

## SPEECH

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### **This is our zero hour**

Good evening, Ladies and Gentlemen.

It is my honor to address you for the first time as the head of UNAIDS. Thank you for your tireless work. Like me, you are here because you believe we can end this epidemic. Because you wake up every day, ready to continue fighting for a world without AIDS.

On behalf of the UN Secretary-General Ban Ki-moon and the 10 UNAIDS Cosponsors, I thank the city of Vienna, the Austrian government and the International AIDS Society.

From Vancouver in 1996 to Vienna, we have achieved great things together.

The conspiracy of silence has been broken. Five million people are alive because of treatment. Infection rates have dropped 17% since 2001. We have seen unprecedented activism and the full engagement of people living with HIV.

But I am scared by what I see today. Prevention models are coming up short. Some governments are cracking down on vulnerable groups. Treatment is not sustainable. Costs are rising.

Countries like Brazil have seen treatment costs go full circle: from high, to low, to high again.

Meanwhile, 10 million people are waiting for any treatment at all. We have evidence that in too many countries, too many clinics that gave people treatment and hope, now have to turn people away, including pregnant women who risk passing the virus to their babies. In some countries, even people who have been on treatment for years are losing access. They are afraid for the future, for their lives, and are trying not to lose hope.

#### **Defining Moment**

In Vienna we are at a defining moment. Millions more will die if we keep offering only a jumbled mix of uncoordinated, underfunded and underutilized services.

For the first time in a decade, investments have not grown. The hopes of millions were put on hold when the G8 abandoned any reference to the financial commitments they made in

[UNAIDS' vision: Zero discrimination. Zero new HIV infections. Zero AIDS-related deaths.](#)

Gleneagles.

I am not just addressing donor countries. Developing nations need to keep their commitments too. The 15% promise made in Abuja must not be buried.

It is about sharing the responsibility we have to the world.

The financial crisis should not be an excuse to flat-line or scale back. In fact, it is an opportunity for new sources of funding, like a levy on global financial transactions—a Robin Hood tax.

Now is the time to face up to our responsibilities, to show integrity, to keep our commitments. And it is the time to democratize problem solving and be more nimble. Like in Haiti, we need to listen to those affected, whether by epidemic or natural disaster—or both. To empower communities to lead and own the response.

We cannot settle for a world where some people get treatment while others do not. Where some enjoy access to prevention while others are criminalized for who they are and who they love. Where some are offered hope while the hope of others is crushed.

Our vision must be uncompromising. We want nothing less than: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

We have a plan: four pillars that are fundamental to achieve this vision:

- a prevention revolution,
- new models for treatment,
- full equality for women and girls
- ending discrimination

### **Prevention Revolution**

First, I have called for a prevention revolution—a global political and social movement. One rooted in human rights and gender equality.

Without a vaccine or a cure, the AIDS pandemic will become unmanageable—unless we drastically and quickly reduce the transmission rate.

In 2008, 1.4 million more people were newly infected than started treatment. This trajectory must be broken soon, or the world will need to find the resources to treat 2 million more people every year, every day, for the rest of their lives.

Better prevention research will break the trajectory of this epidemic. We have evidence of the impact of concurrent partnerships and the value of interventions like male circumcision. Now we have to put this evidence to work.

I share Anthony Fauci's optimism that ongoing "high risk—high impact" research is going to finally put all of us out of work. PrEP, microbicides and using ARVs to prevent transmission are not show-stoppers on their own, but all take their place in our arsenal of combination prevention.

Young people are leading this prevention revolution. HIV prevalence dropped among youth in 15 of the highest burden countries. We need to continue to empower them with sexuality education that builds life skills.

Their energy and bold ideas have inspired me in Vienna. I have taken to heart their slogan: "Now make it happen."

## **Treatment 2.0**

Treatment 2.0, the next generation of treatment, is the second pillar.

Treatment is a right. Treatment is a smart investment that reduces HIV transmission, TB and maternal and child deaths.

