

Speech

*Check against Delivery*

**‘To reduce HIV/AIDS globally, South Africa should succeed’**

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Madam Deputy President, Mrs Machel, Dr Shisana, Ms Mavasa, friends and colleagues

It is good to be back in South Africa. I was last here two years ago and there have been many changes since then – some for the better. Some still difficult.

One obvious change for the better is the one of the world's largest anti-retroviral treatment programmes. By the end of 2006, more than 360,000 people were taking anti-retroviral therapy – remarkable progress in just two years. The scale of programmes to prevent the transmission from mothers to children, and paediatric treatment, is now starting to catch up, but slowly.

On the downside, up to 500,000 people are still being infected with HIV each year. We have seen the emergence of deadly extreme drug-resistant TB strains in every province. And more people are dying from AIDS than ever before.

Nevertheless, this conference takes place at a time of new energy and new hope. There is an expanded National AIDS Council that brings together Government, civil society, and business. You have an ambitious and credible new five-year National Strategic Plan for AIDS.

Seven years ago, many of us met here in Durban at the 2000 International AIDS Conference. That conference marked a watershed in the global response to the epidemic because, for the first time, it was possible to discuss developing country access to anti-retroviral treatment and a global movement was initiated.

Today's meeting could be another turning point. If South Africa can achieve its aims, the country will be well on the way to leading Africa into a new phase in the AIDS response.

Globally, while the epidemic continues to expand - spreading fastest of all in Eastern Europe and Central Asia. Worldwide, 12,000 people are newly infected every day – half of them women. At the same time, 8,000 die, making AIDS the world's top cause of death for 15-59-year-olds and the fourth highest cause of death for people of all ages.

We have made some real progress. By the end of last year, two million people in low and middle-income countries were receiving anti-retroviral therapy. In many populations in East Africa, the Caribbean, and Cambodia, HIV infection levels are falling. Finally!

In others, however, there are worrying signs that the gains of the nineties are being lost.

In Uganda, Thailand, and Western Europe, HIV infections are edging up again – due to a lethal combination of complacency among populations and their leaders.

Over and over again we see that effective leadership depends on strong activism and bold personal commitments from those in power. In more than 40 countries, the National AIDS Council is currently led by the President, Vice President, or Prime Minister. Madam Deputy President, it is good to see you in charge of South Africa's AIDS Council.

A strong global AIDS response depends on maintaining high level international political leadership. This is not easy, given the many other important issues competing for politicians' attention, such as poverty, climate change, and economic instability. But this is exactly the league AIDS is in.

The challenge is further complicated by the mixed messages circulating around the world. Denialist statements such as that "UNAIDS overestimates the size of

the epidemic,” and “There’s too much money for AIDS” don’t help. Not least because there’s clearly a massive gap between what’s needed and what’s available.

So I’m pleased that last month my new boss, Secretary-General Ban Ki-Moon pledged that AIDS would remain a priority for the United Nations, and promised to “make every effort to mobilize funding for the response to AIDS, now and in the longer term”.

AIDS is a crisis by any standard.

Nowhere is this truer than here in southern Africa, where the epidemic has thrived on decades of colonialism, migration, gender inequality and apartheid, combined with denial and inadequate action on AIDS.

But making the plan is just the beginning. The real work starts now. UNAIDS is committed to support this work by strengthening capacity in the National AIDS Council Secretariat to coordinate, monitor, and evaluate progress.

The first task will be to prioritize what is most important.

I believe that there are a number of key areas where investment now will reap rewards for South Africa – in the short and longer term.

The first of these is to scale up and sustain quality prevention programmes. Our ambition should be nothing less than a new, HIV-free generation. Currently, for every one person who starts taking antiretroviral therapy in South Africa, another three become infected with HIV. If we don’t reduce infection levels today, tomorrow’s treatment bills will be exorbitant. And millions more will die.

To reduce infections it will be vital to tackle the gender inequalities that fuel the epidemic. This will involve changing some deep-rooted traditions and practices. Better programmes to reduce violence against women is another. But the first step is for us men to stand up, speak out, and live up to our responsibilities.

It is encouraging to see that, building on the 1994 National Plan, this new plan aims specifically to address the needs of migrants, sex workers, and men who have sex with men. But it will be critical to bring the millions of South Africa's "marginalized" men into the mainstream.

A third priority is to maintain momentum on treatment, and to ensure greater equity among those accessing it.

And to support equity in services, the investment of human resources in health must be treated as a human right.

