



Joint United Nations Programme on HIV/AIDS

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Speech

CHECK AGAINST DELIVERY

Statement to the United Nations Security Council

New York, 18th July 2005

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**UNAIDS Executive Director and
Under Secretary-General of the United Nations**

Mr. President,

I thank you for this invitation to brief the Security Council on action by UNAIDS, in partnership with the Department of Peacekeeping Operations and others, in implementing Resolution 1308 over the past 5 years.

Mr. President,

Resolution 1308 is a milestone in the response to the AIDS epidemic.

Its continuing importance – on areas far beyond peacekeeping and security – is clear even when judged from the relatively short perspective of five years.

By underscoring the fact – and I quote – “that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society” and “if unchecked, may pose a risk to stability and security”, the Security Council, through resolution 1308, has reflected the transformation of how the world’s leaders view AIDS.

Transformation, because many now view AIDS as a threat to national security and stability rather than to development and public health alone.

It is because of this transformation, that today, five years from the passing of Resolution 1308, the world’s response to AIDS has gathered such strength that for the first time ever we have a real opportunity to halt and begin to reverse this devastating epidemic, as called for in Millennium Development Goal 6. Indeed, reversing the spread of AIDS is crucial if we are to make any progress in meeting the Millennium Development Goals more broadly.

Mr. President,

Forty heads of state or government – or their deputies – now personally lead their country’s response to AIDS, including in Council Members Benin and China.

An unprecedented US \$8 billion is likely to be spent on the AIDS response in low- and middle-income countries this year, up from US \$1.5 billion five years ago.

And because of committed leadership and stepped-up efforts, there are new successes in almost every region of the world, with real signs of success in the Bahamas, Cambodia, Ghana and Kenya adding to the earlier achievements of Brazil, Thailand and Uganda.

In sum, in these five years the global response to AIDS has entered a new era – an era where the implementation of large-scale programmes combining HIV prevention, treatment and impact mitigation could reverse the epidemic. At the UN General Assembly last month, I called for universal access to both HIV prevention and treatment, a call embraced by the G8 and reflected in their Gleneagles Communiqué.

Mr. President,

While significant progress has been made, I must emphasize that the threat posed

by the AIDS epidemic has not dwindled. Indeed, it continues to outstrip our worst fears.

In 2004, more people became infected with HIV and more people died of AIDS than in any previous year. AIDS is a truly globalised epidemic – making rapid inroads not only into new countries but also into new populations, particularly young people and women. At the same time, in the most severely affected countries rates of infection have risen far beyond what was ever thought possible. For example, HIV prevalence among pregnant women in Swaziland reached 42.6% last year, the highest recorded anywhere in the world. And every year, the epidemic's catastrophic toll raises huge new barriers to development.

Mr. President,

This is the broad context within which UNAIDS and its partners are now addressing AIDS and security, and I would like to take this opportunity to present the UNAIDS progress report, On the Front Line, which details our actions in this area.

UNAIDS has not only been a pathfinder for UN reform in the development area but also for the UN's efforts on tackling AIDS in international peacekeeping operations, among national uniformed services and in crisis settings.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is unique within the UN system for bringing together the capacities of 10 UN organizations and a Secretariat around a common agenda on AIDS. In July 2000, in response to Resolution 1308, within the UNAIDS Secretariat, I established an Office on AIDS, Security and Humanitarian Response, which with the Department of Peace Keeping Operations (DPKO), member states and other partners has pursued an integrated approach to AIDS and security.

The strategy of UNAIDS and DPKO, building on our formal agreement of January 2001, has been to ensure that the United Nations sets the highest possible standards in protecting from HIV both peacekeepers and the populations with whom they are in contact. I would like to wholeheartedly commend DPKO for its achievements in mainstreaming AIDS responses into every UN peacekeeping mission.

As Under Secretary-General Guéhenno has noted in his statement, all major peacekeeping operations have full-time AIDS advisers, supported by trainers and counselors, while all smaller missions have AIDS focal points. AIDS-focused actions for each and every mission include awareness training for behaviour change before deployment and during mission, the promotion and provision of condoms, voluntary counselling and testing services, the provision of post-exposure prophylaxis kits, and outreach to local communities. In addition, some one million AIDS awareness cards, in 13 languages, have been distributed among peacekeepers and national security forces, and a peer education kit, available in 11 languages, is becoming an integral part of the military training curricula in several troop-contributing countries.

With the increasing focus on regional troop and mission management for peacekeeping, we have actively engaged with key regional bodies. We supported the African Union in the development of its AIDS strategic plan for 2005 – 2007,

which prioritises the implementation of comprehensive AIDS programmes for African Union peacekeeping forces as well as African militaries. We are now helping the African Union Security and Peace Council to develop AIDS-related programmes for 'stand-by forces'. In addition, we are working with the North Atlantic Treaty Organisation and the Caribbean Community (CARICOM) Secretariat in developing comprehensive AIDS programmes for uniformed services.

Despite all that has been achieved since 2000, it is clear that there is still a long way to go, a fact made very evident by the recent reports of sexual exploitation and abuse by peacekeepers. The adoption by the General Assembly last month of a comprehensive strategy to eliminate sexual exploitation and abuse in United Nations peacekeeping operations is a major step forward. You have my full assurance that UNAIDS will continue to work closely with DPKO on this critical front. I also welcome the General Assembly's recommendation to develop a comprehensive policy to prevent sexual exploitation and abuse in any aspect of the United Nations' work.

