

**PRESS BRIEFING BY SECRETARY-GENERAL'S SPECIAL ENVOY FOR HIV/AIDS IN
AFRICA, NOON PRESS BRIEFING, UN, JUNE 1, 2001**

The Secretary-General today appointed Stephen Lewis as his Special Envoy for HIV/AIDS in Africa, Deputy Secretary-General Louise Fréchette told correspondents at a Headquarters press briefing this afternoon.

Introducing Mr. Lewis, Ms. Fréchette said the Secretary-General had asked Mr. Lewis to work with African leaders and the United Nations team to offer maximum support to African countries in their fight against HIV/AIDS. Mr. Lewis' appointment today follows the recent visit of the Secretary-General to the HIV/AIDS Summit in Abuja, Nigeria, at which the Secretary-General met with a small group of African leaders to ensure follow-up to the commitments made at that Summit. The appointment also precedes the upcoming General Assembly special session on HIV/AIDS, which is expected to produce a programme of action.

Formerly the Deputy Executive Director of the United Nations Children's Fund (UNICEF), Mr. Lewis was a "passionate advocate for Africa" who had devoted many years of his life to that continent, the Deputy Secretary-General said. Mr. Lewis had also been working with the Joint United Nations Programme on HIV/AIDS (UNAIDS) for some time and was, therefore, not new to the issue. The Secretary-General could not have chosen a better person to carry out the important work on HIV/AIDS, she added.

Mr. Lewis, a Canadian citizen, said that in an article he had written earlier this year, he had used strong language to describe the delinquent response on the part of the international community. It was a measure of the astonishing shift in events and mood -- in a period of four months -- that he had begun to feel a cautious but insistent sense of hope.

He said the reality of change and momentum in Africa was inescapable. Drug prices had plummeted, the African leadership was engaged as never before, and the Secretary-General had now made a public commitment to make the fight against HIV/AIDS his personal priority. The Secretary-General had also gathered a group of African leaders to champion the cause and had rallied the United Nations family to a Herculean effort.

Care, prevention and treatment of the disease were inseparable, Mr. Lewis continued. There was also growing recognition that HIV/AIDS was a gender-based disease. The situation of women and girls must be addressed if the pandemic was to be brought under control. Other positive trends included the imminent launch of the Global Trust Fund, the Harvard Consensus statement on treatment, and the General Assembly special session on HIV/AIDS later this month, at which time a definitive framework of commitment would be put in place. At no time over the last 20 years had there been such a sense of collective resolve and collective possibility.

"I'm no starry-eyed Pollyanna", Mr. Lewis stressed. He understood what a massive undertaking it would be to mobilize the policies, programmes, physical ingredients, infrastructure, and the sheer human commitment to turn things around.

"But I truly believe that if a breakthrough is to be made, short of a discovery of the vaccine, then this is the moment in time", he said.

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Mr. Lewis looked forward to working with colleagues in the United Nations system, including UNAIDS, and in civil society and the private sector, to make a contribution to the fight against HIV/AIDS.

On a personal note, Mr. Lewis described a recent scene he had witnessed at the Mbabane General Hospital in Swaziland as a scene out of Dante's Inferno. "The sheer numbers tear away every vestige of dignity; it renders human beings anonymous. You witness it and you experience a simultaneous spasm of helplessness, anger and resolve", he said.

"The continent must be cleansed of this scourge and it cannot possibly happen soon enough", Mr. Lewis added. It had not happened soon enough for the

12-year-old South African AIDS activist, Nkosi Johnson. His death made the day incomparably sad for Mr. Lewis. "We must somehow turn the tide in Africa", he said.

Asked to identify a tipping point in the mood shift this year, Mr. Lewis said that while it was impossible to identify a single moment in time, cumulatively the first part of 2001 was such a moment. The combination of conferences, the way in which the Abuja Summit had strongly focused the African leadership and plummeting drug prices had all played a role. The Secretary-General's public commitment to HIV/AIDS as his personal priority had had an important psychological effect and made people feel that the tide might indeed turn. With the series of climatic moments in the first half of 2001, there was also the sense that if those achievements could be taken hold of -- with Africa providing the leadership -- a breakthrough would be possible.

There had been a reluctance among donors to give until a plan had been worked out. Now that the draft programme of action for the General Assembly special session was being finalized, was he expecting more pledges of money? a correspondent asked.

There had been a couple major contributions from the United States and the United Kingdom, Mr. Lewis replied. Amounts were less important, however, than the fact that the Trust Fund was under way. Governments were making additional commitments and the private sector was being rallied. Once the sense that money would be used for a turnaround was set in motion, things would happen. In the next few months in Botswana, for example, most of the people afflicted with the disease would be receiving anti-retroviral treatment. Once there was a sense that the tide could turn and that people could resume a normal life, then other countries would be similarly energized. What the world needed was the sense of hope and momentum. "We are on the cusp of that right now", he said.

