REACHING ZERO: TRANSLATING COMMITMENT INTO ACTION

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IAPAC HIV Treatment Summit action

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SPEECH

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Your Excellencies; ladies and gentlemen; my sister, the minister from Mali; my dear friends—and there are so many of them here, allow me to not mention them one by one:

I want to start by saying thank you to José and the whole team at IAPAC for being fully committed to this issue and trying to help us change the course of this epidemic by bringing the best people together who are involved in daily implementation. They will really help us reflect on what we can do together to improve the lives of millions of people. I want to also acknowledge our dear friend Lord Fowler, our leader in the battle against this epidemic in the UK. We are so happy to have you with us. It is so important to keep your voice in this fight.

This meeting is critical, and like José mentioned, it is critical for practical reasons. It is also critical for operational reasons and for policy reasons. In fewer than 1,000 days, we will be in New York to take stock and to report back to the world whether we have been able to achieve our goal: 15 million people on treatment by 2015.

Let us also not forget that we have learned a lot in just a few years. We remember when skeptics were telling us in 2001 at the General Assembly that we could not give treatment to poor people—that it was too expensive, too complicated, to deliver those services to Malawi, or Mali.

Today, it is so refreshing to be able to say we have proven them wrong. No one could have predicted that Africa would increase the number of people on treatment by more than 800 percent in the last six or seven years. It is just amazing.

I remember being in Uganda, struggling to get treatment to just a few people. And they were privileged people. The others were just dying. In my own office I lost more than a dozen people due to the lack of access to lifesaving medicines.

Today, we can say that treatment is possible, people are living better quality lives and we are seeing less death because of the revolution that brought these medicines to people. We are seeing declines in mortality rates in many places. Malawi can say that they quickly

increased the number of people on treatment, and today have seen an almost 50 percent reduction in AIDS-related deaths. So we have truly moved from despair to hope.

We know that is it not just the duty of a few people to bring treatment to poor countries. It is not the duty of a small number of rich countries to say, "We will give treatment to you for 30 years because we have the resources." Today, we are seeing shared responsibility become the reality more and more.

A few years back, I remember challenging African governments, producing a report showing their leaders that 90 percent of the people in their countries receiving treatment were getting it only because of the generosity of people of the North. Today, most of those countries are now sharing responsibility for treatment—the paradigm is shifting. In just the last four years, we have seen a 150 percent increase in domestic resources to finance the HIV response in Africa. South Africa has increased its domestic allocation for HIV by 500 percent—making this the second-largest national AIDS investment in the world. They have been able to completely transform the paradigm by reducing the cost of medicine by 53 percent—because we challenged it. Currently there is an effort to put more than 2.1 million people on treatment. And it does not stop there. When I met with President Zuma just a month ago, he told me, "We want to make sure all of South Africa will have access to services that will help people know their status more quickly. We cannot accept that that only 20 million people know their status today—we want every South African to know, so we can begin treating everyone who needs it."

Many revolutions are happening. And we need to acknowledge them and amplify them. We must push for more studies, more research, to better understand the implications and to share them. It is a new dynamic.

However, from my point of view, it would be very naïve to believe that the battle is over. If you reflect on the country where we are having this meeting, the UK—which is the most advanced in giving the best advice to the world on stopping this epidemic—there are still 100,000 people living with HIV here. So it is not over.

We also know it is not over because when you look at the response today, it is characterized by inequities and lack of social justice. It is not over when 60 percent of people who need treatment today don't have access to lifesaving medicines. It is not over when only one in three people know their HIV status. It is not over when, instead of universal access, we have universal obstacles. Punitive laws. Criminalization. Exclusion. Prejudice. Discrimination. Sending people underground and blocking access to treatment.

Treatment access remains very limited for key marginalized populations. We know that in many places, sex workers have to hide themselves. As do men who have sex with men and people who inject drugs. I could go on. We will never win; we will never cross the last mile, if we do not manage to change this paradigm.

What makes me scared is that we are failing our children and our women. Violence against women and girls in many communities makes them hide from treatment, and those who do often risk becoming victims of domestic violence. What sort of society are we tolerating? What vision can we offer the world if we are not even capable of giving treatment to our kids and our women?

