

**[ PROGRESS. PROOF. PROMISE. ]**

**THE BEGINNING  
OF THE END OF**

**AIDS**

**ONE**



**ONE**

ONE is a grassroots organization backed by more than 2.5 million people who fight extreme poverty and preventable disease, particularly in Africa, by raising public awareness and pressuring political leaders to support smart and effective policies and programs that save lives, help put kids in school, and improve futures. [www.ONE.org](http://www.ONE.org)

## **Acknowledgements**

ONE thanks the following contributors for sharing their personal stories: Former President George W. Bush, Banza Chela, Professor Vittorio Colizzi, Philippe Douste-Blazy, Joyce Kamwana, Michel Kazatchkine, Florida Mwesiga, Philipp Lahm, Professor Luc Montagnier, Dr. Coceka Mnyani, Godfrey Mtonga, Constance Mudena, Michele SidibÉ, Edith Temgoua, Karen Walrond, and Princess Kasune Zulu.

The writing and production of this report were led by: Erin Hohlfelder, Joshua Lozman, and Adrienne Schweer. The following ONE staff contributed significantly to the production of this report: Renee Appert, Lauren Balog, Verena von Derschau, Kimberly Hunter, Margaret McDonnell, Adam Phillips, Roxy Philson, Sergius Seebohm, Katherine Sladden, and Ginny Wolfe. The text was edited by Debra Bruno and designed by PGA Branding.com

## The Beginning of the End of AIDS

---

02 **Introduction**

03 **Recommendations**

04 **Infographic: Progress. Proof. Promise.**

### **Personal Testimonies**

#### **Living Proof of Progress**

- 06 Joyce Kamwana, Malawian HIV/AIDS treatment activist
- 07 Banza Chela, Zambian HIV/AIDS mentor
- 08 Godfrey Mtonga, Zambian electrician
- 09 Constance Mudenda, HIV educator and counselor

#### **On the Frontline of the Fight**

- 10 Professor Luc Montagnier, Nobel Prize winner, Professor Vittorio Colizzi, and Edith Temgoua
- 11 Dr. Coceka Mnyani, Head of Anova Health Institute

#### **Mobilizing a Global Response**

- 12 George W. Bush, former President of the United States of America
- 13 Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria
- 14 Philippe Douste-Blazy, President of UNITAID
- 15 Michel Sidibé, Executive Director of UNAIDS

#### **Speaking Up to Save Lives**

- 16 Princess Kasune Zulu, speaker, author, and AIDS activist
- 17 Philipp Lahm, captain of the German national soccer team and founder of the Philipp Lahm Foundation
- 18 Karen Walrond, blogger and a ONE mom
- 19 Florida Mwesiga, a teenager

## **The Beginning of the End of AIDS**

---

# **Why Now**

Thirty years ago, the first cases of a new virus, HIV, and the disease it caused, AIDS, were discovered. The disease quickly reached pandemic proportions, sweeping across Africa and other parts of the world. For many years, to be diagnosed with HIV was an almost-certain death sentence. In the 1990s, when effective antiretroviral treatment became available, the cost was more than \$10,000 per person. It was life saving, if you could get the treatment. Very few could. Stigma was common; children were orphaned; economies were depleted. And still, global leaders largely sat idle, stymied by this crisis of health and poverty. In 2002, only 100,000 HIV-positive people were receiving the treatment they needed to live.

About a decade ago, the response rapidly accelerated. In 2002, leaders from the public and private sectors mobilized to create the Global Fund to Fight AIDS, Tuberculosis, and Malaria – an innovative partnership designed to fund country-led plans to fight these three diseases. Just a year later, the seeds for what would become the largest initiative by one country to fight a single disease – the President’s Emergency Fund for AIDS Relief (PEPFAR) – were sown in the White House and embraced by leaders of both political parties in the United States Congress. These two programs turned conventional wisdom on its head by fighting AIDS from new directions, with intense focus and determination. They proved it was possible to treat millions of people, even in the most remote places of the world. They proved to doubters that through negotiation and partnership, AIDS treatments could become widely affordable; drug prices dropped from thousands to hundreds of dollars per year.

Global leaders from rich and poor countries, from the private and public sectors, and from multiple generations banded together to fight a common deadly enemy.

Today, thanks to the political will of leaders from around the world – including in Africa – 6.6 million people are the proof that these programs work. They are not only alive because they are receiving treatment, but they are also raising families, educating peers, and building careers. Millions more have avoided the disease altogether thanks to effective prevention programs, and hundreds of thousands of HIV-positive mothers were able to give birth to HIV-negative babies because they received simple treatment to prevent transmission of the virus.

Each of these individuals – those who fight personal battles with HIV and the leaders who have invested in this critical battle – is an inspiration. We asked a few of them to share their personal experiences and the following pages are their stories. The progress to date is proof that if we accelerate the focus and determination of the last 10 years, we will be able to say, in 2015, that we can see the beginning of the end of AIDS.

## The Beginning of the End of AIDS

# What Must Happen Next

The personal testimonies in this report are proof of the progress that has been made. They are also a reminder that we are at a critical milestone in this fight, where we will choose the path we take into the future. Will it be one toward further progress and success – toward the beginning of the end of AIDS? There are still nearly 9 million HIV-positive people in low- and middle-income countries, who – unlike those in the stories below – are still in need of treatment. More than 390,000 infants and children are infected with HIV each year, and nearly two new people are infected for every one person put on treatment. The economic environment is challenging and political momentum has waned, leading to a flatline in funding for critical AIDS programs.

We must choose the path toward progress and success. New data tells us that an HIV-positive individual on treatment is up to 96% less likely to pass on HIV to others. New tools already in the field or in development offer effective new ways to guard against the disease. Now more than ever, international donors, African governments, multilateral organizations, and the private sector must recommit to the fight against HIV and to achieving specific, measurable goals that will help us bend the curve of this pandemic:



### Virtually eliminate mother-to-child transmission (MTCT): an AIDS-free generation by 2015

- Design national MTCT plans by July of 2012 for the 22 countries that account for 90% of the new child HIV infections. These plans should outline country-specific goals, strategies, and associated costs for eliminating transmission from mothers to children by 2015.
- Fill an estimated \$2.5 billion gap with commitments from donors, African governments, and the private sector by the end of 2015.



