

## **USA Opening Statement to the 22nd UNAIDS Program Coordinating Board (PCB) Meeting, April 23, Chiang Mai, Thailand**

Thank you Deputy Minister Chavarat and thank you and congratulations to Thailand for a successful year as Chair. It has been an honor to serve with Thailand, Senegal and the other members of the Bureau – the representatives of the Co-sponsors and the NGO delegation. We humbly accept to be your Chair and look forward to working closely with all of you as we continue to strengthen the global response to HIV/AIDS.

We thank my good friend Dr. Piot and the rest of the UNAIDS Secretariat for their excellent work in preparing for this PCB. Rarely do scientific and medical expertise co-exist with leadership and political skills and unbounded passion and compassion for others – and such is the case with Dr. Piot. All that has been accomplished in these past few years owes much to Dr. Piot and UNAIDS.

But we all mostly stand on the shoulders of those no longer with us – the 20 million who have died and the many of them who stood up for all those with HIV. We dedicate our chairmanship to those who have gone before us and those still with us whom we vow to serve through prevention, treatment and care.

### **Power of Partnerships**

Since we gathered for the UN General Assembly Special Session in 2001, the world has transformed its response to the global HIV/AIDS pandemic. At that time, many people wondered whether prevention, treatment and care could ever successfully be provided in resource-limited settings, where HIV was a death sentence. Today, while much remains to be

Uniting the world against **AIDS**

done, together we have proven those skeptics wrong. Millions of people are on life-saving antiretroviral treatment in developing countries, and we are making remarkable progress on prevention and care. Perhaps one of the greatest legacies of the last few years is that once again the skeptics were wrong and the optimists were right.

All of us recognize HIV/AIDS is a global health crisis requiring emergency action. We have responded through innovative partnerships, bringing together governments, non-governmental organizations, including faith- and community-based organizations, and the private sector. The United States is privileged to be a partner with all of you in this transformative response to HIV/AIDS as we move past the era of donors and recipients into New Era of partnership between equals and past an era of “help” and “aid” to a New Era of support. UNAIDS has modeled this approach in their leadership and advocacy.

### **Sustained Response**

Also important to a sustainable response is building human and health system capacity. Many of the issues we will discuss this week address how UNAIDS can support this focus.

Discussions in international meetings sometimes reflect misconceptions about the effect of HIV/AIDS programs on the capacity of health systems. Some critics have suggested that, by putting money into HIV/AIDS, we're having a negative impact on other areas of health systems.

Yet all the data suggest just the opposite. A peer-reviewed paper from Haiti showed that HIV resources are building health systems, not siphoning resources from them. A study in Rwanda showed that the addition of basic HIV care into primary health centers contributed to an increase in utilization of prenatal, pediatric and general health care services.

We look to UNAIDS for continued leadership to put the fallacious vertical/horizontal debate aside and to focus on what matters – using the massive investment in HIV which has galvanized global interest in and support for health and development to leverage and build global health and development.

And it is clear that HIV has been a key leader in health and development. Far from distorting global architecture, UNAIDS and the global response to HIV has led the way to aligned development with the 3 ones and its ancillary efforts – the GTT and the Division of Labor. But we must continue to innovate and be at market leader because there is much more to do. So, as we discuss topics such as the independent evaluation and the new MOU between UNAIDS and the Global Fund, we must remember that our work here can contribute to sustainable and far-reaching improvements in the world's response to HIV/AIDS – and to public health challenges more broadly. To capitalize on this potential, our work requires the multifaceted and multisectoral response exemplified by the Joint Program and all its co-Sponsors.

UNAIDS is a Key partner in the world's fight against HIV/AIDS

With that in mind, I am confident that we will work hard this week to bridge any differences in a collaborative fashion, and to move forward on the challenges and opportunities we face together. Joining the PCB Bureau has given me insight and increased respect for those who work behind the scenes all year long to keep UNAIDS moving forward. As the PCB, we need to take our responsibilities equally seriously and commit the time and energy necessary to engage in the work of UNAIDS and of the PCB, even between board meetings.

We have major substantive decisions ahead of us this year and we need to make the most of these opportunities. Our decisions will affect not only the way UNAIDS does business, but also

impact the effectiveness of the UN system as a whole and the broader development efforts in affected communities.

## **TB/HIV**

It is significant that we will discuss TB among people living with HIV as the first thematic segment under the new PCB meeting structure. TB is the number one killer of people living with HIV/AIDS in sub-Saharan Africa and there are huge threats to the significant gains made in the fight against AIDS through the continued spread of MDR and XDR TB. We have the opportunity to show that we can address the critical issues in a pragmatic and timely manner and inform discussions that will take place later this year at the UN General Assembly and elsewhere on TB/HIV issues.

## **Knowing Your Epidemic**

When we think about the new and rapidly evolving challenges we face in the epidemic, a basic mantra of UNAIDS comes to mind: “know your epidemic.” We must be aware of the factors driving the epidemics in communities, countries and regions, and plan prevention strategies accordingly. Knowing our epidemics means, for example, tailoring our responses based on whether a given country has a concentrated or generalized epidemic. In countries like Uganda that have championed this approach, we have seen that where accurate information is provided, people are being empowered to adopt healthy practices and reduce risky behaviors.

We know that the number of women and girls living with HIV continues to grow rapidly. In 2007, nearly 61% of HIV-positive adults in sub-Saharan Africa were women. As was highlighted during the 2001 UN General Assembly Special Session on HIV/AIDS, it is essential that HIV/AIDS programming be responsive to gender disparities. In particular, we must address the

gender dynamics that affect sexual decision-making and strive to reduce sexual coercion, violence and rape.

We must also respect the human rights of HIV-positive individuals and members of communities most at risk to HIV infection. Stigma and discrimination are terrible enablers of the epidemic. The international community must dedicate itself to combating these barriers. One concrete step we can take, and where UNAIDS has long led the world, is to promote the greater involvement of people living with HIV, civil society and other stakeholders in policy making and implementation at all levels.

### **UNAIDS and the Global Fund**

Finally, a word about a U.S. priority during our time in the Chair – improving effective collaboration between UNAIDS and the Global Fund. These two organizations are extremely important for supporting countries in national scale-up of prevention, treatment and care. The UNAIDS-Global Fund relationship has had its challenges over the years, but we are encouraged by the practical nature of the draft MOU that we will consider here. As we all know, though, MOUs don't always lead to concrete action. That's why, together with the Africa Group, we have called for the thematic segment at the twenty-third PCB to be Cooperation between UNAIDS and the Global Fund. Through this thematic discussion we will promote greater coherence in technical support provision, consider how to use the new MOU to promote public private partnerships, and assess barriers to operationalizing the MOU at country level. This is a partnership that can really make a difference in saving lives. That is what we are all here to do.

### **Conclusion**

We are at a unique and extraordinary moment in history – the window is open to radically change the world – to act on our commitment to value the dignity and worth of every human life.

To make good on the pledge that where you live should not determine if you live or die from HIV/AIDS. We are privileged to live in a time of great opportunity, but that imposes grave responsibility. For if we do not seize the moment, the window will close. So let us rededicate ourselves to meet the global commitments that have been made, and to look for every opportunity to use the massive investment in HIV to leverage other commitments and resources to create sustainable health care as a component of global development. While we will have differences from time to time, let us not lose sight of the higher good and our shared obligation. We have in our hands the possibility to change the world – together, let's grasp it. Working together, nothing is impossible.