

**TOWARDS UNIVERSAL ACCESS: STRENGTHENING THE
MULTI-SECTORAL COALITION**

ACTING RESPONSIBLY IN THE PREVENTION OF HIV/AIDS

Presented by:

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Before commencing this address I wish to extend my heartfelt gratitude to the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) for inviting me to address its Ninth Annual General Meeting in these very exotic surroundings, on a subject of which, I confess, my knowledge had hitherto been quite limited. I pondered after recklessly accepting the invitation about what I should say, and it occurred to me that in dealing with a scourge which has caught and embraced the whole world in its tentacles, prevention should be foremost in the minds of all involved. This is certainly within the theme of your meeting: “Towards Universal Access: Strengthening the Multi-Sectoral Coalition.” I have added a sub-theme “Acting Responsibly in the Prevention of HIV/AIDS.”

Four decades ago this topic would have had no relevance to our Caribbean society, and would not have been considered appropriate for discussion having regard to the taboos concerning topics of such a personal nature. Fast forward to the present, and observe the changes that our societies have undergone. One cannot now have too much information on this scourge of HIV/AIDS which is plaguing our people, particularly young men and women,

and to a large extent children who contract the disease while still in their mother's womb.

I note that the Caribbean Regional Strategic Framework (CRSF) 2008 – 2012 is a call to the nations of the Caribbean “to accelerate their individual efforts against HIV,” and “take a more country-centred approach recognising that success in individual country programmes is essential for overall regional success in achieving universal access to HIV prevention, treatment, care and support.” Six priority areas have been identified, and my attention was drawn to the first which I regard as being the top priority of the priorities. It involves creating “an enabling environment that fosters universal access to HIV prevention, treatment, care and support services.” This enabling environment embraces reducing the stigma and discrimination associated with HIV/AIDS, and encountered by victims on a regular basis from close relatives, friends and the public at large. The one single attitudinal problem which inhibits victims from seeking medical attention in the early onset of HIV is prejudice, and fear of ostracism. This is intimately connected with our culture and traditional socialisation. Before amplifying on this aspect of the prioritised areas of concern reflection on international efforts directed at prevention and combating this deadly disease is appropriate.

In 2001, Caribbean states were among those at the General Assembly of the United Nations which adopted the Declaration of Commitment on HIV/AIDS. Having noted, inter alia, their deep concern that the global emergency and one of the most formidable challenges to human life and dignity as well as to the effective enjoyment of human rights, and that by the end of 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 percent in developing countries, declared their commitment to action to

address the HIV/AIDS crisis having regard to the diverse situations in different regions of the world. I note with particular interest that recommended action included strong leadership at all levels of society, specifically by governments.

Earlier that same year the Regional Heads of Government adopted their own Regional Declaration of Commitment and issued “a solemn call to bring together the resources of all partner governments, regional institutions, civil society including those living with HIV/AIDS, the private sector and international partners to create supportive environments for the prevention of HIV infection and for mitigating the impact of the disease.” I am informed that this led to the launching of PANCAP. It mirrored directly the U.N. Declaration which had urged universal regional support for initiatives on HIV/AIDS and specifically made reference to PANCAP in our Region.

At the national level, a time line of 2003 mandated ensuring, inter alia, “the development and implementation of multi-sectoral national strategies and financing plans” which address the epidemic in forthright terms, confronting stigma, addressing gender and age-based dimensions, and eliminating discrimination and marginalisation, goals which I consider of immense importance in creating an enabling environment.

