







OPENING REMARKS

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Excellencies, distinguished delegates, colleagues, friends.

Thank you, General Assembly President Bozkir, Deputy Secretary-General Amina Mohammed, co-facilitators Ambassador Gertze of Namibia and Ambassador Fifield of Australia, and all Member States; together you've drafted, negotiated, and delivered this Political Declaration. It will be the basis of our work to end this pandemic that has ravaged communities for 40 years.

AIDS is not over.

It is one of the deadliest pandemics of modern times. Since the start of the epidemic 77.5 million people have been infected with HIV

We have lost nearly 35 million people to AIDS. An AIDS death every minute is an emergency! HIV rates are not following the trajectory that we together promised. Indeed, amidst the fall-out from the Covid crisis, we could even see a resurgent pandemic.

But a never-ending HIV pandemic is not our fate. In spite of all the set-backs, we can end AIDS as a public health threat, as we promised, by 2030, if we come together.

Business as usual, however, would fail. The programmes that have secured substantial progress will not enable us to finish the journey because the road is blocked. The evidence and analysis is clear.

Inequalities in power, status, rights and voice are driving the HIV pandemic. Inequalities kill.

As the Global AIDS strategy sets out: to end AIDS, we have to end the inequalities which perpetuate it.

There's another huge benefit to this approach.

The same laws, policies and strong people-centred health services needed to end AIDS, will also help the world overcome Covid-19, be ready to tackle future pandemics, and support inclusive economic growth and the human rights of all.

We will all do better.

Here are three bold shifts we need to take together:

1. We need to end inequalities in access to health technologies, by spurring the best science and getting it to everyone.

COVID-19 showed science moves at the speed of political will. We need to speed up AIDS science by investing in innovations in treatment, prevention, care, and vaccines, as global public goods.

And we need to deploy science in ways that shrink instead of grow inequalities.

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For example, let's get the new long-acting anti-retroviral medicines that will make it easier to treat and prevent HIV to women in all their diversity and key populations in the global South first, not years after people in rich countries have access.

Let us ensure that all medicines which can prevent deaths of people living with HIV are manufactured by multiple producers affordably especially in the global South, where the disease is concentrated

We need funding, but we also need to reform failing rules on intellectual property, and support globally distributed production, so access to life-saving science is no longer dependent on the passport you hold.

2. We need to end the inequalities in access to essential services, by delivering on guaranteed health and education for everyone. For many communities, new HIV infections have become rare; and living long, fulfilling lives with HIV is the norm. But within and between countries, a widening gap separates those who have prevention, treatment and care services and their rights respected and those who are excluded.

Today we are setting bold, ambitious goals to reach 95% of those in need with HIV treatment and prevention: to get there we need to re-imagine HIV services, making them easy to access and designed around people's lives.

We need to ensure all girls complete secondary education and are empowered with the full set of services and rights.

We need to end user fees for essential services and provide these services through public systems funded by taxation. We need to integrate community-provided services. We need to combat tax avoidance, which impedes domestic resourcing for health and education.

Most developing countries are facing severe fiscal crisis, with a revenue loss above 20% in 2020 and health budgets under threat, with Africa under especial pressure.

This is a time to increase revenues, and that requires an end to tax dodging and tax competition that empty public coffers.

We also need debt restructuring to overcome the COVID19 shock and the establishment of a fair debt crisis resolution mechanism. We need to step up, not step back on the commitment to aid as 0.7% of gross national income by all developed countries and ensure that more of the IMF's USD 650 billion Special Drawing Rights issuance flows to low and middle-income countries.



3. We need to end the inequalities in the realisation of rights, particularly for people living with HIV, and those vulnerable to or affected by HIV.

I applaud Member States' commitment to reform laws and protect rights. The evidence shows that when laws are strengthened to support gender equality and the rights of key populations and confront stigmatisation, countries have much greater success in treatment and prevention programmes, benefiting everyone. They've rolled back HIV.

We need to keep moving forward in our common journey, away from harmful, punitive, outdated often colonial laws and from all forms of discrimination.

This moment calls for us to work together across sectors, across countries. Populism's false promises are proving no match to biology: as Covid reminds us, we're not just interconnected, we're inseparable.

We cannot end AIDS in one country or one continent, we can only end AIDS everywhere.

I pay tribute to the civil society groups from across the world whose fight against inequalities has been the spur to action. You, communities, women's groups and grassroots movements, have constantly pushed us; at times that pushing has been uncomfortable; but my message to you is: keep pushing us all. Keep the fight on! Pressure from the power of people is key to ending inequalities and ending AIDS.

Martin Luther King said the moral arc of the universe is long, but it bends towards justice. He didn't mean this process is automatic. As he noted, "social progress never rolls in on wheels of inevitability; it comes through the tireless efforts of people". The trajectory of new HIV infections and AIDS deaths will not, through business-as-usual, bend down, but we can pull it down.

We cannot be neutral on inequalities. To get back on track to ending AIDS, we must be deliberate in confronting them. The only alternative is a vicious cycle of injustice, illness, and emergency. The most unrealistic thing we could do now is to imagine we can overcome our crises through minor adjustments or tinkering.

Whether we are remembered as promise-breakers or promise-keepers, as failures or victors, as the people who ended AIDS, or only as the people who could have ended AIDS, is up to us.

Epidemics magnify our worst traits—inequalities, injustices, and fear; but also, our best traits—ingenuity, resilience, and courage.

I'm confident we will win, together. Thank you.

