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REPORTS ON RECENT IPU SPECIALIZED CONFERENCES AND MEETINGS

**(i) REGIONAL SEMINAR ON HIV/AIDS FOR THE PARLIAMENTS
OF THE IPU ASIA-PACIFIC GROUP ON
*TAKING EFFECTIVE PARLIAMENTARY ACTION AGAINST HIV AND AIDS***

Hanoi, 10-12 December 2009

INAUGURAL SESSION

Chair: Hon. Ngo Quang Xuan, Vice-Chair of the Foreign Affairs Committee of the National Assembly of Vietnam; member of the IPU Executive Committee.

Hon. Tong Thi Phong, Deputy Speaker of the National Assembly of Viet Nam

The Deputy Speaker extended a warm welcome to the delegates from the IPU Asia-Pacific parliaments and other participants at the regional seminar. She expressed the hope that the organization of the seminar would not only show Viet Nam's commitment to participating effectively in the IPU and making practical contributions to its activities, but also further strengthen the cooperation between the National Assembly of Viet Nam and other Asia-Pacific parliaments in the fight against HIV and AIDS.

The Deputy Speaker highlighted the special role of parliaments in drafting legislation to improve service delivery and help end discrimination against people living with HIV and AIDS (PLWHA). She expressed a strong belief that the extent to which the impact of HIV and AIDS could be attenuated would depend largely on political commitment and prompt action from the leadership of every nation, which included parliaments and parliamentarians.

Hon. Hendrietta Bogopane-Zulu, Deputy Minister of Public Works, Republic of South Africa; Chair of the IPU Advisory Group on HIV/AIDS

The IPU Advisory Group on HIV/AIDS had been directed to help enlist member parliaments in the struggle against HIV and AIDS, an area in which they had been absent in the past. The Advisory Group had taken up the task of providing leadership to create an enabling environment for infected persons. It was vital to the success of such an environment that parliaments did not legislate to criminalize HIV and AIDS.

Parliamentarians had to use their authority to shape policy. They also had to use their constituency work to monitor patients and service delivery. Parliamentary oversight was very important to monitor ARV sites, treatment programs, and the optimal allocation of resources.

SESSION ONE

HIV AND AIDS IN THE ASIA-PACIFIC REGION: TRENDS AND FUTURE PROJECTIONS

Ms. Geeta Sethi, Asia-Pacific Leadership Forum Manager, UNAIDS

Ms. Sethi informed the meeting that the total estimated number of HIV infections in Asia and the Pacific was 5.3 million. The region saw some 360,000 new infections annually but prevalence rates in some countries were declining. In Asia, 91% of all infections were concentrated in 6 countries (India, China, Thailand, Viet Nam, Indonesia and Myanmar), while Papua New Guinea accounted for 96% of all infections in the Pacific. In most countries the epidemic remained largely concentrated among injecting drug users (IDUs), female sex workers and men who have sex with men (MSM), but the number of infected women was increasing significantly in countries like Thailand, Papua New Guinea, Myanmar and Indonesia.

The Asia-Pacific region had impressive coverage of treatment, with 565,000 people receiving the anti-retroviral drugs (ARVs) needed for the treatment of HIV infection. Progress was also being made in prevention, with a special focus on most-at-risk groups and the young. However, the expansion of PMTCT programs was generally slow, reaching less than 30% of pregnant women in all countries except Thailand and China. In addition, no country in the region had a program for its prison population despite sharp increases in prevalence rates.

Some countries in the region had adopted legislation specifically dealing with HIV. However, a majority still had laws, regulations or policies that presented obstacles to effective HIV prevention, treatment, care and support for vulnerable populations (IDUs, sex workers and MSM). Repealing or amending those laws would create a more favourable environment for effective HIV responses in the region, as would a stronger engagement of civil society in national planning, budgeting and monitoring.

Discussion

Points raised included the following:

- Statistics showed that Thailand had the most effective HIV response in the region. The government had engaged with civil society from the beginning, partly accounting for the success of the HIV programs. Thailand's example deserved detailed study;
- Statistics also showed that the number of infections was on the rise in all countries except in Thailand and Cambodia. It was not expected that this trend would have a big macroeconomic impact as the economies of the region were growing. However, the impact would certainly be felt in the poorest households;
- Parliaments had more powers than they actually used in their work on HIV and AIDS. Morals should be taken out of the debate around HIV and AIDS, more guidance should be provided on legislation, and parliaments should be empowered to monitor governments' compliance with international commitments.

