

**BY: Michel Sidibé, Executive Director of UNAIDS**

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Regular Session (Following Opening Session 11:00-12:00)

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## HIV in the Eastern Mediterranean region: Facing challenges; creating opportunities

### Exercising Leadership and Promoting Acceptance

Distinguished Ministers and dear colleagues—Greetings; As Salaam Alaikum.

It is a great honour to join you today. I am happy to recognize so many friends and so many leaders who are transforming public health in this Region—I feel right at home.

I would like to take this opportunity to recognize the outstanding leadership of His Highness King Mohamed VI. Leadership which is reflected in the National Initiative for Human Development, in his support for human rights and the rights of women, and in the substantial progress made in the AIDS response in Morocco towards the achievement of Universal Access.

Her Royal Highness Princess Lalla Salma spoke forcefully about how people with HIV in the Region have to keep their infection secret. She called on us to address this boldly and realistically: to respect culture but break harmful taboos.

Dr Chan, Director General of WHO, thank you for your opening address. I am privileged to work with you as a colleague and a friend. We are working together so closely to refute the false dichotomy between the AIDS response and health. As chair of our Committee of Cosponsoring Organization you ushered in a new framework for UNAIDS which will enable us to take the AIDS response out of isolation.<sup>1</sup> Together we can make a difference in the lives of ordinary, often voiceless, people. People whom we, in the United Nations, exist to serve.

I would also like to take the opportunity to thank Dr Gezairy, EMRO Regional Director, for the kind invitation to participate in the meeting. Dr Gezairy is recognized for his unflinching commitment and forceful advocacy for improving the health and well-being of underserved populations. His efforts have supported our shared goal of raising the commitment of governments to improve health systems to deliver quality primary care for all throughout the Region.

It is precisely such advocacy that we need to ensure the universal access to HIV prevention, treatment, care and support in the Region.

We meet in the marvelous Fes el Bali, a UNESCO World Heritage site. Home to the University of Al Karaouine, the world's oldest continuously functioning university. A university founded by a remarkable woman—Fatima El Fihira—part of a proud tradition of women in the Region. A university renowned for providing a bridge between Islamic and Western thought—reminding us of the importance of exchange in the spirit of mutual respect. Reminding us too of the critical place of learning, reflection, science in improving health—including the role of culture and religion to which I will return in a moment.

It is wonderful to see the awards made earlier today to the world leading researchers who work in the Region.

### **HIV in the Region—a chance to avert a wider epidemic**

EMRO is home to well over one half million people living with HIV.<sup>2</sup> The bulk of infections are concentrated among men who have sex with men, people who inject drugs and people who sell sex. These are people who tend to suffer major stigma and discrimination. Not surprisingly HIV remains a highly stigmatized health condition.

Discrimination undermines our ability to ensure universal access to prevention, care, treatment and support. As a result, of the 100,000 people estimated to be in need, our most recent report suggests that only 10,800 are receiving treatment—the figure is only 5%.<sup>3</sup> Perhaps most distressing is the fact that prevention of mother to child transmission services are available to less than 500 of the estimated 18,000 HIV positive pregnant women—that is less than one per cent.

### **The path to progress**

My friends, transformation is not only possible—it offers us opportunities to do differently and do better. Think of what we have accomplished so far.

We have shattered the silence on AIDS and replaced it with a resounding demand for universal access. A dream which has been endorsed by all countries in the Region.

The *'Algiers Declaration'* of people living with HIV called for concerted efforts to reduce barriers to services and eradicate stigma and discrimination. People living with HIV, in collaboration with Ministries of Health and non-governmental organizations, have made tremendous progress in organizing and advancing their rights. Associations of people living with HIV have been established in countries across the Region: from Morocco to Sudan and right across to Djibouti among others. In some countries, people living with HIV are now monitoring service delivery. Holding us to account for dollars spent, lives saved and hopes sustained.

It is wonderful to be in a region in which most countries are committed to providing ART free of charge and where HIV services are integrated into primary health care systems. We are now bearing witness to the benefits that treatment brings.

