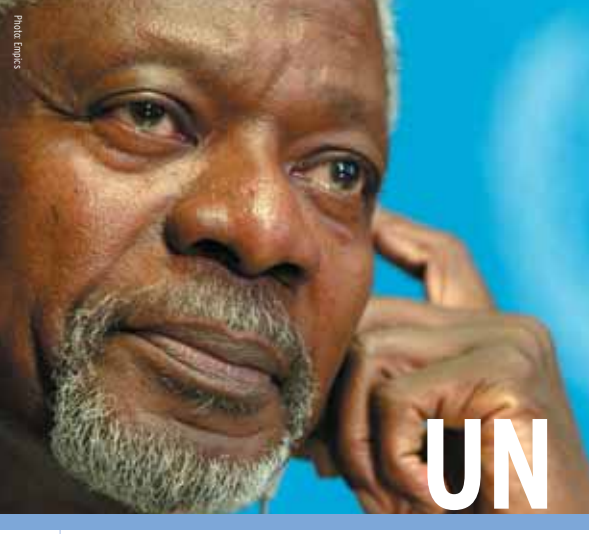
Steve Fouch reports from the recent meeting on HIV/AIDS



UN misses AIDS targets

At the start of June, delegations from across the globe, including over 100 from faith-based groups, descended on New York for a high level meeting at the UN General Assembly (UNGASS). It was five years since the UN's first declaration on HIV and AIDS in 2001. That declaration had been criticised in many ways, but it was a first – the global community had never come together at that level before to consider how it could respond one of greatest threats to health and development in modern times.

The aim this year was to strengthen the declaration and look at how much had been achieved (or not), and at what further actions and commitments the world community needed to make to turn the tide of the global HIV pandemic.

In many ways, the picture looked grim. Most of the 2001 targets have not been met – many by a very long way. For instance, globally only 20 percent of young women, and 33 percent of young men, can correctly identify ways of preventing HIV transmission. The 2001 target was for 90 percent to be able to do this by 2006. Even more scandalously, only nine percent of HIV-positive pregnant women receive antiretroviral (ARV) treatment to prevent their baby contracting HIV; the UNGASS 2001 target was for 80 percent to be in treatment by 2005.

While some progress has been made on treatment, only 20 percent of people who need it have access to it. Support services reach less than ten per cent of orphans and children made vulnerable by HIV. The list goes on.[1]

On the plus side, over 20 nations have achieved their targets, with some even exceeding them. More than half of those needing ARV therapy in Uganda now receive it – the target was for *at least* 50 percent on ARVs by 2006. Other nations are hitting the targets for treatment, prevention of mother to child transmission, care for orphans, and reducing the rate of new infection. But over a hundred countries are not only failing to reach their targets, they are failing significantly.[2]

The final declaration in 2006 was a step forward on 2001 – stronger statements on women's rights, on access to affordable medicines for the world's poor, and a recognition of the role of sexual abstinence and fidelity programmes within a wider prevention strategy. But there were no concrete commitments to funding treatment or prevention, and no commitment to universal access to ARVs. To date, only about 1.5-2 million of the 9-10 million poor people in need of ARV therapy have access to it.

The declaration did not acknowledge that groups such as homosexual men, commercial sex workers and intravenous dugs users are particularly vulnerable to HIV and need specific strategies aimed at their needs.

Furthermore, although acknowledged for the first time, much of language about protecting the rights of girls and women is far weaker than was hoped, allowing some countries to ignore the needs of the group most vulnerable to HIV infection. The reasons for this weakening were manifold – many African and Muslim governments opposed any language on the rights of women and girls and on recognising specific groups that are vulnerable to HIV have specific needs. The US had sought to oppose the WTO Doha agreements allowing poor nations to produce generic copies of patented ARVs – thankfully they were in a minority. Some of the Civil Society groups represented wanted references to abstinence and fidelity programmes removed – thankfully they too failed, as did their attempt to water down a commitment to evidence based approaches to HIV prevention. Others wanted the right to abortion included, again unsuccessfully.

Many governments oppose any language on the rights of women

However, for all the failings of this declaration (and the fact that it is only a declaration means it is likely that many countries will ignore most of it), the inclusion of a significant number of faith-based groups at this meeting has opened up a doorway. We may be responsible for as much as 60 percent of all the care in some of the worst affected nations (possibly more in some), and so we have a unique position as Christians to hold our governments to account.

And the UK government, for all its funding of AIDS overseas second only to the USA in quantity, is failing at home. A junior health minister, visiting the UK Permanent mission to the UN for the high level meeting, admitted to me that the UK government did not see this as anything other than a development issue. The Department of Health's official position is that we are doing enough at home already. This is despite the fact that there is no specific HIV prevention strategy in the UK, that it is bundled in with a failing sexual health strategy, and that the rate of new HIV infections is increasing at an alarming rate – especially (and alarmingly) within the heterosexual population.[3]

CMF will continue to watch and challenge our government and, through networks such as the Christian HIV and AIDS Alliance[4], seek to hold the global community to account and encourage the global church in the response to this pandemic. If the HIV and AIDS pandemic does not come under control, it will be for want of diligence and effort.

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references

1. *Empty promises: Funding HIV Prevention, Treatment and Care.* Christian Aid Report, May 2006
2. *Declaration of Commitment on HIV/AIDS: five years later.* Report of UN Secretary General, 24 March 2005
3. *UNGASS 2006: Has The UK Government Kept The Promise?* UK AIDS & Human Rights Project, March 2006
4. *www.chaa.info*