SESSION TWO

GROUPS MOST VULNERABLE TO HIV AND APPROPRIATE LEGISLATIVE RESPONSES

Chair: Hon. Mohsen El-Hazmi, Member of the Shura Council, Saudi Arabia; Member of the IPU Advisory Group on HIV/AIDS

Hon. Sapana Pradhan Malla, Member of Parliament, Nepal

Ms. Malla asserted that parliaments had not fully exercised their powers on HIV and AIDS. Some countries still had laws in place that discriminated against certain groups and increased their vulnerability to HIV infection. Indeed, parliaments were often subject to criticism because their actions criminalized and hampered harm reduction efforts.

Apart from protecting vulnerable groups, parliament must also adopt laws that protected the rights of PLWHA. In Asia-Pacific countries, courts had often intervened to protect the rights of PLWHA, but parliaments largely failed to follow up with appropriate legislative steps.

The Asia-Pacific region was characterized by the mobility of its population. However, national laws often failed to offer sufficient protection for migrants. Human trafficking was also widespread and was both a cause and a consequence of the spread of HIV. In that context it was necessary for parliaments to grapple with issues such as poverty reduction, access to justice and exploitation.

Ms. Kirenjit Kaur, Women of APN+ Coordinator, Asia Pacific Network of People Living with HIV/AIDS

Ms. Kaur stated that HIV affected people most when they did not have access to information, services and protection for their rights, or when they could not act freely within their environment. Civil society was made up of small and large associations of people, coming together to draw attention to such injustices, try to change the structures that governed societies, and provide assistance for the marginalized and the vulnerable where public or private services could not. Civil society networks were well positioned to provide quantitative and qualitative information about the HIV epidemic at various levels. Ms. Kaur stressed the importance of engaging civil society networks in parliamentary work on HIV.

It was also crucial for ministries of health and education to work with civil society networks on HIV prevention, elimination of stigma and related issues. The inclusion of sex education in school curricula should be seen as a priority for effective prevention programs.

Ms. Trinh Le Tram, Director of the Legal Advisory Center on Health and HIV/AIDS

The legal framework for the activities of the Legal Advisory Center was based on the Vietnamese Constitution and the Law on HIV Prevention and Control (2006). The provisions of the two acts ensured that all citizens of Viet Nam enjoyed the same rights and the Center worked to help PLWHIV exercise those rights. The activists at the Center encountered difficulties in educating the broader public about the Law on HIV Prevention and Control and found that most people were still reluctant to come to terms with all its provisions. For example, parents of schoolchildren were particularly hostile to accepting PLWHA in the same classrooms as their children.

Ms. Tram praised the work of parliament on HIV and AIDS. She appealed to members of parliament to continue adopting laws that protect the rights of PLWHA and monitor their implementation.

Discussion

Points raised included the following:

- In some countries parliaments adopted laws to protect the rights of PLWHA and vulnerable groups but their implementation was hampered by persistent stigma. The participants agreed that the adoption of a law entitled parliament to require its practical implementation. Parliament could also promote the law and allocate sufficient funding to familiarize the implementing agencies with its provisions;
- Parliamentarians and other politicians should be open to meeting PLWHA and understanding their problems. Representatives of civil society organizations should get themselves familiarized with the constraints and interests faced by politicians, and try to take them into account when developing their lobbying strategies;
- Parliaments should pay special attention to the rights of women in households and communities affected by HIV, especially the right to inherit property from husbands who had died of AIDS;
- It was important to engage religious groups in HIV programs as they could be powerful allies in implementing prevention, treatment, care and support activities at the community level. The compassionate aspects of religion should be emphasized rather than the judgemental ones.

SESSION THREE

CHALLENGES FACING THE LEGISLATOR

Chair: Hon. Kabirul Haque, Member of Parliament, Bangladesh

Hon. Elioda Tumwesigye, Member of Parliament, Uganda; Member of the IPU Advisory Group on HIV/AIDS

Mr. Tumwesigye informed the meeting that his country had demonstrated strong political support and commitment to fighting HIV and AIDS in the early days of the epidemic. The government of Uganda had adopted a multisectoral approach to HIV control that enabled many actors to be involved in HIV/AIDS activities, including more than 2,000 non-governmental and community-based organizations. As a result, the HIV prevalence had declined rapidly, stabilizing at 6.4% among people aged 15-49.

Members of parliament provided political leadership and mobilized significant resources to prevent the further spread of HIV and increase access to treatment. Their key responsibilities rested with advocacy, legislation, resource mobilization and allocation, oversight and representation. While performing their functions members of parliament must find ways to balance popular cultural/traditional and religious views with international commitments and basic human rights.

