

Uniting the world
against AIDS

Africa's AIDS Response at the Crossroads: A Make or Break Moment

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Your Excellency Prime Minister Meles and First Lady of Ethiopia Azeb Mesfin; President Bush and Mrs. Laura Bush; Professor Robert Soudre; Sheikh Al-Amoudi; ladies and gentlemen.

I am honoured and privileged to be with you today. This is an historic opportunity to take stock of the impact of AIDS on the countries of the African continent over the 30 years since the beginning of this epidemic. We are also here to demonstrate that global solidarity has produced results.

I want to thank the Government of Ethiopia for your generous hospitality, and in particular to recognize the outstanding leadership of the Prime Minister as a champion for the AIDS response.

This conference is taking place 30 years after the first cases of AIDS were reported. Today we remember the 24 million people in Africa who lost their lives to this epidemic. Today we demonstrate our solidarity with the 34 million people living with HIV in the world. Today we celebrate our progress.

We have to remember that just a few years ago, when we were negotiating the UNGASS Declaration of Commitment on HIV/AIDS, there were those who argued that we would never be able to provide HIV treatment to poor people in low- and middle-income countries. That we would not be able to provide treatment in Africa, because Africans would not adhere to it. We have to remember that the skeptics told us prevention programs would never work.

Proving them wrong

Today, I am proud to say that you have proven the skeptics wrong. Ten years ago, we had fewer than 50,000 people on treatment in Africa. Today we have more than 5 million people on treatment in Africa.

Please allow me to thank President Bush. Mr. President, at a time when no one believed that life-saving HIV treatment could be provided to the people of Africa, you had the vision to make it a reality. Skeptics argued that the cost of US\$15,000 per person, per year for treatment was too expensive. It was your vision to launch PEPFAR, your emergency plan that provided life and hope to countless people in Africa. And we know the rest of the story.

We are fortunate that AIDS is a truly bipartisan issue. It crosses ideological lines. President Obama has embraced the initiative launched by President Bush, and the United States is boldly taking forward its support for the global AIDS response.

Today we can state with confidence that prevention programmes in Africa are producing results. Just a few years ago, Senegal and Uganda were the only two success stories in Africa. We can report today that 22 countries in Africa have lowered the rate of new HIV infections by 25% since 2001.

A few years ago, experts predicted that Ethiopia would be swept up in the epidemic's next wave, and projections suggested that the country would have up to 10 million people living with HIV by 2010. But this never happened. In fact, HIV prevalence is falling, and today there are about 1 million people living with HIV in Ethiopia.



We are also seeing breakthrough progress in many other places on our continent. South Africa rose from a period of inertia to build the biggest and one of the most ambitious national AIDS programmes on the continent. The Government of South Africa is now allocating more than US\$1.2 billion of domestic funding per year to support its national programme.

We are seeing bold new initiatives coming from many different parts of Africa. I am honoured that former President Mogae of Botswana is with us today. Under his leadership, Botswana put a pin in the map of Africa by lowering the rate of new HIV infections. Today, that country has achieved universal access and has eliminated HIV transmission from mother to child.

We have seen countries embrace policies that leverage the AIDS response to improve health systems and deliver better health care to people. Rwanda is a model of how integration has dramatically improved the management of tuberculosis and HIV co-infection through better collaboration and the innovative use of diagnostic technology. This bold approach should be scaled up and extended across the continent if we are going to meet our goal to reduce tuberculosis deaths in people living with HIV by 50% by 2015.

We are seeing new leadership emerging. The Government of Kenya has introduced an HIV Equity Tribunal, which is providing people who are stigmatized, discriminated against or criminalized with access to justice.

I can go on to talk about the exciting successes on this continent.

Unfolding events put people at risk

The AIDS movement in Africa is a powerful story of people breaking the conspiracy of silence surrounding this epidemic and demanding equity and dignity. It is the inspiring story of people confronting society's wrongs and seizing their rights.

We have seen unprecedented progress that must be sustained and enhanced. But I am also scared by unfolding events.

International funding for HIV is in decline for the first time this year. As a result, domestic and private funding is increasing.

And for the first time, the hopes of millions of people in Africa were put on hold with the Global Fund Board's recent decision to postpone Round 11.

We are at a "make or break" point. If we accept the status quo, we will forsake the 9 million people in low- and middle-income countries still waiting for HIV treatment. Our collective failure to meet this challenge will mean more deaths, more orphans and more new infections.

Unfortunately, we already have evidence that in too many countries, too many clinics that have been giving people treatment and hope are now forced to turn people away. People who have been on HIV treatment for years are now at risk.

This is not just ethically wrong. It is unacceptable and short-sighted. The latest science clearly indicates that when we put people on treatment, we can reduce their risk of transmitting HIV by 96%.

I am very sensitive to the financial constraints the world is facing. But if we do not pay now, we will pay forever. Now is not the time to halt our investments. We must continue to scale up our investments in those areas where we are producing results.



It is thanks to the unprecedented solidarity of the AIDS movement, and the inspiring work of the millions of people across this continent, that more people have access to treatment every year. With millions of lives hanging in the balance, we do not have the right to disappoint them now.

African leadership

As I said, Your Excellency Mr. Prime Minister, Africa is at a “make or break” moment. It is time for Africa to own, scale up and sustain the AIDS response. This will not happen without African leadership.

We need your leadership to promote a knowledge-based economy with a focus on innovation, technology transfer and country ownership through a new development paradigm of shared values and shared responsibility.

We need your leadership to convene a crisis meeting to assess the impact of the Global Fund Board’s decisions on African lives, and to coordinate Africa’s response.

People in need cannot wait forever to have access to treatment. We know that when people are forced to stop treatment, they will have only a few months to live.

We need your leadership to promote a socially sustainable agenda by addressing social determinants of the AIDS response. We must stop violence against women

and girls. We must stop discrimination against those who are most affected by this epidemic—migrants, prisoners, people who inject drugs, sex workers and men who have sex with men. They need protection and access to lifesaving services.

Finally, let Addis be remembered as the moment when the leaders of this continent took a bold step to reduce dependence on external donors and started building a new development paradigm.

Let this be the historic legacy of this important conference.

Thank you.



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