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First Global Parliamentary Meeting  
on HIV and AIDS  
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STATEMENT

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Your Excellencies, honourable representatives of Parliament, distinguished guests, ladies and gentlemen,

First, let me express my appreciation to the Senate of the Philippines and to the Inter-Parliamentary Union who have made this meeting a reality. It is the first time ever that Parliamentarians from all over the world have come together to discuss the challenges of HIV. It is a wonderful opportunity to strengthen your efforts to reverse this epidemic, as well as the human rights violations that underpin it - inequality, discrimination, poverty and under-development.

UNAIDS thanks you for your concern and for taking the time to express it by being here. I particularly thank the Inter-Parliamentary Union for our long-standing partnership together against HIV. And I thank and acknowledge the commitment and hard work of the IPU Advisory Group on HIV. You are a dedicated group of Parliamentarians who have contributed a great deal to the leadership on HIV of Parliamentarians around the world.

We need you now more than ever. Twenty-five years into this epidemic, HIV has morphed into the strange and unnerving reality it is: a global, long-term emergency that requires an urgent, yet sustained, response. We must do much more against HIV *now*. But we must also do it for a long time. HIV will be with us for at least another generation. But if we act now with the leadership that is required, perhaps the next generation will be the last generation that has to live with HIV in its midst.

If you do not take away but one message, I hope it is this. *HIV is not just a health crisis*. It is also a development, security, and human rights crisis. As such, it demands a response from all of us, including most critically yourselves, and the Parliaments, Assemblies and Congresses of this world. Yes, HIV is a health crisis - a health crisis that is forcing us to do health differently. We must integrate health services in a way never done before; respond to the brain drain of doctors and nurses; change intellectual property laws so that they respond to the critical health needs of populations; recognize both the right to HIV treatment *and* HIV prevention as human rights; and put reproductive and sexual health at the centre of the response for men, women and young people.

But HIV is also a development crisis. In hard hit countries, AIDS has eroded gains that have taken years to achieve: gains in economic growth, life expectancy, coverage and quality of education. Where HIV is widespread, it even tears the social fabric.

You will have heard that the numbers of infected are lower this year than last. We are very happy about this. These lower numbers represent two victories. The first is a victory of countries over past inability to track this and other diseases. When HIV first started there was almost no capacity to track HIV incidence and prevalence. In the last 20 years, countries have developed, with UNAIDS help, some of the most sophisticated health tracking systems that have ever existed. So the numbers get more and more accurate and countries benefit, also beyond HIV, in learning about their people's health. The second victory is that some of the lower numbers can be attributed to the fact that HIV prevention programmes are working. Less people are getting infected because governments are putting in place priority prevention programmes for the populations that matter.

But the numbers still cause great alarm. Worldwide, 6 800 people get infected every day, and 5 700 people die every day. There are 11.4 million children orphaned in Sub-Saharan Africa. So action is necessary in both high and low prevalence countries; and in all countries, there is an equal and pressing need to establish the legal and policy framework and commitment to action that will stave off further growth in the epidemic. That is where your leadership comes in.

Your leadership is needed for another aspect of HIV that makes it exceptional. That is the stigma and discrimination that HIV brings. Even though it is now treatable, HIV, whether in high or low prevalence countries, means that people lose jobs, homes, and access to services. They lose their family and their friends. Sometimes they even lose their lives, through violent attack or horrible neglect.

We know that in highly affected countries, and perhaps in all countries, there are Parliamentarians themselves who are living with HIV. Yet, to my knowledge *not one* Parliamentarian has revealed his or her HIV status publicly. Where there should be compassion and solidarity, there is fear. Such fear is not only wrong, it is also a major barrier to ending this epidemic. The people who live with HIV do not deserve this stigma or discrimination. You, as Parliamentarians can take the lead to end it, and thereby enable us all to deal with this epidemic effectively.