### Accelerate access to treatment for 15 million people by 2015

- Scale up the pace of treatment initiation. Last year, we added 1.4 million people into treatment in low- and middle-income countries, but we need to add even more people each year to reach 15 million people by 2015.
- Scale up the resources for AIDS treatment with commitments from donors, African governments, and the private sector.

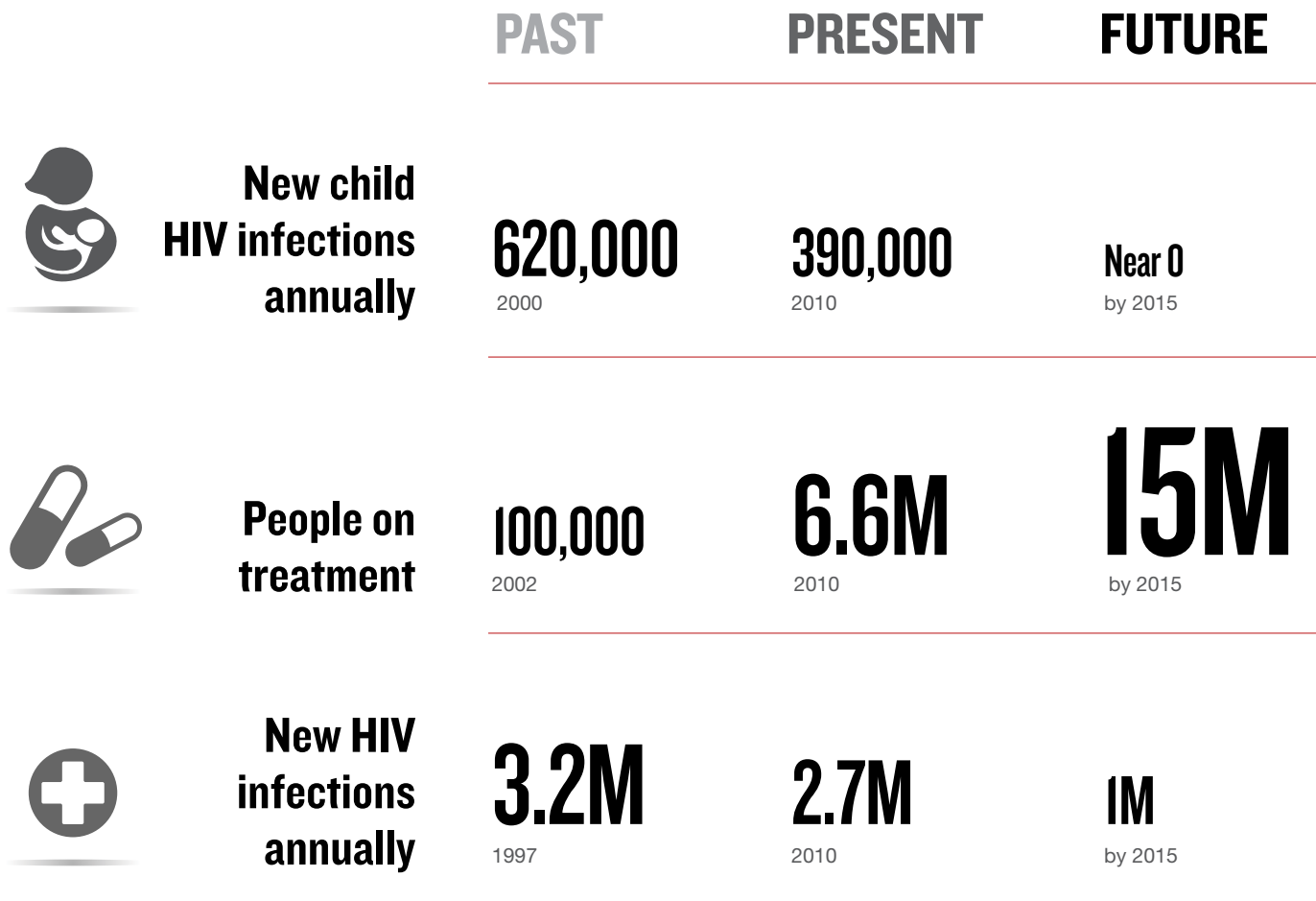


### Implement innovative prevention techniques to drastically reduce new infections by 2015

- Support existing and new prevention strategies where appropriate, including male circumcision, earlier treatment initiation, microbicides, and pre-exposure prophylaxis.
- Strengthen planning for prevention programs so that they are better tailored to local populations and epidemiology.

Though these goals are ambitious, they are achievable. We've made progress, and we have the proof that investments in fighting HIV/AIDS work. With continued support from citizens and leaders around the world, we will see the beginning of the end of AIDS. We hope this report will inspire you to join this fight.

## Progress. Proof. Promise.



## The Toll of AIDS

**1000+**

Babies are born everyday with HIV

**30M**

Nearly 30m deaths in 30 years

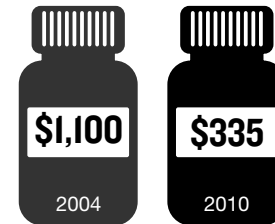
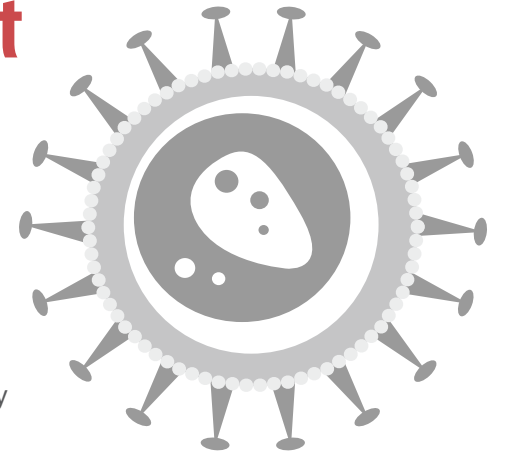
**65M**

The total number of HIV infections between 1970 and 2009

## Fresh Progress in the Fight

**96%**

New data shows that an HIV-positive person on treatment is 96% less likely to pass HIV on to others.

