International AIDS Society
Stronger Together

Closing Remarks – ICASA

Craig McClure, IAS Executive Director
Dakar, Senegal, 7 December 2008

Madame Health Minister and distinguished delegates,

I bring greetings from IAS President Julio Montaner in Canada, and from IAS President-elect Elly Katabira from Uganda, who left the ICASA meeting earlier today. We are all very proud that Elly will become IAS' first President from Africa in 2010. I also acknowledge, in the audience here today, Professor Lars Kallings, the founding President of IAS 20 years ago and its Secretary General for its first 15 years. I also acknowledge IAS in the audience IAS Governing Council members and Global Fund Executive Director Michel Kazatchkine.

Let me first thank my friend Professor Souleymane Mboup for doing a remarkable job at organizing this ICASA, along with the people of Senegal for hosting us and the many women and men from across Africa and the world who gave their time and energy to put together a very comprehensive programme that reflected the successes, lessons learned and ongoing challenges in the HIV response throughout this continent. The programme truly did "face the facts" as the theme called upon us to do.

Secondly let me congratulate the newly elected members of the Society for AIDS in Africa as well as the outgoing members, including SAA President Femi Soyinka, who dedicated their time and energy over many years to the society and to the organization of previous ICASAs. It is a testament to you all that you took the initiative to develop a transparent electoral process that offered free membership to all people working professionally in AIDS across Africa over the past year and then engaged them in an online election to select fresh governance to the organization. The IAS looks forward to supporting you in your efforts to build a strong responsive regional network.

The International AIDS Society is proud to work together with our colleagues in the various regions of the world to support and strengthen regional conferences and the societies or networks that organize them, and to build greater synergies between the regional conferences and the International AIDS Conference that the IAS convenes.

Twenty-seven years into the AIDS epidemic we are finally seeing major financial resources available for scaling up HIV prevention, treatment, care and support services. In the past five years, the emergence of the Global Fund, PEPFAR, and significantly expanded resources from other bilateral government donors, the World Bank, industry and private foundations such as the Bill and Melinda Gates Foundation are beginning to make a difference. And we must not forget that African governments themselves are beginning to devote a larger proportion of their own domestic budgets to fighting AIDS. We should also thank UNAIDS and its 10 co-sponsoring agencies for working together to coordinate the UN system's response to the epidemic. On that note, I would like to congratulate the incoming Executive Director of UNAIDS Michel Sidibe, and to pay tribute to my friend Peter Piot for his twelve years of tireless service to the cause.

Without Peter's vision and determination we would not have the resources we do now to tackle the devastation caused by HIV/AIDS.

I would also like to acknowledge Richard Bryzinski, the founder of ICASO and Executive Director for the past 17 years, and thank him for his service to the AIDS community.

Facing the facts, however, means that even the significant new resources available are not enough to achieve universal access to HIV services by 2010, the goal set first by the G8 countries in 2005 and then adopted by all UN member states in 2006. And we are not on target to achieve the Millenium Development Goal number 6 – to halt and reverse the HIV epidemic by 2015.

We need more resources to fund the technically sound proposals of many countries to the Global Fund. We need more resources to dramatically expand the health workforce – doctors, nurses, lab technicians, pharmacists, community health workers, policy experts, managers, and researchers across all disciplines, particularly for operations research linked to the rollout of HIV programmes, so that we can better understand what works and what doesn't. The health workforce crisis requires a long-term plan over many decades with sustainable financing.

And we need to realize that the unique partnership that has driven the HIV response has at its core the people living with HIV and the populations most vulnerable – women and youth, gay men and other men who have sex with men, sex workers and drug users. The communities most at risk and those living with the disease have shown us that the fight against HIV is a fight for the human rights of all human beings. At this conference, disability groups have demonstrated loud and clear that much more needs to be done to ensure their full and equal participation in the response to HIV.

Only 30% of people living with HIV with CD4 counts less than 200 or with clinical symptoms of AIDS have access to antiretroviral therapy. And if we believe that people should be treated much earlier, as evidence suggests and as the IAS believes, then in fact only 10% of the total number of people living with HIV has access to treatment. Recently published modeling analyses suggest that, with universal access to HIV testing and treatment , combined with the other medical, social and structural interventions we know work to prevent HIV, that in 10 years we could be in an elimination phase of this epidemic.

And yet the majority of people living with HIV do not even know they are infected. The majority of people are still not willing to be tested because of their legitimate fear of the stigma and discrimination associated with HIV. And yet in many countries in Africa and throughout the world, efforts are intensifying to put in place laws that criminalize HIV exposure and transmission. These laws are completely misguided. They further fuel stigma and discrimination and further drive HIV underground. We must all work together to use the evidence at our disposal that criminalization of HIV exposure and transmission is bad public policy, contrary to public health and human rights.

Instead, we must fight for laws that protect people living with HIV from discrimination and protect the human rights of all people. Human rights are meant not only to protect the majority, but especially to protect minorities. Any yet we continue to see minorities' rights abused throughout the world – religious minorities, linguistic and ethnic minorities, and sexual minorities.

The battle to scale up HIV testing, treatment and prevention must put the battle for human rights at the centre. The IAS particularly calls on its 13,000 members in 189 countries, who are primarily researchers and health professionals, to take up this charge, end any forms of discrimination against the people they serve, and join in campaigns against laws that criminalize HIV exposure and transmission and in support of laws and policies that protect the rights of people living with HIV, women, and all marginalized populations.

Finally, I would like to say a few words about the need to better integrate expanding HIV services with other health interventions. The same woman living with HIV who needs access to ARVs to save her life and the life of her unborn child may be the same woman who needs treatment and care for TB, malaria, other tropical diseases, vaccinations for her children and basic primary care. It makes no sense whatsoever that that woman should not be able to access all these services under one roof. We need to work much harder to integrate services and, as Joep Lange outlined in his plenary presentation this morning, to leverage the resources available for HIV to build sustainable health systems for all people in all countries.

We have the tools at our disposal to end this epidemic once and for all, and to use our resources and political power to, in the process, strengthen health systems, democracy and development and indeed to make the world safer and more secure.

Thank you.

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