

Speech

[Check against Delivery – speech to be delivered by Michel Sidibe, UNAIDS Deputy Executive Director on behalf of Dr Peter Piot, UNAIDS Executive Director]

2007 HIV/AIDS Implementers' Meeting

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Dr Peter Piot
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Your Excellency, President Kagame, Mark Dybul, Michel Kazatchkine, friends and colleagues

It is an honour to be here with you in Kigali today, and to have this opportunity to speak on behalf of the World Bank, the World Health Organisation, UNICEF – all the co-sponsors of UNAIDS and of this meeting.

And it is impressive to look around the room and see such a wide range of people working on the frontlines against the AIDS epidemic gathered together.

It is appropriate to be holding these discussions in Rwanda. His Excellency President Kagame has demonstrated exemplary leadership on AIDS – nationally and internationally.

Under President Kagame, Rwanda has made some remarkable achievements. Three years ago, some 8,000 people had access to anti-retroviral drugs. Today, nearly 40,000 people are on treatment.

This progress is proof of Rwanda's own commitment to defeat AIDS. It also vividly illustrates the impact international funding can have.

Before I go further, I want to thank Her Excellency Mrs Kagame for her leadership – the Organization of African First Ladies Against AIDS has raised awareness about AIDS across the continent and around the world.

It is ten years since the World Bank launched the Multi-Country HIV/AIDS Program for Africa, five years since the Global Fund was established, and four since the creation of PEPFAR. Each of these landmark steps has released billions of desperately needed dollars for AIDS, underscoring a growing global commitment to defeating one of the defining challenges of our time.

President Bush's recent proposal to increase AIDS funding to \$30 billion over the next five years sends an important signal around the world. And it comes at a critical juncture. I'd like to take this chance to salute Mark Dybul for his leadership and to thank him for his commitment to work as one team with all of us.

I am very pleased with the appointment of Michel Kazatchkine as Executive Director of the Global Fund, and look forward to working increasingly closely with the Fund in the years to come. Strong cooperation between our two organizations is, I believe, one of the cornerstones of an effective global AIDS response.

Friends, a quarter-century into the AIDS response we are at a crossroads, at a point where we must take stock of what we have done and what we have achieved. Where we must take a cold, hard look at what we are doing today, and assess what is working and what is not.

This meeting is part of that stocktaking exercise. We must be able to show what works in order to scale up AIDS programmes effectively. We must also constantly reappraise what we are doing, and be prepared to make changes. We must never allow ourselves to be satisfied with what we've done.

Momentum has certainly been gathering around AIDS in recent years, and we are making inroads. Well over two million people in middle and low-income countries are now on anti-retroviral treatment. In several populations in East Africa, the Caribbean, and Asia, HIV infection levels are falling. Finally!

In others, however – Uganda, Thailand, Western Europe - infection levels are edging up again. As a result, the hard-won prevention gains of the 1990s are being lost.

We need more – and better – prevention programmes, not less, now that antiretroviral treatment is increasingly a reality. Globally, for every one person who starts on antiretroviral therapy today, another six become infected with HIV. Last year, another 4.3 people were newly infected with HIV. If we don't act now to make HIV prevention work better, the queues for HIV treatment will just get longer, and responding to AIDS will get more expensive and more difficult.

Meanwhile, some critics are saying that “Too much money is going to AIDS”. The truth is that not enough money is going to AIDS, and there's a huge gap between the money that's needed support AIDS programmes in low and middle income countries, and what's available. This year alone, funding for the global AIDS response will be eight billion dollars short of the 18 billion required.

This funding shortfall makes it all the more important that we spend the money we do have on the right things, in the right place at the right time.

At UNAIDS, our number one task is to “make the money work” so that we can come as close as possible to universal access to HIV prevention, treatment, and care. I am going to list five things that are all critical to making the money work.

First, money must be spent on priorities and programmes that are led and “owned” by national governments and local communities. Where there is strong national leadership, results will be greater and more sustainable. This may seem obvious. But time and again I still see AIDS projects that have little to do with national AIDS plans

or local needs. This sort of ad-hoc initiative is counter-productive, and often means that the money fails to get to the people who need it.

At the same time, countries (and donors) must better understand their epidemic and what drives it so they can take appropriate action. Monitoring and evaluating the epidemic – and the response – is a critical part of our work at UNAIDS and must serve as the basis of any effective national AIDS strategy.

Second, we must tackle the human resource crisis in health, education and social services in many low and middle-income countries, and integrating our work with other health services and community development. It also requires “task shifting” – in the context of delivering anti-retroviral therapy - to relieve pressure on those at the doctors and nurses.

When AIDS projects include investment in capacity building, they strengthen health and social services. If they don't, there's a danger those services will be weakened. UNAIDS is increasing its focus on building technical capacity on HIV, equipping individuals and institutions with skills and knowledge they need. This will be critical if countries are to mobilize, plan, and use resources effectively in the longer term.

