

UNFPA ROUNDTABLE ON MAINSTREAMING OF HIV: ROLE OF LEADERSHIP

Excerpts from the roundtable are produced below

Shah Hossain Imam

It is a matter of pride, privilege as well as great satisfaction for me, on behalf of The Daily Star, to have partnered with UNFPA and Organize this kind of a seminar on an issue that I believe should be mainstreamed not only across frontiers but also at the world stage.

I understand the word "mainstream" in the broadest spectrum possible, beginning with the fact that issues keep coming, very formidable challenges keep coming, like the climate change, the global financial melt-down and these should not distract our attention from the constancy of the threat and reality that HIV/AIDS is in the whole world. Having said that, I would say that all the national governments should be equally disposed towards mainstreaming HIV/AIDS in the health policy. It pleases The Daily Star a lot to see all the major conceivable actors in the field who have gathered here today to talk on the issue at hand.

Pornchai Suchitta

Deputy Representative, UNFPA

We are pleased to welcome you all to this roundtable discussion on mainstreaming HIV/AIDS, jointly organized by UNFPA and The Daily Star. UNFPA is working with the government and other partner organizations in different interventions to contribute to prevention of HIV in Bangladesh and we hope our partnership with all will be further enhanced through this effort of roundtable discussion. We know that multisectoral responses for HIV prevention provide a good opportunity to accelerate country level response to the epidemic, but a major challenge is how to coordinate and harmonize multistate response that aims at achieving the intended results.

There is no doubt that we are making good progress for effective prevention of HIV. People are now far more proactive and inclined to talk about the disease now than they were before. For successful prevention of HIV, we need a harmonized effort through active and meaningful participation of all government and non-government organizations, public and private institutes and people of all strata of society.

We believe that this effort of roundtable discussion on mainstreaming HIV will be instrumental in building a national consensus for a concerted effort, consolidating our partnership and contributing in the long run to the prevention of HIV in Bangladesh.

Mohammad Abul Kalam Azad

Joint Secretary and Focal Point-HIV/AIDS, MOHFW

We all know that HIV/AIDS is not only a burden on health, this is a burden on development also. It affects productivity and it affects everyone's household income, and the thing is, this is a threat for the country, a threat for the nation. Someone might say, "this is not a threat for us," but s/he is living in a fool's paradise, because this, which is a great threat in Africa and also in our nearby countries, but at present somehow a rather not too affective here, we are still at a great threat.

At present 6 crore people are affected with HIV and already 2.5 crore died from it, so this is a great human hazard.

There is a report that 100 nations agreed to sign against cluster bombing. But has the cluster bombing killed 2.5 crore people? No, so HIV/AIDS is a great threat when we compare it with that. So what were the steps taken by the Government? In 1985, the government first formulated the national AIDS committee. From then they acted on a policy, which was formulated in 1987. It was approved by the government and under that policy, from then on, the government has been working.

You've seen that in 98 centers, we have our safe blood transfusion system. On HIV/AIDS, we conducted eight surveillances, but the last surveillance is not out yet. We believe this will be available very soon for the researchers. The government is thinking of this as a multi-sectoral approach for mainstreaming. Not only multi-sectoral, this is a mainstreaming approach, because this is everyone's business. This is not only for the Ministry of Health; this is also for the Business Sector, the Ministry of Home Affairs, Ministry of Social Services, and Religious Affairs Ministry.

At present, 16 ministries are working with HIV/AIDS. I want to give small information on how we work. Government formulated the policy to work with NGOs. Why NGOs? Obviously, nowadays, times demand we develop private-public partnership. Government tries to deregulate so many things so that the civil society can participate in different nation building activities. Government will give a policy, and under that policy, the development work, including these types of health service activities should be conducted.



Dr. Khandaker Ezazul Haque

HIV Officer, UNFPA

These are the few objectives for today's roundtable discussion. We want to have a discussion and debate on the concept of mainstreaming. We will discuss integration and mainstreaming, since sometimes we have misconceptions and some times confusions, we mix the term between integration and mainstreaming.

We will discuss what the policy in Bangladesh is and how the national strategies guide us towards mainstreaming in Bangladesh. And we will discuss the role of leadership, how the leaders can play a role to proceed forward in mainstreaming. When I say leaders, I mean for the respective sector, ministry, NGOs, civil societies and so on.

