

**Ministerial Conference “Europe and HIV/AIDS: New Challenges, New Opportunities”, Vilnius, Lithuania, September 16-17, 2004**

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Mr Prime Minister of the Republic of Lithuania, Distinguished Participants,

It is 16 years since the first World Summit of Ministers of Health on AIDS Prevention was organised in London by the United Kingdom Government and the World Health Organisation in January 1988. Already then, seven years into the HIV/AIDS epidemic, Her Royal Highness, the Princess Royal remarked in opening the Summit that the global response to AIDS had been characterized by delay and inaction. “Do not underestimate the long-term effects of the virus!” she exclaimed. And how right she was. “We can put people on the moon,” she said in ending her presentation. “We can eradicate smallpox, we could stop polio; you can make a start to prevent and control AIDS.”

Sadly, 16 years later, we are still at the starting phase of our response to HIV/AIDS. The epidemic remains out of control. Unfortunately, the epidemic continues to spread relentlessly in many parts of the world, with the fastest growth in Eastern Europe. However, HIV prevalence is also increasing in Western Europe; with a 20 per cent increase in infections in the UK and reported increases in other countries, such as Sweden and Switzerland. In 2003, between 30,000 – 40,000 new infections occurred in Western Europe, notwithstanding two decades of intense information and education, as well as widespread access to effective antiretroviral therapy.

Now, many Summits and Declarations after the London Declaration in 1988, I wish to express, on behalf of the UN Secretary-General, my strong appreciation

of the new, reinforced move of the European Union to revive collaboration among its members in response to HIV/AIDS and to address the escalating HIV/AIDS crisis in its neighbourhood. As the crisis escalates, so must the response. The Conference here in Vilnius, occurring so soon after the Dublin Conference, reflects Europe's recognition of the urgent and rapidly worsening situation. I hope and expect that the Vilnius Conference will lead to concrete and immediate actions at country level, impacting on the epidemic and mitigating its consequences.

About 1.3 million people are now living with HIV/AIDS in Eastern Europe and Central Asia. In the most affected countries – Russia, Ukraine and Estonia – HIV-prevalence has reached 1-1.5 per cent of the adult population and continues to rise. That level is as high as in the worst affected areas in India, extraordinarily high for European countries.

In Central Asia and now also in Caucasus, the epidemic is expanding rapidly. South-Eastern Europe remains an area of concern, with increasing levels of drug injecting and sexual risk behaviour among young people, especially in the countries marked by conflicts and rapid transition.

Young people are the epidemic's primary target in Eastern Europe! About 80% of all infections in Eastern Europe are among young people, compared to only 30% of the infections in Western Europe and the US. Many are teenagers and even younger, 10 to 12 years of age; children in fact. Throughout the world, HIV tends to target those who are most economically and socially vulnerable. The alarming infection rates among young people in Eastern Europe are a sad reflection of how exposed and defenceless they are in societies in transition lacking essential social cohesion.

Extraordinarily large numbers of young people, from all strata of society, are engaging in drug injecting and high-risk sexual behaviour. This special feature is responsible for the unique pace and dynamic of the epidemic in Eastern Europe. While the epidemic is intimately connected with drug injecting, it is not isolated in small, marginalized and stigmatized communities of drug addicts. On the contrary, the fact that highly sexually active young people also engage in drug injecting on a regular or occasional basis creates an explosive situation that risks a major expansion of the epidemic in the region.

From its early concentration primarily among injecting drug users, the HIV/AIDS epidemic in Eastern Europe has the potential to transform itself into a large scale sexually transmitted epidemic. Sexual transmission is increasing, and more women and children are becoming infected.

A large scale epidemic is bound to have significant impact, accelerating the region's already-severe population decline and undermining the potential for socio-economic development. The epidemic also represents a direct threat to national security, in terms of its potential death toll, its impact on armed forces, and its destabilizing impact, undermining capacity to resolve conflicts.

The demographic, socio-economic and security impact of the epidemic will not only affect Eastern Europe, but Europe at large. The iron wall fell in 1989 – we can no longer continue to pretend that we live in two different worlds.

There is an urgent need for a massive and comprehensive response to reduce the vulnerability of young people and empower them to become active partners in the effort against the epidemic. Immediate action is required to scale up HIV prevention among injecting drug users and their sexual partners who are at very high and constant risk for HIV infection.

