

UNAIDS EXECUTIVE DIRECTOR KEY NOTE REMARKS

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IN WEST AND CENTRAL AFRICA





HIGH LEVEL REGIONAL SUMMIT

FOR HIV/AIDS IN WEST AND CENTRAL AFRICA

31 Oct - 02 Nov 2021

Your Excellency Mr Macky Sall, President of Senegal

Your Excellency Fatima Maada Bio, First Lady of Sierra Leone

Excellencies, Ministers

Dear Colleagues and friends from the international community and civil society

Thank you Mr President, and thank you to all of those who have brought us together for this inspiring meeting to close the inequalities in the region's HIV response as the West and Central Africa region reels from the multidimensional impact of the COVID crisis. We are nearly two years into a uniquely human crisis with devastating impacts- claiming lives, destroying livelihoods and disrupting economies.

As with the HIV epidemic, COVID has exposed the weaknesses in all our societies and widened already existing inequalities.

African economies are locked and revenues are shrinking. At least 11 economies in West and Central Africa are already in recession.

At the height of the lockdowns 120 000 000 of our children were out of school.

COVID-19 has interrupted HIV testing, HIV prevention and key services.

Today I start by saluting African pandemic leadership—here in Senegal, and in the region and throughout our African Union institutions like the Africa CDC, and you here in this room, civil society leaders. You are helping to find a way out for our continent.

Faced with this exceptionally challenging time, all of us gathered here, I know, are united in saying that now is exactly the time for bold action to advance the end of AIDS, overcome COVID, and build resilience to stop pandemics in the future.

WHY bold action to advance the end of AIDS now.

Firstly, action to end AIDS is urgent. Progress was already slipping behind in West and Central Africa, and now, with COVID, it is in grave danger of being knocked back.

Last year over 1 in 5 AIDS deaths in the world—that's 150 000 people--were in this region. This region has 8% of the global population, but had 22% of the deaths. This is disproportionate.

Every week in this region, over 1000 adolescent girls and young women become infected with HIV.

There are 4.7 million people in this region who are living with HIV. Of those 1.2 million are still waiting to get on life-saving treatment.



And most of all, we are failing the children: only 35% of the children living with HIV are on treatment.

The AIDS pandemic is far from over in this region. We must act now!

Secondly, ending AIDS is achievable. It is achievable. Let me give you an example. Two countries, Switzerland, rich, where I live, a European country, industrialised, and Eswatini, a developing country, small with a high HIV burden—27 per cent prevalence. Both those countries were able to achieve the 2020 HIV testing and treatment targets and have now achieved 95–95–95.

If Eswatini can achieve the targets of 2020 and pass them, that tells us, that all the countries of Africa can do it too. It is achievable. And we do have examples of good work in this region.

Senegal, for example, more than tripled coverage of treatment for pregnant women since 2010. Cote d'Ivoire reduced new infections by 72% in the same period. Cabo Verde has almost virtually eliminated transmission from mother to child. And Cameroon has moved towards eliminating user fees on health services. Programmes financed by national governments and supported by financing partners like Luxembourg, France, and the United States are showing us the innovations that must become policy region-wide if we are to end AIDS.

If we take these innovations to scale, definitely we can achieve the target of ending AIDS as a public health threat by 2030.

So what are the bold actions that we need to take now to ensure that we end AIDS, end COVID and are ready for the next pandemic.

Friends, there is no single silver bullet. Fighting pandemics, upholding everyone's right to health needs ongoing vigilance and commitment.

Firstly, Communities

Communities know the situation on the ground- they must be given the resources and the space to lead. Evidence shows the AIDS response is most effective when community-led organizations provide services as a part of the public response. Community-led, the keyword here is “led”, that communities lead the provision of services. That they are involved as co-planners, that they can highlight their experiences and concerns, and that they play their essential role of ensuring *accountability*.

This conference today issues a bold call to remove those legal, policy, programmatic and societal barriers that hold this back, and to scale up resources to unleash the power of local organizations to help us end AIDS and stop HIV infections.

We know that putting people at the centre works. Let me tell you an inspiring story. I was in Nigeria and I learnt how Nigerian networks of people living with HIV and other groups, with support from their national government, from PEPFAR, from the Global Fund, rallied to make HIV services available to people in their homes and in social gatherings—minimizing the need for contact with health facilities. People were afraid to going to clinics, but they organized and they delivered for people living with HIV. More than 131 000 people started newly on treatment during the fourth quarter of 2020 and treatment coverage reached 85%. This is remarkable. And it happened at the height of the crisis. So we can do it. Examples exist.

Secondly, increase investment

If ever there was a moment to invest in health and fighting pandemics, including HIV, this is it. This is not the time to step back. This is the time to step forward.

Underfunded health systems let our people down—they lead to health becoming a commodity rather than a right.

Countries must urgently increase provision of HIV prevention, testing, and treatment services.

It is also high time that governments of this region ended user fees not just for HIV, but generally for health services, This tax on the sick exacerbates poverty and increases inequalities.

So we must increase the domestic resources for HIV and health. The Abuja commitment of the African Union needs to move from a noble aspiration to reality on the ground.

