

Joint United Nations Programme on HIV/AIDS

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**Keynote Speech at the ‘Setting the Scene’ Plenary Session
African Development Forum 2000:
AIDS - the greatest leadership challenge
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**by Peter Plot
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Mr Amoako, distinguished delegates colleagues and friends.

I am pleased speak to you today on behalf of the UNAIDS Secretariat and its seven co-sponsors – The World Bank, WHO, UN ICFE, UNDP, UNDCP, UNESCO and UNFPA.

This conference has barely begun, but to me it already feels like a definite moment in Africa's responses to AIDS- in Your words Mr Amoako: Admirers 'a decisive time'. In the range of delegates that the Economic Commission for Africa has assembled here, as well as in yesterday's opening ceremony, there is a spirit of great fortitude, but also a willingness to reflect critically on the past in order to for a better future and to get a new, engaged in the fight AIDS. And when we all rose to applaud Charlotte Mjele's words of courage about living with HIV, I also felt a Great Spirit of hope and solidarity.

Let me thank the ECA and its Executive Secretary for breaking the silence, and for your leadership in organising the second African Development Forum.

Last Friday was World AIDS Day, an annual day of commemoration, marked by countless communities in a thousand different ways - reflecting the diversity of the epidemic itself.

I felt privileged to spend the day in Rakai with leaders of Uganda's government and civil society. It was humbling to see the courage, and commitment to openness, of the people of Rakai, who have been hard hit by AIDS since the early 1980s.

While in Uganda I met with women who are preparing their children to be orphans- organising everything from memory books to sustainable arrangements for micro-credit. These women are truly leaders. They have faced up to AIDS realistically and truthfully-it is they who have had to tell their children their fathers died of AIDS and that their mother a infected melt HIV too. But they have also kept hope alive in pleasure a safer future for their children to live in dignity.

Action comes from openness, realism and hope: these are the qualities of leadership Africa possesses in facing AIDS - from the family, to the nation, to the continent.

The first step is to bring down the barriers of shame and silence. When local leaders speak out, they create the space for people with HIV/AIDS to speak out fearlessly and so communities are empowered to act against AIDS. And when national leaders speak out, their example resonates throughout the nation.

At the beginning of the year, Botswana's President Mogae declared 'as long as we still talk derisively about the HIV/AIDS virus and its victims... the pandemic will remain the invisible monster that stalks us in the darkness'. He immediately opened up tip new opportunities across the nation for social dialogue and breaking the taboos that remain strong even in a country where one third of adults are HIV infected.

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AIDS is a problem like no other - it is an emergency, but a very long-term emergency. It is a crisis for development, but it is also a crisis for identity. AIDS raises the deepest question of security-for people living with HIV, for communities, for nations and for the international community-recognised in the two debates on AIDS this year at the United Nations Security Council.

For the first time, a health issue has made it in the very top Of the Political agenda. It has taken AIDS and 36 million people with HIV and 22 Millions deaths, to demonstrate that heath is basic to life - to develop, to industry, to society-and that a life-giving response to AIDS therefore needs all these sectors to be engaged.

Action comes from openness, realism and hope. Now that the world's attention is open to AIDS, do we have the lessons of realism and hope?

Yes we do.

The first and most important lesson is that we are not powerless against HIV. We have achieved results - fewer people are infected and better quality of life for those who are. For the first time this Year, UNADIS and WHO could announce that fewer people are infected this year than last - although 3.8 million new infection is totally unacceptable. It is too early to claim this is a great turning point, but if the trend can be sustained, it will be.

Second, leadership - a quality more than any money can buy - is decisive. Leadership to promote openness and to make people lives with HIV into leaders.

Third, communities know, if they are allowed to find out what works against AIDS and how to make it a reality in their own context. The community level is where multi-sectoralism gets its true meaning.

Fourth, prevention and care are inseparable.

