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Statement by Dr. Nafis Sadik
Special Envoy of the United Nations Secretary-General
for HIV/AIDS in Asia and the Pacific

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Introduction

Thank you for inviting me to speak to you today and you for your commitment to the battle against HIV/AIDS. As parliamentarians, you have a unique role in preventing the spread of HIV/AIDS in the sub-region.

I am here to deliver one simple message: without your leadership, your countries face a catastrophe. There is no cure for HIV/AIDS, and none is in sight. The cost of treatment for large populations living with HIV/AIDS is beyond the reach of any government in the sub-region.

The economic and social cost of HIV/AIDS goes far beyond the cost of treatment. At this moment, in the most seriously affected countries in Africa, economic growth is disappearing and societies are collapsing. This is happening even in prosperous middle-income countries like Botswana. It could happen here, in South Asia: it will happen, unless we act. In terms of infection rates, South Asia stands where southern Africa stood only 12 years ago.

Let me emphasise – ***all the conditions are in place for a general HIV/AIDS outbreak in South Asia in the next ten years***.

So far HIV/AIDS has confined itself to the high-risk groups where it has been concentrated. Prevalence rates in the general population are still low. But now there is evidence that the infection is breaking out of the high-risk groups. Two points are important:

First, the term “high-risk groups” describes people’s behaviour, not their location. The high-risk people are not isolated: they are part of our communities and our families. For example, from your own experience:

- Do you know of someone who abuses alcohol or drugs?
- Do you know of someone who abuses his wife or daughters?
- Do you know of someone who goes to sex workers, male or female? Or
- Do you know of someone who has several sexual partners?

These are the high-risk behaviours that help to spread infection. If you can think of anyone in any of these categories, then HIV/AIDS is already close to your life. The pandemic is already among us: that alone should be a reason for action.

Second, when the infection moves out of the high-risk groups it spreads very fast through the general population. The so-called “low and slow” epidemic is a myth.

Confronting the pandemic

Experience shows that there is a way to fight HIV/AIDS successfully: by focussing on prevention, and on those most at risk, and by promoting sexual and reproductive health in the population as a whole, but especially among women.

Reaching the high-risk groups

In South Asia, prevention services often fail to reach the high-risk groups: injecting drug users; men who have sex with men; sex workers, clients of sex workers and their immediate sexual partners, and those who have sex with multiple partners. In many parts of South Asia, there have been no serious attempts to reach these groups with information and services. We regard these behaviours as unacceptable; we would prefer that they didn't exist, and so we tend to ignore them. This is a huge and possibly fatal mistake. I think South Asia's leaders – including you as parliamentarians and leaders of your communities – have to ask yourselves what you must do to raise the curtain of silence and denial.

Removing the stigma of HIV/AIDS is the single most difficult obstacle to an effective prevention programme, but it can be done. It calls for leadership, and above all for the courage to address sensitive issues, such as drug use, commercial sex, and sex outside marriage.

Gender, HIV/AIDS prevention and reproductive health

I want to stress the importance of gender issues in this regard. This is not because I am a woman or a feminist, but because I am a professional in the field of development and a specialist in public health.

The 2004 UNAIDS report shows that 60 per cent of all new infections are now among women. Just as disturbing, recent research in Asian countries shows an unsuspected high incidence of sexual violence and coerced sex on the part of husbands towards their wives. Research in South Africa has shown that women in violent or coercive relationships are 50 per cent more likely to contract HIV infection. There is no reason to suppose that the picture is any different in South Asia.

Contrary to expectation, marriage offers women no protection: quite the reverse. Many infected women have had sexual relations only with their husbands. In some communities, simply being married counts as high-risk behaviour. In India, for example, more than 90 per cent of HIV-positive women are married and monogamous.

Many of these women are young, some of them very young. They have no redress and no-one to turn to. Cultural norms, especially in the rural areas and among the urban poor, give no encouragement or support to a wife who resists her husband for any reason. In most areas of her life, including sex, she has no choice. Successful strategies put in women's hands the means of their own protection and empower their use.

