Speech by Michel Sidibé  
Executive Director of UNAIDS  

8 June 2016  
United Nations Headquarters,  
New York, United States of America  

United Nations General Assembly Plenary:  
the Road Map to Ending AIDS
Let me begin by thanking the President of the General Assembly, the Co-Facilitators, the Secretary-General and the United Nations Member States for helping us to draft one of the most important political declarations in United Nations history.

I know it was not easy, and the negotiations were complex. But this political declaration will help us close a door and open a new one, leading the world to the end of AIDS.

The United Nations Charter begins with three powerful words: “We the peoples.” I stand before you today to say that we, the peoples, have broken the trajectory of the AIDS epidemic.

We, together, have delivered on Millennium Development Goal 6: we have lowered rates of new HIV infections and AIDS-related deaths significantly. We have delivered on the treatment target of the 2011 Political Declaration on HIV and AIDS.

This was a difficult journey. I remember in this very room, in 2001, someone took the floor and told us to accept that we could not bring treatment to the world’s poor people. That they could not follow protocols. That it would be too expensive. Of course, at that time, treatment was US$ 15,000 per person per year.

But we did not accept it. We proved them wrong. We managed to reduce the price of treatment to less than US$ 100 per person per year. We were able to scale up and reach 15 million people with life-saving medicines eight months ahead of the 2015 deadline set in the 2011 Political Declaration. Today, more than 17 million people are on treatment.

This would not have been possible without your commitment and your years of hard work. In the name of those people you will never have a chance to meet, but whose lives you have saved, thank you.

I want to share some great news with you today. For the first time in the history of this epidemic, we can say that Africa has reached the tipping point. More Africans are newly initiating treatment than are being newly infected with HIV. Reaching this turning point is truly amazing, and few people believed this could be achieved by now.

However, we must pay close attention to western and central Africa. It is being left behind. We must make sure that political leaders mobilize and focus their energies in these countries to triple the treatment initiation rate within
three years. It is so important that we do not accept a two-speed approach in Africa.

It is beautiful that our once-distant dream to eliminate mother-to-child transmission of HIV and realize an AIDS-free generation is becoming a reality. Last year, Cuba reported that it had achieved this goal, and, just yesterday, the World Health Organization also certified that Armenia, Belarus and Thailand have achieved elimination.

The Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive has been an amazing success story. Four years ago in South Africa, 58,000 babies were born with HIV annually; today, it is fewer than 6,000. Another 80 countries are reporting fewer than 50 children infected with HIV each year.

In 2000, 10% of pregnant women living with HIV were receiving antiretroviral therapy. Today, with your collective effort, 77% of those mothers are on treatment.

“We the peoples” made this commitment together, and we delivered this result together. It was not a few of us; it was not some of us. The United Nations must always represent all of us.

Our efforts are not just about giving pills to people living with HIV. Our work is about restoring dignity. It is about fighting for social justice. It is about bringing equity to everyone, everywhere.

One by one, we are breaking the bonds of stigma, discrimination, prejudice and exclusion. We must work to ensure that no one is left behind because of who they are or who they love. This includes prisoners, migrant populations, people with disabilities, men who have sex with men, people who use drugs, sex workers and transgender people.

The doors of the United Nations should be open to all. We cannot afford to silence their voices as we come together to chart a course towards ending the AIDS epidemic.

Let us not forget: for “we the peoples,” the right to health and dignity must be universal, as enshrined in the United Nations Charter. The AIDS response has always been about partnership, solidarity, innovation and social transformation. AIDS has demonstrated the power of integration with tuberculosis, with hepatitis C, with maternal and child health, with sexual and reproductive health, with cervical cancer and with human rights.

This approach has produced unprecedented results. With the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President’s Emergency Plan for AIDS Relief and all of you, 9.0 million deaths have been averted.

But those results and gains are fragile. Adolescent girls especially remain shockingly vulnerable. Stigma and discrimination continues to push people into the shadows, preventing them from accessing life-saving services.

We need a prevention revolution, with young people at the centre. At a time when just 62 people own as much as all of the poorer half of the world’s population, it is completely unacceptable that we leave 20 million people with no access to treatment.

AIDS is not over, but it can be. The next five years will be critical. We have to get countries on the Fast-Track. We have to achieve the 90–90–90 treatment target. We should normalize testing and reach each one of the 19 million people who do not know their HIV-positive status. We have to front-load our investments.

If we do not act now to break the backbone of the epidemic once and for all, the world will never forgive us for the consequences of our complacency.

We can do it. We must do it.

We the peoples.