And fifth, while we understand these lessons, we have nowhere applied them on the right scale-which can only be the scale of the epidemic itself. UNADIS has now documented so effective initiatives in our best practice collection, but all of them need to go to scale in their respective settings if they are truly to make a difference.

We have the solutions! But unless they are applied at scale they are unable to show results. There is no escaping the hard work this involves. Too much AIDS thinking has been mislead by fata morgana- illusions of a single magic bullet, which will solve everything.

UNADIS is supporting the scientific effects to develop an HIV vaccine, in particular to ensure the search takes place in Africa too. But even if the tremendous boost of an effective vaccine became available in the next five or ten years, that would not, by itself, 'solve' AIDS. There would still be questions of how to make a vaccine affordable, how to vaccinate the population most in need, and how to decide if a partly effective vaccine will do more harm than good if it undermines behavioural prevention. And we would still have to deal with the consequences of HIV infection for individual and society.

An effective response against AIDS is about dealing with immediate risks together with the factors that makes some African communities so vulnerable to HIV and its impact -migration, gender inequality, conflict. It is not about technological fixes, or merely the sum a series of tightly targeted intervention. There is no escaping the reality that AIDS can only be curbed through a sustained social mobilisation that systematically reduces vulnerability, so that individuals and groups are effectively able to reduce their HIV risk.

Reducing AIDS vulnerability is just as much about the here and now as it is about the long term. When young men in Ethiopia's Save your Generation Association link peer education with income-generation, their impact on risk and vulnerability is immediate, as well as planning for a better future.

Reducing vulnerability to AIDS and its impact is about creating a social vaccine or better still, a social immune system that continually learns, builds and rebuilds itself in protecting against the impact of AIDS. HIV does to society what it does to the body. AIDS strips the human being of its capacity to protect itself at the same time as it strips society of its protections - the teachers, the engineers, the farmers, the leaders, and the generations of the youth who were to have grown in to these roles.

In applying the lessons of openness, realism and hope, we have a huge unfinished agenda, as well as an agenda we have hardly even begun.

Combating stigma is an unfinished agenda- that needs an all out effort. It is the key challenge to leaders at all levels, as well as for each of us personally.

Prevention is an unfinished agenda - particularly for the most vulnerable and Youth first of all. Even the basics cannot be guaranteed: male and female condoms are run out, or are too expensive; despite the United Nations target of reducing HIV in young people by 25% in the year 2010, there are too many countries where a majority of sexually active teenagers do not know the basics of transmission, and too many countries do not provide their youth with sex education.

But communities know what to do. The Muslim and Christian leaderships in Senegal have found ways to properly educate their followers about HIV, even if it required flexibility in their stance on condom promotion.

Caring for AIDS affected children and orphans are an unfinished agenda.

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The care agenda as a whole is unfinished. But at least, over the past six months, it has become clear just what the agenda is. The media reports focus only the price of antiretroviral drugs, but we all know the full agenda is affordable and comprehensive care. Comprehensive care for people with HIV requires voluntary counselling and testing, psychosocial support, essential medicines, pain management, treatment for opportunistic infections and antiretrovirals. This comprehensive package is out of reach for many in Africa, but we must not let it be permanently so.

Over the course of this Year, We have seen how rapidly the care landscapes can change. It is now a moral given that there should be preferential pricing for brand-name drugs in the developing world. The TRIPS agreement and the extent of patent application in many countries are also less restrictive than thought. Options are broadened – including the option of generic drug production as an additional lever to lower prices.

These are just parts of the total care equation, but the point is that every part counts, and when avenues for rapid progress appear they must be followed. The world needs nothing less than a new deal between the pharmaceutical industries and society - a deal that elevates the principles of public interest and humanitarian need to universal values embraced on all sides, while at the same time continuing to provide incentives for industrial innovation.

The final part of the unfinished agenda is making multi-sectorial action operational. The various high level AIDS commissions provide a strong institutional framework. If they can link up with district response, when leadership above meets that from below, then we will have an unbeatable synergy.

