



# The Role of Parliamentarians in Combating the HIV/AIDS Pandemic

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**COMMONWEALTH PARLIAMENTARY ASSOCIATION  
REPORT OF A STUDY GROUP ON**

**THE ROLE OF  
PARLIAMENTARIANS IN  
COMBATING THE HIV/AIDS  
PANDEMIC**

**31 JANUARY TO 6 FEBRUARY 2005  
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## FOREWORD

Even though it has been said many times, it is worth reiterating that combating the HIV/AIDS pandemic is one of the greatest public health challenges that the Commonwealth and the rest of the international community will ever face. The numerous challenges raised by HIV/AIDS relating to poverty, human rights and equality, and other social and economic development issues mean that all of us have a part to play in combating HIV/AIDS, in containing it and, hopefully, in eradicating it. None more so than Parliamentarians who, as leaders, need to gain a better understanding of the nature of HIV/AIDS, its trends and, more importantly, its impact as a wider development issue in the context of the Millennium Development Goals.

It is encouraging to note the increasing commitment in HIV/AIDS awareness, prevention, support and treatment. While great progress has been made in the fight against HIV/AIDS, more effort is needed to ensure the development, funding and full implementation of strategies to combat it. There is clearly a need for greater parliamentary support because the challenges are ever-increasing. There is now a demand for further increased political commitment. We need to speak out more openly and frequently about HIV/AIDS and how we can prevent its spread. We also need to progress beyond talking – taking dynamic action long overdue, which must be pursued vigorously.

Raising awareness of HIV/AIDS and the measures needed to prevent its spread remain controversial issues for many of us. This is in part due to strong cultural and religious beliefs in our societies that make dealing with HIV/AIDS issues difficult. Often they become barriers blinding many of us. This is especially so in the South Pacific region. Many excuses are given – many of them weak when one considers that we are dealing with stark cases of life and death. The fight must not only go on, it must be invigorated and we cannot and must not fail. We must change our attitudes and persuade others to change theirs towards HIV/AIDS and in particular towards those suffering from it.

It is important that Commonwealth Parliamentarians jointly advocate for prevention, treatment, containment and support programmes on HIV/AIDS. Membership of international parliamentary organizations like the Commonwealth Parliamentary Association allows Parliamentarians to take a more active part in the international community's efforts to eradicate the HIV/AIDS pandemic. A co-ordinated approach by the international community is considered crucial. Parliamentarians who take part in international efforts to discuss and develop solutions are able to supplement the actions being taken by governments and in some instances provide alternative measures that could be adopted with respect to certain issues relating to HIV/AIDS. This Report is definitely a step in the right direction.

***Hon. Ratu Epeli Nailatikau, MP***

***Speaker of the House of Representatives, Fiji Islands, 2005 President of the CPA and UNAIDS Special Representative for HIV/AIDS for the Pacific.***

## PREFACE

An estimated 18.8 million people have died as a result of AIDS, of which 3.8 million were children. According to the most recent figures released by UNAIDS, 40 million people live with HIV/AIDS in the world, 28.5 million of them in sub-Saharan Africa and three million are children under 15. Although 95 per cent of people with HIV live in the developing world, HIV/AIDS prevention and care for people affected by the virus is a global issue that can only be addressed with political leadership at all levels - international, regional, national and local. HIV/AIDS is a major health issue that affects all countries and has the capacity to eradicate advances in social, financial and human development.

Although less than 30 per cent of the global population lives in Commonwealth countries, those countries now contain more than 60 per cent of those living with HIV/AIDS.

Commonwealth Heads of Government, at their 1999 meeting, expressed grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa. They agreed that this constituted a global emergency and pledged personally to lead the fight against HIV/AIDS within their countries and internationally. They urged all sectors in government, international agencies and the private sector to co-operate in increased efforts to tackle the problem. (Paragraph 55, 1999 Durban Communiqué)

In February 2005 the Commonwealth Parliamentary Association organized a four day Study Group on the Role of Parliamentarians in Combating the HIV/AIDS Pandemic in New Delhi, India. This dedicated study by a small group of selected Parliamentarians from across the Commonwealth investigated the advent of HIV/AIDS and its impact on communities worldwide, not only in health terms but also on the economic, social and political levels. This report, which emerged from their debates, represents a unique Commonwealth parliamentary perspective on the HIV/AIDS pandemic.

I am grateful to the CPA India Branch for hosting this important Study Group and the commitment shown by its Members. We are particularly grateful to Hon. Oscar Fernandez, MP, the Convener of the Indian Parliamentary Forum on HIV/AIDS, who made the keynote address at beginning of the Study Group's deliberations.

The eleven Study Group Members of Parliament from Australia, Canada, the Fiji Islands, India, Jamaica, Malaysia, South Africa, Uganda and the United Kingdom are owed a debt of gratitude for their painstaking work. In particular, our thanks are extended to Hon. Dorothy Hyuha, MP, (Uganda and Chair of the HIV Committee of the Parliamentary Network on the World Bank) and Mr Nigel Evans, MP, (Unit-

ed Kingdom) who acted as Co-Chairs.

I am also grateful to Dr Arvin C. Chaudhary, a HIV/AIDS specialist from Fiji Islands who acted as Rapporteur and Technical Advisor to the Study Group.

Such is the scale and spread of the disease, the Study Group concluded that no Member of the Association whether from an established or emerging democracy, can ignore the effects of this crisis on society. I hope that this report will help towards defining ways in which Members of Parliament across the Commonwealth can gain a better understanding of the issues involved and develop strategies specifically for Parliamentarians to help them address the multiple problems created by the HIV/AIDS pandemic.

***Hon. Denis Marshall, QSO***  
***Secretary-General***

## INTRODUCTION

During the 20th century, improvements in sanitation and hygiene, reduced crowding and the development of antimicrobials and vaccines greatly reduced infectious disease morbidity and mortality in industrialized nations. Changes in human behaviour and ecology, however, including socioeconomic factors and related economic development policies, the population explosion and the demographic transition (with increasing numbers of adolescents and young adults), rural-to-urban migration, war and attendant sociocultural disruptions all have led to a pandemic increase in sexually transmitted infections and HIV/AIDS.

The impact of HIV witnessed so far is only a fraction of that yet to come, given the rapid spread of HIV over the past 24 years together with a long lag time between infection and the onset of severe HIV-related complications.

Responding to AIDS on a scale commensurate with the pandemic is a global imperative and the tools for an effective response are known. Yet it is clear that methods aimed at controlling the spread of the virus are failing to do so.

There is hope. In Uganda, a government committed to combating HIV has delivered an impressive reduction in prevalence rates and Zambia is on course to become the second African country to reverse the spread of the disease.

The new disease HIV/AIDS has mushroomed from a handful of known cases in 1981 to more than 40 million reported cases affecting almost every country in the world today. AIDS, more than other disease, is critical in setting back a country's development because it attacks its people in their most productive years. According to the United Nations Development Programme (UNDP) Human Development Report for 2004, AIDS explains why 20 countries have suffered development reversals since 1990 – exactly half of them Commonwealth countries where life expectancy has fallen to 40 years or less. (Bahamas, Belize, Botswana, Cameroon, Kenya, Lesotho, South Africa, Swaziland, Tanzania and Zambia).

