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Speech

‘Overcoming Challenges in the AIDS Response’

Keynote speech
to the Second Eastern Europe and Central Asia AIDS Conference

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Excellencies,
Friends,
It is a real honor to be here at this second conference on AIDS in the region. I want to warmly congratulate the organizers, Dr Gennady Grigorievich Onischenko and all his colleagues in the Russian Government, and the members of the Conference Organizing Committee for bringing together such a diverse group of people to accelerate action on the AIDS response in this region.

Two years ago, at the first ever conference on AIDS in this region, we talked about the exceptional difficult challenges this epidemic poses. The good news is that the world at large is finding ways to meet many of those challenges.
Just after our first conference, in June 2006, the world's governments met at the United Nations in New York for a historic agreement to work towards universal access to HIV prevention, treatment, care and support by 2010, this is two years from now. Next month, they meet again to review progress.

The UN Secretary General's report to this meeting contains many positive findings. Three million people in low and middle income countries are now on antiretroviral treatment, coming from 200,000 two years ago. In this region, Georgia and several of the Balkan states are set to make universal access to treatment for everyone in need a reality. In Russia, 30,000 people - twice as many as in 2006 – now take antiretroviral drugs. But there's a long way to go before universal access becomes a region-wide reality.

There's also been a major progress in availability of services to prevent mother to child transmission of HIV. Most countries in this region are well on the way to providing universal access to these services – Belarus, Ukraine and Russia are doing so, with coverage rates of around 90 per cent, which is well above the average in the world.

Other good news: many countries in the Caribbean, Africa and Asia report a decline of HIV prevalence. This is not, however, true of Eastern Europe and Central Asia. Despite all the gains this region has made in recent years, the proportion of people living with HIV is estimated to have gone up 150% since 2001 and the epidemic is still spreading, though at a lower pace than before in several countries.

Let me now address through the rest of my speech the remaining challenges.

But one of the top messages from the report is the urgent need to make HIV prevention more effective. This is a global challenge: for every person who starts taking antiretroviral drugs, another 2.5 become infected. Unless we do a better job on HIV prevention, the queues of people lining up for antiretroviral treatment will grow longer. And the gap to reach universal access will grow longer and longer. Responding to AIDS will get more costly and more difficult - because of the increased demand for first, and then second and third line antiretrovirals, and because of the cost of tackling other health problems associated with long-term antiretroviral treatment.

That said, in some countries, HIV prevention investments are beginning to pay dividends. The first step to improving prevention is, as the conference programme highlights, to “know your epidemic”. As we heard from Dr Onischenko, in this region, two thirds of new infections occur among injecting drug users. Unprotected heterosexual sex is responsible for the other third. Virtually no infections are reported among men who have sex with men: just 1% region-wide, which I find really hard to believe. One problem is that there is very little information about sexual behavior in the region. Not only does this make it extremely hard to direct HIV prevention now, but it’s a major challenge to predicting how the epidemic may evolve, where the next 1,000 infections are likely to come from, but where the next 1,000 infections may be coming from in ten years time. This makes it difficult to plan.

The next step is to match programmes to needs. Too often, prevention programmes fail because governments and societies discriminate against the people who need them most - simply because they are different. Because they have sex with men, because they inject drugs, sell sex, sometimes even because they are foreigners. Half of all countries worldwide reporting on progress on AIDS this year still have laws or polices that impede injecting drug users and men who have sex with men from accessing HIV prevention services.

As UN Secretary General Ban Ki-Moon observed last month in New York: “There will be no equitable progress so long as some parts of the population are marginalized and denied basic health and human rights - people living with HIV, sex workers, men who have sex with men, and injecting drug users… Legislation can also stand in the way scaling up towards universal access - in cases where vulnerable groups are criminalized for their lifestyles.”

Kazakhstan, Kyrgyzstan, Russia, Ukraine and a number of other countries represented here today, have taken bold steps to prevent HIV transmission among injecting drug users through needle and syringe exchange programmes. Others, including Kyrgyzstan, Moldova, Azerbaijan and Ukraine, have gone further, and introduced opioid substitution therapy. And they’re right to do so: over and again, scientific research proves that providing substitutes such as methadone reduces the need to inject drugs and share equipment, decreasing the risk of HIV transmission. This is why the Joint UN Programme on HIV/AIDS – led by the UN Office on Drugs and Crime – is working with a number of governments in the region to eliminate legal obstacles to harm reduction and establish standards for provision. Without full harm reduction programmes for stopping HIV among injecting drug users in Eastern Europe and Central Asia will be simply impossible.

It’s time to rethink how we approach the epidemic.

