



**Opening Session of IAS 2013  
Sunday, 30 June, 18.00 MYT**

## **Andrew Tan**

**President, myPlus (Malaysian Positive Network)**

Yang Berhormat Datuk Seri Dr. S Subramaniam the Minister of Health, distinguished guests, ladies and gentlemen,

Welcome to Kuala Lumpur and welcome to Malaysia. Last week, the Spielberg-Cameron-like special effects of “hazy” mood lighting were deemed too depressing, so we scrapped that idea. Prof Adeeba’s team at CERiA decided to turn up the sun. Don’t you agree that now the view outside more accurately reflects the hopes and aspirations of this conference?

I’d like to begin my address by taking you back in time. Twenty years ago it was not uncommon for me and many others to take 20 antiretroviral pills a day - some with food, some without. From the time I woke up in the morning to the time I went to bed at night, the pills were a constant reminder of being HIV positive. I wasn’t sure how long I might live and often would cry myself to sleep. But I also counted my blessings at being able to afford the medicine that would keep me alive. Many others have not been as lucky.

Even though I am a nervous wreck tonight, given the responsibility of welcoming you all to my Malaysia, I am very grateful to be standing here before you as I begin my twentieth year of living with HIV.

I'm grateful to all the scientists, researchers, doctors, medical assistants, lab technicians, nurses and counsellors, many of whom are here tonight. On behalf of the community of people living with HIV, I would like to take this opportunity to extend our heartfelt gratitude for all the work you do in helping us to maintain our health.

To our Malaysian Ministry of Health, thank you for providing publicly funded treatment, care and support, and enabling so many of us to remain productive members of society. You have our sincere appreciation. You have been with us along a journey that has seen HIV change from a death sentence to a chronic and more manageable condition.

We have also learned along the way that for treatment to be effective, we must also address a host of underlying social and economic factors that place people at risk of acquiring HIV.

Never was there a disease that underlined the need to address the social determinants of health in order to create the environment of equity and social justice that enables people to live to their full potential.

You will hear a lot at this conference about Treatment as Prevention, and always with an emphasis on its benefit for Public Health. We need to remember that Public Health starts with the health of the individual and we will not be successful in getting people diagnosed, linked to care and on treatment unless we build their trust and give them the tools to enable them to make healthy decisions. If treatment is done correctly, with respect for the individual, it will lead to prevention at the population level.

Our understanding of HIV transmission now allows sero-discordant couples to lead full reproductive lives. I myself have friends who are the living proof of that - people who have beautiful children born to sero-discordant couples. They are little bundles of joy, and even more miraculously, this would have been unthinkable 30 years ago. Given these advances, the current Malaysian program of mandatory pre-marital HIV testing for Muslim couples seems unnecessary.

Such programmes are ultimately discriminatory and remind us that systemic Stigma and Discrimination remains the single greatest obstacle to slowing the spread of HIV.

In fact, the UNAIDS goal of 15 million people on treatment by 2015 will only be achieved if we address the underlying causes of Stigma and Discrimination. This means dealing directly with the vulnerabilities of those who are most at risk of acquiring or transmitting HIV, including people who use drugs, sex workers, transgendered people and men who have sex with men.

This means moving away from a moralistic and judgmental perspective towards an evidence-based approach that reduces harm to the individual and at the same time confers a benefit to Public Health.

I have beat myself up in the past. I can do without additional discrimination from others.

When I was first diagnosed, I felt like a useless human being, my world falling apart around me. Can you imagine? I felt I was not a good son. I thought my business career was over. I was literally so afraid of infecting my family, that I stayed at work late, coming home at midnight, hoping that everyone had eaten and gone to bed.

Even now, I worry about the possible repercussions of going so public today. How will this impact the people around me? My family for one. My colleagues at work for another. It gets me thinking: it's about time we had a law against discrimination in the workplace based on HIV status.

30 years of activism has unfortunately done little to change the perception of people who contract a disease like HIV. No wonder people are still afraid to get tested. Stigma and discrimination are still very much alive but I do believe that with more people like me coming forward, we can change the situation dramatically.

The proof is clear: we've managed to halve the number of infections in Malaysia over the past decade largely due to the courageous decision of our Malaysian government to implement harm reduction measures among people who use drugs. Engagement with this community has produced

incredible success. Think what we can accomplish if we engage with all the key affected communities in Malaysia and beyond.

Treatment must remain accessible to all who need it. Our publicly funded health care system depends on continued access to affordable copies of patent medicines. This is why, as the most affected communities, we call on our government to refuse to acquiesce to the demands of international drug companies for increased patent protection. We need to insist on our ability to import or manufacture copies of the ARV treatments that are needed for the people who are least likely to be able to pay for them.

I am proud to say that the Community Advisory Group is looking forward to bringing the science of this conference to the community in language we can all understand. With translation into Bahasa Malaysia, this morning's Community Forum made the science of the Conference more accessible to over 200 people. The Community Advisory Group has also organized two workshops reflecting community concerns: "Living Longer with HIV: the medical and beyond" on Monday, as well as "Rethinking Future Strategies for MSM Interventions" on Tuesday. In addition, we invite you to join our engagement tours to sites providing drug treatment and HIV-related services to local communities for a better understanding of the work being done on the ground here in Malaysia.

I feel honoured to be on the same podium tonight with you Françoise. At this IAS Conference, we will be discussing research into a functional cure along with the extraordinary progress we are making in HIV science across the board. More than ever, NOW is the time to ensure that the human rights of people with HIV catch up with these advances in science. This is our challenge and it will only be met through meaningful engagement with affected communities and the political will to implement policies based on the evidence we have gathered.

This is why I have the honour to stand before you tonight: although the journey has been tough, I don't regret any part of it. Thank you to my partner of 27 years, Reuben, who is here tonight, for always being there, encouraging me when I was unsure.

I believe I am exactly who God intended me to be: an HIV positive gay man trying to make a difference.

Thank you.