SPEECH 09

BY: Michel Sidibé, Executive Director of UNAIDS
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"*Empowering People, Strengthening Networks*" - The 9th International Congress on AIDS in Asia and the Pacific (ICAAP)

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Putting People First: The AIDS response in Asia and the Pacific

Regrets

I deeply regret not being with you at this momentous event which brings more than 2,500 people together with a common goal—to end AIDS. Momentous because it takes place when we are at a cross-roads of the AIDS response.

Our quest for Universal Access is no longer a distant dream. The idea that *all* people can access the services and information that they require to live with health, dignity and hope is fully within our grasp—if we build on almost three decades of momentum and dare to put people first.

As I sit in Africa, praying anxiously that my nephew will make a full recovery, I can assure you that the world looks to Asia and the Pacific and sees what tremendous progress is possible. The region has been achieving breath-taking economic growth and social development, especially in the last decade.

Breakthroughs in the AIDS response

The region's economic dynamism is also reflected in the leadership of the AIDS response in many countries; leadership that has focused on addressing the needs of

the most marginalized and at risk populations—men who have sex with men, injecting drug users and sex workers and their clients.

Your host, President Susilo Bambang Yudhoyono, presides not only over a large and vibrant democracy, he also presides over a vibrant national response to AIDS. The country's successful harm reduction programme—including in prison settings—serves as a commendable model for the region.

Thailand has a long and impressive track record when it comes to decisive action on AIDS. This year I held very productive talks with Prime Minister Abhisit Vejjajiva. As chair of the National AIDS Committee, he has committed his government to reducing new infections, particularly among young people, by 50%.

And we have seen breakthroughs on seemingly intractable social issues. I want to salute the High Court of New Delhi for striking down Section 377 of the Indian Penal Code—an outdated and discriminatory law on male to male sex. I call on the remaining twelve countries in the region whose laws criminalize on the basis of sexual orientation to urgently follow where India's court has boldly ventured.

In this regard, I applaud the government of Nepal for establishing a constitutional right for sexual and gender minorities and Taiwan's new law granting sex workers the same rights as their clients.

Allow me to also commend the governments of Bangladesh, China, Malaysia and Vietnam for their courageous leadership on scaling up harm reduction and opioid substitution programmes for injecting drug users.

But it is not only government leadership that is responsible for these dramatic achievements—in the best cases government leadership has responded to community demand. Indeed, community involvement has been essential to ensure coverage—of hard to reach groups—as well to ensure high quality and responsive services.

This leadership from the top and from the grassroots rekindles my sense of optimism and inspires me to dream bolder dreams.

Evidence informed and grounded in human rights

Friends, let us speak frankly—spectacular economic growth has not been matched by progress in creating the enabling environments and supportive social norms necessary to deliver a future generation free of HIV.

It is with indescribable anguish and anger that I continue to receive reports of senseless, vicious and inhumane harassment of people living with HIV in the region. In the past months, children living with HIV have been expelled from school. Forced evictions and relocations of people have taken place – just because of their HIV status. Police harassment of people solely because they are HIV positive has been reported.

I fear that deeply-rooted discrimination against injecting drug users also makes them a target for harassment—driving people underground and making them even more difficult to reach. It should not be a crime to access clean needles. Access to substitution therapy should not be a crime but a right.

I share your pain and disappointment that some of your colleagues have not been able to join you at the Congress. Travel restrictions, and other punitive and discriminatory laws, are not supported by evidence and undermine our efforts to address the epidemic. Let us redouble our efforts to scrap them.

I hardly need to remind this audience that AIDS activists, our friends and heroes, represent the life-blood of every effective AIDS response. They should not be treated as enemies or dissidents. We rely on their courage and count on their continued engagement at home and in our global village as well. They give meaning and substance to “putting people first”. UNAIDS calls on governments across this region and the world to stop harassing AIDS activists.

United Nations Secretary-General Ban Ki-moon, who is providing tremendous personal leadership in the global AIDS response, spoke of his personal shame at the discrimination that people living with HIV face in this region. Rest assured that the UN will be a voice for the voiceless. UNAIDS will continue to advocate, both publicly

and privately, to repeal laws that undermine our quest for universal access and root out HIV related stigma and discrimination.

