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# Speech

*CHECK AGAINST DELIVERY*

## Closing Address - 7th ICAAP

## Kobe, Japan - 5 July 2005

**Speech by**
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Distinguished guests and dear friends,

For the past few days, scientists, politicians, health workers, managers and activists from across Asia and the Pacific – and from beyond – have deliberated about how to make a difference in our AIDS response. Today, at the closing of the 7th International Conference on AIDS in Asia and the Pacific, we should take stock.

What have we learned from this conference? What do we need to take home with us? And what will we do as a result of Kobe?

Our most important lesson may be that **business as usual** is no longer an option. If the epidemic continues its present pace, by the year 2010, an additional 12 million people will become infected with HIV in Asia and the Pacific. If, on the other hand, HIV prevention and care programmes are rapidly scaled up, at least half these infections – 6 million – can be prevented.

In a region where fifteen-hundred people die each day because of AIDS, the **window of opportunity** to reverse the epidemic is closing fast. But that shrinking window *can* be held open by political will. Where this political will already exists, our challenge is to maintain it. Where it is lacking, we must mobilize it.

Political will needs to be backed by strong and vocal **leadership**. And by leadership we don't only mean political leaders, but leaders from all walks of life – the labour and business leaders, the religious and traditional leaders, the women's groups, the treatment activists, and the civil servants. Without this broad involvement, the opportunity to prevent a disastrous epidemic will be lost.

This conference has shown us that Asia *can* do it – that we have the community resilience, and the technical, human and financial resources to fight AIDS with success. We already know from Cambodia and Thailand that by using these resources well, the epidemic can be shifted.

We have also been reminded here that AIDS responses must be anchored in the **community,** and owned by the community, if they are to work in the longer term. Without the participation of civil society and of those most directly affected by the epidemic, responses will not work. Everyone must be engaged. The epidemic is not the business of only government.

This conference has firmed up our **understanding** of the Asian epidemic. We can see the epidemic's progression, the magnitude of the number of people involved, and the need to adapt specific strategies not only by country, but often, by region or province.
Perhaps the greatest legacy of this ICAAP will have been our ability to **articulate difficult issues**, issues too controversial or circumscribed to warrant media coverage or broad support – yet issues that are crucial if the Asian response is to succeed.

Lets look at some of these difficult issues. We now know that most Asians infected with HIV belong to especially **vulnerable populations.** Without a doubt we will have to concentrate our efforts on these groups, despite the taboos, the social constraints, or the moral arguments.

Sex workers and their clients face high risks of infection, especially young girls and those who have been illegally trafficked across borders. We cannot ignore them just because societies often consider their work immoral or illegal.

Injecting drug use is widespread throughout the region and introduction of HIV into drug user networks can mean a rapid spread of the virus into the general population, through sex with partners, or commercial sex work to pay for drugs.

Young people continue to be at risk. And new figures released at the conference show more than 1.5 million children in the region are orphaned by AIDS.

Migrant workers are also vulnerable to infection and face growing economic pressures to be away from home for extended periods.

Finally, as a group, men who have sex with men continue to be hidden and severely stigmatised. This prevents them from protecting themselves because they lack the information they need. The conference provided valuable data on MSM behaviour and effective prevention measures, yet far more is required.

The conference also raised more concerns about the infringement of human rights of members of vulnerable groups, especially in countries that continue to **criminalise** their behaviours. Although some governments are sidestepping the issue, others are dealing with it boldly and a clear political agenda is emerging around respect for human rights. Conversely, we may be criticised for not doing enough to **de-criminalize** these groups and their activities. That, too, is a challenge for the future.

ICAAP provided a focus for **harm reduction**, which – as we all know – has faced major scrutiny in the past few months, with battles raging around terminology and morality. There is now consensus on harm reduction in Asia and the challenge will lie in scaling up. We have plenty of evidence that Asia's epidemic is driven largely by injecting drug users, and we know that services to protect them from HIV infection have been slow in coming. We already know HIV spread in China is principally due to injecting drug use, and that it plays an important role in India's epidemic. If we fail to prevent a generalized epidemic in these two hugely populous countries, the consequences could be beyond understanding.

Yet we know harm reduction is **feasible.** We must avoid moral judgments and base our actions on evidence. In Malaysia, needle exchange is government policy, despite strong religious opposition. In Indonesia, laws have been softened by the Supreme Court to allow needle exchange. In Bangladesh, where needle exchange is illegal, advocacy has helped prevent police harassment.

Voices at this conference have also called for an end to scattergun approaches to AIDS programming and the beginning of an era of **harmonization** and coordination of efforts and resources. This is essential if we are to stop duplicating efforts, make the money work, and ensure the resources we already have are used wisely. This is why the Three Ones – one national AIDS authority, one national AIDS plan, and one monitoring and evaluation framework – is so important.

Another outcome of this conference may be less tangible but is equally important. ICAAP has provided the space for **meaningful exchange** – for example between activists and governments. The importance of exchanges across borders and regions was also underlined. For example, the harm reduction experiences of countries like Iran could help shift religious attitudes in such places as Indonesia and Malaysia.

The experiences reported this week during the ICAAP congress provide further evidence that large-scale HIV **treatment access** is achievable, effective and increasingly affordable, even in the poorest and most challenging settings. At the same time, the challenges of expanding coverage and building sustainable systems to support it remain.

But hand in hand with treatment comes **prevention**, which must be at the heart of the response in Asia. HIV is spreading quickly because those most in danger are still taking risks, whether by using un-sterilised needles, avoiding condoms, or not getting tested. That spotlight now needs to be turned on and coverage of services for these groups scaled up.

This was also a conference of **courage**. People living with HIV stood up and told their stories, people from countries where stigma and discrimination are the norm, not the exception. That courage has resonated with us, and is one of the gifts we will take home.

ICAAP also provided us with opportunities beyond these conference halls. W.H.O. chose the eve of this ICAAP to announce it had added **methadone** and buprenorphine to its Model List of Essential Medicines. These medicines are now endorsed by the world body, and recommended for basic use by health services around the world – this is a major victory and

countries wishing to provide methadone in their programmes will find it easier. Not only are injecting drug users on methadone far less likely to inject drugs, but those not on methadone may be up to 6 times more likely to become infected with HIV.

The conference's host country, **Japan,** also used ICAAP as an opportunity to announce major funding – 500 million dollars to the Global Fund, and five billion dollars for infectious diseases including AIDS in Africa. While Japan has emerged as a clear leader in the *global* response, it would be timely to build on this success by applying this generosity and foresight to the epidemic within its own borders. With a growing number of infections among young people and men who have sex with men, Japan should intensify sex education in schools and prevention efforts in general. AIDS is no longer a foreign problem. Today, it is a Japanese problem as well.

This region is at a **crossroads**. It can still choose to contain the epidemic. If it does not, our next meeting two years from now in Sri Lanka may provide far different – and sadder – results. We can no longer cry poor. We know the region can afford to turn its epidemic around.

This is not about inventing anything new. In 2001, every government in the region agreed the goals in the UN Declaration of Commitment on HIV/AIDS. Yet not a single one has met them. We don't need any additional commitments – they already exist. What we need now is to act on them.

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