

Enhancing the Parliamentary Response to the HIV/AIDS Crisis

Panel discussion convened by the Inter-Parliamentary Union, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in cooperation with the Congressional Global Health Caucus, and the Congressional Human Rights Caucus

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Summary Record

Hon. Pier Ferdinando Casini (Italy), President of the Inter-Parliamentary Union (IPU), opened the meeting. He said that HIV/AIDS was the single greatest public health challenge of the century, and the damage caused by the virus to decades of development was incalculable. In recognition of that, the Government of the United States had been unstinting in its generosity in allocating funds to prevention, treatment and care.

Too often he had heard parliaments described as the missing link in the fight against AIDS, and parliaments had to join the struggle in a coordinated global effort. The IPU had taken the first steps by establishing an Advisory Group on HIV/AIDS which had recently completed its first field visit to Brazil, a country that had played a pioneering role through its far-sighted national AIDS programme.

The involvement of parliaments in combating the pandemic was multiform. The fundamental duty of any parliament was to pass laws and to oversee their proper implementation, but parliamentarians were also leaders with unparalleled opportunities to break down the barriers of stigma and ignorance. World Aids Day 2007-2008 would be commemorated under the theme of Leadership, and under that same theme he would be convening a Global Meeting of parliaments, in conjunction with World AIDS Day, to explore how parliaments and their members could weigh in more effectively as leaders and advocates in helping to curb the epidemic.

Representative Donald Payne, Chairman, House Subcommittee on Africa and Global Health said that in the United States, the legislature had led US action to address global AIDS. Congress had come up with the original idea to create an international trust fund to fight AIDS. The Congressional Black Caucus, which he chaired, had been instrumental in calling for action against HIV/AIDS in Africa long before any administration was paying attention, and had been subsequently proven correct by the success of the President's Emergency Plan For AIDS Relief (PEPFAR) in Africa. It was also Congress that had thought of the idea of a Global AIDS Coordinator. Having successfully fought for an AIDS programme, the onus was on Congress to provide both pressure and encouragement to government leaders to expand current programmes and develop new ones.

There were still a host of things that needed to be done better, including tackling the spread of extreme drug-resistant tuberculosis, increasing the number of people on anti-retrovirals, and aggressively applying new approaches to prevention once they had been demonstrated to be safe.

He had stated publicly that the United States should double the assistance it was providing under the Emergency Plan from 15 to 30 billion dollars, and at the end of May the President had said he would ask Congress to do so. He planned to work hard to see that every penny of the much needed resources would be appropriated.

Representative Betty McCollum, co-Chair, Congressional Global Health Caucus agreed that parliaments should join the discussion, which was about accountability for funding and about leadership. All parliamentarians, elected or appointed, had a role to play.

She announced that the House Appropriations Committee, in which she had been meeting that same day, had just voted a sum for AIDS relief that was 585 million dollars above the original request and 1.2 billion dollars higher than the figure voted the previous year. However, in the global struggle against AIDS the traditional definitions of donor and recipient were frequently reversed: in terms of information and encouragement, it was often the affected countries that were the donors.

One aspect of the provision of treatment that was too frequently overlooked was the question of nutrition. Drugs could not be absorbed into the system if people's stomachs were empty, and in recognition of that she had personally advocated the appropriation of 100 million dollars for nutrition programmes. A holistic approach was needed that encompassed access to drugs, prevention, clean water, food and nutrition, and healthcare.

Hon. Elioda Tumwesigye, Uganda began by describing how he had switched from a career as a surgeon to caring for people with AIDS after his brother had fallen victim to the disease in 1991. He had started the first door-to-door AIDS care programme in Uganda and subsequently been elected twice to parliament where he chaired the Committee on HIV/AIDS, the first of its kind in Africa. When the IPU had set up its Advisory Group on HIV/AIDS, he had been chosen as its chairman.

The IPU Group had recently made its first field visit to Brazil, where 600,000 people had HIV/AIDS and 180,000 were receiving antiretroviral treatment. Despite the fact that universal access to treatment was enshrined in the Brazilian Constitution, there was not a strong parliamentary framework and the support from the legislature left something to be desired.

