

**Plenary Thursday August 17, 2006**  
**XVI INTERNATIONAL AIDS CONFERENCE TORONTO, CANADA**  
**THE AIDS PANDEMIC: TRANSFORMING RELIGION, POLITICS AND CIVIL**  
**SOCIETY.**

**The Price of Inaction**

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Mr. Chairman,  
You're Excellencies,  
Ladies and gentlemen.

**Lessons from the past**

There is not a person sitting in this room today who does not understand the consequences of inaction. In 2031, another 25 years from now, there will be no one under the age of 50 years who will be able to remember a world without AIDS. Every government official, every religious leader and every grandmother will have lived through the pandemic. What story will they tell? We are responsible for shaping that story.

The actions we take or fail to take now will shape the future, and determine the story of tomorrow. Either we take hold of the future or the future will take hold of us.

If by 2031, millions of people are still becoming infected with HIV, it will not be because we didn't act or understand the consequences of our actions. It will be because we failed to apply the knowledge that we gathered the first 25 years.

We have spent the 25 years with this pandemic. We are smarter in how we live with it, better educated about the behaviour of the virus, more highly skilled in how to prevent it and indeed we appreciate more the role of leadership in social change and disease management. Yet, we lack one critical component if we are to succeed to go to the future

with integrity. We must come to terms with the ethical issues that prevent us from making unprecedented progress. Let me name three:

**First: Mortality VS Morality.** The millions of lives lost cannot be ignored. Indeed, these statistics are a tragic snapshot of the past and hint at a frightful future. However, statistics say little about the wider context of the epidemic or its complex and diverse interconnections with major issues such as religion, economics, security, peace, violence or gender disparity.

The imperatives of an ethical human society demand that we address AIDS with minds open to new standards of values. One's ethical stance is highly dependent on their values. Values are forged during defining moments. Are these not defining moment for the ethics of morality vs. mortality? Values carry us through times of tremendous change when the whole world appears to be spinning endlessly. But AIDS has put a wedge on how we think about values.

Today we must answer the question, "Can morality override mortality?" How can we let people die because they don't meet moral standards? Is it ethical to let people die because they are poor and are not profitable drug clients? How much profit is ethical? How can some think investing in war is more ethical than investing in peace? How ethical are the budgets spent on war machines when millions are dying from poverty?

These questions have lots of dollars attached to them and require responses from religions, businesses, governments and individuals. Our responses will shape the future story of AIDS. We cannot turn our back away from them.

**Second,** are concerns on how we use the knowledge that struggle against HIV and AIDS is not only about the disease, but also about power.

HIV has opened the Pandora box about how powerlessness translates into poverty and death. But we see changes here that ask for more. Who would have thought that one day

in human history, the world would be forced to stop and listen to children, drug users and others at a UN General Assembly? Today we do but we must do more and make available resources to people to bring lasting change.

For money to translate into a positive story, leadership has to exist at local, national and international levels to break the cycle of misery. The moral issues here are how we value each and every person providing leadership. Making money work for change means providing resources for all leaders to play their part. Leadership must be backed with institutional and human capacity.

There have to be mechanisms, and policies that will keep funds from dissipation or being allocated to conflicting initiatives. Making money work through increased coordination, monitoring and evaluation are necessary good practices. Eradicating corruption is also critical to more resource mobilisation. But the real account is how much prevention, care and treatment reaches communities?

The current crisis of local health systems that do not work is an example of what needs change. Girl's education and protecting children and women from violence are other examples. Change is a collective responsibility. The future must include putting a stop to the blame syndrome that has been part of our 25 year history. Although we have learnt that AIDS has no boundaries and borders, we are still a long way from global solidarity.

Isolationist scientific research, cloaking resources, and lone ranger prevention, treatment and care hamper progress and waste resources. Factionalism, be it cultural, religious or political harms us all.

Collaboration, working together for peace, fair trade, knowledge sharing and research will give us a chance to get to 2031 with a different storyline.

**Third**, and the most important area that presents us with unanswered ethical issues is about how we manage our humanity as men and women who share humanity together. In our trek towards the future demise of AIDS, we know that we can stop the feminization

of the pandemic by acting ensuring women's human dignity and human rights. Women must sit at the table where decisions are made. To do so, all of us here today must push for new laws, access to knowledge and change of attitudes towards women and children.

Our children are our future, too. We must love them, care and protect them from harm. Investing in children as a whole and in the girl child in particular will create a brighter future. Keeping parents alive is absolutely essential. For lasting results we expect a lot from governments, but HIV asks for more.

As civil Society, the private sector, and individuals join the table the size, shape and table manners have to change.

We have to learn to work well with each other for sustainable results. We must work as teams and partners across borders. Leadership in HIV requires a combination of skills, intent, passion and compassion.

What then is the real cost of inaction? The cost of inaction is nothing less than a high moral failure that will shame our achievements of the last twenty centuries. It is too costly. You and I cannot afford that. The next 25 years need leaders who can go where angels do not dare.

Thank you.

Musimbi Kanyoro