Along with the unfinished agenda, there is an agenda we are barely begun to address.

Where is the social capital needed to plan ahead for the impact of AIDS?

How will education continue when teachers are dying faster than they can be replaced?

How long agriculture be maintained when farming skills are lost? How many is industry maintained when skill work forces are diminished?

There is an untapped resource in people living with HIV/AIDS themselves. Time and again, the experience of the epidemic has shown that placing people with AIDS at the centre of the response makes interventions more effective and accountable. When Malawi, for example, uses United Nations Volunteers with HIV in its Ministry of Agriculture it is taking a foresight step to build capacity for the future.

But there will still be a gap in the human resources needed to replace those lost to AIDS, so planning to fill that gap needs to be on the agenda.

We have barely begun the agenda of institutional behavioural change.

Private sector change is only beginning. Unions have begun to show how much of a role they can play, and over the past Year African trade Union groups have led the world in placing AIDS at the top of their agenda.

The force of the women movement has only begun to place AIDS on its agenda. but it does it will be able tell the world of the power of African women's leadership on AIDS- like the network of female parliamentarians and Ministers in Chad who recently determined to make AIDS their number one priority. It is also striking how many AIDS service organisation in African are headed by strong woman.

The resource agenda has barely begun. It is an agenda of scale -the three-billion dollar Africa needs to deliver basic prevention and care everywhere it is needed. It is an agenda of the source-national together with international, private and public, out of individual spending as well as collective Provision.

Sustainable and systematic alleviation of HIV impact also comes from the Ways which resources are deployed. Social immunity comes when AIDS resources are not about short term projects but instead go across all planning and social sectors through decentralised mechanisms that push funds to district level where they really make a difference.

Already, liberating funds from debt relief means next year some \$20 million more will be spend on AIDS from with in the budgets of some of Africa's poorest countries. Still, the agenda has just started the need for AIDS resource in fact constitutes the most compelling case for debt cancellation altogether.

The winds of institutional behaviour change have also been blowing through the UN system. AIDS is clearly at the top of the agenda, and the Secretary –General’s presence here later in the week is a clear signal of that. It will be made concrete in the United Nations General Assembly Special Session on AIDS in the middle of next year.

Responding to AIDS needs new ways of working. I am pleased to echo the Secretary- General of the OAU and the Executive Secretary of the ECA in saying the International Partnership against AIDS in Africa models these new ways. It is a partnership about adding value to each of its constituents. African governments, the UN system, donors, the private sector and the community sector. The partnership creates mass, and mass generates momentum across the continent. AIDS is beyond a single agency to tackle, and as a twenty first century problem it needs a twenty -first century solution: generating change through the force of knowledge and cooperation

In this year which ushers in the twenty-first century we have seen unprecedented global commitment to the fight against AIDS. This African Development Forum brings the year to a fitting close, by continuing that commitment and showing the way to extend it into next year, when among other things we will look forward to the OAU summit in Abuja to take the next steps

But the lessons from this ADF will extend even further into Africa a future. In October, intellectual leaders issued the Cotonou Declaration which ended with a profound truth: while the African socio- cultural environment may have aspects that favour the dramatic spread of HIV and resist change, the inexhaustible potential of Africa a human capital, can and must, at the beginning of the third millennium, find the right strategies to fight HIV and from this, draw hope

The turmoil and the questions raised by AIDS for the future of Africa are as fundamental as those of the liberation struggle, and the liberation struggle is the only comparable historical example of a total social mobilisation on the scale required for Africa to turn back HIV. Then, as now, international solidarity can assist, but ultimately the struggle is up to Africa to win, unity is needed. When I was in Addis Ababa last year launching Dawn of Hope, the country's first organisation of people living with HIV, I repeated an Ethiopian proverb: when spider webs unite, they can kill a lion

Thank your