

## **REPORT**

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## **Uniting the world against AIDS**

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### **Introduction**

Batanaï HIV/AIDS Support Group was accredited to attend the United Nations General Assembly , High level meeting on HIV and AIDS in New York( 10-11 June 2008). The meeting set out to review the progress and reaffirm commitment to decisive action on AIDS and towards realising the 2001 Declaration of commitment on HIV/AIDS and 2006 Political Declaration on HIV/AIDS.

The meeting was attended by civil society, few heads of states, UN agencies, global fund, non-governmental organisations, government representatives from nations around the globe etc. Each country delivered a report on the progress made so far in implementing HIV and AIDS programmes. There were also a number of side events and panel discussions that were taking place during the course of the meeting. Some of the topics covered include; launch of "Securing Our future", the report of the commission on HIV/AIDS and Governance in Africa (CHGA)-panel discussion on Keeping the promise: Regional lessons in the progress towards universal Access, Universal access to affordable HIV/AIDS Diagnostics and Treatment: In search of sustainable solutions, Supporting countries in strengthening national AIDS strategies etc. The first HIV-TB Global leader's forum was launched by the UN secretary General Ban Ki Moon and former President of America, Bill Clinton.

The informal civil society hearing, with the theme of Action for Universal Access 2010: Myths and realities took place on the 10<sup>th</sup> of June. Intervention from civil societies where on the following themes: sex workers and HIV, Rights of sexual minorities, people who use drugs, women and girls, children and HIV, young people living with HIV, access to treatment , HIV- related travel restrictions , mobility and migration, workplace responses and civil society involvement and AIDS accountability.

I am going to highlight some of the issues I come across during the meeting.

### **Civil society Hearing**

The civil society speakers brought frontline experience to the session; they addressed the challenging issues underlying the spread of HIV/AIDS such as gender issues, criminalisation of HIV and stressed the importance of accountability and involvement as we near the targets set to fulfil the Declaration of commitment and universal access.

It was important to note that civil society voice was given space during the High level meeting, however most of the time for making contributions was given to government delegations. There is therefore need to lobby with our government delegation on some of the issues we need to be presented at such meetings.

### **Regional lessons in the progress towards universal Access**

- Coordination should be a key factor in tackling HIV and AIDS.
- Criminalisation of HIV/AIDS was noted as one of the major deterrent in achieving universal access to treatment and care. Most of the people are going underground thus making it difficult to access them.

A participant pointed out that, in Ghana sex workers are regarded as the main drivers of HIV and AIDS. Some people still have got the perception that HIV is the disease for the poor. Rich people and other well to do people are not seen as such. HIV is affecting all the groups, therefore there is need to include it in our programming in order to achieve universal access.

- The ABC strategy has proven to be unrealistic on its own. There is need to include the issues of gender for it to be more effective.
- Provision of ARVs will not be complete with out food
- Scientifically proven information should be used.
- More involvement of people living with HIV and AIDS

### **Global leaders Forum HIVTB**

Jorge Sampaio, UN Secretary General Special Envoy to Stop TB said, "TB is in the top 10 list of the leading cause of death for

people living with HIV in Africa however there is no much investment in HIV/TB". TB though treatable reappeared as a global health problem due to HIV/AIDS. Winston Zulu an HIV/AIDS activists from Zambia argued that, the world should not allow people to die of TB when they are HIV positive, because TB is curable.

Former President of USA Bill Clinton encouraged Non governmental organisations to follow a one programme approach to HIV and TB programming. TB programmes should be integrated in HIV and AIDS programmes. Rwanda presented a best practice in HIV TB treatment whereby they are using the community centre approach. It was also revealed that women are the largest group which is dieing of TB and HIV. Donors and Non governmental organisations were argued to deliberately put more resources that target women in HIV TB programmes. Dr Peter Piot, UNAIDS Executive Director noted that people should make sure that there is value addition when integrating HIV TB programmes. He applauded the teaming up of HIV and TB movements. He also pointed out that over the years funding of malaria and TB programmes has increased due to the increase in HIV/AIDS. The emergency of untreatable TB had threatened the progress in treating TB, however it is pleasing to note that researches done in South Africa have managed to come up with drugs for XDR and MDR. The drug will be launched in South Africa in July.

### **Africa Civil Society Coalition on HIV and AIDS**

Participants from Africa civil society at High level meeting called for a meeting in order to come up with three urgent things to be pushed forward during the meeting. We indicated that the rising number of new infections in Africa shows that efforts are inadequate; women and girls continue to face gender based violence and bear the brunt of the HIV/AIDS epidemic and resources to sustain HIV/AIDS interventions are still insufficient.

### **HIV Prevention Advocacy Message**

Urgent need for countries to "know their epidemic" to intensify HIV Prevention and commit resources to systematically collect data on populations at greater risk ( Older people, young people, women, people engaged in sex work, incarcerated populations, people with disabilities, sexual minorities, injecting drug users, mobile and migrant populations)

## **Women and Girls**

Increase financing for and implement programmes addressing gender based violence, sexual and reproductive health care and the availability female controlled HIV prevention options as well as initiate interventions that address poverty which is fuelling the feminisation of AIDS.

## **Financing / Resources**

All funding and resources allocated to HIV/AIDS in Africa must be proportionate to the scale/ magnitude of the problem.

## **Key issues/messages gathered from different meeting venues during high level meeting.**

- Mark Heywood from South Africa pointed out that it is sad to note that people are dying of preventable diseases. He noted that rich people live with HIV while poor people die of HIV. He called governments to stop suppression of HIV leaders or activists.
- Most of the speakers lamented that stigma and discrimination continue to be a major deterrent to prevention and treatment of HIV and AIDS. They called for the removal of all forms of discrimination of people living with HIV/AIDS.
- Civil Society demanded that drug companies should not put profit first before human life.
- Young people are not being meaningfully involved in HIV/AIDS programmes, yet evidence show that youths are at the centre of the pandemic.
- 17% of the children who are born with HIV and AIDS die before reaching 2 years. More need to be done in order to avert this scenario.

## **Lessons learnt**

- The meeting helped me to have a clear picture about the current issues in HIV and AIDS programming. For example the integration of HIV and TB when carrying out our programmes and targeting women and girls, who are at most risk. I will incorporate these issues at Batanai

- I managed to network with HIV and AIDS activist, government's official, and people from the official government delegation. This helped to market what we are doing at Batanai.
- There is need to align what we are doing at Batanai with agreed national, regional and international set frameworks and signed declaration such as Millennium Development goals etc. This will help us know where we are feeding into, to follow agreed frameworks and set our realistic targets.
- I managed also to make contributions basing on my grass roots experience, since most of the time decision are made without there voices.

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