

Summon the Courage to Change the World

M. Michel Sidibé,
Executive Director of UNAIDS

17th International Conference on AIDS and
Sexually Transmitted Infections in Africa (ICASA),
Opening Session - 7 December 2013

CAPE TOWN, SOUTH AFRICA





“The more we lack the courage and the will to act, the more we condemn to death our brothers and sisters, our children and our grand-children. When the history of our times is written, will we be remembered as the generation that turned our backs in a moment of a global crisis or will it be recorded that we did the right thing?”

Nelson Rolihlahla Mandela

*Your Excellency the Deputy President of the Republic of South Africa,
Professor Soudre and your team,
Ladies and gentlemen,*

It is an honour and privilege to be with you today in Cape Town. This is the right time and the right gathering to forge change in the world. We are here because we believe in social justice. Because we believe we should fight for people who don't have access to services.

ICASA is not just a platform, or a conference where we come to talk. It is a place where we foster accountability and where we have the chance to hear from people who normally do not have such an opportunity to tell us that they are forgotten. Thank you for offering this space to continue the dialogue.

When we talk about 'Getting to Zero', it is important for us to remember where we started. We cannot forget how AIDS came close to destroying African society just a little over a decade ago. Teachers, nurses and policemen were dying every day. Children were being orphaned at astonishing rates. Life expectancy in some countries was dipping into the 40s.

AIDS was more than a death sentence. For too many, it was considered a murder weapon. HIV-positive people were beaten in the streets. People were scared of each other. There was no hope—only silence and fear.



Breaking the silence

But thankfully, civil society refused to hide. I want to welcome you today. Without you, we would not have transformed this fight. You refused to hide. You raised their voices and broke the silence.

Now let me take a deep breath and say with emotion and humility—Mandela was one of the greatest of these voices. He was not a conventional politician. He was a statesman, an activist and a visionary. He inspired all of us. I know he is listening to us tonight. His spirit is with us in this room.

Mandela spoke out against the poison of stigma. He demanded dignity for people living with HIV. He championed science over superstition.

Mandela is not just part of our history—his example continues to shape the future of the AIDS response. We continue to be inspired by his courage to transform societies, his determination to challenge discrimination and bad laws and the compassion to restore dignity to the suffering. Mostly, we share his vision of an Africa that can be a model for social inclusion.

From solidarity to action to impact

Such solidarity brought action, and action made an impact on our continent. I am proud to that today, through global solidarity, new HIV infections have fallen by 38% in sub-Saharan Africa. You have to remember that just a few years ago we could only mention Senegal and Uganda as success stories. Today, 36 African countries have been able to stabilize or reduce the number of new infections—some significantly.

AIDS-related deaths have fallen more than 34% since 2005. Soon we hope to be able to say that no more babies are born with HIV on this continent. We have reduced HIV infections among African children by 53%. And from a handful of privileged people receiving HIV



treatment, we have scaled up to 7.6 million people—more than 1 million in the last year alone. That is an 400% increase over just six years. What a contrast to our situation in 2001, when critics in the United Nations General Assembly told us we would never be able to extend HIV treatment to poor people in Africa. We were told Africans would not be able to follow treatment protocols—and they would never be able to pay for it. HIV treatment used to cost US\$ 15 000 per person, per year. Your collective fight has reduced that price to as little as US\$ 100.

And when we asked scientists to pick up the pace of innovation, they responded. People with HIV once had to take up to 18 pills a day. Now it is only one.

Africa is also sharing responsibility as never before. Domestic spending for the AIDS response has increased 150% in the last five years. South Africa has become a model for national ownership, increasing its investment by 500%—up to US\$ 1.9 billion per year, the second largest national investment in the world. And it is not just South Africa that is stepping up and owning its response. It is Kenya, Lesotho, Malawi, Namibia, Senegal and others—all of whom are increasing their domestic funding. Rwanda is taking a proactive approach to create a social insurance scheme to help sustain its gains.

Who would have dared predict in 2001 the extent of our achievements today? Largely because of the progress shown in Africa, the international community recently pledged a record US\$ 12 billion to replenish the Global Fund to Fight AIDS, Tuberculosis and Malaria—an increase of 30%. This success never would have happened without your support and solidarity. You demonstrated that together we have the ability to transform the lives and futures of our brothers and sisters in Africa. The Global Fund believed in us because we believed in ourselves.

