HIV/AIDS is exceptional; it is different from all other infectious diseases. The nature of the causative agent, a retrovirus, is very different from other viruses causing infections in human beings. Not only is HIV incorporated lifelong in our genetic material, it is also creating a disease which reminds of a cruel tumour disease appearing after many years.

AIDS can be compared to an epidemic leukaemia, as if it was an epidemic lethal blood cancer. And after all, there are other retroviruses causing leukaemia in man and animals.

The virus has also proved to be uniquely successful in its transmission strategy as a sexually transmitted infection. In a short period of time HIV has managed to be spread over the entire globe and it is not likely to disappear. Mankind will have to learn to live with HIV/AIDS forever.

HIV/AIDS is also different by specifically selecting the young and strong individuals, thereby causing a serious threat to the social and economic fabric of a society and by being transmitted through the young mothers to next generation.

On top of that, the HIV/AIDS epidemic in Eastern Europe is different from other HIV/AIDS epidemics in the world. To begin with, the sudden and intense spread some ten years ago was unexpected, a scaring surprise; a gradual spread was foreseen, yes, but who would have
guessed that Ukraine, Russia and the Baltic countries would be the scene of the most rapid spread in the world.

The structure of the epidemic in Eastern Europe is also different in comparison to, for instance, Western Europe. The epidemic in Eastern Europe is much more dynamic due to the extraordinarily young age and large number of those using drugs and pursuing risky sexual behaviour compared to the limited number of older inveterate drug addicts in the West.

When HIV/AIDS reached Western Europe in the first half of the 1980s there was a great alarm among politicians, medical establishment and the public. In the country I know best an intersectoral AIDS delegation was established already in 1985, headed by the Minister of Health and Social Affairs with representation from the Prime Minister’s Office, Ministry of Justice and Education, parliamentarians from all political parties, provinces, trade unions and all relevant authorities. I have not heard of a similar alarm and mobilisation in Eastern Europe when the region was much more severely struck by HIV/AIDS some ten years later. How can that remarkable difference be explained? I can think of several reasons but I am not the one who should answer the questions.

My only comment is that I do hope that the complacency is not due to a false concept that HIV/AIDS does not constitute a threat to the population at large but only to some marginalised groups, considered as insignificant. The fact speaks loudly to the contrary as HIV/AIDS already affects more than one percent of the Russian population and that the proportion of infected women and children is rapidly increasing.

Obviously, Russia and Ukraine already missed the boat in order to nip the HIV/AIDS epidemic in the bud and will now have to pay the price in the form of an overwhelming health crisis with several hundred thousand AIDS patients during the coming five to ten years. For other countries in Eastern Europe and Central Asia the door may still be ajar to prevent such a tragic outcome.

However, there is another crisis delaying prevention, care and treatment, namely the current implementation crisis. Considerably more money is now available but the necessary steps to implement programs are not taken in a rapid and efficient way. Therefore, there is an urgent
need to strengthen national leadership and programme management capacity and to scale up technical capability.

Regarding the way forward, a stronger determination is needed to influence attitudes, in particular men’s attitude towards women but also attitudes to our fellow beings in general. A human feeling of responsibility towards our neighbour is needed. Egocentric expression of sexual instincts spells recklessness.

Youth movements are important partners. There are the idealism, hope and vitality at the grass root level. I am always very impressed by the strength and the conviction of the young people. That energy is a great asset to conquer HIV/AIDS, probably the greatest. It is also the young people who are at the greatest risk to acquire HIV infection, not the least in Eastern Europe. Therefore, the focus should be on them.

A renewed focus on young people must also include a more modern approach to information. Information is essential but does not automatically lead to behaviour change. As already Jean Jacques Rousseau said; “The reason shapes the man but the emotion guides him”. Therefore, we need to reach the heart of people, just as modern advertisement does. A car is not sold by technical data only association to power, beauty, prestige and lifestyle. The act of influencing behaviour has not been fully exploited for the purpose of preventing HIV/AIDS. We need to work more closely with the professionals in that trade like the big TV channels and with leading personalities in politics, sport and culture.

It is an exciting challenge to continuously widen our horizon in improving the AIDS strategy. Our task to control HIV/AIDS may seem impossible but it has to succeed!