

**Pacific Regional Meeting on the Role of Parliamentarians
in the Fight Against HIV/AIDS in the Pacific Region**

**Keynote address
by**

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Introduction

Mr. Chairman, distinguished Parliamentarians, Ladies and Gentlemen:

I thank you for the opportunity to speak to you today at this historic conference on HIV/AIDS and the role of Parliamentarians in the fight against this epidemic. I commend you all for your leadership to date in the global and regional fight against AIDS and for now mobilizing the attention of the Pacific Parliamentary Assembly on Population and Development to the AIDS epidemic in the region.

As you know, the 15th International AIDS Conference took place last July in Bangkok. This conference was intended to be a wake-up call for the Asia Pacific region - and by all indications, it was exactly that. Much as the AIDS conference in Durban, South Africa was a watershed moment for expanded access to treatment, it is my hope that the Bangkok conference will be remembered as the moment we collectively faced the challenge of AIDS in this region.

Let me give you some facts:

There is little doubt that, in the fight against AIDS, we once again stand at a crossroads and the Asia-Pacific region is not immune from this gathering storm.

- The Asia Pacific region now accounts for nearly 7 and 1/2 million people living with HIV;
- Last year alone, half a million died from AIDS and more than twice as many, or 1.1 million, were infected with HIV;
- In fact, 1 in 4 new infections worldwide occurred in this region in 2003, compared to 1 in 5 in 2001; and
- The Asia Pacific region is now home to some of the fastest-growing AIDS epidemics in the world.

In the Pacific, the HIV prevalence rate has reached more than 1% among women attending antenatal clinics in Port Moresby, Papua New Guinea. AIDS is now the major cause of death at the Port Moresby General Hospital. High levels of sexually transmitted infections, which indicate increased risk for HIV, have also been documented in Samoa, Kiribati, Marshall Islands, Vanuatu and a number of other Pacific Island countries and territories. As we have seen in the Caribbean, even a small number of infections can have a dramatic impact on small islands populations.

We talk about the social and economic impact of the HIV epidemic in high prevalence countries, but in the Pacific we could reach the point where we have to talk about the very survival of countries unable to absorb the human, social and financial cost of a 10 or 20 percent infection rate.

In most places in the region, HIV now remains largely concentrated among marginalized groups such as men who have sex with men, sex workers, their clients, and their partners. Unfortunately, because prevention programme coverage is still so sparse, infection rates among these groups are skyrocketing - and ultimately will not remain contained.

Monogamous women, whose only "high-risk" behaviour is being married and faithful to spouses who engage in high-risk behaviour, are being infected and then, sadly, infecting their children. This is how a generalized epidemic begins. The statistics identifying a high number of self-identified housewives as HIV infected in Papua New Guinea shows just this situation right here in the Pacific. The paradox of low risk and high vulnerability faced by women and girls worldwide is mirrored across Asia and the Pacific region. Low levels of education, unequal access to formal employment and income, as well as low social status underlie the feminization of AIDS. Fifty percent of all new infections globally are found among women and girls.

Ladies and Gentlemen, timing matters, and the Pacific has a narrow window of opportunity. Because of the dynamics of the epidemic, HIV levels may remain relatively low for many years and then explode quite rapidly. Just look at what happened in South Africa. It took five years for the prevalence rate to rise from 0.5 to one per cent and then it shot to 20% over the next 7 years in the absence of effective care and prevention. While we do not expect something quite this drastic in the Pacific - it is vital to act decisively before crossing into that epidemiological danger zone.

Act now or pay dearly later.

As you know, the Pacific is a region which has made considerable economic and development progress in the past few years. This is now seriously threatened by AIDS.

A joint study by UNAIDS and the Asian Development Bank (ADB) projects that the human, social and economic losses fuelled by the epidemic will reverse hard-earned development gains if countries in the region fail to promptly establish comprehensive prevention and treatment programmes. Economic losses due to AIDS in the Asia-Pacific region were estimated at \$7.3 billion in 2001 alone, borne overwhelmingly by AIDS-affected households. This has impoverished millions of men, women, and children around the world and we are already seeing AIDS orphans in the Pacific.

