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## **Making the money work for people on the ground**

**Speech at the Opening Ceremony of ICASA 2005**

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**Dr Peter Piot,  
UNAIDS Executive Director**

Presidents, Excellencies, colleagues and friends,

It is an honour and a pleasure to be with you today, among so many old friends and comrades who are truly at the frontlines of this continent's response to AIDS.

I am speaking here on behalf of the Secretary-General of the United Nations, Mr Kofi Annan. He is unable to attend but has asked that I reiterate his steadfast personal commitment to Africa's AIDS response and convey his best wishes for a successful conference. I'm also joined here by senior representatives of the 10 UNAIDS cosponsors and together we are committed more than ever to give priority to Africa's efforts.

Excellencies, friends,

It is because of your collective efforts, at every level, that there has been more progress in Africa's AIDS response in the past couple of years than ever before. And while this progress has come about because of the dedication of many, many people, let me begin by saluting the exceptional leadership of President Obasanjo, Chairperson of the African Union and President Konare, Chairman of the Commission, for their determination in confronting this epidemic.

There is no doubt that we have traveled a long distance in recent years.

Since the last ICASA in 2003 in Nairobi, the money available for the AIDS response in sub-Saharan Africa has nearly tripled.

Because of this, the response to AIDS has entered the era of implementation.

At the time of the Nairobi conference 75,000 Africans were on antiretroviral therapy – by June 2005, about half a million were.

At the time of the Nairobi Conference, only one country had a well documented nationwide decline in HIV prevalence – Uganda. Two weeks ago the UNAIDS/WHO AIDS Epidemic Update announced that in 2 additional African countries such a decline is now firmly happening – in Kenya and in Zimbabwe.

While there are many reasons for the fall in HIV prevalence in several African, Caribbean and Asian countries the major reason is that HIV prevention efforts are working! In all these countries, there is strong evidence of changes in behaviour – people have increased their use of condoms, are delaying the first time they have sexual intercourse, and are having fewer sexual partners.

But for all this proof that AIDS is a problem with a solution – it is still the case that this epidemic continues to far outstrip our efforts to halt it.

There were more people newly infected with HIV in sub-Saharan Africa in 2005 than in any previous year – about 3.2 million adults and children. Could there be clearer evidence of our failure to reach every single person with effective HIV prevention programmes?

Over half of all new infections were among young people with the worst toll on young women. Could there be clearer evidence of how this crisis continues to endanger Africa's future generations?

And more Africans died of AIDS in 2005 than in any year so far – about 2.4 million

adults and children. Could there be clearer evidence of our collective failure to reach the '3 by 5' goal for HIV treatment access?

Friends,

It is clear that in Africa the response to AIDS has entered a new era – the era of implementation.

And for the first time the political commitment exists to work towards universal access to HIV prevention and treatment, as expressed at the UN World Summit in September, the African Ministers of Health Summit in Gabarone and the G8. But getting there will require that once more we change gear and further accelerate the response to AIDS. We have no other option that will save entire societies.

How will we get there?

First, we need to make the money work for the people on the ground. It requires all of us to become truly committed to inclusive ownership, efficient management, transparency, accountability and coordination.

We need nothing less than the brightest brains and the best managers if we want to have a chance to take AIDS programmes to the scale that is needed.

A major outcome of the Nairobi conference in 2003 was the development of the now familiar 'Three Ones' principles. In the meantime we have learned the hard way that poor coordination costs lives. The UNAIDS family is now working hard to get its own act together by implementing the recommendations of the Global Task Team on improving coordination and serve better the interests of the people of Africa.

Second, if we are to reach all the people, we need to get serious about capacity - not only in the health and social sectors but also of the many grassroots initiatives that have emerged across Africa in response to AIDS, led by people living with HIV, by the churches and mosques and by local business. Donors should stop funding grants for AIDS programmes without a strong capacity building component and governments and NGOs should stop accepting them.

Building capacity will also require that the role of the public sector be strengthened – not undermined! – by national and international fiscal policies otherwise it is the poor who suffer.

Third, to have the greatest impact on the course of the epidemic, we must scale up HIV prevention and HIV treatment programmes jointly. And remember: anything that has the word 'only' doesn't work for AIDS! Be it prevention only, treatment only, abstinence only, condoms only or male circumcision only. I wish it were different, but whether we embark on HIV prevention or HIV treatment, we will only be successful if we use a sound combination of actions.

Nonetheless, strategies that include the use of condoms for HIV prevention are of course essential – and as at ICASA 2003 let me voice my concern again about the huge shortfall of condoms in sub-Saharan Africa. There is no way to do effective prevention with just 4 condoms available annually for every African man!

Finally all these agendas should come together under the umbrella of the new movement for universal access to HIV prevention and treatment.