But real transformation has to come in the hearts and minds of the people. Courts and parliaments can only create an enabling environment. Societies and communities have to change the social norms to end stigma and discrimination faced by transgender, men who have sex with men, sex workers and injecting drug users.

Given the emphasis on at risk groups in Asia and the Pacific, we can not overlook the 50 million female partners of men who buy sex, or inject drugs or have sex with other men.[1]

In India, being married was the only risk factor for an estimated 90% of women living with HIV. We will launch a report later in the Congress on intimate partner transmission—but I want to draw attention to these women who are vulnerable to the epidemic due to prevailing norms governing sexual relations—norms that perpetuate gender inequality and which must be questioned and challenged. The region's courageous women's organizations are leading the way to right these wrongs.

If we are to consign AIDS to the history books, we must take bolder—and more strategic—action. Last year, the Commission on AIDS in Asia provided a masterful blueprint for action on four fronts: prevention; access to health services; affordable medicines; and social safety nets and health insurance.[2] We owe a debt of gratitude to the Commissioners and all those working tirelessly to implement their recommendations.

The treatment imperative

One of the great achievements in the region is the three-fold increase in people receiving anti-retroviral treatment since 2003. Cambodia, Lao PDR and Thailand now all have over 80% coverage.[3] These achievements can largely be credited to AIDS activists who shattered the silence—and demanded government action.

Our goal is to ensure everyone in Asia who needs treatment gets treatment. But we now need to have a serious debate and engage in a renewed effort.

Half a million people living with HIV in the region are still without treatment and the number grows daily.

Yet these numbers conceal as much as they reveal. They conceal the fact that too few people have access to testing facilities and as a result too few people with HIV are able to initiate treatment in a timely fashion. They conceal the often poor clinical and laboratory management and inadequate psychosocial and community support. They conceal those patients who are developing drug resistance and who ought to be on 2nd or 3rd line therapy.

The numbers also conceal an uncomfortable truth—namely, the financial challenges of maintaining life-long treatment, increasing the number of people on treatment and the future shifts of some patients to more expensive therapies. Challenges made all the more daunting amidst the current economic downturn.

I was delighted to hear former US President Clinton's announcement on Friday of the two new drug access agreements which will significantly reduce the costs of second line treatment.[4]

But, my friends, we need a wider partnership to ensure access to quality treatment. As a first step, we have begun to work with the WHO and the World Trade Organization to review country experiences with TRIPS flexibilities.

Shortly, I will convene a consultative process with industry, other inter-governmental organizations, UNITAID, foundations and civil society, to ensure that 2nd and 3rd line treatments become affordable. We will be looking to India, Thailand and China to join Brazil, South Africa and other countries to forge a new movement for enhanced treatment and provide leadership in this process.

The prevention dividend

But we must also reap the prevention dividend. Today we can virtually eliminate mother-to-child transmission just as we have seen in Western Europe. An AIDS-free generation is within our reach—it is a moral imperative.

Alongside the critical dimension of human rights, we have a strong *business case* for prevention—it generates economic benefits. In Australia, the return on investment of a decade of needle and syringe programmes was estimated at one and a half billion dollars.[5] The Report of the Asia Commission pointed out that for every dollar we spend on preventing HIV, we can save eight dollars on treatment costs in the future.

But it is not only future treatment costs which are at stake. Among Asians aged between 15 and 44, AIDS has become the single largest cause of workdays lost and death related to disease.

Despite the evidence of what works, the AIDS Commission Report found that almost 90% of all investment in prevention went into areas with insufficient returns.

I need not remind you that for every two people newly on treatment, five more are infected. In 2007, more than 380,000 people in the region were needlessly infected with HIV.[6] An equal number of people died due to lack of access to treatment. We need to break the trajectory of the epidemic. Prevention has been systematically under-invested. The time has come to boldly ramp up our prevention efforts and ensure investments are better focused on reaching marginalized groups in poor communities.

