



UNAIDS LETTER TO PARTNERS

Dear Friends,

This letter comes to you from South Africa. Today I was in the township of Khayelitsha, near Cape Town—a community deeply affected by the AIDS epidemic. It's made me reflect on both the honour and opportunity I have been given by United Nations Secretary General Ban Ki-moon to lead UNAIDS.

Khayelitsha is a community that epitomizes strength under pressure—a community that continues to gain from working together to overcome AIDS.

I am an optimist and I want to learn from other optimists—like Thobani Ncapayi. In 1998 Thobani tested positive for HIV and was diagnosed with tuberculosis. The TB was treated and a nurse at the TB clinic later encouraged him to seek treatment for HIV. With her help, and with the support of his family and community, in 2001 Thobani became one of the first people in Khayelitsha to start antiretroviral therapy. He has been living with HIV for 12 years. Working and raising his 13 year old son, Thobani is one of the nearly four million people on treatment—a global movement that is growing every day.



Meeting with Thobani

Making the impossible possible

Thobani's story and stories I have witnessed around the world—inspire me and help me believe that what seems impossible can be made possible. This is why I see the AIDS movement as an opportunity. We cannot work on AIDS in isolation. We must leverage the results of the AIDS response across economic, social and political spheres.

Whether it is through advocating and addressing homophobia, decriminalizing the transmission of HIV, promoting human rights and amplifying the voices of people living with HIV—treating TB, saving mothers and their babies—I want to lead by asking: Is what we are doing improving lives?

The AIDS response should be about building bridges. I see myself as a broker—making connections between people and ideas to find solutions. As well as creating platforms so that governments, people living with HIV, Cosponsors, partners, and our critics can join in open discussion of the issues that identifies ways to move forward.

I also want to bring the UN to people. As we have seen in this financial crisis, the current architecture has failed the people of the world. This demands a rethinking of economic and development paradigms. It demands nothing short of a social revolution to bring back trust in public institutions.

Moving forward

Let us aim high—as all of us need to be able to say:

- ▶ Stop mothers from dying and babies from becoming infected with HIV.
- ▶ Stop people living with HIV from dying of TB.
- ▶ Stop drug users from becoming infected with HIV.
- ▶ Stop laws that block the AIDS response.
- ▶ Stop sexual violence against women and girls.
- ▶ Stop failing our young people.

These are among the bold actions we must take to achieve universal access to HIV prevention, treatment, care and support.

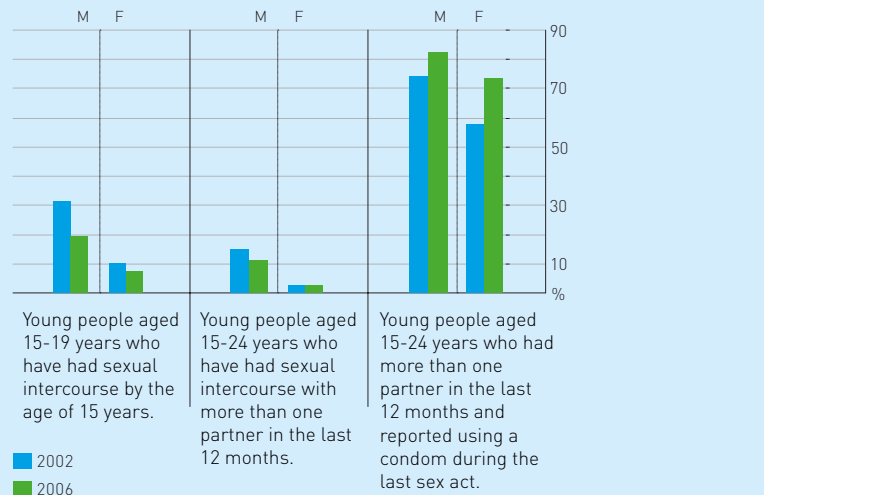
Progress made

Since 2001, there has been substantial progress in delivering HIV services to millions of people, especially in low- and middle-income countries. Today, nearly four million people are on antiretroviral treatment.

