



*In the Name of God, the Compassionate, the Merciful*

**Address by**

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**on the occasion of**

**WORLD AIDS DAY IN THE ISLAMIC REPUBLIC OF IRAN**

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Mr President, Your Excellencies, Ladies and Gentlemen,

Thank you for your invitation to speak on this important occasion marking the Iranian campaign against AIDS. It is an honour to address such a distinguished audience, and it's a particular honour to do so alongside His Excellency President Khatami whose contribution to the fight against the spread of the HIV epidemic will be remembered as a milestone in the history of the epidemic, both in the Islamic Republic of Iran, and also in the whole of the Eastern Mediterranean Region of WHO.

As you are certainly aware, Islam considers health to be one of the greatest blessings or graces to have been given to human beings by God. Indeed, it is considered the greatest blessing after faith itself. The Prophet ﷺ said: "There are two blessings which many people do not appreciate: health and spare time."

((نعمتان مغيونٌ فيهما كثيرٌ من الناس: الصحة والفراغ)) He also said: “No blessing other than faith is better than well-being.” ((ما أوتيَ أحدٌ بعد اليقين خيراً من المعافاة)) You can read this last *hadith* at the entrance of our Regional Office in Cairo, and indeed it preceded, by fourteen centuries, the definition of health in the preamble of the WHO constitution as “complete physical, mental, social [and spiritual] well-being and not merely the absence of disease or infirmity.”

We are strongly warned against making any attempt to alter this aspect of God’s grace. If we do, we will pay a very high price. The Qura’n states: *Anyone who tampers with God’s grace after it has been bestowed on him will find God to be stern in punishment.* (وَمَنْ يُبَدِّلْ نِعْمَةَ اللَّهِ مِنْ بَعْدِ مَا جَاءَتْهُ فَإِنَّ اللَّهَ شَدِيدُ الْعِقَابِ). This is clearly highlighted in the following *hadith*: “When gross immoral conduct becomes widespread in any community to the extent that they unashamedly publicize it, epidemics and other diseases unknown in their past generations will spread quickly among them.”

((لم تظهر الفاحشة في قوم قط حتى يعلنوا بها، إلا فشا فيهم الطاعون والأوجاع التي لم تكن مضت في أسلافهم الذين مضوا)).

Distinguished friends,

The HIV statistics are shocking. Today, well over 40 million people are living with HIV, and last year approximately 3.1 million people died of HIV-related diseases—more than any other infectious disease. Every day, there are 18 000 new infections, most of these occurring in developing countries, mainly African nations. Nearly a third of all adults living with HIV/AIDS—11.8 million—are young people between 15 and 24 years old. We know that if we do not embark on an aggressive new prevention effort, we can expect another 45 million new HIV infections by the end of this decade.

It is almost impossible for me to get my mind around these numbers. They are disturbing statistics but the human suffering behind them is even more disturbing. Each statistic represents a broken young life and tremendous suffering for the families of those affected.

Ladies and gentlemen,

I am afraid that much of the news about our Region is not good.

The countries of the Eastern Mediterranean Region are not spared by the HIV epidemic. The Region now counts around 700 000 people living with HIV. Heterosexual contact and injecting drug use are the major modes of HIV transmission. We must remember that the epidemic is still in its early stages, and the situation is changing rapidly. The HIV epidemic has more than tripled in the last 2 years only! Far surpassing all previous projections!

We are facing real epidemiological risks. The trend now is not only on the rise, but three countries, Djibouti, Somalia and Sudan, are already in a generalized HIV epidemic situation.

In other countries, including the Islamic Republic of Iran, we have seen localized but dangerous outbreaks among special groups at risk, such as injecting drug users.

Dear Colleagues,

This part of the world is blessed with great strength of faith and still very strong family institutions. These are undoubtedly why this Region has so far had the least number of people affected with HIV/AIDS. However, this scene is changing and it is becoming more difficult to halt the rapid progress of the epidemic for many reasons.

This is a region where HIV transmission is being fuelled by significant instability, social and economic change. Our societies are changing. The traditional cohesion of the villages and small towns is breaking down. We have witnessed the emergence of poor slums and first and second generation city dwellers who have no identity in the cities. Here is where sexual promiscuity, drug trafficking and other small and big crimes grow. We have also our disproportionate share of wars, economic sanctions and physical embargoes, as well as extensive population mobility: refugees, travellers and workers. The demographic composition of countries in the Region is characterized by its youth,

more than 50% are young people, and this is placing enormous development pressures on our nations.

But the most serious of all threats is the trend of HIV among drug users in certain parts of this region—particularly the Islamic Republic of Iran, Pakistan and other countries in the vicinity. As the epidemic takes hold of high-risk groups, such as injecting drug users, it is well known that it will be explosive and will spread rapidly to the general population. Such is the situation now in Russia, which hosts the fastest growing HIV epidemic in the world, mainly among the young. We need to be vigilant to the changes in different aspects of the behaviour of our youth. Strong cultural policies to address their needs and educate them according to the demands of the time are a necessity.

There is no doubt that substance abuse is one of the greatest health challenges of many countries of our Region, including the Islamic Republic of Iran. As you are aware, this issue has become a much more important challenge because the average age of abusers is decreasing and more abusers are turning to high-risk drug practices including injections and sharing needles as their main route of drug intake.

We believe that injecting drug use may determine the future course of the HIV epidemic in the Eastern Mediterranean Region, while sexual transmission and sexually transmitted diseases will be the bridge for HIV spread from these groups to the general population. Sexually transmitted diseases are very common in this Region and, unfortunately, still represent the most neglected epidemic in the health sector.

