Speech – Opening of the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia (EECAAC 2014)

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Distinguished chairman, honourable ministers and Conference participants from countries, my dear colleagues from United Nations (UN) and partner agencies, dear representatives of civil society, ladies and gentlemen,

I am delighted to greet you all and warmly welcome you to this Conference. The history of the response to HIV/AIDS epidemic in the European Region has been one of demanding action, identifying obstacles and unleashing the power to push these obstacles aside. In late 2011, all 53 Member States in the WHO European Region endorsed the European Action Plan for HIV/AIDS, demonstrating their commitment and readiness to face the enormous challenges that lay ahead. Countries' commitment to universal access to HIV prevention, treatment and care and their commitment to implement evidence-based policies were expressions of respect for the value of each and every life affected by this disease.

Now, two years after launching that Plan, let me first highlight the progress we have been observing in response to the HIV epidemic in the Region.

HIV treatment coverage in the Region increased from 23% in 2010 to 35% in 2012 and we anticipate greater increases for 2013. For example, in low- and middle-income countries in the eastern part of the Region, this increase means that 70 000 more people have access to HIV treatment. And the majority of people on treatment receive a World Health Organization recommended first-line treatment regimen. However, even though the treatment coverage is increasing, it is still below the regional target of 80%. Also, this rate is below the global average of 61% in low- and middle-income countries.

We are moving rapidly towards elimination of mother-to-child transmission of HIV, and in 2012 just 1% of all new cases of HIV were transmitted from mothers to their babies. In our Region we have the highest coverage of antiretroviral treatment (ART) to prevent mother-to-child-transmission and the highest rates of early infant diagnosis.

Even in the difficult area of reducing HIV acquired through injecting drug use, there is some progress. We all agree that elimination of all harms associated with injecting drug use should be the final aim; however until we achieve this, we have to reduce the harms that the drug injection causes to the people and communities affected.

Harm reduction, including the use of opioid substitution therapy, is an evidence-based strategy supported in WHO and other UN policies and accepted and utilized in more than 124 countries globally with good results. Evidence has shown that substitution therapy is associated with a 54% reduction in HIV transmission among people who inject drugs.

The majority of countries in Europe are now implementing harm reduction measures. Even in the eastern part of the Region, over 11 000 people are receiving opioid substitution therapy, and the numbers are increasing.

Laws and regulations have been addressed in many countries, and the power of citizens has been harnessed through civil-society organizations and community participation. Most countries have made some progress in reducing vulnerability to HIV by, for example, explicitly addressing or reflecting human rights in national HIV/AIDS strategies and consulting and involving civil society in formulating HIV policies and decision-making.

However, these hard won gains are extremely fragile. Despite the progress made, the Region faces substantial challenges in meeting the European Action Plan's targets. Unfortunately, we have not yet succeeded in curbing the epidemic. Moreover, HIV incidence is still increasing in our Region despite the fact that globally there is a decline. This is because we are still not fully implementing evidence-based policies proven to be effective.

New HIV infections continue to increase, with 131 000 new cases reported in 2012. This is the highest annual number since reporting began, contributing to a cumulative number of 1.5 million cases in the Region. And 76% of these cases are reported from the countries in the east. New AIDS cases and AIDS-related deaths are increasing in the eastern part of the Region, with 90 000 estimated deaths in 2012.

The epidemic remains concentrated in populations at higher risk for HIV infection: the populations that are socially marginalized and whose behaviour is socially stigmatized or illegal. These key populations face structural barriers in access to HIV services.

And, most importantly, evidence-based interventions are not fully implemented in the countries represented here today. Less than 50% of key populations have been tested for HIV and 50% of those tested are tested late. Opioid substitution therapy is still not available in some countries and coverage is below 5% in most countries represented at this Conference. Less than 10% of national HIV budgets are spent on activities implemented by civil society.

And we cannot stand still. It is now time to act. It is now time to scale up our actions. It is now time to fully implement evidence-based policies as defined in the European Action Plan. In order to halt and begin to reverse the spread of HIV, all countries in the Region should adopt and implement those policies particularly ensuring access to treatment and harm reduction. WHO is ready to jointly review the evidence, together with all stakeholders in order to agree on the way forward.

We must continue to scale up targeted interventions and deliver effective, high-quality, integrated services through well functioning health systems. Access to ART should be used as a strategic means to prevent and treat HIV transmission. Evidence-based policies should be implemented, especially in support for key populations, including harm reduction policies for people who inject drugs. Access to testing, counselling and comprehensive and integrated care should be provided to all who need it.

Together with our main partners, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO is committed to supporting you in accelerating your efforts and scaling up actions in the Region.

I would like to recall, and further build upon, our encouraging discussions at the MDG6 Forum in Eastern Europe and Central Asia on the very same subject held in this venue in October 2011.

I also believe that today's Conference – gathering experts, governmental authorities, civil society and community representatives – will foster an open dialogue to generate effective solutions to prevent and respond to the HIV/AIDS epidemic in our Region.

In this regard, let me join others in expressing my appreciation to the Government of the Russian Federation and the organizing committee of the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia for taking the lead in hosting this important regional event.

I wish you every success during this Conference.