



Speech

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AIDS has changed the world

Speech by

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and

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Good evening. I am honoured to be given this opportunity to address you.

I am particularly happy to be speaking at the Medical Centre because I too was once a medical student. I graduated from medical school in Belgium just over 30 years ago. And thinking about these three decades makes me realize afresh just how profoundly AIDS has affected the world, particularly the worlds of health, medicine and development. Thirty years ago AIDS and HIV were unknown – even these words did not exist! Thirty years ago my professors and fellow students told me that there was no future in specializing in infectious diseases. And yet today, in the space of just these years, AIDS has become the worst epidemic in history and there is serious worldwide concern about the threat posed by infectious diseases.

In my lecture this evening, I will concentrate on three matters. First, the status of the epidemic worldwide. Second, the state of the response. And finally, the great need for all those who work in medicine and health in China to be real leaders in tackling your AIDS epidemic.

Looking back at the past 25 years, it is apparent that the AIDS epidemic has consistently outstripped our worst fears and projections. I am sure that like me you are shocked and amazed when you consider that a virus that is not spread by casual contact between people, a virus that was unknown 25 years ago, has now infected well over 60 million people, of whom over 20 million have died.

Unfortunately, the epidemic is not abating – in fact, its trajectory is more ominous than ever before.

First, more people contracted HIV – nearly 5 million – and more people died of AIDS – about 3.1 million – last year in 2004 than in any previous year.

Second, the epidemic is also globalizing rapidly. Where AIDS was once thought of as an epidemic among gay men in industrialized countries, today 95% of the world's HIV infections are concentrated in developing countries. Some of the fastest growing epidemics are in regions that have only recently been affected, such as Central Asia, Eastern Europe and South and East Asia.

And in country after country, a 'tipping point' is being reached – after which AIDS no longer remains concentrated in so-called 'hot spots' but becomes a generalized explosion across the entire population.

It is also particularly worrisome to realize that there is as yet no natural 'epidemic equilibrium' or saturation point in sight. In 2004, HIV prevalence among pregnant women in Swaziland reached an all-time high of 42.6%, with levels reaching nearly as high in Botswana, Lesotho and Namibia.

The epidemic is increasingly taking hold among women and girls. Today, half of all people living with HIV in the world are women and in every region of the world the proportion of women among those infected with HIV is increasing. In Africa, 57% of adults and 76% of young people living with HIV are women and girls. In China, the number of women infected with HIV has risen by 50% since the year 2000, and now approximately 40% of reported HIV cases are among women.

And the epidemic is disproportionately affecting young people. Over half of the global total of new HIV infections each year is among young people aged 15-24. Young women and girls are particularly vulnerable: on average, young women are more than three times more likely to become infected than boys of the same age.

And a vaccine against HIV is still many years off, unless some miracle happens. Even an effective microbicide is not on the market.

Added to all this, it is clear that this epidemic's toll, even measured against other global crises, is exceptionally harsh. This is because AIDS primarily kills adults, particularly young adults, who are not only the motors that drive economic growth everywhere in the world, but – just as vital – are the motors that nourish succeeding generations. Several sub-Saharan African countries are no longer 'developing' because of a combination of AIDS and other crises. But, it is important to realize that the impact of AIDS is severe on key aspects of development even where HIV prevalence is relatively low as is the case in most of Asia. One of the most direct impacts is on poverty. A recent set of studies by UNAIDS and the Asian Development Bank estimated, for instance, that AIDS will slow the rate of poverty reduction in Cambodia by 60% every year between 2003 and 2015 and in Thailand, by 38% annually. There is simply no precedent in history for an epidemic with such damaging and long-lasting effects.

When considered together, all these facts show that we are still in the early days of this epidemic globally. It is critically important to realize this fact: that the epidemic will continue to expand for generations, for the foreseeable future, indeed for ever! – unless we take action today. It will not somehow disappear by itself one fine day.

Let me now turn to the second part of my lecture, what is the state of the world's response to the AIDS epidemic?

Despite the epidemic being on an ominous trajectory, there are more reasons for optimism about the global response to AIDS than ever before.

