UNAIDS EXECUTIVE DIRECTOR **REMARKS**

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Multi-stakeholder Panel 1: The world together: multilateral action for coordinated pandemic prevention, preparedness and response, including sharing of best practices and lessons learnt so far

And I now give the floor to Miss Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and I invite her to address the following question:

A defining lesson from both the Covid 19 pandemic and HIV Aids is that a whole of society response is obviously critical as we seek to strengthen multilateral action, how can we ensure that future pandemic preparedness is driven by global solidarity?

Merci, Monsieur le Président. Excellencies, distinguished ladies and gentlemen.

I lead the United Nations response to the AIDS pandemic. And over three decades, we have repeatedly relearned the hard lesson that the health sector alone cannot stop pandemics, AIDS, COVID, SARS, Mpox, Ebola right now in DRC all have shown us that a whole of society response is not a nice to have.

It is a necessity to stop pandemics.

But when I look at national and global structures for preparedness, I do not see enough of that approach.

After Covid, I convened the Global Council on Inequality, AIDS and pandemics to try and understand what drives pandemics from a whole of society perspective. The Council's findings have important implications for how we think about preparedness.

We found that countries with strong laboratories, stockpiles and surveillance, and with high scores on preparedness indices such as the Health Security Index or the Joint External Evaluation J index, sometimes had very poor outcomes.

Meanwhile, countries with far less capacity did much better.

And why was that? Inequality.

The Council found that inequality fuels pandemics.

More unequal countries had higher COVID deaths, faster COVID spread, more HIV infections, and more AIDS deaths.

And pandemics, in turn, widen economic gaps, leaving countries more unequal and more vulnerable to the next pandemic. So, it's a cycle.

We concluded that we need an inequality informed approach to pandemic prevention, preparedness and response, and we need to build this into our laws, into our national and global institutions, and into our financing.

Let me give you an example.

You go and tell a woman in an informal settlement or in a low-income community, whether in Rio de Janeiro or in Johannesburg, or even here in New York — if you tell her to stay at home, not to work during a pandemic, when that means that her children will not eat, that is not public health advice she can follow.

That is an impossible choice.

But if the government, her government, has a plan to surge social protection, this is a decision coming from a ministry of finance, a ministry of social protection, you make it possible for her to be a partner in a public health response, a whole of government approach.

Preparedness must therefore be about more than detecting a virus.

It must be about enabling people to act on public health advice between countries.

The same inequality logic rules in COVID high income countries had four times more money to spend than low-income countries.

The pandemic was prolonged when a handful of companies had monopolies and decided which countries will get vaccines, when they will get them, and in what quantities.

We saw a similar pattern in AIDS, before countries used their laws to carve out space and provide production for themselves across the world.

So let us redefine what prepared means.

Preparedness means community-led services that can reach the most excluded people.

Social protection systems that are ready to surge when crisis hits.

Data and rights systems that track inequality, not just pathogens.

It means financing that protects countries from plunging into more debt during a pandemic.

It means automatically waiving global patent rules on pandemic technologies so that countries collaborate to reach everyone as fast as possible.

That is what is needed, what we need.

We have the science.

We saw how quickly we got it during COVID.

What we need is the solidarity and systems to make that science work.

An inequality-informed, whole of society approach is what will enable this science that we have to stop pandemics.

I thank you.

