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Speech

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"AIDS and the Way Forward" – A World AIDS Day Address

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Speech by
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Thank you Lee for that kind introduction, for joining with UNAIDS on this important briefing series, and for welcoming me here with my distinguished colleague, Ambassador Tobias – a determined leader in the global fight against AIDS.

We meet on the eve of World AIDS Day – a day first set aside in 1988 to focus the world's attention on this terrifying challenge, to remember those who have died, and make a public commitment to get ahead of this epidemic and save those still at risk.

To date, more than 25 million people have died from AIDS. They leave behind employers, communities, and families who still miss them and still need them.

The area of greatest prevalence remains sub-Saharan Africa, where more than 25 million are living with HIV – more than ever before. The Caribbean, right here in America's backyard, has the world's second highest HIV prevalence – where in 5 countries, more than 1 in 50 adults is already infected. The steepest increases in people living with HIV are in East Asia, driven by China's swiftly growing epidemic; Eastern Europe, driven by Ukraine and Russia; and Central Asia.

Reciting tragic statistics has become a ritual of World AIDS Day. To many people, the news may sound sadly the same. But there is something new and ominous in the course of this epidemic.

Twenty-one years ago, when we knew little about where AIDS came from and where it was going – I worked in a hospital in Kinshasa. The hospital was filled with young men and women, lying in rows, emaciated and dying. The hospital staff tried to make them comfortable, since they had no idea how to make them better.

That was the moment I began to realize what we were up against.

The sight of all those young men and women suggested to me that this disease was being spread by heterosexual transmission – and would therefore threaten us all. As soon as it gained a foothold, it could become a raging epidemic.

Today, the effects of the AIDS epidemic on the African continent have exceeded everything I feared that day in Kinshasa in 1983. When we see what has happened in Africa, one might think: "We would have done anything to prevent this – if only we had known." But we did, and we didn't.

Today, we have another chance to prove ourselves. The situation we face in China, India, and Russia bears alarming similarities to the situation we faced 20 years ago in Africa. The virus in these populous countries is perilously close to a tipping point. If it reaches that point, it could transition from a series of concentrated outbreaks and hot spots into a generalized explosion across the entire population – spreading like a wildfire from there. If it reaches a prevalence rate even a small percentage of what

is seen in some nations in Africa, it would mean tens of millions of infections.

The tipping point is not a hypothetical construct. Let me give you an illustration. In South Africa, it took five years for prevalence rates to move from .5 percent to 1 percent. Then, in only seven years, it jumped from 1 percent to 20 percent.

Once the prevalence rate rises past a critical point – which can vary from country to country – several things begin to happen simultaneously – all of them ominous. There is a marked increase in heterosexual transmission. The number of pregnant women infected jumps, and so therefore do the number of infants and children with HIV. The number of women and girls infected rises sharply, especially among married women. The spread of the virus accelerates. When the very act essential to furthering the human race also threatens it, we are in a very precarious place.

There is no single worldwide epidemic. What happens in countries like Russia, China, India, and Indonesia will undoubtedly be different from what I saw taking hold in Kinshasa. But if we don't prevent this breakout, and full blown epidemics take hold in these large, populous states, there will be dire consequences not only for these countries, but for each of our own.

In 2001 alone, the Asian-Pacific countries – home to over 60% the world's population – lost $7.3 billion to HIV and AIDS, most of it borne by households who lost income because of sickness and death due to AIDS. If the current rate of infection in this region continues, by 2010, economic loses will more than double, reaching $17 billion annually.

India and China are the world's two most populous countries, with two of the fastest growing economies. They are engines of global economic growth. Today, China is the third-most-active trading nation in the world. It is primed to surpass the United States in trade to Southeast Asia within the next few years. India's trade is growing by billions of dollars every year. If AIDS stalls economic growth there, as it has in the hardest hit countries, no country on earth will escape the impact.

A major AIDS epidemic in China, India and Russia would also have dire implications for security. High numbers of orphans and loss of economic growth can create chaos. AIDS can also infiltrate the militaries of these countries. Soldiers have a high risk of infection, because they spend long periods of time away from home. Where militaries are needed to maintain order, guard borders, defend weapons sites, fight terror, it's a direct threat to security when the number of able-bodied soldiers shrinks.

Let me make one point very clearly – because I don't want my emphasis to be misunderstood. The leadership and generosity of America in investing in prevention and treatment in Africa, the Caribbean, and Vietnam is one of the most promising and heartening developments in years in our common fight against AIDS. By focusing on China, India and Russia, I am not remotely minimizing the importance of the hardest hit regions or our role in controlling and reversing the epidemic there.

I am calling for intensified attention on these next wave countries – not at the *expense* of Africa, but also *on behalf* of Africa. If the epidemic gains a foothold in even a few states or provinces of China and India, and spreads there as it has in some African countries, the global resources now available for Africa could easily diminish, perhaps even vanish. If we hope to have the resources to treat the epidemic in the hardest hit countries, we must prevent major epidemics in the most

populous countries.

