



# INTER-PARLIAMENTARY UNION

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## Parliamentary Caucus on HIV/AIDS

New York, 1 June 2006

held during the United Nations High-Level Review Meeting on HIV/AIDS

The parliamentary caucus held in New York on 1 June was organized by IPU in cooperation with UNAIDS and UNDP. The meeting, attended by some 60 MPs, many of them members of specialized HIV/AIDS parliamentary committees, called for greater awareness within parliaments about HIV/AIDS, a stronger political response, and more dialogue between parliaments and grassroots HIV/AIDS organizations. The Caucus concluded with the recommendation to establish an IPU advisory group that would seek to help mainstream international HIV/AIDS commitments and policies throughout the IPU's 146 Member Parliaments. The group would also help develop the growing relationship between the IPU and UNAIDS.

The meeting was called to order with **Ms. Margareth Mensah-Williams (Namibia), Vice-President of the IPU Executive Committee**, in the chair. She began by giving the floor to **Ms. Purnima Mane, Director, Policy, Evidence and Partnerships of UNAIDS**, who dwelt on two fundamental points. The first was the assistance parliaments could provide in ensuring that funding for the fight against the pandemic remained sustainable. The second was the need for the kind of leadership that would foment a positive environment in local communities.

The subsequent proceedings were moderated by **Ms. Kathleen Cravero-Kristofersson, Assistant Administrator, UNDP**. The following is a summary of some of the salient points.

### 1.

**Ms. E. Björling (Sweden)**, keynote speaker for the first session on *Bridging the gap between legislation and practice*, agreed that programmes needed to be sustainable, and the war against the pandemic needed to be kept high on the political agenda for a very long time. She said that the human rights of persons living with the disease had to be first enacted in law and then enforced. Health care had to become accessible to everybody without exception. Essential prevention materials, including male and female condoms, should be made universally available, and HIV antiretrovirals should be exempted from taxes and tariffs.

Access to antiretrovirals was crucial for the 5 per cent of women in the world carrying HIV. Perhaps the right to health enshrined in the United Nations Declaration of Human Rights ran counter to the patent rights that were a necessary part of sustained research, but third generation antiretrovirals had to reach the developing world. In addition, more needed to be done to promote the rights of financially dependent women who did not have the option to refuse sex even when they knew their husband was infected.

**Mr. J.D. Seelam (India)** took up the issue of enforcement. Even when laws were passed by parliament, he said, it was unwise to leave their implementation to bureaucrats. There was nonetheless room for more legislation. For example, certain essential drugs were still banned in India, and such legislation had to be removed.

The discussion on the enforcement of legislation was taken up by other speakers. **Ms. H. Bogopane-Zulu (South Africa)** alluded to parliament's oversight function. How could a people's parliament become a practical reality? It was easy enough to pass legislation, but how often were the laws properly costed and how often were the right resources made available to put them into effect? How was it possible to ensure that parliament had leverage over what cabinet decided, especially when it was not in line with legislation? **Mr. N. Gerrard (United Kingdom)** agreed that scrutinizing law-making was all well and good, but sufficient attention was not always paid to the impact of laws. Parliamentarians could and should influence what public bodies did. Too often inappropriate laws were passed and then it fell to the embattled individual - often from a minority community - to challenge its enforcement. Applying the basic human right to health in the context of other laws could often become complicated. The task was to set up structures that would ensure that individuals were not left to fend on their own.

The parliamentarians commented on other, more logistical difficulties in enforcing the laws on HIV/AIDS. **Ms. E. Alpha Lavalie (Sierra Leone)**, spoke of such difficulties with the new law being developed in the parliament of which she was Deputy Speaker. Discrimination in preventive methods should cease: why, for example, was the female condom much more expensive than the male one? Donor assistance was paramount. HIV/AIDS certainly provided a major leadership challenge, and in a time of crisis parliament and civil society should come together.

**Mr. M. van Soest**, Executive Director, World Aids Campaign, participating as a discussant, echoed the need for exemplary leadership. Legislation was never the only answer. How could one legislate stigma off the map? He pointed out that the 2001 Declaration of Commitment was a good tool for holding governments to account, but much more help was needed from parliaments to monitor the intergovernmental process. The same applied to the TRIPS Agreement.

## 2.

In the second part of the debate, **Mr. J. Pinotti (Brazil)** led the discussion on *Building partnerships with civil society for more effective implementation*. He gave a mixed report on the situation in his country. On the one hand, there had been a very vigorous response to the pandemic in Brazil, in part because its impact had been strongly felt among the middle and upper classes, but on the other, parliament had been relatively passive. Democracy had not reached full maturity in Brazil and the Congress remained submissive to the Executive. Success had been chalked up in the area of prevention, and prevention accounted for 10 per cent of the total care bill. Great advances had been achieved in condom use, including in the first sexual encounter. But the epidemiological characteristics of the disease in Brazil increasingly bore the stamp of youth, women and poverty. In truth, there was still no government policy on HIV/AIDS, nor was there any real policy of cooperation with civil society. The upper class, meanwhile, had learned to look after itself. Partnerships met with a cultural problem: after all, 70 per cent of Brazilians had never tasted the flavour of a welfare state. In Brazil, health was still a favour, not a right. It was parliament's duty to inform the citizen of the fundamental right to health.

**Mr. R. Pinto (Bolivia)** disputed the morals of condom distribution, which was a way of promoting free sex. Christian values should inform HIV/AIDS policy making.

**Mr. M. Grishankov (Russia)** alluded to the desperate need for leadership in a country such as his own, which was grappling with increasing prevalence. Some 860,000 people were living with HIV in Russia, most infections being the result of needle sharing among injecting drug users, although sexual transmission was increasing. At the moment civil society was leading the fight.

Other parliamentarians, including **Ms. K. Ferrier (Netherlands)** made the point that the work in parliament on HIV/AIDS had to move beyond party politics. Only then would true cooperation with civil society materialize. The United Kingdom parliament had been exemplary in setting up an all-party initiative, and others should follow their lead. She intended to start an all-party group in the Netherlands. More generally, as a representative of the people, it was her duty to ensure proper spending of public monies. **Mr. M. Mamatin (Bangladesh)** said that there was consensus among all political parties in his country, and **Mr. Seelam** added there was an all-party group in India.

**Ms. Björling** said that greater coherence was needed in politics in the interests of global development. Responding to Mr. Pinto, she said that religion was a major issue, and that all individuals had to take their personal responsibilities. It was not wise to restrict condom use before first asking women what they thought.

**Marcel van Soest** wrapped up the segment by saying that the doors of many parliaments were still closed to civil society organizations, including those on the frontline of HIV/AIDS work. It was critical that parliaments find ways to develop a real partnership with grassroots organizations, with more frequent and open interaction.

### 3.

Closing the meeting, **Ms. Mensah-Williams** said that at home, laws had to be adequately costed and be enforceable, and governments had to be held to account. They should all report on their deliberations and strive to internalize the recommendations made into domestic law. That would entail working closely with civil society.

She went on to emphasize the responsibility of politicians in the negotiations under way in the United Nations on a political declaration. Parliaments were crucial to the political outcome.

She then announced the formation of a new IPU advisory group on HIV/AIDS and invited interested MPs to apply for membership through the IPU Secretariat. The group would be a restricted one, with about two MPs per region, and would define its own mandate and rules of work at a first meeting to be held in September.

The following day, in her address before the UN High-Level Meeting on HIV/AIDS, Ms. Mensah-Williams pledged that the IPU would work strenuously to mobilize stronger support from the world parliamentary community in the fight against the pandemic.