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XVII International AIDS Conference Opening Session August 3, 2008

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PEDRO CAHN, M.D., PH.D.: Distinguished guests, friends and colleagues, I am Pedro Cahn, Director of Fundación Huésped in Argentina and an IAS President and Co-chair of the 17th International Conference.

TRANSLATOR: [Spanish language]

PEDRO CAHN, M.D., PH.D.: But by putting in place coasted, benchmark programs that grounded in both human rights principles and sound public health [applause] that meet the needs of men who have sex with men, injected drug users and sex workers. [Applause] And on that note, I challenge you and member states to work with all the populations at risk for HIV some of which, 27 years into this epidemic, they are still to name. It is time to challenge the tyranny of ignorance and denial. It is time for leaders of all kinds, political, religious and community to help move this group in from the margins of society to the center of the global response to HIV. It is time for political courage, not time for political experience. And that means fighting the gender inequality, homophobia and poverty, which continue to drive this epidemic. We can and we must do better.

It has always been the role of the International Conference to challenge our governments and our leaders to meet their moral and political obligations. This happened at the Durban Conference in 2000, where speakers denounced the monstrous inequity and treatment access between rich and poor

nations. It happened in Bangkok in 2004, where people began to demand access for all in treatment, care and prevention. It happened at the Toronto Conference, where we demanded that it was a big time to deliver on the promises made by the international community.

And it will happen again here, in Mexico City, where we are demanding universal action now. This conference is the one global forum where we are able to make an honest look as equal partners, leadership, science and community, including youth and most important, progress we have made and the barriers we continue to face. We can and we must do better.

In recent months, there has been a growing wave of opposition to increasing resources devoted to AIDS. Despite the tangible progress in saving lives and healing the sick in the poorest nations of the world, critiques claim that HIV-targeted funding is creating more problems than it solves, that this funding could be better spent on directly funding health systems, that we who have worked so hard on HIV for so long know what the critics seem to have forgotten. We have always known that we need more funding, not more competition. We know that health systems were weak and under resources long before the AIDS epidemic shifted forever the approach to global public health.

Before we demanded an end to the inequities that had been taken for granted for decades. We know that building clinics and laboratories, training health care workers and

working with ministers of health to deliver HIV programs means a stronger health system for everyone. With those on-going efforts devoted to integrate TB, sexual and reproductive health, primary care and perinatal health into HIV services.

This should never, ever be a question of either or, but of how we can work together to benefit everybody need. It is time for collaboration, not time for competition. [Applause] We can and we must do better. We need to strengthen the evidence regarding the benefits of antiretroviral therapy roll-out. The Sydney Declaration called for more operation research in conjunction with [inaudible]. We need to follow that path in order to ensure that solid evidence continues to drive the response to HIV.

We need to push for more and better basic clinical, epidemiological, social and political sciences research to better understand and respond to underlying social, political and economical forces driving the epidemic. And, as I said in my in-coming statement in Toronto, in particular, I would like to ask all stake holders not to forget the region where I come from and where this conference is taking place. Latin America and the Caribbean are also suffering the consequences of the AIDS epidemic in the context of poverty and marginalization.

The two million people living with HIV in this region must not be excluded from our shared global agenda. [Applause] We can and we must, absolutely must, do better. Too many lives depend upon us. Too many lives have already been lost,

countless more are in peril. And we are doing better. We are applauding the United States government for passing the PEPFAR reauthorization bill, which includes lifting the 20-year ban on travel at immigration to the U.S. by people living with HIV.

[Applause]

We now look forward to the final removal of HIV from the list of communicable diseases that ban visitors entering to the U.S. It is an enormous victory for U.S.A. and international advocates, including the International AIDS Society, who have worked tirelessly for years to delete the symbol of discrimination and stigma. It also challenges other countries with policies and laws restricting the entry, stay and residence of people living with HIV to end these practices immediately. [Applause] As we said last year in Sydney, we have to stop HIV, not people living with HIV. [Applause]

Dear delegates, I want to thank all the donors who supported this conference, international and multilateral organizations, the Federal Mexican government, the government of Mexico City and other bilateral government donors, private foundations and the major pharmaceutical industry sponsors, my friend and co-chairman, Luis Soto-Ramirez and the many, many here of society and scientific leaders here in Mexico who have played an integral part of conference planning. Thank you for support, your collaboration, your wisdom and your patience in making this historic conference happen. I also want to express my gratitude to the IAS Executive Director, Craig McClure and

his wonderful staff in Geneva and in Mexico for their talents to beckon support.

The IAS has been on the front line in the struggle for access to prevention and care, for increased investment in HIV research and for increased access to research in developing countries. Along with many of you here, we have raised our voice against stigma and discrimination, denouncing social inequity as a major driving force of this human tragedy and speaking on behalf of thousands of HIV professionals around the world.

I am sure that we will continue on the same path under our new President and president-elect. So, I want to welcome Julio Montaner, a visionary physician and tireless patient advocate, who will become IAS President at the close of this conference. And for those of you who are not yet aware, it is also a great honor to welcome Elly Katabira, from Kampala, Uganda, who will become President-elect at the close of this conference in two years, the first IAS President from Africa.
[Applause]

Dear friends and colleagues, serving as IAS President for the past two years has certainly been one of the major honors in my life. As I leave this position, I do so knowing that I am part of a much larger movement of individuals who are not content to let things continue as they have in the past.

All of you here tonight and the many who are watching tonight's opening over the internet have dedicated our lives to

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action and change. Together, let us work to ensure that Universal Action Now is not merely a slogan used during the next five days, but it becomes the guiding principle for community, scientific, political leadership in the years ahead.

Let us re-double our effort and make our dream come true. We shall overcome this tragedy and stop the epidemic. Good night and on behalf of IAS, thank you very much for being here. [Applause]

LUIS SOTO-RAMIREZ, M.D.: Good evening, my name—

HOST: [Spanish language]

LUIS SOTO-RAMIREZ, M.D.: —2008 Co-chair and International Aids Society Governing Council Representative for the Region of Latin America and the Caribbean. I hope you all have an opportunity to experience the warmth of our hospitality both during and after the conference. And I would particularly like to welcome you to my home town of Mexico City. Welcome. [Spanish language] [Applause]

While I was watching the mariachis, I feel so proud to be Mexican and I remembered the day Pedro called me and said Mexico got the conference. Thank you, Pedro. It has been an enormous opportunity for Mexico, for Latin America and for myself. [Applause]

But, first of all, I would like to thank the Mexican Federal Government, Minister Cordova, thank you very much [applause], the Mexico City government, our national

university, my institution, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán and many, many others.

