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HIV/AIDS, Anti-Poverty Goals and China's Drive for Development

Beijing
People's Republic of China
26 March 2004

I would like to express my appreciation to the Government of the People's Republic of China and to the UN team for giving me the opportunity to address this Conference.

At the outset, I wish to make three brief points:

- First, that deep and widespread poverty is the fundamental and most serious security risk threatening the world, including China;
- Second, that the risk of HIV/AIDS in China threatens all attempts to end extreme poverty;
- Third, that national action and leadership is not yet at the level required in most countries. And international resources are not yet flowing with the urgency and on the scale needed, to prevent HIV/AIDS sweeping across China as it has across Africa.

Poverty as a Security Risk

Extremes of poverty and wealth encourage extremism and sow the seeds of violence. In the 1990s, global wealth increased faster than at any time in history. Yet there has never been a steeper gradient between rich and poor countries, and between the richest and the poorest people. The net worth of the world's three richest people is greater than the national product of 41 of the world's poorest countries.

Ending poverty will not ensure security. No-one can prevent a man or woman from committing suicide for a cause: no-one can prevent a handful of depraved individuals from using wealth and intelligence for evil ends. But the few fanatics do not act alone. They need troops; and they need support. Their support is nurtured by deprivation—or the perception of deprivation—and sharpened by a sense of injustice, oppression and exclusion. Extreme poverty is now a security issue.

That is why in 2001, world leaders agreed on financing for the Millennium Development Goals. There are many efforts to mobilize resources from governments, the private sector and foundations. My plea to all is that while Africa needs attention, the Asia region must not be neglected for the reason that Asia contains 60% of the world's population and an epidemic here would be an even greater world catastrophe.

The MDGs envisage a determined attempt to:

- halve extreme poverty by 2015,
- end malnutrition;
- halt the spread of HIV/AIDS;
- ensure universal health care and education; and
- secure gender equality.

The Goals envisage a truly global community, both because it is right, and because we need it. Only a global community can ensure global security. That is the reality of the world in which we live: but it is also our hope for the future.

HIV/AIDS Could Undermine the Achievement of the Millennium Development Goals

China cannot rely on economic development to rescue the country from the threat of HIV/AIDS. The relationship between poverty and HIV transmission is not so simple. If it were, South Africa might not have Africa's largest epidemic, for South Africa is rich by African standards. Botswana is, or was, a prosperous country; yet it has the highest levels of infection in the world.

At the same time, we know that extreme poverty and the spread of the HIV/AIDS pandemic are directly linked. In the most-affected African countries, even in more-developed economies like Botswana and South Africa, the highest rates of infection are among the poor. In the industrial countries most new infections are among the poor and minority groups.

HIV/AIDS accompanies poverty, is spread by poverty and produces poverty in its turn. For example:

- The poor have lower general levels of health. Their immune systems are weaker. They have a high incidence of other infections, including genital infections, and exposure to diseases such as tuberculosis and malaria;
- Health care is less available in poor communities; they have less access to information on prevention and services for treatment;
- The poor are less likely to have proper information. They have less ability to defend themselves against infection. They are more vulnerable to myths and misinformation. The denial and stigma that allows HIV/AIDS to flourish starts with ignorance;
- The poor have less political influence; they have less ability to make their case for information and services;
- Poverty drives high-risk behaviours such as trafficking of young girls.

We can see some shocking examples of this in the Asia-Pacific region, and in China itself:

- Poor migrant workers, their contacts and their families are especially at risk;
- Young people living in poverty are likely to be more vulnerable, and young women most vulnerable of all;
- The very poor lack hope or confidence in the future. They do not believe that they can change their lives. Their fatalistic attitude itself increases their risks.

Inequality sharpens the impact of poverty, and a mixture of poverty and inequality may be driving the epidemic.

In the most seriously affected African countries, starvation is now a real threat. HIV/AIDS predominantly kills adult men and women in their most productive years. In rural areas, this means old people and children have to tend the livestock and grow the crops. If they are not strong enough, or numerous enough, they fall into destitution.

