Uniting the world against AIDS

Mobilizing prevention as a movement for universal access

Michel Sidibé

Programme Coordinating Board
8 December 2009

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

Mr Chairman, Vice-chair, honourable ministers and ambassadors, delegates:
Good morning and thank you for joining the 25th meeting of the Programme Coordinating Board. A special thank you to my friend Tedros, who so capably chaired both our Board and that of the Global Fund.

AIDS response under threat

If it is possible, I feel more honoured and privileged to lead UNAIDS now than I did when I assumed its helm almost one year ago. Every day I meet amazing people who are changing the world. Every day I see the resilience of the human spirit in the face of adversity.

My friends, the AIDS response has been buffeted by adversity. Adversity that damages in very personal ways. In having to choose between food and treatment. The anxiety of wondering if your baby will test positive. Lacking health services because you are a migrant worker. This is adversity.

And today—amidst such adversity—the focus on AIDS has been blurred by climate change, the food crisis and the persistence of the economic recession.

Confronting these competing crises, the world's capacity to govern critical, transnational challenges is not just stretched—it seems not up to the job. The weaknesses of our global institutions were evident when leaders failed to agree to targets on world food security in Rome last month, and is reflected in our inability to generate a consensus on climate change as we head to Copenhagen.

Although I've seen positive movement in the rebalancing of some global institutions—like the shift from the G8 to the G20 and reforms to the IMF Board—the fact remains: these crises, which disproportionately affect the world's poor, are grossly ill-governed.

We feel the pain keenly here in the world of AIDS. The financial crisis has hit treatment and prevention programmes hard.

The recent Global Fund Board meeting indicated more pain could come. The Fund's Third Voluntary Replenishment Conference, hosted by the United Nations Secretary-General Ban Ki-moon in October 2010, provides the litmus test of global solidarity of our era. Only if all donors significantly increase their pledges will we be able to fund the demand expressed by countries in their efforts to scale up towards universal access.

What is worse, amidst these crises we see renewed attacks on the AIDS response.

We must stand up against those who would pit the AIDS response against our allies in the movements for maternal, newborn, child and sexual health.

This is a false and dangerous dichotomy. False because it ignores our collective progress in building health systems and integrating service delivery. Dangerous because it distracts us from our common enemy—despair and apathy.

It has indeed been a trying year for the AIDS response. We are meant to be on the home stretch of the historic push for universal access. But instead of universal access we face universal obstacles.

And as we welcome WHO's new treatment guidelines, they remind us that our goals are more distant than we had believed—an estimated 15 million people need life-saving treatment.

The goalposts have shifted. It is time for us to regroup and re-strategize.

Our redirection must focus on two goals.

First, leveraging the AIDS movement as a force for transformation in global health, development and environmental sustainability.

Second, for reasons I shall now explain, mobilizing a prevention revolution.

State of the HIV epidemic

In China two weeks ago, I launched *Outlook 2010*, which presents UNAIDS' collective vision in graphic format to vividly reflect the dynamism of the data and inspire action.

Our new 2009 *AIDS Epidemic Update* gives us cause for hope. New infections have dropped by 17% since 2001. Prevalence among young women attending antenatal clinics has been decreasing in several countries in southern Africa—for example, Botswana, Malawi and Zimbabwe.[1] To date, we have averted 200 000 neonatal infections with ARV prophylaxis. Condom use at last sexual encounter has doubled in South Africa, from 31% to 65% in the past few years.[2]

Yet the report also documents our continued struggle—against inequality, intolerance and injustice, but also against myopia and misspent resources.

We see these struggles manifested in 2.7 million new infections and 2 million deaths in 2008.

We struggle in Eastern Europe and Central Asia, the only region where HIV prevalence continues to increase—by 66% since 2001.[3] In Latin America, where negligence in human rights and sexual health is seriously hindering prevention efforts.[4] In Asia, where the economic consequences of AIDS could force 6 million more households into poverty.[5]

We can reduce sexual transmission. We can inspire safer sexual behaviour. And we can avert transmission to babies.

