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### **Universal Access: Status of the Global Response and the Way Forward**

Dear friends and colleagues, it is a privilege for me to take part in this important conference.

Mikhail Grishankov, you have been the one in the Russian Duma who supported the scale-up of HIV prevention programmes in Russia. I am grateful that you continue to be one of the strongest advocates of universal access.

I also want to pay tribute to the leadership of Dr. Onishchenko. Gennadi Grigorivitch – you have been the engine of Russia's progress on AIDS. It has been our pleasure to work with you as co-chair of this important conference.

I also want to salute the many other politicians and activists, doctors and leaders from civil society – you are the people who will stop the spread of HIV in this region. You are the true champions of universal access, and the United Nations salutes your commitment.

#### **Status of global epidemic**

Where is the world HIV epidemic today? Like Winston Churchill said in 1942, "This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning".

Today, over 33 million people worldwide live with HIV. 7,400 people are newly infected every day. For every 2 persons who are placed on antiretroviral treatment, 5 people are newly infected. 2 million people still die of AIDS every year. We have yet to break the trajectory of the epidemic.

But there is good news too: the growth of global HIV prevalence has peaked. Several countries in Asia and Africa have even seen declines in national prevalence – proof that it can be done.

Today, more than 4 million people with HIV are on antiretroviral treatment. AIDS has fast-tracked the scale-up of resources and services to a level unprecedented in the history of any disease. After the clinical trial in Thailand, we have hope that a vaccine against HIV

will one day be available. But we cannot let down our guard, because a vaccine that will be ready to use is still years, if not decades away.

## **Twenty years in history of region and epidemic**

Twenty years ago, this region began to open its borders, including to the spread of HIV.

Today, this region has strong political and economic powers. Russia is a member of the G8 and the G20. Many countries in Eastern Europe are now members of the European Union, or plan to join it.

Regretfully, from the oil and gas fields of Siberia to the mining towns of Ukraine, HIV has followed in the footsteps of the region's rapid economic development. UNAIDS is very concerned that Eastern Europe and Central Asia is the only region of the world where HIV prevalence clearly remains on the rise. And HIV is not just a leading health challenge. It increasingly represents a threat to demographics, health and development, human security and economic sustainability.

AIDS has shown us that politics matters. Clearly, a turning point in the response to the epidemic was the 2006 Summit of the G8 in Saint Petersburg. This summit showed the leadership of the Russian Presidency to mobilize the most powerful economies of the world and give needed attention to the epidemic in this region.

In Belarus, Romania and Moldova, the epidemic has peaked and started to decrease. It is not the time to do "LESS" or to do "SOMETHING ELSE." However, in the current economic crisis, it will require a greater commitment to keep AIDS high on the political agenda. We count on you all, scientists, ministers, activists to mobilize it. But if we maintain the status quo, we will not end this epidemic.

## **Lessons in importance of civil society**

Let us remember two very important lessons AIDS has taught us. The first is that AIDS is a model for other diseases in how to respect human rights and engage people living with HIV. This is the only way to promote a sustainable response. From Uzbekistan to Ukraine, from Georgia to Russia, those countries that include people living with HIV in decisions, make stronger progress. The Eastern European and Central Asia Union of People Living with HIV is an inspiring example of how to unify and mobilize people living with HIV as a force for social transformation.

The second lesson is that it is impossible to deliver HIV services without partnering with civil society. In this region, non-governmental organizations have implemented some of the best services for prevention, treatment and support in the world. In several countries of the region, harm reduction programmes are driven by civil society and we are seeing the first signs of their impact on the epidemic.

I encourage the governments of this region to sustain and scale-up programmes delivered by civil society. We cannot afford to lose this momentum.

## **Achievements and challenges**

We must acknowledge that much has been accomplished. Eastern Europe and Central Asia is the only region of the world where the coverage of prevention of mother-to-child transmission programmes exceeds 95%, an achievement for the rest of the world to follow. I encourage you to take the last step to close the gap and become the first region in the world to eliminate transmission from the mother to the child by 2015. I want the first HIV-free generation in 30 years to be born in this region, and I know that my friends, the ministers and leaders from Africa who are here with us, will be inspired to follow your lead.

The scale-up of treatment is another area of great progress that gives me hope. From Belarus to Kazakhstan, countries across this region have doubled or even tripled ART coverage in the last five years. Nowhere is the progress more impressive than here in the Russian Federation, where there are now over 55 thousand people in treatment – an increase of 80% in just one year.

In the coming years, all of the estimated 1.5 million people living with HIV across this region will need lifelong treatment, with more people added every day. This represents a major burden on health systems. This is also a massive financial cost for national budgets, which cannot forever depend on grants from the Global Fund or other donors.

Universal access is not just about numbers, it is also about equity. We will only reach universal access when injecting drug users, sex workers, prisoners and other vulnerable groups have the same access to treatment as the others. Today, across this region, this is still far from the case.

