



2008 MSM Pre-Conference
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TRANSCRIPT

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Thank you Don and thank you George. It's good to be back and good to see that the forum that was launched in Toronto two years ago is alive and expanding. I'm really proud that we are among your partners, as my nametag said. (In the past two years) I've seen a mix of real progress and also of major drawbacks and regression in our struggle; progress surely in terms of access to treatment in many countries and also in terms of reaching out to populations of men who have sex with men or gay populations, as our UNAIDS reports show, although the report in a sense gives an over-optimistic image or view of what is actually happening on the ground, because when we say that there is 50% of coverage...with prevention services and activities for men who have sex with men, that's based on the information that comes from countries that report. You can only think about the countries that do not report. I should say here, it's often high-income countries that do not report. It shows also, I think, that we do know what works. North, south, east, west...whatever people may tell you. Latin America has shown already in the 80's including here in Mexico...I mean there are...we have a few veterans, after all. In many countries where there have been really successful programs with men who have sex with men. We have to make sure that we don't, as we often do in AIDS, that we don't forget, and that we are (not) trying to reinvent the wheel where the wheel is rolling and has been there for quite a while. But, as I would also say in my opening speech, the epidemic never ceases to surprise us. What we are seeing today in Asia, in about every single major city that we have looked at, in China, in Malaysia, Indonesia, in Thailand, of course, Vietnam, there are epidemics of HIV among men who have sex with men, epidemics that remind me of what we've been seeing here on this continent, in Western Europe, in Australia, in the 80s. Just look at the figures and how fast HIV is rising in those populations, and it's exactly the same thing. But, the response is not yet adapted to that, whatsoever. We'll have to invent there, in their particular context how to address that. We've also shown in studies that we've done in UNAIDS that here in Latin America, with a few exceptions like Peru and Mexico to a certain extent, also and to a certain extent, Brazil, that funding for programs for men who have sex with men is disproportionately low. There's a terrible under-funding of programs, and this is where the epidemics are in those countries.

There is something, as a straight man, that I have trouble understanding, and that is this obsessive homophobia that I find, which tells me that there is something going on in the heads of people that must mean that they're having problems with their own sexuality. There may be other explanations, but this is as far as I've gotten in my...no I mean, really...with everywhere in the world, and I meet people like that, including in our own organization, in the UN system. But it's totally absurd, but it's also cruel. I think that the title of this meeting is only too apt. I'm really more and more convinced that one of the top 5 obstacles

to really stop this epidemic, homophobia is in there, in all its forms. That's where I think we need scientific, business-like approach to how to tackle this. There are really fantastic programs, and I think here, I really would like to pay tribute to Jorge Saavedra in Mexico and the government that supported it, with this anti-homophobia campaign with the activist groups. But there are not too many countries where this is happening. There are many opportunities to do that.

In a growing number of countries, we may be reaching a tipping point where working with men who have sex with men becomes really possible and where we can go and see results. That I think did not happen by coincidence. Some of our joint advocacy and insistence is bearing fruit.

Don, I thank you for that kind introduction, but I feel strongly our accountability in UNAIDS is not only to governments. We do have members on our board, because the program coordination board is my real boss. But (as) you know, the charter of the UN says, "We the people..." So there is that kind of accountability also, but it's much harder to translate into governing structures, that's for sure. I think now that we're seeing also initiatives like the one that I would really like to pay tribute to, and that's the AMFAR—American Foundation for AIDS Research—initiative. I'm eternally grateful to AMFAR, because in 1985, I think it was, I got a grant to study something completely different within Zaire, that was trying to demonstrate that there is something like transmission from men to women and women to men. AMFAR now is pioneering supporting community action on men who have sex with men, and we've been very closely working with AMFAR, particularly in Asia. There are governments that care about this (like the) governments of the Netherlands, of Sweden, of Norway (that) do have specific funding. (This is) something that we should probably recognize and should try to establish some serious partnerships and think through exactly what can be done. This new context holds opportunities, but there are also challenges, (which) I know that you have been discussing here at this meeting.

