UNAIDS EXECUTIVE DIRECTOR **REMARKS**

WINNIE BYANYIMA

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ENACTING AN ETHIC OF CARE
AND RESPONSIBILITY IN
GLOBAL HEALTH
PARTNERSHIPS

Thank you.

Dear Colleagues and Friends,

It is not fair to say I'm giving a keynote. The keynote has been given by Professor Nelson Sewankambo. Mine will be a humble reflection.

Thank you to the Uganda National Academy of Sciences and partners for this important meeting.

It is an honour to speak here at UNAIDS in this Kofi Annan room, where we are reminded daily that global health is not an abstract ideal, it is the fight for survival, for dignity, for the equal right of every human being to live free from systems of exclusion.

What can I say about that remarkable story you told about starting 35 years ago and growing through partnerships fighting this disease? This conversation on the ethics of care and responsibility could not be more urgent, more timely. We meet at a moment of multiple threats, multiple global crises, from climate crisis to conflict, economic disruptions to growing authoritarianism, all of these are compounded by the inequalities that have long undermined health outcomes.

We are here not out of cynicism, but hope. Hope that we can build partnerships rooted not in dominance or charity, but in solidarity and care.

I will speak to three connected truths:

1. One is that deep inequalities hold global health back. I use the inequality framing. It complements your ethical framing
2. I will speak to the more just model of partnerships that we need to build
3. What this means in the current crisis in health and humanitarian financing

1. Inequality

Global health partnerships have too often mirrored the very inequalities they seek to address. Power remains concentrated in a few hands, and decision-making often takes place far from the communities whose lives are at stake. We just mentioned the funding cut that came suddenly.

Too many global health programmes still treat people as passive recipients, not agents of their own health and rights. I call this the disease of doctors. They love patients. They don't really love the human being. It is the patient they want. Success is often defined by donor satisfaction, not by justice or liberation.

Let's be clear: inequalities in the enjoyment of human rights by people within countries. Inequalities between countries in access to health technologies. Inequalities between countries in access to finance. All these are not technical gaps, they are political choices. They are the outcomes of a global system where the lives of some are valued more than the lives of others.

For decades, people living with and affected by HIV have fought—fought with their lives—for voice and agency, for a seat at the table, not just access to treatment. Yes access to treatment, but a right to being where decisions about their lives are made. To speak with their own voice, make their own demands. I am proud that here at UNAIDS, we are the only part of the United Nations that has communities, people living with HIV sitting on our board of governance and sitting in all our structures, whether technical committees, human rights committees, whatever we do, when we set up a structure, they must be there. This is an important outcome of the struggles of people living with HIV. And an example of what real, meaningful partnership is.

Civil society have shown us that programmes designed without dignity, without them, fail. They have shown us that data collected without humanity is misleading. That when those most affected are excluded from decisions, the response cannot succeed.

We see this in our data every year, we see which countries are making progress, we see which countries are not, and always the pattern is clear: that those who exclude those most affected make least progress.

These lessons go beyond HIV. They apply across global health.

2. Now to the Ethics of Care and Responsibility

Your report from UNAS offers a compelling vision, congratulations: a model of global health grounded in mutual care, responsibility, and accountability is key. A model where equity is not an aspiration but a practice reflected in how partners relate to one another.

I agree it means: humility, not hierarchy. I am not the most humble person, but I like structures to force me to be equal. Trust, not transaction. Standing with, not above, each other. It means partnerships that begin by recognising and strengthening existing capacities—thank you for making that point so well.

I'm from the women's movement and we were at the height of the HIV pandemic in our country Uganda, when we were fighting for women's rights. And everything on women's rights was being pushed back. Women were being pushed out from their homes and told they were the ones who brought AIDS into their families. They were losing assets, their home, their land. They were losing custody of their children. They were dying alone and miserable. And we were fighting to defend those rights. And there were many organisations, partners, coming to help us in that fight. And they would always come to capacity build us. Until we said we had enough capacity building, we just want the money. We know who the enemy is, we want to fight our oppressors, they are in our bedrooms, they are in the government, they're everywhere. We know what we want to do, give us the money. It was quite a struggle, because our priorities were defined for us, yet we knew what our priorities were, what we wanted to work on first, what we wanted to keep silent about. But we were being told what to do. So this is for me not just an issue to discuss, but it has defined the struggles that I have lived in, this question of equal partnerships.

This means dismantling hierarchies between countries and within countries. It is these hierarchies that marginalise women, young people, LGBTQI people, sex workers, migrants, people who use drugs, and others who bear the brunt of health injustice. It means valuing their lived experience as expertise. And embracing co-creation, co-ownership and co-responsibility.

Our board, we meet here in this room, the NGO delegation that includes representatives from all these groups I have mentioned from all over the world, the five regions of the world, they speak truth to power. They speak to the Ambassadors and Ministers of donor countries. They tell their lived experience. They insist when we don't pay attention. They slap us with their words. That is how we've been able to contribute to progress against HIV. The hierarchies in this room are not fate. I see people sitting around this table speak their truth. This is not charity. It is justice. It is ethics. It is the path to results.

3. A time of Crisis—what does this mean

Right now, the world is facing a crisis in health and humanitarian financing. It's more than a financial crisis actually, it's a geopolitical crisis in the world.

Some believe HIV is yesterday's issue. But the numbers tell a different story: There are 1.3 million people who acquired HIV last year. There were 630 000 AIDS-related deaths last year. We cannot run away from those facts. We have to build partnerships that humanise, not commodify. We have to let local voices, community voices, lead, not just participate at every level. We must measure our success by the power we share, not the power we hoard and abuse. We must root every investment in a radical ethic of care and justice. This is the only way we will reclaim the promise to end AIDS, to protect lives, and to secure the right to health for all.

We can choose care over control, solidarity over saviourism, and shared responsibility over structural inequalities.

The future we seek will not emerge from inertia. It will emerge from courage. Courage like you have to come here in a meeting room and tell your truth backed by your evidence.

Let us be bold. Let us be relentless. Yes relentless—those with power block their ears, pretend not to hear, so we have to repeat the message again and again.

And let us face this crisis with care, with justice, and with solidarity.

Thank you.

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