

UNAIDS EXECUTIVE DIRECTOR REMARKS

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78TH WORLD HEALTH ASSEMBLY 2025—ENDING INEQUALITIES IN PANDEMIC RESPONSES:
THE PANDEMIC AGREEMENT AND BEYOND—SIDE EVENT ORGANISED BY THE GLOBAL COUNCIL
ON AIDS, INEQUALITY AND PANDEMICS. 21 MAY 2025, GENEVA, SWITZERLAND



First, I have to start by congratulating Precious [*Matsoso, Co-Chair of the Intergovernmental Negotiating Body for the Pandemic Agreement*], for your remarkable success co-chairing these negotiations alongside France. And you Nisia [*Trindade, former Minister of Health, Brazil*] Vice Chairing, alongside Thailand, Egypt, and Australia. And of course Dr Tedros [*Adhanom Ghebreyesus, Director-General, World Health Organisation*] for this landmark achievement. I think you have proven that multilateralism is alive and well. That through global cooperation we can save humanity. These things are important today. So thank you.

Yes, for us at UNAIDS, we were supporting this process and we were fighting to get our lessons, what we've learned from fighting a pandemic, what works into that treaty and I am happy that those principles such as the centrality of human rights in fighting a pandemic, the leadership of communities in fighting a pandemic, and the equitable access to technologies is available for everybody. These are key and are quite explicitly reflected in the treaty. That's important for us.

It's important to indicate clearly that you need a multisectoral, whole of society, whole of government approach to win against a pandemic. A pandemic is not just about health, it's about so many other things. These are well reflected.

Of course, an agreement of this kind is a compromise. A compromise doesn't give you everything you want. We do not feel it is as ambitious as we had wanted, particularly in some areas. We are an advocacy programme—and we will be pushing governments to implement ambitiously, even if in some areas we don't see the ambition we want.

I did notice that in the late stages, some rich countries pushed and softened the language on technology transfer. They wanted to say that technology transfer must never be mandatory. But there is a footnote saying that still, this should not prevent countries from doing whatever it takes to access the technologies they need. So, there is a way it is balanced out.

For us, that aspect of Pathogen Access and benefit sharing was such a crucial area for reaching agreement. For us, what is there is good enough for us to continue pushing and ensuring that there is equity of access before and during a pandemic.

Thank you.

I'd actually just arrived here at UNAIDS when COVID hit us. And we saw—and it was really shocking for the people I work with here, the allies and communities that we work with, to see the same mistakes that were made in the early years of HIV being repeated.

We created a coalition, called the People's Vaccine Alliance. We spoke very forcefully. But it was interesting to see how research that was publicly funded, that had been done over so many years being appropriated by a company and then a company running away with it, hoarding the technology and maximising profits.

Our allies in the United States of America worked very hard to speak with the White House because there was an administration there that was listening to us in civil society and the UN. To say "Look you have put in 32 billion dollars in this mRNA vaccine. How can two companies monopolize your public funding and hoard the vaccine. And their hands were tied, the White House was clear, "Our hands are tied. We do not have a way." I remember talking to Professor Fauci. It is our science; it is our work here at NIH that Moderna is using to make the vaccine. But we do not have any way to compel them to put the vaccine to public use. To reap back what taxpayers have put in.

This agreement makes it clear that a principle of pandemic response will be that of sharing what has been paid for publicly. There will be conditions to public funding of any health technology that comes out.

This is so important for us. It's a major, major breakthrough. Because 12 million people in Africa died waiting for HIV antiretrovirals. This time, they say 1.3 million people's lives could have been saved and not been lost during COVID had the vaccine been shared equitably. So for me, this agreement has laid the foundation for us to take this work further. We haven't got everything we wanted on that front. But it has laid the foundation for building on it for ensuring that never again will we have millions around the world dying when a lifesaving technology is there.

Thank you.

