

Speech

(Check against delivery)

**Special Summit of the African Union on HIV/AIDS,
Tuberculosis and Malaria**

Special Assembly of Heads of State and Government

Abuja, 4th May 2006

**Dr. Peter Piot,
UNAIDS Executive Director**

Presidents

Excellencies

Ladies and Gentlemen

Thank you, President Obasanjo, for bringing us together once again in Abuja to review the continent's progress towards the goals that were set here in 2001.

Thank you President Sassou-Nguesso for your leadership on fighting AIDS.

Thank you Professor Konaré for your inspirational leadership of the African Union Commission and its efforts on AIDS and related crises.

The UN Secretary-General, Mr. Kofi Annan, has asked me to represent him at this Summit, and I will begin with the message that he has sent for this occasion:

“President Obasanjo,
President Sassou-Nguesso, Chairman of the African Union,
Professor Konaré, Chairperson of the African Union Commission,
Excellencies,
Dear friends,

Five years ago, we met here in Abuja for the 2001 Africa Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases. I said then that this was a moment of hope; because I was convinced the Summit was a turning point in our response to the biggest development challenge of our time.

Five years on, my conviction has been borne out.

We have seen a turning point in commitment. In more than 20 African countries, the response to AIDS is now being led personally by Heads of State or Government, or their deputies. Six African countries have reached the Abuja 2001 target of allocating 15 per cent of their national budgets to health, or are close to it, and one third of African nations have allocated at least 10 per cent. The 2001 Special Session of the United Nations General Assembly gave us the Declaration of Commitment, and Africa's partners have provided real support for the war chest that I called for in Abuja five years ago, the Global Fund to Fight AIDS, Tuberculosis and Malaria. There have also been far-reaching commitments by the Group of Eight and other donor Governments, particularly on debt relief, increased ODA, and trade justice.

We have also seen a turning point in developments on the ground. A steadily growing number of African countries are seeing a sharp fall in new HIV infections. And in the past two years, there has been an eight-fold increase in the number of Africans benefiting from antiretroviral therapy.

But let us not imagine that the AIDS epidemic is waning by itself, nor that the exceptional gravity of its impact has diminished. AIDS remains Africa's greatest development challenge, and without defeating it, we cannot reach the Millennium Development Goals. That means we must guard against the danger of reducing, even by one iota, the priority we place on fighting AIDS, in Africa and worldwide. That is the central message of the report I have submitted to UN Member States on worldwide implementation of the 2001 Declaration of Commitment on HIV/AIDS.

The roadmap for the next few years is clear. It is spelt out in the UNAIDS Assessment "Towards Universal Access" for HIV prevention, treatment, care and support. The Assessment reflects broad public debates in over 100 low- and middle-income countries. Let me emphasize one overarching priority: if we are to win this war, our efforts will have to be guided by the need to promote gender equality and all human rights for all -- even those whose orientation, behaviour or life choices we may personally not agree with.

We must also do more in the fight against tuberculosis, which has been declared an emergency by Africa's Ministers of Health and which is also the leading cause of death among people infected with HIV. I call on leaders attending this Summit to commit to full implementation of the Stop TB Partnership's Global Plan to Stop TB. The Plan provides a roadmap for reversing the disease, and for driving down mortality through the expansion of treatment and prevention programmes.

Malaria, too, must be part of the picture. International funding for malaria control in Africa has increased significantly, and some countries have made considerable progress. But the disease continues to kill more than a million Africans every year, and puts real constraints on economic growth. To reach our common goal of halving malaria mortality by 2010, we need to do more to strengthen health systems, expand access to therapies and broaden the use of insecticide-treated nets, especially for pregnant women and children under five.

As you know from long and hard experience, leadership is the key as we move ahead. That is why the fight against AIDS remains my personal priority -- and I look to you to keep making it yours. I urge all of you to attend the High-Level Meeting on HIV/AIDS opening in four weeks time, and to participate as one powerful and unified voice. Indeed, it is the engagement of Africa's leaders that has brought us to where we are today. Only with your continued and full commitment can we achieve the end of AIDS in Africa and see fully effective action against the scourge of deadly disease."

Presidents,

Excellencies,

The Secretary-General has emphasized the tremendous progress that has been made against AIDS since the 2001 Africa Summit.

The promise that the 2001 Summit would mark a qualitative transformation in Africa's response has been proved correct – because of the leadership you have provided.

In the place of despair, as in the years before the 2001 Summit, each of us today has a sense of determination that we will prevail against this crisis.

Above all, as I see over and over again during my encounters with people throughout this continent to which I owe so much, something of profound importance has changed regarding the issue of AIDS. AIDS has become discussable in communities. Sexuality has become discussable, for men, women, the young and the old alike. And HIV prevention efforts are working, with a firm decline in national prevalence in Kenya and in Zimbabwe and positive trends in the urban areas of several other countries.

So there is positive news coming out of Africa!

In fact, as the Secretary-General noted, today we can realistically hope that we have entered the 'beginning of the end' of the AIDS epidemic across Africa.

Of course, as he cautioned, it is not the end of the epidemic that is in sight but potentially the beginning of the end.

