



**Chris Beyrer**  
**Closing session speech**

**Embargoed until 15.30 AEST, Friday 25 July, 2014**

Good afternoon, ladies and gentleman, friends and colleagues,

It is my distinct honor to speak to you today as the incoming President of the International AIDS Society. I am humbled to stand before you as we look together at the tasks ahead. At the work undone that we must do together to conquer the pandemic. I think I can speak for us all when I say that after the tragic losses of MH 17, we all feel a profound sense of renewed commitment to the work to which our treasured friends and colleagues dedicated their lives. Today, I want to ask for your support and engagement in making sure the world's attention continues to stay focused on the epidemic, and that we do, indeed, step up the pace.

But before I do, I want to first express my deepest thanks to Francoise Barre'-Sinoussi, who has so ably led the IAS these past years. We all know that Francoise is a great scientist, and a great humanitarian. But Francoise, working with you so closely these past years, I have learned what a profoundly wise and generous woman you are. For your mentorship and your friendship, merci beaucoup!

Friends, we are at an enormously important crossroads in the HIV response. Our scientific and program advancements, many presented at this conference, are cause for real optimism that we can contain the HIV epidemic—and that those among us living with HIV can live the long full lives everyone deserves. We can end pediatric AIDS. We can leverage the platforms and strategies we've built to cure millions living with Hepatitis C and TB. And we can use new prevention technologies and approaches to help make sexual life safer for our young people: straight, gay, trans, and questioning.

The enormous question before us is not *can* we do this. But *will* we.

I wish I could tell you that I was optimistic about our continued success. But I think we must face several critical challenges in the years ahead—or risk failure. None will be easy to address:

First, Exclusion:

From the beginning, our movement has had a proud tradition of ever-widening circles of inclusion. We made non-discrimination our basis, and we fought discrimination against people living with HIV. We changed global health by insisting that women, men, and children living in under-resourced countries had a right to treatment—and then we changed the world by showing that it could be done. Our movement pushed for needle and syringe

exchange for people who inject drugs and for evidence-based drug treatment; we worked to insure sex workers had access to services; and we pressed hard for the inclusion of sexual and gender minorities.

But today, many of those victories are threatened. A wave of discriminatory laws and policies are setting us back--toward **exclusion**: limiting rights, reducing health care access, and aiding and abetting the virus. Here's just one example: Rosemary Namubiru, a 65 year old nurse living with HIV who is right now serving a 3 year prison sentence in Uganda, wrongfully jailed in an alleged transmission case. How does jailing this positive provider help Uganda respond to AIDS?

Here's another: When the Putin Administration annexed the Crimean Peninsula, they announced on the first day the end of Crimea's methadone program. People who inject drugs across Eastern Europe and Central Asia continue to be denied the basics of HIV services—and it should surprise no one that the epidemics there continue to worsen in 2014.

We should all be deeply concerned about the anti-gay laws and policies being enacted in Russia, India, Nigeria, Uganda, and now being actively debated in many more countries. Not only because they so restrict basic human rights and freedoms, but because these laws threaten the entire AIDS response.

I am the first openly gay person to lead the IAS, and as a man who buried too many friends and lovers before we had effective treatment, let me pledge that inclusion for all who need and want HIV services will be a fundamental focus of my leadership.

Second: The Treatment gap

It is unacceptable that 1.6 million people died of untreated HIV disease in 2013. Or that children continue to be among the least treated of our human family. With the new WHO guidelines, more than 28 million people are now eligible for ART—but less than half are getting it. With the majority of people living with HIV in 2014 untreated—we are going to “end AIDS” anytime soon. And we have to frankly acknowledge that there is a real risk that we will not succeed.

We're all aware of the new targets for 2030. But I'd like to propose that we think about what we might be able to achieve leaving Melbourne and in the next 2 years.

Just keeping the pace we are at will require providing ART to at least 4 million more people by mid-2016. How does that sound as a goal for 2016?

Here's another: As few as 4% of IDU and 14% of MSM are receiving ART globally. We barely know what ART coverage levels are for sex workers and transgender people—but we do know they are alarmingly low, as is the coverage of essential prevention interventions for all KPs. This has GOT to change. Let's commit to gathering in Durban, able to say that we have made real and measurable progress in expanding treatment and prevention to key populations, without which, we cannot hope to end AIDS in any region of the world.

Finally, we are at risk for the HIV pandemic falling off the global agenda before we are done. It would be an immense human tragedy to fail at this stage, but we might. We're going to need more solidarity, more commitment as we leave Melbourne together. And we still have a hugely important research agenda ahead in cure and vaccines, from HIV adolescence to aging, in health systems, implementation science, in human rights, the law, and law enforcement.

But I do have one real note of optimism! And this is that I am so honored to serve as co-chair of the Durban 2016 Conference with my friend Dr. Olive Shisana. Olive is the first woman from Africa to chair an International AIDS Conference. And we will be gathering together in Durban, where young women have the highest rates of HIV they face anywhere in the world.

Friends, We must change our fundamental understanding of these conferences. Our time together can't simply be an every-two-year gathering of the AIDS Community. That simply isn't enough. We have to see the time between conferences as a road from where we are to where we want to be and commit ourselves to creating that change, and holding ourselves accountable, over the next two years.

Therefore, right now, we begin the "Road to Durban" - a 2 year campaign to define what our response must look like if we are to achieve the targets set out at this meeting. Notice I say must. We are past the point of "shoulds". If we want to be treating 16 million people by 2016, how many more will we have to offer testing and linkage to care? If we want to eliminate HIV travel restrictions, then what are we committed to doing between now and Durban that will make that a reality.

The world is going to look at us in 2016 and ask what we have done since 2000 to still deserve their attention. We must have some compelling answers.

The HIV movement shown remarkable resilience, and smarts and courage, never better exemplified by the way we have come together in Melbourne at a time of tragedy and loss. We'll need all of our best efforts—and more, if we are going to prevail in this struggle. But failure is not an option!

Thank you for your attention, and thank you for the work you do. And let us wish all who are traveling the safest of journeys home.

And one final note of optimism for us: I'd like to introduce you to the new President elect of the IAS, the outstanding researcher and clinician Professor Linda-Gail Bekker from the University of Cape Town, and the Desmond Tutu HIV Research Center.