Opening of the World Health Summit

Hope is rooted in action: Learning from the HIV pandemic to overcome COVID-19

Berlin and Virtual, 25 October 2020
Thank you. Thank you and congratulations on organizing this very important meeting, the World Health Summit.

Excellencies, distinguished ladies and gentlemen.

There is a wonderful German saying: “Der Gesunde weiss nicht, wie reich er ist.” The healthy one does not know how rich he or she is. There is nothing worth more than health.

The COVID-19 crisis has shaken everyone and upended everything. We won’t see a fast resumption of everyday life, and we won’t be heading “back to normal” so soon.

The good news that I have to share at this important summit is that the experience from the AIDS pandemic provides us hope. That hope, however, is not found merely in the passage of time, or in easy tweaks. AIDS taught us, and COVID is reminding us, that only bold and radical policy action and major resource shifts can get us out of crises like this one. Nothing less than that can work. So here are some lessons:

**First, a global pandemic must have a global solution.**

We learned that from AIDS. People were dying and the world was in despair until the United Nations brough the world together and agreed to have a global HIV response which led to the successes we are seeing today – even without a vaccine, even without a cure, we have 25 million people on life-saving HIV treatment, living full lives. I would like to take this opportunity to thank Chancellor Angela Merkel and the German Government for their global leadership in this crisis, recognising that it is a global problem needing a global solution.
Second, we need as governments and international institutions to open space for communities.

This is an important lesson from the HIV response. Not only for the communities to express their concerns, but to be part of shaping what is done. The most important drivers of change leading us out of the AIDS catastrophe were not those in authority, they did their part. It was those most affected, who brought ground-level insight, who pioneered practical innovation, who spoke truth to power, and held leaders to account. In a crisis, you need more community voice and power, not less. Affected communities sit at the heart of UNAIDS governance and are the core of our work. We are special in the United Nations system to have civil society, including people living with HIV sitting on our board and guiding our work. Their first message to us, here at this summit, they asked me to say to governments, to major stakeholders: “open the doors”.

Third, we need to organize the development and production of COVID vaccines, tests and treatments recognising that they are global public goods.

Those who do not learn history are doomed to repeat it. We saw this when antiretrovirals had been innovated, discovered and were on the market. People in developing countries experienced five years at least, more than 10 million lives lost to HIV as they waited, because of the current system, monopolistic system that relies on patent hoarding and price-gouging, that puts intellectual property protection over the right to life. We must change that. We must put people first.

That is why we need a People’s Vaccine. I am proud to be part of a diverse and global alliance calling for a People’s Vaccine. Together we believe that there must be save and effective vaccines for everyone. Vaccines that a fairly and speedily distributed across the world, free of charge, according to need and not ability to pay. To do so, first we need to maximise supply. No single pharma company can make enough vaccines for the world. We need to unlock huge manufacturing capacity for the vaccine. To do this, all pharma companies must openly share their know-how and technology for producing their vaccines, free of patent and monopoly. This know-how and technology, which has been paid for by many rich governments, can then be shared with as many producers as possible. Once we have more producers, we have more doses and there will be no need for this self-defeating
vaccine bidding war in which the ones most at risk will always lose.

We have innovated. The WHO has shown us how access pools work. For example, with the medicines patent pool. We also welcome COVAX, another pool. But we need its spirit of solidarity to extend to sharing technology and intellectual property for the global public good. For this we need more investment in vaccine manufacturing in more regions of the world to supply the people in this pandemic and be ready to serve them again in a next pandemic. The Access to COVID-19 Tools Accelerator, ACT Accelerator, has been set up in the understanding that no-one is safe until everyone is safe. We need massive, simultaneous production of vaccines, treatments and tests across regions and across producers.

Fourth, we need to organize financing for health care in line with the recognition that health is a human right and a collective responsibility.

People in developing countries spend half a trillion dollars annually — over $80 per person – out of their own pockets to access health services. Millions of them sink into poverty, because of paying for medicine, for treatment. User fees across most of the low-income countries and low- and middle-income countries are the most regressive way of health financing. They are a tax on the sick that increases morbidity and mortality and exacerbates poverty and inequalities. And in this job’s crisis, access to health needs to be de-linked from formal employment.

Fragmentation in health care delivery is expensive, it is inefficient, it is ineffective. Now is the time to step up public investment to ensure universal public healthcare that includes publicly funded community-delivered services. We would need taxation, progressive taxation, that is reasonable and affordable. We would need businesses and the wealthiest individuals to take a higher burden of tax- we need progressive taxation. And of course, we would need to have the richer countries supporting the strengthening of health systems in the developing countries in the spirit of global solidarity.
Many developing countries are spending more today on debt repayments than on health, education and social protection. That cannot be a way out of a pandemic because they are now also facing austerity with the economic contraction. The recent 6-month extension of the limited Debt Service Sustainability Initiative should be transformed into an agreement applicable to all developing countries and all types of lender including multilateral and private lenders. We face a choice between life or debt. We need to look at other ways to expand the fiscal space for the developing countries to be able to cope with this pandemic.

**Fifth, we need to challenge discrimination and exclusion, and protect everyone’s human rights.**

We can see how xenophobia, racism, bias, discrimination, abuse of human rights of minorities including LGBTI, sex workers, migrants, impacts health outcomes. We have seen the most vulnerable people facing more prosecution in the middle of a pandemic. We must stop this. We must assert human rights that are enshrined in the Universal Declaration of Human Rights.

We can see how COVID has exacerbated crises within crises – worsening gender inequalities, exclusion from education for girls, child marriages are increasing. The COVID crisis risks undermining progress also on AIDS. HIV and COVID are two colliding epidemics that must be addressed together. I must insist on this, because we are seeing in some countries desperate governments taking from one epidemic to fight another. This is not an answer. From the right to health to the right to education to the right to organize, all human rights must be at the heart of the response to the crisis, and of ensuring public health.

We can beat COVID-19, we can beat inequality, we can finish the unfinished business of AIDS and also repair the global economy – but only with a people-centred, public health, rights-based approach.

And this requires boldness.

Thank you so much for this opportunity.