

**Bill and Melinda Gates
Co-Chairs, Bill & Melinda Gates Foundation
Address to 16th International AIDS Conference
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Bill Gates

Good evening. Melinda and I are honored to be with you here in Toronto to open the 16th International AIDS Conference.

As you may know, Melinda and I have made stopping AIDS the top priority of our foundation. We can make this commitment – and make it with serious hope of success – because of the talent and energy of the people here tonight. Whether you are working to prevent the spread of HIV, caring for people who live with the disease, or doing scientific research on the virus, we want to say: Thank you for dedicating your lives to ending AIDS.

Melinda and I would also like to thank thousands of people around the world who are an indispensable part of the fight against AIDS. I'm talking about the people who are participating in clinical trials as we try to find new ways to treat and prevent HIV. Science can do nothing without their help – and we want to offer them our deepest thanks and respect.

Tonight, Melinda and I want to talk about some encouraging signs we see in the battle against AIDS, and some signs that are more disturbing. But ultimately, we want to call on everyone here and around the world to help speed up what we hope will be the next big breakthrough in the fight against AIDS – the discovery of a microbicide or an oral prevention drug that can block the transmission of HIV. This could mark a turning point in the epidemic, and we have to make it an urgent priority.

Melinda and I returned recently from Africa. We felt a new sense of optimism there – because the world is doing far more than ever before to fight AIDS. The Global Fund is active in 131 countries. It gets HIV drugs to more than half a million people. It provides access to testing and counseling to nearly 6 million people. It offers basic care to more than half a million orphans. The Global Fund is one of the best and kindest things people have ever done for one another. It is a fantastic vehicle for scaling up the treatments and preventive tools we have today – to make sure they reach the people who need them. That's why, last week, our foundation announced a \$500 million grant to the Global Fund. We're honored to be a part of their work.

The Global Fund is not the only dramatic advance in the world's efforts against AIDS. Shortly after the Global Fund's launch, President Bush promised \$15 billion over five years to fight AIDS, the largest single pledge ever made to fight a disease. There were a lot of skeptics at the time, and a lot of them are probably here tonight. But today, PEPFAR is supplying antiretroviral drugs to more than half a million people in 15 countries in Africa, Asia, and the Caribbean. The President's Emergency Plan for AIDS Relief has done a great deal of good, and President Bush and his team deserve a lot of credit for it.

The expansion of treatment is making a life-saving difference all around the world. On our trip to Rwanda last month, Melinda and I went to a clinic, where they showed us a picture of a thin, sickly man, clearly suffering from AIDS. I was staring at this picture when a healthy, smiling man walked into the room and said hello. It took me a minute to realize – it was the same man.

This is what treatment is doing for more and more people in the developing world. We have to build on it – by seeking more funding, creating cheaper drugs with fewer side effects, and designing more practical diagnostics.

At the same time, we have to understand that the goal of universal treatment – or even the more modest goal of significantly increasing the percentage of people who get treatment – cannot happen unless we dramatically reduce the rate of new infections.

Between 2003 and 2005, with the infusion of funds from PEPFAR and the Global Fund, the number of people in low- and middle-income countries receiving antiretroviral drugs increased by an average of 450,000 each year. Yet over the same period, the number of people who became infected with HIV averaged 4.6 million a year. In other words, for each new person who got treatment for HIV, more than 10 people became infected. Even during our greatest advance, we are falling behind.

Let's consider what this means for universal treatment. Right now, nearly 40 million people are living with HIV. The annual treatment cost per person includes about \$130 for first-line drugs, and more than \$200 for personnel, lab work, and other expenses. That means that the annual cost of getting treatment to everyone in the world who is HIV positive would be more than \$13 billion a year, every year. To put that number in context, remember that PEPFAR – an historic expansion in funding – designates about \$1.5 billion a year for treatment.

This \$13 billion figure doesn't count the cost of much more expensive second-line therapies, which many patients will need. Moreover, these figures assume no increase in the number of people living with HIV – yet we're averaging 4.6 million new infections a year.

We need to do everything possible to bring down treatment costs, and I'm sure we will make progress there. But even if you take very optimistic numbers, when you extrapolate 5 to 10 years, you quickly see that there is no feasible way to do what morality requires – treat everyone with HIV – unless we dramatically reduce the number of new infections.

