

Speech

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**Bremen Conference**  
**Responsibility and Partnership – Together against  
HIV/AIDS**

**Bremen, 12 March 2007**

**Dr Peter Piot,  
UNAIDS Executive Director**

Dr. Angela Merkel, Chancellor of the Federal Republic of Germany,  
Ministers,  
Excellencies,  
Dear colleagues and friends,

It is an honour and a pleasure to be with you here today, to speak on behalf of the ten United Nations systems organizations that together make up the Joint UN Programme on HIV/AIDS.

I would like to start by thanking the Government of Germany for holding this important conference in the first half of its presidency of the European Union, and by congratulating the organizers for bringing together such an influential group of leaders from within and around Europe.

We have come to Bremen today to discuss a critical issue – our shared responsibility to scale up and sustain the AIDS response through the coming decades, and the vital role that collaboration and partnership play in enabling us to fulfill that responsibility.

It is becoming increasingly clear just how massive that responsibility is. In just 25 years, AIDS has become one of the defining issues of our time. A truly globalized problem, it affects every region and every country in the world.

Since 1981, 65 million people have been infected with HIV. Twenty-five million have died of AIDS-related illnesses. Today, approximately 40 million people are living with HIV – half of them women. And, despite all our best efforts, those figures keep edging upwards, particularly among young people - who accounted for 40 per cent of all new infections in 2005.

I don't need to remind you that sub-Saharan Africa, home to two-thirds of all HIV positive adults and children, continues to bear the brunt of the global epidemic.

Less well known, perhaps, is that the most dramatic increases in infection rates are now taking place in Eastern Europe and Central Asia. Between 2004 and 2006, the number of people living with HIV in Eastern Europe and Central Asia increased by almost 70 per cent. More than 40 per cent of those new infections occurred among women; over 30 per cent

took place among young people. The vast majority (two-thirds) were due to injecting drug users using non-sterile needles.

The picture in Western Europe is also alarming. The rate of new HIV diagnoses almost doubled between 1998 and 2005 – largely as a result of substantial increases in the numbers of infections among men who have sex with men.

In many countries, the number of new HIV diagnosis among gay men has gone up by a staggering 50 per cent or more since 2000. Infections are also going up in marginalized communities - particularly among migrants and immigrants – and, in some countries, among injecting drug users, although a number of governments have taken strong and effective action to reduce infections within this last group through innovative harm reduction programmes.

At the same time, we are seeing widespread complacency about AIDS. There is no excuse whatsoever for such complacency – nor for the increase in new infections. This is, after all, just about the most prosperous region in the world, with good education, health, and social security systems.

In many countries complacency goes hand in hand with a significant decrease in the attention being paid to HIV prevention and major funding cuts. Shockingly, AIDS-related stigma remains rampant – though I was happy to see some specific anti-stigma campaigns in Ireland and Spain on recent visits.

As a European, I am particularly conscious of the way the region has responded through the first quarter-century of the AIDS epidemic, and interested to see how that response will be maintained over the next 25 years.

So far, European governments have shown impressive political leadership at the global level. Indeed this has sometimes been better than their record at domestic level. They have played a prominent role in the crafting of strong recommendations for international action on AIDS – such as last year's Political Declaration on HIV/AIDS of the UN General Assembly which committed Member States to “pursue all necessary efforts to scale up nationally driven, sustainable and comprehensive responses...towards the goal of universal access to comprehensive prevention, treatment, care and support by 2010”. This drive towards universal access is currently steering the entire international AIDS response, and will, I am sure, feature prominently in the discussions over the next two days.

From the very early days, Europe has played a leading role in advancing scientific research. Individual governments and the European Commission fund research and development of new products to prevent and treat HIV. The Commission is currently engaging in some dynamic new partnerships with a range of private sector entities that are working to develop microbicides and vaccines.

The European Commission and individual European governments have made and continue to make major financial contributions to AIDS programmes in the developing world.

In 2006, EU Member States and the European Commission together contributed more than half of all government and inter-government contributions to the Global Fund to fight AIDS, Tuberculosis and Malaria (over a billion dollars or 760 million euros). At the same time, EU Member States contributed well over 60 per cent of UNAIDS funding.

This support is absolutely vital – and will continue to be for many years to come. With each year that passes, the AIDS response costs more. The good news is that funding is going up - in 2006, financing for HIV programmes in low and middle-income countries rose to 9 billion dollars, up from 300 million dollars when UNAIDS was created ten years earlier.

The problem is that this is just about half of what is actually needed. So I urge you to maintain your financial support – to increase it if you can. The Government of Germany set an admirable example last week by increasing its funding for AIDS programmes by one-third in 2007. I hope others will follow!

At regional level, successive EU presidencies have made AIDS a key feature. In February 2004, under the Irish Presidency of the EU, many of us met at a landmark meeting in Dublin to devise ways to keep abreast of this constantly evolving epidemic in Europe and Central Asia. The meeting produced a strong resolution that focused particularly on issues of leadership, HIV prevention, reducing stigma around living with HIV and scaling up access to services, and partnership-building.

Later that year, health ministers, AIDS experts, industry and civil society representatives from across the EU and its eastern neighbours met in Vilnius to adopt a declaration that committed participants to a coordinated, continent-wide effort to tackle AIDS.

In this context, I welcome Germany's recent donation of 400,000 euros to UNAIDS to start to review progress on the commitments made in these two declarations.

At the same time, a number of EU Member States have drawn up National Strategic AIDS Plans.

