

GETTING TO ZERO: A JOURNEY TO SOCIAL JUSTICE

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SPEECH

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Getting to zero is a journey to social justice

Thanks to the efforts of people like you, we have been able to put more than 7 million people on treatment. Just a decade ago, we had fewer than 50,000 on treatment.

What happened? There were many things. First, through a collaborative effort of the UN and UNAIDS, we used advocacy and strategic information to break the conspiracy of silence.

In this conspiracy, people were refusing to accept that AIDS was a threat to them. It was a disease of others. It was a disease of gay men. It was a disease of people who were sinners.

But we were able to build a stage for creative dialogue, to mobilize civil society and create a demand for change. And finally, we managed to reduce the price of the drugs.

Today, through global advocacy, we can say that the same drugs that once cost \$15000 per person per year are now just \$120 per person per year. Ten years ago, no one could have predicted such a dramatic change. That is a huge victory.

It is a victory for public health, and it is a victory for those like you—who are fighting to make sure that people you will never have a chance to meet will continue to be with us. Millions of lives have been saved because of these negotiations, and because of the strong advocacy coming from the 10 Cosponsors of the UN and from UNAIDS.

We have also been able to demonstrate that prevention programmes work. A few years ago, they were telling us the opposite—that prevention programmes will *never* work. They said that young people will not change their behaviours. Only three countries—Senegal, Thailand and Uganda—were having any success at all. Today, 56 countries in the world have managed to stabilize their epidemics, and some of the highest-burden countries are seeing steep declines in the number of new infections—by 25% and even more.

This shows us that we have been able to reach young people. We have been able to equip them with the knowledge and skills to negotiate their sexuality differently. We have even been able to change the relationship between parents and children, by pushing them to talk about sexuality.

Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

It was not easy. But what has been the most important outcome is that now, young people no longer see themselves as the passive beneficiaries of programmes, but as actors of change. And that is critical.

Just a few months ago, we launched the idea of CrowdOutAIDS. I wanted young people around the world to start discussing how to use social media to map out their vision for themselves—to create an HIV strategy for young people. I want to tell you, I was so surprised by the response. More than 5 000 young people have been able to talk to each other—from Libya, to Bamako, to New Zealand—discussing what really matters to them about sexuality and protecting themselves from HIV and AIDS. And they decided for themselves to create a committee to draft the strategy that will be shared with us so we can take it forward.

An exceptional opportunity

AIDS is not just an exceptional disease. Of course we know that many people are affected and dying from this disease. But AIDS is also an exceptional opportunity. It is an opportunity to start dealing with critical issues, like the position of women in society. Like human rights.

Talking about these issues is easy when you are in New Zealand, where you have had leaders who understood the social drivers of HIV well before many other countries did—establishing needle exchange programmes back in 1987, and decriminalizing sex work in 2003.

But today, unfortunately, we have 89 countries with homophobic laws. We have 53 countries with travel restrictions. When you are not accepted because of your HIV status, and you cannot travel freely, that can be very painful.

I remember meeting a young girl when I was in Burundi. She had lost her father and mother from AIDS—she was an orphan. But she was able to have a normal education, and ended up as a top student in Burundi. She was so excited about having the opportunity to continue her education outside of her country when she received a scholarship in Australia. But after her test, she was refused entry. When I met her, she was completely depressed, because she never managed to do any further schooling. She could not understand what had happened to her future. But we understand too well. It was discrimination. Travel restrictions in these 53 countries should not exist.

That is why UNAIDS's vision of zero is so important. I was with Helen when we started talking about while visiting the northern part of Mali almost two years ago. For me, zero new HIV infections, zero discrimination and zero AIDS-related deaths is not about “absolute zero.” It is a journey. And that journey will certainly lead us to social justice. To greater distribution of opportunity for people who are not lucky.

“Getting to zero” also means something for individual people. If you are injecting drugs, and you are unlucky to live in Eastern Europe or Central Asia, your chance of being infected with HIV is very high. We want to have, like in New Zealand, almost zero cases of people who inject drugs being infected with HIV. If it is possible in New Zealand, it should be possible everywhere.

It is the same for mothers. I have called for zero transmission of HIV from mother to child. In New Zealand last year, you only had one case. But today in Africa, they still have 400 000 babies born with HIV every year. We can stop that. And by stopping it, we do not just stop the transmission. We also stop children from becoming orphans. We will be able to start the mother on treatment and she can be kept alive.

This is critical. But more than that, it will help us link HIV with reproductive health for women. To address the risks of early pregnancy, unwanted pregnancy and unsafe abortion while helping women avoid becoming infected.

In this way, the AIDS response is not just about a virus. It is about restoring dignity to people. It is about protecting the vulnerable. It is about dealing with governance to sustain the gains we have made. And it is about making sure that the basic human rights of those groups who are at the margins of society will be respected.

A critical crossroads

Our major challenge now is to sustain the gains we have made in the AIDS response. We have been able to demonstrate that we can reduce new infections and put more people on treatment. But we are at a “make or break” moment.

I will be brutally honest with you. If you look at what is happening with the Global Fund, which will have no new resources available to countries until 2014, it is clear that it will not be possible to scale up any existing programmes unless we can find new sources of funding. We know that most of the people who are on treatment in low- and middle-income countries are entirely dependent on external sources for the drugs they need. So they will start dying.

We also know that the treatment gap is critical. We have science showing clearly that if you put people on treatment early, you can reduce their risk of transmitting the virus by 96%. So there is no longer a false dichotomy between prevention and treatment. We need treatment to prevent new infections as well as to keep people alive.

I am scared, because I am not convinced that we will be able to prepare countries to take over their own AIDS response. UNDP and all of us are working closely with countries to try to capacitate them to manage their resources, but we are not there. We need to continue to advocate for additional resources if we want lift countries to take greater ownership of AIDS.

We are working now with BRICS countries to convince them to at least begin taking up the case of people living in their own regions. On World AIDS Day, I had a three-hour discussion with Premier Wen of China and with the Minister of Finance and the Minister of Health. It was a very frank discussion, and at the end, I used once sentence, which made all the difference. I said, “We are not asking you to be the biggest global donors. But you should at least pay for the Chinese.” When the session was over, the Premier said to the Minister of Finance, “We will pay for the Chinese.” That is over \$1 billion that will not have to come from the Global Fund. So it is important to know that engaging directly with the BRICS in this way can help make more resources available for countries in need.

I want to end by saying that New Zealand can be the first country to demonstrate that zero-zero-zero is possible. You had only 149 new HIV infections last year, much less than 1 new infection each day. South Africa has 1500 new infections every day. Many of the new infections in New Zealand are occurring among men who have sex with men. With well-targeted programmes, you can reach zero new infections, or very close to it.

You can reach zero deaths due to AIDS, because you are very close to it. And to reach zero discrimination, you are working very hard to make sure that no one is unjustly criminalized in this country.

But I would ask you to remove the last element of your travel restrictions—the provisions for seasonal workers. You do not need this restriction, because there is no public health reason for maintaining it. I would like you to advocate for its removal, and make New Zealand free of all HIV-related travel restrictions.

I urge you also to continue to support Pacific countries in their AIDS response, particularly Papua New Guinea. The problems we have been talking about are all there—violence against women, lack of capacity and significant new infection rates. We are far from containing the epidemic in that country, so your efforts to support the response there are certainly very welcome.

Thank you.

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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.