

Speech

AIDS: From exposing to overcoming injustices

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Good evening.

I am honoured to be here this evening and to speak in the Clark Talks on Global Health and Social Justice.

I am always particularly happy to speak at universities and other bodies of teaching, research and learning, because when they live up to their potential they are the cradle for freedom, progress and emancipation – in other words, for social justice.

What I would like to discuss this evening is that the AIDS epidemic is one of the strongest examples of how social injustice is a driving force for many public health crises. But the example of AIDS also shows how we can turn something that is really disastrous into a force for positive social change, for overcoming injustices.

This year marks 25 years since AIDS was described for the first time – on June 5, 1981. I still vividly remember the report. It was published in a small-sized weekly magazine of the Centers for Disease Control in Atlanta, and it described a mysterious pneumonia among 5 gay men from Los Angeles. Since then, a cumulative 65 million people have been infected with HIV, with 25 million dead.

In 25 years, which is absolutely nothing in historic terms, AIDS has become one of the make or break issues of our time and perhaps also of several generations to come. Certainly, it is one of the defining issues of the 21st century. It is now in the same league, I would say, as climate change, something that you are doing great work on here, as well as the nuclear weapons threat and extreme poverty.

AIDS is exceptional and unprecedented, both as a crisis today and as a threat to the future. This has been increasingly recognized in international bodies, such as the UN Security Council, which in January 2000 under the presidency of the then Vice-President Al Gore, had its first debate on a social or health issue and that was AIDS. The Chinese Prime Minister Wen Jiabao described AIDS as a new type of security issue when I met him last year. Thus, AIDS is a factor for destabilization and a major obstacle to social and economic development, particularly in the worst-affected countries.

So where are we with the epidemic? The epidemic is moving into a new phase and I would like to mention 3 aspects of that

First, the epidemic is entering its true globalization phase. We are living in a globalized world and AIDS is no exception. It is globalizing and today, except for North Korea for which we don't have information, every country has HIV or AIDS. The epidemic continues to grow and not only in Africa. We are witnessing a fast spread of HIV in Russia and East European countries, particularly among young people through injecting drugs. We also see a slow but consistent spread of HIV in the mega countries of Asia, such as India and China.

Second, the feminization of the epidemic. I would say that the face of AIDS in the world today is a young woman in Africa. Fifty percent of all people living with HIV today are women, mostly young women. In Africa it is close to 60%. The proportion of people living with HIV who are women is increasing in every region, in every country including here in the United States. So this feminization is illustrative of the problem of social justice that we are discussing here. It also poses new challenges for what we have to do in response.

The third aspect of this new phase of the epidemic is the societal impact of AIDS on communities and individuals. In Swaziland, one out of four households is headed by a child because the parents died from AIDS. There are already 14 million AIDS orphans in the world today. We can also see the impact on economic and human development prospects in

southern Africa because AIDS kills those who are in their most productive and most reproductive years. AIDS does to society what HIV does to the body. In the case of society, AIDS is killing the energy, the human capital, the young adults and thereby undermining institutions, families and the capacity of society to actually respond to AIDS. Therefore, not only does AIDS kill people but also it makes societies less resilient to deal with the problem. In the worst affected countries, if the AIDS epidemic is not brought under control social and economic development will not be possible. Therefore, it is imperative that we increase the exceptional effort to bring AIDS under control, if only to safeguard development gains.

We can even see the impact of AIDS on political processes and governments. It's not well-documented but for a few countries like Zambia and Central Africa, the number of elections for parliamentary seats has quadrupled because of the death of Members of Parliament.

Clearly, no one is protected against HIV. The dynamics between poverty or class and social status and AIDS are not linear, they are very complex.

Why has AIDS become such a massive global epidemic?

One factor is globalization – the unprecedented and still-increasing global interconnectedness between people. Thus, all the people infected are connected with each other in some way or another. Because they had sex with each other, or they got a blood transfusion from someone who also had it, or they were sharing needles while injecting drugs, or because their mother had it and they were born with it. I mean that is it! There are no other ways of transmitting HIV.

