

# GLOBAL HIV PREVENTION COALITION LAUNCH OF THE HIV PREVENTION 2020 ROAD MAP A DEFINING MOMENT FOR HIV PREVENTION

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## A DEFINING MOMENT FOR HIV PREVENTION

Honourable ministers, ladies and gentlemen, friends and colleagues.

I am so glad to participate in this first meeting of the Global HIV Prevention Coalition and the launch of this very important HIV prevention road map for 2020.

This road map comes at just the right moment in the HIV response. It is timely because we are in a defining moment in the HIV epidemic. It is imperative that we reduce new HIV infections and quicken the pace of our action to make a clear difference in the global AIDS response.

This will be impossible without bringing together different constituencies. This will mobilize the energy and momentum in our movement so we can continue to move outcomes in the right direction. This means not just focusing on treatment, but thinking about treatment and prevention as a single effort to accelerate our gains.

I want to start by saying thank you for being here today. I also want to congratulate my sister, Natalia Kanem, the new Executive Director of the United Nations Population Fund, and to thank her for co-convening this meeting with me. She has always been committed to the issue of prevention. I know that Babatunde Osotimehin would have been here also, to put all of his energy into this effort. His spirit is with us. Natalia Kanem, I am so proud that you have been appointed to continue the journey Babatunde Osotimehin began.

I also want to thank the co-chairs of this coalition, Sheila Tlou and Alvaro Bermejo. Without their energy, their hard work and their commitment, this initiative would still be just a dream. We would not be gathered here today to begin the next stage of our journey to end AIDS as a public health threat by 2030.

There are many champions and leaders in this room. In particular, I want to thank the ministers who have travelled so far to be here, as well as leaders from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Children's Fund, the United Nations Development Programme, the World Health Organization and our other UNAIDS Cosponsors. I can also see representatives of governments from North and South, and from civil society. The number of top people here demonstrates just how ground-breaking we expect this road map to be.



And that is the beauty of this response. We cannot do it alone. We need all different parts of society to come together to drive this new movement if we want to end AIDS.

We are here because prevention is lagging behind. I don't need to spend a lot of time on that fact, because it cannot be argued. New adult HIV infections are declining, but far too slowly. This is despite our ability to move very quickly to accelerate access to treatment.

If we continue to have 1000 new infections every day among young women and adolescent girls, we will lose control of this epidemic, and it will be impossible to stop it.

We know that in southern Africa, up to 70% of sex workers are living with HIV. With such numbers, it is impossible to even imagine the end of this epidemic. New HIV infections are increasing globally among people who are being left behind—not just sex workers, but gay men and other men who have sex with men, migrants and people who inject drugs. They often hide themselves from society, going underground where they cannot easily be reached with prevention efforts.

I am calling for a concerted effort with this road map and clear milestones until 2020. To be able to do that, and to change the course of this epidemic, we need bold leadership now more than ever. We will not achieve our objective of reducing new HIV infections quickly unless we get measurable results quickly.

This means addressing sensitive issues like sex and drugs. It means making sure that governments will put appropriate policies in place that empower young people and vulnerable populations. It means creating a conducive environment where donors are funding prevention actions and programmes.

It will be very difficult. That is why we need a strong civil society movement—which has been part of our DNA since the beginning—to help us create momentum and also be the voice of the voiceless. This will transform our prevention response.

Civil society hold all of us accountable—governments, donors, United Nations organizations and other partners. This is a critical watchdog function. Without this function, prevention will be very difficult. Prevention is not like putting people on treatment. It involves many more complicated, sensitive issues that keep people hidden, out of reach of our programmes.



We are talking about the AIDS response being an entry point to promote equity, education, dignity and justice, and to reduce inequalities among groups being left behind. Inequalities happen in the North or South, and in every country or region. There are issues everywhere.

And we know that these issues are not easy ones. It will be impossible to transform HIV prevention among adolescent girls if we don't want to talk about sexuality education or reproductive health and rights. We know that adolescent girls must attend secondary school, and this is where they could receive comprehensive sexuality education and access items they need, like sanitary pads and condoms. This is key to a prevention approach.

We also need to completely change our approach to protecting women and girls from gender-based violence. That is why I have been saying that the issues of prevention are not commodity-driven. They are community-driven. It is about transforming the way we think about the position of women in our society. It is about how we make sure our laws are not pushing people underground. We must boldly confront the structural barriers and underlying causes of vulnerabilities.

This is what makes prevention so hard. It is not just about distribution of commodities. Unless we address the underlying causes of new infections, no huge breakthrough will come. If it was easy, we would have done it by now.

We need every single part of society to accompany us on this journey. We have a road map to show the way, and we know the barriers in our path. Punitive laws that cause people to turn away from services must be removed. Discrimination that limits vulnerable people's ability to access life-saving information and medicines must be removed. These services belong to everyone, whoever they are, wherever they live, whoever they love.

We have a series of examples in four regions where new HIV infections have grown by 60% in the past six years. In eastern Europe and central Asia, they are growing by 10% every year. This increase is almost entirely the fault of stigma, discrimination and criminalization. People hide when they are considered criminals because of how they live and who they love. If we do not address this barrier, our prevention programmes will never succeed.



This coalition is a good initiative, but we must be courageous. We need to be bold, setting measurable prevention targets for all countries—including indices for stigma and discrimination—to demonstrate that we are progressing. For example, in Zimbabwe, they have a target of 90% of young people at risk and key populations having access to combination prevention services.

You see, it is important to have country targets in specific settings. We already have global prevention targets—voluntary medical male circumcision, pre-exposure prophylaxis, condoms—but they must be translated at the country level. We have commitments to reduce stigma and violence. We need to maximize the use of the tools we already have, such as the People Living with HIV Stigma Index.

We've known this basic rule for a long time: only what gets measured gets done. Without a way to quantify the problem, we cannot create a mechanism to help countries report on outcomes properly.

It is time to move from commitment to action. It is time to use the momentum of this coalition to renew our individual and collective national commitments to stop new HIV infections among our young people and the people who are being left behind. It is time to transform this response to make it truly inclusive.

Unless we deal directly and boldly with prevention, the last mile of our journey will be our most difficult. We must make the last mile our first mile. If we do not preserve the equity and dignity of people, we will not succeed. In order to realize our ambitions, we must put all of the people who are being left behind first.

Thank you for your personal commitment to this journey and for being with us today.

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