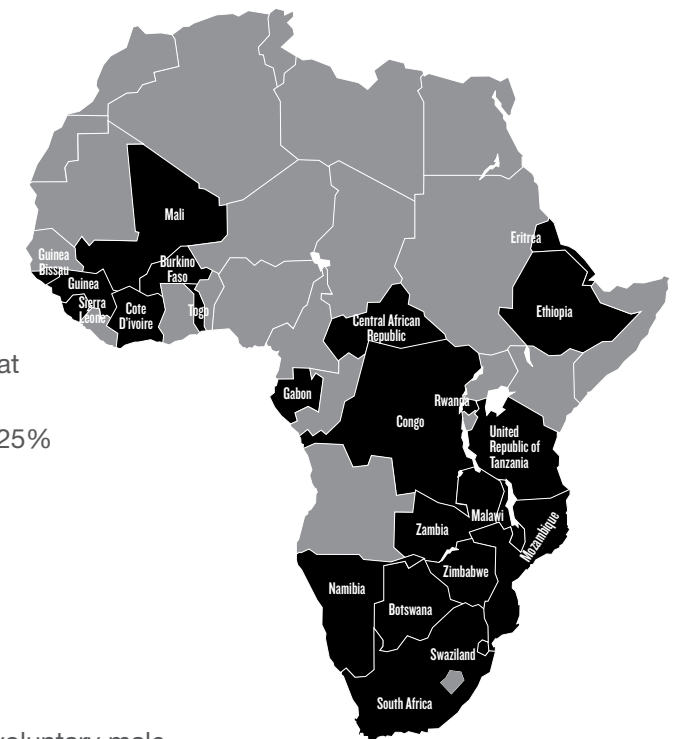


**\$335**

the average cost of AIDS treatment per person through PEPFAR, down nearly 70% since 2004

**22**

The number of countries in sub-Saharan Africa that have reduced new HIV infections by more than 25%



**60%**

Clinical trials show that voluntary male circumcision reduces the risk of new HIV infection in men by roughly 60%



## Living Proof of Progress

# Joyce Kamwana

is a Malawian HIV/AIDS treatment activist.



Georgina Goodwin and the HIVAC

Joyce Kamwana working with the Coalition of Women Living with HIV and AIDS in Malawi

My name is Joyce Kamwana and I was 25 years old when I first found out I was HIV-positive. Today, I am 48 years old and have lived to see my daughters grow up and have also become a grandmother, thanks to the free treatment I have received through the Global Fund to Fight AIDS, Tuberculosis, and Malaria. A few years before my husband, my baby daughter, and I were diagnosed in 1988, my husband had developed shingles and a boil, and my daughter often had various skin wounds, but we were not sure why. Three years after we tested positive for HIV, in 1991, my husband passed away and I was left to care for both my daughters single-handedly, having to act as a father and mother in one.

Sometimes infants test positive falsely while breastfeeding from an HIV-positive mother, so after I started treatment, I stopped breastfeeding my daughter Tracy and she was pronounced HIV-negative. No one thought I would live much longer than my husband. In those days there was no treatment available but I managed to survive for 15 years by adhering to a healthy diet and living positively. Fortunately, the Global Fund came to Malawi in 2004 and I was put on treatment.

After I was diagnosed with HIV, people were surprised that I talked publicly about my health issues. I decided I wanted to make a difference, so I became an activist to educate others about this disease and on how to live healthier lives. I have since worked on panel discussions on TV and radio, supervised HIV testing campaigns, and served as National Supervisor to the districts in Malawi during World AIDS Day. I wanted to contribute to society and help all those affected by this disease, so I also began training people living with HIV on how to find support groups and live positively.

I have also worked for the United Nations as a United Nations Volunteer on the Greater Involvement of People Living with HIV/AIDS program, and in June 2006, I co-founded the Coalition of Women Living with HIV and AIDS in Malawi.

I am thankful for all the opportunities I have had in the years of life and as a mother, and am particularly thankful for the Global Fund and the antiretroviral therapy it provided me. With its help, we can end mother-to-child transmission of HIV and transform the lives of many Malawians and the future of our country. I am now expecting another grandchild from my second daughter who was once HIV-positive. My daughter just took an HIV test for her pregnancy and it came out negative. My grandchild will be HIV-negative thus breaking the vicious cycle of HIV transmission.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"To me it means AIDS can be stopped as evidenced by my daughter who was once HIV-positive but has an HIV-free pregnancy, hence creating an HIV-free generation. It also means that AIDS can be stopped if much research was done towards a cure and no one will have to die of AIDS anymore."**

## Living Proof of Progress

# Banza Chela

## is a Zambian HIV/AIDS mentor.

My name is Banza Chela and I'm a married Zambian gentleman. My life has changed tremendously in so many ways. I never knew or thought that I could be infected with HIV. In 2005, I began experiencing chest pains and suspected I had tuberculosis. After visiting three clinics in Lusaka, none of them were able to detect my extrapulmonary TB. It was not until I met with a team of doctors in Lubumbashi, Democratic Republic of the Congo, who were my elder brother's workmates, that I was diagnosed as TB- and HIV-positive.

My weight dropped from 68 kg (about 150 pounds) to 47 kg (104 pounds) and I lost my memory and had no idea where I was. My HIV infection was progressing rapidly and my immune system was incredibly weak, so I was put on an antiretroviral treatment and an anti-TB medication on the same day. It was a do-or-die situation, which I realized only after 4 months on treatment. My family used to buy medication and any other essential medicines for me in DRC, but when I returned to Zambia I was able to freely access the HIV treatment and anti-TB drugs through a public health center provided by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. I was cured from TB eight months later, and continue living positively today.

I am living positive not just in terms of health but also in terms of my engagement and full involvement in the fight against HIV and AIDS at the community, national, regional, and international levels. I joined a support group for people living with HIV called Chibusu, which means "friend" in Bemba, my mother tongue. This group happens to be a member of TALC (Treatment Advocacy & Literacy Campaign), which is a membership-based organization. Through my support group, I learned about advocacy, research, and treatment literacy. Through the Zambia National AIDS Network (ZNAN), which receives funding and support from the Global Fund, I was trained as an HIV treatment literacy practitioner and trainer of trainers.



Banza Chela and his HIV-free daughter

Georgina Goodwin and the HIAC

I use what I gained from this job to help my children go to school and support my family. And thanks to the prevention of mother-to-child transmission program, I have a four-year-old HIV-negative daughter.