I would like also to thank our major industry sponsors, Abbot, Bebbinger [misspelled?], Bristol, Glaxo, Merck, Pfizer, [inaudible]. All these companies and institutions are [inaudible] supporters of this conference. And on behalf of the conference coordinating committee, I offer you our thanks for your contribution and your support in making AIDS 2008 a reality.

We in the Latin American and the Caribbean region have waited a long time to host International AIDS Conference. And I am delighted that we now have the opportunity to share our successes, our challenges and our hopes for the future at this 17th International AIDS Conference.

We have made important progress in the response to HIV here in Latin America. Several countries of this region have challenged the idea that treatment could only be accessible [audio gap] to lower top prices to breach the gap between the North and the South.

The result is that 62-percent of people in need of antiretroviral treatment in this region are covered, the highest in any developing region. But, although this is important progress, we know it is not enough. It is time to bring drugs to everyone in need, regardless of who they are, where they live or how much they earn, it is time for universal action now. [Applause]

Yet, drugs alone are not the answer. We need the laboratories, health workers, and strong health systems to support the long-term care needs of people living with HIV in this region. We need to strengthen collaboration between governments, civil society and the scientific community to deliver the prevention care and treatment interventions required to make a difference in every country of this region and in every corner of the globe.

This means challenging head on the stigma and discrimination that continues to hamper our progress against this disease. In this region, where men who have sex with men continue to bear the brunt of the epidemic, that means challenging homophobia everywhere in our society, in government policies, in healthcare settings in our families and yes, in our churches as well. [Applause]

We should remember that HIV is a viral infection, not a moral infection and even less, a political one. And we must pay attention to where the epidemic is going as well as where it is today. Here, in our corner of the world, infections are increasing among injecting drug users and through heterosexual transmission, affecting more and more females.

Here, as in other regions, HIV disproportionately affects the poor and disenfranchised, especially sex workers, indigenous people and migrants. [Applause] It is time for all of us to hear this message, to understand our common humanity and to reject the politics of division, of prejudice. It is

time to end the stigma and discrimination that driving this epidemic.

Preserving human rights is another key for HIV prevention. It is time for universal action now. With an estimated 2 million people living with HIV/AIDS in region, AIDS 2008 will attract unprecedented attention, high profile activism and worldwide media coverage. I hope this will translate into the new investments and collaborative research required to meet the growing challenges in this region.

At this conference, Latin American and the Caribbean will showcase many good examples in the response to HIV. I hope you learn from us as we have learned from you over the years.

As a sample of this, I would like to inform you that we have a total of 23,000 participants, the highest ever for a conference in a developing country [applause], but especially, the highest ever of Latin American representatives, 5860. [Applause] Thank you. We have more than 100 [inaudible] all over the world, with another 20,000 participants. This is the legacy of this conference.

We received close to 11,000 regular abstract submissions and over 400 late breakers. Of those, more than 7,500 will be presented. Moreover, for the first time in these conferences, Latin America and the Caribbean was the region with the second largest number of abstract submissions. Thank

you to all the people from this region for your support and welcome Latino Americans and Caribbeans. [Applause]

Whether you participate in person, by our [inaudible] or online, I hope you would embrace the team of Universal Action Now. Now, as if it were your own, by increasing your personal commitment to the fight against AIDS and by not stopping until we end this epidemic.

Welcome to Mexico, welcome Africa, welcome Asia and the Pacific, welcome Europe, welcome U.S., welcome Canada, welcome everyone. [Spanish language] Thank you.

HOST: We now present the Mexican Secretary of Health, Dr. Jose Angel Cordova Villalobos.

JOSÉ ÁNGEL CÓRDOVA VILLALOBOS: [Spanish language]

TRANSLATOR: Good evening, distinguished guests here at this very important conference, members of the civil society organizations, members of academia, scientists, congress participants, I would like to welcome you all to Mexico.

It is a great honor for me to welcome you, to welcome all the delegates and I would also like to thank you for your tireless commitment to combating the HIV pandemic.

Today, we gather together to pay tribute to those who have died from this disease and to recognize all of you for your tenacious and on-going effort to achieve a world permanently free from the harm caused by HIV. May this 17th conference give a voice to everyone, those living with HIV, academia, politicians, the indigenous peoples, sex workers,

churches, nurses and volunteers in community organizations; the voice of all society.

Let us make the new tools and strategies that we have found available to stop the devastating effect of the Human Immuno-deficiency Virus on individuals and in society. May this conference also be useful to recognize the challenges which still have to be overcome and to make up for the setbacks that, unfortunately, continue to persist.

The control of the epidemic requires eliminating stigma, discrimination and homophobia. [Applause] Remaining silent about these problems is one of the greatest barriers we face. Our voice must be heard loud and clear. It is time to eliminate prejudice and exclusion surrounding HIV. [Applause]

JOSÉ ÁNGEL CÓRDOVA VILLALOBOS: [Spanish language]

TRANSLATOR: To decrease HIV negative disproportional effects on women and the feminization of the epidemic in certain areas of the world requires the commitment of governments and society to eradicate unequal gender relations and violence toward women because both of these increase women's vulnerability to HIV. [Applause]

JOSÉ ÁNGEL CÓRDOVA VILLALOBOS: [Spanish language]

TRANSLATOR: Only with comprehensive sexuality education based on scientific principles will we succeed in providing information and knowledge to empower our youth to protect themselves. As the director UN AIDS said a few days ago, there has been a substantial increase in the HIV

prevention efforts and treatment, but that is not enough. The AIDS epidemic is not over. There are still five new infections for every two people who are newly added on treatment.

We know that there are no easy solutions. It is for the benefit of our boys and girls, adolescents and the youth, for the new generations that we must strengthen education for prevention. Two days ago in this city, the ministers of health and education of Latin America and the Caribbean met to finalize common commitments and these agreements are reflected in Mexico's declaration called, "Prevention with Education."

The governments of the regions have committed ourselves to advancing toward comprehensive sexuality education. I would like to take this opportunity to invite other regions of the world to support and join this declaration. [Applause]

JOSÉ ÁNGEL CÓRDOVA VILLALOBOS: [Spanish language]

TRANSLATOR: May this conference also be a call for a shared social responsibility from the pharmaceutical industry. High cost is one of the greatest threats to universal access to antiretroviral therapy in our nations. Our governments are committed to guarantee universal access, but the commitment and the solidarity of the companies – some of the companies that produce and sell these drugs, is still not enough.

