

Opening Remarks Dr. Carissa F. Etienne, Director, PAHO International AIDS Society 2019 Conference 21 July 2019

Good evening, Ladies and Gentlemen, and thank you to the Secretariat of the International AIDS Society for inviting me. Allow me to recognize the remarkable role of IAS for organizing a wide range of activities, which includes this prestigious Conference. It's a true honor to address this opening session tonight.

I bring you greeting from Dr Tedros, Director General of WHO, and his best wishes for a successful conference.

On behalf of WHO, the Director General and PAHO, let me also thank the Government of Mexico for hosting the Conference - back again to the Americas for the fourth time since its premiere in Buenos Aires in 2001! This is certainly a reflection of the contributions and active role played by the scientific community of this Region, which I salute today in appreciation for its continuous commitment to advance the response to HIV.

Research and science – alongside with civil society activism, community participation and compliance with and promotion of human, gender and equity rights – constitute the building blocks and an asset of the response to the HIV epidemic.

Science has guided innovation towards an unprecedented progress in responding to a communicable disease that, until recently, represented a threat to the lives of many individuals and a formidable challenge to families, communities and entire societies.

We have been able to reverse that situation in many countries through crafting and implementing robust public health, rights and evidence-based approaches and we should all be proud for it!

There is much to achieve however and multiple threats to manage. Despite bold efforts, unprecedented funding and strong political commitment, we are not on track to achieve the Sustainable Development Goal target of eliminating AIDS as a public health threat by 2030!

Building on our past successes, it is time to rethink our response to ensure that we reach our HIV targets, alongside broader health and development targets to which countries have committed to.

Universal health [*universal health coverage and universal access to health*] provides a framework for a reinvigorated approach – a world in which all people receive the comprehensive health services and commodities they need, that are of good quality, without experiencing financial hardship. What does this mean for HIV?

This year marks the 50th anniversary of Stonewall, a most iconic event that laid down the foundations of the LGBTI movement. I salute the LGBTI community and ask them to continue

pushing for a better world, fully inclusive regardless of gender, religion, race and sexual orientation!

I can assure you that in our Region we are taking inequity very seriously, and in fact back in 2013, PAHO Member States unanimously approved a first-ever resolution to address LGBT health and the causes of disparities in access to and use of health services.

“No one left behind” one of the first and foremost guiding principles of HIV activism has now become central to the Global Health agenda; this fundamental overlap of perspectives, particularly when considering marginalized, underserved populations and persons living in conditions of vulnerability clearly indicates a great potential for synergies in achieving both HIV specific and broader UH coverage and universal access outcomes.

It is very clear to me that the path to ending AIDS runs through UH. Part of my public health journey was as an HIV coordinator in my home country of Dominica, and as a Director of Primary Health Care Program. What I learned in those early days of the epidemic proved precious when in later times I was dealing with Health System Strengthening and the challenge to link disease-specific programs, including those addressing HIV, TB, Malaria with broader health and development priorities

Global Health has now advanced along the lines of the Sustainable Development framework, with focus on individuals first rather than diseases, whereby Universal Health Coverage is indeed the key driver to achieving all health-related targets by 2030!

It is worth remembering that in the HIV response fundamental objectives of the movement were the universal provision of services in line with equity and human rights principles. They set a trend followed then by other public health programs such as TB.

In contrast, many voices have spelled-out fears and concerns that embracing UH may cause dilution and loss of focus for HIV and other disease-specific programs.

If we look at the trajectory of the HIV response over time, I would argue that the opposite is true: the response to HIV started as an emergency to combat a fast-growing and largely unknown epidemic often supported by external funding that grew to an unprecedented magnitude. These responses have matured over time into well-established programs that, in order to reach their goals and targets, do require integration and sustainability to address the broad health and social needs of those individuals and populations affected.

It is my conviction that fully-aligning with the UHC movement is a great opportunity for optimizing and increasing the predictability of funding, including domestic resources that already represent the largest share of HIV investments, as well as for ensuring the continuity of external assistance that is still necessary in lower-income settings, so that services do reach those at-risk and marginalized.