We can, if we heed five messages borne by these data.

First, we must appreciate that epidemics vary widely in countries. In Kenya and the United Republic of Tanzania, HIV prevalence is more than 15 times higher in some provinces than others. Further, a third of the HIV epidemic in eastern and southern Africa is concentrated in 15 cities. Yet dedicated, urban-focused programmes—particularly in slum areas—are rare.

Second, vulnerable groups require more and highly targeted prevention resources. In Asia, one in six injecting drug users is believed to be HIV-infected.[6] In Indonesia, it is one in two. Yet harm reduction programmes in Asia have only 10% of the financial resources they need.[7]

In countries with concentrated epidemics, only 10% of youth-dedicated resources is spent on those most at risk of HIV exposure, even though this group comprises 95% of new infections among youth.

In Lesotho, where more than one third of new infections are among people with only one partner, almost no programmes focus on adults, married couples or people in long-term relationships.[8] This situation is mirrored in Ghana, Rwanda, Swaziland and Uganda.

Third, prevention strategies that focus on individual behaviour, rather than on the social norms that spawn vulnerability, are necessary but insufficient—particularly when it comes to women and girls. Power differentials in intimate relationships and sexual violence are placing more of the epidemic burden on women and girls around the world. A study in Lesotho found that gender violence is a key determinant of the country's epidemic.[9] We know that survivors of sexual coercion at an early age are more likely to have a pattern of sexual risk in later life, and to enter a cycle of violence and social dysfunction. Young people's first sexual experiences must be consensual, responsible and at the right time.

Fourth, even as we work to fully understand these different epidemics and match our responses accordingly, they are shifting under our feet. In China, transmission previously occurred primarily

among injecting drug users. However, the share of heterosexually transmitted infections tripled between 2005 and 2007 and is now the predominant mode of transmission—and the share among men who have sex with men now accounts for a third of new infections.[10,11]

In sub-Saharan Africa, while heterosexual intercourse remains the primary mode of transmission, studies reveal that epidemics in the region are highly varied, with notable new infections occurring among men who have sex with men and injecting drug users.

Fifth, we need a renewed commitment to integrated approaches. The data reveal not only the extent of TB/HIV coinfection, but also HIV's role in maternal and child mortality. In 10 southern African countries, HIV causes up to one half of all maternal deaths. Parallel, segregated services are undermining our ability to avert these deaths.

Surely, these five messages reinforce the priorities outlined in our Outcome Framework.

UNAIDS delivering results

I continue to receive tremendously positive feedback on the Outcome Framework. It sets high expectations, and people say this captures the UN they expect: focused on results, on the most marginalized and on the hard issues where we can, and should, lean in and make a difference.

The Framework transforms the way the Cosponsors work together and leverages the contribution of our partners. We have business cases in the final stages of completion for four of the nine priority areas. The Framework is leading to the creation of political and social movements focused on specific and game-changing results.

I have seen this happening on my travels to all fronts of the epidemic.

I was in South Africa to mark World AIDS Day. President Zuma declared a new dawn in the history of the country's AIDS response. His political leadership is transforming the universal access movement across the country—with implications for the entire continent. Together with PEPFAR and the Global Fund, the UNAIDS family is taking unified steps to support achievement of the ambitious new goals—with a focus on integration of HIV, TB and sexual and reproductive health.

India achieved a major victory for human rights when the Delhi High Court struck down the 150-year-old colonial law banning homosexuality. This was a personal high point for me this year. This ruling will do so much to advance HIV prevention in India, and is an important

model of strategic litigation that shows the way for the other 80 countries that still criminalize homosexuality.

I salute the resolution adopted by the *Assemblée Parlementaire de la Francophonie* in July calling on its members to adopt legal frameworks favourable to the AIDS response and rejecting coercive approaches which discriminate against most-at-risk and vulnerable populations.

I can assure you that UNAIDS will resolutely oppose discrimination against men who have sex with men, or draft laws whose purpose is to fan hatred, such as that in Uganda. Let us be clear, criminalizing homosexuality is an attack on the entire AIDS response. It violates the human rights principles on which UNAIDS, and indeed the United Nations, was founded.