The Declaration of Commitment of 2001 was reaffirmed in 2006 at the United Nations General Assembly Special Session on AIDS, (UNGASS) the main focus being to review progress achieved in realising the targets set out in the Declaration of 2001. The result of this Meeting was another multi-faceted Political Declaration which acknowledged that many of the targets had not yet been met, and what I find to be of particular interest, that they remained deeply concerned by the overall expansion and feminisation of the pandemic,

that women represented half of all people living with HIV, and recognised that gender irregularities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS. Further, grave concern was expressed that “half of all new HIV infections are among children and young people under the age of 25, and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people.” Hand in hand with this was a further grave concern that 2.3 million children are living with the dreaded disease and the lack of paediatric drugs in many countries was hindering efforts to protect the health of children. I have learnt that at that Special Session the Caribbean delegation led by Prime Minister Denzil Douglas of St. Kitts and Nevis committed the Region to the achievement of universal access to HIV and AIDS-related prevention, treatment and support services by 2010.

In further reference to international conventions and declarations pertaining to the HIV/AIDS pandemic it is apposite at this juncture to consider two United Nations Conventions pertaining to women and children and their relevance to the AIDS pandemic. Although these groups of persons are by no means singularly affected, together they form a significant group of victims who are continually at risk. **Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women** mandates states parties to take all appropriate measures to eliminate discrimination against women in the field of health care, and in this regard at the 20th Session in 1999, the Committee on the Elimination of Discrimination Against Women (CEDAW) established to monitor compliance with the Convention, formulated and accepted a comprehensive General Recommendation No. 24 which recognised that the issues of HIV/AIDS and other sexually transmitted diseases are central to the rights of women and adolescent girls to sexual health, and as a

consequence of unequal power they are often unable to refuse sex or insist on safe and responsible sex practices. Women in prostitution are also particularly vulnerable to the risk of contracting HIV/AIDS and other sexually transmitted diseases. States parties were urged to ensure the right to sexual health information, education and services for all women and girls and particularly the rights of both female and male adolescents to sexual reproductive health education by properly trained personnel in specially designed programmes that respect rights to privacy and confidentiality.

This General Recommendation was the latest and most comprehensive of earlier Recommendations on HIV/AIDS emanating from CEDAW, and complemented, and was no doubt motivated, by the Strategic Objectives and Actions adopted as part of the Platform for Action accepted at the United Nations Fourth World Conference on Women held in Beijing, China, in 1995. One of these objectives in relation to women's health was "to undertake gender-sensitive initiatives that address HIV/AIDS and other sexually transmitted diseases." Several issues were identified as action to be undertaken by Governments among them being ensuring the involvement of women, especially those infected with HIV/AIDS in all decision-making relating to the pandemic, and reviewing and amending laws and practices that may contribute to women's susceptibility to HIV infection; also encouraging all sectors of society as well as international organisations to develop non-discriminatory HIV/AIDS-related policies and practices.

Children are victims of HIV/AIDS for several reasons – contracting it from birth and from sexual interaction with carriers as well as those growing up as orphans having been deprived of both parents. The **Convention on the Rights of the Child (Article 24)** recognises the right of children to "the

enjoyment of the highest attainable standard of health,” and urges states parties to ensure the provision of necessary medical assistance and health care. There is no specific reference in the relevant Article to HIV/AIDS, but in 2003 the Committee on the Rights of the Child issued a multi-faceted and wide ranging General Comment on HIV/AIDS and the rights of the child with objectives that sought to promote and strengthen the human rights of children in the context of HIV/AIDS which impacts heavily on their lives affecting as it does all of their human rights, for example, the right to non-discrimination, and the right to life, survival and development. The Comment discussed the most frequent cause of HIV/AIDS among infants and young children – mother to child transmission occurring during pregnancy, delivery or through breast-feeding. It recommended as preventive measures the provision by states parties of anti-retroviral drugs, appropriate antenatal, delivery and post-partum care, as well as voluntary counselling and testing services. Children as victims of sexual and economic exploitation attracted comment with emphasis on girls and boys who are deprived of the means of survival and development through being orphaned by AIDS. In the quest for survival they encounter sexual exploitation through prostitution and trafficking with girls being the primary victims. This state of affairs applies not only to those who are orphaned, but also to those caught in violent and abusive situations which increases the risk of their infection of HIV/AIDS through rape or sexual molestation. All of this emphasises the dire and immediate need for universal access to HIV prevention.

