

**Keynote address by  
HE Mr Anand Panyarachun  
Former Prime Minister of Thailand**

**Open Forum on HIV/AIDS  
Monday 26 November 2001  
0830 to 1200 hours  
Holiday Garden Hotel  
Huay Kaew, Chiang Mai**

Excellencies,  
Representatives from civil society,  
Ladies and gentlemen

I am very pleased to be here this morning. I should like to commend the Christian Conference of Asia (CCA) as well as the Church of Christ in Thailand Aids Ministry (CAM) for convening this timely forum on religious responses to the HIV/AIDS epidemic.

As one of the greatest development challenges of our times, fighting HIV/AIDS is an issue I am personally committed to.

I assumed leadership of Thailand at a time when the deadly epidemic was running rampant in the country. There were 143,000 new infections in 1991 alone. At that time, it was predicted that over the next 20 years, up to 10 per cent of Thais would die from AIDS.

This was a time when we had to accept that the epidemic existed in Thailand and was not going away. HIV/AIDS was threatening the whole country, and had spread to all sections of Thai society.

Our response in Thailand at that time, some ten years ago in 1991, was the mounting of a nation-wide HIV/AIDS prevention programme. We accepted that traditional and punitive public health measures to combat the disease so far had not worked. We recognised that tough and bold decisions were needed if the spread of the disease was to be curbed. And we that only leadership – at the highest political level – could make a difference in the fight against HIV/AIDS at the national scale.

Looking back. I am proud to have been part of Thailand's achievements as the first Asian country to recognise the severity of AIDS, and give the issue priority on the national agenda. Recent findings validate the approach that we took in the early 1990s. They show that:

- Behavioural change has reduced new HIV infections from almost 143,000 in 1991 to 29,000 this year. (2001)
- 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%.

Ladies and gentlemen,

The success we have had in fighting the epidemic in Thailand by no means suggests that the struggle is over. A hard reality remains:

- Today, Thailand still has the third highest adult HIV prevalence rate in Asia, at 1.85%. Cambodia has the highest adult HIV prevalence rate at 2.77%, followed by Myanmar at 1.99%.
- Despite many lives saved, HIV/AIDS is a leading cause of deaths among adults in Thailand.
- Thailand's success in curbing the heterosexual epidemic has brought to light other routes of transmission. HIV continues to spread virtually unchecked through the sharing of drug-injecting equipment and through unprotected sex between men.
- Young people continue to be the main victims, accounting for over 50% of all new HIV-infections in Thailand and world-wide.

We need to recognise the successes in the fight against HIV/AIDS so far, and to scale these efforts up further, within Thailand and in the Asia-Pacific region.

What have we learned?

We have learned that the HIV/AIDS epidemic is far beyond the scope of the health sector alone. That HIV/AIDS is a development challenge with an impact not only on individuals and families, but the wider social structure, economy and human security of countries.

We have learned that the HIV/AIDS epidemic requires a multi-sectoral response. In Thailand's response we have involved all sections of Thai society, including NGOs, businesses, local leaders and people living with HIV/AIDS. This is in recognition of the important role civil society – including religious institutions – play in combating the epidemic.

We have learned that HIV/AIDS also required a multi-level response, within the government and local authorities. During my term as Head of the Thai Government, I gave clear directives to each government ministry to formulate individual plans and budget. I also requested our governors and province to develop provincial AIDS plans.

We have learned that the highest political leadership is needed to effectively combat HIV – AIDS. During my term, I established, and chaired, the National AIDS Prevention and Control Committee, in the office of the Prime Minister. This body became the co-ordinating body for national AIDS planning and public education.

We have learned that combating HIV/AIDS requires drastic increases in the government budget with no time to wait for foreign donors to arrive. The Thai government has also recognised the importance of allocating funds to NGOs and community-based organisations. In 1992, we allocated 480,000 U.S. dollars to them. In 1996, the amount increased to 3.2 million U.S. dollars.

We have learned the necessity of educating the whole Thai society, not just groups at higher risk. We are fighting for radical change in perception and behavioural response within Thai society.

Perhaps most importantly, we have learned that we can admit, accept and speak openly about the fact that the HIV/AIDS epidemic is driven by socio-cultural practices, and that these occur at a large scale in our country. These include:

- Commercial sex
- Injecting drug use

- Cultural practices, such as the sale of children and young women into sex work, and;
- Men who have sex with men.

In many parts of the Asia-Pacific region this has not yet been learnt.

Ladies and gentlemen,

During the coming days, you will have the opportunity to reflect and consider the large role that spirituality and religious communities play in the prevention, care and support for people living with HIV/AIDS and their families.

In his speech to the Sixth International Congress on AIDS in Asia and the Pacific, Peter Piot, the Executive Director of UNAIDS described a path in the fight against HIV/AIDS where we finally match the scale of the epidemic with the scale of our response.

He described a path where the fight against AIDS is truly embraced in every field of social action -- by politicians, unions and businesses -- but also in the churches, mosques and temples.

This is a path where we abandon the debate between prevention versus care. Instead, we realise that our common humanity needs both. This is explicitly recognized in the UNGASS declaration of commitment adopted in New York in June this year.

Religious communities have come a long way in realising this reality. Across the different religions we see increasing examples of the leadership role religious institutions play in providing HIV/AIDS prevention, care and support in a holistic manner.

With the central role religion plays in teaching us how to cope with birth, diseases, ageing and death, religious communities play a unique role in the fight against HIV/AIDS, in particular at the community level:

- In Thailand, Buddhist monks in Mae Chan have decided to mobilise the religious sector for HIV/AIDS prevention, care and support, after witnessing the devastation of their own families, relatives and friends.

- Muslim Imams in Uganda are playing a significant leadership role in the implementation of AIDS education and condom promotion in their communities. Large support has been provided by Muslim leaders in the country, who declared a Jihad on AIDS in 1989.
- An example of what is being done by the Christian community in Asia in combating HIV/AIDS is that of CARITAS in the Philippines. The hard work and dedication by catholic sisters at CARITAS in speaking openly about sex and how to prevent HIV/AIDS is an inspiring example of how these sensitive issues can be addressed among religious communities.

Ladies and gentlemen,

HIV/AIDS is having a profound impact, bringing out the best and the worst in us.

We have learned that the epidemic triggers the best when we work together in solidarity to combat denial, and to mobilise efforts of prevention and care and support to people living with HIV/AIDS. It brings out the worst when individuals are stigmatised and ostracised by their loved ones, their family and their communities, and discriminated against individually and institutionally.

We all have an important role to play. Let us benefit from what we have learned so far, and continue our fight against HIV/AIDS.

Thank you.