Let me now turn to the wider issue of national uniformed services, where international peacekeepers are drawn from and return to.

Resolution 1308 paved the way for UNAIDS to engage uniformed services as key partners in the response to AIDS. UNAIDS is today assisting 53 Member States with comprehensive programmes to address AIDS amongst uniformed services. As part of this work, we have signed formal partnerships with 15 Ministries of Defence, most recently with the Indian Government, covering about 1.3 million active uniformed personnel.

Each programme includes HIV education and awareness, condom promotion and distribution, strengthening of voluntary and confidential counseling and testing services, and improving the skills of health personnel to treat sexually-transmitted infections and provide HIV-specific care and treatment. There is a strong focus on reaching young recruits – the age group most at risk of HIV infection.

As our report indicates, we have learned that:

Firstly, engaging the uniformed services on AIDS both reduces their vulnerability and capitalizes on their potential to champion AIDS awareness;

Secondly, efforts to strengthen AIDS responses in the uniformed services are most effective if they are based on strong partnerships; and

Thirdly, securing political commitment from Ministries of Defence and Interior is critical to working successfully with uniformed services on AIDS.

A small but, nonetheless, growing number of defence, military and political leaders now fully understand the need to address AIDS and have begun to make what we hope will be sustained investments. However, we are still too far from the point where responding to AIDS is a part of core military business everywhere.

Mr President,

I would like to highlight two key challenges of working with uniformed services, set out in our Progress Report.

The first is the need to expand significantly access to HIV testing and counseling.

This is a priority for UNAIDS and DPKO. Our guidance on HIV testing continues to emphasize the importance of voluntary counseling and testing in every setting. While national policies vary with regard to HIV testing during recruitment and active service, the evidence clearly demonstrates that the provision of voluntary confidential counseling and testing services are far more likely to result in favourable behaviour change than mandatory testing. Both troops and civilians must have unrestricted access to HIV testing and counseling during deployment, and – crucially - we must step up efforts to encourage them to do so.

Secondly, is the need to ensure the consistent implementation of programmes. The preliminary data from the Liberian survey, point to the importance of ensuring maximum coverage and effectiveness of services. A particular problem may be in times of intra- or inter-state conflict, when AIDS programmes are discontinued precisely at the time when vulnerability of troops and civilians may increase. We will work with national authorities and others to ensure that such services can, wherever possible, be continued.

Mr. President,

Let me now turn to the future, and to outline the two great tasks that I believe we face in relation to AIDS and security.

The first task is to expand our knowledge of and address the broader impact of AIDS on human security and national stability in the most affected countries, particularly those in conflict and post-conflict situations. As highlighted in the report of the Secretary General's High-Level Panel on Threat, Challenges and Change, generalized AIDS epidemics can - erode the ability of countries to govern themselves and to provide essential services, through the loss of needed populations, not only in uniformed services, but also in key public and private sectors - change the pattern of savings, investments and consumption, as families have to alter their household priorities towards caring for sick family members -alter the very nature of family and multi-generational relations, as grandparents care for orphans and again become the primary income generator.

How these challenges will actually play out in countries over the longer term is not fully known: We are still only twenty years into this epidemic, and our global response to date has been driven largely by a need to respond to the immediate emergency. This is understandable given the millions of HIV infections and deaths as a result of AIDS that continue to increase each year. Yet we must, nonetheless, put in place systems that will support sustainable longer-term solutions. In other words, we must include a long-term horizon in our action on AIDS.

The question of longer-term planning in the AIDS response is now a major priority for UNAIDS, most recently endorsed by UNAIDS own governing body, the UNAIDS Programme Coordinating Board last month.

We have already been working with a wide range of partners on the long term impact of the epidemic and scenarios, most notably with a range of partners including the petroleum company Shell on the development of scenarios for AIDS in Africa by 2025. Launched earlier this year, these scenarios project the possible course of the

epidemic over the next 20 years depending on what actions are taken today. 43 million HIV infections could be averted in Africa over the next 20 years if our efforts today encompass both short-term pragmatic prevention and treatment solutions combined with long-term strategic responses that focus on addressing the epidemic's root social, economic and political causes.

As requested by the Security Council, we are also building and reviewing the evidence base on the long-term implications of AIDS on security. This afternoon, for example, I will be joining the Council for Foreign Relations to launch a new report we co-funded that presents some preliminary evidence of the links between HIV and national security, and which will help to inform our policy agenda going forward. We have also commissioned work from the London School of Economics and have collaborated with the government of the Netherlands in its development of a research agenda on the linkages between AIDS, security and conflict.

The second great task relates to classic security matters.

Mr. President, the unstated goal underpinning Resolution 1308 is that all peacekeepers and all uniformed personnel must be given the knowledge and means to protect themselves and others from HIV.

This goal is not being achieved.

It is my hope that the Security Council will make this an explicit and time-bound goal, and will ensure that peace-keeping missions are given the means to meet their responsibilities with respect to HIV, and that they are held accountable for their performance on responding to AIDS.

We look to you for continued leadership.

Thank you.