

Speech

*Check against Delivery*

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

### **Symposium on Universal Access and the Global Fund: Progress and On-going Challenges**

**Speech**

**20 August 2007**

**Deborah Landey  
UNAIDS Deputy Executive Director**

Excellency Mr. Nimal Siripala de Silva, Minister of Healthcare and Nutrition of Sri Lanka; Professor Michel Kazatchkine, the Executive Director of the Global Fund; Representatives from the national AIDS programmes from Asia Pacific countries and civil society groups; and colleagues from the UN family and the World Bank.

It is an honour to address this important symposium to review progress and challenges in our collective efforts towards Universal Access to HIV prevention, treatment, care and support.

It is a pleasure to acknowledge the presence of so many government representatives, including the national AIDS programme managers who are gathered here. Governments and national stakeholders undoubtedly play the lead role in following up on the commitments made in New York in June 2006 and making Universal Access a reality.

At the 2006 High Level Meeting on AIDS and further to global, regional and country consultations on universal access, the world committed to scale up their national response towards universal access to HIV prevention, treatment, care and support by 2010.

And it is encouraging to see that significant progress has been made: 123 countries have undertaken consultations to identify main obstacles and defined a roadmap to address them. 94 countries have finalized their targets for Universal Access as of June 2007. Of these, 58 countries have incorporated the targets into their AIDS plans and have costed them as well or are in the process of doing so.

Presently, 15 out of 21 countries in the region have set targets. Of these, 9 have costed national strategic plans.

Countries have undergone an extensive, across-the-board consultative processes with partners including civil society organizations, and with facilitation from UNAIDS, to agree and set country-specific targets. In some countries, this was not easy. An appropriate balance between ambitiousness and feasibility based on the realities in the country, had to be reached. For example, Cambodia undertook an extensive consultation with its partners on setting targets, which then formed as basis of Cambodia's round 7 proposal to the Global Fund. The consultative processes in setting targets also became an excellent opportunity to align with national planning processes, or to adjust targets where needed. Myanmar for example, undertook target setting as part of their new strategic plan. In the Philippines country targets towards universal access and the targets set in its 4<sup>th</sup> AIDS Medium Term Plan of 2005-2010 have been adjusted accordingly. Pakistan has just finalized its 2007-2011 national strategic plan which will then guide the national scaling-up processes. Civil society organizations were involved- in many countries deeply involved.

Getting the commitment and targets in place was no small feat but it may, in a sense, be easier than the challenges faced in turning those commitments and targets into reality, and time is short: 2010 is less than two and a half years away!

There are at least four challenges that we need to address with urgency.

Firstly, we are moving from the current base. According to our reports, treatment coverage in the Asia Pacific region stands at 18%, IDU prevention services is at 8%, sex worker outreach is at 26% and prevention of transmission between men who have sex with men stands at a mere 7% (*Universal Access Progress Report for 2007, Coverage Survey Report 2005*). Moving towards Universal Access by 2010 will therefore be a significant challenge and will test us all. We will need all hands on deck.

A second challenge is to increase and deepen the participation of civil society in service delivery as well as at the policy and planning levels. Experience around the world shows that civil society involvement particularly people living with HIV, is central to the overall success of the response.

Thirdly, there is the question of how much is needed to scale up and how to ensure that countries are able to access the funds which are available and predictable. We estimate that some \$6.8 billion will be required for the AIDS response in Asia-Pacific in 2007. Although domestic funding for HIV programmes is growing worldwide, the overwhelming majority of the financial support for programmes in this region still comes from external sources – notably from the Global Fund. Much more can be done in Asia to increase the proportion of domestic funding for AIDS programmes.

And fourth, is the all critical challenge on prevention. Analysis of the targets shows that the prevention is lagging behind. If there is access to effective prevention, fewer people will be in need of treatment. In Asia Pacific we need focus on those at higher risk of, or more vulnerable to infection, including among others- SW, MSM, IDU, migrants, truckers—and their partners.

Cooperation between UNAIDS and the Global Fund is the cornerstone of an effective AIDS response. I am delighted to be here with Professor Kazatchkine to talk about our shared commitment to making AIDS money work for those who are in the most need, and to inform you that we are currently developing a new Memorandum of Understanding with the Fund to facilitate the governance of Global Fund grants and increase the success rate of AIDS applications to the Fund.

The Fund has so far approved around US\$ 1.5 billion for AIDS, TB and Malaria from Round 1 through Round 6 in the Asia Pacific region. A priority for UNAIDS throughout the region is to assist countries in applying for these funds. We help bring the collective resources of the UN family to support preparation of proposals, the implementation of grants, and the participation of people living with HIV as well as groups representing men who have sex with men, injecting drug users and sex workers in Global Fund-supported national endeavors.

To provide such technical support, UNAIDS has now set up five Technical Support Facilities to help leverage resources and ensure they are spent as effectively as possible – in other words, to ‘make the money

work'. One of these Technical Support Facilities has been set up in Kuala Lumpur to serve the Southeast Asia and Pacific region.

We now plan to set up a Technical Assistance Fund to assist countries in assessing their technical needs necessary to effectively implement Global Fund grants. We are also building capacity in the region to deliver quality technical support through training, twinning and mentoring of experts and consultants. We will establish another Technical Support Facility for South Asia in early 2008.

At the same time, the UN family is strengthening its own capacity to support national implementation through establishment of Joint UN Teams on AIDS and Programmes at country level. Joint Teams support the analysis of gaps to define the priorities to be addressed, or support participatory processes to accelerate the response. Joint Programmes creates a more holistic and coordinated response. For example in Cambodia, the Joint UN Team on AIDS initiated a dialogue within the Country Coordinating Committee to address gaps identified in the consultations to set Cambodia's Universal Access targets and develop a road map for scaling up prevention and treatment. In the Philippines, the Joint UN Team on AIDS put together a 3-year "Joint UN Program on HIV and Migration", to address vital issues on the need of overseas Filipino workers.

Friends, scaling up towards Universal Access is a tremendous undertaking – something that none of us can do single-handedly. We need to join forces.

We at the United Nations are committed to doing our part. But success will depend on all of us working together.

Thank you for all your dedication and commitment to ensure that we move towards our common goal of achieving universal access.