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Speech

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Mr President. Excellencies. Friends.

I take the floor today to speak on behalf of UNAIDS' ten Cosponsoring agencies.

As the Secretary General's report shows, we are now finally seeing real results in almost every region. Results many once said could never happen – because of denial or because there wasn't enough money, because health systems were too weak, because they didn't think people would take their medication on time. Just imagine what would have happened if we had waited to resolve all these issues: where would those three million people who are now taking antiretroviral treatment be now? Most would not be alive today.

It is always good when optimism triumphs over pessimism. But much remains undone. At current rates of scale-up, most low and middle income countries will still fail to meet universal access targets by 2010. Many will be unable to meet them by 2015 – unless we urgently change the way we operate.

As we heard from the Secretary General, more than two-thirds of people who need antiretroviral drugs still cannot obtain them. Six thousand people continue to die of AIDS every day – AIDS is still the number one cause of death in Africa, before malaria and LRTI, and the seventh highest cause of mortality worldwide. And for every two people who start taking HIV treatment, another five become newly infected. The implications of HIV prevention failures are clear: unless we act now, treatment queues will get longer and longer and it will become more and more difficult to get anywhere near universal access to antiretroviral therapy.

This is why I have been insisting on the importance of shifting to a new phase in the AIDS response – a forward-looking phase in which we treat AIDS as both an immediate crisis and as a long-wave event. This is our best opportunity to reach universal access. We cannot miss this chance. Continuing with business as usual or giving in to those who pretend that "AIDS has been fixed" (or has not become a so-called generalized heterosexual epidemic), will simply condemn millions of people to perfectly avoidable deaths.

So where do we start?

First, sustain the gains we have made on HIV treatment. This depends partly on investing in health, services and workforces. It also depends on making HIV drugs – first, second, and third line – available and affordable to all people, whoever they are, whatever their lifestyle. It means investing in new drugs for the future. And it means making sure that anti-retroviral treatment is available where mother-to-child-transmission prevention programmes are operational and vice-versa.

Second, we must urgently intensify HIV prevention – and don't believe anyone who claims there's one simple shortcut or solution to doing this. There isn't. Over and over again we've learned that there's no magic bullet for HIV prevention, and that success depends on multiple approaches while we continue to intensify research into HIV vaccine and microbicides.

And it means working harder to make HIV prevention accessible to everyone – including men who have sex with men, sex workers and injecting drug users for whom harm reduction is the most effective approach. We also need to make closer links between HIV, tuberculosis, maternal and child health, and sexual and reproductive health programmes.

If we can provide every teenager around the world with access to HIV prevention – ranging from sex education through programmes to promote mutual respect between boys and girls, to access to HIV prevention - we'll be well on the way to a generation of HIV-free adults.

It is time now to speak out and take concrete action to address gender inequality and special vulnerabilities of women, homophobia and other human rights violations that make AIDS so complex and challenging. Stigma and discrimination around AIDS remain as strong as ever: and in this context I join my voice with the Secretary General and I call on all countries to drop restrictions on entry to people simply because they are living with HIV.

And it is time to increase funding. Sometimes I hear that there is "too much money for AIDS". Nothing could be further from the truth. Since the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Programme for AIDS Relief, there's been a tremendous increase in resources for AIDS. But the sobering reality is that the AIDS response remains under funded: last year there was an $8 billion shortfall. If we're going to sustain the gains we've made already – if we're to get anywhere near Universal Access to HIV prevention, treatment, care and support, the world will need to significantly increase investment in AIDS.

In addition, we must keep prioritizing the UNAIDS mantra of making the money work for people. There are still many areas where we can reduce unit costs of delivery, strengthen local ownership, improve coordination, and increase accountability.

Ladies and gentlemen, we have come a long way since the 2001 UN General Assembly Special Session on HIV/AIDS. A Special Session which marked a historic turning point in the global response to AIDS, as it triggered political leadership, funding and action on the ground. AIDS may be one of the defining issues of our time – but it is clearly now a problem with a solution. Equally clear, however, is the fact that achieving that solution will take time and that we've still only just started what's going to be a long, tough job. The challenge to us all now is to stay the course right through to the very end and never give up.