

BY: Paul De Lay, Deputy Executive Director Programme, ad interim, UNAIDS

DATE: 10 June 2009

PLACE: Windhoek, Namibia

OCCASION: Opening of the 2009 HIV/AIDS Implementers Meeting

Check against delivery

I am honoured to speak to all of you gathered here for this important meeting.

I bring greetings from Michel Sidibé, UNAIDS' new executive director. Although Michel was unable to attend this meeting, he salutes you and asked that I pass along his solidarity and support.

You are among the real heroes in the AIDS response. You and your colleagues are putting in place the programmes that are transforming communities all across the world. The future of the AIDS response depends on you and those like you who are working to implement the programmes needed to respond to the epidemic.

UNAIDS is especially grateful to the government of Namibia for hosting the 2009 HIV/AIDS implementers' meeting. We are seeing some encouraging signs in the AIDS response here in Namibia. HIV prevalence is declining in antenatal settings in many parts of the country, public opinion surveys indicate that social attitudes towards HIV appear to be improving, and financing for HIV programmes has significantly increased. In Namibia, we see that national leadership makes a real difference in the AIDS response.

On behalf of UNAIDS, let me salute the cosponsors of this meeting – the Global Network of People Living with AIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNICEF; the World Bank; and WHO.

In 2006, the global community made a historic commitment. Meeting at the UN General Assembly, countries pledged to move towards universal access to HIV prevention, treatment, care and support. In the months leading up to the 2006 High-Level Meeting, more than 120 countries undertook inclusive national processes to identify the challenges in moving towards universal access. To date, more than 110 countries have established specific national targets for universal access. By the end of 2007, a number of countries were within reach of their universal access targets for antiretroviral treatment and prevention of mother-to-child transmission. Other countries have made clear progress towards their national targets. However, many others are far from achieving their targets and are struggling to bring services to those who need them.

Some may question the feasibility of ambitious targets during a global economic downturn. When times are tough, the importance of investing wisely become even more important. Spending on AIDS and other health problems represents the best investment that any society could make. The life-saving programmes you are putting in place will yield dividends that last for generations. In our role as AIDS advocates, we must actively resist the notion that vital human investments must inevitably go down when economic growth declines.

Yet the global economic downturn does demand that we use every dollar as effectively as possible to achieve maximum impact. This meeting supports this aim – by permitting the sharing of experiences,

evidence and lessons learned. The sessions you will attend here in Windhoek will help make our programmes even better.

Under our new executive director, universal access has become the central organizational priority for UNAIDS.

With universal access as our overarching goal, the UNAIDS Cosponsors and Secretariat have joined together in a new operational framework to guide our efforts. This framework identifies eight priority areas in which the UNAIDS family will intensify our work with partners to accelerate progress.

Each of the priority work areas in our operational framework begins with the words “we can.” The word “can” confirms our collective belief in the achievability of universal access across the breadth of the AIDS response. The use of the collective “we” emphasizes the importance of partnerships in moving towards universal access.

Since its creation, PEPFAR has been an invaluable partner with UNAIDS in strengthening national AIDS responses. UNAIDS and PEPFAR have worked together to support national monitoring and evaluation systems, to develop normative guidance for programmatic scale-up, and to compare and validate data on service coverage.

With an emphasis on moving from implementation to sustainability, PEPFAR’s new legislation calls for the creation of long-term partnerships frameworks to build national capacity to continue AIDS programmes for the long term. UNAIDS looks forward to collaborating with PEPFAR and with national partners to support these partnership frameworks.

As we focus here in Windhoek on the way forward towards universal access, I hope that we will pay particular attention to the urgent need to strengthen HIV prevention efforts. The region where this meeting is being held accounts for only a small fraction of the world’s population, but it is home to one-third of all people living with HIV. The rate of new HIV infections continues to outpace the scale-up in HIV treatment. In short, with each passing year, we are falling further behind in our efforts to arrest the epidemic in this region.

The challenge facing us is daunting. Bringing one or two interventions to scale will not suffice to curb the spread of HIV. Rather, we must urgently work to bring multiple prevention strategies to scale simultaneously.

At UNAIDS, we refer to this approach as “combination HIV prevention.”

What is combination prevention? Let’s consider the case of a young woman living on the outskirts of Windhoek. Perhaps she has lost her parents to AIDS. She lacks the means to remain in school.

Facing the risk of starvation, she turns to sex work as her only means to make a living. On more than one occasion, she is the victim of violence. Before long, she is pregnant. When she visits an antenatal clinic, she is offered an HIV test and learns she is HIV-positive. Her family is gone. She lacks social support. She is completely unaware that treatments for HIV are now available. This young woman – alone in the world – is devastated.

Sadly, this hypothetical story is all too common. But it tells us a lot about why combination HIV prevention is so important.

In a matter of a couple of years’ time, this young woman needed a host of HIV prevention interventions – basic HIV education to understand how to avoid infection, access to condoms, and focused behaviour change programmes for sex workers like herself. She needed a number of broader structural interventions, including access to education, meaningful economic opportunities, and

protection from gender-based violence. As a pregnant woman, she needs access to HIV testing and counselling, antiretroviral drugs to prevent transmission to her newborn, and counselling on infant feeding strategies. As a person living with HIV, she needs social support, positive prevention, and access to life-prolonging antiretroviral treatment. And her male sex partners need focused prevention services as well, including but not limited to access to safe medical circumcision and to information on the risks associated with concurrent partnerships.

But combination prevention is about much more than responding to an individual's different prevention needs at different points in time. Like combination antiretroviral therapy, complementary prevention strategies work synergistically when they are combined.

In every setting where broad, sustained success has been achieved in reducing new HIV infections, a combination of evidence-informed strategies has been used. In Southern Africa, we will achieve maximum impact only if we address HIV risk and vulnerability at the biological, behavioural, technological and structural levels.

In closing, let me thank you again on UNAIDS' behalf. I trust that what you hear at this meeting will help you in the important work you are doing.

[END]

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

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org