SPEECH

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The fight against AIDS is a fight for inclusiveness

Honourable Members, it is my privilege to be with you today.

Let me begin by emphasizing how pleased I am to be here with our good friends and hosts, the Co-Presidents of the ACP-EU Joint Parliamentary Assembly, Mr Louis Michel and Mr Fitz Jackson.

Today I will share a success story of global solidarity. Usually when we meet, we focus on our challenges, the problems we are facing, why we have not done enough to deliver results for everyone who is suffering, and how we should do better.

But today, allow me to begin by not focus on the problems, although they still exist. Instead, allow me to highlight how the global AIDS response enabled the world to come together and create an unprecedented wave of global activism that transformed the lives of millions of people.

I remember just a few years ago, people were telling us we could never provide HIV treatment to people in developing countries. I was in the UN General Assembly when some refused to include any goals for HIV treatment into the resolution of the UN General Assembly. In those days, HIV treatment costs were US$15,000 per person, per year.

But thanks to global activism and grassroots movements led by people directly affected by HIV who had the most at stake, everything changed. For the first time, the response to a disease became the entry point to transform the debate on global trade, and sparked the discussion on how to ensure that costly but lifesaving drugs would be made available to poor people. That cost of US$15,000 per person, per year is now down to as little as $80 per person, per year, in some countries.

The AIDS response delivered so much more than progress on trade. Look at the returns on investment we are achieving. If we were treating all of the people who are living with HIV today at the previous high cost of medicines, we would be spending US$71 billion per year,

instead of US$1.3 billion it is costing today. The AIDS response completely transformed the debate on how to reach poor people with life-saving health commodities.

Sceptics also argued that we would not be able to deliver these medicines to poor people in developing countries. Back then, fewer than 50,000 privileged people had access to HIV treatment. Today, over 12 million people in low- and middle-income countries are accessing life-saving HIV treatment. This massive scale-up has changed the face of the AIDS epidemic and has broken the trajectory of increasing HIV infections.

I recall several years ago when we noted with concern only three countries showing success in the AIDS response: Uganda, Thailand and Senegal. Today, more than 56 countries have been able to stabilize or reverse their AIDS epidemics, and we are seeing continuing declines in numbers of new infections in almost all regions of the world.

HIV prevention programmes are also producing outstanding results. We are not just talking about young people being passive recipients of our messages and services. Young people are becoming agents of change, sharing information with their peers and raising their voices on issues that affect their sexual health and rights. Young people are igniting a new HIV prevention revolution and it is our duty to support them in this leadership role

Lessons from a megatrend

The AIDS movement has also changed the paradigm of global health and development financing. When I joined UNAIDS, there was only US$400 million per year available for the global AIDS response. In 2012, an estimated US$18.9 billion was available for HIV programmes in low- and middle-income countries. The international community had the audacity and vision to create the Global Fund to Fight AIDS, TB and Malaria—the world's most innovative instrument to mobilize resources to fight three specific diseases in an integrated manner. Without the global solidarity at the heart of the AIDS response, this would have never happened. Nor would it have happened without the determination of grassroots movements that created the demand for services and social justice and kept leaders accountable for their promises.

The AIDS response not only changed the dynamic for mobilizing international resources, but it spurred countries to rethink financing beyond ODA and contribute to funding their own national AIDS responses. ODA is still important – it remains a critical component of global solidarity for AIDS, global health and development. But country ownership and shared responsibility is the future and it crtitical to promote sustainability and predictability in the AIDS response. Last year we saw African Heads of State adopt the African Union's Roadmap on Shared Responsibility and Global Solidarity. In the last four years, African countries have increased their domestic resources to fight AIDS by 150%. South Africa has contributed US$2 billion dollars per year of domestic funding toward the AIDS response—the second largest national investment in the world. For the first time in the history of global health, we are mobilizing more domestic resources than foreign development assistance. In 2012, domestic spending for HIV from low- and middle-income countries represented 53% of all global HIV resources.. This is what we call shared responsibility.

