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Dr Peter Piot, UNAIDS

1 Introduction

Although less than 30% of the global population lives in Commonwealth countries those countries now contain more than 60% of the world's case load of HIV / AIDS infection. The number of new cases is increasing rapidly and more than half of them are occurring in adolescents. Sub-Saharan Africa has the highest percentage of infections, but the disease is also seriously affecting many other parts of the Commonwealth. Much of the Caribbean has very high infection rates and, although the rates are lower in parts of Asia and the Pacific, the number of people infected with HIV in countries such as India is among the highest in the world.

The overall and devastating impact of HIV/AIDS was recognised by Commonwealth Heads of Government in the Communiqué issued at their last meeting in Durban, South Africa in November 1999, when they:

"... expressed grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa. They agreed that this constituted a Global Emergency, and pledged personally to lead the fight against HIV/AIDS within their countries and internationally. They urged all sectors in government, international agencies and the private sector to co-operate in increased efforts to tackle the problem, with greater

*priority given to research into new methods of prevention, the development of an effective vaccine and effective ways of making affordable drugs for the treatment of HIV/AIDS accessible to the affected population.”*¹

In the past two years many Heads of Government have participated in regional and other meetings on HIV/AIDS and some of them, particularly those from sub-Saharan Africa, attended the UN General Assembly Special Session on HIV/AIDS (UNGASS) in New York in June 2001. Their continued and forceful leadership is needed now more than ever in order to ensure that the response to the pandemic is truly multi-sectoral. The Commonwealth Think Tank, held in London in July 2001, defined a multi-sectoral response as:

*“...involving all sectors of society – governments, business, civil society organisations, communities and people living with HIV/AIDS – at all levels – pan-Commonwealth, national and community – to deal with the causes and impact of the HIV/AIDS epidemic. Such a response requires action to engender political will, leadership and co-ordination, to develop and sustain new partnerships and ways of working, and to strengthen the capacity of all sectors to make an effective contribution.”*²

Formation of the *Para55* Group

Not long after Heads of Government had issued the *Durban Communiqué*, those Commonwealth non-governmental associations and other organizations that were deeply concerned at the devastating effect of HIV/AIDS on Commonwealth countries, came together in April 2000 to form

1 *Durban Communiqué*, 1999, paragraph55

2 Report of Commonwealth Think Tank on A multi-disciplinary approach to combating HIV/AIDS in Commonwealth Countries, London, July 2001

the *Para55* Group. Since then the Group has met regularly, working in close collaboration with the Commonwealth Secretariat, the Commonwealth Foundation and the Commonwealth Business Council. The achievements of the *Para55* Group and its members include:

- Setting up an active website: (www.para55.org)
- Contributing to the deliberations of Commonwealth Health Ministers (CHMM);
- Participating (as part of the Commonwealth Secretariat delegation), at the preparatory meetings for UNGASS (as well as at the Special Session itself), and working to promote issues that had been agreed at the Pre-WHA CHMM;
- Convening conferences and expert group meetings such as the Expert Group Meeting on *HIV/AIDS: Mother-to-Child-Transmission and Breastfeeding*.

Pan-Commonwealth co-operation

Meanwhile a Conference organized by the *Para55* Group, together with the Commonwealth Secretariat and the Commonwealth Foundation had been held at the end of 2000 on *Commonwealth Action on the HIV/AIDS crisis: a Commonwealth response*. It recommended that the *Commonwealth Action on AIDS: Joint Coordinating Committee (CAA:JCC)*³ should be set up. The members of this Committee collaborated closely with the arrangements for the Commonwealth Awards for Action on HIV/AIDS:

³ Following the December Conference, the Commonwealth Action on AIDS: Joint Coordinating Committee (CAA:JCC) was set up bringing together the Commonwealth Secretariat, the Commonwealth Foundation, the Commonwealth Business Council and the *Para55* Group.

Commonwealth Awards for Action on HIV/AIDS 2001

In celebration of all that has been achieved in the last two years in implementation of paragraph 55 of the Durban Communiqué, the Commonwealth Secretariat, Commonwealth Foundation, Commonwealth Business Council and the Para55 Group gave the 2001 Commonwealth Awards for Action on HIV/AIDS at a Ceremony in Melbourne, Australia on the evening of Thursday 4 October 2001.

Nominations were invited for awards in the following categories — Policy and Advocacy; Prevention; and Comprehensive Care and were given to individuals or organizations in the following four groups: Government; Civil society/NGOs/community-based organisations; the Private Sector; and the Media.