Across the Commonwealth, particular attention needs to be paid to this pandemic: the population of the Commonwealth equates to just under one-third of the world's population and yet of all those living with HIV/AIDS almost two-thirds live within the Commonwealth.

Good governance has been recognized by the UNDP as a critical element in the reduction of HIV vulnerability. Right from its start, the UNDP South-East Asia HIV Development Programme has emphasized the importance of introducing dimensions of good governance into development strategies aimed at combating the HIV/AIDS pandemic.

Commonwealth Heads of Government have expressed grave concern over the devastating social and economic impact of HIV/AIDS, particularly in sub-Saharan Africa. They agreed that this constituted a global emergency, and they pledged to lead the fight against HIV/AIDS within their countries and internationally. They have urged all sectors in government, international agencies and the private sector to co-operate in increased efforts to tackle the problem, with greater priority given to research into new methods of prevention, the development of an effective vaccine and effective ways of making affordable drugs for the treatment of HIV/AIDS accessible to the affected population.

Parliamentarians have a crucial role to play in the fight against the HIV/AIDS pandemic. Being close to the people as their representatives, they are in a unique position to influence public opinion and confront the stigma attached to AIDS. By virtue of the elevated positions of Parliamentarians, they can effectively mobilize, motivate and encourage the masses in preventing and restricting the spread of the disease by creating awareness.

## **CPA OBJECTIVES**

The Commonwealth Parliamentary Association has recognized the proliferation of HIV/AIDS and its impact on communities worldwide, not only in health terms but also at the economic, social and political levels. The 46th Commonwealth Parliamentary Conference in Edinburgh, United Kingdom, in 2000 gave much attention to HIV/AIDS and proposed a CPA Study Group. Since that time, a number of activities related to HIV/AIDS have been undertaken, culminating in a four-day Study Group on “The Role of Parliamentarians in Combating the HIV/AIDS Pandemic”, which met in New Delhi, India, in January and February 2005.

The Study Group, composed of delegates from 10 member countries, was convened with the following objectives:

- To encourage Parliamentarians to develop their understanding of HIV/AIDS and its impact on society as a whole;
- To identify key factors that facilitate the spread of HIV/AIDS;
- To define the role and capacity of Members of Parliament, Legislatures and the CPA in addressing the HIV pandemic in Commonwealth nations and around the globe, and
- To develop a Commonwealth-wide plan of action on the role of Members of Parliament, Legislatures and the CPA in combating HIV/AIDS.



## OPENING THE STUDY GROUP

At the opening of the Study Group, the Deputy Speaker of the Lok Sabha, Shri Sardar Charnjit Singh Atwal, MP, remarked that AIDS is a terrible disease that has emerged as the single most formidable challenge to the public health, human rights and socio-economic development of many countries. He stressed it demands an effective and well co-ordinated response.

HIV/AIDS has a wide-ranging impact, not only medically, but also socially and economically at all levels for individuals and families, at national and international levels, and it adversely affects development efforts. It has led to the near collapse of already fragile infrastructures, eroded hard-earned economic and social progress and reduced life expectancy in many countries.

Women account for nearly half of the total HIV infection globally. Their vulnerability is increased by biological, economical, social and cultural factors.

Children, accounting for almost a quarter of the total figure, are forced to bear the trauma and hardship worldwide. They not only lose their parents or guardians but, many times, their childhood as well. Children orphaned by HIV suffer stigma and discrimination more than children orphaned by other causes.

Shri Atwal also emphasized the seriousness of the widespread abuse of human rights associated with the disease. The rights of people living with HIV/AIDS (PLWHA) are often violated because of stigma and discrimination. Refusal of treatment, denial of access to essential drugs, discrimination in health care and employment, discrimination against women who are deprived of their rights and thrown out of their homes, and denial of education to children were some of the highlighted examples of these violations.

***“The lack of respect for human rights perpetuates the spread and exacerbates its impacts, while, at the same time, this disease undermines progress in the realization of human rights.”***

**Shri Sardar Charnjit Singh Atwal, MP, India**

Parliamentarians have a role to ensure that laws, policies, programmes and practices do not exclude, stigmatize or discriminate against the PLWHA.

States should use the International Guidelines on HIV/AIDS and Human Rights published by the United Nations High Commissioner for Human Rights (UNHCHR) as a tool to create a positive response to the pandemic, effectively reducing the spread and impact of the disease.

The International Human Rights Guidelines provide policy guidance to governments, international organizations, NGOs and civil society groups on the development and implementation of effective national strategies for combating HIV/AIDS and there is a huge need for these guidelines to be widely promoted and brought to the attention of grassroots organizations.

Greater co-operation and interaction amongst Parliamentarians and Parliaments to share information and resources that would help in the surveillance and monitoring of AIDS prevention control programmes was emphasized.

***“Strong leadership is invariably needed at every level ... in the fight against the HIV/AIDS pandemic.”***

**Shri Sardar Charnjit Singh Atwal, MP, India**

As the resources of developing countries are scarce, rich and developed nations should donate liberally and provide support to the ongoing AIDS programmes.

## **THE ROLE AND RESPONSIBILITY OF PARLIAMENTARIANS**

Shri Oscar Fernandez, MP, (India) in his overview reflected on some of the issues currently surrounding India's response to the HIV crisis. India, having reached 5.1 million reported cases of HIV, stands second only to South Africa in the number of reported cases. Most of the cases have been noted in young adults and 40 per cent of the cases are women.

The major routes of transmission in India are sexual activity and intravenous drug use. The trend has slowly shifted from high-risk groups to the general population and from urban to rural settings.

Shri Fernandez reported that premarital sex is common. More than 60 per cent of university students in a survey said they have had sex. Knowledge, attitude and awareness of practices were also found to be very low, especially in terms of condom acceptance and use. As many as 90 per cent of slum dwellers have not heard of HIV/AIDS.

India, which used to rely on foreign aid to assist in the fight against the spread of the HIV, now has its own budget for that purpose under the current Prime Minister's leadership.

Shri Fernandez advised the Group that all Indian Parliamentarians are required to become members of the National HIV Forum and have separate funds to assist them address HIV in their constituencies. The major focus currently is on screen-

ing and ensuring a safe blood supply for transfusions in all health facilities and on setting up new and modern HIV testing facilities, especially for counselling and testing on a voluntary basis.

Medical facilities differ from state to state in India. States that have better facilities have a higher pick-up rate of HIV infection, and vice versa. This is due to the fact that some health facilities do not test donated blood for HIV and other infections before transfusion. Transfusion of blood without screening is illegal in India; but still there are several places where the practice continues.

Commercial sex workers are also bound by law to be screened for sexually transmitted infections and HIV, but this is not being done since commercial sex is illegal, said Shri Fernandez.

India has begun the production of generic antiretroviral drugs (ARVs) and is supplying them cheaply to other under-resourced countries. Apart from its success in the production of ARVs, India also claims to have made progress in ayurvedic medicine, a 2,000-year-old comprehensive system of medicine based on a holistic approach rooted in ancient Indian culture. (Thirty confirmed HIV cases are currently enrolled in a six-month trial.)

Parliamentarians need to take a leading role in response to the HIV/AIDS pandemic by initiating and bringing in change, thereby enabling people and communities to devise appropriate strategies to combat the disease, said Shri Fernandez.

