

BY: Michel Sidibé, Executive Director of UNAIDS

DATE: 16 September 2009, 17:30

PLACE: Washington Plaza Hotel, Washington DC

OCCASION: Investing in Change: Dollars and Sense to end the Pandemic
Funders Concerned About AIDS

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Investing in our common future: Opportunities in the global AIDS response

I want to thank the organizers and particularly Latida Smith for the invitation to spend some time with you today. I'd like to make sure you know the UNAIDS Washington team, Pauline Muchina, Greg Smiley and John Hassell—who I want to thank for connecting us. Most importantly, I want to thank each of you all for the difference that you make to the AIDS response.

Friends, we are here because we share a profound concern about HIV—concern about how to ensure the four million people who have initiated treatment will not face interruptions in their therapy, concern for the 7 million HIV+ people who need treatment but do not yet have access, and, of course, concern for the 2.7 million who we should have protected from infection this year alone—but failed.

It is a concern about the racial disparities of the epidemic in the US, where black female adolescents are 20 times more likely to be HIV+ than their white peers. And a concern that the annual rate of AIDS diagnoses reported among American male adolescents nearly doubled between 1997 and 2006.¹

It is a concern for people who are often invisible and too often voiceless. It is a concern for what it means to live with HIV, to have a child with HIV, to lose a parent, to manage the challenges and side effects of treatment and the day to day tragedy of suffering and shame. It is a concern for those who face stigma and discrimination for their drug addiction, selling sex or revealing their sexual identities.

In short, what brings us together is a concern that we have not yet achieved our ultimate aim—to ensure universal access to prevention, treatment care and support.

But I think that we are united by another common trait—surely we are all optimists. The foundations and other organizations convened through “Funders Concerned about AIDS” know that in this increasingly globalizing world it is the coalitions we forge which give us strength—and from our partnerships springs hope.

American generosity and leadership in the global AIDS response

Colleagues, you are part of a beautiful enterprise—building a legacy of American generosity and goodwill.

Such generosity has revealed itself time and again in American support for the global AIDS response—a generosity marked not simply by charity but also by solidarity and the hope for a better collective future. I have seen again and again communities which have found new hope, even among the devastation of AIDS—from Ethiopia, South Africa, Thailand—even here in Washington—as treatments are rolled out, and as communities rise up to meet the prevention challenge.

Imagine our world today had far-sighted individuals not actively decided to support the global AIDS response? I am aware of the risk of singling out some organizations at the expense of others—but it would be remiss if I failed to mention the American philanthropists and foundations who have transformed the landscape in which we respond to this epidemic.

I am simply in awe of Bill and Melinda Gates whose foundation has supported some of the most innovative, daring and successful ventures in global health. They are not alone. I am humbled when I think of the energy, creativity and funding generated by the Clinton Foundation and particularly its HIV/AIDS Initiative and foundations as diverse as Ford, Levi Strauss, Rockefeller, Kaiser—all of which have taken on a part of the AIDS challenge and without which our responses would be impoverished in too many ways to mention.

American private sector leadership is inscribed across the global AIDS response – from investments in drugs, vaccines and microbicides, to the Global Business Coalition on AIDS, TB and Malaria. This Coalition has progressed from strength to strength under Ambassador Richard Holbrooke and continues to do so with my friend John Tedstrom. Chevron, an American giant and GBC member, was the first to join the Global Fund's Corporate Champions programme with a 30 million dollar pledge.

American churches and faith-based organizations, working in partnership with community-based organizations, give meaning to universal access in villages across Africa and elsewhere, where other organizations can not or do not reach.

American generosity in its bilateral support to AIDS programmes in low-and middle-income countries—through PEPFAR—is simply without equal. In five years, over twenty billion dollars have been committed—and ARV treatment has been provided to over two million people.

Americans really have a lot to be proud of. You may recall that Bill Gate's challenged the Global Health Community in 1999 to 'think big.' I think that no one would deny that the AIDS response has done just that and with impressive results. We now have four million people on treatment and a large debt of gratitude is owed to American support.

The US should do more

Let me ask “Would it be churlish to argue that the US could play an even larger role in the global AIDS response?”

I will be frank. I would be singularly failing my constituency if I didn't take that position. And I would also be failing my sense of morality and justice if I didn't truly *believe* it to be the case.

