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IN EUROPE AND CENTRAL ASIA

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Excellencies, Distinguished Delegates, Ladies and Gentlemen:

Let me begin with a quick cinematic note concerning the film we just watched. The young woman is a Byelorussian citizen named Natalia Krautsova – her friends call her Tata – and as a young person, she represents our best hope in the fight against HIV/AIDS.

As part of the very extensive preparations for this Conference, UNICEF and Development Cooperation Ireland, in collaboration with WHO, UNAIDS and the European Youth Forum, organized a consultation with 21 young people from Europe and Central Asia, from Europe and Central Asia, from Ireland in the west to Kazakhstan in the east. What they told us was clear: "We are partners in this fight *now*, not tomorrow."

Ten of those young people are here with us at this Conference, and they are expecting great things of us. Please listen to them.

The latest statistics reaffirm what we have known for some time – that the virus is still proliferating faster and more widely than anyone could have imagined a decade ago; that it is undermining virtually every institution in society, including schools and education systems; and that it is young people who will determine the future course of the disease because it is they who are most at risk.

Across Europe and Central Asia, young people represent the cornerstone of HIV prevention. But in Western Europe, HIV prevalence is on the rise and there are signs that prevention campaigns are failing to get the message across to young people. In the East, the numbers speak for themselves: more than 80 per cent of those who are HIV positive have not yet turned 30. Yet those who are the most vulnerable are also the least likely to have the information or services they need to prevent HIV infection.

There is a lack of solid HIV services across Eastern Europe and Central Asia. But gaining access even to the limited services that are available is particularly difficult for the very people we need to reach, especially young people and other high-risk groups. Only a limited number of injecting-drug users, for example, have access to programmes to reduce their risk of HIV infection. And in Western Europe, prevention programmes that achieved such success in the 1990s among men who have sex with men are now faltering.

We are all agreed that young people have the right to information. The commitment made at the United Nations Special Session on HIV/AIDS is clear: by 2005, at least 90 per cent of young men and women between the ages of 15 and 24 must have access to the information they need to reduce their vulnerability to HIV infection.

Yet today, millions of young people in Eastern Europe and Central Asia know little about HIV/AIDS, let alone how to protect themselves.

If young people don't know enough about HIV/AIDS, it is also true to say that we don't know enough about them. There is a chronic lack of information on their situation, on their needs or opinions. If they are not consulted, it is hardly surprising that many of the prevention efforts imposed on them have failed.

Here is what we do know: We know that knowledge alone does not guarantee healthy behaviour. Young people need to understand what HIV/AIDS means to them, not as some mythical plague, but as a real disease that is with all of us every day, a disease that threatens their own lives and those of their friends.

We know how to spread the word in schools, and how to build adolescent-friendly health services. We know that life skills and sex education do not encourage sexual activity. In fact, they delay first intercourse and protect sexually active young people from sexually transmitted infections and unwanted pregnancies. And we know that those at risk are more likely to use services that are run with them, not for them.

But we also know that HIV/AIDS is not the only grave problem facing young people. In Eastern Europe and Central Asia they face poverty, unemployment levels that are three times higher than among the adult population, the trafficking of drugs and human beings, economic migration, violence, and with all the other upheavals of a dramatic social transition. Poverty, unemployment and lack of hope are the lifeblood of the trafficking industry and the drug trade, which consume more and more of the region's young people each day – and, in turn, fuel the spread of HIV infection.

Excellencies, the epidemic will not be reversed without concerted and immediate measures to address the factors that make young people so vulnerable.

Stigma, lack of information and services, and the other pressures facing young people are linked to the rising number of HIV-positive infants in Eastern Europe and Central Asia. Measures to prevent mother-to-child transmission must go hand in hand with prevention that is centred on young people.

Let me give you a scenario. A young girl, let's call her Anna, comes from a family torn apart by poverty and lack of hope. She begins to inject drugs to escape from the world around her. She doesn't know how to protect herself against HIV – and when she becomes infected, she is n't even aware of it.

