

Speech

**AIDS: THE NEXT 25 YEARS**  
**XVI International AIDS Conference**

**Toronto, 13 August 2006**

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Friends and colleagues,

Once again we have come together to address our common cause—AIDS. Throughout this week, we must remember that we all share that one common cause which needs all of our collective strengths more than ever.

I bring you the greetings from UN Secretary-General Kofi Annan, and his conviction that this conference can be a milestone in the world's response to AIDS—a response that he has made his personal priority.

We are at a time of great hope and great opportunity because we have achieved more in the past five years than in the previous twenty.

But, as the theme of this conference “Time to Deliver” points out, we still have a lot to deliver.

Although the scope of our successes is clearly inadequate, we are seeing real results in terms of lives saved because of effective prevention and access to treatment.

Building on this foundation, we have our first and perhaps only opportunity to move the AIDS response into entirely another league, where we build on our emergency actions and put in place a long-term sustainable response.

This is how our gathering this week can be a milestone, a turning point in the AIDS response.

But, we must acknowledge that long-term sustainability does not mean five or ten years, but twenty-five years and more.

We must anticipate the future in our planning and action because for generations to come ours will continue to be a world living with HIV.

The sheer growth in the size of the epidemic reflects that fact that we have so much more to do, particularly around prevention and engaging the world's growing youth population.

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

Tragically, the end of AIDS is nowhere in sight.

Friends, because of all that we have painfully learned in the past 25 years, the agenda of what we need to do over the next 25 is now clear.

First and foremost, we must maintain the exceptionality of AIDS on political agendas.

Yes, we must normalize AIDS as a disease, so that it is thought of and handled as just another disease, with no stigma. And yes, we must team up much more closely

with wider development efforts, so that the AIDS response is put at the core of development agendas, not outside.

But let us not confuse these with the need to maintain the exceptionality of AIDS in politics and public policy.

The end of AIDS exceptionality would spell the end of protected funding for antiretroviral therapy, of commitment to harm reduction for injecting drug use, of sex education in schools, of billions for the AIDS response, of the Global Fund and US PEPFAR, of Presidents and Prime Ministers leading national AIDS efforts.

So, first and foremost, we must keep AIDS exceptionally high and exceptionally visible on political agendas year after year. The real threat is too little recognition – not too much! – that AIDS is an exceptional crisis and worsening threat.

Second, we must ensure that no credible national AIDS plan goes unfunded – now or in the decades ahead.

How will we close this gap of billions? And how will we ensure that commitments are made for a decade at a time, not for one fiscal year?

The lives of hundreds of millions depend on full funding for needed HIV prevention.

And, the lives of the 40 million people living with HIV today depend on maintaining full and unbroken funding for universal access to HIV treatment.

These challenges of sustaining funding demand the engagement of the best minds of our times. I am profoundly encouraged that Bill and Melinda Gates, among others, have taken on the AIDS response as their personal cause.

Third, to get to real success, we must make the money work.

This means accelerating the current scaling up of all HIV services from investment in systems to strengthening community capacity. Keeping people alive and well through providing antiretroviral therapy is one critical investment in capacity.

This means ensuring that the money is working for those who are most vulnerable. By this I mean, among others, men who have sex with men, injecting drug users, sex workers and orphans.

This means ending fragmentation of AIDS efforts, which has huge costs in lives and money.

Fourth, to get to real success, we must accelerate and sustain scientific innovation in developing microbicides, next-generation drugs, and vaccines.

A top priority is to immediately double funding for microbicide research and development.

At the same time, we must put in place the mechanisms and agreements to ensure universal access to all lifesaving essentials – not just for the immediate future but for the long term.

Fifth, we must begin to make real headway in addressing the drivers of this epidemic, especially the low status of women, homophobia, HIV-related stigma, poverty and inequality. It's time that we get serious about protecting and promoting human rights and reflect it in our budget allocations.

An AIDS response that is not as embedded in advancing social justice as in advancing science is doomed to failure.

As I've seen over and over again in Africa and Asia, if people living with HIV are too poor to eat well or continue to face stigma and hatred, universal access to HIV treatment will forever remain a pipe-dream.

And if women and sexual minorities are subjected to violence and oppression, their ability to negotiate safe sex and have access to HIV prevention and care will forever remain wishful thinking. Young people are also, all too often, denied access to life-saving prevention services.

Finally, but crucially, we must build the very broad coalition needed to realize such an ambitious agenda over not just this generation but the next generations too.

We need a far broader coalition – drawing in science, government, people living with HIV, civil society, faiths and business.

We need a far more united coalition, united by a commitment to saving lives, even if we may have differences on tactics. We must spend our energy on fighting this epidemic, not on fighting each other. Surely one of the main lessons of these past 25 years is that when we are united we win, when we are divided, AIDS wins.

Friends, we are at a time of great opportunity and great hope.

Because of all that we have achieved, we now have the opportunity to build long-term sustainability onto our current crisis management efforts.

We must plan and act not just for today but for the next 25 years. With every ounce of our intelligence, innovation and determination, we must advance both social change and science in the fight against AIDS.

To reiterate my key points: We must ensure that adequate funds are made available; We must make the money that is mobilized work for those who need it; We must accelerate scientific innovation; We must address in new and more aggressive ways, the social drivers of this epidemic; and, we must work in concert—as a coalition of genuine partners with genuinely shared goals.

Finally, and most importantly, faced with this exceptional crisis, we have no choice but to act in exceptional ways.

Thank you.