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Congratulations and grateful thanks to the organizers - Union for International Cancer Control, Ligue contre le cancer and - Alliance des Ligues Francophones Africaines et Méditerranéennes contre le cancer (ALIAM) against cancer.

1. **I am not surprised to be in France today**

I am not surprised that this large congress against cancer is taking place in Paris today in the presence of President Hollande himself. In particular, the theme of the conference: "Mobilising Action, Inspiring Change"

Moreover, we return from the replenishment meeting of the Global Fund in Canada, at which France, despite the economic crisis and numerous development and climate change priorities, continues to champion commitments to the fight against disease, including AIDS. [1.3 billion dollars promised]

Everything began with President Chirac, who made the fight against cancer one of the three priority action areas of his five-year term. He said: "it's an essential human issue, given the suffering of those affected and their loved ones". In his words: "Cancer should also be fought so that normal life can continue, both during and after the disease".

2. **Integration time**

President Chirac understood that fighting disease is not just health systems and hospitals, it is about people. We must place people at the centre.

This has been AIDS activists' greatest accomplishment. The transformation of an epidemic initially characterized by fear and discrimination into a social movement for human rights as well as health rights. We have succeeded in making it a social demand, whether for patients or for the treatment. We have successfully changed the very nature of the disease and it is time to draw lessons from the fact.

For both AIDS and cancer, community mobilization, activism and advocacy play a key role. The people-centred services provided by communities are at the heart of health care. Communities understand that

we cannot treat individual health conditions in isolation, and we cannot ignore the social determinants of health.

Throughout the world response to AIDS, we have seen how integrating HIV diagnosis into other health services has been fundamental.

- Integration into maternity health services has prevented millions of babies from being born with HIV.
- We very soon learned that we were treating people afflicted with HIV, only to let them die of tuberculosis. Collaboration and integration between the HIV and tuberculosis programmes has led to a strong increase in HIV diagnoses in tuberculous patients.
- Integration of HIV prevention into sexual and reproductive health services, as well as a rights-based approach to the gender dynamics that deny women control over their bodies, is very important.
- This is the sort of transformation that we would like to see in every country.

3. A silo mentality approach can only aggravate the situation of women living with HIV - one concrete example of this is cervical cancer

We know:

- That women living with HIV are four to five times more at risk of cervical cancer than HIV-negative women
- The majority of women affected by cervical cancer are between 15 and 39 years old.
- Most (85%) new cervical cancer cases (530 000 per year) and 88% deaths (265 000 per year) occur in low-income and middle-income countries.

Half of the women with cervical cancer in Africa today will die. This is unacceptable for a disease which is very largely avoidable−thanks to a vaccine against HPV (human papillomavirus) −as well as curable if diagnosed and treated promptly. But factors such as their place of birth, level of poverty and lack of access to the vaccine, diagnosis or treatment widely available to young women in rich countries, leave them with little chance.

Preventing and treating this cancer goes beyond biological and medical intervention. It is imperative to empower women and girls, to break the patriarchal structures and eliminate sexist and sexual violence, not only in order to further the health and rights of women and girls but also to ensure that their families, communities and nations prosper.

I would like to take this opportunity to congratulate the numerous First Ladies who are committed to fighting female cancers as a national issue concerning women's rights and women's health.

Progress has been made. The Pink Ribbon Red Ribbon public-private partnership, of which UNAIDS is a partner and co-founder, in collaboration with the United States President's Emergency Plan for AIDS

Relief (PEPFAR) among others, is working with national governments, NGOs, multilateral organizations and the private sector to improve the prevention and treatment of cervical cancer, and to provide services for the early detection and treatment of cancer in some of the African countries most affected by HIV.

Certain countries have paved the way:

- Integrating HIV and Cervical Cancer
    - In 2006, Zambia used its HIV programme infrastructure to introduce the Cervical Cancer Prevention Program, a nurse-driven cervical cancer screening and treatment programme that was integrated into public sector clinics as a routine health-care service. Within five years, the programme provided services to over 58 000 women.
- HPV vaccination programme
    - In February 2014, the South African government made history and was praised when it became the first African country to introduce an HPV vaccination programme with its own funds. It introduced an HPV vaccine free of charge to all nine- and ten-year old school girls.

4. Beyond service integration, we must come up with sustainable solutions for people - guarantee universal access to care and universal health coverage

Our great success with AIDS was to make access to treatment a global public good.

- In 2000, the cost of one year of antiretroviral treatment was $10,000. Were this the case today, it would cost us $170 billion per year to treat 17 million people.
- This is the equivalent of three times the level of Official Development Assistance (ODA) allocated to Africa.
- But this is not the case today. Thanks to innovation and the pressure exerted on pharmaceutical companies to reduce prices and make the market more competitive, we treat 17 million people for 1.7 billion dollars.

Issue of exorbitant costs of medicinal products applies directly to cancer:

- Among the exorbitant prices, one might cite the case of Keytruda, a new medicine effective against melanoma, the cost of which is estimated at over 100,000 euros per patient per year. The Ligue contre le Cancer often reminds us that the pharmaceutical industry determines its prices “according to the economic capacities of the market”.

Access to universal treatments means protection against catastrophic health expenditure. Critical link between health, inequalities, injustice, conflicts and vulnerabilities.

- 150 million people slide into poverty each year paying for health services from their own pockets.

Question of availability, but also of physical and financial accessibility

- 70 per cent of world population = no access
  - Sierra Leone: 1 doctor for 45,000
  - Liberia: 2 doctors for 100,000
  - USA: 1 doctor for 400

Universal access to integrated health services must be guaranteed for both non-transmissible and transmissible diseases.

This discussion is not only about medical fees or proximity to care, it is about social justice, the right to health and the redistribution of opportunities. We must guarantee the democratization of access to treatment to ensure that no-one is left behind.

We must build people-centred health systems. This means completely changing our approach to service delivery to reinforce the interface between health service providers and communities, making use of non-conventional capacities.

5. None of this will be possible without radical reform of the global health architecture

This architecture is obsolete and today no longer enables us to address these issues.

There can be no worldwide health security without effective management of the risks to individual health.

Today we face ever more fragmented solutions and ever less integrated investments.

I cannot say it often enough: we need a Fund for global health.

We just need a body such as UNAIDS, developed to make use of its capacities to support national governments and give advocacy, and its expertise at the intersection between human rights and health, thereby not only continuing to be leader in the fight against AIDS, but also taking ownership of global health issues.

It is to France that we owe the progress that has been made regarding the visibility of universal health coverage - thanks to this country's commitment at a national, regional and international level, as the universal health coverage target adopted in the sustainable development objectives shows.

This indeed shows that the underlying debate is one about equity - which consolidates people's capacity to live rather than just survive, and enables them to become active citizens contributing to the

economic growth of their country. Without this, no development, even less sustainable, and the objectives that we adopted just a few months ago will remain vain promises.

The time has come to unite the forces of the worldwide AIDS movement with other allies. It is time to reaffirm the need for collaboration and partnerships between bodies, sectors and movements, in order to guarantee that populations have universal access to integrated prevention, treatment, care and health management services that are rights-based, equitable, just and efficient and delivered by innovative health systems.

Our collective efforts to transform this architecture will have a wider and longer-lasting impact and could save more of our lives.