JBDST

EDITORIAL

Latin American Congress on Sexually Transmitted Diseases/ Pan-American Conference on AIDS - Lima, Peru 3-6 December 1997

Opening Ceremony

Peter Piot*

Thank you for your invitation to this conference.

There is a time and a place when the dispassionate language of science must yield to — or, at the very least, coexist with — the passionate prose of politics.

This is such a time and place.

The changes in the global HIV epidemic since we met two years ago in Santiago have been nothing short of remarkable.

Who would have dreamt that a major challenge confronting this years conference would be the question of how to provide access to proven, life-enhancing medicines to all who need them?

Yet, even as we savour this new challenge, we confront the familiar obstacles posed by the global epidemic: denial and discrimination; ignorance and marginalization.

These old habits die hard, but die they must. For it is these habits that have allowed HIV to continue its deadly march across our planet and across this region.

Consider the following examples, from this very region:

- In one Central American nation, a 26-year-old elementary school teacher with AIDS was transferred after 33 parents petitioned for his removal. The teacher had been betrayed by the schools director, in whom he had confided his HIV status.
- In another country with a major epidemic, there are now demands that the government include a cigarette-style warning on condom wrappers stating: "this product may be hazardous to your health".

The list continues:

- Acts of "social cleansing", including attacks and killings, against drug addicts, homosexuals and prostitutes in one South American nation. Drive-by shootings of transvestites by organized hate groups in another.
- And, in country after country, an unfortunate focus on police repression as the sole way of dealing with HIV and injecting drug users.

It will take nothing less than your full commitment to right these wrongs, and to multiply the bright spots we are also seeing in this region.

CONSIDER

In Jamaica, the majority of the population now reports some kind of behaviour change to avoid HIV. The percentage of 12 to 14-year-old boys reporting no sexual experience rose from 40% in 1994 to 60% in 1996.

- In this very city of Lima, Roman Catholic nuns and priests in La Victoria dispense HIV information to a group of transvestites. As Loraina, the leader of the transvestite group, told a journalist: "They accept us the way we are because thats the way God accepts people".
- In São Paulo, Brazil, the number of AIDS deaths fell 35% during the first third of the year thanks mainly to the provision of antiviral medicines to those infected.
- Speaking of bright spots, I also want to single out this regions pioneering initiative to share AIDS wisdom and experience through the Horizontal Technical Cooperation Group, which brings together national AIDS programmes from many countries. This is a model that UNAIDS is taking to other parts of the world. On Thursday I will be traveling to Abidjan to see how to get a horizontal cooperation

* *Executive Director UNAIDS (UNICEF • UNDP • UNFPA • UNESCO • WHO • WORLD BANK) Joint United Nations Programme on HIV/AIDS*

movement going in Africa. And in just five days from now, Asia and the Pacific will launch their own form of horizontal cooperation. So you are the innovators, and you have every reason to be proud!

GLOBAL OVERVIEW

Before I return to this region, let me review where we stand globally. Despite the very real hope that combination therapies have brought to the tiny percentage of seropositive people who have access to them, make no mistake: the global AIDS epidemic is not over.

Just last week, UNAIDS and WHO released our new estimates for global HIV prevalence and incidence. We estimate that by the end of 1997, 5.8 million people will have been newly infected with HIV this year alone. That is about 16,000 new infections per day. Sixteen thousand!

In Latin America, we estimate that 180,000 people were newly infected with HIV in 1997. To put that number in perspective, this is around the same as all the people infected this year in Eastern and Central Europe, North America and Western Europe combined. We estimate that a further 47,000 people in the Caribbean became infected this year.

Globally, we expect 2.3 million deaths related to HIV and AIDS in 1997, leaving a total of over 30 million people living with HIV by the end of the year.

While the overall spread of HIV continues to accelerate, this global trend is a composite, just as it is in this region. HIV epidemics are highly heterogeneous, and while some are stable or regressing, most are expanding.