This means open, frank and value-free discussion of the interactions between people who engage in high-risk behaviour and those who don't; especially women, and especially within marriage and domestic partnerships. Please note that in emphasising the risks women run in marriage, I am not criticising marriage as such: I am arguing that marriage should be a partnership, demanding mutual respect.

This discussion goes to the heart of gender relations. It is highly sensitive in all cultures and societies. It demands the active participation of leaders at the highest level. When leaders engage with women in this discussion, the terms of the discussion change. Empowerment and equality become practical goals. The means include education for women, and education for men so that they end discrimination against women, and treat them as equals.

In short, successful HIV/AIDS prevention calls for a gender perspective, a perspective which brings women's rights – human rights – from the margins of the battle against HIV/AIDS to the centre. Women themselves are working towards this goal – the women's movement has never been so strong, and women have never been so confident. Leaders such as yourselves must have the vision and the courage to join them.

What I am saying is that men must understand and accept their responsibility for protecting themselves and those they love. And leaders and policymakers must help them, first by setting an example in their own personal lives, and second by empowering women, before and after marriage. ***Promotion and support for women's power to make their own decisions is critical for ending the HIV/AIDS pandemic.***

Sexual and reproductive health and rights

I would like to emphasise the importance of universal access to reproductive health information and services, and of integrating reproductive health and HIV/AIDS services. Bear in mind that HIV/AIDS is a reproductive health issue: 75 per cent of new infections are traceable to sexual transmission. Some of the most effective entry points for prevention and care are through well-established and extensive reproductive health networks in many countries.

Three points are relevant: first, HIV/AIDS information and services can easily follow the same pathways as other aspects of reproductive health, such as family

planning. There is considerable overlap. Condom supply is the most obvious example; but women also need advice and information on negotiating condom use; counselling on avoiding and resisting gender violence; safe and infection-free pregnancy and childbirth; and many other things that relate both to HIV/AIDS and family planning.

Reproductive health services have developed outreach mechanisms, including collaborative relationships with NGOs. These are natural pathways for HIV/AIDS prevention information and services.

Second, integrating reproductive health and HIV/AIDS services will help break down the great barriers of stigma and discrimination. Integration means that in the context of other services, women can avail themselves of the opportunity for voluntary counselling and testing, and for prevention of mother-to-child transmission. Integration will encourage the perception that HIV/AIDS is a disease, and that it can be prevented and treated like any other disease.

Third, integration offers a great opportunity to initiate and strengthen many aspects of reproductive health services. Though countries have had these services for many years, they are still grossly inadequate in many settings, especially for the poor, for young unmarried people, for married women without children, and for men.

The HIV/AIDS crisis is pulling back the curtain on the various aspects and manifestations of men's sexuality. Health services have been very unwilling to come to grips with this highly sensitive issue—but in doing so they only reflect stigma and denial among the community at large. Surely this great crisis demands an honest and transparent approach to the varieties of male sexuality. Most reproductive health services do not at the moment reach men at all. It is high time they did.

The case for integration is very strong. So, you may wish to discuss here the reasons that countries haven't integrated HIV/AIDS and reproductive health services as a matter of course. Is it because health services and reproductive health networks are too inefficient to use? Are health services too set in their ways to accommodate this new challenge? Does it mean that stigma and discrimination exist within the health services themselves? Are countries responding to pressure from donors looking for quick results?

Existing reproductive health systems already have much of the service and information infrastructure to fight the battle of HIV/AIDS prevention. Strengthening them will address a variety of purposes—enabling an escape from poverty and encouraging economic growth; promoting the human rights to reproductive health. Most important, it will help prevent a South Asian catastrophe on an African scale.

I am encouraged to note that the Government and Parliament of Pakistan have received the recommendations and call to action of the Asia/Pacific Women, Girls and HIV/AIDS Best Practices Conference held here in November. I hope acceptance indicates that quick action will follow.

Each country must find its own way to confront the HIV/AIDS pandemic. But I want to emphasise that no country will succeed without a firm commitment, first to gender equality, and second to universal access to reproductive health information and services. And no country will succeed without firm and principled leadership from its parliamentary leaders.

Thank you.