

**XVIII International AIDS Conference  
Vienna, Austria**

**OPENING REMARKS**

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Sunday, 18 July 2010

XVIII International AIDS Conference Opening Session

Vienna, Austria

Welcome.

Thanks Brigitte for your kind remarks and for looking after the formalities. With your permission, I will concentrate my remarks on a couple of key issues that confront us today as we gather in Vienna at the XVIIIth International AIDS Conference.

Dear colleagues and friends: as we gather in Vienna today, we find the Global AIDS Response at a crossroads. In 2005 at Gleneagles, the G8 set 2010 as the target for Universal Access to prevention, treatment and care. This represented a bold and visionary objective. In short order, it led to the establishment of one of the most successful ever multilateral and bilateral efforts, including the Global Fund and PEPfAR.

We went from almost no one on HAART in 2005 to nearly 5M today. This unprecedented roll-out success proved many skeptics wrong.

Having said so, I cannot hide my profound disappointment and deep frustration with the recently concluded G8/G20 meetings in Canada. By failing to take responsibility for the Universal Access pledge, and more importantly for failing to articulate next steps to meet not just the 6th MDG but all of them by 2015, the G8 has, quite simply, failed us.

Some have used the fiscal crisis as an excuse. But we were falling behind in our targets way before then. If countries like my own, Canada, among other laggards, would have matched the American contribution on a GDP or per capita adjusted basis, today things would be dramatically different. Let me remind you that over the last year, the same leaders had absolutely no problem finding the money on a moment's notice to bail out their corporate friends, and the greedy Wall Street bankers, yet when it comes to Global Health the purse is always empty. A full 110 billion Euro appeared from nowhere when the Greek economy faltered earlier this year. But, when it comes to Universal Access the G8 chose to ignore their commitments before the crisis, and they are poised to continue to do so today. Let's be clear: It is only a matter of priorities and, friends, their priorities have to change. Therefore, our number one objective here today must be to ensure that AIDS remains at the top of their agenda.

So, where do we go from here, when the cold reality is that today we have not met one half of the original Universal Access target? As I recently learnt from an old Chinese proverb, I say to you today, "Don't let those that say that it cannot (or will not) be done, stop those that are doing it." Let me say this loud and clear - we have no plans to let anybody stop us!

Over the last five years, since the original Universal Access pledge, the science has evolved and, rightly embracing these developments, the World Health Organization has put forward new guidelines calling for better HAART regimens and earlier initiation of therapy, at a higher CD4 threshold of 350/mm<sup>3</sup>. Some view this as a problem. They fail to understand that this decision is sound, based on the survival advantage demonstrated in randomized clinical trials conducted both in the North and the South.

In addition, in the last several years, several groups, including our own, have generated a compelling body of evidence demonstrating that HAART is not only highly effective at preventing HIV-related morbidity and mortality, but it also dramatically decreases HIV transmission from all routes. This has now been widely accepted as the way to eliminate vertical transmission of HIV, and in fact WHO and UNAIDS have called for the global elimination of vertical HIV transmission as a result.

More recently a study funded by the Bill & Melinda Gates Foundation in 7 African countries published in The Lancet last month, showed a greater than 90% reduction in HIV transmission among heterosexual sero-discordant couples when the index member of the couple was started on HAART. Work from Vancouver has added to this, showing the dramatic value of HAART in decreasing HIV incidence among injection drug users. And, today we reported in the Lancet the population based impact of the progressive roll out of HAART in British Columbia, leading to a 50% decrease in new HIV diagnoses among injection drug users in the province of British Columbia over the last three years.

As my friend, IAS Past President Pedro Cahn said at his Antiretroviral Therapy plenary last year, it is high time to acknowledge that "Treatment is Prevention". This new understanding represents a true game changer. The impact of HAART on prevention dramatically enhances the return on the investment of the Universal Access pledge. As President Clinton acknowledged already at the IAS Conference in Mexico, and was later on highlighted by the Economist, until there is a cure or a highly active vaccine, HAART is the best chance we have to control the epidemic. The UK Parliamentary Committee came to the same conclusion in their "Time Bomb" report last year.