Evidence of this, is the disproportionate prices for the same drugs among the countries of our region. We require prices that are both affordable and fair. [Applause] We also recognize that the availability of medicine is not the only way

to reach wholesome access to healthcare for people living with HIV.

We must work together to accomplish appropriate treatment and improve the quality of care, both at the technical and human level, in order to achieve rational use of medication. Only a collective commitment by all the nations of the world, by all the governments, civil society activists, the funding agencies, the pharmaceutical companies, patient organizations and health workers, only by joining together will we reach the millennium development goal to achieve comprehensive care and universal access to antiretroviral treatment.

In closing, allow me to pay tribute to the renowned epidemiologist, Jonathan Mann, ten years after his death and I quote, "That we are gathered here today to discuss AIDS is itself a historic event. In the face of this global emergency, we cannot give AIDS a grace period and the opportunity for the prevention must not be lost, thus we must assume our collective and historical responsibility to take action now against a worldwide epidemic, whose ultimate scope and dimensions, we cannot yet predict."

The awareness of our collective strength heightens our sense of responsibility. The global challenge which lies ahead will truly demand the best of all of us. Let us work together to eradicate HIV and AIDS from the face of this new millennium.

It is true the time has come for universal action now.

[Applause]

Ladies and gentlemen, participants, at the 17th International AIDS Conference 2008, I hope you have very productive days. Once again, I would like to welcome you to our country, Mexico. Mexico is grateful and opens the doors to its home to you and the doors to its heart to you as well.

[Applause]

HOST: The Executive Director of the Joint United Nations Programme on HIV/AIDS, Dr. Peter Piot, will now deliver the opening key note address.

PETER PIOT, M.D.: [Spanish language]

TRANSLATOR: Good evening. I am indeed pleased to be here at the first International AIDS Conference in Latin America, a region that showed the world that it is feasible to offer antiretroviral treatment to developing nations and where some countries have proven that it is possible to attain universal access; a region in which the ministers of health and education pronounced a declaration of Friday promising education for young people in school concerning the reality of AIDS and sexuality. [Applause]

PETER PIOT, M.D.: But since all Latin Americans seem to be speaking English, this conference takes place as we enter a new face in confronting AIDS. A new face because we now have results, results on a large scale. For the first time, fewer people are dying of AIDS and for the first time, fewer people

are becoming infected with HIV. For the first time we have empirical evidence that our brilliant coalition can move mountains. A unique and diverse coalition present here in this auditorium. This is cause for great encouragement.

But, it is not cause for complacency and it is certainly far too early for declaring victory because the end of AIDS is nowhere in sight. Everyday almost three times as many people becoming newly infected with HIV as those who start taking anti-retroviral therapy.

We will set ourselves up for demoralization and failure if we base our strategies on the illusion that the end of AIDS can be achieved any time soon. Globally outreach, local and personal impact, the epidemic is evolving in a fast-changing environment.

Compelling issues have risen up the global agenda. Economic recession, growing social inequalities, energy and food crisis. Our challenge today is to position AIDS in this context, to sustain and build on the gains we have made, while ensuring that new attention is paid to other major issues. But, the epidemic has evolved, too.

HIV infections are rising in some countries where we thought prevention had been successful and new epidemics are appearing. For example, among men who have sex with men in many Asian cities, among drug users in parts of Africa. So, let us never forget that the epidemic could still bring us new surprise as it has done so many times already.

If we are going to get ahead of this epidemic, it is time to come to terms with complexity. Whatever you may read in some journals today, even in scientific journals, there is no shortcut in HIV prevention. Those who claim that we just need two or one or two things to prevent HIV and those who say that we can forget all about involving communities are playing with fire. [Applause]

Simplifying what is complicated can be as counter-productive as complicating what is simple. Combination prevention, just like combination treatment is the only feasible option and anything else is, frankly, irresponsible. Combination prevention means finding the right mix of activities for each local epidemic and combination prevention means mobilizing for social change.

No more stigma around HIV, no more homophobia, no more ostracism of sex workers, no more gender-based violence. And here I salute Mexico's anti-homophobia campaign, one of the boldest and most creative in the world. [Applause] And it is high time that every country in the world resolutely embraces the full spectrum of pharm reduction among injecting drug users [applause] because not doing so will only perpetuate the spread of HIV.

World leadership on AIDS is most crucial for HIV prevention because it means tackling many controversial and often deep-rooted beliefs. HIV prevention now requires the

same level of passion and activism that have driven the successful movement for treatment.

And I also urge scientists and funders to continue our efforts to develop an HIV vaccine on the microbial side. While at the same time, broaden the HIV prevention research agenda, which can only be multi-disciplinary and should pay more attention to operations research and evaluation.

In the long run, we know that the best way to stop people dying from AIDS is to reduce infections in the first place. But in the meantime, the treatment imperative remains as strong as ever. Because let us never forget that this is about people. Because is about entitlement to life. Entitlement is good. It is entitlement to life.

One of the main lessons of providing antiretroviral therapy to millions of people is that we should never wait until systems are fixed before we act. Because I know what would have happened to the 3 million people on antiretroviral therapy today if we would have waited. Most would have been dead by now.

And a second lesson is that there is now growing evidence that AIDS action has becoming a true engine for strengthening health systems [applause]. Such strengthening will be even more vital to expand access to treatment for decades to come.

Friends, the diversity of our coalition, while working for a common set of goals has always been one of our greatest

strengths. Now that we are entering this new phase, unity will be needed more than ever because our task is long, complex and always controversial to calm.

If we are to sustain a robust AIDS response over the long term, we do not only need unity, but we must also enlarge our coalition, which means reaching out far more to those who are strengthening health systems and are in charge of drug control. It means building stronger linkages with those working on tuberculosis and sexual and reproductive and maternal and child health. And above all, it means involving far more young people. The ones that will lead the fight in the future. [Applause]

But, my friends, remember we have got a mind of our own. Broadening the coalition must not come at the expense of the non-negotiables of walking across sectors, involving civil society, and people living with HIV, grounding our action in science, rooting all we do in human rights and focusing on results for people.

We must categorically reject any attempts to so-called normalize AIDS or treat the epidemic as just one of many medical problems. Now, more than ever, do we need an exceptional response and nothing less than an exceptional response.

