

**Reflections on AIDS**

**Calouste Gulbenkian Foundation  
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**Speech by  
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Good morning everybody.

I apologize that I will not be able to address you in Portuguese, but I heard that there are very able translators for those who can't follow the English.

Thank you very much Professor Meliço Silvestre for your introduction and Doctor Manuel Gomes, also, for your kind invitation.

I am very honoured that the President Emílio Rui Vilar is here and my good friend Professor Jorge Simões.

I am particularly happy to be here, because UNAIDS and Portugal have quite a special relationship.

In the United Nations system, the boss of the Secretariat, of people like me, is the Board of Directors. As everywhere, and as in our case, every year there is a different country that holds the Chair of our Executive Board, which we call the Programme Coordinating Board. And a few years ago, in 2000, it was Portugal. We had a meeting of our Board here and it was chaired by the then Minister of Health.

I would also like to say that for some years one of the 5 NGO representatives on the Board was Portuguese. We are the only United Nations system organization that has representatives from civil society. The NGO representatives on our Board represent regions and for some years João Marques, who is here, has represented Europe.

I should also say that President Sampaio was the only European Head of State to participate in the Special Session of the UN General Assembly on AIDS, in June 2001. From a historic perspective, the Special Session was really a turning point in the global response to AIDS because for the first time, there was a global political commitment at the highest level possible, recognising that AIDS is one of the big global issues of our time.

So there are many reasons why I am happy to be here – it's not just because of the fact that I am very honoured to give this lecture at this very august foundation, which is doing so many good things, not only in Portugal, but also outside, in countries that are heavily affected by AIDS.

I was asked to give my reflections on the AIDS epidemic, which I will do. But I will not only reflect on the past, on where we come from, but also look into the future to discuss where this epidemic is going as well as our response to it.

When I look at the past, my own history of AIDS had its moment of illumination, of breakthrough, in 1983, when I was working in Kinshasa, in one of the biggest hospitals of the African continent, called Mama Yemo, after the mother of President Mobutu. What I saw, when I walked into the hospital, was all these young men and women, some of whom were of my age then. They were totally emaciated and they were dying there. The wards in Internal Medicine were full of these people and people didn't even know outside Zaire. Then I suddenly saw, this is bad. This disease is transmitted heterosexually.

Let us not forget that until then we had thought that AIDS could only be transmitted sexually between men, or through contaminated needles. But when I saw all these young women and men, I said to myself this is transmitted heterosexually too. And so it is really going to change the demographics and the way that we will have to look at this epidemic.

But even then I had underestimated what this epidemic would turn out to be. But what I knew was that I wanted to spend the next few years of my life fighting AIDS – and these next few years have become now over 20 years.

This epidemic has surpassed my worst fears, in almost every way, ever since.

When you think that this is without any doubt a new epidemic, but in just 25 years about 65 million people have become infected with HIV.

All connected with each other. In some way or another, because they had sex with each other, because their mother had it and they were born with it or they got a blood transfusion from someone who also had it or they were sharing needles, while injecting drugs. I mean that's it! There are no other ways of transmitting HIV.

So, this is a story of globalisation. This is also a story of all people related to each other.

65 million people, just think of it. It's incredible! In such a short period of time, because from an historic perspective 25 years is nothing. So, 65 million people in 25 years and AIDS has now become, I believe, one of the make-or-break challenges of our century. It is not any longer in the category of public health problems. Of course it is a disease, but it is now in the category of climate change and of mass poverty.

When I was in New York two weeks ago, during the Millennium + 5 Summit, 160 Heads of State and Heads of Government were together at the United Nations, discussing, of course, the reform of the United Nations system and I will come back to that because that is really important. But they were also discussing the progress made towards the so-called Millennium Development Goals that were agreed upon in the year 2000 among all the countries. And what was clear is that if AIDS is not brought under control in developing countries, they will have no chance to get out of poverty, to achieve universal access to education, to reduce maternal, child mortality, etc, etc. In other words, just as with climate change – if the whole world becomes a desert or whatever, all the other activities will not be possible. If AIDS is not under control there will not be the people to ensure the development of societies. So, we need to look at it, at AIDS, not only as, let's say, a medical and a health issue, but put it within that broader context.

