A is for Arrogant, B is for Brazen

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Created *2006/03/31 - 12:00am*
31 March, 2006 - 00:00 ? moderator

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I have found Jacob Zuma's defence in his rape trial quite disturbing because, if true, it raises difficult questions regarding sexuality and HIV prevention.

Who chooses to have condomless and unlubricated sex with a person who is known to be living with HIV? Someone already living with HIV, who should know the risks and dangers of reinfection? Or perhaps someone in denial -- like most South Africans -- who does not consider himself to be at risk of infection?

The message is clear: if the former head of the National Aids Council is engaging in unsafe sex, as he admits, something has gone horribly wrong with HIV-prevention work.

South Africa is unfortunately not alone in its inability to deal reasonably with HIV prevention and to stop new infections in any significant way.

In parts of Eastern Europe where injecting drug users are most at risk of infection, proven interventions -- needle exchange programmes -- remain criminalised.

Even Iran, a country that many believe still executes men for having consensual sex with other men, provides clean needles in government-supported health clinics. But not the new democracies east of Vienna, and certainly not any countries with Aids programmes reliant on the largesse of United States President George W Bush's President's Emergency Plan for Aids Relief (Pepfar).

Questions of real morality -- such as saving lives -- form the backdrop to the Joint United Nations Programme on HIV/Aids (UNAids) road-map report on moving towards universal access to comprehensive HIV/Aids prevention, treatment, care and support services.

The report is to form the basis for deliberations at the General Assembly's special session on HIV/Aids (UNGass) at the end of May.

While universal access to anti-retrovirals and other essential medicines will require continued vigilance and action, the relative ease with which consensus was reached bears testimony to the ongoing struggles of treatment activists and people living with HIV/Aids across the globe.

Instead, the clash between politics and science -- the mainstay of Aids discourse in South Africa -- played itself out in the arena of prevention. Insisting that Pepfar is based only on the science (and nothing but the science), a US official demanded an abstinence indicator to match the condom indicator jointly proposed by the Europeans and Latin Americans.

It is an assault on global attempts to ensure that prevention remains an essential part of the battle against HIV and Aids.

Take the example of men who have sex with men, a disparate population of people who in many parts of the world are particularly vulnerable to HIV infection. Whether state-sanctioned (Saudi Arabia) or state-tolerated (Jamaica), the

murder of men who have sex with men makes targeted HIV-prevention programmes all but impossible.

Even in more "enlightened" parts of the world (such as Botswana), the law allows for gay men to be locked up -- without access to condoms -- for their indiscretions. And in others (such as ours), they are simply neglected. In generalised epidemics, where simply being sexually active places one at a high risk of infection and where heterosexual transmission of HIV is understood to dominate, fags just don't feature.

Sex workers might fare a little better in getting some attention. But they too are generally deemed unworthy of state resources. Prisoners, undocumented migrants and asylum seekers -- all vulnerable to HIV infection in one way or another -- suffer a similar fate. At best, it is nothing more than a "rational" response to many societies' self-righteous indignation at what they perceive as a breakdown in the social fabric.

At worst, it's a bloodless method of eliminating the undesirables.

But what of the "innocent victims", those faithful women and newborn children infected by the evil other? Tragically, we are failing them too. Female-controlled prevention technologies either do not exist or are not yet widely available. Political action necessary to reduce the price of femidoms, for example, remains elusive.

Programmes to prevent mother-to-child transmission of HIV (PMTCT) are similarly limited in their coverage. In countries -- such as ours -- where PMTCT services are more widely available, transmission rates remain unacceptably and unnecessarily high.

Better drug regimens, which are both available and affordable, have yet to be adopted.

We seem to be losing the HIV- prevention battle though we do know a great deal about how to prevent HIV infection. Sadly, much of this is all too often undermined, as the Pepfar experience shows; or simply ignored, as we have learnt from Zuma's case.

But what it does show is that "as simple as ABC" (abstain, be faithful and condomise), the misleading mantra of HIV prevention, is neither just about ABC nor is it simple. And for that, and maybe only that, we have the former deputy president to thank.

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