

Speech

**Global Partners Forum on Children Affected by HIV and  
AIDS  
Universal Access to Prevention,  
Treatment and Care**

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**Speech by  
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Thank you very much, Robin. And thank you, Gareth, for your leadership, and for being such good partners in this, which, by necessity, has to be a collective endeavour. The challenges that we face are so enormous that they require the full-time engagement of a very wide diversity of actors.

I am also very happy to see that there has been such an enlargement of the original coalition dealing with children affected by HIV/AIDS, compared to the first meetings that we had several years ago. That also is necessary.

Yesterday, somebody asked me in an interview: 'What is the point of another global meeting on AIDS?' That is a good question. There are so many meetings, and probably many of them are a waste of time and money, and are diverting us from doing the work on the ground. I think that this one is really necessary, and it is providing a value-add for a number of reasons.

First, the work that many of you in the room have done over the last few years – and many others who are not here have done – in defining a very concrete agenda, which we have heard already from Anne and from Gareth, and how to overcome obstacles in a very practical way, that is extremely important. When the global and the local action on the ground meet each other you get a value-add.

Second, global meetings are necessary to move an agenda, and to create and stimulate sustained movement. Certainly, I think some issues have to be tackled on a larger scale, on a super-national scale if you want. The price of antiretrovirals for children, for example, was mentioned. There is no way that, in a small community, you can get engaged in price negotiations, it just doesn't work because of the lack of economies of scale, *et cetera*. That is another value-add of such a campaign.

So I think this is really an extremely important meeting, from my perspective, as part of this global movement which is emerging.

What I would like to do is to briefly discuss two things.

One, where we are today with the response to AIDS, and what is moving forward.

Second, where are we in terms of the longer-term agenda that would move us from being reactive, dealing with the crisis which is still there, to being proactive, so that we can truly get a handle on this pandemic.

On June 5<sup>th</sup>, it will be 25 years since AIDS was reported for the first time. That is a quarter of a century, and we are now clearly moving into a new phase in the global response to AIDS.

What is most striking today is the real commitment that the AIDS response must go far beyond what it is today. Continuing at the same pace, even if this pace is much stronger than it was a few years ago, is not going to stop this pandemic, unfortunately. So, we need to do more.

Only five years ago, in 2001, we had what turned out to be, retrospectively, a historic Special Session of the UN General Assembly devoted to AIDS. The big debates were first, issues around human rights, marginalized populations which could not even be mentioned in the Declaration, and second, whether access to antiretroviral drugs should even figure in the declaration. Five years later that seems totally absurd, and hard to imagine, but that was the key debate.

In the meantime a lot of action on the ground has saved millions of lives. As Gareth reminded us, 2005 was, both from a political perspective and an operational perspective, a very important year in the fight against AIDS. We had not only the Gleneagles commitment, which was very important because, for the first time, we could find terms like 'universal access' in the declaration signed by the most powerful nations in the world. And was later expanded to the whole world in the UN General Assembly.

It is imperative to deliver on these commitments. As far as the G8 Summit is concerned, hosted by Russia, I hope that the momentum will be maintained, that leadership will be maintained, and that there will be a systematic monitoring of these commitments.

So, in the area of implementation – and I see this also in UNAIDS – we are moving from just saying that AIDS is a bad catastrophe and that we must do something about it to true action on the ground. Helping with implementation has become our big, big priority. This era of implementation has been transformed into an even more ambitious one, one of getting close to universal access.

What we are seeing now is that finally we are daring to turn our dreams into action. If you don't let your dreams drive your ambitions, then we are in trouble, particularly with such a huge issue as AIDS.

Basically, this movement towards universal access is the next logical step after we started introducing HIV prevention programmes, treatment, the activities around prevention of mother-to-child transmission – we are turning them from small programmes or projects into really population-wide access to life-saving services. That must include the marginalised. That must include children.

Basically, this movement towards universal access to prevention, treatment, care and support is a determined push by communities and by countries to really scale up the whole range of HIV programmes and services, and, ultimately, must be backed by a social movement.

The goals and plans, by necessity, will be different from country to country. Setting yet another global UN goal I do not think is going to make much difference. It is in each community and in each country that one should set these targets, these goals, and then work very hard to reach them.

Consultations are going on in every region in about 100 countries, which have initiated the consultation process. As far as possible, this is part of the normal review of programmes and planning, and along the lines that Gareth mentioned, not only for children, but for the whole response to AIDS.

The major challenges and obstacles will be discussed at the AIDS high-level meeting in New York in about three months from now.

You know that there is a global steering committee on scaling up towards universal access that is co-chaired by Masood Ahmed from DFID, the UK's Department for International Development, and Michel Sidibe from the UNAIDS Secretariat, and several of you are members of that.

What the global committee is addressing is along the same lines as what this global meeting is addressing.

It is addressing issues such as sustainable funding: where will the money continue to come from ten years from now, or twenty years from now or thirty years from now?

And how do we address the very difficult question of human resources capacity, institutional capacity, which, in some countries, is absolutely critical. That is not only in health services but in social services, and I was very happy to hear that the approach here is one that is extremely comprehensive.

And how do we ensure that the goods are being delivered, and that the goods are there? This is not only medicines, but diagnostics. When we talk about treatment today, ironically, the diagnostic tests turn out to be more expensive than many drugs, not for children, but for adults definitely.

Then there are issues around human rights and generics. These are also being addressed at this global steering committee.