What's most important in mainstreaming? We need partnership, networking and collaboration. These three concepts are essential for mainstreaming. If we don't have this kind of strategy for partnership, we cannot proceed further. It's not a prototype issue. We need action, and based on actions we need reflection, a feedback. Based on this sort of feedback and learning; we can further refine and scale up the actions. This is the main concept of mainstreaming.

Mainstreaming is not intervention actually. Sometimes, for example, we might say that discussion on co-relation of gender inequity in transmission of HIV for HIV/AIDS training is mainstreaming. In fact it's not mainstreaming, it is an activity or integration, so mainstreaming is a different sort of thing. It comprises of a range of empirical approach for expansion of responses, so it is a strategy, not a list of activity.

If national policy and strategic framework do not guide it, we cannot proceed in mainstreaming, and it should be according to national system, not only just the health system, infrastructure, human resource etc. All those related should be in line with the national system.

In fact concept of mainstreaming addresses root and underlying causes, but we are not dealing a great deal with these underlying and the root causes. Rather we are only dealing immediate causes creating hurdle for active and meaningful participation of all strata of society, administration, and ensuring wide coverage, scale up and quality of services for sustainable and cost effective HIV prevention.

Not all organizations are expected to take the same task of responses of mainstreaming. This is important to know, since mainstreaming is not a concept of activity, and each organization is not expected to implement all activities relevant to mainstreaming. It depends on a comparative advantages, meaning that which is relevant and according to the capability of organization for implementation of mainstreaming. Interested organizations need to choose activity based on their mandate, mission statement, capacity.

So, mainstreaming in a nutshell, you can say, is a process which enables all the development actors to address the cause-effect relations of HIV, as they relate it to their mandate in an effective and sustained manner. So, it is an effective process, and sustained process, and we need to deal with both the cause and effect relation related to HIV.

It is a basic issue. Why do we do mainstreaming? Why is it needed? We are doing lots of HIV activity, so do we need mainstreaming at all? Yes, we do since we need a scale-up of service, we need a wider coverage, both in terms of geographical coverage, in terms of population coverage and we need to have a cost-effective service.

It is expected that through mainstreaming, awareness on HIV will be more wider since there will be high coverage of population. Moreover, comprehensive, package of the service will be ensured by all the stakeholders. As all the player of HIV will be in the playground through the process of mainstreaming, we can expect comprehensive package will be functioning and contributing.

As a process for wider coverage both in terms of service provider and service recipient, mainstreaming facilitate to address the issues of stigma and discrimination on HIV. Since mainstreaming not only deals with the immediate cause but also with the human rights issue as a component of root causes, it is expected that the voice will be raised against stigma and discrimination for HIV positive persons, and will also get emphasis by the service providers at national level. As awareness will be built, we can expect that

the demand of service will increase. So if the demand is increased, utilization of service will ultimately increase. So, scale of services will be enhanced since the coverage, quality and confidence of the service recipient will be increased, and, ultimately compliance for prevention, treatment, care and support will be in place.

As a positive impact of mainstreaming, ownership on behalf of both service provider and recipient will be in place since people will be directly and indirectly involved in this process, and consequently lead to sustainability of HIV prevention program.

Leaders from the respective ministries, UN agencies, development partners, NGOs, civil Society, political parties need to develop a shared goal and commitment for mainstreaming of HIV.

In fact, we have goal of our respective organization, but we need to shared goal for prevention of HIV. It means a goal of the HIV activity of Ministry of Health & Family Welfare for HIV prevention that we need to share, and we need to have a commitment for that goal.

Preparing HIV profiles: This means that we need to have an understanding on what we have in hand so far, in terms of human resources, financial resources, and what we can do, based on our comparative advantages. Therefore, we need to have a HIV profile and based on HIV profile we can formulate activity plan for mainstreaming for the respective sectors in addition to Ministry of Health and Family Welfare. Other Ministry can have a strategic frame work based on their comparative advantage and based on the commitment of the goals of the respective organizations and the health ministry.

We also need a costing and budgeting since we need to stir the whole system within the respective organization in terms of administrative, management decisions, and also implementation process. We might need a sort of costing for the respective sector for implementations of mainstreaming of HIV.

