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Parliamentary Briefing on HIV/AIDS

New York, 9 June 2008

United Nations Headquarters

SUMMARY OF THE PROCEEDINGS

The Parliamentary Briefing was organized by the Inter-Parliamentary Union in cooperation with UNDP and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Opening remarks

Mr. Anders B. Johnsson, Secretary-General of the Inter-Parliamentary Union, made opening remarks, referring to IPU activities in the field of HIV/AIDS with a focus on the Advisory Group on HIV/AIDS. He welcomed the participants and introduced the moderator, Ms. Kay Hull, a member of the Parliament of Australia.

Review and discussion of critical issues

Ms. Deborah Landey, UNAIDS Deputy Executive Director, Management and External Relations, explained the status of the global response to the AIDS epidemic and the crucial role that parliamentarians played in that effort. She outlined the latest figures and statistics on the rate of infection: remarkable progress had been made in the AIDS response but the disease still remained the leading cause of death worldwide.

She was grateful to the parliamentarians for their advocacy and support which had helped to increase funding available worldwide for those affected by HIV/AIDS. She called for continued action, especially regarding HIV prevention, in order to outstrip the progress of the epidemic.

Stigma and discrimination were major impediments to the AIDS response in every part of the world. One third of countries around the world still lacked legal measures to protect people living with HIV/AIDS from discrimination. That was a key area in which parliamentarians should strive to exert their influence.

In her concluding remarks, Ms. Landey said that UNAIDS considered the role of parliamentarians crucial in the overall response to AIDS. She called on the parliamentarians to exercise all their powers to ensure far-reaching and inclusive action against the disease.

Mr. Jeffrey O'Malley, Director of HIV/AIDS Practice, UNDP, referred to stigma and possible legislative responses to it. He defined stigma as a set of values, attitudes and cultural issues that stereotyped behaviour and people and which, in turn, gave rise to discrimination.

While discrimination brought about concrete actions that were easier to penalize and legalize, its intangible aspects also needed to be acted upon. Self-stigmatization by people who knew that they were living with HIV or fear that they might be was also one of the largest single barriers to safer behaviour and to treatment access.

In order to fight stigma and discrimination, parliamentarians were asked to emphasize acceptance, caring, tolerance and the fundamental rights and dignity of every person in their constituencies. Moreover, drafting or enacting HIV/AIDS legislation could be successful only if accompanied by a protective and supportive framework that provided remedial actions for human rights violations. He cited a recent model law developed in Francophone West Africa that, in addition to many sound provisions, allowed for mandatory testing and imposed criminal penalties for HIV transmission. The parliamentarians were invited to avoid legal frameworks that might create incentives for people to avoid services altogether.

Hon. Jim McDermott, Representative, United States Congress, underscored the need to overcome the fear of AIDS and the stigma that condemned some people to virtual isolation. He then gave a critical overview of travel restrictions that some countries imposed on people living with HIV. The US Senate Foreign Relations Committee, which had jurisdiction over the President's Emergency Plan for AIDS Relief (PEPFAR) reauthorization legislation, was considering a provision to end that discriminatory immigration practice in his country, but its fate was far from certain. It was to be hoped that a new and humane immigration policy could be passed into US law.

Referring to treatment, he stressed that the path of the epidemic could be changed with expanded programmes for prevention of mother-to-child transmission. Such programmes, if implemented successfully, could eventually result in an HIV-negative generation of children.

Currently, one in three children of HIV-positive mothers also became HIV-positive, a situation that was inexcusable.

Food shortages, soaring oil price and plummeting GDPs would affect the response to HIV and make it hard to complement ARV with quality nutrition. A quest to provide food for the family sometimes pushed women to prostitution, giving rise to higher rates of infection.

There were three basic recommendations he would make. The first was for all to know their status. The second was to require private companies to provide medication as part of their license to do business. The third was to commit additional resources to train health professionals and to urge developed countries to cease “poaching” medical skills from developing ones.

Discussion

In the discussion that followed the keynote speeches, countries presented their national circumstances and parliamentary activities. In addition, the participants agreed that parliamentary action was needed on the following subjects:

- Gender inequalities and factors that make women and girls particularly vulnerable to HIV and the impact of AIDS;
- Affordability of drugs and universal access to ARV treatment; the need for comprehensive programmes in which ARV is not planned without attention to nutrition;
- Legal reconciliation of human rights and cultural and traditional practices that exist in countries;
- Laws imposing travel restrictions on HIV carriers and ways to repeal or amend them;
- Migration of qualified medical staff from countries most affected by AIDS to the developed world, and ways to compensate a country for all it has invested in their training prior to departure;
- Lack of technical support to African countries.

