

Lack of political will and the subordination of women are major barriers to tackling AIDS

Denial, myths, complacency, lack of political will and the subordination of women are major obstacles in the fight against HIV and AIDS. And with no cure or vaccine in sight, scaling up prevention is of paramount importance, according to Professor Lars Kallings, a leading expert in the global fight against the world's first modern pandemic.

Writing in March's Journal of Internal Medicine Professor Kallings says that: "Trust in modern science is so great that people don't like to consider the thought that it may not be possible to find a simple medical way to eradicate the virus. As a result, not enough attention is given to the social and economic aspects of HIV and AIDS and the fight against discrimination – factors that are vital if we are to respond to this epidemic."

Professor Kallings says that the subordination of young girls and women, and the contempt they are shown in many countries, is the major cause of the epidemic.

"Many women are not able to say no to unwanted sex or ask their husbands to use condoms or be faithful" he says. "Stigmatisation of women is another major issue, with many not daring to be tested or treated in case they are thrown out by their families, beaten or even killed."

Professor Kallings is eminently well qualified to comment. Currently the UN Secretary-General's Special Envoy for AIDS in Eastern Europe and Central Asia, a post he has held since 2003, he was also the founding President of the International AIDS Society in 1988 and its Secretary-General from 1994 to 2002.

His paper provides a detailed and often controversial analysis of the last 25 years, highlighting political and religious barriers and conspiracy theories, together with key medical advances.

"Money is no longer the main obstacle to treating the virus, as the cost has dramatically fallen in recent years" he says. "However, by 2010 a massive 42 billion US dollars will need to be spent to meet the goal of universal access to prevention, treatment and care and strengthen national healthcare systems.

"But even if it is made available, funding does not always reach the people who need it, because rulers in many countries are more interested in nursing their own power base and private fortune than the wellbeing of their people.

"The main problems lie with a lack of political will to influence attitudes, implement prevention and provide care, together with a lack of healthcare infrastructure, including the drain of trained health-care workers from developing countries to the West."

Figures released by UNAIDS in December 2007 show that more than 32 million people worldwide – half of them women - are now living with HIV, 2.5 million were newly infected in 2007 and 2.1 million – including 360,000 children under 15 – died of AIDS during the year.

Yet barriers to prevention are still common.

"Condom use is the least expensive and most cost-effective method for preventing HIV transmission" stresses Professor Kallings. "However this protective measure is resisted by fundamentalist groups, such as the Vatican and the religious right in the USA, and may be a difficult subject in marriage".

Other preventative measures include the use of anti-retroviral treatment during pregnancy and after birth, circumcision and the treatment of other sexually transmitted diseases.

Professor Kallings extensive paper also provides a fascinating commentary on the discovery of AIDS and the myths and conspiracy theories that the disease has prompted. For example it details:

- Conspiracy theories that HIV was a man-made virus and that childhood vaccines, condoms and some anti-retroviral drugs have been deliberately contaminated to spread the disease.
- Alleged disinformation campaigns by the security services during the Cold War.
- Retrospective research that has highlighted isolated cases as far back as the 1950s – including an English sailor who died in 1959 and a Norwegian family who died in the mid 1970s.
- A declaration signed by 5,000 scientists against criminal theories that AIDS is not caused by HIV. The scientists feel that these theories have prevented effective action and are tantamount to genocide as millions of people have been misled and infected.

“Bad governance has plagued many people in Africa, Eastern Europe and Asia during the course of the AIDS epidemic” says Professor Kallings.

“This has meant that measures to prevent HIV transmission and to care for the infected and affected are often not implemented, even if resources are made available. Lack of political will, bad management and lack of infrastructure in many countries are causing an implementation crisis.”

There are, however, some positive developments to report, stresses Professor Kallings. “In spite of all the difficulties, there are good examples which show how the number of new cases can be reduced, especially among young women” he says.

“We have all the knowledge we need to prevent the virus being spread further and to treat those already infected. Due to the nature of the virus, and how it is transmitted, we will not get rid of HIV and AIDS in the foreseeable future, but hopefully we can reduce it to controllable levels.

“In the meantime, we have to learn to live with AIDS and scientists and non-governmental organisations need to play a key role in raising awareness and pushing for change” he says, pointing out that it took 30 years to alert the world to the dangers of global warming and the same now needs to be done with HIV and AIDS.

“The world cannot afford to wait another 30 years to wake up to the ongoing AIDS catastrophe” he stresses. “Twenty-five years have already passed.”

Professor Kallings has stressed that the views expressed in Journal of Internal Medicine are as an independent scientist and have not been voiced in connection with his post as a UN Special Envoy or any other organisations he is affiliated with.

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