

UNDER EMBARGO UNTIL 1600 GMT FRIDAY 18 AUGUST 2006

**Remarks by Anders Nordström,
Acting Director-General
World Health Organization**

**Address: XVI International AIDS Conference, Toronto
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Dear Colleagues,

"Time to Deliver" is a call to action.

During the last few years we have seen a sequence of important international political promises to address HIV/AIDS. The result is an unprecedented global commitment to work towards universal access to HIV prevention, treatment, care and support by 2010.

No more statements are needed. It's time to deliver on the promises that have been made.

This conference has highlighted the importance of an even stronger focus on women and young people all over the world who bear the greatest burden and need particular attention.

Each of us now, as we prepare to return home, must take with us a strong sense of responsibility for action.

There are three key areas for delivery: money, medicines and a motivated workforce.

Let me start with the money. There has been some important progress. Worldwide, resources for HIV/AIDS increased to over US\$8 billion. But that is still not enough. The estimated need in low- and middle-income countries is US\$15 billion this year, growing to US\$22 billion in 2008. That widening gap must be filled. And commitments sustained.

This is no longer only an emergency, but also a long-term development agenda. It calls for more than traditional international development assistance. Innovative financing mechanisms are now emerging, such as the UNITAID initiative of France, Brazil, Chile, Norway and the UK, which uses a levy on airline taxes to channel new money to HIV work.

Last month in St Petersburg all G8 leaders pledged their continued financial and political support. We have to hold them firmly to that. We need also to work on it domestically. Most importantly, national governments need to make HIV/AIDS a funding priority and sustain their commitment to health.

Let me now turn to medicines. Access to drugs remains critical. "3 by 5" influenced the landscape and changed thinking. That progress needs to be sustained. The ten-fold increase in people on treatment in sub-Saharan Africa shows that we can do it.

Sub-Saharan Africa also illustrates what still needs to be done. It represents 70% of the global unmet need for treatment.

There is growing momentum for innovation, research and intellectual property issues to ensure maximum access to new products that save lives. We need ideas to turn into new drugs and diagnostics that strengthen our ability to safely treat infants and children as well as adults. We need to invest more in developing new prevention tools, including microbicides and, of course, vaccines.

Support for these needs is coming from many different directions. Advance market commitments can, for example, underpin research and development of essential drugs and vaccines.

Pricing. We have made substantial progress. But more is needed. There is strong political engagement and support for this. Just last month I attended a meeting with UN Secretary General Kofi Annan, and the leading pharmaceutical companies to find concrete ways to expand access.

UNAIDS plays a critical role in continuing to focus world attention on the challenges, and the Global Fund in channelling resources where they are most needed. A special word of thanks to the Bill & Melinda Gates Foundation for their recent grant to the Global Fund as well as for their support in the area of microbicides.

Finally, perhaps the most important area to ensure success in achieving universal access, is a skilled and motivated workforce.

No improvement in financing or medical products can make a lasting difference to people's lives until the crisis in the health workforce is solved.

The situation calls for drastic measures.

There are too few people with the right skills. More people registered to attend this conference than there are doctors in the whole of Eastern and central Africa. The numbers of health workers are being diminished by disease and lack of incentives. Countries with HIV prevalence of 15% can expect to lose 30% of their health care workforce over a 10-year period.

It is crucial that we protect and support health workers.

WHO's "Treat, Train, Retain" plan, launched this week, directly addresses the need for a healthy, skilled and motivated workforce. The plan shows how we can take immediate steps to strengthen the health system. The solutions have to directly and bravely tackle the underlying causes for the shortages. Health workers are being driven away by low salaries and poor working conditions. Some are forced away to other jobs, either nationally or elsewhere in the world.

Although they are the most important factor, of course health workers are only one element in a functional and efficient health system. There is also a need for good information and surveillance systems, logistics and distributions systems and so on.

Now we need to scale up our response through a renewed public health approach, drawing on lessons learnt from several countries.

WHO's public health approach to HIV/AIDS is based on principles of simplification, standardization, decentralization, equity, and patient and community participation. To carry out these principles successfully, we need to work differently. We need synergies in our response.

Too many resources - of time, energy and money - have been wasted on the debate over whether prevention or treatment should be the priority. At this conference we have come to a clearer understanding that it is not a case of doing one or the other. Millions have died through lack of both.

We also have to confront and deal with both the causes and effects of HIV and AIDS.

We also need synergy in our work with each other.

No one has the capacity to manage HIV/AIDS alone.

Universal access demands a universal response. Think of it as a borderless society for health. One that embraces all who can make a difference, from political leaders, scientists, health workers, to young people, persons living with HIV, the poor, sex workers, injecting drug users, men who have sex with men, people in prisons. That includes the NGOs, the private sector, pharmaceutical companies, community groups. We need a strong gender perspective in our work to ensure that both women and men, girls and boys are provided equal opportunities

All of us are responsible for the next steps in this effort.

This week, an amazing range of speakers has confronted us with some of the most persistent challenges of our time.

I would like to pay tribute to our late colleague and friend J W LEE, who played an important part in forcing a shift in approach and attitude to those challenges. He did a lot.

Now one of the most pressing of those challenges is to support every country in getting and keeping the health workforce it needs.

Universal access must include access to a skilled and motivated health worker!

I thank you all.