Clearly, you cannot get even close to universal access without children and young people at the core. Often the missing piece in this complex puzzle of the AIDS response is children and young people.

Universal access for children and young people has to be for the full range of HIV programmes: HIV prevention, treatment, care and support. Otherwise, the conditions that fuel this epidemic will persist.

It is in that context that we should see the United Nations campaign, UNITE FOR CHILDREN UNITE AGAINST AIDS, that Anne described. It is led by UNICEF, but it's a UN-system-wide campaign. Let me pay tribute to Anne for initiating this, and also for being such a great partner.

When Anne and I first met, we decided that this would not be – with due respect – a classic campaign driven by an agency, but a campaign for the children. In other words, we would bring together all agencies, all organizations. And, in that sense, it's not only going to be a campaign that will make a difference to the lives of children, but also, I think, it is another contribution to UN reform. On behalf of the whole UNAIDS family, I will say that we are supportive, we will make sure that the joint teams and programmes on AIDS will address and incorporate fully this campaign.

The top priority, the 'first call', to use that powerful UNICEF phrase, must go to children and young people who are most at risk, most vulnerable or most disadvantaged, whether because of their own HIV status, poverty, marginalisation, lack of protection, or because they belong to communities severely affected by AIDS.

However, I also believe that we would miss the boat if we don't recognise that we need to act across the life-cycle. In order to protect children we should not only act on the youngest children. Take the growing feminization of the epidemic. As long as every single day, so many women are being infected, whether they are mothers or not mothers, more and more children will become infected through mother-to-child transmission. The feminization of the epidemic is one of the biggest challenges we face when dealing with AIDS.

Also, children grow up, and they become sexually active. We have to be realistic about that, and incorporate these issues for prevention of sexual transmission of HIV in our programmes.

Just before the AIDS Summit in May, UNAIDS will report on progress towards the targets agreed at the Special Session in 2001. Judged by the reports we are getting from countries, and independent reports we are getting from civil society, many countries have made considerable progress, and many have actually met targets that were set five years ago. So it will not be, I hope, one of those summits where we say: 'We've failed, we've failed, and we

have no results and we need more money,' and then we go home. No, there is considerable progress. But, unfortunately, in many countries there is none.

What shocked me the most in our last year's report to the UN General Assembly was the very low coverage for programmes to prevent mother-to-child transmission. It's incredible. Only 10% worldwide of pregnant women have access to services that address mother-to-child transmission prevention. If you go to very heavily affected countries, it's even lower. When you go into the details, and the devil is in the details, less than 1 in 20 women are benefiting from the intervention. Again, some countries are doing well, and we will hear stories about them.

This is really shocking because this comes 10 years after research showed that this intervention – which certainly appears at first to be a very simple, straightforward one – can save basically all babies from being born and being infected with HIV.

This has some very important lessons for universal access to HIV prevention and treatment, for what we are trying to do.

It tells us that it is not enough to have solid scientific evidence.

It is not enough to have a straightforward medical intervention.

It is not enough to have the money.

All of this will not work unless our programmes are firmly embedded in community action, unless we address the stigma, which has been one of the biggest obstacles, even for mother-to-child transmission programmes; unless we associate it with education and counseling; unless there is political support in the community and higher. One of the lessons is that it is as important to engage the husband or partner or mother-in-law in these programmes as the actual mother.

It really should make us a bit humble as to how we translate a research finding into an actual programme. It has also shaken up some conventional wisdom and taboos, which we don't like to hear, but it may no longer be true that 'breast is best' in all circumstances. Life has become far more difficult in the era of AIDS than before.

We can also use such lessons for, let us say, access to co-trimoxazole, as Gareth has mentioned. After all co-trimoxazole has been around for decades, and we've known for 10 years that it saves lives. And yet it is not being done, when we know that it does not even cost much money.

And HIV testing is essential, but it is not going to work if we just drop it from the sky.

All of this means that we need a very comprehensive approach, and that, as I often say, anything that has the word 'only' in there doesn't work for AIDS. We need a comprehensive approach.

I will conclude by going back to the long-term agenda – the question being, What about the next 25 years?

We should make sure that we are not going to fail as we have done for the first 25 years.

The long-term agenda has to be advanced at the same time as we deal with the crisis agenda of today.

For me there are five points, and I will just mention them.

The first one is that we have to do more and better. In other words, the scaling up must be multiplication, and we must make the money work, along the lines that Gareth mentioned.

Second is sustaining and increasing political momentum to finance this. As I said, 30 or 40 years from now people who were started on treatment now will still require antiretroviral therapy. Where will the money come from? The first requirement for keeping the money flowing is that we show results.

Third is accelerating technological innovation. I am thinking particularly of microbicides, which seem to be a feasible achievement for the next five years.

Fourth is making real headway in addressing the fundamental drivers of this epidemic: gender inequality, poverty, illiteracy, all kinds and forms of discrimination.

Fifth is addressing the social impact. Anne and Gareth mentioned some of this, but also we will have to address now, for the most-affected countries, the impact and the effect on the governance or democratic processes in these countries.

On every one of these longer-term fronts the rights and needs of children and young people are just as central as they are to today's efforts of getting close to universal access.

Let me conclude, then.

I believe that a meeting like this is yet another step to the building of a broad, expanded coalition that we absolutely need to defeat this pandemic.

So, thanks a lot to all of you for all your hard work, the work on the ground, and having joined us here at this meeting.

Thank you.