Thanks to the support of British Columbia Premier Campbell and the dedication of Julio Montaner, the world now knows that treatment for prevention is a reality that works for the 3 Ps: It works for the patient. It works for the people. And it works for the pocket.

Treatment 2.0 radically simplifies treatment approaches to maximize the number of people who can benefit. This will save more money. But in the end, we will only be measured by the number of lives we save.

Treatment 2.0 calls for bold new partnerships with the pharmaceutical industry and to exploit the full use of TRIPS to vastly scale up access.

I believe so strongly in Treatment 2.0 that I am putting my authority as the head of UNAIDS firmly behind it. With the joint leadership of Margaret Chan, WHO and UNAIDS will direct country-level representatives to sit down with their national partners to explain the meaning and importance of 2.0 and enlist their support. I will ask our global partners—PEPFAR, the Global Fund, the Clinton and Gates foundations, Mogae's HIV Champions and others—to work with the heads of state and ministers of finance and health and civil society to take up the banner of Treatment 2.0, making it a reality in country after country.

To make universal access a reality, countries should be able to consolidate different funding streams. Countries not only must own their response. They must lead it.

## **An Injustice to All**

As the third pillar, we must end discrimination.

Instead of universal access, the people who suffer most face universal obstacles. No one should endure discrimination. Not men who have sex with men, not transgender people, not sex workers, not people who inject drugs, not prisoners, and especially not people living with HIV.

Eastern Europe has some of the highest concentrations of HIV among people who inject drugs. This epidemic is inflamed by stigma and punitive laws, and won't stop burning until harm reduction and drug substitution programmes are scaled up.

The U.S. Government took a giant step this week with the announcement that PEPFAR will now support needle exchange and substitution therapy. Laws must work for all vulnerable people, not against them. An injustice to one is an injustice to all.

### **Gender Equality in our DNA**

The fourth pillar is gender equality. The research of Rachel Jewkes has highlighted how so many high-profile AIDS responses focus on men even though most new infections in high-prevalence areas are among women. Meanwhile, society turns a blind eye to the gender violence that makes women and girls more vulnerable.

Gender equality must become part of our DNA.

Women must have better tools to protect themselves from HIV—like microbicides and female condoms. They must have the rights, the skills, and the power to negotiate their own sexuality. And they must feel safe from violence.

The research shows that traditional HIV interventions don't work when intimate partner violence is present. UNAIDS will ransack every strategy to find what will. Integration is the only way forward.

The AIDS response should be the bridge joining other movements: maternal and child health, sexual and reproductive health, women's rights, and even the fight against women's cancer.

We must move past the dangerous notion that health priorities steal from each other. On the contrary— when we take AIDS out of isolation, AIDS and other health movements strengthen each other. They strengthen health systems. And they transform communities from passive beneficiaries to actors of change.

### **We Can Not Turn Back**

On this road to zero, we cannot turn back, or turn our backs on the people and problems in our path:

Ten million still need treatment. For every 2 people starting treatment, 5 more are newly infected. More than 80 countries have homophobic laws. .

And still, babies are being born infected and are dying before their second birthday. An AIDS-free generation is so close at hand. We cannot stumble. There is more at stake here than newborns' lives. It is their mothers' lives also. We must never lose sight that women who give birth must also survive. The virtual elimination of mother-to-child transmission by 2015 is sacrosanct.

My friends, there is so much hope on the horizon!

The bold leadership of South Africa, giving AIDS historic attention. The timely move by China to lift HIV travel restrictions. Treatment as prevention. A possible breakthrough on vaccines. Young people taking action and bringing their prevalence rates down. And every

day, scientists edge closer to a cure. The idea that we should cut back or slow down now is ridiculous!

The zero hour approaches. And when I think of that day, I imagine living out the words of Ted Kennedy:

*“There were hard hours on our journey,  
and often we sailed against the wind.  
But always we kept our rudder true,  
and there were so many of you  
who stayed the course  
and shared our hope.  
You gave your help;  
but even more,  
you gave your hearts.”*

My fellow activists keep giving your hearts.

Thank you.

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