Another factor is the discomfort, taboos, public silence surrounding the main ways in which HIV transmitted. There is no escaping the fact that the sensitive issues that are at the heart of the pandemic – sex, gender inequality, commercial sex, homosexuality, drug use – have proved to be an enormous barrier to prompt and effective public action. That is action by government, civil society and all other sectors combined. If HIV were not mainly transmitted through sex and needles used to inject drugs – but through some innocuous means – we would probably not be experiencing the pandemic of today. Political leaders would have faced up to the gravity of the threat, they would have spoken up, allocated resources, led the response.

It is really a serious error is to underestimate the implications of the attitudinal barriers to public action on AIDS. The Nobel Prize winning economist Amartya Sen has long pointed out that public action is typically more easily forthcoming on such 'visible' things as famines, natural disasters or outbreaks of highly contagious diseases than on chronic or 'silent' problems such as poverty. With AIDS we are faced with not just a chronic or 'silent' problem, but one where the barriers to prompt and effective action are immeasurably magnified by taboo, denial and prejudice. In country after country, you can see the consequences of this exceptional aspect of AIDS – action comes too late, it does not protect the vulnerable or the poor, and the epidemic takes hold and expands.

A third factor brings us to the focus of the series of talks at Clark and that is social injustice. There is no doubt that this epidemic, at many overlapping levels, is one fueled by injustices. And studying the trajectory of this pandemic exposes these multiple fault-lines of social and economic injustice. Let me give you a few examples first and then go to how we have been trying to overcome these injustices in the fight against AIDS.

Historically, I would certainly say in Western countries in the early 1980s, the primary injustice and fault line relating to AIDS was that of homophobia. The other fault line was racism and discrimination. In the early days, the country which was heavily stigmatized was Haiti because Haiti experienced a very early outbreak of HIV. In the early '80s in my country,

most of the people infected with HIV came from Central Africa. In the US today, African-Americans are by far the most affected by HIV. AIDS is the first cause of death in African-American women, and the risk of infection and the risk of death also is many, many folds higher among Afro-Americans than among whites.

The third is gender and the inferior position of women in the world in every single country. I mentioned before the feminization of the epidemic. One reason, biologically speaking, is that the transmission of HIV through heterosexual intercourse is more efficient from a man to a woman than from a woman to a man. However, the main reasons are related to the position of women in society, sexual violence, the lack of control of women over sexuality in many countries, lack of access to education, lack of inheritance and property rights in many societies. I do not want to present women as victims, but globally, one of the big driving forces of this epidemic is gender inequity and inequality.

The fourth is economic injustice. HIV is not a disease only of poor people. Nevertheless, in general the poor are more affected by HIV than the rich. It is not a coincidence that Africa, the poorest continent, has the worst AIDS epidemic. However, the countries with the highest HIV prevalence are not the poorest countries: Botswana, Swaziland, and South Africa. When we look at China today, we do not only see the injecting drug users, but also others such as men with money who travel and have more sexual opportunities. So, it is a complex relationship.

The fifth I would say are national and international injustices. The majority of countries with a severe AIDS epidemic are the so called 'Least Developed Countries'. In other words, they are the poorest countries in the world. In other countries, we see organized injustice such as during the time of the apartheid in South Africa leading to mining camps and their regional effect on Botswana and other labour-migration countries. We have massive foreign debt crippling health and other social services. As well as inequitable trade and intellectual property rules that curb access to antiretrovirals and other essential medicines. And poor governance and lack of accountability by those in power. There are governments of developing countries who prefer to invest either in wars or in their pockets. There are also the donor nations who are not willing anymore to invest in services for the poor or in the capacity of states. They consistently weaken governments and state services by preferring to give money to NGOs or to private groups. But even when the private sector or NGOs do great work, they will never be able to provide services for the majority of the population, particularly for the poor. Only a state is capable of doing this.

