Speech

‘AIDS: Pandemic and Agent for Change’

Arthur and Frank Payne lecture

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Dr Peter Piot,
UNAIDS Executive Director

Good afternoon everybody.

It is good to see many familiar faces here, but also many young people. We know that we need the young people in the fight against AIDS which will not be over tomorrow. I think it is really appropriate that the topic of one of the Payne Lectures is on AIDS because for an institute like Stanford University, this is the ultimate and multi-disciplinary issue of our time. And it will require the talent of many disciplines to make sure we can end this epidemic.

This is my third visit to the Bay area this year. I think it is appropriate as this is the area in the world, from a historic perspective, that has done incredible work in the fight against AIDS. In addition, San Francisco is the place where the United Nations was founded.

We are a quarter of a century into the history of the AIDS epidemic. That is 25 years. This can be a long time in the life span of an individual. However, from a historic perspective, it is a very short period. The sobering fact is that after almost 26 years since AIDS was first described, the end of this epidemic is nowhere in sight.

I remember that in 1984 the then Secretary for Health and Human Services, Margaret Heckler, announced that Paul Gallo has discovered the cause of AIDS. At the same press conference she announced that within five years, an American scientist would develop a vaccine against AIDS. Twenty-three years later, we still do not have a vaccine against AIDS. We might have one in five or ten years. But in those early days, we had no idea that AIDS was not to be a short-lived phenomenon and did not think through how to deal with it in the long run.

In 25 years, AIDS has become one of the global make or break issues of our time. AIDS is not just a disease, but something that belongs in the same league as climate change, mass poverty and nuclear threats. The reason is that if the AIDS epidemic is not brought under control, the development process in many countries will be jeopardized and there will not be stability in the world.

Something that did not exist 25 years ago, is now the fourth cause of death in the world. AIDS is the first cause of death for people between 15 and 59 years old in the world. AIDS is an issue that will dominate international agendas for quite a while.

What I will today is to reflect on where we are with the epidemic and what the main trends are: I will also look at ways AIDS has been a factor for positive change and how we can see

sometimes that a catastrophe can turn into something positive. And finally, some reflections on where to go next; what is the agenda for tomorrow and what is the long-term view.

My own involvement with AIDS began when I was working at the Institute of Tropical Medicine in Antwerp in Belgium. This was in 1980, one year before the famous Morbidity and Mortality Weekly report - a publication of the Centre of Disease Control - which described five young gay men from Los Angeles with a mysterious pneumonia.

When I'd worked in Zaire, (now the Central Republic of Congo) I'd seen a Greek fisherman who had come down with a generalized infection with atypical micro bacteria. This is an extremely rare condition that only occurs in people whose immune system has collapsed. It wasn't until 1985 that we discovered what the underlying causes were: this was a man who had AIDS.

In 1983, I started working full-time on AIDS. In Antwerp, we were seeing increasing numbers of men and women suffering from what turned out to be AIDS. They were all coming from Central Africa. About half our patients were women. In those days, one of the terms for AIDS was "gay related immunity deficiency syndrome" (GRINDS); a really awful name. I for one never understood why a virus would care about the sexual preference of its human host, but that was the thinking in those days.

I went to Kinshasa, the capital of Zaire, together with some colleagues from the National Institute of Health and from the Centre of Disease. And there I really saw that a huge epidemic was unfolding. When I walked into the medical wards of Mama Yemo hospital, one of the biggest hospitals in Africa, I saw young men and women emaciated, dying of AIDS. I had worked in that hospital in 1976 during the Ebola virus epidemic but had never seen anything like this before. It was then that I realized that we were at the start of something totally unprecedented, for which nothing could have prepared us.

Since the beginning of the AIDS epidemic, about 65 million people have been infected, slightly less than double the population of California. Last year, UNAIDS reported 4.3 new infections and 2.9 million deaths. The crisis continues. Eight thousand die worldwide every day – a thousand of them in South Africa alone.

Looking at the AIDS epidemic today, there are basically three trends:

The first trend is globalization. Africa, particularly Eastern and Southern Africa, carries the highest burden of this epidemic. There are countries in Southern Africa where 30% to 40% of adults are HIV positive. In California that would be 10 or 20 million people living with HIV. These are very poor countries. Their health systems cannot even cope without AIDS. The burden of AIDS is just too much for them.