We must practice prevention diplomacy to reap the prevention dividend. This is beginning to happen. Approved funding by the Global Fund for programmes addressing most at risk populations in Asia has increased from 24 to 59% between 2006 and 2008.[7]

People taking charge

My friends and distinguished colleagues—it is the people who hold the key to transformation. While we work to encourage political leaders to take the steps needed to ensure long-term success against AIDS, we must recognize that real

change—change that is sustainable—happens at the grassroots level. We have abundant examples in the region—too many to name—of civil society and community organizations making a difference. Grassroots leaders need to be supported and encouraged to become change agents in their own communities. With more consistent support, people living with HIV and the broader AIDS movement can play a crucial role in the transformational changes needed to make societies fairer, more just and more inclusive.

AIDS out of isolation

We have come to the end of the era of siloed, vertical AIDS programmes. They have done much good, but we have learned that they are not cost effective or sustainable. That is why we are calling for an AIDS + Millennium Development Goals framework. We must embed AIDS work more seamlessly in primary health services, maternal and child care, sexual and reproductive health programmes and the tuberculosis community.

More than half of the world's tuberculosis occurs in this region. Despite it being curable, TB remains one of the most common causes of illness and death among people living with HIV.

It is encouraging to know that stronger links between the TB and HIV communities are delivering results. In Cambodia in 2008, 57% of TB patients knew their HIV status, up from 13% in 2006.[8] But we still have a long way to go. As a Cambodian colleague stated recently, "when the TB bacteria and the HIV virus work so well together, it begs the question why can't we?"

Asian leadership in the global AIDS response

I wish to make one final point. Just as the global financial crisis has exposed the weaknesses in global financial regulation, the AIDS epidemic has exposed the inadequacies of existing institutions to manage increasing interdependence and complexity.

In my view, the time has come for Asian and Pacific countries to translate their growing economic clout into positive political influence to help set the global AIDS agenda and the rules by which the AIDS response is governed.

Asia has unique perspectives and experience to share. Some of the fast growing economies like China and India can become net donors to AIDS programmes and provide support to countries in need in Africa where they have substantial economic interests. I look forward to greater visibility and engagement of the region in the Board of the Global Fund and our own Programme Coordinating Board—but also in the myriad of innovative financing and other emerging global AIDS governance mechanisms.

Rendering possible the seemingly impossible

Before closing, I want to congratulate the President of Indonesia, the local Organizing Committee, and the people of Indonesia for hosting this important conference. By doing this, you have demonstrated your unflinching commitment to a strong and determined response to AIDS in your country and the region.

In closing, let me reiterate what I said earlier. By putting people first, our priorities are clear, and with many hands, what is difficult becomes easy, what is impossible becomes possible. Although I can not be with you in person over the coming days, I am with you in spirit. Let us resolve to work collectively on the difficult things to make them easy.

Thank you.

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[1] UNAIDS (2009) HIV Transmission in Intimate Partner Relationships in Asia. Geneva: UNAIDS.

[2] Commission on AIDS in Asia (2008) Redefining AIDS in Asia: Crafting an Effective Response. New Delhi: Oxford University Press.

[3] UNAIDS (2008) Report of the global AIDS epidemic 08. Geneva: UNAIDS. Accessed on 8 August 2009 at http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

[4] UNAIDS (2009). Reduction of prices of second line antiretroviral drugs for AIDS will save lives Accessed on 8 August 2009 at http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2009/20090806_Clinton_ARVtreatment.asp

[5] Commonwealth Department of Health and Ageing (2002) Return On Investment In Needle & Syringe Programs In Australia. Canberra: Commonwealth Department of Health and Aging. Accessed on 8 August 2009 at

http://www.health.gov.au/internet/main/publishing.nsf/Content/770B9CC32E53CDA1CA256F1900044FA9/$File/roisummary.pdf

[6] UNAIDS (2008) Report of the global AIDS epidemic 08. Geneva: UNAIDS. Accessed on 8 August 2009 at http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

[7] Global Fund, Presentation. unpublished.

[8] WHO (2009) Report of WHO TB review mission to Cambodia by Dr Christian Gunneberg. WHO: Geneva, unpublished.