

TURNING AUDACITY INTO ACTION: JOINING FORCES TO ADDRESS SOCIAL DRIVERS

Michel Sidibé, Executive Director of UNAIDS
9 January 2014
World Bank Group, Washington, D.C.
**Action Social Drivers to End AIDS and Extreme
Poverty, Opening Remarks**

SPEECH

By: Michel Sidibé, Executive Director of UNAIDS

Date: 09 January 2014

Place: World Bank Group, Washington, D.C.

Occasion: Action Social Drivers to End AIDS and Extreme Poverty, Opening Remarks

Please check against delivery

Turning audacity into action: Joining forces to address social drivers

It is an honour and a privilege for me to be here today with all of you to join forces for these common goals. I am especially grateful to my friend Jim Kim—a leader who always demonstrates great vision, commitment and passion—for hosting this timely meeting here at the World Bank Group.

I am also grateful to have Helen Clark with us today, because when we talk about social drivers and social determinants, it is essential that UNAIDS, UNDP and the World Bank are together in this battle to improve the lives of all people.

I am inspired to hear Jim talk with such passion about the economic rationale of the World Bank's vision to end extreme poverty, and to track the trajectory from where we have come to where we intend to be. It has indeed been very difficult to fight the skeptics and the cynics along the way—and they are still here. I agree it is essential to build strong economies if we want to see the transformation of people rising out of poverty. And strong economies are supported by healthy people.

When we talk about the social drivers and the structural dimensions of poverty, I always think about how it comes down to *power*— the power of relationships in society and the politics behind them. If we want to achieve the kind of transformation that will build more equitable societies, we must address the larger governance issues and the role of social empowerment. How do we harness the power of community movements to create demand for services, for access and for equity? We must not lose this perspective.

I believe it is time to strengthen the links between the essential work the World Bank Group is doing to end extreme poverty and our work to end AIDS. We are facing the same skeptics out there. We are in this together—to turn audacity into action and make sure no one is left behind.

The reality is that the skeptics are not going to disappear. They will be among us, telling us what we want isn't "rational" and arguing that our ambitious goals are naïve. So it is up to us to demonstrate the rationale of our goals; the rationale of social justice and the redistribution of opportunity, because without this rationale, a genuine transformation will be impossible.

We have made incredible progress against AIDS precisely because we never allowed our determination and ambition to be hindered by the skeptics. No one would have believed back in 2001 that we could extend HIV treatment to people all over the developing world. Today, over 10 million people in low and middle income countries are receiving lifesaving HIV treatment, and that number is increasing by thousands more every day. We changed the world by extending life and hope, but we cannot for a moment forget that we have almost 18 million people living with HIV, still waiting for access to treatment, and their lives are hanging in the balance.

The challenges for ending extreme poverty and ending the AIDS epidemic are deeply interconnected, so it makes perfect sense for us to unite our efforts. We can no longer afford to be fragmented and work in isolation. We must combine our resources and strategies across sectors to accelerate the pace of progress and deliver bolder results. We need to boldly confront the social drivers that produce and perpetuate disparities and inequities using a systematic approach. If we fail to do this, we will never be able to reach people on the margins in a sustainable manner.

I am not talking about rolling-out more feel-good projects or pilot studies. I am talking about catalyzing the sort of transformation that will be owned by people and will create a new dynamic, a new discussion and a new paradigm. Today, we can no longer speak about one part of the world which has the resources and the other part that has the problems, and all can be resolved by simply transferring resources from the haves to the have-nots. In today's world, all the problems are shared, and all are affected, so responsibility for ending extreme poverty and ending AIDS must be shared as well.

When governments and stakeholders learn to think with this spirit of shared responsibility, then communities and countries will begin to build their own sustainability transition plans. We need to help them to elaborate and implement new fiscal frameworks that can be negotiated with the support of the World Bank and UNDP. Communities and countries must be empowered to transform the obsolete paradigms of health and development that operated last century and embark on a people-led transformation that is the cornerstone of the debate that brought us together today.

In this context, let us reflect on the current debate regarding the future of global health post-2015. For far too long, the conceptual frameworks in global health have been polarized: between vertical and horizontal; between biomedical and structural. This is not helpful at all. We need to move away from that kind of obsolete thinking. We need to think in terms of putting people at the centre of our approach and to shift our focus from disease-specific to sustainable health. The future of global health is not about pills, but about promoting dignity and quality of life. It is about creating conditions people need to protect and promote their quality of life. It is about ensuring that systemic shortcomings are resolved to deliver services to address poverty and HIV in a broad and sustainable manner.

A fundamental lesson we have learned from the AIDS response is that human rights must always remain at the heart of our work. At UNAIDS we have maintained and promoted this idea in all of our work. Everywhere I go, I always talk about ending discrimination and stigma, revisiting bad laws and pushing for inclusiveness, because without respect for human rights and human dignity, it will be impossible to end either AIDS or extreme poverty. Symptoms of a sick society will only bring the same outcomes of exclusion and

marginalization which will affect millions—even billions of people who should benefit from our agenda of inclusiveness.

A human rights perspective means seeing the inequalities in health as inequalities in *capability*, which compromises human freedom. We need to reinforce the capabilities of people so they can seize responsibility and authority over their own lives and deal with the issues that have left them at the margins of society—whether the social drivers are poverty, drug addiction, gender inequity, lack of education, homelessness or disease—and help to transform their societies so that no one is left behind.

Exclusion occurs because of a lack of empowerment and a lack of social solidarity. So what new forms of solidarity should be emerging in society? We have been talking today about the crisis in the Central African Republic and other places where established social order is breaking down. But we should be thinking about what sort of solidarity or social contract could be built to take its place. We could spend billions of dollars, and still not bring people out of extreme poverty or move from controlling outbreaks of HIV to ending AIDS.

Over 30 years of the AIDS epidemic have shown how closely social inequities are linked to inappropriate government systems, bad laws, discrimination and other tools of exclusion. In many places, this is what continues to drive the epidemic. Gender inequalities—violence against women and girls, early marriage, lack of access to sexual and reproductive health services—cause women and girls to be disproportionately affected by HIV. Still other social drivers, like food insecurity and conflict, further block access to lifesaving services. So if we want to make sure that services for ending poverty and reversing the spread of HIV are delivered efficiently, effectively and sustainably, reaching people in need where they are, we need to challenge these social drivers wherever we encounter them, and give people who are affected a voice to do the same.

This is why I am so pleased that today we are joining forces to address social drivers to end AIDS and extreme poverty. The outstanding work done by the people in this room has been central to catalyze this dialogue. But now we need to build a common vision for a new movement—at global, country and community levels—to end exclusion and expand access. Let us add this new dimension to our work and commit to a common dream: together we will end AIDS and end extreme poverty.

Thank you.

[END]

Contact

UNAIDS Geneva | Sophie Barton-Knott | tel. +41 22 791 1697 | bartonknotts@unaids.org

UNAIDS

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.