

UNAIDS EXECUTIVE DIRECTOR REMARKS

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78TH WORLD HEALTH ASSEMBLY 2025—HIGH LEVEL MULTISECTORAL LEADERSHIP DIALOGUE “A NEW ERA OF HIV PREVENTION; ACCELERATING ACCESS TO LONG-ACTING PREVENTION OPTIONS THROUGH SUSTAINABLE PREVENTION SYSTEMS AND FINANCING” CO-ORGANIZED BY UNAIDS, UNFPA, GLOBAL HIV PREVENTION COALITION, WORLD HEALTH ORGANIZATION AND UNDP. 21 MAY 2025, GENEVA, SWITZERLAND



Panel 1: Long-acting prevention: An unprecedented window of opportunity for HIV prevention toward 2030

Thank you Mitchell [*Moderator, Mitchell Warren*]

I want to start by addressing the elephant in the room:

The global HIV response is disrupted, seriously disrupted, let's face it. Global solidarity is waning, external assistance to developing countries in need is being pulled away abruptly. If we continue down this path, UNAIDS is estimating that we could see an additional 6 million new HIV infections by 2029, in 4 years time, and 4 million more AIDS-related deaths by 2029. A series disruption. The truth is, we will lose control of the AIDS epidemic. We are at a moment where we haven't been at in the last 25 years.

I am old enough to remember those dark days of this pandemic, when in my country the most lucrative business was that of making coffins. They were lying on the roads. I do not want us to go back there. But we could.

But we have an opportunity today.

I see it. We have the new, long-acting HIV prevention tools. These could reshape the HIV response. They could help us to ambitiously drive down new infections, to a point where we are back on the right path.

And, in this room here, we have many of the people who we need to make it happen.

Gilead Sciences, Eva Pharma, producers of these game-changing medicines are here. Donor governments who can help roll this out, shape the market, are here. Developing countries who themselves are ambitiously paying for their own responses. And also emerging economies that have huge capacity for generic production. And then we also have the communities represented here, who know how to reach the last person who needs a prevention tool.

So if we can take a moonshot approach to scale-up long-acting injectables, make them affordable to everyone who needs them in every country—including middle-income countries—we could make it.

If we make full use of the whole prevention toolkit alongside the longacting injectables—I'm talking about education for girls, sexuality education in schools, harm reduction programmes, condoms and PrEP, if we keep that going as well.

If we scale up domestic investment in HIV in every country, but of course working with the donor governments for a gradual transition to full ownership. Not abrupt taking away of resources.

Rich country governments, if you don't walk away, then we can steer the course.

It is possible. These longacting injectables, we could roll them out very fast. Remember, we saw it in the mid-90s and early 2000s when governments came together and set up us UNAIDS, the Global Fund, PEPFAR and UNITAID and then we saw the rolling out of ARVs. We are here today because of those important decisions that were made then.

And we saw it again during Covid. Although many things didn't go right, we did see 4 billion people getting a COVID-19 vaccine in one year. If 4 billion people can get a vaccine in one year, what about the rolling out of long acting injectables?

We can do it. We can have our one shot to end AIDS.

So, I want to finish with two questions for all of us.

1. What will you do to help seize this moment? This is my questions to our panellists here.
2. And what can UNAIDS do to help get us there?

Let's answer those questions.

Thank you.