Indeed one area where I see us lagging—and where the urgency and magnitude of the problem will thwart our efforts in universal access—is discrimination, harassment and violence confronting sexual minorities. I'm talking about the rights of men who have sex with men, lesbians, bisexuals, transgender people, and sex workers and their clients. In my view, we need to leverage the Outcome Framework to the maximum extent possible to ensure that sexual minorities have access to HIV prevention, treatment, care and support, based on a clear assertion of the right to privacy and respect for adult consensual sexual practice, in all its diversity.

In the Middle East and North Africa, where stigma and discrimination remains the major impediment to the response, we have supported major breakthroughs—like the first regional conference on harm reduction—and I would like to thank UNODC for its leadership.

In the USA, the forthcoming removal of entry restrictions based on HIV status provided more cause for optimism. The Obama Administration responded to a movement from below—thousands of comments were posted on the web site of the Centers for Disease Control and Prevention. We need to leverage this momentum to build pressure for removal of similar laws in 59 other countries—and this was one of the messages that I took to China.

China's new role on the world stage is being matched by a vibrant AIDS response the like of which I have never seen. A new civil society movement is emerging. During my visit, the first women's network against AIDS was launched, as was China's first index on stigma and discrimination. These were publicly launched by people living with HIV and government officials. The government is taking a pragmatic approach to scaling up—including harm reduction and prevention of mother-to-child transmission. The highest level of commitment

was evident in the personal participation of President Hu Jintao on World AIDS Day. The scale of transformation gives me hope that China can achieve universal access.

I foresee major progress in the coming months towards setting a global strategy to end punitive laws. UNDP will convene a High-level Commission on Human Rights and the Law, and I travel immediately after our Board to meet with African jurists.

The prevention of mother-to-child transmission of HIV is a priority area where, working together with UNICEF, UNFPA and WHO, we have achieved major breakthroughs. Our goal of the virtual elimination of vertical transmission has ignited imaginations and received endorsements from Heads of State, ministers of health and high-powered opinion leaders, ranging from Professor Jeffrey Sachs to First Lady Carla Bruni-Sarkozy.

We launched the 'MTCT-free zones' in the so-called Millennium Villages across Africa to demonstrate what is possible in the most resource-constrained poverty hotspots on the continent.

My friends, the church offers one of the world's most powerful networks as an ally in the campaign against vertical transmission. We had a successful meeting with Archbishop Zimowski, President of the Pontifical Council for Health, African bishops, Caritas Internationalis and Catholic Relief Services to further mobilize faith communities to prevent vertical and sexual transmission.

We are also collaborating with the Global Fund to support its ambitious portfolio-switching targets to ensure more effective vertical prevention regimes. Let me take the opportunity to say that my friend Michel Kazatchkine and I have adopted a common front on the agenda for most-at-risk populations.

And with the leadership of Ambassador Eric Goosby and PEPFAR's new five-year strategy we will build mechanisms for stronger national ownership, technical support, oversight, transparency and accountability, including the greater involvement of parliamentarians in the national AIDS response. The better use of strategic information from the UNAIDS network of monitoring and evaluation advisers provides the building blocks for this edifice.

The past six months have seen significant mobilization around the call to take the AIDS response out of isolation. I joined Margaret Chan, her regional directors and ministers of health in the AFRO and MENA regional meetings, where concrete measures for the integration of AIDS and health services were discussed.

Another of our rallying calls for increased integration is that no more people living with HIV should die of TB. My friend President Sampaio, the Special Envoy for TB, and I are working together to engage global leaders to integrate TB and HIV services.

Together with the Stop TB Partnership and WHO, we are developing a Roadmap for Action to achieve more ambitious goals in priority countries. These are the kinds of strategic partnerships that we continue to pursue.

We have committed to end violence against women and girls. With the US Centers for Disease Control and Prevention, UNICEF, WHO, UNIFEM and UNFPA, we have joined the Clinton Foundation and private sector supporters in an anti-violence initiative. The initiative's emphasis on programmatic responses, initially in 11 countries, is bound to deliver on our goals in relation to gender violence, youth empowerment and the prevention of sexual transmission.