In the most seriously affected countries the social structure is collapsing as teachers, health workers, police and administrators fall to the disease. Employers are hiring two people for every vacancy, expecting that one will be lost to AIDS. The economies of the worst-hit countries will be 20-40 per cent smaller than they would have been without HIV/AIDS. Africa's already fragile economies and societies are reeling under the shock.

Could this happen in China? The answer is unequivocal. Yes. China's epidemic is at the stage that Africa's was in 1990. ***HIV/AIDS is poised to sweep through China in the next decade.*** General rates of infection are still below one per cent: but there are areas of concentration, in which rates are much higher. In these parts of the country, the infection has already broken out of the high-risk groups – intravenous drug users; men who have sex with men; sex workers, their clients, and others who have multiple partners – and into the population at large.

I think it is important to remember that the high-risk groups are in no way segregated from the community. With some exceptions, they have homes and families. They bring the disease into their homes and infect their wives—I say wives because the high-risk groups are predominantly men. In parts of China the situation is aggravated by the spread of infection in the past through contaminated blood products.

If HIV/AIDS takes hold in China, it will spell the end of efforts to end poverty. Instead, the pandemic could abort China's economic development. It will certainly hold back economic growth in the more industrialised areas. It will spread insecurity and instability in the more fragile economies of outlying provinces. It could threaten development in the country as a whole.

And to those who say that it cannot happen in China, I have to reply – you are mistaken. There is nothing inherent in China's culture or society, ancient and unique though it is, that will protect you against HIV/AIDS. Only action – prompt, committed action under determined leadership – will prevent an AIDS catastrophe in this country. China has a huge advantage. It has the health and administrative infrastructure that can allow it to implement a successful campaign, once a strong political commitment is made, and be sustained at every level – national, provincial, prefecture, county, township and community.

A range of prevention programmes have been carried out in different parts of China, however, coverage is very limited. Even in Yunnan province, where there are a number of (internationally supported) programmes, coverage is estimated to be less than 10% of the risk populations. These gaps are not just due to

funding gaps but also technical and programmatic constraints. Only a handful of the 31 provinces, autonomous regions and municipalities, have strategic planning processes or policy frameworks in place, and surveillance systems are very weak. Staff at provincial and sub-provincial levels need capacity development in technical areas and project management. While health services in rural China as a whole have been weakened in recent years, infrastructure in the form of provincial, county and township level health centres remains in place, but the quality of services (e.g., for treatment of sexually transmitted infections) is hampered by the overall financial constraints of the health system which create incentives to oversubscribe medication and overcharge patients.

Needle exchange and methadone maintenance pilot projects to reduce the spread of HIV among IDUs have shown some success. However, considerable challenges remain because of the lack of social and political acceptance for such measures. Additionally, the lack (until very recently) of care and treatment for those infected with HIV has made it difficult to initiate meaningful programmes to prevent HIV transmission among drug users and from drug users to others.

At the end of 2002, restrictions against marketing of condoms were lifted. Chinese condom production is sufficient to meet the demand but capacity constraints exist in terms of quality control. Attention to improved quality control and to social marketing of condoms have given positive results. They must be vigorously pursued.

A major effort being made to address HIV/AIDS among China's sex workers and their clients is condom promotion in selected cities. Regular condom use by China's estimated 4-6 million sex workers remains very low. For men who have sex with men (MSM) several urban-based NGOs and MSM groups have developed programmes for condom promotion, peer-counselling, hot lines, etc. These programmes must be scaled up to reach national coverage.

Since the mid-1990s, the official blood banks have for the most part had adequate safeguards for their blood supplies, including screening of HIV. The problem, however, is that hospitals may obtain (some) blood from sources other than certified blood banks which do not always maintain required safety standards. This problem needs attention.

Voluntary counselling and testing (VCT) services are weak or non-existent in most provinces, with little experience of counselling, and frequent problems with confidentiality. However, there is some experience of confidential testing and counselling services (in Yunnan and Beijing) which can be used as a model.