During discussions, it emerged that Uganda's the political leadership, for instance, responded swiftly to the emerging AIDS crisis. As a result of its national efforts backed by political commitment and multisectoral support, including NGOs and faith-based organizations, Uganda has been successful in bringing its estimated prevalence rate down to six per cent in 2003 from more than 30 per cent in the early 1990s.

Parliamentarians are in a better position to sensitize decision-makers, planners and those responsible for the implementation of the programme. Elected representatives can help evolve such policies, programmes and legislation that would meet the existing and changing needs of people.

As resource mobilizers, Parliamentarians need to keep HIV high on the list of priorities and ensure that an adequate allocation of funds is available in their national budgets and that the funds are properly utilized. Unlike in India, Parliamentarians from other nations found legislation deficient in set-

ting up special funds at their discretion to be used on HIV related work

Political leadership acts as a source of inspiration to the people, helps in generating partnership in social actions and moulds public opinion and behaviour from the national level to the grassroots level.

The role of Parliamentarians begins at the grassroots level and they must ensure that their constituencies are well educated in the issues surrounding HIV/AIDS. Instead of relying on the national government, each Parliamentarian must reach out to their respective constituency.

The information needs to trickle down and has to be in a format and language that is understood by the majority. Employment of community and village leaders (as in India with the use of *Panchayats* (local councils) and *Gram Sabha* (village meetings)) would ensure that hard-to-reach areas within the constituency get regular and sustained updates on HIV/AIDS.

Apart from disseminating general information on HIV/AIDS, Parliamentarians need to address the issues of stigma and discrimination.

The HIV debate needs to be brought to Parliament to ensure that every Member of Parliament is aware of HIV/AIDS. Every Parliamentarian needs to be a member of national HIV programmes and forums.

Laws need to be in place to ensure the safe supply of blood and blood products in every health facility and that voluntary counselling and testing is standardized, easy to reach and free.

Discrimination against marginalized groups such as men who have sex with men, and commercial sex workers also need to be addressed as many countries within the Commonwealth have stringent laws against such acts. This forces marginalized groups to go underground and less likely to seek health advice or HIV screening.

## THE GLOBAL RESPONSE TO HIV/AIDS

Shri Anand Tiwari, UNAIDS (India) Advocacy Advisor, presented the global figures for HIV infection. As of December 2004, nearly 45 million individuals were living with HIV, of which almost 20 million were women. Six million new infections occurred in 2004 (about three quarters of a million were children below the age of 15 years) and 90 per cent of HIV infections were seen in low- and middle-income countries

He pointed out that one Indian gets infected with HIV every minute and an Indian woman is raped every 34 minutes. Factors fuelling the spread of HIV infection in India were noted to be gender inequalities, stigma and discrimination, lack of care and lack of basic information about HIV/AIDS. According to Shri Tiwari, every 42 minutes, a woman is sexually harassed, every 93 minutes a woman is burned to death for the lack of a sufficient dowry. Of the two million sex workers in India, 25 to 30 per cent are below the age of 18.

He emphasized UNAIDS' ongoing commitment to addressing HIV. UNAIDS supports national parliamentary forums on HIV/AIDS and has increased its financial commitment and funding of HIV-related projects in India. Two of the core functions of the United Nations Programme on HIV/AIDS involve tracking the pandemic and developing strategic information to guide AIDS responses across the world.

Globally, the AIDS response is moving into a new phase. Political commitments have grown stronger, grass-roots mobilization is becoming more dynamic, funding is increasing, treatment programmes are shifting into gear, and prevention efforts are being expanded.

***"AIDS is a problem with a solution. Greater access to effective care, prevention and treatment is vital to breaking the cycle of stigma, discrimination and human rights abuses."***

**Shri Anand Tiwari, UNAIDS**

The bleakness of the HIV pandemic was relieved by a major change globally in 1986 when governments and the international system responded to the challenge of AIDS with a speed and vigour that probably was unprecedented, recalled Shri Tiwari. Governments of many nations had failed to take AIDS seriously in the past. Today, governmental and international commitment is widespread.

The World Health Organization (WHO) held its first meeting to address HIV/AIDS at its Geneva headquarters in 1983. In 1987 it became apparent that if HIV/AIDS were to be stopped, a global effort was required.

Shri Tiwari said National AIDS committees and forums are the heart of a rapidly-developing global AIDS surveillance and control network. Many parts of the world have virtually non-existent health care systems – no functional framework of trained health workers and educators, operational clinics, laboratories and hospitals that is accessible to the entire population at an affordable cost.

National AIDS programmes have to be funded and, in many under-resourced countries where annual per-capita health spending is far less than expectations, AIDS prevention can only take place if sustained funding is provided, he said.

It becomes imperative that finance – how much is needed, where to get it and how best to employ it – also needs a great deal of attention and planning.

Though Shri Tiwari said national AIDS forums are meant to take the lead on AIDS campaigns in their respective countries, people usually complain that not enough is being done beyond some blood screening and putting up a few posters.

In reality, he said national AIDS bodies are faced with the staggering task of responding to a public crisis that requires efforts on the same scale as any other major disaster such as famine, flood or war. Unlike these, however, the threat posed by AIDS is spreading exponentially so the national AIDS committees of every country must act on two fronts simultaneously – responding vigorously to address the crisis now, while ensuring an institutional framework that will sustain prevention activities for decades to come.

Decentralizing from the Ministry of Health, national AIDS forums are now – as they must be – opening doors to include people from other ministries, faith-based organizations, NGOs and interested individuals.

Like the WHO's Global Programme on AIDS, Shri Tiwari said a Commonwealth network must also be set up to provide an international forum for the exchange of scientific information and the facilitation of the development and improvement of diagnostic reagents, antiviral agents and vaccines. It would also help under-resourced nations to set up their national forums, and provide financial and human resources both in health and education fields.

## **THE IMPACT OF HIV/AIDS ON WOMEN AND CHILDREN**

Women all over the world are at major risk of contracting HIV because of the biological make-up of their reproductive system and of existing social stigmas and pressures. Most children who are below the age of 15 years and are HIV-positive got the virus through their mothers either during pregnancy, child birth or through breast feeding.

The sexual exploitation of children and unfounded myths, mostly in Africa, that having sex with virgins cures a man of HIV continue to bring about higher HIV transmission rates in teenagers.

Ms Vandhana Mahajan, of the United Nations Development Fund for Women (UNIFEM), revealed how even the management of mother-to-child transmission of HIV to some extent is seen as discriminatory against women as it only targets the infant. ARVs are only given to the woman for the sake of the child and once the baby is born the treatment is stopped, which theoretically increases the chance of viral resistance to treatment in women.

The major issue for women in South Africa is gender violence and lack of respect, she said. Negotiating safe sex is not easy for women. Abortion is legalized in South Africa and now many women are using it as a form of contraception as well.

***“In Uganda, when a man dies of HIV, most of the time, his wife is blamed for his illness, is subjected to violence and often is kicked out of the house.”***

***Hon. Dorothy Hyuha, MP, Uganda***

In almost every under-resourced nation, culture plays an important role in every individual's life, and more so for women. In many places, it actually becomes the barrier to HIV prevention and slows the process of dissemination of HIV-related awareness.

