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EVENT: PERASMIAN KONGRES ANTARABANGSA AIDS DI ASIA DAN PASIFIK YANG
KE-5

VENUE: DEWAN MERDEKA, PWTC, KUALA LUMPUR

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TIME:

Saya ucapkan terima kasih kepada pihak penganjur Kongres Antarabangsa Aids di Asia dan Pasifik yang ke-5, kerana menjemput saya untuk merasmikan kongresnya pada petang ini.

2. This congress is somewhat unique for many reasons. It is the first to be hosted by a non-governmental organisation (NGO) that mainly works at the grassroots level. It is also the first ever to be held in a Muslim country and it is the last major conference on HIV/AIDS to be held this century. For all this, I would like to congratulate the local organising Committee for its hard work and achievement in successfully organising this Congress. I am sure it will be a success.

3. Currently about 33.4 million people are now living with HIV/AIDS around the world and 1.2 million are children under 15 years. Some 5.8 million became infected in 1998 alone, of which 590,000 of them were children under 15 years. In 1998 about 2.5 million people died of AIDS and 510,000 of them children under 15 years. AIDS is among the top five killers in the world and is still considered an emerging epidemic whose death toll rises each year. About 13.9 million people have died of AIDS since the beginning of the epidemic.

4. What is most disconcerting is that more than 95 per cent of all HIV-infected people live in the developing world and 95 per cent of all deaths from AIDS occur in the developing world, 'largely among young adults who would normally be in their peak productive and reproductive years'. When it comes to HIV infection, women appear to be heading for an unwelcome equality with men. About 41 per cent of worldwide infections in 1997 were women and in 1998 this figure rose to 43 per cent. Sub-Saharan Africa is home to 70 per cent of people who became infected in 1998. It is also the region where four-fifth of all AIDS deaths occurred in 1998. Nine out of 10 children who became infected in 1998 live in Africa. In some

countries, life expectancy has been reduced by as much as 22 years because of AIDS. In Asia, well over seven million Asians are already infected and HIV is clearly beginning to spread in earnest in India and China. Whether measured against the yardstick of deteriorating child survival, crumbling life expectancy, overburdened health care systems, increasing orphanhood, or bottom-line losses to businesses, AIDS has never posed a bigger threat to development than it does now. And unless something is done it will pose an even bigger threat in the years to come.

5. One of the reasons why developing countries are over represented in the statistics for infection and death is that many developing countries do not have the resources to carry out effective prevention programmes. Many are struggling under crippling debt, some are politically unstable. Under these conditions, health care budgets are grossly inadequate to provide basic healthcare let alone conduct effective prevention programmes. Countries in Asia and Pacific have been affected relatively late by AIDS. Unfortunately some have been in denial about their vulnerability to HIV. Responses to AIDS have therefore been slow and inadequate. Also, developing countries cannot afford to provide treatment to their people infected by HIV. HIV drugs are extremely expensive. Thus more people die and at a faster rate in developing countries than in developed countries. AIDS deaths in the U.S. dropped by 50 per cent after the introduction of protease inhibitors. Thus developing countries not only have more people becoming infected but once infected, they cannot get help to survive. In contrast, in developed countries, less people are becoming infected and those that do live longer and lead normal lives because of the availability of treatment. Hospices for people with AIDS are being closed in the U.K. and Switzerland but in developing countries, people cannot even set up hospices and some people with AIDS have to be cared for at home. There is not enough bed space in hospitals for people with AIDS. AIDS has therefore augmented the divide between the North and South, between the haves and have-nots. What is worse is that the have-nots will have even less because of AIDS.

6. There are people who would rather believe that AIDS only happens to other people, to foreigners, to those who have 'sinned', anyone but to our families, our friends, our communities, ourselves. While we deny, we will not take action and therefore we expose our people to the risk of infection through sheer ignorance. In Asia, we do not need to re-invent the wheel. There are major lessons to be learnt from Africa, even though conditions here may sometimes be different, we must not insist that we are so unique

that we don't have to learn from the suffering of Africa. If we do, then we will have to learn through tragic experience. We must therefore all work together because AIDS requires a comprehensive response. Collaboration between all sectors, whether within Governments, between Governments and NGOs, between different Governments, with the participation of all sectors of society, is the only way to effectively manage the AIDS pandemic. Leaving any gaps will allow the virus to get through and spread the epidemic.