Just to agree very much with Nsia and congratulate Brazil for your leadership in G20. It's true there were some G20 countries who wanted to narrow the scope of what the Global Coalition on Local & Regional Manufacturing could do. And we instituted and the Global Council on AIDS, Inequality and Pandemics supported, lobbied for it to be wider. We know at UNAIDS, last year 2023, there were only 3.5 million people using PrEP for prevention. And we have a target of 10 million. We are not going to reach it. There are many reasons why people don't take PrEP. It's available, but they don't access it.

But there is this amazing technology lenacapavir that Gilead has invented that could be a solution for millions of other people. However, it is not yet available—and it could take years and years to become available. This is not a way to fight and win against a pandemic. We would want that lenacapavir is licensed to many companies, all in every region, production would increase, prices would come down.



Today it is about \$40 000 in the market in the US for treating highly resisted HIV positive people. \$40 000. We are told that it could go down to \$40 per person per year if it was licensed for generic production in all regions. Why isn't it happening?

Because the world has put itself in a situation where a producer, an innovator can hold the whole world hostage on this. So we see an opportunity with this treaty to challenge, and to move forward, to get lenacapavir, and to use it to drive down infections and maybe reach the end of HIV.

In Latin America, your region Nsia, no company has yet been licensed to produce lenacapavir. Yet this is the region where new infections have been rising instead of decreasing. It's just wrong. So, this Pandemic Agreement provides the framework for a more equitable global health system.

And we are going to use it push harder. I keep telling Gilead you cannot repeat the history of the past. You have to move further and get everyone to have access to this magical innovation.

During COVID, we watched in outrage as the world failed to learn the lessons from HIV which we'd been fighting for decades.

I set up an Alliance, called the People's Vaccine Alliance, campaigning for equitable access to the technologies by waiving intellectual property rules. WHO set up what they called the COVID-19 Technology Access Pool, encouraging the innovators to share. But pharma companies boycotted it. Even AstraZeneca, whose vaccine was 99% publicly funded with Oxford University, a public institution, also refused.

But Spain was one of the few countries that put technology there in the pool. Secretary Padilla, we thank you and your government for showing that solidarity and leadership.

But most refused to share and mostly people in the Global South paid with their lives.

We kept saying "never again", "never again" in our alliance. Now this is an agreement that gives us a chance to get it right. To end the overreliance on donations from rich countries and their pharma companies.

You said it well, Secretary Padilla, that innovation, science, technological innovations are coming from more and more different regions, not concentrated in one. But we need an ecosystem to enable it.

Remember, it was South Africa that isolated Omicron variant. They came up with an mRNA vaccine of their own. So, we have more and more opportunities to see that everywhere in every region, there is a capacity to produce and save lives.

We can break the inequality cycle. That is why I commend this Global Council on AIDS, Inequality and Pandemics.

Many of you will be know already about Sir Michael Marmot, who is a co-chair of this Global Council. His research showing that a person's health is largely determined by one's access to employment, to education, to housing, to social safety nets. These are the social determinants of health, and how important they are for pandemic preparedness and response.

So, the research of the Inequality Council has shown this relationship between inequalities and pandemics: that inequalities turn outbreaks into pandemics, and that pandemics become more disruptive and deadly, when they are in situations of inequalities. So, we see that it's a cycle—it's a cycle that can be broken, and this agreement is an opportunity to do that.

Nisia, thank you for serving as a founding member of the Council, for your dedicated work during Brazil's presidency. This Global Coalition for Local and Regional Production, Innovation and Equitable Access has our undivided support. We will support it, we will campaign for it, we will see that it is a tool for breaking this inequality cycle. These are tough days for global health. The cuts to the global HIV response could see 6 million additional new infections by 2029, in four years' time, 4 million additional deaths in four years' time. We need to fight.

We need to fight—and Nisia, you couldn't have put it better. This is a time where we are fighting to maintain the gains that we have made. There is such a push back to what we have gained over so many years, that just maintaining it is the fight we are in. And we are not going to give up. We're going to keep battling.

And I thank you all for being here for this very important discussion. This is the journey, this is the way to fight.

