

Speech

Diverse Voices, Common Ground: Uniting the World against AIDS

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Thank you, Jack [DeGioia], for that kind introduction, but more importantly thank you for your leadership and for indeed engaging institutions of higher education such as Georgetown in the fight against AIDS, because you're absolutely right of course that the implications of this pandemic go far beyond the areas of public health and medicine, and indeed are unprecedented. That's why there is a need for many years to come for creative thinking and critical analysis about what is the meaning of AIDS epidemic for individuals, for societies and for various systems because AIDS is challenging us in many different ways. It doesn't fit into any box.

And also thank you, Larry [Gostin]. You've been a pioneer in an area that is extremely important – the law, ethics and AIDS – and there we again see AIDS challenging us in unprecedented ways.

It's very good to see both many friends and many new faces.

I'd like to single out somebody who's been associated with this university – Mark Dybul. Mark, I think you really have done an extraordinary job as the deputy U.S. global AIDS coordinator, translating what was in essence a dream and an act of political leadership by President Bush into something that has made a difference in people's lives.

I'm very honored to be speaking in this lecture series inspired by *Pacem in Terris*. In 1963, when *Pacem in Terris* was issued, I was 14 years old and the Encyclical had really a lasting influence on my thinking, for several reasons.

First, because of its bedrock faith in the fundamental equality and dignity of every human being. That's at the core of the Encyclical.

And its call for action on every one of the critical issues of that era, including independence for the colonized nations in these days, equality between the races and sexes, bridging the chasm between poor and rich, and at forefront of Pope John XXIII's concern at that point, a solution to the terrible threat posed by nuclear weapons.

And another reason why it has had such an influence on me is that despite being written at a moment when nuclear war was imminent, it has a profound spirit of optimism. Optimism that the goodwill inherent in every single person can lead to a modern social life characterized by the universal "common good," as it says. I found this extremely inspiring.

I have no doubt, as also my good friend Father Bob Vitillo said here some months ago, that if Pope John XXIII were writing the Encyclical today, he would rank AIDS among the chief threats to humanity that needed to be addressed, perhaps no less than his concern about the nuclear arms race.

I refer purposely to his concern about nuclear weaponry and war because as early as 1987, just six years after the very first cases of AIDS were reported, the great biologist, Stephen J. Gould, wrote in a commentary in the New York Times that the AIDS pandemic "is an issue that may rank with nuclear weaponry as the greatest danger of our era." This was in '87 when, frankly, it was not crystal clear how huge

this epidemic was going to become.

Certainly the years since have in broad strokes confirmed Gould's warning. Over 65 million people have become infected with HIV and over 25 million have died in the 25 years since AIDS was described for the first time, on 5th June 1981, in a report about 5 homosexual men in Los Angeles. And we're still seeing an expansion of the epidemic – a true globalization. There is no country today that is not affected by it. And from the five cases 25 years ago we are now in a situation where every single day 8,000 people die from AIDS, and 14,000 women and men become infected—every single day!

What we're seeing is that in the most severely affected nations, particularly in Southern Africa, we may have to apply a new notion and that is of 'undeveloping' nations. These are nations which because of the AIDS epidemic are going backwards in terms of development and face the risk of collapse. Just taking one of those key indicators that measure social and economic development in a society, and that's life expectancy at birth, and because of AIDS about 25 to 35 years have been shaved off life expectancy in a country like Botswana, for example.

And as Jack said, quoting Father Vitillo who quoted me, "AIDS is exceptional as a current crisis and long-term unfolding threat." I believe that it has become one of the make or break issues of the twenty-first century. It's probably also one of the greatest leadership challenges of our century. It's not any longer in the league of public health problems. I would say it's on a par with the persistence of extreme poverty, global climate change, nuclear weaponry and terrorism. So without stopping the AIDS epidemic, without reversing it, there is no chance for stability, for economic and social progress in the world.

But I didn't come here today to talk about the doom and gloom of AIDS.

I came here to talk about what we can do, and what our long-term agenda should be.

Twenty-five years are behind us. What about the next 25 years? Because it's about time that we start counting in terms of decades and generations when we are dealing with AIDS – simply because AIDS is not going to disappear one fine day, and so the long-term agenda has come really to the forefront of my concerns and thoughts.

I would like to share some thoughts about what one could loosely call the 'global AIDS movement'.

