

# Speech

*Check against Delivery*

8<sup>th</sup> International Congress on AIDS in Asia and the Pacific

Opening Ceremony

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*on behalf of*

Dr Peter Piot

UNAIDS Executive Director

Uniting the world against AIDS

His Excellency President Mahinda Rajapakse, Honourable Minister of Health Dr de Silva, Excellencies, ladies and gentlemen, It is an honour to be attending this Congress on behalf of Dr Peter Piot, Executive Director of UNAIDS, who sends his deepest regrets for not being able to be here. I would now like to deliver his statement and I quote:

“I send warmest greetings to all the participants in the 8<sup>th</sup> meeting of the International Congress on AIDS in Asia and the Pacific.

I congratulate the President and Government of Sri Lanka for organizing the 8<sup>th</sup> ICAAP. Thank you for your leadership. Congratulations also go to the co-Chairs of the 8<sup>th</sup> ICAAP: Professor A.H. Sheriffdeen, Mr.

Bradman Weerakoon and Dr. Sujatha Samarakoon who have worked so hard to make this Congress a reality. My thanks also go to Professor Myung Cho, President of the AIDS Society of Asia and the Pacific, for his critical role in organizing the meeting, and to civil society for your leadership so critical for the response. And I am glad that Michel Kazatchkine is in Colombo today: close collaboration with UNAIDS and the Global Fund is one of the cornerstones of an effective global AIDS response.

A month ago, many people here today met in Sydney, Australia, at the International AIDS Society Conference on Pathogenesis, Treatment and Prevention. That conference ended with a call for ten per cent of all HIV resources to be allocated to research into which approaches work in different settings, which don't work, and what needs to be done to improve and sustain interventions over the longer term.

The Sydney Declaration is important for all regions, not least the Asia Pacific, where HIV prevalence remains relatively low. The challenge here is to keep prevalence low, and to prevent further HIV infections, while at the same time providing treatment and support to those who need it.

A number of elements are critical to meeting this challenge. Good research is one of them. Others include strong political leadership, (at both government and civil society level) increased and sustained funding, concrete action to tackle the inequalities and injustices that fuel the epidemic, and – as AIDS will be with us for a long time to come - a shift towards a longer-term focus.

I will start with leadership. At the global level, governments at the United Nations General Assembly committed in June 2006 to the ambitious goal of Universal Access to comprehensive AIDS prevention, treatment, care and support programmes by 2010. At regional level, leadership on AIDS is growing in the Asia Pacific. Summits of heads of government of regional groupings such as ASEAN, SAARC and PIF (Pacific Islands Forum) have all recently included AIDS on their agenda. There has also been an increase in civil society involvement in regional processes around Universal Access, and a strengthening of the Asia Pacific Network of People Living with HIV. And in September 2006, the first meeting to discuss men who have sex with men and HIV in the region took place in New Delhi. And, as we will hear during the congress, progress is being made.

But much remains to be done. And strong national leadership – particularly at national level – will be critical to accelerating and sustaining progress.

I will not pretend that this is easy. Today's leaders face many challenges when it comes to tackling AIDS. These include a worrying tendency towards complacency, false allegations that “too much money is going to AIDS”, denialism about the extent of the epidemic, the complexity and diversity of the epidemic itself, and the fact that the epidemic is constantly changing.

Complacency because HIV prevalence is relatively low and because of early success with prevention efforts, is misplaced. In fact, parts of East Asia have seen some of the most striking increases in HIV infection levels in recent years.

As for the allegations that the AIDS response is disproportionately funded and that it would be better to focus on strengthening health systems - these are false for two reasons. First, because when HIV prevention and treatment interventions are integrated with other health services (reproductive health, for example), AIDS money actually strengthens existing health systems. Second because there is no way the health sector alone can effectively prevent HIV infection.

AIDS 'denialism' is being fuelled by recent amendments to estimates of HIV prevalence in a number of countries, including Cambodia, China,

and India. These corrections are a valid and important development: countries need to improve the way they measure their AIDS epidemics.