And this is why, for some years, I have emphasized that AIDS is exceptional and unprecedented, both as a crisis today and as a threat into the future. A few years ago, the SARS epidemic in Asia – at the end of the day, only a few people had this disease, but how this epidemic of SARS destabilised economies. However, that only lasted a few months – unlike the AIDS epidemic. Maybe we will have an epidemic of influenza at a global scale soon, who knows, maybe not.

You know, my fellow countryman, Ilya Prigogine, got a Nobel Prize for Physics, because among other things he demonstrated that it is impossible to predict the future, through the chaos theory. At some point anything can happen.

But, with AIDS, what we know for sure is that the consequences for societies are enormous just from the spread that has taken place to date, even if we bring the epidemic under control today.

So, let me give you a few reasons why this AIDS epidemic, from a worldwide perspective, is so exceptional.

First, let's be clear, we are only at the beginning of this epidemic, from a historic perspective.

The AIDS epidemic is still expanding worldwide. What started as a problem in Western countries – basically it was discovered in the United States – is now seen often as an African problem. But today where is the fastest growing epidemic of HIV in the world?

It is in the countries of the former Soviet Union. It is in Eastern Europe, it is in Central Asia, in countries that have seen a breakdown of their whole social system and where it is driven by injecting drug users, by fairly cheap heroin. They were classic transit countries for drugs and now they have become consumers. And it is an epidemic concentrated among young people, teenagers, schools, and driven by a very sophisticated marketing of heroin – and now there is a sexual spread of HIV. Russia alone has already over 1 million people living with HIV and not much is being done.

When we look at India, at Vietnam, at China, at Indonesia, the mega countries in terms of population, one province in China or a state in India can be one hundred million people, many times the population of my country, Belgium, 10 million, or here. And there too we see epidemics that continue to expand.

In Southern Africa, we have countries where over 40% of all adults are HIV positive. Swaziland has the world's record, with about 46%, in other words, nearly one out of two. This is something that we did not think was possible 10 years ago. We thought, ok, that is possible in the so-called 'high-risk' populations, when you have a population of sex workers or of injecting drug users, ok. But in the population at large this is where we are. South Africa has already 6 million people living with HIV, of a population of about 40 million. It puts an incredible burden on the economy, on the health system, in addition, of course, to all the suffering of people.

So, the first thing is that the epidemic is still expanding, geographically and within certain countries.

Secondly, the AIDS epidemic is exceptional because its impact is devastating and it has, what we could call, knock-on effects across generations.

What do I mean by that?

First of all, most diseases, who are they killing?

It's either the young or the old.

In between, you know, for young adults there are other reasons such as suicide, car accidents and things like that. But it's not normal to die then.

AIDS hits and kills people at an age when they are most productive, but also when they are reproductive. This is why the epidemic has a trans-generational impact. If you have adults with HIV, you will have children that are born with HIV and we have those who are left behind.

One of the biggest impacts of the AIDS epidemic, in the heavily affected countries, is orphans who are left behind. We have, for example, in a country like Botswana or in Swaziland, one out of four households headed by a child – a 14 year old girl or a 15 year old boy. They are the heads of the household. Altogether, in these countries about 1 out of 5 children is an orphan, primarily because of AIDS. That creates a

terrible problem in society. We have seen that before during war time or when coming out of wars. But then wars usually end at some point in time. With AIDS the number of orphans continues to grow and grow unless the parents are given access to life-saving antiretroviral therapy.

And AIDS has impacts on the economy, both in terms of individual businesses and agricultural production and so on. For example, in 2002-2003 Southern Africa was affected by a major drought and agricultural production went down. There was an enormous food crisis and famine. But it was not only the weather that was the cause of the food crisis, it was also AIDS, because of the large number of adults who had died or were sick, which cut agricultural production.

So, in other words, AIDS has a long-term impact on the economy, on poverty and so on, far beyond any other disease.

Thirdly, AIDS is historically unprecedented in terms of the challenges it poses to public policy, to action and to science.

Why is that so?

