

Speech

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**Opening Statement
CONCASIDA 2007**

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UNAIDS Executive Director**

Excellencies, Your Royal Highness.

Distinguished guests, dear friends,

I greet you on behalf of the Joint UN Programme on AIDS with its 10 cosponsoring agencies.

I first want to congratulate Adrian Zelaya, Arely Cano and the whole team for putting together such an impressive programme.

Over the past eight years, since the first meeting in Honduras, CONCASIDA has created a unique forum for Central American countries to come together, share knowledge and develop AIDS strategies. CONCASIDA is much more than a meeting: it's a real driving force. That's why I'm so pleased to be here today and to have the opportunity to address you.

Let's start by looking at progress on AIDS globally. It's a mixed picture but there definitely is progress.

Today, more than 2.5 million people in developing countries are taking anti-retroviral treatment – up from 100,000 in 2001. And in some populations in East Africa, the Caribbean and Asia, HIV infections are falling.

There's been progress in Central America too, particularly around treatment. Currently, access to anitretorviral treatment is more than 65%. Despite this satisfactory success, I would like to drawer the attention to the 20-40% of persons who don't have access. They should be the focus of our attention. They are the real indicator of universal access to treatment.

In this context, the main challenge for us is that progresses on prevention be on equal level with the successes on access to treatment.

This is currently not happening. The result is that globally for every person who starts taking antiretroviral treatment today, another five to six become infected. We will never get anywhere near Universal Access to HIV prevention, treatment, care and support, if this pattern continues.

It is therefore evident, without neglecting access to treatment; prevention should occupy a major place on the agenda of politics of the response to the epidemic. This is crucial of an effective and sustainable response.

For this to be possible, it is fundamental that we know local realities and identify social, cultural and economic determinants of the epidemic. At UNAIDS, we say the first step in responding to AIDS is to Know Your Epidemic. The second step is to act on that knowledge.

In many parts of Central America, this means investing new energy in tackling some of the tough issues that lie at the core of AIDS in the region. These include the stigma around that enshrouds people living with HIV and that stops many people who need it from requesting HIV testing and treatment.

And they include deep-rooted inequalities – the low status of women and injustices against sex workers, men who have sex with men, transgender, indigenous populations, and migrants. We also have to do a better job of tackling AIDS in prison settings.

Our collective failure to deal with these issues in the past means that we are now dealing with hidden and increasingly complicated epidemics.

Men who have sex with men are often forced to live “secret” lives. It is hard for them to access HIV prevention and treatment services. This increases their risk of acquiring HIV, and infecting other partners – male and female.

Another hidden element is, for example, the denial that young people, especially adolescents, do have sexual relationships.

This all highlights the need for a new approach to HIV prevention. An approach that brings hidden epidemics out of the shadows by tackling issues like homophobia. (We’ve seen in Mexico how progress can be made here) An approach that deals with issues related to sexual and reproductive health and sexual violence. An approach that addresses the issues that make women and girls so susceptible to HIV infection, and so stigmatized when they become infected.

The need to intensify HIV prevention was one of the factors that inspired the establishment of the Global Coalition on Women and AIDS. Over the past year, I have been greatly encouraged by the work of the Regional Coalition on Women and AIDS – led by Her Excellency Xiomara Castro de Zelaya, the First Lady of Honduras.

I also want to thank HRH Princess Mette Marit of Norway for being with us today, and for her unstinting work to reduce stigma and promote HIV prevention.

AIDS, as we discussed at the last CONCASIDA meeting, is an exceptional issue – in the same league as climate change. Exceptional issues require exceptional responses, and exceptional leadership at all levels. AIDS is a matter of national importance, and must be a key concern for top leaders.

Next year’s International AIDS Conference in Mexico offers opportunities for Central and South American leaders to demonstrate their determination to get ahead of AIDS.

But it's not just presidents and prime ministers who lead. We must draw more on other sources of social power rooted in civil society, particularly among people living with HIV – and encourage greater leadership among youth and women's movements, churches, business groups, trade unions, and local communities.

CONCASIDA has always played an important part in providing a platform for civil society and fostering the growth of civil society action on AIDS. Long may this continue!

The second key element to progress towards Universal Access is money. It is impressive to see so much AIDS funding in this region already coming from domestic sources. However, there are still shortfalls, and it will be important to allocate specific budget lines to AIDS, to sustain programmes over the longer term.

The third element is to make that money work for Universal Access. This is our main task at UNAIDS. This involves helping make sure money is spent on the right things, and in the right way.

The right way is the nationally owned way. It is also the coordinated way. UNAIDS is committed to building on the Three Ones initiative to increase collaboration by all stakeholders around one single national AIDS strategy.

Making the money work also means building in-country capacity on HIV - not just in the health sector but also in education and social services – and in community development.

The fourth key element is to put human rights at the heart of all we do. We must eliminate the injustices that drive infection levels upwards among the disadvantaged and discriminated against. We must bring AIDS out of hiding. We must protect the

rights of *all* people to access HIV prevention, treatment, care and support – and the rights of all children to receive an education, which includes comprehensive information about HIV prevention.

The fifth – and last – is to take a long-term view. Twenty-six years into the epidemic, I believe that we are at a crossroads, a point at which we must move to a new phase – a phase where we combine short-term crisis management with a long-term, strategic approach that prevents further crises developing later on.

This is why I've recently launched a new project, AIDS 2031. AIDS 2031 brings a wide range of different constituencies together to assess what we can do differently now to change the face of the epidemic in 2031 – 50 years after AIDS was first reported. Only if we think in the future and work on improving the present, we can ensure a sustained effect.

Only if we do this will Universal Access to HIV prevention, treatment, care and support become a reality and remain a reality.

As you embark on your discussions here in Managua, I urge you to adopt this double lens – that looks not just at the next two years, but at the next two decades – and beyond.

Thank you.