The sixth injustice is to do with political repression, lack of civil liberties and the curbing of activism and agency by civil society. I was in China last week, where the government has recognized AIDS and identified AIDS as a major issue for stability in society and has made money available to fight it. Nevertheless, it does not allow grass roots groups to do their jobs through civil action. I do not know of any country that has been successful in response to AIDS without grass roots movement. You cannot do it for those who are affected; you need to work with them. So, the lack of civil liberties and the lack of accountability is another injustice that slows the response to AIDS and makes it more difficult.

Now let us turn to talking about how, through mobilization around AIDS, the world has been able to overcome some of these injustices and made some real achievements.

The first one is gay and sexual minorities' recognition and emancipation, not only in western countries, North America and in Europe, but also increasingly elsewhere. For example, last year in Mexico, the government, which is relatively conservative, organized a nation-wide campaign against homophobia. Several countries have abolished the so-called anti-sodomy laws, which go back to Victorian times, such as in the Bahamas. There is currently a vigorous debate in India to abolish a similar law.

Secondly, there has been real political progress and real progress in terms of leadership and overcoming denial. When I got into this job 10 years ago, with a handful of exceptions of countries in the developing world, AIDS was not on the agenda. There was a total denial and even hostility to the issue. Today, over 40 developing countries, mostly in Africa, have the President, Vice President or Prime Minister personally leading the AIDS efforts.

For many years, the wealthy western countries have ignored the growing disaster. Now AIDS is on the agenda of the G8, the wealthiest countries. President Bush's State of the Union address in 2003 was a defining moment in the history of the fight against this epidemic, because the leader of the most powerful country in the world highlighted AIDS and made a \$15 billion commitment to help fight the epidemic in developing countries. This completely changed the way the wealthy countries started dealing with the global epidemic.

Thirdly, an unprecedented mobilization of funding for AIDS response. When UNAIDS was founded 10 years ago, there was about \$200 million spent on AIDS in developing countries. Last year, \$8.3 billion was spent on AIDS in developing countries. Although it is still only half of what is needed, we see a 40-fold increase in 10 years. Most of that increase happened after the special session on AIDS in the UN General Assembly in 2001. At the International AIDS Conference in Durban, South Africa in 2000, the theme of my speech was that we had to move from the M word to the B word, from millions to billions. Within 24 hours I got phone calls from senior officials in major donor agencies to say that somebody in my position should not make that kind of irresponsible statement.

Fourthly, we have seen some changes in how the international trade system is operating because of AIDS. Activism and partnerships led to the so-called TRIPS-DOHA agreement. The Doha agreement on TRIPS and public health, by all members of the World Trade Organization including the United States, meant that countries affected by AIDS had more access to treatment and medicines. It meant that patent rights on medicines can be waived and copied without fully paying the originators and the patent holders. That was a breakthrough and an illustration of the exceptional mobilization and breakthroughs possible because of AIDS.

Several countries, particularly India and South Africa, have started producing their own copies of ARTs. But we have still a long way before achieving universal access to treatment. We also need to find the balance between the fact that access for the poor to treatment is necessary and the need for innovation. The nature of the AIDS virus is such that it develops resistance to drugs. Therefore, we probably will constantly need new anti-retroviral drugs to continue to keep people alive. The incentive for business is protection of intellectual property. The question is who would pay for that?

Brazil was the first government in the developing world that decided to offer state-financed antiretroviral therapy to all its citizens who needed it. And that came under fire several times, when Brazil had economic crises. I was there once when the *real* collapsed and the IMF wanted to impose serious public spending cuts, including on the AIDS treatment program. But President Cardoso decided not to do it. We gave a press conference together and that literally made a difference in the lives of the 150,000 people on treatment. That is an illustration how political will can make a difference.

Fifthly, there is now a culture of public debate and activism around AIDS that I think is going to change some societies. For example, The AIDS Support Organization (TASO) in Uganda. It started in 1987 with a group of 15 people who either had AIDS or whose partners has AIDS or died of AIDS and supporting each other because of the taboo, the stigma and so on. Today, they are servicing hundreds of thousands of people and have been an enormous force for change. In South Africa, if it were not for the work of the Treatment

Action Campaign, led by the great AIDS activist Zackie Achmat, there would still not be government-financed anti-retroviral therapy.