Yet this need for investing more comes at a time when treasuries are squeezed, revenues are *down*, debt payments have risen, and emergency expenditures to respond to Covid are crippling our budgets. So *how* can this be realised?

We have options. Debt cancellation, reallocating IMF special drawing rights from rich nations, these must come to our region to support health, to support education, to support social protection.

Fair taxation is also key. It is difficult to grow revenues when large companies and high net-worth individuals are systematically enabled to avoid paying their fair share of taxes.

I welcome the G20 decision to establish a universal minimum corporate tax of 15% but let us also be clear that this measure benefits mostly themselves, the rich countries. We need a higher universal rate and to ensure it is paid everywhere where economic activity happens so that developing countries can keep the real



money in their coffers. If we tax progressively, we can find the money to end AIDS and stop future pandemics.

And to the donors: HIV and health financing to this region should increase. Actually, it must increase. It is in this moment of crisis when we need partners in every high-income country to step up, and achieve the 0.7% commitment to aid. That is what global solidarity means.

Thirdly, national policies should match the science

HIV and COVID-19 show how epidemics thrive on inequalities between countries and within countries. Policy can be our tool to address these inequalities, or it can also worsen them, if it is bad policy.

We must, for example, shift HIV policies so that treatment can be dispensed in communities and give people 6 months of pills so that those who are living in poverty, who don't always have the money to travel to a clinic, can have their pills for a longer time.

Gender inequalities drive HIV. Of the new infections in this region, almost three-quarters of those in young people are among adolescent girls and young women.

Ensuring girls complete secondary education reduces their risk of acquiring HIV by up to 50%, and if this is combined with a package of services and rights their risk is reduced even further.

That's why UNAIDS together with UNICEF, UNESCO, UNFPA, and UNWomen, working with governments in this region, and civil society, we have launched the Education + Initiative. I salute Sierra Leone, for being a champion of this initiative in this West and Central Africa region.

Stigma and discrimination against people living with HIV and key populations remains high. Criminal laws affecting key populations still exist in every country in this region. Vulnerable groups of people who are marginalized, stigmatized, criminalized and left on the margins of society in this region constituted 44% of new HIV infections in 2020. We must move from commitment to action in removing human rights barriers for everyone.

Together, these are the kind of policy changes that can tackle HIV inequalities.

Fourth and last, let's put the pandemics of today at the centre of preparedness for the future

My dear brother As Sy, recently wrote that the world was "woefully unprepared for a pandemic." And it really was.

So much of what we need to end AIDS and the other major infectious diseases taking the lives of people here, is also what will leave us better prepared to stop pandemics in the future.

Making preparedness as I am seeing in some places, only about theoretical diseases of the future and not saving lives today, will simply not make us ready for the next pandemic.

A key piece of this is access.

We are repeating the massive health injustice of unequal access to HIV treatment in the early 2000s, that took millions of our people. Just 5% of people of this region have gotten the COVID vaccines compared to 72% in Western Europe. We are just repeating the bad history.

Meanwhile the newest HIV treatment and prevention drugs are too expensive for our governments to buy—threatening a return to HIV treatment inequalities. So this plea for equal access to health technology is real for us in HIV as well.

We need, on this continent, trade rules that are fair. And we need to become self-reliant in producing quality health technologies so we stop finding ourselves at the back of the queue again and again.

Look at condoms—we produce less than 10 per cent of the condom requirement for this entire continent. 90% comes from outside. This is not sustainable.

And life-saving antiretrovirals: several African countries are pioneering production but they struggle with spiraling costs, donor-preferred suppliers, and regulatory challenges. Now is the moment for pan-African instruments such as the AU Pharmaceutical Manufacturing Plan (PMPA), the African Medicines Agency (AMA), the African Vaccine Regulatory Forum (AVAREF), the African Continental Free Trade Area (ACFTA) to move us toward self-reliance.

And your Excellency, this is the message to you our next Chairperson of the African Union. I've asked here what people know about you, and they said: when you want to get something done, it gets done.

So, there you are. Fight for us, to move to continental production of our own medicines.

I also salute you President Macky Sall, because right here in Senegal the Pasteur Institute—which researched and pioneered production of the yellow fever vaccine on our continent—is also poised to produce COVID-19 vaccines. I hope it is the start of a bright new model for access to medicines for our people in this region and beyond.

Friends, if we move together, we can build an approach to pandemics that ends AIDS and builds a more just and equal world.

There call to action from this summit gives us four clear, bold actions. I also heard the request for a follow up mechanism to our discussions at this conference. Excellency, we would be very honored as UNAIDS to support governments and civil society in taking forward this very important call to action and to report back to you on progress.

Enabling community involvement in improving services; increasing investment to strengthen health provision and remove financial barriers to access; matching policies to science, addressing inequalities by tackling stigma, and by empowering girls and young women – this is an agenda that is needed to meet all our people's goals.

What we need to do to end AIDS is also what we need to do to enable Africa to rise.

Governments, international organizations, scientists, researchers, community-led organizations and civil society actors, none of us can be successful alone; but together we can create an unstoppable force to end AIDS as a public health threat by 2030.

Thank you.