Hon. Nguyen Van Tien, Vice-Chair of the Social Affairs Committee, National Assembly of Vietnam

The body in charge of HIV-related issues in the National Assembly of Viet Nam was the Standing Committee on Social Affairs. It consisted of 40 members, 6 of whom held full time positions, and covered the broader areas of health, labour, social affairs and gender. The committee had prepared the Law on HIV Prevention and Control, which was passed by the National Assembly in June 2006. Considered one of the most advanced legislative acts on HIV and AIDS in the region, the Law reaffirmed basic human rights of PLWHIV, legalized harm

reduction activities, ensured the provision of free ARVs and generally integrated HIV issues into matters concerning socio-economic development.

Some of the most difficult challenges that members of parliament had to overcome in translating commitment into concrete action on HIV and AIDS were stigma and discrimination, opposition to harm reduction activities, the lack of multisectoral cooperation and insufficient resources. In order to make fellow parliamentarians more open to accepting the proposed contents of the HIV bill, the Committee on Social Affairs provided strong leadership and advocacy on HIV-related issues, organized seminars on harm reduction, familiarized members of parliament with best practices on AIDS policy and law, and supported stronger engagement of PLWHA in parliamentary activities. The IPU, the United Nations and other international organizations could strengthen these processes by sharing best practices on HIV/AIDS legislative work, and supporting a group of key parliamentarians who would spearhead advocacy and capacity building activities in parliament.

Mr. Tim Barnett, former Member of Parliament, New Zealand; Global Program Manager, World AIDS Campaign

Mr. Barnett shared his experience as the parliamentarian responsible for the Prostitution Law Reform Bill, by which New Zealand became the first country in the world whose law allowed consensual sexual contact between adult sex workers and adult clients in 2003. The law largely removed voluntary adult prostitution from criminal law and replaced it with civil law at both national and local level. A distinction was made between voluntary and involuntary prostitution and it remained a crime to coerce someone to provide sexual services. Contracts between provider and client were recognized and providers were given the right to refuse services. Police activities changed from registration and prosecution to protection.

The law was introduced to minimize harm to sex workers and to empower them to take charge of their bodies and make choices. A major statutory review committee, chaired by a former Police Commissioner and backed up by extensive research, reported in 2008 that the real impact would take many more years to gauge, but that the law was working as planned. Mr. Barnett emphasized that in dealing with legislation around harm reduction, parliamentarians should not be led by their moral convictions but be committed to adopting the best law to minimize harm.

Discussion

Points raised included the following:

- The arguments in favour of decriminalising sex work which were not immediately apparent to some of the participants;
- The fact that punitive measures for the transmission of HIV were controversial because of difficulties in proving status and the mode of transmission. They could also be a strong disincentive to testing and thus drive the epidemic underground and discourage PLWHA from seeking help and support around issues like disclosure of HIV status and safer sex;
- In dealing with acts legalizing harm reduction strategies, parliamentarians should distinguish between their personal beliefs and interests and the public good.

11 December 2009

SESSION FOUR

LEGAL ISSUES RELATING TO HARM REDUCTION

Chair: Hon. Lediana Mafuru Mng'ong'o, Member of Parliament, Tanzania; Member of the IPU Advisory Group on HIV/AIDS

Mr. Eamonn Murphy, Country Director, UNAIDS Vietnam

Mr. Murphy defined harm reduction as a range of pragmatic and evidence-based policies designed to reduce the harmful consequences associated with certain lifestyles and improve the quality of life. In the field of HIV, harm reduction strategies were related to sexual and injecting drug-use behaviours. They focused on outreach to hidden populations and peer education, needle-syringe exchange programs, pharmacotherapy, substitution treatment, and access to health care and social support for those in need. Evidence showed that harm reduction programs introduced injecting drug users to medical treatment, did not increase the use of drugs, and generally decreased HIV incidence in targeted populations.

The Asia-Pacific region had seen a significant scale-up of harm reduction programs. Many national strategies called for a supportive legal and public policy environment for the HIV response, and some national legal frameworks already supported harm reduction activities. However, a number of countries still had laws criminalizing the behaviour of most-at-risk groups, which represented an important legal impediment to a more widespread implementation of the programs.

Ms. Nguyen Thi Hoai Thu, President of the Association on HIV/AIDS Prevention of Ho Chi Minh City

Ms. Thu described Ho Chi Min City, the largest city in Viet Nam, with a population of 7 million people of whom 2 million were migrants. Some of the most pressing problems that the city encountered were drug use, sex work and pollution. Ho Chi Min City had about 40,000 PLWHIV, of which more than 20,000 were AIDS cases. The city had also registered 7,000 AIDS-related deaths.

