



In the Name of God, the Compassionate, the Merciful

Message from

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to the

**REGIONAL MEETING ON THE EXPANDED ACCESS TO HIV/AIDS TREATMENT IN
THE COUNTRIES OF THE EMR**

Cairo, Egypt, 18–20 February 2003

Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to be with you today for the regional meeting on expanded access to HIV/AIDS treatment in the countries of the Eastern Mediterranean Region. The holding of this meeting is very timely, as the epidemic in our Region has reached a stage now where the issue of access to care needs to be tackled urgently and barriers that hinder its introduction and implementation overcome.

In the Declaration of Commitment of the United Nations Special Session on HIV/AIDS, it is acknowledged that both prevention and care must be included as fundamental elements of a stronger overall response to the epidemic. The Declaration affirms the responsibility of the health

systems to detect and treat HIV infection, and thus represents a commitment of countries to address the provision of HIV treatment. Moreover, access to medications in the context of pandemics such as HIV/AIDS is considered to be a fundamental element of achieving the right of everyone to the enjoyment of the highest attainable standard of health, as stated in the resolution adopted by the UN Commission on Human Rights in April 2001.

With regard to the regional perspective, the Strategic Plan for Improving Health Sector Response to HIV/AIDS and Sexually Transmitted Diseases in the Eastern Mediterranean Region states clearly in its third target that by the year 2005, all countries will have sustained and comprehensive HIV/AIDS and STD prevention and care packages integrated into the health care delivery system. As you know, this Strategy was endorsed by the Ministers of Health of the Region at the 48th session of the Regional Committee in 2001. This constitutes another commitment from our Region towards HIV/AIDS prevention and care.

Dear colleagues,

It is estimated that between 5 and 6 million adults in developing countries are currently in need of anti-retroviral therapy. At the end of 2002, only about 300 000 of them are using these drugs, and nearly half of those live in one country, which is Brazil. This denotes that on the average only 5% of those in need of ART actually receive it. WHO has set a coverage target for HIV/AIDS treatment and care of 3 million people by 2005. There is therefore a great gap between access and need, and the effort needed to achieve the target is considerable.

The response of the global community has resulted in many positive initiatives. The Accelerating Access Initiative had led to dramatic reductions in the cost of anti-retroviral drugs in 20 developing countries by January 2002. There are initiatives on the mapping of sources and prices of HIV-related drugs, and the assessment of the patent situation for HIV-related drugs. There are the new major funding opportunities offered by the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria whose support will double the current number of people receiving ART in the developing world, and in Africa six-fold. Moreover, the new anti-retroviral guidelines offer simplified regimens and monitoring procedures that have made the use of these drugs technically more feasible in many areas of the world.

In this context, I would like to refer to the International HIV Treatment Access Coalition (ITAC), which is a coalition of partner organizations including people living with HIV/AIDS, nongovernmental organizations, governments, private sector, academic and research institutions and international organizations. Their shared goal is expanded access to HIV treatment for all people living with HIV/AIDS who need it. Of course, its goal is in line with the goals of the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS.

Dear friends,

Although some countries in our Region do have some elements of HIV/AIDS care in their health systems, many others do not. Both groups, however, need to have more structured systems and clearer guidelines for care. During 2002, the Regional Office has supported missions to several countries—Djibouti, Egypt, Lebanon, Oman and Pakistan—for formulating care guidelines or developing strategies for negotiating with pharmaceutical companies to get antiretroviral drugs at affordable prices. Other countries in the Region have expressed their need for similar missions, which will hopefully take place during 2003.

I am confident that the commitment of the countries as well as WHO, the sincere will of all partners, and the promising global initiatives, will give an effective momentum to the efforts for HIV/AIDS care in our Region. I wish you all success in your meeting, and I hope that your discussions will result in practical and fruitful recommendations.

Thank you.