But AIDS spreads as economies boom. HIV is spreading fastest in the former Soviet Republics. We've seen a 50% increase in infections here in just two years. There have been increases in the big Asian countries too - particularly India where there are already well over 5 million people infected. Figures are lower in China.

The second trend is feminization. AIDS started as something associated with white middle-class gay men. Today half the 40 million people living with HIV worldwide are women. In much of Africa, 60% are women. Here, girls and young women are infected five to six times more often than boys and young men of their age. And here in the US, AIDS has become the first cause of death among African American women.

This feminization of the epidemic has many implications for how we deal with this epidemic. We have not really made that transition to take the epidemic on and treat it as affecting women in the first place. The reason for this is a little bit of biology and a lot of society. Biologically speaking, it is more efficient to transmit HIV from men to women than from women to men. So, that is a matter of efficiency, but it does not explain it all. It has to do with women's control over their sexuality. It has to do with gender-based violence. It has to do with girls being infected by older men. And it is probably one of the most lethal aspects of inequality between women and men. And we do not only see this in Africa; we also see it here in the US. Last year at the International Women's day, I spent a whole day with women's collective in Washington D.C. They were all women of African American origins and were all living with HIV. The stories were the same stories that I heard in South Africa and I heard in Kenya.

The third trend is that we are the beginning to see the real impact of the epidemic. Yes, it is sobering that 25 years later, we are starting to see the impact and yet it is true. One of the reasons that we have this epidemic is that it takes a long time before HIV becomes visible, be it for the individual or the society. For the individual, a person can look perfectly healthy and live with HIV for years without showing any symptoms. It also takes time for societies. I remember at the beginning when I was in this job, people told me they went to Malawi did not see anything. They expected to see people would be dying in the streets. But it can be

decades before you see massive funerals and the millions of orphans. We are starting to see this in worst-affected countries, in Eastern and Southern Africa. There are 12 million orphans in Africa alone. In some countries (Swaziland for example); one in five households is headed by a child because both parents are dead.

We can also see the impact on life expectancy - one of the major indicators to measure progress in a country. In about everywhere in the world, life expectancy goes up every year a little bit. But in some places it is collapsing. All because of AIDS. In a country like Botswana, life expectancy at birth today is about 38 years. If you're a 15-year-old in Botswana, the chance or the risk that you will die from AIDS before you are 50 is about 50%. That is the reality of life for teenagers in the worst AIDS-affected countries.

We see the impact on the economy, particularly at household level. Let's not forget that AIDS affects the poorest countries, driving individual families into unimaginable levels of poverty. This is happening in South Africa, but the same pattern can manifest itself in India and in China. Any sector that is dealing with migrant labour or where people are on the move, such as transport workers, truck drivers or people working on big plantations is likely to be affected by AIDS.

Anglo-American estimated few years ago that the AIDS epidemic adds 10 dollars to the production of each ounce of gold, because of the cost to the company of dealing with sick workers and having to train new ones. So it's not surprising that an increasing number of companies in developing countries are now investing in HIV prevention for their workers and, in some cases, paying for treatment.

We see the impact on services. For example, in a country like Tanzania, there are more teachers dying from AIDS than there are trained every year. Tanzania has been losing 3,500 teachers per year but can only train 1,200. Admittedly, not all the losses are due to AIDS: immigration is also partly responsible. But AIDS compounds the impact. This is all the more concerning because education, I believe, is the cornerstone for development and is the cornerstone for the empowerment of women and for making sure that girls and women are not going to be infected with AIDS.

Another example of impact of the epidemic is on governance. In Zambia, between 1991 and 2003, 39 by-elections took place to replace members of Parliament who died of AIDS. This means a serious loss in terms of experience and collective memory. It also destabilizes countries that badly need good governance.

And finally, there is the impact on security. Armies are being affected. Seventy per cent of all military deaths in South Africa are due to AIDS. We, at UNAIDS, are directly involved in peacekeeping operations, following the historic session of the UN Security Council in January 2000, chaired by then Vice President Al Gore, which looked at AIDS as a security issue and a factor for destabilization. The Security Council passed a resolution charging UNAIDS with ensuring that every peacekeeping operation has an HIV prevention component. We have therefore been working with a number of armies worldwide, and are in a position to document how badly affected some armies are.

