

# COMMUNITIES AT THE CENTRE



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**LAUNCH UNAIDS GLOBAL AIDS UPDATE 2019**  
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**ESHOWE, SOUTH AFRICA**



Honourable Deputy President  
 Honourable Minister of Health,  
 Premier of Kwa-Zulu Natal Province,  
 MEC of Health,  
 Executive Mayor of King Cetshwayo District,  
 Mayor of Umlalazi,  
 Amakhosi,  
 Civil society, members of the community, stakeholders,  
 Ladies and Gentlemen.

Let me begin by saying what an honour it is for me to be with you here in Eshowe today to launch UNAIDS Global AIDS Update 2019, *Communities at the Centre*. And I must say how appropriate it is that we are together here in South Africa to launch this report as we celebrate the birth of Nelson Mandela—one of the world’s greatest leaders and statesmen. President Mandela fought for social justice his whole life and was a dedicated public servant for 67 years. On Thursday, we mark Nelson Mandela International Day. South Africans will spend 67 minutes of their time to take part in activities to improve their communities and help people less fortunate. As part of the Mandela Day activities, it was a privilege to participate this morning in the painting of the Tribal Court here in Eshowe with the Deputy President, Minister of Health and Premier and the young women participating in the Cash plus Care, HIV prevention project.

This idea of community power—of people coming together to help one another to overcome barriers holding them back—is central to the AIDS response. As this report shows, community leadership in the AIDS response helps to ensure that HIV services are relevant to, and reach, the people who need them most. Community activism has been critical to the huge advances South Africa has made in reducing the impact of HIV. I also want to recognize the government of South Africa for

its leadership and vision—and also for its recognition that the pace and scale of investment still has to be picked up.

South Africa has turned its epidemic around by focusing policies and programmes on people, not diseases. This approach ensures that communities are fully engaged from the outset in designing, shaping and delivering health strategies—strategies that respond to the way people actually live their lives. This is how real and lasting change is achieved, reducing the devastating impact of AIDS and reaching better health outcomes for all.

Here in Eshowe, the *Bending the Curves* project that we just heard about is a fantastic example of a community-led approach to HIV testing that links people to treatment and supports them to remain in care. It has enabled the achievement of the 90–90–90 targets in Eshowe town, rural Eshowe and Mbongolwane ahead of the 2020 deadline. I commend MSF, the local health authorities and all partners for this exemplary approach. This project shows that when communities organize and people empower each other, access to HIV services can be accelerated.

Communities are the eyes, ears and heart of the AIDS response. They play a critical role in holding decision makers to account and demanding political leadership. For me, the AIDS response is always about people—the young women who don't know how to keep themselves HIV-free, the men who won't or can't seek out health care, the key populations who are discriminated against and the hundreds of thousands of people who die each year, even though HIV is preventable and treatable.

Unfortunately, the gains that we have seen in South Africa and in other parts of eastern and southern Africa have not been replicated everywhere. UNAIDS Global AIDS Update 2019 shows a mixed picture. Some countries are making impressive gains, while others are experiencing rises in new HIV infections and AIDS-related deaths. Annual gains are getting smaller and the pace of progress is slowing down. The key global AIDS targets for 2020 are unlikely to be met, even though some countries and regions have made good progress. Globally, there are now over 23 million people on treatment—surviving, thriving and living healthy lives. People like Aziwe and her mother Phatiswa, who I spent time with in Umlazi in Durban yesterday. Four out of five people living with HIV knew their HIV status in 2018, 78% of people who knew their HIV status were accessing treatment and 86% of people living with HIV who were accessing treatment were virally suppressed, keeping them alive and well and preventing transmission of the virus. This is good news and we should celebrate. But let us not forget the millions of people still waiting for treatment.

We are not doing enough to prevent new HIV infections. There are still unacceptable and worrying increases in new HIV infections in Eastern Europe and Central Asia, in the Middle East and North Africa and in Latin America. It is true that new HIV infections among young women have been reduced by 25% since 2010. This gives me hope, but it is unacceptable that still every week, 6200 adolescent girls and young women become infected with HIV world-wide. And in South Africa, home to 20% of the global HIV epidemic, 200 adolescent girls and young women become infected with HIV every day. Gender inequalities are driving this epidemic, and too often the sexual and reproductive health and rights of women and young people are being denied.

That's why strong political leadership is needed in every country to put AIDS back on the agenda. It is the only way ending AIDS can become a conceivable reality. It starts with investing adequately and smartly, and by looking at what's making some countries so successful. Ending AIDS is possible if we focus on people not diseases, create road maps for the people and locations being left behind and take a human rights-based approach to reaching the people who are most affected by HIV.



The AIDS epidemic shines a harsh light on the fault lines in our societies. Nearly 40 years into the epidemic, discriminatory attitudes towards people living with HIV and criminal laws against key populations still push people to the margins of society. This must end. In 2018, more than half of all new HIV infections were among key populations—sex workers, people who use drugs, gay men and other men who have sex with men, transgender people, prisoners—and their partners. We need a strong commitment from political leaders everywhere to end the stigma and discrimination that prevent people from accessing essential life-saving services. We cannot end AIDS without ending the stigma and discrimination associated with HIV.

The world is failing children. There has been progress in terms of treatment access for children and in reducing new infections but at too slow a pace. To deliver on the promise of an AIDS-free generation, governments need to redouble their efforts to reach pregnant mothers and children with services.

HIV infections among young women are 60% higher than among young men of the same age. Violence against women remains a major public health problem and a violation of women's rights. One in three women globally have experienced physical and or sexual violence. What will it take to end the dual epidemics of HIV and sexual and gender-based violence?

Let me turn to the issue of financing.

If the world is to get on track to end the AIDS epidemic by 2030, there must be adequate and predictable financing for development. But the gap between resource needs and resource availability is widening. There is a collective failure to make available the resources needed for the AIDS response.

It is crucial to increase international and domestic funding. The total global resources for HIV declined by US\$ 1 billion in 2018, as donors disbursed less and domestic investments did not grow fast enough. There is now a US\$ 7 billion funding gap for the AIDS response. The Global Fund to Fight AIDS, TB and Malaria must be fully funded at its next replenishment. This will help save 16 million lives. There is no doubt that ending AIDS is a life-saving investment that will pay for itself many times over.

I want to close by reminding all of us that HIV is so much more than a medical issue. The AIDS response is about social justice and building fairer, kinder societies where everyone has access to the health and education services that underpin their right to live their best lives. As Madiba said: *AIDS is no longer just a disease, it is a human rights issue.*

I do not underestimate the scale of the challenges before us nor the many miles we still have to travel together to end AIDS. But I believe the end of AIDS is possible and I am hopeful.

The report clearly shows that with access to knowledge, rights and power, communities are empowered to drive change, reduce the impact of HIV and to accelerate better health for all. The more we invest in communities, the closer we get to ending AIDS. Together, let's make this once impossible dream a reality.

THANK YOU

