

OPENING REMARKS

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Welcome.

Thanks Brigitte for your kind remarks and for looking after the formalities. With your permission, I will concentrate my remarks on a couple of key issues that confront us today as we gather in Vienna at the XVIIIth International AIDS Conference.

Dear colleagues and friends: as we gather in Vienna today, we find the Global AIDS Response at a crossroads. In 2005 at Gleneagles, the G8 set 2010 as the target for Universal Access to prevention, treatment and care. This represented a bold and visionary objective. In short order, it led to the establishment of one of the most successful ever multilateral and bilateral efforts, including the Global Fund and PEPfAR.

We went from almost no one on HAART in 2005 to nearly 5M today. This unprecedented roll-out success proved many skeptics wrong.

Having said so, I cannot hide my profound disappointment and deep frustration with the recently concluded G8/G20 meetings in Canada. By failing to take responsibility for the Universal Access pledge, and more importantly for failing to articulate next steps to meet not just the 6th MDG but all of them by 2015, the G8 has, quite simply, failed us.

Some have used the fiscal crisis as an excuse. But we were falling behind in our targets way before then. If countries like my own, Canada, among other laggards, would have matched the American contribution on a GDP or per capita adjusted basis, today things would be dramatically different. Let me remind you that over the last year, the same leaders had absolutely no problem finding the money on a moment's notice to bail out their corporate friends, and the greedy Wall Street bankers, yet when it comes to Global Health the purse is always empty. A full 110 billion Euro appeared from nowhere when the Greek economy faltered earlier this year. But, when it comes to Universal Access the G8 chose to ignore their commitments before the crisis, and they are poised to continue to do so today. Let's be clear: It is only a matter of priorities and, friends, their priorities have to change. Therefore, our number one objective here today must be to ensure that AIDS remains at the top of their agenda.

So, where do we go from here, when the cold reality is that today we have not met one half of the original Universal Access target?

As I recently learnt from an old Chinese proverb, I say to you today, "Don't let those that say that it cannot (or will not) be done, stop those that are doing it." Let me say this loud and clear - we have no plans to let anybody stop us!

Over the last five years, since the original Universal Access pledge, the science has evolved and, rightly embracing these developments, the World Health Organization has put forward new guidelines calling for better HAART regimens and earlier initiation of therapy, at a higher CD4 threshold of 350/mm³. Some view this as a problem. They fail to understand that this decision is sound, based on the survival advantage demonstrated in randomized clinical trials conducted both in the North and the South.

In addition, in the last several years, several groups, including our own, have generated a compelling body of evidence demonstrating that HAART is not only highly effective at preventing HIV-related morbidity and mortality, but it also dramatically decreases HIV transmission from all routes. This has now been widely accepted as the way to eliminate vertical transmission of HIV, and in fact WHO and UNAIDS have called for the global elimination of vertical HIV transmission as a result.

More recently a study funded by the Bill & Melinda Gates Foundation in 7 African countries published in *The Lancet* last month, showed a greater than 90% reduction in HIV transmission among heterosexual sero-discordant couples when the index member of the couple was started on HAART. Work from Vancouver has added to this, showing the dramatic value of HAART in decreasing HIV incidence among injection drug users. And, today we reported in the *Lancet* the population based impact of the progressive roll out of HAART in British Columbia, leading to a 50% decrease in new HIV diagnoses among injection drug users in the province of British Columbia over the last three years.

As my friend, IAS Past President Pedro Cahn said at his Antiretroviral Therapy plenary last year, it is high time to acknowledge that "*Treatment is Prevention*". This new understanding represents a true game changer. The impact of HAART on prevention dramatically enhances the return on the investment of the Universal Access pledge. As President Clinton acknowledged already at the IAS Conference in Mexico, and was later on highlighted by the *Economist*, until there is a cure or a highly active vaccine, HAART is the best chance we have to control the epidemic. The UK Parliamentary Committee came to the same conclusion in their "Time Bomb" report last year.

More recently, I was extremely pleased when earlier last month, writing in the daily *Liberation*, France's first lady, Ms Carla Bruni-Sarkozy said "We have a historic opportunity, in a few years we can eradicate AIDS from the surface of the planet.' And she added "Treating everyone means halting transmission of the virus, in other words stopping the epidemic," but she also cautioned, " we must act very quickly" adding that "solutions can be imagined for today and tomorrow," and asking that an "international tax." Should be considered to raise the much needed financial support As you can see

the consensus is building Treatment as Prevention, and Universal Access is the way forward. As it was announced earlier today by my friend Michel Sidibe, the Executive Director of UNAIDS, Treatment 2.0 represents the best and most efficient way of delivering on the Universal Access pledge. Let's rally behind Michel today to make this a reality!

The theme of AIDS 2010, "Rights Here, Right Now," was chosen to emphasize the critical and fundamental connection between human rights and HIV. There can be no end to the pandemic unless we secure full protection of human rights for those most vulnerable to HIV and AIDS.

Stigma, discrimination, persecution, prosecution and criminalization applied in various ways against infected, affected and at risk populations represent major obstacles to control HIV/AIDS in the world today. These pose huge barriers to HIV testing, care and support and dramatically increase risk of transmission. As we move to enhance efficiencies we must recognize that full protection of human rights represents a fundamental first step to achieve this goal.

Stigma and discrimination also result in misguided policies and misallocated resources, as many governments are averse to implementing scientifically sound programmes for key at-risk groups, including people who inject drugs, sex trade workers and men who have sex with men. Gender discrimination contributes to heightened vulnerability to HIV among women and girls.

For all of these reasons, I urge you to join former presidents, Nobel Laureates, the scientific community, and myself in signing the IAS sponsored Vienna Declaration. The declaration is calling on governments and international bodies to end to the war on drugs in favour of drug policy based on scientific evidence, not ideology.

Today, with the start of AIDS 2010, we raise our voices louder, and demand faster action from our political leaders. We can and will overcome stigma and discrimination. **This week, engage your fellow presenters and delegates, sign the Vienna Declaration, join us at the Human Rights Rally, and stand up, be heard as we mark Vienna as the beginning of the end of stigma, discrimination, and the global HIV/AIDS epidemic.**