In response to the Board, the honourable Professor Sheila Dinotshe Tlou and I co-chaired a Task Force on Women, Girls, Gender Equality and HIV. We convened a distinguished group with strong Southern and civil society representation and an unparalleled understanding of the challenges of meeting the needs of girls and women in the AIDS response. The group produced its Operational Plan within the time frame and under budget and it is ready to be rolled out in countries. I want to thank all the members of the task force and working groups—many of whom are here today and can take questions from the floor.

One of many moving events in my travels occurred at the launch of the Ashodaya Academy in Bangalore. The academy is the first learning site on sex work and HIV in the Asia–Pacific region run entirely by sex workers. As a testament of their pride and identity, the sex workers donated 50 000 rupees to the Government of Karnataka in aid of flood relief efforts.

I also want to recognize the new Report of the Commission on AIDS in the Pacific, launched last week by the UN Secretary-General Ban Ki-moon. The report further substantiates our need for regional and even subregional strategies to guide effective and focused responses to AIDS.

In Latin America, UNAIDS has supported the development of evidence-informed and results-based AIDS strategic and action plans in nine countries. These countries used their plans to support Global Fund proposal development for Round 9. We expect big things from Latin America in the coming year.

Dear members of the Board, I am convinced that our Outcome Framework is helping us channel our collective efforts on the most important and urgent problems.

The Framework is enabling us to make real differences in people's lives.

Earlier this year, I met Ms Malehloa Pitso in Lesotho, who moved me with her personal story. Malehloa was lucky enough to have access to voluntary HIV counselling and testing when she was pregnant. She tested positive—with all of the personal turmoil that entails. The anxiety of disclosing her status to her husband and her family and of not knowing whether she would pass the infection to her baby. Initially the news felt like a death sentence.

Ms Pitso, however, had the good fortune of attending a clinic with excellent PMTCT services, as well as a peer support programme called Mothers to Mothers. Her family and husband were incredibly supportive. With treatment and ARV prophylaxis, her outlook shifted to wanting, in her words, "to go on with my life and live positive".

Ms Pitso went on to deliver Emlyn, who is now a year and a half old and HIV-negative. She has joined Mothers to Mothers to support other HIV-positive women and to help out in the clinic where, she tells me, it is now "rare to see a positive baby". And that sums up the motivation behind the work that Ms Pitso is so proud of doing, and what gives her hope and purpose. Her testimony affirms our present priorities—prevention, ending violence, stamping out discrimination, ensuring treatment and involving men.

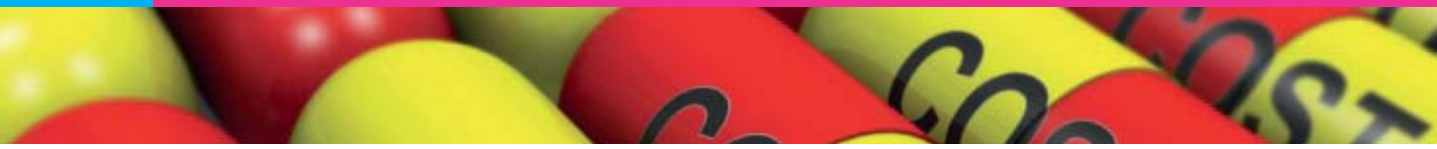
Shoring up the AIDS response

To serve more people more effectively, we need to shore up the response in four areas—prevention, efficiencies, financing and UN reform.

Elevating prevention: a movement to address inequality

Prevention must remain our first priority. We need to construct a compelling prevention narrative. One built upon equality and human rights. One that recognizes the importance of responses that are strategically tailored to local epidemics, that include biomedical, behavioural and structural approaches, and that meaningfully involve beneficiaries. One that inspires countries to mount 'permanent prevention campaigns' that are socially inclusive, that combat public hypocrisy on sexual matters, that build AIDS competencies and that systematically promote sexual and reproductive health and rights.

