

Newham African Health Forum, World Aids Day

Durning Hall, 28 November 2009

I am delighted to be here – thank you very much for inviting me. Thanks especially to Caleb Christopher. I applaud the work of Newham African Health Forum, and the clue to its effectiveness can be found in the name. This is a ‘Forum’ – not an organisation, or a group, or a partnership, but a forum. The word comes from the Latin – the meeting place of the Roman senate. It was a place where talking takes place: a place of openness. And being unafraid to speak out, is vital in the fight against HIV, at home and abroad.

It is estimated that a third of HIV positive people in Newham do not know that they are HIV positive. In a borough with a higher rate of new infections than any other in North East London, this is a cause for some concern. We need to encourage openness in every community about the realities of HIV/AIDS. Testing is now very easily available – the one hour testing clinic that has been established in St. John’s Church in partnership with the Terrance Higgins Trust means that, if you live in Stratford, a diagnosis can be provided in a lunch hour. To carry on with this hypothetical lunch hour, the issue we face as a borough lies in the

question: 'what might your colleagues think when you tell them that, rather than accompanying them to the Starbucks, you will be going to the HIV testing clinic?'

The statistics show HIV cannot be stereotyped away. It doesn't only affect the homosexual community – over 70% are heterosexuals. The African community suffers more than others, but HIV does not discriminate. Many more people should get themselves tested. We can hope to achieve de-stigmatization is by talking about HIV/AIDS in a mature way, and that is why events such as this are so important. This is a universal issue.

My Christian faith has always been a starting point for my work in politics, and for many of us here I know that faith forms the basis for the way in which we live our lives. Often it can be difficult to react to HIV from a standpoint of faith, but shying away from the issue is not a response that any person of faith can conscientiously make. Faith groups need to provide fora in their own right, where HIV prevention and testing are promoted. The work of community groups such as this demonstrate that faith can have a prominent place in tackling the stigma. HIV can be addressed in a faith context without causing offence or indeed compromising on the faith.

There is a chasm between treatment available in the West and in less developed countries. Thanks to advances in medical treatment, an expectant mother in the UK who knows she has HIV can reduce her child's chance of being HIV positive to one in a hundred. In less developed countries the chance is one in four. In the UK people with HIV are living into their eighties – it is no longer life threatening, although of course still serious. In Swaziland, life expectancy fell by twenty-six point seven years between 1993 and 2006, mainly due to HIV/AIDS. The advances made in the quality of life for people in the UK with HIV are certainly a cause for celebration but the Government sees it as vital that these advances are extended into the developing world.

In the Queen's speech this year the Government announced that it would enshrine in law a target of 0.07% of Gross Domestic Product to be spent on international aid. This will be the first time an aid target has been enshrined in law by a UK government, and I am proud that we have taken this step. This will fuel our commitment to funding the World Health Organisation's goal of Universal Access to HIV treatment by 2010. Over the last three years we spent £1.5 billion on HIV/AIDS programmes. Over the next six years

we will double that commitment, so that £6 billion will be spent up to 2015 on these programmes.

Funding treatment and HIV-specific prevention programmes is only half of the solution to the HIV epidemic outside of our shores. We also plan to spend £8.5 billion on education up to 2015. Information is one of our most powerful weapons against the spread of HIV. The money we spend has to be made to work harder – this was one of the conclusions of the 2008 *Achieving Universal Access* report issued by the Department for International Development. By linking the mechanisms for distributing UK aid money with NGOs with on-the-ground knowledge, civil organisations that wield real power within their societies, and the efficiency that can be offered by the private sector, we can get far more value for money.

HIV treatment must also be integrated with treatment for other life-threatening diseases: like Tuberculosis and Malaria, so we can make our response one that addresses the whole nation's health. We are also in constant communication with pharmaceutical companies to lower prices of antiretroviral drugs, in order again that the money we spend can be made to work harder.

The word ‘Universal’ seems especially important here. There is not one solution to the HIV epidemic, but rather a combination of solutions reached through communication and joint work across departments and governments.

The goal of universal access to HIV treatment by 2010 is an ambitious one; there is no doubt about that. The achievements so far are staggering - more than 4 million people in low- and middle-income countries were receiving antiretroviral therapy at the close of 2008, representing a 36% increase in one year and a ten-fold increase over five years. The aim of bringing medical treatment to every person infected with HIV is one that we hope to see within our lifetimes.

The next battle will be to reverse the rate of infection. Our government believes that, with the right combination of prevention education, testing, and antiretroviral treatment for expectant mothers, we can hope to fulfil the Millennium Development Goal of starting to reduce the number of HIV infections by 2015.

The influence and leadership shown by community groups such as yours is vital. Ours is a government that listens. If you keep applying pressure on the government, and using

your voice to say that universal access to HIV/AIDS treatment should be a priority, it will have an effect.

Newham can also lead by example: a place where a conversation can take place about how to break down the stigma that surrounds HIV/AIDS and reverse the rate of infection. The lessons we learn in doing that will surely prove invaluable to the wider world.

So please continue to promote discussion on health issues in general and HIV/AIDS in particular. You have heard today what the NHS, local government, and Westminster are doing to achieve the goal of universal access – what you are doing is vital too. I hope you enjoy the rest of the evening.

Thank you.