



# PRESIDENCE DE LA REPUBLIQUE

MESSAGE FROM MR JACQUES CHIRAC

PRESIDENT OF THE FRENCH REPUBLIC

TO THE PARTICIPANTS OF

THE FIFTEENTH INTERNATIONAL

AIDS CONFERENCE

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Bangkok, 13 July 2004

Mr Chair,

Ladies and Gentlemen,

Twenty years after the AIDS epidemic started, we are far from seeing the end of it. AIDS continues to spread through Africa and increasingly through Asia. An estimated five million men and women have been contaminated in the past year, bringing the number of people with HIV up to forty million. AIDS claims more victims every year than terrorism or war.

And yet, we now know that AIDS is not a curse that only science might one day be able to ward off. It is also a social disease whose causes are as much poverty, denial and exclusion as the virus itself.

We should be making every effort to check this terrifying spread since, if we do not change scale to step up prevention and open up access to treatment for the millions of people in urgent need of it, especially in Africa, in keeping with the goals championed by the World Health Organisation one hundred million people will be living with the virus by 2020.

The example of Thailand, hosting this conference today, proves that a rallying of political leaders and all community-based organisations can push back AIDS by resolutely attacking its social causes, fear and ignorance, economic and structural barriers to access to treatment, and the marginalisation of people living with the virus, especially the most vulnerable, women, drug users and prostitutes.

Here, as elsewhere, action by associations of people living with AIDS has been decisive in generating the vital awareness in society and among the public authorities, and in securing recognition of the dignity and fundamental rights of HIV/AIDS patients as an essential condition for the effectiveness of any strategy against AIDS. I would like to pay tribute to these people and extend



my solidarity and support to them.

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The ultimate triumph against AIDS will devolve on science with the development of a vaccine. The G8 has therefore just launched an important initiative at Sea Island to improve the co-ordination of international research. However, we all know that this is a far-off prospect. We will long have no other responses than prevention and treatment.

The disease has already been contained and pushed back by these responses, as seen from the examples of Thailand, Brazil, Senegal and Uganda, to name but a few countries. And yet, today, we risk losing this battle. Not beaten by the virus, but by ourselves.

Let s be frank about the questions that are bothering us.

Why have we not managed to slow down the number of new infections when effective prevention strategies have been developed?

Why do so few HIV/AIDS sufferers in Africa, barely a few tens of thousands, have access to antiretrovirals when we have created the Global Fund and pushed for substantial reductions in the prices of drugs with the WTO generic drug agreement?

Why have we not managed to put an end to the dispersal of our strategies and resources when we know that the condition for success is to co-ordinate bilateral and multilateral donors to work on strategies defined and implemented by the countries themselves?

If we are to hope to beat the disease, we first have to attack the prejudice surrounding it. If sufferers are to be persuaded to seek treatment, they have to be recognised in all their dignity and with all their rights.

Faced with the denial and deep-rooted prejudice found in many countries concerning the body and sexuality, only mobilisation at the highest level of political, religious and social leadership can overcome the reluctance that hinders prevention and testing. Since why take the risk of finding out the truth if infection means social death?

However, we also need, generally, to lift all the other obstacles that still stand in the way of access to treatment.

We should ensure the sustainability of the Global Fund s financing and raise its resources to three billion dollars per year by sharing this effort among Europe, the United States and all the other donors.

We should avoid any unnecessary competition between multilateral and bilateral donors by acknowledging that it is the countries concerned that are primarily



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responsible for co-ordinating and leading the fight against AIDS, based on the three-unit rule: the national action framework unit, the management unit and the evaluation unit.

We should implement the generic drug agreement to consolidate price reductions. Making certain countries drop these measures in the framework of bilateral trade negotiations would be tantamount to blackmail. Since what is the point of starting treatment without any guarantee of having quality and affordable drugs in the long term?

Last but not least, we should take things further. We should develop drugs tailored to poor countries specific circumstances, such as antiretroviral combinations in a single tablet and dosages for children. Encouraging results have just been published in this area. We should strengthen the local health systems, which have to treat a growing number of patients. We should develop human resources, still too often in short supply, by harmonising our training efforts based on a code of best practices. We should develop social security mechanisms to prevent the residual cost of treatment from being an obstacle to the poorest patients.

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Ladies and Gentlemen,

As with all major ordeals, AIDS is revealing and a catalyst for change.

Revealing of the courage of men and women fighting for their dignity and their rights, for the patient to be acknowledged as a person, and for comprehensive care for the disease.

A factor for social change for more justice and solidarity in developing countries, where the fight against AIDS is underpinned by recognition of the role of women, but also between the North and the South.

Therefore, if we are to hope to beat this disease, we have to see the fight against AIDS as an all-out combat for human dignity and development. I do not doubt that your Conference will contribute to this.

Thank you. |