BRICS: SEIZING A LEADERSHIP ROLE IN GLOBAL HEALTH

M. Michel Sidibé, Executive Director of UNAIDS 11 July 2011 Beijing, China **First Meeting of BRICS Ministers of Health**



SPEECH

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Let me begin by recognizing and thanking the leadership of China in joining the forces of the BRICS together for health. In bringing life and substance to this coalition, you demonstrate true vision.

Let me also thank the Vice Premier of China, who demonstrates his commitment to health, AIDS and this coalition by graciously being here today.

Excellencies, I commend all of you for your courage in believing in this platform and coming together.

Dr. Chan and I believe in this platform. We believe in your collective power to forge a new global health agenda. We are honored to be here.

A time of global transformation

Everywhere I look here in Beijing, I see signs of your dizzying economic growth. When I passed the iconic Bird's Nest stadium, I felt the same surge of optimism that I experienced at the thrilling launch of the World Cup last summer in Johannesburg. Your countries are setting new world-class standards for sports, culture and education.

But what is most striking to me is that the world today is characterized by a global seismic political shift. Africa is transforming and experiencing growth that was thought impossible 10 years ago. We see multiple poles of power are emerging, challenging the traditional concentration of power.

This transformative diversification of influence and leadership is demanding a fundamental transition towards a new system of global governance.

BRICS are bringing a new voice to global governance

Through this transition, the five BRICS countries are bringing a new voice, a new perspective and new solutions to today's global challenges. It is a voice with incredible economic, technological and innovative strength behind it, and at the same time, a voice intimately connected to the needs and interests of the developing world.

It is not just the global players that are changing. The game itself is changing. And the people sitting around this table are taking up the challenge to lead. The geopolitical future is being shaped by yourselves and the alliances you are building.

BRICS and the global AIDS response

Let us not forget that BRICS countries are home to almost one-third of all people living with HIV. Over 30 years, the epidemic has generated unprecedented political and financial commitment and scientific innovation. And in the past few years, the expansion of HIV treatment access has vividly illustrated the power of international solidarity, innovative approaches and people-centred responses.

BRICS have been in the game from the start of the AIDS response. It was Brazil's bold effort to secure free access to treatment, including through the use of compulsory licensing, that demonstrated what was previously thought impossible—that a developing country could deliver universal access. The boom in HIV treatment could not have happened without the Indian generic pharmaceutical manufacturers, who now supply an estimated 86% of the total volume of ARV purchases.¹

South Africa's ownership and leadership of its domestic AIDS response is sending positive waves across the continent. Thanks to an ambitious holistic health campaign, and strengthened integration of services for both communicable and non-communicable diseases, one out of every four South Africans was tested for HIV in the past two years. Between 2009 and 2010, the number of people receiving ART in the country jumped by 43%.²

China is also making incredible progress, reducing AIDS deaths by 64%. Premier Wen Jiabao expressed China's serious commitment to leveraging the AIDS response to achieve other health and development goals when he took centre stage at a ground-breaking event on AIDS and the Millennium Development Goals (MDGs) last September. The MDG Summit brought Premier Wen together with African leaders, including Minister Motsoaledi, to discuss strategies for integration and innovation.

Russia is bringing renewed leadership across the region. By continually challenging the G8 to meet global health financing commitments, Russia is putting momentum behind our call for shared responsibility, as well as setting the agenda for tackling HIV and TB in the region. And meanwhile, with the development of Skolkovo—the high-tech silicon haven outside of Moscow—Russia is becoming an important partner in innovation.

A looming challenge in global health: From millions to billions

Our current approaches to bringing medicines and commodities to developing countries and poor people are complex and expensive, and thus are not sustainable. In four of the five BRICS, despite significant progress, only about one-third of people who need HIV treatment

have access to it. The BRICS, along with the rest of the world—rich and poor—are struggling to bring universal access to their populations. This will remain a critical challenge, for health and for social justice.

The major challenge, however, is no longer confined to scaling up access to medicines for millions of people. Faced with the fact that non-communicable diseases are now the leading cause of morbidity and mortality around the world, and having 40% of the global population, the BRICS know better than anyone that the challenge has become how to provide medicines, often over a lifetime, to billions.

This is our challenge, and that is why this meeting is timely and topical. This challenge looms particularly large when we consider the growing obstacles to access to medicines for HIV and non-communicable diseases that are arising. We see four developments that, if not well managed, will threaten access to affordable medicines and commodities.

First, we see forces threatening to contain countries' use of TRIPS flexibilities. Often these take the form of bilateral, regional and multilateral trade agreements such as the EU-India Free Trade Agreement,³ the Anti-Counterfeiting Trade Agreement (ACTA),⁴ the Trans Pacific Partnership Agreement (TPPA)⁵ and the Substantive Patent Law Treaty (SPLT).⁶

Secondly, pressure is mounting on countries to amend their intellectual property rights regimes and allow Patent Linkage, Data Exclusivity, Patent Term Extension, and Dilution of Patentability Criteria.⁷

Thirdly, we are also seeing the acquisition, of and alliances with, generic companies that pre-empt their use of the compulsory license provision in the TRIPS Agreement.

