

Speech

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## **Organisation of African First Ladies against AIDS**

**1 February 2008**

**Speech by  
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UNAIDS Deputy Executive Director**

Her Excellency, First Lady of Ethiopia, Mrs. Azeb Mesfin

Her Excellency, First Lady of Zambia, Mrs Maureen Mwanawasa, Acting President of the Organization of First Ladies against HIV/AIDS

Their Excellencies, the First Ladies of Africa

Her Excellency, Mrs Elizabeth Mataka, United Nations Special Envoy for AIDS in Africa,

Honorable Minister of Health, the Honorable Dr. Tedros Adhanom,

Distinguished panelists, ladies and gentlemen

It is an honour and a pleasure to be with you today. Thank you, your Excellency, Maureen Mwanawasa for inviting me and for your leadership. Congratulations for your personal commitment and leadership in the AIDS response in Africa.

I owe thanks to you, Excellency, Wzro Azeb Mesfin, for bringing me back to Ethiopia, where I spent part of my youth and I still do have cherished memories of the kindness of the people of this wonderful country. This is the second time I have attended the OAFLA General Assembly - I was privileged to be with you in Khartoum, Sudan in 2006.

I bring you warm regards and best wishes for 2008 from Dr Peter Piot, Executive Director of UNAIDS to all of you. On behalf of UNAIDS, I wish to commend OAFLA for its unique contribution to the AIDS response in Africa. Each of you is playing a vital role in advancing the response to the epidemic in your respective countries.

As high-profile advocates, you move the world towards universal access to prevention, treatment, care and support. You de-stigmatize AIDS, and reduce discrimination against women. By speaking out on behalf of your country men and women, you go a long way towards breaking down the barriers that stand between them and the rest of society, and between them and HIV prevention, treatment, care and support. A number of you are already promoting the greater involvement of people living with HIV, especially women in the design and implementation of national AIDS responses. This is a vital step towards universal access. So is your support to the scale-up of prevention of mother to child transmission and the work you are doing in a number of countries on the economic empowerment of women and support to orphans and vulnerable children.

Honourable First Ladies,

This advocacy takes courage. It's not always easy to speak out publicly about AIDS. Because if you're going to do it properly you have to talk about all kinds of subjects many people prefer not to talk about in public – things like sex, drugs, and money. And you are doing it.

For AIDS has changed our world. No where, more so than here in Africa. We now live in an environment where we all have to talk about these things – where it is irresponsible and unrealistic not to. And you have understood this. For as we saw for too long, silence about AIDS was deadly. Our silence in the early days of the epidemic has been a major factor in contributing to the spread of the epidemic.

So congratulations for standing up and thank you for talking – for breaking that deadly silence and speaking out about the impact of AIDS on the men, women and children of Africa, and about ways to prevent the epidemic spreading further still, and to get life-lengthening HIV drugs to the people who need them.

Currently, 33 million people worldwide are now living with HIV, the vast majority in Africa. In eight southern African countries, 15 per cent of the adult population is HIV positive. Last year, 1.7 million people were newly infected with HIV in sub-Saharan

Africa, bringing the total number of people living with the virus here to 22.5 million – that's more than the entire population of a country like Cote d'Ivoire, or Senegal or Rwanda. Over sixty per cent of these are women – mostly young women.

The good news is that we are beginning to see some evidence of progress – both in terms of providing anti-retroviral treatment and in reducing HIV prevalence. In many African countries, the proportion of the population living with HIV is either stabilizing or starting to decline. This is partly due to changes in sexual behaviour – to the fact that some people are starting to have sex later, to have fewer sexual partners, and to being more inclined to use condoms. There have been great strides to improve access to HIV drugs in low and middle income countries, although two thirds of the people who need ART are still unable to obtain it.

Prevention is the key. Prevention, prevention, prevention. It is a highly complex issue. But this can be no excuse for inaction. And we still have a long, long way to go to make HIV prevention truly effective. Despite all the progress we've made, for every one person who starts taking anti-retroviral drugs, another five become infected with HIV. Instead of getting shorter, the queues for HIV treatment become longer by the

day, and the provision of universal access to treatment gets more and more expensive.

This is a frightening prospect. It highlights the fact that AIDS is going to be with us for a long time to come – not just for years but for generations. We are already paying the price of not taking stronger action to prevent the spread of HIV earlier on in the epidemic. If we don't do more to prevent new HIV infections today, prospects for the future are grim and costly.

