

SPEECH

By: Michel Sidibé, Executive Director of UNAIDS

Date: 28 May 2011

Place: Rome, Italy

Occasion: Conference of the Pontifical Council for Health Care

Please check against delivery

Sustainable health care is a moral obligation

Your Excellency Archbishop Zimowski, President of the Pontifical Council for Health Care Workers; Your Excellency Archbishop Tomasi, Permanent Observer of the Holy See to the United Nations and Specialized Agencies in Geneva, Most Reverend Bishops, Reverend Fathers, Sisters, and Brothers; Esteemed Colleagues in the Global Response to the HIV pandemic.

I am honoured to address you today. As religious leaders, doctors, nurses and HIV service providers, you are so critical to the AIDS response. You have journeyed in solidarity with us for decades—energizing social change and campaigning for social justice for the poor, and the marginalized people affected by HIV.

The topic today—“placing the person at the centre of care” —is key because it is the only way to move forward toward universal access. Universal access will never be a reality without placing the person at the center. Universal access is nothing else but the fight for social justice, nothing else but better redistribution of resources, nothing else but caring for people who have no voice.

We are not here today to talk about many problems, but to talk about what we have done together to fight this epidemic. Fighting together for HIV prevention in Uganda, Senegal and Thailand. I have worked with Dr Green.

Today I can tell you that we are breaking the trajectory of this epidemic. In more than 60 countries, the prevalence is stabilizing or even decreasing.

This movement is happening, not just in the privileged countries, where they have access to information and treatment, but also in other countries.

What has happened in the last 20 years has enabled us to decrease incidence more than 15% among young people. Something happened within communities. This was not created by a commodity-driven approach, but by moving to a community-driven

UNAIDS' vision: Zero discrimination. Zero new HIV infections. Zero AIDS-related deaths.

approach. We have to understand better the role of communities and family. Countries where we see a decline in prevalence are countries where we can see a changing paradigm. We see young people acting not just as passive receptacles of information, but as agents of change. Relationships between parents and young people are changed as they are equipped with skills to negotiate responsible sexual behavior.

None of this would have happened without you; without the critical information on values and stability of the family as a basis for decreasing new infections. But it is not only about decreasing new infections. In 2001, the skeptics said we should not include treatment in the Declaration of Commitment—that we could not afford it. The negotiations on the Declaration went on late to convince people to include treatment.

In those days only a privileged few in many countries could afford to be on treatment, using their own means. Today we have over 6 million people on treatment. This is a success story.

I don't remember any other public health programme that could reach people everywhere in the way the HIV response has done, creating a new social movement pushing us to develop community compacts and collaboration between North and South. Don't forget that ten years ago, we had only \$4 million for the AIDS response, and today more than \$17 billion. We have Christoph from the Global Fund here today who has helped to manage these resources

But it is not just about money, I was listening to the Archbishop just now, when you were calling for more listening. This is a signal of collaboration and working together, building bridges. HIV/AIDS helps us to bring in a new movement.

It would be dishonest to say we have made so much progress that it is all over. It is not over, far from it. Ten million people are still waiting for treatment, their lives hanging in the balance.

The world is telling me that they do not want to pay. I tell you those people will die. They come from some of the poorest segments of society, and they will not have access to treatment. They will die, and as a human being, as the Executive Director of UNAIDS, I will continue to fight for new drugs, more efficient drugs.

We cannot say we have done enough to put 6 million people on treatment, but another 10 million die. I cannot make that choice, I know the people in this house are some of the only ones who can call the world to fight for social justice for these people.

I met a woman living with HIV in Geneva. She has three children and is working in the UN. She told me that she would give up treatment so that she could afford the drugs for the children. This is not a choice she should have to make.

The value of life is not the same across the worlds. If you are born in Paris and live with HIV, then you will be more likely to survive than people in Africa. If you live with HIV and are pregnant in the North, you are more likely to have a baby born free from HIV than if you live in the South.

We have 400,000 babies born with HIV in Africa and we know how to stop that. We have the knowledge. But 50% of those children will die before their second birthday. To prevent HIV transmission to a child is a huge investment. It costs \$100 to prevent transmission of HIV from a mother to her child. If the child becomes infected without that treatment, the treatment costs are over \$100,000. This is the call I am making everywhere I go, and I will not be successful without you.

Prevention breakthrough

We meet at one of the most exciting moments in the AIDS response. Just days ago, we learned of a research breakthrough that will transform our work and the future of our world.

