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WORLD BANK CONFERENCE ON SCALING UP POVERTY REDUCTION

Panel discussion on HIV/AIDS

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Thank you for those very interesting presentations. No countries could be more different than Thailand and Uganda, yet they have much in common in their approach to HIV/AIDS. Let me make a few brief points in response.

Links across cases

My first reaction is that the first, second and third points of linkage between these two cases, in order of importance, are leadership; leadership; and leadership. I am not under-estimating the difficulty: HIV/AIDS is a unique public health problem, and it has unique sensitivities. There are many risks for political leaders. Discussion of HIV/AIDS leads into discussion of sexual practices, including sex among the unmarried, among adolescents, and among men. We have to acknowledge that our societies are not all we would like: there is infidelity, promiscuity, sexual exploitation, gender-based violence and prostitution. The discussion has to confront the existence of anti-social activities like intravenous drug use. Worst of all for a political leader, the onslaught of HIV/AIDS is invisible until it's almost too late to turn it back; and it is a subject most people would prefer to ignore. There is little political support for an open discussion about HIV/AIDS, and there are many pitfalls, especially when unscrupulous opponents pretend that opening discussion of sensitive issues is the same as endorsing them.

It is greatly to the credit of the leadership in Thailand and Uganda that both these two countries have opened up the discussion on the HIV/AIDS threat and how to turn it back. They have been vocal, uncompromising and demanding. They have been thorough—their leadership has touched all parts of their countries and all levels of society. And they have followed up: it is noticeable that the leadership in both countries have insisted on providing the means of prevention—not only condoms but VCT, PMTCT and drug treatments to lower the viral load. They have used their countries' reproductive health care delivery systems to carry the HIV/AIDS message, as well the supplies and treatment to back it up. And they have proved that they can adapt to changing circumstances.

The key issues

The key issues here, as the case studies show, are first of all information and education—breaking the silence about HIV/AIDS and bringing it into the open; treating the pandemic as a public health challenge that can be successfully met.

The two countries have been frank about approaches to the high-risk groups, including sex workers and their clients; men (and sometimes women) with multiple partners; the unmarried; and adolescents. They have shown that

ABC is more than just a slogan—it is a real approach with proven value, provided that all the elements are given equal importance.

A successful ABC programme depends on three things – first, that men accept their responsibility in preventing HIV/AIDS, just as in other aspects of sexual and reproductive health. The second requirement is that women are similarly empowered. Women, married or unmarried must be equal partners. They must be able to protect themselves, they must be able to make their own decisions. This is very hard for young women, especially when they are married to older men, or where the man is in a position of authority—but we must insist. And I think that these two countries have gone a long way in this direction, towards a true and more equal partnership between men and women.

And the third requirement, of course, is condoms, in sufficient and regular supply, but I will return to that point.

I think that many people in both countries still live in denial: you can still find some religious leaders, and others who should know better, who still insist that HIV/AIDS is not a real threat, that condoms are ineffective, and such rubbish—but it is becoming more and more difficult to hold such positions. On the other hand it is becoming easier for parents, family members, friends and communities to accept that HIV/AIDS is part of their lives; to accept sufferers, and encourage preventive action. Once people accept that HIV/AIDS is real, that it is their problem, but that they can do something about it—at that point the stigma surrounding HIV/AIDS starts to recede.

The next most important issue is services and supplies, and a trained staff motivated to deliver them effectively. Both countries have shown they are willing to use national resources for this purpose, and are giving it priority. Their attitude has drawn the support of the international community and donors have made further resources available. It is worth noting that both countries have a background of effective public health services, and a forthright approach to issues such as family planning. They know the value of a sufficient and sustained flow of condoms and other reproductive health supplies, and they know how to achieve it.

Scaling up

As for scaling up, there is nothing in the approach of either country that other countries cannot replicate. The condition of Uganda, when I first visited just after President Museveni came to power, was pitiful. Many health workers had been killed and others had fled. There were no services, and no supplies; and HIV/AIDS was beginning to make its appearance. If Ugandans can transform their country's economy and society in less than 20 years, and turn back the threat of HIV/AIDS at the same time, then other countries can surely do the same.

Provocative questions

I was asked to bring some provocative questions to the discussion. Perhaps the first should be to ask why it is such a problem to deal with cultural conservatives when it comes to HIV/AIDS? From many years of experience with family planning and reproductive health, I can say that many of these difficulties disappear when firm leadership meets the realities of life. Women especially want these services, they want this freedom, and they want to live, for their children and themselves. And given the choice, men do too. It is no different with HIV/AIDS than with family planning. In fact HIV/AIDS prevention and family planning information and services should flow in the same channel, through reproductive health services integrated with the other aspects of primary health care. Conservatives, religious or otherwise, should have nothing to say on the matter.

My second question would be—why is it so difficult for donors to get together on this issue? Everyone agrees on the urgency, the need for strong and co-ordinated programmes: yet we find that international agencies are fragmented at the global level, with responsibilities divided and no unified leadership; and that even at country level co-ordination is more a matter of meetings and statements than real unified action.

And the third question is—what happened to international resources? Of course it would be good if the United States acted more quickly to release the promised $15 billion—but other donors should not wait for a United States lead. There is a continuing crisis in reproductive health supplies for example, especially condoms, even though the need is established and the mechanisms to supply it are well-known and practical. Donors should really act now. There are more and more countries willing and able, like Uganda and Thailand, to use international resources. I hope donors will respond.

Thank you