Many people pass through my hands here at home and abroad, and my mentoring of them has helped prevent what could have been an even more catastrophic AIDS expediency both nationally and globally. I travel around the world to mobilize resources for the global HIV response and to offer HIV a human face in order to benefit not only myself but also for my fellow people living with HIV, which will hopefully help reduce stigma, criticism, and discrimination.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"To effectively eliminate HIV infections by 2015. Everyone should have access to HIV treatment to ensure significant reduction of sexual transmission of HIV."**

## Living Proof of Progress

# Godfrey Mtonga

56, is an electrician from Chazanga, Lusaka, Zambia.



In 1994, my wife received an invitation for couples' voluntary HIV counseling and testing from the Zambia Emory HIV Research Project (ZEHRP). I initially refused to go. I told my wife that I was fine—I did not have HIV. After a month, my wife received another invitation. Again, she urged me to go, saying I was not going alone, but with her. She said it was better for us to know our HIV status together. I was afraid of quarrels if one was found positive while the other is negative—I was unfaithful, I cannot deny it. This is what was making me afraid.

One day soon after receiving the second invitation, I fell sick while at work. This prompted me to ask my wife to go and test for HIV with me. I was found to be HIV-positive. It was shocking to me because my wife was negative. It was difficult for my wife to accept. She raised many issues in the counseling session about my past infidelities. I felt very bad because I thought my wife was going to leave me. The counselors at ZEHRP gave us an appointment to come back. The follow up sessions encouraged us to think of how we were going to move on in our lives—we were taught how to live together.

Sometime after learning our results, we disclosed the news to several family members, some of whom urged us to end the marriage. But we refused. We stuck to each other and moved on. This was in 1994—it has been 17 years since we learned our status as a couple and till today my wife does not have HIV, which I attribute to the counseling we received from ZEHRP.

At first it was difficult to use condoms. I used to drink a lot and would refuse to use condoms. We've even had a child after knowing our HIV status. Fortunately, the child is HIV-negative. Though people may deal with their results in different ways, it has been helpful to follow what the counselors advised and use condoms. We are a good example. For those who may have positive partners, it is not best to dissolve the marriage, but rather you must support each other. Your partner may not have gotten infected deliberately. It happens. It can happen to anyone.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"It means that all African couples will be tested together to prevent new cases of HIV."**

## Living Proof of Progress

# Constance Mudenda

is an HIV educator and counselor, who was also featured in (RED)'s film, "The Lazarus Effect."

I had 3 children and lost all 3 to HIV; I lost my second child in 1993 and lost my first and my last child in 1996. It was not easy for me because at that time, there was too much stigma and people did not have a lot of information on HIV. I had so-called friends who came to mourn with me, and would leave the house and start saying that I was the next to go because my children had all died from the "AIDS."

1996 to 2004 was not a very easy period for me because I thought I was going to die. I had bouts of serious illnesses, like TB, skin rashes, and shingles (twice) but, lucky for me, I was never in critical condition and I was never admitted; I have never been admitted to a hospital in all my life.

I went for an HIV test not voluntarily, but because I wanted to save someone's life, so I escorted him to the clinic and took the test with him. I started my treatment on 13th October 2004. On this day I was given a choice—to choose between life and death—and I chose life by agreeing to take treatment. I started treatment before I got sick or bedridden. The drugs came at the right moment for me, before I progressed into AIDS. I started treatment with an extremely weakened immune system but now my immune system is strong again.

I am an educator and counselor in the clinics and communities giving hope to those that have lost hope and using my own story to give courage to those that have been discouraged.



Connie at the CIDRZ office in Lusaka, Zambia in 2009 during filming of (RED)'s 'The Lazarus Effect.' See the film at <http://bit.ly/uZli1V>

Jonx Pillemer © The Persuaders, LLC

My clinic is a PEPFAR-funded clinic and I was among the first people enrolled on that program. Because of the diligent work that we are doing by creating awareness by sensitizing within the clinic and surrounding areas, right now the clinic has enrolled more than 15,000 people.

I am a living example of the theme "progress, proof, promise" because I have progressed positively in my life because of antiretroviral treatment and I am living proof that treatment works and I believe that as long as I adhere to my treatment, there is a promise of me being alive for the cure.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"To me this simply means that no one should die from HIV by 2015. I lost my children because at that time, we didn't have the information and it was not common to go for an HIV test, but now we will educate and prevent that child from getting HIV from its mother and also, teach people that have HIV to keep that HIV to themselves."**

## On the Frontline of the Fight

# Professor Luc Montagnier

was awarded the Nobel Prize for medicine in 2008 for his work discovering HIV.

He is president of the World Foundation AIDS Research and Prevention, Paris. He reports here with his research partner, Professor Vittorio Colizzi, University of Rome Tor Vergata, Rome, and Edith Temgoua from the International Reference Center “Chantal Biya” from Yaoundé, Cameroon.



Professor Luc Montagnier in the World Foundations AIDS Research and Prevention in Paris

The story that we would like to present here is about the UNESCO “Family First Africa Project” implemented by the World Foundation AIDS Research and Prevention which, thanks to Italian financial and scientific contributions, focuses on mother-to-child-transmission of HIV. The most immediate and tangible results of this project was the opening of the International Reference Centre for AIDS Prevention in Cameroon in 2006. The centre started immediately to develop an integrated network with peripheral sites, and in 2007, it became a part of the Ministry of Health in the National Early Diagnosis Program set up with the Clinton Foundation in Cameroon.

One of the most effective and easiest methods to prevent mother-to-child transmission is to feed infants formula milk. Breastfeeding is traditionally used in Africa; formula feeding is uncommon and still expensive. However, with good counselling, the majority of mothers do accept formula feeding.

In our study in Cameroon, 51.6% of mothers did not breastfeed, 27.8% reported exclusive maternal breastfeeding and 14.4% practiced mixed feeding. An HIV transmission rate of 6% was found in infants on formula feeding, while exclusive maternal feeding had a transmission risk of 19.9%. The mixed feeding was not recommended but was done in 208 cases and 51 infants were infected (a transmission rate of 24.5%).

We, as scientists, dedicated our lives and works to the elimination of HIV. Today, in Cameroon, without any intervention, an estimated 20,000 infants are infected with HIV each year. But our story tells us that with affordable interventions, this figure could be reduced to 2% (only 400 infants), meaning that 19,600 infants who were at risk are now born HIV-free every year! These numbers prove that even in Central Africa it is possible to virtually eliminate HIV transmission from mother to child, like in Europe or the USA. To free children from HIV/AIDS in Africa is now affordable and just requires political will and effective international cooperation.

