

**AIDS and Social and Economic Progress  
in the Asian and Pacific Countries  
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Excellencies, Distinguished Guests and Participants, Ladies and Gentlemen,

Over the past few days of deliberations on the myriad issues and topics relating to AIDS in the region, it seems that there is a wealth of knowledge and experience on addressing the issue of AIDS. It seems that we have a good idea of what we must do. Then, why must we continually call for action to prevent the further spread of AIDS?

As I reflected on the topic for discussion today, I felt the most useful contribution I could make to this forum was to share the perspective of a group that seems to have been otherwise excluded from the deliberations here - the heads of government and national leaders. My humble opinion is that without the commitment of leadership at the highest level to preventing further spread of AIDS; we will never see the scale of action necessary to address this issue and its social and economic consequences.

AIDS must be viewed as a national development issue. If we present AIDS as a health problem, it will be treated as such. AIDS is not a health problem, it is a behavioral and a societal problem - and an urgent national development priority. Today, AIDS remains the most critical threat to the social and economic progress of the region - along with environmental degradation.

The leaders of our countries are not taking AIDS seriously enough. I am here today to tell you about my view as the former Prime Minister of a country facing one of the fastest spreading AIDS epidemics on the planet, in the hope that we can get more leaders to take AIDS more seriously. We need more action!

## **II. The Case of Thailand**

You and many others around the world have heard much about AIDS in Thailand. You will continue to hear about AIDS in Thailand because many people are infected and they are only beginning to become sick. We are only beginning to feel the impact on our society. It will become severe, as it has already in some communities, and it will become more and more painful.

Even with the hard-earned successes to-date, Thailand must still learn to care for the 800,000 infected people and their families - many of them live not too far from where we sit at this moment. Many resources from the pockets of these families, from government budgets, and from our society as a whole, will be consumed by these infections and associated illnesses.

Thanks to many people here in this room, you have heard many reports on some of the successes here in Thailand so far. There is much more to do, on many fronts. We must be honest and accept that there is still too much discrimination against people with AIDS in this country. Action must start at home, with our own attitudes. Many companies in Thailand have adopted progressive AIDS education programmes in the workplace, but still many companies - including some foreign firms - continue to discriminate against people with AIDS.

There are some important lessons in Thailand's experience. We must focus on action, time is running out. We must enlist the commitment of the highest levels of authority and begin implementing the necessary prevention programmes on a meaningful scale.

In early 1991, I assumed the Office of the Prime Minister, here in Thailand. This was a time when Thailand was moving from several years of denial, to a gradual acceptance that AIDS would pose a significant threat to social and economic progress. Already in place was an immigration regulation, prohibiting HIV-positive people from entering the country.

Awaiting my government's consideration from the previous year, was proposed legislation, whereby, HIV-positive people would be subject to close scrutiny by health officials and could be detained if their behaviour was determined a threat to public safety. This legislation would also require the head of every household to report to the authorities any HIV-positive member of their household.

In addition to this legislation was a proposal to establish "therapeutic communities" where HIV-positive people were to be sent, under quarantine. This gives you a sense of the prevailing attitude at the time - those were dark days.

So, when I entered office these proposals awaited us. Had we not paid close attention to these issues, we could have followed quite a different path. With close assistance and cooperation from the NGO sector, we were able to prevent these proposed draconian measures.

Upon assuming office, we faced a whole host of pressing issues regarding trade and investment, land reform, education, and many more. The economy had been growing at over eight percent for ten years, and some important actions were required to set the stage for another decade of growth. As we looked at national development, we could not ignore the AIDS controversy.

There was no consensus on the extent of the problem, so the previous

governments had difficulty agreeing on a solution - let alone implementing it. We made a concerted effort to analyze the actual situation. We were open and honest about the size of the problem because this was the only way to mobilize the required response of a corresponding magnitude.