Mr President,

We know that the sexual and drug-injection behaviours related to HIV transmission are not simple everyday choices for the affected individuals. These behaviours are tied up with the deeper questions of social malaise, poverty, conflict and marginalization. We should not rush to place blame. HIV/AIDS cannot be tackled without tackling stigma. Shame and fear are the nurturers of the epidemic. People living with HIV or who fear that they may have been infected need to know that they will be

protected from discrimination. Openness in relation to sexual behaviour and to drug use is the necessary first step to responding to the threat of HIV.

Dear Friends

What can we do? Can we protect our children and communities? This is the question we have gathered today to answer.

The challenge is great, but it's my belief that HIV is totally preventable. We must act NOW and act daringly. The cost of inaction is great and unforgivable.

I believe we have never been in a better position to make dramatic improvements in the situation. In the short history of the HIV epidemic, we have learnt fast from our successes but also from our failures.

We have good evidence that HIV infection rates are stabilizing or decreasing in places where focused and sustained prevention programmes have brought about significantly safer behaviour. This is not just the case in the rich and developed countries.

What are the key lessons, gained over the past twenty years?

First, leadership is a must. Political leaders, religious leaders, union leaders, women's leaders, youth leaders, all need to take up the cause of AIDS, and spread the message that AIDS is a problem with a solution. This is a way of "promoting what is right and discouraging what is wrong" (( الأمر بالمعروف والنهي عن المنكر )) which is a duty of each leader as well as each member of the community, provided that it is done in a friendly and kind manner.

We know also that we must increase the visibility of what is happening to our young people: the threats of drug use and illegitimate sexual behaviour. Support from the mass media needs to be built upon, so the message of AIDS prevention is received clearly and acted upon across the country.

AIDS cannot be fought by one sector alone—a multisectoral response is needed. The health sector needs to work together with social and economic development planners, and with civil society.

Mr President,

Half-measures simply do not work against this epidemic. A complete effort is needed, both in prevention and in comprehensive care. One of the main means of prevention is to encourage marriage. Addressing the Muslim community, God Almighty said: *Facilitate the marriage of those of you who are single*. At the same time He has required those who are unmarried to maintain their chastity until they have the means to get married: *Let those who cannot afford to marry live in continence until God enriches them*. (وليستعفف الذين لا يجدون نكاحاً حتى يغنيهم الله من فضله).

In my humble opinion, early marriage should be encouraged, provided that it is accompanied by a dependable method of family planning. This is the time when the sexual drive is very strong. Of course, by “early marriage” I don’t mean “premature marriage” which happens before the biological and psychological maturity of the young man and the young woman. It is regrettable that early and even premature illegitimate sexual relationships are very common in the developed countries, and nobody objects except when it becomes legitimate through marriage.

For those who are HIV positive much can be done to provide care and support cost effectively. The latest developments in antiretroviral therapy, in particular the availability of single dose treatment offers a real opportunity to reduce mother to child transmission, although long-term antiretroviral therapy remains unaffordable to the great majority.

The effective treatment of opportunistic infections like tuberculosis and other respiratory problems can help people live longer, especially when complemented by good nutrition and community-based care.

The right to health is a basic human right and reproductive and sexual health—for women as well as for men—are an essential element of health. Appropriate sex education in schools does not increase risky practices but instead limits them.

Drug harm reduction, including needle and syringe exchange programmes, as well as methadone treatment are becoming an essential public health measure. These programmes have been found to be very effective in reducing the spread of bloodborne infections, such as HIV and hepatitis B and C, in many countries. Harm reduction programmes are also cost-effective: by preventing these infections, health care costs can be contained. Far from encouraging drug use, these programmes provide a useful referral point for drug rehabilitation and education.

This brings me to my next point. I would also like to highlight and pay tribute to the work of the Islamic Republic of Iran.

It is a well-known fact that your country is paying a great human and financial price to control the flow of narcotics. The death of thousands of law enforcement officers during recent years in the line of duty, struggling against the tide of drug traffickers, is witness to this fact and let us remember them with gratitude and humility.

But I would like to point to another aspect of your work, which is in my judgment, as important and as courageous as supply control. The Islamic Republic of Iran is the first country in the Region to have recognized the need to re-examine and revise policies regarding reduction of demand for drugs, and to adopt unprecedented measures to confront the associated harms, the most important of which is, of course, AIDS. In WHO we are particularly pleased to witness innovative programmes such as the triangular clinics, where issues of AIDS, substance abuse and sexually transmitted diseases are addressed jointly and approaches for decreasing stigma are integrated. In addition, what we have observed in the recent development of the health programmes in prisons will have far-reaching and positive effects in limiting the damage of drug use and related HIV infection. WHO has already started the process of evaluating such

programmes and advocating them as good practices and experiences to be shared with other countries.

Mr President,

In the Islamic Republic of Iran, we have begun to witness indications of a serious threat of the spread of the HIV, but also great hopes for control through strong political will and daring interventions. Your presence here, Mr. President, is the greatest sign of this political will.

Dear Colleagues,

At the regional level, WHO is aware of the danger and impact of the dual challenge of HIV and drug abuse. We will spare no efforts and resources to address these threats. The two special panels on AIDS (ARAG) and Drug Abuse (RAPID) that I have formed recently, have the task to oversee and enhance effective and sustainable approaches to these problems. A regional strategy to improve the health sector response to HIV/AIDS has already been endorsed by the Ministers of Health of this Region and WHO continues to extend all possible support for full and successful implementation. We will also soon announce a regional health strategy to address substance abuse and its harms.

Mr President, dear Colleagues,

To conclude, let us all agree on one more thing. AIDS is a problem with a solution. We are facing such a highly complex and seemingly impossible problem and at the same time, never have we had so much power to make a difference and bring about change. (وقل اعملوا، فسيرى الله عملكم ورسوله والمؤمنون).

Khasteh na bashed wa khoda negahdar