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in the Modern World: Challenges and Promises Ahead

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Families on the Front Line of AIDS

Good morning. I am truly honored to be with you at this important gathering of minds. This colloquium promises ripe discussion and the generation of inspiring ideas for how we can protect and uplift the family unit and build on its distinctive power to fundamentally transform societies.

I want to thank the Royal Family of Qatar and the Qatar Foundation for hosting us today, and I especially want to acknowledge the honorable work and commitment of Her Highness Sheikha Mozah Bint Nasser Al-Missned. Her compassion and graciousness reflect that of the wonderful people of Qatar.

I congratulate Qatar for its remarkable record of economic growth during these trying times, and its corresponding generosity to others. Your support for a vibrant civil society is a gift to your people, and I want to especially recognize your involvement in the Middle East and North Africa Harm Reduction Association.

Your strong participation in the UN system and generous contribution to the UN Office of Drugs and Crime in recent years established the groundbreaking Global Sports Fund. Today that organisation, with the unwavering dedication of Crown Prince His Highness Sheikh Tamim Bin Hamad Al-Thani, is enabling communities across the globe to mobilise sport to turn vulnerable young people away from drugs, delinquency and the risks of early sex and HIV to more healthy pursuits.

Children, adolescents and their parents are making their way through an era of tremendous upheaval in this increasingly interdependent world. As we step into the new decade, families are challenged by a global economic crisis, climate change, war and traditions under threat—yet they form the strongest threads in society's weave.

Families as a Protective Force against HIV

AIDS is a family affair—for ill and for good.

The epidemic still frays and unravels families. Communities with higher burdens struggle to shield their children from infection and to care for those who have lost parents to the disease. Yes, families can be, and are, torn apart by AIDS.

But let's look at this another way: Families can also be highly protective, inoculating members against the worst outcomes of AIDS. They offer a dependable means of prevention education and the clout to keep children in school, on track and out of risk. Family

support can improve adherence to treatment, provide sustaining care and offer the first line of defense against stigma and isolation. And in the largest sense, strong families contribute to community—and by extension national—stability.

The two-year research project of the Joint Learning Initiative on Children and HIV/AIDS, in its final report last year, demonstrated just how little is being done to support families as part of the AIDS response¹. Families and communities currently take on approximately 90% of the financial cost of caring for infected and affected children in the areas hardest hit by AIDS. Many of these families are already living in extreme poverty, yet few receive any support from sources outside their communities.

Its findings state, and I quote, “Unless governments and their partners address the underlying issues of family poverty and gender inequality, large-scale AIDS programmes in severely affected countries will continue to fall far short of what is needed—and of what could be achieved.”

Maintaining and strengthening families is not very expensive. Any developing country, no matter how poor, can afford a social protection package for children affected by HIV and AIDS and extreme poverty. The International Labour Organization estimates that for low-income African countries, such a package could cost less than 4.5% of GDP, and could include a small universal old age pension, universal primary education, free primary health care, and a child benefit of \$0.25 per day².

Of course, faith is another fortification of families, and the Muslim countries of this region have the advantage of strong religious communities and influential leaders. I urge communities of faith to use their platforms to send strong and specific messages of prevention, but also—and this is so important—to speak and act against stigma and discrimination against people living with HIV and those most at risk of infection.

Stigma and Discrimination Threaten Public Health

No nation can afford to deny and neglect those who become addicted to drugs, who are forced to survive through sex work, and men who have sex with men. This leads to higher prevalence rates overall.³

Instead, for the good of the public health, there is a need for understanding—an imperative to draw those most at risk out of the shadows and enable them to protect themselves, and by extension, the entire community, from spreading HIV. There is a need to make sure those affected receive care and treatment by offering a hand up rather than a slap down.

Her Highness Sheikha Mozah’s strong human rights advocacy in this country sets a high standard for how we should treat those living with HIV. This is an issue of social justice and equity. Those most at risk must be able to connect to prevention, treatment and other services, no matter who they are in society and how they came to be affected.

I also call on countries of this region to pursue equity and human rights on a global scale: End travel restrictions and mandatory testing for HIV.

Mandatory testing drives groups most at risk underground and short-circuits the process of counseling and support. It blocks the hope of treatment and hastens the death of those who could otherwise work, nurture their families and thrive.

We remain concerned about travel restrictions for people with HIV in Qatar, which includes deportation for pre-existing HIV infection. Unreasonably restricting the movement of people with HIV steals their dreams and their livelihoods. It destroys everyone’s privacy and endangers those seeking asylum. It, quite literally, tears families apart. And it does nothing to curb the spread of AIDS.

I urge you to look at the experience of countries such as the United States which weeks ago took the decision to lift its decades-old travel ban. Qatar could set the tone and influence this region by its own easing travel restrictions.

Migrant workers and their families, who do so much for the regional economy, are often shut out of basic health services, including those for HIV, upon sero-conversion. Why not take action to help support migrants in avoiding HIV, rather than restricting those who have it. Ensuring migrant families' access to prevention, treatment, care and support is a step in the right direction and one that other countries in the region could be encouraged to take.

