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THE SECRETARY-GENERAL

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**REMARKS ON HANDOVER OF THE REPORT
OF THE COMMISSION ON AIDS IN ASIA
New York, 26 March 2008**

Excellencies,
Colleagues and friends,

I am grateful for this opportunity to help launch this comprehensive report. As Secretary-General and as an Asian, I am particularly moved to have this chance to contribute to a full and honest discussion about the epidemic in Asia -- a discussion which has not always been forthright or open enough in the past.

First, let me congratulate Dr. Rangarajan and the members of the Commission on AIDS in Asia on their hard work during the past one and a half years, and on a job well done. And let me thank Dr. Peter Piot, Executive Director of UNAIDS, for his foresight in establishing the Commission and in bringing together individuals who can provide independent analysis and insights that go beyond traditional perspectives.

This report before us is exceptionally topical and timely, coming before the General Assembly's high-level meeting in June to review results in implementing the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS. As we know, the Declaration was a pledge by Member States to scale up towards universal access to HIV prevention, treatment, care and support by 2010.

As this report makes clear, Asia faces both obstacles and opportunities in reaching those goals. For the first time, we have an attempt for a comprehensive account on a number of fronts:

- Identifying the unique features of the Asian AIDS epidemic
- Defining and costing a basic minimum set of responses
- Examining the social and economic impact of the epidemic
- Outlining a policy and social environment that could more fully support the response.

Excellencies,

Asia's fast-growing economies offer opportunities for the social and economic emancipation and development for millions of poor people. Most countries on the continent are on track to achieve the Millennium Development Goals, our common vision for building a better world in the 21st century.

But as the report spells out, unbalanced and inequitable growth makes large numbers of people more vulnerable to HIV, and undermines society's capacity to manage and cope with the impact of

the disease. There will be no equitable progress so long as some parts of the population are marginalized and denied basic health and human rights -- people living with HIV, sex workers, men who have sex with men, and injecting drug users.

Several countries are off track on Millennium Development Goal number 6 -- halting and beginning to reverse the spread of HIV/AIDS by 2015. Meanwhile, among Asians aged between 15 and 44, AIDS has become the single largest cause of workdays lost and of deaths related to disease. We are seeing the beginnings of a vicious circle, posing a threat to economic growth and social resilience and leading to more and more infections. This compels us to act immediately and unflinchingly to stop the circle turning its deadly wheel until it spins out of control.

Asia has proved before that it can act decisively and effectively in the face of grave threats. We saw a clear example of this in the swift and resolute response to SARS five years ago. Asian countries have the capacity to tackle AIDS with the same resolve and creativity. But it will require a collective effort on all fronts -- from gender inequality to stigma, discrimination, and marginalization of populations such as migrants and ethnic minorities. If successful, such an effort will lead to wins all round -- against AIDS and for human and economic development.

Let us be clear: AIDS will challenge Asia for years to come. But if we invest early enough and judiciously enough, we can achieve an effective response. The Commission recommends a number of investment priorities:

First, invest in HIV prevention among vulnerable groups, using tried and tested interventions that cost as little as half a dollar per capita. For every dollar we spend on preventing HIV today, we will save eight dollars on treatment costs in the future.

Second, invest in social safety nets and health insurance, to help people with HIV and their families cope with the often catastrophic burden of health care costs, and prevent them falling into poverty.

Third, invest in access to health services by strengthening partnerships with community and peer support groups.

Fourth, make medicines affordable through regional programmes for joint procurement and negotiation with pharmaceutical companies, and where appropriate, through flexibilities provided under the TRIPS agreement to protect public health.

But our response to AIDS is not only about money. It is, above all, about people. The stigma and discrimination associated with AIDS can be much worse than the disease -- robbing people of access to basic human rights and health care, preventing them from living a dignified life, and deterring them from getting tested for HIV.

To address HIV-related stigma, we must turn to those who live with HIV. Some of my most inspiring experiences as Secretary-General have been my meetings with UN+, the group of UN staff members living with HIV who come from across several regions and UN agencies. Their courage and expertise have given me new and invaluable insights into the epidemic. As important, I have been moved and heartened by the directness with which they spoke about their lives. As an Asian, I now feel ashamed at the discrimination that people living with HIV often face around the world, including in Asia and my own country, the Republic of Korea. On my next visit to Asia, I intend to visit a facility or organization addressing the needs of those living with HIV and AIDS.

So I wholeheartedly applaud the Commission for engaging with community-based and other civil society organizations, including and especially networks of people living with HIV. The next step is to involve them directly in making HIV policies and implementing programmes. This requires strengthening the capacity of communities and networks, and affirming a genuine commitment to involve them in a meaningful way.

Of equal importance is the role of women and girls -- because they carry a double burden: as the main caregivers, and as disproportionately vulnerable to HIV infection, usually from their husbands. We need to tackle social norms that prevent wives from protecting themselves, including through better legislation, or better implementation and enforcement of existing laws.

Legislation can also stand in the way scaling up towards universal access -- in cases where vulnerable groups are criminalized for their lifestyles. We have to find ways to reach out to sex workers, men who have sex with men and drug users -- ensuring that they have what they need to protect themselves.

Excellencies,

As you have heard, I fully support the recommendations of the Commission. By implementing them, Asian countries can avert massive increases in infections and deaths, prevent economic losses, and save millions of people from poverty. We have a window of opportunity to prevent the epidemic from expanding further -- which will in turn give us a chance to start reversing it.

Today, I look to Governments in Asia to show the leadership required to invest more substantially in the fight against AIDS and to move resolutely to stamp out stigma and discrimination. I look to United Nations family and the donor community to help advance the implementation of the Report's recommendations, including through financial and technical resources. And I look to all of us to seize the opportunity of the General Assembly high-level meeting in June to advance our vital endeavour. I personally will do all I can -- as a Secretary-General and an Asian -- to be at the vanguard of this effort.

Thank you very much.