In Uganda there had been 30 per cent prevalence rate in antenatal clinics in 1992, and in one decade the country had managed to bring the overall prevalence rate down from 18 to six per cent. That had been done through political leadership, both at home by the President of Uganda and members of parliament and through visits from US Presidents Clinton and Bush, which had energized the programme. The "ABC" mantra of abstinence, fidelity and condom use had made an impact, and now the prevalence was below 1 per cent in the under-20s.

The nation was deeply grateful to the United States for the PEPFAR funding. There should however be stronger links between the parliaments of the two countries, and members of the US Congress should ensure oversight of the funds by coming to Uganda to see how the money was being spent.

Hon. Hendrietta Bogopane-Zulu, South Africa, also expressed gratitude to the American people for contributing money to fighting AIDS in Africa. They were saving many lives. However, stronger relations between the US Congress and other parliaments could prove helpful in allowing for more discussion of the restrictions applied to the PEPFAR funds, which often caused difficulties. In particular, she urged PEPFAR to provide funding directly to parliaments to raise awareness of HIV/AIDS issues and strategies among members, and to build the institutional capacities to deal with such complex policy issues. She endorsed Congresswoman McCollum's comments about nutrition, saying that a comprehensive response was now, finally, part of the world's language.

She clarified past comments by the President of South Africa which had caused a stir at the time. In essence, Mr. Mbeki had been asking why one virus could cause such a syndrome, and he had also stressed that everybody had the right to turn to the remedies of traditional healers if that was their choice. South Africa had been hit by AIDS before it had had a chance to heal from apartheid, and the poorest had been hit the hardest. It was necessary for everyone to understand the virus better in their

own countries, including the cost drivers of the virus. Money should go to the education of MPs for that purpose. Parliamentarians should also acknowledge the need to decriminalize the activities of sex workers - gender violence was a reality in South Africa and a cost driver of the epidemic.

Parliaments could do more in the area of research. In failing to check the efficacy of clinical trials carried out in countries such as her own, both the South African Parliament and the US Congress had forsaken their duties. Guidelines should be developed in parliament to define how clinical trials should be run, and the US Congress could assist South Africa in that area. When her brother had been diagnosed as HIV-positive, she had known what to do, but so many others lacked the information they needed. Parliamentarians had been missing in action in the fight against AIDS for too long.

Hon. Jesudas Seelam, India, wishing to enlarge the scope of the debate beyond the African context, said that in India there were 5.1 million cases of infection. He called for the PEPFAR funding to be extended to Asia.

In India condom use was well accepted, and the churches were generally positive in their outlook. They did not insist on banning contraceptives. India was a fast growing country but the poorest 25 per cent of its people lived way below the poverty line. Nutrition was therefore an integral part of India's AIDS policy. The youth of India accounted for 37 per cent of the population, and the risks were therefore high. Ninety per cent of all infections were through heterosexual transmission. Fidelity and abstinence were key messages to disseminate, but safety was the most important. Knowledge and prevention were the best medicines. His country relied on US expertise in some areas, and in that respect the test kits that they imported from Atlanta needed to be simple to use.

As a core member of India's Parliamentarians Forum on HIV/AIDS, he had helped build up the Forum which currently comprised over 350 members dedicated to providing leadership to the HIV/AIDS response in India. He spent much time traveling from state to state to strengthen and support initiatives on prevention, care and support. The Forum also worked to address stigma and discrimination faced by people living with HIV, and sensitize other members of parliament to HIV/AIDS.

Pauline Muchina, Senior Women and AIDS Advocacy Officer, UNAIDS - USA thanked Representatives McCollum and Payne for the important work they were doing. She also found the achievements of Hon. Tumwesigye, Bogopane and Seelam deeply encouraging. Members of parliament were leaders in society, and they played the key role of approving and scrutinizing government budgets. The involvement of policy makers in the fundamental drivers of the spread of AIDS – gender-based violence and poverty – was crucial. Members of parliament needed to be educated about such issues. That had been evident during the debate in her country, Kenya, on the law on gender-based violence, during which she had heard some very discouraging comments. Parliaments should do their utmost to pool their resources and help each other.