We also see how AIDS threatens security – not necessarily in the classic sense. Two years ago, I met with the Prime Minister of China,Wen Jiabao. I was ready for a big discussion because at that time, China was largely in denial about AIDS issues, although it has changed dramatically since then. And Premier Wen Jiabao started his intervention by saying that AIDS is a new type of security issue. I knew when he said that that we were on the right track because there are two things in the world that really catch the attention of big leaders; economy and security.

AIDS does to society what HIV does to the human body. It weakens the immune system, it weakens the body, but it also weakens the resilience in the society and the mechanisms and the ability to cope, to deal with challenges.

As I said before, AIDS is not just one of many infectious diseases. It is unique and exceptional. On the one hand, it is unique biologically. I mentioned the fact that you can be totally healthy for a long time, but in the meantime be infected. That is an incredible challenge. On the other hand, it is unique from a social perspective because AIDS is all about sex and drugs.

This is what makes it so difficult to address AIDS in about every single society around the world. You cannot enter this country, the United States of America, if you are HIV positive and that is true in 40 other countries in the world, most of them in the Middle East.

You do not lose your job or get beaten up by your husband if you say you have diabetes or any other disease. People feel sorry for you. But when you have HIV, you have to contend with enormous stigma and discrimination. This has nothing to do with the virus; it has everything to do with people and with the societies we live in.

What also makes AIDS unique is that unlike just about every other disease and health problem, it affects people in their most productive years of life. Other diseases tend to kill babies, children and elderly people. But between the ages of 20 and 45, most deaths occur as a result of violence or accidents. You are not supposed to be affected by major diseases. But this is when you are most likely to be affected by AIDS. That's why it has such a major socio-economic impact.

On top of this, the epidemic is still expanding. AIDS, therefore, is an exceptional issue. It can only be tackled through an exceptional response.

How is the world doing? We have started to see some real results. I got into this job after having worked on AIDS for about 10 years. But I became increasingly frustrated because in my scientific academic naivety, I thought "I've had enough: We have the data, the facts are clear, and the world is not reacting." So, I joined the activists and I said instead of studying the problem, I want to change the world. That's how I came to be where I am today. I never dreamt that I would become a UN bureaucrat or work in the UN system. However, the United Nations turned out to be a platform to advance this cause.

I had been thinking a lot about what it would take to defeat this epidemic. I know this is not always popular in the medical community, but the only way to do this is through politics. We can have the best innovation and science, but if there's no political leadership, even if there's money, it is not going to work. And AIDS is a political disease *par excellence*.

However, in order to put AIDS on the political agenda, which was indeed my first objective, we had to re-position AIDS as a security issue and as a social and economic development issue.

We also had to offer a solution. If you present a problem without a solution then it is not a problem in the eyes of many leaders. So, we looked to see where we had results in the developing world. We found them in Thailand and Uganda - two countries which cut infection rates substantially in the 1990s. Unfortunately, though, we have recently seen a reversal. In Uganda, we have double the number of new infections we had two years ago. In Thailand, infection rates also going up.

I also wanted to go out of the small circle of AIDS doctors and AIDS activists and form a "brilliant alliance" involving politicians, big business, trade unions and in some countries the churches and so on. We can see such an alliance in South Africa. The South African

Communist parties, the Chamber of Mines, the Anglican Church, the Confederation of South African Trade Unions, Treatment Action Campaign and few others have a common goal and that is the fight against AIDS. You could never bring a coalition like that together or pull together such diversity around anything AIDS else.

This year, the US Congress has to decide about the reauthorization of PEPFAR, the President Emergency Plan for AIDS Relief. This is an extremely important decision. In 2003, President Bush decided to put 50 billion dollars on the table to fight AIDS in the world. And that was a historic decision. It changed the landscape in terms of AIDS funding. The whole world will be watching now whether the President will be asking for double the amount over the next five years in terms of money, which I believe is necessary, or if it will remain at the same level. If the amount will be doubled, other European nations will follow.

If it remains at the same level, I am concerned that funding will fall everywhere else. I therefore hope the government will regard AIDS as a non-partisan issue that wins support from all sides.

