

Speech

[Note: e.g. Check against delivery]

Tsinghua University, Omnicom building

Beijing, 17 September 2008

**Speech by
Peter Piot,
UNAIDS Executive Director**

Thank you for inviting me to join you here today. It is an honour and a privilege to have this opportunity to speak at Tsinghua University. Every time I come to China I hear more and more about this prestigious university's pioneering approach to tackling AIDS.

The Comprehensive AIDS Research Centre of Tsinghua University is a real leader in the vital field of examining societal drivers behind the epidemic, and developing innovative strategies to counter them. The world needs more centres like this one!

The partnership with Omnicom brings together one of China's most famous universities with one of the world's top media companies – a partnership that highlights the increasingly critical role that communications plays in the modern world.

Indeed, it has often been said that journalists save more lives than doctors!

This is why we at UNAIDS have always made it a priority to communicate accurate information about AIDS as widely as possible via as many forms of media as possible. For example through partnerships with global media outlets such as MTV, by forging close relationships with key journalists, and via our own four-language website. We have also, I am pleased to say, welcomed six students from Tsinghua as interns at UNAIDS – three at headquarters in Geneva, and three in our regional office in Bangkok.

Let me start today with a look at where we are in terms of the epidemic, and our response.

SLIDE: 27 years of AIDS response

Today, AIDS is a global epidemic of 33 million people living with HIV. A further 25 million have died of AIDS. This is a quite extraordinary development for a virus that was virtually unknown 27 years ago.

At the same time, AIDS has triggered a massive global movement that is finally generating some highly visible results. As the epidemic approaches its fourth decade, we are entering a new phase in the AIDS response.

SLIDE: new phase

We can see real returns on our investments. For the first time, fewer people are becoming infected with HIV, and fewer people are dying.

We can also see now that if we are to sustain and build on those gains, we must get more strategic and start adopting long-term approaches.

SLIDE – new infections

Last year, 2.7 million people were newly infected with HIV - down from 2.8 million in 2005.

A number of countries, most of them in particularly hard-hit countries in sub-Saharan Africa but also Cambodia and Vietnam - are reporting evidence that investment in well-focused and sustained HIV prevention efforts are paying off. Young people in some of the most affected African and Caribbean countries are waiting longer to become sexually active, having fewer sexual partners, and using condoms more.

SLIDE – infections among children

A second factor is that fewer children are born with HIV. Services to prevent mother to child transmission of HIV are now more widely available - in rich countries access has been pretty well universal for years and, in low and middle income countries, 33% of women in need now have access – up from 14% in 2005. As a result, the number of children living with HIV worldwide – and dying of AIDS - has fallen significantly.

SLIDE – declining mortality

Overall, fewer people are now dying from AIDS. In 2007, 2 million people died of AIDS-related deaths - 200,000 less than in 2005. A major factor is the significant increase in access to anti-retroviral drugs.

SLIDE – ART coverage

More than 3 million people are now on treatment in low and middle income countries, some 3.6m worldwide. Here in China, 34,000 people are now taking antiretrovirals, up from 5,000 in 2003. But more than two thirds of those worldwide, and over half of those in China who require these drugs are still unable to obtain them.

SLIDE: AIDS IS NOT OVER

But this is just the beginning. AIDS is not over. AIDS, like climate change, is one of the defining issues of our time. It's a long-wave event that has crept up on us, evolving in ways that are often very hard to predict.

Today, for every two people who start taking antiretroviral treatment, another five become newly infected with HIV. Almost 7,500 people are still being infected with HIV every day. AIDS is one of the top ten causes of mortality worldwide, and the leading cause of death in Africa.

The epidemic is both varied and dynamic – a point that is highlighted in a recent report by the AIDS Commission for Asia compiled by experts from a wide range of fields – including social science and economics.

The report points to the links between increased prosperity and rising HIV incidence. It also points to the rise, fall and rise again of infections among male clients of sex workers over the past 20 years.

