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Speech

Opening Speech at the Implementers Meeting

Kampala, 3rd June 2008

**Speech by
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UNAIDS Executive Director**

Uniting the world against AIDS

HE Mr President, Mrs. Museveni, dear friends.

First let me thank the Government of Uganda, and all the organizers of this meeting for bringing us together today – and you, President Museveni, for your historic leadership in the fight against AIDS.

The Implementers' meeting is a unique opportunity to talk about the on-the-ground realities of responding to AIDS with the people who are closest to them: you. And the theme of this year's meeting is a good one: there would be no effective AIDS response if it weren't for partnerships.

I particularly want to salute our main hosts – Mark and the team from PEPFAR. Thanks to you, millions of people are now living longer, healthier lives. I also want to acknowledge the critical role of the Global Fund to Fight AIDS, TB and Malaria - I signed a new Memorandum of Understanding with Michel this morning and look forward to continuing to strengthen the collaboration between the UN system and the Global Fund.

The first thing I want to do is look at the progress we've made over the past five years. For example, how many believed it possible in 2003 that there'd be over 3 million people in developing countries on antiretroviral treatment today? And just imagine where these 3 million people would be if we'd waited until health systems were fully functioning before we treated them.

This is just one of many remarkable achievements that have happened because of you – the implementers. You have done some amazing work – building constituencies, forging partnerships, increasing resources – literally transforming development practice. Today, we have a delivery system for HIV services of a quality that exists for no other disease.

But there is no room for complacency. AIDS is not “done”. The epidemic isn't under control. AIDS remains the first cause of death in Africa, above malaria and lower respiratory infections. It's now clear that the epidemic is a long-wave event, and we're still just at the beginning! Today, we face the twin challenges of meeting

current needs – which, despite the progress being made, remain massive - whilst at the same time aiming for the best possible response in 20, 30 years' time.

First we need to work much harder on prevention. Although some countries are, for the first time, recording lower rates of new infections, most AIDS responses still pay too little attention to HIV prevention. While 87% of countries have established goals for HIV treatment, only about 50% have targets for key HIV prevention strategies. And let me repeat once again that for every two people who start taking antiretrovirals, another five become infected.

One problem is lack of demand. Imagine what could happen if there were a strong constituency – along the lines of South Africa's Treatment Action Campaign – marching for HIV prevention too. Combine this with true combination prevention and better targeting of programmes, a serious drive for social change, and a concerted effort to build management skills in both national AIDS authorities and communities – and millions of lives could be saved. Otherwise, treatment queues will continue to get longer and longer and longer.

There's also a long way to go on treatment. With 6 million people who need HIV drugs unable to access them, the next phase of rollout towards universal access to treatment requires new, more efficient and cost-effective, more business-like practices to reach more people – be it through multiplying kiosks or via a supermarket approach.

It also calls for stronger health systems and a more robust health work force. We in the AIDS movement must forge more concrete links with those working to improve health systems – to achieve maximum benefits all round. It's not a case of either or: it has to be both. That's why I came to Kampala earlier this year to attend the conference of the Health Workforce Alliance. We also need more joint action with programmes such as TB, reproductive health and maternal and child health. And to connect the dots with other development actors. There's not much point in improving access to antiretrovirals if people are malnourished and don't have the basic means to support themselves.

In addition, we must keep prioritizing the UNAIDS mantra of making the money work for people. There are still many areas where we can reduce unit costs of delivery, strengthen local ownership, improve coordination, and increase accountability. We will never bring costs down if we don't. Getting the "how" as well as the "what" of implementation right is critical to reaching our collective goal of stopping this epidemic.

But to do all this, and sustain it, we need stable political leadership and predictable long-term funding. We cannot overestimate the challenge that this will be. In the past few years, AIDS has risen up the political agenda. But political agendas are crowded and new, critical issues keep coming to the fore: rising food prices, climate change, and the worldwide financial crisis.

However, if we're to sustain support and funding for the AIDS response, we must be able to demonstrate that AIDS is a problem with a solution, that we are achieving results – and that those results are getting better by the year. And with these results come a new generation of challenges. We couldn't be in a better place than Kampala to discuss these challenges, given Uganda's long track record in fighting and researching AIDS, and the fact that this is the land of TASO, the mother of all African AIDS service organizations.

To conclude, we are at the start of a new phase in the AIDS response. A new phase because, for the first time in history we have results on a serious scale. We are at the point where we must start to think – and implement - in new ways. But one thing will not change: the only way we will ever succeed is as partners.

Thank you.