



Speech

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**Conclave of the Chief Ministers and Legislators of North-
East Indian States**

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**Speech by
Dr. Peter Piot,
UNAIDS Executive Director**

I am deeply honoured to have this opportunity to join you today, and warmly thank Chief Minister Shri Tarun Gogoi and my friend Shri Oscar Fernandes, Shri D Seelam and Shri DN Sharma for inviting me here.

One of the great blessings of my work is that it has brought me frequently to India. But I've never been to this north-eastern region before.

I spent the last two days in Shillong and Guwahati, where I visited a number of community programmes as well as the Assam Rifles – all great work.

I also sat down with people living with HIV, with injecting drug users, or those affected by the epidemic – such as widows – and listened to their sorrow, their problems, but also to the solutions they had found to counter AIDS. It has been a stimulating learning experience.

And here I am today, among the leaders of this region.

There is no doubt that with AIDS we are faced with one of the most serious challenges of the 21st Century. AIDS is now in the category of global warming, mass poverty and terrorism – it is not just another infectious disease epidemic.

This fact is now widely accepted, that AIDS remains the only health and social issue to be addressed by the UN Security Council, not once but on several occasions. We also had a Special Session of the UN General Assembly on AIDS in 2001 during which India's delegation was led by Mrs Sonia Gandhi. AIDS goes beyond borders and political parties – it is a non-partisan issue. Every political party in India was united in concern about AIDS. The Declaration of Commitment signed by India and every other UN Member State warned that AIDS – and I quote: “through its devastating scale and impact, constitutes a global emergency.”

Ladies and Gentlemen:

What is about AIDS that this mere disease has become a global emergency, a threat to national security and stability, one of the greatest obstacles to development?

First, this epidemic is still growing.

Second, the epidemic has entered its globalization phase because the factors that make a population vulnerable to the spread of HIV exist everywhere. Twenty years ago it was the case that AIDS was mainly an African or Western concern. Ten years ago, not even 1 out of 10 people newly infected with HIV was Asian – but today, one of out every five people newly in the world is Asian!

Third, AIDS has an enormous ripple effect in economic and stability terms, reaching across generations. This is because AIDS mainly kills working-age men and women, the ones that are really necessary for driving economics growth and for raising families. So, the epidemic's impact on families, poverty and economic growth is very large. In Cambodia, for instance, we estimate that AIDS will cut the rate of poverty reduction by 60% every year between 2003 and 2015.

Even SARS and the 'avian flu' epidemic that have been typically on the news only for the last few years have a one-off impact, however severe. The AIDS epidemic is very different. It is likely to persist for several generations, while its impact also intensifies over generations.

Fourth, no disease is so associated with shame, stigma and discrimination all over the world. This is not only unfair, but is also a major obstacle to HIV prevention or treatment so there are many good reasons to fight this head on.

So AIDS is exceptional, touching on about every aspect of society, and the response to it must be equally exceptional.

One of the implications is that for many years to come, AIDS control organizations such as NACO and the State AIDS Control Societies must be strengthened as discrete entities and not be diluted – otherwise we face a disaster.

Ladies and Gentlemen:

India is no exception to the pattern of globalization of HIV. There is no doubt that the number of people infected in India – particularly in some of the states in this region and in the South – has reached a critical mass. But you still possess an incredible window of opportunity to succeed against AIDS.

Over the past 25 years we have learned some precious lessons about tackling this extraordinary challenge. Let me share them with you as your plans to intensify action on AIDS get underway.

The first and most important lesson is that this is a problem with a solution. There is nothing inevitable about AIDS epidemic.

Second, no amount of money can replace leadership.

In every country or state that has succeeded in halting its epidemic, it has taken the strong leadership of top political leaders – of Presidents, Prime Ministers, Chief Ministers and Parliamentarians – who recognize the danger, break the silence, make the courageous decisions needed, and deliver the right kind of response before the epidemic has become widespread and very difficult to control.

Of course, leadership on AIDS often requires going against the mainstream in society because we have to deal with issues that are taboo for many people, or do not conform to official or societal norms, or even are illegal such as injecting drugs. The efforts of the Parliamentary Forum of HIV/AIDS have been of the greatest importance in mobilizing leadership in India, and are an example for the world.

I appeal to all Chief Ministers of this region to personally take charge of State AIDS Councils as is now the case in over 40 countries in the world. But frankly I am concerned by the still relative 'quasi-denial' of the problem in some areas.

I would also like to suggest that each State establishes a State AIDS policy such as already done in Manipur. The National AIDS Control Programme provides the general framework but action at State level should take local challenges and solutions into consideration for maximum impact.

Third, we know what works.

A combination of action is necessary. Anything with the word 'only' doesn't work with AIDS – whether it is 'prevention only', or 'treatment only', or 'condoms only', or 'abstinence only'. How often I get the advice, "Dr. Piot, if 'only' you would do this or that, the world would stop this epidemic."

And apart from being comprehensive, action against AIDS has to be full scale, has to provide for universal access to HIV prevention and treatment.

And the action must be concentrated on where the epidemic is now. For instance, in the North-East region effective efforts would today make sure to concentrate on injection drug use.

Fourth, how we act is as critical as what we do.

A multisectoral response that engages many ministries and sector – from public health to education to agriculture and from media to the medical profession to business – is critical because the challenges posed by AIDS epidemics exceed the capacities of any single

sector, public or private, health or non-health.

And it is critical that people living with HIV and the most vulnerable groups, such as sex workers, injecting drug users and men who have sex with men, be centrally involved in the AIDS response at every level and in every forum.

And stigma and discrimination related to AIDS has to be tackled. Neither HIV prevention nor HIV treatment programmes can be effective where there is fear, discrimination and stigma about AIDS. These are the best friends of the virus. Only when we have an accepting environment will people be able to learn about HIV, come forward to be tested for HIV, and seek HIV treatment.

And from national to state to district levels, strong coordination of all AIDS action is essential for success. This is what we at UNAIDS call the 'Three Ones' principles – one action plan, one coordination authority, and one monitoring and evaluation system for all AIDS activities. The development of the third National AIDS Control Programme is timely and provides a wonderful opportunity to put this into practice.

A final lesson is that AIDS knows no borders.

AIDS will not be defeated in ANY state or country, until it is defeated in EVERY state and country. This is why regional and international cooperation on AIDS is critically important.

Ladies and Gentlemen:

Your presence here today is the clearest guarantee that the North-Eastern states of India will succeed against AIDS. When confronted by resolute leadership, AIDS is transformed into a problem with a solution.

In all your efforts, you can count on the full support of UNAIDS – the Joint United Nations Programme on HIV/AIDS, which brings together the resources and skills of 10 UN-system organizations and a Secretariat. This joint programme was created over 10 years ago by UN Member States because of their conviction that a first step to halting the global AIDS epidemic is an exceptional response by the UN system.

In India, the United Nations Theme Group on AIDS has been working hard but still has some way to go in strengthening its unified voice and support to your efforts.

We are committed to intensifying our support to the North-East region, and I am pleased to announce that in 2006 we will be opening a branch office here, so that we can better support your efforts. Two of the cosponsors of UNAIDS already have offices in the region, UNICEF in Guwahati and the UN Office on Drugs and Crime in Shillong. I am also pleased that more and more international donors are committed to supporting the AIDS response in this region.

So, it is time to roll up our sleeves and implement all the plans.

I am confident that success lies ahead because of your leadership, your resourcefulness and your courage in tackling the great challenges presented by AIDS.

Thank you very much.