Friends, let us be honest—we are in the capital city of the world's biggest economy. Earlier this year close to three trillion US dollars were mobilized by the US government to stave off the collapse of the international financial system.

Across the world, AIDS has brought the human system to the verge of collapse. Surely, we can not afford to see 6,000 people newly infected with HIV every day. It is morally and economically corrupt.

As of July, the Global Fund to Fight AIDS, TB and Malaria was short three billion dollars to support state-of-the-art HIV programmes in 2010.²

In my view, as a percentage of its vast Gross Domestic Product, America could and should do more to support the global AIDS response. The world will look to the generosity of the US in leading the charge for a fully-funded Fund.

As Bill Gates said, the Fund is “one of the best and kindest things people have ever done for one another”. It is not a financial burden – it is nothing less than a chance to change the world.

Globally, more needs to be done and much can be achieved

My friends, I have called on the US to do more, but I call not on you alone: we all need to do more.

We are in the midst of an economic crisis—a crisis which has not spared the AIDS response. Our research earlier this year revealed that in 8 countries, home to 60% of those on treatment, the crisis was resulting in drug shortages.³

We must stand strong. The crisis can not be used as a pretext to cut funding—on the contrary, we know about the importance of maintaining and even increasing social and health investments during times of hardship.

Earlier this year, UNAIDS published estimates of the costs of country-determined targets for universal access. These amounted to roughly US 25 billion in 2010. This represents a major increase from this year but also a fantastic investment.

These funds will enable countries to avert 2.6 million new infections, offer almost 75 million pregnant women comprehensive prevention of mother to child transmission services and much more.⁴

The emerging global debate on how to finance the increasing costs of treatment—in which I hope you will engage—underscores what is surely our most urgent task—to redress the prevention deficit.

Reaping the prevention dividend with a new Marshall-inspired Plan

Prevention, I needn't remind you, is a strategic investment. Prevention has already demonstrated that it can save considerable future costs. Yet we spend far too little on prevention.

And what we do spend is unfortunately often mis-spent—out of a lack of political courage to direct programmes to the most marginalized. The Commission on AIDS in Asia found in that Region almost 90 percent of all investment in prevention went to areas with insufficient returns.⁵

We know what works. Needle exchange and drug substitution therapy not only works, it saves money. The evidence on condom efficacy is overwhelming.⁶ What works best is combination prevention efforts tailored to those most in need.

I mentioned the prevention of mother to child transmission earlier. I am working to forge an exciting global coalition for the virtual elimination of vertical transmission by 2015. I urge you all to join us.

But we have to “think big” across all areas of prevention: a failure to launch a major prevention drive is a failure I simply can not endure.

AIDS out of isolation; Aids as an opportunity

The AIDS response as an opportunity to transform our wider approaches to health and development.

I am talking about taking the AIDS response out of isolation—and linking it to broader development processes. To integrate HIV and TB services for example. Think of the savings that we can make by reducing duplication and by joining forces to address common bottle necks to service delivery.

President Obama identifies this opportunity in his vision for health investment in Africa. Let me quote from his speech to Ghanaian parliamentarians “we won't confront illnesses in isolation—we will invest in public health systems that promote wellness and focus on the health of mothers and children.”⁷

Taking AIDS out of isolation does not mean abandoning exceptionalism. Indeed, let us not become, as Stephen Lewis warned, “the pinched bureaucrats and publicity-seeking academics who advocate exchanging the health of some for the health of others—who propose robbing Peter to pay Paul rather than arguing, in principled fashion, that money must be found for every imperative.”⁸

That is why I am advocating for an AIDS+MDGs agenda. We are in this together. The AIDS response has much to offer to the achievement of the other MDGs and vice versa.

Donors: life beyond funding

You have gathered here primarily to talk about funding—but I want to reflect on the political ramifications of your work. Funding confers influence—and with influence comes responsibility.

Together we need to hold countries to account for their commitments to universal access. But is it fair or moral to hold them to account without providing the kinds of support that will unblock the obstacles to an effective AIDS response?

In practical terms this means ensuring that our funding supports evidence-informed, cost-effective and human rights based AIDS programmes. It means working with friends and allies inside and outside of government, who want to change laws, policies and practices that undermine an effective response. Much like was done by the successful global alliance that successfully brought about change in South Africa's treatment policy.

