HIV/AIDS and development in Asia and the Pacific: a lengthening shadow

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A landmark meeting of government ministers from across the Asia-Pacific region took place in Melbourne on 9-10 October 2001 to coincide with the Sixth International Congress on HIV/AIDS in Asia and the Pacific (ICAAP [1] International Congress on AIDS in Asia and the Pacific.). This is the text of the official Ministerial Statement issued following the meeting.

Countries represented at the Ministerial Meeting include:

Australia, Bangladesh, Bhutan, Cambodia, China, Cook Islands, East Timor, India, Indonesia, Japan, Kiribati, Lao

Introduction

1. We, Ministers from countries of the Asia-Pacific region, met in Melbourne on 9 October 2001 at the invitation of the Hon Alexander Downer MP, Minister for Foreign Affairs of Australia, to consider the significant challenges the HIV/AIDS epidemic poses to our countries and to identify ways to strengthen partnerships to combat the continued spread of HIV/AIDS. We recognise that strong leadership and political commitment at the highest levels is vital to achieving this goal.

2. We thank Australia for convening this first historic gathering of Ministers from the Asia-Pacific region, who came together to share experiences and consider the way ahead in combating the devastating epidemic of HIV/AIDS.

We discussed:

3. Our deep concern that there are currently 7.5 million people living with HIV/AIDS throughout the Asia-Pacific region – 20% of people infected globally;

4. The relationship between HIV/AIDS and poverty in our region, in particular the potential HIV/AIDS has to compound poverty and impede economic and social development, and the importance of poverty reduction as an integral part of reducing vulnerability to HIV and the impact of AIDS on our countries;

5. The potential threat that HIV/AIDS poses to the security of our peoples and the need for AIDS to be incorporated into broader agendas.

We acknowledge:

6. The special importance of the Declaration of Commitment adopted by the United Nations General Assembly on 27 June 2001 and undertake, to the fullest of our ability, to implement all the commitments and achieve all the targets set out in it;

7. The UN Millennium Declaration of 8 September 2000, and the Millennium Development Goals contained therein;

8. The value of previous regional deliberations on the issue of HIV/AIDS, most recently the Resolution 57/1 entitled “Regional Call for Action to fight Human Immunodeficiency Virus [2]A small infective organism which is incapable of reproducing outside a host cell./ Acquired Immune Deficiency Syndrome in Asia and the Pacific”, adopted by the Economic and Social Commission for Asia and The Pacific on 25 April 2001;

9. The Statement of Commitment on HIV/AIDS of the Regional Steering Committee of First Ladies (Asia-Pacific) agreed on 7 October 2001 in Melbourne, Australia, addressing the profound impact of the epidemic on the population of rural and island women, the special vulnerability of women and girls because of their high levels of poverty and illiteracy, and acknowledge that the empowerment of women is essential for reducing their vulnerability to HIV/AIDS;

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10. The epidemic affects all people and that infection rates are likely to increase unless stronger action is taken to address, in an integrated manner which includes harm reduction approaches, including prevention of unsafe sexual practices, factors that make individuals vulnerable to HIV/AIDS, such as poverty, economic underdevelopment, all types of sexual exploitation including commercial sex, high rates of sexually transmitted infections, trafficking, injecting and illicit drug use, gender disparities, youth concerns and population movements;

11. The commonalities and differences between the peoples and countries in the Asia-Pacific region, including geographical, cultural, religious, economic and social situations that influence the impact of HIV/AIDS in our countries, and agree that these issues must be recognised but must not hamper prevention, treatment, care and support in our countries;

12. The successes some countries in the Asia-Pacific region have had in combating the epidemic, leading to a reduction of HIV prevalence, and agree that the lessons learnt from these strategies, and in particular the approaches to prevention, will be shared with other countries for implementation in future strategies;

13. Prevention and care should be the mainstay of the national response. Comprehensive care, support, treatment and social reintegration for those infected and affected by HIV/AIDS are all mutually reinforcing and must be integrated into any comprehensive approach, in which the primary health care delivery system will be a key component;