More and more children are becoming orphaned by AIDS and many are infected with HIV themselves. Many children lose the ownership of their fathers' property once an uncle or a male relative inherits the wife and material possessions from the deceased father. Many countries do not have any form of social security service to cater for AIDS orphans, who are left often at the mercy of relatives who not only take advantage of the minor, but also subject them to stigma and discrimination.

***“The father died of AIDS. His 15- and 16-year-old daughters were evicted after the man's brother inherited his wife and property.”***

***Mr Aaron Steyn, MP, South Africa***

In India, 10 per cent of Parliamentarians are women. There are women representatives at the grassroots level. The Committee on Gender Issues in India is currently headed by the Prime Minister. In the Fiji Islands, six out of 71 seats in the House of Representatives are held by females. The Ministry of Women in Fiji carries out its work with the help of NGOs and faith-based organizations; it also addresses the issue of HIV in women.



Women in Jamaica have a dominant role both in home and in society: 70 per cent of university graduates are women and they hold better positions in many work places. Up to 1.5 per cent of the population has HIV, 70 per cent of the transmission was through heterosexual sex and seven per cent through homosexual. While homosexuality is illegal in Jamaica, homosexuals are given due recognition by women's organizations and hence their issues are handled by them. An increase in HIV-awareness programmes has seen condom use doubling in most parts of Jamaica. Mandatory HIV testing is in place for all antenatal clinic mothers and in some places of employment. ARVs from India are available through global funds for the PLWHA in Jamaica.

Malaysia being a predominantly Islamic state, discussion of sexual topics is often considered taboo. NGOs play a key role in the fight against HIV. It is estimated 75.6 per cent of HIV transmission in Malaysia is through intravenous drug use. Though there is no definite seat allocation for women in the Parliament, in each of the country's 219 constituencies the government appoints one female leader. HIV programmes are set by the government and each programme is given its own funding allocation. There is a Smart Start programme for would-be married couples to educate them on safe sex behaviour. Compulsory screening is done in prisons, drugs rehabilitation centres and antenatal clinics, while some Malaysian states are now conducting pre-marital screenings.

Uganda has successfully reversed the incidence of HIV and has noted affirmative action in constitutions where women activism is ensured. Uganda has reduced the mother-to-child transmission rate of HIV by 50 per cent through effective antenatal clinic screening and ARV programmes. The women who attend antenatal clinics and their husbands get tested for HIV in Uganda. In Uganda, 75 out of 305 Parliamentarians are women and there is a special Ministry for Gender Issues. Poverty levels are relatively high and only very few can afford ARVs. Literacy rates are low (44 per cent) and hence dissemination of information programmes is challenging in most parts of Uganda. The country has free universal primary schooling and 46 per cent of the students are females, though reports show increased school drop-out rates due to marriage at an early age.

On other hand, Sri Lanka enjoys 96-per-cent literacy and HIV awareness is relatively high. The first case of HIV in Sri Lanka was noted in 1986 and, as of December 2004, only 614 cases were reported in Sri Lanka. The immigrant population remains a problem as 25,000 people move in and out of the country every month in search of greener pastures and the government fears that these people could raise the number of HIV cases rapidly. The Ministry of Health-mediated National AIDS Control Committee oversees awareness in schools, the media and the community.



Parliamentarians from developed countries like Australia, Canada and the United Kingdom report high numbers of HIV cases within the homosexual and bisexual communities. In Ontario, for a majority of the 6,000 known HIV cases the transmission route was found to be through unsafe homosexual practices. Canada has legalized gay unions, which has increased understanding and acceptance of homosexuality in the country.

Forty-one per cent of Queensland's Parliamentarians are female, the third highest level in the world. Many women in Australia are career-minded and delay marriage and children. There are almost 30,000 HIV-positive people in Australia and the majority are within the homosexual, bisexual and Aboriginal communities.

***"An MP in the U.K. set a precedent after declaring himself as HIV-positive after having it for 17 years."***  
**Mr Nigel Evans, MP, U.K.**

## **INTERNATIONAL OBLIGATIONS AND HUMAN RIGHTS IN ADDRESSING HIV/AIDS**

Apart from the direct medical effects of AIDS, most HIV-positive people suffer immensely due to denial, discrimination, lack of proper health care, inability to vocalize, lack of access to justice, harassment and threats to life and marginalization and abandonment. The abuse of the basic human rights of people living with HIV/AIDS has shortened the ailing lives of these individuals.

The Millennium Declaration, adopted by more than 190 member countries of the United Nations at the Millennium Session in 2000, included among its goals in Article 19 to have halted and begun to reverse the spread of HIV/AIDS by 2015 and to provide special assistance to children orphaned by AIDS. The indicators or progress toward these goals would be a significant decrease in HIV prevalence amongst pregnant women in the age group of 15 to 24 years, an increase in the prevalence of contraception and a decrease in the number of children orphaned by HIV/AIDS.

The Declaration of Commitment on HIV/AIDS adopted at the 26th Special Session of the United Nations General Assembly in 2001 specifically set targets for prevention of the spread of HIV:

- Establish national targets in line with Millennium Development Goal set to be achieved by 2003,

- Establish and implement prevention and care programmes in private, public and informal work sectors by 2005,
- Implement universal precautions in health care settings to prevent transmission of HIV infection by 2003,
- Ensure that young men and women between 15 and 24 years old have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV/AIDS by 90 per cent by 2005 and by 95 per cent by 2010, and to reduce the proportion of infected infants by 20 per cent by 2005 and by 50 per cent by 2010,
- Give 80 per cent of pregnant women receiving antenatal health care access to prevention related information, education and services,
- Give infected women access to effective treatment to reduce the mother-to-child transmission risk,
- Ensure that a wide range of prevention programmes are in place in all countries, particularly the most affected, by 2005,
- Take account of local circumstances, ethics and cultural values,
- Provide information, education and communication in languages most understood by communities and respectful of cultures and
- Make available essential supplies like condoms, sterile injecting equipment and safe blood.

## THE ECONOMIC IMPACT OF HIV/AIDS

The indirect cost of AIDS in under-resourced countries cannot yet be forecast accurately, but the impact of the pandemic on social and economic development may be critical. The AIDS pandemic is not just an economic burden. It mainly affects, in terms of social and economic development, the most vital segment of the population: adults between 20 and 49 years old. In under-resourced nations the loss of these young adults can be disproportionately damaging.

***“AIDS kills young adults. AIDS reduces incentive and the means to invest in children’s education. AIDS reduces parents’ transmission of knowledge to their children and so forth.”***

***Mr Shantayanan Devarajan, World Bank***

The loss in human capital will reduce the children’s ability to invest in their children’s education and so on, creating a vicious cycle.

Using an overlapping generation model, Mr Shantayanan Devarajan of the World Bank explained via a videoconference link how an increase in probability of premature adult mortality lowers a family’s human capital. He explained how HIV reduces the labour force. In South Africa, the labour force is expected to decline

by 12.8 per cent by 2010. HIV also causes productivity losses (through absenteeism, retraining workers and death benefits). This is estimated to add up to 15 per cent to companies' wage bills. Large companies are able to adapt, reducing productivity losses; but smaller ones will face the full brunt of the pandemic.

Though South Africa's initial response to the AIDS pandemic was slow, with its current programmes on HIV prevention, provision of ARVs for PLWHA and vouchers for the orphans of AIDS, it will increase its gross domestic product.