Considering the resource implications of expansion of treatment and prevention access over at the least the next decade, it should be clear by now that there is not too much

money going to AIDS, but too little. And it is in that context that the decision by U.S. Congress to re-authorize PEPFAR, with \$39 billion for AIDS alone and signed last Wednesday by President Bush is a truly historic deed. [Applause]

The long overdue listing of the law banning people living with HIV, as Pedro said, is another terrific bonus of all of this. We should celebrate it and make sure that every single country in the world that is still having this ban abolishes it as soon as possible. [Applause]

It is the combination of building on our results today, investing in research, broadening the coalition and re-invigorating political leadership that gives us the strong foundation for a long-term response. Because, let us be realistic, we have done the easy bit.

If we thought the first phase was hard, and it was, we must prepare for an even tougher time ahead, which will be less tough if we work together in a unified coalition.

To conclude and to quote the great Caribbean poet, Bob Marley, [applause] yes, "Get up, stand up, stand up for your rights. Get up, stand up, do not give up the fight."

[Applause] Yes and that is what we will do and that is what I will do, never, ever give up the fight. Thank you. [Applause]

HOST: Ladies and gentlemen, Miss Mony Pen. [Applause]

MONY PEN: Buenos noches. I am standing here today representing the White House [inaudible] who in reality even after more than 25 year of AIDS, asks their person [inaudible]

serious challenges. I become involved in HIV in work in 2003 following my husband death from HIV-related illness. He died because he had no access to HIV treatment. After his death, when I began to face the reality of living with HIV, I lost my job because of the stigma and discriminations that exist in my country and in every country in the world.

I refuse to become a victim of to such pity. I propose instead of remaining a productive member of my society and I decided that I need to contribute to changing the reality of others of living with HIV. People should not die and especially from HIV infections. All people, including me, have the right to dignity and respect. [Applause]

Since then I have met and worked with other positive leader from around the world. People have made a firm commitment, as I have, all of us from different cultures, different backgrounds, different religions, and different countries. But, all of us made a commitment to survival and to creating positive change. Here as I also think that I learned and that I would like to share with you today.

It is a firm reality that in most countries, political commitment on HIV is still lacking. Governments do not place HIV as a priority on their [inaudible] agenda. Nor do they allocate adequate funding from business than their small pockets. [Inaudible] quality of AIDS care, treatment, and support to people living with HIV are often only empty promises. And governments are not aware of that support to people living with

HIV must involve much more than just providing antiretroviral treatment therapy medicines. [Applause]

In my region of the world, as in Africa and Eastern European countries, many people living with HIV are also co-infected with hepatitis and tuberculosis. In recent years, I have seen countless numbers of people dying mostly from this co-infections. Last year, I got into the UNAIDS report, approximately 300 thousands of people die from AIDS-related disease in Asia and [inaudible], the country where I come from.

So, how many more deaths are recognized? In every one of your countries, discriminations continues to threaten the lives of people living with HIV and those most at risk of HIV infections. I have spent number of [inaudible] government policies and it is not in our practice that support this discrimination.

For example, let me tell you what is happening in Cambodia today. An anti-trafficking law, supported by an international movement on trafficking, has had harmful consequences. The implementation of the policy have resulted in [inaudible] and our rights of sex workers along with other vulnerable groups like transgender people, men who have sex with men, drug users and also beggars. These people have been wrongly arrested by authority and take to the police stations where they are photographed and detained and often subject to sexual and physical abuse, mistreatment and [inaudible].

All of this must stop now. [Applause] I have seen harsh violence against women and policy has disastrous consequences on the lives of women and their families. Many HIV positive women with children spend off their resources helping their husbands during his illness. After his death, his widow are left with nothing, penniless and have lost a spouse to HIV. They lost their reputation and the respect of the community. And finally, because of this, their children are unable to go to school and the family is destroyed.

I have yet to see any government can claim it has reached universal access when people cannot access comprehensive services and realize their full rights to human dignity and compassion. It is a sign for me. Here are my suggestions on how all of us here can work together. Let our governments to move from leaps of faith into real action.

[Applause] Each government need to be better understand its HIV impediments in order to provide quality services that meets the needs of AIDS citizens.

Only then, they will accountable to their promises. Please take note, accountability at our level is very, very important. Let us direct our energies to fighting the laws and regulations that uphold HIV-related discrimination as well as laws that discriminate against vulnerable groups. Let us work with those people who are most impacted by HIV [inaudible] policies that rights by human rights.

To [inaudible] effort to have reduction strategies and to deliver up treatment, care, to part [misspelled?] and prevention programs that meet the needs of communities' people. Let us look at the profit treatment industries. Let us reconsider barriers on current [inaudible] laws for life saving services.

There are countless reasons this policy exists but in the end, the complications of global business trade and [inaudible] laws leads us in thousands of death of every single day. Let us open our eyes to reality of poverty. HIV/AIDS treatment medication are vital to me and millions of people around the world. But, they also need food and jobs for survival. Governments need to integrate [applause] in generation [misspelled?] activity into their next month [misspelled?] HIV response. So, people living with HIV/AIDS they can have a job to survive. [Applause]

Let us support our governments to strengthen their system and ensure people have had access to routine blood tests. Then let us monitoring tools [misspelled?] HIV virals and resistance testing as well as other HIV/AIDS-related services. These also should include screening for pregnant women vitally available HIV testing services, sexual and reproductive health programs, condoms, [inaudible], needles, access to new and more treatment, modern [inaudible] for HIV as well as co-infections. And integrate this service please.

Lead our governments to value their health care providers by providing them with sufficient training, means and salaries. Let us make certain that government, NGO's, agencies, clinicians and pharmaceutical companies cease to [inaudible] of us living with HIV in antagonistic manner. We are here as your actual partners in this struggle.

Commit your resource to engage in as a partner, investing in us is investing in the future. [Applause] Let us collaborate for meaningful community involvements and all of us involve us as designers of policies. This will then make us implementers, monitors, and evaluators. Do not treat us as the victim. Over the last 25 years of HIV [inaudible] of millions of people, in spite of this, we have still accomplished much, but we have so much more to do. Rise up with from your seats with me, stand up if you are with me, millions of other people living with HIV, in the quest for universal action now! Gracias. Thank you. [Applause]

HOST: The former President of Botswana, His Excellency, Mr. Festus Mogae. [Applause]

FESTUS MOGAE: Friends and fellow participants in this important conference, good evening. Usually, I will begin by properly greeting heads of states, ministers, directors of organizations, and so on, but today I greet you all as my global brothers and sisters who share the sorrow of AIDS and the hope of overcoming it. To all in the audience living with and affected by HIV and AIDS, I say welcome.

