



In the Name of God, the Compassionate, the Merciful

Address by

DR HUSSEIN A. GEZAIRY

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

FOURTEENTH INTERCOUNTRY MEETING OF NATIONAL AIDS

PROGRAMME MANAGERS

Damascus, Syrian Arab Republic, 10–13 May 2004

Your Excellencies, Ladies and Gentlemen,

It gives me great pleasure to welcome you to the fourteenth intercountry meeting of the national AIDS programme managers. I wish to thank H.E. Dr Mohammed Eyad El Chatty, Minister of Health of the Syrian Arab Republic and his team for hosting the meeting, and for their warm hospitality and cooperation.

Dear colleagues,

The total number of people living with HIV/AIDS in the Eastern Mediterranean was estimated to be around 700 000 at the end of 2003. But whereas in many parts of the world, such as western Europe, the epidemic appears to have passed through a phase of stability and has now started to decline, the epidemic in this Region is still building up and spreading. Looking at absolute figures available in recent reports of UNAIDS and WHO, the numbers of new infections and deaths during 2003 in the countries of the Region are greater than those in the western European countries. The decline in infections and mortality in those countries has been achieved through strict prevention and care programmes implemented on a wide scale in the community. While the epidemic is now starting to be under control in

these countries, the rate of spread in the Eastern Mediterranean Region is accelerating. This implies that the Region is not coping with the epidemic as it should, and that the current response is not keeping pace with the spread of the epidemic.

Dear Colleagues,

In spite of this alarming information, I am pleased to observe that we have moved several steps forward in our fight against HIV/AIDS. This can be clearly seen in the activities planned in your Joint Programme Review Mission workplans, or by comparing the agenda of this meeting with that of the same meeting a few years ago.

All countries of the Region are now committed to respond appropriately to HIV/AIDS, and most have strategic plans. The topics of consultant missions, training workshops, field projects and meetings indicate the greater involvement of the countries in HIV/AIDS prevention and care. These topics include, for example, antiretroviral guidelines and therapy, voluntary counselling and testing, HIV prevention among injecting drug users, peer education, sexually transmitted diseases management and so on. I also feel that stigma and discrimination related to HIV/AIDS have decreased, and that the media is more involved in HIV/AIDS issues than previously.

Concerning access to HIV/AIDS care, significant hope has appeared with the launch of the 3 by 5 Initiative by WHO in collaboration with UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. As you are aware, this Initiative aims to provide antiretroviral therapy to 3 million people in developing countries by the end of 2005. In order to achieve this ambitious goal we need full commitment and determination from the countries as well as from all the partners. The Regional Office already has two countries in the focus of 3 by 5 — Djibouti and Sudan. However, the intention is to extend 3 by 5 support to more countries in the Region. Initial steps have already been taken and it is hoped that actual implementation will start soon.

Scaling up of antiretroviral therapy had, in fact, started in the Region before the launch of the 3 by 5 Initiative. Some countries started this process from their own resources, notably the countries of the Gulf Cooperation Council and the Islamic Republic of Iran. Moreover, through negotiations with the pharmaceuticals companies concerned, and with the support of WHO and UNAIDS, three countries have reached agreement on the price of antiretroviral

therapy. These countries are Lebanon, Morocco and Tunisia. A number of countries were successful in their proposals to the Global Fund for support to HIV/AIDS, which included ARV treatment objectives. Although most have not yet started implementation, we hope this will take place soon. We look forward to seeing more countries succeeding in the fourth round of proposals to the Fund, for which the results will be announced soon. The World Bank has also joined in the efforts to fight HIV/AIDS by supporting projects in Djibouti and Somalia. However, much remains to be done, especially in the countries with the highest burden of HIV/AIDS, namely Djibouti, Somalia and Sudan.

I would like nevertheless to stress that our efforts in prevention, which have been our main focus for several years, must be maintained. Indeed, these efforts should be even more powerful and effective to contain the growing epidemic. Prevention activities should cover management of sexually transmitted infections, and effective strategies that target youth and other vulnerable groups. Special focus should be directed to the problem of injecting drug use which forms an increasing threat in some countries of our Region, and may spread to other countries.

Dear Colleagues,

During the past decade, the Regional Office and the countries have doubled their efforts to strengthen blood safety and infection control programmes. Accordingly, the number of reported AIDS cases attributed to blood transfusion has shown a steady decrease, the percentage decreasing from nearly 8% of all reported cases to around 1%. These efforts must continue in order to guarantee that in every single procedure taking place in any health facility in the Region, there is no risk of infection. It is, however, unacceptable that even 1% of reported AIDS cases should be related to inadequate blood safety or lack of infection control in the Region.

Allow me to point out that our surveillance systems are still weak, and need strengthening. This is a very essential step to generate more accurate data about the epidemic, and has important implications in advocacy and in planning.

Dear Colleagues,

Our regional strategic plan 2002–2005 for improving health sector response to HIV/AIDS and sexually transmitted diseases is now halfway into its implementation period. I believe we have achieved a great deal both at country and regional level, but we have also faced constraints and delays. We need to review our progress and our challenges, and this will be one of your tasks in this meeting.

Finally, allow me to reiterate that HIV has been brought under control in some parts of the world. Let us make use of this opportunity of being together—country representatives, WHO, and other partners. Let us commit to concentrating our efforts to adding our Region to those parts of the world that have controlled the spread of the epidemic. The consequences of not doing so are dreadful to contemplate.

I look forward to seeing the practical outcomes of your meeting and I wish you a pleasant stay in Damascus.

Thank you.