It's fair to say that in most countries, in most communities, and also at the international level the response to AIDS has been slow, has been purely reactive, but also that real headway has been made because of the interplay of two factors, namely exceptional activism and leadership.

Let me give you some examples. The first evidence that we were not helpless against AIDS came from gay communities in this country, Canada, Western Europe and Australia. It was gay men's organizations, whether loosely-knit organizations or well-organized places such as Gay Men's Health Crisis, who mobilized their communities on HIV prevention, as well as demanded real action from government,

the law, the pharmaceutical industry, and the medical sector.

And then in the early 1990s we saw another phenomenon, and this was in developing countries like Thailand and Uganda, where we had an interesting combination of a top-down approach by government as well as community activism, particularly in the case of Uganda. In Uganda, the community mobilization was originally through TASO, The AIDS Support Organization. And these two countries succeeded in reversing generalized epidemics because of this visionary leadership from the top and the activism at the grassroots level.

There is also another interesting country, which presents a very different model, and that is Senegal, where we have a combination of political and religious leaders – both from the Muslim congregations and the Catholic Church – joining forces and taking very pragmatic action. This has kept Senegal from developing an HIV epidemic. And that very positive story is continuing at the moment.

Today I would say it is treatment access activism that is driving much of the AIDS response and the mother of all treatment access activism is TAC, the Treatment Action Campaign in South Africa.

And at the political level, internationally, there's been a momentum of leadership, starting around 2000. The first debate on AIDS in the UN Security Council was in January of 2000, chaired by the then Vice-President Al Gore. This was not only the first time that a health issue was discussed in the Security Council, but also the first formal moment where the notion of security was broadened from just the absence of war and conflict to something that goes more into the direction of what some call "human security".

And we had in 2001 a special session of the UN General Assembly, which turned out to be historic. In June 2001 about 35 heads of state and government came together in New York, together with all member states of the UN, and signed a Declaration of Commitment on HIV/AIDS. Why was it important? Because that's the moment that AIDS really made it to the political agenda, became a core political issue. It was not the Ministers of Health who were there. They were also there, but it was now taken on as a core issue for development, for security, for stability in the world, with the signatures of the top leadership in these countries. And in many countries that had lots of consequences. For example, at the moment about 40 countries now have National AIDS Commissions or Councils chaired by the president or the Prime Minister.

President Bush's 2003 State of the Union is another defining moment, because you can see that's when we moved from the "M" word to the "B" word when it comes to funding. We were scratching for a few millions here, a few millions there, and then suddenly he came and said "\$15 billion"! That's what he put on the table. And that qualitatively changed the donor response to AIDS, because some other nations followed, like the UK with £1.5 billion and so on.

So as you can see the AIDS struggle is following the path of so many successful movements. It started with a small determined group that sometimes use 'guerilla' tactics but is now a still-growing constellation of diverse actors. We've gone from a

time when AIDS was a taboo issue, when even those who were working on it were stigmatized and hence few people wanted to be involved. I guess I knew basically everybody who was dealing with AIDS in the 1980s.

Now we've moved to a situation where there are far more organizations and individuals centrally involved in the AIDS response than I could have ever predicted, from every sector and every walk of life. The global AIDS movement has truly become what some social scientists call a "transnational social movement". I quote Sidney Tarrow of Cornell who says, "transnational social movements include those relevant actors working internationally on an issue, bound together by shared values, a common discourse, and dense exchanges of information." This is really an accurate description of the AIDS movement today.

And it turns out that there are unlikely coalitions that are growing and developing. Take South Africa. What else but AIDS could bring together treatment activists, people living with HIV, the trade unions, the Anglican Church, the Chamber of Mines, and the South African Communist Party? It's the movement for the right to access to treatment and care for HIV/AIDS. And these are the diverse voices that I refer to in the title of this speech.

Now there are two questions that have been on my mind for a while. The first one: How do we make the money work for people on the ground? \$8.3 billion was spent on AIDS last year, about \$3 billion of this from developing countries. So how do we make sure that this reaches the people who need it in ways that lead to real results?

The second question that's on my mind now more and more is how do we ensure that our achievements are sustainable, and that we turn our response to AIDS from a reactive, crisis-management response -- which of course is still absolutely necessary given how many people die every day--to a more strategic long-term response.