Based on the political commitments globally and regionally, UNAIDS and the UK are

facilitating a country driven process to define national scaling up road maps towards universal access. As communicated to me in a letter by President Konare, the African Union will play the leadership role in Africa by organizing sub-regional consultations to review and compile the country products into a continental vision.

Let's be crystal clear: working towards universal access is much more than ensuring there is proper supply chain management of antiretrovirals!

It means working towards an HIV-free new generation through universal HIV prevention.

It means investing in health and social services - often neglected for years.

It means offering teachers, nurses, doctors, social workers a decent salary and working conditions.

It means pro-poor public policies to ensure access to health care, including antiretroviral therapy.

It means ensuring equity in access to HIV prevention and treatment – in particular by paying attention to women's needs, including by better integrating our AIDS work in reproductive health services.

It means that the prevention and care needs of children are finally taken seriously. This is why the Executive Director of UNICEF and I launched a UN-wide campaign 'Unite for children. Unite against AIDS'.

Friends,

However ambitious this agenda may be we cannot rest until we have achieved these goals.

Yet, because AIDS is a long-run crisis that will not disappear any time soon, we have no choice but to combine our crisis management with longer-term action. The long-term scenarios for AIDS in Africa in 2025 that UNAIDS developed with Shell and the major regional institutions clearly show that unless we aggressively address several structural issues, we will not stop this epidemic.

Let me briefly mention five key longer-term challenges that we must start tackling now:

A first is to sustain leadership and political commitment for a full-scale AIDS response. We will need this for decades to come. In other words, we must make sure that the new generation of African leaders fully incorporate AIDS action in their core development, economic and security agendas. No small challenge with the overwhelming range of important issues that Africa must confront!

So how do we keep AIDS at the top of the political agenda?

I believe one important step is that we broaden our constituencies through new alliances, draw on other sources of social power such as youth and women's movements, churches, mosques, business's and unions. It is fully possible for us to unite around a common minimum programme with one aspiration - to stop this epidemic. For that we must have the courage to break out of our narrow circle of AIDS activists, AIDS bureaucrats, AIDS doctors, AIDS scientists.

Secondly in our AIDS work we must become far more serious about tackling the structural drivers of this epidemic. In the first place those dealing with sexuality and gender inequality - be it sexual violence against women, homophobia, and inheritance and property rights for women.

But it also means taking a hard and cold look at macroeconomic and trade policies, often imposed on Africa, and only accepting them if they 'pass the AIDS test'. In other words do they slow down or promote the spread of AIDS? Do they undermine or promote the response to AIDS?

Third, we must accelerate the pace of developing female-controlled prevention methods, new generations of HIV therapy, and vaccines. I am thrilled that in April next year in Cape Town the international conference on microbicides will be held in Africa for the first time.

Fourth, I increasingly wonder whether the countries most affected by AIDS and whose capacity and societal fabric are being devastated by AIDS, don't merit a special effort akin to the Marshall Plan that helped rebuild Western Europe after World War II. Because it is increasingly clear that even a full-scale response to AIDS may not succeed in turning the tide in such countries, as the entire nation has been 'fragilized' in its foundations.

And then the fifth and final longer-term challenge is, of course, money. Despite the greatly increased funding for the AIDS response, the gap is widening. And that's because the needs are growing as more and more people require life saving treatment. Our best estimates at UNAIDS are that by 2007, nearly \$10 billion will be needed for Africa to scale up towards universal access. But by current indications only half that sum is likely to be available. Where will the remaining billions come from?

One step will be for all African countries to meet the target set out in the 2001 Abuja Declaration of the African Union under President Obasanjo's leadership to allocate 15% of national resources towards health care. Another imperative step is to truly address the burden of debt servicing - with the money freed going to the national AIDS response. And a final essential step is for donor governments to guarantee to close any funding shortfalls that remain, not just for a year or two, but over the long term. Millions of people's lives directly depend on the commitment of donor governments to putting in place secure, predictable and adequate funding for Africa's AIDS response. However, nations can't depend on foreign aid for the survival of their citizens as is the case today.

Excellencies, Ladies and Gentlemen,

We can be paralyzed by this overwhelming agenda but I must say I am far more upbeat than ever before since I began this job ten years ago.

Africa is in an extraordinary new era in tackling the AIDS crisis - the era of large-scale implementation, the era of reaching towards universal access. And what energizes me even more than the declining HIV trends in countries like Kenya and Zimbabwe and the steady progress in access to antiretroviral therapy, is the vibrant response to AIDS of communities be they led by people living with HIV or by traditional leaders. I saw this with my own eyes in Swaziland, Lesotho, Kenya, Mozambique, Uganda, Malawi where before there was silence, deadly silence around AIDS.

It is this standing up of communities that inspires me, that tells me there is enormous

untapped capacity on this continent and that makes me believe in Africa will in the future defeat AIDS.

On behalf of UNAIDS, the Joint United Nations Programme on HIV/AIDS, I wish you a very successful conference.

Thank you very much.