These are very different things.

Yes, we finally have real grounds for daring to hope what was unthinkable just five years ago: that we can actively seek to end the epidemic rather than merely to contain it.

But we will not get there without doubling and trebling and quadrupling our efforts and investments.

And any weakening of our efforts would jeopardize even the hard-won gains of these past five years.

Excellencies,

In this decisive phase, the question facing us is what is the way forward to quickening the pace of progress?

We have the clearest possible answer in the assessment report on 'Towards Universal Access', which the Secretary-General referred to and which was undertaken by UNAIDS at the request of the UN General Assembly.

The agenda for action presented in this report represents collective contributions from one of the largest and most inclusive global consultative processes ever, involving over 110 countries and thousands of people. In particular, I thank Professor Konaré for the invaluable role the African Union Commission played in this process. And I also thank the governments of Kenya, Nigeria and South Africa for the leadership provided by their high-level representatives on the Global Steering Committee for this process, and the government of the Republic of the Congo for hosting the continental consultation.

The 'Towards Universal Access' assessment identifies six major requirements for radically accelerating the pace of progress against the AIDS epidemic so that we can bring it to an end.

A first requirement is that every country should in this year itself set ambitious but feasible targets for massively scaling up HIV prevention, treatment, care and support, with the view to reaching as close as possible to universal access by 2010.

In particular, clear goals and strategies on HIV prevention are needed because this is the only way that we can bring about HIV-free new generations among our children and grandchildren. In this regard, I applaud the recent continent-wide launch of 2006 as the Year for Accelerating HIV Prevention in Africa, led by the African Union and supported by the UN family.

A second requirement for getting towards universal access is that no credible national AIDS plan should go unfunded. Moreover, every bit of funding must be used in a way that has the greatest impact in terms of saving lives through promoting inclusive ownership, harmonization by all actors and accountability, in line with the 'Three Ones' principles. And particularly in Africa, macroeconomic and fiscal frameworks must urgently be adjusted to address the reality of AIDS.

Third and relatedly, far greater financial resources are needed. Based on current estimates, the continent would need \$9 billion to \$10 billion in the year 2007 to continue scaling up towards universal access but would have available \$4 billion

from domestic and international sources combined. So there is a resource gap of \$5 billion to \$6 billion for 2007 alone. Clearly, it is of the greatest urgency that national governments and international donors significantly increase funding for the AIDS response, through every possible means, not just for the next year or two but for the long term.

A fourth requirement for getting towards universal access is to overcome the human resource crisis in the health sector, as well as to enable education and social systems to mount an effective AIDS response.

We cannot win against AIDS, tuberculosis, malaria and related threats without building strong health systems that afford universal access. The core of this effort must be to address the health workforce crisis, including the exodus of trained personnel to industrialized countries. In some countries, there is not a brain drain but a brain haemorrhage! The first essential step is to guarantee nurses, doctors and community workers a decent salary and working conditions. At the same time, we must strengthen the capacity of community groups, particularly people living with HIV, faith-based organizations, and women's and young people's groups, to provide HIV services. They are a vastly under-utilized resource.

Fifth, the barriers to wide access to affordable HIV prevention commodities, medicines and diagnostics must be overcome. These barriers include pricing, the limited ability of many countries to use flexibilities provided in the TRIPS Agreement, and weak procurement and distribution systems.

And the sixth but absolutely critical requirement for rapidly scaling up towards universal access is to confront both inequality between men and women and AIDS-related stigma and discrimination. There is simply no way we can win this fight otherwise.

The highly unequal relations between men and women that are fuelling the pandemic must be combated by tailoring AIDS programmes to women's needs, confronting sexual violence in and outside marriage, and by empowering women through education, work opportunities and equal property and inheritance rights.

And the most effective steps to combating AIDS-related stigma and discrimination are to engage people living with HIV at every level of the AIDS response, to protect their rights, and to step up funding for organizations of people living with HIV.

Excellencies,

The common thread linking these six actions is the need for leadership commitment from the highest levels of politics and civil society. We need nothing less than a

continent-wide social movement fighting this crisis. And this political and public commitment needs to be for the long term, so that universal access to comprehensive AIDS programmes is sustained in the years ahead, to bring the epidemic to a halt and to reverse the unimaginable destruction it has caused.

The AIDS crisis warrants such an exceptional response because it is one of the make-or-break issues of our times, particularly on this great continent of Africa.

The key challenges at this critical juncture are to:

- Sustain and strengthen leadership and financial commitment.
- Make the money work for people on the ground.
- Move from crisis management to a strategic response.

Excellencies,

Your personal commitment to fighting AIDS is the key to making this period the beginning of the end of the epidemic in Africa.

This is important not just for Africa but for the rest of the world, as it would offer firm proof that we are not helpless against AIDS, that AIDS is a problem with a solution when confronted by courageous and visionary leadership from the very top.

Hence, in closing I will add my voice to that of the Secretary-General's in seeking your participation at the High-Level Meeting at the UN General Assembly just a few weeks from now, to chart the way forward for the world to bring this crisis to an end.

Thank you