SLIDE – MSM in Asian cities

The report also indicates a rapid growth of infections among men who have sex with men here in Beijing and in most major cities through the region. And it highlights an increase in infections among women who are married or in regular relationships - one of the biggest groups citing new infections in Vietnam and Thailand last year.

Long-wave events like AIDS and climate change are among the biggest challenges facing the world in the 21st century. As I stand down as Executive Director of UNAIDS at the end of this year, one of my main concerns will be that we sustain and intensify our efforts against AIDS and for the best possible results not just now but in years to come.

This means shifting from current approaches that focus mostly on solving today's problems, to tackling crucial questions like: What do we need to do now to reduce the numbers of people requiring treatment in 20 years time? How do we sustain funding for anti-retroviral treatment over the longer term?

So what do we need to do?

SLIDE – key elements of progress

Long term victory over AIDS will depend on the same key components that enabled us to start making progress in the first place: political action, funding, and scientific innovation. It will also depend on changing many of our business practices – and improving programme delivery to increase efficiency and effectiveness.

SLIDE – 27 years of AIDS response

First we must learn from history – from the key events and developments that have enabled us to make the progress we have on AIDS.

If we have made progress on AIDS, it is in the first place because of political leadership and activism – political action.

In 2005, Premier Wen Jiabao told me: AIDS is a “non-traditional threat to security.” Increasing political leadership on AIDS here in China resulted in the launch of the Four Freed and One Care policy in 2004, and current Regulations on AIDS Prevention and Control and the Five Year Action Plan for Reducing and Preventing the Spread of AIDS (2006-10). In addition, the State Council AIDS Working Committee Offices is promoting leadership on AIDS in all provinces and most cities.

SLIDE – UNGASS

A major factor in Global Political Action was the historic Special Session on AIDS in the United Nations General Assembly in 2001. This took place one year after a debate in the UN Security Council on AIDS – the first ever to be held on a health issue. The General Assembly session resulted in world leaders agreeing a landmark Declaration of Commitment to fight AIDS. For the first time, there was a roadmap for global action on the epidemic.

SLIDE – funding curve

The second key requirement for success on AIDS is funding.

The year following the UN Special Session on AIDS saw the establishment of the Global Fund to fight AIDS, Tuberculosis and Malaria. And, in 2003, President Bush announced the US President's Emergency Programme for AIDS Relief – PEPFAR. These two initiatives were perhaps the two single most important events in boosting AIDS funding to a point at which it has become possible to provide antiretroviral treatment to 3 million people in developing countries.

Due to these combined political actions, global spending on AIDS has increased from less than \$300 million in 1996 to \$10 billion in 2007.

This is an astonishing increase, but it's still not enough.

Last year there was an \$8 billion shortfall in what is needed for an effective response. The generation of sustained, multi-year funding for AIDS is one of the biggest challenges we face today.

SLIDE – Programme Delivery

The third component of a robust long-term response is effective programme delivery.

In just about every country, programmes are currently operating well below their potential in five key areas.

The first of these is programme coverage. Quite simply, if we are to have real impact, HIV prevention and treatment programmes must have wide enough coverage to make a difference at community level and throughout society.

The second is quality – not just of the “what” is being implemented but “how” it is being implemented. For example, even if treatment guidelines and central policies may be excellent, large numbers of people may still be dying of AIDS because they can't obtain the second-line treatments which are typically needed after several years of the initial therapies.

The third is cost-effectiveness.

SLIDE - Bertozzi

There is an amazing range of costs per client for voluntary counselling and testing in different countries. This slide shows the difference in costs in just one country (Russia) – from between US \$3 to nearly \$1,000.

SLIDE: TAC

The fourth area is community mobilization. In other countries across the world, experience has shown that communities are often the best source of knowledge about what works in a particular context and about how to reach people. In many cases community organizations are doing work that no other sector can do as well. For example, no one knows better what support people living with HIV need, than other people living with HIV.

