



EDITORIAL

## CHECK AGAINST DELIVERY

Opening Ceremony of the 12th - Geneva, June 28th 1998

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Ladies and gentlemen,

I want my first words to be both a celebration of the hope that springs from the power of human solidarity, as well as a reaffirmation of our commitment to mobilizing all our energy and resources in order to meet the challenge of the HIV/AIDS pandemic.

This challenge, we now know, is many-sided: epidemiological, social and political. The AIDS epidemic is clearly a global public health priority. But, in contrast to the fight against other major diseases, HIV/AIDS campaigns run the risk of encouraging discriminatory practices which only compound the suffering and despair of those afflicted by infection.

The risk of stigmatization, however, has thus far been countered by a growing understanding that the cornerstone of any effective prevention strategy must be education - educating people in solidarity and responsibility. Let me, therefore, reiterate that we must not deviate one inch, under any pretext, from our commitment to the full respect of the human rights of people living with HIV/AIDS.

Scientific breakthroughs over the last two years have opened up new and promising horizons. Recent drug experiments are creating hopeful therapeutic possibilities; mother-to-child transmission may now be effectively prevented by proper pre- and post-natal care, and appropriate information policies have reduced the number of infections caused by high-risk behaviors.

On the other hand, the profile of the pandemic is changing and becoming, so to speak, more perverse. HIV not only continues to spread around the world but it also increasingly victimizes the most vulnerable segments of the population, namely women, the young and those living in rural areas. More than 90% of the people living with HIV are found resource-poor countries.

Hence the urgent call which brings us all together at this Conference: Bridging the Gap. The gap between North and South, between the State and civil society, between science and the community, between efficacy at the clinical level and effectiveness in real life, and between innovative pilot experiments and broad, far-reaching action.

In order to counter the threat of so-called "apartheid-aids" on a world-wide scale, we, the global community, must draw on our sense of shared responsibility to address the challenge of making prevention programs and treatment accessible to all.

This, of course, is the same challenge that each of us is facing within our respective national context. Therefore I believe that the most useful contribution I could possibly make to our deliberations today will be to share with you the lessons that we are learning in our fight against HIV/AIDS in Brazil.

Brazil ranks among the first four countries in the world with the largest number of reported AIDS cases. AIDS is already the second most important cause of death in the 20-49 years old age group.

How is Brazil, with its tremendous cultural diversity, newly-regained democracy and long-standing heritage

of poverty and inequality reacting to the epidemic?

I believe that the most distinctive aspect of Brazil's mobilization against AIDS has been the dynamic interplay between grass-roots initiatives and public policies. Voluntary associations created by people who have been directly involved in the problem since the mid-eighties were the first to denounce the discrimination against HIV-carriers as a violation of human rights. They also demanded that the government take action to require screening in blood banks as a public health priority because of the high rate of contamination caused by blood transfusions. Direct NGO involvement in a variety of small-scale innovative care projects resulted in the gathering of first-hand information and knowledge about the therapeutic, epidemiological and social dimensions of the epidemic.

Furthermore, the knowledge and commitment of AIDS activists gradually ensured that appropriate social visibility be given to a problem which initially had seemed to affect only a limited number of people. The establishment of a National Network on HIV/AIDS and Human Rights was the culmination of this non-governmental effort to put AIDS on the nation's agenda.

On the other hand, it is clear that only government has the resources and the mandate to implement large-scale public policies, such as preventive information campaigns and the universal delivery of drugs and medical care.

As a result, the State in Brazil has recognized the value of working together with civil society. This insight had a decisive influence on the design

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of the National Program created by the federal government in 1988 to control sexually-transmitted diseases and AIDS.

Just like the programs to fight poverty and social exclusion run by the Comunidade Solidária Council which I have the honor to head, the national program to fight AIDS is based on the concepts of openness, decentralization, multi-sectoral partnerships and support for innovative community-oriented initiatives.

In 1994 Brazil's federal government and the World Bank Signed a loan agreement to promote the implementation of a three-year HIV/AIDS action program. This program is geared to the reduction of the incidence and transmission of the infection as well as to support for public and not-for-profit organizations working with AIDS and sexually-transmitted diseases.

