



Republic of Malawi

STATEMENT

by

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ACCELERATING AND INTENSIFYING RESPONSES
TO HIV/AIDS IN AFRICA

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Introduction

1. The HIV/AIDS epidemic in Africa has been described as a "catastrophe in slow motion" and a "development and security crisis". While these descriptions may capture the devastating impact of the epidemic they do not bring out the urgency and immediacy of the danger facing Africa. The HIV/AIDS epidemic in Africa is an emergency, requiring an emergency response by African leaders as well as the international community.

2. When there is an earthquake, a volcano, floods or any other natural emergency, the world focuses its attention on the situation. The event dominates the international media and there is an immediate response. The HIV/AIDS pandemic is devastating Africa through its drastic human, economic and demographic impact on the continent. It is the equivalent of a natural disaster in every African country. But AIDS does not destroy a country's physical infrastructure, it destroys our lives' infrastructure. The HIV/AIDS epidemic is undermining our future and the future of our children. More than 23 million Africans are currently infected with HIV and more than 14 million Africans have already died of AIDS. Every day 5,500 people die of AIDS while 11,000 new infections occur. By 2010, the projected life expectancy in heavily affected countries will decline to less than thirty. A secondary pandemic of orphans caused by HIV/AIDS is exploding throughout the region. Indeed this is an emergency.

3. Unless we scale up our response, more people will die of AIDS in Africa than in all the wars of the 20th Century combined. Recall the suffering caused by a single death, the grief of a child at its mother's graveside. Multiply that sorrows by tens of millions. We face grief beyond words and sorrow beyond tears.

4. I congratulate the African Development Forum for selecting the theme "AIDS the Greatest Leadership Challenge". I would also like to express my sincere appreciation to His Excellency Mr. Meles Zenawi, the Prime Minister of Ethiopia for making us feel so welcome in this beautiful country and to Mr. K.Y. Amoako the Chairperson of the Conference for organising this important event, and to Ms. Vivian Lowery Derryck the Chairperson of this session.

5. The focus on leadership in the fight against HIV/AIDS is appropriate. Strong political commitment is a fundamental prerequisite to setting up a national strategic response to HIV/AIDS, which includes multi-sectoial participation and action at the community level. There is need for long term and sustained political commitment to the fight against HIV/AIDS.

6. Malawi's experience demonstrates the importance of strong political leadership and how a broad-based national consensus can be built around a strategic planning process. The former government neglected HIV/AIDS and silence surrounded the subject. Important time was therefore lost from the mid 1980s to the early 1990s. President Bakili Muluzi immediately prioritised the fight against HIV/AIDS and organised a "Walk against HIV/AIDS" in 1994 and was joined by the whole Cabinet. His leadership was fundamental to breaking the silence against HIV/AIDS.

7. As leaders we must be in the forefront of breaking the silence, upholding human dignity and showing compassion for ail those living with HIV/AIDS. We as leaders must recognise our responsibility to lead the fight against HIV/AIDS. I am both grateful and humbled to have been asked to make this keynote presentation on "How we can use the lessons learned to accelerate and intensify responses to HIV/AIDS?" I will base my presentation on Malawi's experience in the fight against HIV/AIDS.

The Importance of Preventing Transmission of HIV

8. HIV/AIDS is mainly transmitted through sexual relationships. The first lesson is that HIV transmission will be reduced if the number of unprotected sexual encounters with different partners is reduced. There is therefore need to change attitudes and for people to assume greater personal responsibility for their sexual behaviour.

9. The hope for Africa lies in the uninfected youth aged less than 15 years old. This is the group where infection rates are presently very low. Young people account for almost 50 percent of the population throughout most of Africa. I am convinced that the success of our national programmes for HIV prevention will depend on how successful we keep the youth HIV negative. Keeping young people HIV negative is probably the greatest challenge to us as African leaders. It will also be the most rewarding.

