

## SPEECH

**By: Michel Sidibé, Executive Director of UNAIDS**

**Date:** 25 August 2010

**Place:** Holiday Inn, Port Moresby, Papua New Guinea

**Occasion:** National AIDS Council for the Executive Director of UNAIDS

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### **A lighthouse in the Pacific**

Thank you for welcoming me so warmly on my first visit to the Pacific region and to Papua New Guinea, one of the most beautiful countries in the world.

Papua New Guinea is a rich in culture, diversity, natural beauty and history. But it has the highest HIV prevalence in the Pacific. The latest data show that the epidemic may be leveling off, but the risk factors that contribute to HIV infection have not changed.

This country is at a tipping point and must act now. If you continue to have more people newly infected than starting treatment, Papua New Guinea's epidemic will ultimately spin out of control, and the repercussions will be felt throughout the Pacific.

I know it is especially costly to implement HIV programmes here and elsewhere in the region. Your vast cultural and linguistic diversity, limited and expensive transport networks and poor communications infrastructure will always make providing health and social services more challenging than other countries.

These challenges, and some approaches, were spelled out in the Commission on AIDS in the Pacific Report, *Turning the Tide*, released in April. Importantly, the Commission stressed that a "one size fits all" response does not suit the diversity of Pacific nations, and outdated legislation criminalizing homosexuality and commercial sex is a major barrier to the AIDS response—and to achieving the other health-related Millennium Development Goals.

**UNAIDS' vision: Zero discrimination. Zero new HIV infections. Zero AIDS-related deaths.**

But I believe that with stronger commitment and focus, Papua New Guinea you could turn around your epidemic and become a lighthouse. Shining a beacon of hope across the Pacific and showing the entire region that by working hard and working smart, national HIV epidemics can be brought under control.

At the International AIDS Conference in Vienna last month, I articulated UNAIDS' uncompromising vision of the future. We are striving for nothing less than **zero new HIV infections, zero discrimination and zero AIDS-related deaths.**

For Papua New Guinea, getting to zero means launching a prevention revolution that will dramatically reduce the rate of new infections, accelerate treatment access, combat stigma and discrimination against vulnerable groups and people living with HIV—and end violence against women.

### **The prevention revolution is at hand**

You have made an excellent start with your National HIV Prevention Strategy—one of the most ambitious and comprehensive I have ever seen, and I believe it will form the bricks and mortar to build your lighthouse.

This prevention revolution must be evidence-based and data-driven. But after two decades, the absence of biological and behavioural surveillance surveys in the Pacific region means we don't really understand who is at risk of HIV infection, so we can not effectively target appropriate prevention strategies. Every kina and toya should be spent where it can have the greatest impact—especially during this era of limited resources. Let's address this as a priority.

The prevention revolution will be people-focused. This means mobilizing individuals living with HIV in the 20 provinces of PNG, reorienting HIV testing towards couples, and integrating AIDS-related services to serve the whole family. It means empowering women and girls to protect themselves.

### **Death by inequality**

It is time to recognize that HIV prevention is a women's rights issue! Let us not forget that every year, 1.6 million women are infected, and 550,000 die, due to AIDS-related disease. *Gender inequality* is a killer of women and girls.

Papua New Guinea has some of the highest rates of violence against women in the world. Fears of being physically abused or abandoned make it difficult to negotiate safe sex or appear at a clinic for an HIV test.

But I am happy to report some exciting results from the world of prevention research. You may have heard the news from Vienna about the CAPRISA microbicide trials. For the first time we have a prevention tool initiated, used, and controlled by women—which has been the missing link in all of our strategies.

Empowering women extends to expanding services to prevent HIV transmission from mother to child. But in 2009, less than 20% of pregnant women living with HIV in Papua New Guinea received PPTCT services. This is a grave concern.

PPTCT is not just about saving babies' lives. It saves *women's* lives by linking them—and the entire family—to counseling, testing, treatment and sexual and reproductive health services.

### **Youth-led revolution**

Papua New Guinea's young people must also be better engaged and served. They are positioned to lead the prevention revolution across the globe. UNAIDS' newest data show that HIV prevalence has dropped 25% among young people in 15 of the highest-burden countries.

But young people here do not seem to have heard the call. I want to speak to them now—and by extension, to all of you who are parents, employers, teachers or mentors to young people:

*I urge you to become involved in the AIDS movement. To step up to the table where decisions that affect your future are made. To lead your peers into an AIDS-free generation. And to demand the information and services that will save your lives.*

And I want to appeal to government leaders to invest more in your young people. And I challenge you to provide them with frank and accessible sexuality education and reproductive health services. I encourage you mothers and fathers to talk to your children about HIV.

We cannot afford to waste the reservoir of energy and enthusiasm young people can bring to the AIDS movement. Let's wake up this sleeping giant of activism!

### **A new paradigm for treatment**

Achieving our vision of no AIDS-related deaths requires some new thinking around HIV treatment and access to it. You have made impressive progress on access right here, with an estimated 75% of people in need of antiretroviral therapy receiving it, compared to 23% three years before. That is a truly inspiring achievement that shines a light across the Pacific.

Your AIDS response is ripe for the next generation of simpler, more effective treatment approaches—what we at UNAIDS are calling Treatment 2.0.

Treatment 2.0 means better, more affordable and less resistant-prone medicines. It means expanding health care delivery and testing. It means empowering community health workers to treat patients, reducing the need for scarce doctors and expensive laboratories.

Treatment 2.0 means treatment for prevention. Evidence shows that ARVS can be used effectively to prevent transmission, not just from mother to child but in serodiscordant couples.

Treatment 2.0 could prevent 10 million deaths by 2025, and reduce new infections by up to 1 million every year if countries provided AIDS drugs to all those who need them.

### **Rights and responsibility**

But all of our efforts to revolutionize prevention and innovate treatment will be worthless if not coupled with serious national action against stigma and discrimination. Sex workers, men who have sex with men, migrants, transgendered people and those who inject drugs have the human right to access HIV prevention and treatment.

But if they live in fear of being harassed or jailed, those most at risk of infection and AIDS-related death will remain in the shadows, out of reach of help and support.

It is time for all Pacific nations to end travel restrictions for people living with HIV, end mandatory testing and disclosure and end unequal treatment access. It is time to end laws that criminalise the vulnerable, as well as people living with HIV.

I congratulate Papua New Guinea on passing the HAMP Act in 2005 to protect these groups. I call on you now to press for full implementation and enforcement of the Act. You have the mechanism to end criminalization and persistent human rights abuses in this country. I challenge you to walk the talk—to put your promises to the vulnerable into practice.

## **Conclusion**

The shared responsibility we have to the world belongs to all governments, civil society, and every agency. Developing nations like Papua New Guinea need to keep their commitments too. To keep your commitment to the people living with HIV, to the vulnerable, and to every family on these beautiful islands.

Papua New Guinea may be first in HIV prevalence in the Pacific. But this also positions you to be the first visible, viable agent of change for the region when you turn your epidemic around.

The Pacific countries—struggling with their own epidemics—are looking to you to turn the tide against the epidemic. Your success will light the way to safer shores, a brighter future, an AIDS-free generation. You have the support of many committed friends and the UN family is one of them.

So shine on, my friends.

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UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at [unaids.org](http://unaids.org).