In his message for the Awards Ceremony, the HE Rt Hon Donald C McKinnon, Commonwealth Secretary-General said:

"We are recognising the important work of twelve persons and groups who have sought to deliver a package of responses, sensitive to cultural and gender differences as well as economic and social need, and very importantly, based on the reality that everyone has a right to the best possible care. On behalf of the Commonwealth Secretariat and other organizing partners, I congratulate you on your efforts and achievements.

"Let us not forget those who were nominated but did not win. Their work is also invaluable as are the efforts of all those who daily help others, usually without recognition or reward. Let us acknowledge them all and appreciate their contributions."

The twelve winners of the Awards, whose activities are included in this report, are:

Freedom Foundation, India
Naz Foundation Trust, India
Kenya AIDS NGO Consortium, Kenya
Story Workshop, Malawi
Ministry of Basic Education, Sport and Culture, Namibia
Anglo American plc, South Africa
Positive Art, South Africa
Telkom, South Africa
AMICAALL Project, Swaziland
Toco Foundation, Trinidad and Tobago
H E President Museveni, Uganda
Standard Chartered Bank, United Kingdom

Conference on HIV/AIDS — a global emergency: a multi-sectoral response for the Commonwealth, Melbourne, Australia, October 2001

The most recent example of pan-Commonwealth collaboration has been the *Conference on HIV/AIDS – a global emergency: a multi-sectoral response for the Commonwealth* that was held in Melbourne, Australia on Thursday 4 October 2001. Organized by the *Para55* Group and supported by the Commonwealth Secretariat, the Commonwealth Foundation and the Commonwealth Business Council, the Conference brought together experts with experience of government, business and academia, together with NGOs and other representatives of civil society from all over the Commonwealth. The objective of this Conference was to examine the following components of a Commonwealth multi-sectoral and human rights based approach to HIV / AIDS, and to make recommendations, which can be found in Chapter 6, on:

- advocacy, promotion and implementation of strategies for prevention and comprehensive care;
- the economic and social implications;
- making full use of the Commonwealth focus on Gender and Youth;
- involving the business sector and labour;
- the need for a community focus;
- the importance of capacity building;
- exploiting the Commonwealth's ability to promote cross-sectoral partnerships and to work at a multi-sectoral level as well as in a multi-sectoral way, and to develop mechanisms that are needed to do this effectively.

Promoting a multi-sectoral approach

HIV/AIDS was originally considered to be predominately a health problem. But there is now increasing concern about the impact it is having on all sectors of Government; and on development including social cohesion; political security; food security; life expectancy, and even threats to national security in the countries that are most seriously affected.

No sector can escape its devastating impact: HIV/AIDS affects everyone. It has, for example, an impact on education at all levels; on business and employment; on the legal system and the judiciary; on agriculture; on the provision of social services including health care, on government; and on the military. All sectors of Government are affected as productivity falls and as expenditure rises, not only to cover the costs of prevention, treatment and care but also in areas such as training personnel to take over the responsibilities of those who are sick or dying, and to make up for the shortfalls caused by the pandemic.

The *Declaration of Commitment* adopted at UNGASS calls for the integration of

"HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans."

It can be seen in countries such as Uganda and Botswana that where Heads of Government have taken the lead personally and have adopted a multi-sectoral response in combating the impact of the epidemic that their leadership has made a very significant difference.

Accordingly it is fervently hoped that, when Commonwealth Heads of Government meet in Australia in March 2002, they will promote a multi-sectoral response to the HIV/AIDS pandemic at all levels. The aim of this report has been to provide a wide range of recommendations for all those concerned with the devastating impact of the HIV/AIDS pandemic, including governments, business, academia, NGOs, the media and other civil society actors.

2 Overview

HIV/AIDS in Commonwealth countries: identifying the problems and short-comings that need to be addressed — Dr Peter Piot, Executive Director, UNAIDS

HIV/AIDS is a global emergency – a long-term emergency requiring simultaneously both an all-out crisis response, and long-term planning to meet the impact of AIDS – a social immune response. Responding to AIDS has features that appear to be mutually exclusive: on the one hand ways must be found to integrate the acute response, and on the other hand, the impact of HIV/AIDS must be considered as a long-term development issue, which will need to be addressed for generations. AIDS is part of the human condition at the beginning of the 21st century and it will be important to work on an ‘acute’ response and to build capacity in AIDS competence. It cannot be dealt with by the health sector alone: what is required is a multi-sectoral response – there is no other choice.

Role of the Commonwealth

The role of the Commonwealth should be central in the response to HIV/AIDS, as the Commonwealth with less than 30% of the world’s population has more than 60% of the world’s people living with HIV. How Commonwealth countries respond to AIDS will be a large part of determining the effectiveness of the world’s response to AIDS.

