

Speech

**Confronting Health Threats:  
Lessons Learned from the Global AIDS Response**

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AIDS represents a threat – globally, and here in Europe – of exceptional dimensions.

Worldwide, nearly 40 million people are living with HIV and 25 million have died – and yet, unlike other epidemics, AIDS shows little sign of burning itself out. In the past decade, the fastest spread of HIV has been in Eastern Europe and Central Asia.

AIDS is also exceptional in being the most globalized epidemic known, with virtually every country in the world affected, whether rich or poor. And AIDS is unique in that it primarily targets adults in the prime of their lives, who represent the future productive core of any society. AIDS is now the world's leading cause of premature mortality among both women and men ages 15-59. Clearly, the exceptional threat posed by AIDS merits an exceptional response – throughout the world and here in Europe.

In recent years, in large part because of the AIDS pandemic, we have seen growing recognition of the global nature of disease threats and of the integral relationship between health, development and security. AIDS was the first disease ever addressed by the UN Security Council, which in 2000 declared AIDS to be a risk to social stability and national security. United Nations Secretary-General Kofi Annan noted in his 2005 report, *In Larger Freedom*, “On this interconnectedness of threats we must found a new security consensus, the first article of which must be that we are all entitled to freedom from fear....we must respond to HIV/AIDS as robustly as we do to terrorism.” More recently, preparations to avoid or contain a possible avian flu pandemic have been spurred in part by an increased understanding that such an epidemic in humans could have extraordinarily severe political, health and economic impacts at global, regional and national levels.

The reality is that viruses, germs and other health threats do not respect national or regional boundaries. This is especially the case in our globalized and highly mobile world, where a passenger on an international jetliner (and any infectious agents he or she may harbor) can be halfway around the world in a matter of hours. Recent experience in addressing SARS and the threat of avian flu underscore the globalization of infectious disease.

But too often leaders and societies react to potential health threats with denial, rather than a rational appraisal of available evidence. In the case of AIDS, for example, the epidemic is often posed as being someone else's problem – only an 'African problem', or only a 'gay disease', or only a 'problem of drug users'.

Yet just as AIDS illustrates the risk of inaction, it also demonstrates the potential power of strong political commitment to address global health threats. In 2001, at the first-ever Special Session on HIV/AIDS of the UN General Assembly, 189 Member States unanimously adopted the Declaration of Commitment on HIV/AIDS, establishing time-bound targets in the global AIDS response. Since then, the global response to AIDS has been dramatically strengthened.

Today, Presidents, Prime Ministers or their deputies lead national anti-AIDS efforts in nearly 40 countries, and nearly all countries now have multisectoral national AIDS strategies.

Nearly 1.5 million people in developing nations are receiving antiretroviral treatment now, which resulted in 300,000 lives saved last year alone.

In countries in almost every part of the world, implementation of strong HIV prevention programmes has produced positive behaviour change and reduced rates of new infections. Six of the most heavily affected African countries have sharply slowed the spread of HIV among young people.

Financing for HIV programmes grew to \$8.3 billion in 2005 – a five-fold increase over 2001 and a 27-fold increase over the amount spent a decade ago.

With the aim of using every available AIDS dollar as effectively as possible, a strong global consensus has coalesced around the 'Three Ones' principles for effective country-level action on AIDS, which provide that all actors will align their activities with nationally owned and determined national strategies and coordinating mechanisms.

Efforts against the pandemic have strengthened to the degree that the global community has now committed to a common endeavor to massively scale up essential HIV prevention, treatment, care and support services, and come as close as possible to universal access to treatment by 2010. The leaders of the G8 countries played a catalytic role in this effort to scale up implementation, committing themselves to this goal for Africa at their Gleneagles Summit last July.

While promising, these positive signs are but first steps in a broad-based scaling up of a comprehensive response to AIDS. Only about one in five people worldwide have access to antiretroviral therapy; prevention services reach only a small fraction of people at highest risk of infection; and stigma, discrimination, and the low status of women continue to cripple AIDS efforts in many parts of the world. To finance the kind of response capable of reversing the epidemic, annual AIDS expenditures in developing countries must grow to around \$20 billion in 2008.

The role for Europe and all Europeans is clear – within our own borders and globally.

Europe must continue to exert leadership on AIDS. In regional and global forums, European leaders should ensure that AIDS is a central political priority.

European leadership on AIDS should especially address the looming gap in financial resources for the global AIDS response. Innovative solutions are needed so that the AIDS response is guaranteed adequate financing over the long term.

For most issues, but most certainly in the case of AIDS, true leadership is inclusive. Without the strong engagement of civil society, particularly people living with HIV, as well as industry, the media, faith-based organizations and the philanthropic sector, the AIDS response will inevitably fall short. European leaders from all walks of life must become actively engaged in the AIDS response.

A collective European effort is also critically needed to help combat the worsening epidemics in the countries of the former Soviet Union. The AIDS epidemics in some of these countries have reached crisis proportions.

European industry, with strong public sector support, should help lead global efforts to develop affordable new drugs and prevention technologies, including vaccines. At the same time, we must ensure that trade and price rules do not stand in the way of equitable, worldwide access to these life-saving essentials. And European technical know-how should be fully engaged to assist countries in building and sustaining capacity to support a comprehensive AIDS response.

Lastly, but vitally important, the voice of Europe is also critical to ensure that the AIDS response – in every part of Europe and globally – is firmly rooted in human rights and evidence of what works.

The world has a historic chance over the next several years to have a major impact on the AIDS pandemic – to reduce the suffering of millions and to safeguard the future of entire nations. I look to Europe's leaders to help seize this historic opportunity.