A first reason for optimism is that it is clear that AIDS is a problem with a solution. We know it is possible to break the cycle of new infections. And with the fall in prices of antiretroviral medicines, access to effective HIV treatment is being rapidly scaled up in many low- and middle-income countries. So we have seen success in curbing AIDS epidemics not only in many wealthy countries but also in Brazil, Cambodia, Thailand and Uganda. And we are now witnessing encouraging signs in the same direction in a number of other countries – including the Bahamas, Cameroon, Kenya and Zambia. Some of these have managed to arrest the epidemic at an early stage. Others have reversed the spread after AIDS had already made significant inroads.

A second reason for some optimism is that there is worldwide political momentum to respond to AIDS—never before seen at such a high level for a health problem, and indeed rarely for any development issue. In a growing number of countries, including China, the national response to AIDS is being led by heads of state, premiers, and prime ministers. AIDS is the first and only health or social issue to be taken up by the United Nations Security Council. In my meeting this afternoon with Premier Wen Jiabao, he also characterized AIDS as a non-traditional security threat. In 2001, at a Special Session of the UN General Assembly, every Member State unanimously adopted a far-reaching Declaration of Commitment on HIV/AIDS that requires them to meet time-bound goals. At a follow-up High Level meeting of the General Assembly earlier this month, China was represented by Mr Wang Longde, your Vice Minister for Health. So AIDS is now recognized by the world's leaders to be among the make-or-break issues of our time – like climate change and the persistence of mass poverty.

A third reason for optimism is the real momentum in financial resources going to AIDS from both donors and from the governments of developing countries. Total financing for AIDS programmes in low- and middle-income countries grew from

US\$300 million in 1996, when UNAIDS was established, to more than US\$6 billion in 2004, with about 40% of this coming from developing-country sources.

So today, when you combine all that, for the first time in the history of this epidemic we are at the point where we can implement large-scale HIV prevention, treatment and support programmes. We can make the money work for people on the ground. Making the money work in the response to AIDS is now the most immediate goal for UNAIDS, the Joint United Nations Programme on HIV/AIDS, which brings together the resources of ten UN organizations and a Secretariat around a common agenda on AIDS. I truly believe that, for the first time there is a real chance that we can succeed against AIDS.

I will now turn to the final part of my talk: the great and special responsibility of every one of China's medical and health personnel to become leaders of the national response against AIDS.

Nowhere in the world can the response to AIDS be effective without leadership from those who lead and operate the medical and public health sectors. This is true not just in terms of providing HIV treatment, but equally in terms of HIV prevention. As people held in high social esteem for your medical knowledge you have more power than perhaps any other group to influence public attitudes around AIDS. And this is the need of the hour in China – to overcome the stigma and discrimination surrounding AIDS.

And so there is a pressing need to speak up against AIDS-related stigma by everyone in this room and in this country. As the United Nations Secretary-General said to your peers at Hangzhou University in 2002, "Silence is death." And there is a pressing need to ensure that people living with HIV – or people who are too often scorned by society, such as sex workers, men who have sex with men, or injecting drug users – are made fully welcome in all medical and health settings. Treat them as you would anybody else. And there is a pressing need to advocate for universal and non-discriminatory access to HIV treatment and care. And there is a pressing need to advocate for life-saving sex education for young people and life-saving promotion of abstinence, faithfulness, condoms, clean needles, and voluntary and confidential HIV testing.

Because of the leadership of President Hu Jintao, Premier Wen Jiabao and Vice-Premier Wu Yi, China has an extraordinary window of opportunity to succeed against the AIDS epidemic. State Council Document No. 7 sets out a powerful policy framework for tackling AIDS. And I was delighted to see last year the announcement of the 'Four Frees and One Care' policy for AIDS. And I have just visited Yunnan province, where I witnessed the excellent impact of the 'One Measure and Six Projects for HIV/AIDS Prevention and Control'. The challenge is to implement these policies at every level. You have a pivotal role to play in taking advantage of these extraordinary opportunities. AIDS is an unprecedented threat and challenge – and I wish each of you commitment, strength and resourcefulness in rising to this challenge. There is still a long road to success – but success there will be.

Thank you very much for listening to me.