In the Name of God, the Compassionate, the Merciful

Address by

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to the
THIRTEENTH INTERCOUNTRY MEETING FOR NATIONAL AIDS PROGRAMME MANAGERS
Abu Dhabi, United Arab Emirates, 6–7 July 2003
AND
REGIONAL MEETING FOR HIV/AIDS AND STD SURVEILLANCE AND MONITORING IN NATIONAL AIDS PROGRAMME
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Your Excellencies, Ladies and Gentlemen,

I am pleased to welcome you to the Thirteenth Intercountry Meeting of National AIDS Programme Managers and the Regional Meeting for HIV/AIDS and STD Surveillance and Monitoring in National AIDS Programmes. I wish to thank H.E. Mr Hamad Al Madfaa, Minister of Health of the United Arab Emirates, and his staff for hosting the meeting, for their remarkable and warm hospitality, and for His Excellency’s presence with us today.
Dear Colleagues,

I would like to begin by drawing to your attention the status the HIV/AIDS epidemic in the countries of our Region. As I am sure you are aware, much of the news is not good. Far from being controlled, the epidemic has been expanding faster than expected in our countries. We are facing a serious epidemic in Djibouti, where 6% of young people live with HIV, and in Sudan, where 450 000 suffer from this infection. Moreover, the threat is not limited to these countries. In the rest of the Region, the epidemic, though not generalized, is affecting many young people and other vulnerable groups, such as drug users. Those who might consider the situation safe in their countries because numbers reported seem to remain stable must take heed. Experience has shown that even one single case of HIV is a potential epidemic in the making.

Dear Friends,

Never before has an infectious disease caused so much damage in such a short time. In our Region, the virus was introduced late in the course of the global HIV epidemic. Yet, in 2001, it caused the death of 58 000 people and the estimated loss of more than 3 million disability-adjusted years of productive life, more than those lost from tuberculosis and malaria. Behind these numbers are real people suffering, struggling not only against the disease but also against prevailing stigma and discrimination related to HIV/AIDS.

In the past two years, WHO has supported the health sector to intensify its role in the fight against AIDS at national level. Visible commitment and effort on the part of Member States and the Regional Office have gone into the implementation of the Regional Strategic Plan for Improving Health Sector Response to HIV/AIDS and STDs for the period 2002–2005. We must focus today on the progress towards the goal and the targets of the plan. We must move forward, be practical and daring about the actions that we need to take to improve the life of 750 000 people currently living with HIV and millions more whose life conditions put them at risk of HIV.

The main priority remains prevention for most countries. Preventive efforts should include integration of STD case management at the first point of contact with the health system, public or private, and effective behaviour change strategies for youth and other vulnerable groups. Harm reduction for injecting drug users and increased availability of voluntary counselling and testing are
also of great importance. Almost all countries have answered the call to form STD taskforces, and national plans to improve STD responses have been developed through subregional meetings.

I have formed Regional Advisory Panel on Impacts of Drug Abuse (RAPID) to address more systematically the alarming increase in illicit drug abuse in the Region and its role in the spread of HIV/AIDS. The regional team at EMRO is busy documenting “good practice” examples from the Eastern Mediterranean Region for widespread dissemination of feasible, acceptable and effective interventions within the regional context, for example HIV prevention among injecting drug users in Kermanshah province in the Islamic Republic of Iran, and STD control in Morocco.

Dear Colleagues,

We should also keep at the centre of our efforts those who are most affected and directly concerned, the people living with HIV and their families. For those who are HIV positive, much can be done to provide care and antiretroviral therapy at more affordable prices. The experience to date has shown that it is possible to negotiate and reduce the price of antiretroviral drugs by as much as 85%, such as in Lebanon, Morocco and Tunisia. Other possibilities are bulk procurement at the subregional level; in this respect, the experience of the GCC procurement scheme is valuable. Generic antiretroviral drugs that have been pre-qualified by WHO could be an option for increasing access to treatment in several countries of the Region. The Regional Office is also directing efforts at strengthening national health services and increasing capacity of the medical workers to provide HIV/AIDS care.

HIV/AIDS and STD surveillance systems need to be strengthened in the Region. These systems are necessary to generate more representative information that could be used for advocacy and programme development and to support political commitment. For this reason, EMRO is organizing a meeting on surveillance immediately after the end of this meeting.

There is also some good news to share. The current political, financial and programmatic frameworks make it possible to scale up prevention and care activities for HIV/AIDS in every country in the Region. Important resources are now available from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In this respect, I wish to congratulate Afghanistan, Islamic Republic of Iran, Jordan and Pakistan, who have joined Morocco on the list of countries that have obtained
approval for funding of AIDS proposals. Other resources are also available; WHO/EMRO has recently established partnership with the World Bank in support of HIV related activities in Djibouti and Somalia. I am pleased to observe that country capacity to design and deliver relevant interventions has also grown steadily in many parts of the Region, for example in Djibouti, Jordan, Lebanon, Oman, Pakistan, Sudan and Yemen.

Dear Friends,

We gather yearly to review challenges faced and progress achieved in our efforts to control this dreadful disease. During these meetings, we agree on a set of important outcomes which must be achieved if we are to contain the epidemic. This year, let us strive to avoid carrying on business as usual. Remember that the opportunities for survival of millions of young people who are vulnerable to HIV in the Region rest in our hands. We must not waste these opportunities. The weight of inaction or timid and ineffective response is heavy. Each one of us entrusted to lead the response against HIV should answer one question: what contribution have I made against this epidemic? Let us agree today to strengthen our contribution and improve the response.

I look forward to effective results from this meeting and wish you a pleasant stay in Abu Dhabi.

Thank you.