Good evening to you all.

It is an honour and a privilege for South Africa to once again host the International AIDS Conference.

It is fitting that we meet to open this conference on Nelson Mandela International Day, a day on which we honour the memory of Nelson Mandela. This is a day dedicated to service, solidarity and the betterment of the human condition.

It is fitting that we meet again in this city where, at the International AIDS Conference in 2000, Nelson Mandela declared that a tragedy of unprecedented proportions was unfolding in Africa.

He expressed his deep pain about the devastating extent of the AIDS epidemic, when he said:

“The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale.”

Since then, much has happened in our country, on our continent and across the world.

We meet here tonight with a far greater understanding of the proportions of the tragedy that Nelson Mandela spoke of.

We have all been touched by this epidemic.

Many lives have been lost.

As it has affected ordinary people - families have been torn apart, communities distressed, livelihoods lost and children orphaned.

This epidemic has had a devastating impact on the quality of life of millions of people worldwide.
There are countries – like South Africa – where HIV has fundamentally changed the burden of disease; where it has significantly altered life expectancy; where it has depleted health resources and put social support systems under extraordinary strain.

This epidemic has changed our world.

At the same time, this epidemic has also changed us.

The struggle to end AIDS has galvanised the global community in an unprecedented way.

It has provoked a sense of international solidarity, and a sense of common purpose.

This virus has challenged all of us.

It has required of us that we reconsider many of the beliefs that we long held to be true. It has made us confront our prejudices. We have had to change the way we respond to epidemics.

Countries have had to redirect resources from other areas of critical need to address this new challenge.

As this virus has required a comprehensive response, we have had to mobilise international agencies, governments, religious leaders, traditional leaders, the media, donors, communities and more importantly, individuals who confront HIV on a daily basis.

For many countries – as with many individuals – this has been a long journey, beset with setbacks, challenges and triumphs.

For many, it has been a journey from indifference, denial and intransigence to accepting and confronting directly the truths about the epidemic.

Over the years, the International AIDS Conferences have borne witness to this journey.

These conferences have advanced our understanding of the epidemic.

They have raised our level of consciousness, they have also provoked us and challenged our misconceptions. Yet at the same time they have inspired us, giving us hope and innovative ways of dealing with the epidemic.

These conferences have enabled us to travel a great distance.

As we meet here today, I wish to pay tribute to the many courageous individuals and organisations in this country and across the world who persistently fought for the right to treatment and never gave up. The success we have achieved in the treatment of people living with HIV in this country in particular is largely due to the work done by these individuals and organisations working with government.

South Africa now provides 3.4 million HIV positive people with antiretroviral treatment.
I stand here today to affirm the unwavering commitment of the South African government to work with all sections of our society, and with all our development partners, to ensure that no person should die from a condition that can now be effectively treated.

The struggle against HIV and AIDS has been – and still is – a struggle for a better society. It is a struggle for a society in which the human rights and dignity of all people are recognised and respected.

We desire a society in which men do not claim dominion over women; a society in which the powerful do not prey on the vulnerable.

We want to live in a society where there is no shame in having a virus, in being ill, or in seeking treatment.

We aspire to a society in which the circumstances of one’s birth, social status or income level is no impediment to quality health services and social support.

We want a society in which all have shelter, water, food and prospects for a better life.

We must have a society in which adolescent girls complete their schooling, where young women from poor backgrounds progress to higher education and into meaningful employment. We desire that these young women should have control over their own bodies and are able to make informed choices about their sexual behaviour.

People who are lesbian, gay, bisexual, transgender or intersex should be able to live in a society where they need not fear discrimination, stigmatisation or persecution.

It is a society in which sex workers, intravenous drug users and other vulnerable groups have access to support, testing, counselling and treatment.

Our ideal and desired society is one in which everyone – women and men alike – take responsibility for their well-being and the well-being of others.

As we gather here at this 21st International AIDS Conference, we are bound to recall the moving plea of an 11-year old boy, Nkosi Johnson, for treatment for children like him living with HIV.

Within these walls, over the next few days, we will discuss, debate and interrogate our response to Nkosi Johnson’s plea.

As we discuss and debate the work that has been done worldwide on HIV by scientists, health workers, activists, governments, development agencies and community based organisations, we are bound to acknowledge that great progress has been made.

