

**Closing Remark of HE Ieng Mouly,  
Senior Minister and Chairperson of the National AIDS Authority  
of the Royal Government of Cambodia  
12th International Congress on AIDS in Asia and the Pacific (ICAAP 12)**

14 March 2016

- Your Excellency Mr. Abul Maal Abdul Muhith, Honorable Minister of Finance
  - Your Excellency Mr. Mohammed Nasim MP, Honorable Minister of Health and Family Welfare
  - Your Excellency Mr. Zahid Maleque, State Minister, Ministry of Health and Family Welfare
  - Your Excellency Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare
  - Dr. Joe Thomas, Secretary General of ICAAP 12,
  - Distinguished Representatives of governments, civil society organizations and Key Populations
  - Ladies and gentlemen
1. First of all, on behalf of the Cambodian delegation, we would like to express our highest appreciation and gratitude to the organizers and co-sponsors of ICAAP 12 and especially the People's Republic of Bangladesh for your warm hospitality in organizing this unprecedented international congress where many countries in Asia Pacific and around the world come to update their knowledge on initiatives and the local and regional network to end HIV epidemic.
  2. Ending AIDS by 2030 is becoming true only if WE ARE the CHANGE FOR THE AIDS FREE GENERATION. To leave no one behind, we need to make the right to health to everybody regardless their socio-economic status and no matter who they are and where they live and work.

3. Through this platform, we realize that our South to South collaboration is not necessarily restricted to HIV and AIDS response. We can see that a lot can be done, learnt and shared on how to achieve Sustainable Development Goals. From our visit to North-South University, we see a great potential for human resource development in key sectors.
  
4. With the theme “Be the Change for an AIDS Free Generation, Our Right to Health”, Cambodia have learned a great deal from the initiatives done by Bangladesh:
  - I am personally impressed with the Shorno Kishoree Project where Adolescent Health Network of Bangladesh is established countrywide to networking with 20 million girls through open-air discussion and open dialogue with school girls, parents and gate keepers by using the Television and the ICT Hub. I am delighted to hear a Young Girl of Shorno Kishoree Project who stated with confidence that Bangladesh is aiming at Zero Maternal Mortality Rate (MMR). With such a powerful commitment, we all believe with them that this expected outcome will be soon achieved when Millions of girls are joining up the project and act as agent of CHANGE in the community. Universal education for girls is a back bone for the country development because educating girls is educating families, villages, communities and the country.
  - Yesterday, Dr. Joe Thomas raised that stopping violence against girls and women can be done with policies, procedures, legal actions to create enabling environment for CHANGE. He explained that fear reduces capacity to negotiate safe sex and fear lowers the willingness to come for HIV testing. This explanation triggered my concern since we missed 15,000 PLHIV in Cambodia in our health system. We need to deepen our understanding on why they are not showing up to our extensive HIV testing facilities that are currently made available countrywide even in the remote areas. Are they fearful to be discovered as HIV infected? If it is the case, we need to change our approach and create a better environment to support them accordingly.

- South-South cooperation can be a venue to access ARVs with remarkably reduced cost according to TRIPS (Trade Related aspects Intellectual Property Rights) principle. We can also learn from harm reduction programs in Dhaka city because HIV prevalence among Cambodian drug users is as high as 25%. These are few examples of South-South collaboration. A lot of initiatives can be learned among countries in the region.
5. I was honored and privileged to come to Channel iTV station to share our vision and program along with colleagues from India and Bangladesh on how we plan to end AIDS by 2030 especially in the new context where the external support is remarkably reducing. We are fully supportive to the precious advice of our colleagues that we need not only the technical road map but also financial, social and political road map to plan and operationalize activities for HIV/AIDS response with an effective, efficient and sustainable manner.
  6. We share the concern of member countries regarding the right to health among cross-border migrants. We see the commitment of neighboring countries to better collaborate for HIV/AIDS responses although they are under-documented or not documented. We are delighted that GFATM representative committed to convince decision makers to make use of some funding for supporting inter-country initiatives, so that no one can be left behind.
  7. I strongly support the Dhaka Declaration which reflects political commitment of the region and programmatic consensus emanating out of technical, scientific and social deliberations of the congress. I am confident that Dhaka Declaration is also an important tool for strengthening the national and regional repositioning the AIDS response adapted to our respective country needs. It is also a valuable contribution of the Asia and the Pacific preparation to the UN High Level Meeting in New York in June.

8. To close this remark, once again I would like to renew my sincere thanks to the organizer and the co-sponsors of the ICAAP-12, and more importantly to the Government of the People's Republic of Bangladesh for their tremendous efforts in making this international congress possible, fruitful and meaningful for member countries in Asia and the Pacific. I also highly appreciate distinguished speakers and presenters for their valuable contributions at the pre-congress events, community forum, scientific sessions and other forums.

Thank You