

Speech

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“The globalization of risks: the case of AIDS”

**Central Party School, Beijing,
17 September 2008**

**Lecture by
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I am deeply honored to address the Central Party School and thank Vice President Li Junru for inviting me to join you this afternoon to talk about AIDS.

I want to start by commending the School for its AIDS programme. Your achievements in integrating AIDS education into your curriculum and using distance learning methodologies to disseminate them are remarkable.

Last time I spoke here I described AIDS as one of the defining issues of our time. That remains true today and, is likely to remain true for much of the rest of the 21st century. For AIDS, like climate change, it is a long-wave, geopolitical event that has global impact.

The only way to meet those challenges is through a long-term, strategic response. I will discuss AIDS in the context of the risks of globalization and the globalization of risks, and how leadership and community action are key to contain the epidemic.

Globalization

The end of the 20th century has frequently been characterized as the beginning of the era of globalization. China has been a major player in this era.

But growth and globalization can bring negative consequences too.

Some positive aspects of globalization - increasing communication and connectivity – are also having a marked impact on the spread of disease. We all remember the fears about SARS. We are still alert to the potential spread of avian influenza.

In addition, the rapid economic development associated with globalization may increase the risk for HIV. This is already evident in parts of Asia, where increased disposable income (particularly for men), greater inequality of income, and migration are all factors that fuel the spread of HIV. Having more money – and moving away from home to work - may increase opportunities to engage in casual sex and drugs. We must also be constantly alert to the fact that the epidemic, like society, is in a constant state of flux.

Indeed, the history of AIDS is a chronicle of surprises – though more predictable if we had better studied the evolution of societies.

From an infection which was unknown only 27 years ago, the human immunodeficiency virus – HIV – has already become truly globalized, infecting some 58 million people. Today, 33 million people live with HIV, in every country in the world. A further 25 million have died. AIDS has become the leading cause of death in Africa, and one of the top ten killers of adults worldwide.

But although AIDS is a global epidemic, it is made of 100s of local epidemics. For example, although the number of HIV infections dropped globally in 2007, new infections in some countries - including China and some others in Asia - are still rising. In some cases,

infections are increasing within one population in a country, and not in others. For example, here in many cities in Asia, we are seeing an increase in infections among men who have sex with men. Elsewhere in Asia there is a marked increase in infections among married women and women with regular sexual partners – normally viewed as being at “low risk” for HIV and so outside many HIV prevention programmes.

While local epidemics require local responses, this global epidemic continues to require a global response. And AIDS shows very clearly how globalization provides new opportunities for global action. Information that might have once been found only in one library can now be made available worldwide on the internet. New approaches to researching, developing, and pricing biomedical technologies make it possible to prevent and treat a host of medical conditions around the world.

Growing awareness of the fact that globalized problems have economic, development, and even security implications for everyone has made AIDS a regular item on the agenda of the United Nations General Assembly and other important forums such as the G8, the Africa Union, ASEAN and the World Economic Forum.

As a result, by 2007, global spending on AIDS in low and middle income countries had increased to around 10 billion dollars in 2007, up from less than \$300 million in 1996 when UNAIDS was founded.

We are now entering a new phase in the response to AIDS.

Now, for the first time, the AIDS response is producing real results. Last year, the number of people dying of AIDS worldwide dropped – basically because of a massive increase in access to antiretroviral treatment. Today, well over 3 million people in low and middle income countries have access to life-lengthening HIV drugs. Here in China, over 34,000 people are now taking antiretrovirals, up from 5,000 in 2003, but still well below half the number of people who require them.

Last year, fewer people were newly infected with HIV globally. One reason for this is that people in many countries are beginning to change sexual behaviour -waiting longer before having sex, having fewer sexual partners, and using condoms when they do.

Fewer children were born with HIV too. Some 33 per cent of women who need services to prevent transmission of HIV to their children can now obtain them. China has begun to make some progress in this area too. Last year, 10 per cent of counties reduced the number of children born with HIV by 60%.

So there is some good news

Long term

But this is just the beginning. AIDS is not over yet.

Globally, for every two people who start taking antiretroviral treatment, another five people become newly infected. The epidemic is still running ahead of the response. It is a long wave and we need sustainability in the response.

But this new phase poses major challenges. One is to sustain this momentum into the future – and to build up on it to ensure that we are in a position to provide the best possible results for people not just today, but in 20, 30 years time.

The response: confronting contradictions

It is this second challenge I want to concentrate on today.

To confront AIDS is to confront contradictions in society. Contradictions between respect for the law and protecting the health of the people through HIV prevention among injecting drug users and sex workers, between sexuality and morality, between needs of public security and public health, drug control and safe injections, ...the list goes on. We all know that China is a master in managing contradictions, so it is imperative that this approach benefits the AIDS response including by clearly distinguishing between 1st and 2nd, true and false contradictions.

I am convinced that most of these contradictions are actually false contradictions and a scientifically-based AIDS response can solve them for the greater wellbeing of more people.

Most of those people became infected as a result of an individual action – mostly through unprotected sex or sharing a needle to inject drugs.

A major challenge is that these infections often occur in situations that are illegal or which society regards as “abnormal”.

In most countries in the world, this is perhaps the most difficult aspect of tackling AIDS, and tackling it is at first counter-intuitive.

