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AIDS as Health, Dignity and Security: A New Paradigm for the Future of the Global Response

Dear friends and colleagues, it is a privilege to deliver my first speech in Washington among friends and colleagues here at the Centre for Strategic and International Studies. I would like to thank my Washington team John Hassell, Greg Smiley and Pauline Muchina for setting this up. The Center has a long history of inspiring and informing policies on the management of transnational challenges.

Today I will address one such challenge—AIDS—framing it as an opportunity.

In much the same way that Secretary of State Clinton views global health policy as a signature element of American soft power, I view the AIDS response as a signature element of the global transformation of development thinking.

I want to thank Lisa Carty and Steve Morrison for maintaining the space for AIDS at the Center and for organizing this dialogue. I have been following your Commission on Smart Global Health Policy and look forward to engaging with the findings of the Commissioners.

Bipartisan Congressional support for PEPFAR II and the Global Fund provides a global model. I realize the important role that the CSIS task force on HIV/AIDS has played in forging much needed domestic consensus for these critical international development programmes.

I am honored and moved to see so many friends and leading AIDS warriors here today. I feel very much at home. You have made it your business to keep AIDS high on the U.S. agenda—you inspire me.

Tribute to world changers

Friends, before we talk of the future of the AIDS response, let us reflect on the past.

Beginning with a tribute to a friend to many of us in this room, Senator Ted Kennedy. In everything he did, he always cared for "the least of these." He personally intervened in the reauthorization of PEPFAR and the lifting the HIV travel ban. We are indebted to his memory and we must meet the challenge of his legacy to soldier on in the fight against AIDS.

In this fight, we stand on the shoulders of giants.

People like Rodger McFarlane, a leader in the gay rights movement during the early days of the AIDS epidemic and the first Executive Director of the Gay Men's Health Crisis in New York who passed away earlier this year. The AIDS movement in America has produced so many world-changers like Rodger McFarlane. And change the world they have.

Together we have shattered the conspiracy of silence surrounding AIDS— replacing it with a deafening demand for universal access to HIV prevention, treatment, care and support.

World leaders responded. The 2001 and 2006 political commitments of the United Nation's Security Council and General Assembly respectively, represent unprecedented political attention to a global health and development challenge. Who would have dreamed, in the early 80s, when AIDS was dismissed and stigmatized as a "gay disease" that it would be recognized one day as a matter of "international peace and security"?

Funders also responded. Financing for HIV leapt from US 300 million dollars in 1996 to almost $14 billion last year.[1]

Service providers responded. Millions of infections have been averted. For most of the world, treatment access was almost non-existent in 2000. Today there are four million people with HIV, who are alive because they have access to life saving antiretroviral treatment.

Countless communities responded. Stamping out stigma and discrimination, confronting social norms which drive vulnerability to HIV and devising creative ways to respond to the needs of those infected and affected by HIV. And all too often, at considerable personal risk.

In short, people like you have changed our world— because you chose to do so.

AIDS: the unfinished agenda

Yet, let us be frank. Despite these heroic efforts, HIV continues to outstrip our response.

Over 7 million people living with HIV who desperately need live-saving treatment, go without it.

Friends and colleagues, it is unacceptable that for every two people newly on treatment—another five are infected. In other words, two and a half million new infections could have been averted last year, but were not.

Our ambition is to produce a generation of young people that is informed and empowered to protect themselves from HIV infection. Yet in countries across throughout the world, only a minority of young people know how to prevent sexual transmission of HIV.

Here in the US, CDC reported that in a survey of five large cities, 25% of men who have sex with men were living with HIV, and less then half of them were aware of their infection.[2]

While we should be focusing our efforts on populations at higher risk of HIV—such as men who have sex with men, injecting drug users and sex workers and their clients—we continue to fail these people in all corners of the world. Worldwide, less than half of injecting drug users are reached with information or needle exchange programmes.[3]

I need not remind you that this virus ravages the African American community right here in Washington DC, the capital of the world's wealthiest country. HIV prevalence among African Americans in the District is higher than in 28 African countries.[4]

Behind these uncomfortable statistics are human lives—lives changed by sickness, by suffering and shame, by joblessness and poverty, by the side effects of drugs, by the loss of a mother or friend.

Friends, let us not forget the human dimensions of our collective failures. Let us not forget why we are here.

I won't focus on the reasons for our failures—they are well documented. We systematically under-invest in prevention, often invest in ineffective interventions, fail to make optimum use of funds or take advantage of opportunities. All too often, punitive laws undermine our efforts as do the persistence is stigma and discrimination.

We need to acknowledge and address these causes, and learn from and rectify mistakes we have made.

We can do this. Change is possible, but only if we are ready to address the underlying drivers of the epidemic.

Universal Access is about social justice

The world is increasingly focused on issues such as climate change and terrorism, with good reason. But having travelled to all the forefronts of the epidemic this year, I can say that the other great global issue is inequity—the growing gap between the rich and poor, and an increasing dissatisfaction in the world about accepting that gap.

HIV has stayed in the forefront because it has revealed how, in ugly and dramatic fashion, the poor die when they get sick (with AIDS) and the rich live.

The recent economic crisis has also highlighted the growing divide between the super-rich and the rest of the world, and it has made many very uneasy that we are willing to spend hundreds of billions to save our banks but not to feed or house the poor.

The global response to HIV, as well as UNAIDS, must provide an essential "connection" between the virus and our efforts to address inequality and inequity. HIV prevention will not stop the spread of HIV unless inequalities between men and women, including those relating to control over sexuality and control over economic opportunities, are also addressed. HIV infection, AID deaths and widespread stigma and discrimination remain "bright markers" of these inequalities.