Together, on the eve of this great global conference, let us take a moment to look back and see how far we have come from fear and ignorance of this frightening disease that sickened and took our friends and relatives. Consider the knowledge and the tools, the 25 years of painstaking research that is put in our hands. Three million people on antiretroviral therapy worldwide is not just the greatest public health achievement of the new century, it is a tribute to all of you. We have fought so hard to understand the HIV virus and to make available the drugs that are saving lives today. I salute the activists, the researchers and doctors who, together, have made history. I want to salute and acknowledge the leading role of pharmaceutical companies of the world who are often maligned.

Ladies and gentlemen, over one million of those people who started therapy for the first time last year did so in the continent of Africa. [Applause]

In Africa just a few years ago, it seemed impossible to consider giving antiretroviral therapy to anybody. It was thought that the drugs are too expensive. There was fear that the patients would not understand the complex regimens, that there would be an epidemic of resistant HIV. And yet country after country has proven the [inaudible] is wrong and delivered the service to its people.

Today in my country Botswana alone, a hundred thousand people are receiving antiretroviral therapy— almost 90 percent of those who need it. [Applause]

I salute the leaders and the policy makers who have committed themselves to bringing AIDS therapy to Africa. I salute our international partners and the dedicated individuals who have brought assistance and resources from so many countries.

Only 15 years ago, no one in any country knew how to protect their baby from being infected with HIV if the mother was living with the virus. When we first introduced the new preventive drugs, uptake was slow. But we persevered and persisted. Today in Botswana, transmission of HIV to babies has dropped to 4 percent, [applause] a level that is comfortable to that in much wealthier developed countries with much smaller epidemics.

I salute the managers, the nurses and the counselors who have made this happen. But most of all, I salute the mothers who in the face of fear, stigma, uncertainty, and often lack of support from their many [misspelled?] partners, have done everything they can to protect their babies and families. [Applause]

I believe we have all come to this conference because we share a profound commitment to preventing new infections, extending treatment and care to all people with HIV, and

mitigating the impact of AIDS. Our efforts are unprecedented and our successes are real and important.

In recent years, as Dr. Piot has just said, the annual numbers of new infections and AIDS deaths have fallen. We certainly want to recognize the progress achieved but— and it is a big but— we must also acknowledge that the progress has not been uniform. Africa, especially Southern Africa, [inaudible] is disproportionately affected by the epidemic.

In our nations, two-thirds of the people are living with HIV worldwide, and 90 percent of all the children are living with HIV. Although in some countries HIV prevalence have somewhat stabilized, it is at levels so high that they almost defy belief: 24 percent of adults in Botswana, 23 percent in Lesotho, 26 percent Swaziland, and 18 percent in South Africa.

There were 1.9 million new HIV infections in Sub-Saharan Africa in 2007. As I have said before, prevention of new infections should be our number one priority, and our number two priority, and our number three priority. [Applause]

Although we take pride in the tremendous progress made in treatment, we have to acknowledge that we cannot treat the epidemic away. Within Africa also, progress has not been uniform. It is true that some countries have had more successes than others in expanding prevention programs. This is not a cause for finger-pointing of blame. It is an opportunity for learning from one another and for solidarity.

Why have some initiatives been successful and others not? What resources and tools do countries need to make prevention work? How is national leadership, civil society to change? In short, how is the entirety of society to be engaged to tend the tide against HIV and bring these terrible numbers down? To do this, we will need voluntarism, ownership and activism, and leadership which can exist at every level and in all walks of life.

I would like to quote one of the recommendations from the United Nations Secretary-General's report for the high level meeting on AIDS held in New York in June this year, and it says, "In countries where HIV prevalence exceeds 15 percent, only an unprecedented national mobilization involving every sector of society and making use of every available prevention tool will meet the challenge posed by such catastrophic continued spread of HIV."

It is this unprecedented mobilization for prevention that preoccupies my thoughts. In many of our countries, the elements of success are already in place. Government and their international partners have made unprecedented levels of resources available. Some countries and communities have achieved striking results with prevention. Progress has been made but it must be accelerated and greatly broadened.

I believe that part of the solution is for African leadership to come together in the spirit of shared responsibility. Where HIV prevention has worked, time and

again the solutions have come locally from the affected communities. As African leaders, we can foster the development and growth of African solutions by opening a dialogue among ourselves for conversation and learning. [Applause]

We need innovation and a new vigor, a new spirit of vigor rather, in HIV prevention in Southern Africa. [Inaudible] with the most effective ways to reduce transmission, where multiple concurrent sexual partnerships appear to be driving the epidemic. We must take head-on the issue of early sexual debut with the vulnerable young girls. How do we teach these young women to negotiate safe sex? For our brothers and sisters that are already positive, what could [inaudible] support mechanisms need to be fostered to prevent further transmission? We know what works in epidemics that are still concentrated in those that engage in risky behavior such as injecting drug use or sex work.

How do we help the government to support programs that are proven to be effective? We must not be afraid to take controversial steps so long as we are careful and caring of people's needs and rights.

One of the examples is the heated debate a few years ago over Botswana's decision to adopt provider initiated opt-out HIV testing. The evidence now supports the decision. We must distinguish human rights which are absolutely sacrosanct from civil rights which are contextual. What do I mean by contextual? I will give an example.

18 months ago, there was a new outbreak of measles in Southern Africa, in Botswana and Namibia. And in both countries, there were communities who absolutely refused for their children to be vaccinated. We could not afford of that to happen, so we vaccinated the children against the will of their parents. I think we may be guilty of having violated their civil rights, but certainly not their human rights.

[Applause]

But this is not only about individual efforts, but also about collective responsibility to our families, to our friends, to our communities, our countries and continents, and to our global village. We must individually and collectively continue to speak up openly about AIDS. We must take both a direct risk behaviors and indirect causes that lie deep rooted in society especially African societies. We cannot remain passive, refusing unpleasant facts of prejudging our fellow countrymen which are HIV positive. We must not blame or judge, but support and encourage each other so that we can together achieve our goal of a generation free of AIDS. It can be done. It has to be done. I thank you for listening. [Applause]

HOST: The Director-General of the World Health Organization, Dr. Margaret Chan. [Applause]

MARGARET CHAN, M.D.: Friends, colleagues, ladies, and gentlemen, good evening. As Dr. Piot and others have noted, we are at the critical stage, a new phase in our efforts to combat HIV/AIDS epidemic. The current situation as refers in the new

UNAIDS report, which points to some milestone achievements, but also underscores the enormous challenges that lie ahead.

Allow me to take this opportunity to express my personal gratitude to Dr. Piot, a very good friend, an old friend, [applause] for the leadership he has shown since the very beginning of the epidemic. AIDS is the most complex, the most challenging and probably the most devastating infectious disease humanity has ever had to face. And we have faced this challenge, and we have faced this disease head-on. We have rallied.

