



**Speech**

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**Speech of the Executive Director  
Brazilian AIDS Congress Keynote Address**

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**by**

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Bom dia. Hoje vou fazer minha conferência em inglês. Por enquanto, só falo português aos domingos.

First of all I would like to thank the Brazilian National AIDS Programme, the Ministry of Health, the Brazilian Sexually Transmitted Infection Society for organizing this conference and for inviting me. It is really a pleasure to see how many of you have come to this conference. It is a pleasure to see also the quality of the presentations reflecting the enormous energy that is devoted to the fight against AIDS, to the fight against sexually transmitted infections, in the country. And it is good to see back so many friends, so many pioneers of the fight against AIDS, of research, clinical work, activism - both in the AIDS and in sexually transmitted infections. And I've come to Brazil and to this conference in the first place to learn from what I consider is probably the best response to AIDS in the world. And I know that it's not perfect. Why would it be, because the society is not perfect, but obviously the challenges that you have today are challenges that other countries don't have yet, for example, if only because they have not even tried to provide universal access to antiretroviral therapy. So they will have the same problems that you have today.

So I've come here to discuss and to learn how you are tackling the new challenges. How you are tackling also the fight against AIDS in a context where there is still a lot of inequality, inequity in society. And I've come also to discuss how Brazil and UNAIDS can intensify our international collaboration - where Brazil is emerging as a country that has a lot to offer - not only on AIDS - to other developing countries and I'm not only thinking of other Lusophone countries.

In July, just before the International Conference on AIDS in Bangkok, UNAIDS launched a new global report and it documents really an epidemic that is growing, that keeps growing increasingly. More people than ever before died from AIDS last year. More people than ever before became infected, newly infected in the world - than any previous year: 5 million. We are entering a phase of true globalization of the epidemic, with - yes - Africa still having the biggest burden in terms of AIDS, but with the epidemic expanding rapidly in Asia, where over half of the world's population is living. With the epidemic spreading very fast in Eastern Europe, in the countries of the former Soviet Union and where in Latin America we don't see much progress in terms of impact of control - outside this country, certainly. But at the same time and for the first time, I think there is a real chance worldwide that we will get ahead of the epidemic, that we are moving from a 'reacting to the problem, to the disaster' to being more proactive, more strategic.

There is now mobilization on AIDS in a way that has never been seen before; AIDS is on the agenda of top political events in the world. When global leaders meet today, it is on the agenda. This is not a case yet in Latin America and that must change, and this is where I hope that Brazil can be a driving force, but it is true in the Caribbean, it is true in Africa, it is true for the G-8 countries, and there is a growing momentum of political mobilization, of financial mobilization, and also a momentum of evidence that bringing AIDS under control is not just a dream, that it's something that is possible - and this is where what is happening here, in terms of access to treatment, for example, is so important for the rest of the world.

And this momentum that we are going through has its roots in two things: one is science, scientific progress made on treatment, made in the early days, on diagnostics and so on. So science, and on the other hand, on activism. And both seem to be absolutely necessary to get ahead of the curve. And our challenge remains on how to raise action on both fronts to the level that we need to achieve full service. This progress, this momentum, must not lead us to be complacent, nor to

turn away from the substantial challenges ahead - and this is where it is so important to have leadership. To have the leadership at all levels in society.

By that, in a country, I mean at the top. Be it at the head of state, whole government, the armed forces, be it in the churches, be it in companies, be it in every community. I don't hesitate to say that Brazil has a growing responsibility in the global response to AIDS. Not just because of your track record or your willingness to be outspoken on the right to health. No. Also because the world landscape is changing rapidly with new centers of influence, and this is where Brazil comes in, as a leader among a group of countries that are building economic alliances, reshaping into national trade and rewriting international relations, and power relations. So, in this emerging world, you have even greater opportunities and responsibilities to advance AIDS treatment and prevention access – so I expect nothing less than this from you.

Let me now review very briefly some of the challenges for the world, and for the region, to get us ahead of the epidemic, because its time for all of us to plan for success, to consider and plan for the long term, because AIDS is going with us, will be with us for quite a while. - if only because we want everybody who is living with HIV to have access to treatment and to live a long life. That means, someone who is 20 years old today, and is living with HIV, and is receiving treatment, should still be alive 40 years from now, 50 years from now, which means that we have to know how we are going to deal with this – and I haven't really heard anything like that.

The first challenge, which remains with us, is of fully funding the response. By that I mean that no community, no country, should be failing in its response to AIDS, because it lacks the money, it lacks the resources – and that is still a problem. There is still an enormous gap between the needs and between what is available. That has to do with the fact that there are so many competing priorities, that's for sure. But also because not enough priority is being given to the problem of AIDS, which is so destabilizing for communities and individuals. I would say also that the region should be very proud of its success in mobilizing resources – when I look at the region as a whole. For example, nearly half a billion dollars, US dollars, have been approved by the Global Fund for use in this region, for use on AIDS. And additional funding, of course, is needed, but now we also have to prove that we can use these resources well. And of course, the most of the countries in the region are funding their AIDS activities from national budgets.

