

**“WE
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TO
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IN
TOMORROW”**



REUTERS/MIKE HUTCHINGS

UNAIDS EXECUTIVE DIRECTOR DR PETER PIOT HAS ALREADY DEDICATED ALMOST 25 YEARS OF HIS LIFE TO THE BATTLE AGAINST THE HIV/AIDS PANDEMIC. HE BELIEVES TRADE UNIONS WILL HAVE A CRITICAL ROLE TO PLAY IN THE GLOBAL RESPONSE FOR THE NEXT 25 YEARS AND BEYOND, AS KAY PARRIS REPORTS

One morning in 1976, when Peter Piot was a young doctor working at the Institute of Tropical Medicine in Antwerp, a package arrived from Kinshasa in what was then the Belgian Congo (now Zaire). It contained pieces of liver from a woman who had died from a mysterious new fever gripping parts of the country.

Invited to join a World Health Organisation investigation of the outbreak, Dr Piot travelled to Kinshasa where villages had been stricken by the unknown bug. He was part of a team that unearthed a new pathogen – the potentially deadly and highly contagious Ebola virus, which, the team discovered, was easily transmitted through sex as well as through other body fluid contacts.

It was a terrifying foretaste of the much more powerful HIV virus, which emerged only a few years later, and rapidly gained epidemic, and then pandemic proportions.

Back in Kinshasa in 1983, Piot and his colleagues were among the first to demonstrate that this new disease of the immune system, which initially appeared to target gay men, needle users, haemophiliacs and other transfusion recipients, all over the US and Europe, was spreading on a far greater scale through general heterosexual populations.

Breaking the silence

As the infection figures have climbed in 25 years since the first identification of the disease, from five to 40 million cases, AIDS campaigners like Piot have spent much of their time locked in a battle against denial.

The denial of national leaders, who refuse to get to grips with the reality of sexual transmission, why and how it happens, how it can be stopped.

The denial of societies and individuals wanting, as we all do, to protect their prejudices and accustomed behaviours, the denial of employers reluctant to face up to the measures they need to take, trade unions shying away from the daunting responsibility of addressing their members' vulnerabilities and lifestyles.

To Piot, executive director of the United Nations Joint Programme on HIV/AIDS since its foundation in 1964, stigma is the central obstacle to be faced here – and leadership, at every level, is the key to overcoming it.

"First we have to ask, what does leadership really mean?" he says.

"Speaking up, breaking the silence, that is the first step. Then, leading by example. For unions in badly affected countries, it means including AIDS in collective bargaining agreements, helping to develop prevention programmes, and tackling this stigma and discrimination, which most of the time are about something else – sex, sexual orientation, taboos, deep beliefs."

Taking stock

Twenty five years is a long time to spend battling against a relentlessly growing pandemic. Piot appears to have lost none of his passion for the task in that time, but he has gained a profound sense of realism, and he wants this to inform future campaigning, over the next 25 years and beyond.

"We have an understanding now that AIDS is with us for a long time. We should be thinking in terms of decades, generations. We have to decide, what do we do today, in order to have the best possible outcome in the long term?"

While antiretroviral treatment is now reaching many

more people, for example, prevention strategies are still often failing to get through. For every one person who begins treatment, another five contract the virus.

Piot says he is haunted by the vision of queues for treatment getting longer and longer, while the security of treatment provision is far from assured.

"In the poorest countries, someone on antiretroviral treatment depends on donors, or on whether the government decides to divert money to fund ever growing treatment programmes. How do these treatments become sustainable?"

Similarly the leadership influence he holds to be of such vital importance – "whether through charities, businesses, unions or governments" – must be strong enough to last, regenerate and develop indefinitely.

"How do we sustain it? How do we expand it? We are so busy with crisis management, but we have to make time to look at these questions."