UNAIDS will lead with bold messages and advocacy for evidence-informed responses. Messages like those outlined in the *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People* and *the UNAIDS Guidance Note on HIV and Sex Work*.



UNDP's leadership enabled all constituencies to arrive at a consensus on these guidelines; we are now challenged to implement them coherently across the Programme at the country level.

Successful prevention demands that we better enable young people with life skills and sexuality education to prevent HIV. We have finally started talking about sexuality in the UN and I want to thank UNESCO for catalysing the production of the *International Guidelines on Sexuality Education*.

Successful prevention also requires dramatically scaling up demand for and access to male and female condoms. It means scaling up safe male circumcision services for heterosexual men in hyperendemic settings. It means establishing consensus on treatment as prevention. It means continuing to invest in prevention research and development—particularly for microbicides, vaccines and pre-exposure prophylaxis—as we continue to work towards a cure. It means forging a prevention movement.

Through 'prevention diplomacy' we intend to leverage the momentum taking shape under President Zuma in South Africa into a pan-African movement. The work of GNP+ on 'positive health, dignity and prevention' provides the lifeblood of this movement.

Prevention, my friends, will deliver massive returns. Halving new infections in eastern and southern Africa by 2015 would avert 2.3 million new HIV infections and save US$ 12.5 billion in treatment costs, yielding social and economic dividends and a major contribution to achieving the MDGs.

While we have goals for 2010 and goals for 2015, where will we want to be in 2031—after 50 years of AIDS? Even in the best-case scenario, Aids2031 estimates that we will still have between 1 and 2 million new HIV infections a year. By 2031, funding needs for developing countries could reach an unsustainable US$ 35 billion annually—more than double the current needs. Furthermore, these numbers do not take into account uncertainties, such as the emergence of ART resistance.

Making the most of the money

With the financial crisis affecting national HIV programmes, every penny is too precious to waste. Treatment costs present a huge potential for savings. We have started a debate on regulatory issues, intellectual property rights and patent pooling and have just launched a study

on drug pricing with the African Union and Economic Commission for Africa. However, much more must be done.

But by talking about "making the most of the money" I am not just referring to reducing unit costs—although we will be tackling this aggressively together with the Global Fund and PEPFAR.

And I am not just referring to prioritizing targeted prevention activities in different epidemic settings. Although certainly we must focus more resources on concurrency and discordant couples, in line with what the data tell us in countries like Kenya, Lesotho and Swaziland.

By making the most of the money, I am also referring to our resources in a broader sense. We must leverage the US$ 16 billion invested in the AIDS response to restore people's health, dignity and security and meet their human needs in a more holistic way.

Making the most of our money means taking the AIDS response out of isolation. It means using the movement as an entry point to integrate services and to address the structural drivers of ill health and arrested development.

Financing and social protection

But let's be honest. Even with the most efficient use of resources, we face a ticking treatment time bomb: more people are learning their status, the need for second-line treatment is growing and new WHO guidelines have identified 10 million more people in need of treatment.

We must urgently generate a global consensus on a sustainable financing strategy for global health—including AIDS—for the next 10 years.

But we cannot simply focus our efforts on responding to the present impacts of the financial crisis. We need to build community resilience and protection. We need to engage in security-building interventions by working with ILO and others in securing a 'social security floor'.

UNAIDS modelling UN reform in action

The UNAIDS Secretariat aspires to be a leader in UN reform by assuming a structure that is strategic, results-oriented and lean. We will make the best possible use of all available resources, cut costs wherever possible and stimulate innovation in programmatic responses and delivery systems.

We will simplify our headquarters organization to improve the way different parts of the organization work together, including through virtual teams. We know we are on the right track. The UK Department for International Development recently recognized our efficiency achievements with a performance-related award.

We will ensure that the size of the Secretariat is commensurate with our work and strengthen relationships between headquarters, regions and countries. We will review the role of the regional support teams and options for further integration of the UNAIDS country coordinators into the resident coordinator system—to which our future is clearly tied.