Innovative approaches have been tested in areas as diverse and relevant as preventing HIV among sex workers and drug users, reducing teen pregnancies, understanding the cultural background and emotional components of people's behavior, and testing alternative uses of the media in prevention campaigns.

In 1996, once again in response to organized advocacy groups, Brazil passed a special federal law to ensure the right of all HIV carriers to universal and cost-free access to all anti-retroviral drugs. Today approximately 60 thousand patients are receiving their medication from a network of about 400 distribution centers located throughout the country.

The 400-million-dollar cost in 1998 of this policy is more than made up for by the reduction in the costs of hospital treatment and the economic advantages which stem from the continuing productivity of HIV carriers, no to mention, of course, the starting improvement in the patients' prognosis and quality of life.

In the State of São Paulo, which has the largest number of AIDS cases in the country, universal access to anti-retroviral drugs has led to a 35 to 40% drop in hospital admissions and in the number of deaths from AIDS.

This year top priority is being given to more effective prevention strategies. Brazil is no exception to the international trend towards increasing victimization of vulnerable social

groups, namely the poor, rural populations, marginalized groups, young people and women.

The gender ratio, which was 20 men for each woman with AIDS just ten years ago, is now 2 to 1. AIDS is already the primary cause of death for women between the ages of 20 and 34. The number of cases among poor, young, heterosexual men is also rising sharply. The affected population is becoming increasingly younger, female, uneducated and poor.

The fact that AIDS now affects these groups so much more than others in Brazil, a country the size of a continent, creates tremendous challenges both in terms of preventive strategies and of access to treatment. These most vulnerable groups also enjoy less access to information and suffer from more exposure to endemic illnesses and the pathologies deriving from malnutrition and the lack of basic sanitation services.

Preventive strategies must take this pattern into account. Preventive campaigns have to be as highly differentiated as their target groups and must make an extra effort to be culture, gender and age sensitive.

These demands in turn require coming to grips with a set of critical questions which I am sure are not exclusive to Brazil: How to ensure the availability of drugs where the need is greatest and yet resources are scarce? How to take into account emotional and cultural factors which influence people's behavior? How to overcome misconceptions and prejudices which threaten to block the implementation of effective prevention programs, such as the reaction against the use of condoms? How to move from successful pilot experiments at the community level to large-scale programs in complex urban settings or resource-poor rural areas?

I am deeply convinced that the only way to successfully address these challenges is by pooling all our differing resources. I also believe that the very diversity of the participants at this Conference - scientists, researchers, policy makers, community workers,

activists and people living with HIV - in itself represents the most potent resource at our disposal.

Governments everywhere must be called upon, once and for all, to stop adopting the self-defeating attitude of downplaying the problem's urgency and to take on the fight against AIDS as a major priority for their national agendas.

The private sector and the scientific community have an unprecedented opportunity to exercise social responsibility on a global scale by devising new mechanisms for making drugs available at viable costs where the need is greatest.

Civil society must not flag nor fail in its efforts to raise awareness and mobilize resources to deal with a problem which is a public concern for all and not just for minority segments of the population.

The media has a key role to play in creating a climate conducive to solidarity and responsible action as the best antidote to the dissemination of alarmist and discriminatory misinformation.

United Nations agencies should support and rely more decisively on the expanding global network of organizations engaged in the cause of fighting AIDS, such as those that are the co-organizers of this Conference.

In Brazil, the United Nations agencies, as well as bilateral organizations, have worked effectively together within the UNAIDS Thematic Group to support governmental and non-governmental efforts.

I would like to conclude my remarks on a note of confidence regarding the future. We have many good reasons for hope because humankind's resources in the fight against AIDS are increasing by the hour. Even if the task ahead is daunting or difficult, it is equally true that hope is best served by committed and concerted action.

Today, more than ever, effectively fighting HIV/AIDS serves as a test of democracy, human rights and the emerging global ethics of solidarity. This is the task we have in common; this is the responsibility we must share.

Thank you very much