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Advocating for More Effective Responses to the HIV/AIDS Crisis

THE DOGGED PURSUIT OF AN AIDS-FREE WORLD

Change and challenge is in the wind as 2008 comes to an end. The same is true when examining this month's ReachMD XM 160 special series Focus on Global Medicine. We take a look at both the changes and the challenges impacting global medicine.

You are listening to ReachMD, The Channel for Medical Professionals. Current efforts to response to the HIV/AIDS crisis must be considered lacking when 33 million are infected. Health care professionals are deeply concerned about this unprecedented public health crisis, but how can voices of physicians be heard and what messages do they need to be sending to our world leaders. Welcome to the Clinician's Roundtable. I am Dr. Kathleen Margolin and joining me from Toronto, Canada is Stephen Lewis, Co-Director of AIDS-Free World, former UN special envoy for HIV AIDS in Africa and former Deputy Executive Director of UNICEF.

DR. KATHLEEN MARGOLIN:

Welcome Stephen Lewis.

DR. STEPHEN LEWIS:

Thank you.

DR. KATHLEEN MARGOLIN:

Your organization speaks out loud and clear about how HIV and AIDS is being addressed. Recently you have been critical of the UN calling them stubborn and sloppy in reference to the UN AIDS Epidemic Update of 2007. Can you explain why you take issue with the report?

DR. STEPHEN LEWIS:

Well, I didn't take issue with the actual results of the report; I took issue with the way in which they were fashioned. The report was memorable because the numbers of people infected internationally declined from 40 million to 33 million from previous report. And, this

decline in numbers was based on a different methodology, a different process of epidemiology, and for many years, a number of thoughtful epidemiologists had been saying to the UN "Look, the way in which you calculate the numbers is wrong. There are fewer people infected than you are saying. Its still a catastrophe, but don't use the large numbers because one day they are going to catch up with you and the donors, the people who give us the money will feel that you have been inflating the numbers purposely and it will be even tougher to get the money we need to address the pandemic." And, I think those criticisms were valid and I wish UN AIDS instead of being quite so arrogant had accepted them, and that is what I criticize, but the new numbers, 33 million infected, are still pretty well a nightmare.

DR. KATHLEEN MARGOLIN:

Is it too soon to tell or do you think that you have already witnessed some of the impact of that misinformation.

DR. STEPHEN LEWIS:

Well, that is an interesting question. It is certainly true that the commitments made, for example, to Africa in the famous G8 Summit at Gleneagles in 2005, are not being met. Bono and Geldof just had a press conference three days ago in which they said that it was outrageous, that the G8 countries were betraying the commitments so quickly, and that only 14% of the money, which they promised had so far been dispersed. And, that is really interesting that Bono and Geldof would be naive enough to believe the G8 in the first place, but I am glad that they are coming out swinging now. Now, is that related somehow to the decline in numbers and the governments are saying to themselves, "We don't need to provide as much money because we are not dealing with the same numbers?" I don't know; I actually doubt it, but I don't know.

DR. KATHLEEN MARGOLIN:

Right. I guess, you can't know for sure, but it's not going to help.

DR. STEPHEN LEWIS:

No. It certainly won't help. Because there were many stories at the time, which noted what had happened.

DR. KATHLEEN MARGOLIN:

Do you believe that an Aids-Free World will be a powerful advocate for a new international agency for women at the UN and you sound optimistic about persuading the UN to create such an agency? Can you explain why this is so important?

DR. STEPHEN LEWIS:

It is important because within the UN, there is no voice for women. I mean, it's quite astonishing. There are little pockets of voices. I don't want to be inappropriate with UNIFEM. For example, which is a UN agency for women, and there is a special advisor to the Secretary General, and there is a division for the advancement of women in the secretariat, but all together, in terms of numbers and money, the impact is tiny. You know, all together, they may have about 60 million dollars; I am probably inflating the figure. For the world, an organization like UNICEF acting for children has over 2 billion dollars. So, there has never been an adequate representation of women

driven by the United Nations. And, when there was a panel of UN reform that looked at these issues, they said the response of the UN to women has been abysmal. We should have a new international agency for women. And that, frankly, would be one of the most exciting things that could possibly happen within the UN, and it looks as though it may be happening. There is a very significant discussion taking place now. I have seen a number of ambassadors myself from various countries in the last two or three weeks talking to them about the international agency and the importance of getting it implemented, and frankly before I was feeling somewhat crestfallen about it, now I have little palpitations of optimism. I have a sense that we may well get the agency before the end of the year; we will have an Under Secretary General equal to all the other senior people in the UN; we will have an excellent structure, and I hope we will have a billion dollars to start.

DR. KATHLEEN MARGOLIN:

How do you foresee that agency as being more effective in addressing public health issues, such as HIV and AIDS?

DR. STEPHEN LEWIS:

Because it will have power on the ground, that is the whole secret. If you get an agency that simply has a bunch of consultants in New York, forget it. It will be another agency that disappoints people. But if you have an agency that has authority on the ground, that is, staff in the countries so that they can support the activist women's groups, so that they can participate in the education of women and girls about HIV and AIDS, so that they can make sure that there are midwives and nurses who are competent to deal with women's problems so that they can make sure there are enough counselors available to do the counseling around testing for HIV. When you have a women's agency, they can be the voice for women and with women in the promotion of protection against the virus.