Urgent action should be also taken to substantially improve access to care, support and treatment and to safeguard human rights for people living with HIV/AIDS, injecting drug users and particularly susceptible groups. Prevention, treatment and care are mutually reinforcing elements of an effective response

Stopping HIV transmission from mother to child is a concrete and realistic goal in this region and should be implemented immediately.

Effective scaling up of essential programs for HIV/AIDS prevention, care and treatment programs in Eastern Europe will require funding from all sources to increase from about US\$750 million in 2001 to US\$1.5 billion by 2007. While we are far from reaching those targets, there has been a sharp increase in international resources for HIV/AIDS from about US\$ 50 million in 2001 to more than US\$ 600 million today. This gratifying increase is primarily attributable to the Global Fund, the World Bank, and other key donors.

Now that more money is available, the immediate challenge is implementation of essential programmes. Unfortunately, the world is experiencing an implementation crisis, finding that money alone does not guarantee that key prevention and treatment services reach those in need.

Money can only work if there is strong and accountable leadership in the affected countries. Increasingly there have been expressions of high level leadership against AIDS in Eastern Europe. A few Presidents and Prime Ministers have become personally engaged, and at the regional level, the Commonwealth of Independent States has launched a promising initiative on AIDS.

However, in general there is a crying lack of leadership and ownership of the fight against HIV/AIDS at all levels of society. In particular, leadership has been lacking in taking concrete action to break the silence and stigma, allocate critical domestic resources, and ensure effective operational coordination and management.

The steep increase in resources requires a similar steep expansion and strengthening of local technical capacity. The lack of technical capacity cannot be solved by a few international consultants; it requires a longer term strategy to build sustainable technical capacity at local levels.

Last, but not least, a strong social movement on AIDS, anchored by people living with HIV/AIDS and civil society organisations, must be fostered. There are very encouraging examples, especially in countries like Ukraine and Romania, of people living with HIV/AIDS breaking the stigma and isolation, and coming out as a strong voice and force on AIDS, building partnerships with governments and other stakeholders.

What can the European Union and its members do?

AIDS continues to be the greatest development challenge for the world in the new century.

It is essential that the EU members stand by the commitments made in the Millennium Declaration, the Declaration of Commitment on HIV/AIDS from the UN Special Session in June 2001, and, latest in the Dublin Declaration. The declaration to be adopted at this meeting should serve as an important step forward in that respect.

As one of the wealthiest regions in the world, the EU must also increase the financial contributions from the EU to the global response, and to its immediate neighbourhood in Eastern Europe and Central Asia. Eastern Europe and Central Asia have not been a traditional focus for international development aid – but it is high time we face the realities of post-1989. Several countries in the region qualify as low income countries, and many threaten to become trapped in a negative spiral in which countries actually lose ground in their quest for economic and social development.

In some of the new EU members, international donors have historically supplied a large part of funding for HIV/AIDS and other development efforts, especially for NGOs. Such support has by and large stopped now, creating a dangerous situation, where past achievements can be undermined.

However, with regard to the immediate practical implementation challenge in Eastern Europe and Central Asia, the European Union has an opportunity to impact the epidemic through a concerted and coordinated effort in the following areas:

- Intensifying the policy dialogue on AIDS at all levels, calling for a strong and committed leadership on AIDS
- Developing and implementing technical collaboration through a variety of means – cross border collaboration, support to collaboration in the affected countries assisting in starting youth clinics and school education, developing programs on AIDS at the work place and encouraging development of corporate responsibility within the business sector. etc.
- Supporting networking and capacity building among people living with HIV/AIDS and civil society organizations at national and regional level.

This kind of targeted and strategic support will only require modest financial resources.

The UN can play an important role in facilitating and mediating collaboration, through its presence at country level in Eastern Europe and Central Asia, and through its experience of collaboration among all key stakeholders in response to AIDS – from government and business sectors to people living with HIV/AIDS.

The list of what should be done may seem long and I am sure that my colleagues from the UN system who follow me will add further points – but is that not encouraging that there are so many activities that are doable and that have proven to be both effective and efficient?

In closing, I wish to underscore that we are in no way powerless against HIV, however clever the virus may seem. Although the epidemic is now spreading, we have effective tools at our disposal to fight this scourge but they will not work without your leadership and commitment. Tragically, political leadership has often been lacking in the past; it is the biggest leadership crisis of our time as Kofi Annan has said. Now is the time to come forth and shoulder the responsibility.

Thank you!