GETTING TO THE THREE ZEROS: UNAIDS IN THE CENTRAL AND EASTERN EUROPE REGION

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UNAIDS

SPEECH

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Minister, Chair of the UNAIDS Programme Coordinating Board, ladies and gentlemen, distinguished participants,

Firstly I would like to thank our host, the Minister of Health of Poland, for bringing us all together. It is a great pleasure for me to be here and to take part in today's discussion, on behalf of UNAIDS, the United Nations Joint Programme on HIV/AIDS, which leverages the expertise and experience of 11 Cosponsor organizations and a Secretariat, bringing multiple perspectives to the complex issue of HIV.

The Joint Programme is the only cosponsored programme in the UN. Its strength comes from its unique ability to address the cross-sectoral and multi-disciplinary issue of HIV from multiple perspectives. HIV is more than a health issue – it is a social issue, a development issue, a human rights issue.

The UNAIDS Secretariat is largely field based, with two thirds of its staff at the regional and country levels. At the country level, the Joint Programme operates through joint United Nations' teams, and Joint Programmes of Support under the leadership of the UN Resident Coordinator.

The Joint Programme has a unique governance structure with a small and committed Board. It is the first United Nations' organization with civil society represented on its Board.

UNAIDS goal is to lead the world in Getting to zero: zero new HIV infections, zero discrimination and zero AIDS-related deaths. This is our vision.

UNAIDS political leadership was illustrated by the adoption in 2011 by all Member States in the General Assembly of the bold United Nations Political Declaration on HIV/AIDS that charts the way forward to getting to zero.

The unanimous adoption by the Security Council of resolution 1983 in 2011 also reaffirmed the significance of the epidemic to peace and security, and the relevance of AIDS in the highest echelon of global governance.

UNAIDS 2011-15 Strategy has become the road map for the global response. It is focused and targeted– with 3 pillars: Revolutionize HIV prevention, Catalyse the next phase of treatment, and Advance human rights and gender equality. It contains clear deliverables and time-bound targets.

UNAIDS is implementing its Strategy focusing on 5 main priority areas:

1. Advocacy for HIV to remain on top of the political agenda and to leverage AIDS as pathfinder for larger health, development and human rights goals.

2. Building innovative partnerships for results - uniting the UN system, governments, financing institutions, people living with HIV and affected communities, civil society, science and academia, the private sector, the media and others.

3. Providing policy and technical support to put scientific progress into practice, and to prioritise available resources for greatest impact and return on investment at country level.

4. Coordinating the UN role at country level, working through joint UN teams.

5. Providing the global repository for data to track and measure progress in the global response.

I will give a few illustrative examples.

UNAIDS builds transformative partnerships. The Global Plan to eliminate mother-to-child transmission of HIV and to keep mothers alive by 2015, is a public/private partnership, spearheaded by UNAIDS and PEPFAR, and uniting some 30 governments and 50 international partners. It is focused on 22 priority countries representing 90% of the global MTCT burden. The Global Plan was launched a year ago, and we already have some exciting progress to report on implementation.

The Red Ribbon-Pink Ribbon initiative, which focuses on cervical cancer in women living with HIV, is another example of UNAIDS building coalitions across movements to link HIV and women's health in a holistic way, and leveraging the experience and resources of HIV programs to enhance health systems' response to other chronic and non-communicable diseases.

UNAIDS recognizes the critical role of young people in transforming our societies. Our strategy on HIV and youth engagement was developed through crowdsourcing, with more than 5 000 young people sharing their perspectives, online and offline. This is the first crowdsourced policy paper in the history of the United Nations.

UNAIDS supports the Global Fund to prioritise its AIDS investments for maximum impact. Support from UNAIDS Technical Support Facilities in the last three Rounds of the Global Fund has helped countries mobilize US$ 1.7 billion.

UNAIDS helps to build the capacity of national actors to protect human rights and create enabling legal environments, in particular for vulnerable populations. In particular, UNAIDS empowers civil society to play its role to strengthen the rule of law through concrete programmes around legal and rights literacy and legal services.

UNAIDS monitors the global AIDS epidemic and regularly publishes the best available data from countries on the epidemic's status.

UNAIDS launched a new global report on the epidemic 2 weeks ago in different cities, including here in Warsaw, with the Deputy Minister in his capacity of Chair of UNAIDS Programme Coordinating Board. The report shows that the world can reach the 2015 global targets established by the UN General Assembly.

- Antiretroviral therapy has emerged as a powerful force for saving lives. In the last 24 months the numbers of people accessing treatment has increased by 63% globally. Today, over 8 million people in low and middle income countries are on life-saving HIV treatment.
- Because of access to treatment, more lives are being saved than ever before - half a million fewer people died of AIDS in 2011 than in 2005.
- The pace of progress is quickening. 25 countries have reduced new HIV infections by more than 50% in just 24 months - over half of these countries are in sub-Saharan

Africa, the region most affected by HIV. There was a 13% reduction in AIDS-Tuberculosis deaths in just two years.

