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High-Level Meeting on AIDS

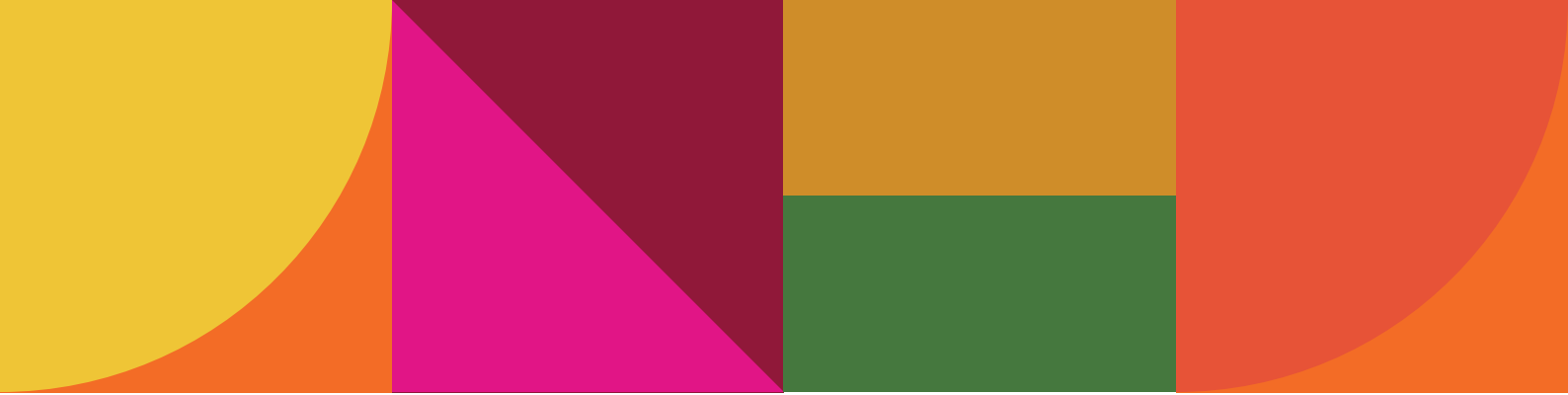
END INEQUALITIES. END AIDS.

END INEQUALITIES END AIDS: 10 YEARS TO 2030

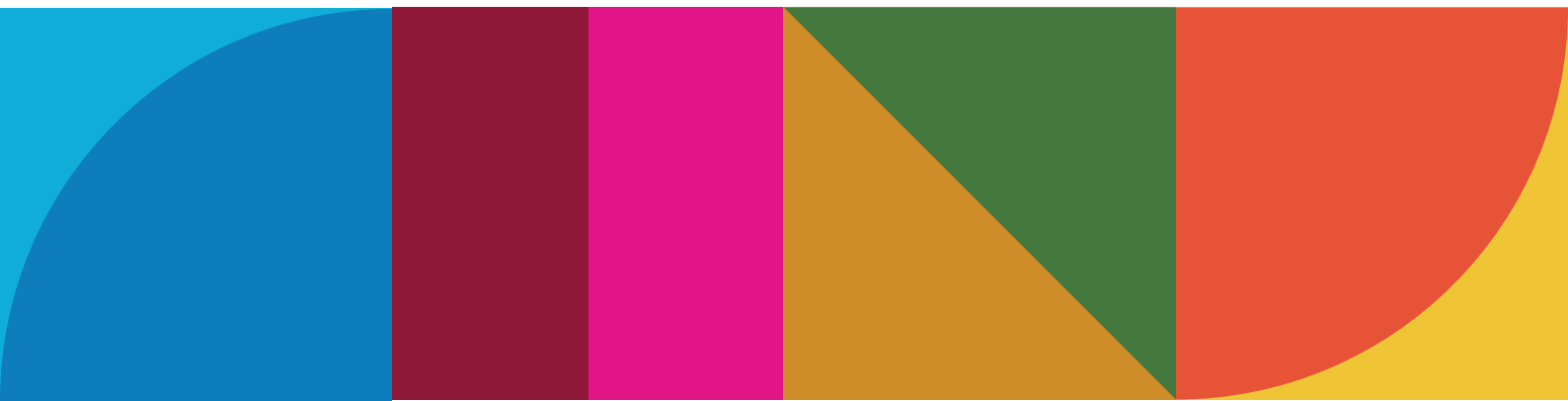
REMARKS BY WINNIE BYANYIMA
UNAIDS EXECUTIVE DIRECTOR

HLM THEMATIC PANEL 1
9 JUNE 2021

#HLM2021AIDS



FROM NOW ON, WE WILL MEASURE SUCCESS
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MUCH OF A CHOICE: YOU CAN EITHER FIGHT
INEQUALITIES, OR FAIL ON ENDING AIDS AND
OTHER EPIDEMICS. WE WILL END AIDS BY
ENDING THE INEQUALITIES WHICH DRIVE IT.



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Thank you and good morning.

Chair of this morning's panel, Per Olsson Fridh, Minister of International Development Cooperation of Sweden, Excellencies, panellists and delegates.

The UNAIDS Programme Coordinating Board recently adopted a global AIDS strategy which confronts inequalities and it's for a very simple reason: it's the only realistic approach to ending AIDS. As the data shows, intersecting social, economic, gender and racial inequalities drive the AIDS pandemic.

What do we mean when we say inequality drives HIV and AIDS?

