

BY: Michel Sidibé, Executive Director of UNAIDS

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Please check against delivery

Toward a renewed continental vision of health and development

Distinguished Ministers and Dear Colleagues.

Please allow me to begin with a personal reflection. As some of you know, I have spent the past few weeks doing all that I could to care for my nephew after an accident in my native Mali. I cannot find the words which adequately express my gratitude to Etienne Komla SIAMEVI for his personal involvement and assistance, so I hope that a humble “thank you” will suffice.

If there is one lesson that this experience has taught me—it is the overriding need to strengthen health systems across our continent. It is my hope and aspiration, that the AIDS response will help lead the way.

An honour and pleasure to congratulate Dr Sambo

It is a great honour to join you today—thank you. I am happy to recognize so many friends and so many leaders who are transforming public health on our continent.

I wish to be among the first to congratulate Dr. Sambo on his re-election—in a region beset by challenges and yet so rich in opportunity.

Dr. Sambo is one of the pillars of the AIDS response in Africa—and a pioneer of prevention efforts. And thanks to his leadership, we have witnessed a renewed commitment to Universal Access across the continent and unparalleled technical support to countries.

To achieve universal access in a context of increasingly scarce resources, we must work together to help countries need to do more with less. This is why UNAIDS and WHO are developing a technical support strategy for Africa. We are also collaborating on several other fronts—for example the Harmonization for Health in Africa initiative—so as to realize the slogan “Primary Health Care—Now more than ever”. These and other such efforts will enable us to do more with less—and do it more sustainably.

With the critical support of Dr. Margaret Chan, Director General of WHO, a new “outcome framework” for UNAIDS was endorsed by all UN Cosponsors and our Board some months back. It defines priority areas and identifies bold actions to accelerate progress on Universal Access. In my view, this Framework exemplifies UN reform in action. It will enable us to hold the UN family to account for supporting your efforts to invest more strategically in the AIDS response.

The re-election of Dr. Sambo reassures me of the continued commitment of WHO and its Country Representatives to enable African nations to deliver on Health for All.

I would like to acknowledge and thank our hosts. I am overwhelmed by the progressive approaches being adopted for integrated health delivery here in Rwanda. Indeed, it is most appropriate that Rwanda should be the setting for President Sampaio's special session on TB later in the week. The integrated response to the interlinked epidemics of TB and HIV in Rwanda is second to none. Last year 96% of all new TB patients underwent voluntary HIV testing. As a result, an additional two and a half thousand people living with HIV were able to access the full package of HIV treatment and care. Such collaboration demonstrates that we can achieve universal access and the MDGs on this continent.

May I also take the opportunity to acknowledge and commend the exemplary leadership exercised by the new government in South Africa in response to AIDS. I ask that such leadership be exercised not only to meet ambitious national goals—but extend to continental and global initiatives—as it is urgently needed.

The treatment imperative

Excellencies, I needn't remind you that AIDS remains the leading cause of death in Africa. AIDS deprives us of precious human potential; it undermines development. It impoverishes—families, communities and economies. The macroeconomic costs of the epidemic are difficult to quantify—but data from 2005 suggest a range of up to US\$ 7 billion a year.

AIDS has robbed us of the lives of millions who could have supported Africa's economic and social progress. It remains one of the greatest challenges confronting your countries.

We should pause and celebrate our achievements—all is not doom and gloom. We have shattered the silence on AIDS and given hope to three million African men, women and children who have started life-saving treatment.

Yet we must do more:

- More widespread voluntary testing to ensure earlier initiation of treatment.
- Strengthened clinical and laboratory monitoring and psycho-social support to keep patients on first line regimes for longer periods of time.
- And above all, in these times of crisis, we must ensure that patients do not face treatment interruptions. This is imperative for patients and for public health. Make no mistake—any delays and treatment interruptions will bring increased drug resistance, leading to preventable suffering, unacceptable loss of life and greater burdens on health services.

My friends, surely you would agree that our predicament gives great urgency to honouring the Abuja commitments and ensuring a fully funded Global Fund.

Prevention—a sea-change in our approach

Almost 30 years into the pandemic, we must face an uncomfortable truth. The demand for treatment will keep increasing as more people living with HIV learn their status, as new guidelines call for earlier onset of therapy and as demand for second line drugs grows. We must not forget: for every two people who start antiretroviral treatment, five are newly infected with HIV.

To break this vicious circle, there is only one solution—to stop new HIV infections. Simply speaking—we need a sea-change in our approach to prevent sexual transmission.

Prevention must become our watchword, the banner we raise in this critical stage of the response.

