



Joint United Nations Programme on HIV/AIDS

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**Speech**

**Speech to the 7<sup>th</sup> International Congress on AIDS in Asia and the  
Pacific**

**Kobe, 1<sup>st</sup> July 2005**

**by Dr Peter Piot**

**UNAIDS Executive Director**

Distinguished guests, dear friends, good afternoon.

It is inspiring to be here with so many people who are leaders and pioneers in tackling AIDS across Asia and the Pacific. And it is inspiring, always, to see that leadership on AIDS comes from every sector of society, from community groups and NGOs, from government and politics, from medicine to the media. This mobilization is for me a constant reassurance that, yes, we will succeed against AIDS.

In beginning, I wish to thank the Government of Japan for being our hosts and for their longstanding support to international efforts to tackle AIDS. Some of you will recall that it was in Okinawa, at the G-8 Summit in July 2000, that real momentum developed for a multi-billion dollar fund to contend with AIDS, what is today the Global Fund to Fight AIDS, TB and Malaria. Without that, we would not have as many opportunities for large-scale HIV programmes as we do now.

My special thanks to the Japanese local organizing committee chaired by Professor Tadimitsu Kishimoto, and led by my energetic friends Professor Masahiro Kihara and Masayoshi Tarui, as well as to the Seven Sisters, and our leader of ASAP, my good friend Denis Altman.

Ladies and Gentlemen:

In the nearly 4 years since the 6<sup>th</sup> ICAAP, on several fronts of the AIDS response in Asia and the Pacific there has been progress on a scale that we could not have imagined when we met in Melbourne.

Which of us would have predicted, at our Melbourne meeting, that Cambodia would succeed in reversing its epidemic, cutting antenatal prevalence rates from well over 3% to 1.9% today? Which of us would have betted that political will in China to tackle AIDS would intensify to such a great degree? Which of us could have predicted that Malaysia's Prime Minister would personally announce a comprehensive harm reduction policy? Or that the Prime Ministers of India and Papua New Guinea would decide to oversee their countries' AIDS efforts? And Prime Minister Koizumi's announcement yesterday of a major contribution to the Global Fund is another example of leadership.

Yet, despite these extraordinary gains it is equally the case that on other critical fronts there has been little or no progress.

Let me take up just one overarching failure, as it embodies the other failures. This is the failure across Asia and the Pacific to meet the key goals agreed to by all governments in the Declaration of Commitment on HIV/AIDS adopted at the UN General Assembly Special Session in 2001. For example, end-2003 figures show that in South and South-East Asia, HIV prevention programmes reached just one of every five sex workers, just one of every 20 injecting drug users, and just one of every 50 men who have sex with men. And just 14% of people who need antiretroviral treatment are covered in East, South and South-East Asia, according to our latest estimates released.

With this kind of coverage, there is no way we can stop this epidemic! Prasada Rao tomorrow will discuss this in detail in his plenary.

These failures are all the more indefensible because it is within the means of many countries in this region to guarantee universal access to both HIV prevention and HIV treatment.

Ladies and Gentlemen:

Clearly the record of the past years is a mixed one, of major advances as well as major failures. What must we do so that when we meet at the next ICAAP we can point only to success in Asia and the Pacific, not equally to failures?

I will single out three matters that I believe we must address if we are to be truly successful in tackling AIDS.

First, we need to move to a real understanding of the dynamics of the AIDS epidemics in Asia and the Pacific. And our understanding must be context specific. Isn't it essential, after all, that we specify which of innumerable Asian realities we are referring to? Is it China or Nepal? Japan or Sri Lanka? Bihar or Chiang Mai? But instead of in-depth, context-specific analysis of particular epidemics and sub-epidemics we continue to use anecdotes, simplistic models and projections from Africa's experiences. And in lieu of developing realistic epidemiological and impact scenarios that would convince policy makers to act, we continue with making empty claims that Asia's AIDS epidemics are on a doomsday trajectory.

Second, if we are to be successful we need to plan far more intelligently about how to mobilize political will on AIDS across the diversity of Asia and Pacific contexts. It is an obvious fact that what works in generating political commitment on AIDS in one Asian country may be useless or even counter-productive in another. But we have not acted on this fact. Leadership and societal mobilization can only be successful if rooted in values, epidemiological facts, and political culture of each country.

We must ensure that also in this region AIDS receives the same level of attention and concern by the top leadership as they give to security and the economy. It is essential that the AIDS response be led by the highest political levels of the state – there is simply no alternative to this.

And our strategies also need to be targeted at mobilizing the kind of political will that gives top priority to the needs and rights of all those at high risk of HIV infection and of people living with HIV. Working with injecting drug users, sex workers or men who have sex with men is sensitive everywhere and may not be politically expedient, but it is key for success.

Third and finally, we need to ensure that a genuinely multisectoral response to AIDS emerges in all Asian and Pacific countries and that our programmes are urgently scaled up. Why is AIDS not yet a primary concern for the women's movement in many countries? Why is the media so disengaged still? Why is the response by industry and business still so weak? Why are religious leaders, trade unions and human rights groups not at the core of the response? And not least, why have so many national AIDS programmes in Asia and the Pacific done poorly in working with even the most committed NGOs or community groups, particularly with organizations of people living with HIV?

We need to change all this if we are to hope for success in Asia and the Pacific, and to reach every population who needs HIV prevention and treatment. The UNAIDS report, "A scaled-up response to AIDS in Asia and the Pacific" that we launched today says it loud and clear: if business as usual continues, at least 12 million people will become newly infected with HIV over the next 5 years. But if we work hard and right over the next 2 to 3 years, millions of lives will be saved.

I have no doubt that Asia and the Pacific can do it! On behalf of the entire UNAIDS family. I wish you a most productive conference. Thank you.