In tracking progress made in achieving the Millennium Development Goals the current position of Caribbean states based on the national Government reports of a few in relation to combating HIV/AIDS

indicates that it is possible for the goals to be achieved if some changes are made. This has to be considered when viewed along with the Underlying Principles of the Regional Strategic Framework (2008-2012) that there can be no overall regional success without successful national programmes; a more country-centred approach must be adopted in measuring regional success.

Returning to creating an environment conducive to prevention and awareness of the pandemic in our Caribbean region, one has to consider our customs, traditions and lifestyles. In the main we have historically inherited through colonisation conservative values with regard to sexual conduct and relations between men and women. As mentioned at the commencement of this address any discussion on an issue pertaining to sexual behaviour would have been taboo and off limits years ago. This to a large extent informed our negative reaction to any HIV positive person. Our instinctive reaction was one of scorn and shame; in fact this attitude was not confined to our society, but was a universal one. However, whereas the developed world adapted much more quickly with tolerance for HIV/AIDS victims, progress in this direction took much more time in our part of the world. We were and maybe still are not as tolerant in our approach nor forgiving in our reactions to what we consider inappropriate sexual behaviour and immorality which invariably may be one of the causes of contraction of the disease. We regard victims of HIV/AIDS as being sexually deviant preferring an unacceptable lifestyle. This is intimately intertwined with strong religious convictions which are not easily shaken. The result of these strong views and opinions has been ostracism and stigmatisation of HIV/AIDS victims with close relatives denying them care and comfort; in fact in some instances denying any familial relationship.

Much work needs to be undertaken to effect attitudinal change to victims, particularly young victims, and thereby removing prohibitions against them seeking medical treatment. I was alarmed to learn from perusing PANCAP's Caribbean Regional Strategic Framework 2008-2012 issued in September 2008 that the Caribbean has the second highest HIV prevalence rate in the world after sub-Saharan Africa. Statistics indicate that there is a higher rate of infection among men, but the proportion of women infected is increasing, and the incidence of HIV infection among women aged 15-24 years is 3 to 6 times that of men.

This sends a stark message to all of us in the Region that we are losing our future adults to indiscriminate sexual activity and this downward slide has to be arrested. The CRSF made the point with which I am in whole-hearted agreement that "risky sexual behaviour such as transactional sex, commercial sex, multiple and concurrent sexual partnering, casual sex, cross-generational relationships, and inconsistent condom use all contribute to the HIV epidemic." Sexual experimentation is the norm among our teenagers today adopting the lifestyles of those in the developed world via the media through songs, music, shows and television programmes. Impressionable minds yield to the temptation to experiment totally oblivious or ignorant of the consequences. The world has shrunk becoming one large village through advanced technology moving at a frenetic pace; what occurs in distant geographical regions is transmitted instantaneously to another region. It is in this environment that our children are being nurtured mainly in positive ways, but also with negative consequences.

As mentioned earlier in 2006 the leaders of the Region at UNGASS made certain commitments to be achieved by 2010, among these being

increased knowledge of HIV transmission between youths as the most “at risk” population, and reducing the age of sexual initiation among pre-teenagers by increasing the use of condoms among adolescents and young adults. If this can be achieved by 2010 we will have crossed a significant barrier in creating an enabling environment towards universal access to HIV prevention. This remains one of the most challenging of the priority areas identified by CRSF – challenging because it involves re-educating a whole generation to act responsibly having regard to their natural physical and emotional impulses. Unpalatable as it may be to conservative and religious members of our Caribbean societies condom use should be encouraged among young adults as a safeguard against contracting HIV. This is not to denigrate the traditional teachings of responsible sexual behaviour and abstinence which should continue to be the first option, but in the realities of life there are always those who fall prey to the temptations of others; they have to be protected from their weaknesses and be encouraged to act responsibly.