There is plenty of reason for hope – not just because countries like the United States, Canada, Europe and Australia have been able to increase awareness, reduce stigma, and make prevention and treatment available. But because nations like Thailand, Senegal, Uganda, Cambodia and Brazil have done so as well – with many fewer resources. We have two models for facing AIDS – one leads to a devastating epidemic, the other leads to containing and *reversing* the epidemic.

Which path will the world's most populous nations follow? They have two advantages the hardest hit countries did not have. They have seen what AIDS can do to a society – and they have seen what a society can do to AIDS.

They – and we – have a chance to apply the lessons we've learned in the past 20 years – lessons in the importance of leadership, prevention and effective implementation.

I. Leadership

We have never seen a single nation reverse its epidemic without the strong leadership of a President or Prime Minister, who looks at the numbers, admits the danger, and mobilizes the country to meet a long-term emergency.

There are at least three crucial elements of leadership – speaking out about the epidemic; driving a broad multi-sectoral response; and making AIDS a strategic and budget priority.

First, leaders must speak loudly, openly and often about AIDS – to reduce ignorance, reverse the stigma, and inspire people to fight the epidemic. Nothing spreads HIV faster than silence.

Early in 1989, Mrs. Barbara Bush, just a few months after she had become first lady, visited a home for HIV positive babies who had been abandoned by their parents. At a time when many people still believed you could get AIDS through touching, Mrs. Bush picked up the babies one by one, and hugged them, kissed them and cradled them in front of the cameras. She told the reporters: "You can hug people with HIV. They need your compassion." She later did the same with a gay man with AIDS.

Other leaders have also understood the dramatic impact they can have in reducing stigma and paving the way for prevention, testing and treatment.
Last World AIDS Day, the national evening news in China carried the story of Premier Web Jiabao visiting a hospital in Beijing, where he comforted people with AIDS and asked his nation to treat them with care and love. This act likely did more than all of the billboards and pamphlets in China combined.

Second, leaders must ensure the fight against AIDS is waged through broad national efforts that include every sector. This epidemic cannot be brought under control by the health sector alone. Every country that has reversed the spread of AIDS has done so with a massive society-wide effort that is supported at the top – but owned across the country.

Third, leaders must sharply step up their AIDS funding. Success won't come without it. First because people won't believe AIDS is an emergency unless it's a funding priority. And second, because we can't win this fight without more funding –

much more.

Take the example of Brazil. In 1994, the World Bank predicted that Brazil would have 1.2 million HIV-infected persons by 2000. The number turned out to be less than half that, because the Brazilian government built a network of AIDS clinics across the country, provided free antiretroviral drugs to anyone with HIV, and carried out an aggressive prevention campaign. It wasn't easy. But Brazil sustained its AIDS funding even during a budget crisis. There couldn't have been a clearer message that AIDS was a national priority, and it paid off – in money, as well as in lives saved.

II. Prevention

To win the fight against AIDS, we also need a renewed commitment to prevention. It has been very gratifying in the past few years to see the will develop to provide treatment in low income countries, see the price of treatment drop, and the number receiving treatment expand, though it is still not enough. Treatment is a crucial part of a humane response and a vital part of prevention itself.

At the same time, we must intensify our prevention efforts and break the cycle of new infection, or we will not be able to sustain the cost of treatment. Imagine for a minute what we could face as we move toward a hundred million infections. Think of the doctors and nurses it would demand; think of the hospitals and clinics that would have to be built. Think of the tradeoffs; measles vaccines or antiretrovirals? Not enough money for both. Which do you buy, and who's going to decide? Only prevention can head off this calamity – and only if we make the most of what we've learned.

First of all, our prevention strategies must be based on science and supported by the evidence. To insist on abstinence only – or to promote condoms only – contradicts our collective experience. Both are indispensable to an effective effort – and neither alone will get the job done. The scientists, the doctors, the activists, the churches, and all of us should come together and agree on a broad philosophy of prevention that takes cultural and religious differences into account, but embraces a common principle – that the highest moral ideal is to save lives, and every approach to prevention should be tested against that standard. We should not turn our backs on prevention because it is difficult and sensitive.

Second, our prevention efforts must do much more to help women protect themselves and their families from AIDS.

In the UNAIDS report released last week – in every single region, the percentage of women among people living with HIV is on the rise. Women and girls now make up nearly 60% of all people infected in sub-Saharan Africa.

As the epidemic is spread more and more through heterosexual contact, it is becoming increasingly clear that our ABC approach to prevention – Abstinence, Be Faithful, and Use Condoms – is a good start but not enough to protect women and girls.

Too often, we teach abstinence until marriage can prevent AIDS, yet we live in a world where girls are often married off as children. We tell women to be faithful, but know their partners often aren't. We tell them to use condoms, but know their

partners often won't. We tell them to support their families, but know they often lack the tools and opportunities to do this, except too often through risky behaviors.

