

I feel honored by your invitation to speak in this conference. First of all, I want to thank you for giving me the opportunity to share the experiences that I have gained during all these years, working and learning in the field of HIV and AIDS.

I was born in Mexico some years ago- to be very exact I will be joining the club of the 50 years old very soon. If I may say so, I have the privilege of living my teenager years through the 80's. It was a very fun, colorful, exiting time, full of changes. Incredible things were happening around the world in the area of science, technology, arts and politics. The face of the world was changing in so many ways and in the background of all these amazing events an epidemic was slowly developing. An epidemic that was to take many lives and change mine and many others' for ever.

In 2002 I began to be fully involved in working with positive women and their families but specially with pregnant positive women, the great majority of them were women of non Dutch origin, with a very low level of education, victims of sexual violence, arm conflicts, poverty, discrimination and stigma.

For the majority of those women the announcement that they are diagnosed with the infection did not only reach their ears as a death sentence, accordingly to their engraved memories of the reality of HIV in their countries of origin. But they were also convinced they will give birth to an infected child.

We found together with committed Doctors and social workers a way to convince them of the benefits of treatment and the different reality for their health status and their babies in their new home Holland.

Countless times, during personal counseling and support our team of positive women with already healthy babies and long time survivors, saw faces of disbelief when we share our histories.

For the first time working in within a treatment center, the popular sentence “I KNOW HOW YOU FEEL”, became almost the magic formula to build a bridge of trust and understanding between the treatment team and the patient. And the reason was very simple:

We really knew how they feel!

This project included empowerment, social activities, education and prevention, a 24/7 hot line available to them but most important of all a humanistic approach and the invaluable cooperation of the medical professionals involved.

In 2008 listening To Margaret Chan from the World Health Organization while beginning some days of lobbying for the Initiative of AIDS FREE GENERATION, she stroke me as lighting with a very simple tale she used to make all the audience reflect on Prevention of Mother To Child Transmission (PMTCT).

She begun with something like this:

How many of you have taken a plane to attend this meeting?

Many of us raised our hands.

How many of you remember the security instructions regarding the oxygen mask given by the flight attendant?

What are you supposed to do in case we are flying with small children and the oxygen masks need to be used?

The answer is first you, the adult put the mask on your self and then you proceed to place the mask in the small children traveling with you.

Then she moved to the very true conclusion: If we do not take care of the health of the mothers first how are we going to take care of the health of the children????

That did it for me and became a call for something I am deeply committed ever since and it is the prevention of mother to child transmission.

Call me a dreamer but I truly believe the AIDS FREE GENERATION can be achieved. And as a citizen of the world and having born in a developing country, I strongly believe that the right to a fair chance of an HIV free child from a positive mother should not be determined by the place were the child is born, even though it is the harsh reality today.

Now we are facing new challenges and new issues.

Aging with HIV has become especially hard for women. Early menopause, cardiovascular problems, depression, diabetes and some others are common health problems that we face while getting older.

It is also the fact that women most of the times are the primary caregivers of the also infected partners, the elders, the children ,in many cases the pillar of their communities.

Once they have achieved a relatively good health, suppressed viral load and good cd4 count, they

feel it is about time to start moving on and at this moment co morbidities are diagnosed, usually when it is a little bit too late.

In my experience, going back to the basics and working within the treatment centers and becoming partners and collaborators with the medical professionals, volunteers and civil society is much more effective. At the end of the day we both are there for the same reason: we want to see the patients achieve a better health, find ways to improve their lives and defend the basic right to stay alive, regardless of what condition has brought them into a hospital, clinic, Doctor's office or even the emergency room.

My first trip to this wonderful country in April 2014, changed the way I was seeing HIV in the last few years.

Ukraine reminded me of my country in many ways, even though I left many years ago and gave me the inspiration to try to do something about it. I wanted to contribute in a change since I could never do it in my home country.

The implementation of our methodology as a pilot project together with Foundation East-West, the Ukrainian Network for People Living with HIV has been a dream coming true for my organization. And for me, being part of this vibrant and wonderful change taking place because of amazing people in this incredible resilient land, is a privilege.

There is much work to do ahead in my to do list will be the here in Ukraine we maybe able to get in the general public and the society to make them aware and informed. HIV is neither a black, nor a white disease. It is not sex workers', substance abusers', migrants', heterosexuals' or homosexuals' virus. It is a human disease, and no one should be categorized as fit or unfit for deserving respect, access to care and good quality of life because of it.

Many years ago when people were just people getting organized to fight a nameless disease, when nobody was put under a label, when nobody was to blame, great things were accomplished within the medical and social field. Then became the labeling, the blame game and the worst side effect of HIV: stigma.

The right to health should not be condition for who we choose to love our how we choose to cope with our Demond's neither for what poverty and lack of oppourtunities leave us as choice of

occupation.

An inclusive community is the more effective way to fight HIV and AIDS. Testing, treatment and access to care are vital to reduce the increasing numbers of people infected or dying from the **DICE** **ACE**.

Thank you!