

**BY: Michel Sidibé, Executive Director of UNAIDS**

**DATE:** 14 October 2009

**TIME:** 9:30-11:00

**PLACE:** Pontificia Università della Santa Croce, Rome

**OCCASION:** Caritas Internationalis and Embassy of the United States of America to the Holy See Conference on “Access to early testing and treatment for children living with HIV or HIV/TB and to prevention of mother-to-child transmission of HIV”

*Please check against delivery*

Virtual elimination of vertical transmission of HIV—a moral imperative of our era

Most Reverend Excellencies Archbishops Zimowski and Tomasi,

Your Excellency Ambassador Diaz,

Reverend Monsignors and Fathers, Revered Sisters and Brothers,

Ms. Lesley-Anne Knight, Secretary General of Caritas Internationalis, Dr. Birx, Dr. Tiendrebeogo

My fellow panelists, ladies and gentlemen:

### **Working in partnership**

Good morning, and my warmest greetings to the wonderful men and women of faith, medicine and industry who have gathered to share ideas and inspiration as we work toward easing the global burden of disease upon the smallest members of our human family.

The Pontifical Health Council has done so much, not only to provide care, but also to advocate for the millions of children around the world who unjustly suffer from disease and inadequate health care simply because they are poor. I know that alongside practical acts of compassion and service, a passion for justice for the poor is something close to your hearts and embedded in your teaching.

Recently, Archbishop Zimowski has taken up these issues when he addressed the International Federation of Catholic Pharmacists. He called on them to embrace the humanitarian principles of the pharmaceutical profession and pursue the ethical production of medicines with a focus on the poor: trading cost for compassion.

I am equally delighted to see so many pharmaceutical companies represented today. I am deeply grateful for your participation, and for your collaboration with faith-based

organizations and health care providers. Your efforts are central to developing appropriate HIV and TB medicines and diagnostics for children. Some level of profit is clearly essential to fund more research and the development of new products.

For that, we wish you well in your business. But we also urge you to continue to provide your lifesaving products to those who cannot afford them—and to work with us to find a way to pay for second- and third-line therapy. The world looks to us to solve the injustice of a world of “haves” and “have nots” to medicines and life.

My friends, we meet during turbulent times. But the real issue confronting all of us is social injustice. One of the great campaigners for justice—the late Martin Luther King Jr.—remarked so brazenly: "There is no deficit in human resources; the deficit is in human will."

When the world cares enough, resources can always be found.

### **The challenges ahead**

My friends, who could fail to care about the human consequences of HIV? The most recent data published with our Cosponsors makes for somber reading. Despite tremendous progress with treatment access, we are not there yet. For every person newly on treatment, three more people are newly infected with HIV.

Coverage with services to prevent mother-to-child transmission in Africa remains unacceptably low. Only 28 percent of pregnant women received an HIV test in 2008 and approximately 45% of HIV-positive pregnant women received antiretroviral drugs to prevent HIV transmission to their children.

Two million children are now living with HIV or AIDS—with 90 percent of them in Africa. The number of children receiving antiretroviral therapy increased to about 275,000 in 2008, reaching 38 percent of those children estimated to be in need.

Almost a half million people living with HIV died from TB in 2007, 23 percent of the estimated 2 million HIV-related deaths in that year. We have a long way to go.

To respond and invest most strategically and effectively to local epidemics, UNAIDS and its partners are constantly working to produce and analyze better data. Data that is disaggregated by age, by sex, by location, and so on.

### **The strength and reach of faith**

Last night I had dinner with a number of African Bishops and colleagues from Caritas Internationalis and had the opportunity to learn more about some of your good work. I understand the Catholic Church works in more than 16,000 health centers on the Continent.

I applaud the efforts of Caritas Internationalis' 'HAART for Children' campaign—urging governments and pharmaceutical companies to develop Highly Active Anti-Retroviral Therapy for children and to scale up prevention of mother-to-child transmission in Africa. Together we can and must find ways to strengthen faith-based health facilities, enabling them to contribute to national HIV scale-up.

When Ambassador Diaz was presented to His Holiness the Pope, he referred to President

Obama's speech in Cairo in which he reaffirmed his commitment to democracy and the need to turn interfaith dialogue into interfaith service so as to enable the building of bridges between people and to facilitate humanitarian actions.

Religious leaders also play an indispensable role in their communities—moving communities from dialogue to action- to energize a grass-roots social movement; to create demand for the prevention of mother-to-child transmission and integrated TB and HIV services at a national level.

My friends, we in the AIDS movement look to the Church for leadership.

The Church's uncompromising position on the need for social justice—to do what is right—and on the inherent dignity of individuals, inspires us to champion for universal access to comprehensive HIV prevention, treatment, care and support as a moral imperative.

