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Speech

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Keynote Address
at the Meeting of East European and Central Asian Ministers on 'Urgent response to the HIV/AIDS epidemic'

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Honourable ministers, distinguished ladies and gentlemen, friends and colleagues.

We are here together today because we recognize that this is a decisive point in terms of the AIDS epidemics in Eastern Europe and Central Asia.

On the one hand, it is no exaggeration to say that the AIDS epidemics in the region are getting out of control. On the other hand, because of your efforts, many countries have demonstrated stronger commitment to tackling AIDS. We now have a window of opportunity – but without urgent action, the window will close rapidly.

By any standard, serious epidemics are underway in many countries in this region. In less than 10 years, there has been a nine-fold increase in the total number of people infected with HIV. Last year alone, some 210,000 people were newly infected.

Russia and Ukraine have the most serious epidemics in all of Europe, and these continue to worsen and affect ever-larger parts of society. By 2003, the proportion of new infections acquired during heterosexual intercourse had risen to over 20% in Russia and to over 30% in the Ukraine. It is likely that the epidemics in these two countries are at the tipping point, after which they no longer remain concentrated amongst particular groups such as injecting drug users or commercial sex workers but explode across the population.

And many East European and Central Asian countries report concentrated epidemics that are expanding rapidly. The diversity in the region's epidemics does not mean that the low-prevalence countries are any less vulnerable, simply that they are at an earlier stage.

It is vitally important to recognize that a common set of factors are driving the epidemics across the region, namely extraordinarily widespread injecting drug use and sex among young people, and extensive migration between countries. The societies of Eastern Europe and Central Asia are today highly vulnerable to AIDS epidemics – there is no escaping this fact. One third of all injecting drug users in the world live in Eastern Europe and Central Asia.

Another reason to take AIDS very seriously is the worldwide evidence that AIDS epidemics are exceptionally devastating in their impact on many critical fronts, including public health, poverty reduction, economic growth, and security and stability.

There is no doubt that AIDS differs fundamentally to most other health or development challenges in terms of impact. This is because AIDS primarily kills adults, particularly young people – who are vital to economic growth as well as to the reproduction and nurturing of future generations. The death of young people in the uniformed services or amongst potential recruits is also a grave threat to the capacity of nations to maintain internal stability or international security. These impacts together serve to make it increasingly difficult get ahead of the epidemic – which is another imperative reason for acting early.

And the toll on young people is greater in this region than elsewhere – more than 80% of the reported infections are being found among people below the age of 30 years. About 1.7% of all young men in the region aged 15-24 years are infected, and 0.8% of all young women.

So we must fully recognize AIDS to be one of the most serious threats to our prospects for progress and stability – it is on a par with such extraordinary threats as nuclear weaponry or global climate change.

Distinguished ladies and gentlemen – it is because the stakes are so exceptionally high with this epidemic that ways to strengthen and intensify the response in Eastern Europe and Central Asia are so urgently needed. We need to move the response to a different league altogether, so that the epidemics in the region are truly curbed.

A top-most need is for even stronger leadership by political leaders and by civil society. AIDS must be placed where it belongs: at the top of the political agenda. If the G8 countries can discuss the threat posed by AIDS to developing and transition countries, why cannot the countries of Eastern Europe and Central Asia discuss this threat in every conceivable forum? AIDS needs to be on the agenda of every meeting. We need now a clear signal from top leadership in every country, a clear statement of concern and intent. Political leadership is vitally important because with AIDS you have to deal with issues that are often taboo for many people. And leadership by political leaders and by civil society must combine to result in society-wide mobilization.

Second, prevention programmes need to be scaled up massively and to be responsive to the needs of those most at risk in the region. We know from evidence the world over that the longer HIV prevention is neglected, the larger the death toll and the bigger the burden of treatment and care will become. Prevention programmes are still too few and far between in the region. Our aim should be to keep the new generation HIV free. Within prevention, the most urgent need is for an effective response to the combined challenges of HIV and injecting drug use among young people. Policy, legal and other barriers need to be addressed on this front.

Third, another priority is to make HIV treatment and care much more widely available – it should not be prevention or care, both need to be expanded in a comprehensive response. In Dublin I spoke about the sad fact that the countries of Eastern Europe and Central Asia are paying some of the highest prices for antiretroviral drugs the world. It is very encouraging now to observe how the prices in countries like Ukraine and Moldova have dropped dramatically, that other countries are following suit, and that the region's countries at a meeting earlier this year in Baku, Azerbaijan, agreed to collaborative action to apply the full range of options for price reductions.

As more people are coming into treatment, the challenge is to ensure that everyone in need has access, including the large number of drug-dependent people who are living with HIV. Drug dependency is not a reason to exclude people from antiretroviral treatment. Drug users can adhere to antiretroviral treatment regimes successfully – there is clear evidence of this from projects in industrialized countries. As with other patients, they must be provided with the full range of approaches that can promote maximal adherence, including substitution treatment which can help stabilize their lives.

Another critical priority, now that there is sharply increased funding, is to strengthen country-led coordination of the HIV response, so that resources are used most effectively and result in rapid action on the ground. There is now an internationally agreed roadmap for achieving this, based on the 'Three Ones' principles. The 'Three Ones' means that each country has one national AIDS strategy that integrates the work of all partners under national ownership and leadership; one national coordination authority to manage that strategy across all sectors; and one country-level monitoring and evaluation system to measure and determine what's working. These principles were endorsed in April 2004 by national AIDS programmes and all

donors. Earlier this month, leaders from donor and developing country governments, civil society, UN agencies, and other multi-national and international institutions renewed their commitment to the Three Ones at a high-level meeting in London. UNAIDS and its Cosponsors, along with international stakeholders, have made it a top priority to support countries in the process of applying the Three Ones to their reality.

The Three Ones is not a quick fix or a 'one-size-fits-all' approach. In this region, the principle of the one national coordinating authority is possibly the most urgent and most difficult of these three principles to apply. It is also the foundation for the successful application of the two other principles. The national authority must have the power to make decisions on behalf of the government, and to ensure the full participation and coordination of all stakeholders – domestic or international – in the implementation of these decisions around one common action framework. And the national authority must have the capacity for planning, programme and financial management, operational coordination, resource mobilization, information management, and monitoring and evaluation. Last, but not least, the authority must have legitimacy, not just in terms of a legal mandate, but equally in terms of the legitimacy won by ensuring equal participation of people living with HIV and civil society in all planning, coordination, decision-making, implementation and monitoring.

A final priority, without which rapid large-scale expansion is not possible, is adequate resources, financial as well as technical. Boosting local technical capacity in all areas of HIV prevention, care and treatment is vitally important. This requires the development and implementation of a comprehensive long-term strategy. Some elements of such a strategy are already in place, but I would like to invite every country in the region to engage in partnership with the UNAIDS family and other stakeholders on how we best can address this challenge. The members of the UNAIDS family – 10 UN agencies and a Secretariat – bring a wide range of expertise and competencies around a common agenda on AIDS. By working together in a coherent way, we have far more impact.

Distinguished ladies and gentlemen: Because of your leadership and commitment, the countries of East Europe and Central Asia are now at the point where it is possible for them to get ahead of their epidemics. So we need to plan and to reach for success. Eastern Europe and Central Asia are today the only parts of the world without even one country with a 'success' story on AIDS. The next time that we meet, let's aim to be able to discuss the success stories of Eastern Europe and Central Asia. On behalf of the UNAIDS family and the whole UN system, I pledge our continued full support to your efforts.

Thank you.