The harsh mathematics of this epidemic proves that prevention is essential to expanding treatment. Treatment without prevention is simply unsustainable.

We have to do a much better job on prevention.

Right now, one of the most widely practiced approaches to prevention is the ABC program, for "Abstain, Be faithful, use Condoms." This approach has saved many lives, and we should expand it. But for many at the highest risk for infection, ABC has its limits.

Abstinence is often not an option for poor women and girls who have no choice but to marry at an early age. Being faithful will not protect a woman whose partner is *not* faithful. And using condoms is not a decision that a woman can make by herself; it depends on a man.

Another promising approach is male circumcision. One new study found that it could significantly reduce the spread of HIV. This is exciting – and if male circumcision truly is effective, we should make it widely available.

But, like using condoms, circumcision is a procedure that depends on a man.

That isn't good enough.

We need to put the power to prevent HIV in the hands of women.

We need tools that will allow women to protect themselves. This is true whether the woman is a faithful married mother of small children, or a sex worker trying to scrape out a living in a slum. No matter where she lives, who she is, or what she does – a woman should never need her partner's permission to save her own life.

Let me be clear: As we discover and distribute preventive tools that women can use without a man's cooperation, we are not excusing men from their obligations to be sexually responsible and to protect their partners. We are just reducing the consequences to women if they don't.

In a moment, Melinda is going to discuss the research underway in microbicides and oral prevention drugs – products that women could use to protect themselves from infection.

While there is promising research to report, the world, in my view, has not done nearly enough to discover these new tools – and I include our foundation in that assessment. All of us who care about this issue should have focused more attention on these tools, funded more research, and worked harder to overcome the obstacles that make it difficult to run clinical trials. Now we need to make up for lost time.

We believe that microbicides and oral prevention drugs could be the next big breakthrough in the fight against AIDS. We are determined to help medical science discover these new drugs and get them to the people who need them. Melinda?

Melinda Gates

Thank you. Like Bill, I'm very honored to be here. Compared with so many of you, Bill and I are newcomers to this cause, and we're deeply inspired by those of you who long ago committed your lives to ending AIDS.

When it comes to stopping this disease, there is no silver bullet. We need to be much more aggressive about getting all of today's prevention tools to everyone who needs them. And we need a constant stream of new innovations – especially those that put the power to prevent HIV in the hands of women.

Of course, the most highly anticipated milestone on this path is a vaccine. It's a major focus of our foundation, and we're intensifying our efforts in this area. Last month, we announced a series of grants to help develop and evaluate vaccine candidates. These grants support the priorities that were identified by the Global HIV Vaccine Enterprise, an alliance of researchers, funders, advocates, and private industry that is dedicated to speeding up the development of a vaccine.

But finding an HIV vaccine is a long-term project. That's why we have to accelerate research on other preventive tools that can be available sooner.

As Bill said, we believe the most promising breakthrough that could be available soon is an effective microbicide or oral prevention drug.

Microbicides are gels or creams that women can use to block infection. They're the first preventive tools that would be intended specifically for women's use. Sixteen candidate

microbicides are now being clinically evaluated. Of those 16, five are in major advanced studies.

Another promising approach is an oral prevention drug. The hope behind this research, as you all know, is that the antiretroviral drugs that are now used for treatment might also be effective for prevention. Antiretroviral drugs have already been proven to lower the risk of infection for babies born to infected mothers. Some have been successful in preventing HIV infection in animals. Drug trials are planned or underway in Peru, Botswana, Thailand, and the United States. These studies are promising, but we need more trials of more candidates in more places – for both microbicides and oral prevention drugs – if we're going to stop the spread of HIV.

The discovery of effective microbicides or an oral prevention pill is a very exciting prospect. Bill and I are making it an immediate priority. But no discovery can save lives unless we distribute it to everyone who needs it, and the record so far suggests we've got a lot of work ahead of us.

Today, fewer than one in five of the people at greatest risk of HIV infection have access to proven approaches like condoms, clean needles, education, and testing. That's a big reason why we have more than four million new infections every year.

Why aren't we getting these life-saving tools to the people who need them?

There are many reasons — financial, logistical, political, social. But there is one reason I want to emphasize today, and that is stigma.

The simple fact is that HIV is transmitted through activities that society finds difficult to discuss – activities that are infused with stigma – and that stigma has made AIDS much harder to fight.

