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UNAIDS EXECUTIVE DIRECTOR REMARKS

2 July 2021, UNAIDS Programme Coordinating Board
THEMATIC SEGMENT AGENDA COVID-19 AND HIV: SUSTAINING
HIV GAINS AND BUILDING BACK BETTER AND FAIRER HIV
RESPONSES

Thank you Andy, Members of the board, colleagues and friends, good afternoon.

COVID-19 continues to ravage many parts of the world.

In my own region, in twelve African countries, COVID-19 is resurging. Both cases and deaths are almost 40 percent higher than the week before. And the peak has not been reached yet. My own country Uganda has all but run out of oxygen. Hospitals are full. Scarce intensive care facilities are full. Tiny vaccine supplies are nearly finished. We are hurting. Burying our people

And yet one certainty underpins all of this: these deaths are fundamentally avoidable.

Just like HIV, COVID-19 exposes – and exacerbates – the deep inequalities that run between and within our countries—affecting our health, economies, and our very social fabric.

We have lost family members and relatives, AIDS activists and community members, scientists, practitioners, political leaders, dear colleagues and friends – every 30 minutes we lose a health care worker due to COVID-19.

Our HIV services as well as our overall health services have suffered

WHO estimates that of 130 countries surveyed for service disruptions – 51% report disruptions for TB diagnosis and treatment, 49% for HIV treatment and 46% for HIV testing services. Staff shortages are responsible for 66% of service interruptions.

During the peaks and surges of the COVID-19 pandemic about 90% of school children were unable to attend school; 10 million more girls were at risk of early marriage and the demand for gender-based violence support services was increased five-fold. Human rights abuses increased, and restrictions placed on individuals and communities limited movement and the possibility for social interaction.

Where people live and what work they do, and HIV infection itself, determine their relative risk of infection, access to health care, and ultimately the likely disease outcome. Although South Africa bears 2% of the global COVID-19 burden, its COVID-19 related mortality is at 4% of the global share.

The Joint Programme has continued its efforts in addressing both pandemics

We are focusing on protecting services for people living with HIV, offering a helping hand during emergency phases as well as providing socio-economic supports to those vulnerable and marginalized.

Of the 88 Joint Programme Country Teams reporting at the end of the year – 66 indicated to have supported national COVID-19 response efforts using re-programmed funding. The very generous allocation from the Ministry of Health of Germany, has enabled us to provide concrete help where gaps are the most. Through this funding we are helping the Africa Centres for Disease Control (Africa CDC) monitor fears and rumours and misinformation regarding COVID-19 vaccines – as well as translate these data into simple and straightforward information targeting communities through most used communication platforms. This work is life-saving. Misinformation kills.

We are helping a number of countries (including Kenya, Nigeria, Tanzania, Namibia, Cote d'Ivoire, Guinea, Mali, Central African Republic, Algeria) develop community components of their vaccine roll out and accelerated testing and contact tracing. We are helping Uganda, Eswatini, Thailand and Bangladesh provide socio economic support to people living with HIV affected by lockdowns. And we are helping Moldova, Armenia, Belarus and Kazakhstan – together with UNODC to capitalize on service innovations introduced during COVID-19, in building friendlier and more accessible at home services for key populations.

40 years of the HIV response have given us important lessons for fighting COVID-19 and overall pandemic preparedness.

Allow me to share four:

Firstly, a global health threat – be it HIV or COVID-19 – can only be defeated with a global plan with the highest level ambition in the plan. And yet two years into the COVID19 pandemic, there is still no global plan to get this virus under control.

Secondly, health is a human right, not a privilege, not a commodity to be sold. The lessons from the AIDS response must be applied to COVID19- 12 million lives were needlessly lost because life-saving anti-retroviral treatments remained out of reach for people in poverty and in the Global South.

UNAIDS is the co-founder and co-leader of the “People’s Vaccine Alliance”, which calls for COVID-19 vaccines to be a global public good and available to everyone.

Only 0.3 percent of doses have been administered in low-income countries. Vaccination coverage in Africa stands at just 1.2%. 85 percent of shots that have gone into arms worldwide have been administered in high- and upper-middle-income countries.

The People’s Vaccine alliance advocates for four urgent actions to maximise global vaccine manufacturing so that the whole world comes out of this pandemic:

- a) sharing technology and know-how via the WHO COVID-19 Technology Access Pool (C-TAP)- C-TAP is not a new idea it is based on the model of the Medicines Patent Pool innovated at the height of HIV epidemic;
- b) waiving intellectual property rules relating to COVID-19 products at the World Trade Organisation (WTO) and we are urging countries to support the TRIPS waiver.
- c) investing in enhancing manufacturing capacity in developing countries, especially in Africa.
- d) urgently share existing vaccines that are stocked up in some countries.

The third lesson is that if we don't end inequalities- both in access and outcomes, we will not end AIDS or any other pandemic.

Inequalities both put people at risk of pandemics and also harm epidemic control and long-term recovery efforts. We need socio-economic programmes that address inequality and reach the furthest behind first.

And linked to that, my fourth and final point, is that we must use this momentum to build a new public health order. Investments in health, education and social protection are not unaffordable expenditures but must be seen as vital investments for resilient societies and strong economies.

The Independent Panel on Pandemic Preparedness and Response, co-chaired by President Ellen Johnson Sirleaf and Prime Minister Helen Clark, gave us clear recommendations. UNAIDS warmly welcomed their report.

We must be decisive and bold to end both pandemics now.

We can do so, but only together, in global solidarity. By fighting inequalities, we can end AIDS, defeat COVID-19, and ensure the right to health for all.