10. Young people are very vulnerable to HIV infection. Peer pressure, certain cultural practices that put the youth at risk, lack of stability within the family, poverty and limited access to information about sexual and reproductive health all contribute to making the youth especially vulnerable to HIV infection. Parents, community leaders and teachers have a key role in promoting responsible sexual behaviour. Empowering young people with reliable information about HIV/AIDS, STDs and methods of prevention will help to reduce

transmission. International experience shows that young people are highly responsive to HIV prevention messages and can be highly effective promoters of HIV preventive messages and action. Malawi's experience using young people as advocates for responsible sexual behaviour both within schools and in out of school education programmes demonstrates that where HIV prevention has been most successful, young people have been in the forefront of the change.

11. In discussing the issue of preventing transmission of HIV/AIDS in young people, I must not fail to mention the issue of sexual abuse. The sexual abuse of children is a major factor in the transmission of HIV/AIDS throughout the region and is an appalling human rights abuse. Girls as young as ten years old can become infected with HIV when sex is forced on them. We cannot and must not tolerate sexual abuse of children. We must strengthen advocacy and education on this issue. We must show zero tolerance for the sexual abuse of children. The first role of a leader is to protect the most vulnerable members of society: these are children and women.

12. Women including married women are vulnerable to HIV infection. It is important to understand the interaction between gender, sexuality and vulnerability. Throughout Africa, the majority of those infected with HIV are women. Women have greater biological vulnerability to infection and lack equal access to health services. Women have more vulnerable employment status and security, lower incomes and least entitlement to ownership of assets and savings. Empowering women will therefore be key to reducing the spread of the HIV epidemic.

13. Changing men's sexual behaviour will also be a crucial component of the Fight to prevent the spread of the virus. Reducing the number of unprotected sexual encounters will reduce transmission of HIV. There is also need to promote access to information about HIV/AIDS in the workplace and to promote access to sexual and reproductive health services by men. There is need for us to understand more about the factors that lead to high-risk sexual behaviour, and to address these constraints. There is also need to include men in advocacy about changing sexual behaviour.

The need for a multi-sectoial programme

14. The second key lesson in dealing with HIV/AIDS is the importance of a comprehensive multi-sectoial programme. In Malawi, we set about creating an approach that emphasises social mobilisation and consensus building methods to create institutional involvement. The Ministry of Health and Population took the lead in planning but the overall approach was multi-sectoial. The planning process took eighteen months and included detailed consultations with communities and civil society, religious communities and the private sector. We held a series of "Issues workshops" to get input from the community level. This allowed us to develop an inventory of existing community-based actions against HIV/AIDS. The resulting report was organised into thematic areas and provided a broad analysis of the existing strengths and opportunities for an intensified response to HIV Prevention and Care. The Strategic Framework contains goals for each of the major components of the national response, guiding principles, and general objectives for each component, detailed budget estimates, and guidance on how to implement the Strategic Framework.

15. Several key sectors are important in the fight against HIV/AIDS. In this regard, education has a critical role in keeping the youth HIV negative. The health sector also has a vital role in providing care for those living with HIV and in strengthening home based care for AIDS patients. Agriculture is a key sector in many African countries dominating employment. It is therefore important to ensure that agricultural extension and research services take account of the challenges posed by HIV/AIDS. The private sector has a key role in providing workplace programmes for HIV prevention and care while it is also important to place appropriate emphasis on the military personnel. We should recognise the human resource implications of HIV/AIDS. Professionals are lost in every sector including teachers, medical personnel, skilled craftsmen, lawyers, economists are all dying exacerbating existing serious human capacity constraints. This implies the need for careful planning of human resource management and expanded investment in secondary, technical and tertiary training to train more professionals in all sectors.

Education

16. Increasing access to education is a fundamental component of the fight against HIV/AIDS. This is why we introduced Free Primary Education as soon as we were elected to power. In the face of the AIDS epidemic, education can generate hope because of its potential to work at the three levels where AIDS related interventions are most needed:

First, in the uninfected youth, expanding access to education gives young people more control over their own lives and opportunities for the future. Education provides the knowledge that will inform

self-protection and fosters the development of a constructive value system. Education promotes behaviour that will lower infection risks. Education can also enhance young peoples' capacity to help others to protect themselves against high-risk sexual behaviour.

Second, where HIV infection has occurred, education strengthens young peoples' ability to cope with personal infection or infection in the family. Education can also promote care for those infected. Education helps young people to stand up for human rights of those infected and in reducing stigma, silence and discrimination.