The image of stigma was burned into my mind during a visit Bill and I made last December to an AIDS hospice in South India. The patients in the hospice were separated by gender. The long narrow trailer of the male ward was filled with families and flowers. Children came to spend precious last minutes with their fathers.

Across a courtyard, we saw a very different scene. The female ward was a lonely, desolate place. There were no visitors – just women wasting away from AIDS. Some of them had managed to get themselves to the hospice; others had been abandoned there by a relative who no longer wanted anything to do with them. There was no love, no warmth, no comfort. Just wives and mothers, left alone to die.

Stigma is cruel. It is also irrational.

Stigma makes it easier for political leaders to stand in the way of saving lives. In some countries with widespread AIDS epidemics, leaders have declared the distribution of condoms immoral, ineffective, or both. Some have argued that condoms do not protect against HIV, but in fact help spread it.

This is a serious obstacle to ending AIDS. In the fight against AIDS, condoms save lives. If you oppose the distribution of condoms, something is more important to you than saving lives.

Some people believe that condoms encourage sexual activity, so they want to make them less available. But withholding condoms does not mean fewer people have sex; it means fewer people have *safe* sex, and more people die.

When Bill and I visit other countries, we are enthusiastically accompanied by government officials on all our stops – until we go meet with sex workers. At that point, it can become too politically difficult to stay with us, and our official hosts often leave.

That is senseless. People involved in sex work are crucial allies in the fight to end AIDS. We should be reaching out to them, enlisting them in our efforts, helping them protect themselves from infection, and keeping them from passing the virus along to others.

If politicians need a more sympathetic image to make the point, they should think about saving the life of a faithful mother of four children whose husband visits sex workers. If a sex worker insists that her clients use condoms, that sex worker is helping to save the life of the mother of those children.

If you're turning your back on sex workers, you're turning your back on the faithful mother of four.

Let's not turn our back on *anyone*. Let's agree that every life has equal worth and saving lives is the highest ethical act. If we accept this, then science and evidence – untainted by stigma – can guide us in saving the greatest number of lives. This is the only way we will get the full life-saving power of the preventive tools we have today and the ones we're going to discover tomorrow.

If we're going to make dramatic advances in prevention, no one can go it alone. We all have a role to play.

We at the Gates Foundation will keep investing in research on microbicides and other preventive tools. We will also do everything we can to remove the roadblocks that stand in the way of trials.

I hope AIDS activists will use their influence to push for more research into prevention and to insist that we bring the tools we already have to the people who need them. Nobody has the power you have to focus attention, apply pressure, and get action. You proved this when you pushed for new treatment; the world now needs you to push just as hard for prevention.

Governments should make the search for new prevention tools, such as microbicides, a bigger priority in their budgets. If they can, they should host clinical trials, and use their influence to help the trials run smoothly.

Pharmaceutical companies can make a powerful contribution by spending more on research and development for preventive tools, including microbicides. But there is another exciting way in which they can contribute. Drug companies have developed medicines to treat people with HIV. They should do more to share these drugs with researchers who want to test whether they can also be effective for prevention.

Researchers can help test the drugs more quickly by developing novel trial designs, finding faster ways to analyze data, and coming up with biomarkers that can help test a hypothesis without needing a clinical trial of 10,000 patients. They should also make sure that when clinical trials *are* run, they benefit those who are in greatest need.

The WHO, UNAIDS, and other organizations should help develop common ethical standards for clinical trials so they can start faster and run without interruption.

If all these players do their part, we will move forward, as fast as science can take us, to discoveries that can help block the transmission of HIV. This goal is worth our greatest efforts; it could very well be the turning point that leads to the end of this disease.

In closing, I want to say how deeply inspired Bill and I are to see so many people gathered together here committed to this great cause. It is hard to overstate the historic scale of our goal. In the history of human accomplishment, ending AIDS will fill a category all its own. It will stand as a work of scientific genius. It will be a testament to diplomatic brilliance. It will represent enormous generosity of spirit and compassion.

But above all – and unlike so many other great works – ending AIDS will not be the success of one great scientist, one great community worker, or one great leader; it will be an accomplishment of the whole human family working together for one another. Thank you, once again, for dedicating your lives to ending AIDS. We're so honored to be part of your work.

Thank you.

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