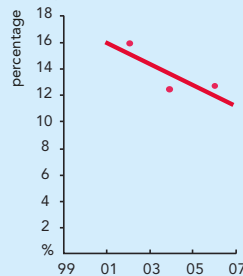
By the end of 2007, the annual number of new HIV infections had fallen to 2.7 million from 3 million in 2005.

New infections among children have dropped, thanks to rapid scale up of services to prevent mother-to-child transmission of HIV. Young people in many parts of the world are waiting longer to become sexually active; having fewer sexual partners, or are using condoms. And millions of children orphaned by AIDS now have access to social support and protection. These gains have to be sustained in these tough economic times

Changes over time in three sexual behavioural indicators (Namibia)*



HIV prevalence among young women (aged 15-24 years) (Namibia)*



* Source: Gouws et al. AIDS 2008

Reaching our universal access goals

My number one priority for UNAIDS is to go all out and to give my best energy to contribute to achieving our global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support.

In 2006, governments committed to universal access in the United Nations Political Declaration on HIV/AIDS by 2010. We have just 23 months to reach these aspirational goals.

Right now countries are set to reach their specific targets, with most countries achieving universal access for priority services by 2010. We have an obligation to do everything we can to support these countries and accelerate their progress.

With acceleration, we can enter a new era—where fewer people are becoming infected with HIV than going on treatment. When this happens we will have broken the trajectory of the epidemic.

I am in Africa where the growth in mobile phone coverage has been truly phenomenal. Think back to 1999 when only 7.5 million Africans had a cell phone. The cell phone industry estimates that the number of subscribers has grown to more than 300 million in 2008. This exponential growth was made possible because there was consumer demand, political will, and healthy returns on investment.

I want universal access coverage to be as ubiquitous as mobile phone coverage. I have seen the demand for universal access, I have seen the political will and I have seen the success that people newly on treatment here in South Africa are achieving. They are making universal access a reality.

In view of the magnitude of the challenge before us and only 23 months until the end of 2010, I urge all of us to concentrate on areas where progress is lagging and build a new and reenergized era of collaboration. Where we can share data, information and work from common platforms—we should.

Universal access is worth striving for—an opportunity that we can not afford to miss. Frankly, I am afraid if we allow the opportunity of universal access to slip through our fingers, many years will have to pass before the world will be able to focus again on finding solutions to the epidemic—and then it may be too late.

What will it take?

We find ourselves deeper every day in a global economic crisis. We know it is already affecting families, businesses communities and countries across the world.

It's in these uncertain times that rapid and drastic adjustments are made. I call on world leaders in every sector to make financial decisions with a human face in mind.



A mother should not have to choose between continuing AIDS treatment and feeding her children. A child should not have to give up school to care for a sick parent.

Most countries have set universal access targets for 2010 that are ambitious and reach real people. For countries to reach the specific targets they have set, an investment of US\$ 25 billion will be required in 2010 which is US\$ 11.3 billion more than we have available today.

We cannot afford to let the economic crisis paralyze us. Not when the AIDS response is showing results. Not when we need a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria. Not when 33 million people are living with HIV today. Not when 4 million people newly on treatment must continue to receive their medication and many millions more are still in need. We must keep AIDS at the top of the political and economic agenda.

Let me share with you our latest thinking on what we can achieve with the investment needed and to remind ourselves of what is at stake. By reaching country defined targets in 2010—approximately 6.7 million people would be on treatment. More than 70 million pregnant women will be screened and receive prevention of mother-to-child transmission services, 20 million men who have

Expected outcomes and impacts if full investments were made on country-defined targets in 132 low- and middle-income countries by 2010 (million)

Number of new HIV infections averted (2009-2010)	2.6
Number of deaths averted (2009-2010)	1.3
People on antiretroviral treatment	6.7
Primary school teachers trained	1.0
Sex workers reached	7.5
Voluntary counselling and testing	40.9
Condoms provided	8,153.7
Workers reached in the workplace	46.2
Units of safe blood produced	42.6
Pregnant women offered comprehensive prevention of mother-to-child transmission services	74.5
Injecting drug users reached with harm-reduction programmes	9.6
Men who have sex with men reached	20.4
Prisoners reached	6.2
Safe injections provided	4,247.1
Male circumcisions performed	1.5
Orphans supported	6.7
People receiving treatment for opportunistic infections and palliative care	2.1



