



**PARLIAMENT**  
OF THE REPUBLIC OF SOUTH AFRICA



## **Regional training seminar on HIV/AIDS for the Parliaments of SADC and EAC**

### **HOW CAN PARLIAMENTS IMPROVE ACCESS TO HIV TREATMENT?**

**Cape Town, 20 and 21 January 2009**

## **SUMMARY OF PROCEEDINGS**

Members of the parliaments of the SADC and EAC countries met in Cape Town, in the Parliament of the Republic of South Africa, on 20 and 21 January 2009 for a regional training seminar on HIV/AIDS. The event was organised by the IPU and hosted by the South African Parliament under the direct authority of the Deputy Speaker, Ms. N. Madlala-Routledge, and coordinated by the IPU Advisory Group on HIV/AIDS. The seminar was designed to provide follow-up to the First Global Parliamentary Meeting on HIV/AIDS, held in Manila in 2007. The principal training tool used was the IPU Handbook for Parliamentarians *Taking action against HIV and AIDS*.

Painfully aware that Africa south of the Sahara has the highest HIV prevalence in the world, the parliamentarians engaged in a discussion on how parliaments could improve access to HIV treatment. The many points that emerged in the debate, which focussed on intellectual property rules and access to treatment, included the following:

Acknowledging that the high cost of HIV/AIDS drugs for African governments impacts on the affordability of ARVs, the seminar dealt with the provisions and flexibilities in the Doha Declaration and TRIPS (Trade-Related Aspects of Intellectual Property Rights). It was stated that Parliaments could use their powers of budgetary oversight to exercise greater scrutiny over government compliance with certain international declarations and agreements.

These included the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and other Infectious Diseases, under which African Heads of State pledged to set a target allocating at least 15% of the annual budget to the improvement of the health sector. Countries were encouraged to

reduce dependence on donor aid for ARV drugs and to honour their commitment to the Abuja Declaration.

Another was the WHO Assembly resolution 61.21 setting out the Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property, which links the development of drugs to the delivery process, including the required infrastructure.

The powers of oversight should also be used to ensure that the necessary funds are available for the national HIV and AIDS plan of action, and to monitor its full implementation. Parliaments should also strive to prioritize health care in the national agenda.

In the specific area of discussion, parliaments were encouraged to support and promote the production and use of generic versions of essential medicines. Recognising that access to medicines is a fundamental component of the right to health, the meeting discussed TRIPS, noting that under WTO rules, least developed countries (LDCs) were only required to extend patent protection to pharmaceutical products by 2016. Parliaments were encouraged to make use of the policy space this allowed to establish the enabling legislation necessary for the production or importation of cheaper drugs.

The seminar considered the SADC Model Law on HIV/AIDS which can be used by Parliaments to develop legislation or for incorporation into existing legislation. The Model Law takes a human rights approach, striking an appropriate balance with public health policy.

The parliamentarians also broached other issues dominating the epidemics in their countries and the way parliaments could play a greater role in influencing them. They considered

- the question of criminal laws relating to the wilful transmission of the virus, and their undesirability as they further stigmatise and send the disease underground
- the clinical criteria used for determining the moment when anti-retroviral drugs should be given, and related WHO recommendations regarding CD4 counts;
- drug resistance, the problem of the cost of second line drugs; and the need to introduce more effective drugs that have less side effects;
- the loss to their countries of medical and nursing personnel – those who died of AIDS and those who were drawn to wealthier countries by better professional opportunities;
- the need for parliaments to be kept better informed of the commitments their governments intended to subscribe to under international health agreements, to be

involved in negotiations at an early stage, and hold the executive accountable for delivery against stated objectives;

- health is a global responsibility that cannot be confined to individual countries; the issues of conflict, instability and poor governance which lead to wasted resources and internally displaced people and refugees;
- the health of displaced people, especially women and children; and infrastructure problems, such as the cost of transport to reach health facilities or to distribute medicines;
- the effect of the global financial crisis on the funding of AIDS programmes.

One recommendation that emerged forcefully from the debates was that parliaments that had not already done so should establish cross-party committees on HIV and AIDS, preferably supported by resource centres in parliament. It was also proposed that follow up training on the budgetary process should be organised for the parliaments of the two sub-regions with a view to strengthening oversight in the field of HIV and AIDS and support to parliamentarians in drafting legislation consistent with the Model Law.