Now we know that early treatment of people living with HIV can be 96% effective in preventing sexual transmission of the HIV virus. This is a true game-changer in the AIDS response. Serodiscordant couples have another extremely effective option for HIV protection. This is very important—something we did not know a few months ago.

This is a new approach to AIDS prevention—one that can have an impact not only on millions of individuals, but on the whole context of the HIV epidemic.

For too long, HIV prevention interventions focused on trying to influence the choices that individuals make. But for people besieged by social injustice, poverty, stigma, inequality and violence against women, it is not so simple to change how you live.

Treatment for prevention does not require individuals or couples to make a new choice every day about what to do and how to live in order to protect themselves. It only requires that they adhere to a simple drug regimen that will keep them both healthy.

It is certainly critical because people say, “How will you make that possible? How can you possibly find the funds?” These are the questions when the world is in a financial crisis. I want to say, if we do not take the courage to bring the pharmaceutical companies together at this time to look at the next generation of treatment, to look for new treatments, it will be a crime. It will be a crime because we will see more and more people dying when we know the solution is there.

So you can see how treatment for prevention has the potential to change attitudes, connect communities and motivate millions of people to get tested and to be open about their HIV status and about their options for treatment and prevention.

But treatment for prevention cannot work if individuals do not have access to testing and treatment. And it will not work unless there is an end to negative social attitudes surrounding HIV that prevent people from seeking testing and treatment when it is available.

Treatment for prevention is a weapon against fear, despair, secrecy and stigma.

Importantly, it empowers people living with HIV, in line with the principles of “Positive Health, Dignity and Prevention” (PHDP). This approach to prevention—designed by UNAIDS in collaboration with networks of people living with HIV—aims to improve and maintain the dignity of the person living with HIV.

PHDP places the person at the centre of prevention, care and treatment of HIV—the very theme of this study meeting. The framework includes nine action areas to support physical, mental, emotional and sexual health, creating an enabling environment for reducing new HIV infections. Engaging people living with HIV at all stages of the response holds health care providers accountable for effective service delivery.

Treatment as prevention sits as one element in a comprehensive set of HIV prevention approaches. UNAIDS believes it is every person's right, including young people, to have access to effective education on human sexuality, health and life skills to enable that person to make informed choices and follow through on them, including abstinence, reducing the number of sexual partners, mutual fidelity and how to use condoms consistently and correctly. Research has shown that such education does not result in increased sexual relations.

Moral obligation

Funding sustainable health care is a moral obligation, a right not a luxury. In this, the faith community and the Church are among our strongest allies in calling for robust, comprehensive and lasting national responses to HIV. To do this, the faith communities and the AIDS movement must come together and speak with one voice. The world is not hearing us because we are talking over, and sometimes in opposition to, each other.

We *must* work together, like you said. Yes, there are areas where we disagree—and we must continue to listen, to reflect and to talk together about them—but there are many more areas where we share common goals.

I welcome Pope Benedict's recent clarification of the use of condoms for HIV prevention when he said that, “In the case of some individuals,” to use a condom for HIV prevention purposes could represent “a first assumption of responsibility”. This is very important, it has helped me to understand his position better and has opened up a new space for dialogue.

We must also join our efforts in the delivery of HIV care and support. The broad networks of health facilities and community- and home-based treatment, care and support provided by faith-based organizations are essential to scaling up the response.

Together, we must continue to improve social protection for people, through programmes such as cash transfers and expanded social insurance schemes. These are not just safety nets, but also serve as “opportunity ropes,” enabling people to climb towards better lives.

We must make sure these programmes are HIV-sensitive—that they are accessible to people living with and affected by HIV, including those caring for orphans and vulnerable children., and that they are accessible for people who are at risk because they are stateless, homeless or criminalized.

State of the epidemic

It has been 30 years since the first case of AIDS was diagnosed, 10 years since the landmark UN General Assembly Declaration of Commitment on HIV/AIDS, and 5 years since we made our stand for universal access.

Our remarkable progress has been measured in lives saved and livelihoods regained.

We recognize the important role of the Catholic Church and other faith-based organizations in this success. We count on you, as Church leaders and health practitioners, for the energy, inspiration and support we need to overcome the barriers that still remain.

- More than two-thirds of all new HIV infections still occur in sub-Saharan Africa.
- In seven countries, mostly in Eastern Europe and Central Asia, new HIV infection rates have increased by 25%.
- Our way forward to bring down these rates is still blocked by stigma, discrimination and inequity between men and women.

Women and inequity

AIDS remains the leading cause of death for women of reproductive age worldwide. Young women remain especially vulnerable.

