Engendering bold leadership against HIV/AIDS

The importance of leadership, especially human rights-driven leadership, in the fight against HIV/AIDS is widely recognized. However, argues Michael Pates in this commentary, the type of bold leadership required to really make a difference has been lacking. Pates calls for the development of an AIDS Leadership Initiative and describes how it might happen.

Virtually all international strategies addressing the AIDS pandemic place a premium on high-level, human rights-driven leadership. But despite major advances in treatment and funding inspired by these plans, the worldwide havoc wrought by AIDS, including threats to national security and global stability, continues to outpace the response. More, better and sustained leadership is therefore needed.

Take, for example, the 2001 UN Declaration of Commitment on HIV/AIDS, the first global consensus instrument on the subject, and the (U.S.) President’s Emergency Plan for AIDS Relief (PEPFAR), now a driving force behind the international response to the pandemic. The Declaration states up front that “[l]eadership by Governments in combating HIV/AIDS is essential and their efforts and should be complemented by the full and active participation of civil society, the business community and the private sector.”

Further, “respect for the rights of people living with HIV/AIDS drives an effective response” and requires the enactment and enforcement of legislation to “eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups.”

Three years later, under the heading, “Engendering Bold Leadership,” PEPFAR echoed the Declaration:

Early and effective action by high-level political leaders can contain and even roll back epidemics…. Where leaders have been silent, inactive, or worse — combative, or propagating incorrect or stigmatizing messages — HIV continues to spread despite the best efforts of communities and contributors.

Yet, in 2006, a five-year status report on the Declaration found that

[Although most … national strategies recognize the importance of a multi-sectoral effort, of protecting human rights and of addressing the vulnerabilities of some populations, there is a gap between what exists on paper and what exists in the real world, and between what politicians promise and what they deliver.]

Further, although PEPFAR has been a boon to treatment efforts in the countries it has targeted, the term “human rights” goes virtually unmentioned in the plan, and several of the plan’s funding policies have been criticized as antithetical to human rights and, therefore, counter-productive.

Engendering better and bolder leadership thus remains pivotal to stemming the pandemic. As Laurie Garrett, Senior Fellow for Global Health at the Council on Foreign Relations, recently noted,

With billions of dollars on the table [to fight HIV/AIDS], we still lack clear national health governance in the hardest-hit countries and see no genuine international leadership. Getting to sustainable, just, and fiscally rational approaches to global health crises requires global leadership and innovative thinking.

Recognizing this critical need for high-level leadership, in June 2001 (as the U.N. Declaration was being finalized), the International Crisis Group (ICG) issued a report, HIV/AIDS as a Security Issue, recommending that the UN Secretary-General appoint a “high-powered council” of former world leaders to push implementation of Declaration principles. This council was to “give the war on AIDS the urgency and serious priority it deserves by empowering the front-line technical responders with the political support needed to accomplish their tasks.”

No such council was formed then. However, given the recent or pending retirements of several national and world leaders who have demonstrated...
their commitment to tackling the pandemic — combined with the ongoing urgent need for strong and sustained leadership worldwide — the idea warrants revisiting.

**An AIDS Leadership Initiative**

As outlined below, an AIDS Leadership Initiative similar to the council ICG envisioned would provide a reliable forum for marshaling the prestige, influence and other unique resources of the world’s top leaders against AIDS, and would better enable them to encourage, promote and invest in bold leadership from others. It could serve as an international showcase for those already providing such leadership and coax leaders disengaged from AIDS to join the fight — and could “shame” those who obstruct, delay or do nothing.

**Why**

In 1994, the late Dr Jonathan Mann and colleagues posited that “discrimination, marginalization, stigmatization and, more generally, a lack of respect for the human rights and dignity of individuals and groups heightens their vulnerability to becoming exposed to HIV.” This pattern, they concluded, “may be illustrative of a more general phenomenon in which individual and population vulnerability to disease, disability and premature death is linked to the status of respect for human rights and dignity.” Since then, Mann’s view has grown beyond serious dispute.

In this light, the potential of an AIDS Leadership Initiative is profound, for even if it spurs national leadership against stigma and discrimination alone, the increases in HIV testing and prevention likely to result would be a significant human rights achievement. But if it also advances human rights and public health more broadly (as seems possible), it has the long-term potential to foster security, stability and development nationally, regionally and globally.

Put another way, if preserving national security and global stability requires reducing the spread of HIV, and if reducing the spread of HIV requires advancing human rights, then preserving national security and global stability requires advancing human rights. In this sense, AIDS takes human rights advancement from noble aspiration to interest-based imperative, offering unprecedented political leverage for advancing human rights generally.

**Who**

A sensible first step to engendering bold leadership is to identify who is best placed to do the engendering — namely, persons who already have provided leadership themselves, particularly former national or world leaders no longer tethered politically to the vagaries of current events. Former heads of state or ministry with a demonstrated commitment to human rights-oriented AIDS advocacy would be a formidable force for engendering similar leadership in others, including incumbent office holders.

