

"Leadership in Fighting HIV/AIDS"

**Address by
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Former Prime Minister of Thailand
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Your Excellency, Ambassador Darryl Johnson,
Excellencies,
Ladies and Gentlemen,

I should like to congratulate the U.S. State Department for organizing this landmark conference on HIV/AIDS for US Chiefs of Mission in South-East Asia and senior Embassy staff serving in the Asian and Pacific region.

That a government Department responsible for foreign affairs, and not public health, takes up the challenge of HIV/AIDS is in itself a significant breakthrough worthy of emulation.

I should like to pay a tribute to Ambassador Darryl Johnson for hosting the Conference and to thank him for inviting me to address such a distinguished gathering on the occasion of this dinner cruise.

In the span of my career, I too have served as my country's representative to yours. This is, however, the first time that I have the opportunity to address so many distinguished US Chiefs of Mission and senior US Embassy staff on the subject of HIV/AIDS, the focus of your two-day conference here in Bangkok.

I am thus very pleased to share with you all this evening insights from my personal experience in national leadership of an HIV/AIDS prevention programme when I served as Head of the Thai Government some 13 years ago.

In doing so, of all the people involved in this national endeavour at both the policy and action level, I should like to single out one for special mention: Mr Mechai Viravaidya, my colleague who served as Minister responsible for HIV/AIDS and tourism development, two seemingly irreconcilable portfolios.

Imagine the predicament that Mr Mechai faced in overseeing both these portfolios. As Minister responsible for HIV/AIDS, he had to promote more public awareness of HIV/AIDS in the country. This was initially widely perceived as harming Thailand's image and tourism potential, which Mr Mechai was also responsible for promoting. You may well guess at the many interdepartmental battles that Mr Mechai waged to launch Thailand's first nation-wide campaign against HIV/AIDS.

Ladies and Gentlemen,

I assumed leadership of Thailand at a time when HIV was rampant throughout the country.

To deal with the problem, I had to find out the exact situation by demanding facts, figures and projections.

HIV/AIDS was rapidly spreading to all sections of Thai society. There were 143,000 new HIV infections in 1991 alone. And it was predicted that over the next 20 years, up to 10 per cent of Thais would die from AIDS.

Infection was seen as a death sentence and the virus connoted fear. It was imperative that we accepted the existence of the epidemic and dealt with it in the most pragmatic manner possible.

We had to accept that traditional and punitive health measures, which had been practised to combat the epidemic, had simply failed.

Tough choices had to be made, bold new decisions had to be taken --- if the spread of the epidemic was to be curbed.

Only government and political leadership at the highest level could make the crucial difference in fighting HIV/AIDS on a national scale.

It was a question of saving lives, protecting our economy and preventing the social fabric from unraveling. For this we had to accept that the epidemic was fuelled by socio-cultural practices whose existence no Government wanted to openly admit. These practices included:

- Injecting drug use.
- Commercial sex.
- Sale of children and young women into sex work.

The fact that all such practices were illegal made everyone want to deny their existence.

Not only did we have to admit that these practices existed, we also had to admit that they occurred on a large scale in Thai society. For example, over 20 per cent of Thai men were visiting sex workers every year. It was thus necessary to publicly acknowledge the scale of the problem and to commit our Government to urgent action.

To address the situation, I demanded compilation and analysis of data and information as a basis for policy and programme decisions. I asked the concerned agencies to constantly update me on the situation.

Sentinel monitoring of infection levels in all provinces indicated that HIV prevalence in Thailand had jumped five-fold within a two-year period. Prevalence was growing rapidly among young Thai men who were tested on conscription into the military at the age of 21.

Thailand was in the throes of an HIV epidemic. HIV/AIDS was a new threat to our country and our people, one that no conventional defence measures had prepared our society for.

The epidemic demanded that there be an end to hypocrisy and denial, which, we may note, still occurs in many societies in the Asia-Pacific region.