Our prevention strategies have to fit the realities of women's lives – and we have to do much more to ensure that they do.

Worldwide, half of all women live on less than $2 a day; illiteracy rates among women are nearly 50 percent higher than among men in many countries; and inheritance laws and criminal laws make it easy for men to take advantage of women. Each of these realities makes women more vulnerable to HIV.

To fight back:

We must continue working to develop microbicides, a form of protection which women can use without a man's knowledge or permission, and to promote real access to the female condom.

We need to give girls a chance at education and women access to microcredit. We need to petition governments around the world to enable women to own and inherit property. Women who are economically self-sufficient and secure are far less vulnerable to HIV.

We need to get laws passed and enforced everywhere that make domestic abuse illegal, and that treat rape as a real crime to be punished harshly.

We also need to challenge old traditions that promote the spread of HIV – including child marriage, which makes it nearly impossible for a young wife to negotiate the terms of these relationships.

Overall, we face a simple choice: we can pay now for prevention; we can wait a bit longer and pay for treatment; or we can wait even longer and pay the price of losing tens or hundreds of millions of productive citizens. Early investment is everything. Either we act now or pay later – and the price rises every minute we wait.

III. Implementation

Finally, we need to buckle down to the hard work of effective implementation.

We need to do more than raise resources; we need to make the money work for people on the ground. This will require better coordination – and it will also require taking the long-term view.

Waste and inefficiency from duplicate efforts by donors are major obstacles to the global fight against AIDS. For example, in several countries in Africa and Asia, there have been 50 or more donor AIDS planning missions in the last few years alone. With each visit, understaffed agencies push aside pressing work to take donors on site visits. Countries must often satisfy donor conditions that are not a part of their national AIDS strategy, and scarce capacity is absorbed filling out paperwork rather than fighting the pandemic.

To put an end to fragmentation and duplication and to maximize synergy, donors of all types have agreed to work together under the leadership of each individual nation. We call this agreement "The Three Ones," brokered by UNAIDS.

The Three Ones means that each country has ONE national AIDS strategy that integrates the work of all partners; ONE national coordination authority to manage that strategy across all sectors; and ONE country-level monitoring and evaluation system to measure and determine what's working.

The Three Ones has been agreed upon in principle, and now must be effectively put into practice. The United States was instrumental in the adoption of this agreement and will be crucial to its implementation. As the world's largest donor, it can do a great deal to promote this harmonization of national AIDS efforts, and I want to thank Ambassador Tobias for his solid support and collaboration.

AIDS is going to be with us for a long time. We need to recast our fight against AIDS from the near-term to the long-term. This is not a sprint; it is a marathon that we must run at the pace of a sprint. In the beginning, we acted as if we could defeat this epidemic quickly and cheaply without making major investments in capacity. We're suffering from that oversight now.

AIDS is an exceptional crisis. It calls on us to take exceptional actions in the way we finance and execute our response. We have to work urgently and immediately to build the capacity and the systems that will stand the test of time.

As we have seen over the past 20 years, it is not enough merely to pay for condoms, test kits, or even medicine. We have to train doctors, nurses, and community workers; we have to build hospitals and clinics. These are investments that must be made. And because they take years to bear fruit, they must be made now. The upfront cost of building capacity is considerable. But it is the only way that ownership of the fight against AIDS will move to the countries themselves, and the only way donor nations can manage the fight in a way that is affordable for them over the long term.

Finally, when you take the long-term view of fighting AIDS, there is an obvious role for development. If we see where AIDS has ravaged societies – and where AIDS has been contained – we can see the elements that protect a society from a full blown epidemic: High levels of education, literacy, gender equality, economic growth, high per-capita income, low social stigma, and open public discussion. If we had moved sooner in human history to build a world where freedom, equality and opportunity were as common for all people as they are for some people, a preventable disease like AIDS never would have gained the foothold that it has. Just as AIDS researchers work on ways to bolster immunity in the body, we need to work to bolster immunity in society.

Conclusion

Leadership, prevention and implementation can stop full scale AIDS epidemics in the most populous countries – and can begin to reverse epidemics in the hardest hit countries. Whether we apply these lessons will determine the course of the epidemic; it's entirely in our hands. Alarmingly, there is not enough action.

Given the numbers we see in the next wave countries and the experience we've had in Africa and the Caribbean, there is only one explanation for inaction, and that is denial. In this age of global communications and global interdependence, the only way denial can persist is if we permit it. The United States has a special role. It is the only nation whose leadership can move the world – not just with funding – but

with the influence it takes to keep AIDS high on the international agenda, and to urge nations to act.

AIDS is the great moral challenge of our time, and we are clearly at a crossroads in the global fight. Which path will we take?

Will we act to save millions of lives? To preserve families, communities, and countries? To protect international and economic security? The choices we make now will define generations to come.

Let us rise to the challenge, finally get ahead of the epidemic, and change the course of history.]