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Speech

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World family Summit
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Speech by Deborah Landey

Deputy Executive Director, UNAIDS

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Dr. Anna Marzec-Boguslawska, Director, National AIDS Center of Poland

Mrs. Barbara Kula M.D. - National AIDS Center of Poland

Dr. Maris Evangelists Galvão, Ministry of Health, National AIDS Program Brazil.

First I'd like to thank you for inviting me. It is a great honour to sit on this panel with Mrs Kula and Dr Galvao, and I am greatly looking forward to hearing what they have to say about this all-important subject: AIDS and the family.

Today, more than 33 million people are infected with HIV. But their infection impacts on the lives of tens of millions more – the families, partners and friends who end up, effectively, living with HIV themselves.

A few weeks ago I was in Honduras and met a group of people who are living openly with HIV. Among this courageous group was a small family – father, mother, and twelve-year-old daughter - all three of them HIV positive.

They were a close family. The mother and daughter are both living healthy lives, thanks to antiretroviral treatment, and the girl is about to move on to high school. She's looking forward to the move – but she's dreading the stigma she knows she will face when her new classmates and teachers learn that she is HIV positive. The father, however, was clearly unwell. He needs a lot of care and attention from his wife and daughter.

As the roll-out of anti-retroviral drugs in low and middle-income countries gathers speed, we will see more families like this, where HIV positive parents are able to live to see their children move onto secondary school and grow up.

Scaling up access to HIV treatment is a marvellous achievement. Today, 2.5 million people - around one third of those who need antiretroviral therapy in developing countries, are getting it. This still isn't enough, but it's way better than most people thought it could be a decade ago.

But as well all know, treatment is only part of the solution. The other real challenge – and this is what you have asked me to focus on – is to scale up access to HIV prevention, to stop entire families becoming infected, and protect vulnerable families – migrants and families living on the margins of society.

Today, for every one person who starts taking anti-retroviral drugs, another five become infected with HIV. Unless we do a better job on preventing HIV transmission, queues for treatment will just get longer and longer.

And we can and should be able to do a better job.

First because we have the means to test people for HIV.

Second because we have the means to protect people from sexual transmission of HIV.

Third because we have the means to prevent transmission of HIV from mother to child.

So why is it that just one in ten HIV positive people is actually aware of their status?

Why were there 2.5 million new HIV infections in 2006?

And why were only 11 per cent of HIV positive pregnant women offered drugs to prevent transmission to their children last year?

There are a number of reasons – lack of capacity in health services and lack of funding being two of them.

But another key reason why HIV prevention tools are so under-exploited is because of ignorance, injustice, and inequality.

Let's start with ignorance. Most people still don't actually know how HIV is transmitted. The overwhelming majority of people living with HIV don't know they're at risk, don't know their status, and may not know they are HIV positive for years, until symptoms begin to show. As a result, they unwittingly risk infecting others.

Many wouldn't even dream of getting tested because they think it's simply impossible that they might need to. The number of faithful wives living with HIV is quite astounding.

In many places, the people who are most likely to be offered an HIV test are pregnant women at antenatal clinics. Some refuse the offer because they think they aren't at risk. Others don't want to find out the results – because they fear that if they test positive, their partner will react badly – violently even.

That is where injustice and inequality start to kick in. These women dread the stigma around HIV. But if they don't find out, they won't have the chance to take drugs to prevent transmission to their children.

One way make people feel more comfortable about getting tested is to encourage them to come as couples. Generally, they're counseled together and get their results together, unless they decide otherwise. They receive advice and information about HIV prevention. This can be particularly important (and challenging) in the case of "discordant"

couples, in which one partner is infected and the other is not – especially if the couple wishes to have children.

Sadly, though, couples testing remains the exception rather than the rule.

This is bad news for the millions of girls around the world who get married before the age of 18 – often to older, sexually experienced men. Even if she thinks her new husband might be infected with HIV or another sexually transmitted infection, how does the young bride ask him if he's been tested? Can she ask him to use a condom: she wants to have children after all. Would he hit her if she did? Where could she go if he was violent to her? And even if he agreed, where would she go to get condoms and what would other people say if they knew she was using them?

Until we tackle the injustices and inequalities that deprive women like these of the chance to manage their own exposure to HIV, AIDS will continue to be a factor of too many families' lives.

The impact of AIDS on families can be literally devastating.

If they don't get tested or treated, infected family members eventually fall sick. Often the first person to fall sick is the main breadwinner. The entire family will be turned upside down. It has to come to psychological terms with what's happening, and work out how to cope with the physical and economic repercussions.

The damage to children is particularly severe. When a parent becomes sick and dies, it affects every aspect of a child's life: emotional well-being, physical security, mental development and overall health.

Women are hit hard too. It is mostly wives, mothers, daughters and grandmothers who bear the brunt of the care burden, and support and

keep families together. Girls stay home from school to help. Older women care for ailing adult children and later, when they die, adopt the parental role for their orphaned grandchildren.

But families and family networks remain remarkably resilient. There is a real danger, however, that this resilience is being abused - over stretched and under-supported. This is why this forum is so important – to drive the adoption and implementation of policies that strengthen families' capacity to thrive in a world with AIDS. What can we do going forward?

First, National AIDS strategies must make provision for families. The first step is to bring families (including family members living with HIV) to the table when HIV programmes are designed. One of the most memorable events at last year's International AIDS Conference in Toronto, was a meeting of 100 grandmothers from 11 African countries, who came to share views and experiences.

Second is to ensure that families and informal support networks are not being used as a substitute for state care and support programmes. A common complaint from community leaders is that "the government takes us for granted, and leaves us to do the work it should be doing". We hear hundreds of stories of how women take on enormous responsibilities. But how often do we hear how they themselves are supported?

Third is to invest in social welfare programmes, such as South Africa's Child Support Grant – a means-tested monthly cash benefit for primary caregivers of children under the age of 14, and Kenya's cash subsidies for children affected by HIV. And as Dr Gallvão may tell us later, Brazil's massive national programme, Bolsa Familia, reaches close to 11 million

poor families – on condition that each child attends school at least 85% of the time.

Fourth, enable all families to send all children to school. Providing free education – as has recently happened in countries like Kenya and Tanzania – goes a long way to make this possible. So do scholarships and special programmes like the “Umoyo” initiative that targets girls affected by AIDS in Zambia.

Fifth, critical step, is to ensure funding over the longer term. This means ensuring that national governments make proper budgetary provisions – and that donors recognize that support to families is a vital element of the AIDS response and of the wider development agenda.

Over the next few years, we will continue to see dramatic changes in family structures and roles – single parents, child-headed households, foster families, The strengths of the traditional family set-up will need to be re-created in these new structures – something tha twill require forward-looking public policies to build the capacities of new family leaders to carry out their new roles.

As George Santayana has said: “The family is one of nature’s masterpieces”. Like all nature’s masterpieces, from time to time the family comes under threat. It is our common duty to tackle those threats, so families can get on with looking after themselves, and contributing to the communities they live in.