Sustaining funding for AIDS will require a number of things. One, in the first place, is results. If we can show that the money is well used, that there are results, that is the first condition to renew budgets. That means also that we have to be able to demonstrate results, to monitor, to evaluate well what we are doing. So making the money work for the people is the top-top priority at the moment. Secondly, it will be crucial to maintain or increase support from mainstream public opinion for the AIDS cause, because as we all know, decisions on funding are basically influenced by pressure on those in government, and, whether this is an issue for voters, for constituencies. That combined with strong leadership at the top, I think is the second very important element. And a third condition, for me, is that we need to recognize the need to maintain special funding for AIDS for many years. In an ideal world, dealing with AIDS will have to be part of development of the core business of any society, of any enterprise, of any ministry, of any community, of any municipality. But we are not there yet. We are not there yet because we still have to overcome many obstacles which require very specific commitments and we are still confronted with the enormous stigma that is associated with AIDS and which makes even funding decisions difficult. So that is the first challenge, it's the financial one, money is always there, that is a problem.

The second challenge is, for me, it's maintaining, increasing the leadership. Leadership, anywhere, as I said, in any level in society. Now this is key, not at least because many of the choices that have to be made are often not popular, go against the stream in society. In some countries that can be the promotion of condoms - which is a difficult issue. In other countries, it maybe in all countries, it is how to make sure that harm reduction policies to prevent the spread of HIV among injecting drug users is there. It takes courage; it takes real leadership, looking into the future, to deal with AIDS. A particular challenge that I see in the continent, in South America, in Latin America, is the continuing epidemic in men who have sex with men, and it's just simply unacceptable that more than two decades into this epidemic, high rates of HIV infection in populations of men who have sex with men continue virtually unchecked in the region. We know what to do; this is a failure of leadership. And its equally unacceptable that today there are still babies born with HIV infection because programs to prevent mother-to-child transmission are either not existing or are not implemented as well as they could. So here we have a number of direct implications of a lack of leadership.

There has been truly, truly impressive progress on AIDS treatment in Brazil and also in many other countries in Latin America – you are not alone any longer. You were alone in the beginning, now there are others. But unless more is done in the region to deliver effective prevention in marginalized groups, the goal of treatment access for all will simply collapse under the weight of new infections. So we need to accelerate both treatment and the prevention agenda. And on this and other issues there is a wide leadership gap between Brazil and much of the rest of the region. So it is the time to change the status quo, to make sure that AIDS is on the agenda of regional summits, of regional cooperation, and where some healthy, let's call it peer pressure, among Presidents, could lead to some substantial improvements.

A third challenge for the future, which has always been there, is to maintain the crucial role of civil society. Again, I believe that if Brazil has emerged as a global leader on AIDS, it's in large part due to the efforts of civil society. The Brazilian model has its roots, in a way, in the gay movements of the early 1980's, and on the ongoing advocacy of affected groups, people living with HIV in the first place. I remember also from visits even ten years ago, that the private sector, that companies, were already quite engaged, and I would say that this has to continue, but, we may have to rethink what is, and how will, the role of civil society play out in the fight against AIDS. Yesterday I visited an NGO here in Recife, Gestos, and I was quite impressed with how they are confronted today with very different challenges than ten years ago, or eleven years ago, when they were founded - and that there is now a need to go far more into the gender agenda. When you look at the number of women who are infected with HIV, it continues to rise, as just one example.

So the civil society movement, I think, is as much confronted with new problems and challenges as government is. And I think there is time to rethink what the priorities are, how to get out of the continuing challenge of insufficient capacity, insufficient support, including financial support, to NGOs, whether it isn't time for broadening the involvement of civil society groups. The core will always be people living with HIV, the *avant gard*, the populations that are mostly affected, but there are many other groups in society, from churches to academic groups, etc, and I think that this is also, it is important that they also feel that dealing with AIDS is their responsibility, and that we welcome them. In UNAIDS we are determined to increase our support to civil society in this region, and I am very pleased that many groups are meeting with the World AIDS Campaign during this conference, or at the end, and the Campaign, with support from UNAIDS, is promoting civil society engagement around the world.

A fourth challenge that I see for all of us is that of putting prevention of HIV back on the worldwide agenda. Because we can seriously ask ourselves whether many countries, particularly in this region, are not dropping the ball on prevention - with all attention going to treatment for HIV, and I think that was right and we should continue to do that, we must even improve that, as I mentioned before, but in terms of continuing to invest in prevention, there is clearly a lack of leadership in many countries. Not so in Brazil. I was very pleased to see how prevention campaigns are continuing, are increasing, that there are results, but we may need to rethink how we are tackling prevention, and going back to what made the original successes of prevention efforts at a time when treatment didn't even exist - and that was in the first place an approach of community mobilization. Community mobilization of those who are affected and have the first incentive to increase prevention efforts.

