

## SPEECH

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### **Reflect, reshape, recommit**

I am deeply honoured to have been invited to speak at the Lowy Institute today. I want to thank Dr. Michael Wesley and Bill Bowtell for welcoming me so warmly to Sydney and arranging for me to meet so many key people.

We meet at a moment in time when the AIDS response is at a crossroads. We have achieved some lasting gains against the epidemic: The conspiracy of silence has been broken. Over five million people are on lifesaving treatment. Infection rates are dropping. People living with HIV are engaged and active in ways we have never before seen. Young people have reduced their HIV prevalence 25% in 15 of the highest-burden countries. We expect to virtually eliminate mother-to-child transmission of HIV in just a few years

But I am very concerned by what I see around me today. Prevention models are not working as they should. Treatment is not sustainable. Costs are rising. The rights of people living with HIV and people most at risk are violated every day.

The calculus of the epidemic does not favour us. For every two people who start life-saving treatment, five are newly infected. We cannot keep doing the same things in the same ways if we are to break the trajectory of the epidemic.

It is time to reshape the AIDS response. And it begins with a new vision: one we can all aspire to and share.

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

At the International AIDS Conference in Vienna, I described such a vision—UNAIDS' view of where we are ultimately heading with all we do:

Our objective is nothing less than **zero new infections, zero discrimination and zero AIDS-related deaths.**

**Zero** requires a new paradigm for prevention and treatment. It requires stronger engagement of affected communities in the response. It requires integrating our efforts with other health priorities and aligning the AIDS response with the health-related Millennium Development Goals. It requires exploiting all of our synergies and maximizing all of our investments.

To understand how we get to zero, we must first be brutally honest about where we stand today.

There is good news. HIV infection rates have dropped worldwide by 17% since 2001. In South and South East Asia, infections declined by 10% in the same time period.

Globally, the number of AIDS-related deaths has fallen by over 10% over the past five years as more people access treatment. Efforts to prevent mother-to-child transmission of HIV have averted around 200,000 new infections among children since 2001.

And here in Australia, you have an HIV prevalence of 0.2% among 15-49-year-olds, which is substantially lower than in many European countries and North America. Rates of new infections here have remained stable over the decade. I congratulate you on sustaining a strong prevention culture that is a model for many other countries.

Elsewhere, high-burden countries have made news by shattering years of inertia in their national AIDS responses. This year, South Africa inaugurated a new and exhilarating era with President Zuma's plan to test every citizen and cut new infections in half by next year.

I have just come from Papua New Guinea, a country that so many hurdles—poverty, illiteracy, high rates of gender violence and the highest HIV incidence rates in the Pacific region. But what I saw there gave me great hope.

Still, across the world, many barriers still block the way to universal access. Several countries have introduced new legislation criminalising homosexual behaviour, putting

people at a higher risk of contracting HIV and less able to access to life-saving services. Women are still mistreated under the law and in society, unable to assert control over their bodies and protect themselves from HIV. Young people are still denied access to sexuality education and services.

I fear that complacency has crept up on us. That the world has become numb to the toll of 7,000 new HIV infections every day.

We must recover our sense of outrage. We must act now if we are to get to zero!

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

In the absence of a vaccine or a cure, the AIDS pandemic will become unmanageable unless we drastically and quickly reduce the transmission rate. I have called for a prevention revolution.

This prevention revolution will be **evidence-based and data-driven**. Targeted to epidemiological hotspots, and informed by excellent data-gathering that reveals where and among whom HIV infections are spreading most rapidly.

The revolution will be **people-focused**. It will mobilise individuals living with HIV. It will enable communities to take charge of their own response. It will focus on empowering women and girls to protect themselves. It will not tolerate stigma, discrimination or gender inequality.

Rallying the troops—galvanizing the prevention revolution—takes a new kind of teamwork to make things happen at the highest levels. This year, UNAIDS has convened a high-level Prevention Commission to lead a political action campaign to stir up the groundswell needed by the AIDS response now.

This is a new sort of Commission. It is not about producing a report. It is about commitment. Each of the Commissioners—big names drawn from the worlds of politics, activism, entertainment, sports, science, religion and more—has committed to be an agent of change in taking the prevention message forward. Each Commissioner will enlist heads of state and opinion leaders in the revolution. To show them that prevention is a solid investment. They will insist that we cannot accept the unacceptable.

### **Death by inequality**

My friends, it is unacceptable that our mothers, sisters and daughters continue to bear the heaviest burden of the epidemic, not only because of biology. Gender inequality is a killer of women and girls. Let us not forget that every year, 1.6 million women are infected, and 550,000 die, due to AIDS-related disease.

It is time to recognize that HIV prevention is a women's rights issue!

Countries must take stronger *national* action to empower and engage women and girls in the context of AIDS, and to strengthen the leadership opportunities and decision making of women and girls.

Today 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. Finally we have a tool that will prevent up to 56% of HIV transmission in women if used correctly and consistently. This is a prevention tool that, for the first time, fits confidently in the hands of women.

### **Youth-led revolution**

Young people must also be better served and engaged. If not we risk squandering one of our most powerful weapons against HIV transmission. They are strongly positioned to *lead* the prevention revolution.

