UNAIDS EXECUTIVE DIRECTOR **REMARKS**

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UNAIDS | 2026

4 MAY 2026
13th International Francophone Conference
AFRAVIH 2026 OPENING CEREMONY
LAUSANNE, SWITZERLAND

Keeping our promise to end inequalities and AIDS

Good evening, I am delighted to be here with you.

Many of you in this room are responsible for the extraordinary progress we have made in the HIV response:

- 31.6 million people are on treatment — 77% of all people living with HIV.
- New infections are down by 61% since their peak in 1996.
- AIDS-related deaths have fallen by 70% since 2004.

This is remarkable progress.

But as you all know, ending AIDS has never been only a medical challenge. It has always been shaped — and determined — by inequality.

Our greatest breakthroughs came when we closed gaps in access to scientific innovation, to finance, and to rights driven by political leadership, global solidarity, and a powerful community-led movement.

That is the lens I want to use today. Because those same inequalities are still with us.

Last year alone:

- 1.3 million new infections
- 630,000 deaths — all preventable
- 9.2 million people still waiting for treatment

AIDS is not over wherever stigma, criminalisation, and exclusion keep people from services.

1. Access to Scientific Innovation

The first turning point in the HIV response came when we confronted inequality in access to life-saving science.

Antiretroviral therapy changed everything. But for millions, it was unaffordable — locked behind intellectual property protections.

What shifted the trajectory was not just innovation-it was political action to create exceptions to intellectual property rules. That decision saved millions of lives. But today, we are repeating the same battle — for every new innovation.

Take lenacapavir:

- Market price: over $28,000 per person per year
- Sold at scale: $40 — potentially falling to $25

After sustained pressure, we secured generic agreements at that price.

But only six companies are licensed; none are in Sub-Saharan Africa; key countries are excluded and scale-up will take years.

In the meantime, 2 million people may receive it when we need 20 million on PrEP, including 13 million on long-acting options.

This is not an isolated issue. A new monthly prevention pill could cost just $5 per year but only if there is political pressure on originator companies.

The lesson is clear. We cannot continue negotiating access product by product.

We need structural change:

- Rethinking intellectual property rules
- Expanding regional manufacturing
- Embedding equity into innovation from the start

Otherwise, science will continue to move faster than access — and inequality will persist.

I am delighted that Philippe Duneton from UNITAID is with us- they do such important work in this area.

2. Access to Finance

The second major breakthrough came through access to finance.

The global HIV response was built on official development assistance — aid. PEPFAR, the Global Fund — these institutions transformed the epidemic.

But the aid model came with deep structural flaws:

- It created parallel systems, often outside national health structures
- It drove donor-defined priorities
- It entrenched dependency
- And it was never sustainable

Today, that model is breaking down. Global aid fell by over 23% last year — the largest drop ever recorded. In Sub-Saharan Africa, until recently, two-thirds of HIV funding came from external sources. The shock is enormous.

And yet, this crisis is exposing something deeper — the global financial system is fundamentally unequal.

- African countries borrowing costs rose by 91% between 2021 and 2024
- Today, 28 African countries spend more on debt servicing than on health
- In 2023, in sub-Saharan Africa:
    - $61 billion came in as aid
    - $85 billion went out in debt payments
    - $88 billion was lost to illicit financial flows

For every dollar received, $2.80 left the continent.

This is not simply a funding gap. It is a structural extraction problem.

The future must look different. We must have:

- Financing rooted in national priorities and ownership
- Integrated, affordable health systems
- Sufficient domestic resource mobilisation to cover health, education and social protection
- And global reforms that create real fiscal space

We are seeing early shifts — the Accra Reset led by Ghana's President Mahama; the Lusaka Agenda led by Norway and Kenya; UN reforms; Brazil's G20 initiative for a Coalition for Local and Regional Productions of Medicines.

But without deeper structural change, inequality in financing will continue to undermine progress.

3. Equality in Rights

The third pillar is rights. The HIV response has always depended on advancing human rights. Where rights are protected, the response works. Where rights are denied, the epidemic thrives. What we are seeing now is not simply a cultural backlash. It is organised, well-funded, and geopolitical.

Part of a broader global contest — where powerful actors are competing for influence, markets, minerals, and energy — and using proxy conflicts in developing countries.

And in these conflicts, gender equality, sexual and reproductive health and rights, LGBTQ rights are being instrumentalised.

This is playing out through religious movements, parliamentary processes, legal reforms and bilateral negotiations.

The consequences are real:

- Criminalisation of key populations is increasing for the first time since UNAIDS began tracking these trends.
- Civil society space is shrinking.
- Community organisations are being defunded or shut down.

And the impact on HIV is immediate.

- Countries that criminalise have weaker HIV outcomes.
- Civil society space is shrinking.

Ending AIDS is impossible without advancing rights.

4. So where does this leave us?

We have the science, the tools and 40 years of experience. We know exactly which inequalities we must end.

We have a new Global AIDS Strategy with clear targets:

- 40 million people on treatment
- 20 million accessing antiretroviral based HIV prevention options

And we know the cost of failure, 3.3 million additional infections by 2030 if we fall short.

We also have a critical political moment ahead-the UN High-Level Meeting and a new Political Declaration.

So my ask is simple:

Stay engaged.

Stay political.

Keep pushing.

Push for fair access to innovation.

Push for a just and sustainable financing model.

Push back against the rollback of rights.

Because the HIV movement has never been passive. It has always been a movement that challenged power, changed rules, and expanded what was possible.

We must do so again.

Because even in this moment of disruption, it is still possible to end AIDS as a public health threat by 2030. But only if we end the inequalities that still define this epidemic.

Thank you.

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