



***Olive Shisana***  
**Closing session speech**

**Embargoed until 15.30 AEST, Friday 25 July, 2014**

Ladies and gentlemen, distinguished guests,  
I am honoured to be here today. Sir Bob, you're a hard act to follow but I'll do my best!

It has been a pleasure to be in Melbourne this week and my warmest thanks to Françoise, Sharon and the International AIDS Society and all its partners for being such gracious hosts this past week. My sincere congratulations to you for pulling off a remarkable conference that really did set a high bar for our event in Durban in terms of science, the prioritising of a focus on key affected populations and showing an accountable leadership.

So we will in two years return to Durban a decade and a half since our beloved Nelson Mandela addressed the International AIDS Conference in the same city at a conference that changed forever the HIV/AIDS response in Africa. For any of you who were there that day, I am certain his words will never leave you.

But how far have we really come? What have we learnt? And what do we expect of Durban 2016?

As a starting point, please allow me to share with you the **good** news.

It is true to say that the extraordinary shift in the global response to the HIV/AIDS epidemic in sub-Saharan Africa over the past 15 years has been one of humanity's shining achievements in recent times. The enormity of the scale of the implementation of especially treatment, on the ground across the continent has undoubtedly been a global health milestone,

The rollout of antiretroviral therapy (ART), surely one of the greatest human achievements in recent memory, has saved an estimated nine million life-years in sub-Saharan Africa. Some 56 per cent of eligible people on the continent were receiving ART in 2011, higher than the global average of 54 per cent, and, yes, still nowhere near where we'd want it to be.

ART has driven down both new infections and AIDS related deaths dramatically: new HIV infections declined by 25 per cent in the decade to 2011 and between 2005-2011 AIDS mortality declined 32 per cent, a trend that finally began in the mid-2000s in large part due to the availability of ARVs. But what *remains* to be done? Or, as some might say, the bad news.

We are, make no mistake, at a critical juncture in the sub-Saharan HIV/AIDS epidemic. It is clear that there remain substantial barriers to ending the epidemic and it is in everyone's interests that they be addressed in the conversations presently taking place around that post-2015 scenario.

In a nutshell: sub-Saharan Africa, despite all the impressive gains listed above, *still* shoulders a vastly disproportionate burden of the epidemic with high prevalence and mortality.

That some 12 million people on the continent, (a third of the global number of people living with HIV) are still unable to access ART is at the same time an extraordinary impediment to ending AIDS across the continent.

There is an urgent need for a discussion amongst those of us - academics, health professionals, activists and bureaucrats - around the post 2015 scenarios if the epidemic is to continue changing the right gears. While so much has changed, too much has stayed the same.

Gender inequality continues to see women share the burden of the epidemic – 58 per cent of the people living with HIV in sub-Saharan Africa are females. The risk factors for females - physiological vulnerability, social and economic inequities, unequal access to education and employment, gender violence, difficulty negotiating sex and condom use – all continue to fuel the epidemic.

Stigma and discrimination, as they do in so many countries dealing with HIV/AIDS epidemics, continue to hinder the implementation of science on the ground.

In recent years much has been made of the punitive anti homosexuality laws that exist in some 35 African countries and the more recent severe amendments made to them in a number of countries such as Uganda and Nigeria.

The same could be said to apply to the drug user community. We know that the science is telling us that we have some alarming sub epidemics amongst people who inject drugs yet it is telling that even in some international forums, the issue around drug use and HIV is nowhere as prominent on agendas as it ought to be.

The past three decades of HIV/AIDS has taught us that the disease doesn't discriminate but that people and governments do. A renewed engagement with decision makers across the continent on the issue of human rights will be unavoidable if we are to move towards ending AIDS in sub-Saharan Africa and build on the huge gains that we've made over the past 15 years.

It is my hope that the Durban 2016 International AIDS Conference will drive momentum towards a reinvigoration of the HIV/AIDS response in Africa. It's of course about political leadership and accountability, but also leadership in other parts of society. The private sector could for example do much more in the global response and I think in this case there are several Best Practices in the country we will meet in two years time!

It is my hope that after we meet in Durban in 2016 we will come away with a practical roadmap on how to end all AIDS deaths on the continent and have all those in need of treatment receiving it.

It is my hope post-Durban that we can meaningfully see in a very near future the end of AIDS in Africa.

I hope to see you there.

Thank you.