Simply because it is associated with sex and drugs. That's what makes it difficult to discuss in every society. I have been in many countries in the world and I often hear people say: 'Well, you know, in our society it is difficult to discuss these things and to talk about sex and so on.'

When it comes really to sex and sexuality, gender inequality, homosexuality, drug use, all these are very difficult issues and they are fuelling the shame, the denial, the stigma that are associated with AIDS and this delay action.

That is why, you know, when you have something that is transmitted through air or because someone coughs, that is considered a very honourable type of disease! You catch it on the bus, on the metro, wherever.

But if it is something like HIV infection, notions of sin, of guilt, of shame come in, both for the individual and for society and this makes it so hard to tackle AIDS effectively. This is the reason why we have such a huge global epidemic. It is actually the result of inaction at all levels in many countries.

Fourth, there are no simple solutions to AIDS. It is a very complex issue, both on the medical and scientific side. Just think of treatment. One has to take at least three different drugs. But, the same is true for prevention; it's not just one thing. It is a complex issue.

And, finally, there is one other major way in which AIDS has proven to be exceptional, this time in a positive way and that is the exceptional mobilisation the epidemic has led to.

Which other epidemic, which other disease has seen this kind of activism, of political mobilisation?

Especially by people living with HIV as well as by the groups and communities mostly affected, such as sex workers or gay men.

In several countries now we see a very broad front dealing with AIDS.

Take South Africa, where the Government's response to AIDS has been rather slow

and we see a very unlikely coalition of actors in society fighting against AIDS. It's a coalition that involves the churches, particularly the Catholic and the Anglican; the Communist Party of South Africa; the trade unions; the Chamber of Mines; AIDS activists, people living with HIV. It would be impossible to bring all these people together for anything else. But, they have agreed on one thing: AIDS is a threat to our country and we must work together to defeat it.

That is what I feel is also the beauty of AIDS.

Once you see how important it is, you can make coalitions on the basis, let us say, a common minimum programme that is the key to success.

Business has become more and more involved in AIDS, particularly in the heavily affected countries, because business feels the impact on the bottom line. If you do business in a country where 40% of the workforce is HIV positive, I mean, that changes completely your environment, your business and your workforce.

I also have seen the personal commitment of top leaders in many countries. Today, there are over 40 countries in the developing world, where the President, the Vice-President or the Prime-Minister are personally leading the effort against AIDS. In many countries the Office, the Secretariat or the Commission that is dealing with AIDS is in the Office of the President or the Office of the Prime-Minister. In all the countries that have been successful in this fight against AIDS there is this kind of political management structure that they have adopted. It's always the same story. It's a combination of strong leadership at the top, and a broad coalition with the community that is affected.

We have also seen some exceptional results that, frankly, 5 or 10 years ago we would have thought as being impossible to achieve.

Let me give you a few examples.

One is the price of drugs, of medicines.

It is now 9 years ago that the first effective therapy against HIV infection was discovered and was proven to work. The price then was about, in euros, 12.000 to 13.000 euros, per year, per person, which is a lot of money for our countries, impossible for the poor countries.

Today, exactly the same drugs you can have for 150 euros a day, in other words for half a euro a day!

We in UNAIDS have personally have negotiated over the years a 90% reduction in price from the pharmaceutical companies for developing countries.

We have seen also that the international trade laws that regulate intellectual property protection, the so-called TRIPS Agreement, say today that for an emergency like AIDS a country can bypass intellectual property laws. Of course, provided that it gives adequate compensation to whoever owns the patent, that is clear. That is an example of how AIDS has really changed the rules of the game.

We have seen it also in terms of money.

I remember that in 2000 there was a big conference on AIDS in Durban and I said: with the kind of money that there is today available to fight AIDS, there is no way we can stop this epidemic. When UNAIDS started, nearly 10 years ago, about \$300

million were spent on AIDS in developing countries., This year it will be \$8 billion. But with \$300 million, I mean, that's peanuts in terms of worldwide action. So, I said: 'It's time to move from the 'M' word to the 'B' word. From millions to billions!' I got phone calls from people in charge of international development agencies saying that somebody in my position should not make this kind of irresponsible statement!

