

**8<sup>th</sup> ICAAP**  
**23 August 2007**  
**Closing Remarks by Mr. JVR Prasada Rao**  
**UNAIDS Regional Support Team, Asia Pacific**

*Acknowledging the success of the 8<sup>th</sup> ICAAP Local Organising Committee*

- Congratulations to all participants and the organizers of the conference. The Local Organising Committee, under the leadership of Minister Nimal Sripala de Silva, the three co-chairs (Professor Sheriffdeen, Mr. Weerakoon, and Dr. Sujatha Samarakoon) and Conference Coordinator Kamanee Hapugalle, should be congratulated for a job well done. They have exceeded all our expectations and despite the trying circumstances were able to convene a Congress that is at once substantive and exciting. I also want to thank ASAP, civil society partners, the United Nations family and others who have stood by the Local Organising Committee and provided support to the preparations.
- The doubting Thomases have been proved wrong. On the first day, I tried to identify some of the challenges which should help in setting our agenda for the future. I have noticed that these themes have reverberated several times in various sessions in the conference. I will try to place before you some of the main messages which have come through strongly in the last two days.

*Barriers to Universal Access*

- The commitment to Universal Access is there, the rhetoric is right but the enabling environment needs to be more supportive. The most serious barrier is the stigma attached to HIV infection will not go away and which will continue to hamper efforts to scale up treatment.
- Injecting drug users, MSM and sex workers who are positive are subjected to the burden of additional discrimination that makes normalcy difficult to achieve even if treatment services became available to them.
- Harm reduction appears to be gaining acceptance in the region. The efficacy of substitution treatment of opiate addiction (both in terms of methadone and buprenorphine) has been scientifically validated but legal obstacles to the use of methadone remain in most countries in the region, despite the fact that methadone has been on the WHO Essential Drugs list since 2005. We need leadership to take on these laws and regulations that stand in the way of scaling up substitution therapy.
- In our review of progress of UA in Asia-Pacific region, countries have done well in setting targets but the participation of civil society groups has been poor and there is scope for them to be more involved. The launching of the 'minimum standards' for civil society participation in Universal Access by the Seven Sisters is an important tool for promoting greater involvement.
- There is renewed emphasis on the need for continued activism. Somehow we seem to be losing our way in pursuing it as an effective weapon in our fight

against AIDS. We cannot afford to lose our activism – and I use Justice Edwin Cameron’s definition: we are all activists in this response.

### *Our fears about human rights violations of positive people*

- In some countries, positive people and their networks continue to be denied their rights to free association, the holding of meetings and accessing legal services for protection against harassment. This is going to be a major battle we need to fight in countries, large and small.

### *Testing and counseling*

- There is an urgent need to clear up access to HIV counseling and testing in countries of the region, as a means for enhancing access to comprehensive HIV prevention, treatment and care.
- UNAIDS convened a regional consultation on provider-initiated testing and counseling in June 2007 in Cambodia, and we note that there is still confusion about the guidelines adopted at that consultation, and many have observed that it does not address the concerns of civil society groups. I noticed also that the guidelines adopted at the Phnom Penh consultations have not been disseminated and needs to be widely distributed immediately.
- Given the dynamics of the epidemic in our region, voluntary testing and counseling will be the cornerstone of programmes. We need to better support VCT and to make it more widely available. There may be specific circumstances where provider-initiated testing and counseling is appropriate, but let us be clear: the 3C’s are constants no matter what the approach to testing: counseling, informed consent and confidentiality. Where provider-initiated testing and counseling is introduced, it should invariably lead to the provision of services.

### *Conflict and instability*

- It became clear in a number of sessions that conflict and unstable political conditions which can disrupt national AIDS programmes especially in conflict zones and also divert resources from health and social programmes to the military.
- Let us remember two things: that even in difficult settings: i) it is possible to deliver services; and ii) people have rights to services. Donors should be encouraged not to withdraw from such environments.
- The involvement and cooperation of the military and the police is often essential to ensure that most-at-risk groups continue to have access to services and that the space for ensuring service delivery will be protected.

