

OPENING REMARKS

Dr. Brigitte Schmied
President, Austrian AIDS Society and AIDS 2010 Local Co-Chair
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On behalf of myself and my colleagues, a very warm welcome to Vienna!
Dobro pashalawat v vijene. AIDS 2008, en México, fue una gran
conferencia! and Herzlich willkommen in Wien!

I would like to start by thanking the Vienna City Government and the
Federal Ministry of Health.

Thank you, as well, to Aids Hilfe Wien and the many other local
organisations for their contribution and support during the organization of
AIDS 2010.

Finally, I would like to thank *you, Julio*, as well as the International AIDS
Society and its international partners, for choosing Vienna to host AIDS
2010.

Vienna was chosen to host the conference because our city is a crossroads
between East and West. Eastern Europe and Central Asia is the region
with the fastest growing epidemic worldwide, and just a few hundred
kilometres east of Austria is a very different epidemic from what you will
find here.

In contrast to universal access here in Austria, in the neighbouring region
of Eastern Europe and Central Asia, just 23% of people who are in need
have access to antiretroviral treatment. Globally, in 2008, more than 10

million people living with HIV were still in need of treatment, a figure that has grown substantially since then.

In Austria and other parts of the world, HIV is a chronic disease. But in many other areas, people are turned away from clinics and denied lifesaving treatment due to shortages. In those same areas, including the most heavily affected region of Southern Africa, funding shortfalls will result in rationed care and the agonizing choice of who is allowed to live and who will die. We must not let that happen!

AIDS was never just about science; it has always been about social justice as well. And that is in part why the AIDS 2010 theme of *Rights Here, Right Now* emphasizes the role of human rights in the scale-up of HIV programmes, including the right to a life free of stigma and discrimination.

Rights Here, Right Now also emphasizes the right to health care, including access to all scientifically sound HIV prevention interventions, such as opioid substitution therapy and needle and syringe programmes. **To this end, I urge each of you to add your voice to the growing call for the reform of illicit drug policies by signing the Vienna Declaration.** Treatment, not prosecution, is demanded!

Over the past seven years in particular we have demonstrated that effective treatment can be brought to scale, and in doing so, we also have learned that HIV treatment significantly reduces the risk of transmission.

With regard to prevention, we now know that a combination of behavioural and biomedical strategies is most effective, and that these strategies must be reinforced with structural interventions that create an enabling legal, social and political environment. Repealing laws that criminalize homosexuality and addiction, and empowering and educating young women and girls are important examples.

Recent progress in scaling up HIV prevention, treatment, care and support has been remarkable. In the past five years alone, the availability of ART in low- and middle-income countries has increased tenfold to five million people.

Just ten years after Durban, we have shown the skeptics that universal access is achievable; that it is a goal we can – and must – reach.

AIDS 2010 participants have come to Vienna from more than 185 countries, something that would not have been possible 100 years ago. As our world becomes smaller, let us try to remember that the goal of universal access to treatment, prevention, care and support, as well as global health is ultimately about communities, about families and about individuals, each with his or her own story.

It's the mother who must leave her newborn in hospital because she has no capacity to care for her child due to the lack of social support. It's the person who injects drugs and is harassed or even beaten while trying to pick up clean needles and syringes to protect himself and his partner from infection. And, tragically, it's the child suffering from AIDS because his parents deny the existence of HIV.

In our shrinking world, the goal of universal access and global health can no longer be viewed as a story about "others". These are our stories. Universal access is our responsibility. And, holding ourselves and our political leaders accountable is our continued challenge.

Let us meet this challenge with tenacity and fervour in the days and months ahead.

Thank you!