The region, and all of us in the global community, have clear cut choices to make with very real consequences. If the current trends continue, and we fail to take comprehensive action in Asia and the Pacific:

- a total of 10 million adults and children will likely become infected in the region between now and 2010;
- the annual death toll will increase by 50% to over three quarters of a million people by 2010; and
- economic losses will more than double, amounting to \$17 billion annually by 2010.

The good news is that we know what works and how to stop the spread of AIDS:

- Political leadership and commitment
- Comprehensive responses including: "ABC plus" (but not abstinence alone), harm reduction programmes for drug users; voluntary testing and counseling programmes, especially those accompanied by treatment; interventions to stop mother-to-child transmission; treating sexually transmitted infections (STIs) and opportunistic infections; and ensuring a safe blood supply and safe health care settings

- a multisectoral response involving all sectors and actors of society (e.g., microfinance and other empowerment programmes for women that reduce their vulnerability work);
- fighting stigma, fear, and discrimination and promoting hope; and
- act now as otherwise the cost will be much higher later.

The problem is that in the Pacific region, as elsewhere in the world, only a small fraction of those in need are currently receiving these lifesaving information and services. For example, only one in 50 pregnant women in the Western Pacific have access to efforts to prevent mother-to-child transmission of HIV.

Increasing access to AIDS prevention and treatment in a meaningful way will require a serious investment. Last year, such a comprehensive effort in the Asia-Pacific region would have cost at least \$1.5 billion - yet only \$200 million was spent by all public sources combined. Fiji's Speaker of the House described the contributions of governments in the Pacific region while attending the UNAIDS regional conference in March this year as "peanuts" compared to what is needed – and he was right.

This resource gap will continue to grow as unmet need grows. By 2007, the funding needed for AIDS prevention and treatment services in the region will rise to \$5.1 billion, or approximately \$2 per capita.

If the necessary leadership and resources are found from governments and donor support, and comprehensive programmes are implemented, we can change the course of this epidemic, and perhaps the course of history. Under this scenario in the Asia Pacific region we can:

- prevent 6 million new infections by 2010;
- reduce the death toll by nearly 100,000 people each year;
- save \$2 billion in economic losses each year from 2010; and
- alleviate unquantifiable human suffering in the Pacific alone.

The experience with the SARS epidemic taught us that public health can have a serious political and socio-economic impact - but with leadership, commitment, and swift action they can make great strides. Several countries have realized that investing in public health is essential to socio-economic development as well as sound investment.

Recent statements by China's Premier showed new commitment to implementing strong care and treatment programs and targeting vulnerable groups. Speaking at the closing of the recent Bangkok International AIDS Conference, Mrs. Sonia Gandhi of India affirmed the new Government's commitment to strengthen its AIDS control effort through increased national funding, greater involvement of civil society, more widespread education and better health facilities. The Prime Minister of Thailand also publicly recommitted to a comprehensive effort including access to antiretrovirals and outreach and treatment programmes for drug users. In many countries, Parliamentarians are already contributing actively to the fight against the epidemic through their work in Parliament, their constituencies and communities. This type of leadership sets the stage for action and is an essential first step to stopping the march of AIDS. I challenge all of you to be bold and to join the growing ranks of leaders who understand that they must act now for the good of their countries, for the economic and social health of their nations, for their very survival.

Unfortunately, because overall HIV prevalence rates remain low in the Pacific region, the sense of urgency for action has yet to reach a fever pitch. However, the numbers do not lie, and there is no question that AIDS in the Pacific is fast approaching a critical turning point. Given these conditions, it is now more essential than ever that you, as key leaders in the region, meet the AIDS challenge head-on.

You all have much to offer as key strategic partners through a three-pronged approach to ratcheting up the Pacific's response to AIDS:

- by promoting leadership through advocacy at country and regional levels;
- by providing and leveraging increased resources from both donor and impacted countries; and
- by sharing the training and technical assistance to enhance national capacity.

What can you do?

Although leadership on AIDS in the Asia-Pacific is gaining momentum, you can help nurture and promote leadership at all levels through advocacy to further encourage the real and sustained commitments required to implement and manage a comprehensive response to AIDS in the region.