I had to give clear directives to each government ministry to develop its individual plan and budget. I also requested our governors and each province to develop provincial AIDS plans.

We also invited the involvement of all sectors of Thai society, including NGOs, businesses, local leaders, and people living with HIV/AIDS. This was in recognition of the important role of civil society in mounting an expanded national response to the epidemic.

The HIV/AIDS epidemic was clearly beyond the scope of the health sector alone. Its impact on our country's economic and social development was potentially great.

Highest political leadership was needed to effectively combat HIV/AIDS. Thus, I established and chaired the National AIDS Prevention and Control Committee in the Office of the Prime Minister. This became the coordinating body for national AIDS planning and public education.

To mount a national-scale programme, we had to quickly and drastically increase the government budget for HIV/AIDS prevention and control, rather than wait for foreign funding.

The government AIDS budget for prevention and control increased from 2.6 million US dollars in 1990 to 24 million US dollars in 1992. That represented a 900 per cent increase in less than two years.

After I left office, the budgetary increases continued under new governments. In 1993, the government budget went up to 46 million US dollars and in 1996 to over 80 million US dollars. These sums did not include aid from external donors.

It is with gratification that I note that Thailand's resource investment in HIV/AIDS prevention has been the highest among developing countries: 1.32 US dollars per capita, with nearly 90 per cent of this being domestic resources.

The Thai Government recognized the importance of allocating funds to NGOs and community-based organizations. In 1992, we allocated 480,000 US dollars to NGOs. In 1996, this amount was increased to 3.2 million US dollars.

We also recognized the need to educate the whole of Thai society, not just groups whose behaviour and situations placed them at high risk of infection. We were fighting for a radical change in perception and in behavioural response within Thai society.

It was thus essential to engage all sectors of Thai society in HIV prevention and control. We adopted a multi-level and multi-pronged strategy.

We mounted a nation-wide education campaign, enlisting the cooperation of the mass media, including TV and newspapers.

We targeted parents and teachers, many of whom had conservative attitudes.

We also targeted young people through initiation of a national HIV/AIDS programme in schools and a large-scale youth peer education programme in the workplace.

Since HIV infection had skyrocketed among injecting drug users from 0 to 40 per cent within one year, we promoted prevention interventions among drug users, the majority of whom were and still are young people.

To motivate behaviour change in the use of sex work services, we decided to work cooperatively with all those who influenced the sex industry. Thus was born the 100% Condom Programme, a flagship programme initiated during my term in office.

The Programme distributed free condoms to establishment-based sex workers and their clients. It made it impossible for clients to buy sexual services without using condoms. Key to its success was the mobilization of the collaboration of provincial administrative, health and criminal justice authorities, health workers, owners and managers of sex work establishments, sex workers and their clients.

Very early on, we fought stigma and discrimination, to protect the rights of people living with HIV/AIDS. When I became Prime Minister, there was a proposal to pass legislation that would have restricted the rights of people living with AIDS. We did not pass that bill.

There were prevention campaigns that inadvertently reinforced the stigmatization of people living with AIDS. We stopped those campaigns. We also lifted the ban on entry to Thailand of foreign nationals known to have HIV/AIDS.

Ladies and Gentlemen,

What do you think would have been the price had we indulged in denial of the epidemic and refrained from openly acknowledging the uncomfortable factors driving it?

We know today that Thailand would have had 10 to 15 per cent HIV prevalence, a rate seen only in the worst affected seven countries of sub-Saharan Africa. And 6 million more Thais would have died.

To avert that, Thailand became the first developing country in the Asia-Pacific region to recognize the severity of AIDS, place the issue high on the national agenda and pioneer a national HIV programme with significant national resources.

It was a privilege for me to serve our country in personally leading that programme and being part of Thailand's achievements as a globally-recognized best practice. In that regard, I should like to recognize the role of the United Nations in extending its support of Thailand's efforts and disseminating widely the Thai model as a global best practice.