As UN Secretary-General Ban Ki-moon reminds us, "The universal values of tolerance, respect, mutual understanding and the equal worth of every human being are found in all great faiths and in the Universal Declaration of Human Rights."<sup>1</sup>

These values, which form the bedrock of Christian teaching, are needed now, more than ever, to ensure access for people at the margins of society. That is, people who inject drugs, men who have sex with men, and sex workers and their clients—for their sake and the sake of their loved ones, including their children.

### **Hope on the horizon: virtual elimination of mother-to-child transmission of HIV**

This brings me, my friends, to some hopeful news. Evidence we are receiving from the field is telling us that within a matter of a very few years, we can essentially halt the transmission of HIV from mothers to their children throughout the world. We can consign to history the heartbreaking image of babies born with HIV.

In industrialized nations, we have seen mother-to-child transmission rates fall from 25 percent to between 1 and 5 percent in recent years as HIV testing of pregnant women and the use of antiretroviral drugs during and after delivery has become commonplace.<sup>2</sup>

In contrast, more than 370,000 infants in sub-Saharan Africa were born with HIV in 2007—the last year for which we have reliable data<sup>3</sup>.

Providing ARVs to HIV-positive mothers at the right times, and ensuring that they and those treating and caring for them have correct information on HIV prevention, can be logistically complex.

Yet the benefits of success are substantial and diverse. Comprehensive prevention of mother-to-child transmission services provide a platform for the entire recommended package of antenatal, maternal, child health and reproductive health services—including prevention education, counseling and family planning advice. Integrating prevention of mother-to-child services with ongoing treatment and care of HIV respond to peoples' desires for a seamless and comprehensive continuum of care. Success means saving babies, saving mothers, saving parents and engaging men.

We at UNAIDS are convicted in our belief that we can turn this around with practical, locally appropriate, and inexpensive interventions. We have the technology. We have the will. And

we have one of the most powerful networks on earth as key partners: the wide-reaching, dedicated communities of faith, driven by deep devotion to social justice and human rights.

What I am calling for is unity—My friends, there is strength in unity—let us find even more common ground.

### **Families—at the heart of African renewal**

Faith communities and their members provide a bridge to supporting and strengthening the family. As we all know, the family exerts a profound influence on children's health and survival.

Your communities are better placed than most to taking forward this essential task: to work for the renewal of the AIDS response, the renewal of the family and the renewal of the social fabric of the Continent upon which economic and social development depend.

### **Human rights and social justice: the road to universal access**

Our partnership with faith-based organizations is founded on shared principles and commitments—commitments to an AIDS response which is based on human rights and social justice and informed by the best available scientific evidence.

The historic speech of Pope Benedict XVI at the United Nations in 2008 still lingers with me. The Pope asserted, "The promotion of human rights remains the most effective strategy for eliminating inequalities between countries and social groups, and for increasing security."<sup>4</sup>

With help from the Catholic Church and other faith communities, ending the era of children born with HIV is a tantalizing possibility. We must not fail to make it a reality; to falter will mean more than a missed opportunity—it will represent a global injustice of our own making.

Let us find inspiration in the smallest and newest members of the human family: the newborns who must soon make up a generation of children born free of HIV—the first in more than 25 years.

Let us commit ourselves today to seize this historic opportunity. Let us invoke and harness the power of the world's great religious traditions, and our moral leadership, to promote the well-being of children, and to liberate all God's children from the grip of HIV—as our highest moral commitment.

As long as one child is born with HIV our job is not over.

Thank you.

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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](http://www.unaids.org)

## Endnotes

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<sup>1</sup> United Nations, *'Let us not be defined by differences', Secretary-General urges in message to leaders of world and traditional religions*, 1 July 2009, New York: United Nations. Available at: <http://www.un.org/News/Press/docs/2009/sgsm12345.doc.htm>

<sup>2</sup> WHO, UNICEF, UNAIDS, *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector 2009*, 2009, Geneva: UNAIDS. Available at: [http://data.unaids.org/pub/Report/2009/20090930\\_tuapr\\_2009\\_en.pdf](http://data.unaids.org/pub/Report/2009/20090930_tuapr_2009_en.pdf)

<sup>3</sup> UNAIDS, *2008 Report on the global AIDS epidemic*, August 2008, Geneva: UNAIDS. Available at: [http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008\\_Global\\_report.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp)

<sup>4</sup> Address of Pope Benedict XVI, Meeting with members of the General Assembly of the United Nations Organization, 18 April 2008, New York. Available at: [http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2008/april/documents/hf\\_ben-xvi\\_spe\\_20080418\\_un-visit\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2008/april/documents/hf_ben-xvi_spe_20080418_un-visit_en.html)