



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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**Speech**

**Opening Plenary Speech**

**“Breaking the Barriers – Partnership to Fight  
HIV/AIDS in Europe and Central Asia”**

**Ministerial Conference, Dublin, 23 February 2004**

**by**

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Taoiseach,  
President Sampaio,  
Prime Minister Nastase,  
Distinguished Ministers, Minister Kitt  
Ladies and Gentlemen, Friends

May I begin, Taoiseach Ahern, by paying tribute to the initiative you have taken in making AIDS a central issue for Ireland's Presidency of the European Union.

In doing so, you are breaking down some of the most dangerous myths surrounding AIDS today: the myth that AIDS is only an African problem, and the myth that, on this continent, AIDS has been defeated.

The reality is far different: HIV is not only the most globalised epidemic ever to hit humanity, it is also a constantly changing epidemic.

We should ask ourselves: did we need yet another AIDS conference? What is different about this one? My answer is: "this conference is long overdue". It may surprise many of us, but this is the very first high-level meeting devoted to AIDS in the whole of Europe and Central Asia.

Over 20 years in the epidemic, this meeting is therefore well placed to define the new AIDS agenda to which Europe must respond. At its core are three issues: building AIDS leadership across Europe and its immediate neighbourhood; renewing HIV prevention as the epidemic makes inroads into new communities; extending access to HIV treatment, especially in Eastern Europe and Central Asia.

Before I turn to the challenges ahead, let me say a few words about the state of the HIV epidemic itself.

Here, in Western Europe, new HIV infections are again on the increase, a situation not seen since the 1980s. Particularly after the highly successful introduction of antiretroviral treatment, many countries significantly decreased HIV prevention efforts. The results are clear: 30 – 40,000 new infections last year – an unacceptable occurrence, for one of the richest regions in the world.

Complacency is now hitting those young people who have grown up since the era of huge media visibility on AIDS. In addition, there is a clear shift in who becomes infected. Today, up to two-thirds of all heterosexually transmitted infections of HIV are among people coming from countries with a high burden of HIV. As has been demonstrated over and over again, HIV does not respect borders. But it is possible to greatly reduce the impact of HIV by extending HIV services and prevention efforts among immigrant communities.

As you know, Eastern Europe and Central Asia is experiencing the fastest growing HIV epidemic in the world. In 1998, when only 30,000 people were living with HIV in the region, who would have thought that today there would be one and half million infected people - a 50-fold increase in less than 10 years. And who would have thought that in the past year alone there would be two hundred and fifty thousand infections! Who would have thought that HIV prevalence in Russia and Ukraine could reach one per cent of adults?

New HIV epidemics are emerging in Central Asia and the Caucasus, and in southeastern Europe the post-conflict situation has increased the vulnerability of young people and led to increased drug injection and unsafe sex.

Ladies and Gentlemen,

As in so many places elsewhere, the AIDS epidemic is thriving on the effects of social transformation, on denial, stigma, social exclusion and homophobia, as clearly illustrated in a recent UNDP report.

But what is striking to me is that across Europe and Central Asia, young people are at the core of the AIDS epidemic. In many places this is largely an epidemic among teenagers!

The cost of inaction on AIDS will be high –

- Millions more infected and the future of young people compromised
- Hundreds of thousands of orphans
- Sky-rocketing health expenditures
- Social and family disruption
- And missed economic opportunities -- in countries with a declining population, the economic impact of even a moderate epidemic is severe.

Friends,

It is clear that the AIDS situation in our region is nothing but serious. Globally there is a growing momentum in the fight against AIDS:

- A political momentum across the world – and the initiative taken by Ireland is an example of this.
- A momentum of evidence from many continents that HIV prevention can be successful – in other words, that this is a problem with a solution.
- A momentum of hope, with the expansion of access to antiretroviral therapy in poor resourced environments, exemplified by WHO's 3x5 initiative, and other treatment access initiatives.
- A momentum of funding from an increasing number of governments, and international public and private donors. As a matter of fact, this very day in Washington, Ambassador Randall Tobias, the US Global AIDS Coordinator will announce the disbursement of hundreds of millions of dollars, the first tranche of the President's Emergency Plan for AIDS Relief.

We must all work hard to ensure that Europe and Central Asia are part of this unprecedented momentum in the history of AIDS – since there will not be a second chance.

Let me now turn to what I see as key challenges for confronting AIDS in Europe and Central Asia.