## **A MULTISECTORAL APPROACH TO THE PANDEMIC**

A pandemic as complex and destructive as HIV/AIDS requires innovative responses beyond standard public health measures. A sustained multisectoral approach is one such method that creates a mechanism for information sharing and co-ordination, supporting the inclusion of all stakeholders in society, regardless of their organizational affiliations. It can contain the infection and combat its adverse consequences on families, communities and nations worldwide.

The HIV/AIDS pandemic, since its first case in 1981, has moved from high-risk groups to the general population, from the urban to rural areas and from high prevalence states to all states. Hence it can be said that HIV is no longer confined within medical limits. To address a disease as complex as HIV/AIDS, a multisectoral approach needs to be employed. Dr S.Y. Qurashi, of the National AIDS Control Organization (NACO) of India, explained how this had shown success in the past.

He emphasized that before embarking on any approach, the government of any country needs to consider several points, including: acknowledging the gravity of the problem and enlisting all help that can be obtained, attacking stigma and discrimination, mainstreaming the dialogue on AIDS and raising the profile and positioning of national AIDS programmes. Dr Qurashi said that the entire nation has to adapt to safe practices and has to be made fully aware of HIV/AIDS and its impact. Above all, availability and continuity of adequate service delivery to the entire population has to be assured by service providers at an affordable price.

***"India needs to move away from the state of denial into acceptance and to a national emergency."***

**Dr S.Y. Qurashi, NACO**

Using India as an example, Dr Qurashi said the HIV programme needed to evolve from a single disease programme to a multisectoral programme. This programme should then be taken up in a national mission mode. To achieve the best results, low prevalence states should be reclassified as highly vulnerable states for more focus.

In the subsequent discussion, the Group envisioned a multisectoral approach through restructuring of the processes involved in the fight against HIV/AIDS currently being undertaken by every country affected by the disease.

The government response needs to be upgraded to the highest level, preferably headed by the Prime Minister with all relevant Ministers and representations from other stakeholders including NGOs, people living with HIV/AIDS and civil society in national AIDS councils and bodies.

Ministries such as those for Education, Rural Development, Home, Defence, Information and Broadcasting, Social Justice and Empowerment, Women and Child Development, and Youth and Sports and must mainstream and synergize HIV/AIDS work into their programmes. Each ministry should produce its own action plan and fund it fully.

National AIDS councils should be structured to suit the country's profile and should be strengthened and allocated certain powers to carry out their duties effectively.

Another important arm of the multisectoral approach would be to scale up care and support for people living with HIV/AIDS and to help address stigma and discrimination.

Safe sexual practices must be promoted vigorously, including the ABC of sex (Abstinence, Be faithful and Condom use). The acceptance, promotion of their use and availability of effective and affordable condoms must be ensured at all levels of the community.

A national partnership on AIDS should be created as the biggest advocacy event involving all stakeholders to create common ownership. Where there are state AIDS control societies, district and sub-district structures must be created, strengthened and streamlined, both for prevention and for care and support.

A communications consortium must also be set up for professional advertising, and market research agencies must be hired to aid in the work of national AIDS bodies. The media have always been a major tool in imparting AIDS knowledge to the public. The initial phase of any media blitz would be to sensitize media personnel and educate them on the subject of HIV/AIDS.

## THE NEED FOR POLITICAL AND PARLIAMENTARY LEADERSHIP

Parliamentarians are leaders in society and have both the mandate and public trust to act in the interest of the entire community. They command the influence and resources needed to secure progress in combating HIV/AIDS and Parliamentarians bear a special responsibility to set the examples that spur others into action.

Hon. Dorothy Hyuha, MP, (Uganda) in an extensive overview of the situation in Uganda, related the country's immense success in bringing down the HIV infection prevalence rate from 30 per cent in 1998 to the current 6.2 per cent. Uganda, with a population of about 23 million, has 1.1 million reported HIV-positive individuals and 2.1 million orphans from AIDS, while 90,000 new infections are picked up every year.

Uganda proved beyond any reasonable doubt that a government committed to fighting HIV/AIDS can be effective as Uganda became the first African nation to deliver an impressive reduction in HIV prevalence rates. The government of Uganda realized in 1992 the gravity of the situation of HIV and its impact, and took responsibility into its own hands. Armed with three specific approaches, a deep commitment and the support of its development partners, the government of Uganda set an example for the rest to follow.

According to Mrs Hyuha, the government called a meeting involving all stakeholders involved in HIV work in 1992 and identified the need for national co-ordination and for a clear national HIV policy, guidelines and legal framework. It formed the Uganda AIDS Commission (UAC), which has representation not only from government but also from stakeholders largely consisting of faith-based organizations, the private sector and NGOs.

The UAC specifically carries out advocacy, produces documentation, assists in resource mobilization and produces strategic planning with stakeholders. It does more co-ordination than implementation. Its initial task was to raise HIV awareness levels, which it did by a well co-ordinated intensive education campaign countrywide using pop songs, billboards and drama groups. The UAC strongly advocated condom use and voluntary counselling and training (VCT) and set precedents in support services for PLWHA and HIV research.

The second approach employed by the government of Uganda was "Open Approach". Despite warnings from neighbouring countries to hush up HIV

issues, the government of Uganda reached out to the grass roots and told people the truth and in so doing broke all taboos, with the President at the head of the entire operation. The President notably used every single opportunity to speak on HIV/AIDS and openly reached out to help PLWHA to reduce the stigma and discrimination.

***“Every individual has to know about HIV, openly, regardless of consequences....[The President] would find time and a reason to throw light on HIV in any forum, regardless of the theme.”***  
**Hon. Dorothy Hyuha, MP, Uganda**

Last but not least, the government of Uganda utilized a “decentralization of implementation approach” where responsibilities were delegated from the central governing bodies to individuals within civil society, local government and the public. This included funds as well as all the intervention programmes. Through decentralization, it achieved maximum capacity.

The office of the UAC used to be housed under the Ministry of Health, which frequently ran into problems. But since the initiation of the government’s aggressive response, the office now sits within the President’s office where all events, procedures, programmes and funding are closely watched.

Within Parliament, two specific committees were created, the Standing Committee on HIV/AIDS and the Committee on Social Services. They helped enhance MPs’ capacity to effectively discharge advocacy, monitoring, supervisory and legislative functions. They also work hand-in-hand with the UAC. The committees strengthened the advocacy role of MPs by developing a communication tool kit for all the Members so all necessary information would be available without delay when they addressed any issue related to HIV/AIDS, said Mrs Hyuha.

Annually, these committees mobilize MPs and experts in the field of HIV/AIDS to conferences and workshops both within Uganda and internationally to help in capacity-building. They also invite local leaders, NGOs and members of the community to discuss pressing issues, identify gaps and make recommendations with specific task allocations with workable timeframes. They also help in the organization and co-ordination of other (usually African-oriented) conferences and workshops.

The Ugandan noted that Members of these two committees frequently visit rural settings to assess discrepancies between urban and rural services and make strong recommendations to standardize the level of care and service. Members also openly interact with PLWHA to ward off any stigma and discrimination within the general population.



The Committee on Social Services monitors and supervises the Ministries of Education and Sports, Health, and Gender, Labour and Social Development. It mobilizes resources within the 56 districts in Uganda. It also monitors legislation and examines and makes recommendations on policy on HIV. The National HIV Policy in Uganda is still in its early stages and only some ministries are currently using it. One example is that of the Ministry of Education where the Presidential Initiative on AIDS Strategy for Communication to Youth has been adapted into guidelines within primary schools and now almost all schools have established HIV Clubs.

