



*As delivered*

**Global HIV Prevention Coalition**

**Inaugural Meeting - Geneva**

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**Statement by**

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Excellencies,  
Distinguished Delegates,  
Colleagues and friends,

Prevention is better than cure. A stitch that is sewed in time saves nine. Sticks in a bundle do not break.

I am delighted to be here today. I am delighted to be with you as someone who started my medical career working with children who had HIV and came into the women's movement because of what I saw happening to the parents of my children at Harlem Hospital so many years ago.

I am also delighted to be here with you because the concept of the coalition is so strategic. The moment for prevention is so strategic. And the launching of this roadmap today is cause for great excitement. We are looking to reduce new HIV infections by 75% in just a short three and a half years. It is going to take our imagination, it's going to take our unity and it's going to take our voices clamoring for all the things that Dr. Michel has put on the table, not the least of which is equity and dignity for every human person.

Joining a movement for good like we have going here will raise expectations. Prevention has been stagnant for more than a decade, and that has to change. I believe that there is power in this coalition to do that.

Thank you to the co-chairs who have stepped up to lead the coalition, because we are going to need a continuum of the response – from prevention all the way through treatment. And the boldness on prevention is what we symbolize here.

We symbolize the health system re-attuning itself to make talking about sex and sexuality natural and normal in every clinical encounter. We are also talking about the whole society. In a common mission – it's about governance and it's about leadership. So I am delighted to see the strength of this coalition, which includes ministers and government officials from all over the world.

Your leadership and your presence here today is a signal. It's a signal to people living with HIV; it's a signal to allies and champions that working together, working with innovative ideas, discovering new ways to address prevention and also to measure and monitor our progress – and to trumpet our success so that people understand that this is a human endeavor that is achievable building on all of the strengths and partnerships. Consolidating gains we already have but also looking to make significant new progress – this is what's going to change the prevention landscape.

I am pleased to be here as a successor to Dr Babatunde Osotimehin. It was his vision to join with Michel Sidibé on this prevention endeavor and renew our energies on this. He always said that no one does anything alone. So again, this is a great moment to look at prevention together.

One of the things I would like to put on the table is that it is an achievement to have stabilized the number of new HIV infections to about 2 million per year.

That's the number that we want to reduce by 75% as envisioned in last year's Political Declaration on HIV and AIDS.

But again, looking beyond the numbers as to who these 2 million people every year are, UNFPA is concerned and distressed as everyone in this room must be, at the troubling increase in new infections among adolescent girls and young women in Africa.

We are concerned that, in many places, adolescent girls and young women lack access to the education that is so fundamental to their health, they lack agency and autonomy over their own bodies, which prevents them from claiming their human rights.

It's the poorest girls who have the least power to decide whether, when or whom they will engage in sexual activity with, whom they will marry and whether or not they become pregnant. And that's the lack of power that makes each one of these girls extremely vulnerable to HIV infection, to STIs more generally, to unintended pregnancy and to limited life choices where their potential is not going to be fulfilled.

Since 2010 the reduction in new infections among adolescent girls and young women overall has been only about 3%. This needs to change to around 25% or more to reach the global target we are seeking of no more than 100,000 new infections per year by 2020.

I want to reinforce that stigma is an abrogation of people's rights based on their health condition, based on their belonging to a key population, including men who have sex with men, people who use drugs, sex workers, transgender people and people in closed settings –and young people dwell within all of these groups.

Attention to and understanding that key populations account for 46% of all new infections – and outside of Africa, 60% – means that we need to redouble efforts to stem discrimination. These are our brothers and sisters. We all have the exact same human rights. So, to have people who are stigmatized and alienated in society and can be victimized by violence, the health system has to step up; providers have to be on the front lines of the fight for equality and making sure that anyone can get the support that they need and the services that they need.

We fully embracing the underlying principle of the Sustainable Development Goals, which is to leave no one behind, to work together to protect the most vulnerable people in society and to support people who may not be able to protect themselves. But, they do have a point of view which we need to seek, we need to ask and we need to listen.

They say the last mile is the most difficult. And as we survey the achievements over the course of the decades of the AIDS pandemic we can say that it is these bold and decisive steps, with civil society standing proudly in front, that have allowed us to reach our targets and milestones. And this is why leadership and accountability are so important.