One relatively straightforward area where there has generally been far too little progress is in preventing transmission of HIV to women, and from parent to child. We should work to prevent women from being infected in the first place. If infected access to drugs to prevent mothers from infecting their babies with HIV – and ensuring that those mothers have access to treatment when they need it themselves to ensure we save the life of the mother as well, is essential.

Your Save the Unborn Child initiative is a desperately needed campaign to mobilize the prevention of infection. The procedure is simple, relatively cheap, and amazingly effective. And some countries – Botswana for example – have shown that it is perfectly possible to provide it to the vast majority of HIV-

positive pregnant women, saving thousands of children from being born with HIV.

Others, however, lag a long way behind. Globally speaking, fewer than 10 per cent of women in low and middle-income countries have access to services to prevent mother-to-child transmission. As a result, half a million children are born with HIV each year.

With regard to treatment and at global level, only one in ten children needing HIV treatment can get it— even though paediatric drug formulations are much more widely available, and the price of antiretroviral drugs for children has dropped — in some cases to less than 16 US cents per day. Just 4 per cent of children born to HIV-positive mothers receive cotrimoxazole, a cheap and effective drug that WHO recommends providing to children from 4 to 6 weeks of age when early diagnosis of HIV infection is unavailable.

Two years ago, the world's governments committed to move towards providing universal access to HIV prevention, treatment, care and support by 2010. This year, every UN member state is expected to report on progress so far. In June, a special session of the United Nations General Assembly will review that progress — successes and challenges ahead.

Progress on prevention of mother to child will be one of the key indicators tackled at that review. It will also be discussed at this summer's review of progress towards the Millennium Development Goals. Increasing prevention of mother to child transmission is critical to achieving two Millennium Development Goals – those relating to both AIDS and maternal and child health.

At UNAIDS we believe very strongly that services to prevent mother to child transmission of HIV should be fully integrated with other maternal and child health programmes. Testing for HIV can – and should – go hand in hand with testing for other conditions: if we're going to prevent a child from becoming infected with HIV, it makes sense to reduce the likelihood of his or her being born with congenital syphilis, for example.

Your campaign to mobilize action on prevention of mother to child transmission could well result in a win-win scenario with wider benefits for mothers and children, above and beyond HIV prevention. It also offers a chance to advocate for scaling up towards universal access to other vital services necessary for the provision of HIV prevention, treatment, care and support.



In this context, I want to emphasise what you all know so very well - that one of the biggest challenges to scaling up towards universal access is not making services available, it's overcoming the social, human-rights-related, and economic obstacles so many people face (particularly women) in obtaining them.

In many cases, the relatively low status of women, and discriminatory attitudes towards them, mean that they feel they can't take vital steps to keep themselves healthy. Ignorance is a major issue. Some women simply don't know the most basic facts about HIV. Others have information, but can't act on it because they are so dependent on male family members, and so terrified of the stigma that surrounds HIV that even if they know they should get their partners to use condoms or take an HIV test, they don't dare to do so.

Your advocacy for ensuring women and especially positive women are not rejected by their families and society due to their HIV status is crucial.

Let me just say a few words about the Global Coalition for Women and AIDS, a UNAIDS initiative, which was launched three years ago because we realized that most AIDS plans and programmes simply do not work for women. The Coalition is a broad-based partnership of civil society organizations, networks of women living with HIV, and United Nations agencies whose main purpose is to call attention to the urgent need to effectively address the increasing impact of the epidemic on women. The First Lady of Rwanda is a member of its Leadership Council. The Coalition has supported regional coalitions of prominent women and First Ladies and national coalitions, some of which are led by First Ladies. The First Lady of Sudan has put together a powerful coalition focusing on issues faced by women and women living with HIV.

Honourable First Ladies,

We are at a turning point in the Global response. Africa remains on the front line of that response. The efforts of OAFRA are key. The current four-year plan of the OAFRA comes to an end this year. I am here today to pledge UNAIDS' continued support to the OAFRA— at both country and regional level. UNAIDS in partnership with US Government has so far contributed 300,000 US dollars to support the implementation of OAFRA work plan.

We also stand ready to provide technical and financial assistance to your evaluation of OAFLA activities since 2002. It is always a good sign when an organization volunteers to evaluate its effectiveness – and this a clear indication that it is maturing. I believe that this exercise will help OAFLA to assess progress made, challenges remaining and sustainable ways to overcome them. Your efforts to ensure accountability set an important example for others to ensure the money works for people in need, and contributes to achieving universal access to HIV prevention, treatment, care and support.

Let me conclude by saying that your leadership has made a difference in the response to the epidemic in Africa. Let me leave you today with my promise that you can count on the support of UNAIDS as you continue to exercise this all important leadership.

Thank you.