There have also been some important new developments in Eastern Europe. Last year, President Putin of Russia convened the first-ever Presidium of the State Council to discuss the country's growing AIDS epidemic.

In a groundbreaking move, the Council agreed a set of urgent measures to scale up all aspects of the national response to AIDS – including ways to increase the involvement of government ministries, civil society, the media and business. Since then Russia has launched a new five-year, 2.9-billion-dollar programme to reduce mortality from a variety of diseases – including AIDS.

President Yushchenko of Ukraine has also shown strong personal leadership, issuing an executive order to consolidate the role of the National Coordination Council on AIDS in December 2005. Through 2006, this Council has distinguished itself both through high level engagement with a range of government sectors and through reaching out to key civil society actors.

I would also like to take this opportunity to recognise the presence of the first lady of Georgia and commend Georgia's leadership in the fight against AIDS. Georgia has shown exemplary action in providing universal access to treatment.

However, the sobering reality is that all this is still not enough. The epidemic continues to outpace our efforts – be it in the European Union or in many of its neighbouring countries. Our collective response remains, therefore, inadequate.

As those of you who have heard me speak recently in other fora will know, many of us are becoming more and more concerned about our capacity to maintain the political will, expand action against AIDS, advance the science, and sustain the funding required to mount an effective response to AIDS over the longer term.

As we move into the second quarter-century of the AIDS response, it is becoming increasingly clear that there are many more epidemics than there are countries in the world.

At the same time we have learnt to appreciate the value of “knowing your epidemic” and acting on that knowledge. The more we know about each individual epidemic and the better we are able to tailor the response to meet the real needs of key populations, the more effective that response will be.

That said, a number of elements are common to all epidemics and all responses.

One of these is the importance of focusing on human rights. We have a wealth of evidence and international resolutions stressing the extent to which human rights violations are an obstacle to an effective AIDS response. What we need now is more action. We will not get anywhere near our goal of universal access to HIV services until the rights of men who have sex with men, injecting drug users, sex workers and migrants are acknowledged and secured, and until we have eradicated the stigma that continues to paralyze so many of our efforts.

The impact of all our efforts will be greatly enhanced if they are backed up by serious and concrete measures to eliminate homophobia and more constructive and ethical approaches to drug users and immigrant populations. In this regard, I particularly welcome the increasing readiness of several countries represented here today to cooperate with civil society. Such cooperation is essential.

Another common aspect is the urgent need, highlighted very strongly in Dublin, and again in the 2005 EU Statement on HIV Prevention for an AIDS Free Generation, to step up HIV prevention efforts.

At UNAIDS we are monitoring the progress countries are making on setting national targets towards universal access to HIV prevention and treatment. Time and again we see that it is much more challenging to set (and meet) targets for prevention than it is to identify treatment targets.

According to our latest estimates, HIV prevention services reach only one in ten of those most at risk. Nevertheless, our research clearly reveals that sound, comprehensive, locally adapted HIV prevention efforts can and do substantially reduce HIV prevalence – provided they can be sustained. The need to sustain efforts is as evident here in Europe - where reduced levels of prevention messages are being accompanied by a well-documented resurgence of high-risk sexual behaviour, particularly among gay men - as it is anywhere else in the world.

At this point I want to specifically underscore the need for harm reduction programmes for injecting drug users. I call on all governments represented here today to expand on existing programmes or introduce new harm reduction initiatives among injecting drug users – including access to clean needles and to methadone

That is why we must “Unite for Prevention”. Under this banner, UNAIDS is bringing together a wide spectrum of like-minded partners from civil society, the private sector and governments to build a constituency of activists that will fight as hard for access to HIV prevention as for access to HIV treatment.

When I began this speech (and you will be relieved to hear that I have almost come to an end), I emphasized the importance of working together. Collaboration clearly comes in many forms and at many different levels, but I would like to focus particularly today on building on existing cooperation between the EU and Eastern Europe and Central Asia - be this political, financial, or technical - and maintaining it over the longer term.

It is a cliché to say that AIDS knows no borders, but as in so many cases, the cliché describes a fundamental truth. The time has come now to reflect on this in our action in Europe.

I believe that the European Union has a major responsibility to join forces with its neighbours to curb HIV transmission and scale up access to services for those who need them. This is critical for our collective development and prosperity. It is also, given the increasing mobility of 21<sup>st</sup> century populations, important for the region as a whole. That is why I was so pleased to be invited to join you here today.

I am calling on Europe's leaders to treat AIDS as a top concern for the European Union, and to discuss it at the highest level, where it belongs: those of the European Council, and in the European Parliament. It is ironic that, with all its exemplary action on AIDS, the Union is one of the few regional bodies in the world which has not discussed the fight against AIDS at its highest level.

I am here to remind you of your commitments, in New York, Dublin, Vilnius, and elsewhere, and to ask you to review the extent to which words are translating into realities. Tomorrow, you will make new commitments under the Bremen Declaration. The people of Europe and Central Asia will be depending on you to ensure that those promises are kept.

I am here to urge you to work across borders to advance progress towards universal access to HIV prevention, treatment, care and support services.

I am here to urge you to embrace and enforce international human rights principles.

I am here to urge you to work more closely with civil society and to listen to the views of affected communities.

I am here to urge you to sustain, and where possible, increase funding for AIDS programmes – both at home and abroad.

And finally, I am here to pledge UNAIDS support to your endeavours to enhance Europe's response to this exceptional, epoch-defining, disease.