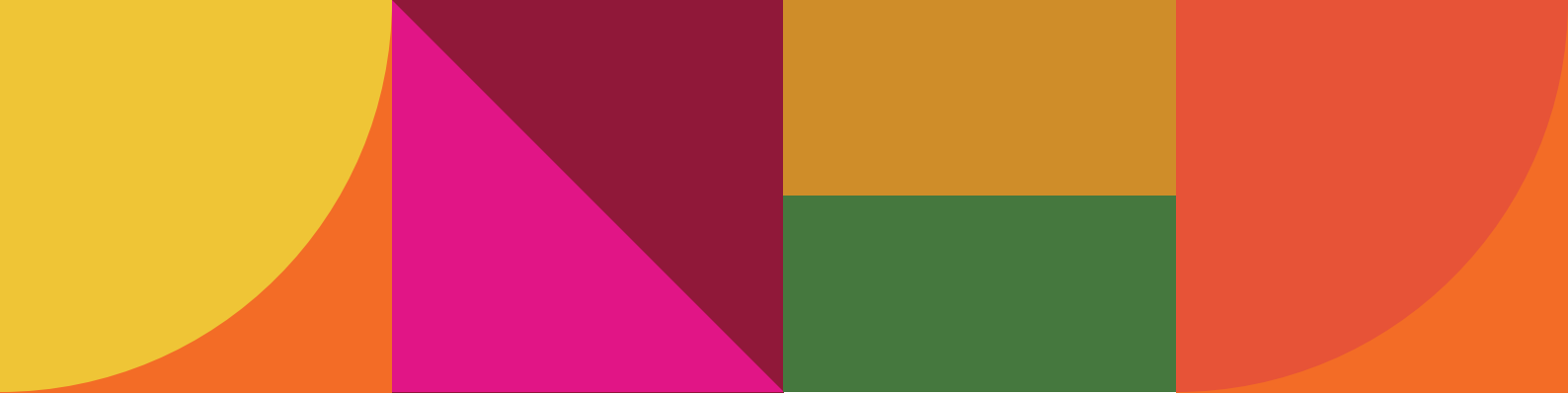
We mean our focus has often been on absolute numbers—total people on treatment, total new infections, numbers of people who are dying. But this has masked deep inequalities.

For many communities, new HIV infections have become rare, and living long fulfilling lives with HIV is the norm. This is even true for some key populations, where communities and governments have built an unprecedented rights-based AIDS response.

But too many others have seen no progress or, worse, growing epidemics. So inequality—those gaps keep growing.

In a pandemic—any pandemic, whether AIDS, COVID 19, and others—viruses feed on these inequalities. When we ignore inequalities, viruses spread in the shadows and we get outbreaks. So, we have to ask: are young women seeing the same reductions in new infections as others in society? Do gay and transgender communities have the same viral suppression? Do the poor have access to the same HIV technologies and easy access to care? These are the some of the questions when you use an inequality frame.

In this moment of remarkable HIV science, success of some shows us what's possible. An inequality approach helps us understand a simple truth: if we focus on closing gaps, the end of AIDS will follow.



You may ask how? It is by tackling the drivers of inequality. We can think of these in concentric circles. At the centre is HIV risk and HIV services. For those who are doing well, they face little risk of HIV and HIV services meet their needs.

So why don't others see the same? Even in the same country? The answer is in other rings of inequality. National laws, policies, and social norms give power and voice to some and not to others. Health and education services for example are built for some and not for others. Global institutions and rules help some countries to get ahead, to do the best for their people and limit other countries' options. If we peel away these layers driving inequality, we close the gaps to end AIDS.

Every week, 2 400 adolescents in sub-Saharan Africa acquire HIV. Out of these 2 400, 6 out of 7 of them are girls. That's a huge inequality. If we focus on closing that gap, then we need not just HIV services for adolescents, but we need gender-focused HIV services that work for girls. And we must see the inequalities of power driving the inequality and tackle that concretely. For example, when girls finish secondary school, their risk of acquiring HIV is reduced by half—we can do that for all adolescents.

In most of the world, gay men, sex workers, and people who use drugs face risks of HIV far higher than most of the population and they struggle to get excellent health services. Key populations facing homelessness and poverty struggle even more. We can close this inequality with laws and with services.

Criminalization, increases risk and drives people away from services. Men who have sex with men are less than half as likely to have HIV in sub-Saharan African countries than in those countries that do not criminalize same-sex activities. Community-led services can be a key part of helping them prevent and treat HIV in ways that work for their lives.

Beyond the national level, also global policies matter. Some countries have strong people-centered public health services available for everybody. But many developing countries lack the fiscal space to provide them.



That's why, especially in the wake of COVID-19, fighting AIDS means reforming corporate tax rules to stamp out tax avoidance and harmful tax competition that deny developing countries the domestic resources they need to strengthen their health systems.

And it also means tackling pharmaceutical monopolies that mean that new AIDS technologies, like long-acting anti-retrovirals, are available and affordable in rich countries but may take ten years or more to reach the rest if the monopolies are not removed. So tackling global inequalities is also important for us to end AIDS and other pandemics.

The UN has not, in the past, focused enough on inequalities. We are now shifting. From now on, we will measure success by how fast the inequality gaps are narrowing. Leaders don't really have much of a choice: you can either fight inequalities, or fail on ending AIDS and other epidemics.

We will end AIDS by ending the inequalities which drive it.

Thank you.