Early in 2009, UNAIDS called for the “virtual elimination” of mother-to-child transmission of HIV. And today, we have real hope that this is possible. Thanks to a range of affordable and easy interventions, in recent years, elimination of mother-to-child transmission has become not just an aspiration but a plausible goal.

It is true that the containment of the HIV epidemic, and especially of mother-to-child transmission, still depends on the socioeconomic, cultural, and political milieu of a country. Mother-to-child-transmission has already been virtually eliminated in high-resource settings through the use of several strategies, such as effective voluntary counselling and testing, access to antiretroviral therapy, safe delivery practices, and the widespread availability and safe use of breast-milk substitutes.

**What does ‘2015: The Beginning of the End of AIDS’ mean to you?**

**“Depends on our capacity to prevent new infections by decreasing the viral load, identifying and suppressing the viral DNA reservoir, and increasing the natural immune defenses and thus infectivity of HIV patients, including mothers and children.” – Luc Montagnier**

**“Depends on the number of HIV-infected patients that will be put on treatment (including children) in Africa and on good clinical practice for those on treatment.” – Vittorio Colizzi**

## On the Frontline of the Fight

# Dr. Coceka Mnyani

is head of the prevention of mother-to-child transmission of HIV program at the Anova Health Institute, South Africa.

In Soweto, Johannesburg, South Africa, a large semi-urban settlement with a population of over 2 million people, I head the prevention of mother-to-child transmission of HIV (PMTCT) program at the Anova Health Institute, a President's Emergency Plan for AIDS Research-funded organization with HIV programs across South Africa. The Soweto program to prevent mother-to-child transmission is one of the largest in the country, with close to 8,000 HIV-positive pregnant women seen in the program every year. Where did it all begin? Rewind to 4 years ago...

**Early 2007** I'm working as a consultant obstetrician and gynecologist at Chris Hani Baragwanath Hospital in Soweto, Johannesburg. I've lost count of the number of cesarean sections and hysterectomies I've done. It's all become routine; it's time to move on.

**September 2007** My journey begins in a HIV unit in Soweto, working in a treatment program, and I soon find my niche in the prevention of mother-to-child transmission program. The mother-to-child transmission rate in Soweto is around 8% – low by sub-Saharan Africa standards. A treatment option, single-dose nevirapine, that is only partially effective, is available for pregnant women who don't yet qualify for life-long antiretroviral treatment. Infant formula is available for women who choose to formula feed, and the majority of women in our program do so.

**February 2008** There's a flurry of activity. A more effective type of treatment, zidovudine (AZT), becomes available. This will help women reduce the risk of passing the virus onto their babies. Finally! There's a lot of excitement as we train staff and put structures in place in preparation for the roll-out. The roll-out is a success.

**2009** The transmission rate is decreasing, and I proudly stand in front of audiences presenting our statistics.



Dr. Coceka Mnyani at the Anova Health Institute in South Africa

**December 2009** Updated prevention of mother-to-child transmission guidelines are announced. This means HIV-positive pregnant woman can now start treatment even earlier, before their immune systems weaken significantly – 40% of HIV-positive pregnant women in our program will need treatment. This is a challenge as there are several barriers to starting women on HIV treatment during pregnancy, largely because HIV treatment sites are separate from antenatal clinics.

**2010** We introduce antiretroviral treatment within antenatal clinics, and I start mentoring midwives. It is challenging as midwives were not previously involved in HIV care. But I persevere as they are willing to learn, and this makes it worthwhile.

**December 2011** We're winning! Our mother-to-child transmission rate is around 2% – a four-fold decrease from 2008. Although there are fewer perinatally-infected infants, it's still heartbreaking to tell a mother that her infant is HIV-infected, and I often find myself at a loss for words.

**August 2011** A bombshell! Infant formula will no longer be available for free for HIV-positive women, and South Africa endorses breastfeeding for all. I sit in silence contemplating all the challenges that lie ahead for our program – transitioning a formula-feeding population to a breastfeeding one. Structures need to be in place for HIV-infected women to safely breastfeed, and not reverse all the gains we've made in the past few years.

Can we achieve virtual elimination by 2015? I'm not certain, but I hope we can. My journey continues...

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"To me this means eliminating the unmet need for antiretroviral therapy by starting all HIV-positive individuals who need treatment on treatment. It would also mean eliminating all AIDS-related deaths."**

## Mobilizing a Global Response

# George W. Bush

is the former President of the United States.



In 2001, an AIDS pandemic threatened to destroy a generation of Africans. In country after country, people were needlessly dying even though new life-saving antiretroviral drugs were available at a reasonable cost. The humanitarian disaster called for dramatic action.

Against this backdrop, my administration decided to act and become part of the global effort to stop the spread of AIDS in the developing world. We began by helping create the multinational Global Fund to Fight AIDS, Tuberculosis and Malaria. It was a good start, but more was needed. So in 2003, with bipartisan support in Congress, we launched the President's Emergency Plan for AIDS Relief (PEPFAR) to partner with officials in 15 countries hit hardest by the disease. Today, PEPFAR is active in more than 30 countries and, in total, provides funding to programs in 88 countries.

PEPFAR was built on a results-oriented strategy. Our first step was to intervene where we could make an immediate impact.

Unborn children whose mothers are HIV-positive are the saddest victims of the disease and among those who can be helped the most. So we began by providing pregnant women with medications that reduce mother-to-child transmissions of the disease. Then we expanded with prevention programs, care for orphaned children, and anti-retroviral treatments for those who suffer from HIV/AIDS.

I am proud of the contributions made by my fellow citizens. America's initial PEPFAR commitment was \$15 billion over five years. In 2008, the American people renewed their commitment and will now spend an additional \$39 billion on PEPFAR and the Global Fund through 2013. I am also proud to have worked with Bono. His encouragement and inspiration played a vital role in winning support for these initiatives.

To some, the fight against HIV in Africa may have once seemed hopeless. A deadly disease with no cure posed a threat to African nations and a challenge to all of humanity. It also fed despair, which can lead to terrorism and violence.

But PEPFAR set the clear goal of saving lives and is getting results. A decade ago, an estimated 50,000 people were receiving antiretroviral treatments in sub-Saharan Africa. In 2010, PEPFAR provided antiretroviral treatment to more than 900,000 people in South Africa alone and to approximately 3.2 million people worldwide. Combined, the Global Fund and PEPFAR provided about 4.7 million people across the world with antiretroviral medications last year.

