

**Regional Partnership Forum on Children and HIV and AIDS**

**Keynote address by**

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**10:10 – 10:30 AM**

**Distinguished guests,**

**Delegates,**

**Friends,**

I am honoured to be here today. I want to first welcome to Thailand the representatives from countries and various organizations across the East Asia and the Pacific Region.

For millions of children around the world, HIV and AIDS have starkly altered the experience of growing up. Globally, it is estimated that 2.3 million children under 15 years of age are infected with HIV, and that more than 12 million have lost one or both parents to the disease. Though the estimated number of affected children in this region is comparatively small given the region's generally low prevalence rates, the reality is that we do not quite know the full picture due to massive underreporting.

But we certainly do know about the reality faced by children affected by HIV and AIDS in this region, and it is indeed a bleak one. They experience too many losses too early in life, including the loss of parents, loss of security and the overall well-being of their family, loss of effective access to education and other essential services, and the loss of dignity due to stigma and discrimination. Many of these children also face the danger of repeating the perilous journey of their parents while growing up, adopting risky behaviours out of pressing needs for survival, for want of care-givers' guidance or due to despair and the lack of hope and opportunities for the future.

Yet with improved public knowledge and understanding of the epidemic and improved access to anti-retroviral drugs, children affected by AIDS and those living with HIV no longer need to be doomed to lives of illness, alienation and penury. They can be free from deprivation of parental care and chronic illnesses. They can attend school. They can have families and communities that love and care for them. They can, in short, grow up just like other children. However, major gaps still exist between these possibilities and the realities, and it is these gaps that we must close at all costs.

This meeting will take stock of the progress made in ensuring positive change for children affected by HIV and AIDS, share experiences in promoting these changes, and once again confirm and strengthen our commitment to ensuring a better future for these children.

I am very pleased to note the recent decline in HIV prevalence in Cambodia and Myanmar, and I am sure these new success stories will be discussed during this meeting. In the spirit of sharing lessons learned, I would like to talk a little bit about the experiences of Thailand – the example that I know best.

As you already know, the number of new HIV infections in Thailand has fallen drastically, from the peak of 143,000 in 1991 to 14,000 in 2007. And for those living with HIV, there is now greater access to anti-retroviral drugs.

When I became Prime Minister in 1991, HIV was rampant throughout the country. The number of new infections was at its peak. Sentinel monitoring of infection levels in all provinces indicated that the HIV prevalence had jumped five-fold within a two-year period. It was predicted that over the next 20 years, up to 10 per cent of Thais would die from AIDS. We were on the verge of a major social crisis. The traditional and punitive public health measures which had been practised up until that time to combat the epidemic clearly were not working.

In order to confront the challenges of the HIV epidemic, we also had to confront our own mindset and our own denial of reality. We had to accept that this epidemic was being driven by socio-cultural practices, which at that time no government wanted to admit existed. These included commercial sex, intravenous drug use and cultural practices such as the sale of children and young women into sex work. The fact that all these activities are illegal makes

people want to deny their existence in our societies. Not only did we have to accept the existence of these practices, we had also to accept 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 therefore necessary to publicly acknowledge the scale of the challenge of HIV, and to state that we were going to take urgent action to reduce its spread.

The highest political leadership was needed to effectively address HIV and AIDS. I established and chaired the National Aids Prevention and Control Committee under the Office of the Prime Minister. This committee became the coordinating body for national planning and public education on HIV and AIDS.

To mount a national-scale programme, we had to quickly and drastically increase the government budget for HIV and AIDS, rather than wait for help from foreign donors. The government AIDS budget for prevention and control was increased by over 9 times, from \$2.6 million in 1990 to \$24 million in 1992. After I left office, the budget increases continued under succeeding governments. In 1993, the government budget for HIV and AIDS went up to \$46 millions, and in 1996 to over \$80 million. These sums did not include aid from donors. It was definitely not “business as usual” in Thailand.

Backed by these resources, an unprecedented public information campaign on AIDS was launched. We recognised the necessity of educating the whole of Thai society, not just those groups at highest risk. We were fighting for radical change in perception and a behavioural change within Thai society.

We mounted a nationwide education and preventive campaign that enlisted the co-operation of all media. Safe sex and HIV messages were aired every hour on more than 500 radio stations and seven television stations. Ensuring that everyone received HIV/AIDS information was critical. This may sound like a straightforward campaign, but at the time the tourism industry was seriously concerned about the possible negative impact of such a public education campaign on tourism. Political commitment at the highest level proved crucial to balancing the need to promote public health education with the need to increase tourism, allowing the information campaign to proceed.

We also targeted parents and teachers, many of whom still had conservative attitudes. We initiated a national programme on HIV/AIDS education in schools and mounted a large-scale peer education programme for young people in the workplace.

We promoted prevention interventions among drug users, the majority of whom were young people. We also targeted sex work and established the “100% Condom Programme”, which enlisted the co-operation of agencies and individuals to distribute free condoms to clients of sexual services. At the same time, we took effective measures to ensure the high quality of condom on sale.

Very early on, we fought stigma and discrimination in order protect the rights of people living with HIV and AIDS. When I took office as Prime Minister, there was a proposal to pass legislation that would have restricted the rights of people living with HIV and AIDS. We did not allow this bill to pass. There were prevention campaigns that inadvertently reinforced the stigmatisation of people living with HIV and AIDS. We stopped those campaigns. We also lifted the ban on entry to Thailand of foreign nationals known to have HIV and AIDS.

The subsequent development and the overall decline in HIV prevalence in Thailand validated the approach we took in the early 1990s. Similar efforts were made in other countries in the world, and I believe that it was through such efforts that the course of the epidemic was changed.

The challenge we face now both in Thailand and elsewhere is how to sustain the commitment made and the momentum generated over recent years. It is also clear that as the AIDS epidemic grows and matures, the number of children affected will increase. A child-centered approach to AIDS is vital, and this calls for strong policy measures and programmes to protect children from multiple vulnerabilities and the likelihood of them repeating their parents’ journey and becoming the next generation of those most-at-risk of HIV. It also calls for the empowerment of families and communities, and improving operational linkages within the health system, and between the health, education and social support systems in order to foster the continuum of HIV prevention, treatment and care services. Experience in Thailand has taught us that the HIV epidemic is constantly evolving. Our approaches and responses to HIV must also be ever evolving to meet the new challenges.

Dear delegates,

There is never room for complacency. Despite positive developments in many countries, the situation that we face continues to be alarming. In 2007, there were almost 20 per cent more new HIV infections in East Asia than in 2001. Despite the remarkable efforts made in scaling up HIV responses, children remain the “missing faces”. There is an urgent need to mobilize the political will and additional resources required to respond to this troubling increase in infections. I know that you are up to this task.

In conclusion, please allow me to applaud efforts by the organizers of this meeting, and offer my compliments to all of you on the great mission that you are vigorously pursuing. I hope this meeting becomes yet another milestone in shaping our region’s collective agenda, commitment and response for children living with or affected by HIV and AIDS.

Thank you.