

# UNAIDS EXECUTIVE DIRECTOR REMARKS

WINNIE BYANYIMA

UNAIDS | 2025



28 APRIL 2025, GENEVA, SWITZERLAND

MULTISTAKEHOLDER CONSULTATION ON THE GLOBAL AIDS STRATEGY 2026–2031





Ambassador of Brazil, Cecilia Ishitani, distinguished members of the PCB, members of delegations from the capitals, civil society, youth movements, UN colleagues, and communities living with and affected by HIV—I warmly greet you all.

### **I want to begin by setting the context.**

Today we face a major geopolitical shift. It's not just about redistributing power in the world, but it also actively eroding multilateralism. The United Nations, once a centre of legitimacy for global action, is losing authority, and the confidence of its member states. Its capacity to address crises, from conflicts, to climate change, pandemics, health security—is increasingly paralyzed. This loss of authority is matched by a retreating in financing—North-South development flows have been decreasing; South-South increasing—but not filling the gap for development needs. And it's also accompanied by a huge backlash on human rights and gender equality, which are core for us in the fight against HIV

In 2024, we saw a 7% decline in ODA according to the OECD.

This year will be the sharpest decline in ODA we have ever seen. The Low-Income Countries (LICs) and Low-Middle Income Countries (LMICs) are on average over 60% dependent on these flows for their HIV response. That's critical.

This is the context in which we are making our new Global AIDS Strategy to take us to 2030.

### **Yet, AIDS is not over.**

There were 1.3 million HIV infections last year. 3500 people acquired HIV every day. And in this moment of crisis, as we see services shutting down around the world, this number is growing. At UNAIDS, we estimate that 5800 people are now being infected every day—up from 3500. If it continues like this, we will see more than 6 million new infections and 4 million AIDS-related deaths by 2030. It's serious; we may lose control.

These are not abstract numbers. Many of us in this virtual room have been affected, we've lost family, we've lost friends, many people we know, to AIDS. We've seen communities affected by HIV. I do not want us to return to those days that are still in our memories, those of us old enough to see what happened at the beginning and at the height of this epidemic.

### **Our hope for a better future is rooted in an understanding of what works.**

Life-saving innovations being made accessible to all people everywhere in the world, community-led interventions, and global solidarity have brought us to the point where AIDS-related deaths are down by 69% and new HIV infections by 60% from their respective peaks. This progress—we know what made it happen.

An end to the AIDS pandemic is truly within reach. But today, we risk losing all that we have gained. If we lose momentum now—if we fragment our focus—we risk a resurgence that will be far more costly in lives and resources.

**This Strategy we are shaping has to be different.  
It will have to be bold.**

This is not the time to just make small adjustments here and there. It's time to throw everything we have behind the HIV response—as we make a last push for all people living with HIV and at risk. Because a resurgence would be a catastrophe, not just for health systems, but for human rights, for economies, for peace and stability.

We are near the 2030 deadline for the Sustainable Development Goals, and ending AIDS is one target amongst those goals. We are developing a new Global AIDS Strategy now because as I said, the world has changed—we are in the middle of a seismic global shift that we cannot ignore. We must make a strategy to adjust to what is happening.

**So this Strategy has to be a rallying cry.**

It must push for a transformed and sustainable HIV response that has strong, effective, integrated health systems and services. It must have a focus that is taking us more and more towards self-financing by countries, because we can see clearly that there is a major re-set in global development financing, and we must make a strategy that helps countries to move with that re-set.

It must prioritise and give a higher emphasis on prevention, but also treatment and innovation. Prevention, because by ambitiously cutting down new infections, we move towards sustainable national HIV responses—responses that are affordable by countries. We're pushing hard on prevention, pushing hard on getting everyone tested, and those who are HIV positive put on treatment and adhering to treatment. And getting the latest innovations into the hands of all those who need them—getting the science to work for everyone.

We have to put communities at the centre of responses, and this is now a bigger challenge than it was before. Because now, as with this shift in development financing, we need to have national governments in strong partnerships with their communities, with civil society, to be able to lead strong, impactful responses centring on communities.

The strategy must break the silence on stigma and discrimination. This is going to be a major battle because there is a global pushback on rights, and we have to push back on this. Because without that, the people who live with HIV or at risk of HIV, will not get the services that they need.

Rights have to be at the centre of this strategy. We need to get governments excited to be bolder, and to push harder on our collective response—global solidarity. Multilateralism is weakening, but here with the HIV response, we are always going to need strong global solidarity to end this disease.