Finally, imitating developed countries' regulatory standards is creating barriers to the entry of new generics in developing countries.

BRICS countries have a unique role

BRICS are faced with unique opportunities to accelerate access to medicines. It is clear that if generic medicines are, for any reason, made unavailable, millions of people will die. The world is looking to the BRICS, who are spearheading a shift in norms, leading the world to accept that access to affordable medicines is a moral obligation—but more than that, a fundamental element of the right to health. It is the BRICS that hold the political and economic clout to defend health against influences that restrict access to generic medicines.

Universal access will not be possible without the leadership of the BRICS—simply because they represent a major proportion of the global epidemic. But of even broader significance, it is because they hold the capacity to bring universal access to the world.

I have no doubt that yours will be a pragmatic coalition that delivers results. Allow me to offer a few areas in which your concerted actions will bring long-needed shifts in the way global health is decided and delivered—and will direct the outcome of this new game to bring a more equitable, accountable world order.

BRICS have a unique role and opportunity to:

⇒ Resist trade agreements that block use of TRIPS flexibilities and continue to overcome intellectual property barriers to access, making full use of TRIPS flexibilities and building other countries' capacity to do so.

- ⇒ Chase innovation in drugs and diagnostics and in market-oriented solutions that work not only in the developed world, but also in the developing world and for poor people. You can lead the world in biomedicine because you respond quickly to discovery and development—because you know that your people benefit directly from your efforts.
- ⇒ Increase the potential for sharing solutions across the South, demonstrating the solidarity borne out of your shared values, experiences and aspirations. Maximize your world-class research and manufacturing infrastructure by working to improve scientific cooperation and to create a market for technology transfer, especially with Africa.
- ⇒ Promote a new deal for global health. A deal built on strong national ownership and clear accountability in which everyone shares responsibility for global health—contributing in differentiated but critical ways.

BRICS are an unprecedented force to rewrite global health

The magnitude of the BRICS technological and innovative capacity—coupled with their solidarity with the developing world—presents an unprecedented force to rewrite global health. To stand up to the injustice that says health is only for those who can afford the costs set by traditional powers and say, "No longer."

The global community has just concluded an historic High Level Meeting on AIDS in the General Assembly. The participation of high-level leaders from BRICS and other countries showed renewed political commitment to AIDS. The UN Security Council recognized the role of the AIDS response to global security with its unanimous adoption of Resolution 1983.⁸

The historic Political Declaration demonstrated that AIDS is not a problem of the past, but an essential movement to improve human health across a broad spectrum of communities and diseases.⁹

BRICS must lead the world in making the ambition of the Political Declaration a reality. BRICS can set a more equitable, relevant and sustainable global health agenda and transform the way we govern and deliver health. They have the power and the legitimacy to lead.

That is why UNAIDS is here today. To be part of this historic first meeting—and the beginning of a new movement for global health.

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UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.

⁴ Text of the Anti-Counterfeiting Trade Agreement. European Commission, Brussels, 2011 (<u>http://trade.ec.europa.eu/doclib/docs/2011/may/tradoc_147937.pdf</u>). Accessed 13 July 2011

⁸ UNAIDS welcomes new UN Security Council resolution on HIV and preventing sexual violence in conflict. Geneva, UNAIDS, 7 June 2011

⁹ Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS. Draft resolution submitted by the President of the General Assembly. New York, United Nations General Assembly, 7 June 2011.

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¹ Waning, Brenda; Diedrichsen, Ellen; Moon, Suerie. A lifeline to treatment: the role of Indian generic manufacturers in supplying antiretroviral medicines to developing countries. *J Int AIDS Soc.* 2010; 13:35. Published online 2010 September 14. (<u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2944814/</u>). Accessed 5 July 2011.

² AIDS at 30: Nations at the Crossroads. Geneva, UNAIDS, 2011.

³ India's Commerce Minister pledges continued availability of high quality generic drugs. Geneva, UNAIDS, 6 July 2011

⁽www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/july/20110706psindia/). Accessed 13 July 2011.

⁵ Trans-Pacific Partnership. Washington, DC, Office of the United States Trade Representative, 2011. (www.ustr.gov/tpp). Accessed 13 July 2011.

⁶ Substantive Patent Law Harmonization. Geneva, World Intellectual Property Organization, 2006. (<u>http://www.wipo.int/patent-law/en/harmonization.htm</u>). Accessed 13 July 2011.

⁷ Intellectual property and access to medicines: papers and perspectives. New Delhi, World Health Organization Regional Office for South-East Asia, 2010.

⁽www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/ june/20110607apssecuritycouncil.) Accessed 6 July 2011.