Yet we know that access remains a huge problem. In October last year, we estimated that less ten percent of people in need were on ARV therapy.<sup>4</sup> Clearly much more needs to be done:

- ▶ More widespread voluntary testing to ensure earlier initiation of treatment;
- ▶ Strengthened clinical and laboratory monitoring and psycho-social support to keep patients on first line regimes as long as possible;

- ▶ And above all, in these times of crisis, we must ensure that patients do not face treatment interruptions. This is imperative for patients and for public health.

Make no mistake—any delays and treatment interruptions will bring increased drug resistance, greater strains on services and lead to suffering and unacceptable loss of life.

Consequently, we must bring an end to the problem of drug stockouts. I am encouraged by the efforts of NGOs such as “Oui à la Vie” in Djibouti, “Vivre Positif” in Beirut, “ALCS+” and “le Jour” in Morocco and others who are working with providers to ensure continued access to treatment.

But we need structural solutions. Demand will continue to grow—as more people living with HIV learn of their status, as new guidelines call for earlier onset of therapy and as demand for second line drugs grows.

A Regional pooled procurement center to reduce the costs of ARVs and drugs for other health conditions would be a start. But much more ambitious plans are called for.

### **Scaling-up emerging efforts to reap the prevention dividend**

Friends, I urge you to confront an uncomfortable fact: worldwide, for every two people who start antiretroviral treatment, five are newly infected with HIV. Prevention is the only way to break this vicious circle.

Fortunately, the increasing availability of resources for AIDS, from domestic budgets and the Global Fund, ushers in new opportunities. Opportunities to address major deficiencies in prevention, opportunities to invest more strategically and opportunities to see a return on investment.

Targeting prevention for key populations at risk represents the cornerstone for averting further expansion of the HIV epidemic in the Region—and provides a window of opportunity to contain the epidemic.

### **Leveraging local culture and tradition for universal access**

We are in a Region with proud cultures and rich traditions.

Traditions and faiths which give structure and meaning to people's lives and sustenance to their hopes and aspirations.

Yet these traditions are under siege—undermined by the influences of globalization and modernity. And even harmed by often well-meaning public health experts. Experts who fail to appreciate the importance of culture in terms of social capital, in terms of individual belonging and in terms of getting things done. Experts who inadvertently alienate the very people who they seek to help by imposing foreign values and prescriptions.

Instead, does it not make sense to develop solutions based on local values, traditions, beliefs and knowledge and thereby reinforce the social fabric? Surely people will only accept so-called solutions if the solutions fit with their understanding of the world.

My friends, I think that it is time to leverage culture and religion, these priceless Regional assets, in our quest for improved health. Many local beliefs and practices should be encouraged and supported as they are directly protective—including the Islamic tradition of male circumcision and the elevated place of faithfulness in this Region. Moreover, does the Koran not command acceptance and tolerance—the notion of cohabitation—the need to

prevent risk and harm, the need to support the sick and the value of the preservation of human life?

Of course, where traditional practices are unsafe—we need to work with opinion leaders to make the practice safer—as we have so effectively done in harm reduction for injecting drug users. But my point is that our responses must be culturally acceptable if they are to be adopted.

More broadly speaking, would you not agree that we must sustain and where necessary rebuild and uphold the strong sense of community in the Region? To unearth the compassionate societies and families which have always cared for the vulnerable and shown solidarity with the poor. These are the core values to which we must return—as they can support HIV prevention, care and support and more.

Families are the most robust and predictable form of care and support. Families ask for so little to continue to do what they are doing and to do it better. We must give more support to the community-based organizations who help the most vulnerable, and we must ensure income assistance for the most destitute.

Given the demographics of the Region—adolescents represent the future as well the actors for responsible social transformation. We must engage with them in ways to which they can relate.

These core values must also be reflected in our service providers. Good medical care for people living with HIV requires more involvement, better training and stigma-free doctors.