These improvements will be guided by the implementation of a model comprehensive human resources strategy, which will be finalized by our next Board meeting in June. This is essential to preserving our position as an employer of choice.

We are developing the best information technology tools to improve and expand our communication. AIDSspace, our new social networking site, provides a platform to bring together the 33 million people living with HIV and the millions more involved in the response.

In an effort to get our own house in order and lead by example, we are supporting UNPlus to secure a global presence, and are encouraged by its progress in southern Africa.

At our last meeting, I promised to keep the Board informed of UNAIDS' financial situation. The financial report for 2008–2009 will be presented to the PCB in June, and I look forward to the opportunity to discuss our finances, including the issue of working capital.

By June we will also report on funds raised against the 2010–2011 UBW. This will be an opportunity to discuss whether additional resources may be required—to respond to the depreciation of the US dollar, to initiate activities in response to the Second Independent Evaluation and to intensify action at the country level.

The recent PCB study tour to Viet Nam provided a better understanding of how to improve the performance of the Programme and to ensure that we are a model of UN reform in action, in line with the One UN aspirations.

One UN, however, rests upon a unified international reporting system on HIV, with common indicators, a common database and the production of a single, multiagency global report on AIDS. UNAIDS is working to deliver this unprecedented system that promises great financial and programmatic benefits and that will be a testament to how UN agencies can operate as one.

UNAIDS post-Second Independent Evaluation: moving forward

Without pre-empting the Board's discussion on the Second Independent Evaluation, let me thank all the individuals who invested in this process to strengthen the United Nation's strategic role in the global AIDS response. Thanks to the evaluators for the on-time delivery of a robust and forward-looking analysis. Thanks to Catherine Hodgkin, the Chair of the Oversight Committee, who judged the evaluation as both independent and credible. Thanks to those in the field for their insights. And, finally, thanks to our Cosponsors for the frank and constructive dialogue on the recommendations and way forward.

The SIE recommendations present major opportunities that we can't afford to miss, for example to get accountability and oversight right. To take advantage of these opportunities we need to manage complexities between the recommendations, ongoing assessments and developments in the external environment.

The PCB plays a critical oversight role for the follow up of the recommendations of the SIE. As with the recent *Gender* process, I am committed as Executive Director of UNAIDS to fulfil my duty to lead the implementation of the recommendations coming out of this Board meeting. Guided by a costed, results-focused operational plan, I will put into place a systematic implementation process that is inclusive and ensures ownership of solutions by all stakeholders.

Dear colleagues, as we enter the next phase of the AIDS response, we have to adopt new approaches to prevention. We will get most traction if we embark with a new prevention consensus. I am pleased to announce the formation of a high-level Commission on HIV Prevention, which will be developed in partnership with the Council on Foreign Relations and Laurie Garrett. The Commission will meet over the coming year to establish international scientific and political consensus on the most cost-effective prevention interventions. Ultimately, this will boost the confidence of countries and investors that they are maximizing the effectiveness of their HIV prevention efforts.

UNAIDS and the UN Department of Peacekeeping Operations report regularly on UN Security Council resolution 1308 on progress addressing HIV among the uniformed services. The upcoming 10th anniversary provides an opportunity to recast the resolution, largely concerning UN peacekeepers, into a Security Council call to mobilize the more than 50 million uniformed service personnel as agents of change. Change that places the needs of women at the centre of security in conflict and post-conflict settings. Change that brings an end to the abhorrent practice

of sexual violence as a tactic of war—in line with resolution 1888. Change that recognizes that political security depends on meeting the human security needs of all.

Now as we approach the final year in our time-bound commitment to universal access, we must do all in our power to keep this commitment on every agenda. The new treatment guidelines may be pushing out our goals, but we must not falter.

The joint universal access country missions have been leading this charge—brokering consensus on barriers and strategies for overcoming them. These missions reflect UNAIDS at its best, inspiring all partners and laying down a measurable roadmap to success. Regional consultations will be held next year which aim to energize collaboration between the AIDS movement and other social movements to accelerate universal access, health system strengthening and broader MDG achievements. These consultations will feed rich insights into our planned side-event on AIDS+MDGs at the Millennium Summit.

