

Has ICAAP lost its relevance?

By Rathi Ramanathan

As a first timer to ICAAP, I depended on fellow activists to guide my reflections in Colombo, Sri Lanka. However I was struck and disappointed by the lack of solidarity and weakened politics I observed, when I had been informed they were very much at the heart of previous ICAAP conferences. Sri Lanka is now home to 120,000 Tamil refugees but not a single session or speech was devoted to this issue. Where among local representation were the Tamils, who we had hoped would talk about their ordeal of constantly being harassed and moved from one location to another? In my time in Sri Lanka, I did not meet a single Tamil.

Many were intent on attending Global Fund sessions – and there were quite a few – with other UN funders, and attending their network sessions and meetings. Pitting the Asia Pacific Village against the oral and plenary sessions did not help as it divided the audience.

It was strange walking into the Asia Pacific Village which also hosted the community dialogue, funded and organised by UNDP. The AP Village's objective - a concept borrowed from the International AIDS Conference – is to provide informal spaces for exchange and engagement on ideas and issues.

Seven Sisters, who organizes the community forum the day before as a lead-in to ICAAP, decided not to coordinate the AP Village as it felt that a crowd of 3000 was not sufficient to justify the introduction of another space. One is left to wonder what does this mean in terms of Seven Sisters' role in mobilising the community?

Many expressed that this time round, the 8th ICAAP fell short on many counts. Generally the presentations lacked reflection on failures and shortcomings of programmes but instead focused on painting a rosy picture of interventions on the ground. For example the issue of stigma and discrimination, which is arguably the largest barrier to scaling up HIV prevention, treatment, care and support, continues to be the missing link in evidence based intervention.

Activists also noted with some alarm the fewer scientific sessions and poor presence of bio-medical/pharmaceuticals organisations this time around. Many had preferred to attend the 4th IAS Conference on HIV, Pathogenesis, Treatment & Prevention which was held a month earlier on 23 July in Sydney.

The growing disinterest in ICAAP as a space for health practitioners, governments and civil society to share evidence based social research intervention has implications as aptly stated in the following excerpt of the community forum speech read out at the opening ceremony at ICAAP.

“This conference takes place in an environment in which evidence-informed and human rights-based policies and responses to HIV are being increasingly undermined. Even as vastly increased funding for HIV has become available, those most vulnerable to HIV continue to receive the least access to HIV prevention, care and treatment services.”

Nevertheless, the emerging trends discussed did seem to suggest that Asia Pacific - while not yet out of the woods - was on the right track. The HIV and AIDS epidemic in the region has stabilised but risen in the following countries: Pacific Islands, China, Vietnam, Indonesia, Nepal, Bangladesh and Pakistan. IDU transmissions represented the largest group of new infections in the last four countries.

Lessons learned:

- Scaling up does NOT have to involve a large investment as evidenced by Taiwan
- There is now evidence that resource-poor countries have been successful in bringing down the epidemic, for example, Cambodia.
- ART coverage is currently standing at 20% far below the targeted 80%. However, universal access to ART is possible. Eg Thailand and Malaysia but as we know, it is not accessible to migrants.
- There is a need to focus on cost benefit analysis of harm reduction and prevention efforts which not only focus on reducing HIV infections but also on how it impacts on overall health indicators.
- We know that some returnee migrants are IDUs but we need to understand the trends through more epidemiological studies
- We need to work with parliamentarians to support legal reforms in decriminalizing sex work, same-sex behavior, drug use and removal of mandatory testing of migrant workers.

Disturbing trends

- Rise in TB among HIV and AIDS patients, especially among migrants.
- Inadequate tracking of the epidemic especially among at risk communities.

- Re-emergence of mandatory testing as stated by Prasada Rao in his opening plenary speech.
- Over dependence of external funding for HIV and AIDS programmes. We need to make national governments accountable and set aside more money toward public health systems and HIV and AIDS prevention and treatment.
- There continues to be a condom shortage. Only 8-10 million are available through the public and community health system annually.
- HIV and AIDS programmes and services continue not to be integrated with sexual and reproductive health services

Activists were saddened by the lack of activism, weakened solidarity and politics. The head of State of Sri Lanka and other dignitaries' did not even have the common courtesy to stay for the community's speech at the opening ceremony. To think that ICAAP was a space carved out by the community and continues to be viewed as the only space for the community to raise and advocate issues that are negatively impacting on people living with HIV and AIDS. Yet we were not permitted to hold demonstrations outside the conference venue.

As discouraged as we may be, ICAAP represents the only space in the region that is a platform for networking and advocacy and through effective engagement with host countries, we must find ways to strengthen it and returning it back to the hey days of solidarity and genuine sharing, for without input from the community the HIV response will fail.

The End