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Launch of the 2005 AIDS Epidemic Update

**New Delhi, India,
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**Speech of
Dr Peter Piot
UNAIDS Executive Director**

Honourable Oscar Fernandes, Minister Panbaka Laxmi, distinguished Members of Parliament, Ms Maxine Olsson, Salim Habayeb, members of the press, dear friends,

On behalf of the UN family, I am deeply honoured to launch the 2005 update on the global AIDS epidemic, a joint report of UNAIDS and WHO, from this great institution of democracy, India's Parliament.

I came to New Delhi for this global launch because I sincerely believe that India is an example of growing leadership and commitment on the AIDS crisis. Leadership is evident at all levels, nationally as well as in states and communities—addressing the many challenges posed by the AIDS epidemic. I hope this will translate into a full-scale response – one that will make a difference not only in India, but also globally. What happens in India affects what happens in the world.

I just returned from a three-day visit to the North East where I participated in the Conclave of the Elected Representatives on AIDS. The meeting included Chief Ministers, Ministers and other leaders, including civil society from all of the North Eastern States. Together we signed a Declaration outlining the way forward to increase commitment and action.

Today I'm here to share new information about the global AIDS epidemic. This year's report has three main messages.

First, there is some very welcome news – namely that in several countries HIV infection rates have fallen recently.

This news is especially encouraging because these countries are of the regions most severely affected by AIDS – sub-Saharan Africa and the Caribbean.

You will find details in the report so let me just cover the most striking examples.

Adult HIV infection rates in Kenya have gone from a peak of 10% in the late 1990s to 7% in 2003.

In Zimbabwe, levels of infection among pregnant women fell from 26% in 2002 to 21% in 2004. It is the first country in Southern Africa where we have seen such a decline on a national scale.

As you know, the Caribbean is the second most affected region in the world. In several Caribbean islands, such as Barbados, the Bahamas and Bermuda, there has been a significant decline in prevalence among adults.

And in Haiti, the country worst affected by AIDS outside Africa, HIV prevalence among pregnant women in urban areas has declined from 9% in 1993 to 3.7% in 2004.

In the two African countries, the declines in HIV rates have been due to changes in behaviour, including increased use of condoms, people delaying the first time they have sexual intercourse, and people having fewer sexual partners. HIV information

campaigns and voluntary HIV testing and counseling have encouraged these changes. In other words, HIV prevention efforts are working! The reasons for the decline in HIV prevalence in Haiti are more complex and are detailed in the report.

For Africa this is only the second set of times that we have seen sustained declines in national HIV rates. The first and largest turnaround was in Uganda, beginning nearly a decade ago.

We have also seen remarkable turnarounds in Brazil and Thailand – and so the overall lesson is very clear: AIDS is a problem with a solution. And we are finally starting to see the return on our investments in HIV prevention.

Ladies and Gentlemen:

The second message of this year's report is that despite the encouraging news from some countries, the reality is that the AIDS epidemic continues to outstrip global and national efforts to contain it.

The number of people living with HIV globally has reached its highest level ever at an estimated 40.3 million people, nearly half of them women.

Close to five million people were newly infected with HIV in 2005, over half of them young people aged 15-24.

More than three million people died of AIDS-related illnesses in 2005, including more than half a million children under the age of 15.

And in many regions, AIDS epidemics continue to worsen. In Eastern Europe and Central Asia, the number of people living with HIV has increased twenty-fold in less than 10 years. Latin America has seen the highest number of new HIV infections ever. Nearly two thirds of the global total of new HIV infections occurred in Sub-Saharan Africa. And in Asia, many epidemics are on a worsening trend. Whereas ten years ago, one in ten new infections happened in Asia, this year it is one in five.

The report's third key message is that the global response to AIDS has gained real momentum in the past decade, so much so that for the first time we can hope to get ahead of the epidemic.

We have a real momentum of leadership, with 40 Prime Ministers or Presidents leading their national AIDS response. In Guwahati last Saturday, we called for Chief Ministers to lead the State AIDS response personally and regularly review progress.

We have real momentum in financing for the AIDS response in developing countries. Ten years ago less than \$300 million was available, but this has risen to about \$8 billion this year, with roughly 40% coming from developing countries themselves in a clear sign of their commitment.

And we also have real momentum of results – as you just heard.

So today the conditions are such that we have a historic opportunity to reverse this epidemic globally. It will not be easy, but for the very first time this goal is within grasp rather than being the stuff of wishful thinking.

In the short term, in the next five years, we should set our sights on achieving universal access to HIV prevention, treatment and support. The world's governments agreed to this historic goal just two months ago, at the World Summit in New York, because it has become patently clear that only universal access can keep this epidemic from engulfing the next generations. Universal access means a massive scaling up of the most effective programmes so that literally everyone can benefit from them. Now this commitment needs to be turned into real action on the ground.

Access to HIV treatment has improved over the past two years. Even if the "Three by Five" goal will not have been reached as of June 2005, there are now more than one million people in developing countries living longer and better lives because they are on antiretroviral therapy. Despite this progress, at best one in ten people living with HIV in Africa and one in seven people in Asia has access to antiretroviral treatment. And in India, of the 600,000 people who need antiretroviral therapy, only around 100,000 have access to it, in too many cases because they are themselves paying out-of-pocket.

The gap on HIV prevention is just as enormous, even in countries with high infection rates. Averaged worldwide, less than one in five people at risk of becoming infected with HIV has access to basic prevention services. Of people living with HIV, only one in ten has been tested and knows that he or she is infected. Even the coverage of a supposedly simple and straightforward medical intervention – the prevention of mother to child transmission – is just 5% in the 30 most severely affected African countries.

You will see this year's report has a special section on HIV prevention, and there are also copies available of the UNAIDS prevention policy paper, which represents the first time that the international community has declared a single plan of action on HIV prevention.

Closing the gap on HIV prevention will also require a greater attention to the needs of children and young people. This is why on 25 October, UN Secretary-General Kofi Annan, UNICEF's Executive Director Ann Veneman and I launched a new United Nations wide campaign on children and AIDS – an often forgotten face of our response to AIDS, be it the orphans, treatment of children with AIDS or HIV prevention among adolescents.

I will emphasize that reaching the goal of universal access will require strengthening HIV prevention and HIV treatment programmes simultaneously.

Ladies and Gentlemen:

The response to AIDS has to be unprecedented because this is an unprecedented epidemic, both as a crisis today and as a threat into the future. The normal rules and a 'business as usual' attitude cannot apply. At this juncture where success is within sight

we have to intensify our efforts more than ever before. We have come so far that we cannot accept failure.

In closing, I would like to emphasize that the UN family is deeply committed to working with the Indian government and organizations such as the ones represented here today in supporting your national AIDS response.

The challenges India faces to overcome this epidemic are enormous. I saw some of these challenges during my visit to Assam and Meghalaya—from the terrible stigma and shame surrounding AIDS to an escalating injecting drug use problem and insufficient deployment of management capacities in many states.

Yet India possesses in ample quantities all the resources needed to achieve universal access to HIV prevention and treatment. And, as I could see once more at the Conclave of the Elected Representatives of the North East in Guwahati, the necessary commitment and leadership is growing. But defeating AIDS will require a significant intensification of our efforts, in India, just as in the rest of the world. Let's also not forget that AIDS knows no borders, and that success against AIDS in India will not only benefit the nation, but all countries. So, fighting AIDS is really a global public good and it is therefore appropriate that it is one of the priorities for the United Nations.

I look forward to your questions. Thank you very much.