That was only 5 years ago and today there are billions.

It's possible.

If there is the political will, if there is the societal drive. It is possible. The exceptional nature of AIDS makes it possible.

There is now something that one could characterise as a global movement on AIDS. It is, I would say, of the same family of movements that we have seen during the last 40- 50 years, nearly like the movement for environment, for women's rights, against apartheid and so on.

So today we are entering in a new phase in this AIDS epidemic.

One, as I mentioned, there is a globalisation phase. It's not any longer Africa and a bit of Europe and America. It's a global problem.

Two, we see a feminisation of the epidemic.

Let's not forget, for years after AIDS was discovered in 1981 this was a problem of white, middle class, gay men. Today, nearly 50% of all people living with HIV are women. In Africa it is close to 60% and when you consider the 20 year old in Africa, it is an even higher, about 70%.

This is also a new fact that we have not really incorporated into our strategies. Because our strategies to deal with the sexual transmission of HIV are basically that you have no sex or you postpone sex to a later age, as a girl or a boy; being faithful to your husband, wife or partner; and thirdly to use a condom to protect yourself. Now, all these strategies depend, to a very high degree, on men and what males are doing.

Now, let's say marriage was not made for abstinence.

So that's already a big problem.

But also let's not forget that according to an increasing number of studies, the sexual experience or the sexual intercourse of girls is very often coercive. It's basically rape in many, many countries, in a climate of sexual violence.

Also being faithful depends on both partners. If I'm faithful and my partner is not faithful that is not very useful to me, because then I undergo the impact of the unfaithfulness of my partner.

So, we have a problem here in terms of what we do and we are confronted with the need to address something that is very uncomfortable and very fundamental in society all over the world and that is the relationship between men and women.

The third trend in this phase is that we seem to be starting to see the full societal impact of the epidemic, for instance in Southern Africa, as I mentioned, with poverty, orphans and food insecurity.

But the fourth difference in terms of the AIDS epidemic today is that we are starting to see results. We are starting to see the impact of our efforts in a positive way.

The first successes in the fight against AIDS were in the West where gay communities took their destiny in their own hands and made sure that, you know, they were the first affected, but they were the first ones to defeat AIDS, to bring it down, through community action, with the support of governments, of course.

But today almost in every region – excepting Eastern Europe – in Asia, in sub-Saharan Africa, in the Caribbean, in Latin America, we have countries where today less people become infected than 5 years ago, than 10 years ago and also more and more people with HIV have access to antiretroviral therapy.

So, that is really important.

Moving to the future, today we are entering a new phase in the global response to AIDS, where we have really a triple momentum, I would say.

First, there is a political momentum, a momentum of leadership. I've mentioned already that over 40 Heads of State or Heads of Government are personally leading the efforts against AIDS.

But also today it is fair to say that when global leaders meet, AIDS is on the agenda. In fact, today it is hard to imagine a summit, a political summit where AIDS is not on the agenda. For example, the African Union devoted a whole session, behind closed doors, to AIDS in January, in Abuja. Of course, also in the United Nations summits.

And in January 2000, the UN Security Council for the first time discussed a health or social issue – and that was AIDS. It was not only important for the AIDS issue, but also it was a defining moment in the broadening of the concept of security. Where security, traditionally, has to do with conflicts, war, the absence of peace, classical security threats, today the concept of security has widened in the sense that issues like big epidemics, such as AIDS are equally a threat to stability and security. Therefore, AIDS is now a regular issue on the agenda of the UN Security Council.

The G8 Summit at Gleneagles had a very strong statement on AIDS and a lot of discussions and commitments on this and so on. We also had a meeting a few weeks ago, a so-called UN-ASEAN Summit. ASEAN is the Association of Southeast-Asian Nations and where AIDS has been a very difficult issue to discuss, except in Thailand, and for the first time AIDS was one of the three issues that were on the agenda. And it was at the level of Prime-Ministers and the Presidents and the King, in the case of Brunei.

Secondly, there is a financial momentum.