So I say to you—do not listen to the cynics and the skeptics—they will only hold us back.

Complacency is our greatest enemy



Complacency is our greatest enemy

But we also must not be naïve. As we continue our ascent, we must guard against our enemy – complacency, or we risk sliding backwards. Although we have put 7.6 million people in Africa on HIV treatment, 21.2 million people are still waiting, and their lives are hanging in the balance. We cannot allow them to die. We must continue to mobilize resources and scale-up access to services. It is not just a matter of their survival. We must restore the dignity of millions of people on our continent so they can contribute to the improvement of our countries and our society.

We also know that only 28% of children have access to the HIV treatment they need today. Early infant diagnosis is not systematic. This is unacceptable. We fail Africa if we cannot extend lifesaving medicines to all children in need.

Only 24% of people living with HIV in sub-Saharan Africa are achieving viral load suppression. Your Excellency Deputy President, you have to help us to set goals in all of our communities of raising that to 100%. Then the virus will not be transmitted anymore. This will bring us so much closer to our vision of zero new HIV infections and zero deaths.

We must also have the courage to reorganize our distribution systems. Drug stockouts are unacceptable, but they are still occurring across the continent. Africa should be producing its own medicines and making sure it has a regulatory system and drug agencies that will help us bring new medicines to market quickly. We cannot wait six or seven years for new drugs to be registered. This must be our common vision.

And where are we with HIV prevention? It should remain the central pillar of our response. Young boys and girls are becoming infected in larger numbers. They do not want to be passive beneficiaries of our programmes. They want to be active agents of change. We should not accept that 40 young African women are infected with HIV every hour. We must take advantage of the findings of three randomized trials showing that by introducing social protection schemes, new infections among young girls can be reduced by 60%.



Integration should be central to everything we do. We cannot work in isolation anymore—HIV, TB, cervical cancer, hepatitis B and C, reproductive health and rights, preventing early pregnancies, stopping unsafe abortions and making sure we deal with the health issues of aging—these are the issues we need to address in a holistic way, reengineering our health systems and innovating the delivery of care, so we can bring services to everyone in need.

The courage to reject inequity

We need to be courageous enough to confront society's wrongs. It is unacceptable that women and girls, sex workers, drug users, migrants, prisoners and men who have sex with men are assaulted, violated and murdered, and yet our conscience is not revolted, nor our sense of human dignity challenged. How can the world accept that some people have access to services while others are excluded because of race, social status, income or sexual orientation? We must reject this double standard wherever we encounter it.

And how can the world permit such tragedies of young girls—some as young as 8—to be raped, perhaps becoming pregnant and giving birth to babies born with HIV?

What we need is a serious, tangible change in values from top to bottom. We must have the courage to embrace an ethic of caring, a deeper regard for the sanctity of life, respect for others as equals, appreciation for diversity and above all, global solidarity. People who are suffering, who are underground, who are hiding do not deserve silence—they need justice.

As President Mandela said, “A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

“A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

Nelson Rolihlahla Mandela

Let me conclude by asking you not to be scared of radically reshaping our future. We must create an Africa where no one will be left behind. We must not be afraid to demand and expect the end of the AIDS epidemic. Achieving our vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths must be a separate and distinct goal in the post-2015 development agenda, because AIDS in Africa is unfinished business.

Hear me say this—I believe we can end the AIDS epidemic by 2030. Until we have a cure or a vaccine, HIV may be with us into the future. But the disease that HIV causes need not sicken, kill or orphan anyone anymore.

We must not shape our lives around our memories, but around our dreams. President Mandela said it well, “One cannot be prepared for something while secretly believing it will not happen.”

This is the same determination exemplified by President John F. Kennedy in 1961, when he promised to put a man on the moon, “by the end of the decade.” Sure enough, this was achieved by 1969.

Ending the AIDS epidemic by 2030 is possible and within reach. Together, let us make it happen. Let us make it the legacy of President Mandela.

Thank you.



UNAIDS
Joint United Nations
Programme on HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
UN WOMEN
ILO
UNESCO
WHO
WORLD BANK

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org