

Speech

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DON'T GIVE UP THE FIGHT!

**Speech at the opening of the
XVIIth International AIDS Conference, Mexico
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**Speech by
Peter Piot,
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Buenas noches,

Me complace estar aquí en la primera Conferencia Internacional sobre el sida en América Latina – una región que mostró al mundo que es factible ofrecer tratamiento antirretroviral en países en vías de desarrollo y donde algunos países han mostrado que es posible alcanzar el acceso universal.

Una región donde Ministros de Salud y Educación hicieron una Declaración el viernes prometiendo la educación de los jóvenes en la escuela sobre la realidad del sida y la sexualidad.

This conference takes place as we enter a new phase in confronting aids.

A new phase because we now have results on a large scale.

For the first time, fewer people are dying of aids and fewer people are becoming infected with HIV.

For the first time we have empirical evidence that our brilliant coalition can move mountains. A unique and diverse coalition present here in this auditorium.

This is cause for encouragement.

But not cause for complacency, nor for declaring victory.

Because the end of aids is nowhere in sight. Every day, almost three times as many people become newly infected with HIV as those who start taking antiretroviral treatment.

We will set ourselves up for demoralization and failure if we base our strategies on the illusion that the end of aids can be achieved any time soon.

Global in outreach, local and personal in impact, the epidemic is evolving in a fast-changing environment.

Compelling issues have risen up the global agenda: economic recession, growing social inequalities, climate change, energy and food crises.

Our challenge today is to position AIDS in this context – to sustain and build on the gains we've made, while ensuring that due attention is paid to other major issues.

The epidemic itself has evolved too. HIV infections are rising in some countries where we thought prevention had been successful. And new epidemics are appearing – for example among men having sex with men in many Asian cities, among drug users in parts of Africa. Let's never forget that the epidemic could still bring us new surprises – as it has done so many times already.

If we are to get ahead of this epidemic, it is time to come to terms with complexity:

Whatever you may read in some journals today - there is no short cut in HIV prevention. Those who claim that we just need one or two things to prevent HIV – and those who say we can forget all about involving communities - are playing with fire.

Simplifying what is complicated can be as counter productive as complicating what is simple.

Combination prevention, just like combination treatment, is the only feasible option. Anything else is, frankly, irresponsible.

Combination prevention means finding the right mix of activities for each local epidemic.

Combination prevention also involves mobilizing for social change – no more stigma around HIV, no more homophobia, no more gender based violence, no more ostracism of sex workers. Here I salute Mexico's anti-homophobia campaign – one of the boldest and most creative in the world. And it is high time every country in the world resolutely embraced the full spectrum of harm reduction among injecting drug users. Not doing so, will only perpetuate the spread of HIV.

Bold leadership on aids is most crucial for HIV prevention because it means tackling many controversial, and often deep rooted beliefs. HIV prevention now requires the same levels of passion and activism that have driven the successful movement for treatment.

I also urge scientists and funders to continue our efforts to develop an HIV vaccine and a microbicide, while at the same time broaden the HIV prevention research agenda, which can only be inter-disciplinary, and should pay more attention to operations research and evaluation.

In the long run the best way to stop people dying from aids is to reduce new infections in the first place. But in the mean time, the treatment imperative remains as strong as ever, because let's never forget that this is about people. Because this is about entitlement to life.

One of the main lessons of providing antiretroviral therapy to millions of people is that we should not wait until systems are fixed before acting, because I know what would have happened to the 3 million people on ART today if we had waited: most would be dead by now.

A second lesson is that there is now growing evidence that aids action has become a true engine for strengthening health systems. Such strengthening will be even more vital to expand access to treatment for decades to come.

Friends,

The diversity of our coalition, while working for a common set of goals, has always been one of our greatest strengths.

Now that we are entering this new phase, unity will be needed more than ever because our task is long, complex, and always controversial to some.

If we are to sustain a robust aids response over the longer term, we don't only need unity, but we also must enlarge our coalition. This means reaching out far more than before to those who are strengthening health systems and are in charge of drug control. It means building stronger linkages with those working on tuberculosis and sexual and reproductive, and maternal and child health. It means involving far more young leaders.

But my friends, remember: We've got a mind of our own! Broadening the coalition must not come at the expense of the non-negotiables of working across sectors, involving civil society and of people living with HIV, grounding our action in science, rooting all we do in human rights, and focusing on results for people. We must categorically reject any attempt to so called "normalize" aids, or treat this epidemic as just one of many medical problems. Now, more than ever, do we need an exceptional response!

Nothing less than an exceptional response.

Considering the resource implications of expansion of treatment and prevention access over at least the next decade, it should be clear by now that there's not "too much money going to aids" but too little. It is in that context that the decision by US Congress to re-authorize PEPFAR with 39 billion dollars for aids, and signed last Wednesday by President GW Bush, is a truly historic deed.

The long overdue lifting of the law banning people living with HIV from entry into the United States is another terrific bonus.

It is the combination of building on our results today, investing in research, broadening the coalition, and reinvigorating political leadership, that gives us the foundation for a strong, long-term response.

Because let's be realistic. We've done the easy bit. If we thought the first phase was hard, we must be prepared for an even tougher time ahead.

But it will be less tough if we work together – in a unified coalition.

To quote the great Caribbean poet Bob Marley: "Get up, stand up, stand up for your right / Get up, stand up, don't give up the fight".

That's what we will do. That's what I will do. Never give up the fight!

Thank you