

## INTERNATIONAL CONFERENCE ON HOME AND COMMUNITY CARE

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Speech by  
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His Excellency, the President of the Republic of Senegal,  
Honourable Ministers,  
Dear Participants,

The theme of this Conference, “**More care for better living**”, signals that finally – more than 20 years into the epidemic – we are facing greater opportunities than ever before to reverse the devastating course of HIV/AIDS.

But it also reflects a desperate call for action: today, only a fraction of those in need of care and treatment have access to life-saving support – in Africa only 2%. This can and must be changed.

At the same time, - there will be no better living for millions, if we do not reduce the level of new infections. Prevention is the mainstay of the response to HIV/AIDS at all levels of society – from governments to communities, from families to individuals.

In the last year alone we saw 5 million new HIV-infections, bringing the total number of people living with HIV up to 40 million. Compare these figures with that of 5 million people living with HIV/AIDS fifteen years ago – then considered a disaster and prompting the launch of the first World AIDS Day. We must stop this trend of an escalating epidemic.

Prevention is most successful when there is hope and social trust. These two fundamental features of healthy societies and prospering communities have been severely undermined by the rampant stigma and discrimination that have accompanied the HIV and AIDS.

“More care for better living” – forebodes the efforts that could restore hope, trust and the rights of people living with HIV/AIDS, and, as a result, reverse the detrimental impact of this epidemic on human life and community development.

Access to care, treatment and support are intrinsically linked to prevention. In fact, treatment access is perhaps the most effective entry-point to prevention. At the same time, we need to deal with complacency as a potentially powerful enemy to prevention. We have seen this in many countries in the North.

You who are assembled at this Conference are champions in the HIV/AIDS care, whether you represent researchers, clinic-based service providers, community-based providers, home-based care givers or people living with HIV/AIDS. The front-line of care stretches through a continuum of interdependent and mutually reinforcing links between different social actors.

This Conference could bring further strength and recognition to the work carried out at community level. The growing volumes of financial and technical resources pledged towards the cause of HIV/AIDS must reach out to support community response and not be blocked in capital cities. That is why, your voices as community workers need to be heard when national AIDS policies and operational strategies are designed. This is what the United Nations Declaration of Commitment on HIV/AIDS from June 2001 calls for.

In December five years ago, the Treatment Action Campaign (TAC) of South Africa was created by PLWHA and other concerned individuals to call for a treatment plan. Now, such plans exist in a number of African countries and elsewhere.

But moving from a plan to real access requires the involvement of affected communities, civil society, private sector, faith-based organisations and a much better equipped health system. We need a social compact on HIV/AIDS - a creative partnership - where governments, civil society, communities and PLWHA work in tandem. Many of you have already proven how much can be achieved, including through promoting a better knowledge in communities about HIV/AIDS and the care, support and treatment this disease requires. Treatment literacy and a better access to counselling and testing are building blocks for reaching out to those most in need with comprehensive care, including palliative and psychosocial support and a good understanding of how best to help affected women and children. Today we have fourteen million orphans because of AIDS. Seven years from now they might be twenty million.

The success of the WHO-led and UNAIDS-embraced campaign to have 3 million people on ARV treatment at the end of 2005 relies on the involvement of communities and PLWHA. This Conference offers an opportunity to shape how this could best be done and what kind of support it will require.

Having participated in the Home and Community Care Conference in Thailand two years ago, I know what a dynamic meeting place this occasion is to learn from each other, forge new networks, prompt new initiatives, build new capacities and capture hitherto unknown opportunities. All this is well and good. But we need to move further to demonstrate that after we have concluded our meeting here, people will in fact be assured that "More care for better living" is much more than a slogan – it is a call to action in recognition of the enormous efforts and potential among you all working with community and home-based care. Let your voice and recommendations be heard by political leaders and other decision makers.

This would bring us closer to an effective implementation of the Declaration of Commitment on HIV/AIDS which states that countries by 2005 shall have in place *comprehensive care strategies to strengthen family and community based care, including that provided by the informal sector.*

In concluding, Mr Chairman, on behalf of UNAIDS and notably our Executive Director, Dr Peter Piot, who deeply regrets he is unable to come to Dakar, I would like to thank the organisers of this Conference. UNAIDS is proud to be a Cosponsor of the Conference but the real preparatory work has been carried out by the National Council against AIDS of Senegal and more notably Dr Ndoye, the IFRC, the Global Network of people living with HIV/AIDS (GNP+), the International Council of AIDS Service Organisations (ICASO) and the International Community of women living with HIV/AIDS (ICW).

Mr President, on behalf of the Joint United Nations Programme on HIV/AIDS, I would also like to thank the Government of Senegal for its "Teranga" in hosting this first ever Conference on Home and Community Care taking place in Africa. The bridge from the meeting in Thailand two years ago to our getting together here today in one of the most successful countries in Africa to have kept the epidemic under control augurs well for a rich mass of community experience coming to fore in our collective efforts to combat this epidemic.

Our opportunity starts today.

Thank you.