Third, where AIDS has brought death, education can help young people to cope with grief and loss, to adjust to death and to assert their rights.

17. In the longer term, education plays a significant role in promoting economic growth and poverty alleviation. Education empowers young women and reduces their dependence on men and their vulnerability to HIV infection.

Health

18. The HIV/AIDS epidemic threatens to overwhelm the health services of most African countries. We must also increase access to sexual and reproductive health services, as there is a greater risk of transmission of HIV in the presence of other sexually transmitted infections. Increasing access to Reproductive Health Services, especially by women is a fundamental component of the fight against HIV/AIDS.

19. There is also a role for leadership and training to enhance health professionals' ability to deal with HIV/AIDS. A planned programme of education in HIV/AIDS can be a cost-effective investment in recruitment and retention of healthcare workforce for several important reasons. First, enhanced knowledge and skills leads to improved patient care in both prevention and treatment. Second, greater knowledge will help Health Care Workers to protect themselves from infection, both professionally and personally. Third, there is growing evidence that improving knowledge about HIV/AIDS positively affects attitudes to caring for people living with HIV/AIDS and reduces levels of discrimination against them.

20. Maintaining quality of care will also require morale building and motivation to support both health professionals and the relatives of the AIDS patients. Many AIDS patients are discharged from over-crowded hospitals to be cared for by untrained relatives. There is need to strengthen partnerships between the health service and the community in order to improve the quality of care for AIDS patients.

Agriculture and Rural Development

21. HIV/AIDS is also central issue for rural development and smallholder agriculture. The major impact of HIV/AIDS on agriculture includes serious depletion of human resources, diversion of capital from agriculture to patient care, loss of farm and non-farm income and other psychosocial impact that affect agricultural productivity. The HIV/AIDS epidemic mainly affects that section of the population which agriculture depends on for labour and crop husbandry. African Governments should work with civil society, the private sector and donors to develop policies to address the impact of HIV/AIDS on the agricultural sector.

The private sector and labour policy

22. In the private sector, there is need to scale up workplace programmes to provide information about HIV prevention and care, HIV/AIDS has a major impact on the workforce. Illness, absenteeism and medical and funeral expenses increase production costs, while the investment made in training and capacity development is lost. International experience has shown that workplace programmes for HIV prevention and care can be very effective in reducing transmission. It is also more cost-effective for businesses to prevent transmission rather than to finance the cost of health care when workers become sick. Planning and monitoring processes work best if they involve representatives from the workforce, from management and from the health services as well as the wider community. It is especially important to improve access to voluntary testing and counselling in the workforce. The Malawi Government is implementing a programme through the Ministry of Labour and Vocational Training in collaboration with partners including the Employers Consultative Association of Malawi and the Malawi Congress of Trades Union to address HIV/AIDS in the workplace. We are confident that this unique collaboration between employers, workers and government will form a foundation for replication throughout Malawi and the Region.

23. We must also address the needs of the most vulnerable groups of workers including migrant workers who are separated from their families. The migrant labour system and dislocation of family lives create obstacles to

containing the AIDS epidemic and to establishing family care and support for AIDS patients. There is need to strengthen collaboration between different groups involved with migrant workers and with their families at home.

The Military

24. Finally, we must address the needs of the military. Military personnel are extremely vulnerable to HIV and other sexually transmitted infections. Rates of infection tend to be much higher within the military than in the population as a whole. At the same time, military personnel properly trained in HIV prevention and behaviour change can be a tremendous force for prevention. Attention must also be paid to the people the military interact with including spouses, families and civilian populations near military bases.

25. In Malawi, we continue to mainstream interventions for HIV Prevention and Care into all Ministries and to address training, human resource and capacity development. We have also developed specific indicators for HIV/AIDS in the Poverty Reduction Strategy Paper to ensure that HIV/AIDS is given the high priority it deserves in our national planning processes.

The need for an inclusive programme

26. The third lesson is the need for an inclusive programme in the fight against HIV/AIDS. The programme in Malawi therefore involves a genuine partnership between the following groups: people living with HIV/AIDS, Government, civil society and non-governmental organisations and the religious sector.

