

Address by Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, to the closing session of the International Conference on AIDS and STDs in Africa, Ouagadougou, Burkina Faso, December 13, 2001

We have come to the end of this interesting and productive conference. We owe the Government of Burkina Faso a debt of gratitude. Despite all of the inevitable small difficulties, there have been, you will agree, a number of thoughtful and probing contributions in plenary sessions, and many many first-rate seminars and roundtables on an infinite number of subjects. Everywhere, the level of concentration and interest are remarkable ... even during the most complex and detailed of presentations, this plenary hall has been attentive. Scientists and activists alike, have been fully engaged.

All of that is self-evident. It speaks to the grip that HIV/AIDS has on our minds and our consciences. But all of that is not enough. I speak to you, in this finale, with frustration -- - deep frustration seething through my soul. And I don't intend to mince my words in the expression of that frustration.

I would not diminish for a moment, the quality and novelty of so many of the interventions, but we've heard so much of it before. I don't know how all of you, working in the field, can stand it: it's a measure of the desperation of this pandemic that we feel compelled to repeat the same truths again and again. How many times have you heard about the history and evolution of the pandemic; how many times have you heard that it's a matter of political leadership; that youth are the most vulnerable; that young women are the most vulnerable among the most vulnerable; that the interlocking factors of gender and poverty compromise our responses; that we have to roll out programmes addressing mother-to-child transmission; that the orphan population is growing dramatically; that the social and economic consequences of the pandemic are catastrophic; that societies are shredded; that health systems are defunct; that schools are without teachers; that behaviour change is elusive; that a contemporary plague has descended on Africa forcing upon the continent a struggle for survival.

Within one year, we heard it at Durban, at Addis, at Abuja, in New York, and now at Ouagadougou.

And despite all the analysis, all the understanding, the epidemic grows horrifically with every annual report.

So let me tell you what we haven't heard. We haven't heard where the money is coming from to stop the pandemic from further wanton spread, as we all know it can be stopped. We haven't heard where the money is coming from to provide the antiretroviral drugs that will keep people alive. We haven't heard where the money is coming from to strengthen health systems, to fashion massive human resource training, to allow us to take the inspired workable community initiatives to scale, to give strength and staff to indigenous non-governmental organizations and community-based organizations, to implement the plans that countries have and to which the leadership is now committed, if only the resources were in place.

Would the money solve everything, save everyone? Of course not. Would it mean the breakthrough we're all ready for? Of course it would.

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At a major press briefing at this conference, Peter Piot, Executive Director of UNAIDS, said that Africa needed \$5 billion a year to fight the pandemic. At the moment, we're spending a pathetic 10% of that. I want you to bear with me while I take you through a simple arithmetic calculation.

In 1969, 32 years ago, the donor countries agreed to the target for foreign aid --- we call it ODA, Official Development Assistance -- of .7% of their Gross National Products. Put another way, they each agreed to 7/10ths of 1% of GNP for aid to developing countries. I'm a Canadian; that's a piece of history that Canadians are familiar with. It was a man who would become Canadian Prime Minister, who chaired the meeting.

From that day to this, only five countries in the developed world have reached the target: Norway, Sweden, Denmark, Holland, and just last year, Luxembourg. Because the wealthiest countries in the donor world ... known as the G7 and made up of the United States, United Kingdom, Germany, France, Japan, Italy and Canada ... because these wealthiest countries in the donor world have never come close to the target, we stand between .2 and .3 rather than .7. The figures sound small, but it's still a lot of money: it adds up to between \$50 and \$55 Billion a year even now in foreign aid.

Alright, let me do the obvious calculation. If the target of .7 were reached, that is to say, if the G7 donor countries that I've named honoured their international commitments, we would have an ADDITIONAL \$100 Billion, and growing, every single year. That's the dollar difference between what they give now and what they pledged to give. Peter Piot says that Africa needs \$5 Billion a year for prevention, care and treatment. In other words, 5% --- just 5% --- of the additional money and we could turn the AIDS pandemic around.

I want to know what's wrong with this world? Within weeks of a terrible terrorist atrocity on September 11th, the donor governments started budgeting for expenditures of more than a \$100 billion. Within weeks! I don't begrudge a penny of it. I agree with it. It comes in immediate response to the grotesque death of over 3,000 people. But what about the death of 2 million three hundred thousand people? Where do those deaths stand on the scale of human values? Who makes these decisions whether Africans shall live or die?

Forgive a personal note. I wander around the continent in my job, and I meet everyday with People Living With HIV/AIDS, good people, courageous people, principled people, people fighting for their societies, their communities, their friends, their lives. And as I'm talking with them, I know --- circling endlessly in the back of my mind --- that in two or three years time, some of them may not be with us any longer. It's profoundly distressing. In fact, it's surreal.

Out in this audience, I have a valued new friend, Dr. Fareed Abdullah. He runs the impressive HIV/AIDS programme of the Ministry of Health of the Western Cape province in South Africa. Just last September, Fareed and I toured a small, new palliative care facility for AIDS patients. We went up to the second floor where there was a lovely young woman ... she

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has young children ... lying gaunt and frail in one of the beds. She was supposed to have lasted only three to four weeks, but it was now three to four months and she was hanging on because of the care, and better nutrition and a powerful will to live. And while Fareed tenderly held her hand, I turned to him and said "Fareed, with ARVs she could live another two to three years". And Fareed shook his head, and said "No, Stephen, she could live another five to seven years, maybe more".

And I looked at her, and I thought of her kids, and I thought to myself, has the world ever experienced a greater moral lapse; has the world ever occupied a greater moral void?

If I were an African leader, an African President --- forgive me President Campaore --- I would be so impatient, so angry, that the world would surely hear of it. At every international meeting, every G7 Summit, every Executive Board of multilateral agencies, every gathering of the World Bank or IMF or WTO, every convention of the pharmaceutical industry, every scientific conclave, I would make it clear that the majority of African leaders are now solid in their determination to defeat the pandemic; they know what's required, they'll move heaven and earth to meet the goals of the Abuja Summit and the UN Special Session, and they will not be sacrificed in their hour of commitment by a heartless world.

That hour of commitment must have substance. The target of spending 15% of total country budgets on health must be met; school fees should be abolished, consistent with the Convention on the Rights of the Child, the workplace must be safe and secure for those infected and affected by HIV/AIDS, consistent with the Code of Conduct of the ILO; an entire legal framework rooted in statutes must remove discrimination against people living with HIV/AIDS; the struggle for gender equality, embodied in laws, must become the *idee fixe* of parliament ... moving community interventions to scale, with a special emphasis on orphans, must become a *cri de coeur* ... in other words, in every conceivable way, Africa must take the lessons of this conference, scientific, historical and advocacy-based, and make them live in the culture of a nation. They mirror, exactly, the principles which have been espoused by the Secretary-General of the United Nations.

If that is done, then the explicit, compelling demands for help with financial resources and human resources are not only legitimate, they're not open to challenge.

Just yesterday, I read a news story about 47 women, raped in the Rwandan genocide, who have died of AIDS. They are a tiny percentage of those who were infected. That genocide lasted 100 days from April to July of 1994. Eight hundred thousand people were slaughtered in the full view of the world, and the world raised not a finger.

Enough I say; enough has been done to this continent.

As Peter Piot finished his opening address, he pledged the support of the UN family. The Secretary-General, Kofi Annan, has made AIDS his personal priority. We are your natural allies. And I pledge to you: we will not let you down.