

# UNAIDS EXECUTIVE DIRECTOR LECTURE

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LECTURE: SETTING A NEW AGENDA FOR  
EQUALITY IN THE WAVE OF COVID-19.  
ACCESS TO HEALTH AND VACCINES.



## Lessons from the HIV epidemic: saving lives, tackling inequalities and advancing Universal Health Care in the COVID-19 era.

Thank you very much, Vice Chancellor Carlos García, for this great opportunity. I am so delighted to be here with my friends Gabriela, Ricardo and others.

I read up about Loyola University, and I was so inspired by its mission. It said: “for the creation of knowledge for the problems and needs of today’s world and where men and women are formed to be committed to the development of a more just and sustainable society”. This is a university after my own heart! I was so delighted, because it is about a just and sustainable society and that is what I am going to speak about.

We are in the second year of this COVID pandemic. It has changed our world in more ways than we can imagine. And in many parts of the world we are hurting. We are in pain. Just last night I got the news that my first cousin, whom I grew up with, 65 years old, lost his battle against COVID. Two of my nephews are in hospital, receiving oxygen. Oxygen is in short supply in my country. The hospitals have run out. The hospitals are full. Others can’t get a bed. Vaccines are finished. People are dying every day. And some people are sitting on their technology, reaping billions of dollars, as people die. It’s a scandal. It is a crime against humanity. But that is the unequal world we are in. Heart-breaking pain everywhere and some people counting dollars, like life means nothing.

So, as with the HIV epidemic, COVID has exposed the weaknesses in all our societies, it has widened already wide inequalities, it has sharpened vulnerabilities. It has left the world and leaders exposed, the scandal of injustice in the world today. I don’t know what else could make it more vivid.

The World Bank has estimated that COVID-19 has pushed at least 119 million people into extreme poverty last year. And that is last year and continuing this year. We learned that 80 million children have missed out on vaccines for their lives because health systems are at breaking point. So those are children who will suffer probably many diseases and die young.

Over a billion children have lost out on schooling. In my country a total lockdown was announced two days ago. All schools have been shut once again, so another year probably out of school.

Many of those might never return, because the countries' economies have shrunk and the ability to pay for school for all children isn't there anymore.

Gender-based violence has risen and it continues to rise. UN Women cites reports of spikes of up to 40% in some countries. The pandemic we see is disproportionately affecting poor people, low-income people, informal workers, marginalized and vulnerable populations and amongst them women and girls the most.

I know that you in Spain are suffering the hard impacts too, especially young people like the ones we are going to have a discussion with here, especially those who are looking for their first job. This has to be really hard. Or those who are in informal employment, short-term employment in care work, these are the people most hit.

I am sure you are aware of the privilege of having strong government, public service, public health systems like you have in Spain and across Europe, with the funds to run health services. You have a health service that meets the needs of everybody, rich and poor. You must feel privileged to have that, that you have the resources to protect all your citizens.

Poorer economies don't have the economic tools, the stabilizers at their disposal and have weak health systems. So crises hit them very badly. They have no social safety nets for the weak.

These are the inequalities. The inequalities in the health systems within and between countries. The inequalities when crisis hits.

COVID has shown that the health of people and the health of our economies are tightly linked. I think we will stop looking at health as a welfare issue. We have to see it more and more as an issue of our economy, of our security. They are tied together.

And what do we learn from fighting HIV? We have been fighting an epidemic for 40 years. Here are some of the things we have learned.

First, to beat a pandemic, you have to confront the inequalities that drive it. Because when a pandemic hits, first it hits as an outbreak. For an outbreak to become an emergency, and then to become a global pandemic, it is riding through the cracks of inequalities. So if inequalities did not exist, an outbreak would be contained and we would never have a pandemic. But we have pandemics, because they can flow and follow the path of inequalities and spread very fast. We know if you confront inequalities, then you stop the

pandemic. This is what we have learned. When we ignore those inequalities, these outbreaks turn into pandemics that last for years and years.

It is not a coincidence that many of the high HIV prevalence places in the world are those with high inequalities in wealth, in power, in status, and in access to services; it is not a coincidence that HIV rates go up when there are breakdowns in health care and crackdowns on people who are marginalised.

Every week, my friends, 4,200 adolescent girls and young women (15-24 years) in sub-Saharan Africa, the poorest region, get HIV, every week. 6 out of 7 new infections of HIV among young people (15-19 years old) are girls, only one is a boy. Huge inequality. These numbers are at the root of the inequalities of power between men and women, boys and girls in society. When we don't tackle these, we don't get to the bottom of the HIV epidemic. That's what we've learned.