On the issue of funding, the Deputy Secretary-General said there had been a few announcements recently, including yesterday's announcement by France of a contribution of some €150 million (about \$125 million). She expected that other announcements would trickle in. There was a connection between the work being done to design the Trust Fund and the readiness of countries to make firm commitments. A meeting scheduled to take place this weekend in Geneva, grouping a large group of countries, as well as representatives from the private sector and civil society, would address the many detailed questions on the Fund. As the concept of the Fund became clearer, she was confident that more announcements would be made.

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How much money was needed for treatment and to contain the disease? What would be the Fund's target? a correspondent asked. Mr. Lewis said that an additional \$7 to \$10 billion a year would be needed for care, prevention and treatment. Those figures included, however, not only money from governments, but also money generated by civil society and the private sector. According to a December 2000 UNAIDS document, \$3 billion was needed for prevention and care. A number of estimates had been made regarding treatment. To treat 10 per cent of the population with advanced AIDS, an estimated \$1 billion a year was needed.

Asked how Mr. Lewis would proceed with his work, he said he planned to attend the Geneva meeting this weekend. Both before and after the General Assembly special session, however, he would start making rounds among the leaders who had joined the Secretary-General in his efforts. He would see which of the objectives and targets from the Abuja Summit could be implemented in their countries as quickly as possible. Once that process was under way, he hoped those leaders would engage their counterparts in neighbouring countries to reach similar targets. Once the process reached the subregional level, the whole continent could be brought into the process. His primary role would be to first help that process take place in individual countries.

What had caused the shift in political will? a correspondent asked.

Mr. Lewis said that there had been a shift away from denial and passivity, as well as a sense of shock and horror at what was happening in the different countries. There was the strong sense that unless the HIV/AIDS pandemic was dealt with now, there would be an apocalyptic finale. The African leadership was highly sensitized that urgently wanted to move ahead.

Regarding the recognition that HIV/AIDS was a gender-based disease,

Mr. Lewis said that all programmes must keep in mind that women were the majority of those affected. The single largest vulnerable group -- some 55 per cent of infections -- was women. Young women between the ages of 15 and 24 were sometimes six times more susceptible to infection than young men and boys. Women and girls must have the confidence to govern their own lives. Men must begin to behave responsibly. Women were extremely vulnerable. The matter was now on the table. In the countryside, women, who themselves were often ill, sometimes sold everything to ensure that their husbands' last days were spent in comfort. Unless gender became the focus, there would never be a breakthrough.

On the question of AIDS orphans, Mr. Lewis said that some 13 million children had lost one or both parents. It was projected that by the year 2010 there would be about 40 million AIDS orphans. There were currently child-headed households all over eastern and southern Africa. They had no money for school fees or shelter. It was a catastrophe and a nightmare for those children. Addressing the plight of AIDS orphans had been most difficult because, in many cases, the extended family no longer existed.

Was a vaccination for the disease in sight? a correspondent asked.

Mr. Lewis said that a number of tests were under way. While it was uncertain what the results of those tests would be, some people were guardedly optimistic. However, no breakthrough was yet in sight.

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A correspondent asked why the United Nations had not started its fight against the disease earlier. Mr. Lewis said that during his tenure at UNICEF from 1995 to 1999 he had spent a great deal of time working around models of mother-to-child transmission, prevention in schools and voluntary testing. While there had

been many models and initiatives, they had failed to take those models to scale because the problem was overwhelming. There was also little money. Suddenly, however, the point had been reached where everyone was engaged. If a breakthrough did not take place now, something was profoundly wrong with the international community. The days of "moral vacuum" were over.

Was the figure of \$350 per person per year for drugs realistic? a correspondent asked. Mr. Lewis said the people who were "symptomatic" would need to be treated first and accounted for some 10 to 15 per cent of the population. Some \$1,000 would be needed for everything including research, the delivery of drugs, health infrastructures and the monitoring of delivery. That figure would be manageable if the target of \$7 to \$10 billion was met. There was still room for the figure for drug treatment -- some \$350 -- to come down even lower.

Asked what the United Nations planned to do further down the road, Mr. Lewis said the United Nations must look ahead to make sure that once progress was achieved a way would be found to maintain that achievement and to make sure that resistance did not emerge. The rising HIV infection rate in the United States among young gay men was worrying. While maintaining momentum was not an immediate issue, it would be shortsighted not to think to the future.

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