It is clear to me that public health funding is not about disease—it is about people. And if it is about people, it is about politics. And if it about politics, it is about repositioning our message—changing our voice—to galvanize the world differently. We cannot continue to ask, then wait. Leaders must understand that what is hanging in the balance is the lives of people. People you and I will never have a chance to meet. People who are suffering in silence because they don't have the privilege we have. We must start creating a social movement that calls for treatment for everyone, everywhere.

I know it will not happen tomorrow morning. But if we don't start today, it will never happen. I am reminded of my visit to a village in Mali, where I asked about the baobab—the big tree of our region that grows from the smallest seed. I asked the worker when the best time was to plant the baobab. He said it takes 150 years to become a big tree, "So that is why we need to plant the seed today."

If we don't start today to create social demand for making treatment available to all the people who don't have a voice, it will not happen. To do this, we need to catalyze a new partnership, with new and different voices. I am thinking about young people. I am thinking about new networks that will mobilize community groups and women's organizations, moving from global leadership to more local kinds of approaches.

It is so important that we foster public accountability. To do this, we need to work differently with our media, creating new ways to communicate at every level—particularly at the community level—and advocating for universality, inclusion and human rights. Because, in the end, health, and access to treatment, is a human rights issue.

At the same time, we must tap into new realities. The world is changing, and changing quickly. When we are talking about the MDGs, most of the countries that were on the table as needing the most help in 2001 have completely changed. We are seeing economic growth in most areas of Africa—an average of 6 or 7 percent each year. We are seeing BRICS emerging as a powerhouse. We are seeing seismic political shifts in different places, and new technology and innovation. So it is very important for us to learn how to leverage this opportunity and to work differently.

The traditional paradigm—where some people have money and some people are suffering, so let's transfer money from this part to this part—will not work today. Africa is not looking for this type of partnership. These countries are looking for a new type of partnership, where they have ownership and play the leading role in creating a vision for their population.

We need to be able to connect local to global, and to make sure we foster innovation to reach more people. We must democratize solutions to problems, and not pursue solutions that are not sustainable, or that do not reach all people. I agree with all of you here that the CD4 machine is fantastic, and a very revolutionary technology. But when I travel, I see more CD4 machines that are not working than those that are. And I do not see these machines reaching people at the community level. We need to democratize this technology. We also need to revolutionize—to pursue new research that will give us better tools, so that in two or three minutes, by just taking blood, we can know if a person's CD4 is at 500 or below and can initiate treatment in a different way.

It is also important for us to pursue simplification, to make sure that people who do not have access today can have access tomorrow and always. We must reengineer HIV delivery

systems—and health delivery systems in general. We need to tap into unconventional capacities. We must find ways to work better with pharmaceutical firms. We made a big shift from 18 pills a day to one pill a day, so why not strive for one pill every four months, or every six months?

We must be able to quickly apply new science, and not wait 10 years before we move from scientific evidence to implementation. In some cases, it has taken four or five years just to produce proper guidelines, and some of these guidelines are never even implemented at community level because they are not appropriate for most people. So how can we make things simpler?

It is also important that we start demonstrating to policymakers that treatment is not about cost; it is about investment. It is not just about spending dollars to give pills to people; it is about restoring dignity to people and changing our economic capacity to produce wealth.

If together we are able to reach 15 million with treatment by 2015, we will avoid 1.4 million deaths. We will prevent 500,000 HIV infections in children. We will protect 7 million children from becoming orphans. That is not about cost. That is about investment. So we need to be able to document that for our decision makers, and show them that any time we wait will mean even higher costs to society. As I have said on many occasions, either we pay now, or we pay forever. I am more and more convinced that waiting is not the solution.

Is it critical that we do not passively accept, or even tolerate, the gap between those who are lucky to have access to treatment today and those who are condemned to die. We need to formulate our request in a way that people can understand. We can completely change the quality of life for millions of families.

Let me conclude by saying that today's HIV treatment summit in London, organized by IAPAC, is so timely. By bringing together activists, practitioners, scientists, implementers and policymakers, we will start here a new debate. A debate that will lead us to a new dream: ending AIDS.

Ending AIDS doesn't mean that HIV ill not exist. It only means that we can control the epidemic. And that is my dream. And I want you to help us articulate this dream. To make sure we do not go to the General Assembly and say to the world that the only ambition we have is to reduce the burden of HIV. That will be our collective failure—a failure to be ambitious, a failure to be capable of having a dream for people who are depending on us.

I want to thank you very much for your courage to come here to make treatment possible for millions of people.

Thank you.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.

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