14. The fundamental importance of the full realisation of human rights and freedoms and that the presence of stigma, silence, discrimination, denial, gender inequality and inadequate legislative frameworks limits our ability to combat the HIV/AIDS epidemic;

15. The need to considerably strengthen and provide budgetary resources for national health and social infrastructures, institutions and human resource development in many countries in the Asia-Pacific region to deliver effective prevention, treatment, comprehensive care and support services;

16. The international commitment to establish a Global AIDS and Health Fund as a welcome initiative which will bring additional resources to developing countries to strengthen their national efforts in combating HIV/AIDS;

17. The joint efforts of countries and concerned international organisations in the Asia-Pacific region to investigate ways of reducing the price of pharmaceuticals necessary for the prevention and treatment of AIDS to a level affordable to patients in low income countries;

18. Strong leadership at all levels of society, including full and active participation of civil society (especially community based organisations) and the private sector, is essential for an effective response to the epidemic;

19. The importance of addressing the epidemic in the Asia-Pacific region as a crucial part of overall global prevention efforts, given the high population density, low-socio-economic development level, and the anticipated rate of increase of the epidemic in this region that includes more than half the world's population.

As a result:

20. Following full and careful consideration of the varied and complex range of factors that influence the course of the epidemic, we the Ministers of the Countries of the Asia-Pacific Region gathered in Melbourne determined that we will:

21. Continue to address the social and economic contributing factors and impact of the epidemic, and its impact on the security of our peoples, through enhanced coordination and strengthened partnerships at the community, national, cross-border and regional level;

22. Work to commit our Governments to the fight against the HIV/AIDS epidemic, considering HIV/AIDS prevention as both an urgent and a long term duty;

23. Encourage the further development of multi-sectoral, national plans of action and sub-regional and regional initiatives to address HIV/AIDS;

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24. Strive to incorporate HIV/AIDS prevention, comprehensive care, treatment and support policies into economic and social development initiatives whether they are public or private, so as to limit the potential for the epidemic to spread;

25. Seek to actively engage with people living with, or at risk of being infected by HIV/AIDS and promote their inclusion in decisions that will impact on their health and well-being and to foster their reintegration at community level without discrimination;

26. Promote a wide range of targeted prevention programs in our countries, based on best practice approaches informed by data on the modes of transmission and aimed in particular at those most vulnerable;

27. Encourage our Governments, international and regional organisations, bilateral donors, civil society and the private sector to make efforts to ensure that the resources required to address the impact of HIV/AIDS are made available and distributed in a balanced way among known, effective and available solutions;

28. Encourage the strengthening of national and regional partnerships incorporating governments, the private sector, the medical and scientific community, community groups (particularly of the most vulnerable groups) and international organizations, including south-south cooperation;

29. Develop an Asia-Pacific Leadership Forum on HIV/AIDS with establishment support from Australia. In doing so, we will build upon the previous efforts of member states and civil society as part of our commitment to active political leadership in responding to the epidemic. The Forum will provide a network for information sharing among political leaders and parliamentarians, training activities among political advisors, and enhance regional coordination and collaboration. This can be achieved through regular meetings and ongoing communications through the internet. It will allow leaders and policymakers to benefit from each other's experience and provide access to the most up to date information in order to strengthen our national and regional responses. This may over time lead to the creation of a resource centre.

30. Enhance national financial mechanisms so as to better attract and coordinate domestic and international resources for action against HIV/AIDS;

31. Call for Governments in the region and other Governments, United Nations agencies, non-governmental organisations, enterprises and religious organisations to promote cooperation and assistance;

32. Urge the countries and agencies involved in the establishment and coordination of the new Global AIDS and Health Fund to ensure that the present and future concerns of the Asia-Pacific region are fully taken into account in decisions on allocating resources from the Fund.

33. Endeavour to meet again in two years time in Australia to review progress in our response to the growing impact of the epidemic across the Asia-Pacific region.

- HIV in our region
- Asia
- Pacific

Links:
[1] http://napwa.org.au/glossary/term/395
[2] http://napwa.org.au/glossary/term/125

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