It is increasingly clear that we can not sustain the billions of dollars needed for HIV treatment if inequalities between rich and poor countries are not reversed. The glaring lack of treatment sustainability is underscored in the face of food and nutritional insecurity—treatment will ultimately fail if people do not have enough to eat or cannot get to their clinic.

So the AIDS response in not just about a virus, it is about, and has to be about, tackling inequalities in social and human rights: gender inequality, income inequality, social inequality, discrimination in all of its guises, food insecurity, and physical insecurity. Universal access is fundamentally about three things: **health, dignity and security**. In 2009, we are still largely stuck on health alone—at all levels.

The future of the AIDS response: exceptional but out of isolation

I would like to acknowledge of the leadership of the Obama administration, and in particular the new, comprehensive global health strategy, which represents a remarkable advance on many fronts. I want to talk about just one of those fronts, an advance that carries the seeds of the transformation of the AIDS epidemic from emergency management to a sustained response.

As the global health strategy points out, the struggle against AIDS, for all its uniqueness, cannot be left in a silo. AIDS will be best served by integrated approaches that strengthen public health systems accessible by all. Maternal and child health… reproductive and sexual health…efforts to curb TB and other diseases: their synergies with the AIDS response are still largely untapped.

Where AIDS programmes are vertical and drain human and financial resources from broader public health services, we must take the response out of isolation and link it to the Millennium Development Goals. This is what I call the AIDS+MDGs agenda.

What does this mean?

The AIDS+MDG agenda provides an opportunity to unite the creativity, determination and momentum of the AIDS movement with movements for other MDGs. Surely this will accelerate progress on AIDS as well as other MDG targets—reaping bidirectional benefits and multiplier effects.

Consider the rapid scaling-up of prevention of mother-to-child transmission interventions. PMTCT provides an ideal platform from which to deliver services catering to maternal, child and sexual and reproductive health and rights—including putting proper emphasis back on unintended pregnancies—not to mention involving men in addressing gender norms and behaviors as well as overturning numerous of human rights infringements. Linking PMTCT with other MDG efforts allows us to integrate surveillance and monitoring systems, to bundle logistics and procurement, and to address common challenges to all of these services including human resources and incentives.

One of my objectives in visiting Washington this week is to invite the US Administration to support a high-intensity, fast-track campaign to eliminate mother to child transmission of HIV by 2015—making this a centerpiece of the new global health initiative. In the US and Europe, mother-to-child-transmission is approaching zero while for lack of testing and treatment, 300,000 African babies are born with HIV each year.[5] Tell me, can't we right this wrong together?

Common sense tell us we can have more impact in each MDG area and do more with less by integrating efforts across the MDGs.

The AIDS+MDG agenda also opens the space to reflect critically on different approaches to development and social justice. For its part, the AIDS response has been at the vanguard of community empowerment, inclusivity, universalism, human rights and gender sensitivity and social protection that I mentioned earlier.

Most importantly, the AIDS+MDG agenda means responding to people's needs for a holistic continuum of care as opposed to stove piped services.

But taking AIDS out of isolation is not the end of AIDS exceptionalism. AIDS is exceptional because, in the words of Bob Orr, of the UN Secretary-General's

office, it “gets to the heart of marginalized communities, and to sex, all these things that will naturally fall in the shadows if we don't keep it exceptional.”

We must avoid at all costs is mainstreaming AIDS into invisibility. Integration must not become a Trojan Horse for AIDS fatigue 30 years into the pandemic.

And this is where UNAIDS fits in. With a small staff in over 80 countries, we are on the front lines. Political brokering, community organizing, social mobilization, sharing strategic information, offering evidence-based policy recommendations, standing up for the marginalized and infected who are excluded from the corridors of power and life-saving services—these are the hallmarks of our movement.

UNAIDS urges and demands more action on all fronts of the AIDS battle. We have the science, the power of civil society and the stature of the UN system to make interventions that no other organization can match. But we cannot do this in isolation. The “value proposition” of UNAIDS, our A, B, Cs—advocating, brokering and convening—is now more urgent than it has ever been. Everyday, I remind presidents and prime ministers, finance and health ministers, heads of UN agencies of their commitments. AIDS is not a fad that has passed into history.

Closing

In closing, I am in the US at an exciting time—a time of change and renewal—a time of willingness to confront old problems in new ways.

We are witnessing a paradigm shift in the US approach to the global pandemic. One which is widely welcomed and is winning the Obama Administration much admiration and new friends abroad.

In this atmosphere of hope and goodwill, I see a window of opportunity which we can not afford to miss. An opportunity to unite a powerful bilateral vision with multilateral legitimacy. An opportunity to support national reform efforts to overturn punitive laws, to spend strategically, and to deliver real results on the ground.

The prospects for universal access have never seemed so bright, even in these hard times.

The voiceless look to us and to the world changers to realize this potential.

Please, we must not let them down.

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[1] UNAIDS (2009) What countries need: Investments needed for 2010 targets. Geneva : UNAIDS

[2] CDC (2007) HIV/AIDS among Men Who Have Sex with Men. Factsheet. Accessed on 14.09.09 at http://www.cdc.gov/hiv/topics/msm/resources/factsheets/msm.htm
[3] UNAIDS (2008) Report on the Global AIDS Epidemic. Geneva: UNAIDS
[4] Black AIDS Institute (2009) Shocking new data on Washington, D.C.'s AIDS epidemic reveals appalling failure to address crisis. Statement for the Black AIDS Institute. Accessed on 14.09.09 at http://www.blackaids.org/ShowArticle.aspx?articletype=NEWS&articleid=669&pagenumber=1
[5] UNAIDS (2008) Report on the Global AIDS Epidemic. Geneva: UNAIDS