It will be a challenge for government, civil society and other partners to engage them and prepare them as leaders. But if we do not tap into our young people—this sleeping giant of activism—the AIDS movement will suffer greatly.

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

Achieving our vision of zero AIDS-related deaths will also require some new thinking around HIV treatment and access to it—what we at UNAIDS are calling Treatment 2.0. We aim to vastly simplify the way HIV treatment is provided, by improving medicines and improving access to them.

Treatment 2.0 calls for bold new partnerships with the pharmaceutical industry and exploiting the full use of TRIPS to vastly scale up access.

And 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 the prevention of sexual transmission as well.

Treatment 2.0 could prevent 10 million extra 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.

Future generations will not only judge the humanity of today's decisions, but will also bear their public health implications. Failure to act will be unacceptable.

### **Harm reduction is HIV reduction**

Later this afternoon, I will be visiting a safe injecting room run by the Uniting Church. Such places are still controversial, even here. But I congratulate Australia for your progressive leadership through pragmatic programmes that not only reduce transmission, but have also been found to reduce injection drug use. Your early investments were wise and humanitarian.

I still fear for men who have sex with men and transgendered people in so many countries who are criminalised for being who they are. I find this ironic because three decades ago, it was the LGBT communities who breathed life into the grassroots AIDS movement. And today they still have to fight just to stay out of jails or to keep their jobs.

Right here in this country, men who have sex with men are still at highest risk of HIV among all Australians. We must ask ourselves, why is this the case? Are they getting their fair share of services? Are they being treated with dignity and respect?

Human rights are the beating heart of the AIDS movement. To end this epidemic we must hold governments, civil society, the UN and ourselves accountable to deliver on human rights. Together, we must raise our voices in noisy unison:

*No more* laws that criminalise the vulnerable.

*No more* gender discrimination or violence against women and girls.

*No more* mandatory testing and disclosure.

*No more* denial of sexuality education for young people.

And *no more* restrictions for travellers, migrants and residents living with HIV.

### **Clock is ticking on MDGs**

If human rights do not underpin everything we do, there is no chance that we will achieve the MDGs. Friends, we have less than five years to go until the deadline. It is time for an accelerated push by the international community to meet the goals.

The MDGs are tied up inextricably with the AIDS response. I am not just talking about MDG 6, but the others—poverty, education, women and girls, and maternal and child health.

Let me give you an example. When a pregnant woman comes into a clinic for treatment to prevent mother to child transmission, it should open the door to a range of services for the whole family: Counselling for serodiscordant couples. HIV testing for older siblings. Identifying high-risk pregnancies. Detecting other diseases, such as TB and STIs. Uncovering and responding to domestic violence. Meeting the demand for family planning among HIV-positive women.

When taken out of isolation, AIDS should be the bridge for redoubling progress towards the MDGs.

### **Flatlining**

I am deeply concerned that countries have invested less this year than in 2008, even as the AIDS epidemic continues to grow. European countries gave \$623 million less than they did in 2008, even as the epidemic is on the rise in their backyard—in Eastern Europe and Central Asia.

In 2010, an estimated \$26.8 billion dollars was required to meet country-set targets for universal access to HIV prevention, treatment, care and support. But only \$15.9 billion was available.

I want to commend Australia for standing against the tide and committing to raising its Overseas Development Aid to 0.5 percent by 2015. You assert a powerful example for the rest of the world, and I thank you for your continued leadership in the AIDS movement in the Pacific region.

Now we must develop timelines to graduate all upper-middle income countries off of external donor assistance and onto more predictable, sustainable sources of funding. The most responsible of these countries should also contribute to sources like the Global Fund as much or more than they have benefitted.

I will go further to say that I believe that the global financial crisis can be an opportunity for new sources of funding. I support a levy on international financial transactions—a Robin Hood tax—to fund health priorities.

## **Conclusion**

Think of it. At this moment, we are on the brink of virtually eradicating mother-to-child transmission. We can use treatment to prevent HIV. A microbicide breakthrough is giving women so much hope. Young people are taking action to protect each other. And every day, scientists are getting closer to a vaccine and a cure. Is this the time to shrink back? Of course it is not! It is time to push even harder towards the goal—towards zero.

Australia has demonstrated that strong political leadership and sound programs make for cost effective, successful AIDS response. These are the pearls of wisdom from Down Under that Australia must continue to share with your international partners. Rest assured that UNAIDS is with you every step of the way.

But there is something more you can do for us, for the AIDS movement. Right now, it is almost impossible for a person with HIV to receive a permanent visa to live and work in Australia. The main reason for this is that the cost of antiretroviral therapy over a person's lifetime has been deemed too costly, so HIV-positive migrants are usually denied a visa under the country's current health requirement.

I am calling on you to lift these restrictions. To set an example for your neighbours in the Pacific and your admirers across the continents. Show that you believe that people living with HIV and their families are respected. That their contributions are valued. That their lives are worth the cost of treatment.

The rewards you will reap will not be measured in dollars.

Thank you.

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## **UNAIDS**

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).