

Speech

CHECK AGAINST DELIVERY

**International Women's Summit
Kenya 2007: changing lives, changing communities
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Mr President. It is good to be back in Kenya and to see that you have made real progress in the response to AIDS. Thank you for your leadership.

Thank you Musumbi and Monica and the World YWCA for your amazing leadership and for bringing us all together. Thank you ICW for persevering with what has often been a lonely battle. Thank you my co-speakers for your leadership.

This event marks a vibrant moment on women and AIDS. Such a momentum is desperately needed, because the most significant development of the AIDS epidemic is its growing feminization. What entered history 25 years ago as a disease of white gay men is now increasingly affecting women all over the world.

Take our host country – an astonishing 67% of people living with HIV are women and girls. This trend is transforming the AIDS epidemic and it must now equally transform our response to AIDS.

As we heard from Dr Margaret Chan, there is real progress in our response to AIDS. We are starting to see a return on the massive investments on AIDS of the last few years. Finally!

But, it is all going too slowly. If we continue at the current pace, there will be fewer than 5 million people on treatment by 2010 - just over half of the people who will need it. That is a long way from universal access!

There is also encouraging news on the HIV prevention front. Across East Africa, the Caribbean and in Cambodia and Southern India, HIV infection levels are declining.

However, HIV incidence rates remain unacceptably high in many populations, with every day 12,000 people becoming infected - half of them women.

And for every person who starts on antiretroviral therapy, another 6 become infected with HIV. This is not acceptable and this is not sustainable.

This also means that queues for access to antiretroviral treatment will just get longer and longer, pointing to an urgent need to reassess and revitalize HIV prevention.

So we need to do much better on both HIV treatment and prevention, and to make the commitment by all UN member states to universal access a reality.

What will it take when it comes to women?

Let me highlight four challenges we all need to work on.

The first is stronger and sustained leadership.

The Global Coalition on Women and AIDS has spelled out a clear agenda, which calls for three basics:

- serving women's rights
- investing more in AIDS programmes that work for women
- allocating more seats for women at decision-making tables

These basics are essential to overcome the huge barriers that women face in participating in the AIDS response.

All this will require stronger leadership on women and AIDS at so many levels. I see this leadership growing. I saw it yesterday at the Positive Women's Forum. From the many grass roots women's organizations, networks of people living with HIV around the world, the African and Latin American First Ladies (Doña Xiamara of Honduras), business women's initiative such as in Kenya, women Ministers of Health and of course the YWCA.

It also means giving a voice to the voiceless – one of the many things I like about this conference! Here in this room is probably the most diverse gathering of women's groups I have seen since the Beijing Women's Conference in 1995, and the one in Nairobi 10 years earlier in this very building.

In order to be effective as advocates, we not only need to challenge and denounce, but we also need to come up with practical solutions.

This brings me to my second challenge: We need to do better in terms of action that is relevant for women.

The first question we need to ask for every AIDS activity is of course: does it pass the test for women? And let's not forget that there is no such thing as a gender neutral programme.

For example, we can no longer afford to promote condoms with messages that at the same time promote aggressive male sexual behaviour, or to introduce large scale HIV testing or male circumcision without incorporating implications for women, or scale up HIV treatment without ensuring gender equality in access.

"Does it pass the test for women?" also means that female-specific actions and methods such as the female condom must be fully resourced. This includes boosting research on microbicides. It also means that women must be at the table whenever AIDS programmes are designed, implemented and evaluated.

Thirdly, what about us men?

As far as I'm concerned, we have no choice but to embrace gender equality, because I firmly believe that the cost to men of traditional masculinity is high – compromising men's health and well being.

As a minimum, let's all say loudly that we will accept nothing less than zero tolerance for gender-based violence. Data show that most men agree to this.

There is now a solid evidence base emerging on what works in terms of male attitudes, beliefs and behaviour as related to gender.

I am thinking about Instituto Promundo in Brazil, Stepping Stones, the member of the new global Men Engage Coalition, and so many others.

What is needed now is a rapid expansion of these small initiatives.

We, men, can be your partners, but certainly on this one, women need to be in the lead, because ultimately, this is about power.

My 4th point is that it is high time we took a long term view on the AIDS epidemic. The sobering reality is that we will need to sustain an effective AIDS response over many decades. This will require sustained and exceptional leadership of all of us.

The need for such a long term view is obvious when we consider the future of those of us who are on antiretroviral treatment.

How will we pay for this? Will the 2nd, 3rd, 4th line ARVs be available?

But the feminization of the epidemic and the reality that every single day brings new HIV infections impose that we think and act beyond pure crisis management.

We will not be able to stop this epidemic if we don't address its drivers in the first place - gender inequality and its consequences for women.

This will require that we go well beyond the gender rhetoric and be more operational in what we promote.

We also must build some firm pragmatic alliances with national gender equality and women empowerment programmes.

Dear friends, this brings me back to our agenda for this week.

This conference is emerging as a defining moment in the global response to AIDS, particularly when it comes to women and AIDS.

This reunion of positive women, faith-based women's organizations, women and AIDS activists, and the broader women's movements, is creating a powerful synergy.

Here is the unstoppable, brilliant alliance that will successfully challenge both the AIDS epidemic and the inequality that continues to put women and girls at risk of HIV.

Women's groups are now increasingly committed to fighting AIDS. It is now up to the AIDS movement to demonstrate commitment to address gender inequality and support women's groups to address the feminization of the epidemic.

This is a time in the history of AIDS to connect the dots between AIDS and gender equality, AIDS and poverty alleviation, AIDS and harmonization.

Finally, few issues illustrate so dramatically the deadly consequences of inequality as AIDS does.

As an optimist, I firmly believe that catastrophes also offer opportunities.

So let's turn the paradigm upside down and let's make sure that the response to AIDS brings a fatal blow to the disempowerment of women.

If it worked for gay rights, it must work for women's rights!

On behalf of UNAIDS, the 10 agencies that make of the Joint UN Programme on HIV/AIDS, I reiterate my own commitment to fully support the Nairobi Declaration coming out of this Summit.

I wish you a productive and inspiring conference.

Pamoja twanganize ukinwi.

Together, we will defeat AIDS.

Ahsante sana.