7. We have worked hard to develop our economies. Lately these have been attacked and in some cases, Governments have been destabilised by these attacks. Without political and economic stability, Governments cannot pay enough attention to AIDS. Furthermore, AIDS has the potential to further derail any recovery that we work for. This is because AIDS lowers the resistance to diseases and treating these diseases will increase the cost further. In addition there will be the need to care for the families and orphans of AIDS victims. Access to care and treatment -- the high cost of HIV drugs means that most people in developing countries just cannot afford them. But this high cost need not be so if developing countries can get together and challenge the pharmaceutical companies to reduce the prices or allow compulsory licensing of lifesaving drugs. Compulsory licensing is allowed under WTO but it is sad to see certain powerful countries aligning themselves with giant pharmaceutical companies to deny developing countries the right to produce cheaper drugs to save the lives of their people. Profit is taking precedent over people's lives. Access to care means not just access to the most sophisticated antiretroviral drugs but also to drugs to treat opportunistic infections. This is possible for many countries, even if they can't afford the protease inhibitors.

8. We accept that pharmaceutical companies expend a lot of money on research and need to recoup in order to continue their research, but they should not try to recoup from the sufferings of the poor. The Governments of the rich should bear most of the cost of such research. We understand that some countries are never as prosperous as they are now. Surely they can spare some of their wealth to reduce the burden of the poor people in poor countries.

9. Still, whatever their GNPs and national reserves might be, Governments must ensure that people living with HIV/AIDS get the best possible medical care to the level that they can afford.

10. Governments must also try and ensure that an

equitable portion of their health budgets go to HIV treatment and care services. This leadership from Government will also help in reducing discrimination towards people living with Aids, who are often told that no medical care should be spent on them since they're 'going to die anyway'. Stigma and discrimination remains the greatest obstacle to prevention and care and treatment. People living with HIV/AIDS are an invisible sector of society, forced to hide their status because of the fear of society's stigmatisation and marginalisation. When their status becomes known, their fears are well-founded -- people with HIV/AIDS have been fired from work, denied treatment in hospitals, or given lesser treatment, have been thrown out by their own families and ostracised by their neighbours. In extreme cases, some have committed suicide because life became too unbearable.

11. As long as there is stigma and discrimination which drives people with HIV/AIDS underground, prevention cannot work. People's lives cannot be extended by care and treatment if they are afraid to even come to hospitals. They cannot afford to provide for their families and for their own medical expenses if they have no work. Their families suffer just as much -- the stigmatisation extends even to the next generation.

12. Religion plays a vital role in the prevention, care and treatment. For too long, many religious officials have hidden behind a veil of denial, condemning those who have been infected while doing little to prevent others from also suffering the same fate. They have not extended their hand to those who became infected nor to their families. This leads to despair and even disillusionment with the religious authorities because of their uncaring attitudes. It is not for us to condemn and punish, for many who have contracted the disease are victims of ignorance and the culture of their society.

13. Every religion promotes the preservation of life and urges its adherents to extend their hand to those in need. In this respect many people fail in their religious duties while at the same time claiming moral superiority over those who have been infected. They take no responsibility over the increasing numbers of people becoming infected even though it will mean that their congregations will become smaller and smaller. Religious authorities need to be educated to play their role in a meaningful way, not to obstruct efforts by others.

14. Governments play a leading role because they set policy and facilitate the implementation of policy. But

how is policy derived? Good HIV/AIDS policy comes from knowledge about HIV/AIDS and from consultation of all affected parties including and especially people living with HIV/AIDS. An effective Government response comes most of all from the political will to do the best for its people. Political will will ensure that adequate budgets are directed at effective prevention programmes which are constantly evaluated. Political will ensures that people living with HIV/AIDS will not suffer needlessly from financial burdens, from stigma and discrimination. Political will ensures that all sectors of society will play their part in fighting the HIV/AIDS epidemic, including NGOs, businesses, religious bodies, schools and Government departments. Without political will, the best policies will never be effective. Cambodia is a fine example of how, with political will, even a poor country can do something. A Government that is effective in managing its HIV/AIDS epidemic is one that is essentially democratic because HIV transmission is facilitated in an undemocratic setting. Where people have no rights to the maintenance of their health because of financial reasons, ignorance or discrimination, they will be more likely to become infected with HIV. Therefore a Government that believes that all its citizens has a right to life and to good health will have a better chance of reducing the impact of HIV/AIDS on the country. The right to life and health is a basic human right.