I wish every American could see the individuals whose lives have been transformed by our efforts. Thanks to PEPFAR, approximately 450,000 children have been born HIV-free since 2004 even though their mothers have the disease. I've met many HIV-positive mothers who have given birth to healthy children because of PEPFAR. One of them, Kunene Tantoh of South Africa, came to the White House with her son Baron in 2007. Watching him smile, I could see the life and vitality our efforts are making possible. Thanks to treatments she received, Kunene broke HIV's bonds of death, and Baron was given a chance to live a full and productive life.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"I am proud of the contributions made by my fellow citizens, and I wish every American could see the life and vitality our efforts make possible."**

Mobilizing a Global Response

# Michel Kazatchkine

is Executive Director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Swaziland has the highest HIV prevalence in the world, with more than one quarter of its adult population infected. Some 130,000 children have been orphaned or made vulnerable by the death of one or both of their parents. The Global Fund is currently financing treatment for 56,000 people in the country.

When I met Tobha Nzima, she lived near Mbabane, Swaziland's capital, and was working as a domestic helper to a family. Tobha lost two long-term partners to AIDS. It was only when her 8-year-old son died in 2001 that Tobha was tested for HIV and began treatment. Her 16-year-old daughter, Nokwanda, is also on treatment. Her 5-year-old son, Ndududzo, is HIV-negative.

This is Tobha's story:

"I was three months pregnant when my first son died. I was afraid even to say that I was HIV-positive. Just a few months ago I gave birth again and went to test my second son. They said he's negative, Ndududzo. So I was very glad. I said: 'At least God is with me maybe.'"

"My daughter Nokwanda asked me, 'Mum, how did I get it? Because I know – we are told – that you get AIDS from sleeping with a boyfriend. But I have NEVER slept with a boyfriend.' She asked the question crying and I tried to explain to her: she got it when she was born.

"I had to tell her everything. 'This is your life and you have to take this for the rest of your life.' I wish for Nokwanda a brighter future. Since I started treatment, I already see my future coming bright.

"At first, I was not happy and I was full of misery. But as time went on, I had lessons about HIV, and now I've accepted it. Now I just say it's like any other illness.

"Ever since I started treatment, I can see now that I'm fine. I seem to have gained a lot of weight and I can feel everything is okay now.



Larry Towell, Magnum Photos, The Global Fund

"Sometimes I find out I have to help the boss's children with their homework. And I have a problem sometimes when I just start helping them, I just ask myself: I don't know who's helping my kids at home. I'm helping other people's kids, but then I say, ah, work is work. I'm making a living for my kids too. So everything needs patience especially in work. You need a lot of patience. Maybe as time goes on I think I can take a marriage. But now it's too hard for me. I don't even think about it now. I'm OK single.

"My life is coming alright. As time goes on, I think I'll be much, much better. Today, I'm proud of myself."

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"We have seen the impact of political commitment and resources. Science has given us the tools for prevention and treatment. And our experience in the last decade shows that with continued effort it is actually feasible to bring the AIDS epidemic under control in the next few years."**

## Mobilizing a Global Response

# Philippe Douste-Blazy

is President of UNITAID.



In developing countries, children's HIV infections are the most dreadful of all HIV infections. Until the last few years, the fight against it has also been very discouraging. Early diagnostics for children were not available, and most affected children died before the age of three. For the others, the diagnostic was made late, often at the AIDS stage, and there were no appropriate drugs available. The very few children who actually were treated received drugs intended for adults; tablets were cut into small pieces in an attempt to adapt them to the children's weights and sizes. The results of these improvised treatments were often catastrophic.

I was in Côte d'Ivoire in 2009 and met Jennifer. She was one year old. The huge eyes that seemed to swallow her whole face looked out with fear. She was far too skinny, she had HIV, and she had just been admitted to the hospital.

Children like Jennifer do not only suffer from HIV, they also suffer from a "market deficit."

In the rich countries, advanced treatment is available to avoid mother-to-child HIV transmission during pregnancy; there are no newborns infected with HIV in the maternity wards anymore. This means that there is no market for these pediatric drugs, and hence the pharmaceutical laboratories no longer earmark a budget to research and develop these drugs. Forgotten are the more than 1,000 children – nearly all in the developing countries – that are born each day with HIV.

This is where a worldwide solidarity tax becomes of utmost importance. There is a strong demand for pediatric drugs in developing countries, but there is no supply, since neither the patients nor the governments of these countries can afford to pay for them. Hence UNITAID created the market, first by financing the development and then the procurement of pediatric antiretroviral drugs. Using money from a symbolic tax on airline tickets in 14 countries, originally spurred by France and Brazil, UNITAID became the first worldwide, global healthcare initiative aimed at creating markets in the field of Global Public Goods, in this case, medicine.

At present, UNITAID pays for eight out of ten treatments for children being treated for AIDS the world over. UNITAID generated the creation of the pediatric antiretroviral drugs market and then went further. In places where markets exist, UNITAID managed to stimulate competition between the producers of generic drugs and thereby push down prices. UNITAID directly finances the operating costs of the World Health Organization service that determines the effectiveness of the drugs in order to accelerate their commercialization. Thanks to this program, UNITAID has contributed to the prequalification of 22 new drugs, pushed down their prices and considerably increased the number of patients who had access to the treatments.

Côte d'Ivoire has benefited from the UNITAID initiative for pediatric drugs. Five months after my first visit, I saw Jennifer again. She had become a child like any other, with fat cheeks and a trusting look with a hint of impishness. She is a little girl who will be able to go to school, a little girl who has a future.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"If we are able to invent a globalization of solidarity, that's to say a less selfish capitalism."**

Mobilizing a Global Response

# Michel Sidibé

is the Executive Director of UNAIDS.

I have the honor of meeting many amazing people in my role. Uche Ignatius and her daughter Ebube are two people that captured my attention and my heart. This family inspires me and holds me accountable.

Uche is an outreach worker for Positive Action for Treatment Access in Nigeria. She has access to treatment through the Nigerian Institute of Medical Research, funded by the President’s Emergency Plan for AIDS Relief. Twelve-year-old Ebube is Uche’s daughter and has become a beacon of hope, sharing her story with the UN Secretary General and other world leaders.