We have also to take stalk, meaning we should not blindly proceed on the highway of HIV prevention. We need to know from where we have started, as a starting line. We need to have cumulative and calculative milestone we have crossed since the starting line and where to go further. As I said earlier, mainstreaming is a process of action and reflection. So, when we have an action, we should have understanding whether we are proceeding properly or not. If not, we have to refine our strategy of mainstreaming based on the reflections.

There are certain norms, I am not going into details of this norms of mainstreaming. We need a social issue to address, we need a structural determinants to address, meaning we need to think of the human resources available, what human capacity is available for mainstreaming and it also addresses gender and human rights. You know that gender rights and human rights are the root and underlying causes for HIV infection. If there are no gender equity and human rights, people will be hiding and they will not come forward to participate in the prevention of HIV.

Mainstreaming requires combined and integrated response, and it also needs to ensure comprehensive involvement of People Living with HIV (PLHIV). It is very important to have participation coverage of the whole strata of the society. You need community participation and also need to address stigma and discrimination.

There are three levels of HIV prevention intervention. If levels are considered as rippled effect at the center of a pond, the first ripple originated is the "Bio-medical", second and third ones are "HIV/AIDS works" and "Mainstreaming" respectively. The first ripple or response to HIV/AIDS is the clinical aspects of the HIV, and its prevention in the hope of finding a successful treatment and prevention by drug and vaccine. Based on the past experience, it is evident that this process is not straight forward and might take long way to achieve. So, after this assumption for effective prevention of HIV/AIDS, response turned to specific "HIV/AIDS work" to prevent further infections and provide treatment care and support for those who are already infected. Recently, it is being recognized that HIV is not just a health issue, and as socio-economic, cultural, educational and relevant associated factors are related to it, it has vast implication on all sectors of development. Now comes what is mainstreaming: For exam-

ple, if garment owner forms a special committee to act as a watchdog for preventing sexual harassment, and violence against garment workers, now this is mainstreaming. Now you can ask again, what is the difference between HIV related work and mainstreaming? In the mainstreaming, you see, you need a sort of policy; you need a sort of mandate for the respective organization and need administrative practice, human resources, financial resources, to address HIV issues for the government for mainstreaming.

Similarly, same examples are given for the other issues. So, this slide is basically just to highlight the basic difference. A year back, I had the same confusion with integration and mainstreaming, but there is a big difference, a big basic difference and we need to know what the basic difference is. It is very important to know that mainstreaming should be discouraged if it's process is at the expense of core function, and hampering the usual function and responsibility of an organization. For example, if mainstreaming of HIV hampers a core function of a business organization and indirectly or directly negatively affect the net income, then that is not a mainstreaming and it should be discouraged. This means, process of mainstreaming should not alter the core function of the responsibility.

It's not a business as usual, something must change, even then, the core function should not be changed, but there must be something changed in terms of HIV prevention after the mainstreaming. There should be visible tangible changes within the sector after the mainstreaming is introduced.

Now I am just attempting to advocate for mainstreaming of HIV, based on what the HIV Policy in Bangladesh says. It clearly says "to devise a National Program to prevent and contain the spread of HIV infection as part of the Bangladesh Health System, and to involve to the fullest extent possible all governmental sectors and relevant nongovernmental organizations in the planning and implementation of such program, in conformity with Global AIDS strategy".

It's very clearly, and mentioned in a very simplified way in the national policy. So it's important to fully involve all government sectors in HIV prevention.

Now see what the National Strategic Plan (NSP) of National AIDS/STD Prevention Program (NASP) says: "As the epidemic is complex, it affects every aspect of society involving individuals, families, sectors and institutions. It therefore goes beyond the domain of the health sector and as such an effective response to it must be multi-sectoral in every respect".

When we say the word "multi-sectoral," if you do not have mainstreaming approach, mainstreaming strategy, we cannot proceed a single inch for the multisectoral approach.

Now the ICPD is saying:

- "The socio-economic factors underlying the spread of HIV infection should be investigated".
- "Governments should assess the demographic and development impact of HIV infection and AIDS."
- "The AIDS pandemic should be controlled through a multi-sectoral approach that pays sufficient attention to its socio-economic ramifications".

So, if we address a socioeconomic factor, meaning we are addressing the underlying factors and if we want to address the underlying factors, we need to address mainstreaming.