Second, we know that rights-based approaches are the most effective pathways to achieving public health. In countries where same sex relations are criminalised, men who have sex with men are over two times as likely to have HIV than in countries where it's not criminalised. Through our work with the HIV policy lab, we see that countries that criminalise gay men, that criminalise sex workers, that criminalise people who use drugs personally, are so much less successful in achieving the targets for HIV treatment. They have the same treatment maybe, but they can't achieve the targets, because the human rights of those who are affected are not there. Closing those gaps on human rights is critical. So governments have to challenge exclusion: structural racism, bias, discrimination, xenophobia – these are the things that widen the inequalities for certain groups of people and deny them the health that is their right.

The third lesson is that communities must be at the centre of every public response to a health crisis. Communities are key. Because those most affected must take charge of the services for themselves for them to be served fairly and with dignity. Communities with the power to speak truth to the powerful, to hold leaders to account, is the surest way to make sure that there are positive outcomes for people. That's why for us communities are at the heart of the work of UNAIDS.

In our last meeting at the General Assembly two weeks ago, we had a target introduced in the Political Declaration by Member States. We included a target to ensure that 80% of HIV prevention

services for what we call key populations, the special groups that are vulnerable, are provided by communities. We will see if governments deliver. But we know that if they do, then we will get closer to reaching the marginalised, the most unequal people of society.

Fourth, health technologies. This is where my heart is bleeding today. Health technologies must be global public goods. There is no way you can privatise them and sell them like a pair of shoes or like candy. Health technologies are for saving lives and they must be global public goods. A year ago, the COVID battle was around the science. Today it is monopolies. The science has been found. But what is the issue now? Why are people dying today? It's the monopolies. The G7 met last week. I use the words of Prime Minister Gordon Brown. He said it is "an unforgivable moral failure". And it was. The G7 pledge to fund one billion vaccines falls short of the 11 billion doses to reach global herd immunity. 1 billion, but we need 11 billion. We can't have 11 billion unless we can have more and more capable producers producing. But we can't have that because of monopolies.

Today, we are talking of just 0.3% of vaccines in low-income countries rolled out. Pfizer committed months ago to give 40 million doses to COVAX, the pool for developing countries, who don't have the technology. Today they have delivered only 1.25 million doses. That is what they produce in one single day.

And yet, at least 9 people, including Pfizer people, have become new billionaires last year from the pharma industry from these vaccines. Oxfam has calculated that their total wealth could vaccinate every single person in the world's poorest countries. These handful of billionaires. So we care for the profits more than the people. Two of the most successful vaccines are driving huge revenues, Moderna and Pfizer. They are going to be the best-selling pharmaceutical products in the world with revenues of about USD 60 billion this year. I could go on. But really the inequality there, the injustice, to hold onto a lifesaving technology to make USD 60 billion is just shocking.

So, health technologies must be global public goods. We are going to continue saying this in our People's Vaccine alliance. We will raise our voices higher. We will put the images of the dying before the decision makers until their moral conscience is broken. But if this doesn't break them, the economic nonsense of it is also there. The International Chamber of Commerce has estimated that the loss to the whole global economy of partial shutdowns of

economies is USD 9 trillion. More than half of it to the rich countries themselves. If they don't care about lives, they ought to care about jobs and their money. But they have to see the economic sense too. We will continue putting the lives of people there through our campaigning.

We are calling for putting the technology in the WHO COVID-19 Technology Access Pool (C-TAP). This is not giving it away for free. It's about sharing it under given terms, but so that manufacturing in other regions is multiplied. And then we move quickly to herd immunity all across the world.

We are also calling for money to be put down. For the developing countries to be able to afford vaccines and treatments. Today even if you put down the money, vaccines are not there. But if the vaccines are there, there are already stretched health systems in many countries. Right now in my country, as I have told you, there is no oxygen, no PPEs. There is money that is needed for countries in the form of debt relief, in the form of ODA. One of the G7 countries has cut ODA in the middle of a crisis. It is shocking. But ODA is needed to be maintained or stepped up to 0.7%. Debt relief that is meaningful, the IMF Special Drawing Rights need to be better shared amongst developing countries. These are things we are arguing about and saying they are not just charity. They are about global solidarity and economic sense.

Lastly, we need to organize – and I've talked to it – financing for health in line with the recognition that health can only be realized collectively, through public taxation. So addressing global corporate tax justice. This is an agenda Oxfam has worked on for so many years, including the special Oxfam Intermon. I won't say much here, but the recent progress that was announced by the G7 to have a minimum corporate tax is a good beginning, but it is small, we want something more ambitious in terms of a minimum global corporate tax and more closing of tax loopholes, so that developing countries, all countries, can raise the money they need to pay for public services. We don't have them not because there is no money, but because the rich opt out of taxation, because politicians allow them.

I thank you for this opportunity, Chema. I've touched on many points that some of you are experts on and can amplify further.