Since the beginning, the AIDS response has been led by the courage, determination, and vision of civil society and advocacy of activists. I thank you. [Applause]

The rallying point was straightforward. Something must be done. The history of the response has been one of demanding action, identifying obstacles and unleashing the power to push these obstacles away. The activist sets things sailing, the international community stepped in to build the boat, and this is what we call global solidarity. The AIDS response expanded [misspelled?] the frontiers of public health and showed the power of a can-do attitude. It changed the face of public health in profound ways, opening new options for dealing with multiple other health problems.

What do I mean by that? Treatments can be found, prices can drop, funds can be secure, services can be delivered in resourceful constrained settings; and you have heard from

the previous speaker, attitudes, too, can change. With sufficient will, commitment and resources, oblique and depressing situation can be transformed into one of optimism and hope.

In this regard, let me join others in expressing appreciation for the renewal of the U.S. President's Emergency Plan for AIDS Relief. [Applause] Above all, a commitment to universal access is an expression of respect— respect for the value of each and every life affected by the disease. This, too, is a monumental achievement.

Ladies and gentlemen, let me turn for many appreciation of achievements to focus on the obstacles— the obstacles that lie ahead. We have cause for optimism but we dare not, we dare not let down our guard. This is an unforgiving epidemic, an unforgiving epidemic that can strike back in surprising, sometimes startling ways. The epidemic is far from over. Let me repeat, the epidemic is far from over and we are going to be in this for the long haul.

First and foremost, we must do a much better job of prevention. This is the only way to get ahead and ensure an adequate long-term response. We urgently need to scale up the use of proven, context-specific prevention methods. We also need to expand linkages, linkages to other sectors; for example, to introduce and scale up comprehensive sexuality education for young people. [Applause]

In this regard, I wish to congratulate the successful outcome of the first Interministerial Meeting of the Latin American and Caribbean Ministers of Health and Education. [Applause] I would also like to thank the Mexican government for convening this brave initiative. [Applause] Let me reassure you, WHO along with our sister agencies— and I have the agreement of my sisters— UNFPA, UNICEF, UNAIDS and other agencies, we stand ready to support your efforts in this extremely important undertaking. [Applause]

Second, we must work much harder to fight stigma and discrimination including institutionalized discrimination. In far too many countries, legal as well as social and cultural barriers prevent groups at risk from receiving interventions and knowledge needed to reduce harmful behaviors. We must also do more to empower women, both to protect themselves and to act as agents of change.

Third, we must ensure that the current unprecedented roll out of treatment reaches more people and is fully sustainable. The 3 by 5 Initiative, on this, I would like to pay tribute to my predecessor, Dr. JW Lee, for taking on board this very, very important initiative. The 3 by 5 Initiative, with this can-do attitude and can-do approach, actually paved the way for an even greater commitment to universal access. Now, merely 3 million people in low and middle income countries have seen their lives rejuvenated by these treatments.

Stepping back or slowing down treatments is not an acceptable option. It is unethical. [Applause]

Fourth, we must be very smart— smart in targeting interventions. With the evidence and experience leaned over almost 30 years, we now face an unprecedented opportunity to make a mature response to this epidemic. This is reflected in the theme for this conference: Universal Action Now. We have proven tools and strategies for preventing every mode of transmission and for expanding treatment coverage. What is holding us back? We need to ask ourselves, what is holding us back?

To take advantage of this unprecedented opportunity, we must recognize that we are not facing a single, uniform global epidemic. We are facing a diversity of different epidemics with distinct profiles and distinct needs for intervention. Recognition of these differences helps craft sharply targeted strategies for every major at risk and vulnerable population. Doing so helps to produce the best results and the best return on investments.

In the interest of facilitating a sustained AIDS response, we must look for every opportunity to improve operational efficiency. What do I mean by that? One way to do so is to make linkages with existing health services. For example, for youth, mothers, children, for sexual and reproductive health, and in particular, for reaching out to men who have sex with men, sex workers, and injecting drug users.

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We need to engage them. We need to take care of them. We should not forget about them. [Applause]

Of course, we must do our utmost to integrate HIV/AIDS services with those for TB. Giving attention to TB is part of the urgent need to address the AIDS epidemic especially in Africa, which bears by far the greatest burden of these mutually reinforcing diseases.

Finally, a mature response to this epidemic must remember every lesson. One disturbing trend is occurring. This is the resurgence of the epidemic in men who have sex with men. This is occurring right here in the Americas, as in other parts of the world. And this is a setback— a setback in a group that pioneered the earliest response to this disease. As I said, we must remember every lesson.

Ladies and gentlemen, at this particular stage in the epidemic, I found it most appropriate that the conference is hosted in Latin America. Why do I say that? Let me share with you our thoughts.

Many countries in this region have a long tradition of embracing the principle of equitable access to health care as a fundamental human right. The future of the AIDS response rests on this very foundation. In addition, countries in this region have been steadfast in their commitment to primary health care as the best way to operationalize a wider commitment to equity and social justice. The response to HIV/AIDS and most especially the massive roll out of treatment have brought into

sharp focus the consequences of decades of failure to invest in basic health infrastructures. We should not blame disease-specific programs for weakening the health systems. We should not do that. [Applause]

The fact of the matter is, for decades, governments have under-invest in health systems. Further sustainable progress in HIV/AIDS really depends absolutely on an improved service capacity. And at this stage, we have a historical opportunity to align the agenda for responding to AIDS with the agenda for strengthening health systems. I will further argue that the best way to do so is through a primary health care approach. The two agendas are not in conflict. They are actually mutually reinforcing. A primary health care approach gives priority to at risk and vulnerable populations. The pursuit of equity, social justice, and universal access is a striking force. This is an inclusive approach that encourages community participation and ownership, including ownership by people living with HIV.

Primary health care places prevention on at par with treatment and care. It recognizes that actions in multiple sectors influence health and solicits their support. Health sector alone cannot deal with stigma and discrimination. We must work with other sectors to fight stigma and to fight discrimination. [Applause]

Ladies and gentlemen, let me argue and put it to you, if the response to AIDS can be used to strengthen primary

health care, this will be another great legacy that benefits all of public health. If the response to AIDS can be used to strengthen primary health care, this will be another proof of the unstoppable power of a must-do, can-do approach to universal action now and more than ever. Thank you.