You can urge other leaders in your countries to participate actively in international political fora where AIDS is on the agenda, and to help push for discussions around AIDS in the Pacific where it is not yet being considered. Let us pledge that in every speech politicians make in the country, AIDS is put at the forefront of discussion.

To fight AIDS effectively in the Pacific, the region requires increased financial resources and technical expertise. Push for investment in what works, leverage other donors and governments to increase their spending on proven interventions, and promote coordination and cooperation among and between donors.

With regard to HIV prevention programs, spending must be dramatically increased to scale up prevention education, through support of an "ABC plus" model, which encourages abstinence, being faithful, and using condoms - while also promoting female-controlled prevention methods, such as female condoms and microbicides, empowering women and effectively engaging men. Given that for many women and girls, negotiating abstinence, fidelity or condom use is often not a realistic option, we must provide them with the tools they need to protect themselves.

What this means is that the ABC approach is not enough. We need to go way beyond ABC. This means promoting education for girls and equality for women. It means breaking the vicious cycle of poverty, lack of nutrition, illiteracy and HIV infection. It means avoiding falling into the trap of over-medicalising prevention.

Earlier this year UNAIDS launched the Global Coalition on Women and AIDS as an advocacy and action network to halt the spread of HIV among women and to address gender inequalities that fuel the epidemic. Priority areas for concrete action include: preventing infections among women and girls; reducing violence against women; promoting women's property and inheritance rights; ensuring the equal access of women and girls to treatment and care; and promoting the education of girls. We could look into establishing a Pacific-wide mobilization on women and AIDS.

It is also essential that funding be increased to expand voluntary counseling and testing programmes. With regard to AIDS treatment, we need to leverage greater funding to expand access to antiretroviral therapy, as well as medicines to treat opportunistic infections and other sexually transmitted diseases.

We know that business as usual won't stop AIDS. That's why the Joint United Nations Programme on HIV/AIDS, or UNAIDS, was created. Today, through the leadership of UNAIDS, ten UN agencies and a Secretariat have joined forces in concerted action against AIDS worldwide. In reality, UNAIDS is UN reform in action.

UNAIDS is working in the Pacific in collaboration with the Pacific Island Forum, the Secretariat of the Pacific Community, the key donor nations of the region: Australia, New Zealand and Japan, and the community through the churches and community organizations.

The United Nations is committed to helping galvanize political leadership and commitment. In March of this year, at a workshop co-organized by UNAIDS, the President of Fiji and the Chair of the Great Council of Chiefs, committed themselves to the action against AIDS and called on community, business and religious leaders to similarly commit. UNAIDS is currently assisting other Pacific island countries with similar political structures in convening traditional leaders to discuss AIDS.

We have a long way to go. The true test will come in our ability to translate this opportunity into prevention, treatment, and support services for the millions in need.

In closing, I would like to reiterate that we are at a critical juncture in the global fight against AIDS and the stakes are very high - for the Pacific and for us all. Success will require more money, more action, but most of all, it will require unprecedented cooperation, coordination, and a framework for moving forward together - particularly at country level. It will take a new way of doing business and a new way of relating to each other.

We have the skill and science needed to stop AIDS. What we need now is the political will, the strategy, and the unity to turn the tide. But increased financial and technical resources will not mean much as long as stigma and discrimination continue to haunt people living with HIV.

We need to openly counter prejudice and build bridges between communities and vulnerable groups. We need specific legislation to protect people living with HIV from discrimination. For these even more daunting tasks, I can think of no group better placed to address these issues than parliamentarians. Your role as legislators is vital to the attack on stigma, but so too is your role as community leaders – speaking out, breaking the silence, visiting people with HIV/AIDS, bringing attention to social and cultural issues that are obstacles to prevention and advocating for young people to have access to information and services for reproductive health.

It is not a choice between prevention or care, condoms or abstinence, Africa or the Pacific, AIDS or poverty reduction. This is not an either-or proposition. We need them all and more. We need a comprehensive strategy, a truly global response, and an arsenal of tools at our disposal to succeed.

If we take a stand together we can move from the band-aid approaches of the past to providing real and desperately needed HIV prevention and treatment services in communities worldwide and right here in the Pacific.

This is not a war we can afford to lose.

Thank you very much.