Let me give you a few points. But before going into the AIDS-specific ones, let me say that in terms of my own view, there is an AIDS-specific agenda, but there is also an agenda of gay rights. I've been involved in that before even UNAIDS existed, and before there was an AIDS epidemic. We would be nowhere with our AIDS activities if the gay-rights agenda is not progressing. We cannot isolate that. We really have to resist this technocratic nonsense of doing an intervention here that's like...you know, dealing with AIDS is not like surgery. That is why I really think that this connection between the AIDS response and the movement—that for lack of a better term—I call gay rights. There might be a better term, but...this is exactly the problem in many countries, because we are nowhere with this in many, many countries. But, as is often the case, AIDS is now opening (albeit) a small opening in this wall of homophobia and legal obstacles of expressing one's sexuality.

A few points I'd like to make and then I'll stop. The first challenge I see, besides the connection to the broader agenda—gay rights—is to respond to the diverse MSM communities and identities. Knowing your epidemic is also true for knowing your community...all the nuances that exist in every society, and across society. Secondly, we have an obligation collectively, where we come to support the emerging gay groups, activities, MSM, etc...but that where we see it's emerging, and we see that it's happening now, we need to make sure that that is not killed when it's just emerging. That to me is also a real priority on our side, in the UN system. Thirdly, we're still in the middle ages and in the

darkest ages. We need to develop some strategies where we have to be careful where we're supporting, but also always not putting our colleagues at risk by doing what seems to be the obvious thing. I'm thinking particularly of the whole of Africa, with the exception of South Africa where we have a wonderful constitution, but implementation is still an issue. (In) the Middle East...we saw it again in Uganda, how we need to make sure we are also linking with a major human rights agenda when it comes to dealing with AIDS.

I was in Managua last year in November, in Contra SIDA, and there were many sessions on MSM issues in the region, but also several ones on horrible violence, which is kind of structurally tolerated. I feel like that is something that we cannot say, that, "We're dealing with AIDS, we're not doing with that (violence)." Thirdly, let's make sure that we are consistent in our message and in our work in terms of prevention and treatment. We cannot just be treatment activists, but also prevention activists. Let's not (forget) that in the early 80s, it was the gay movement, the gay community that were the biggest, most active prevention activists. I think we have to get back to that, but of course now with treatment. And I don't even want to mention people who say that if we start putting people on treatment that that's creating an impact on the program. I say, of course, that's great, this is entitlement to life...and (we have to) reject any magic bullets, whatever people tell you or (what's) written in scientific journals. (We also have to) reject the medicalization, the normalization of the issues and the replacement of community mobilization by "experts."

At UNAIDS family, we view the Global Forum on MSM and HIV as a key partner, and we will continue to support you. I think that it will be very important to reach emerging MSM groups, particularly in developing world. I want to leave you with the assurance that UNAIDS is ramping up our MSM work. Jeff O'Malley is sitting here in the front row. We have a champion, and UNDP is taking on a new leadership role, but let me explain what that means. It does not mean that this is a good excuse for everybody else to abdicate and not deal with it. We have to deal with it internally, and we have to deal with it in everything that we do. But it's always important to have a champion, and important to have somebody doing the normative work and organize everything. Thank you Jeff for putting your considerable energy into this. So you'll hear me say this again over the next week, but I'm convinced that we are at the start of a new phase of the AIDS response. It's up to all of us to make sure that this is a phase where men who have sex with men get a better deal. Since you asked me what my advice is to my successor, I would say we have to be...I gave the example in terms of working for gay rights, for the rights of all sexual minorities, as well as making sure that there is support for AIDS-specific activities in MSM communities. For me, it's as simple as that. In our own workplace, we have to make sure there is no discrimination, because there still is, in terms of benefits and rights for same-sex couples. We're not there yet. For the rest of the week, I hope that I'm not only going to talk about what I'm going to do next, and so on...but let me say that working on AIDS, this is not a 9-5 job. This is work that you live with, and I can say that I will not stop doing that. I will always be the mother-in-law, the father-in-law of my successor. We will definitely stay in touch, no matter where I will be. You can count on me, and I will continue to be a voice for gay rights in general, and for making sure that your needs are met also when it comes to AIDS. I have many friends here. Thank you very much.