This is a critical point. Without an open assessment of the current extent of the problem, we are unable to plan the necessary response. Today, there is far too much deception and denial about the extent of AIDS in the countries of this region. When we made public our projections, we became highly unpopular among the tourism industry. I am happy to say that because of our actions back in 1991, we still have a tourism industry today. In fact, there are more tourists this year than in 1991, and you can be sure there are more people with AIDS. If we do not address the problem early, we are ensuring the early demise of tourism. So, effective action on AIDS begins with a realistic assessment of the problem and a planned response of corresponding magnitude.

To achieve the goals of our plan, we needed a comprehensive multi-sectoral effort. To mobilize these sectors and maintain a focus on this urgent issue, I accepted the Chairmanship of the National AIDS Committee. I am told that I was the only head of government at the time to lead a national AIDS effort, but - for me - there was no other way. For effective action against AIDS, you need both: the highest level of authority and the broadest base of support.

I put the National Economic and Social Development Planning Board, our national planning authority, in charge of formulating our National AIDS Action Plan. They included AIDS in the National Development Plan and ensured smooth cooperation between the ministries and government agencies in formulating a comprehensive action plan for the long-term.

Our AIDS prevention efforts included all sectors; it was the only way to mobilize a meaningful response. We made a point to enlist companies, schools, all government ministries - including the Army and Police, the NGOs, and the communities themselves. I invited all relevant groups to join the National AIDS Committee - the Tourism Authority, the Hotel Association, and the Federation of Thai Industries, the Chamber of Commerce, and the Thai Bankers' Association. They all had to play a part, so we gave them a constructive role. By including them in the process, we could depend upon their cooperation and assistance.

As the Prime Minister, I demanded that all government ministries play an active role in AIDS prevention and we granted necessary budget allocations for these activities. AIDS is much bigger than the Ministry of Health; it is much bigger than government as a whole. In fact, many other ministries play the most important roles in communicating to the public and educating people about AIDS.

Government budgets are critical. We could not expect all of the ministries and provinces to play the active role we were demanding, without giving them the necessary resources. So, we approved supplemental budgets for AIDS activities.

We mobilized foreign donor funding and maximized in-kind contributions, like radio and television airtime from the stations and creative media talent from the advertising companies. Companies even paid for the printing of most of our public information materials at the time.

We did not see HIV as a health problem; we approached it as a national development issue. We were facing a potential economic impact equivalent to 20% of our GDP by the year 2000, not to mention the social devastation an epidemic of such a scale would cause. Without such a comprehensive effort, our response would have amounted to “throwing a bucket of water at our burning house”.

‘Without our own financial commitment, others would not have taken us so seriously. AIDS is our national development issue, and it requires our own investment. We must demonstrate our political and financial commitment, before we can expect anyone else to contribute.

My government was not popular for promoting AIDS prevention so openly at the time, but research now shows that these efforts were effective in changing behaviour and reducing the rate of increase in all sexually-transmitted disease infections, including HIV. It was recently reported in ***the Lancet*** that during the years 1991 to 1993, the incidence of sexually-transmitted diseases decreased by 77 percent. So, action works!

In some ways, Thailand is lucky. However, it is tragic that it took us over three years to mobilize enough of an education and prevention effort to begin changing people’s behavior - and many people were infected during this time of denial and cover-up. However, because we did make a concerted effort to educate people and equip them to prevent becoming infected, I would like to think we were able to avoid many more infections.

Even now, we must remain vigilant. AIDS has slipped from the consciences of our own leaders of late. If left unchecked, AIDS could still proliferate and impede Thailand’s social and economic progress far into the future. The US Bureau of the Census has estimated that if Thailand is unable to slow the rate of AIDS infections: the Average Life Expectancy at Birth in the year 2010 will be only 44 years - a dramatic drop of 30 years from the 74 years we would achieve without AIDS. This would return our life expectancy back to the same level as in the 1930s.

The same study shows that in that year Thailand will experience a negative annual population growth rate of minus 0.8 percent, compared to a positive 0.9 percent growth rate without AIDS. Ten years later, in the year 2020, our population would be about 62 million rather than the projected 78 million without AIDS - a full 16 million people less, due to AIDS-related deaths and associated demographic changes. This is the equivalent number of population growth for the next 20 years!