The world has surpassed its own global treatment targets, by initiating 17 million people on antiretroviral treatment.
Of these, 20% live in South Africa.

We have dramatically reduced the transmission of HIV from mother to child.

In 2004, there were 70,000 babies born HIV positive in this country; today this has been reduced to less than 6,000.

Across the world fewer people are dying from AIDS-related causes.

At this conference, we will hear and debate the advances in research. We will hear about better drugs, about strategies that have reduced rates of infection and improved access to treatment.

But we will also hear that the struggle is far from over.

We will hear that there is much more to do. In the face of this we dare not be complacent!

We know that rates of infection are not declining as rapidly as we would like.

We know that adolescent girls and young women are particularly at risk. Their vulnerability derives from social attitudes and economic circumstances.

In South Africa, each week, we have an estimated 2,000 new HIV infections in adolescent girls and young women aged 15 to 24 years.

We know that our inability to effectively reach key populations who are at increased risk of HIV infection is perpetuating their marginalisation.

Our failure to reach them is hampering our efforts to decisively reduce the spread of the epidemic.

We know that in many parts of the world, we face the danger of losing the battle against tuberculosis as rates of HIV co-infection rise.

We are hopeful that this conference will guide us on the next leg of our journey.

We expect this conference to expand the frontiers of our scientific knowledge, including finding new ways of changing sexual behaviour.

The contributions made here must deepen our understanding of the many facets of this epidemic and strengthen our resolve to defeat it.

We look to this conference to send a clear and unequivocal message to the world that we are determined and have the resolve to triumph.

We can say with a measure of confidence that never before have we understood so clearly what we need to do in order to win the fight against the epidemic.

We are at a point of inflection.
Our actions now will determine whether the gains of the last few years can be sustained and deepened.

At the centre of our efforts must be a global commitment to massively and purposefully expand the resources dedicated to HIV prevention and treatment.

We must do this now so that we can save lives, ensure access for all and dramatically – and decisively – curb the rate of new infections.

If we delay, if we hesitate, we risk reversing the gains we have made to date.

Even as many countries confront economic difficulties, we must not slow down. The long-term economic benefits of investing in HIV prevention and treatment will be far greater than the cost to the fiscus today.

Multilateral agencies, working with the global health community, have set bold targets that will require every ounce of our energy.

The 90:90:90 strategy, for HIV and TB is a bold vision we must be determined to realise. We must always focus on the two diseases as they are two sides of the same coin.

The work ahead requires courage, commitment and leadership from every one of us.

It also requires action from every institution in society and from the global community of nations.

It requires that we be more innovative, more collaborative and more imaginative.

We call on scientists, researchers and those who fund research to sustain the intensity of effort that has brought us this far – to strive, to reach beyond what we today believe is possible.

The scale of the task before us requires that we draw on the most potent means we have to fight this epidemic – human action.

In a world given to cynicism – in a world riven by disease, inequality and poverty – it is the revolutionary capacity of human action that sustains our confidence in each generation.

As science advances, as we find more effective treatments, as we draw nearer to a vaccine, we know that ultimately it is only through collective global action that we will succeed.

If we all act together we can triumph against the HIV epidemic. It is within us to change our behaviour.

We can confront and defeat unequal gender relations, prejudice and stigma.
We have it in us to reach out to those within our society who have for so long been on the margins – unable to affirm their rights, unable to seek the protection of the state, unable to access treatment and support and means of prevention.

We must deal with the social attitudes that discourage men from testing for HIV, being screened for TB and being initiated on treatment.

It is through human action that we will end this epidemic.

It is by taking action that we will build better, more equal, more just societies in which all may live long, healthy lives.

It is through human action at an unprecedented intensity and scale that, within the space of the next few years, we will turn despair into hope, and tragedy into triumph.

Sixteen years ago, many of the achievements we talk about today seemed impossible.

Twenty two years ago many believed that apartheid was an intractable problem. South Africans collectively triumphed and defeated a system the UN had declared a crime against humanity. As our icon Nelson Mandela once said “It all seems impossible until it is done”.

Allow me to conclude with the words of Nkosi Johnson:

“Do all you can with what you have, in the time you have, in the place you are.”

It is in our hands!

Thank you.