Responding to some of the issues raised during the discussion, the panellists said that while gender issues got wide attention in national action plans, they were not so often complemented by concrete programmes for improvement. They recalled other problems with legislation in the area of HIV/AIDS, particularly referring those dealing with criminalization of HIV transmission. The meeting was also informed about the activities of the UNAIDS Travel Restrictions Task Team.

Parliamentarians’ expectations and objectives

Ms. Hendrietta Bogopane, MP, South Africa, said that the authority to oversee the government was an important tool that parliamentarians should not underestimate. However, many parliamentarians were neither informed nor involved in the process of UNGASS

reporting and there should be closer scrutiny of parliamentary involvement in it. Moreover, there should be joint action by parliaments to support other parliaments that were inserting TRIPS flexibilities into their national legislation. Closer to home, parliamentarians should get to know the profile of the epidemic in their countries and constituencies, provide leadership and do their utmost to protect those they represented.

Ms. Marleen Temmerman, Senator, Belgium, said that, despite the relatively early emergence of ARV treatment, access to it still remained problematic in many regions. She appealed for more forceful application of prevention programmes, stressing the use of condoms as one of the most important prevention tools. The prerequisite for sound policy responses to AIDS was knowing what drove the epidemic at the local, country and regional levels, and learning to differentiate among them. In conclusion, she called all parliamentarians to confront AIDS as a public health rather than a cultural problem, and to devise responses accordingly.

Discussion

In the discussion that followed, the following key themes and recommendations emerged:

In parliament

- Internalize the epidemic in the parliament and in the minds of parliamentarians; consider for example how to overcome the moral slur on parliamentarians who publicly declare their status and thus risk losing their seat at the next election;
- As a parliamentarian, know your epidemic, whether widespread or concentrated; know the drivers of the epidemic;
- Combat stigma through direct engagement with the people in their constituencies and through legislative work at the national level;
- Legislate to ensure better access for the disabled to prevention, treatment, care and support;
- Where appropriate use model legislation on a region-wide basis;
- Establish specialized HIV/AIDS cross-party committees in parliament where they do not already exist.
- Scrutinize national budgets to see if they are helping governments to meet the universal access goals; hold governments to account.

Education

- Broad education programmes can be more effective in the long run than more targeted teaching. Reach out to education ministries, especially for education for girls;
- In promoting sex education in schools, put across the message that this encourages better choices, not promiscuity.

Prevention

- Prevention is the most important aspect of the overall response and should be aimed at changing the traditional behaviour patterns, especially in Africa.

- Pay attention to primary prevention of young women getting infected as a priority before the prevention of mother-to-child transmission (PMTCT).

UN organizations

- As politicians, engage forcefully with the political drafting process in the United Nations;
- Provide stronger leadership to ensure that those they represent have a voice in the UN negotiations through their parliamentarians and the IPU;
- Persuade UNAIDS to include in its reporting guidelines the requirement that the country report must receive the stamp of approval of parliament;
- Set up hearings with Ministries of Health. IPU could prepare a standard tool on what hearings to organize to feed the political agenda. Also involve UNAIDS country representatives in parliamentary meetings.

Follow-up to IPU activities in the field of HIV/AIDS

Mr. Jesudas Seelam, MP, India, gave an update on the activities of the IPU Advisory Group on HIV/AIDS and presented plans for the future. The Group had been established at the previous UNGASS in 2006 and since then had undertaken a range of activities, including the production of a handbook for parliamentarians in cooperation with UNDP and UNAIDS, undertaking a field visit to investigate parliamentary involvement in Brazil's successful national programme, and, last but not least, organizing the first Global Parliamentary Meeting on HIV/AIDS at the end of 2007. He also referred to the HIV-related international activities of the Indian Government, and informed the meeting about the latest results of the national policies to combat HIV and AIDS.

In the ensuing discussion, participants mentioned the need to keep the vaccine and treatment research issue high on the parliamentary budget agenda, as a long-term commitment. They also called for assistance for countries so destitute that they have no laboratories or other testing facilities, and no national expertise. Industrialized countries should nurture such domestic capacity rather than using the country as a market for their products.

The Secretary General of the Inter-Parliamentary Union thanked all the participants for their engagement with and contribution to the Parliamentary Briefing, and subsequently closed the meeting.