Uche and Ebube’s story is so powerful that rather than trying to speak for them, let me amplify Uche’s voice in her own words:

“My name is Uche and I found out my about my HIV status 12 years ago when I was pregnant with my daughter. After her birth, I knew that most people, including the medical staff, knew very little about HIV or the precautions I needed to take. So I did the research myself. I am thankful that my efforts and help from God made it possible for my daughter to remain free from HIV.

“My health for the past year has not been good. I was diagnosed with TB of the spine but only after I had been in a neck collar for many months. I’ve now been on TB treatment since February and hope to get the ‘all clear’ soon. I’ve had challenges, but believe I am doing well because I’ve always taken my medication seriously, I’ve had the love and support of those close to me and I was desperate to see my daughter grow into a beautiful woman. I have been lucky but the same cannot be said of many women in my situation.

“Ebube has been a huge support to me. When she was 6 years old, I told her about HIV. She was wondering how it came about that she was born HIV-negative when others were



Michel Sidibé and Ebube

UNAIDS / Hamilton

not so lucky. She said she wanted to see other children born to women living with HIV turn out the way she did: negative. So when she was asked to speak during a Positive Action for Treatment Access event, she jumped at the chance. She has been speaking out on AIDS ever since.

“Ebube challenges the government and stakeholders to do more to keep children free from HIV. I am honored that my daughter accepts my status and is comfortable with it. Ebube says she would like to be a doctor, and would like to find the cure for the virus and help everyone who is sick. I pray that she achieves her dreams.”

**What does ‘2015: The Beginning of the End of AIDS’ mean to you?**

**“For me, Uche and Ebube’s story symbolizes the beginning of the end of AIDS. It’s about believing in a world where there are zero new HIV infections, zero discrimination and zero AIDS-related deaths. A few years ago we could only dream of such a day – but now I know we can make it happen.”**

## Speaking Up to Save Lives

# Princess Kasune Zulu

is a speaker, author, and AIDS activist.



Princess Zulu speaking at ONE's service project event during the 2008 Republican National Convention

In 1997, I tested HIV-positive and was given only six months to live. Today, however, I travel the world speaking about HIV/AIDS and raising awareness about human rights issues, gender equality, education for girls, and about child labor, soldiers, and prostitution. Though I was born to a relatively well-off family in Zambia and lived a privileged childhood by my country's standards, my family struggled when my mother and father became sick with a mystery illness when I was only ten years old. Our lives changed dramatically when we moved to a village where I was forced to walk for miles before school each morning just to provide us with dirty drinking water. I wanted desperately to save my parents and even had to carry my father on my back just to get him to a hospital. Both my parents died within months of each other, leaving me in charge of eight siblings when I was 18.

One of my best options for survival was to marry an older man who could provide for my family. I soon became a mother of two and also tested positive for HIV. I did not want to die and leave behind my two children, both of whom were under the age of five. I knew that a new treatment had become available, and though it was not available in Zambia, I was hopeful and motivated to fight this disease. I saw this as my calling in life. At that time, antiretroviral treatment cost \$10,000 per year, but I was lucky to have a bishop in the U.S. provide the funding, making me one of the few Zambians with access to this new medicine.

I thank God for giving me the opportunities I have had and using me as an example to many others. I have even traveled to meet with former President George W. Bush during the creation of the President's Emergency Plan for AIDS Relief to urge him for support. With the \$15 million initial PEPFAR commitment — and millions more in the years since — many desperate people living with AIDS in Africa will stop seeing a positive HIV diagnosis as a death sentence, but as another manageable disease, as it is today in the developed world. I know such efforts can save mothers, fathers, teachers, doctors, children, and many more. Families like mine will no longer be forced to make tough decisions such as between treatment and child education. AIDS is a preventable disease and I know and hope that many more will be given the help and opportunities I have had to turn their lives around and make great contributions to our society.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"Every mother's dream or prayer is answered, that her child or children can be born and live HIV-free, a world where children can be children again, play, laugh, and cry, yet still know they are safe because mum and dad will be there and not dead. As the Zambian Bemba proverb says, "Imitiikulaimpanga," meaning the trees that grow become the forest. Our world lies on how well and healthy our children are."**

## Speaking Up to Save Lives

# Philipp Lahm

is captain of the German national soccer team and founder of the Philipp Lahm Foundation.

It was four years ago that I had a real eye-opening experience with people suffering from AIDS. It was during my visit to South Africa in the summer of 2007. I wanted to visit the country which was going to host the football World Cup three years later. I wanted to see the whole country, not just the hotel, the airport and the guarded residential estates that the richer people live in, but also the townships. It was a different world. A world of shacks and huts. The poorest people had no water or electricity, and several generations lived in just one room - a stark contrast to the huge villas which we had driven past just a few miles down the road.

But in these horrific surroundings I was absolutely amazed to meet people who gave us a really warm and heartfelt welcome. Wherever we went we were greeted with hospitality and friendly curiosity, and we quickly got talking. I listened to their personal stories - and all the abstract statistics I'd heard started to come to life.

What imprinted itself on my mind was meeting Busisiwe. She told me she lived with her younger brother and sister and was the only person around to look after them. Her parents, uncle and aunts had all died of AIDS. Busisiwe was just 13 years old.

Her story really moved me. She didn't have a childhood and there was nobody in the world for her to turn to. And all because of the terrible disease which is the sad everyday reality of township life in South Africa, destroying countless lives day after day. I was lucky to grow up in Bavaria in Germany, one of a generation which has never known hunger or thirst or war; in a country where everyone has access to health care and where health education is an important issue. But this thirteen year old girl didn't have the sheltered childhood that I'd had. No family to protect and support her. And Busisiwe was one of countless such kids in the townships.



© Philipp Lahm-Stiftung

When I came back from South Africa I knew that I wanted to help. In December that year, I set up the Philipp Lahm Foundation. I made it my mission to support disadvantaged kids and youth through promoting sports, education and health programs. In all our projects in Africa, there is a special focus on education about AIDS. I'm quite aware that it takes more than a few local projects to fight AIDS. But if I can reach just a few kids like Busisiwe and give them some hope and something to strive for, then I think it's worth the effort. Sports and football are like a common language, reaching out to kids and young people, guiding them towards education and social values, and giving them a chance to break the cycle of poverty, violence and disease.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"For me this phrase is above all a huge challenge. It gives us a long-term goal. If we're going to achieve it, we need a strong team working together with the full commitment of each and every team member."**

## Speaking Up to Save Lives

# Karen Walrond

is a blogger ([chookooloonks.com](http://chookooloonks.com)) and a ONE mom.