More recently, I was extremely pleased when earlier last month, writing in the daily Liberation, France's first lady, Ms Carla Bruni-Sarkozy said "We have a historic opportunity, in a few years we can eradicate AIDS from the surface of the planet." And she added "Treating everyone means halting transmission of the virus, in other words stopping the epidemic," but she also cautioned, "we must act very quickly" adding that "solutions can be imagined for today and tomorrow," and asking that an "international tax." Should be considered to raise the much needed financial support As you can see the consensus is bulding Treatment is Prevention, and Universal Access is the way forward. As it was announced earlier today by my friend Michel Sidibe, the Executive Director of UNAIDS, Treatment 2.0 represents the best and most efficient way of delivering on the Universal Access pledge. Let's rally behind Michel today to make this a reality!

The theme of AIDS 2010, "Rights Here, Right Now," was chosen to emphasize the critical and fundamental connection between human rights and HIV. There can be no end to the pandemic unless we secure full protection of human rights for those most vulnerable to HIV and AIDS.

Stigma, discrimination, persecution, prosecution and criminalization applied in various ways against infected, affected and at risk populations represent major obstacles to control HIV/AIDS in the world today. These pose huge barriers to HIV testing, care and support and dramatically increase risk of transmission. As we move to enhance efficiencies we must recognize that full protection of human rights represents a fundamental first step to achieve this goal.

Stigma and discrimination also result in misguided policies and misallocated resources, as many governments are averse to implementing scientifically sound programmes for key at-risk groups, including people who inject drugs, sex trade workers and men who have sex with men. Gender discrimination contributes to heightened vulnerability to HIV among women and girls.

For all of these reasons, I urge you to join former presidents, Nobel Laureates, the scientific community, and myself in signing the IAS sponsored Vienna Declaration. The declaration is calling on governments and international bodies to end the war on drugs in favour of drug policy based on scientific evidence, not ideology.

Today, with the start of AIDS 2010, we raise our voices louder, and demand faster action from our political leaders. We can and will overcome stigma and discrimination. This week, engage your fellow presenters and delegates, sign the Vienna Declaration, join us at the Human Rights Rally, and stand up, be heard as we mark Vienna as the beginning of the end of stigma, discrimination, and the global HIV/AIDS epidemic.

Dr. Brigitte Schmied

President, Austrian AIDS Society and AIDS 2010 Local Co-Chair

Sunday, 18 July 2010

XVIII International AIDS Conference Opening Session

Vienna, Austria

On behalf of myself and my colleagues, a very warm welcome to Vienna! Dobro pashalawat v vijene. AIDS 2008, en México, fue una gran conferencia! and Herzlich willkommen in Wien!

I would like to start by thanking the Vienna City Government and the Federal Ministry of Health.

Thank you, as well, to Aids Hilfe Wien and the many other local organisations for their contribution and support during the organization of AIDS 2010. Finally, I would like to thank you, Julio, as well as the International AIDS Society and its international partners, for choosing Vienna to host AIDS 2010.

Vienna was chosen to host the conference because our city is a crossroads between East and West. Eastern Europe and Central Asia is the region with the fastest growing epidemic worldwide, and just a few hundred kilometres east of Austria is a very different epidemic from what you will find here. In contrast to universal access here in Austria, in the neighbouring region of Eastern Europe and Central Asia, just 23% of people who are in need have access to antiretroviral treatment. Globally, in 2008, more than 10 million people living with HIV were still in need of treatment, a figure that has grown substantially since then.

In Austria and other parts of the world, HIV is a chronic disease. But in many other areas, people are turned away from clinics and denied lifesaving treatment due to shortages. In those same areas, including the most heavily affected region of Southern Africa, funding shortfalls will result in rationed care and the agonizing choice of who is allowed to live and who will die. We must not let that happen!

AIDS was never just about science; it has always been about social justice as well. And that is in part why the AIDS 2010 theme of Rights Here, Right Now emphasizes the role of human rights in the scale-up of HIV programmes, including the right to a life free of stigma and discrimination.

Rights Here, Right Now also emphasizes the right to health care, including access to all scientifically sound HIV prevention interventions, such as opioid substitution therapy and needle and syringe programmes. To this end, I urge

each of you to add your voice to the growing call for the reform of illicit drug policies by signing the Vienna Declaration. Treatment, not prosecution, is demanded!

Over the past seven years in particular we have demonstrated that effective treatment can be brought to scale, and in doing so, we also have learned that HIV treatment significantly reduces the risk of transmission. With regard to prevention, we now know that a combination of behavioural and biomedical strategies is most effective, and that these strategies must be reinforced with structural interventions that create an enabling legal, social and political environment. Repealing laws that criminalize homosexuality and addiction, and empowering and educating young women and girls are important examples. Recent progress in scaling up HIV prevention, treatment, care and support has been remarkable. In the past five years alone, the availability of ART in low- and middle-income countries has increased tenfold to five million people.