I mentioned that when we started with UNAIDS, about \$300 million were spent on AIDS in developing countries. This year this will be about \$ 8 billion and here I think that the biggest change was about 3 years ago when President Bush in his State of the Union Address devoted not only quite some time on AIDS but he also promised that the US would give \$15 billion over 5 years to the global fight against AIDS. Suddenly we went into the billions, which really needed the leadership of the most powerful nation in the world and other nations have followed. Tony Blair, the UK's Prime Minister, made a similar commitment.

Very importantly, many developing countries and middle-income countries have

started to spend money of their own on tackling AIDS. Brazil was the first one, something which had already started in the 1990's. Brazil was not only one of the first countries to spend massively on AIDS prevention but also as soon as antiretroviral treatment became available the decision was made – against all odds and against the advice of almost everybody – to provide it to all their citizens for free. This was the result of a combination, I would say, of the leadership of President Cardoso and of very strong community action and activism. Again a broad coalition, gay rights groups, women's groups, just name it, they came together. There was even a vote in the Brazilian Congress on this.

Today of all the developing countries, Brazil is probably the one with the most advanced AIDS programme, both for treatment and prevention and for the engagement of civil society, which makes me think that it is sustainable; that it doesn't depend on one government. We saw that the Government changed, to President Lula, but the AIDS programme just continues. It is, what they call, a non-partisan political issue. It doesn't matter which party will be in power. It is part of the core business of society and that's how it should be.

Thirdly we have a momentum of results that are starting to come.

I mentioned that treatment is becoming more widely available. It's still not enough, I can tell you. There are 6 million people today who absolutely need treatment for HIV in the developing world but only about 1 million have access to that treatment. But that comes from 400,000 about eighteen months ago. So there is big progress, but there is a long way to go.

And as I said, we now have, on every continent, countries that have good results. Take the Caribbean, there's been good progress in the Bahamas. And I mentioned Brazil in Latin America. In Asia we have Thailand, we have Cambodia, a country that came out of genocide, of civil war, of horrible times, and they made it. And in Africa, Uganda, Kenya, Ghana. We have more and more countries where their AIDS epidemic is on the decline.

But success? I would say that nobody has had success up until now because success would mean we stop transmission and we have an HIV-free young generation and that we have everybody with HIV having a good life, healthy life, treatment, non-discrimination, we would have all the orphans with support, a roof and so on. We are not there yet.

So, in other words, today we can say, with confidence, that AIDS is a problem with a solution; that we can do something against it, if there is leadership and if we use resources against it.

So, for the first time, it is within the grasp of all of us to really reverse the epidemic.

And let me now go to the last part of my speech and that is to briefly go over what are the elements of success.

Because we have enough experience now, we have a very clear picture of what is needed to be successful.

First, something that no money can buy and that is leadership. Without the leadership, the determination, you can't do anything. That is, of course, not only true for AIDS; that is true for everything. But, here I would say that it's the leadership, at the top, in a country. This should be an issue for every President, every Prime Minister. But also leadership at the community level and we know that without the

engagement of civil society it's not going to work.

So that is the first one. And it's a challenge to continue that momentum.

Secondly, of course, there is money, which is linked to leadership. Here my biggest worry is the following, it's two fold. One is that although we have got now quite a reasonable amount of money, it is not enough. I would say that we estimate, in UNAIDS, that the world needs about \$20 billion annually by 2007 to deal with the AIDS epidemic completely and we are half way. The glass is half full, one can say. So, we have to fill the other half. That money should not only come from the rich countries, no it should come also from the developing countries that are affected by AIDS because it's about their survival. It should perhaps come under the defence budget, for which there is never a shortage of funds! So there is a need to increase the funding, to sustain it.

And a big requirement for this will be that we have to show results. We need to show that the money that is there today is well spent, reaches the people who need it, and has real results.

And sometimes one can say, when you think of \$10- 20 billion, what can I do?  
I, as a small organisation or as a small country?

We can all contribute by being very specific and all this together will make a difference.

The third element for success is that we should not rest until we have really universal access to HIV treatment and to HIV prevention.

And here, on both fronts, the distance we have to cover is absolutely enormous. Again, we are hitting against issues such as in Mozambique where do you have the number of nurses and physicians who are needed to deliver the services?