The plan is to review every aspect of HIV awareness, prevention, treatment approaches and contexts worldwide in order that come 2031 – 50 years after the first HIV case was reported – the AIDS response will have had maximum impact.

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The taskforce to spearhead the plan, the AIDS 2031 Consortium, is focused in particular on examining the "social drivers" of HIV/AIDS – the social, cultural and political injustices that allow AIDS to thrive in the midst of gender inequality, economic marginalisation, stigma and discrimination.

Trade union role

These are all problems that Piot, who has a deep belief in the power of community and collective action, feels trade unions are compelled and equipped to address. And he seems to believe the ITF and its affiliates are heading in the right direction with the programmes they have developed so far.

"The thing the best ones have in common is that they are run with, not for, the workers. I think the ITF takes a human rights approach, and this is the right approach to take. It says that tackling stigma and discrimination is key to tackling the problem, and it centres on involving individuals. And it's about reaching people in a way that fits, in terms of language and circumstances – for example, the audio tapes for the road your Swedish affiliate has sponsored. I wish every sector could be the same."

This does not imply that transport trade unions have got their HIV response sorted out. Most are at an early stage in their programming and many are far from even beginning, often because they are under-resourced or not yet established. And as Piot points out, even where active programmes are running, "Astonishingly, a lot of workers still lack basic knowledge."

Unions in some countries may believe that relatively low prevalence means they need not act, he observes. This is misguided.

"With AIDS, having no problem today does not mean no problem tomorrow. You have to make sure there is prevention, we have to invest in tomorrow. The disease is



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very high now in truckers' populations in East Africa, for example. Whenever this happens, it means there was a failure, in not acting when this could have been prevented."

Of course the union role does not end with prevention programmes, however crucial they may be. Unions have a responsibility to represent members in their right to seek protection and treatment.

Fortunately many governments, including in parts of Africa, are now providing, or on their way to providing, proper treatment programmes. In Botswana, 85 per cent of people who need treatment now have access to it. In Kenya the figure is 50 per cent.

This still leaves unions with the challenge of securing access for their members. "It is a case of making sure arrangements are in place to facilitate access," says Piot. "For example, this might mean ensuring there is a non-discriminating environment in the workplace. You must create a safe space. If I think I may be HIV positive, I need information to help me understand whether I should be worried, and then I need the mechanisms to support me, and to give me confidence that I won't be fired or found out by my peers if I get tested and get a positive result, and that in fact I will get help and treatment."

"Of course, where there is still no state funding for treatment, we must push employers to pick up the bill."

Attitude change

In common with any serious campaigner against HIV/AIDS, Piot sees gender inequalities as one of the most central problems to address. He recognises this

Building campaigns for the future: a youth rally against HIV/AIDS in Ethiopia

is not the easiest focus for trade union work.

"There is a macho environment in the unions, not just the transport unions – and I am speaking as a former trade union activist myself. In general, trade unions are not gender sensitive."

"There is a lot of work to be done here – and there would be even without AIDS. We are asking a lot, but the specific needs of women and girls must be addressed, and this is beginning to happen."

"In South Africa there are projects focusing on men as partners, showing how often women are blamed, especially sex workers, when in fact it is mostly male sex behaviour or drug-taking behaviour that is the problem. In transport, where men suffer so many stresses and deprivations while away from home, they are particularly likely to show these behaviours. Men must be part of the solution, they have to take responsibility."

In the meantime, Piot is pleased to pick up some signs at least that women are gaining in confidence, and that cultural barriers to change are beginning to shift.

"This is not very scientific, but whenever I visit a big city I always ask for a meeting with people with HIV. In Nairobi, for example, when I was doing this 10 years ago it was a very big challenge, you couldn't find anyone who wanted to come and talk. But it has become less and less of a challenge. This year in Nairobi I attended a meeting of 2000 women, 500 of whom were openly positive. HIV has become more discussable."

Dr Peter Piot is executive director of UNAIDS and under secretary general of the United Nations