[Applause]

HOST: [Spanish language] Ladies and gentlemen, the President of the United Mexican States is entering with his wife, Mrs. Margarita Zavala, accompanied by His Excellency Mr. Ban Ki-moon, Secretary-General of the United Nations, and his wife Madam Ban Ki-moon. [Applause]

[Spanish language] Ladies and gentlemen, Dr. María Teresa Fernández de la Vega, First Vice President and Minister of the Presidency of Spain. [Applause]

MARÍA TERESA FERNÁNDEZ DE LA VEGA: [Spanish language]
[Applause]

HOST: [Spanish language] His Excellency Dr. Denzil Douglas, Prime Minister of St. Kitts and Nevis. [Applause]

DENZIL DOUGLAS: Your Excellency Felipe Calderón, President of Mexico, and our distinguished First Lady, Your Excellencies, all distinguished co-chairs of the XVII International AIDS Conference, distinguished co-speakers, delegates, ladies and gentlemen, it is a profound honor and pleasure for me to be part of this momentous occasion here in Mexico City and to share this podium with such distinguished world leaders, and in particular, to associate myself with the

hopes of aspirations of the members of the various delegations especially persons living with HIV and AIDS. I hope that this XVII International AIDS Conference will be a significant landmark in charting the way forward in achieving its objective: Universal Action Now.

There is no better location to concentrate this attack on HIV/AIDS than Mexico, a country which emerged out of the political struggles for independence from Spain over 187 years ago and built on the foundations of demise and aspects a highly developed civilization and a vibrant economic, social, and cultural system so admired by the Caribbean region. There is no country more fitting to host a meeting on Universal Action Now than Mexico because Mexico has demonstrated to the world through its health reform program, the inexplicable [misspelled?] link between health and development.

The current health system of Mexico is structured on a new formula of health financing, one that has been designed to reduce the burdens on the poor and vulnerable groups. It is complemented by a health insurance scheme that provides for universal coverage for AIDS treatment, among others. It has created a separate fund for community health services, and it has embarked upon unprecedented efforts to strengthen health-related public goods such epidemiological surveillance, environmental health, regulations to protect the public, and intersectoral interventions that define health policies capable

of modifying the source of determinants of diseases such as HIV and AIDS.

Mr. President, may I take this opportunity to congratulate you for the model and the leadership in health and HIV/AIDS that Mexico presents to the world by laying such a solid foundation on which to launch the imperatives of Universal Action Now for HIV/AIDS prevention, care, and treatment. [Applause]

I wish to also acknowledge the bonds of friendship and goodwill established between Mexico and the Caribbean Community in trade and education, and health and culture, and more recently, climate change, and for your leadership on behalf of Latin America and the Caribbean region on the Board of the Global Fund for HIV/AIDS, malaria, and tuberculosis. I think it is an honor for us to congratulate you on assuming the chairmanship of the Board of the Global Fund.

Ladies and gentlemen, I speak to you on behalf of a region that has taken extraordinary steps to establish a viable structure to fight HIV/AIDS. I speak to you as the Chairman of the Pan Caribbean Partnership Against HIV/AIDS, commonly known as the PANCAP, a unique multi-country network with membership stretching from Belize, The Bahamas, and Cuba in the North, through Haiti, the Dominican Republic, the Leeward and Windward Islands, and the Dutch, French and English territories, down to Guyana and Suriname in the South; a network comprising of governments, nongovernmental organizations, the private sector,

media broadcasters, faith-based organizations, and development partners; a network that has been acclaimed an international best practice by UNAIDS, and which is leading the Pan Caribbean response by mobilizing resources, by advocating the placing of AIDS high on the national and regional agendas, and forging the necessary synergies in strengthening the public health response. The Caribbean is inviting the world community to use PANCAP as a resource and as a tool for the establishment of future regional partnerships to address challenges caused by HIV/AIDS.

I wish to report that many successes have been achieved in individual Caribbean countries in such areas as care, treatment, and prevention of mother-to-child transmission of HIV; however, as a region, there is no certainty that we will achieve universal access, goals, if we continue to do business as usual. Understanding that fact, PANCAP is starting a major advocacy activity in very close collaboration with UNAIDS and its co-sponsors. This will involve the use of available information to support countries using evidence-based research in order to implement action in a national context wherein human rights are respected and promoted, stigma and discrimination are dramatically reduced, and most at risk populations are the priority targets of HIV prevention programs.

We do fully recognize that one of the social determinants of health is the creation and the diffusion of

knowledge. We also do recognize the critical involvement of people living with HIV in shaping and also in spearheading the necessary response. Our experience in the Caribbean is adequate testimony to the need for building and sustaining partnerships – partnerships to scale up interventions and move towards universal action targets. We take the opportunity of this XVII IAS Conference to further reach out to the international community gathered here in Mexico in the refrain that has been celebrated by the global quote as "Reach out and touch," or as our own Bob Marley would say, and I quote like Dr. Peter Piot awhile ago, "Let us get together and feel alright." [Applause]

I therefore emphasize that Universal Action Now requires global partnerships. Global partnerships require us to appeal to you gathered here to join in our struggle to reform the philosophy and practice of our multilateral agencies and the Global Fund that impose unrealistic barriers on middle income countries without taking into consideration the peculiar circumstances of a region like ours, which is fastened in the CARICOM single market and economy specifically to achieve a measure of competitiveness as a collective of 15 states and a population of approximately 60 million people within the global community.

We do publicly acknowledge the sensitivity displayed by the United States Presidential Emergency Fund for HIV/AIDS response in broadening their support to the entire Caribbean

Community and to our own PANCAP members. We know that the AIDS epidemic is far from over. It requires evidence-based interventions and sustained long-term commitment and support. Therefore, the Caribbean is asking the international community to commit itself, commit itself to that long-term support which will consolidate gains, meet and also broaden the successes that have been accomplished.

I also wish to take this opportunity to commend UNAIDS for its continued leadership especially in the movement toward universal access and generally for its guidance and direction which has sustained global partnerships around agreed principles. The recent production and launching of the very informative UNAIDS report on the global HIV/AIDS epidemic is one of many initiatives of UNAIDS.

In this regard, my friends, permit me on behalf of the Caribbean Community and the PAN Caribbean Partnership to pay tribute to a man whose outstanding leadership and commitment to the cause of HIV/AIDS and who is no doubt one of the reasons why, at this XVII IAS Conference, I could stand here and say with confidence that we are on our way to declaring victory through universal access. I refer to none other than Dr. Peter Piot, Executive Director of UNAIDS. Let us give applause for him. [Applause]

Ladies and gentlemen, I also wish to recognize the bond of friendship that have been recently consolidated during the ongoing trade and culture exposition 2008 in Zaragoza, Spain,

and in particular the role that has been played by the Spanish Prime Minister in honoring the Caribbean by dedicating the 14th of August 2008 as CARICOM Day in Spain, thereby highlighting the achievements of our own emerging integration machinery, the CARICOM single market.