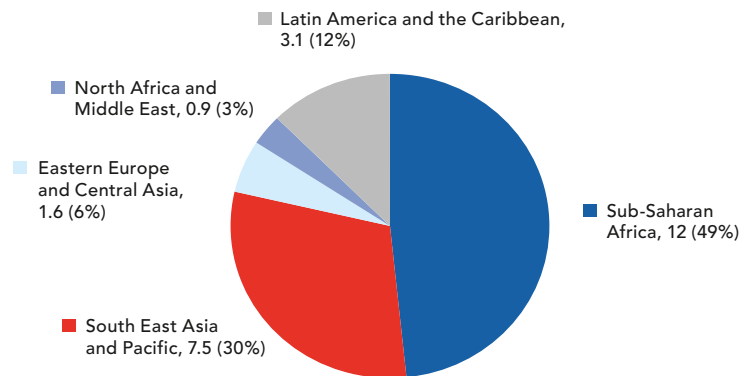
*“I want to lead by asking:
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sex with men, 7 million sex workers and 10 million people inject drugs will receive HIV prevention services. Seven million orphans would have been supported. This will result in averting 2.6 million new HIV infections cutting HIV incidence by nearly 50% and averting 1.3 million deaths in the next two years.

It will not be easy to close this gap—but it is achievable and absolutely necessary. As colleagues at the Organisation for Economic Co-operation and Development say, in a highly interdependent world, human progress is multilateral. Nearly one third of the US \$25 billion investment will come from domestic sources. However, countries also need investments from multilateral and bilateral sources for the remaining US\$ 17 billion.

As we call for a US\$ 25 billion dollar investment, I am also calling for greater accountability of governments, businesses, the UN and activists to make the money work better for people. All programmes should be cost effective, strive to eliminate inefficiencies in service delivery and reduce unit costs. Better aligned and coordinated donor support will also increase the impact of investments.

Regional breakdown of investments needed (US\$ billion)



Accelerating progress towards universal access

I hope today you will be inspired by what universal access can achieve—and consider me the messenger, the broker, the person who helps get things moving.

Universal access can only happen because of you.

We count on you, the scientists discovering ever-more effective medicines and prevention tools. You, the policy shapers ever-more committed to creating the social conditions in which people and investments can be mobilized. You, the social and health workers with an increasingly sophisticated understanding of how to support people and families to take control of their lives. You, faith based leaders supporting communities around the world. You, the legal community protecting and promoting human rights. You, the business leaders full partners in the AIDS response. You, the mothers, with the strength of purpose and passion to protect the next generation. You, the next generation, the protagonists and activists who must play a central role in generating demand for prevention, treatment, care and support. You, members of civil society who will hold us all to account for reaching our universal access goals. We know what it takes—now we need your inspiration and action.



To paraphrase a quote, "If not now, when? If not us, who?" Because together we can:

