AIDS as a lever for reducing inequality and increasing solidarity

Sir—The devastating impact HIV/AIDS has had on our world since the early 1980s is well known. Since its first appearance as a medical and epidemiological enigma it has presented major challenges, not only for the care of those affected but for ethics, society and the law. Its impact on politics and the media has been enormous, especially as it has affected middle-class groups in countries of the North. In those countries, new drugs have recently produced significant improvements in the quality of life of people living with AIDS.

At the same time, it should be remembered that the scale of the AIDS epidemic (2.5 million deaths a year), like maternal mortality (half a million) and child mortality (from easily curable diseases 10 million), can be attributed in large part to unequal access to resources and opportunities. Regrettably, and in spite of well-meaning statements, no serious attempt has been made to diminish the gap between North and South with regard to the socioeconomic, clinical and preventive factors that have a bearing on the AIDS epidemic.

The current situation thus raises serious questions of global solidarity and responsibility. Since the problem has to some extent been stabilized in industrialized countries through prevention programmes and medical treatment, it has become clear that HIV/AIDS is mainly a threat to those who do not have access to proper information and education, especially the oppressed and the ostracized, those who have no control over their lives. In many places this is true of women, who do not have the autonomy that would allow them to refuse sex, the main source of HIV infection, or at least to insist that their partners use a condom. Children and adolescents who are dependent on adults, people who are too poor to buy condoms, people who survive by means of sex work, political and economic refugees, and other vulnerable groups are among those most exposed to the risk of infection.

Jonathan Mann, who died tragically in 1998, had in recent years become a tireless advocate of the importance of human rights in public health. Although this point is clear in the causes of many diseases affecting humanity today, there are sociocultural and political obstacles to the necessary progress. It is time to reassert vigorously that “public health is social justice”. More successful control of the HIV/AIDS epidemic depends first and foremost on some imagined distribution of funds throughout the world, but on education and emancipation of people who could be exposed to infection (which means virtually everyone).

In a way, the privileged position of the industrialized countries is a constant reminder that resources should not be wasted. In Switzerland, the first pillar in the strategy to prevent and control HIV/AIDS is to avoid new infections. In addition to its other obvious advantages, this makes it more possible to supply rare and costly drugs, and indeed vaccines when they become available, where they are most needed. The second is care of the persons affected, and the third is solidarity. Opinion polls show that the majority of the population have understood this position, in so far as non-discrimination and freedom from fear of contact with people with AIDS are concerned.

The current expansion of the epidemic in most countries, even as it is being brought under control in the rich ones, shows the particular responsibility of the latter. Excellent prevention and control are being practised in the North, but we cannot be content with this while elsewhere the only available options are caring and local self-help. The prominence of AIDS and its close links with human rights should in general terms serve the cause of a more equitable world, in the sense of a global ethic of sharing. HIV control, with its high visibility in the media, should be used as the lever for a wider strategy, that aims to bridge the gap on several levels. It can help to bring about more effective solidarity globally, concerning both AIDS and the other health problems of humanity. Indeed it is impossible today to see HIV/AIDS in isolation from the other scourges that have been with us for longer and which also account for millions of premature deaths in disadvantaged areas.

In the current harsh environment of malpractice and amoral trade, the obstacles to significant achievement in bridging the health gaps are formidable, but that does not mean we should abandon hope or stop working for change.

In terms of lives saved and quality of life, there may well be better ways to proceed than by using costly drugs. Every effort must be made to ensure that measures against AIDS are part of a broader strategy that does not neglect those who are suffering and dying from common diseases. The key to this is to take advantage of the sense of urgency and concern that AIDS inspires by showing how it reflects the ethically unacceptable nature of the current world situation. The gaps between rich and poor are in many areas widening. Decision-makers need to be fully aware that this leads to suffering and conflicts that will have serious repercussions for those who today feel privileged and safe. It is in fact in the common interest to strive for equity—especially through better respect for human rights.

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