DR. KATHLEEN MARGOLIN:

Your work resonates strongly with the medical community. Let us talk about physician involvement in the AIDS crisis; the shortage of doctors, nurses, and other vital healthcare workers have been a huge problem in addressing HIV/AIDS. What is your take on the problem?

DR. STEPHEN LEWIS:

Oh, the problem is of monumental dimensions. It is said that Africa needs more than, for example Africa alone needs more than a million health professionals and quasi professionals, and the lack of physicians and nurses and pharmacists and administrators is massive. So, there has to be a tremendous retraining program. A lot of the shortages attributable to the AIDS virus because health professionals have been decimated in numbers equivalent to the general population. And, very often, the doctors and nurses are poached by the western world; particularly the United Kingdom, but also to a lesser, but important extent, by Europe, Australia, Canada, and The United States. And, that I think is almost unconscionable to actively solicit the doctors and nurses of the developing world; particularly Africa where they so desperately need it. Quite naturally, many of them are tempted to leave because their working conditions are often intolerable and their income is miniscule. And yet they play such a tremendous role. And, physicians on this side of the world, in North America for example, if they were able to give some time to magnificent organizations like Partners In Health or Doctors Without Borders or Doctors Of The World, I think it would tremendously appreciated, and people like Paul Farmer, who is legendary and likely so, with Partners In Health, have shown that you can train medical professionals more quickly and that you can transfer a various tasks. Its called task shifting is the medical term. You can transfer tasks to nurses or others of lesser medical knowledge and authority and still get the work done.

DR. KATHLEEN MARGOLIN:

Those are great on-the-ground suggestions. You are very frank when you talk about what the leaders at the UN should be doing to speak openly and clearly about issues so that the public will benefit from their leadership, what can the many health care professionals who are deeply concerned about the AIDS crisis do to lead in their own rights?

DR. STEPHEN LEWIS:

I think it much the same way, in accepting the reality that this crisis is at the moment out-stripping our response and that even though we can be very excited about putting an additional million people into treatment in 2007, the excitement is diminished when you realize that two and a half million were nearly infected in 2007, so we are losing that battle, and the voices of health professionals, you know, I think of an outfit like Physicians For Human Rights in Boston speaks authoritatively for the physician response to the AIDS pandemic and the voice carries with it a lot of muscle, a lot of gravitas because it is doctors speaking, and everyone listens, and so when Physicians For Human Rights signs something, it means something. I think the more voices we have from medical associations and medical groups, the more that they are prepared on the basis of their very considerable knowledge to criticize the international response, the better it will be. I mean, people who have knowledge and authority have a moral responsibility to say things; to point out, for example, that the United States is spending more than 3 billion dollars a week to fight the war in the Iraq, and we raise barely 10 billion dollars a year to confront the pandemic of AIDS. That is just not tolerable in a world with ethical principles.

DR. KATHLEEN MARGOLIN:

You mentioned some of the Rockstar celebrities who have tried to put some pressure on governments to meet economic commitments and to further address this public health crisis, do you also feel that physician organizations or physicians as individuals might be able to help encourage G8 countries to meet those commitments?

DR. STEPHEN LEWIS:

I absolutely do. I think that doctors tend to underestimate the impact they have and were sort of Physicians Of The World to put a declaration or a petition or a voice; if they were to seek to be heard at the G8 conference, somebody would have to hear them. And I remember back to the physicians for nuclear responsibility back in the Cold War Era, when we were fighting the prospect of nuclear proliferation and the physicians in Russia or the Soviet Union at the time, and the physicians in the United States formed an alliance, and it had an extraordinary impact on governments. And I think people generally conceived that the physicians for social responsibility, or nuclear responsibility, whatever they were called at the time, made a very great impression on governments around the dangers of atomic warfare or proliferation and that is the kind of thing you would want from physicians today.

DR. KATHLEEN MARGOLIN:

If listeners are interested in more information about the work that you are doing with AIDS-Free World; you have a web site www.aidsfreeworld.org, there are a number of essays and links in there, and you have fairly recently written a book, Race Against Time, there are lots of resources.

DR. STEPHEN LEWIS:

Yes, I hope that's true. AIDS-Free World is relatively new, but it is an advocacy organization whose voice I think will continue to be

heard. Certainly we are going to make every possible effort.

DR. KATHLEEN MARGOLIN:

Thank you for listening to the clinician's roundtable on ReachMD XM 157, the channel for medical professionals. I am Dr. Cathleen Margolin and my guest has been Stephen Lewis, Co-Director of AIDS-Free World and Former UN Special Envoy for HIV/AIDS in Africa. Stephen Lewis, thank you so much for the interesting conversation.

DR. STEPHEN LEWIS:

Pleasure to have talked to you. Thank you.

DR. KATHLEEN MARGOLIN:

Thank you for listening to our special series Focus on Global Medicine as we celebrate this annual holiday season. Everyone at ReachMD wishes you and your family a happy holiday and a successful new year.

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