We must also put this strategy in the context of global health security. We must put it in the context of pandemic prevention, preparedness and response. Let me give you an example. I was in my country of Uganda in February. In this region of the Great Lakes, we were going through four pandemics at the same time: Ebola, mpox, Marburg, and HIV.

This is the context in which we must fight against HIV. Infectious diseases incubating and growing in one corner of the world risk the health of everyone in the whole world. This is the context that we must also put our strategy in.



### **Let me be clear: we can't afford a fragmented or overloaded Strategy.**

One that tries to be everything to everyone—if we do that, we will fail. The Board has told us “*Make it doable. Make it count.*” This Strategy needs to be focused, realistic, but yet ambitious. It must set clear priorities, that are backed by our data. It will connect the dots between, prevention, treatment, human rights, and innovation—as one smart, coherent push. And it will spell out how we will hold ourselves and our partners accountable.

We in the Joint Programme are going through three important processes that are interlinked.

1. We have a High-level Panel that is about to give us its recommendations on a resilient and fit-for-purpose Joint Programme. That is the Secretariat and the 11 Cosponsors, and how we work together to be more impactful.
2. There's an accompanying process of restructuring the Secretariat, to ensure that we fit into our current financial context and are able to deliver on our mandate effectively and efficiently.
3. We also have this Strategy process.

All the three are linked and are taking us as a Joint Programme to a place where we support and also change the Global AIDS Strategy.

### **We are in a new era where long-acting prevention, injectable treatments, and potential cures are within sight.**

But here is the danger: unless we tackle the question of access, these breakthroughs will just widen the gap between rich and poor. They might even end up being wonderful things that are on a shelf somewhere or benefitting a few people in rich countries—and it would be a story of what would have been, rather than what can happen now. This Strategy must push for equity in innovation—ensuring that every person living with HIV and affected by HIV, no matter where they live, can benefit from the best science, the best tools, and the best care. We got here by answering this question of access, and we must push further on the question of access.

That also means supporting local manufacturing. And I am so happy to be sitting here next to the Ambassador of Brazil. Last year, Brazil made a very important push in the direction of supporting, strengthening regional production of medicines, and I believe will be launching an alliance for regional production of medicines sometime next month.

It means that we must make medicines affordable. And it means putting people and not profits first.

### **What does success look like?**

It looks like fewer new HIV infections, fewer AIDS deaths, and zero tolerance for stigma, and no discrimination.

It looks like equitable access to the latest innovations, particularly in the area of prevention—the long-acting injectables that are now a benefit to those who live in richer countries.

This is about a global response where nobody is left behind, whether they live in a high-income, middle-income, or low-income country.

It looks like sustaining financing for the local AIDS response.

It means supporting countries to put more of their own resources into the response.

It means richer countries maintaining, even increasing, their own investments in the global AIDS response.

But it looks also like strong systems that integrate HIV with broader health and development goals, while staying laser-focused on what makes HIV unique.

Above all, success looks like shared ownership. This is not a strategy for UNAIDS. It's the Global AIDS Strategy—it's for the whole world. It's a framework for every country to move forward, to tailor it to their national AIDS strategy. So it belongs to all of us.

And the process you are part of today is not symbolic—it is operational. It's about putting out there a framework that will lead to effective operations to fight HIV/AIDS. It's not an exercise in academics, it is practical, it is pragmatic.

### **Let me end with a challenge to all of us.**

We can't let this opportunity slip through our fingers—no matter how tough the global context is. All the uncertainty in the world means that we must be even more hands-on, and we must assess better the risks and make this Strategy address those risks that are out there in the world—from humanitarian crises, to economic turbulence, to climate crisis, and all other crises. We must assess their impact and make sure that the Global AIDS Strategy addresses them.

The AIDS response is a model for resilience. And a world that beats AIDS is a world better prepared for future threats.

Let's be bold. Let's demand a Strategy that is focused, that is fearless for people living with HIV and for people affected. They're on the ground, they're fighting with their own lives. We are here to back them.

Let's bring the world to the finish line. Let's not be tired but fight with all that we know and with our hearts.

I thank you for being here. I thank you all for your courage.

Let's use these two days to listen to the many ideas, to reflect, and then we can take it forward to make it an impactful Strategy—because, let's remember: lives depend on it.

Let's finish what we started. And let's finish it strong.

Members of the Board, dear colleagues, thank you very much for listening to me.