At the same time, the UHC drive on integration of services and its robust focus on delivery of people-centered services at the primary health care level would promote both programmatic sustainability and further scaling-up of HIV services – including, as mentioned, in situations where external funding would have to continue.

Ladies and Gentlemen, it is time for HIV prevention, testing and ARV services to be fully-available alongside with TB, STI, viral hepatitis, sexual and reproductive health, and non-communicable disease services at the first level of care where the needs of affected communities can be best attended.

This is exactly the approach that we promoted in the Region of the Americas where several countries have pioneered and achieved dual elimination of mother to child transmission of HIV and syphilis; rapid integration of evidence-based PMTCT measures into comprehensive Mother and Child Health services to be delivered at the Primary Health Care level.

What is urgently needed is a quality dialogue between HIV communities and UH and health systems planners, creating a joint working culture and space with understanding and mutual commitments, bringing the assets of the HIV response at the disposal of UH while ensuring that HIV is fully-integrated into health plans, in health benefit packages, in insurance schemes, public and private, in a partnership based on shared values and guiding principles.

We definitely need more research so that innovation will continue to improve the effectiveness of HIV combination prevention, refine treatment regimens that could be further decentralized, develop new laboratory tools and expand the use of integrated platforms for diagnosis and monitoring.

We also need data and evidence towards cost-effective user and provider friendly service delivery models, to refine our struggle against stigma and discrimination in health services and to continue exploring new financing mechanisms that promote sustainability

Let me now take stock of some of highlights of the just launched UNAIDS report. There is a mixture of achievements and challenges.

Close to two thirds of all people living with HIV in 2018 were receiving lifesaving antiretroviral therapy - 62% globally, and 61% in Latin America and the Caribbean. More than half had suppressed viral loads. Six countries have achieved all the 90 targets.

Nevertheless, *testing and treatment programmes* in several regions are off-track. Gaps in the HIV testing and treatment cascade of services tend to be larger among men, key populations, young people, and children. It is sad to mention that only 54% of children with HIV worldwide were receiving antiretroviral treatment by end-2018, including an even lower 46% of children with HIV in this Region.

Combination prevention achieved reductions in new HIV infections in many settings, especially in Sub Saharan Africa, with a 28% reduction compared to 2010. However, global HIV prevention targets are also off track, with new infections on the rise in Eastern Europe and Central Asia (+29%), Middle East and N Africa (+10%), as well as in Latin America (+7%). Key populations and their sexual partners account now for up to 54% of new infections globally, yet less than 50% are actually reached by combination prevention.

Another worrying news is the widening shortfall of resources - 7.2 billion USD short in 2018, against the 26 billion USD funding level needed. I wish the forthcoming Global Fund replenishment meeting success in reverting this trend!

Over the last few weeks we have also heard worrying news about the return of old threats, like outbreaks of iatrogenic HIV infections, mainly due to unsafe injections and failure of other infection prevention and control measures. Health systems need to stay extremely vigilant in order to prevent the occurrence of these episodes, as we know all too well that when HIV breaks through fragile and weakly enforced systems, consequences may be disproportionately disastrous.

Migration and HIV continue to represent elements of great concern worldwide, including in our Region witnessing the movement of an unprecedented number of individuals, putting additional stress on health systems, raising alerts about further spreading of HIV infection, increase of resistance to ARVs, not to mention possible violations of human rights.

In the current political and social context, marked by repeated challenges to human and other fundamental rights, declining funding and commitments, our work with most affected communities, men having sex with men, transgender people, people who use drugs, migrants, prisoners, indigenous communities, becomes more urgent and critical than ever before.

In this complex situation, I would like to make a plea to all partners in the HIV response, including the scientific and programmatic communities, to intensify and accelerate action. Science, evidence and innovation must continue to guide HIV policies, programs and investments. We must get back on track to achieve our AIDS elimination targets.

Science and innovation must find solutions to both long-standing and new challenges...and new knowledge and guidance will only achieve impact if there are strong national programs and community systems in countries to implement them in countries.

I call on governments, civil society, private sector, academia and research communities, multilateral and bilateral agencies to make this happen. Let us end AIDS by 2030 together! Thank you.