Distinguished guests, ladies and gentlemen,

It is my privilege to welcome you to the WHO Regional Office for South-East Asia for this high-level think tank meeting. I thank you for your commitment and the time you have dedicated to participate.

Let me start by reminding all of us that Article 1 of WHO’s Constitution calls for:

‘A world in which all people can attain the highest possible level of health and well-being’.

Ladies and gentlemen, this implies that no one is left behind and that we are therefore obligated to focus on those who are most likely to be vulnerable, marginalized, and in the greatest need.

Yet, we are aware that people are being left behind, economically, geographically and socially – and that this is not only affecting the health of individuals, but also undermining our efforts to eliminate diseases. With an understanding of the barriers to access, WHO has included universal health coverage as a key strategic priority. We aim for one billion people to live healthier lives, and for one billion more people to have universal health coverage. During my leadership in this office I have always given priority to bringing those who are the most neglected and worst affected to the front of the queue, ensuring that Universal Health Coverage truly benefits those people who are most in need and those who are most often left behind.

As I’m sure you appreciate, today we are at a critical juncture in our fight against HIV. The number of new infections is coming down. Treatment coverage has expanded significantly. And AIDS-related deaths are declining. In line with the Millennium Development Goals, we have reversed the epidemic’s trajectory.

Two key factors to achieving this success, especially in concentrated epidemic settings, has been our focus on key populations and our drive to ensure community engagement.
Indeed, the need to focus on key populations was highlighted by the 2008 Commission on AIDS in Asia, subsequent to which WHO and UNAIDS recalibrated programming. The revised focus on key populations and community engagement proved critical to preventing new infections and ensuring access to care support and treatment services.

As per the political declaration following the High-Level meeting of the UN General Assembly in 2016, and as part of Sustainable Development Goal 3.3, the world has now embarked on a mission to end the AIDS epidemic as a public health threat by 2030. It is an ambitious goal, but one that is achievable.

Importantly, SDG 3.3 lays out a series of interim targets. By 2020, for example, we aim to achieve the 90-90-90 target: That is, we aim to identify 90% of people living with HIV, to put 90% of those identified on effective treatment, and to ensure 90% of those on treatment have successfully suppressed the multiplication of HIV in their bodies. This will not only help people with HIV live longer and healthier, but will also interrupt transmission of the virus, resulting in fewer new infections.

Though I am pleased there has been a steady decline in new infections across the Region, and that progress towards the interim target is gaining pace, we must accelerate our gains: At present only 55% of the estimated number of people living with HIV know their status. In 2016 there were still 1.8 million new infections. To align ourselves with the fast track response for 2020, more focus is needed on scaling up testing and treatment in the right places, with strong community engagement.

We know rapid progress is possible.

In our Region AIDS-related deaths declined by 30% between 2010 and 2016. The number of annual new HIV infections decreased from 350 000 in 2000 to 150 000 in 2016, with a remarkable 25% drop between 2010 and 2016. The Region’s current ART coverage is 47%, but with all Member countries now having adopted the WHO TREAT ALL recommendations, a significant increase in the number of people receiving free antiretroviral therapy is expected.

Ladies and gentlemen,
One of the ten targets identified during the 2016 High-Level Meeting is that 90% of key population members have access to combination prevention services, and that 90% of people living with HIV face no discrimination. Though we have focused on key populations for many years now, the scenario has changed significantly since the AIDS commission report in 2008.

Whereas we once focused on controlling the epidemic, for example, we now focus on eliminating it altogether. Whereas sex work once occurred in predictable ways, we now witness more mobile and social media-based arrangements. HIV prevalence among men who have sex with men continues to grow. And whereas injection was once a common method of drug-use and HIV acquisition, we now find new patterns emerging that are associated with the disease's spread. Notably, migrants in some settings may also be at higher risk of acquiring HIV.

Nevertheless, the numbers are clear on how we can utilize our resources most effectively: 66% of new infections occur among key populations. That means we must continue to focus on these populations and make programmatic interventions that are more efficient and make a deeper impact.

Accordingly, the overall objective of this meeting is to inform and strengthen prevention and treatment of HIV and to review the role targeted interventions will have in reaching the target of ending AIDS by 2030. The meeting’s outcomes will guide WHO on how to support national programmes to increase coverage of cost-effective, evidence-based HIV prevention, testing and treatment services, including differentiated care for key populations.

I understand the meeting will have 6 thematic tracks: 1) program and service delivery; 2) community-based organizations, or CBOs; 3) governance and leadership; 4) prioritization and modelling; 5) surveillance; and 6) costing and economics. I am pleased that work on each track has already been undertaken and shared with those working on other tracks. As a result of your efforts, our discussions are likely to be more inclusive and fruitful.

Ladies and gentlemen,

We are aware that the AIDS response is at a crossroads. Indeed, though we now strive to eliminate HIV, global focus on and funding for the AIDS response is declining. So too is leadership and governance as it relates to HIV, providing challenges for the AIDS response.
It follows that sustaining standalone HIV programmes is becoming increasingly difficult for many countries. Solutions must be found. Indeed, effort is required to ensure that sufficient resources are dedicated or mobilized to keep coverage of key population programmes high enough for the continued and accelerated reversal of the epidemic. We also need to think of how best to use AIDS programme successes for other eliminable diseases.

This is an extraordinary brainstorming session in which participants are expected to indulge in out-of-the-box thinking and come up with new ideas: ideas about leadership and how to respond to the AIDS epidemic while working to end it by 2030.

I strongly believe and am hopeful that this meeting will help us achieve the 2020 target, thereby laying the foundations to achieve the 2030 goal. To this end I appreciate the commitments of partners, experts and affected communities.

I wish you success and am sure you will come out of this meeting with well-defined strategies and clear, actionable recommendations that inform WHO guidance, and help us to drive path-breaking change across the South-East Asia Region and beyond.

Thank you very much.