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Report by

Dr Peter Piot,
UNAIDS Executive Director and UN Under Secretary-General

Uniting the world against AIDS
I am deeply honoured by this invitation to brief you on the state of the AIDS epidemics globally and in the ASEAN region, and the challenges they present. It is over a year since I had the opportunity to discuss these issues with you, at the UN-ASEAN Summit hosted by Secretary-General Kofi Annan prior to the 2005 World Summit.

Excellencies, 2006 marked the 25th year since the first evidence of AIDS came to light, among 5 homosexual men in the US. In just this short span, AIDS has gone on to become the world's leading cause of premature death among not just men under the age of 60 but also women. Truly, this is a disease that recognizes no boundaries, whether of income, gender, religion, sexuality, or nationality.

And because AIDS is overwhelmingly a disease of adults in their peak years, the global epidemic has already caused the greatest reversal to human development ever recorded. AIDS has become one of the make-
or-break challenges of this century, a point Secretary-General Annan emphasized in his public statement on World AIDS Day, 1st December.

I released the UNAIDS annual update on AIDS at the end of November 2006. The data show that more people were newly infected with HIV in 2006 than in any previous year. Countries in every region are experiencing multiple waves of spread, often in new populations, including Thailand in this region.

This evidence underscores the need for us to recognize that AIDS is not a passing storm but a long-run threat to development and national security in Asia – and hence to the achievement of almost every one of the Millennium Development Goals. We are still in the early phases of this epidemic and must redouble and sustain our efforts, not let our guard down.

Excellencies, the UNAIDS report shows that within Asia the most severe epidemics are in the ASEAN region. There are over 1.5 million people living with HIV here – with over 1.5% of all adults infected in some countries. In a small number of your countries, the epidemic has slowed because of the efforts of government and civil society. But the overall signs are worrying, including rising rates of infection among women as well as young people, especially among young men who have sex with men or who inject drugs. The most worrying fact for the ASEAN countries is that AIDS affects the most productive sections of your populations, i.e. the workforce which is the powerhouse of economic development of the region.
Because Asia is a top priority in the United Nation’s work on AIDS, I have recently appointed an independent Commission on AIDS in Asia chaired by the renowned economist and former head of India’s Reserve Bank, Mr C. Rangarajan. Drawing on the expertise of distinguished experts from across the region, the Commission will provide an objective assessment not just of potential epidemic trends in Asia but also of the likely impact on national budgets, poverty rates, the labour force and social wellbeing. It will make specific recommendations about the policies and institutional reforms that are needed to halt AIDS and minimize its impact. The Commission will release its report in end 2007.

Excellencies, much is clear already about the way forward for ASEAN nations in tackling AIDS.

At this time of great opportunity, with over 99% of ASEAN’s people still uninfected, you can set an example of hope for the world by putting in place a response that halts the epidemic not just for the short term but for the long-term future as well, so that there is no resurgence in the epidemic.

In the short term, the greatest headway against AIDS can be guaranteed by directing funding to HIV programmes for the most at-risk individuals and communities, including young people, sex workers and their clients, men who have sex with men, and injecting drug users. This is where the epidemics in most ASEAN countries are largely still concentrated – and so this is where investments will reap the highest returns, within the effort to scale up towards universal access. Both HIV prevention and
treatment services are essential, alongside care and support. And all these efforts must be responsive to the needs of women and the gender-based disadvantages they face. And they should support today’s children and young people in Asia to become the first of new HIV-free generations.

To work well, Excellencies, these programmes need your personal support in combating the taboos, stigma and prejudices surrounding AIDS and the modes of HIV transmission. Examples of Cambodia and recently Thailand of personal leadership of your Excellencies in the National AIDS Committees are with us. The past decades have shown that in every society a supportive, non-judgmental environment is the foundation for making progress against AIDS. People must have no fear about accessing HIV prevention and treatment services. Mandatory approaches, in contrast, worsen fears and have not worked in practice.

These are difficult and often unpopular decisions, Excellencies, but several among you have shown the way for the entire world through the courageous personal leadership that has ensured that the most vulnerable communities – who are often the poorest and most exploited – get priority in your national AIDS response. You have shown that the highest principle, at the core of ASEAN’s vision of a caring society, is that of saving lives above all else. A strong national AIDS response is also all about saving lives.
The second great challenge is to sustain a full-scale response to AIDS over the long term, at least for another generation, because the threat of AIDS will not pass in a year or five years.

This challenge involves mobilizing vastly more financial resources from government budgets so that HIV prevention and treatment are assured adequate, predictable and sustained funding for the next decade and more. International donors must commit to meeting any shortfall as the lives of literally millions of people is at stake.

The long-term challenge also involves ensuring that lifesaving commodities – including new antiretroviral medicines and a future vaccine against AIDS – will always be available to all your citizens at affordable cost, through greater regional manufacturing capacity and trade agreements that build on the 2001 WTO Doha Ministerial Declaration on the TRIPS agreement and public health. Asia’s capacity to provide cheaper generic formulations of life-saving HIV drugs needs to be fully utilized for the benefit of people living with HIV in every low- and middle-income nation. I would appeal to you to make full and effective use of TRIPS flexibilities to secure medicines at affordable cost to the infected populations in your countries. In this respect the bold step taken recently by Thailand in issuing compulsory license for an ARV drug is highly commendable.

And the long-term challenge involves bringing community-based and civil society organizations – and especially people living with HIV – into the national AIDS response, in line with the 10th ASEAN Summit’s Vientiane
Action Programme. The challenges posed by AIDS exceed the capabilities of any single sector.

Excellencies, in all these efforts I can assure you of the full support of UNAIDS, which brings together the resources of 10 UN-system organizations around a common agenda, as well as of the entire UN family.

Excellencies, faced with this make-or-break global challenge the only sure guarantee of success is your personal leadership of the AIDS response. I and the world look to you for your continued leadership on AIDS.

This ends the report of the Executive Director of UNAIDS.

Thank you.