- The area where we are seeing perhaps the most remarkable progress is in preventing mother to child transmission of HIV. Half of the global reduction in new HIV infections in the last two years has been among new born children. It is clear that achieving an AIDS free generation is possible.

We are turning the tide on HIV but serious challenges remain.

- 1.7 million deaths each year
- AIDS continues to be the leading cause of death for women of reproductive age.
- New infections are still outpacing those accessing treatment.
- Prevention services are often limited for populations most at risk, and women and girls.
- Less than 40% of young people globally have basic knowledge about HIV.
- Ten million people living with HIV and who are eligible for treatment, still do not have access to it.
- Stigma and discrimination are all too common in all societies.

Let me turn now to this region where we have some good news to share.

- The biggest success in the HIV response in the region is the prevention of mother-to-child transmission (MTCT) of HIV, with many countries reaching over 80% of pregnant women with PMTCT programmes.
- Domestic funding has also increased in many countries of the region.
- In some countries access to treatment has improved.
- In some countries scale up of HIV prevention efforts among people who inject drugs, are showing results.

  We have known since the 1980s that the simple and cost-effective provision of clean needles and methadone prevents HIV and AIDS from spiralling out of control among drug-using communities.

We have progress to report but also worrisome trends that call for immediate and urgent action in the region.

- This is the region in the world with the fastest growing epidemic.
  - Between 2001 and 2011, the estimated number of people living with HIV in Eastern Europe and Central Asia increased by over 50% from 970,000 to 1.4 million.
  - New HIV infections in the region increased from 130 000 in 2001 to 140 000 in 2011.
  - There was a 21% increase of AIDS-related deaths in the region between 2005 and 2011.

- ARV coverage has increased significantly in the last several years, but is still low
  - Only an estimated 25% of people eligible for HIV treatment are receiving it.
  - Only two countries in the region have achieved more than 60% treatment coverage.

- Injecting drug use and sexual transmission remain key drivers of the epidemic in many countries in the region
  - The HIV epidemic in Eastern Europe is typically driven by unsafe drug injection, sharing of needles, and sexual transmission to partners of people who inject drugs.

The region has the highest rate of injecting drug use in the world, accounting for two-thirds of new HIV infections.
- In the past few years, in many countries where the predominant mode of transmission was drug injection, we are seeing increasing sexual transmission.

- The epidemic is concentrated among vulnerable populations
  - People who use drugs, who are often unable or unwilling to access HIV services for fear of discrimination and harassment. They also have multiple vulnerabilities to HIV, tuberculosis, hepatitis and other infectious diseases.

  - Female sex workers are also most impacted by the epidemic. In some countries, HIV prevalence among these women reaches over 6%.

  - Another group affected by HIV is prisoners. Over 10% of prisoners in Eastern Europe have HIV.

  - More young people are becoming infected. Between 2001 and 2011, HIV prevalence increased among young people aged 15-24- from 0.2% to 0.6%.

  - The vulnerability of women, particularly young women and partners of people who use drugs, expose them to a higher risk of acquiring the virus. We are seeing an increasing ratio of women among new infections across the region.

    Gender-based violence is another risk factor. Many women do not seek HIV services, including testing, because of the fear of the consequences of disclosure.

It is high time to halt these trends. There needs to be a sense of urgency.
How do we move from evidence to impact?

Let me share with you 3 key recommendations from UNAIDS on ways to change the trajectory of the epidemic in the region.

We need political leadership, civil society involvement, and investments based on evidence, science and rights.

Firstly, it is essential to scale up evidence-based and country-specific prevention measures targeting key populations, and to increase access to ARV treatment for all eligible persons.

- We know that the cornerstone in developing an effective national prevention strategy is understanding how HIV is transmitted, knowing what gaps exist in the response, and prioritizing programmes based on local epidemiology to invest in the right populations and the right programmes.

- While people who use drugs are the predominantly affected population in the region, only a small proportion of them are provided with HIV testing and treatment..

- We know harm reduction programmes around opioid substitution therapy work for people who use drugs but only a very small proportion of them receive it, and it is not allowed in two countries in the region.

- Another issue in the region is the high cost of HIV-related commodities and services. For example the cost of first line treatment is as low as $88 per year in many parts of the world but governments in the region still pay over $300 per year for the same combination.

Secondly, countries need to move towards integrated and multi-sectoral approaches.

- We need to move away from silos, towards integrated approaches where HIV, TB, harm reduction programmes and sexual and reproductive health services (particularly maternal, newborn, and child health) are integrated, and towards multi-sectoral approaches where HIV is treated as more than a health issue.

  Countries in the region must address the larger factors, the social determinants, that put individuals at risk of infection, stigma and death. Poverty. Lack of sexuality education. Gender violence and inequity. Homophobia. Criminalization.

