



Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA

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Speech

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The future of the HIV epidemics: leadership for action

CONCASIDA 2005

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**Speech of
Dr Peter Piot
UNAIDS Executive Director**

Dr Rodrigo Simán,

Distinguished guests, dear friends,

I wish to greet you on behalf of the Secretary General, Mr Kofi Annan and myself.

It is an honour and a pleasure for me to join you today.

I want to congratulate the Co-presidents of this conference, Dr Rodrigo Siman and Odir Miranda, together with their organizational team, for all their efforts in bringing together such a successful conference.

Ladies and Gentlemen:

Just two months ago, at the World Summit at the United Nations, world leaders reaffirmed their commitment to the HIV cause. For the first time ever, the nations of the world have explicitly adopted the goal of universal access to HIV prevention, treatment and care by the year 2010.

So today, my message is a simple one:

The goal of universal access represents a unique opportunity for Latin America and the Caribbean – that of leading the world in achieving this goal.

Certainly, this will not be easy goal to attain!

Still, to this date nearly 300 people die every day of AIDS in Latin America and the Caribbean.

Multiple barriers of financial, human and organizational capacities will all have to be surmounted. The myth that health services can never reach the poorest of the poor will have to be overturned. Deep-rooted inequalities will have to be overcome. Injustices against sex workers, men who have sex with men and injecting drug users will have to be remedied.

And the attitude that people living with HIV ‘deserve their fate’ will have to be smashed.

But I am confident that this region can meet the challenge.

I am confident because of the lessons of recent history.

Let us think back nearly 25 years, when AIDS first began its spread. At the beginning of the 1980s, the political landscape of this region looked very different. Civil wars were reaching their bloodiest peaks. Military coups were more common.

Today, the political climate is very different. Of course, deep political and development challenges remain, but the nations of this region have made the decision to work in peace for a common future. This future includes a strengthened response to AIDS. This commitment is evident in this historical meeting that demonstrates the engagement of all Central American presidents.

Ladies and gentlemen:

AIDS is truly an exceptional crisis, by any standard —that can only be countered by an exceptional response. AIDS is not just another public health threat, but now belongs in the league of the make-or-break issues of our times – together with mass poverty, climate change and terrorism.

AIDS is exceptional, first, because there is still no plateau in sight for the epidemics in most countries.

In this region, the levels of HIV among the most vulnerable populations in the region are very high. Among men who have sex with men, for example, HIV prevalence has reached crisis proportions in a large number of the countries of Latin America. Here in El Salvador, nearly one in five men who have sex with men are living with HIV. In other parts of the region, rates are even higher.

No community can be left to suffer such an intolerable burden.

Equally worryingly, the epidemic is advancing into new populations. Over the last two weeks I visited Barbados and Trinidad, and I was struck by the rapid spread of HIV among young women across the region.

A second way in which AIDS is exceptional is because there is simply no precedent in history for an epidemic with such damaging and long-lasting effects on social and economic development.

Thirdly, AIDS is exceptional because not only do we continue to face one of the most extraordinary scientific problems.

We have been unable to develop a vaccine or a cure. And we have yet to decipher the factors that influence changes in the epidemic. Nor have we clearly established exactly what works in matters of prevention.

Ladies and Gentlemen,

With a crisis as exceptional as AIDS, the only choice that societies have is to either act now in exceptional ways or pay later.

Friends,

There is momentum on leadership – made manifest in today's gathering of Presidents and other leaders from this region here today.

In over 40 countries, the national AIDS coordination body is now in the office of the President or Prime Minister, including in several Caribbean countries. Unfortunately, this is not the case yet in Latin America.

There is momentum on financing. When UNAIDS began nearly a decade ago less than \$300 million a year was spent on AIDS in developing countries. Today, that figure has risen to around \$8 billion.

And there is momentum in terms of success in almost every region of the world, with real signs of success in the Bahamas, Barbados, Cambodia, Kenya and Zimbabwe, adding to the earlier achievements of Brazil, Thailand and Uganda.