Ministers, you have the full support of WHO and UNAIDS to face up to harmful social norms governing sexual relationships. This means openly acknowledging same sex relationships. I implore you to advocate in the strongest possible terms for the removal of laws and practices that criminalize homosexuality.

It also means addressing the inferior status of girls and women that does so much harm to our societies, whether expressed in the form of multiple concurrent partnerships, sexual coercion and violence or other sexual drivers of the epidemic. Halting sexual transmission must be our first priority—more than in any other area, leaders speaking out and setting an example in their own conduct can make an enormous difference. You can count on my full support.

Friends, let us also recognize that a major prevention opportunity lurks within a deplorable and inequitable reality. I am speaking about the unnecessary and wholly preventable infection of 300,000 African children each year who are born with HIV. Let us join efforts to herald the virtual elimination of vertical transmission of HIV by 2015. It provides the ideal vehicle to take AIDS out of isolation and support maternal and child health, sexual and reproductive health and rights and promote the full engagement of men. I will meet with business leaders and heads of State on the margins of the General Assembly to mobilize the political will and resources for this effort. They will rely on your commitment and expertise to transfer global commitments into national results—I know we can do it.

A new pan-Africanism to support health and development

You are likely familiar with the following fable. A father calls his sons and asks each of them to give him a stick. He bundles the sticks and gives each of them a chance to break the bundle. They all fail. He then returns each of them their sticks and asks them to break them—which is easy enough. The moral is obvious—we are stronger together. That is why I am calling for a pan-African approach to health and development.

A vivid example is in the area of treatment. Nearly 80% of the four million people on treatment live in Africa. Yet, 80% of the AIDS drugs distributed in Africa come from abroad.

Antiretroviral drugs are expensive. Notwithstanding the recent announcement from the Clinton Foundation, most second line treatment costs more than US\$ 1,000 a year for the drugs alone—we need to begin to address this challenge. For patients failing first line treatment, universal access entails affordable and sustainable second line treatment.

Africans living with HIV will need these medicines for the rest of their life. They need others, as well—for malaria, for tuberculosis and for other conditions.

The bulk of these drugs are not produced in Africa for lack of stringent quality standards and manufacturing capacity. Too often, drugs made in Africa are counterfeit or of low quality.

Demand for AIDS treatment, and the political support it garners, should be seized to transform Africa's pharmaceutical sector.

What we need is a single African Medicines Agency. An agency progressively similar to the European Medicines Agency, but specific to African needs.

I envision an agency with the power and independence to enforce high-quality international standards to help close down the market for counterfeit drugs.

I see a single agency replacing the fragmented system that currently exists. Putting an end to manufacturers running from country to country to seek product approval. Putting an end to the time patients must wait for new drugs.

Such an agency could integrate the African market and attract private sector investments for the manufacture of medicines within Africa. Domestic production could flourish, just as we have seen in Latin America.

With domestic manufacturing and pan-African regulation, we would face emerging health threats—such as the pandemic (H1N1) virus—from a position of strength.

It provides a model for removing bottlenecks across the health sector, not only for medicines, but for wider pan African development.

It embodies a tangible step in realizing the African Union's vision for an integrated Africa. Meeting the needs of Africans and putting Africans in control of their health and development.

WHO has laid important foundations for such a venture—and we will continue to count on its leadership—and helped African Regional Economic Communities begin regulatory harmonization of drug registration. But a wider partnership, involving in particular the WTO and the World Bank is needed to support the political leadership of the African Union.

The power of partnership

Colleagues, other tasks require our coordinated efforts. We can only deliver integrated services by breaking down the barriers which separate them.

HIV initiatives can strengthen health systems

- if they are integrated within primary care;
- if AIDS supply chains benefit all drugs and diagnostics;
- if staff trained for HIV programmes benefit all health facilities;
- if information systems developed for HIV surveillance are used for health monitoring as a whole; and
- if lessons learned in some facilities in integration of HIV and mother and child health and sexual and reproductive health are applied to all facilities.

All of this can and must be done—as well as so much more. I call this the AIDS + MDGs agenda. Taking AIDS out of isolation to transform public health and give development a much-needed boost in this time of crisis.

But why not share burdens and take a continental view whenever we can?

Like the bundle of sticks in the parable, we are stronger together.

It will take bold and wise leadership to bring us together around the pan-African AIDS + MDGs agenda.

Dr Sambo, you can count on the full support of UNAIDS. We look to WHO leadership on matters technical and we look to your Excellencies for leadership on matters political and operational.

Let us transform Africa by transforming ourselves and the way we work together.

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