Now I want to say a few words about looking at prevention holistically, and not just cherry-picking the easy ones to take forward. It is part of a package. It is part of a package where we can expect there will be a level of fear and a level of pushback.

That is why an approach of humility and of understanding what people are saying. Every society is different. And that is why the leadership of the Ministers and others of you who are working at the county level will make such a difference. Because it is at the country level where the action is. And we will need to support each other, internationally as a community of conscience, and also at the country level, so that it will be so much easier and so much more natural for the prevention interventions to take place.

And giving life-saving information to young people is one of those sticky situations where we have to analyze and support each other and make clear that we are talking about life-saving information.

The perspective that children's innocence is being spoiled therefore we must not give them life-saving information is refuted every day when we see the rates of adolescent pregnancy. It is refuted every day when we see young people who are eager to take their place in society and to participate in the decision making that affects their lives. It is refuted every day where we see strong coalitions of young people, such as AFRIYAN who are with us today and Y-PEER across the world, where young people really do wish to participate and are perfectly capable of making alternative decisions than the risky decisions.

Right now they are being persuaded by the wrong people. So our absent voice can change. And that is what is going to lead to the acceleration of the prevention proposition. I really don't want us to waiver on that point. I don't want us to waiver on fully supporting the human rights of key populations. These rights are indivisible.

We know that condoms work. UNFPA is stepping up to strengthen our condom programming in conjunction with the H6 of the United Nations.

We believe that increasing investments in the procurement and distribution of condoms makes strong economic sense. So we are also looking at the economic value proposition of the return on a reproductive health investment and the evidence is abundant, especially for countries seeking to maximize the return on scarce resources.

If enough condoms are provided to fulfill the unmet needs by 2030, millions of people will be saved from infections. And condoms are triply protective against HIV, other STIs and unintended pregnancies, so of interest to young people, who very often will be much more concerned about unintended pregnancy than about HIV or the health effects of other STIs.

As we work to achieve our HIV goals, UNFPA sees this as part and parcel of achieving sexual and reproductive health and rights for all.

We are going to use our best minds to innovate to discover new ways of leaving no one behind. That means collaborating with you. And it also means making sure that we compound our collective impact through advocacy. Advocacy that is vocal, that is visible, and that is willing to step up to do the right thing.

I have three examples of what we are doing.

In **Mozambique**, with the Government, UNFPA and UN partners have launched a real-time monitoring tool. It strengthens the ability of Mozambique to collect data and disaggregated it by age, gender and geographical location. And these are interventions that improve the sexual and reproductive health of adolescents and young people.

The Mozambique team calls the tool InfoBiz, and it is helping the Government monitor clinic activities, to better understand what it is that young people need, and to track the progress.

Also in Mozambique, in partnership with UNFPA, UNESCO, UNICEF and UN Women, the Government is leading a mentoring programme -- *Rapariga biz* or “Busy Girl” like a busy-bee type of a girl. It aims to reach 1 million girls with crucial information about their bodies and their rights. It is teaching them the life skills they need to protect and empower themselves. It is very interesting in this cohort when we look at the comparative group, the unintended teen pregnancy rate has gone way, way down.

We have another mobile site called “Tune me”, like music, which is enabling young people to anonymously ask questions. They can ask about their relationships, they can ask about family planning, and they can ask about HIV and AIDS and any other sexual and reproductive health concern they have. This has been activated in Malawi and Swaziland and is very appealing for young people.

It is so important to understand that young people are vulnerable without the right skills and the knowledge to make informed choices. They can make smart decisions. They certainly can delay sexual debut; they can use contraception when needed. Ultimately girls stay in school longer, which has so much of a knock-on societal effect: they marry later and it leads to gender equality. Gender equality is one of the things that makes society accelerate and push forward. So here is another aspect of our Coalition: we can speak about discrimination, we can speak about violence, and that we can speak about gender equality.

So AIDS is not over. The last mile may be the most difficult. But I really feel we are building on a momentum. We are building on a tradition. We are building on an understanding that no one should be left behind because of who they are.

The roadmap and its 10 carefully delineated action points, which many of you have contributed to over the past year or so, is putting us clearly on the path. That’s our charter. Let us drive forward together to the finish line. The responsibility lies with us. The power lies with us.

Prevention is better than cure. Together we are strong.