Karen Walrond shows that the fist bump is universal in with a young boy in Kisumu, Kenya on a home HIV-testing visit

“Are you ready?” Sam was tall, young, and handsome, with a serious brow and a kind smile. “Let’s go.” Heaving a large hamper of food, water purification drops, and mosquito netting on his shoulder, Sam started off, with long, purposeful strides. His assistant, Grace, followed closely behind, carrying HIV testing supplies. My travel companion Amy and I glanced at each other. Here we go, we agreed almost telepathically, before heading down the narrow path and into the bush after Sam and Grace.

Amy and I landed in Kenya the night before, two of ten bloggers from America. We were there to learn how U.S. investments in the treatment and control of HIV/AIDS were working, and so the ONE Campaign had brought us to Kisumu, where HIV is endemic. The Centers for Disease Control run many programs here, including the in-home HIV testing and counseling we were about to experience.

We walked in silence for about 15 minutes, when suddenly, the bush cleared and we found ourselves in front of a small mud house with an intricately thatched roof. Standing in the doorway was a man, a young woman, and two children: a boy of about 6 years old, and a toddler girl. “This is the family,” Sam said. “Jambo,” said Amy and I. The couple smiled back. “Hello,” they replied, and led us into their house. Sam sat next to me.

“This family already knows their status,” he explained, “but they’ve agreed to let us test them again, so you can witness the procedure. Grace will conduct the testing; I will translate.” With a smile, Grace turned her attention to the family, speaking Swahili while Sam translated softly next to us. We watched as she described the procedure: one line appearing on the test strip indicates an HIV-negative status, two lines indicate positive. Using the medical supplies, she pricked the parents’ fingers, placing drops of blood on the test strips. One parent was negative. The other, positive.

“In cases like this,” Sam continued softly, “we test the children.” The little boy and girl came forward and bravely allowed their fingers to be pricked. We watched as the test strips transformed. Two lines appeared on each of the children’s strips. “They are both positive,” Sam said quietly. I couldn’t help but notice a touch of sadness in his voice. But before we could say anything, he continued, “but there is good news: now the family knows their status, and can get help. This is why the work we do is so important: by traveling to every house in this region, there is no stigma. No one feels they are being singled out for testing, and they all can get the medical attention they need and deserve. These children will grow up to live full, productive lives.” Grace was still speaking to the family, but Sam continued talking, more animatedly, more passionately. “Now she’s telling them how to make sure that the negative parent won’t become infected. In this way, we ensure that all members of the community are getting the right information about HIV and AIDS. We’re dispelling myths about the disease and replacing them with the facts.”

He was quiet for a moment, and then looked at us, his eyes shining. “It is amazing, but it is true: we are saving lives.”

**What does ‘2015: The Beginning of the End of AIDS’ mean to you?**

**“It means that finally, the incidence of HIV/AIDS all around the world will begin to decrease, instead of increase. It means that finally we will have discovered a cure, or at least a vaccination to prevent the spread of this awful virus. It means that by the time my daughter is an adult, she and her contemporaries will be speaking of HIV/AIDS as a historical disease, rather than a present-day one.”**

## Speaking Up to Save Lives

# Florida Mwediga

is a teenager living in Houston.

My name is Florida and I am 14 years old. I live in Houston, Texas with my mom, Fortunata. I'm a healthy, happy teenager with a crush on Justin Bieber and a love of gymnastics and horseback riding. I'm also living proof that we can successfully prevent mother-to-child transmission of HIV. Let me tell you our story:

My mom is from Tanzania, a stunning country with beautiful and friendly people. Unfortunately, it is common for people there to suffer from malaria, typhoid, and other diseases, sometimes multiple times. After moving to Houston in 1997, my mother's immune system had been weakened by repeated bouts of malaria — AIDS was the last thing on her mind.

Although my mom was pregnant when she arrived in Houston, she had never received any prenatal care back in Tanzania. She was excited about the new baby, a new life in America, and a new marriage, but she didn't know how her pregnancy was doing. She set an appointment with a doctor for a prenatal visit, and when the doctor told her that she was infected with HIV, she broke down. I can't imagine how desperate she must have felt. She thought we both were going to die.

Remember this was 1997, well before the President's Emergency Plan for AIDS Relief and other programs that had brought HIV treatment to Tanzania and other places. In Tanzania, being told you were HIV-positive was a death sentence. Luckily for both of us, my mom was now in the United States, where her doctor told her there was medicine she could take to keep me from being born with the disease and help keep her healthy.

It worked. My mom and I were lucky. She calls me a miracle baby, but the truth is, because she was living in the United States, she had testing, early detection, and medicine. I was born healthy and HIV-free. In other parts of the world, babies aren't as lucky. More than 1,000 are born every day with HIV and only half live past their second birthday, mainly because of where they live.



Florida and her mother, Fortunata, in New York

Though HIV and other disease treatments are a lot better in Tanzania and other countries today than they were in 1997,

I still am sad that too many moms and babies won't end up as healthy as my mom and me. There ought to be a way to help them.

For a couple of years now, Mom has worked in our community to raise awareness of HIV, and I have recently joined her to spread the word that if you're pregnant and HIV-positive, having an HIV-positive baby is preventable, not inevitable. We will keep on doing everything we can to help in Houston and around the country. We hope others will do everything they can to help the moms and their babies in Africa. And that one day no child or mom will be infected with HIV.

**What does '2015: The Beginning of the End of AIDS' mean to you?**

**"It means providing a chance at a healthy life for millions and millions of innocent babies and their moms."**

**THE BEGINNING OF  
THE END OF AIDS  
STARTS WITH**

**YOU**

**Go to [ONE.org](http://ONE.org)**

**Bold goals require bold action. We have made incredible progress in the fight against AIDS, as evidenced by the powerful stories featured in this report, but now is the worst possible time to ease up in our efforts. With continued support from citizens and leaders around the world, we can bend the curve of this pandemic and together see the beginning of the end of AIDS—a remarkable and lasting achievement for generations to come. We hope you will join us in this fight.**

**ONE**