanisms

However, I think it was not helpful that at times 'civil society' representatives were speaking on behalf of people living with HIV, who inject drugs, sex workers and gays, or, men who have sex with men, and in fact then precluded those people speaking for themselves.

There are some matters, though, which I think should be noted which were discussed in the Civil Society caucus and side events

- Criminalisation of affected communities is inhibiting the possibility of universal access
- Travel and residency restrictions for PLHIV should be removed
- Migrant, mobile and undocumented populations should be understood as being a vulnerable populations in relation to HIV/AIDS
- HIV is an exceptional health matter and should not just be dealt with as another development issue
- Stigma and discrimination are hard to measure but it is possible to chart progress
- Food security remains a priority issue
- The UN meeting may not be the best mechanism for accountability

MSM

It is particularly amazing that 12 Latin American Countries did not provide anything on MSM in their reports, a large number of African countries provide comments such as 'not applicable', and overall 49% of countries do not report any data whatsoever on MSM.

Unbelievable but sadly true! Perhaps within our region Australia can assist in this area.

A Final Thought

Australia and its regional and international work in HIV/AIDS is receiving considerable and detailed attention with many skilled people engaged. The concern is that this should be linked to an ongoing, solid, domestic response. The delegation's report back to DOHA is essential.

ut there is a glaring contradiction at present as Australia develops an International Strategy, while our domestic HIV Strategy is about to expire with no indication of how its development is to be progressed.

- [report](#)
- [The global HIV epidemic](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/396>

[2] <http://www.napwa.org.au/glossary/term/383>

[3] <http://www.napwa.org.au/glossary/term/125>

[4] <http://www.napwa.org.au/glossary/term/689>

[5] <http://www.napwa.org.au/glossary/term/475>