

## Ivan Lewis speech – HIV and AIDS

AIDS is a story often told by numbers. Nearly 33 million infected with HIV. 30 million of them live in developing countries. 15 million are women. 2 million are children. There are 8,000 deaths and nearly 7,000 new infections every single day. And since 2004 some 15 million children have been orphaned because of AIDS. And in the coming years AIDS is set to become the 3rd leading cause of death worldwide.

They are staggering, these numbers, and they help us understand the magnitude of this pandemic. But when repeated by themselves, statistics can also numb - they can hide the individual stories and tragedies and hopes of the people who live the daily drama of this disease.

Stories like Miriam Madzinga's, who lives with her six younger siblings in Buhera, Zimbabwe. Although just 16-years-old, Miriam is head of her household. Her father died from AIDS in 1998, and her mother four years later – so now, at an age when children in the UK would be taking their GCSEs, Miriam has to cook, bathe and clean for her six little brothers and sisters.

Stories like Miriam's are not unusual. And they show the challenges that HIV presents for communities around the world. It keeps children out of school, parents off work, and as a result it can hold back nations which are struggling to get on the path to economic growth and prosperity.

We know, too, that women suffer disproportionately from HIV, and gender discrimination is causing the feminisation of the HIV epidemic. Women make up two thirds of the people living with the HIV virus in sub-Saharan Africa. Why? Because lack of education, lack of security, and lack of choice about what happens to them and their body makes women more vulnerable to HIV.

In fact, young women aged 15-24 in sub-Saharan Africa are three times as likely to be infected with HIV as young men.

That has knock-on effects. About 90 per cent of newly infected children worldwide are in sub-Saharan Africa. Most of them catch HIV from their mothers. And without early treatment, half will die by their 2<sup>nd</sup> birthday.

So for the last ten years the UK has been at the forefront of the fight against AIDS - and our new AIDS strategy “Achieving Universal Access” makes the prevention of mother to child transmission a top priority.

Starting back in 2005 with the UK’s presidencies of the G8 and EU, we have led the way to the international commitment to Universal Access to comprehensive HIV prevention, treatment, care and support.

As a result, the international community has increased global funding for AIDS from half a billion dollars in 1997, to some \$10 billion last year.

There are now 3 million people on anti-retroviral treatment, compared to just 100,000 people who received treatment back in 2001 – a thirty-fold increase.

The price of first-line AIDS drugs has halved since 2003.

The percentage of adults living with HIV has started to level off.

And – as ARVs enable people with HIV to live longer and healthier lives – it no longer has to be the death sentence it once was perceived as.

But we still have a huge distance to go.

For every two people placed on treatment, five more become infected.

The cost of providing anti-retrovirals (ARV) still places a huge burden on developing countries.

We need a long term approach to the challenge of HIV.

We need to provide more predictable funding.

And we need to work together, nations around the world, to invest in treatments and technologies to protect those most at risk.

In the UK we are working hard to drive global progress towards universal access and provide international leadership at the highest level.

Which is why I really welcome the report being launched today, highlighting the importance of protecting women and children from HIV.

The report chimes strongly with our approach as a government. In Achieving Universal Access we focus on the same three areas which also form the basis of the report's recommendations:

- Preventing mother-to-child transmission – as I have mentioned;
- Building sustainable healthcare systems;
- And tackling HIV and AIDS related stigma and discrimination.

## **1. Building sustainable healthcare systems**

- An effective response requires stronger health services that reach those most at risk and vulnerable.
- AIDS services need to be integrated with sexual and reproductive health and rights, including maternal, newborn and child health services, as well as with TB and malaria.
- That is why our new AIDS strategy sets out how over the next seven years we will invest £6 billion in health systems and services to help tackle diseases like HIV and AIDS, and provide £1 billion to the Global Fund to fight AIDS, TB and Malaria.
- For example, in Nigeria DFID is providing more than £50 million over seven years (2002-2009) to promote sexual and reproductive health and rights for preventing HIV.
- And we are increasing by at least 50% our funding for research in AIDS vaccines and microbicides.

## **2. Preventing mother-to-child transmission**

- Mother-to-child transmission of HIV has been virtually eliminated in developed countries because women of reproductive age have access to high quality family planning and maternity care services into which HIV prevention, treatment and care has been integrated.
- We are working to ensure that women in poor countries have the same choices and opportunities as they do in rich ones.
- In Zimbabwe we have initiated a £25 million project specifically to address maternal and newborn health and HIV. And in Malawi, where DFID is the major donor in the health sector, we are rapidly scaling-up services to prevent mother to child transmission.
- We are working with the pharmaceutical industry in order to improve access to medicines (including the development of patent pools) and foster innovation in the field of HIV.
- Thank you in particular to Abbot for their support of these seminar series and their collaboration with DFID on access to medicines issues.
- But more investment is still needed to improve early diagnosis, and provide accessible and affordable drugs.

### **3. Tackling HIV and AIDS related stigma and discrimination**

- Widespread stigma and discrimination against people associated with HIV and AIDS hinder global efforts towards universal access for prevention, treatment, care and support services.
- So increased efforts are needed to create social, legal and political environments to allow these groups to receive the support and services they need.

At DFID we are acutely aware of the need for good leadership, coupled with better coordination and a shared determination to take action to sustain and strengthen a broad response to AIDS, and to ensure that tackling AIDS in Africa remains a high political priority.

We have committed to take bold actions to tackle the global spread of HIV, and so that the parliaments, civil society and the public can hold us to account on all our HIV commitments, on World AIDS day last year we launched a new Monitoring and

Evaluation document setting out how our progress can be measured.

Every two years, a report will be published examining our progress – the first one for World AIDS Day 2010.

And in 2011 – halfway through the strategy - an independent evaluation report will be published.

The biennial progress reports and the mid-term evaluation will make it clear and transparent to everyone what has been achieved.

## **Conclusion**

The spread of AIDS shows just how interconnected our lives are at the beginning of the twenty-first Century.

The global spread of diseases like HIV don't recognise international borders.

They don't stop to show a passport.

So it's in our own interest to work together – developed and developing countries alike – to overcome those challenges.