But you can also do a lot by thinking out of the box, you don't necessarily need a doctor, you don't necessarily need a nurse to organise a large-scale treatment programme or a large-scale prevention programme. You can make use of other institutions, particularly where there are so many unemployed people and the largest under-utilised resource are people living with HIV themselves. And I've seen it can work. I've seen it in Swaziland, in Kenya, in Uganda, be it at the Church, a group of positive women, as it is called, or a traditional chief, in Swaziland. They are organising people with HIV and the role of the doctor is the role of a manager – making sure the quality is there, that they know which drugs are going to be dispensed and all that.

That leads me to the fourth point that I see as a big challenge for us and that is making the money work for the people. This is now the main job for UNAIDS. That is what I tell our staff: we have to make the money work for the people. In other words, all this money making sure it gets there where it needs to make an impact and that, in the first place, doesn't have so much to do with medicine, but with management, with transparency, with good accountability. That is our big job, that is why we work, both with governments and with community groups, as UNAIDS.

For the long term we need two things. One is technological innovation. There is still no vaccine. It has been announced many times since 1984, since the virus was discovered. We have been hearing that in 5 years we will have a vaccine, in 5 years we will have a vaccine, and today we still hear the same thing and we still don't have one. I guess it will be a combination of hard work and luck. As often is the case in

scientific discoveries both are necessary.

A second need, besides technology, is some profound societal changes and I will mention some of them. I mean, as long as a society is homophobic there is no way that one can really organise prevention programmes for men who have sex with men. It's impossible. And as long as women are worth less than cattle, like in some societies, there is no way that we can really go into some serious HIV prevention in the long run.

So, what I have just described to you is not only what I believe to be necessary to deal with this epidemic, but it is also the agenda of UNAIDS.

As you heard we are a very unusual coalition of 10 organizations in the UN system, including the World Bank, the World Health Organisation, the International Labour Organisation. Why is that so? Because we believe that in today's world, each organization has to contribute to the fight against AIDS. Take the International Labour Organisation. AIDS in the workplace, in each business, in the public sector; it must be an issue. First for your own employees, a healthy and safe workforce, but also because this is a way to have a major influence on what is going on in society. And then of course the World Health Organisation for treatment. UNICEF, for children and orphans. UNAIDS brings everybody together. We have the same message. There is a distribution of labour, so that we don't waste our time in terms of duplication or gaps and so on.

That is the theory, in practice it's not always that easy, as you can imagine. But we are really focusing now on supporting developing countries to implement their programmes and working in a complementary way with the Global Fund to Fight AIDS, TB, Malaria, which is an investment fund that came out of the Special Session of the UN General Assembly in 2001.

The Global Fund gives the money. But money isn't everything. You need the systems to make it work.

I would say that I am very proud also at a time when we speak a lot about the need to reform the United Nations to make it more efficient, we are really ahead of that. We are the best example of UN reform today. By reducing the waste of bureaucracy and the transaction costs and that is also something that I never thought I would ever deal with that. I am just a doctor; I'm in this job because I want to defeat AIDS.

So, let me conclude, by saying that AIDS is truly unprecedented as a crisis, as a threat to development. It does, as I said, belong to a different category of problems and that is why it requires such an exceptional response and a broad front. Problems of this magnitude cannot be solved only by the AIDS community or doctors, it requires a broad front. And as I've said, it is here where everybody needs to come together: from the government side, from the business side, from the community side, the religious side, it has to become one front to work together. And, of course, there are all these reasons to disagree, little fights here and there, but they should be at the margins. We should not forget why we are doing this and why we are coming together.

Finally, I would say that we have a historic chance in the next few years to really make an impact and to achieve results. Not only to reduce the suffering of the millions of people that are affected, but also to safeguard the future of entire nations, particularly in Africa, but increasingly outside.

So I'm very happy that the Gulbenkian Foundation is also becoming engaged in this

area, because I think that the European foundations, in general, could do more because each of them has something specific and unique to offer. And never think: we are not in the medical field, so we have nothing to do with it. No! AIDS is really an issue where one needs multiple types of action. Tackling AIDS should become the core business of all of us.

Thank you very much.