

2016 HIGH LEVEL MEETING ON ENDING AIDS

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Statement by H.E. Mr. Antonio de Aguiar Patriota

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Fifteen years ago, our countries met in this same plenary in the context of the first Special Session of the General Assembly on HIV/AIDS. It is encouraging to acknowledge the impressive progress achieved globally. The fact that this meeting is all about "ending AIDS" in the next decades, in line with the 2030 Agenda for Sustainable Development, shows that there are some good reasons for optimism. Yet we all know that there is still so much to be done if we want to put an end to the AIDS epidemic by that term.

Brazil fully supports UNAIDS' 90-90-90 goal by 2020 as a means to rapidly scale up the global response to HIV/AIDS in order to achieve the SDG 3.3 target ten years later. Both that goal and the strategy envisaged in the Secretary General's report "On the fast track to ending the AIDS epidemic" require us to articulate the three elements that must guide our efforts: universalizing access to prevention and treatment; promoting the human rights of people infected with HIV/AIDS and ensuring the availability of the necessary national and international resources.

Brazil has pioneered the universalization of access to treatment in the nineties. Back in 1996, we adopted a national law establishing that treatment would be made available by the national health system for free to all persons infected, which helped create the basis for a full-fledged national program. In the following years, Brazil continued in the forefront of the best practices in HIV/AIDS response. We were the first developing country to adopt the "treatment as prevention" approach, recommending antiretroviral therapy from the very beginning of the infection, independently of their viral load counting, a recommendation that was to be endorsed by the WHO two years later.

Today, 474 thousand people benefit from antiretroviral therapy in my country. Since the costs involved are challenging, it is important to emphasize the crucial role played by States—either alone or associated in the context of regional organizations, for example—in creating mechanisms to help reduce therapy prices, such as active negotiation practices in public procurement of medicines, the creation of markets for generic drugs and the development of industrial policies for the medicines sector.

Nowadays, 11 of the 22 antiretroviral drugs used in Brazil are produced locally, prices practiced domestically by pharmaceutical companies are much lower than international average prices and many partnerships for productive development (PDP) have been established, allowing for the transfer of technologies to the domestic public industries.

Luckily enough, the international institutional framework for HIV/AIDS response is much more sophisticated and efficient than it was fifteen years ago. We must acknowledge that the action of innovative mechanisms such as the Global Fund, Gavi and UNITAID had a big impact in the last decade and a half, particularly in low income countries, helping overcome institutional and market failures that hindered lower prices and consequently the access to medicines.

Having said that, it is important to stress in this forum the role played by the public health flexibilities of the TRIPS Agreement. Even if seldom evoked, they are the silent cornerstone of the lower prices and access policies developed nationally and internationally and are here to stay. In current discussions on the global response to the challenge of antimicrobial resistance (AMS), for instance, we must make sure that there will be no steps backwards in access to treatment.

In the era of “combined prevention” of HIV/AIDS, the debate on treatment is growingly intertwined with that on prevention. In that realm, this Meeting will make history as it endorses the focus on “key populations” most heavily affected as a decisive approach to help reach our ambitious yet viable goals for 2020 and 2030. I will go further and affirm that key populations are not a passive focus, but fundamental allies in the response, and should be accordingly empowered by national policies. The participation of civil society in HIV/AIDS policy councils is always a crucial tool for the inclusiveness and effectiveness of our policies. In that effort, regional and national variations should be recognized, as is the case, for example, in Brazil, of the high incidence of HIV/AIDS among people who use stimulant drugs and young men who have sex with men.

The focus on “key populations” is not only a matter of effectiveness but also of promotion of human rights, without any discrimination. In Brazil, our Congress adopted two years ago a national law turning discrimination against people living with HIV/AIDS into a criminal offence, subject to imprisonment and fines, in the spirit of the Political Declaration of the 2011 High Level Meeting.

Finally, although the successful experience of the last years has allowed us to know quite well how to “end AIDS”, knowledge will not be sufficient if the world does not scale up the investment needed to meet our goals. That’s not news, since we have agreed to do that both in the 2030 Agenda and in the Addis Ababa Action Agenda. The Secretary General points out very precisely in his report that it is false to affirm that global solidarity for HIV/AIDS has reached its limit, since the large majority of high income countries donate a share of total international resources available for HIV/AIDS below those countries’ proportion of world GDP. Multi-stakeholder partnerships should also continue to play a crucial role and, together with ODA and adequate domestic resources mobilization, have a decisive impact in developing countries.

There is so much that can still be done. The Brazilian Government, in line with our tradition of solidarity and our progress in the response to HIV/AIDS, will continue to engage in cooperation efforts with our partners in the developing world, particularly in Latin America and the Caribbean and in Africa, to help strengthen the global response.

In all our countries, despite all progress, too many people are still being infected with HIV. At this juncture, we have a unique opportunity to end the epidemic and no one should be left behind. You can count on Brazil.