Just ten years after Durban, we have shown the skeptics that universal access is achievable; that it is a goal we can – and must – reach.

AIDS 2010 participants have come to Vienna from more than 185 countries, something that would not have been possible 100 years ago. As our world becomes smaller, let us try to remember that the goal of universal access to treatment, prevention, care and support, as well as global health is ultimately about communities, about families and about individuals, each with his or her own story.

It's the mother who must leave her newborn in hospital because she has no capacity to care for her child due to the lack of social support. It's the person who injects drugs and is harassed or even beaten while trying to pick up clean needles and syringes to protect himself and his partner from infection. And, tragically, it's the child suffering from AIDS because his parents deny the existence of HIV.

In our shrinking world, the goal of universal access and global health can no longer be viewed as a story about "others". These are our stories. Universal access is our responsibility. And, holding ourselves and our political leaders accountable is our continued challenge.

Let us meet this challenge with tenacity and fervour in the days and months ahead.

Thank you!

### **Conference Objectives**

AIDS 2010 is taking place at an important juncture in the response to HIV and AIDS. Over the past 15 years, scientific advances have given us the tools to effectively prevent and treat HIV in even the most resource constrained settings. Beginning with a call to action at the XIII International Conference in Durban, South Africa in 2000, and reinforced by advocacy in support of universal access over the past seven years, there has been tremendous progress in scaling up HIV treatment, and to a lesser extent HIV prevention, particularly in low- and middle-income countries. These investments have shown positive results, with fewer new infections and AIDS-related deaths reported in 2007, compared with 2003. Yet, with the goal of universal access by 2010 looming on the immediate horizon, and the deadline for achieving the Millennium Development Goals following just five years later, there is a need for urgency and accountability and no room for complacency.

Despite growing momentum over the past few years, significant challenges remain. It is now absolutely clear that stigma, discrimination and rights violations -- whether focused directly on people with HIV or on particular groups, such as women and girls, men who have sex with men, people who use drugs or trade/sell sex or young people -- as

well as punitive or misguided policies towards key populations most affected by HIV, are major obstacles to an effective response to HIV.

AIDS 2010 will underscore that the protection of human rights is a fundamental prerequisite to an effective response to HIV. Equally clear to many, though not all, is the important contributions the scale up of HIV programmes has made to broader health and development goals. AIDS 2010 will highlight the many opportunities for synergy and for powerful alliances between these sometimes disparate movements.

AIDS 2010 will also provide a multidisciplinary forum for networking and the sharing of information related to new research and evidence-based programmes and policies. It is a chance for the many stakeholders involved in HIV to take stock of where the epidemic is, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward. In particular, AIDS 2010 will facilitate stronger linkages between science and community and will explore in greater depth the important overlap and interaction between and the three programme areas: Science, Community and Leadership and Accountability.

The conference's host city of Vienna, Austria offers a unique bridge to Eastern Europe and Central Asia, a region with one of the fastest growing epidemics in the world that is fueled primarily by injection drug use, as well as the inadequate response to and hyper criminalization of injecting drug use. An important focus of the conference will therefore be a discussion of how evidence-based policies and programmes for people who inject drugs, including harm reduction strategies, can be expanded, and the influence of global drug policy on HIV prevention, treatment, care and support for people who use drugs. The current state of the epidemic in other regions – in particular southern Africa, which remains the most heavily affected region of the world and where the majority of infections occur in women and girls – will also be explored in detail.

#### **Conference Goal and Objectives**

AIDS 2010 will have a positive impact on the HIV/AIDS response globally, and in Austria and the neighbouring region of Eastern Europe and Central Asia in particular, with the following objectives:

1. To increase the capacity of delegates to introduce, implement, and advocate for effective, evidence-based HIV/AIDS interventions in their communities, countries and regions.
2. To influence leaders, including key policy makers and donors, to increase their commitment to gender sensitive, evidence- and human-rights based HIV/AIDS interventions, including harm reduction strategies for people who inject drugs.
3. To serve as an accountability and feedback mechanism for those engaged at various levels of the response to HIV/AIDS, including policy makers and other leaders.
4. To increase public awareness of the continued impact of HIV/AIDS and the need for responses to the epidemic through the media and other means.
5. To increase understanding of the connection between human rights and an effective response to HIV/AIDS.
6. To increase understanding of the synergistic relationship between the scale up of the HIV/AIDS response and other global health, human rights and development priorities among key stakeholders involved in these distinct fields.
7. To provide opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV policies and programmes.

