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Joint United Nations Programme on HIV/AIDS

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Speech

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Keynote speech to the 10th Anniversary Meeting of the International HIV/AIDS Alliance

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Speech by

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Alvaro,
Friends,
Colleagues,

It is a rare pleasure for me to be able to join such a good group of friends and colleagues to mark the Alliance's tenth anniversary.

There are strong bonds between UNAIDS and the Alliance. The Alliance is one of our select few collaborating centres, and our ties are long-standing. Even before UNAIDS began, I worked with your founding Executive Director Jeff O'Malley in the early international AIDS conferences, and Bai Bagasao's association with the Alliance started in Philippines, before she became a UNAIDS staff member.

UNAIDS also worked closely with Alvaro Bermejo, especially in helping to facilitate the partnership between the International Federation of Red Cross and Red Crescent Societies and the Global Network of People Living with AIDS – its proliferating activities are a testament to Alvaro's drive and vision.

The ties between the Alliance and UNAIDS rest on the conviction that communities must be at the centre of effective AIDS responses. This conviction is recognized right at the heart of UNAIDS – in the constitution of the governing board – which broke new ground by formally including NGO representation, and we are still the only UN system governing board to do so.

I therefore speak today as among good and old friends.

Those of us who have been involved in AIDS for a long time cannot help but notice that we are no longer a small brave band, finding new ways of doing business in the face of the unprecedented crisis of AIDS.

Today, we have been joined by a whole raft of new actors. Governments are treating AIDS more seriously than ever before. Only a few years ago, it took a massive lobbying effort to get a President or Prime Minister to consider AIDS, publicly or privately. Today, AIDS is a basic issue at many global and regional summits – admittedly mainly in relation to Africa – there is still a long way to go in Asia, Eastern Europe, the Pacific and Latin America.

AIDS funding has at last made the switch from millions to billions – even if it is still only half the full amount that a comprehensive response to the epidemic requires. When UNAIDS started in 1996, barely $200 million was being spent on global AIDS efforts. By 2003 it had risen to $4.7 billion, including resources from the top bilateral funders, the US and UK, and from the Global Fund to fight AIDS, TB and Malaria and the World Bank.

The increased flow of resources creates new challenges and new responsibilities – not least upon UNAIDS. Today, our central challenge is to make the money work and reach those who most need it.
Increased leadership and increased resources are today joined by an increased momentum of evidence.

We know safe behaviour only happens when risk, vulnerability and impact are all tackled simultaneously. We know protecting rights works, while scapegoating only

drives AIDS underground. We know comprehensive prevention and comprehensive care ought go hand in hand. An evidence-based approach may at times go against prevailing public opinion – which is why leadership is so vital. But the truth of the matter is we have little chance of containing the AIDS epidemic without facing the realities of young people's sexuality, homosexuality, sex work, and injecting drug use.

The advances we have seen in leadership, resources and evidence have not happened by themselves – they are the consequence of a great deal of hard work – much of it by the people in this room.

But it has not been enough.

HIV infections have not only risen four-fold since the Alliance was established in 1993, the epidemic has also created vast secondary impacts – the 14 million orphans, the hollowed-out public sectors in the worst affected countries, the food shortages and shrinking economies.

What compounds the tragedy is that has been an entirely predictable and largely avoidable disaster.

Comprehensive HIV prevention efforts implemented by 2005 would save 29 million new HIV infections by 2010. Let us not waste time! A delay of only three years would halve the number of infections averted. The longer it takes for commitments to translate into implementation, the more lives will be put in jeopardy.

Today's AIDS political and policy environment is more crowded than ever before. That is a good thing, because it means that AIDS is receiving the attention it deserves. But it also creates new challenges, above all of coherence.

Central to the challenge is human capacity.

Development programmes have always had to struggle against the fact that the countries with the deepest problems are also those with the weakest capacity for implementation. AIDS has exacerbated that vicious cycle, creating an unparalleled crisis in human resources.

The solutions need to combine short and longer-term approaches. We have to unlock more of the potential capacity of the community sector, not least the contribution of people living with AIDS themselves. So we need access to HIV treatment, and immediate strengthening in health capacities – one of the sectors in most acute need. Education and training need to be fast-tracked. Nationals must be attracted back from abroad. We ought broaden professional categories to include a wider range of community workers. And technical cooperation – especially South-South – can help plug immediate gaps.

There is no under-estimating the scale of the capacity challenge. Take Malawi – it has successfully mobilised more than $400 million for its AIDS response which is being pooled into a single 'basket'. But the question mark is whether the lack of human capacity will constrain Malawi's ability to capitalise on its recent progress. Or Lesotho – an even more dire situation, where AIDS has compounded existing problems to such an extent that the nation's very survival as a functioning entity has been called into question – hence their comprehensive new national AIDS policy to make every citizen 'AIDS competent'.

Friends and colleagues,

The AIDS movement re-wrote the basic rules of public health – now we need to do the same in development.

So how do we secure the coherence needed to take the AIDS response beyond the project level to the level of full-scale programming?

The fundamental instrument I have promoted is the “three ones”:

- One agreed AIDS Action Framework that drives alignment of all partners;
- One national AIDS coordination body, with a broad-based multisectoral and multistakeholder mandate; and
- One agreed country-level monitoring and evaluation system.

First, let us be clear what the ‘three ones’ are not. They are not a call to centralize power and resources in the hands of government. They are not a means to give the public sector priority over all others. They are not a licence to dictate outcomes by any one party.

What they are is a framework for coherence to optimise pluralist contributions. This instrument gives all the partners who need to come together in any sustainable AIDS response a means of operating together. A genuine commitment to inclusiveness has to be at the centre of the three ones, or else they will not achieve their purpose. It is as simple as that.

Civil society representatives joined UNAIDS and officials from national AIDS coordinating bodies in Nairobi last November to draw up a set of guiding principles for the coordination of national AIDS responses. They clearly affirm the growing drive to engage civil society organizations in the AIDS response.

To take AIDS programming to full scale, we will have to change the rules of the game - otherwise all we will end up with is a proliferation of competing initiatives.

In the face of AIDS, international financing rules need to change, so that budget ceilings do not artificially dampen countries’ capacity to mobilize AIDS resources. In a number of countries, AIDS funding needed exceeds current expenditures. There is a need to re-examine how AIDS resources can be viewed as investments. The political equation in donor countries needs to change – so AIDS funding is not at the expense of other development building blocks. And international morality also needs to change. Denying HIV treatment to most of the developing world is ethically unacceptable – now we need an equal sense of outrage that prevention efforts get to only one in five of the world’s citizens.

Friends and colleagues,

Over the past decade – the Alliance’s first decade – the global challenge of AIDS has grown immeasurably.

For UNAIDS, the clear challenge ahead is to help the global response make the transition from on the one hand process and policy, to on the other hand implementation and results.

We are marshalling more support to countries, especially in the crucial areas of partnership building, resource mobilization and monitoring and evaluation. And we are focusing on leadership, especially in the places where the epidemic is still emerging – and that includes Eastern Europe, most of Asia and Central America.

In meeting this challenge, the relationship between UNAIDS and the Alliance can only grow. The Alliance has now become a central player in boosting community capacity to respond to the epidemic. That is a pivotal location – and one where the strategic interests of UNAIDS and the Alliance coincide.

So as you contemplate the next ten years, you can be sure that the Alliance and UNAIDS will continue to stand shoulder to shoulder in meeting the AIDS challenge.

Thank you.