The most recent findings validate the approach that we took in the early 1990s.

- Behavioural change has reduced new HIV infections from almost 143,000 in 1991 to 29,000 by 2001. It is further projected to drop to 18,000 by 2005.
- Since 1993, an estimated 2 million fewer people are HIV-infected than would otherwise have been the case.
- The percentage of adult men visiting sex workers annually has fallen and condom use has increased drastically. The national sentinel surveillance indicates that condom use in sex establishments is now over 90 per cent.

Sceptics have said that Thailand's success is not replicable, that it is unique. But today, we see that other leaders too have taken bold political decisions. They include:

- The Honorable Paolo Teixeira-Ferraira, Parliamentarian in Brazil, whose personal commitment made possible legislation that allowed government funding for harm reduction programmes that reduced HIV infection among injecting drug users in Sao Paulo State, Brazil.
- Muslim Imams in Uganda whose leadership was significant in spearheading the implementation of AIDS education and condom promotion in their communities.
- Closer to home, Prime Minister Hun Sen who leads Cambodia's national AIDS programme.
- And the 3,000 sex workers under the Sonagachi Project in Calcutta, India, who formed cooperatives to bargain for condom use with their clients.

Experience has proved that the most effective prevention efforts are multisectoral in nature and require vigorous political commitment at the highest levels. As Head of Government, a Prime Minister can greatly influence and create a positive response from Cabinet colleagues, and from all sectors of society.

In Thailand, this had led to a strong increase in multi-level participation and ownership of HIV/AIDS prevention efforts nationwide.

Let me share with you some of my observations of the present scenario. I trust that these will be useful to you in reflecting on how you might use the opportunities that come your way.

- There is no room for complacency anywhere.
- Not even in Thailand and Cambodia where the epidemic is in overall decline, but manifesting a new pattern of spread through mainstream sexual relations and young people.
- Especially not in countries where the epidemic is spreading very fast without any sign of decline --- as in China and India, Myanmar, Nepal and Papua New Guinea.
- And not even in countries where HIV prevalence could remain low for many years, but suddenly erupt as an epidemic among population groups with high-risk behaviour and in high-risk situations --- such as Bangladesh, Indonesia, Malaysia and Pakistan.

Ladies and Gentlemen,

I am well aware of the opportunities that each one of you has to make a difference in helping to save lives. In the course of your duties, you meet Heads of Government and State. You deal with Ministers and senior officials.

You are a significant influence on US foreign policy decisions that affect overall financial and technical resources for HIV/AIDS. Importantly, you are an anchor of evidence-based interpretation of the realities of the HIV/AIDS pandemic in the countries where you are stationed.

Since the virus has no respect for borders, territorial integrity or national sovereignty, curbing its spread is everyone's responsibility. Preventing HIV/AIDS is entirely possible.

We now know it can be done and how it can be done. We also know the costs of action and of inaction.

There is great need to open up discussion of sensitive and taboo topics concerning the spread of HIV/AIDS, in the finest spirit of freedom of expression and respect for transparency and good governance.

There is need to get to the root of the HIV/AIDS problem, see it for what it really is and have the moral courage to pursue action beyond what seems

insurmountable today. Because Ladies and Gentlemen, it makes sound economic and political sense to do so.

In concluding, I challenge you to consider how you might help stem the HIV/AIDS pandemic in this region:

- You can support the allocation of more resources for Asia.

In this regard two points are especially noteworthy:

- ✓ China and India alone would require one-third of the global resources for HIV/AIDS.
 - ✓ It is important to emphasize the need for prevention programmes aimed at vulnerable population groups such as young people, sex workers and injecting drug users.
- You can encourage government leaders whom you meet, especially Heads of Government, to commit themselves to tackling HIV/AIDS as a key national development issue.

You can join us in shaping our collective response to HIV/AIDS.

I invite you to do so. For the security of the Asia-Pacific region!

Thank you.