Just as in the body AIDS attacks the immune system, so too in society AIDS attacks the social immune system. But it is important to remember both individually and collectively that the HIV epidemic is not inevitable, and that there is a lot that

can be done to make AIDS avoidable. We have to start by being convinced that success is possible. One of the finest examples in the world in reversing the epidemic comes from a Commonwealth country – Australia – where there were early successes among gay men and injecting drug users (IDUs). However the lessons of success in response to HIV/AIDS that crucially built upon the pre-existing strong gay community and strong policies are not sufficiently appreciated in many industrialised countries.

In the Commonwealth the records of success differ greatly from country to country and the reality is that if every Commonwealth country was able to match the efforts of the best Commonwealth country the global burden of HIV would be halved.

First, leadership is critical. Every successful example around the world is grounded in strong leadership. It is also expressed in the UNGASS *Declaration of Commitment*. We are not only talking about leadership at the global level but leadership at all levels, including in the mosques and in the churches. Many mainstream women's organizations, for example, which can play a key role in reaching women, have not taken on HIV/AIDS.

Second, unless an all out effort is made to address problems of stigma, all the rest becomes very difficult or impossible. It leads to violation of human rights and is a barrier to effective responses. Working on stigma is not free, but it is not expensive... and leadership can make a major difference. At the Durban Conference on Racism UNAIDS launched studies on HIV/AIDS discrimination, this attracted a great deal of interest in the human rights community. At the conference there was recognition that new stigmas build on old – so AIDS-related stigma builds on racism and intolerance of minorities. Addressing this must be a central issue for the Commonwealth,

given its desire to maximize the positive legacy of decolonization.

Third, the Commonwealth can help by putting science before ideology and setting aside 'political correctness', if necessary. One only has to ask "Why is it so difficult to provide children and young people with sex education in some countries when it is known that it can save millions of lives?"

HE President Yoweri Kaguta Museveni, President of Uganda, winner of the Commonwealth Award for Action on HIV/AIDS, category — Government, Policy and Advocacy

Uganda's success in lowering its rate of HIV infection is well known, and the personal commitment of President Yoweri Museveni to addressing the HIV/AIDS epidemic has been pivotal to that success. President Museveni began speaking out about HIV/AIDS long before other national leaders and, with his government, put in place the necessary measures to control the epidemic in Uganda. In 1987, he initiated a multi-sectoral, multidisciplinary approach to address the socio-cultural and economic impacts of the epidemic. Uganda's HIV/AIDS control programme integrates all sectors of society and has emphasised the involvement of people living with AIDS. Within sub-Saharan Africa, Uganda is a model for the successful reduction of rates of HIV prevalence, and President Museveni has demonstrated, by example, the importance of strong and consistent, high-level leadership in the fight against HIV/AIDS.

Multi-sectoralism — what does it mean?

'Multi-sectoralism', despite being a jargon word, really amounts to expanding and maximising all available resources to tackle HIV/AIDS.

Multi-sectoralism needs to be considered in three inter-locking ways:

- One is **multi-ministry** planning at the level of government: where every sector of government and social and economic planning is involved in responding to AIDS.
- The second is **multi-level**: community, district, national, and so on.
- The third is **multi-sectoral** in a governance sense: the involvement of government, civil society and business.

A multi-sectoral response is not a way of diluting efforts and must be included at every level, from the local level upwards. It has to happen in practice and not just in theory and it must include coordination and coherence.

If we start by thinking about the local level the most successful community responses to AIDS happen when everybody gets together – when village or township or community meetings take on HIV/AIDS as an issue. Young people get involved, at school or in youth and sports clubs or peer outreach. The whole community rallies around to provide care and support to people with AIDS. When local communities take ownership and action against AIDS, multi-sectoralism comes naturally.

At the highest level the National AIDS Council (NAC) can be critically important, provided it has the authority, the will and involves the right people. The epidemic will not be turned back without the diverse involvement of the work place and unions; schools and institutions of higher education; the legal framework; and even sports figures and pop stars. What are required are social mobilization; scale; and partnership (which will only make a difference if it is not a cover up or a means of buying off parts of civil society to keep them silent). For success Government should not try to behave like NGOs nor should

NGOs try to play Government's role. One group that must not be excluded is people living with HIV/AIDS (PLWHA). Regrettably their involvement is not taken seriously in all countries and they are often used only as a conduit to deliver goods and activities, rather than as decision makers.