- 1. Deliver results country by country.** In the 2006 United Nations Political Declaration on HIV/AIDS, countries committed to scale up towards the goal of universal access to comprehensive HIV prevention, treatment, care and support interventions by 2010. Achieving these targets will avert 10 million deaths between now and 2015. **Action points:** Countries that have not set ambitious targets must do so. Countries which have set goals must meet them.
- 2. Promote the human rights of people living with and affected by HIV.** It is imperative that we stand by people living with HIV—and wherever necessary commit our voices to the voiceless. **Action points:** End laws that hinder the AIDS response such as laws against: men who have sex with men, sex workers, access to reproductive health and access to harm reduction. End discrimination and stigma, and end violence against women and girls as enshrined in human rights treaties.
- 3. Support political demand for universal access.** By renewing our linkages with communities and civil society organizations we can increase their numbers and amplify their demands at all levels. **Action points:** Work with the four million people on treatment to build a movement of change agents to advocate that action is taken to achieve our goals. Get more people in need of treatment on treatment.
- 4. Invest in research and apply the evidence.** The experience of combination antiretroviral treatment is a powerful reminder that science and a culture of innovation can tackle the epidemic. We need to continue to use science, technology and data to increase the effectiveness of programmes. **Action points:** Invest in prevention research for pre-exposure HIV prophylaxis, microbicides and vaccines. Continue TB and HIV diagnostic development and treatments. Help countries access and apply technologies and social science research results.
- 5. Prioritize prevention efforts.** For every two people who are newly on treatment, five more are infected with HIV. We need to know what drives each epidemic and respond with evidence-informed and fully scaled-up combination prevention approaches. **Action points:** Make paediatric HIV history for the next generation. Provide all mothers with full treatment; test and support all members of her family. Mobilize and empower young people to prevent HIV infection is a goal of revolutionary proportions.
- 6. Mobilize the resources countries need.** Based on commitments made at the high level UN meeting on HIV in 2006, every robust country-defined universal access plan must be fully funded. USD\$ 25 billion investment needed by 2010 to achieve country targets. **Action points:** Mobilize what countries need. Fully fund the Global Fund and ensure that spending effectively serves impact. Search out new innovative mechanisms.
- 7. Optimize and expand partnerships.** Achieving success in the next 23 months will take the efforts of the entire AIDS response, a broad alliance that includes the UNAIDS Secretariat, its Cosponsors as well as existing and new partners. **Action points:** Expand current partnership platform on HIV and the Millennium Development Goals to ensure that strategies are aligned and coordination optimized.
- 8. Leverage AIDS responses to deliver broader results.** The opportunities afforded by the drive to universal access must be seized to ensure access to all essential commodities, gender equality, human rights, progress on all Millennium Development Goals and primary health care for all. **Action points:** Revitalize health systems by leveraging AIDS achievements to delivery of multiple interventions. Ensure that people living with HIV do not die of TB and that pregnant women benefiting from prevention of mother to child transmission receive an effective package of comprehensive antenatal care and full treatment.
- 9. Monitor progress: country by country and donor by donor.** We all know of ambitious initiatives that were never followed through. We need to hold ourselves mutually accountable for measurable, people level impacts that the access goals entail. **Action points:** Map progress country by country ensuring transparency and accountability at all levels. Agree together on where action should be focused to make progress where it is lagging behind.
- 10. Plan to sustain the gains.** While the urgency of meeting the 2010 goals is paramount, we must also lay the foundations for the long-term sustainability of universal access **Action points:** Support training institutes for health care providers and teachers. Ensure sustainable and predictable financing. Empower communities and families affected by HIV including the care and support of AIDS orphans.

UNAIDS today

Over the past few weeks I have been speaking with the staff of UNAIDS and our Cosponsors about our shared vision. The UNAIDS staff is passionate and committed and working on all fronts. Together we recognize that UNAIDS can not be everything to everybody. We must re-focus on our ABC's: Advocacy; Brokering; and Consensus building.

To do this we will be guided by five principles in reaching universal access goals:

- ▶ We will stand with people living with or affected by HIV.
- ▶ We will mobilize greater investments while increasing their impact and sustainability.
- ▶ We will renew accountability and focus on country results—particularly where progress is lacking.
- ▶ We will put science, technology and data to work.
- ▶ We will expand and optimize strategic partnerships and networks.



The AIDS epidemic is complex and it will take the expertise, resources and passion of all sectors—particularly in countries and across regions—to achieve universal access.

Join us

Many of you know that I have followed my mentor James Grant in being an incorrigible optimist: ‘where many others see darkness, I see humanity heading—or at least zigzagging—towards a brighter future.’

The world I envision is a very different world from the one I see today. To realize this world, we must enter into a new era of cooperation. We need to speak with unflagging candour, urgency and courage.

We have an actionable vision.

We have one priority—universal access.

We know what investments are needed.

We have focused principles to guide us.

We have actions to energize us.

Let us accelerate our efforts.

In closing, allow me recall something that Albert Camus, a wise philosopher said, “Real generosity towards the future lies in giving all to the present.”

That is a motto I intend to live by. Can I count on you to do the same?

Together we'll do it,

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