Good morning, welcome to New Delhi and to this important bi-regional meeting.

Our purpose is clear and our agenda firm: to improve strategic information for HIV and hepatitis elimination, with a specific focus on key populations.

The world has come a long way in the fight against HIV.

We have achieved significant declines in new infections by raising awareness and reaching out to key populations with prevention and treatment modalities.

We have achieved remarkable reductions in AIDS-related deaths due to increased coverage with Antiretroviral therapy, or ART.

And as Thailand and Malaysia show, we have made the dream of an HIV-free generation possible.

Across the world, the provision of ART to prevent mother-to-child transmission of HIV has averted 1.4 million child infections.

We are now positioned to end the AIDS epidemic as a public health threat by 2030, as Sustainable Development Goal target 3.3 demands.
Complacency, however, is not an option: In 2017, 1.8 million new infections occurred globally, while an estimated 14 million cases still need to be detected and provided ART.

Distinguished participants,

The WHO South-East Asia Region reflects this wider trajectory.

Between 2010 and 2016 the number of new infections decreased from 350,000 to 157,000.

During the same period AIDS-related deaths declined by 34%.

Of our Region’s estimated 3.5 million cases, nearly 1.7 million are on ART. With all Member States now having adopted the WHO TREAT ALL recommendations, that coverage is expected to significantly increase.

Alongside the TREAT ALL recommendations, the Region’s Action Plan for HIV will likewise accelerate progress, including towards the 90-90-90 targets.

Importantly, it will do so by promoting a people-centered approach grounded in the principles of human rights, equity and the quest to leave no one behind.

Nevertheless, to reach our goals we must address two major challenges.

The first is detecting cases through the adoption of newer testing approaches. This is especially important given an estimated 36% of people living with HIV do not know their status.

The second is further reducing new infections by effectively reaching out to key populations. Again, this is vital given that nearly two thirds of new infections across the Asia-Pacific occur in key populations and their partners.

We know people are being left behind, economically, geographically and socially.
And we know this is undermining our efforts to achieve our time-bound targets and eliminate AIDS as a public health threat.

As emphasized at a Regional Think Tank meeting in February 2018, we must re-focus our energy and resources on key populations, reposition combination prevention for key populations, focus on empowering communities to collect and utilize local level data, and leverage innovative ‘AIDS Assets’ to chart further progress.

Distinguished participants,

Let us turn to hepatitis.

Across the South-East Asia Region, hepatitis is responsible for an estimated 410 000 deaths annually – more than HIV and TB combined.

An estimated 39 million people live with chronic hepatitis B and an estimated 10 million live with chronic hepatitis C.

Member states are committed to combatting the problem and are making substantial progress in implementing the Region’s Action Plan for Viral Hepatitis.

Five countries have already finalized or drafted national guidelines.

Concerted efforts are being made to find the missing millions suffering the disease.

And major reductions in the cost of drugs for treating hepatitis hold-out the potential for rapid advances.

Importantly, as with the Regional Action Plan for HIV, the Plan for hepatitis lays out a series of time-bound targets.

By 2020, for example, at least 50% of infected people should know their status. At least 75% should be on treatment.
Given that a substantial proportion of new hepatitis B infections occur through mother-to-child transmission and during early childhood, it is likewise essential that 90% or more of newborns receive the hepatitis B vaccine’s birth dose and at least 95% of children complete the vaccine’s three-dose schedule.

Increased injection safety in health facilities is also critical to prevent iatrogenic infections.

There are, however, significant gaps in the reporting of data on indicators for the coverage of testing and treatment of key populations. Hepatitis reporting as per the M&E framework is also yet to take off in most countries.

To address these issues, WHO has revised and developed new M&E tools to monitor progress among key populations specifically, and launched a ten-point M&E framework for monitoring hepatitis programmes more broadly.

I congratulate Indonesia, Myanmar and Nepal for their initial reporting on hepatitis indicators, and for the WHO South-East Asia Region’s other Member States for working to adopt them. We are committed to supporting you in your endeavors.

Distinguished participants,

Though demanding, the objectives of this workshop are straightforward.

First, to expand knowledge and hands-on experience of the updated WHO Guidelines on Person-Centered HIV Patient Monitoring and Case Surveillance. These guidelines will help improve and facilitate the provision of effective, efficient, equitable and acceptable prevention and therapeutic health services to HIV-infected populations, especially key populations.

Second, to orient participants on the 2018 IBBS Guidelines and the new key populations M&E component of the updated and consolidated SI guidelines.
Third, to familiarize participants with the WHO Monitoring and Evaluation framework for Viral Hepatitis B and C.

And fourth, to develop country-specific implementation plans for HIV and hepatitis patient monitoring systems and case surveillance approaches and tools.

I understand there will be several hands-on sessions and much group work during the coming days. I am certain these activities will allow you to develop country-specific implementation plans for HIV and hepatitis patient monitoring systems.

Importantly, I am also certain they will provide opportunities to exchange information on case surveillance approaches and tools to improve measurement, and on how to use strategic information to improve treatment retention and outcomes, especially among key populations.

Colleagues, distinguished participants,

We have the evidence, we have the tools, we have the political commitment and we have the goodwill and backing of an active, engaged civil society.

We are indeed ready to sustain our achievements, accelerate progress, and make full use of innovative policies and technology to achieve our targets and eliminate AIDS and hepatitis as public health threats by 2030 at the latest.

I wish you an engaging and productive workshop.

Thank you.