

JUNGE UNION



DEUTSCHLANDS

Fighting HIV/AIDS in Developing Nations together

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of the Junge Union
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The HIV epidemic has developed into a humanitarian catastrophe in recent years. UNAIDS assumes that there are 5.3 million people worldwide that have been newly infected in the year 2000 alone, 3.8 million of them in sub-Saharan Africa, where 11 million people have died of AIDS since the onset of the epidemic. All over the world 36 million people live with the immune deficiency disease or are infected with HIV, 95% of them in developing countries. In recent years though, HIV/AIDS has also spread rapidly in Russia and Eastern Europe as well as in Central Asia.

In many regions of the world the disease has become one of the main obstacles for development. So some 12 million children have become orphans through HIV/AIDS (about 10 million of them in sub-Saharan Africa). Not only are these children denied education, but very often they end up as prostitutes or child-soldiers, which undermines all efforts to increase respect for human rights and to broaden the democratic development in the region.

Within sub-Saharan Africa there are big differences in the development of the epidemic. They are determined mainly by the virological variance of different types of HIV and the different political and social conditions. HIV 2 is much more contagious and virulent than the European type of HIV and dominates in large parts of sub-Saharan Africa.

The approach of the political and social elites to the problem though, is of at least equal importance. Despite the presence of HIV/AIDS in all strata of society it is very often considered a taboo. The dominant, culturally rooted image of women and the distribution of gender roles further the expansion of the epidemic. In states where the government is committed to the fight against HIV/AIDS and where public campaigns are pushed, including all social and religious forces like in Uganda or Senegal, the perspectives are much brighter than in other states.

That holds true too in comparison with those governments that show the willingness to cooperate with the aid programmes of international organizations, but that have no interest to become involved themselves in HIV-policy or to even raise the issue of

HIV/AIDS publicly. In these places the international programmes fighting the epidemic are deemed to fail very often from the beginning.

International organisations have often committed errors. Since the beginnings of the Global Programme on AIDS (GPA) it has been tried to implement standardised programmes and structures without sufficiently taking into account the local political and social conditions. These structural deficiencies have neither been overcome completely by UN AIDS.

Because of the large number of ill people and the high mortality, a large part of a whole generation drops out from developing and shaping society. Next to catastrophic economic consequences, this leads to political destabilisation, which in turn makes the effective fight against the disease more difficult.

HIV/AIDS still cannot be cured in industrialized countries either. Nonetheless it was possible to raise the life expectancy of infected persons considerably through the improvement of medication and treatment. The quality of life of the infected has been improved notably. Most developing nations though are not capable to carry out the necessary therapies on a larger scale through their health care systems.

Necessary Measures to fight HIV/AIDS

A non-exclusive treatment of HIV/AIDS with modern medication like the tri-therapy remains illusory in sub-Saharan Africa due to the enormous expenses and the lack of infrastructure. Until a breakthrough in the research for a vaccine, prevention will be the primary means in the fight against the propagation of the virus.

The international community must actively support the building of workable health care systems, not only to enable therapy, but primarily to promote prevention.

Large scale campaigns of information and instruction must be the priority for international organisations. "Safer Sex"-education and instruction about the dangers of HIV/AIDS can achieve a change in consciousness, at least in the medium-term. High-risk groups like prostitutes must be given special attention.

Prevention programmes of international organisations can be realised locally only with the support of governments and associations on the spot, which is clearly proved by UNAIDS figures. The official position of the Catholic Church on the use of contraceptives makes the prevention work of local churches more difficult. Consequently, pressure, including economic one, must be exerted on the governments to actively counter the suffering in their countries. Government policy must also be influenced via diplomatic channels to develop concepts to deal with the problem and to learn from positive examples.

The Junge Union urges the federal government to exert pressure on receiving countries, when planning development aid programmes. In countries whose governments do not treat the problem according to its true dimensions, NGOs should be supported in carrying out educational campaigns with priority.

The pharmaceutical industry shall handle patent rights (generics/license production) for AIDS medication as flexible as possible to enable, together with the improvement of health care systems, the creation of improved opportunities for therapy in sub-Saharan Africa. The respective international trade agreements must be amended in order to no longer stand in the way of solving this problem by allowing to prevent the reimportation of cheap medicine to the developed nations. It is not only the pharmaceutical industry that must be called to increase cooperation, but the governments in place must cooperate to implement these programmes.

The failure to do so by the government of South Africa counteracts whatever concession by the pharmaceutical industry.

In those states in which the government does not actively take measures against the epidemic, the international community should foster social movements that could put the problem of AIDS on the public agenda. HIV-infected persons can be an important resource for the democratic mobilisation of the public and for health education campaigns, because they are competent and motivated. Openness and the removal of taboos are the first step in creating a consciousness for the problem. This will also facilitate the challenge to African societies to integrate this part of the population and to learn to live with AIDS and the sick, which is inevitable, given the epidemiological development of recent years.