In my view, funders should not stand passively by when sensible AIDS responses face opposition, but rather support those who face up to such opposition. Invest in propping up social movements—the convergence of AIDS, health, women's, anti-poverty, environment, gay movements. Invest in bottom-up development fueled by people power.

I am calling for more 'activist' funders to turn the tide of this epidemic—let's do it together.

UNAIDS: more bang for the buck

As I call on you to consider new roles, let me reassure you that I have vowed to transform the way my organization works. One of my first initiatives was to refocus the work of the Joint Programme around an Outcome Framework focused on results. In my first budget I transferred resources from the Secretariat to our Cosponsors who are delivering services on the ground. I also pledged to reduce the costs of running the Secretariat—among other things by cutting the costs of travel by 25% and running a paperless office.

UNAIDS' commitment to eliminating waste and ensuring accountability was recently recognizing by the United Kingdom's Department for International Development in a performance related funding award—and I quote for “results and reforms that make the UN more efficient and effective.”⁹

Let me assure you that we are committed to doing more.

In closing

Before I finish I want to acknowledge the debate going on here in the US. A few weeks back we saw a big Facebook campaign encouraging people to post the following message on their sites:

“No one should die because they cannot afford health care, and no one should go broke because they get sick.

If you agree, please post this as your status for the rest of the day.”

We posted it at UNAIDS because we see health as a fundamental human right.

Universal access to prevention, care, treatment and support is a public good—the financing of which should not be left to the vagaries of the marketplace.

I want to ensure that my tenure as Executive Director is marked by being a voice of the voiceless and putting people first. I will stand by and with those infected and affected by AIDS and do my utmost to protect the most vulnerable.

We want to work more closely with donors to develop compelling narratives of the negative implications of failing to ensure universal access and the positive implications of fulfilling these commitments—for policy-makers and the public.

In these narratives, we must stress what we know in our hearts. The AIDS response is not about money but about people—but to best serve the people we need to be the most judicious guardians of the funds.

Thank you.

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Contact:

UNAIDS Communications | communications@unaids.org

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org

¹ Gavin L, MacKay AP, Brown K et al. (2009) Sexual and Reproductive Health of Persons Aged 10-24 Years, United States, 2002-2007. CDC MMWR Surveillance Summaries. Accessed on 14.09.09 at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm?s_cid=ss5806a1_e

² MacInnis L (2009) Global Fund says faces about 3 billion aid shortfall. Reuters 3 July 2009. Accessed on 14.09.09 at <http://www.reuters.com/article/middleeastCrisis/idUSL3579451>

³ World Bank, UNAIDS. (2009) The Global Economic Crisis and HIV Prevention and Treatment Programmes: Vulnerabilities and Impact. Accessed on 14.09.09 at http://data.unaids.org/pub/Report/2009/jc1734_econ_crisis_hiv_response_en.pdf

⁴ UNAIDS (2009) What countries need: Investments needed for 2010 targets. Geneva : UNAIDS

⁵ Commission on AIDS in Asia (2008) *Redefining AIDS in Asia: Crafting an Effective Response*. New Delhi: Oxford University Press.

⁶ Weller SC, Davis-Beaty K. (2002) Condom effectiveness in reducing heterosexual HIV transmission. Cochrane Database of Systematic Reviews 2002, Issue 1. Art. No.: CD003255. Accessed on 14.09.09 at <http://www.cochrane.org/reviews/en/ab003255.html>

⁷ Obama B (2009) Remarks By The President To The Ghanaian Parliament on 11 July 2009. Accessed on 14.14.09 at <http://www.america.gov/st/texttrans-english/2009/July/20090711110050abretnuh0.1079783.html#ixzz0R4byiLut>

⁸ Lewis S (2009) *Presentation at the International AIDS Society Conference on Pathogenesis, Treatment and Prevention*. 19 July 2009; Cape Town.

⁹ DFID (2009) Extra funding only available for the best performers—Alexander. Press release 12 August 2009. Accessed on 14.09.09 at <http://www.dfid.gov.uk/Media-Room/Press-releases/2009/Extra-funding-only-available-for-the-best-performers--Alexander/>