And returning to the academy—we need to ensure that its attention is turned to research on effective approaches that are relevant to the religions, cultures and epidemics of the Region.

Progress is possible.

### **Green shoots are evident in the region**

Green shoots are evident. Discreet and innovative prevention projects targeting most at risk populations are beginning to yield measurable results.

- ▶ Last week I was in Lebanon where I learned about the achievements of Helem Association, the first organization working with men who have sex with men in the region as well as Soins Infirmiers et Développement Communautaire which has implemented outreach and HIV prevention for MSM.
- ▶ Here in Morocco, services reaching young men and women, MSM and sex workers have doubled since 2005.<sup>5</sup>
- ▶ Iran is well known for the huge strides it has taken in scaling up harm reduction and opioid substitution for injecting drug users.<sup>6</sup>
- ▶ Regional and sub-regional approaches to reducing HIV vulnerability associated with the tremendous volume of migration and mobility are emerging. Here allow me to acknowledge the engagement of my friend Abdullah Miguil, Minister of Health Djibouti, for getting the 'Red Sea Ports initiative' off the ground.

### **Patience is not a virtue—the window is narrowing**

But make no mistake, the window of opportunity is narrowing. The epidemic in much of the Region remains concentrated in most at risk groups. This was also the case in the Ukraine which initially had an epidemic which was mostly among injecting drug users—but only a few

years later had spread far beyond—as the injecting drug users served as a bridge to the general population.

The Region must avoid this fate—and serve as a model for Universal Access. Lessons must be learned from the fledging efforts I referred to above, shared across the Region and urgently taken to scale. The effectiveness of such efforts will depend on our ability to work with affected communities.

But we need a different kind of engagement—in which we leverage culture and religion to engage all of society to meet the prevention needs of most at risk populations. We can do this by appealing to the many virtues of indigenous culture, faith and practices.

We must do this with urgency as patience is not, in this case, a virtue.

I look forward to continuing to work with WHO and Ministries of Health throughout the Region to take full advantage of this closing window.

In the interim, I wish you well in your deliberations.

Thank you.

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at [www.unaids.org](http://www.unaids.org)

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<sup>1</sup> UNAIDS (2009) *Joint Action for Results: Outcome Framework 2009-2011*. Geneva: UNAIDS.

<sup>2</sup> UNAIDS/WHO/UNICEF (2008) Epidemiological Fact Sheet on HIV and AIDS: Core data on epidemiology and response (by country). Accessed September 28, 2009 at <http://www.unaids.org/en/CountryResponses/Countries/default.asp>

<sup>3</sup> WHO, UNAIDS, UNICEF (2009) *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector. Progress Report 2009*. Geneva: WHO.

<sup>4</sup> WHO (2009) *The Work of WHO in the Eastern Mediterranean Region: Annual Report of the Regional Director 1 January to December 31, 2008*. WHO Regional Office for Eastern Mediterranean. Cairo: EMRO. Accessed September 28, 2009 at [http://www.emro.who.int/rd/annualreports/2008/pdf/annualreport\\_08.pdf](http://www.emro.who.int/rd/annualreports/2008/pdf/annualreport_08.pdf)

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<sup>5</sup> Royaume du Maroc (2008) Rapport National: Mise en oeuvre de la declaration d'engagement sur le VIH/SIDA. Date de soumission du rapport : 30 Janvier 2008. Accédés Septembre 25 2009, at: [http://data.unaids.org/pub/Report/2008/morocco\\_2008\\_country\\_progress\\_report\\_fr.pdf](http://data.unaids.org/pub/Report/2008/morocco_2008_country_progress_report_fr.pdf)

<sup>6</sup> Islamic Republic of Iran (2008) Country Report on Monitoring of the United Nations General Assembly Special Session on HIV and AIDS National AIDS Committee Secretariat, Ministry of Health and Medical Education. Submitted to UNAIDS Geneva January 2008. Accessed September 28, 2009, at: [http://data.unaids.org/pub/Report/2008/iran\\_2008\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2008/iran_2008_country_progress_report_en.pdf)