The epidemic in Sub-Saharan Africa began for the most part some two decades ago. Close to 21 million people there are now living with HIV/AIDS – fully two-thirds of the worlds total. The region as a whole has reached the unprecedented level of 7.4% of all those aged 15 to 49 infected with HIV, and almost 10 million Africans have already died of AIDS.

The epidemic in Sub-Saharan Africa began for the most part some two decades ago.

The tragic result: AIDS is wiping out gains in life expectancy and child survival in many African nations. For example, life expectancy in Botswana rose from 43 years in 1955 to 61 years in 1990. Now, with between 25% and 30% of the adult population infected with HIV, life expectancy is expected to drop back to levels last seen in the late 1960s.

In Central and Eastern Europe, where HIV gained a foothold only recently, transmission is driven by the sharing of drug-injecting equipment. This year has seen major outbreaks of HIV in several countries.

In Asia and the Pacific the epidemics are often fast-growing and always diverse, not only in time trends but in transmission routes. India, with infection rates at under 1% of the total adult population, has the unhappy distinction of being the country with the largest number of HIV-infected people in the world.

THE EPIDEMIC IN LATIN AMERICA AND THE CARIBBEAN

Latin America and the Caribbean have about 5% of the worlds total of people living with HIV.

Like the Asia-Pacific region, the countries in this region span the whole spectrum of development, and have highly diverse epidemics, with different driving forces.

So generalities are necessarily suspect, but there are certain things we can safely say. Many of these insights are drawn from last months monitoring the HIV/AIDS Pandemic symposium in Rio. UNAIDS was pleased to support the MAP symposium along with the Horizontal Cooperation group, the Harvard School of Public Health, AIDSCAP, and the Brazilian national AIDS programme. This is the kind of joint initiative that leads to better knowledge of–and better strategies against – the regions epidemics.

Here, then, are the major findings:

• Though data are limited, we know that HIV is taking its greatest toll on populations of injecting drug users and men who have sex with men (MSM).

• The increase in the number of women among reported AIDS cases signals that the heterosexual spread of HIV has increased in recent years. This is true particularly in the Caribbean.

• The epidemics here, as in other parts of the world, have a disproportionate effect upon the poor and others on the margins of society.

Let us quickly review some of the epidemiological data.

The relative importance of HIV transmission among men who have sex with men continues to be high. This is the main means of transmission in the Andes, Mexico, Brazil and the Southern Cone.

HIV prevalence rates among MSM in selected populations range from around 5% in Costa Rica to over 30% in Mexico City.

At the same time, the epidemic is becoming more heterosexual not only in the Caribbean but in all subregions of Latin America. If we look at reported AIDS cases, we see that the ratio of men to women as been dropping sharply in the Andes, Central America, Mexico, the Southern Cone and Brazil. In Brazil, for example, the ratio which was 40 to 1 in 1984 has fallen to 3 to 1. In Peru, men with AIDS outnumbered women by 14 to 1 back in 1989. By 1996 the ratio had fallen to 3 to 1.

Throughout the region, HIV is making its way into poorer, less educated populations.

For example, in Brazil, the percentage of AIDS cases plummeted among the university-educated between 1982 and 1997. Conversely, cases have jumped among those who've only attended primary school.

THE RESPONSE

So the epidemic is serious – but your region has a big window of opportunity. You still can stop HIV from spreading widely into the population at large. What, then, are some of the crucial elements for using this window of opportunity?

First, every country in the region needs to analyse its specific vulner-

abilities to HIV and develop a strategic plan for addressing them. Strategic planning, as UNAIDS sees it, is a process that has to involve all the main players in government and civil society.

In this respect, I am happy to report that a network for support to national strategic planning in Latin America and the Caribbean has been established with the support of UNAIDS. The network at this stage brings together the Chilean national AIDS programme, the National Institute of Public Health in Mexico, the Oswaldo Cruz Foundation in Brazil, the Caribbean-based CAREC, and the UN Economic Commission for Latin America and the Caribbean.