Today in Thailand, we need continued action to educate young people about sexuality and its consequences. We must demonstrate compassion for those

already infected, and seek to provide them with as much decent care as we can afford. We must constantly remind ourselves, that action can prevent further tragedy.

### **III. Implications for the Region**

As we consider the implications for other countries in the region, I think we must accept several hard truths.

Despite some action and awareness, the progress made to date is still small. AIDS is prevalent throughout the region, now more than ever. AIDS will affect ALL countries in the region - rich and poor.

Countries enjoying rapid economic growth could face serious obstacles to further economic progress, if AIDS is not addressed as a national development issue now. For those Asian countries experiencing high economic growth - like Thailand, AIDS will affect some critical economic sectors such as tourism, labour exports, and foreign direct investment.

Tourists are reluctant to visit countries where they know that AIDS is not under control. This will be exacerbated when we consider that the more people there are with AIDS, the more hosts there are for communicative tuberculosis. This will surely keep tourists away.

Similarly, there will be a greater reluctance from certain countries to accept guest workers from places known to have a high prevalence of AIDS. After all, AIDS is most prevalent among the most economically active segment of the population.

As more and more people become sick from the illnesses associated with AIDS, labour costs will be forced to increase. More health costs will have to be covered and more people will be removed from the labour supply. With higher labour costs, foreign companies will be deterred from investing and will seek other places to locate their business. This will affect us as a region because all Southeast Asian countries will eventually face a similar fate.

In poorer countries, AIDS threatens to condemn the majority to another generation of grinding poverty. Such countries will face significant difficulties in stimulating economic growth if effective AIDS prevention is avoided or postponed until it becomes too serious. National leadership must address AIDS as an urgent national development priority and reflect this in government policies, plans and budgets - not to make donor governments or international investors happy - but, for only one purpose, to initiate effective action.

AIDS will have the most severe impact in countries where men frequent commercial sex and where the government is most apathetic about effective prevention. Conversely, those countries that take early and effective action, can

minimize the scale of the epidemic, and lessen its impact on social and economic progress far into the future.

I would hazard to guess that on average no less than 20% of GDP is at stake for each and every country in the region, if we do not achieve more results in the next twelve months. Of course, we stand to lose much more, when we consider the pain and suffering, social tension, and other unquantifiable implications. AIDS represents such a significant threat to social and economic progress in the region, that the Asian Development Bank should be offering substantial grants to countries that successfully initiate effective AIDS action plans. I hope they are represented here today to hear this. They should reward the countries that take AIDS seriously and achieve significant reductions in the potential impact of the epidemic. This should serve as an incentive to the governments in the region, and send a strong message to the heads of government, finance ministers and business leaders. It could be the best investment the ADB will ever make.

Any other economic or trade issue with the potential to affect 20% of GDP -such as AFTA or the rise of the Yen - would have its own summit. Why should AIDS be different? Only because the leaders do not understand that AIDS is an economic issue.

#### **IV. Conclusion and Call to Action**

We have learned many important lessons over the years. I do not think we need to spend much more time searching for answers. I think we must focus on action - time is running out for many in the region. Our opportunity for early action has passed us by. We face a momentous and growing task. We must re-think our approach.

AIDS policy-making in the region is still medically oriented. Leaders still do not realize how seriously their societies will be affected if AIDS is not addressed properly. We must get the leaders more involved.

Many resources have been devoted to the preparation of this conference. It behooves us to brief the leaders of this region about the important lessons that were discussed in these halls over the past week. We need not do any further research for this purpose; we should summarize our current findings and propose a prescription for success. We must sell solutions. We should get the heads of government from around the region into the same room to gain their unqualified commitment and endorsement of national AIDS action plans by the middle of next year. We must focus on results.

The next AIDS conference should be for parliamentarians and business leaders. These are the people that initiate and sustain action. Most of the answers to the problems of AIDS are already known. We must communicate these to the people who control the wheels of power and the purse.

Time has run out on millions in the region. We have the answers. We need solutions. Let us focus on action. Let us return to our countries and enlist the meaningful involvement of our leaders, it is the only way.