It is also vital to involve communities, and enhance their capacity to respond to the epidemic. Communities are an invaluable source of knowledge – about what works in a particular context and about how to reach people. They have an essential role to play in both designing and implementing programmes.

However, let's not forget that HIV prevention programmes fall largely outside the traditional health sector, highlighting the need for investment in education, social services and community capacity.

We must also ensure that AIDS treatment and care programmes are integrated into other programmes - reproductive health, for example, and tuberculosis. The emergence of extremely drug resistant tuberculosis – what South African activist Zackie Achmat calls the Ebola of AIDS – is a dramatic wake up call to integrate tuberculosis into everything we do on HIV.

Third, we must move from short-term planning cycles to more strategic programming approaches. But this can only happen if funding comes in predictable, multi-year blocs. We cannot mount an effective AIDS response if we continue to handle it one fiscal year at a time. That's why I sincerely hope that a reauthorization of PEPFAR will be accompanied by a shift to multi-year allocations and why I am pleased that the Global Fund can now support programmes, not only projects. At the same time, I'd like to recall the commitments African countries made in Abuja seven years ago – including the pledge to invest 15% of annual budgets into improving the health sector.

Fourth, we must acknowledge that while AIDS must be at the core of any development strategy, but it must also be treated as a distinct – and extraordinary – entity that can only be tackled through an exceptional response.

Fifth, we must achieve greater efficiencies of scale. This means learning from business, large public-sector programmes and mass movements, and improving procurement and distribution mechanisms. It means getting more efficient about the ways we do things, focusing more on results, and ensuring that we set – and maintain – top quality standards for service provision. It means making sure that money doesn't get "lost on the way". The international consultancy firm Accenture and UNAIDS recently came up with a number of ways to enhance the flow of resources from national to district and local organizations, to ensure that it meets real – and not perceived - needs. We must also drastically cut the unit cost of everything we do: the era of the expensive pilot project is over.

It also means working more synergistically together – and collaborating more closely and more effectively. An effective AIDS response is far more than the sum of its parts. When we come together and work together in synergy, we can have an impact way beyond the individual projects and programmes we're working on. But when we don't, we undermine each other's efforts and damage the response as a whole.

As we strengthen our efforts to provide technical support, we must recognize the importance not just of doing more, but of doing it better, and more coherently.

UNAIDS is not just a source of technical advice and monitoring and evaluation expertise. It is also a broker, a facilitator, a negotiator, and a coordinator. For the past three years, as you know, UNAIDS has been promoting the "Three Ones" – an effort to make AIDS strategies more effective through greater coordination and coherence. I don't like hyperbole but I firmly believe that effective coordination not only saves money, it also saves lives.

Friends, I said earlier that we were at a crossroads. We are moving to a new phase in the response. We've broken the silence and broken the funding barrier. Now we have to combine crisis management with a longer-term, strategic approach.

We have to assess what's working, and what isn't. We need more of the same: more people should be on treatment, more condoms should be available, more testing and counseling services established, and so on. But we must also work differently, and do other things. Only then can we start to get real about HIV prevention. Failure to do so will lead to longer queues for treatment.

The thought of those queues haunts me. It is a constant reminder of the dilemmas we face as we struggle to deal with today's emergencies and at the same time avert

further crises developing later on. This is why UNAIDS is supporting a new project, Aids2031. Aids2031 brings a wide range of different constituencies together to assess what the AIDS response should look like 50 years after AIDS was first identified, and ensure that what we do today is strong enough to have impact now and stand firm over the longer term.

This means we must be prepared to answer some tough questions we've shied away from in the past.

How is the world going to pay for an AIDS response that is (at least initially) going to get more - not less – costly as more people require treatment, and as they start to need new, second and third-line drugs? Where will the funding come from in decades to come? And can a country be truly sovereign when hundreds of thousands of its citizens depend on foreign aid for their daily survival?

How are we going to intensify prevention and make it more effective? How are we going to tackle the fundamental drivers of the epidemic: socio-economic inequalities and the low status of women; violence against women; HIV-related stigma and discrimination; the marginalization of men who have sex with men, drug users, sex workers, and migrants?

How can we speed up development of new generations of HIV drugs, vaccines and microbicides and take advantage of new discoveries such as those around male circumcision?

Unless we recognize the need to tackle questions like this, and to focus beyond the here and now, we undermine the impact of everything we do today.

You have a packed schedule ahead of you, and I wish you the very best for your discussions. This is a critical meeting. It's a meeting about action. It's about where the rubber hits the road and getting the job done. It's about doing more, doing better, and working together to make a real difference for people – now and in the years to come.

Thank you.