Another role of the committee is to critically analyze the budget allocation for specific ministries, especially the funds set aside for HIV-specific work, to ensure equitable resource allocation on HIV. It also supports the government in acquiring foreign aid for HIV activities.

Most MPs are encouraged to provide some funding from their budgets and when an MP is a chief guest or gives a public address in any forum, he or she is expected to donate funds to the convening body, said Mrs Hyuha.

Since religion hindered the work of the previous interventions, especially those oriented towards condom use as one of the safe-sex options, the UAC invited faith-based organizations into the decision-making and allocated responsibilities to them. They underwent intensive brainstorming where the reality of HIV was shown to them.

***“The Churches, especially the Catholic,...no longer preach against using condoms as a way to prevent the spread of HIV. Now everyone speaks the same language: ABC.”***  
**Hon. Dorothy Hyuha, MP, Uganda**

HIV/AIDS has left behind 2.1 million orphans in Uganda and most of these children are stigmatized and stripped of their right to their deceased parents' properties. The Orphans and Vulnerable Children's Policy is one of the most powerful children's statutes enacted to protect children when their parents die. MPs are encouraged to play a major role in directing funds to orphans. A specific family and children's court, presided over by a magistrate, has been gazetted.

The age of consent for sex in Uganda is 18 years, however scores of children below the age of 18 are seen as victims of rape and indecent assault. Calls by many to lower the age of consent to 16 years has been severely rejected by female MPs.

Finally, the most important responsibility of these committees is the commitment towards health policy. Both committees fully support the Ministry of Health, especially in VCT. Since their inception, the committees have helped the Ministry of Health successfully set up more than 200 VCT centers around Uganda, making the testing easy and affordable. Apart from the obvious implications for HIV testing, these VCT sites also encourage routine HIV testing on people whose blood is drawn for any other blood test.

The second major policy within the Health Ministry is the prevention of the mother-to-child transmission of HIV. All pregnant mothers undergo HIV screening during their antenatal clinic visits – Uganda uses such screenings as the national indicator of the incidence of HIV in the general population.

ARVs are provided free of charge to pregnant women. Though ARVs are expensive, the government through subsidizing is able to provide them to many at an affordable price. ARVs are provided free of charge to the poor, and those who can afford to buy them do so at a much lower cost. Although 1.1 million people are infected with HIV, only 35,000 are currently on ARVs.

Lastly, these parliamentary committees support and are committed to research and surveillance of HIV. Uganda is currently participating in a vaccine trial and research on efficacy of traditional and herbal medicine in management of HIV.

Through the hard work of stakeholders, the strong commitment of the government and a multisectoral, open approach, Mrs Hyuha said the people of Uganda were educated about AIDS issues. Various activities have increased HIV awareness and changed social practices. Many teenagers in Uganda are now deciding to delay the onset of their first sexual activity and, where initiated, they are most likely to make it safe. Many PLWHA now have confidence in the government, medical staff and services and are willing to come out about their HIV status without fear of stigma or discrimination. Provision of VCT centers and enhancing STI treatment has curbed sexual health problems remarkably. Through media involvement and sensitization, the involvement of faith-based organizations and the integration of HIV education in the school curriculum, Uganda has made HIV/AIDS every individual's business.

Though the success story of Uganda looks too good to be true, Mrs Hyuha argued there is no doubt that through a multisectoral approach and utilizing knowledge and skills, HIV can be effectively controlled. Now the challenge for the government of Uganda is to find ways to maintain and sustain this successful trend. With complacency all that has been achieved can be wasted. The following challenges still need to be addressed by the Ugandan government:



- The need to maintain the current trend. This could be made possible through widespread support from within and from international agencies.
- Uganda lacks comprehensive HIV policies since the existing ones are only in draft form.
- Since the cure for HIV is still far from sight, apart from prevention of transmission through safe sex, Uganda needs to work on the prospect of HIV vaccine.
- Continued provision of ARVs remains one of the major challenges for the government as their cost is still very high. With more than a million people currently living with HIV, if ARVs are not made readily available then deaths due to AIDS would rise, leaving behind more orphans.
- The brain drain is another issue that has haunted Uganda for some time. With a fragile health workforce and many challenges in terms of finances, services, facilities and care, the morale amongst staff is low and scores of trained personnel are leaving Uganda for greener pastures.
- The increasing number of AIDS orphans is also one of the major issues currently facing the government of Uganda. With a limited budget, even the existing policy is not able to reach out to many needy children.
- Despite the fact the Uganda has brought down the prevalence rate dramatically, the problems of stigma and discrimination and gross violations of human rights are still rife at all levels of Ugandan society; and
- The laws on employment and domestic violence have many loopholes that need closing.

The second half of the last session for the study group was led by Mr Nigel Evans, MP, (United Kingdom) who gave an overview of the U.K. approach to HIV and how Parliamentarians contribute in the fight against the pandemic.

Unlike their Indian counterparts, British MPs do not have a special budget allocated for them to address the HIV situation in their own constituencies.

Mr Evans said the U.K. had a much wider response in terms of its contribution towards international programmes where funding for HIV work in under-resourced countries is expected to be around 0.7 per cent of U.K. GDP by the year 2008-9.

Within the U.K., Parliamentarians have set a precedent that Parliamentarians from other nations would hopefully learn from and make use of. HIV has been discussed over and over in Parliament and continues to be given priority amongst other important issues. MPs have several ways to question or voice their concerns on HIV/AIDS.

HIV has been discussed many times during Prime Minister's questions and

questions to the Foreign Secretary and the International Development Secretary. Private meetings between Parliamentarians have been convened to discuss government strategies on HIV.

The U.K. Parliament held an adjournment debate on the subject in the Commons Chamber and a full debate in the House's less formal Chamber, Westminster Hall, which allows MPs to ask questions on any topic and the relevant government Minister is invited to answer.

Parliamentarians have used the media to raise their concerns on HIV-related matters, said Mr Evans.

Apart from interaction within Parliament, links with NGOs and faith-based organizations in the U.K. also are given top priority. Church groups have also networked with the government. A post card campaign was one of the examples given, whereby churches would send post cards highlighting important issues to Members. The MPs would then analyze the cards and pass them on to the appropriate Minister to respond. The sender of the note would be replied to individually to acknowledge their card.

The All-Party Group on HIV has 150 Members who meet on a regular basis and decide on strategies to hold the government accountable on its HIV policy through early day motions, government question time and letters to the Minister concerned. The All-Party Group does not have the power to summon a Minister to answer its questions; but Ministers have always come voluntarily to discuss solutions and suggestions. The Group does not receive any funds from the government. It is self-funding through sponsorship from pharmaceutical companies and the Sir Elton John Trust. The sponsors at times attend meetings of these groups as observers, but they do not have any direct say in activities.

The All-Party Africa Group, with 170 Members, set up its own committee that did field work and prepared a report and recommendations on AIDS in Africa. This comprehensive report was discussed widely and then was sent to the Department for International Development, which quickly responded to the recommendations.