### Conference Principles

1. Be inclusive of people living with HIV, and other key affected populations.
2. Be transparent in the way that the conference is planned and implemented.
3. Engage key stakeholders throughout the world in the development of and participation in the conference programme, especially those most engaged in the AIDS response, individuals and organizations in Eastern Europe and Central Asia, and key affected populations, including women and girls, men who have sex with men, sex workers, young people and people who inject drugs.
4. Ensure gender equality in representation at all levels of the planning and in the implementation of the conference.

### Conference Programme Committees

#### 1. Scientific Programme Committee

##### Committee Co-Chairs

- 1) Diane Havlir, United States
- 2) Robert Zangerle, Austria
- 3) Adeeba Kamarulzaman, Malaysia

#### 2. Regional Focal-Point

Vladimir Mendelevich, Russia

#### Track A: Basic Science

##### Co-Chairs

- 1) Christine Rouzioux, France
- 2) Alexandra Trkola, Switzerland

#### Track B: Clinical Sciences

##### Co-Chairs

- 1) Paula Munderi, Uganda
- 2) Anton Pozniak, United Kingdom

#### Track C: Epidemiology and Prevention Sciences

Co-Chairs

- 1) Ying-Ru Lo, Germany
- 2) Maria Prins, Netherlands

**Track D: Social and Behavioural Sciences**

Co-Chairs

- 1) Christiana Nöstlinger, Belgium
- 2) Barbara de Zaluondo, United States

**Track E: Economics, Operations Research, Care and Health Systems**

Co-Chairs

- 1) Wafaa El-Sadr, Egypt
- 2) Konstantin Lezhentzev, Ukraine

**Track F: Policy, Law, Human Rights and Political Science**

Co-Chairs

- 1) Frank Amort, Austria
- 2) Christine Stegling, Botswana

**Leadership & Accountability Programme Committee**

Committee Co-Chairs

- 1) Petra Bayr, Austria
- 2) Françoise Girard, Canada

Committee Members

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- 2) Anurita Bains, Canada
- 3) Manuella Donato, Brazil
- 4) Kamila Fatihova, Uzbekistan

- 5) Nathan Ford, South Africa
- 6) Lennarth Hjelmaker, Sweden
- 7) Richard Horton, United Kingdom
- 8) Linda Jackson, United States (Observer)
- 9) Ralf Jürgens, Germany
- 10) Srdan Matic, Croatia
- 11) Gottfried Mernyi, Austria
- 12) Liping Mian, China
- 13) Inviolata Mwali Mmbwavi, Kenya
- 14) Silvia Petretti, United Kingdom
- 15) Mary Ann Torres, Venezuela
- 16) Community Programme Committee
- 17) Committee Co-Chairs
- 18) Kurt Krickler, Austria
- 19) Jennifer Gatsi, Namibia
- 20) Committee Members
- 21) Svetlana Moroz, Ukraine (Regional Focal-Point)
- 22) Olayide Akanni, Nigeria
- 23) Korey Anthony Chisholm, Guyana
- 24) Daouda Diouf, Senegal
- 25) Christo Greyling, South Africa
- 26) Anastasia Kamlyk, Russia
- 27) Ravinia Hayes-Cozier, United States
- 28) Philippa Lawson, United States

- 29) Cheryl Overs, Australia
- 30) Gennady Roshchupkin, Lithuania
- 31) Sally Smith, United Kingdom
- 32) Wiltrut Stefanek, Austria
- 33) Ratri Suksma, Malaysia

#### AIDS 2010 Closing Speeches

- \* Video Address by Archbishop Desmond Tutu
- \* Remarks by Dr. Brigitte Schmied, AIDS 2010 Local Co-Chair
- \* Closing Session Remarks by Patricia Perez – ICW Global Chair
- \* Remarks of U.S. President Barack Obama, Video Message for the XVIII International AIDS Conference  
- July 23, 2010
- \* Remarks of U.S. Secretary of State Hillary Rodham Clinton, Video Message for the XVIII International  
AIDS Conference - July 23, 2010
- \* “Human Rights as a Conscious Achievement”, Waheedah Shabazz-EI, USA