And of course we need condoms, far more condoms. There is a need for clean needles, but we need to go beyond that, we need to go way beyond the so-called 'ABC' approach: Abstinence, Be faithful, and Condoms. This means promoting education for girls, it means equality for women, it means insisting on the human rights and dignity of all people. It means breaking the vicious cycle of poverty, lack of nutrition, and HIV infection. It means involving young people and people living with HIV in the response. It means avoiding falling into the trap of over-medicalizing prevention. It means that wherever people come together, be the workplace, be the armed forces, be sports clubs, that we don't miss opportunities for HIV prevention there. That will make it affordable, that will allow us to reach those who need to be reached, and our response can only be successful if it is comprehensive. So let's make an effort to rethink prevention, to make sure that while we are expanding treatment, we are adding prevention to all these efforts.

And the last point I would like to make is that we are living in a world of increasing globalization. Whether we like it or not, it's a fact: globalization is progressing, and the real question is not whether that is a good thing or a bad thing, and whether we can stop that or promote it, but to whose benefit is this. What we need is a globalization that is not only dealing with markets and profits, but also a globalization of access to global public goods for the benefit of all, for the benefit of the poor, for the least powerful. And it is in this context, in this perspective that Brazil is also playing a very important role, and where cooperation between Brazil and UNAIDS has been increasing tremendously over the last few years, and I believe and hope will increase further - and not only with the government, and also with the civil society. Take trade. Brazil has been a leader in the developing country movement for fairness in global trade and access to medicines. Not only fairness when it comes to agricultural products, textile, steel and so on, this is what trade negotiations usually are about, but also about access to health, access to medicines. And the importance of these issues will only grow in the coming years. Unless AIDS medicines are affordable, the goal of treating millions around the world is just a dream. We still have to bring prices down; we still need lower prices for middle-income countries and some countries in transition. We also have to recognize the future implications of treatment scale-up. Expanding treatment access today means that increasing numbers of people will be on treatment for life, and that we also will need more and more next generation drugs - new drugs, second line drugs - they are far more expensive, very often generic drug versions are not available for them, so we need to look at that also from the perspective of trade, and from making sure the countries can take full advantage of flexibility in global trade agreements through expanded access to AIDS treatment.

But we cannot afford to get trapped into a false choice between the necessary research on better drugs, on the one hand, and access to treatment on the other. We must make sure that we don't kill innovation, that we do not kill the ability, financial ability and incentives of the pharmaceutical industry to develop new drugs. And that is why the global trade agreements are good, such as the Doha Declaration, because they provide this balance for a moral, sustained and effective response to AIDS, and that's also what makes the joint declaration that was made and signed last month in Bangkok so important. Countries that share a commitment to treating people with HIV are also sharing technical expertise to make that commitment a reality. Brazil, Thailand as a host country then, China, India, the Russian Federation, Nigeria and Ukraine. So we do need innovation, but we cannot live without access to generics.

So these are some of the challenges that I see that, as a global community, we have to tackle and where Brazil has a very important role to play. And whereas AIDS is still a crisis, it is now also a part of a long term agenda, it must become fully part of the international development agenda, it's one of the Millennium Development Goals. Dealing with AIDS must be fully integrated in poverty reduction, it is a threat to security and instability – and therefore it must be a part of the security agenda, that's been recognized by the UN Security Council, which has debated already four times about AIDS. And this is for us in UNAIDS also the perspective, how we will work over the next few years, because for us in UNAIDS, Brazil is still one of the prime models in the global response to AIDS. But I know, as I said yesterday also, that you are still facing many challenges, and overcoming these old and new challenges is not only vital for the people of this country, but also for the rest of the world. Because once other countries will have greatly expanded access to antiretroviral treatment, they will also be confronted with the problems you have today. So that is why in UNAIDS we are so keen to learn from you. But this will mean that we are taking a hard and cold look at the reality, at the problems, that we recognize them, and that we take action. Because isn't, after all, one of the main lessons of the past twenty years dealing with AIDS that with AIDS we never gain time. We never gain time when we do not act on the challenges, when we wait for action, when we are indecisive, when we are divided and when we neglect rights and when we replace science by 'feel good' projects. It's also far too early to think we can treat AIDS as just any other health problem. So, we fought very hard for the money, for putting AIDS in the agenda, so we will continue to fight for more, but now let's fight equally hard for making the money work for the people.

Thank you for your continued leadership, you and every single community you are working in, every clinic, every hospital, every business, because your leadership is one of the driving forces in the global response to AIDS. Thank you very much.