



22 September 2003

Remarks at the briefing on HIV/AIDS and security at the 2003 General Assembly High Level Meeting on HIV/AIDS, New York

**by
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[Mr Chairman/Madam Chair,

Distinguished Ministers, colleagues and delegates,

When the Security Council first debated AIDS in January 2000 it changed the global landscape. No longer was AIDS viewed as primarily a health issue – its implications were now being assessed in relation to peace and security.

The decision to debate AIDS at the Security Council was controversial – there were some who argued that it did not belong there. But in hindsight we can clearly see the wisdom of the Security Council's decision. Since January 2000 the evidence of the impact of AIDS on human, national and international security has become manifest.

AIDS exploits social weaknesses on every continent – exacerbating poverty and deepening social division. In the worst-affected countries, the cumulative impact of two decades of the epidemic has left social and economic structures fragile and vulnerable.

Nowhere has this been more evident than in the experience of food insecurity last year in much of southern Africa and the horn of Africa. Without AIDS, this might have been a periodic, cyclical crisis that communities would have been able to ride out. But AIDS has not only killed farmers, it has so depleted the reserves of households that they had no coping resources left.

Last year's acute crisis in Africa was a symptom of the deep inroads AIDS has made into human security. But its lesson does not apply only in Africa.

Where will the Russian Federation be in ten years time if its already shrinking pool of young adult workers is decimated by AIDS? Will India be able to maintain its stability and growing global influence if it sees a doubling, trebling or more of its 4 and half million citizens already living with HIV? Or China? And how will the American hemisphere cope with an epidemic whose intensity around the Caribbean is already the second-worst in the world?

The HIV epidemic is driven by vicious cycle of risk, vulnerability and impact:

individual risks increase where people are unable to control their vulnerability to HIV infection, and as the impact of HIV grows, so capacity for education, good governance and health systems is weakened, increasing vulnerability and escalating risk in a downward spiral.

The same dynamic drives poverty, disease and conflict in a vicious cycle. But more than this, AIDS has a direct and disproportionate impact on uniformed services.

Obviously, information on the rates of HIV among troops is sensitive, but as a general rule, they tend to be two to five times the rates of the general population, and rise even higher in times of conflict.

The reasons are not hard to see: it is mainly young adults who make up uniformed services – the age group most affected by HIV. Use of sex workers, and in some cases drugs, is common. Uniformed personnel are away from their homes for long periods, and are often the only people in town with money in their pockets.

You could hardly create better conditions for HIV to spread if you tried.

But we can intervene in this chain of transmission.

Breaking the link between HIV and threats to security requires threefold action: internationally, nationally and in guiding humanitarian responses.

First, internationally.

Security Council Resolution 1308 paid particular attention to peacekeeping forces and in follow-up both the UN Joint Programme on AIDS and the Department of Peacekeeping Operations have intensified efforts to combat HIV. Our goal is that peacekeepers become themselves part of the solution to AIDS, and that their conduct champions AIDS awareness.

AIDS advisers have been placed in peacekeeping missions in Sierra Leone, Ethiopia/Eritrea, the Democratic Republic of Congo and East Timor. And given the gender dimension of AIDSS spread in conflict situations, AIDS gender advisers are being progressively appointed, working with civil society and governments as well as the forces concerned.

Second, national responses must tackle AIDS in relation to uniformed services.

The report on progress in meeting the Declaration of Commitment on HIV/AIDS being discussed today shows nearly eighty per cent of responding countries have an HIV/AIDS strategy for uniformed services. That is a good beginning, but delivering on these strategies still has a long way to go.

UNAIDS has built regional and national partnerships with 36 countries to support HIV responses. We are helping the delivery of immediate HIV strategies – peer education training, especially for young recruits; condom provision and care services. And we are also helping build long-term responses which integrated the uniformed services into national AIDS programmes and responses.

The third plank of AIDS and security responses is to ensure humanitarian and HIV/AIDS efforts are coordinated.

Here, our report on progress shows that only 16 out of 54 countries coordinate national emergency relief structures and national HIV/AIDS mechanisms.

Furthermore, only 12% of countries provide training on HIV/AIDS control in emergency situations.

Last year, we saw the beginnings of a fully integrated response to the AIDS and the southern African food crisis. The reality is that such coordination must become a routine reflex, not an exceptional response.

Chairperson,

Distinguished delegates,

Left unchecked, AIDS will be a calamity for human, national and global security.

That much is clear.

But let us never forget the coin has another side: AIDS is a problem with a solution.

If we succeed in making uniformed services across the world leaders in delivering that solution, then we will have gone a long way towards our shared goal of reversing the AIDS epidemic.

Thank You.