Government should assess demographic and development impact of HIV infections and AIDS. The AIDS dynamic should be controlled through the multisectoral approach that pays sufficient attention to the socioeconomic issues.

I am not going into details, obviously there are some barriers, perceptions are not there, and there is lack of knowledge about HIV, denial in the face of current and future effect of epidemic. We don't think that epidemic might have a bad impact on us. There is limited capacity, and sometimes there is reluctance for unfunded mandate for addressing HIV. As for example, focal points for HIV activities of an organization might be responsible for other task and therefore not be able to give sufficient time.

So, unfunded mandates for HIV prevention is a problem for mainstreaming HIV. Where we are now: We will discuss this later.

This is the final slide actually, obviously it's not my baby, and I'll say whose it is in a few minutes. Actually, this is not a picture; it's a puzzle you see. To fill up the puzzle within the respective field of each component, it will give complete the picture, and all we have responsibility to complete the picture of HIV for the greater interest of the nation.

Perveen Rashid

MD, Social Marketing Company

HIV/AIDS program in Bangladesh has been here since 1980s, and after two decades I still feel that we are going back to square one. I think with our cultural background we have to understand "yes there are social barriers, yes there are cultural barriers." To me, mainstreaming actually means bringing the AIS program into everybody's agenda and as a priority.

We have mentioned government, multi-sectoral, NGOs, private civil society, but please do mention the business community. That is not mentioned anywhere. To me mainstreaming is a strategy. We have rightly pointed out it is not an integration. Integration is simply a factor but mainstreaming is a strategy because if we want to do it, then we need to look at how we should be doing it, and what should be here.

I don't think that there is a very big barrier to AIDS prevention. I have worked with AIDS myself in the field with the kind of population we are always talking about. In the AIDS program we are talking about stigmatization. I would request all of us who have been with the AIDS program to please look at yourself, ask yourself if we ourselves have stigmatized AIDS itself. We have because we have not been very sensitive to our culture.

We could have done certain things slowly and gradually but as soon as we had the AIDS program in hand it was going on well, it is about how much donors money we have in hand, it's not much so where do we want to utilize the money, and then we say we will use the money to address people, who are the addressed people and so on leading to addressing more people, larger groups of people.

And in that way silently we have stigmatized the whole issue of AIDS. We have to go back and de-stigmatize the whole thing and it is the program people who will have to do it. Because when before we had no idea about it there was no stigma. It is purely a behavior borne disease; it is not an air borne or water borne disease.

I do understand what we are doing and where we are going, because today we are saying mainstreaming HIV it means that all of us should understand about the impact. The people who have to internalize mainstreaming are us - who are in the government, the people who are in the program, the donor, everybody. It is with us, if we still feel that we are not mainstreaming it and that we have to do it I think we are still in the first square and we have not gone beyond that.

Commitment from senior leadership: I don't know why we are saying senior leadership; it should be all stratum of leadership not just senior leadership. Lack of knowledge about HIV/AIDS: I don't know. Who is it? Whose lack of knowledge? Because this mainstreaming, today whoever is sitting in this table, I think, this is for us. Because we are going to mainstream it, it is not the people out in the community who are going to. It's us.

So if you are going to say that we have no knowledge about it, that we lack knowledge then I don't know, we have to go back there. At the same time, I will request that when we do program and we have messages then we look into it to know what works and what doesn't work. How come bird flu with minimum of publicity everyone understood it, everyone was for it and we did something but why is it not the same in case of HIV/AIDS? Denial in the face of current/future impact: the denial is there.

If it is going to be multi-sectoral then there is to be a coordinator. I have been to two western African countries; the person who coordinates the national AIDS program doesn't sit in the health ministry. There should be a set of recommendations to mainstream HIV. Everybody has a role to play, whether in the government, whether in the business or anywhere.

Dr. Mozammel Hoque

UNODC

Right now, we are talking about mainstreaming and the role of leadership. At this moment there are a few thousand drug users among whom the HIV prevalence is highest in the country. They are very much worried about their services, about what will happen after 31 December. Will they get their service properly? Are the policy makers and leaders of the country properly trying to address their problems?

Right at this moment, when we are talking about the role of leadership, addressing mainstreaming, do we really have the real data of 2007? Perhaps last data we have is from 2006-07, so we don't have the real data