This second question is now uppermost in my mind because I think we are at the turning point in the AIDS response, and must start thinking about that.

Because of the hard-won gains of the past five years to a decade, we're today in the era of large-scale implementation of programmes. And as a consequence we have measurable results. There is a decline in new HIV infections, particularly among young people. In other words, prevention has started to work. So now I can point to more than just Uganda, Thailand and Brazil when I give examples of countries that have succeeded in turning the tide of their epidemics. There's limited credibility to having only two or three developing countries where their programmes had an impact on the epidemic! At some point you need to be able to show that other countries are making real headway too. And today I can say that across Eastern Africa, in some countries like Kenya, on a national scale there's a decline in new infections. In other countries, like Rwanda, Tanzania, Ethiopia and Zambia, in urban populations we're seeing a decline in new infections.

This evidence is really important because it demonstrates that AIDS is a problem with a solution. And frankly, I would personally not be interested in this job if I didn't believe that we can make a difference, and that we can have results.

Also we see that more and more people are on treatment. There are now well over one million people in the developing world who are benefiting from antiretroviral therapy. And two years ago that was less than 200,000. We still have a long way to go as about six million people need treatment. But there's been real progress.

And then something that is much harder to measure, and here I can be accused of being a bit touchy-feely, but when I sit down with people living with HIV, when I sit down in rural and urban communities, what I sense is that AIDS has become an issue for people in the communities. It's not something any longer that is merely imposed from the outside as was the case for many years. The issue is being owned by the people, by the communities, and you have discussions on difficult issues in every society—on gender relations, and sex, and sexual violence, and so on.

So we are, I think, at the end of the beginning, and we have to move to the next step. That next step can only be that we should not be content until everybody who is infected has access to treatment, while the new generation of today does not become infected. And that's basically the message that came out in the commitment of the G8 Summit in Gleneagles in Scotland last year, and also from the World Summit at the UN.

That's the immediate agenda. But what about the next 25 years of this epidemic? There are a whole set of challenges posed by the longer term agenda of action, of things that have to be sustained for the next 25 years, and I won't go into them. On Thursday I'm giving a speech on this subject at the Woodrow Wilson Center. And it is a long list, ranging from sustaining leadership and public support and funding to accelerating technological innovation, and so on.

The point I'm making is that given the immediate agenda of action, let alone the scale of the longer-term challenges, which are incredibly complex, there's good reason to worry that if the AIDS movement doesn't embrace a much more diverse set of actors, it may well be doomed to fail in the long run.

And how do we figure out the answer to this burning question of how the global AIDS movement should adapt to meet these challenges? What does the history of modern social and political movements tell us both from the successes and failures? What other examples are there of movements that have successfully sustained an emergency response over the long term because they are faced with nothing less than a chronic crisis?

We can learn from the environmental movement, the women's rights movement, but also the anti-apartheid and decolonization movements. And I believe that in every case the success has been because activism has been combined with broader coalition building. Activism is the key to holding all actors accountable, more so political representatives, while the broader coalition is the key to sustaining action, because the issue is mainstreamed and owned by many actors, and also is necessary for delivery.

And I think that's what we've seen in the US. The fact that churches, that evangelicals, have joined the AIDS movement, and have made AIDS also an issue for them has been a determining factor in elevating the AIDS issue to a new level.

What was traditionally a liberal Democratic or 'left' issue is now much more a mainstream issue, and I think that's extremely important. It has, of course, confused many, particularly those of us who have been working on AIDS for years. It has created new tensions, but we definitely welcome it at UNAIDS.

Now there are obviously pros and cons to these developments. If you're a small group, you can be very pure and you don't have to make compromises. But the impact is usually very small, and it's hard to sustain the effort. A broad coalition has not only pros, it also has some cons. It can mean a lack of focus. And it can mean not a common minimum programme of action but instead the lowest common denominator of action. So there is a dilemma and some will prefer to be ideologically or theologically pure, and others are more interested, I think, in getting things done. I think at this critical juncture in the history of the global AIDS movement, it's really important that we work as a broad coalition.

But there's no doubt that this coalition can only work if we agree on a common minimum program, as I call it, of action rooted in a number of things. One is in values, and secondly, agreement on deliverables, on results. And the values can only be the preservation of life, and the dignity and value of every human being.

