

BY: Michel Sidibé, Executive Director of UNAIDS**DATE:** 26 February, 2010**PLACE:** Vancouver, British Columbia, Canada**OCCASION:** The Impact of Science and Innovation in HIV and AIDS**Please check against delivery****AIDS at the Tipping Point: Herculean challenges; Olympian benefits**

The Olympic spirit we have seen and felt over the past two weeks is a remarkable social and political phenomenon. It has transformed the host city of Vancouver into a global hub of international solidarity. It has roused countries to showcase their best in competition rather than conflict. It has elevated the rewards of national pride, public accolades and the hope for a better future into international public goods.

Imagine if we could harness the shared energy, creativity and goodwill of the Olympic Games for other social goods. What stops us from engendering a similar response to the greatest transnational social challenge of our era—AIDS? What if we could promise public glory for those individuals, communities and countries that perform best? This is what I imagine the world will feel like when we unite to commemorate the end of the AIDS epidemic.

In the last week, I visited the front lines of the epidemic, where the battle against AIDS will be won or lost. In Swaziland, with the world's highest adult HIV prevalence, I was reassured to see how HIV is driving the integration of health services for sexual and reproductive health, TB, male circumcision and voluntary HIV testing and counselling.

When people tell me that universal access is a dream – I am proud to cite the shining example of Botswana. In a country whose population is smaller than Metropolitan Vancouver, Botswana now has over 140,000 people on ART – the first country in Africa to make universal access to treatment a reality. Strong performances like these point the direction the world must take to move from commitments to action.

A pivotal moment in the AIDS response

It has been twenty years since the first evidence that antiretroviral therapy can stop HIV infection. Fourteen years ago here in Vancouver, at the XI International AIDS Conference, the advent of highly active antiretroviral therapy (HAART) transformed the AIDS world. HAART revolutionized the lives of people living with HIV, transforming HIV infection into a chronic and manageable condition. This led to the most ambitious public health effort of our generation – the commitment to provide universal access to treatment for all those who need

it. Hundreds of thousands of lives have been saved, and today over four million people are alive and on treatment.

Despite, or perhaps because of this success, the AIDS response itself has come under attack. Coalitions of social conservatives have orchestrated a global campaign against condom promotion and supported legislation criminalizing same-sex relations. At a moment when our gains remain fragile, these highly public actions only increase stigma and isolate people most at risk of HIV. Instead of paving progress towards universal access, these actions are creating universal obstacles.

Some have called into question the AIDS' so-called "exceptionalism" when they see so much funding going into parallel and vertical HIV programmes. Certainly, there are aspects of the AIDS response that call for highly focused and specialized interventions—such as fighting stigma and discrimination. However, as I saw this week in a Millennium Village in northern Nigeria, the AIDS response is most powerful when it is taken out of isolation and leveraged to improve human health, dignity, development and security more broadly.

At a time when global recession is tightening belts, we also face backlash from those who think the response has been overfunded.

The global AIDS response is at a tipping point. Almost 30 years since the start of the epidemic, it is unacceptable that over 7,400 people are newly infected with HIV every day, and almost 5,500 people die of AIDS. With five people newly infected for every two starting treatment, we have yet to break the trajectory of the epidemic.

Today we are still far from extending treatment to all those that need it. The number of new infections continues to outpace our efforts to stop the spread of HIV. Clearly, the status quo is failing, and nothing less than a quantum leap is needed to build on the progress made so far and extend hope to millions of people whose lives depend on it.

Olympian strength in adversity

Fortunately, like the best athletes we have seen these past weeks, the AIDS response has always found strength amid adversity. Against all odds, AIDS has been the agent for global solidarity in access to treatment. AIDS has put women and human rights at the centre of global and national development agendas.

Our success depends on much more than hard work and commitment—that drive to never give up. It must be coupled with good science—a response based on evidence and data about what works.

Treatment 2.0

Since the advent of HAART, the development of new antiretroviral drugs has continued by adding new molecules and substances at an incremental pace. Components were added or removed where resistance or side effects demanded incremental changes.

Today, we have more than 20 different antiretroviral agents licensed for use, and they are nicely grouped as first-, second- or third-line cocktails. However, for the majority of the people in the world on antiretroviral treatment, decisions about an optimal first- or second-line combination are too often made on cost considerations rather than the power of the drug itself.

