UNAIDS EXECUTIVE DIRECTOR **REMARKS**

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AIDS2026 Opening Ceremony

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Good evening, Excellencies, Ministers My friends: Let me begin by thanking the Government and people of Brazil for welcoming us and the International AIDS Society (IAS) for bringing us all together the world's scientists, communities, the policymakers and the activists. Brazil has long shown for a long time universal access is not a dream but a political choice. Brazil showed the world what political courage in public health looks like. We need that spirit today. We are living through a seismic shift in the global order. The world has changed profoundly from 2 years ago when we met at this conference. And we are not going back.

So my message is simple. We must build something new—an AIDS response for the world that we have today, not the world we wish existed. Not the world of yesterday.

Just weeks ago, despite the geopolitical tensions, Member States at the United Nations adopted a new Political Declaration on HIV. It tells us that we can still build a shared commitment to ending AIDS. The Declaration gives us a roadmap. Our task is to turn that roadmap into reality. In recent months I have travelled from New York to Accra, from Beijing to London to Rio. Everywhere I have seen uncertainty. But also, determination. I believe we can build the next AIDS response. One that reaches people living with HIV in Kibera, Khayelitsha, Dharavi and Cidade de Deus. Geography must never determine who lives and who dies.

You have heard me say many times that AIDS is a pandemic driven by inequality.

Every major breakthrough that came because we confronted inequality directly. We brought those left behind into the centre through science, human rights and solidarity. We closed the gaps. Today those gains are under attack. The equity that we built through decades of struggle, through the courage of communities, activists and scientists, is being pulled apart. So, the battle must be fought on three fronts: rights, science and financing.


AIDS 2026

Rights

The AIDS response transformed global health because it placed people and human rights at its centre. Progress has always been driven by communities demanding dignity, demanding treatment, demanding justice. Today rights are under attack. Global human rights norms are being weakened. For the first time since UNAIDS began tracking legal rights criminalisation is increasing rather than declining. Last year alone, more countries criminalised same-sex relationships, and others imposed harsher penalties. The consequences are immediate. In Senegal, for example, HIV services for those most in need are closing. Fear replaces trust. People disappear from care. And the virus spreads. So we need broader coalitions than ever before. Human rights defenders. Women's movements. LGBTQI+ movements. Democracy movements. Because health, gender justice and democracy-they rise or they fall together.

The Political Declaration reaffirmed those principles—setting targets for reforming laws, ending stigma, and putting communities at the centre-member states committed to delivering 80% of prevention for those most at risk by the communities themselves. Now we must defend them in practice.

You know, some have money, some have power. We have people, we have justice on our side. History tells us that organised people eventually defeat organised money. I believe in social justice, in human rights and organizing.

Science

I salute the scientists in this room who have worked alongside communities, so that their discoveries in your laboratories became life-saving medicines that reached millions. The AIDS response has done something extraordinary. Whether someone lives in Lilongwe or London, Sao Paolo or San Francisco, they can receive the same world-class medicines. That is what equity looks like. But today I fear we are missing another historic opportunity.

Two years ago, at this very conference, we saw results showing lenacapavir to be the most effective HIV prevention tool ever developed. Today the world is moving too slowly. We should be on track for twenty

million people receiving long-acting prevention—not two or three million. Some say that twenty million is unrealistic. I disagree totally. During COVID, within one year of discovering effective vaccines, 4.5 billion people received a dose. So what is twenty million? Twenty million people is not beyond the world's capacity.

So I ask Gilead my friends again: help us. Help us to change this. Help us to get on the fast-track. South Africa is still waiting for the licence to manufacture. Brazil has negotiated for more than a year and is still lacking affordable access. Brazil has shown the world what is possible and should not now be forced to stand at the back of the queue. That's injustice. And to Merck, your once-monthly medicine is deeply promising. Can you imagine an end to a pill a day to just once a month. I celebrate your plans for the African region. But standing here in Brazil I have to ask you both Merck and Gilead: How can Latin America still be left outside licences for life-saving innovations? A whole region and its people left out. It's an injustice. I call on all companies: open the gates; scale production; share technology. Let us get on the fast-track to end this disease. In the new Political Declaration governments committed to the most progressive language on sharing technology in years. Millions of lives depend on the speed of implementing this.

Financing

The AIDS response has been one of humanity's greatest acts of solidarity. The Global Fund. PEPFAR. Unitaid. Governments. Communities came together to close gap on financing. But today that solidarity is under unprecedented strain. International HIV financing fell last year by more than US$1.5 billion dollars—an 18% decline. Domestic investment continues to grow but cannot replace external financing overnight. Many countries now must spend more servicing debt than on their total health programme—and often many times more than aid they received. This is not economic inevitability. This is the result of political choices. Governments indeed must increase domestic investment. But we must also change the global rules that prevent them from collecting revenues I mean: a fairer international financial system, I am talking about immediate debt restructuring, I am talking about global corporate tax collaboration to end tax dodging that drains money out. So countries have the fiscal space to invest sustainably in health, in HIV, in all the needs of people.


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National governments also have choices to make. They must tax fairly, spend wisely, protect health. And as HIV services become more integrated into broader health systems—as they must—we must never abandon equity. If integration leaves behind the poorest and the most marginalized, if integration leaves out communities, the backbone of the response, we will lose lives, and we will lose ground.

My friends, political will can be built.

Political will can be driven and you know how to do it you in this room. At last week's AU HIV summit, African governments committed to a new roadmap, Brazil through its G20 leadership, is leading a global coalition on regional production of medicines determined to help Africa and other regions have their production, Spain is driving debt restructuring. The world has changed but like I say we have reasons to hope. Our values have not and will not change:
We still believe every person deserves dignity.
We still believe scientific progress must benefit everyone.
And we still believe that inequality can be defeated.
Those beliefs built the AIDS response. They will carry us through this new era. The mission to end AIDS has not changed. It remains within our reach to end AIDS as a public health threat. If we have the courage to match science with justice. Innovation with equity. National leadership with global solidarity.

Let us finish the job. My friends we can

Thank you.

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