So it's good to see the recent increase in the number of community organizations working on AIDS here in China. Many of these groups are doing incredible work. There's clearly a need for greater involvement of community-based organizations in the roll-out of HIV programmes. But for this to happen, as a recent joint report by the government and the United Nations underscores, there's a need to "further adjust regulations and laws to establish an enabling policy environment for the development of civil society organizations." Among these is making it easier for organizations to register as entities that can open bank accounts and receive funding.

The last element of effective programme delivery is learning – learning about the realities of the epidemic you're dealing with, and targeting programmes to meet those needs. It's about constantly evaluating what's being done, and learning what works – and what doesn't.

SLIDE – Science

The fourth component of long-term progress on AIDS is science. As we move into this new phase in the AIDS response, science is as vital as it has ever been – be it epidemiology, social and behavioural science, biomedical science or management science.

When it comes to studying the epidemic, it is important to research not just the traditional biological aspects of its evolution – how and where it is being transmitted, and what programmes are influencing its spread, but also to look at social and economic aspects as well.

At UNAIDS, we have a mantra – Know your epidemic.

Slide: quote in Chinese

China's great military strategist, Sun Zi expressed this brilliantly:

“The general who wins a battle makes many calculations in his temple before the battle is fought. The general who loses a battle makes but few calculations beforehand.”

Social and behavioural science

This is where the Comprehensive AIDS Research Center of Tsinghua University has an important role to play – in looking not just at where transmission is happening, but why, so that we can come up with the right strategies – and critically, the right combinations of strategies, biomedical, behavioural, and structural - to stop it. For if we've learnt one thing in the past 27 years, it is that there is no one single way to prevent infections. AIDS is a supremely complex issue, requiring a complex response.

SLIDE: biomedical research

Biomedical research remains vital in the AIDS response. Drug development must keep step with the evolution of the virus. This means developing more durable and better tolerated first and second line regimens. Having done this, of course, we have to find ways to make them available to all who need them.

China's policy of delivering antiretroviral drugs free of charge to people who require them is a good one. But that means making sure that when they need to switch to different regimens, they can do so. Today, thousands of people living in China have already developed resistance to first line regimens. But second-line drugs are still not widely available.

The need for an effective microbicide and vaccine is as urgent as ever. China is making an increasingly important contribution in this area. Phase One vaccine trials are currently taking place in the Guangxi province. Further trials are planned in Yunnan. This work is complex. HIV vaccine development is unusually challenging for reasons that relate to the virus itself, as well as for ethical considerations.

SLIDE: Guidelines cover

For this reason UNAIDS has recently issued a set of guidelines for biomedical HIV prevention trials.

It will also be important to pursue research into the potential of antiretrovirals for HIV prevention. One is pre-exposure prophylaxis – providing people with long-term access to antiretrovirals before they engage in activities that expose them to HIV.

SLIDE – MANAGEMENT SCIENCE

Finally is the need for management science - around programme delivery, marketing and evaluation.

SLIDE – “Elimination of Stigma”

To conclude today, I want to bring us back to the issue of leadership.

A key area where widespread leadership – and action – is required is to eliminate stigma and discrimination towards people living with HIV. Some 65% of adults surveyed in China recently said they were unwilling to live in the same household as a person living with HIV. Last year, when speaking about the need to strengthen socialist morality, President Hu Jintao highlighted the importance of tolerance. I would like to reiterate that call today and encourage other leaders to take it up. The visit of your President and Prime Minister to people living with HIV on World AIDS Day last year sent out a strong signal. When prominent people lead by example – when they actively promote tolerance and reject stigma and discrimination - one of the biggest obstacles to winning the fight against aids disappears.

I would like to finally honour Professor Li Ziguang, Serge Dumont and Yao Ming for their valiant contribution to fighting AIDS.

Let me end with a commitment of continued support - from both UNAIDS and myself.