In recent years, there has been major progress on all fronts. Fewer people are being infected in almost all East African countries, in the Caribbean, in Cambodia, and in the southern Indian states. In terms of treatment, we have now 2 million people on antiretroviral therapy in the developing world. It is true that millions of people still need treatment, but five years ago, there were only 100,000 people on ART – and most of them lived in Brazil.

We do have quantifiable results and the beginning of a return on investment. But how did that come about? A turning point was in 2001 at the UN General Assembly Special Session on AIDS, when 40 Presidents and Prime Ministers and representatives from all countries in the world signed what is called the UN Declaration of Commitment to deal with AIDS.

This session was important for several reasons. One, it brought AIDS to the attention of the top leadership in the world. Second, it was the first time ever that the General Assembly has a special session on a health issue. And third, it produced a roadmap on what to do with it – the Declaration of Commitment. After the special session, we saw a major leap forward in terms of funding. hen UNAIDS was founded, the world was spending about US$250,000 on AIDS in developing countries. This year, that figure will go up to about 10 billion dollars, a 40-fold increase in about 10 years. This is unprecedented, but again not enough. By 2010, we will need to spend about 20 billion dollars a year on AIDS.

So, momentum has been gathering – both political and financial. But it all has come very late and there are days that I wonder how the world would have looked like in terms of AIDS and how many lives would have been saved if we had the same political will, the same money, and the same action on the ground ten years ago as we see today. We could have saved tens and tens of millions of lives.

This is a lesson for future epidemics and new epidemics – and there will be new epidemics. The lesson is to act early even if you do not really know how bad it will become. Do not take that risk of waiting to find out. The price the world is paying now for its inaction on AIDS is extraordinarily high.

I started this afternoon by saying that AIDS forced us to adapt new practices, look at things differently and transform the way we do things. And let me give you some examples now on how AIDS is not only exposing injustices, but also overcoming injustices and opening up opportunities.

The first example is about rights. Take gay rights as an example. AIDS epidemic has helped to put gay rights on the agenda. Here in the US gay rights were quite well advanced, but in many other countries, it is only because of AIDS that we have been able to put things on the table. The debate is still continuing. There are countries in the Caribbean that are considering abolishing anti-sodomy laws. There is a huge debate going on in India about this. Without AIDS, I do not think this would have happened. And I hope the same thing will happen for women's rights. The inequality and the inferior position of women in the world are catastrophic and lethal. I hope that women will say enough is enough. And I hope there will be a strong leadership in the world on women's issues and gender inequalities in every country where this is necessary - which is about everywhere in the world.

Secondly, AIDS has given rise to a new culture of health activism, which barely existed before, accountability and even promoting democracy. Last week, the Deputy President of South Africa announced a new action plan against AIDS, which is really good, after many years of denial. That has come about because of activism and because of the democratic movement in South Africa. And we are seeing this in many countries. It's happening in China, for example, where official policy says that people living with HIV need to be supported. This clashes with the fact that there is still not much space for the voices of civil society, particularly outside Beijing, but I think the door is opening.

Nowadays, I can find myself on a podium with a president, a poor woman living with HIV, maybe a sex worker. This never used to happen. I remember in the early days, there was a big fight every time I visited a country and I said one of the conditions for this to be an official visit was that I got to meet with people living with HIV and that have a meeting with their representative and the top leadership.

Thirdly, AIDS is changing the face of what is called international governance, bringing civil society to the heart of international debate and policy making. We are working very hard on that. Last year, 1,000 people from grassroots organizations participated in the UN General Assembly session on AIDS. It was a fight: but it happened. We are still getting to grips with this new phenomenon in international relations - what the political and scientific literature calls “transnational civil society movements”. They occur in the green movement and on other specific issues – including AIDS.

UNAIDS is the only UN organization where the board is composed of not only governments, but also non-governmental organizations. That creates some tension there, but then you can see who is ultimately responsible and accountable. It raises some new questions that we will have to face in international relations. And I think this is also one of the reasons that we, at UNAIDS, are being studied. UNAIDS is taken as an example of UN reform because of the way we are doing business.

A fourth example of the way AIDS catalyzes change is with respect to international trade agreements and the intellectual property protection rights. The basis for innovation in today’s world and in the pharmaceutical industry is protection of intellectual property. We desperately need new drugs. In the case of AIDS, we will need not only second and third line, but also fourth and fifth line over the next decades.