The fact that, Her Excellency, the First Vice President of Spain is here, along with the former President of Botswana, who himself is a firm advocate for the reduction of stigma and stigmatization against people living with AIDS, the fact that there are so many across from around the world is further testimony that this XVII IAS Conference hosted by the Federal Government of Mexico fully endorses the value of international partnerships in achieving Universal Action Now. [Applause]

In July of last year in Brazil, Dr. Peter Piot warned and I quote, "The world must accept the exceptionalism of AIDS. There is simply no precedent in the history for such a crisis. And please, let us not have an illusion that in a few years, one fine day, the world will return to what it was before AIDS. No, AIDS has simply rewritten the rules, and to prevail, we too must rewrite these rules. An exceptional threat demands exceptional action." We, therefore, must adhere to this injunction, and we must use this conference to double our efforts.

In closing, Mr. Chairman, ladies and gentlemen, I could not help but be struck by the prophetic message that emanates from the national anthem of the Federal States of Mexico, which

states that and I quote, "This land belong to a thousand heroes. For you the olive branches! A reminder for them of glory! A laurel of victory for you! For them a tomb with honor!"

Let us therefore use this conference. Let us use this conference to remember and celebrate the role of our heroes in the struggle against HIV/AIDS. Let us, too, recognize our collective responsibility to build on the foundations of our heroes. In the words of Martin Luther King I quote, "It really boils down to this: all life is interrelated. We are all caught in an inescapable network of mutuality; tied into a single garment of destiny. Whatever affects one directly affects all indirectly."

Ladies and gentlemen, herein lies the essence of fostering and strengthening the global partnership we speak about as this conference in Mexico offers. It is undoubtedly the most sustainable approach to achieving Universal Action Now. God bless you. Thank you. [Applause]

HOST: [Spanish language] [Applause] Representing youth, Miss Keren Dunaway-González of Honduras. [Whistling from audience] [Applause]

KEREN DUNAWAY-GONZÁLEZ: [Spanish language] [Applause]

HOST: [Spanish language] Ladies and gentlemen, the Secretary-General of the United Nations, Mr. Ban Ki-moon.
[Applause]

BAN KI-MOON: [Spanish language] Olah, Mexico!

[Applause]

I am honored and humbled to stand here amongst so many leaders in the AIDS response. Your dedication and resolve is what will ultimately make universal access to HIV prevention and treatment a reality. It is fitting that this conference is taking place in Latin America, the source of some of the most dynamic responses to AIDS, but also home to some of the greatest challenges. And it is encouraging that more people than ever before are accessing HIV prevention and treatment in low and middle income countries such as the nations in this region. This is the outcome of a massive effort by everyone here at this conference and by the millions more who have stayed behind to work in hospitals, clinics, and communities.

[Applause]

But an even greater effort is now required. Most countries still have a long way to go to meet the goal they set two years ago at the United Nations General Assembly, the goal to scale up towards the prevention, universal access to HIV prevention, treatment, care and support by 2010. As a result, they will have a great difficulty in reaching the millennium development goals of halting and reversing the spread of AIDS by 2015. This will have repercussions on many fronts for halting and reversing the spread of AIDS is not only a millennium development goal in itself. How we fair in fighting AIDS will impact all our efforts to cut poverty and improve

nutrition, reduce child mortality, and improve maternal health, halt the spread of malaria and tuberculosis, and strengthen health systems. And mostly, progress towards the other goals is critical to progress on AIDS, from education to the empowerments of women and girls.

Excellencies, ladies and gentlemen, as the fight against AIDS nears the end of its third decade, we are still facing a huge effort in resources. The responses to HIV and AIDS require long-term and sustained financing. As more people want treatment and live longer, budgets will have to increase considerably over the next few decades. In the most affected countries, donors will have to provide majority of the funding.

I want to congratulate the United States government on the new legislation that they will allow for 48 billion dollars to be spent on the fight against AIDS, tuberculosis, and malaria over the next five years. I also welcome the commitment of the GA to keep working towards the goal of universal access to HIV prevention and treatment by 2010.

Just as important, in most countries, a stigma against the people living with HIV remains a grave challenge. One-third of countries still do not have laws to protect people living with HIV. In most of the countries, discrimination remains legal against women, men who have sex with men, sex workers, drug users, and including [misspelled?] minorities. This must change.

I call on all countries to live up to their commitments to enact or uphold, enforce legislation outlawing discrimination against the people living with HIV and members of vulnerable groups. [Applause] I call on them to follow Mexico's bold example and pass laws against homophobia. [Applause]

Since taking up the position of Secretary-General of the United Nations, some of my most moving and inspiring experiences have been meeting with colleagues and others living with HIV. They are wonderfully courageous and motivated people and should serve as an example to us all on how to act with dignity in the face of adversity. That they should not be discriminated against, encouraging full [misspelled?] restrictions on their ability to travel between countries [inaudible] or with a shame. [Applause]

In that regard, I welcome the action taken again by the United States government to lift the restrictions on entry for people living with HIV. [Applause]

I call on politicians around the world to speak out against discrimination and protect the rights of people living with and affected by HIV, for schools to teach respect, for religious leaders to preach tolerance, and for the media to condemn prejudice in all its forms. [Applause]

In other words, I call on all those in positions of power and influence to remove one of the greatest barriers for achieving universal access. This link has [inaudible] to see

in the 2008 report on the global AIDS epidemic launched by UNAIDS last week. One of the most striking points was the impact of laws against discrimination on HIV prevention. In countries without laws to protect sex workers, drug users, and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, fluctuates [misspelled?] infections, less demand for antiretroviral treatment and cure deaths. Not only is this unethical not to protect these groups, it makes no sense from a health perspective. It hurts all of us all.

Excellencies, dear friends, when I first spoke in the General Assembly of the United Nations about AIDS, I promised that the UN will deliver as one on AIDS. I will do all I can as Secretary-General of the United Nations to make that happen. [Applause]

I will opt to mobilize funding and to ensure that AIDS will remain a system-wide priority for the United Nations. You can count on me and muchos gracias. Thank you very much. [Applause]

HOST: [Spanish language] The President of the United Mexican States, Felipe Calderón Hinojosa. [Applause]

FELIPE CALDERÓN HINOJOSA: [Spanish language]
[Applause]

[END RECORDING]