This leads to consideration of another factor influencing the spread of HIV/AIDS. In our societies peer pressure and some societal norms expect young boys to display their sexual prowess and prove their manliness at an early age which results in their exerting pressure on their young female counterparts to indulge in sexual activity sometimes utilising force to prove their sexual competence. There is also the wanton use of habit-forming drugs and alcohol consumption at an early age with no regard to the deleterious effect such substances may have on their mental capacity to act responsibly.

In the midst of all the social issues contributing to teenage infection is the plight of women in our Region caught in the HIV net by forced sexual intercourse (rape) or unwitting consensual liaisons with male carriers.

Add to the mix the ever-increasing horror of violence which many women face on a daily basis, sometimes inflicted for denial of sexual favours. Poverty is also a major contributing factor in the contraction of HIV infection by young and adult women in dire economic circumstances who resort to prostitution or form alliances with seemingly prosperous men in their communities. In most of our Caribbean countries high unemployment and the low purchasing power of wages, if any, force a significant number of women with children to seek financial assistance from multiple male partners sometimes resulting in HIV/AIDS being transmitted to offspring, and exemplifying increased feminisation of the epidemic.

The economies of the Caribbean being in very large measure dependent on the tourist industry the transmission of the virus may also be attributable to carriers from overseas enjoying our sand and sea with wanton abandon. In all of this one must not forget that young boys are also at grave risk from homosexual activity encouraged not only by tourists but also from within their own communities. These are the realities with which we have to grapple in creating an enabling environment.

Other express commitments by leaders of the Region in 2006 to be achieved by 2010 related to the increase in the number of women receiving a full course of antiretroviral therapy in an effort to reduce mother-to-child transmission as well as the increase in persons with advanced HIV infection also receiving antiretroviral therapy. Fulfilling all of these commitments may seem unattainable. There may be success in some areas and failure in others. Some countries may report overall progress while others may report only moderate success. It must be remembered that “the core premise of the new CRSF is that an effective response to the HIV epidemic primarily depends on

the commitments, capacity and leadership of the Region's national authorities." A more country-centred approach is the objective of the CRSF for 2008-2012 since overall success in achieving universal access to HIV prevention rests in the hands of every nation of the Caribbean.

In tackling this monumental task the burden does not lie, or cannot lie solely on the shoulders of governments. Civil society and non-governmental organisations are obligated and owe a responsibility to the respective nations to prevent continuing spread of the epidemic. All sectors of society must be involved; all will be consumed if no action is taken. This was recognised in CRSF of 2002-2006 when listed among the lessons learned was that the commitment of political and civic leaders at regional and national levels is necessary for the successful implementation of programmes in order to achieve universal access to HIV prevention. In fact, the need to mainstream all sectors including civil society was recognised by Dr. Denzil Douglas, Prime Minister of St. Kitts and Nevis in the foreword to the 2008-2012 Framework.

At the UNGASS Against AIDS in 2006 one of the major objectives outlined in the General Assembly's resolution was the maximum active participation of civil society, the business community and the private sector, and in fact an unprecedented number of civil society organisations was granted special accreditation to the Special Session. Civil society's partnership at national and regional levels is a sine qua non to the success of HIV prevention, and is an imperative which no one can ignore. The burning issues of early teenage sexual activity and abuse, gender-based violence, stigmatisation, elimination of discrimination and marginalisation, to name a few, are areas specifically within the remit of non-governmental organisations, civic and religious groups.

Further note is taken of another lesson learned from the implementation of the 2002-2006 CRSF, that is, that legislation in many countries which criminalises homosexuality and sexual acts committed on girls and boys below the legal age of consent tend to constrain HIV programmes resulting in an environment which inhibits disclosure of HIV status. Indeed, in most Caribbean states legislation is enacted to protect under-age girls and boys from sexual predators, and any form of sexual activity between persons of the same sex is regarded as a criminal offence. Laws are in place for the protection of the citizenry of a country, and one recognises that the stigma attached to these vulnerable and “at risk” groups may inhibit either reporting of the offence or if reported and action taken, reluctance to seek help if infection follows. There is no easy way to solve this dilemma. The laws have to be upheld and enforced, but strategies have to be found to encourage those who are victims of these traumatic sexual experiences to seek help. An environment which inspires confidence has to be created. In this regard support from social workers at the national level must be encouraged.