Optimism nourishes the dream

In closing, the past six months have inspired me to speak to this Board with a renewed sense of optimism and conviction.

Optimism which springs from many wells, not the least being the recent calls of the European Union and President Obama to take disease responses out of their silos and ensure country ownership. Together these developments reflect an emerging and promising global consensus on health systems strengthening. We also see growing corporate concerns for values-driven capitalism, as business leaders embrace the fact that a productive, profitable future must also be a healthy one.

The recent World AIDS Day, highlighting the theme of Universal Access and Human Rights, reinforced my optimism. It was a great success—not only in South Africa, but around the world, uniting millions of people and receiving massive media coverage. This was especially true in New York City, where together with amFAR, Broadway Cares/Equity Fights AIDS and UNDP, we launched the Light for Rights campaign. I applaud the commitment expressed around the world by Member States, the private sector, faith-based organizations, civil society—and people living with and affected by HIV. By paying tribute to those we have lost and renewing our commitment to a better future, we see AIDS is back on the agenda. And we will continue to bring people out of the shadows with our Light for Rights campaign in the year to come.

And most of all, my optimism springs forth when I think of Ms Pitso—and people like her—who is the face of the beginning of the end of the epidemic. Living positively with HIV, supported by her community, her family and her husband, sharing her experience with other young women to empower and embolden them against the spread of the disease, and cradling her chubby, healthy baby boy.

My conviction is that we are on the right path—the path which links the transformative AIDS response to health and development and the path which advocates for a prevention revolution.

My friends, despite the crisis, indeed because of the crisis, in the words of the United Nations Secretary-General Ban Ki-moon, "now is not the time to falter on our commitments".

Let us keep the path to universal access in our sights—guided by the stirring words of the late Senator Ted Kennedy: "For all those whose cares have been our concern, the work goes on, the cause endures, the hope still lives, and the dream shall never die".

My friends, the dream to serve the voiceless shall never die.

Thank you.

Michel Sidibé
Executive Director

UNAIDS
20 AVENUE APPIA
CH-1211 GENEVA 27
SWITZERLAND

Tel.: (+41) 22 791 36 66
Fax: (+41) 22 791 48 35
e-mail: distribution@unaids.org

www.unaids.org

1 Gouws K, Stanecki KA, Lyerla R and Ghys PD (2008). The epidemiology of HIV infection among young people aged 15-24 years in southern Africa. *AIDS*, 22: S5–S16.

2 Shisana O et al. (2009). South African national HIV prevalence, incidence, behaviour and communications survey 2008: a turning tide among teenagers? Cape Town, South Africa, HSRC Press.

3 UNAIDS, WHO (2009). *AIDS epidemic update*. Geneva, UNAIDS.

4 Cáceres CF, Mendoza W (2009). The national response to the HIV/AIDS epidemic in Peru: accomplishments and gaps—a review. *Journal of Acquired Immune Deficiency Syndromes*, 51:S60–S66.

5 Commission on AIDS in Asia (2008). *Redefining AIDS in Asia: crafting an effective response*. New Delhi, Oxford University Press.

6 Mathers BM et al. (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*, 372:1733–1745

7 Bergenstrom A (2009). Estimating resource needs and gaps for harm reduction in Asia. Presentation at the 20th IHRA International Conference, Bangkok.

8 Khobotlo M et al. (2009). *Lesotho: HIV prevention response and modes of transmission analysis*. Maseru, Lesotho National AIDS Commission.

9 Khobotlo M et al. (2009). *Lesotho: HIV prevention response and modes of transmission analysis*. Maseru, Lesotho National AIDS Commission.

10 Wang L et al. (2009). The 2007 estimates for people at risk for and living with HIV in China: progress and challenges. *Journal of Acquired Immune Deficiency Syndromes*, 50:414–418.

11 Lu L et al. (2008). The changing face of HIV in China. *Nature*, 455:609–611.