- The HIV epidemic also requires strong community responses. Community-based organizations play a critical role: they are key providers of prevention, treatment, care, and support services, as well as working to create the social, political, legal and financial environment needed to effectively respond to the epidemic.

  Countries in the region need to help build the skills and capacities within local civil society groups to strengthen national responses.

- Young people and women must also be at the table when it comes to designing, implementing, monitoring and evaluating HIV policies, services and programmes.

Thirdly, leaders in the region must demonstrate strong political will to focus on the right programmes for the right people, to increase domestic investment, and to be role models in fighting HIV–related stigma and discrimination.

- In Eastern Europe, external donors finance at least 60% of HIV prevention programmes for people who inject drugs and other key populations. And several countries receive more than 30% of their total HIV budget from Global Fund grants.

  The high reliance of many countries in the region on development assistance for their HIV response is a challenge, particularly in today's economic climate. HIV programmes may be at risk soon if countries in the region, particularly those middle income countries, face restrictions in access to international funding. International funding cuts would also reduce civil society's important role in promoting advocacy, legislative changes, and programme implementation.

  Countries therefore need to address their dependency on external financing, including through increasing domestic financing, to ensure financial sustainability.

  While the degree to which countries can assume financial responsibility of their responses depends on their economic circumstances and the severity of their epidemic, there are several options to strengthen domestic resource mobilization. Many are already in practice and showing results: from taxes on tobacco and alcohol to expanding health insurance and mobilizing resources from the private sector.
  Shared responsibility and global solidarity rests on the recognition that all countries have differentiated responsibilities to fulfil their commitments to people living with and affected by HIV.

- HIV-related stigma and discrimination continue to be a main barrier to universal access in the region. It drives key populations away from the much needed prevention services. It is visible, for example, in the negative attitudes of health care workers who advise women living with HIV that they should never become pregnant. It is shown in the public disclosure of confidential health information, and discrimination in access to employment.

In the majority of countries in the region, punitive laws which stigmatize Injecting Drug Users are a barrier to an effective response, and drive people away from testing and services.

I wish to salute Poland for the strong political leadership it has shown in the HIV response, at home and abroad, and especially in the region.

Poland is the first country in the region to be elected as Vice-chair and subsequently Chair of UNAIDS Programme Coordinating Board in 2012. This is a clear recognition of the Polish active involvement in the global AIDS response and in the work of the PCB.

Poland has recognized the responsibility of PCB members, not only to represent their own countries but also their region. Poland has made the issues of the region more visible in the Board.

UNAIDS has much appreciated Poland's PCB chairmanship this year. Poland led a delegation from our Board to Ukraine - the first visit of the Board to the region - where participants were able to witness and discuss success and challenges of the response in the country.

The Polish Mission to the UN in Geneva and technical experts from the National AIDS Center, have been actively engaged in a range of Board-related activities as members of the PCB Bureau and various working groups.

UNAIDS is particularly grateful for the Polish government's decision to double its contribution to UNAIDS in 2012.

I would also note Poland's engagement during its EU presidency in 2011. Poland reactivated the Eastern Europe regional group on HIV issues and as result a first joint PCB statement on the HIV situation in the region was issued. Poland also organized a high-level side event on HIV at the Human Rights Council in Geneva.

And Poland has an exemplary collaboration with civil society organizations.

The fact that HIV is considered as one of the governmental priorities, and that the national HIV strategy mainstreams HIV into national development programmes, has given Poland a strong foundation for its national response. And as a result of continued efforts,

- Poland has nearly eliminated the transmission of HIV from mother-to-child.
- Poland has successfully fulfilled the global commitment of universal access to antiretroviral drugs for People living with HIV. Since 2001, ARV therapy is offered to every patient who fits the medical criteria.
- With the increase in treatment coverage, the quality of life of people living with HIV has improved and Poland has also achieved a significant decrease in the number of AIDS related deaths.

Overall, this is a model of political engagement at multiple levels - international, regional and national.

I wish to close by emphasizing that the response to HIV in the region, in particular HIV treatment, is at a tipping point. We are barely three years from fulfilling the UN Millennium Development Goals of getting 15 million people on treatment globally and reducing new infections among injecting drug users by 50 per cent. All countries in the region recommitted to these targets at the UN in 2011.

We know the goal of an AIDS free generation is theoretically within reach and we know HIV is a smart investment. Resources invested in HIV deliver proven returns in the form of results that go well beyond health. Investments must reach the communities at greatest risk. Political will is essential.

The AIDS response can be a catalyst for broader health, human rights and development outcomes, and an engine for social change – towards more inclusive societies that take responsibility for investing in the well-being and dignity of all their people.

We look forward to continuing to partner with you to reach the goal of zero new HIV infections, zero discrimination and zero AIDS related deaths in this region.

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