This can help us learn more about the different epidemics in the region and even within countries. National prevalence figures taken alone can be highly confusing. For example, HIV prevalence among injecting drug users in India, Indonesia, Malaysia, Nepal, Thailand and Viet Nam stands at 20 per cent - far higher than the national average. And in Viet Nam, HIV prevalence among sex workers is 6 per cent compared to the national prevalence rate of less than 1 per cent. We don't have figures for incidence among male clients of sex workers, but it is safe to assume that they are higher than those for the general population.

Moreover, the epidemic keeps changing. There are signs of emerging HIV epidemics among men who have sex with men – in China, for example, and in parts of Thailand where prevalence among men who have sex with men can reach almost 30 per cent. And in many countries, HIV is beginning to infect people who appear to be 'low risk' such as married women who contract HIV from their husbands. In Papua New Guinea, for example, married women account for half of all new HIV infections. In Thailand and Cambodia women make up 39 and 46 per cent of new infections.

Some changes are due to the rapid economic development in the Asia-Pacific region. This has increased the movement of both men and women in search of opportunities within and across borders. In the Philippines and in Sri Lanka, between 60 and 80 percent of those

seeking work abroad are women. A study in Viet Nam revealed that women migrant workers were twice as likely as other women to become HIV positive.

This all underscores that if HIV prevention and treatment programmes are to be effective, it is vital to know your epidemic – in all its diversity – and to track its evolution. It highlights the urgent need not just to scale up efforts, but to tailor interventions to ensure they meet real needs. It adds weight to the Sydney Declaration – to ensure that we make the money work for those who need it most.

And it brings me to the next vital issue: funding. This year, it is estimated that ten billion dollars will be spent on AIDS in low and middle-income countries: up from 250 million in 1996, but still short of the 18 billion dollars required.

Significantly, one third of this funding has been generated by low and middle income countries themselves. This is a major step forward, and an area where many countries in this region can demonstrate some real leadership. In this third decade of the epidemic, it is becoming more and more important for countries not only to demonstrate strong political leadership, but to commit their own funds to tackling AIDS. This gives new meaning to the concept of national ownership. I hope that at the next ICAAP meeting we will see a substantial increase in domestic funding for AIDS in Asia Pacific countries.

The next vital element to an effective AIDS response is concrete action to tackle the inequalities and injustices that fuel the epidemic. Almost every AIDS conference rightly acknowledges the need to address the low status of women, the marginalization of men who have sex with men, sex workers, injecting drug users, and the stigma and discrimination that still surround HIV. But action still lags a long way behind.

Today, one third of all adults living with HIV in Asia are women. We need to do better in terms of action that is relevant for women. We can no longer afford to promote condoms with messages that at the same time promote aggressive male sexual behaviour, or scale up HIV treatment without ensuring men and women have equal access. That's why UNIADS has established the Global Coalition on Women and AIDS – to make AIDS strategies work better for women and girls.

And finally – we must move beyond our often narrow focus on the here and now. We are moving to a new phase in our response to the epidemic. It is now time to combine current crisis management tactics with a longer-term, strategic approach, so we avert other crises occurring later on.

This means assessing what is working and what isn't. We need more of the same: more people should have access to treatment, more condoms should be available, more testing and counseling services should be established and so on. But we must also work differently, do other things, and establish how societies can prepare better for the future.

Friends and colleagues let me close by saying that this conference is being held at a historic moment in the life of the epidemic in this region. Historic because there is hope.

Hope because well over 99% of the population in Asia and the Pacific still remains uninfected.

Hope because we have the opportunity to renew our resolve to reduce the epidemic in this region.

Hope because we have the opportunity to make a difference to those already living with and affected by AIDS.

Hope because we continue to lead, fund, and research the responses, that we tackle the drivers of the epidemic and maintain a firm focus on the longer term.

We must seize these opportunities of hope. And I know we will.”

This ends the statement of Dr Peter Piot, Executive Director of UNAIDS.