

SPEECH

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Please check against delivery

The time has come for universal access to science

Dear friends and colleagues, ladies and gentlemen.

As I stand here today, I am filled with gratitude for your energy and unwavering commitment. You bring hope to millions. You bring hope to me.

It is significant that we are meeting today, right now. The scientific community is advancing the AIDS response as never before. A few years ago, the world could barely imagine what has now become real.

We have solid evidence that ART prevents HIV.

HPTN 052 showed that early treatment for people living with HIV can reduce sexual transmission in serodiscordant couples by 96%. The Partners PrEP study found that pre-exposure prophylaxis can reduce sexual transmission by up to 73%. We have new momentum to go to scale with voluntary male circumcision.

With the support of UNITAID and other key partners, this week Gilead Sciences became the first pharmaceutical company to join the global Medicines Patent Pool, agreeing to share intellectual property on a range of HIV medicines.

These developments can finally help us reach the tipping point to end this epidemic. The debate is no longer about HIV prevention or HIV treatment. It is now about HIV control. Nobody thought this was possible as little as two years ago.

On many fronts, we have moved from skepticism to scale up. Ten years ago, fewer than 50,000 people in Africa had access to ARVs. Ten years ago, we could not have a serious discussion about how to scale up treatment.

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

But science and vision prevailed. Today, 6.6 million people in low- and middle-income countries are on treatment.

But what about the other 9 million still waiting for treatment to survive? Do we tell them that they should die?

This is morally wrong. This is unacceptable.

It is morally wrong to make a mother choose between treatment for herself and treatment for her newborn. It is morally wrong that people should be dying of AIDS when treatment is available. It is morally wrong that babies are still being born with HIV when we know how to prevent it. It is morally wrong that children are still growing up as AIDS orphans.

Dark forces

The skeptics are still among us. This was clear at the High Level Meeting on AIDS last month. Yes, we made history with a bold Political Declaration, which gave us a bold platform to go to scale.

But the pessimists were well represented in New York. Countries were saying, “We have done enough.” They are reducing their contributions—even at this moment of unprecedented discovery. They cannot see beyond near-term costs towards the long-term benefits of universal access and innovation.

Some are now saying that treatment for prevention is too costly, too risky and unsustainable. What is truly costly, risky and unsustainable is inaction.

We also saw the dark forces of bigotry and inequity at work. Ideology given priority over science and evidence. Services and rights still denied to marginalized groups. The poor shut off from the profits and benefits of innovation.

We must resist the dark forces of skepticism and bigotry.

If we want to turn scientific successes into progress for the poor, we must overcome the forces that threaten access. We must scale up, even when some donors are scaling back. We must use innovation to overcome social division and inequity.

Ways forward

Let me offer five ways forward.

First, even before we had this latest evidence, I called for Treatment 2.0. We need it more than ever now. It is our path to break the trajectory of costs, to deliver smarter drugs in smarter ways and to develop better approaches to testing and diagnostics

Second, we need new ways to make sure life-saving services reach everyone who needs them. We need to go back to the community level to increase treatment literacy, increase demand for services and improve delivery on the ground.

To make this possible, we need to tap into unconventional capacity and introduce new alternative delivery systems. In that vein, we are working closely with Jeffrey Sachs and the Earth Institute to mobilize more than 1 million community health workers in Africa by 2015.

We must work with countries, the pharmaceutical industry, international organizations and NGOs to ensure that new discoveries are freely accessible.

We must oppose trade agreements that seek to limit TRIPS flexibilities. I want to salute the Government of India for refusing to accept provisions on data exclusivity. And I want to recognize the leadership of the BRICS Ministers of Health in ensuring that trade does not undermine access to medications, especially generics.

Third, we must reduce the time from research findings to policy implementation. It still takes about 1 year to get research results published, 5 to 10 years to translate them into public health policy and 3 to 5 more years to move from small scale to national or global scale.

The virus does not move this slowly—neither should we. We need to find urgent answers to the many practical questions that still hinder implementation. We must better understand:

- How to increase the uptake of HIV testing and care in stigmatized environments.
- How to achieve universal coverage, especially among those at highest risk.
- How often we need to monitor HIV status and drug resistance.
- How to maintain adherence and keep people on treatment.
- How to reduce the risk of migration from condoms.

It is time for us to close the gap between science and implementation. We must be driven by a sense of urgency—the same sense of urgency felt by the millions who wait every day for your discoveries to reach them.

South Africa is demonstrating this sense of urgency. In one year, 13 million South Africans had tested for HIV. People on treatment increased from 923,000 to more than 1.4 million. It is the largest HIV treatment programme in the world.

I just returned from China a few days ago. I was impressed by the progress that country has made in a short time. Last year, 66 million Chinese were tested for HIV. China is now moving to provide free treatment for all discordant couples, regardless of CD4 level.

Fourth, we need better HIV prevention. We have seen young people leading the prevention revolution by changing their behaviors and lowering their rates of infection. Now we need to use our new Investment Framework to target how we scale up prevention.

We must focus on hot spots where transmission is most likely to occur, especially to reach women and girls, men who have sex with men, migrants, prisoners, people who buy and sell sex, those who inject drugs and others whose access is blocked by stigma, discrimination and criminalization.

A new deal for global health

Finally, AIDS can broker a new deal for global health.

Our major challenge is no longer just scaling up access to medicines for millions of people. Non-communicable diseases are now the leading cause of morbidity and mortality around the world. The challenge has become providing medicines, often over a lifetime, to billions of people. We must use AIDS as the opportunity to strengthen health systems and build long-term capacity.

The AIDS movement is leading the charge to bring health innovations to the poor. We are leveraging the resources and growing geopolitical clout of the BRICS. We are helping countries to share the responsibility for investing in global health, bringing renewed confidence and commitments from all donors.

Science is central to achieving the global peace, prosperity and security we all seek.

Conclusion

My friends, we are depending on your activism to help us get to scale—with drugs, diagnostics, delivery and prevention.

Science without activism is evidence without action.

Thank you.

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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.