

WINNIE BYANYIMA

UNAIDS | 2020

UNAIDS EXECUTIVE DIRECTOR REMARKS

8 November 2020,

Opening of the 10th edition of AFRAVIH

HIV & COVID colliding pandemics – From disruption to transformation

Vos excellences, chers collègues, chers amis,

C'est un honneur pour moi de m'adresser à vous aujourd'hui.

COVID-19 continues to have devastating impacts on the whole world and is widening inequalities. On top of the intolerable loss of life; the job losses; the poverty; the huge socio-economic impact, the increased violence against women; the human rights violations, it is disrupting essential systems for health and undermining programmes to address HIV and other global health priorities. At UNAIDS, and as I know you all are, we are very concerned about the colliding pandemics of COVID-19 and HIV and what this means for people living with HIV and vulnerable populations.

With health at the top of the political agenda, we must seize this opportunity to transform our world and “build back better” to end COVID and HIV

Many countries in West and Central Africa have successfully used the lessons learned from decades of fighting HIV and responding to Ebola in the response to COVID-19.

Communities, in particular HIV communities, have been front and centre of the response in an outstanding display of solidarity.

From Senegal to Cote d'Ivoire, communities and civil society organisations swiftly transformed their activities to facilitate home delivery of HIV and other treatments. From Cameroun to Guinea, efforts to transition to multi-month dispensation of HIV treatment accelerated.

What is building back better? What does it mean?

Building back better means reimagining systems of health so that they are agile and inclusive

Weak health systems that are underfunded, understaffed, and centralized health services put people at risk, especially now during the pandemic of COVID-19 together with the HIV epidemic.

Resilient health systems mean fully integrating community-led efforts into national responses for HIV and COVID-19, from decision-making to delivery, from planning to monitoring. It is about integration, it is about decentralization.

Building back better means stepping up public investment to ensure universal public healthcare

Even before COVID-19 hit, almost a half of all the low-income countries, almost all in Africa, were either in debt distress or at high risk of debt distress. Data shows that 54 of low-income, as well as some middle-income countries, were spending more on debt repayments than on health. Every month now, in the middle of this crisis of COVID-19, the poor countries that are indebted are paying over US\$ 3 billion dollars a month as debt repayments.

We need to find ways to reduce the total debt stock and to give meaningful debt suspension through at least 2022 so that these countries have the fiscal space to invest in their health systems and address the two pandemics. There is resistance but we have to push hard for the countries that are most burdened by debt to have a chance to fight this pandemic.

User fees, so common in West and Central Africa, are the most regressive form of health financing and they must be abolished. It does not make sense in the middle of a pandemic to ask people to pay out of their pocket to do a test. Health care should be a human right and should never depend on the money you have in your pocket.

To build back better means placing human rights and dignity of all people at the centre of HIV and COVID responses

That's the lesson we learned from HIV. Both HIV and COVID-19 run along the fault-lines of inequality and exclusion. It is a myth to believe that there can be a trade-off between human rights and public health. They go together. Human rights are the very means by which governments can fight and win against any pandemic— including COVID-19, and including HIV.

Building back better means developing and producing health technologies that are global public goods.

We cannot repeat the mistakes we made in the early years of the HIV response when anti-retroviral treatments (ARV's) were available but prices were so high that only people in rich countries were getting ARVs and living long healthy lives and when millions of people were dying in poor countries. We cannot repeat that mistake. We need regional cooperation to boost research and development capacities. We need to strengthen local production to ensure that when a vaccine is found there is production in all

regions, and that no one is waiting at the back of the queue.

I very much welcome the creation of the African COVID-19 Vaccine Readiness and delivery taskforce (ACREDT) as a multi-stakeholder platform to co-ordinate regional efforts and to support vaccine readiness and delivery. This is good, Africa is getting ready to build up capacity to produce the vaccine for its people.

I also wish to congratulate the work of l'Association Africaine des Centrales d'Achats de Médicaments Essentiels (ACAME) and welcome and praise the support given by France in particular to strengthen regional solidarity for drug procurement and supply.

This is support. We support these initiatives because every region should have access to buy the vaccine and to produce it so that everyone is supplied.

I am proud to be part of the [People's Vaccine](#) alliance. This is an alliance we have formed with civil society, raising people's voices, calling for a vaccine to be fairly and speedily distributed across the world—and free of charge at the point of use. In this alliance, we are calling for:

1. Ensuring adequate supply—we are asking for the sharing of knowledge, of information, of know-how, of intellectual property through the [C-TAP](#) which is a pool managed by World Health Organization. We want companies to put their know-how there so we can rapidly produce a vaccine.
2. We want to ensure affordable prices. Prices must be made transparently so that the cost of research and development is clear, the cost of manufacturing is clear and also the public investment in the innovation is discounted from the prices.
3. We want to ensure equitable access- that all countries have access—so that no one is waiting in a queue. For that we have the [WHO Equitable Allocation Framework](#). This is important because that framework provides a formula where we put health workers in all countries first, people over 60 next as well as people with underlying health conditions that make them vulnerable—that is about 20% of the people in each country who come first, then others come next. That way all people all over the world are catered for.

These are the demands of the people's vaccine and we salute France and other countries that have supported these principles.

In conclusion, friends, this is a make or break moment for “building back better” and making true on the promise of the right to health of everyone.

The fate of our young generation, the risk of rolling back years of hard-fought gains against HIV and other diseases is real because of this pandemic.

Mesdames et Messieurs, honorables invités,

What we need is bold political leadership to get us back on track to end the fight against HIV and to win against COVID. We will have to put human rights, gender equality, and communities at the front and at the centre of all that we do. We can do it. As one great leader said, “yes we can”.

Merci.

