

‘Supporting the Commonwealth on AIDS’

A meeting convened by Commonwealth Action Group on AIDS, the Commonwealth Foundation, The HIV/AIDS Alliance, Commonwealth Secretariat

Marlborough House, London

1 October 2009

Opening : ‘*How the Commonwealth family can address HIV/AIDS*’

by

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1. Dear members of the diplomatic community, dear dignitaries, colleagues, and, yes dear old friends: it is a particular honour for me to be able to welcome you to Marlborough House today.
2. This meeting brings together three organisations, and one network that will focus today on three issues on the global AIDS agenda. The Commonwealth Secretariat, the Commonwealth Foundation, the HIV/AIDS Alliance and the Commonwealth Action Group on AIDS. This partnership around a common goal capitalises on our different strengths and networks – governmental, civil society, HIV/AIDS, polite diplomacy, fierce advocacy, and of course, gentle persuasion. We have asked you here today, and I suspect you have come, because you are familiar with or see the potential for this novel, new and, I would add, in this room with the definite presence of George III, who *‘lost’* the

American colonies, I would add a word he feared, “revolutionary”: this is a new, revolutionary partnership of three institutions and a potentially dynamic network of organisations, that seeks to change how AIDS policy is discussed in the Commonwealth family. My colleague and friend Anton Kerr, from the Commonwealth Action Group on AIDS, will speak more to this issues in a moment. .

3. It is a rare occasion when I can look out and see so many friends with whom I have worked with over the years, and many ‘partners in crime’ whose work I have followed and admired. We are honoured to have both Zackie Achmat and Stephen Lewis with us today. I am humbled, grateful and, yes, somewhat scared.
4. But my terror is not the type you would expect. It is a most welcoming terror. It takes root in the knowledge that what we shall accomplish here over the next 2 days will be intellectually honest, brutally so at times; and, by force of argument, dissent with orthodoxy, and the weight of experience we will identify new options for moving forward an agenda on AIDS that harnesses the collective gravitas of the Commonwealth family. As in all families, there will be disputes among siblings but what this Commonwealth family must and does allow is the ability to air these discussions and map out new ways of operating. New ways of being in the world. New ways of thinking of old problems.
5. When I was asked to make these opening remarks, I revisited a doubt that I keep always at hand.. It is a simple question, but a pivotal one, one that must be core to our work here today:

How equipped is the Commonwealth family to address HIV/AIDS?

6. My first recollection of the Commonwealth comes from my youth. I recall the Commonwealth Eminent Persons Group that went to South Africa¹ in 1986, one of the Caribbean's most eminent and respected leaders, Dame Nita Barrow, was on that panel, and so its work was widely covered in the Caribbean. I listened with rapt attention to the radio, and read the newspaper stories, but I did so with an ignorance that belied the limits of my experience. The indignities and inhumanities of that discrimination were beyond the imagination of a young boy, on a small island, sheltered from the world.
7. For me, the potential of the Commonwealth to effect change is aptly captured in the work of that Group. There was dissent within the Commonwealth family on the agenda that was being pursued, there were no easy solutions, there was a clamour for action and a cry for caution, within and outside the Commonwealth. And, there was the clear and unbending determination of the then Secretary-General, Shridath Ramphal, that racial discrimination was not a Commonwealth value. That it would not be allowed. That it must end. And that the Commonwealth would not bend on this principle. The consistent, vigilant and vociferous appeals of the Commonwealth did play a role in ending the oppressive, inhumane system of apartheid.

¹ The Commonwealth Group of Eminent Persons was comprised of Malcolm Fraser (Australia); General Obasanjo (Nigeria), Lord Barber of Wentbridge (UK), Dame Nita Barrow (Barbados), John Malecela (Tanzania), Sardar Swaran Singh (India), and Rev. Edward Scott (Canada). It visited South Africa in early 1986. *Missions to South Africa: The Commonwealth Report*, Penguin, London, 1986

8. That history lends support for our discussions here today. There is no place in the modern Commonwealth for the systematic persecution and oppression of any group, be this on the basis of race, gender, sexuality, religion, sexual behaviour, disability or age. We cannot and do not pick which discrimination we find abhorrent. And, we stand firmly against discrimination and the stigmatisation of any group. Those principles are fundamental and core to the Commonwealth family.
9. Few of us have heard of the Holgate Report². It was commissioned in 1989. It was the first major inter-governmental report on climate change and sea level rise. It had the audacity to state that:

we now face changes of 1.0 to 2.0 degrees Celsius in a time period of 40 years....and changes in climate will change the frequency of extreme climatic events such as tropical storms, floods droughts or extremes of heat"

10. Pure heresy in the 1980s, but now accepted as truth. The Commonwealth family does not require the consent of the majority to speak about an Inconvenient Truth. It allows dissent to be aired, to challenge the collective complacency of orthodoxy. Much of the success of the AIDS struggle is rooted in dissent and the need to pry open space for heterodox ideas.
11. We can and should celebrate the extensive convocatory power of the Commonwealth; its ability to function outside the traditional political/economic regional blocs; its willingness to challenge accepted

² *Climate Change: Meeting the Challenge*, Report by a Group of Commonwealth Experts, Commonwealth Secretariat, London, 1989

ideas and to influence the world beyond its membership, how it amplifies the voice of its smaller members in larger global arenas, offering them the opportunity to participate, to exercise their sovereignty. The Commonwealth functions. It has power. It can influence. It speaks for 40% of the developing world and 60% of all the persons living with HIV/AIDS.