First and foremost, and as everywhere else, the AIDS epidemic is a true test of leadership. The Taoiseach made this very clear in his opening speech. Increasingly across the region there have been expressions of leadership against AIDS. A few Presidents and Prime Ministers have become personally engaged and I would like to particularly pay tribute to our host Prime Minister Ahern and President Sampaio – the only two European top leaders who participated in the 2001 United Nations General Assembly Special Session on HIV/AIDS. I would also like to pay tribute to Prime Minister Nastase, under whose leadership and through an innovative partnership

with the pharmaceutical industry Romania is now fully offering anti-retroviral therapy to all its citizens who need it.

At the regional level, the Commonwealth of Independent States has launched a promising initiative on AIDS.

However, in general there is a crying lack of leadership on this issue at all levels. Unlike on other continents, there are very few high-level multi-sectoral councils leading the response to AIDS. Very few parliaments have an all party group on AIDS such as in the UK.

With the notorious exception of MTV, where is the private sector? Where are the churches, the mosques, the unions, the youth organisations? And I could go on with a longer list still.

Why is such leadership on AIDS not generalised in Europe and Central Asia? We in the AIDS community obviously have not made a case strong enough, one that goes beyond the small circle of AIDS activists and doctors. And we clearly need to “re-brand” AIDS as a societal development issue, not only a disease of injecting drug users.

I am heartened by the commitment of the Netherlands, Luxemburg and the United Kingdom under their presidency of the EU to build on the momentum initiated by our Irish host, and I call on the European Commission to soon designate clear responsibility at the highest level for coordinating its work on AIDS, including in Europe and Central Asia.

I trust that the exceptional leadership on AIDS that is required becomes the rule and not the exception in Europe and Central Asia. No money can replace courageous leadership.

The second challenge is to have a response to AIDS grounded in solid evidence of what works on AIDS and what doesn't. This is a matter of good use of taxpayers' money, of having results, of ethics.

Such an evidence-based approach, may at times go against prevailing public opinion. But the truth of the matter is that we have little chance to contain the AIDS epidemic without facing the realities of young people's sexuality, homosexuality, and injecting drug use.

Consider the toughest issue: injecting drug use and AIDS. Of course we need to significantly scale up efforts to educate people not to use drugs. That is a priority. But at the same time we must minimize the harms caused to users and we must protect the community at large. Therefore, and because there is good evidence for its effectiveness, drug dependency treatment and harm reduction should be part of our response to AIDS – even if I realise it is not a panacea, particularly when it comes to teenagers occasionally injecting in groups.

All this calls for a much more open and constructive dialogue between drug control agencies and those in charge of HIV prevention.

The third challenge is to build a fully integrated response to AIDS that includes delivering HIV prevention and treatment, and attacking stigma. To achieve this we should build on the new opportunities generated by the mobilization of people living with HIV, such as Belarus, Ukraine and Russia. These can only be fulfilled when governments guarantee the rights of people living with HIV. We also need to end the

irrational situation where the most vulnerable groups, including drug users and sex workers, are the target of prevention programmes but, at the same time, do not have access to treatment. It is unacceptable that even today the prices of HIV drugs in Eastern Europe are among the highest globally.

The fourth challenge is to keep our children HIV free, and to become serious about preventing HIV among young people. It is a dangerous fantasy to think that targeted interventions alone can stop the epidemic. Carol Bellamy will focus on this key issue in her presentation this morning.

The final challenge is to fully resource this response. Resources for the fight against AIDS in Europe and Central Asia are being mobilized from within the region, and supplemented by efforts of the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and bilateral donors. By 2007, 1.5 billion euros will be needed to effectively fight AIDS in the region.

In the face of AIDS, we simply cannot afford to waste resources because of lack of coordination among various ministries and among donors.

In conclusion, it is not an exaggeration to say this is a strategic moment for the response to AIDS in Europe and Central Asia. We have the choice between two paths: the path of inaction and half-hearted measures leading to more suffering and societal losses. The other path is that of resolutely confronting the epidemic.

That path will require nothing less than --

- Exceptional leadership
- Courageous policies
- Audacity in action
- Additional resources
- And above all the conviction that we can defeat AIDS

On behalf of the 9 Cosponsoring agencies of UNAIDS, I would like to thank Ireland for convening this historic conference. May this meeting be a wake-up call for all of Europe.