These leaders could include (among others): Kofi Annan, former UN Secretary-General; Tony Blair, soon-to-be former Prime Minister of Great Britain; Bill Clinton, former U.S. President; Gareth Evans, former Foreign Minister of Australia; Richard Holbrooke, former U.S. Ambassador to the UN; Kenneth Kaunda, former President of Zambia; Nelson Mandela, former President of South Africa; Colin Powell, former U.S. Secretary of State; and Mary Robinson, former President of Ireland and former UN High Commissioner for Human Rights.

**What**

A simple pledge put forward by such a group, and backed by consistent, personal advocacy for the pledge by group members, could provide the missing impetus for engendering bold leadership on AIDS. The pledge might read as follows:

We, former heads of state and ministry representing all regions of the globe and committed to stopping the HIV/AIDS pandemic, hereby affirm:

1. that the HIV/AIDS pandemic is a threat to national security, economic development, and global stability;
2. that reducing this threat requires bold and sustained leadership committed to promoting open discussion of HIV/AIDS, eliminating stigma and discrimination against people infected with or affected by the virus, and facilitating reliable access...
to treatment and prevention services; and
3. that we pledge our enduring commitment to providing and assisting such leadership and encouraging other leaders to join our efforts.

Such a pledge endorses the core human rights elements of an effective response — namely, freedom from discrimination and access to treatment — without invoking human rights terminology directly, thus avoiding regrettable but predictable resistance to that label by some incumbent leaders. The group’s advocacy could take any number of forms, but perhaps the single most effective form would be to speak openly and often against stigma and discrimination in one’s home country and in other countries where incumbent leaders find it difficult to do so themselves. Equally important, the group’s trumpeting of bold and effective leadership by incumbent leaders would give that leadership the global prominence it deserves (and which those leaders may prize).

How

At least two organizations appear well positioned to undertake such an AIDS Leadership Initiative, whether individually or jointly: the Clinton Foundation and the Club of Madrid.

The William J. Clinton Foundation, through its Clinton Global Initiative (now in its second year), seeks commitments from leaders representing the public, private and civil society sectors to make the world better in four focus areas, including global health. Its annual reporting requirement ensures commitments made are followed-up. And the foundation’s status as a private organization would reduce or eliminate the political machinations to which an AIDS Leadership Initiative would be subject if it were part of the UN or another intergovernmental organization.

The Club of Madrid, comprised of 68 former heads of state and government, is a consultative body for governments, democratic leaders and institutions engaged in democratic transition. Along with other high-level politicians and governance experts, the Club converts ideas into action plans.

Although promotion of democracy is the Club’s main focus, the threat AIDS poses to emerging democracies, human rights and the rule of law surely puts the pandemic within the Club’s scope of concern. The Namibian Institute for Democracy, for example, reports that HIV/AIDS is affecting the democratic process in Namibia by reducing the number of people who vote in elections and participate in civic programs. Therefore, it calls upon political leaders to “more clearly set leadership examples by talking openly about their own status” and recommends that messages to reduce HIV/AIDS stigma and discrimination be incorporated into future campaigns.1

Conclusion

The interests to be served by increasing human rights leadership against HIV/AIDS are no longer merely domestic or humanitarian, but also global and strategic: to prevent the pandemic from further undermining, as Colin Powell put it, “the social, economic, and political systems that underpin entire nations and regions.”2 In the age of AIDS, human rights, public health, national security, sustainable development and leadership are, to echo Mann, inextricably linked. If all are to be strengthened, leadership must be strongest among them.

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1 In 2000 the UN Security Council declared HIV/AIDS a potential national and global security threat — the first and only disease so declared (S/RES/1308(2000)). In 2002, then-U.S. Secretary of State Colin Powell noted that “HIV doesn’t just destroy immune systems; it also undermines the social, economic and political systems that underpin entire nations and regions” (Woodrow Wilson International Center for Scholars Conflict Prevention Project, Preventing the Next Wave of Conflict: Understanding Non-Traditional Threats to Global Stability 101 (2003)). In 2005, Alexander Zhukov, Russia’s Deputy Prime Minister, described HIV/AIDS as “an issue of strategic, social, and economic security” in Russia (Kaiseretwork.org, Daily HIV/AIDS Report, 31 March 2005). See also, L. Garrett, HIV and National Security: Where Are the Links?1, Council on Foreign Relations (2005).


3 See PatesM@staff.abanet.org.


6 See, e.g., L.S. Rubenstein and E. A. Feldman, “Human rights and the President’s AIDS Initiative,” Human Rights 31 (2004) (citing criticism of PEPFAR’s abstinence-until-marriage provisions for censoring or distorting information about HIV transmission and prevention, denying protection to women who are at risk of HIV infection from their husbands, and discriminating against gays and lesbians who cannot legally marry).


10 Uganda’s example is illustrative. In the 1980s, President Yoweri Museveni, fearing his military’s potential decimation by AIDS, instituted a nationwide program of action emphasizing openness, non-discrimination and access to care for persons living with HIV/AIDS — key human-rights elements in what became the renowned Abstinence, Be faithful, use Condoms (“ABC”) approach, which has reduced HIV incidence in Uganda dramatically. Although this response is neither a comprehensive human-rights approach nor consistent in all its particulars with international human rights laws and norms, there can be little doubt that these core human rights elements, backed by Museveni’s leadership, have been pivotal to its success.


12 See note 1.