A Prevention Revolution

I congratulate Qatar on its high-achieving education and health systems, and again I nod to Her Highness for her role. Education, in both the formal sense and in the sense of raising awareness about HIV, is a key weapon in our armoury, as is a strong system of health care delivery. These provide critical fuel for our revolution: a prevention revolution against AIDS.

I use the word "revolution" deliberately, as I believe we have reached a critical point in the epidemic. We are coming up against agreed targets for Universal Access and, with five new people infected for every two we put on treatment, clearly we need to stage a tremendous push for prevention. To do this, Qatar needs to understand its own epidemic: who is being affected, when, where, why and how. By reaching out to the drivers of the disease's spread, you can leverage your excellent educational and health care resources to strategically disable your opponent: this virus. The same holds true for every country in this region and across the globe.

HIV-Free Generation

Although Qatar has a relatively low HIV burden, I want to remind you of something her Royal Highness Princess Basma Bent Talal of Jordan said in the context of women, girls and HIV: She said, "AIDS knows no limits, nor does it acknowledge them. Therefore, it is imperative that we move quickly and that our reaction be well studied, aware and timely in order to protect this generation and the coming generations from an imminent danger which might become impossible to control if it increases further."

The Princess spoke of a "golden opportunity" for the region to make a significant global impact. One place you could start is by focusing on preventing mother-to-child transmission. Ensuring that every baby is born free of HIV is a readily attainable goal, and the consummate family value. The testing and treatment procedures are simple, inexpensive and they work. Eliminating this mode of transmission is an endeavor that the Qatari people can embrace as their own and disseminate across the region. The Middle East/North Africa can lead the world in demonstrating that an AIDS-free generation is truly possible.

Ending vertical transmission, like many efforts in the HIV prevention revolution, cuts across several of the Millennium Development Goals. This illustrates why it is essential to link the AIDS response intimately with the other MDGs. When AIDS is treated as an isolated disease problem, it drains human and financial resources from broader public health services and gives less back than it could. The AIDS+MDG agenda can unite the creativity, determination and momentum of the AIDS movement with movements for other MDGs. Surely, this will accelerate progress on AIDS as well as other MDG targets, and by extension, advance human rights, stimulate economic growth, secure a stronger future for women and girls and protect and nurture children and families.

With Wealth Comes Responsibility

What will Qatar's role be in this movement? I hope it will be significant. The economic crisis has dealt a serious blow to the AIDS response in many places. I believe that the wealthier states, especially in the Gulf region, have a special responsibility to alleviate the world's distress, and I encourage them to increase their contributions to AIDS, health and development at this critical time.

Join other donor countries to help up fill the current hole in the budget of the Global Fund for AIDS, Tuberculosis and Malaria in the coming replenishment. The Fund needs up to \$3 billion to cover program commitments for this year. Among other critical activities, this money enables people to continue receiving treatment. If they are forced to stop, their health will falter and drug resistance will grow. A third replenishment is coming up this year. Please do not let pass this opportunity for Qatar to make a very visible global difference.

I am sure that you have been as moved as I to witness the outpouring of aid and compassion to the people of Haiti in recent weeks. The response—as the global family reached out to its neediest members—has been truly galvanizing for me. I see crystal clearly that nations and individuals across the globe—some with very little to give—are prepared to dig deeply into their pockets to help. But I also see it as a test of perseverance, because the work in Haiti is only beginning, and it will challenge the world's long-term commitment to global solidarity. Like AIDS, this is an effort that will take years to manage, and no country can do it alone. We should watch carefully and learn from this crisis.

Keeping Your Commitments

Here in Doha, in 2003, a truly historic and game-changing event took place—the Declaration on the TRIPS agreement and public health—that led directly to more than 4 million people gaining access to antiretroviral treatment for AIDS—righting a fundamental global wrong. Here in Doha you also signed the UNGASS Declaration of Commitment on HIV/AIDS. The challenge for you today is to honor that pledge by reporting by the March deadline on your country's progress toward the common targets for reducing the spread of HIV and alleviating its impact. This reporting is essential to our efforts to balance policies and needs with resources.

Never forget that UNAIDS is here to help you meet your national goals for Universal Access. We have a strong and engaged presence in the countries governed by the Organization of Islamic Conference, and the experience to work across traditions and cultures in a unifying way. We build bridges between and among stakeholders and sectors, increasing cooperation and reinforcing links and systems that ultimately help families weave stronger threads within society's sustaining fabric.

The nations of the world, whether poor or resourced, Muslim, Christian, Hindu or Buddhist, are yoked together as closely as any family. Their fate determines ours, and the converse. Let's leverage the solidarity of the global AIDS response to draw closer together as a global family to end human suffering and stimulate human achievement.

Thank you once again.

[invite questions]

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS web site at www.unaids.org

¹ Joint Learning Initiative on Children and HIV/AIDS. <http://www.jlica.org/index.php>

² International Labour Organisation 2008. Can low-income countries afford social security? <http://www.ilo.org/public/english/protection/secsoc/downloads/policy/policy3e.pdf>

³ UNAIDS 2008. Keeping Score II: A progress report towards universal access to HIV prevention, care, treatment and support in the Caribbean. http://data.unaids.org/pub/Report/2008/20081206_keepingcoreii_en.pdf