### *Gender issues*

- We need to better understand how harmful gender norms, including violence against women, are driving the epidemic. That knowledge has to be brought to

bear on how we design programmes. One message we have heard loud and clear is that we need to foster male leadership, and male responsibility as we work for gender equality. We cannot go on equating 'gender' with women. I hope male leadership can be addressed in some innovative sessions in 2009.

#### *Development, mobility and HIV vulnerability*

- The problem of migration and mobility, especially in the context of rapidly expanding economies of the region, has come out strongly in some of the sessions. Migrant labour movements between countries should be better supported and managed, taking into account the need for pre-departure orientation programmes and the need for sending and receiving countries to coordinate better.
- In this regard, the LOC convened a symposium to address migrant labour issues, urging the UN system to assist sending countries from Asia to follow-up on the agreements reached at the WHA sideline meeting on migrant workers and HIV vulnerability held on 16 May 2007 in Geneva. Among the recommendations were: the need to integrate HIV prevention into pre-departure; and post-arrival processes; and to ensure that sending and receiving countries could come together to share information and to dialogue, so that worker recruitment and repatriation could be more coordinated.
- I am pleased to see that CARAM-Asia had launched its report on "No to mandatory testing" during this Congress.

#### *Adolescents and young people*

- A number of presentations clearly indicated that not all adolescents and young people are exposed to the same level of risk or vulnerability to HIV infection. While there was a need to prioritise comprehensive prevention services for young people who are at risk or vulnerable to infection, we also need to ensure the right of all adolescents to full and correct knowledge about HIV and adolescent-friendly health services.

#### *Paediatric treatment*

- Paediatric treatment access remains low in the region. Apart from three countries, the average coverage is only 8 percent. However the foundations are being built for rapid scale-up. Affordable early infant diagnosis, simplified dosage tools and new paediatric formulations will all contribute to making a difference for the region's children.

#### *Promoting participation from the Pacific*

- Pacific issues and concerns need to be given more systematic attention. We also need to have more participants from the Pacific. One way to do this is for the ICAAP cosponsors, ASAP and UNAIDS, to work with the next LOC for the 9<sup>th</sup>

- ICAAP to ensure that the Pacific voice is heard by having a separate track for the Pacific.
- It would also help to already identify and mentor prospective participants who could then be invited to contribute at the next ICAAP in 2009.

#### *Establishment of Regional Networks*

- I am pleased with the launching of APCOM, the network for MSM in this region, and note that the sex workers' forum is planned to be launched with the support of UNFPA and UNAIDS before the end of the year.
- I am also very delighted to note that Sri Lanka Business Coalition on HIV and AIDS has been constituted, initially with the Chambers of Commerce, 21 Sri Lankan companies, trade unions, the Employers Federation of Ceylon and the ILO as founding members.

#### *Leadership*

- The launching of the 'Portraits of Commitment' by the APLF was a significant milestone in documenting the tireless efforts of a group of advocates from the South Asia and what inspires their work in fighting AIDS.

#### *Acknowledge donors present*

- For the very first time, we see the strong presence of a group of non-traditional and Asia-Pacific donors attending this Congress, who are committed to playing a larger role in the region. These donors are ADB, AusAID, The Global Fund and JBIC and they also have a special interest in infrastructure and HIV vulnerability. We are greatly encouraged by the presence of Dr. Michel Kazatchkine of the Global Fund, Ms. Ursula Schaefer-Preuss of the ADB and Annemarie O'Keefe of AusAID.

As we move out of the conference to our various fields of activity, let us remember one thing – there are no shortcuts to success. We need to constantly remind ourselves of the long and arduous road ahead of us. But what keeps us going is HOPE. Hope that we will ultimately succeed – and succeed we must!

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