Inequality between men and women is both a cause and a consequence of HIV. Our response will not have a meaningful impact unless it addresses discrimination against women, domestic and sexual violence and access to life-saving information and services like safe delivery care and sexual and reproductive health care.

Tragically, women living with HIV face the greatest barriers to life-saving care. Women around the world have told us they must hide their HIV status or risk being denied essential care.

In Kenya, I met a lady who told me she had been a happy married woman until she discovered she was HIV-positive when she was pregnant. She was forced out of her home and forced to have an abortion. Later, she received support from some faith people, and she managed to get access to treatment. She went on to have three babies, all HIV negative.

She told me she had been faithful to her husband, but she had been raped at the age of thirteen by her maths teacher. These stories are terrible. They are social justice issues.

A woman living with HIV in the Caribbean told us that those like her are being pressured to undergo sterilization, and to never again engage in sex due to stigma and judgmental attitudes among health care workers.

Faith-based communities can address damaging attitudes in society and among health workers. I know you will speak out against discrimination and coercion wherever you see it.

Condemning acts of violence against women is also critical. The links between violence and HIV transmission are clear. When religious leaders speak out strongly to denounce violence against women and sexual violence, it carries an especially powerful weight.

Bridge-building

The Universal Declaration of Human Rights is foundational to the work of the UN, crafted with key inputs from the faith community. It opens by recognizing “the inherent dignity and the equal and inalienable rights of all members of the human family” as a foundation.

The Association of Member Episcopal Conferences of Eastern Africa made a similar statement in relation to HIV: “All persons carry with them a dignity that is not diminished by suffering or sickness. Therefore, all facets of justice—be they social, cultural, political legal or economic—must also, without discrimination, apply to all people who are affected or infected with HIV/AIDS.”

Building bridges like these between faith communities and populations affected by HIV is a role that UNAIDS cherishes.

UNAIDS—a joint programme of the United Nations with 10 UN cosponsoring agencies—works closely with a broad range of partners including NGOs, civil society and people of all faiths—and none. We must broaden our partnerships based on mutual interest and the potential to collaborate and deliver results.

An important milestone in our efforts is our strategic framework for partnerships with faith-based organizations in the response to HIV. Drawn up with input from an interagency task force on faith and development (which provided a broad platform for UN work with the faith community), representatives from faith communities—including Catholic Church partners—and people living with HIV, the document articulates principles, roles and responsibilities in partnership with faith-based organizations. It lays out ways we can discuss together some of the more difficult areas that the HIV epidemic presents to communities of faith, while maximizing the potential for collaboration in the less controversial, but equally important areas.

Another milestone was last year’s High Level Religious Leaders Summit in the Netherlands, which UNAIDS co-hosted with a number of partners, including UNAIDS

Cosponsors, faith-based organizations and government. This important meeting advanced the dialogue in new ways between religious leaders and people living with HIV and affected communities, as well as government representatives and HIV practitioners. Archbishop John Onaekin from Nigeria brought some excellent perspectives to these discussions.

Let me finish by saying this:

I travel widely, and yet I am still shocked by the brutality of man towards man. The devastation of combat and conflict that the global community rushes to fund in some cases. Women raped. Children orphaned and exploited, subject to forced sex or compelled to become violent soldiers in corrupt wars- is what I am seeing in many places. The notion that human life is sacred seems to be disappearing along with the genuine respect for life.

As I said some years ago in a speech to the All Africa Conference of Churches Assembly in Addis Ababa, what is ultimately needed is a substantial change in values and I repeat -what is ultimately needed is a substantial change in values. The embrace of an ethic of caring, as you were just saying your Excellency. An appreciation of the sacredness of life, a respect of others as equals, a tolerance of diversity, and above all, global solidarity. Unless we can recapture our spiritual life and rebuild our capacity for tolerance, there is little hope for reconciliation, peace, security and a brighter future for ourselves. If we have hope for peace and security then we can have hope for the HIV response.

There is, of course, no special UN mandate to deal with the deeper psychological, moral and spiritual dimensions of the human dilemma at this crossroads in history. Who else but you could help us take the necessary steps in this direction? Who else could shed some light on our confused present and guide us on this difficult, but crucial road?

It is an immense task and responsibility for you to lead us in that direction, but I know that you will not rest until it is done. And, it is our responsibility to follow you in that direction.

Thank you.

[END]

Contact

UNAIDS Geneva | Sophie Barton-Knott | tel. +41 22 791 1697 | bartonknotts@unaids.org

UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.