What are the new structural challenges facing AIDS programmes?

12. But, let us not get lost in celebration. Two stark realities must be considered. First, the global rate of transmission remains at 2.7 million new infections a year. Second, the global financial downturn presents a formidable challenge to the efforts to scale-up programmes. Ironically, this confluence of epidemiological and economic factors presents an opportunity. As the cry for more efficiency has risen, so too has the need to reconsider our paradigms and question our existing policies and approaches.
13. As the limitations of bio-medical and individual-level behavioural strategies are exposed, there has been a greater willingness to acknowledge the extent to which previous orthodoxies underestimated the extent to which structural barriers to HIV/AIDS restricted and reduced the capacity of individuals and communities to enjoy their most basic human rights³.

³ *AIDS: lessons learnt and myths dispelled*, Piot, P., Kazatchkine, M., Dybul, M., Lob-Levyt, J., The Lancet, Volume 374, Issue 9685, Pages 260 - 263, 18 July 2009

14. The three issues that we will discuss today – stigma and discrimination, increasing equitable access to life saving medicines, and how to finance development – are difficult, long standing concerns that require structural interventions. It is easy to support these issues in the abstract, to give lip service to discussions on equity, dignity, respect and understanding. However, as the history of HIV/AIDS has shown, structural inequalities have created, sustained and restricted access to the most basic freedoms and skewed the allocation of resources away from our most vulnerable and ostracised populations towards ‘safer’ interventions, often of limited effectiveness. The question that we must ask ourselves is this: How do we protect the basic human rights of all our citizens?
15. But, we must face the Inconvenient Truths if we are to change the course of this epidemic. First, in many Commonwealth countries people living with HIV/AIDS experience ostracism, violence, eviction, loss of employment, and face restrictions on their ability to travel. The majority of sexual minorities, sex workers, and people living with AIDS who live this experience are Commonwealth citizens. Second, in forty one of the fifty three Commonwealth countries, criminal laws, inherited from the UK but long repealed there, that discriminate against people on the basis of their sexual orientation remain in place^{4,5,6}. Third, the seemingly innocuous seed planted in 2004 in small workshop held in Chad, that promoted the

⁴ *This Alien Legacy. The Origins of ‘Sodomy Laws and British Colonialism’*, Human Rights Watch, Washington, DC. 2008.

⁵ *Homosexual Law Reform, An Ongoing Blind Spot of the Commonwealth of Nations*, M.D. Kirby, address delivered at the 16th. Commonwealth Law Conference, Hong Kong, 8 April, 2009.

⁶ *Sexuality, Human Rights and Criminalisation of Consensual Same-Sex Acts in the Commonwealth*, Baudh, S., (ed.)The South and South-East Asia Resource Centre on Sexuality, Bangalore, May, 2008

African Model Law for AIDS has led to a proliferation of legislation and attempts to criminalise the transmission of HIV and or AIDS. These laws are ineffective, poorly drafted, and discriminatory: they are more likely to be enforced against vulnerable populations, and against women, who are more likely to know their status than men, because of the frequency of testing at ante-natal clinics. Fourth, over 7 million people living with AIDS who need treatment, go without it, only 42% % of those in need were on treatment in 2008⁷. And, nearly 80% of the 4 million people on treatment live in Africa: and 80% of the drugs they use are imported⁸. The price of treatment, in particular second line drugs, remains too high for low and middle-income countries. Fifth, funding for AIDS has not always been used effectively or to support evidence-informed approaches. Sixth, money is now scarce and more fiercely fought over.

What are we tasked to do over the next two days?

16. Simply put, we have two daunting tasks. To think and to strategise. The practical contributions we will make will differ according to our circumstances, but as a collective we bring together a wide network of individual and institutional contacts, different approaches to effecting policy change, three different institutional contexts, and different personal experiences of living with and being affected by AIDS. How we employ those and to what end is the challenge of this meeting.

⁷ *Towards Universal Access: Scaling up priority interventions in the Health Sector, Progress Report 2009*, WHO, UNICEF, UNAIDS, Geneva, 2009

⁸ *Towards a new continental vision of health and development*, address by Michel Sidibe, 59th. Session of the WHO regional Committee for Africa, Kigali, 31 August, 2009

17. First, today we are required to re consider the parameters of possibility.

Three issues, seemingly discrete but very inter-connected are before us. Stigma and Discrimination. Increasing access to essential medicines. New options for financing health and development. This meeting provides space for new ideas and critical reflection on the approaches that have been tried, it offers an opportunity to learn from experiences across the Commonwealth. We need to emerge today with a rational, constructive and scientifically-based view of what is needed to address these three challenges.

18. Tomorrow, we must strategise. We will look closely at the wide array of Commonwealth institutions, their modus operandi, their strengths. And their limitations: I do not wish us to base our strategies on enticing fantasies. The strength of the Commonwealth is its vast institutional architecture. No other body convenes on a regular basis, the array of Ministerial, sub ministerial, and civil society structures we do. How, and with what instruments, and arguments we work with that structure to strengthen the AIDS response of Commonwealth countries is our challenge.

19. In less than 2 months, the highest forum of the Commonwealth, the Meeting of Heads of Government, will convene in Port-of-Spain, Trinidad. HIV/AIDS and the financial crisis are likely to feature on their agenda. We need to strategise on how to bring these critical economic and social issues to the attention of the Commonwealth family. We need you to help us dispel the climate of fear and stigma and discrimination that surrounds

discussion on AIDS. As has been throughout the history of this epidemic:
we need each other. Thank you very much.