27. People living with HIV/AIDS have a unique contribution to make in HIV prevention and care. A Malawi woman, Catherine Phiri demonstrated the importance of people speaking openly about HIV and human sexuality. She won the United Nations Award: "Uniting to Win HIV/AIDS Battle". Catherine Phiri used her experience to break the silence against HIV/AIDS as soon as she discovered her sero-status in the early 1990s. This showed great courage as she faced scorn and discrimination. She founded the Salima HIV/AIDS Support Organisation (SASO) to "help to give a human face and voice" to those who have suffered from HIV/AIDS. SASO has played a critical role in providing pre and post-test counselling and facilitating networking and information sharing. She also worked with others to found the Malawi Network of People Living with HIV/AIDS (MANET).

28. People living with HIV/AIDS also have an important role in advocacy to African Governments and the international community. A young man living with AIDS in South Africa said "Don't talk only about the economic impact of HIV/AIDS, address our needs as human beings." He stressed the need for behaviour change in sexual relationships. He argued persuasively that there is need for a new approach to sexuality in Africa. He now dedicates his life to working with young people and helping those living with HIV/AIDS.

29. People living with HIV/AIDS can guide education programmes and give advice on how to best target interventions to support those living with HIV/AIDS. When I was in the New York recently, I visited a community-based programme in Harlem, which supports women and their families living with HIV/AIDS. It undertakes counselling, nutrition education and child support. It helps women and their families to accept HIV and to live positively with the disease. All those people who have dedicated their lives to the struggle against HIV/AIDS are a source of inspiration to all of us.

30. The religious sector also has a major role in HIV Prevention and Care. Faith Communities have the following advantages:

i) They are well established throughout the whole of the country and work at the grass roots level.

ii) They are already leading players in education, health and community development.

iii) They are community based and have a major influence on behaviour.

iv) Physical and organisational structures to expand outreach have already been put in place.

v) Caring for moral and physical well being is integral to their mission.

31. Strengthened collaboration between the faith communities and Government is needed to improve the effectiveness of the overall national response to HIV/AIDS. International experience tells us that such collaboration will be crucial to the success of the national programme. Faith communities also have a major role in showing compassion and helping people living with HIV/AIDS to accept the disease and to live positively

with HIV/AIDS. While there is no cure for HIV/AIDS, it is possible to "heal the spirit of those suffering from the disease".

32. In Malawi, we have recognised the key role that churches and faith communities have in HIV Prevention and Care. We have established a task force under the leadership of the National AIDS Secretariat to strengthen dialogue with the faith communities so that we improve collaboration in implementing programmes. We intend to meet all leaders of Faith Communities early next year to establish an on-going mechanism for dialogue and collaboration.

33. As leaders, we must be prepared to work with everyone. It is important not to polarise differences between institutions; we should focus instead on how best we can collaborate to meet the needs of our people. The fight against HIV/AIDS is won or lost at the community level.

34. I believe that one of the strengths of the Malawi programme has been our ability to collaborate across all sectors. We have been ready to listen and respond to ideas and criticism from all quarters. This openness was very important as no one has all the answers. There has been particularly strong and effective collaboration between UNAIDS and the National AIDS Secretariat. The Technical Working Group co-chaired by UNAIDS and the National AIDS Secretariat proved to be a highly effective mechanism for dialogue and collaboration with everyone involved in the fight against HIV/AIDS.

Issues of International Justice

35. I will now touch on four issues of international justice and human rights that are relevant to the fight against HIV/AIDS. The first is African external debt. External debt continues to constrain human development and realisation of human rights. African leaders should work together to advocate for debt cancellation in order to expand resources to invest in social services and HIV prevention and care. The debt burden of African nations is unsustainable. Debt service obligations displace spending on poverty reduction including HIV/AIDS and the response to orphans.

36. Malawi's external debt is US\$2.7 Billion. Annual debt service obligations increased from US\$61 million in 1998 to US\$109 million in 1999. This was exactly the same amount we allocated to health, water and sanitation and agriculture (US\$55 million to health, US\$22 million to water and US\$32 million to agriculture). This shows the onerous burden of debt on the Malawi economy. In some countries, more is spent on external debt service than on the social sectors of education, health and sanitation combined. This is not only tragic it is immoral. How can African economies grow when they are suffocated by this heavy debt burden? External debt is a paramount human rights issue.