15. An effective Government is one that understands that the virus recognises no borders and therefore it is imperative that Governments cooperate with each other to fight the virus. HIV travels wherever human beings travel, whether it is for pleasure or for work or because of political reasons (refugees) and man-made barriers cannot really stop it.

16. What can stop HIV is cooperation between NGOs, Governments and other health organisations to address the issues of cross-border movement of peoples, migrant workers, especially illegal ones, and the trafficking of women and children. Blaming foreigners for bringing HIV into a country is misplaced, especially if one's citizens are also free to travel abroad. NGOs and Governments therefore need to sit down together to discuss what is best for their own citizens even when they are in another country. When migrants are marginalised in another country, they also become vulnerable to infection which then puts them at risk of deportation. When they are deported home to a country which is even less able to help them, the risk of further transmission of HIV is almost guaranteed. Men who work abroad and who get infected with HIV often return home and infect their wives because they are ignorant of their status and of what can be done to

protect their wives. Efforts to educate migrant workers about HIV before they leave home as well as during their stay abroad will result in less infections among them and therefore among their wives and children. Governments working together is an example of good neighbourliness and also an example of the ASEAN philosophy of 'Prosper-Thy-Neighbour'. Not working together implies a 'Beggar-Thy-Neighbour' attitude.

17. In Malaysia, the Government had responded to the HIV pandemics as early as 15 years ago, that is immediately after the first HIV victim was confirmed in 1986. Since then the prevention and control of HIV/AIDS epidemics has been organised, coordinated, and collaborated through a 'National AIDS Task Force' comprising of 28 members representing various public, private, academic, religious, and non government organisations. Through this National AIDS Task Force, we have developed our policies, objectives, strategic approaches, technical guidelines, and researches pertaining to HIV/AIDS.

18. In 1993 AIDS/STD section was created as a separate component of Disease Control Division in the Ministry of Health. Now this HIV/STD section is entirely responsible for planning, organising, coordinating, monitoring, and evaluating the promotive, preventive, and curative parts of the AIDS epidemics.

19. The Ministry of Health in its efforts to strengthen its collaboration with NGOs working with HIV/AIDS issues, has responded to their call to assist in the formation of Malaysian AIDS Council (MAC) which was registered in 1992. And now the Malaysian AIDS Council is recognised as an umbrella organisation which coordinates the activities of other HIV/AIDS related NGOs.

20. In view of the growing number of young people becoming infected with HIV, we have started incorporating comprehensive HIV, and drug abuse prevention education through PROSTAR in 1996 or 'Staying Healthy Without AIDS for Youths'.

21. PROSTAR is a community mobilisation programme where youths between the ages of 16 and 25 will be trained as peer mobilisers, energisers, motivators, and changing agents towards 'Healthy Young Generation'. As of March 1999, about 21,500 selective youths have been trained to lead their peers on issues pertaining to HIV/AIDS. To ensure our youths will sustain their wealth of energy, ideas and enthusiasm, we -- as parents, leaders, decision-makers, professionals, and communities -- need to work closely with them.

22. Recognising that women are especially vulnerable to HIV-Infection, the Government had addressed this critical issue through two nationwide programmes, namely; screening of pregnant mothers for HIV, and Women and AIDS. For this programme alone, the Government has already spent RM6 million since it started in 1998, and as of May 1999, about 25,000 antenatal mothers had been screened for HIV-Infection, 100 cases turned out HIV positive, and were immediately given free treatment costing RM600 for each case per month.

23. As evidence of our commitments, the Governemnt has spent almost RM43 million for the HIV/AIDS control programme every year since 1993. About RM16 million goes to curative services, RM5 million for healthy life style promotion, while RM22 million goes to preventive aspect of the programme.

24. It is now time for all of us, for all Heads of Governments in the Asia-Pacific region to hold a summit on AIDS so that we may better coordinate our efforts in recognition of the transborder nature of the epidemic. This will show leadership in the region and within our own countries and underline the seriousness of the AIDS pandemic and the need for urgent action to combat it.

25. Dengan ini saya dengan sukacitanya merasmikan Kongress Antarabangsa Aids di Asia dan Pasifik yang ke-5.