Parliamentarians use early day motions as an important tool to bring in important issues into the House of Commons. In the past, Mr Evans noted, 21 such motions on HIV/AIDS were signed into the order book, including:

- The House recognizes that HIV is a high obstacle in the eradication of poverty in under-resourced countries.
- Fifty-eight million people are currently living with HIV globally.
- A total of 2.9 million died of AIDS in Sub-Saharan Africa alone in 2004.

- Five million new HIV infections occurred in 2004 around the world.
- Twelve million children lost one or both parents to HIV/AIDS globally.
- Parliament fully supports the Millennium Development Goal to begin the reversal of the spread of HIV.
- Millennium Development Goals must be central to any poverty reduction strategy.
- HIV must be made one of the top cross-cutting priorities in 2005.

The U.K. Parliament has had 46 debates on HIV/AIDS since 1995 and 1,120 questions specific to HIV have been asked. Though there is no U.K. Minister with special responsibility for HIV, the Department for International Development takes a leading role in matters of U.K. foreign involvement on HIV and the Health Secretary takes the lead in domestic matters related to HIV.

The Prime Minister had set up a Commission for Africa to look at matters related to the economy, natural resources, good governance, human development, peace and security and culture and participation in Africa. Its recommendations were to be presented to the G8 meeting later in the year. Though HIV was not specifically mentioned, it was expected that it would be given much attention indirectly when addressing the Millennium Development Goals.

Speaking on the role of Parliamentarians in the fight against HIV/AIDS, Mr Evans provided the Study Group with several examples set by Parliamentarians and public figures in the past that helped raise awareness about HIV/AIDS. Former Secretary of state Mr Chris Smith was applauded for revealing in public that he had been living with HIV for 17 years. His brave gesture, which he said was inspired by Nelson Mandela, was made to encourage many people who had not yet been diagnosed to come forward to have an HIV test without fear of stigma and discrimination.

Paying tribute to the late Princess of Wales, Mr Evans said that at the time when the public was fearful of people living with HIV/AIDS, she had touched a full-blown AIDS patient to show the disease cannot be transmitted through daily contact. Her son, Prince Harry, had recently spent eight weeks working in a Children's Home for the Orphans of AIDS in Lesotho and made a film which was shown on television. It was reported that due to the exposure, much-needed funds were raised to tackle HIV in Lesotho.

The British Prime Minister has taken a leadership role in the fight against HIV by increasing foreign aid to fight HIV in under-resourced nations to £1.5 billion over the next three years. He had raised the profile of HIV and poverty, called for stronger political direction and increased funds for bet-

ter international co-ordination to tackle HIV by giving priority to vulnerable groups such as women, children and orphans. The Prime Minister had used the United Kingdom's presidency of the European Union and hosting the G8 summit to attract international attention and funding for under-resourced nations trying to address HIV/AIDS.

The United Kingdom has liaised with international agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and the WHO to tackle country-specific issues such as the prevention of the brain drain. Many medical staff in under-resourced countries had been seen to be suffering from low morale, so the U.K. is working through these international agencies to raise the morale amongst the health workers so as to keep them in their respective countries.

Mr Evans also paid tribute to other leaders who have led by example in the fight against HIV/AIDS, such as South Africa's Nelson Mandela who publicly acknowledged his son's HIV status and the Prime Minister of Lesotho who publicly went for an HIV test.

Apart from fulfilling its international obligations, the U.K. has strengthened its legislation to reduce stigma and discrimination against PLWHA. It has a comprehensive National Health Service programme on HIV and has a specific budget for the provision of ARVs.

The age of consent has been lowered to 16 years for both heterosexual and homosexual sex. Homosexuality is legal in the U.K. and any form of discrimination based on sexual orientation is dealt with severely.

In terms of a multisectoral approach, the U.K. government has working groups that include the Departments of Health, Education, International Development, and Work and Pensions, and which work together on issues related to HIV/AIDS.

In the past, following a lack of reaction to the emergence of AIDS, the U.K. responded with an unprecedented awareness campaign. Mr Evans said that discussing the use of condoms, which was one of the most "hushed" topics then, suddenly became an everyday affair on the media. This increased the awareness of safe sex practices, which resulted in the incidence of HIV becoming static and then in decline until recently. Now with the advent of ARVs, such campaigns have been neglected and, due to this complacency, knowledge has decreased and attitudes towards safe sex have changed again.

***"Twenty per cent of people in the United Kingdom think that HIV is curable."***

**Mr Nigel Evans, MP, United Kingdom**

## CONCLUSIONS AND ADOPTION OF RECOMMENDATIONS

Across the Commonwealth, particular attention needs to be paid to the HIV/AIDS pandemic: the population of the Commonwealth equates to just under one-third of the global population and yet of all those living with HIV/AIDS almost two-thirds live within the Commonwealth.

After a week of deliberations with experts and discussions amongst the Parliamentarians who composed the Study Group, some of the key points that came out were:

- Education on HIV/AIDS for the general public, target groups, educators and decision-makers;
- Impact of HIV on women and children, including the international exploitation of women;
- Provision of safe blood and blood products for transfusion;
- Availability of easy-to-reach centres for reproductive health and voluntary counselling and testing (VCT);
- Screening of antenatal mothers and prevention of mother-to-child transmission of HIV;
- Extent of the impact on marginalized groups and the specific responses to address this;
- Discrimination against people living with HIV/Aids (PLWHA) and those who are affected by someone with HIV/AIDS;
- Legal rights of PLWHA and also those of the general community against the malicious spreading of the disease;
- Availability of and continued access to affordable antiretroviral drugs (ARVs) in resource-poor countries;
- Specific roles of Parliamentarians in addressing the issue of HIV in their constituencies and with other MPs to reduce stigmatization and discrimination;
- Demonstrating a leadership role in their specific countries to effectively address the HIV/AIDS pandemic, and
- Adopting a multisectoral approach and including key figures in the community in national and regional HIV/AIDS bodies.

Issues related to marginalized groups, especially commercial sex workers and men who have sex with other men (MSM), stimulated much debate. Some participating countries denied their existence or thought them immoral and illegal, thus precluding health promotion work with them.

Poverty, education, discrimination, stigmatization and issues related to women and their exploitation received major attention.

After a healthy debate over the proposed action plans that were picked during pre-presentations and discussions over the four-day Study Group, and those specifically forwarded by the participants, the following list of recommendations was agreed upon unanimously.

## **WHAT SHOULD PARLIAMENTARIANS DO?**

- (1) Ensure that they are informed about HIV/AIDS, act as advocates for those infected and affected and demonstrate an openness of approach in dealing with HIV/AIDS.
- (2) Vocalize to reduce stigmatization, social taboos and discrimination by helping to make HIV/AIDS a visible issue and addressing the myths and facts of HIV/AIDS.
- (3) Address poverty issues that are intrinsically linked with HIV/AIDS.
- (4) Visibly demonstrate their political will and commitment to ending HIV/AIDS.
- (5) Encourage Parliamentarians and others to join national HIV/AIDS bodies and provide support.
- (6) Involve faith-based organizations, non-governmental organizations and community-based organizations in addressing the issue of HIV/AIDS.
- (7) Involve people in decision-making, especially vulnerable and marginalized groups.
- (8) Encourage the use of peer counsellors to facilitate access to information.
- (9) Effectively utilize parliamentary processes to provide for increased accountability.
- (10) Establish all-party groups or caucuses on HIV/AIDS.
- (11) Sign up to a creed of best practice for combating HIV/AIDS and countering stigmatization and discrimination; and
- (12) Support the Commonwealth Youth Programme's Positive Living Ambassadors Initiative.