Poor countries and poor people cannot afford access to these drugs and that creates enormous tension: an ethical tension, an economic tension and a political tension. For many years, I worked to obtain and negotiate price reductions. We have been quite successful in terms of negotiating and bargaining. I negotiated a 90% reduction in the price of antiretrovirals; from US$20,000 down to US$1000 or US$500. But even this is too high for developing countries.

The deal is that drugs companies should make their profits in rich countries and in return for the monopoly of drugs, they sell their products and drugs at a production cost in developing countries.

In 2001, the World Trade Organization reached an agreement in Doha, which was signed by all countries including the US. The agreement allows countries facing a public health emergency - such as AIDS - to ignore the patents, to give some fair compensation to the patent holder and to also import generic versions of these drugs. Since then, the Clinton Foundation has reduced drugs price even further. Yesterday, President Clinton announced another price reduction. This is quite a revolution for international trade agreements and international protection rights.

Finally, AIDS is now an issue for foreign policy, a core issue. It was Colin Powell who ensured that every American ambassador today has a good brief on AIDS and they can talk about AIDS. Unfortunately this example has not yet been followed by other countries. Two months ago, seven foreign ministers across the world issued the Oslo Ministerial Declaration. This document described health as one of the most neglected foreign policy issues of our time and focused again on AIDS. So this, I think, opens a new era in foreign policy and in foreign relations. And I think we will see more positive changes coming out of AIDS.

Now let me end by saying few words about the future. Our immediate priority at UNAIDS - and the mantra for every staff member - is making the money work for people. To make sure that the 10 billion dollars invested in AIDS this year reaches people on the ground, that it does not get stuck in capitals, in bureaucracies or disappear in ministerial bank accounts. That is the immediate priority.

But it is also time to add a long-term view to our crisis management. As I have mentioned before, he challenges we are facing are formidable because we have to bear in mind that AIDS will not just disappear one fine day. AIDS will be with us for decades and decades. We have not thought through what the implications are for our policies and actions.

We have not thought through a number of questions such as who in the next 10 or 20 years, will pay for the drugs of the 2 million people who are currently on antiretroviral therapy in poor countries. Will there be new drugs? How are we going to introduce new technologies? How are we going to ensure political leadership knowing well that the life of any political commitment is very short, and that budgets are made on annual fiscal basis – even though you cannot deal with something like AIDS on a fiscal-year basis. Treatment and prevention are for life – not for a year.

We cannot continue with a situation where for every person that is put on antiretroviral therapy in the world, we have six new infections. This is not sustainable. It means we will not be able to stop the epidemic. We have to get really serious about HIV prevention. But for this to happen, we must get serious about the fundamental drivers of this epidemic - gender inequality in the first place.

And we must work out how to speed up development of science and technology in developing countries.

So, we really need a long-term investment plan. Now that we are starting to get over the immediate crisis management phase, we have to add to that our long-term perspective. That is why I am launching an initiative called AIDS2031.

This will take us to 50 years after the first description of AIDS. It brings together a consortium of players form various disciplines from across the world to look at possible future scenarios. To look at the implications today and to make sure that we make investments today which guarantee the best possible outcome for AIDS in 20 or 30 years from now.

This means challenging conventional wisdom and requires out of the box thinking.

We need more of the same: more people should be on treatment, more condoms should be available, more needles should be accessible for drug users, and so on.

But we also need to work out what will make the ultimate difference in the long term. We have to look at what it will mean for young people today to grow up in a world of AIDS. In October, we will have an event here in California with Google to bring together young people.

So, AIDS offers opportunities to change old assumptions, adopt new ways of doing things. We will need the brightest minds of our time to end it.

Do not think if you are not in health or medical sector you have nothing to contribute. In UNAIDS, only 20 per cent of our professionals have medical backgrounds. We have many economists, political scientists and lawyers because we need the input from different disciplines to really have a significant impact.

This is why I have high expectations that in Stanford, in addition to what you are already doing, you will give a major boost to your activities and draw on your formidable expertise in various disciplines that I think are still not utilized in the fight against AIDS.

And this is my appeal to you, to both the future leaders and those who are now in charge.

Thank you very much for listening.