In 2000, during the International AIDS Conference in Durban, we accepted that limiting access to ART only to people in the developed world was an inequity that could not be tolerated. But it took another three years to launch the 3 by 5 campaign and another three years more to transform that into the global movement for universal access.

Today the questions have shifted: How can we reach universal access and ensure that everybody that starts on treatment will stay on treatment and remain healthy forever?

We have seen guidelines change and access increase, but fundamentally little discussion has taken place on what treatment should look like in the coming years. I believe that it is now the correct time to take a step back – to review whether our concept of first- and second-line is still the optimal approach to follow today. Perhaps treatment choices should not be driven by short-term economical aspects, but by longer term gains.

And so I am proposing today, in the city of Vancouver where HAART was first launched, and in the presence of many scientific leaders of the global AIDS response, to join people living with HIV, the private sector and country partners to articulate the future of AIDS treatment. This year, UNAIDS will convene a forum to focus on what we are calling Treatment 2.0— the next generation of HIV treatment. I believe that together we can think outside our traditional viewpoints and come up with a new, comprehensive and sustainable approach to treatment.

Scientists as the Agents of Change

I want to take a moment to acknowledge the leadership of Dr. Julio Montaner, who exemplifies the outstanding scientists and researchers in the room today, and those across the globe, who have spearheaded tremendous progress in AIDS science and innovation. As Director of the BC Centre for Excellence in HIV/AIDS and President of the International AIDS Society, your innovative research and persistent advocacy is giving the world the evidence and encouragement we need to demonstrate that antiretroviral drugs can also reduce sexual transmission of HIV.

Julio, you have demonstrated that this kind of discovery—the hard-won fruits of scientists' labour—are of little value unless they can be translated into real health outcomes.

Treatment as prevention: this is the type of game-changing, out-of-the-box approach that we need to bend the curve of HIV incidence and bring the epidemic under control. This gives us hope that expanding access to treatment may be one of the most significant advances in combination HIV prevention we may see for many decades.

And this is also where the leadership role of science is most valuable. This is the way we can bridge the movements for prevention and treatment for a holistic and sustainable approach to universal access.

Science cannot be unlinked from social change. Every advance in the lab or in the field has the potential to affect the human condition in ways that go far beyond health. I urge you in the audience to consider this and engage more closely in the values-driven debates about how to expand access to prevention and treatment.

Ultimately, the AIDS response is about social justice and fairness. We do not need a randomized control trial to ensure that equity—in gender, in sexual orientation, in economic status, and access to life saving services—should underpin a country's AIDS policy.

Winners seize opportunities

Watching the Olympics, I realized one more thing: winners know how to take advantage of opportunities that open before them, often in a split second. I urge you as scientists and as Canadians to do the same.

There are key opportunities opening up here in Canada in the coming months. In June, Canada will host the G8 summit in Muskoka at a pivotal time when global financial support for AIDS, health and development seems to be weakening. The members of the G8 have under-committed by half, endangering all future progress being made toward universal access. This trend cannot go on.

As the host, Prime Minister Stephen Harper can set a bold agenda for the summit. I encourage him to rise to this unique role. Let him recall that the number of people in the world living with HIV – 33 million people – is equal to the population of Canada.

Prime Minister Harper – many consider that fulfilment of the G8 commitment to universal access is the litmus test of Canada's international role and reputation. Now is the opportunity for Canada to demonstrate this leadership by placing universal access squarely at the centre of the G8 agenda. Now is the opportunity for the G8 to make a clear pledge to ensure a fully funded Global Fund.

I urge us all to echo my plea to Prime Minister Harper and all the leaders of the G8: Governments may change, but the G8 commitment to universal access must be fulfilled. For tens of millions of people, please do not allow their hope for universal access to be transformed into a universal nightmare.

Demanding the best from ourselves

Skill, commitment and the application of good science all go into the making of an Olympian. But there is another ingredient I want to mention: heart. Last night the world was inspired

watching Canadian figure skater Joannie Rochette earn an Olympic medal while grieving the sudden death of her beloved mother just days before.

That ability to demand the best of ourselves at the moment of utmost stress and adversity is what will define our ultimate victory: ending the AIDS epidemic.

Thank you.

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Leveraging the AIDS response, UNAIDS works to build political action and to promote the rights all of people for better results for global health and development. Globally, it sets policy and is the source of HIV-related data. In countries, UNAIDS brings together the resources of the UNAIDS Secretariat and 10 UN system organizations for coordinated and accountable efforts to unite the world against AIDS. www.unaids.org