Now about PANCAP specifically. The whole reason for PANCAP’s existence is partnership. It was created “to provide a unified vision and direction among all partners in reducing the spread and mitigating the impact of HIV in the Caribbean, and to coordinate the programmes and activities of partners at the regional level.” I am informed that a record number of partner agencies and observer organisations will be attending this Ninth Annual General Meeting. This continuing upward spiral in participation in your annual meetings is a clear manifestation of the increasing confidence in PANCAP as an organisation, and recognition quoting from a World Bank Report published in 2005 that “PANCAP is the single most important entity in the fight against

HIV/AIDS in the Caribbean.” Similar sentiments were expressed on the critical positioning of PANCAP in 2006 Report of the Caribbean Commission on Health and Development.

I take this opportunity to applaud the architects of this unique Pan Caribbean movement for the vision which inspired its formation, and which seeks to embrace the English, French, Dutch and Spanish-speaking countries of the Caribbean. I extend heartiest congratulations on the achievement of your ninth year of existence. The fact that PANCAP was specifically referred to in the United National Declaration of 2001 attests to its importance and impact.

Encomiums must be showered on PANCAP for the progress made in significant areas since its establishment. These include:

- Stabilisation of the presence of HIV infection across the Region, particularly early signs of a decline in at least three countries;
- Significant decline in mother-to-child transmission of the infection;
- Moderate progress in treatment, care and support;
- Rise in the level of knowledge of the cause of HIV infection.

This suggests that PANCAP and its partners are on the way to achieving by 2012 their stated goals of reducing by 25% the estimated number of new HIV infections as well as mortality due to HIV, and the social and economic impact of HIV/AIDS on households. However, we cannot be oblivious to the fact that

the HIV prevalence rate in the Region is still one and one-half times that of the global average, twice that of North America and Eastern Europe, and more than five times that of Western and Central Europe.

The 2001 United Nations Declaration identified strong leadership at all levels of society as being essential for an effective response to the epidemic. One of the Guiding Principles which Caribbean countries are expected to endorse and apply is political commitment to achieve a sustained and effective regional response to HIV. Unless there is the political will regional success in achieving universal access to HIV prevention, treatment and care will remain a distant dream. Success demands an effective regional political response to mobilisation and management of resources whether human or financial.

At this juncture I wish to emphasise the absolute importance of continued financial investment in PANCAP. I have been made aware of the extraordinary financial support given to PANCAP by the international development partners from its inception, and that much of its successes have been through the generosity of these development partners. Meaningful and lasting partnerships are the foundations on which progress is built, and this applies in no small measure to PANCAP achieving its objective of providing a unified vision in reducing the spread and mitigating the impact of HIV in the Caribbean, particularly in the face of the social and economic challenges facing developing countries such as ours. It is hoped that the financial support to PANCAP will continue despite the growing inclination of partners to shift their development priorities away from HIV/AIDS, and thus either reduce or discontinue funding to PANCAP. The result would be a catastrophe for the achievement of the indicators for universal access, the reality being that the

Caribbean will never be in a position to achieve them relying on its fragile individual economies. Strengthening the multi-sectoral coalition in the Caribbean is an imperative which cannot be ignored or brushed aside.

This is an impassioned plea to all financial partners for your continued support to PANCAP as it strives to make the theme of this meeting a reality – Strengthening the Multi-Sectoral Coalition in its quest for universal access to HIV prevention, treatment, care and support. You can do it. We all can do it. Yes, we can.

Best wishes for a successful meeting, and continued progress in the future.

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PANCAP Coordinating Unit
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