HIV/AIDS-related stigma and discrimination are widely recognized as obstacles to mounting an effective response. Discrimination based on HIV status manifests itself in many ways, including mandatory testing in state enterprises,

and lack of access to treatment and violations of patient confidentiality in government hospitals.

Particular vulnerability factors include:

- Low awareness of HIV/AIDS, huge income disparities, large-scale labour migration and gender imbalances (which attract young women into relatively higher paying sex work in cities and trafficking of women);
- A majority of men who have sex with men also have sex with women;
- Most injecting drug users share needles and drug use is on the increase. In provinces like Guangzhou and Xinjiang, 30% and 60%, respectively, of drug users have tested positive;
- Officials and businessmen are at least 10 times more likely to buy sex than physical labourers;
- Minorities in China are often poorer than the average Chinese and one third of all reported HIV/AIDS cases are among national minorities, who comprise less than 10 per cent of the total population.

Treatment is still not affordable to many patients, AIDS deaths are mounting and the number of orphans is on the increase. If not controlled, HIV/AIDS could impact the overall GDP of the country.

National Action

There is no cure for HIV/AIDS and no vaccine against it. Treatments can be successful in reducing viral load and preventing mother-to-child transmission. World prices for anti-AIDS drugs are generally much lower than in previous years and China has started its own production of anti-retroviral drugs. However a number of important challenges remain; medical staff have little training and experience, counselling is still very weak and the only service provider is the Government. Community groups which can provide social support and help to reduce stigma are underdeveloped. Treatment therefore has a part to play in prevention; but the only effective way to stop the AIDS pandemic in China is for people to avoid sex with an infected person wherever possible, and to protect themselves from the risk of infection.

HIV/AIDS prevention is a huge task, but there is a beacon of hope in the success of some national efforts. The campaign to improve blood safety and efforts to promote condom use are also showing results here in China. The elements in a successful prevention strategy are becoming evident.

First, is to reach high-risk groups. As much as we deplore the fact, high-risk behaviours exist; and ignoring them will not make them go away. Policymakers ***must*** grasp this thorn bush: they must devise ways of providing people at risk with information and services, including condoms, and voluntary counselling and testing for HIV/AIDS. Of course testing is more effective when there is a

treatment regime to back it up, but prevention cannot wait until conditions are perfect.

China must not allow association with high-risk groups to stigmatise everyone living with HIV/AIDS. Removing the stigma of HIV/AIDS is the single most difficult obstacle to an effective prevention programme, but it can be done. It calls for leadership at all levels, above all, a willingness to confront and openly discuss sensitive matters, such as drug use, commercial sex, and sex outside marriage.

Young people especially need an open discussion about risks and how to minimise them. Migration exposes workers and their families to heightened risks. The message must be that HIV/AIDS can happen to anyone. Everyone must understand the importance of responsibility for protecting themselves and those they love. Men must understand that women are not to blame for the disease.

China's reproductive health systems already have much of the service and information infrastructure to fight the battle of HIV/AIDS prevention. Further strengthening of voluntary reproductive health information and services will therefore contribute to a variety of purposes—enabling an escape from poverty and encouraging economic growth, promoting the human rights to reproductive health, and holding back the onrush of new HIV/AIDS infections.

China will find its own way to confront the HIV/AIDS pandemic. The central government bears the heaviest responsibility for leadership; but as circumstances are different in each province and county, appropriate local responses are needed, and leadership at all levels should be encouraged.

The international community must join China in its fight to prevent an HIV/AIDS catastrophe. It is in everyone's interest: as we have seen with avian flu and the SARS outbreak, infections do not respect national borders. HIV/AIDS is less visible, and takes longer to spread, but it is far more deadly in the long run than anything we have seen to date.

I hope that there is a new sense of urgency. Meeting the Millennium Development Goals, halving extreme poverty by 2015, is a matter of altruism, of doing the right thing: but building the global community is also a matter of security and self-interest for those of us who are better off. Poverty, gender inequality and the spread of HIV/AIDS threaten us all, wherever we live. This battle belongs to all of us. China has responded to the challenge and we the international community will be with you in this fight.

Thank you.