The Association on HIV/AIDS Prevention worked with all issues relating to HIV and AIDS, with a particular focus on harm reduction and groups most vulnerable to HIV. The provisions of the Law on HIV Prevention and Control provided a favourable framework for the implementation of these activities. Government and the National Assembly should enforce and monitor the implementation of the Law.

Discussion

Points raised included the following:

- The translation into national legislation of issues relating to harm reduction among sex workers and IDUs often instigated clashes between popular culture and best practices. In addition, the legal frameworks of many countries take an approach that is strictly or overwhelmingly focused on criminalization and the imposition of harsh penalties. Many parliamentarians thus refrain from speaking out on this controversial issue and from engaging with people who use drugs;
- Legislators should be able to recognize the benefits of the harm reduction programs and find ways to create a favourable legal environment for their implementation. A number of countries could share positive experiences with harm reduction programs, which helped reduce crime, affected drug traffickers and had a positive impact in terms of HIV transmission among IDUs.

SESSION FIVE

TOWARDS UNIVERSAL ACCESS TO HIV TREATMENT

Mr. Paul Cawthorne, Regional Officer for Asia, MSF Campaign for Access to Essential Medicines

Most countries in the Asia-Pacific region were members of the World Trade Organization (WTO) and therefore had an obligation to comply with the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS). It was mandatory for most of these states to introduce 20 year patents on pharmaceutical products and that all complied with this provision by 2016. However, pharmaceutical patents posed a threat to generic production of more expensive second line ARV drugs needed for HIV treatment.

The Doha Declaration on the TRIPS Agreement and Public Health, adopted by the WTO Ministerial Conference of 2001, reaffirmed certain flexibilities for TRIPS signatory states in circumventing patent rights for better access to essential medicines. The Declaration introduced a number of mechanisms that the governments could use to protect public health after a patent had been granted. Compulsory licensing was an integral part of TRIPS flexibilities, allowing the production, importation, sale and use of generic products before the expiry of a patent.

Many bilateral and multilateral free trade agreements, however, contained TRIPS+ provisions that blocked the possibility of using these safeguards. There existed a number of sources, including MSF and UNITAID, which had developed the material to help parliamentarians legislate in the field of access to medicines.

Mr. Svend Robinson, Consultant on Parliamentary Relations, The Global Fund to fight AIDS, Tuberculosis and Malaria

Parliamentary leadership was required for achieving universal access to medicines and treatment. If Millennium Development Goal 6 was to be reached, the cost of ARV drugs had to decrease, and in particular for second line drugs. Parliamentarians played an important role in working to keep the price of medicines down. It was also essential to recognize the importance of civil society in this process.

Parliaments could do many things to help achieve universal access. Among them were: a) advocating comprehensive treatment and greater domestic and international funding for universal access; b) ensuring that countries devote a greater proportion of national budgets to health and health system strengthening, and that donors support those efforts; c) removing trade barriers blocking access to medicines and reforming other laws that created barriers to universal access to treatment; d) supporting patent pools for essential medicines.

Members of parliament should also support public research into drugs for neglected diseases. This research was generally underfunded by the pharmaceutical companies due to its low returns on investment.

Discussion

Points raised included the following:

- The WTO TRIPS allowed member countries to legislate on the affordability and availability of treatment drugs. However, countries in Asia-Pacific had thus far not yet fully utilized the flexibilities written into TRIPS provisions on the affordability of HIV drugs;

- Parliaments had a crucial role to play in making the treatment of HIV and AIDS available to ordinary people through legislation, strengthening of health systems and exercising budgetary oversight. Parliaments should exploit the policy gaps that existed to address the matter, including through the flexibilities afforded in the WTO TRIPS system. In the process, parliaments should not compromise quality, affordability and accessibility;
- Parliaments must support initiatives that aim to link PMTCT programs with treatment programs. There are many reasons to prioritize treatment for women, including pregnant women and mothers; to provide treatment to them in their own right, to prevent mother-to-child transmission, to prevent the dissolution of families and to prevent the orphaning of children.

GENERAL DEBATE ON SEMINAR RECOMMENDATIONS

Chair: Hon. Nguyen Van Tien, Vice – Chair of the Social Affairs Committee, National Assembly of Vietnam

The participants agreed to the conclusions and recommendations annexed to this document.

