

## SPEECH

**By:** Delivered on behalf of **Michel Sidibé, Executive Director of UNAIDS**

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**Place:** New York City

**Occasion:** **First Ladies' side event at the Summit for Non-communicable disease: Women Connect for Health & Education**

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## **Building HIV-NCD connections for healthy women and girls**

UNAIDS is honoured to be a part of this important event alongside such esteemed and influential company.

In my view, this gathering is one of the most pivotal events of this week's Non-communicable Disease Summit. Why? Because your presence today is the ultimate example of "power convergence"—a meeting to unify the causes of the Millennium Development Goals (MDGs), non-communicable diseases and technology under one of the most potent engines of change: women.

If the women leaders assembled here today can mobilize the same energy, commitment and perseverance that you have demonstrated in the AIDS response, then we will deliver life-changing results for women, girls and the future of non-communicable diseases (NCDs).

### **Lessons of an epidemic**

The lessons we have learned from 30 years of responding to AIDS can be readily applied to pushing the NCD agenda forward.

We know that change begins with high-level commitment. Ten years ago, Heads of State and Government came together at the first UN General Assembly Special Session on HIV/AIDS to launch a coordinated, worldwide response to HIV.

It was the first time global leaders had ever cooperatively addressed the lethal health impact of HIV. It also marked the historic moment when the world began to understand and respond to the social, economic and security implications of the AIDS pandemic.

In the intervening decade, new HIV infections have declined by more than 25% worldwide, and 56 countries have seen their epidemics stabilize or reverse. An uncontrolled, deadly virus has been transformed—through advocacy, innovation and political will—into a chronic, treatable disease.

**Zero discrimination. Zero new HIV infections. Zero AIDS-related deaths.**

We learned during the course of this transformation that responsibility for an epidemic response must be shared between donors and recipients, and between leaders and people affected by the disease.

We also learned that women are central to the response. Whether they are women and girls living with HIV who have stridently demanded access to services, or First Ladies who have mobilized resources and spoken out against stigma and discrimination—women have been central to the success of AIDS advocacy.

### **A proven platform**

The 2011 High Level Meeting on AIDS, held this past June, cemented the idea that investing in AIDS extends to broader health and development gains. For the first time—in the form of the outcome Political Declaration on HIV and AIDS—Member States committed to meeting specific goals for HIV prevention and treatment. This was an important milestone, because the leaders of the world have publicly recognized that meeting global development goals hinges on a strong AIDS response—and vice-versa.

At the Meeting, more than 30 First Ladies came together to demonstrate their commitment to the new global movement to eliminate new HIV infections among children by 2015. Some of them are here, and we were greatly impressed by efforts already being carried out by First Ladies in their countries. We hope to even accelerate our work with you.

The Political Declaration adopted at the High Level Meeting was even more remarkable for its specific attention to most-at-risk populations and its pledge to eliminate gender inequity and gender violence, and to empower women and girls.

In the same spirit, the Declaration called for linking and integrating HIV and NCD responses. It is so important that we take AIDS out of isolation and leverage its resources, reach and know-how to redouble progress towards MDGs 3, 4 and 5. The AIDS response is already a proven platform for improving maternal and child health and improving the lives of women and girls.

As such, it is also an essential partner in the response to NCDs. Our progress in saving lives has demonstrated that responding to avertable diseases relies on strong and integrated health systems that can deliver prevention and screening—not just medicines.

Perhaps the most important lesson is that HIV and NCDs both have a tragic, profound and disproportionate impact on women and girls. Gender inequity and disempowerment and is a barrier to accessing the services that will save their lives. This issue must be central to every NCD intervention.

Adolescent girls are in particular need of attention: services for sexual and reproductive health; HPV and HBV vaccinations that can prevent cancer and liver disease; and counselling about diet, smoking and alcohol consumption. Behaviour change is a challenging but essential requirement to break the trajectory of both HIV and NCDs.

So why can't these services be integrated into routine health care for women and girls? They can and they are.

Last week, UNAIDS was in Washington, D.C., to launch a bold new partnership called Pink Ribbon-Red Ribbon. Michel Sidibé joined President George W. Bush, Secretary of State Hillary Clinton and Ambassador Nancy Brinker to launch this PEPFAR-funded alliance to leverage HIV clinical services as a platform for the prevention and treatment of women's cancers in Africa and Latin America. This is just the beginning of how the AIDS movement can advance the NCD response for women and girls.

Finally, I want to say a few words about how we can use information and communication technologies in very practical ways to promote gender equality, women's health, and their social and economic empowerment.

Many of you know by heart the Broadband Commission's Action Point 6, which is dedicated to "accelerating broadband access for women and girls." UNAIDS suggests that this action point should be used strategically to target women and girls with integrated information and services for HIV and NCDs.

Low-income and vulnerable women in developing countries should have preferential access to mobile technologies. They should not have to pay charges for downloading information about HIV and NCDs, to call a health hotline or to send a text message to their health provider or the health system.

Mobile technologies are already being used to protect women in developing countries from HIV and to ensure their access to antiretroviral treatment and other services. We at UNAIDS are very excited to hear about and contribute to a solution that will leverage these technologies for the response to the NCDs as well.

The world cannot stop at universal access to mobile phones. Women also need to universal access to life-saving health services. We have spent so much effort to keep millions of women and girls with HIV alive. Now we cannot afford to lose them to cancer, diabetes, heart disease or other killers that—with commitment, will and technology—can be prevented.

We are tremendously grateful that you are standing with us in this endeavour, and have found time to be here despite your many other commitments.

Thank you.

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### **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](http://unaids.org).