Take drugs for example.

The first issue here is that drug use is illegal, it is clearly bad for your health, for the community, and laws must be respected to protect society.

The second is that HIV infections are particularly high among people who inject drugs. It is a source of infection for society.

The synthesis is that ultimately, the best way to protect both the wider population and drug users, and at the same time reconcile public security and public health concerns is to adopt the so-called “harm reduction” approach.

For example, scientific evidence in many countries - including here in China – shows that providing injecting drug users with substitution therapy and clean needles reduce HIV transmission and support enforcement of laws against drug abuse. Similarly, working with sex workers and their clients to encourage condom use reduces HIV among these groups and in society as a whole. When such programmes are backed up by poverty reduction efforts to reduce women’s need to engage in prostitution, the impact is even greater.

Another major challenge today is that even in countries where HIV awareness is growing, less than half of all young people know how to prevent HIV transmission. We often hear people citing fears that sex education may lead to sexual promiscuity. But scientific evidence from around the world shows that teaching young people about sex and HIV in schools actually encourages responsible behaviour – not the reverse.

This all serves to illustrate the complexity of tackling AIDS, and the need for multi-dimensional, multi-sectoral approaches. Because clearly, we can’t prevent HIV infection simply through medical means. AIDS is a health issue, but also an education issue, and a justice issue. And the response must be societal, as the only vaccine we have today is a social vaccine.

It is an issue China is well-placed to tackle.

Because of such complexity, community support is critical for an effective AIDS response. Working with community groups can greatly increase the impact – and effectiveness – of AIDS strategies. In fact, given that most infections are happening in situations outside mainstream norm, it is often very difficult for government alone to reach those who need to be reached.

So it’s good to see that there’s been an increase in the number of community organizations working on AIDS here in China. Many of these groups are doing incredible work. For example, no one knows better what support people living with HIV need, than other people living with HIV.

The Joint Assessment Report published last year by the Government together with the United Nations System clearly highlights the need for greater involvement of community-based organization in the roll-out of programmes to reach people with relevant services. However, the report also underscores the need “to further adjust regulations and laws to establish an enabling policy environment for the development of civil society organizations.”

Currently, there are no easy ways for community-based organizations to register. Without registration, there can be no bank account and thus no easy way to receive funding. Many of the groups I have seen are doing a great job – but their work is all based on volunteerism. This simply isn’t efficient because it isn’t sustainable. So we urgently need to find ways to support them if we are to cover the vast populations of China and deliver the services they need.

I am very pleased to see how the country has made significant progress in the fight against AIDS.

Two years ago, the State Council AIDS Working Group issued the Regulation on AIDS treatment and Prevention (Decree No 457) which is the first legal framework developed for a specific disease.

China now has one of the most modern HIV treatment guidelines in the world, alongside programmes like methadone substitution for injecting drug users and 100% condom use in commercial sex.

From policy to practice

However, while we cannot but applaud these achievements at times, the reality for people in the provinces and villages can be very different. As good as the guidelines may be, people are still dying of AIDS because the so-called second-line treatments which are typically needed after several years of treatment are simply not available - except for a few lucky patients included in some pilot sites.

Implementing HIV programmes is like preparing and cooking a meal. Having all the right ingredients is critical, but it is not enough. How good is a brand-new methadone clinic if drug users cannot access its services because authorities request at least three recorded attempts of detoxification?

How good are the most up-to-date treatment guidelines if there are simply no second line drugs available to treat those who develop resistance after some years of treatment?

What we need in the 1st place is a thorough understanding – “know your epidemic” based on Sun Tzu’s recommendation in “The Art of War”, “The general who wins a battle makes many calculations in his temple before the battle is fought. The general who loses a battle makes but few calculations beforehand.”

A great frustration is the continued high levels of stigma and discrimination towards people living with HIV virtually everywhere in the world. This is a major obstacle in bringing results to the people who need them.

Last year, when speaking about the need to strengthen socialist morality, President Hu Jintao highlighted the importance of tolerance. I would like to reiterate that call today. In this regard, it is encouraging to hear that restrictions on entry into the country to people living with HIV are likely to be lifted here - as in the United States - in the near future, as there is no public health rationale for restrictions.

Conclusion

Lastly, I have been told that under the leadership of the State Council Working Group on AIDS and with strong support by my colleagues here in China you are working on an application to the Global Fund to fight AIDS, tuberculosis and malaria.

This may well be the most ambitious proposal the Global Fund has ever received. I should like to congratulate you on this initiative.

Before I leave you, I would like to reaffirm the United Nations' commitment to support you in realizing this proposal, and in building a long-term, multi-sectoral strategy for AIDS in China. My own term as Executive Director of UNAIDS will come to an end in December this year. But I pledge to you today both continued support from Bernhard Schwartzlander and the rest of the UNAIDS team and from myself. I am totally committed to continuing to learn from China, to work in partnership with China, and to nurture the deep friendships I have developed here over the years.

China has all it takes to defeat AIDS – the resources, the capacity, the drive. So let's not be content with half measures – let's go for the gold medal!

As Chairman Mao said: "We must not become complacent over any success. We should check our complacency and constantly criticize our shortcomings, just as we should wash our faces and sweep the floor every day to remove the dirt and keep them clean." ("Get organized" Nov 29 1943)