## WHAT SHOULD LEGISLATURES DO?

- (1) Promote HIV/AIDS education for:
  - Parliamentarians,
  - Constituents and communities, and especially young people and those most vulnerable and
  - School children, especially by ensuring that HIV education is included in the national curriculum.
- (2) Establish a select/standing committee on HIV/AIDS and receive a report from the committee on at least an annual basis.
- (3) Ensure that governments implement a multisectoral approach to combat the negative effect on the sustainability of economic and social development.
- (4) Act as resource mobilizers.
- (5) Address gender issues including:
  - Gender-based violence,
  - Empowerment of women,
  - Human trafficking and exploitation and
  - The role of men and boys.
- (6) Monitor and evaluate the government's role in capacity building, especially:
  - Improving the public health service and, particularly, the primary health-care sector,
  - Providing safe blood transfusion, voluntary counselling and testing, life-long antiretroviral therapies and the management of opportunistic infections and
  - Investing in human capital and encouraging the retention of trained professionals, especially in healthcare.
- (7) Ensure adequate social security, social services and education for AIDS orphans and people living with AIDS.
- (8) Ensure that a legal framework is in place to protect human rights, especially those infected and affected by HIV, and that international conventions are both ratified and complied with.
- (9) Encourage the integration of HIV-related services into existing infrastructures.
- (10) Encourage research work on HIV/AIDS and especially its human capi-



tal, social and economic impacts.

(11) Work with international agencies, including the World Bank, to ensure greater transparency and effectiveness of operation.

(12) Legislate for rights-based and gender-sensitive non-discrimination and equality policies and review existing legislation, particularly with regard to AIDS orphans, employment, family property rights, gender-based violence, sexuality and HIV in the workplace.

(13) Put in place audit and oversight mechanisms to ensure that governments spend efficiently all the money they commit.

(14) Audit and debate the government's support for the Millennium Development Goals.

(15) Encourage parliamentary committees to liaise effectively with local government, charities, non-governmental organizations, community-based organizations, faith groups and other bodies.

(16) Ensure that care for both parents is provided as part of the response to mother-to-child transmission.

(17) Ensure that the rights of HIV-positive people undergoing clinical trials are protected.

(18) Legislate against the malicious transmission of HIV.

(19) Promote the provision of medicines that are either free at the point of delivery or affordable; and

(20) Encourage the establishment of formal training programmes in infectious diseases, especially HIV medicine, particularly for those working in public healthcare.

## **WHAT SHOULD THE CPA DO?**

(1) Establish a Working Group, from Members of this Study Group, to address the progress of Parliamentarians in the fight against HIV/AIDS and to report in 12 months and, in particular:

- To look at action taken by Parliaments and governments on the above recommendations,
- To update the report of the Study Group and



- To elicit responses from governments.
- (2) Devote a workshop at the 51st Commonwealth Parliamentary Conference in Fiji Islands in 2005 to “The Role of Parliamentarians in Combating the HIV/AIDS Pandemic”.
  - (3) Request that Branches send the Members of this Study Group as part of their delegations to the Commonwealth Parliamentary Conference in Fiji to ensure continuity of action.
  - (4) Request CPA representation at the International HIV Conference in Canada in 2006.
  - (5) Exchange resources amongst Members of Parliament and parliamentary staff interested in HIV/AIDS to improve skills and knowledge.
  - (6) Make HIV/AIDS a visible issue.
  - (7) Survey Branches on what is being done to combat HIV/AIDS within Commonwealth Parliaments.
  - (8) Provide examples of draft questions and motions on HIV/AIDS.
  - (9) Facilitate the creation of a creed of best practice for combating HIV/AIDS and countering stigmatization and discrimination.
  - (10) Ensure that the specific challenges and needs of small and vulnerable states are addressed.
  - (11) Work with existing and potential partners, such as the World Bank, to build the capacity of the Association to support the work of Parliamentarians in combating HIV/AIDS and fighting the associated stigmatization and discrimination; and
  - (12) Develop a programme of work that draws connections between HIV/AIDS and the Association’s support for poverty-reduction projects.

## LIST OF ABBREVIATIONS

ARV	Anti-Retro Virals
ART	Anti-Retroviral Therapy
AIDS	Acquired Immune Deficiency Syndrome
ANC	AnteNatal Clinic
CHRI	Commonwealth Human Rights Initiative
CPA	Commonwealth Parliamentary Association
EDM	Early Day Motions
HIV	Human Immuno-deficiency Virus
MDG	Millennium Development Goals
MLA	Member of the Legislative Assembly
MP(s)	Member(s) of Parliament
MSM	Men having Sex with Men
IEC	Information, Education and Communications
MTCT	Mother-To-Child Transmission
PMTCT	Prevention of MTCT
NACO	National AIDS Control Organization (India)
NHS	National Health Service (UK)
NGO's	Non-Government Organizations
PLWHA	People Living With HIV/AIDS
STI	Sexually Transmitted Infection
GDP	Gross Domestic Product
UNAIDS	A Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women
UAC	Uganda AIDS Commission
UK	United Kingdom
VCT	Voluntary Counselling and Testing (for HIV)
WHO	World Health Organization

## **PROGRAMME**

### **1 February 2005**

10:30 Welcome Address by Shri G. C. Malhotra, Secretary General, Lok Sabha and Secretary, CPA India Region

Address by Shri Oscar Fernandez, MP, Minister of State in the Ministry of Statistics and Programme Implementation, India

Inaugural Address by Shri Charnjit Singh Atwal, MP, Deputy Speaker, Lok Sabha

Vote of Thanks by Mr Niall Johnston, Director of Development and Planning, Commonwealth Parliamentary Association Secretariat

11:30-13:00 SESSION 1

The Role and Responsibility of Parliamentarians by Shri Oscar Fernandes, MP

14:30-17:30 SESSION 2

The Global Response to HIV/AIDS by Shri Anand Tiwari (Advocacy Advisor and Officer-in-Charge, UNAIDS)

### **2 February 2005**

09:30-13:00 SESSION 3

The Impact of HIV/AIDS on Women and Children by Ms Vandana Mahajan, UNIFEM

14:30-17:30 SESSION 4

International Obligations and Human Rights in Addressing HIV/AIDS

### **3 February 2005**

08:00-09:30 SESSION 5

The Economic Impact of HIV/AIDS by Mr Shantayanan Devarajan (Chief Economist, South Asia Region, World Bank, via Video Conference with Washington D. C.)

10:15-15:30 SESSION 6

A Multisectoral Approach to the Pandemic by Dr S. Y. Qurashi (Project Director, National AIDS Control Organization - NACO)

### **4 February 2005**

09:30-13:00 SESSION 7

The Need for Political and Parliamentary Leadership by Hon. Dorothy Hyuha, MP, Uganda, and Parliamentary Network on the World Bank (PNoWB) and Mr Nigel Evans, MP, (United Kingdom)

14:30-17:30 SESSION 8

Conclusions and Adoption of Recommendations by Mr Niall Johnston, (Director of Development and Planning, Commonwealth Parliamentary Association Secretariat)

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