A fourth key element will be to scale up the prevention of transmission of HIV from mother to child. This should be a simple thing to do, but only 30 per cent of pregnant women have access to these services. This represents a major missed opportunity to integrate HIV services into the regular health system – particularly antenatal and reproductive health services..

Finally, it will be vital to change to a higher gear on tuberculosis control. The emergence of extremely drug resistant TB strains is a dramatic wake-up call: if we don't factor and integrate TB into everything we do, we will get nowhere.

The National AIDS Plan represents an incentive for all of us, wherever we work, to take a cold, hard look at what we are doing and to change what needs to

change. Failure to reach the ambitious, but necessary, goals would be a collective failure on all our parts. Nobody can remain on the sidelines.

One key change we must make is in the way we work. This is a major preoccupation for us at UNAIDS.

Another is the need to keep one eye fixed permanently on the future.

Friends, the pressure for you to succeed is intense. Fortunately, you are well placed to do so.

Admittedly, South Africa has its problems. Although the economy is robust, the difference between the haves and the have-nots is staggering. South African doctors and nurses are among the best in the world, but too many of them are not working in the public sector. Levels of violence are shocking.

Nevertheless, the health system has established some good models for HIV treatment and prevention. The constitution and judicial systems are strong. You have some world-class activists. Cutting-edge research is going on here in Durban and in other cities that can inform and influence global policy on AIDS.

In sum, you have a better chance than any other country in the region to deliver on AIDS. If you can't, who can?

South Africa is also part of the new world in the making. It can link up with the other key players in Africa to keep AIDS high on regional agendas.

You are in a position to leverage important elements of commitments made by the African Union and the South African Development Community.

South Africa is also in a position to build alliances with the fast emerging economies of Brazil, Russia, India and China to negotiate better deals on HIV drugs. Together, these countries can play a lead role to negotiate greater equity on the AIDS response.

And finally, you have a tried and tested determination to succeed. As you said earlier this year, Madam Deputy President: “We must dare to dream of an African continent that is free of HIV, if we dream it we can work for it. If we are united and committed like we were when we fought apartheid we can conquer.” This is a fitting pledge in the fiftieth year of African independence.

Friends, the road ahead is long and difficult.

As I said ten years ago at the South African government’s first Inter-departmental Meeting on AIDS, the end of the epidemic is nowhere in sight. We are societies living with HIV. Our descendents will still be living with HIV – and its legacy - long after we have gone.

But we can influence what they inherit by what we do now, by ensuring that what we put in place can be sustained over the longer term.

As I mentioned earlier, for every person who starts taking HIV drugs, another five become infected.

If we continue like this, the queues for treatment will just get longer and longer.

The thought of these lengthening queues haunts me. It is a constant reminder of the dilemmas we face as we struggle to deal with today’s emergencies and at the

same time avert further crises developing later on. It's a call to us all to put every AIDS programme to the test: Does it work now? Will it still work five, ten, twenty-five years from now?

This is why UNAIDS has launched a new project: Aids2031. Aids2031 seeks to answer some of the difficult questions we're grappling with today, so that 50 years after AIDS was identified the world will be in a better place.

Your budgeting commitments have been commendable, but responding to AIDS is going to get more - not less – expensive in the foreseeable future. So we need to think hard how we pay for an AIDS response in the poorest countries that lasts not just for years but for generations.

It will be increasingly important that everything we do goes hand in hand with a collective drive towards social change as South Africa continues to build a new country and a regenerated continent.

It will be vital to speed up development of new generations of HIV medicines and vaccines and microbicides. .

The arguments that we should “fund health systems not AIDS” are totally false. Clearly, we have to fund both regular health systems and AIDS programmes, so that one supports the other!

A long-term view underscores the dangerous naivety of “normalizing” AIDS as a regular development issue. True, AIDS must be at the core of any development strategy for southern Africa, but it must also be treated as a distinct – and extraordinary - entity.



AIDS demands nothing less than exceptional, and that we can tackle it through anything less than an exceptional response..

As Chief Justice Langa pointed out last year: “There is no reason to believe that we as a nation do not have the capacity to win the fight against HIV/AIDS. We are a nation that has overcome many obstacles.”

South Africa has come a long way. The new AIDS Council and the National Plan have set a good course for the next five years. But the way ahead is long, hard, and littered with obstacles. We at UNAIDS are here to support you, and wish you the very best as you set out to overcome them – for the sake of people in South Africa and Africa as a whole.

Thank you.