37. The second issue that African leaders should address together is the unequal distribution of benefits from the international economic order. While globalisation shrinks the world, the distance between the richest and poorest grows. The unequal distribution of benefits from world trade reflects the fact that global economic policy making occurs in a world of grossly unequal economic and political power. Many of the decisions are taken at G8 Summits where poor countries are not represented. A major challenge for African leadership in the 21st Century is to reform international institutions to reflect shared moral values.

38. The third issue is the need to promote greater equality in access to health care and basic social services in Africa. This is a challenge both to African leaders and to the international community. To address poverty, we must invest in improved basic health care and universal primary education. There is need for a quantum leap in resources for health care in the developing world. Most countries in Africa cannot afford even the basic World Health Organisation recommended minimum of US\$12.00 per capita per annum for health care. The inequality in the world economic order promotes inequality in access to health services throughout the world.

39. In this context, there is an urgent need for the world to mobilise global science to address the health care constraints of the developing world. At present, the development of a vaccine for HIV/AIDS focuses on the specific viral strains that are prevalent in the North America and Europe not on the strains prevalent in Africa. Clearly, there is need for African leaders to work together to strengthen advocacy for increased funding for health care in developing nations. We also must address the issue of promoting access to anti-retroviral drugs for those suffering from HIV/AIDS and to prevent mother to child transmission. Drugs for Tuberculosis and other opportunistic diseases must be included in the package.

40. The fourth issue is conflict prevention. There have been a number of recent conflicts in the African Region including the Great Lakes Region, the Democratic Republic of Congo, Angola and those in the Horn of Africa. The majority of the victims of conflict are women and children. Nothing undermines the development effort as

effectively as war and destruction that leaves human tragedy in its wake. People are displaced from their countries or are displaced within their countries. Lives have to be re-built by traumatised people.

41. With so many resources thrown at problems after they explode, the current allocation of resources for international assistance is far from rational. The key challenge is to gear international institutions to prevent conflict. Poor countries spend millions in debt servicing. At the same time, rich nations spend millions on peacekeeping missions once conflicts break out. At the same time they reduce resources for development assistance. Investing in human development and justice is the most cost-effective manner to prevent conflict and the deadly consequences of war. Let us today renew our commitment to resolving conflict through dialogue peacefully. Problems should be identified and addressed before violence erupts. Let us promote dialogue, tolerance and peace in our region and throughout the world.

Conclusion

42. I have outlined the most important elements in scaling up a response to the HIV/AIDS pandemic in Africa. Keeping the youth HIV negative and preventing transmission of the virus among vulnerable groups is the most important challenge. I have outlined the importance of political commitment in developing a comprehensive multi-sectioal and inclusive programme and the need for careful planning for human resource management and capacity development. I have also outlined how we have applied these lessons in Malawi and how we have been ready to learn both from international experience through openness to criticism and ideas from any quarter.

43. We must strengthen our commitment to addressing the HIV/AIDS pandemic in Africa and scale up the response to recognise that we face an emergency. This Conference will have no impact unless it leads to increased commitment to HIV Prevention and Care in Africa. This is the fundamental leadership challenge. Leadership is not about power, or the delegation of authority. It is about taking responsibility to address the most important issues facing our people. Leadership demands that we serve the people we represent so that we earn their respect and trust. We cannot influence people unless we earn their trust. In conclusion, permit me to outline the most important qualities of leadership that we should bring to this struggle. The first is the importance of credibility. As leaders we will be judged by our actions not by our words. We must prioritise HIV/AIDS interventions in our development programmes. We must give the example of responsibility within our own marriages. We must protect vulnerable groups, respect women and show compassion to all those suffering from HIWAIDS and care for orphans. As leaders we also need to combine intellect, tolerance, compassion and resolve to address the most important issue facing Africa. I have searched for an appropriate conclusion to this speech and find that Catherine Phiri's words are the most appropriate.

"I have seen many children, women and men die from HIV/AIDS. It is catastrophic, but I am encouraged and know that we can contain this epidemic."

Let us unite our hearts and minds and fight AIDS. Together we can win.

I thank you.