New treatment guidelines will be issued by WHO at the end of this year. They will recommend starting ARV therapy earlier. This will increase the number of people in need of treatment and the cost of sustaining it. This is why I repeat, again: without effective prevention, the burden for health systems and public finance may become unbearable.

## **The central role of prevention with focus on injecting drug users**

Let me be frank – for the majority of people at risk of HIV infection in this region, universal access to prevention services remains a distant goal. This year, I have been to all fronts of the epidemic. Instead of universal access to prevention, people most at risk are facing universal obstacles.

In 2007, injecting drug use was the source of 57% of the new cases of HIV infection in Eastern Europe. An estimated 3.7 million people in the region currently inject drugs, and roughly one in four are believed to be HIV-infected.

And we have to recall that most injecting drug users are sexually active. The massive epidemic among injecting drug users is also fuelling the rapid growth in heterosexual transmission. HIV prevention among injecting drug users and their sexual partners should remain the top priority in this region.

Let me be clear about the United Nations position on drug use. We are completely against drug use and legalization of drugs. We consider that it is the duty of each country to prevent its population from starting drug use and to fight illicit drug trafficking.

The United Nations and the UN Commission on Narcotic Drugs consider that drug dependence is an illness. People who use drugs require treatment and care, and should not be treated like criminals.

Drug users are harmed by illicit drug use. Their families are harmed. Society as a whole is harmed. This is why harm reduction is an essential element of universal access to HIV prevention.

Harm reduction has nothing to do with the legalization of drugs. Harm reduction is a set of services for drug users that have proven many times over to be safe and effective. Harm reduction also prevents death from overdose, and in most cases, reduces crime related to drugs.

Many countries in this region: Moldova, Ukraine, Azerbaijan, Kyrgyzstan, to only name some, have seen the benefits of such programmes.

I fear that in this region, legal barriers to harm reduction programmes also make injecting drug users a target for harassment – driving the people most affected by this epidemic underground, and making them even more vulnerable to HIV.

I urge each country in the region to define, with in its legislation, the harm reduction package it needs, just like China has done with great success.

### **Expectations from the conference**

This conference should achieve three simple but powerful goals.

First, let us remember that in 2006, all of the countries of this region committed at the UN General Assembly to reach universal access to HIV prevention, treatment, care and support by the end of 2010. At this conference we need to identify solutions for overcoming the obstacles to universal access and accelerate our progress.

Second, we need to articulate a long-term strategy for managing this epidemic that will be with us for years, even decades to come. It is time to take AIDS out of isolation and strengthen new alliances with other movements. Where TB is the leading cause of death among people with HIV, the dual epidemics of HIV/TB cannot be addressed if HIV is treated in isolation. The same applies for partnerships with narcology, sexual and reproductive health, maternal and child health, education, human rights, and youth empowerment. Let us together define how integration of health and social services can better address the epidemic in a more comprehensive and human manner, while promoting cost effectiveness.

This is what I am calling the AIDS + MDG agenda. We must link our progress in AIDS to the other Millennium Development Goals and pursue a bold strategy that will take us to 2015 and beyond.

Third, I welcome the high level representation at this conference from countries with great experience in AIDS, including Nigeria, Angola, Senegal, Ethiopia, Mali — my own country, and Brazil. They have come here to learn, share and contribute. This conference should

be a platform to promote a new era of horizontal cooperation in AIDS between this region and others.

### **Unique role of the Russian Federation**

Finally, let me say a few words about our host, the Russian Federation. Since the 2006 G8 Summit, the Russian government has increased funding for AIDS by thirty times, and even become a donor to the Global Fund. I salute the leadership of President Medvedev and Prime Minister Putin for their commitment to the fight against AIDS and the support of the Russian Government for hosting this conference.

This leadership comes with huge responsibilities. As President Putin said in 2004, “Nobody and nothing will stop Russia on the road to strengthening democracy and ensuring human rights and freedoms.”

As the country with the largest epidemic in the region, and with the greatest financial and technical resources, Russia needs to transform this great statement into access to prevention for those most at risk for HIV.

I encourage the Government of the Russian Federation to continue to play its leadership role in AIDS. To use its leadership on AIDS as a hallmark of Russian foreign policy and cooperation in the region and the rest of the world. To continue to be a leader in the G8 and the G20 for AIDS, health and human development issues in the years to come.

Russia also has an opportunity to use the resolution from this conference to influence the agenda of next year’s UN Millennium Development Summit, and ensure that AIDS is one of the benchmarks by which all UN member states will measure their progress. I am committed to take this forward to the UN General Assembly.

In conclusion, please allow me to leave you with a quote from UN Secretary General Ban Ki-Moon. He said that “Sustaining an effective AIDS response will require unprecedented leadership at all levels, including from Governments, civil society and affected communities.”

For me, this means that we cannot afford to rest on our achievements. It means that this conference must trigger a new era of HIV prevention diplomacy – this is our window of opportunity to prevent this epidemic from expanding further. This is what will transform universal access into a reality.

Thank you.