We know that dealing with HIV touches on sensitive and difficult issues that are difficult to discuss – the status of women, traditional customs, different forms of sexuality, sex work, drug use. Yet any response to HIV must face these issues with courage, openness and frank pragmatism. In societies where women face inequality, they are incapable of deciding freely and responsibly when and under what circumstances to have sex. Where there is inequality or violence in marriage, women cannot refuse sex or demand safe sex to protect themselves from HIV. This is why it is so crucial to protect the human and legal rights of women to economic independence and equality, inside and outside of marriage. These are the kinds of law we need to protect women from HIV. Such issues take real and bold leadership from Parliamentarians.

Furthermore, any response to HIV must deal with the marginalized groups in society - sex workers, men who have sex with men, drug users, prisoners. Across the world, we have a situation where those most affected by HIV are the ones that receive the least attention in the response to it. This is a disaster for them, and for the national response. Such responses do not work. We in UNAIDS know two things about marginalized people. First is that *all* people, including these people, have human rights, including the rights to health and non-discrimination. Secondly, people do not live their lives fixed in a group, they move throughout their communities. So the health of one group is the health of the community. Prisoners' health is the community's health. Sex workers' health is the community's health. Drug users' health is the community's health. As Parliamentarians, you represent all the people, the high and the low and those in between; and the health and well-being of all your constituents are very much inter-related.

As Parliamentarians, you are in a unique situation. You have power and authority. You have important roles and responsibilities. The Handbook for Parliamentarians, *Taking Action against AIDS*, which will be launched during this meeting, will provide some guidance on how you can make a difference, and it describes also how many of you have already made a difference. But please allow me to give you a few ideas for your consideration.

As Parliamentarians you are opinion-leaders and decision-makers. What you say matters. You can encourage informed debate. You can address prejudice and misconceptions. You can lead by example, for instance by publicly taking an HIV test. And if you are HIV positive, you can even choose to declare your status - not as a badge of dishonour, but as statement of courage and solidarity with the many millions in a similar position, inside and outside your country.

At the 2006 High Level Meeting on AIDS at the UN General Assembly, Governments committed themselves to achieving universal access to HIV prevention, treatment, care and support. Over 100 countries have set targets by which to achieve such access. This is in furtherance of achieving not

only Millennium Development Goal Six to roll-back the HIV epidemic, but all the other MDGs which HIV might derail. As Parliamentarians, you oversee government activity. Thus, you are in a position to ensure that national, regional and international commitments relating to HIV, agreed to by your government, are respected and made reality.

Importantly, as Parliamentarians, you oversee national budgets. Thus, you are in a position to ensure that political commitments are reflected in budgets, so that HIV promises turn into HIV programmes. You can fund your national AIDS strategic plan, and you can ensure that funds are allocated to support HIV internationally.

At the same High Level Meeting in 2006, Governments committed themselves in the *Political Declaration on HIV/AIDS*, (and I quote) to “overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services”. As Parliamentarians you are lawmakers. Thus, you are in a position to adopt legislation that protects human rights and promotes HIV programmes. Equally important is that you are in a position to oversee the implementation of such legislation.

Let me say here, we do not need laws that punish people in the context of HIV. We will not stop HIV by punishing people who have sex or use drugs. The law has never stopped sex and drugs and never will. But the law can empower people against HIV. Laws and policies can empower men, women and young people to have full access to HIV prevention and treatment, so that they can lead full and productive lives, including such things as work, travel, marriage, raising children – none of these restricted by their HIV status. The law can be used to fully exploit the TRIPS agreement to ensure that HIV drug prices are as low as possible and treatment more available. In many countries, the law has made access to HIV treatment the right of all. We need similar laws to make access to HIV prevention the right of all. The law can make such access a national priority. The law can protect people from discrimination based on HIV, as well as discrimination based on gender and sexual orientation. These are hard political calls, but such laws are right, and they help in the fight against HIV. I will leave it to my good friend and distinguished jurist, the Honourable Justice Michael Kirby, to elaborate further on effective laws in the context of HIV.

I will stop now as I am eager to hear others speak in this exciting forum. Let me end by saying that we at UNAIDS urge you to recognize and fulfill your own potential for leadership against HIV. We offer our support in any way we can. Your leadership is vital. The response to HIV needs your leadership. And, now more than ever, your people need your leadership on HIV.

I wish you all a fruitful meeting, and I salute you for your leadership. Thank you.