For Governments a multi-sectoral approach requires the involvement of every Ministry. Multi-sectoralism does not turn its back on the contributions of health ministers and ministries. In fact, the most effective health sectors have seized the opportunity to make their concerns in responding to AIDS integral to national priorities, and many health ministers have found their standing increased as a result. Major 'turf battles' divert energy from what needs to be done and a multi-sectoral approach is not just an academic option, it is the only possible option. To achieve such an approach it is imperative to identify specifically what each sector should do.

HIV/AIDS — a global priority

The past year and a half has seen a sea change in the global environment for tackling AIDS. While 11 September 2001 changed the world's focus, the problem of HIV/AIDS will not go away and attention will have to turn back to addressing the epidemic. The strong recognition of the magnitude of the problem is evident in the UN Security Council meeting two years ago, which placed HIV/AIDS on the agenda as an issue of global security.

During the first part of 2001 a number of regional and global events took place culminating in the UN General Assembly Special Session in June 2001. While the UNGASS *Declaration of Commitment* does not go far enough in some areas, including the promotion of a multi-sectoral approach, it included stronger language than ever before on some crucial issues including gender as a central concern. The Special Session

created a debate and vote in the General Assembly about issues that are never normally discussed there, namely men who have sex with men and sexuality. This was a major step forward. Furthermore the diplomatic language in which the document was couched did not hide the real issues that have to be addressed in combating the epidemic.

Three things stand out in the changing perspectives on AIDS globally.

- First, we are coming to realize that, globally speaking, the epidemic is still in its early stages. Its future course will have to be measured in 'decades' and not in 'quarterly reports'. The epidemic is characterized by succeeding waves of infection in different populations and sub-populations. That is one of the reasons we should not make the mistake of supposing that a country or a region where the epidemic has not yet become severe, will necessarily remain that way. No-one should make the mistake of thinking that where there are now prevalence rates of one percent that they will remain the same.
- Second, as the *Declaration of Commitment* makes clear that prevention and care are complementary, not competing with each other, that ways should be found of tackling them together, and that resources should be channelled to both. There has clearly been a breakthrough on prices for access to anti-retroviral drugs – while the price is vital, it is not the only issue and everything must be done to ensure that the opportunity for hope should not be missed.

- In the developed countries HIV / AIDS has become a purely medicalized issue – for the developing countries the problem is the other way round. In the ‘post-UNGASS’ climate there has been a major shift in thinking about resources from ‘millions’ to ‘billions’. In low- and middle-income countries, seven to ten billion dollars need to be spent directly on AIDS annually – five times the current level. This will be raised from a variety of sources including the Global Fund and national budgets. It is also important to look more broadly at possibilities such as debt relief and the private sector, although this should not be seen as a way of replacing government commitment.

A window of opportunity

The postponement of CHOGM provides a window of opportunity. The current global security situation makes the fight against HIV/AIDS even more important. Working and networking through a bottom-up approach is extremely important and the *Para55* Group is to be congratulated on its efforts.

Questions and answers

Traditional healers – Many people visit traditional healers rather than health professionals trained in western conventional medicine. They should be bound by the same types of ethics as western conventional doctors and should in particular refrain from making unsubstantiated claims for cures. The press can play a major role and it is therefore important to work with editors to ensure their responsible behaviour. It is also important to make treatment available. It is a case of working together to document their role in a positive way.

Contraceptive security — In promoting a multi-sectoral approach it should be remembered that contraceptive security is a key component as the availability of both male and female condoms are critically important in the prevention of infection. In many countries the distribution capacity for condoms can be multiplied several-fold, for example using social marketing in addition to existing channels. The demand that must be met is for affordable condoms and they should be available through the same distribution systems that ensure the widespread availability of soup, beer and soft drinks. There is a need to analyse further the lack of availability of condoms and to use new approaches, taking examples from the commercial world among others.

Swaziland, the AMICAALL Swaziland Project, winner of the Commonwealth Award for Action on HIV/AIDS for Government, category — Policy and Advocacy

Local government authorities in Swaziland have adopted the strategy developed by the African Mayors Initiative on Community Action against AIDS at the Local Level (AMICAALL) as the framework for their response to HIV/AIDS. Within the AMICAALL framework, people, rather than the virus, are at the centre of the project. Through a system of Municipal Health Teams and a national co-ordinating structure, the AMICAALL Swaziland project has institutionalised participatory processes and systems for community-based responses to HIV/AIDS at municipal level. The project has been included in the Swaziland National Strategic Plan for HIV/AIDS (2000 – 2005) as the local government response to the crisis. It is one of the mechanisms for channelling local level concerns into national policy making. The project has forged partnerships for implementation and resource mobilisation with a range of local, national and international actors.

Benedict Gamedze, President