

# CROSSING THE FINAL FRONTIERS ON THE ROAD TO ZERO

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**Wilton Park Conference: The new era in  
HIV/AIDS treatment and prevention: science,  
implementation and finance**

## SPEECH

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

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### **Crossing the final frontiers on the road to zero**

Ladies and gentlemen, dear participants.

It is a pleasure to join you tonight for this timely and topical discussion on the new era of HIV treatment and prevention. I would like to thank first and foremost the organizers of this gathering, especially Sir Richard Feachem for his continuing commitment and leadership for global health.

The UN Secretary-General's last report to the General Assembly provides a clear update on the progress and challenges of the global AIDS response. New infections are declining in sub-Saharan Africa and the Caribbean; the impact of treatment is clear and dramatic.

Mortality has fallen in sub-Saharan Africa from 1.8 million deaths per year in 2005 to 1.2 million in 2010. In low- and middle-income countries across the world, 2.5 million AIDS-related deaths were averted during that period.

Today's meeting has reminded me of the initial results of antiretroviral therapy more than 15 years ago. I was in Uganda, where hundreds of people with HIV/AIDS were losing their lives every day. AIDS was a death sentence. The number of orphans was growing alarmingly.

No one believed at that time we could put the poor people of the world on HIV treatment. Only Thailand—and Uganda later on—could be called success stories. But today, 56 countries in the world have managed to stabilize their epidemics, and some of the highest-burden countries are seeing steep declines in the number of new infections—by 25% and even more.

I think that today, we are beginning another new era in the AIDS response. The science of HIV has made tremendous progress as obstacles have been identified. We have new prevention technologies, new mechanisms and better drugs. We have been able to initiate the world into a new movement—the movement of Getting to Zero. This is our vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

**Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.**

At the 2011 UN General Assembly High Level Meeting on AIDS, we managed to convince the world to agree on achieving concrete goals for 2015: Zero babies born with HIV, 15 million on treatment and zero new infections among people who inject drugs.

This is an exciting time, and I don't think anyone should doubt that the momentum will continue. There will be unforeseen obstacles, but it is very clear that we have started on the road to zero and have taken the first major strides in that direction. This is a game-changing moment.

What gives me new hope that the HIV epidemic can be stopped? We have evidence that treatment can prevent HIV, particularly in the context of couples. People who start treatment with ARVs keep their viral load down, preventing their risk of transmitting the virus to their partners by 96%.

This enables us to target specific social and sexual networks, looking at viral load at the community level. If we can bring incidence down to a very low level, we will eventually see the end of this epidemic.

We have four frontiers left to complete our journey to zero.

First, we must accomplish key behavioural changes. Ideally, if everyone is tested, if everyone who needs it enters treatment, if everyone is retained in treatment and care and if everyone adheres to their medicines, we can prevent incidence.

We have many behavioural challenges and a long cascade of steps. Among the population of people living with HIV, only 24% are achieving total viral suppression.

Second, we must plan for managing the costs of long-term treatment for many people. Earlier this month I was in San Francisco, where I met people living with HIV whose treatment costs up to US \$72,000 per year. It is clear to me that this new era will never be a reality if we continue to do business as usual. It will be unaffordable and unsustainable. Access to quality drugs at affordable prices requires a paradigm shift.

Our third frontier is innovation for access. I am glad that my friend John Martin is here. He and his colleagues are not only champions in drug development, but also in bringing access at low cost to the vast majority of people living with HIV in low- and middle-income countries.

True innovation requires the democratization of problem solving. The AIDS response needs to be owned by people. First, by making treatment much simpler and user-friendly. I know that companies are working on new compounds and innovative product designs that allow drugs to be handled without refrigeration, come in low doses and can be taken with or without food. I know that companies are also working on new formulations that could be given once every three months instead of once a day. What a difference this could make.

We must also find new ways to prevent resistance and avoid the huge, never-ending bills for second- and third-line regimens. We also need to rethink some costly assumptions about

testing. Do we really need a CD4 machine to put someone on ARVs? How can we get maximum benefit out of the new generation of home-based testing technologies?

Finally, we need to cross the dependency crisis frontier. In Africa, two-thirds of all AIDS expenditures are from external sources, and these investments are falling. We must write a new narrative for shared responsibility and national ownership.

Africa is too dependent on imported medication—especially from India—for sustaining access to life-saving medicines for HIV and other illnesses. We must be aware of the potential for market failure in the development and supply of these essential medications.

The solutions for Africa are to mobilize innovative sources of financing, harmonize policies regulating medicines across countries and regions and strengthen regional and national capacity for the production of high-quality medicines, in partnership with emerging economies. China has completed a comprehensive review of its ARV industry, and is ready to partner with Big Pharma to produce quality drugs.

To conclude, I want to ask you: Can we, in these next three years, extend the benefits of some of your most critical knowledge to the great majority of people living with HIV? Can we reach the unreached?

If we can't envision a world without HIV, we will always have HIV.

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### **UNAIDS**

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](http://unaids.org).