So for the very first time the conditions are right for halting this epidemic.

Let me turn to outlining the key steps that are needed to ensure that we can overcome this epidemic.

First, leadership and civil society activism has been very fruitful in many countries. This approach needs to be adopted by all countries and sustained over the long term.

Political cycles are short, too short to meet the sustained needs of an effective AIDS response.

The AIDS movement therefore has to build a new type of political culture that can withstand changes in governments – building effective coalitions. It also has to draw on other sources of social power such as youth and women's movements, churches, business chambers and unions. This also means that we must look beyond our small, familiar 'AIDS circle'.

Second, financing remains a critical constraint – especially secure and predictable funding on the scale needed even in the near future. At the current pace of financing, the funding gap will worsen – by 2008, more than \$22 billion will be needed globally every year to fund a comprehensive AIDS response.

Latin America and the Caribbean have an advantage over many of the world's other regions, in that the majority of AIDS funding in this region already comes from domestic sources. But unfortunately, these national efforts are not being rewarded with international support and this trend must be reversed.

Nevertheless, it should be highlighted that the road to sustainability resides in the inclusion of the respective national budgets.

Third, we fought hard to mobilize the money. We must now fight equally hard to make the money work for the people on the ground. This is now our collective moral duty. It requires governments, international organizations and NGOs to become far more serious about ownership, efficient management, accountability and coordination.

And it requires that people living with HIV and vulnerable groups be centrally involved in decision-making and policy at every level and in every forum.

It is important to improve our use of resources. With the implementation of the 'Three Ones' we are beginning to make headway in optimizing resources available.

The fight against AIDS must jointly focus in one direction. It should include all actors. I should mention that this should also apply to all agencies of the United Nations system! They should also take part of this integration and coordination process. We, in the system, should also unite efforts towards a common goal.

Fourth, the pace of scientific innovations for microbicides, vaccines, and new generations of HIV therapy has to be accelerated.

Finally, far-reaching efforts are needed to scale up both HIV prevention and treatment so that universal access is achieved by 2010.

In a region so rich in expertise and experience, to have an HIV prevention gap as large as it is today is scandalous. It is ironic to observe that in many countries it is less controversial to treat and take care of the sick than to help prevent its citizens from contracting HIV.

HIV prevention efforts need to focus much more on the needs of particularly vulnerable and marginalized groups.

Strategies that include the use of condoms for prevention are essential. Nevertheless, due to the nature of the epidemic, a unique strategy is not possible. We cannot speak only of abstinence or faithfulness or the use of condoms. Only a combined strategy can show results. As with tri-therapy with antiretrovirals we should also have a multiple preventive therapy.

Cultural principles and machismo - that oppress both women and men who have sex with men – need to be reviewed.

Courage is needed to change these deeply rooted patterns. Courage like that shown in Mexico's recent campaign against homophobia. With this campaign, Mexico has set an example that should be emulated worldwide.

In terms of HIV treatment, despite the progress that has been made, universal access is far from reality in Latin America and the Caribbean, and antiretroviral drug prices for the public sector in middle-income countries remain too high.

We need a change at least in the public sector, and I am committed to continue advocating for this cause.

Ladies and Gentlemen:

We have entered an extraordinary new era in tackling the AIDS crisis – where the implementation of large-scale programmes combining HIV prevention, treatment and impact mitigation could reverse the epidemic, as called for in the sixth Millennium Development Goal.

UNAIDS – the Joint United Nations Programme on HIV/AIDS – is committed to intensifying our support to the region and to building a strong response. I am deeply gratified to see many head of cosponsor agencies here today as support to national efforts should be a shared effort. Because the history of AIDS has shown us that when we are united, people win. When we are divided, the virus wins.

The presence today of regional leaders, who have been motivated by President Saca's personal commitment, is an inspiration to the whole region. Time to act. So that together we can stop the threat of AIDS in our countries.

Thank you.