We have not only seen service coverage increasing—an estimated 6.6 million lives has been saved in the past five years. Just a few years ago, nobody could have imagined an AIDS-free generation. Today we are working to reach the milestone of all babies born HIV-free by the end of 2015. A few years ago, people were concerned that Botswana would disappear from the map because of the massive impact of its AIDS crisis. Today, Botswana has already reached the global targets for elimination of mother-to-child transmission and universal access to HIV treatment. Similar progress has occurred in other countries of the world that were on the brink of disaster just a decade ago.

Marginalizing some puts all at risk

But we must remind ourselves that the AIDS epidemic is far from over. AIDS remains a tragic metaphor for inequity, the lack of social justice and the lack of opportunity. People are still being left behind. In any city in the world, you still find people who live on the margins of society and are denied access to life-saving services. Migrants, as well as prison populations, are becoming a serious concern. And we continue to fail women and girls, who are the overwhelming victims of physical and sexual violence, and remain at high risk for HIV as well as early-age pregnancies, unsafe abortions and mother-to-child transmission of HIV.

We talk about universal access and universal health coverage, but in so many places people are facing universal obstacles. 78 countries have homophobic laws, driving people underground. When punitive laws prevent people from accessing HIV services, they not only risk to become infected with HIV, but others are also put at risk. In countries that criminalize homosexuality, fear, social taboos and societal pressure push men who have sex with men to hide their sexual orientation and live in heterosexual relationships. In these situations, HIV spreads quickly and quietly through communities of men who have sex with men and their families.

In Eastern Europe and Central Asia, the AIDS epidemic is still driven overwhelmingly by injection drug use. Since 2001, we have seen a 250% increase in new HIV infections in this region because health and legal policies continue to push injecting drug users underground. In some countries, they are still considered criminals, and often have to hide themselves, where they cannot access HIV prevention and treatment services.

This was the situation in China just a few years ago. But we have been working with the Government of China to change their approach to people who inject drugs . I was just in Beijing where I met with the Vice Premier, the First Lady and the Minister of Health to review the impressive results of the programmes for harm reduction and substitution therapy they have put in place. Since 1996, there has been a 36% reduction of HIV incidence among attendees of programmes for substitution therapy in China. China is getting close to zero new infections among IDUs, and today operates one of the largest harm reduction programmes in Asia, with more than 200,000 people enrolled in methadone maintenance treatment programmes. These programmes demonstrate that when we reach out to provide the most vulnerable populations with access to services, we can protect their health, promote human rights, and stop HIV transmission.

So we must continue to ensure that when we address HIV, we integrate the efforts of the legal, judicial and the health systems. When I recently visited a prison, I met a young woman

who had been incarcerated at the age 14 because she was carrying too many condoms. She had been there for seven years, lost and forgotten. This is not the kind of hope and justice we need to give to young people. We cannot look at young people as criminals; we must see them as human beings.

In the debate on global health post-2015, we must agree that it will be impossible to build healthy, inclusive societies if we deny dignity and respect to anyone in our society. This principle of dignity and respect must remain central to the transformation we are all working to achieve in the post-2015 era. Inclusiveness and equality are key to peace, key to development, and key to reforming our societies for future generations.

As leading members of Parliaments from Africa, the Caribbean, Pacific and the European Union, I call on you to redouble your engagement until we end this epidemic. Today there are 18 million people living with HIV still awaiting access to treatment. We have seen tremendous global solidarity and progress. Now that we are producing results for millions, we cannot abandon millions more whose lives are still hanging in the balance.

In the post-2015 era, we can end AIDS. Remember where we started a decade ago—when HIV treatment was 18 overpriced pills a day, and today it is only one inexpensive pill. In the post-2015 era, we can apply the all the scientific and programmatic progress, but we will not end this epidemic without your continued political support and engagement.

Of course, HIV will always remain a public health issue. But we can ensure that AIDS will no longer be a public health crisis, that AIDS-related deaths are reduced to zero, that new HIV infections are very rare and that people affected by HIV no longer have to bear the burden of stigma and discrimination.

At UNAIDS, we want to use AIDS as an entry point ensure that no one is left behind in the post-2015 era. The AIDS response remains, now more than ever, a fight for social justice, a fight for redistribution of opportunities and a fight for inclusiveness.

Thank you.

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UNAIDS
The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.