Sixth, I would like to highlight growing governmental and public support that harm reduction be accepted as a paramount principle, particularly for injecting drug users, and that related legal and policy changes be undertaken. Countries like China, Malaysia, Vietnam and Iran are providing clean needles to injecting drug users, including in prisons. This is an example of courageous politics. But this remains a difficult issue in the US, unfortunately.

Now let me take up the area where there has been hardly any progress – and this is on HIV prevention. The fact is that last year well over 4 million people contracted HIV, 12,000 a day.

There are several reasons for this failure. The main reason is politics, because even where the evidence is clear and scientifically proven – for instance, with providing clean needles or promoting condoms – that is not acted upon. And young people are denied access to prevention information and services, even though nearly half of all new infections among adults are among young people. Also stigma and discrimination – today, I'm having the same arguments as 20 years ago about AIDS-related stigma and the exclusion of people living with HIV.

And many countries do not want to even discuss violence, sexual violence in particular and the position of women. This is an issue that we in UNAIDS are working on with the Global Coalition on Women and AIDS.

Well, how did the progress and change that has taken place happen? I think there are 3 main factors: Politics, politics, and politics. This is what drives change. Activism and advocacy by civil society, UNAIDS and the UN has been crucial. I already mentioned the special sessions of the UN General Assembly and the Security Council. And our Secretary-General, Kofi Annan, the first African to be Secretary General, has played a leadership role in the global fight against the AIDS epidemic.

What are the lessons for development? First of all, I would say always consider health and development in a social context of injustice in order to sharpen action and to identify the pressure points where we can make a difference.

Secondly, I believe it is possible to make a difference if you are determined, if you have an agenda and if you know what you want. It is really the believing in the possibility of change and of success that is the main driver of social movements.

Thirdly, I think there is nothing as important in this kind of problems as informed public discussion and the participation of people in pressing for change that can protect our lives and liberties. In other words, public action can make a difference.

Fourthly, our challenge is to make sure that social change is good and positive social change and not a negative one. Deterioration of the position women in many countries is a negative social change. But we need to really think through and merge our agenda with the social change agenda.

Finally, we need to work simultaneously on the scientific agenda. We need new tools, new drugs and new vaccines. We also need to work on the social and the political agenda. The political agenda is necessary to make sure there is money to fund the response. The social agenda is also necessary to deliver the goods to change standards, the norms and what is acceptable behavior in society. We have to combine the work; otherwise we are going to fail.

This afternoon we had a very interesting discussion with several faculty members of Clark and the University of Massachusetts. I was impressed by different people coming from different backgrounds in the social science and non-medical. You do not have to be a doctor to deal with AIDS. In UNAIDS, we have 850 people worldwide working with us and only about 20% have a medical degree. There are 8 people in my senior management team and only 2 have a medical degree. We have lawyers, economists, political scientists and anthropologists. Of course, you need doctors and nurses to save lives of people who are infected. But I always say when I meet with journalists, *"You journalists can save more lives than doctors in terms of HIV prevention because preventing HIV is about communication and changing norms"*. And that is also true for clergy of all kinds.

I don't want to give an impression that we need to wait for the end of poverty or until the last woman is equal to the last man and so on before AIDS can be stopped. Of course not. There is ample proof that we can make real progress against AIDS where there is strong political will to do what works in the fight against AIDS. Just as we have a number of poor countries or states that are doing very well in terms of development. The classic example, I'm sure many of you know, is the state of Kerala in India; a pretty poor state but has very good development outcomes.

What can you do? Can you contribute? Do not ever think that it is too late to do something. AIDS is going to be with us for awhile. We can contribute to solutions even when thousands of miles away. To stop this epidemic will need the brightest minds of our times from various disciplines. Always remember the wonderful motto of your university – "Challenge convention and change our world."

Thank you very much.