CLOSING SESSION

Hon. Tong Thi Phong, Deputy Speaker of the National Assembly of Viet Nam

Ms. Phong thanked the IPU for holding the training seminar in Viet Nam. It had provided a good opportunity to build relationships and provide guidance to parliamentarians. The discussions revealed that there were still gaps and shortcomings in HIV-related legislation and parliamentarians should ensure that this was corrected. Members of parliament should also take the lead on fighting stigma and discrimination against PLWHA and set an example for the public.

Ms. Phong thanked all the parliamentarians for making the effort to come to the seminar and share their experiences. She also thanked the IPU Secretariat and the staff of the National Assembly for all they had contributed to making the seminar a success.

Hon. Hendrietta Bogopane-Zulu, Deputy Minister of Public Works, Republic of South Africa; Chair of the IPU Advisory Group on HIV/AIDS

Ms. Bogopane-Zulu concluded by saying there were a number of issues calling for robust parliamentary involvement. She called for immediate parliamentary action on the following important issues: the right to access medicines as a fundamental human right; the empowerment of civil society organizations to monitor and provide treatment, care and support services in the field; lobbying for resources to research to underpin more informed legislation and more knowledgeable parliaments; and the provision of human rights and access to justice for all.

The participants to the seminar expressed their thanks to their Vietnamese hosts for treating them with such outstanding hospitality and enabling them to hold the meeting in such ideal conditions.

The meeting rose at 4.30 p.m.



VIETNAM NATIONAL ASSEMBLY



INTER-PARLIAMENTARY UNION

**REGIONAL SEMINAR ON HIV/AIDS FOR THE PARLIAMENTS
OF THE IPU ASIA-PACIFIC GROUP ON
*TAKING EFFECTIVE PARLIAMENTARY ACTION AGAINST HIV AND AIDS***

Hanoi, 10-12 December 2009

Seminar recommendations

We, members of parliament from Bangladesh, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, South Africa, Nepal, Palau, Pakistan, Saudi Arabia, Tanzania, Viet Nam, Uganda and Uruguay, meeting at the Seminar on HIV and AIDS for the IPU Asia-Pacific Group, discussed questions relating to the influence our parliaments could have on the epidemic within the region. The discussion was enriched by views and experiences from other parts of the world provided by members of the IPU Advisory Group on HIV/AIDS.

The meeting discussed different challenges facing the legislator relating to HIV and AIDS. Particular attention was paid to appropriate legislative responses to people living with HIV and AIDS, access to affordable medicines and people most vulnerable to the epidemic. These included injecting drug users, sex workers, men who have sex with men and other vulnerable people.

The discussion was informed by the particular context of Viet Nam; a number of people involved in the Vietnamese response to the epidemic, both members of parliament and representatives of international and civil society organizations, made significant contributions to the debate. The meeting owed much to UNAIDS for its input.

The meeting looked at the issue of decriminalization of sex work, drug use and same sex relations within the context of harm reduction. Questions relating to the decriminalization of HIV transmission also figured in the exchanges.

Recommendations:

In general terms, it was agreed that parliaments and their committees that deal with HIV and AIDS should avail themselves fully of the powers at their disposal.

On that basis, parliaments of the region should focus on reform of HIV and AIDS legislation on harm reduction among drug users, sex workers, and stigma and discrimination issues where it was not sufficiently attuned to an effective and compassionate response, as well as access to affordable treatment. They should strive to engage with countries that have already undergone reform or where debates are being held at a similar level.

Particular attention should also be paid the way the law is enforced. In some places, stigma and discrimination negate its full force. By the same token, it is also important for parliaments to make sure that adequate funding is attached to legislation.

Parliaments should use their powers of oversight, conduct more research and enquiry, look into the underlying issues, work with relevant civil society organizations and where necessary make study visits to the parliaments of other countries.

Greater knowledge is needed among legislators about the practical aspects of the epidemic as they relate to the lives of those living with the virus. More meetings should be held in parliament with representatives of groups of people living with HIV, and good contacts should be established with their networks in all parts of the country.

The IPU is urged to:

- Organize regular conferences to review legislation and policies on the prevention and control of HIV and AIDS with the aim of promoting effective implementation of such legislation;
- Provide regularly updated information on legislation and policies on HIV and AIDS in order to share experiences on the role of parliaments in the prevention and control of HIV and AIDS;
- Coordinate with UN agencies, international organizations including the Global Fund to Fight AIDS, Tuberculosis and Malaria, regional and other inter-parliamentary forums and civil society organizations to improve the effectiveness of parliamentary activities for the prevention and control of HIV and AIDS.