

SPEECH

By: Michel Sidibé, Executive Director of UNAIDS

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The last climb: ending AIDS, leaving no one behind

On behalf of United Nations Secretary-General Ban Ki-moon and the 11 UNAIDS Cosponsors, and my sister Helen Clark, former Prime Minister of New Zealand, I want to thank the city of Melbourne, the Government of Australia and the International AIDS Society.

I join the Secretary-General by expressing my deep sorrow at the loss of our friends and colleagues. So much talent and passion was stolen from the world in just an instant, and we will never be the same. Here, in Melbourne, let us carry the bright flame of their memory and legacy.

A vision for ending AIDS

Over the past 20 years, activists, researchers and policy-makers have united at this international conference to bring hope and extend the lives of millions of people. AIDS 2014 calls on us to be bold.

Today, I am calling for ending AIDS by 2030.

My vision for ending AIDS looks like this: voluntary testing and treatment reaching everyone, everywhere; each person living with HIV reaching viral suppression; no one dies from an AIDS-related illness or is born with HIV; and people living with HIV live with dignity, protected by laws and free to move and live anywhere in the world.

This is not just my own vision. It is the one of my friend and mentor Joep Lange. His vision will stay with me until it becomes a reality.

Globally, the AIDS response has averted 10 million new infections since 2002 and avoided more than 7 million deaths. Today, almost 14 million people are on life-saving HIV treatment. What a great collective achievement.

But, to quote Nelson Mandela: “After climbing a great hill, we find that there are many more hills to climb.”

We have been climbing this epidemic one hill at a time. Now we must finish our journey with a final climb, and we cannot lose anyone along the way.

Leaving no one behind

We all agree on what ending AIDS by 2030 means: we will bring the HIV epidemic under control so that it is not a public health threat to any country, village, family or individual.

And for the millions of people living with HIV, your health and quality of life will remain our first priority.

As we saw in the new UNAIDS *Gap report*, our challenge boils down to one painful truth: too many are being left behind today. If the world wants stability, peace and sustainable development, we cannot run away from the needs of lesbian, gay, bisexual, transgender and intersex people, sex workers, people who inject drugs, prisoners, migrants, women and girls, and people with disabilities.

We cannot run away from the harm caused by criminalizing populations. Ahead of the United Nations General Assembly Special Session on Drugs in 2016, we must implement the recommendations of the Global Commission on HIV and the Law.

We cannot run away from the crisis in paediatric AIDS. We must ensure 100% treatment coverage for all children living with HIV. No child should die of an AIDS-related illness.

We cannot run away from the tuberculosis epidemic among people living with HIV. All our efforts to keep people living with HIV alive will be lost if they die from tuberculosis.

We cannot run away from adolescents. HIV is the leading cause of adolescent mortality in Africa—especially among young women. This is a moral injustice. I am calling on young people to lead the new All In initiative, alongside the United Nations Children's Fund and UNAIDS, to end the adolescent AIDS epidemic.

We cannot accept the high cost of second- and third-line regimens, drugs for hepatitis C and viral load tests. These prices are out of reach and out of control. We urgently need an easy-to-use viral load test that costs no more than US\$ 5. This is my special request to President Clinton, with the support of the Clinton Health Access Initiative and UNITAID: let us seal this deal.

Now, more than ever, we must concentrate our limited resources on where most infections occur and on where most people die. The world needs a new “catch-up” plan for the 15 countries that account for 75% of new HIV infections and AIDS-related deaths.

For the G20, the BRICS countries and the private sector, ending AIDS will be a litmus test for global solidarity and shared responsibility.

I am grateful for the leadership of the United States President's Emergency Plan for AIDS Relief (PEPFAR), including its focus on public health and human rights. There is complete solidarity between the leadership of PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNAIDS. This gives me great hope for rapid acceleration to end this epidemic.

A new HIV treatment target

We have a fragile, five-year window of opportunity. If we are smart and scale up fast by 2020, we will be on track to end the epidemic by 2030.

This is why I am calling on the world to adopt a new, ambitious target: 90% of people tested, 90% of people living with HIV on treatment and 90% of people on treatment with suppressed viral loads.

90–90–90 is not just a numeric target. It is a moral and economic imperative. It will keep people living with HIV alive and healthy, protect future generations from infection, provide economic value over the long term and drive the AIDS epidemic into history.

Our return on investment will be measured in millions of lives saved.

We need to use every tool we have to encourage voluntary testing and retesting for everyone. This means investing more in communities and building strong, accountable, community-based treatment literacy and adherence programmes.

Today, an undetectable viral load is the closest we have to a cure.

But let me be clear: HIV treatment alone will not get us to the top of this mountain or to the end of the epidemic. We need new, bold and achievable targets for HIV prevention as well. We must maximize our arsenal of existing tools. With support from the Bill & Melinda Gates Foundation and other partners, we must keep the promise alive for new prevention tools that benefit and focus on people still left behind—like the female-controlled microbicide ring. And, of course, the race for a vaccine and cure is moving ahead, especially here in Melbourne.

Ending AIDS advances development

I am pleased to share with you the latest good news from New York. The Open Working Group just concluded its final session and agreed to the target of “ending the epidemics of AIDS, tuberculosis and malaria by 2030.” This is an unfinished agenda of the Millennium Development Goals.

What I am calling for today requires new approaches. First, the post-2015 agenda should explicitly embrace human rights. Second, we must be brave enough to stop public hypocrisy on sex, and promote universal sexual and reproductive health, education and rights. Third, by 2020 we must achieve our target of 90–90–90.

Arm in arm, we will reach the summit

My friends, let us not leave Melbourne thinking that it will be easy to reach the summit. Complacency will cause us to stumble. Will future generations say that we squandered the opportunity of a lifetime?

I know the path will be steep and the obstacles many.

Let us do this in memory of our colleagues who died en route to Melbourne and the millions who have died of AIDS-related illnesses and of the tens of millions of people living with HIV.

If every person here tonight, and everyone working to end the epidemic, acts with the same sense of urgency, the same hope and the same commitment to fight for those left behind, we will scale this mountain.

But only if we go arm in arm will we reach the top and the end.

Thank you, and God bless you.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.