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Joint United Nations Programme on HIV/AIDS

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Mobilizing against the AIDS epidemic in the context of the International Conference on Population and Development +5 (ICPD+5)

The Hague Forum

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Statement in Plenary

by

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When the International Conference on Population and Development (ICPD) was held in 1994, there was recognition that the threat of AIDS needed to be effectively addressed in the Programme of Action. And yet, I cannot say with confidence that those of us who were there were fully aware of the range and depth of the impact of this epidemic, which would call for far more intensified efforts than were being planned.

The inception of the Joint United Nations Programme on HIV/AIDS (UNAIDS), two years after Cairo in 1996, came from a recognition that HIV needed to be seen as a development issue, demanding diverse resources and expertise. With our Cosponsors, UNICEF, UNDP, UNFPA, UNESCO,-WHO and the World Bank, we are proud to be associated to further the Programme of Action of the ICPD and to ensure that concerns related to AIDS receive due attention in its implementation.

What has been the change since the ICPD in terms of AIDS and what does that mean for the implementation of its Programme of Action?

These have been 5 years of expansion of the AIDS epidemic, but also 5 years of progress in our response to AIDS.

Let me start with the good news.

We have made very significant progress in expanding global capacity to monitor the epidemic. For the first time ever, we have country-specific estimates and data, which are key for local planning and action. On the political front, national and local political and opinion leaders have started to speak out in a growing number of countries – most of them only over the last year.

On the prevention front, there have been many real achievements. In a number of places, HIV infection rates finally appear to be slowing down. Not just in industrialised countries, like here in the Netherlands, but in developing countries as well.

In Brazil, Senegal, Thailand, Uganda, and now in parts of Tanzania, where HIV rates among young women have been cut by 40 per cent as a result of strong prevention programmes.

Prevention does work. The evidence has never been clearer. And, today, we have more options than ever.

New tools such as thefemale condom, are now much more widely available to women in developing countries through our negotiation of a public sector pricing deal and through social marketing. Millions are being sold, and used. Women have more choice.

New research is helping to reduce the number of children born with HIV. We now know that even a short regimen of antiretrovirals can greatly reduce mother-to-child transmission among women who do not breast-feed. Countries are now turning these findings into action – a priority, given that last year in Africa alone half a million babies became infected by HIV through maternal transmission.

New treatments are postponing disease and prolonging life for thousands of people living with HIV and AIDS in the industrial world, but not for the overwhelming majority of those who need it in the poorer countries.

And new partnerships, such as those between the public sector and the pharmaceutical industry which have opened the door to drug price negotiation for developing country markets, such as those with the entertainment industry to reach young people, and such as those with religious organisations which are increasingly active in the struggle against AIDS.

But together with this news of progress, there is news so devastating that few in this room could have predicted or imagined it even 5 years ago.

Today, over 33 million people are living with HIV in the world. 16,000 people become infected with HIV every single day including – 5 young people every minute. Much of the epidemic is still invisible, as the overwhelming majority of those infected do not know their HIV status. In just the last three years, over 30 countries have seen their HIV infection rates more than double. In Asia, a doubling of infections has occurred in almost every country. In several countries in Eastern Europe, the increase has been six-fold and more.

Today, in Botswana, Zimbabwe, Namibia and Swaziland, one out of four adults are infected with HIV.

In South Africa, 3 million people are living with HIV. In India, over 4 million.

Last year, AIDS killed more people than malaria.

So, notwithstanding our progress, we continue to confront an epidemic which in many parts of the world is out of control, and is wiping out the development gains that so many have worked so hard to achieve over many decades. It is clear now that because of AIDS, goals set in the various UN conferences will not be reached. Let me give you just a few examples.

Several African countries are now experiencing decreases in life expectancy of 10 to 15 years. Child survival is deteriorating with -mortality of children under 5 years doubling to quadrupling in many countries. Some companies in Southern Africa are now training 3 individuals for each position. Household income and consumption are drastically decreasing in urban areas severely affected by the AIDS epidemic. In Côte d'Ivoire, every day one teacher dies from AIDS, and in some countries, 40% of the teachers are infected. Who is doing to educate the new generations? How are countries going to replace such essential human resources?

Ladies and gentlemen, it is no exaggeration to state that the AIDS epidemic has created an unprecedented crisis in sub-Saharan Africa. It is the greatest threat to its development, together with wars. But AIDS is threatening other parts of the world as well. It is a threat to the very fabric of our society, and business as usual is not acceptable, as the consequences of inaction are enormous.

How can we bring the global HIV epidemic under control?

There are two bottom lines.

The bottom line for the future is that we need an effective vaccine. The scientific challenges and the economic obstacles are enormous, but we have little choice but to drastically scale-up our efforts to do everything we possibly can to develop an AIDS vaccine.

The bottom line for the present is that we must act now with the knowledge and tools we have in hand. It is now within our collective-capacities to-radically slow this epidemic in the next five years – to reduce by 25% the current rate of new infections among young people – and to prevent tens of millions of infections over the next decade.

This does not require new breakthroughs in technology, but rather new breakthroughs in political will.

Ladies and gentlemen. It would be a mistake for anyone of us to underestimate the magnitude of the effort required to bring this epidemic under control. But I believe it would be an even bigger mistake for us to assume that we are not in a position to mobilise the necessary global response.

Such a global response will require a committed alliance of many partners.

With millions of lives hanging in the balance, with the development gains of the past decade at stake, governments – north and south – must do much more through their policies and programmes to support communities, families and individuals as they wrestle with this epidemic.

First, and above all, political commitment up to the highest level, to confront this epidemic is needed. It is the most essential as tough political decisions are required when it comes to issues such as sex and life skills education for youngsters.

Second, only an inclusive approach can work for such a complex problem, with broad partnerships between various governments sectors, between governments and communities, and between those infected and those not. This implies that from now on the response to the HIV epidemic becomes part of the national development agenda.

Third, we need to break the silence around this epidemic. How can we ever win this battle without openness about sexuality and about AIDS? This requires at the same time an uncompromising fight against the stigma and discrimination associated with HIV.

Fourth, the resources going to HIV prevention are highly inadequate. An assessment by UNAIDS showed that in 1997 approximately only US$ 160 million were spent on HIV prevention in sub-Saharan Africa. This is largely inadequate to stop the epidemic. At least a doubling over the next few years of discrete domestic and external resources will be required to make a difference in terms of preventing the

spread of HIV and of reducing its impact. At the same time, we need to be realistic about sustainability and long term commitment.

Fifth, we must use our resources for approaches and interventions that work. We have learnt that there is no single magic bullet for prevention, and that a mix of approaches and interventions is needed. For this, we must still find the golden mean between targeted interventions and broader human development approaches. And ground our programmatic actions not only in evidence-based approaches, but also in ethical values.

Sixth, invest much more in programmes for the one billion young people between 15 and 24 years, as 50% of all new infections worldwide come from this age group.

And, last, but not least, let us get serious about the role of men in containing the spread of HIV and in the care of the affected.

Ladies and gentlemen, today we can look back to the Cairo meeting and see much progress, and many areas for optimism. But there is one very big dark cloud, and that is AIDS. Yet we have learned that nations are not powerless under that cloud – that with the right combination of strategies, technical know-how, and a strong measure of political will, communities can face up to the virus in their midst and decrease the danger it poses to this and future generations.

Let us make a commitment to ourselves and each other that we will have the courage of our convictions to stand with the facts and against the politics of division when the lives of our young people hang in the balance.