Less progress has been made on reaching gay men. Again, this is a problem in many regions. But as Western Europe and North America showed in the 1980s, and a number of Asian and Latin American countries are showing now, making HIV prevention work for men who have sex with men is the smart thing to do. As the recent UNGASS reports show, this region is still far from reaching the necessary number of men who have sex with men with adequate prevention

programs. If the region is to meet its universal access targets, it must do more for this group.

It must also do more for women! Generally speaking, programmes to provide women with tools and knowledge to prevent HIV infection are few and far between. 40% of all infections in the region are among women, and it is continuing to grow.

Another major challenge is to overcome stigma and discrimination around HIV. In many ways, the prejudices associated with AIDS can be much worse than the disease. Stigma deters people from getting tested for HIV and taking anti-retroviral drugs. Everywhere I go I meet groups of HIV positive people. Often this is inspiring. And it keeps me going. But when I hear tales of discrimination and humiliation, I am reduced to despair and incomprehension. It really is unbelievable that if you say you have cancer, heart disease, diabetes, or malaria people feel sorry for you. But if you say you have HIV, they turn their backs. Some countries even refuse to allow people living with HIV across their borders – another issue on which UNAIDS, The Global Fund and International AIDS Society are working together and advocate for change.

So it is good to hear that in a number of countries, consultations around scaling up towards universal access has opened the door for dialogue on issues such as stigma and discrimination. The next step is to act - to teach the truth about AIDS in schools. To tell the truth about AIDS in the media, in the church, in the mosques and at the workplace. And the truth is – that there is absolutely no reason to discriminate against people because they have HIV.

There is also a need to provide integrated services for HIV and tuberculosis. Tuberculosis is the leading cause of death for people living with HIV worldwide. But in some countries in this region, as few as 8% HIV positive people who have tuberculosis receive treatment for both conditions. Even those providing better coverage are still not achieving 40%. That doesn't make sense at all: there is no point in putting someone on treatment for HIV and then letting them die of tuberculosis.

A further challenge is to build on existing political leadership on AIDS at the highest level, and generate new leadership. Here in Russia, President Putin's personal leadership has been key to making progress on AIDS. And we have seen some stellar examples for leadership from the State Duma this morning. Two years ago, for the first time, the Presidium of the State Council called for a comprehensive national strategy for AIDS that involves government ministries, civil society, the media and business. Last year, federal spending on AIDS tripled. In Ukraine, the strong personal involvement of President Yushenko played an important role in the creation of a National Coordination Council on AIDS with strong civil society representation, and with a person living with HIV as Deputy Chair. The presidential decree allowing substitution treatment with methadone for injecting drug users living with HIV was an act of true leadership.

I am struck on returning to the region to see how far civil society has come in such a short time. Regional and national networks of people living with HIV play

an important role in service delivery. They also play a critical independent monitoring and evaluation role – we look forward to the forth coming report on access to treatment and care from the Eastern European and Central Asian Union of Organizations of People Living with HIV and the Russian Network of People Living with HIV. Work is under way to build capacity in advocacy and organizational development, and UNAIDS is strengthening capacity to act as watchdogs and to make programmes more gender-appropriate. It will be vital to build on this momentum. The Global Fund has, of course, been a major contributor. But it is encouraging to see that some groups in Russia, for example, have already benefited from state funding. Nevertheless, there is ample space for the private sector and foundations to play a more prominent role. There is more and more money in the region that could be used for social goods.

This brings me to the next challenge: funding. This region is approaching a crossroads when it comes to financing the AIDS response. On the one hand, we are seeing increases in domestic funding in many countries. Russia now contributes to the Global Fund and Estonia has decided to ensure the continuation of Global Fund activities in its country by fully funding them on its own. But there are still shortfalls. Some countries cannot find the funds they need, and others still need to do more to allocate specific budget lines to AIDS.

At the same time, there's an urgent need to bring down costs – not just for antiretroviral drugs but also for drugs for opportunistic infections and viral hepatitis – and new transparent processes for tenders, registration and procurement are required.

The final challenge we have today is to take a long-term view. Twenty – seven years into the epidemic, I believe that we are at a point at which we must move to a new phase – a phase where we combine short-term crisis management with a long-term, strategic approach that prevents further crises developing later on. This is why I recently launched a new project, AIDS2031, which will be presented at a satellite session tomorrow. AIDS2031 brings together a wide range of different constituencies to assess what we can do differently now to change the face of AIDS in 2031 – 50 years after AIDS was first reported and ensure that we do now is strong enough to have impact now and stand firm over the longer term. This is particularly important in this region, where we are dealing with a relatively "young" epidemic that mostly affects young people.

Let me conclude by saying I believe that AIDS programms in this region are working. There's an abundance of knowledge, skills, infrastructure and even resources. But there are two more vital ingredients, tolerance and compassion – tolerance towards people with different lifestyles and compassion for people who live with HIV. It would be a tragedy if, after coming so far and achieving so much, this proved one challenge too many.

Thank you