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**Plenary Address for Closing Ceremony
XV International AIDS Conference:
Getting Ahead of the Epidemic**

Bangkok, 16 July 2004

Speech by

**Peter Piot,
UNAIDS Executive Director**

Minister Sudarat, Prime Minister Douglas, Honourable Chairperson of the United Progressive Alliance, Mrs. Sonia Gandhi,

Excellencies, Friends and Colleagues,

Thank you for a great conference. It may be hard to believe, but I truly enjoyed it.

This conference happens in a fundamentally different context from all other conferences. I truly believe that, for the first time there is a real chance that we will get ahead of the epidemic. And this momentum has its roots in both the science and the activism of this last decade. Our challenge remains: how to raise action on both fronts to the level we need to achieve full success.

For me this week was clearly about taking responsibility. We heard it loud and clear at this session from President Mandela, Mrs. Sonia Gandhi, and Graca Machel. It is now our collective responsibility to make the money work for people.

The way we use this opportunity has tremendous implications for the future. We will not get this chance again. Unless we fully embrace country and community ownership, we will be inviting chaos ten years down the road. Unless we invest in institutional and human capacity, we will only have applied band-aids. Unless we scale up prevention with the passion and urgency that is being brought to treatment, "access for all" will remain a dream.

Let me tell you what I think we need to do.

First, ownership. The time for strategies imposed from the outside is over. We need to address locally-defined needs and allow staff to do their work. But the reality in many countries is quite different today: scores of AIDS donor missions, numerous evaluation frameworks, rival coordination mechanisms, an epidemic of workshops and meetings, and piles of paperwork.

Fragmentation has real costs, in money and in lives. With new funding and actors coming in we urgently must turn the "Three Ones" principles from a concept into reality.

Second, capacity. One of the most acute challenges we face is building capacity that can deliver treatment and prevention now and in ten and twenty years. Such investments should be part of every single AIDS project and should include strengthening community capacity, not only medical institutions.

Third, prevention. Between today and the deadline for the 3 by 5 Initiative, eight million people will become infected with HIV at the current pace. Without a greatly expanded prevention effort, treatment is simply not sustainable.

Of course we need condoms and clean needles, but we need to go way beyond them. Way beyond "ABC". This means promoting education for girls and equality for women, as the Global Coalition on Women and AIDS is doing. It means insisting on the human rights and dignity of all people. It means breaking the vicious cycle of poverty, lack of nutrition, and HIV infection. It means involving young people and people living with HIV in the response. It means avoiding falling into the trap of over-medicalizing prevention. Our response can only be successful if it is comprehensive.

At the Durban Conference I called for moving from the “M” word to the “B” word – from millions to billions of dollars in funding for AIDS. The most frequent reaction was that this was an irresponsible statement, but here we are with around six billion dollars.

The Global Fund is up and running, and the U.S. Government, European Union Members, Japan, and the World Bank are bringing substantial new resources to the effort.

And this week we heard new commitments from Thailand, the United Kingdom, Canada, Australia, the European Commission and the Gates Foundation.

Now in treatment we must move from “T” to “M” – from thousands to millions. I believe 3 by 5 is already changing the dynamics of how we deal with AIDS.

Let me now turn to an agenda that is largely unexplored, and that is our long term agenda. The priorities I’ve just discussed are acute, but they still largely represent a reactive agenda.

Now is the time to move from tactics to strategies, to combine long term investments with crisis management of today. I did not hear much of that debate at this conference, but it is vital. Let me mention just a few points:

First, there remains the issue of fully funding the response. And, with Secretary General Kofi Annan, I appeal to all donor nations to contribute their share, including to the Global Fund -- and to all developing nations to give priority to AIDS in their budget allocations.

But sustaining the billions needed will require:

- results,
- support from mainstream public opinion in rich countries, and,
- recognition of the need to maintain special funding for AIDS for many years.

To maximize resource mobilization we will need to use multiple channels and explore new avenues as well. An obvious resource is to convert the public debt of developing countries for AIDS action.

Africa’s crippling debt must be relieved – the \$15 billion dollars annually that disappears down the money pit. That is four times more than is spent on health and education -- the building blocks of the AIDS response.

Second, we need to accelerate investments in desperately needed vaccines and microbicides, as well as better treatments.

Third, let’s be honest with ourselves: treatment access today has consequences for the future, as we just heard from my colleague and friend J.W. Lee. It means that increasing numbers of people will be on treatment for life, and that the more expensive second generation therapies will need to be made accessible globally. So while we must deal with the emergency, it is imperative we plan for a sustained effort.

AIDS is far from being a chronic disease like any other. As much as universal access to HIV treatment is about the best we can do against stigma, the impact of treatment will be limited as long as stigma haunts people living with HIV.

The fourth long term challenge: we barely understand how fundamentally AIDS is changing the very fabric of societies, and how the worst affected societies will handle challenges such as millions of orphans, children taking care of families, schools without teachers, states without fiscal revenues, fields without farmers, and rising numbers of people living in extreme poverty.

And finally, the world must finally accept the exceptionalism of AIDS. There simply is no precedent in history for this crisis. And please let's not have an illusion that in a few years the world will return to what was before AIDS! Friends, in short, AIDS has rewritten the rules. To prevail, we, too, must rewrite the rules. An exceptional threat demands exceptional actions, be it on financing, development, trade rules, activist strategies, public service delivery, or fiscal ceilings.

So let's now design these longer term strategies, as otherwise we risk discouragement and demobilization, and will achieve, at the best, short term results. Therefore, addressing AIDS in the long term will require even more of the best brains, of the most creative entrepreneurs, of the most determined leaders. I'm committed, with UNAIDS, to tackle this agenda with you.

Above all, every community needs to rewrite the rules of how it deals with those sensitive issues at the heart of the epidemic – sex, homosexuality, commercial sex, drug use, rape, gender, masculinity.

But some of the greatest challenges we face today are of our own making: the obstructions of bureaucracy, the injustice of stigma, the rivalry, lack of coherence, and the failure of political leadership.

There is no time to be divided by institutional agendas. We all have the same goals, and we must work together - each playing to our individual strengths. Today I reiterate my own commitment - and that of the whole of UNAIDS family - to doing so.

Friends, let us not forget that all the tools to change the course of this epidemic are in our hands. But are we really willing to change our institutional behaviours? Are we ready to radically take on these challenges? To leave our flags behind? Every person in this room will provide part of the answer. But if we are not willing, we will massively fail.

Isn't it after all one of the main lessons of the past 20 years, that with AIDS we never gain time when we wait for action, when we are indecisive, when we are divided, when we neglect rights, when we replace science by "feel good" projects.

We fought very hard for the money, and will continue to fight for more, but now let's fight equally hard for making the money work for people.

Thank you.