Second, there is the burning question of access to care for people living with HIV and AIDS. As stated in a resolution of the PCB, the governing board of UNAIDS, our guiding principle is that access to care, including drugs, is an essential part of the universal right to appropriate and nondiscriminatory health care. Given the diversity of socioeconomic situations, it is urgent for every country in this region to develop its own strategy for a sustainable approach to improving access to drugs, including antiretrovirals.

We are committed to working with you on this. Just today in cooperation with the Horizontal Cooperation group, PAHO and the International AIDS Society, we helped organize a satellite meeting on access to antiretroviral therapy featuring experiences from Argentina, Brazil, Colombia and Mexico. Another example, part of a UNAIDS global initiative, is the catalyst project on partnership for increasing access to drugs in Chile and three countries in other regions.

Third, we need to place special emphasis on giving young people the education and skills they need, including through sex education. I am pleased that UNESCO and the Ministries of Education throughout the region recently decided to work together to incorporate sex education into national curricula.

The tragic result: AIDS is wiping out gains in life expectancy and child survival in many African nations.

Fourth, we need better interventions for prevention among men who have sex with men, including those who do not identify themselves as homosexual or bisexual. A key strategy is to strengthen emerging gay communities, because they are the ones who can do the best job of prevention education. At the same time, we need to challenge the discrimination that makes people vulnerable. In Argentina last year, many NGOs lobbied successfully to include a provision in the Buenos Aires state constitution prohibiting discrimination on the basis of sexual orientation.

But a word of caution. São Paulo Bela Vista Project has kept HIV incidence below 2% for three years. But almost half of the men they work with have graduated from secondary school. More must be done for those with little or no schooling.

Fifth, we must do more to stem the transmission of HIV through needlesharing. We know that IDUs have a clear role in the epidemics taking place in Brazil and the Southern Cone. At the same time, there are strong pressures against harm reduction efforts all over the region. Let me be clear: this far into the epidemic, we know what works. Syringe exchange programmes, plus programmes to treat drug dependence, constitute the best practice for reducing infections among IDUs and preventing transmission to their partners and children. And many studies have established that needle exchange programmes do not increase the amount of drug injecting that goes on.

But I see hope in the Southern Cone. UNAIDS, in cooperation with the Horizontal Cooperation group, UNDCP and the national AIDS programmes and NGOs, is developing a subregional project to tackle the IDU-related HIV epidemics in Argentina, Chile, Uruguay and Paraguay.

One final word about moving forward. Experience has taught us that the struggle against AIDS must involve all entities that count in civil society – legislatures, the press, NGOs, the private sector.

And it must involve what may well be the oldest NGOs in the world: religious institutions. Together with the World Bank, UNAIDS is supporting an initiative of the Argentinian Catholic Church and its "Pastoral de Salud" to bring together bishops working in countries of Latin America, Portugal and Spain. They will meet at a workshop next March to discuss best practices for the prevention of HIV/AIDS, share experiences, and identify consensual points for action.

In thearea of religion, the lessons from abroad are instructive. Just a few weeks ago, at a conference in Dakar, Senegal, religious leaders representing Christianity, Buddhism and Islam gathered for frank discussions not only of care for people with AIDS but of sexual behaviour and barriers to prevention. What emerged was an appreciation of the need for mutual respect and understanding. Some will emphasize condoms, others fidelity, still others abstinence – the important thing is that in the AIDS era, these are all life-saving measures.

In conclusion, the road ahead will not be easy. But at least we have a road map of where we need to go.

As I said earlier, to make progress, we will be forced to discard such old habits as denial and discrimination, ignorance and marginalization.

In this respect, we must remember the words of the great Cuban patriot José Marti, who said that while "habit creates the appearance of justice", in reality, "progress has no greater enemy than habit".

Peter Piot
Executive Director
UNAIDS