
UNAIDS EXECUTIVE DIRECTOR'S SPEECH

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LAUNCH OF GET ON THE FAST-TRACK:
THE LIFE-CYCLE APPROACH TO HIV



Get on the Fast-Track: the life-cycle approach to HIV

I want to thank all of you for being here to launch this very important UNAIDS Global Report, *Get on the Fast-Track: the life-cycle approach to HIV*. And I thank my brother Hage Geingob, the President of Namibia.

I'm not surprised to see you here today, because you are a fighter. Throughout your life, you have demonstrated how important social justice is for you. In Namibia, there is distribution of opportunity for the poorest segments of society. You have always tried to make sure that inclusiveness was part of your agenda.

So, it is timely that the President has taken time from his very busy schedule to be with us. Mr. President, you have *always* been with us. I remember our meeting with Ban Ki-moon in Addis Ababa. You were a great help in launching our surge of progress in those days, ensuring that we reached Millennium Development Goal 6 eight months before the 2015 deadline. I am grateful to you, and also to the First Lady, the Prime Minister, and the diplomats and cabinet members who are also here to celebrate this important launch.

Ladies and gentlemen, I am here because Namibia is an AIDS success story. That is why I made the decision to come here to launch this Global Report on AIDS. I know there were many countries who hoped we would come to their capital to do the launch. They thought they had achieved what Namibia has. It's not true. You are the most successful AIDS story in the world. You have 96% treatment coverage for pregnant women. That means you have technically achieved elimination of mother-to-child transmission of HIV.

And that is one of the goals I want to see achieved everywhere—a generation born without HIV. You have also fought to put 67% of people living with HIV on treatment and ensured they adhere to it. And that is amazing, when we know that the global average is only 38% to 40%.

Best of all, these achievements are not based on money from outside. They were funded primarily from Namibia's domestic budget. We need global solidarity, which requires some level of international support, but it pivots on countries each doing their part. Domestic investments make the HIV response sustainable for everyone.

In Namibia, 64% of AIDS funding comes from domestic resources. That is a strong sign of this country's total commitment to the response, turning goals into reality to make sure people on lifelong treatment are not dependent on resources from outside. And I want to congratulate this country, which next year will be putting 30% of its AIDS budget into prevention—another reason we are here to launch this ground-breaking report.

This is certainly one of the most important reports UNAIDS has ever issued. This is the report that lays out the definitive strategic and programmatic approach that is needed to end AIDS as a public health threat by 2030. Its findings are based on innovative methods of turning data into a better understanding of how the risk of HIV changes as people move through life. For the first time, we are talking about a life-cycle approach to HIV. This approach is critical because looking at the complete human life-cycle is the only way to know how the epidemic specifically is affecting children, people over 50 and every age in between.

We have been successful in preventing transmission from mother to child at birth, but almost 50% of children living with HIV today were infected through breastfeeding. So, if we don't understand what is happening during this period, we can't know what programmes should be put into place to prevent HIV in children, and we will never eliminate HIV.

What we also see when looking at the life-cycle are the comorbidities associated with HIV. TB and other preventable illnesses are killing children when they attack an immune system that is already under pressure from the virus. The report is helping us understand this.

The report also shows that we have been successful in coming together very strategically for newborns and children. We created the Global Plan to eliminate mother-to-child transmission and keep mothers alive, which has led to more than 900 000 children receiving treatment—doubling the number in the last five years.

Treatment for children is very expensive, and it is not easy to find enough of the right paediatric drugs. Testing children is also difficult, and so is making sure they receive timely services. So the Global Plan results are very impressive, and we need to share them with the world.

You must remember, just a few years back, most people in low-income countries did not have access to treatment. Hospitals were full of people dying, with no hope. Treatment was so expensive, we were spending US\$ 15 000 per person, per year. Now it is \$80.

That completely changed the face of the epidemic. Today, 18.2 million people are on lifesaving treatment. In only the last six months, we added more than 1 million people. No one believed that pace could be possible. Today, country after country is demonstrating that ending AIDS is possible, and we can confidently reach for this dream. In Namibia, it's happening already.

We know that if you put people on treatment early, you can reduce their risk of transmitting the infection by 96%. You can also make sure those people do not become infected with tuberculosis and other diseases. That's why it is so important to share Namibia's experience with the world.

But we still have millions of people waiting for treatment. We will never achieve our goal unless we continue to advocate for resources for them. We need to reach 30 million people with treatment; their lives are hanging in the balance right now. I have asked my brother the President to really push the Continent—to create an African vision of treatment for all.

This means we can't be dependent on so many necessary medicines coming from outside Africa. And it is not only medicine for AIDS: Only 2% of the drugs we give to our people are produced on our Continent. That is not sustainable.

I am begging you to push for local production of pharmaceuticals—to make high-quality medicines that can compete with those from any other country. We need our best minds working on this, especially engaging young people, who need to be part of the process.

Let me share one other very important aspect of this report—and that is what is happening to adolescents. It shows that the age when girls are transitioning into young women is the most dangerous period for them. It is when they have early pregnancies and unsafe abortions. They are exposed to violence and exploitation. And of course, they are at the highest risk of HIV in their entire life-cycle.

We need to pay attention to adolescent girls. Adults want to assume that they are "innocent" and they are not having sex. We can't be blind to the facts. Globally, 7 500 young women are infected with HIV every year—and 6 000 of them are in this region. Studies show even more alarming facts: More than 90% of new adolescent infections in southern Africa are in girls between age 15 and 19. This is a very serious issue.

Unfortunately, we are also seeing that they do not have access to testing. This group has the lowest rates of knowing their status, so treatment levels are also very low. Globally we lost 50 000 young people to AIDS-related diseases in 2015. We must make adolescents our priority.

The Global Report shows that we really need to rethink our approaches to adolescent health. This means creating a new way to communicate with young people. We need a new narrative. Because when people were dying of AIDS, the narrative was easy. Now that people are living long lives with HIV, and we are touting success stories, it is harder to convince young people to protect themselves. We need a new direction for young people that focuses on prevention, talking about it in new ways.

I want to end by saying that this report calls us to pay attention to one more issue affecting young women. It is the issue of cervical cancer.

Unfortunately, on our Continent, we are among the worst at providing access to the HPV vaccine. And we know that when you are HIV-positive, you have 5 to 6 times more risk of acquiring cervical cancer. And we know we can stop this. We don't have a Minister of Health for cervical cancer; we don't have a Minister of Health for AIDS. Ending both diseases means better integration of health services and the resources to support it.

Finally, we cannot neglect people over 50. After almost 35 years of this epidemic, around 100 000 people at this stage of the life-cycle in low- and middle-income countries are newly infected with HIV every year, confirming the need to include older people in HIV prevention, as well as treatment programming. And as people living with HIV grow older, they face higher risks of developing long-term side-effects from HIV treatment, developing drug resistance and requiring treatment of co-morbidities, such as TB and hepatitis C, which can also interact with antiretroviral therapy. Many of them will get dementia. So, we must pay attention to older people who are presenting more and more as a high-risk group if we don't want to see a failure in our life-cycle approach.

I want to thank Namibia for its leadership. And I am so happy that I'm with you today to present this important report. We want to let the world know that we are fighting for everyone at every stage of life.

Thank you.



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