But you will say, "Oh, that's fine, but opinions are so far apart," and point to HIV prevention. The whole debate, particularly in this country is on 'ABC', on 'abstinence only' versus 'condoms only', and all that. As if we haven't learned 25 years into this epidemic that anything that has the word "only" in it, doesn't work for AIDS. Sorry, there are no magic bullets for AIDS. But every day I get a letter from somebody or the other saying, "Dr. Piot, if only you will do—" and the action they suggest goes from circumcising all men, to flooding the world with condoms, to virginity tests. There are many crazier ideas than these.

Of course some healthy tension and debate is actually very good. It fuels the movement, gives it momentum. And moreover AIDS is inevitably contentious because it is like no other disease. In June I gave a speech at the Central Party School of the Communist Party in China. And my message was really that dealing with AIDS in society involves dealing with contradictions in society, using Mao Zedong's book on contradiction. So it's confronting issues like prostitution, drug use, discrimination and so on. And I think that's not only true for China and for the Communist Party of China, but for all of us. Look at the 'ABC' debate. When we have such confrontation, often the whole arena is held hostage by the extremes, and there is no dialogue.

But there's clear evidence that broad-based movements to fight AIDS are possible and that they strengthen the response immeasurably. I can cite the example of Brazil where the commitment to fighting AIDS crosses political party lines and other social divides. India has a wonderful initiative across all parties of elected representatives taking on AIDS as a non-partisan issue. In South Africa, as I mentioned earlier, there is an unlikely coalition. In the Philippines, the church and the government now have recently agreed on a common minimum platform of action on AIDS, because it was a very difficult issue for the Catholic Church to deal with.

I definitely don't want to downplay the difficulties involved in working as a broad coalition. But it's fully possible and has high rewards. I can vouch for this from my

experience of leading UNAIDS, which after all is an experiment in bringing together 10 UN system agencies that often have not so much in common except the UN in their name, and in the case of the World Bank there is not even the UN name.

This year is our 10th anniversary of operations and I'd say our successes have resulted from us functioning as a broad coalition. We could not have achieved all that we have if we had worked in isolation rather than as a joint programme focused on a common agenda. And just like the overall AIDS movement is being challenged to do today, we've had to somehow succeed in being both passionate advocates for those most affected and threatened by the epidemic, as well as uniting and coordinating everybody. And so my approach has been to refuse any debate about mandates and all that but instead to say, "Let's agree on results. What do we want to achieve? And what are our core values?"

We provide the platform where this dialogue can happen not to reach a compromise for compromise's sake or to go to the lowest common denominator, but to find practical solutions. This can mean, for instance, that there is a division of roles so that one donor funds what another donor cannot fund. What's key is that we put the interests of people first, and that whatever we do is grounded in science.

In many countries we've brought together government and civil society, particularly groups of people living with HIV. No dialogue very often to begin with, but now they're at the same table and the same podium. And this has resulted both in putting AIDS on the political agenda in many countries and in bringing people living with HIV and civil society to the table. But again this doesn't mean that we must agree on everything or that every one of us has to do the same thing or everything, but rather that with our diverse efforts combined we have covered all the essential bases. And that's the essence of what we call the 'Three Ones', where we bring all the actors together with just one goal, and that is to support the efforts of the community along the priorities that they have.

In concluding, I want to comment on the fundamental question that confronts all of us who are engaged in fighting this pandemic – and that is how can we sustain the response to this chronic crisis? Dealing with AIDS cannot be allowed to become just a fashion of five or ten years. It must be accorded unprecedented long-term priority so that the people who have started life-saving treatment for HIV today continue to benefit from it 30-40 years from now. So we need to secure that long-term commitment now. We need it from the US government, going beyond PEPFAR. We need it from the World Bank. We need it from the Global Fund. And we need a commitment at the highest level from all political leaders in the world – and that's what I hope world leaders will commit to at the upcoming AIDS Review, which will be held at the UN General Assembly in end May.

I will end by referring to a passage in *Pacem in Terris* that sums up the reasons for my confidence that all actors in the fight against AIDS can come together as diverse voices united in a common cause. I quote Pope John XXIII, "There is reason to hope, however, that by meeting and negotiating men may come to discover the bonds that unite them together, deriving from the human nature which they have in common."

Thank you very much.