

UNAIDS EXECUTIVE DIRECTOR REMARKS

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78TH WORLD HEALTH ASSEMBLY 2025—"THE FUTURE OF DOMESTIC FINANCING FOR HEALTH IS NOW: AFRICA'S PATHWAY TO SUSTAINABLE HEALTH SYSTEMS"—ORGANIZED BY FEDERAL MINISTRY OF HEALTH AND SOCIAL WELFARE OF NIGERIA, CO-HOSTED WITH MINISTRIES OF HEALTH OF ETHIOPIA, SENEGAL AND SOUTH AFRICA, THE AFRICAN UNION COMMISSION, AUDA-NEPAD, SADC, EAC, THE AFROCHAMPIONS INITIATIVE, WHO, UNAIDS AND THE GLOBAL FUND. 22 MAY 2025, GENEVA, SWITZERLAND



Panel discussion: Navigating a New Era of Global and Domestic Financing

Thank you Henry [*Moderator: Henry Bonsu*] and what a pleasure to be on this panel. Thank you for inviting us.

Donald Kaberuka set this discussion on the right tone: We don't want to be in an analysis paralysis. But let's be clear about this challenge that we have—it is huge, it is urgent, and it is complex.

By the end of today, around the world, about 5800 people will be newly infected with HIV. This is what is happening now. But a year ago when we did our last report the figure was 3500 people newly infected every day. So the number has gone up by 2300. It's almost doubling, because of this disruption.

We are seeing a resurging epidemic and real increases in new HIV infections and in AIDS-related deaths.

If we don't do something quickly and strong, in four years' time we could have 6 million more new HIV infections and 4 million more deaths. This is losing control from where we were moving forward well.

Let me give you an example of a country that was heavily dependent on external assistance. I was talking to the President of that country, who happened to have a finance background. So I said to him, you've been making progress reducing new infections, reducing deaths with a lot of external support. 91% of your HIV response is externally supported. I saw him take note. In that country 75% was supported by PEPFAR, 16% by Global Fund. The Government was putting in 9%. Now I said, you had 33 000 new infections last year. So you're adding to your bill, which is being paid externally, about 5 million dollars every year. He quickly saw it, being a finance person, that "I haven't got a hold on this, but it's growing every year, the recurrent cost." These are people who will be on treatment for life. But what shocked him the most was when I said the total figure of the amount of money spent on HIV is 75% of the total health budget. Think about that. One disease. Meaning that there was so little in the rest of the health system, but donors were willing to

support one disease with so much money. That is where many countries in Sub Saharan Africa are. I'm giving you one of the worst cases, because others are at 75% self financing, others 60%, but this was 91%. So the countries are different as Peter [Peter Sands] says in the level of dependence and therefore the challenge that they face.

I heard and I am recording with my teams the efforts that counties are putting in, the urgent steps they are taking, to fill the gap, to address the challenge. That is reassuring. However, when I hear what's being done in terms of raising more domestic revenues to put in, I still feel that the problem is bigger than the effort. I'm sorry to say. Why?

When I hear about more taxes on alcohol, cigarettes, that's good, but why don't I hear about more progressive taxation, more taxing companies, removing tax exemptions, what about shifting to where the big money is?

My last point is about integration. If we are going to be able to finance our health systems, we need to bring HIV services into the mainstream of the health system. This is complex because HIV health services are very much anchored by community-based services. So governments will need to find ways to make the health system bring in the community part of health systems that HIV has built. And this will mean governments working with civil society, with communities in different ways and paying them for their work.

Thank you.



