



OPENING REMARKS

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UNAIDS EXECUTIVE DIRECTOR
UNGA 76 HIGH LEVEL SIDE EVENT: PARTNERING TO GET BACK
ON TRACK TO END AIDS BY 2030





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Welcome friends.

We gather today, facing colliding pandemics of HIV and COVID-19, in one of the most challenging moments in the history of HIV and global health. Amidst unprecedented global disruptions, we must act urgently to prevent a resurgent global AIDS pandemic and to quickly recover our progress toward ending AIDS.

Together, we have the global partnership of UNAIDS, the Global Fund and PEPFAR ready for that challenge.

We have learned a lot about how to fight pandemics. 40 years ago the first cases of AIDS were reported. 25 years ago the Joint United Nations Programme on HIV/AIDS was created. 20 years ago the Global Fund was born. Today we are going to need every asset of the collaboration between the United Nations, PEPFAR, the Global Fund, governments, and communities to fight the inequalities that are driving HIV and COVID-19. That includes bold political leadership, global solidarity as there was 25 years ago, strategic partnerships that engage the people most affected by the disease, a commitment to human rights, and a serious global plan.

With these tools we have achieved what many once said was impossible. Of 38 million people living with HIV, 27.5 million are accessing lifesaving antiretroviral therapy. We have cut the rate of new HIV infections by more than half and averted 16.6 million deaths.

Let us be clear: fighting a pandemic with no cure and no vaccine is hard. Hundreds of thousands are still dying of AIDS and 1.5 million people were newly infected last year. AIDS remains a crisis and COVID-19 is making it worse.

The good news is that our partnership is strong and flexible. Our data show that even during massive health system disruptions under COVID-19, most people living with HIV who were on treatment or PrEP have been able to stay on. The key has been innovation on everything from multi-month dispensing of drugs to new community-led models of care.

But the threat of an AIDS resurgence is real. Our data also show that, in many countries, fewer people living with HIV are being diagnosed and fewer are starting HIV treatment. HIV prevention services have been disrupted. New data from San Francisco shows a drop in HIV viral suppression, which does not bode well for less wealthy cities in the world.



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And the burden is falling unequally: For example, men who have sex with men who depend on gay-friendly services have experienced some of the most significant disruptions.

COVID-19 is a threat to progress against child marriage and globally 10 million more girls are at risk of early marriage in the next decade. The shadow pandemic of violence against women is worsening; the demand for gender-based violence support services increased five-fold in some countries at the start of the COVID-19 pandemic.

Many of those responding to HIV are the very same people fighting on the frontline against COVID, tracing contacts, building community-services, and defending rights in the pandemic.

But we can get back on track for HIV and build pandemic-resilient communities in the process even in the face of this.

The Political Declaration from June's UN General Assembly High Level Meeting focuses on tackling the inequalities at the heart of today's HIV pandemic—using data to identify where inequalities are and concrete strategies to close them; taking seriously how the intersections of gender inequalities, discrimination against key populations, income inequality, inequalities in voice and power vary from community to community and designing responses to those.

This work is harder, not easier and will take bold financing efforts. We need to get cutting-edge science to the people who most need it. We got here by ensuring generic production of ARVs in Africa, Asia, and Latin America.

Now the next generation of AIDS drugs and COVID-19 vaccines must follow that same path. Wealthy countries are talking about a third, booster shot of COVID-19 vaccines while in Africa less than 4% of the population is fully vaccinated.



This sounds too much like the early days of AIDS. It is not how you to fight a pandemic. We must be serious about community-based and community-led services—funding them sufficiently to be the front-line against stigma, and to boost health systems and human rights must be at the centre of pandemic response. I am concerned to see shrinking civil-society space and growing threats to human rights, even as AIDS and rights activists inspire me with their actions.

So friends, I say here that we will deepen this partnership between the United Nations with our 11 co-sponsors, the Global Fund, PEPFAR, government leaders, and communities.

We have learned how to fight a pandemic, and so many are counting on us to prevent a resurgent AIDS pandemic and to contribute to ending COVID19 at the same time.

Thank you.