Then she finds that she is pregnant. There is no specially-trained counsellor with whom she can discuss her options and obtain the services she needs. She doesn't receive the pre-natal care that would reveal her HIV status, provide counselling or help her reduce the risk to her baby. In any case, she doesn't trust health workers or doctors to keep her problem confidential.

Her first contact with the health services is in the delivery room, where her HIV status comes to light. She is in the care of midwives and gynaecologists who are trained to deliver healthy babies and minimise the risk of HIV transmission to her baby, if at all possible. But nothing in their training has taught them how to handle her. She leaves the hospital shortly after delivery, abandoning a baby whose HIV status is unknown and whose future is uncertain.

Is Anna the real problem here? Or is it the lack of the information and services that would have prevented this tragedy? Is it the lack of a protective environment that would safeguard her against the poverty and hopelessness that led her to drug abuse in the first place?

In UNICEF's view, young people are not the problem. Across Europe and Central Asia, young people are showing themselves to be the best messengers to their

own generation. They are not only the most affected; they are the most engaged. Wherever HIV has been pushed back, young people have been doing the pushing.

They have been active partners in the development of national plans of action on HIV/AIDS in more than half of the countries in Eastern Europe and Central Asia. In Azerbaijan, Moldova, Russia, Ukraine and Uzbekistan, Youth Resource Centres, Youth Parliaments and a whole range of other initiatives driven by young people are using peer-to-peer approaches as a lynchpin of the national response to HIV/AIDS.

Fledgling peer education networks are springing up in Armenia, Bulgaria, Moldova, Poland and Serbia and Montenegro. And in three countries in south-eastern Europe, young people are heading up a research project on youth-friendly reproductive health services through the Right to Know project.

Young people have the right to know everything about HIV/AIDS, no matter how uncomfortable or difficult this may seem. They have the right to skills – skills in communication and critical thinking that will help them protect their own health.

They have the right to life-skills education in their schools and communities, to youth-friendly services, including access to preventive methods, voluntary counselling and testing for HIV, treatment of sexually transmitted infections, and drug dependence treatment. And they have the right to life-saving commodities, including condoms for those who are sexually active, clean needles and syringes for those who inject drugs, antiretroviral drugs and treatment for those already infected.

And those young people who are especially vulnerable to HIV infection and who have the least access to the services they need – injecting drug users, men who have sex with men, commercial sex workers, those in institutions or living on the street, young migrants and refugees and, very often, girls – have the right to claim our special attention.

Worldwide, UNICEF is focusing on three crucial objectives, each in line with the overarching Millennium Development Goals, agenda of the General Assembly's Special Session on Children, and UNICEF's own Medium-Term Strategic Plan. These include: Stepping up our response to the millions upon millions of children orphaned and made vulnerable by HIV/AIDS; working in partnership in the WHO-led initiative to bring anti-retroviral treatments to some 3 million people by 2005 while striving to prevent mother-to-child transmission of the virus; and generating powerful new momentum to prevent infections among young people.

Everything that should be done is being done somewhere. All the lessons about what works are being put into practice somewhere. The challenge for the region is to work together to ensure that everything that should be done is being done everywhere – East and West, North and South.

So, UNICEF's challenge to this Conference is simple. What are you going to do, after this Conference, that is *different*?

Excellencies, Distinguished Delegates: It will not be possible to defeat HIV/AIDS without young people. So how are you going to work with them? How much influence do they already have in the research and design of your HIV programmes? How deeply are they involved in implementing these programmes? UNICEF is deeply committed to working with young people – not merely for them. And we are grateful to the Government of Ireland for making it possible for young people to be here with us today.

But we must act now, and together. For the greatest results in slowing this disease will only come from partnerships – with governments, businesses, universities, NGOs, religious organisations, communities, families, grassroots groups, the media – and the young. So let us seize the time. Thank you.